

It appears that there may be a very close relation between the formation of a government and the issue of establishing medical universities in the country. Perhaps that's why, since Liberation every government has come across the same proposal regarding medical universities. Every newly formed government accepted the proposal and gave assurance regarding their establishment but later, realising the facts, eventually abandoned the idea.

Now, when BNP formed government, it was obvious from the trend that a proposal for establishing medical universities would come up. And it happened as expected and the Prime Minister too accepted the demand and assured its fulfilment.

Time has come to give a hard look to the issue and decide once and for all if Bangladesh needs a medical university for teaching and training purposes, whether or not it will be realistic for Bangladesh to have a medical university, if the country can afford to establish it and, above and all, what the country may expect to achieve from it.

At present no less than 109 countries in the world are extending organised medical education and training. Of them only Hungary, Poland, Bulgaria, USSR and, perhaps, China have medical universities in their countries. Hungary has 4 medical institutions run by 4 medical universities (medical academy), while Poland has 10 run by 10 medical universities (medical academy). Only Bulgaria has 4 medical institutions run by a single medical university in Sofia. The USSR has no less than 87 medical institutions but it is not clear how many medical universities control those institutions. The information concerning China is, however, not precise, and though there exist medical universities like that of Fukien, Kirin or Chekiang, there also exists Faculty of Medicine of Inan or Yewan University. However, if China is included in the list, there are only 5 countries (4.6%) in the world which have a provision of medical university.

In addition, there are 5 countries (4.6%) in the world where the medical institutions are run independently as autonomous bodies. These include 1 institution in Fiji, 1 in Guinea, 1 in Laos, 4 in Tunisia and 6

Views

Medical University

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medical institutions in Romania.

From the information available it is difficult to understand why Bangladesh may need to follow the examples of 4.6% countries of the world with medical university, or 10 countries (9%) which have either medical universities or autonomous medical institutions. Rather, documentarily, one is expected to follow the pattern that exists in no less than 104 countries in the world instead of following those 5 or 10 countries.

Bangladesh has always followed the British system in regard to medical teaching, training and practice. Moreover, the scientific progress and achievement that has been made in the UK, USA, France, Germany etc. are undoubtedly recognised and accepted here but they have no medical universities.

If one feels a desperate need of such organisation, financial aspects must also be considered. In a country where development work is often hindered due to financial limitations, it would indeed be a matter of serious debate as to how the country can afford the luxury of establishing 8 medical universities, viz that of Dhaka, Sir Salimullah, Mymensingh, Rangpur, Rajshahi, Barisal, Chittagong and Sylhet, and to follow the general pattern of those handful of countries. Otherwise, like Bulgaria, they may need one medical university, and the expense of establishing a single university costs quite a lot.

Arguments, however, may be put forward that when we can implement so many projects with foreign aids or loans, we can as well establish medical universities with such aids, grants or loan:

Even then there would still remain an incurable problem, that of medical manpower. The number of academically qualified persons available here, more so in the clinical specialities, is extremely scarce. Perhaps this unavailability of properly qualified personnel has prompted the government to utilise in teaching professionally qualified persons.

though a professionally qualified men may not always be suitable for academic responsibilities. With the number of academically qualified persons available in the country, hardly one or two medical institutions can be organised sophistically. So the question: Who will man the medical universities here?

Developed countries like USA, UK, France, Germany, Australia, Canada, etc. have made all the achievement that took the medical science to its present sophisticated state. These countries also have enormous qualified medical personnel and sufficient financial capabilities. Yet none of them has ever thought of establishing medical universities in their country.

A question therefore arises if none of them ever felt the need of a medical university, what motivated Bangladesh to think of having such an organisation. On the other hand, no indication is yet available that establishment of a medical university can in any way accelerate the progress of medical science.

There are however certain administrative problems with the present state of medical education in the country. But that does not imply medical university to be a suitable alternative. The existing system of administration has harmed the future professional career of the students. A good example of the administrative weakness can be illustrated by the students who started studying in medical colleges in 1982. According to the provision that existed then, of the students successful for medical education the most meritorious ones were given admission to the Dhaka Medical College, and the others were admitted to the other medical colleges including Rangpur Medical College. But due to the absence of inter-university liaison the students studying at Rangpur Medical College qualified 8 months earlier than the students at Chittagong Medical College, and the latter 4 months earlier than those at Dhaka Medical Col-

lege. Thus even being contemporary students and of greater calibre, students of Dhaka Medical College qualified one year after the students of Rangpur Medical College, and this one year's juniorship could have easily been avoided through a rational education policy.

The greatest peculiarity of medical teaching and training in Bangladesh is that though the medical institutions are under the university, the university has no control on them, nor has any authority in regard to employment of academic staff, standard, conducting of teaching and training programme, and conducting examinations. This lack of authority and a complete divorce from medical aspects have left the universities uninformed of various matters—giving rise to anomalies. For example, the students studying for medicine are given registration as MBBS students, their examination results and marksheets are supplied as those for MBBS, but they are conferred the degree of Bachelor of Medicine and Surgery (rightly abbreviated as BMS or MSB) instead of the conjoint degrees of Bachelor of Medicine and Bachelor of Surgery (internationally abbreviated as MBBS).

The lack of information on the part of the university, coupled with lack of authority, has created such an administrative chaos that in the post-graduate field, for example, a question has arisen as to whether Bangladesh aims to 'decorate' the post-graduates with certificates or confer any teaching and training at a sophisticated level.

In this country example is available that an ordinary medical graduate was made responsible to conduct and organise a post-graduate academic diploma course, while there was another post-graduate academic diploma course which was run by the staff none of which were either academically qualified nor had specific training in the speciality, and yet the university conferred post-graduate diplomas to the successful candidates, conferring them thus a specialist's status.

In Bangladesh, the teaching and training in medicine needs serious scrutiny.