



A New Direction For Medical Education

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INTERNATIONAL Conference on Primary Health Care, Alma-Ata, defines community as "people living together in some form of social organisation and cohesion". This fits well with the social structure in Bangladesh. Community Based Medical Education is a means of serving community needs by producing doctors through learning activities in the community environment.

According to WHO there are six reasons to justify the need for Community Based Medical Education. These are:

i. Development of a sense of social responsibility among the trainees through understanding of the local problems, needs and requirements.

ii. Trainees can discover during the course the relationship between theoretical knowledge and practical training. Exposure to the community prepares them for future life and field of activity.

iii. It helps breaking down the barrier between the professionals and the lay public and establishes closer relationship between the institute to which they are attached and the community they serve.

iv. Problem-based learning prompts students to learn more and become up-to-date.

v. Enables students to develop competence for providing health care with limited facilities in the community.

vi. The system improves the quality of community health care through the participation of teachers and students.

In this article an attempt has been made to evaluate the Community Based Medical Education in Bangladesh Context.

Prevailing situation in Bangladesh: This is a country with a population of 11 crores. The number of registered doctor is reportedly 16 thousand. The population here is 80% rural, while the physicians are 80% urban. The doctor-population ratio in the urban area is 1:7000. In the rural areas this is 1:27000. Health care facilities are largely urban.

Of late, attention has been given more and more towards peripheral health care with the provision of consultants upto Upazila level. So far, over 300 upazila hospital complex is have provision for at least 3 consultants. These are all in fact in papers. Hardly any consultant is found in their field of activity. Many have never left the urban environment and still draw their salary against the posts in a place which they have never visited. The situation has not, therefore, improved at

all over the years.

Per capita Government expenditure on health and family planning in Bangladesh is one of the lowest in the world. This is less than a dollar. Admittedly, with the total expenditure of Tk. 350 crores on health including family planning one cannot expect miracles in health care delivery. Besides Bangladesh is a riverine country and there are areas not easily accessible.

In a situation, so challenging as this, we have to strike a balance between the needs and resources. The Government has its limitations and cannot go beyond them. The private sector has a role to play. Voluntary organisations can also play a vital role here. Future doctors, therefore, must be prepared to share the responsibilities either as Government servants or as private individuals directly or through some NGOs.

Western System of Medical Education

The western system of medical education has never been need based or people oriented. It has always been within the four walls of a medical institute. The process through which a physician is trained in these institutions has been completely devoid of reality, unconnected with their future field of practice. Besides, his clinical judgement is overshadowed by investigations and laboratory findings. He uses his eyes, ears and even the most popular stethoscope much less often than these used to be in good old days. In fact, clinical medicine has been overwhelmed by the instrumental medicine and laboratory investigations.

The Real Need. A physician in a developing country like Bangladesh must be capable of facing the challenging situation in health care with limited resources and unlimited problems. His clinical acumen is the most inexpensive and yet a valuable instrument he has in possession. His adaptation to the environment is one of the most important prerequisites for successful future career. His identity with the rural lay people, sympathy and understanding can work miracles. His guidance is a gospel to the rural mass and in fact, he can be accredited as a community leader in at least the health field, if not in general. For all these, it is essential that a medical student of today from the very beginning of his career has to prepare himself slowly.

gradually and steadily to face the challenging situation in society at large on completion of his academic career.

International Network

Community Based Medical Education is now gaining ground all over the world with this ideal and concept. Spread all over the world, community oriented medical institutions are not in isolation either. An international network has therefore developed with its headquarters in the Netherlands. The network encourages, helps and guides development of community oriented medical institutions all over the world. This is an international co-operative venture of medical schools throughout the world, all of which are using a new approach to training physicians. There are today many institutions as its full members and as associate members. The executive committee is headed by no less a person than Prof. Dr. Victor Neufeld, Chairman McMaster University, Hamilton, Canada. The Secretary General is Prof. (Dr) Zohair Nooman the Founding Dean, Faculty of Medicine, Suez Canal University, Egypt. Eminent scholars from other parts of the world are members.

Of the advantages mentioned in favour of Community Based Medical Education by the WHO all are equally important in Bangladesh context. Through this system of education existing discrepancies in our health care delivery can be remedied to a large extent. Present-day Physicians cannot adjust themselves to an unaccustomed environment in the rural or semi-rural set up. They, therefore, avoid going to their field of work which remains officially allocated unless cancelled but functionally unserved. The sufferers are the rural poor. Involvement of the students throughout their educational career and the problem based learning creates interest, confidence and sense of satisfaction in discharging their duties which they can operate in a much better fashion in their official capacity as medical officers or consultants subsequently.

Participation of students and teachers is in practice an extension of health care delivery through the system of community based medical education which never before constituted a part of the curriculum and consequently the areas they serve now never had the benefit of health services. Evidently, therefore, community based medical education is complementary to the efforts of the

Government extending health care to the remote areas.

Furthermore, the concept of an institute of health sciences as against traditional medical colleges encourages training and utilisation of all available manpower in health care delivery. In Bangladesh, for example, village practitioners, auxiliaries, technicians all can be offered suitable training in this institute in order to make them suitable additional forces in health care movement. While the physicians train the student, the latter can train other auxiliaries.

Bangladesh has developed a new concept of utilising its vast resources of religious groups and primary school teachers and their places of work for extending health care. The concept has received appreciation in various international forums.

During the last two years several of these groups numbering over 600 have been given training in primary health care, nutrition, sanitation and essential drugs for village practice. These people are offering services in their respective areas utilising their own places of work, for example, the mosques. If this programme is fruitfully implemented every remote village where there is no doctor shall have at least one person to offer basic health care and to guide the people in proper direction for further care to an organised Government health care centre as needed.

Bangladesh Responds. The countries around, namely India, Pakistan, Sri Lanka, Thailand, the Philippines, Indonesia, Nepal etc have already gone ahead of us and established Institutes of Health Sciences. Introduction of a new concept replacing the traditional system is not that easy for the Government. The conservatives make it a political issue while the opportunists cloud the environment.

Establishment of an Institute of Applied Health Sciences in Chittagong and Introduction of its course during the current year leading to higher degree as a non-Governmental effort through a voluntary organisation is a sound policy even though a belated event in our medical history. This has the proud privilege of being an associate of the International Network of Community Oriented Medical Institutes of Health Sciences popularly known as 'Network' referred to earlier.

It is never too late to begin a good work. We have no doubt started rather late but it is never too late to choose a NEW DIRECTION for a better future.