

CORRESPONDENCE

Are we making asses out of racing horses in medicine?

This question was asked by a thinking medical faculty member (a rare breed!) in a national institution. As usual, the majority of medical teachers were too 'busy' and missed it. Of those who did read the newspaper report, a minuscule few dared to air their views on the subject. Some medical teachers whose neurons still had intact myelin sheaths reacted positively. But it did not register for the vast majority with atrophy from disuse.

This indifference is not abnormal, as health policy has never been an important agenda item in this country. Our nervous system is not used to reacting to health issues. The medical profession has failed to influence health policy. It is content to participate in programmes like pulse polio drives and observe international health days and those of some popular diseases.

Health policy should be a topic of public debate. After all, it concerns the health of the citizenry. Since we do not feel concerned, discussion is restricted to the cognitive domains of a few health officials who rise to their own level of incompetence according to Peter's principle. Then there are rotating bureaucrats who by sheer chance get the opportunity to warm the chair of the health department. There was a time when health ministers were chosen from among eminent doctors. The less said about today's politicians, the better.

But one cannot blame only the bureaucracy. Medical activism has become an endangered species. The medical profession looks askance at 'ambulance chasers' because it does not want its doings and 'undoings' examined under a microscope. It is unfortunate that those who should be charting the health course of the country have hardly any sensitivity.

Students entering medical colleges on merit are considered to be the cream of the student population. Unfortunately they do not get any opportunity to refine and demonstrate their skills. Instead of teaching them how to use their intelligence to solve problems the present system converts their brilliance to mediocrity. As skills are hardly put to use they eventually start rusting.

Medical teachers are responsible

Our medical teachers should share some blame for this. They did not cherish individuality and freedom of thought.

It is unfortunate that medical teachers have mortgaged their brains. Most are content to deliver 10 lectures per six-month term. Many senior teachers do not teach at all, though they have teaching assignments on paper. In 25 years of medical teaching, I am yet to see a departmental head or a dean devoting even one hour a week to pure teaching. Some medical teachers are 'out of circulation' because they are busier with administrative, academic, university or political work, which for them is more important than teaching. There are some privileged ones who

obtain various kinds of leave when their lecture series starts. One popular escape is known as 'oblique practice': teaching timetable planners write two names against each assignment, and the senior teacher always has a junior 'assistant'. When it comes to self-assessments, both will claim to have conducted the same classes. They even manage to get awards for 'ideal' and 'best' teacher. If such is the aptitude and attitude of medical teachers what altitude is expected from them?

Those entering medical teaching today are mostly mediocre, ineffective communicators with neither knowledge of the subject nor teaching skills. They choose teaching because they cannot do anything else - even after having been gifted medical degrees. Those who have never run a race themselves become in charge of the stud farm. An average teacher stays in service for 30-35 years. Imagine the impact of inefficient teachers on the many batches of students handled by them. A whole generation of brilliant students is affected and afflicted with mediocrity.

If we do not wake up to correct this malady, our young colts and mares, with the potential to win races, will be reduced to asses.

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Subscription number 001

I was surprised to receive a copy for which I was given a subscription number 001 for the state of Bihar. I had seen a specimen copy of the journal in our college library and found it very interesting and worth subscribing to.

But it is the subscription number which has made me think and write about the lack of medical ethics awareness (although many doctors may be subscribing to other medical ethics journals and also reading them). People in this state are among the most deprived in India. It is a state where private practice is allowed and this has led to the worst conditions in health institutions. In our hospital, patients who are admitted think it a boon if they escape death. The worst medicine is practised in this institute. We doctors have no sense of responsibility towards patients and in turn patients and their attendants have no faith in government doctors here. Prescriptions are irrational, patient input is very low and output even low for emergency admissions.

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Erratum

While we credited the cover photograph in the January-March 2005 issue to <http://www.planetwire.org>, from where it was obtained, we omitted to mention that the photograph was taken by Raghu Rai, on behalf of the David and Lucile Packard Foundation. The error is regretted.