



# Updating the Medical Education

**M**EDICAL education is the term intimately related to the health service providers. By further improvement of health services in our country, it is essential to improve the health status of our people with the existing resources. Moreover, the vital segment of services, the providers' contribution to better services, needs discussion.

by Dr Shireen Begum

Sometimes, even many a times, it is blamed that the doctors' negligence, lack of commitment and skill and over-interest for private practice are some causes that lead to poor quality of services. It needs analysis, whether the above mentioned factors are responsible. And if so — to what extent? Though it is true that both commitment and devotion have vital roles to play in improving the quality of services, yet only commitment and devotion without need-based skill and knowledge cannot ensure better health for the nation. It is important to discuss the medical education in our country in details. What is the existing curriculum? Is it need-based or community-oriented and competency-based? What was the situation, prevailing from the very beginning of our independence, and what is the process taken for re-orientation of medical education (ROME)?

and indirectly to the health services felt that there is a need to develop a medical curriculum in Bangladesh's perspective, which should be based upon the need assessment of the underprivileged and also make the nation able to combat with the major community health problems. With this analysis, process for re-orientation of medical education started in 1983 by establishing CMED (Centre for Medical Education). Crucial activities were taken up in 1986 by conducting several national workshops and consultative meetings at different levels with different groups of professional. It was finalised through three national workshops on pre-clinical, paraclinical and clinical teachers with the help of international experts in 1988.

The new curriculum was made community-oriented, and role-based rather than traditional clinic-oriented. It also gave emphasis on primary healthcare services. An increased awareness among the public for health and the health services were felt to ensure quality services. The experts again introduced these managerial aspects e.g. health management in the new curriculum. Within this period different research results observed that the health of women and children in our country was neglected. So they again gave emphasis on these aspects. Improvement of managerial activities is very much essential for the medical profession to fit the doctors for medical audit in near future.

The new curriculum revision activities started by CMED and FIMC by holding different consultative meetings of senior, mid-level and junior teachers of all the medical col-

leges. Besides, the survey among students and teachers of medical profession for opinion on critical analysis of the new curriculum is going on.

"Necessity is the mother of invention." So the process that started in 1983 is facing many problems and trying to overcome those. So it is the time to take steps for the profession to start and continue this sort of activities. Critical analysis of the already implemented new curriculum may prove beneficial for the future medical professionals. But careful analysis by sincere and unbiased research and evaluation is of vital importance.

The new curriculum may prove more beneficial if this curriculum is directed towards the community i.e., the absolute poor. New doctors must know how to lead a health team, how to deliver skilled services to a community, what are the major health problems and how to prevent those, what are the socio-cultural aspects that are closely related to causes of disease, what are the ethical and legal aspects of medical profession etc. The new curriculum must give emphasis on the demands of the new era — social medicine, behavioral science, anthropology, epidemiology, forensic medicine and must orient doctors who will be good friends and helpers for the diseased. A few 'devoted doctors' can do more than a large number of 'bookish doctors' for the nation. Instead of creating a gap between the medical profession and the others, all the professionals, experts and social workers can help by evaluating the real need and suggesting the possible way to improve the healthcare services. In this way, they can make valuable contributions to the overall health status of the nation.

I will not permit considerations of religion, nationality, race, party politics, or social standing to intervene between my duty and my patient; I will maintain the utmost respect for human life, from the time of conception; even under threat, I will not use medical knowledge contrary to the laws of humanity.

I will make this promise solemnly, freely and upon my honour.

I quote a few lines from the International Code of Medical Ethics which was adopted by the Third General Assembly of the World Medical Association, at London, in October 1949.

A doctor must always maintain the highest standards of professional conduct.

A doctor must not allow himself to be influenced by motives of profit.

A doctor owes to his patient complete loyalty and all the resources of his science.

Whenever an examination or treatment is beyond his capacity, he should summon another doctor who has the necessary ability.

A doctor must not entice patients from his colleagues.

A doctor to behave to his colleagues as he would have them behave to him.

The following practices are deemed unethical:

\*Any self advertisement except such as is expressly authorized by the National Code of Medical Ethics.

\*Taking part in any plan of medical care in which the doctor does not have professional independence.

\*To receive any money in connection with services rendered to a patient other than the acceptance of a proper professional fee or to pay any money in the same circumstances without the knowledge of the patient.

\*Under no circumstances is a doctor permitted to do anything that would weaken the physical or mental resistance of a human being, except

# Medical Ethics : Belonging to a Noble Profession

by Dr. K M Maqsoodur Rahman

**T**HE medical profession ranked among the first in pledging to ethics by oaths and codes. The oath of Hippocrates has survived for two thousand four hundred years. In many universities of the world today the medical graduates still take the same Oath in historical form, changing only the words 'Apollo' and 'Aesculapius' for 'God'.

A great number of universities now use the Geneva Declaration approved by the World Medical Association in 1948 that bases itself essentially on the Oath of Hippocrates. Our teachers often used to mention the sum and substance of the Oath of Hippocrates during our time. I believe the same holds true today. The text of Geneva Declaration is as follows:

At the time of being admitted as a member of the medical profession,

I solemnly pledge myself to concentrate my life to the service of humanity.

I will give my teachers the respects and gratitude which is their due;

I will practice my profession with conscience and dignity; the health of my patient will be my first consideration;

I will respect the secrets which are confided in me;

I will maintain by all means of my power, the honour of and the noble traditions of the medical profession;

My colleagues will be my brothers;

I will not permit considerations of religion, nationality, race, party politics, or social standing to intervene between my duty and my patient;

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from strictly therapeutics or prophylactic indications imposed in the interest of the patient.

A doctor must observe the Declaration of Geneva approved by the World Medical Association.

The question remains as to what extent do we follow the code of medical ethics? A corollary question arises that do we teach the ethics to our medical students as other medical institutions do? Before answering these questions, let us look to the perception of common people towards our profession. I list below the public's comments that we listen very often about doctors:

Some do not give reasonable time even after such a high fee.

Often there is wrong diagnosis and/or treatment.

Non-communicative i.e. does not explain nature of disease to patients or his relatives.

Threatening patient with business type of mentality.

Force to get tests at a fixed laboratory so that doctors get a certain percentage of commission.

Touting to get or grab patients.

Issuing false medical certificates and postmortem reports.

Writing unwanted costly medicines and its certification. Unreliable laboratory tests. Unwanted and costly laboratory tests.

Keeping patients unnecessarily in clinic bed to get extra fees and occupancy charges.

Discriminatory behaviour

between paying and non-paying patients.

Unbecoming behaviour with non-paying patients.

Using hospital equipment at private clinic.

Accepting money from private patients at hospital for Laboratory tests done by using government hospital equipment.

Paying more attention to private clinic patients by neglecting hospital patients.

Indulgence of corrupt practices by doctors holding administrative posts.

Absenting from place of duty without prior approval of authority.

Observance of strikes, repeated and continuous strikes.

Faying less attention to teaching and research.

Accepting illegal gratification.

While discussing these matters with professional colleagues, they often tell that as they belonged to the society, so they follow its norms.

Some even argue that a doctor has to spend a lot of money during his study period. So what is wrong in reaping some gratification, legal or otherwise? Our colleagues do not realize the fact that the medical education gets the maximum government subsidy. In lifts the subsidy used to be Tk. 9,000.00 per medical stu-

dent for his five year study period. Currently the subsidy will stand manifold.

**Personal observations**

Doctors remain absent from their duty stations to give service elsewhere. Doctors posted outstations are often seen in Dhaka without any authorizing leave. This kind of deceiving the Clientele is unacceptable to the patients, so to our society. Late Prof. Ibrahim had termed it as an intellectual cheating. In the absence of chief, the subordinate staff takes the liberty to do as they please. As a result, the government hospitals and thana clinics are running in a most inefficient manner.

Besides, the punctuality, discipline, service to the patients, integrity and above all humane quality are lacking among some of our colleagues. In fact these should be a part and parcel of our life.

We often observe the plight of deserving patients in getting admitted to the hospital. If one at all is admitted, a considerable time or days are passed before he gets consultations and/or professors' care. For laboratory tests, the patients are advised to get these done from private laborato-

ries, and often from any particular laboratory. If one asks its reason, the usual reply is the delay in getting results if it is done in the hospital laboratory. If the test are costly or rare ones, then the answer is the non-availability of reagents, test kits, etc. Thus, the patients are compelled to attend private clinics. Here also the busy practitioners or consul-

tant for his five year study period. Currently the subsidy will stand manifold.

from the patients point of view.

**Premier Institution**

Those who have visited the PG Hospital (IPGMR) and Diabetic Centre (BIRDEM), have seen the difference that exists between the two hospitals. Is it not a shame to observe a heap of garbage that always exists at the entrance

of IPGMR? There are many ugly things seen inside the hospital compound. (Recently I had the experience of falling sewage drops on my head in C block. It occurred from the leaking of sewerage pipe bend of the upper floor). Almost all the hospitals in the country will exhibit similar picture. Why is it so? The answer lies in the word of Late National Professor M. Ibrahim that discipline is life which the BIRDEM follows while the other hospitals do not. (In case of IPGMR probably the administration is responsible for the inadequacy).

However, we are happy to see that there are several doctors who are trying their best to improve the situation in spite of severe limitations. Some of them are as dedicated as the professors of my time. They have established some good medical centres and institutions in different parts of the country.

**Recollections**

I remember my days in Dhaka Medical College Hospital in late forties and early fifties. In spite of many constraints due to sudden partition of Bengal, all the staff had used their unbending energy to run the Medical College as well as its Hospital as smoothly as possible. The paramedics, ward boys and sweepers used to gladly offer us tid-bits of

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training. What I see today is most pitiable conditions that exist in almost all hospitals.

It has not developed overnight rather over the years due to negligence, in inertia and lack of commitment by the officials concerned. Had there 'will to do' existed at the apex of the administration, the base would have remained strong and stout.

How can we get rid of the morass to restore our lost reputation? The answer is that the BMA in cooperation with Bangladesh Medical Council (BMC) should come forward to set the medical ethics that all the doctors should follow scrupulously. Both the organizations should strictly enforce following of the ethical practice by the doctors. If some one commits malpractice or deviates from the ethics, he or she should be penalized. Similarly there should be sufficient incentives and rewards for the good performers. Setting a few examples by the top echelon will rectify most of the unethical practice. Finally a commitment to 'nothing short of success' is necessary for the person heading the institution and/or department.

Our medical institutions should teach the medical ethics to their students. Here I again recall the words of revered Prof. Ibrahim. He used to tell a patient, "You have given me the opportunity to serve you for which I am grateful to you as well as to God." He also used to tell the doctors, "To a patient a doctor is second to God." I felt this when my mother, while under his treatment in DMCH, had sudden haematemesis due to her gastric ulcer. It is at dead of night, in 1951. I was then a fourth year student. The duty doctor reported the seriousness of her condition to Prof. Ibrahim. You will be surprised to know that he visited my mother at about 4 a.m. On his advice, she received two bottles of blood and became well with the conservative treatment. Since then I have not seen a day passed that she did not pray for the welfare of Prof. Ibrahim.

I have 43 years of experience in different continents. I have not seen a slightest sign of malpractice anywhere in medical profession. I believe same is the case with our present day teachers and physicians who have been trained abroad where malpractice and mismanagement are practically absent. And I tend to believe, we can minimize the malpractices by forming a strong public opinion along with the support of BMA and BMC.

**Noble Status**

The need of the hour for the medical profession is to restore its noble status as soon as possible, as it is very much linked with our honour and dignity. I wish my colleagues would think and practice in the same way as the reputed professors of earlier days of our Alma Mater used to do. Furthermore, I pray to Almighty Allah that several professors like Prof. Ibrahim are born in our profession soon. Then, probably, we can help restore our dignity and honour, and public would tell that medicine really belongs to a noble profession, and we would have then the privilege of belonging to the noble profession.

The writer is a senior medical practitioner.

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Charlie's Angels on Star Plus at 6:30 PM

to the Bottom of the Sea 11:30 The Wild West 12:30 Movie The Grass Cutter 2:30 TV 3:00 The Wonder Years 3:30 Civil Wars 4:30 Haricaste And McCormick 5:30 Fantasy Island 6:30pm Charlie's Angels 7:30 The Addams Family 8:00 The Simpsons 8:30 Baywatch 9:30 Series 10:30 I A Law 11:30 Code 3 CT 129 12:00pm COPS 12:30 Mystery Movies B L Striker 8:12 Die Laughing 2:30 Movie Coca Cola Kio 5:30 Wild Wild West

3:00pm Opening Announcement Al-Quran 3:10 Recreation from the Triptrak 3:15 Movie of the Week 4:00 News in Bangla 5:00 News in Bangla 5:25 Banashor: Folk Songs 6:00 News in Bangla 6:05 Angkar 6:30 Moneer Mukure 7:00 News in Bangla 8:00 News in Bangla 8:30 Mati-o-Manush: Programme Based on Agricultural Development 9:00 Abhimat Programme on Contemporary Events 10:00 News in English 10:30 Shasthakatha Health Programme 10:35 Drama Series Dynasty 11:30 News in Bangla 11:35 Tomorrow's programme summary 11:40 Close down

6:00am BBC World News 6:20 Britain in View 7:00 BBC World News 7:10 Newsnight 8:00 BBC World News 8:20 Window On Europe 9:00 BBC World News 9:05 Assignment 10:00 BBC World News 10:20 Face To Face 11:00 BBC World News 11:20 Window On Europe 12:00noon BBC World News 12:05 Everyman 1:00 BBC World News 1:05 White Heat 2:00 BBC World News 2:30 Time Out Tomorrow's World 3:00 BBC World News 3:30 Time Out Summer Holiday 4:00 BBC World News 4:05 Horizon 5:00 BBC World News 5:20 Britain in View 5:50 Earth Report 6:00pm BBC World News 6:05 Madness 7:00 BBC World News 7:20 This Week 8:00 BBC World News 8:30 Time Out: Building Sights 9:00 BBC World News 9:05 Assignment 10:00 BBC World News

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