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GUEST EDITORIAL

Anguish of a medico

Diagnose with care, discover the cause,
And find and apply the remedy.

– Thiruvalluvar. *The Kural*

Some years ago, in a commentary on British junior doctors' attitudes to participation in strikes, John Martin wrote in *Triple Helix*, 'Combined biblical mega themes of compassion, justice and grace suggest a Christian will not run away from a patient needing care'. He hastened to add, 'Weight of the justice mega theme suggests that there are indeed be occasions when this (strikes) is justified'. The recent '*jail bharo*' (fill the jail) cry among the junior doctors in Andhra Pradesh could be one such. The odds are that many would sympathize with their intention to draw attention to the Indian medical educational system, debilitated by a multi-organ dysfunction and in search of a remedy.

H. D. Tandon, a former director of All India Institute of Medical Sciences once remarked, 'The unfortunate thing about medical education in India is that it makes the students "technical literates" but not "educated".' In most medical colleges, whether even as much is achieved is debatable. Equally relevant are the increasing academic dishonesty (cheating in examinations and examiners taking bribes) and declining ethical standards (bribe for priority in care, fee splitting and commission from drug companies and laboratories) among medical professionals. These trends are appalling given that integrity is a vital attribute in practitioners of medicine. Add in the dwindling practitioners adept in the art of medicine and failure of medical colleges to nurture inventive and imaginative doctors. Where have we gone wrong?

Western medicine and related healthcare system in India is by all counts a legacy of the British. The English East India Company in early 18th century started the Indian Medical Service to look after Europeans in India. A few centres for training midwives, dressers (surgeon's assistants) and hospital attendants were also initiated. A century elapsed before the first medical school 'The Native Medical Institution' was established in Calcutta. Interestingly, medical teaching was in native language using books translated from the European language and the medical education included parallel instructions in both western and indigenous medical systems. The emphasis on the trainee medical students attaining sufficient clinical skills is striking. The official support to native medicine ended when the first medical college was launched in 1835, again in Calcutta. Sadly, a juxtaposed instruction is absent in Indian colleges for Modern Medicine even now, when there is an upswing for holistic medicine globally and such programmes are available elsewhere.

To meet the rising demand for native doctors, the British Government introduced a Bengali class at the Calcutta College in 1851. The class was divided into two sections in 1864: The Native Apothecary section, which trained students for government employment, and the Vernacular Licentiate section of instruction for students intended to practise among the less affluent sections of Indians. The Licentiate examination was discontinued in 1906. A noteworthy reform in 1930 was the system of reservation of seats based on the relative population of different classes of people. Some of the new issues in the medical education system may be traced to the failure to adhere to principles of the old schemes.

The number of medical colleges in India has climbed from 30 at the time of independence to 250 presently; the annual intake of students has crossed 20,000. Every year more than 14,000 pass the MBBS examination and more than 6000 postgraduates get trained in different disciplines of medicine. There are nearly six lakhs of registered MBBS doctors, one doctor for every 1800 population. The ratio is far below the 3.5 doctors per 1000 level in developed nations and even less than the standard set by the Bhore Committee in 1946. We are in addition yet to attain the even distribution of doctors across the country, as envisaged by the Bhore Committee. The need for more doctors is also necessitated by the increased demand for private and specialized medical care.

What kind of doctors do we need? The Mudaliar Committee Report of 1961 and the Srivastava Report of 1975 visualized the 'social physician' skilful in attending to 'curative, preventive as well as promotive' services at the Primary Health Centres. This idea has evolved into the concept of specialists in Public Health or Family Medicine in the National Health Policy of 2002. Is this thinking reflected in the curriculum and syllabus of the undergraduate

medical course? Medical Colleges have been dubbed as 'ivory towers isolated from the health service systems and training students for ill defined academic standards and dimly perceived requirements of the twenty first century'.

Why have the medical colleges failed in our expectation? During the last five decades medical colleges have transformed considerably. Fifty years ago the intake of students in a college was small. Hospitals attached to teaching institutions had as well comparatively small number of in-patients limiting the patient care responsibilities to teachers. Teachers and students knew each other. The purpose of the curriculum in those days was to teach recognition of disease entities, their signs, symptoms, and laboratory manifestations and how to make accurate diagnosis. Possibilities for investigations and treatment were meagre. The array of technologies for diagnosing and treating diseases presently at hand was beyond imagination then. In course of time, the hospital has overrun the college. Medical colleges are currently appendages to huge hospitals bursting with clinics, diagnostic laboratories, buildings for specialties, rehabilitation, mental health and anything that has caught the imagination of the community leaders. These expansions in the hospital facilities, questionably relevant to the mission of the medical college have stifled the growth of the educational system. The jump in the number of medical students affected hands on training and also added to the misery of governance in the colleges. Overburdened by the escalating load of patient care, which includes the demand for private care, the medical college teachers inevitably chose to either break off from or dilute their interest in teaching and research. Thanks to the rising hospital expenses and dwindling money for college facilities, the relationship between the hospital and the parent medical school is also strained and uncomfortable. Admittedly, teaching hospitals cannot be separated completely from the colleges with which they are affiliated. Be that as it may, medical colleges ought not run immense, complex and costly hospitals. For a revival of medical colleges, a divorce is essential.

The custodian of medical education in the country is Medical Council of India (MCI). Its primary concern is to sanction new colleges and courses, monitor the standards of examinations, keep a vigil on registered doctors and prescribe eligibility requirements for foreign medical qualifications. MCI has a stepmotherly attitude to curriculum development. It is unclear whether the MCI has a philosophy for medical education. Interestingly, the MCI does not prescribe any other process for admission to medical colleges, except an MCQ-based written qualifying examination, which essentially tests recalling of facts and not attitudes or any traits such as humanism or communication skills, attributes valuable to doctors. The curriculum itself says only what should be taught and who should teach; it does not say why such and such a topic should be taught, what is sought to be achieved by teaching these subjects and how it is related to the thinking on the 'doctor for our national needs'. Practical training in pre-clinical years is ridiculous. Students learn by performing experiments of the times of Dubois Raymond and Alexander Fleming. They continue to study how to formulate carminative mixtures and make and pack pills and also learn how to dissect an eye-ball and interpret a biopsy. These tasks, most of them would possibly never do again in their professional life. Integration among disciplines is cosmetic and ineffective. Shockingly there is no familiarization with emerging new horizons such as evidence-based medicine, health management, health economics, gender issues and health system research or initiation in molecular biology or genetics. Simply put, MCI has not been adequately responsive to changes. Amidst the boom in the privatization of medical education, the MCI has only catalysed the drift of license-permit raj to medical education, its President inviting a censure for corrupt practices and misuse of power.

Medicine is no more a healing art; it is as well a science on a ceaseless move. The wise and friendly doctor who used to visit homes and was an indispensable member of the family is unlikely to return. The new technologies have increased the distance from the patient to the doctor. Mechanization of medicine is here to stay. We may as well accept the metamorphosis and orient medical education to suit the change. Let the cry be not for a social physician but for a sagacious, virtuous and skilful one.

Unfortunately, a national medical and health education policy recommended in the Bajaj Committee Report of 1986 still eludes us. A reformed curriculum must aim not only to impress the social activists but also incite and ignite the minds of the medical students. Essentially, global standards need to be incorporated into the curriculum in conjunction with regional needs. Given that institutes primarily meant to experiment and evolve methods in medical education have drifted from their focus, we may spur the medical colleges to formulate their individualized plans for change and quality improvement in the curriculum.

May we appeal to the venerable and the wise among the profession not to turn a blind eye to the ailing medical education system? Lest one forget:

'It is ruinous to do what should not be done
And ruinous to leave undone what should be done.
Those bound to their community
Even helpless will not slacken.'

– The Kural

C. C. Kartha