

A drift in medical education

A professor of surgery of the Madras Medical College was arrested in Andhra Pradesh for demanding Rs. 25,000 to pass a candidate for the post-graduate degree in surgery. This has blown the lid off a long - suppressed scandal in medical examinations in Tamilnadu. For near on to three decades now, it has been rumoured that some examiners only pass candidates who pay them. Unfortunately no one has been willing to tackle the problem. Other examiners who are aware of the situation often only try to ensure that meritorious candidates do not fail and that very bad ones do not pass. No one has been willing to blow the whistle. In private conversations they give a variety of reasons: they do not want to damage a colleague, no effective action will ensue, etc.

The students feel helpless. They say that they only have to appear for the examination for a few times and have to worry about their careers; this is a long standing problem about which they cannot do anything. The result is that the malaise has been growing.

The decline in the standard of examiners is part of an overall decline in medical education in Tamilnadu and also the rest of the country. Although the present government has expressed its intention to open new medical colleges at Nagercoil and Tuticorin, the existing ones are in very poor shape. The last medical college that was opened, at Tiruchirapalli, has not been recognised by the Medical Council of India for lack of infrastructure and inadequate teaching staff. Many non-clinical departments find it very difficult to get staff. Many of them are managed by clinicians on "loan" from their real specialty. With no infrastructure or incentive to do research, interest in the basic medical sciences like anatomy and physiology is on the wane. Most of those who are interested try to go the United States.

On the clinical side, doctors in medical colleges in Tamilnadu are not full-time. A very large number of them

nowadays do very little teaching. Although they are supposed to have only consultancy privately, most of them have in-patients and some even own nursing homes.

It is no secret that many medical college staff are also on the staff of many of the corporate hospitals. Some of them hardly go to the medical college at all. The effect of this behaviour, not only on teaching, but also on the kind of values imparted to the young medical students, can well be imagined.

The proposal to make the Madras Medical College a deemed university with only full-time staff has not yet materialised, at least partly due to sustained opposition from the doctors. The politicians and bureaucrats seem unconcerned. Most of them do not use the government hospitals now and therefore have little interest in there well-being.

All these ills are part of an overall drift in medical education in India. In the early post-independence period, there was some attempt at developing a plan for medical services in the country. The focus of all such planning should obviously be based on

For most of the doctors today, success means working in a city hospital in a specialty.

epidemiological data of what disease patterns are common in the country. In other words, it should centre on patient needs.

The skewed distribution of health professionals in the country with most doctors crowded in cities leading to unhealthy competition for patients, while many villages have no access to even the most basic medical care, is a result of a failure to plan properly. Attempts like introducing "barefoot doctors" on the Chinese model are bound to fail because these attempts look at only part of the picture. For most doctors today, success means working in a city hospital in a specialty. One cannot blame them. This is Indian

society's currently accepted definition of success, and only a few are ever able to swim against the tide. If we wish to put into place a universally available health delivery system, and a medical education system to provide the personnel for it, we need to change the entire focus of our planning in the health field.

* * *

On May 13 this year, the Movement against Nuclear Weapons, Chennai, held a meeting on the Marina to reiterate their resolve to oppose the nuclear weaponisation of the subcontinent. It marked the second anniversary of India's sad decision to go nuclear.

Physicians everywhere have a special duty to oppose nuclear weapons. Soon after the devastation of Hiroshima, it became clear that nuclear radiation was an extremely deadly poison. Not only is there no antidote for it, but also some radioactive products are poisonous for extremely long times. This means that not only will the present generation of life forms be affected but future generations as well.

Since they are committed to the preservation of life, it is natural for doctors to oppose nuclear weapons. Besides the obvious horrors of the effects of nuclear weapons, they have invisible effects as well. They are tremendously expensive to produce and maintain. This means diversion of scarce resources in a poverty-ridden country like India. One columnist (C. Rammanohar Reddy in *The Hindu*), calculated that it would cost the Indian people Rs. 43,000 crore over ten years to mount the so-called "minimum deterrent".

The obscenity of spending this money on weapons of destruction when such a large number of people do not have even the minimum requirements for meaningful living is so obvious, that it is amazing that any government can consider it. It is necessary for all of us to forcefully express our opposition to the nuclearisation of the Indian subcontinent.

Thomas George

Dr. Thomas George, 114J, Rostrevor Railway Colony, Teynampet, Chennai 600 018.

