The recent published articles in the January 2012 issue of IJUDH bring out interesting facts about medical education and its special relevance to India and other developing nations. It is so amazing that doctors are expected to study so much, be noble, humble, ethical, educated, qualified, honest and what not. Does our medical education system and practice ensure all this or are these fancy words just to spend some lectures on medical education in India in air-conditioned conference halls.

Some facts and remedies are discussed here. A lot has been written that there is little clinical teaching in wards and OPDs. Teachers are busy in treating patients and do not give time to students. I can say that if all of us work honestly with punctuality, there are sufficient ‘free’ days apart from OPDs/OT days which can be utilized to teach students. Also part time teachers can be pooled in if severe shortage is felt. Medical Council of India does not prohibit the medical college from devising ways to teach students. It gives guidelines to have minimum requirements, however requisite changes can be made if required.

Apart from the medical knowledge pressure, students have pressure of ragging, emotional distress, peer pressure of alcohol and having money to spend a great lifestyle. We cannot forget that they exposed to all the vices of life just like any teenager and are bound to get swayed. If early intervention is not provided, we may lose a national asset. Such students are aware of many anti-psychiatry drugs and sedatives and do abuse them at their fullest. I can share a sad personal experience of a suicide committed by a close friend just because he failed in a PSM pre-university exam. None of his friends or parents could ever understand how much mental pressure he was under. He had to perform well because he had three generations of leading clinicians in his family and he had to stand by their name. I think the role of student counseling should be compulsory and regularly done.

A large divide is noted between government and private medical colleges like the quality of students, infrastructure, patients, teachers etc. I am sure that each one would agree that government medical colleges are deteriorating fast due to apathetic the attitude of government, political interference in administration, corruption in purchase of equipment & medicines. The criteria for selection of faculty are biased either due to caste, favoritism, political interference and bribery. The ‘ego’ of senior staff members and red tapism add to the problems, even if one wishes to do good work.
The recurrent strikes, worker union problems, lack of disciplinary actions on erring workers, poor security, lack of basic facilities like food, water and toilets have earned government hospitals a bad name. If MCI were to inspect all the government medical college and impose their guidelines strictly most of them would ‘fail’ the inspection. Private medical colleges are not far behind. Common allegations leveled are that entrance tests are rigged, faculty and patients are bought on daily wages and infrastructure is rental. The allegations against the MCI and its corrupt practices in the past have been brought to light and rectification is being attempted.

Exam patterns are changing. We are adopting new OSCE pattern of practical exams. Emphasis on short answer questions and reasoning can be made with efforts of medical universities. I can quote example of Maharashtra university of Health Sciences (MUHS), where drastic changes in exam pattern have been made. Results are declared within a fortnight and students can resume next year classes soon. Small efforts made by policy makers and heads of institution and departments can bring out the best.

A lot of issues like rural compulsory posting, lack of learning during internship, all India single PMT or pre-pg exam are still debatable. It would be unjust to say what is right or wrong. But some middle path can be arrived if time duration of medical course, cost of education and social responsibility are taken into account. A lot can be improved by just ensuring timely classes, ward postings, ward leaving tests, theory exams and timely declaration of results. Lack of ability to elicit clinical signs on patients is because we never teach our students how to do it; they are never taught to correlate. Demonstration of clinical signs, measurement of vital parameters and meticulous systemic examination if learned properly will help our medical graduates become great doctors and lots of money will be saved from irrelevant diagnostic tests. It is important to counsel medical aspirants prior to joining MBBS and also sensitize them along the course to human sufferings and motivate them not be just good doctors but also ‘humane.’

To conclude I do believe that there are fallacies in our medical system, but these are created by teachers, doctors and policy makers themselves. If all the senior medical fraternity join hands and pressurize the policy makers, changes can be made to make the system more student friendly and learning oriented.

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