Medical Education and Humanities – Turning Over a New Leaf

Animesh Jain¹

Medical education has undergone a lot of changes over the years. However, the curriculum still needs updating and more importantly a lot of deletion not mere additions. With the advent of new knowledge and technology, we need to be abreast and empower the future doctors with capabilities to face the real world scenario once they graduate and begin to practice. Besides, the doctors in academic field need to unlearn outdated concepts and learn new ways and means of delivering the message. All these need flexibility and an open mindset to accept and adapt to change.

Ironically, we still have a lot of resistance to teacher’s training and faculty development. Health Professional’s education (erstwhile medical education) is viewed as a waste of time and a needless activity; so much so that sometimes those engaged in training and imbibing newer concepts are looked down upon or mocked at. Good teachers are born and not made is what some argue. Well, to my mind, there could definitely be some more talented naturally, but I firmly believe that everyone can learn and improve on the teaching skills… provided we have the right attitude and aptitude. We need to be lifelong learners - is a concept that is more to be practiced than just spoken or written.

Another thing that is universally noticed and noted is that the values and compassion that once were inherent qualities among doctors is slowly waning. With fast paced lifestyle, easy and immediate access to anything and everything, better communication technology coming in, we still feel that somewhere that humane touch is missing. The attitude of today’s medical graduates is quite different from those of yesteryears. Every now and then we hear complaints from various quarters – be it faculty, patients or colleagues – about the deterioration in human values. Soft skills and communication etiquettes have changed in this era. In fact, I would even say that this is one of the main causes (though I am in no way implying this as the sole cause) of increase in the consumer cases against doctors. Just a simple act of transparent communication, being empathetic and spending some time listening to the patients would avoid many misunderstandings. Additionally, the patients would definitely recover and do better than just drugs or therapy alone.

Having raised these two important issues and sensitizing you the readers about the significance of these, let me also admit and appreciate that there are still a lot of good things and not all are black sheep. However, we need to start a movement for change – change towards the better and to halt the downward trend. We have an ancient tradition and culture right from the days of Sushruta and Charaka and we are definitely more sensitive to human suffering and feelings. Someone once said “Medicine was an art in ancient times, then it became a science in medieval times, but alas today it is a commerce.” Let this noble profession not be marred by such stray and isolated instances. Let us not be known for wrong reasons than right ones. Let us inculcate good and sensitive practices, produce compassionate doctors and valuable citizens. The need of the hour is to recognize and reinforce values, morals and humane touch.

There is a lot of good work being done in several places. However, many a times this goes unnoticed and unrecognized. With a view to stimulate and disseminate information and experiences in the fields of medical education and humanities, we are pleased to begin a new section in Annals of Community Health from this issue onwards. In this issue, we have elaboration on medical humanities and experience sharing by Dr P Ravi Shankar and there is an article by Dr Muhammad GM et al on the development of Learning needs assessment tool. These articles demonstrate that within the ambit of the current curriculum guidelines, it is possible to improvise, innovate and implement practices that would help the students learn better and become a compassionate physician and lifelong learner.

In the forthcoming issues, we intend to publish work related to these areas and share it with readers worldwide. We invite submissions in these areas and would be happy to be a medium to carry the ideas and good practices to the medical fraternity. We strongly believe that this section would help in upholding the values of our profession by sharing good practices, experiences and stimulate thought and actions. We are certain that with your support, we can “be the change that we want to see.”

¹Associate Professor, Department of Community Medicine, Kasturba Medical College, (Manipal University), Mangalore, India. Correspondence to Dr Animesh Jain (animesh_j@yahoo.com)

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