Commentary

Medical Education for Students: Past, Present, and Future

Vitull K Gupta[1,2], Meghna Gupta[2], Varun Gupta[3]

[1]Health and Human Rights Activist, Honorary Teaching Faculty, AIIMS; [2]Consultant, Kishori Ram Hospital and Diabetes Care Centre, Bathinda, Punjab, India; [3]Resident, Thoracic Surgery, Lungenklinik Hemer, Hemer, Germany

DOI:10.37821/ruhsjhs.7.3.2022.454

INTRODUCTION

Only recently, after delivering a guest lecture on a topic I am quite passionate about, 'Challenges in medical education in India', a senior doctor asked me 'Whether medical education system three decades ago was producing good doctors or if it was doing so now'. This question made me reminisce about my internship days, 40 years back, at District Hospital, Bathinda and the answer was straightforward. Medical education system was producing better doctors then because in those times MBBS Medical Officers were efficient doctors; experts in medicine, all types of surgeries, emergencies, and public health. Moreover, during our internship, we were taught basic surgeries and were attending to OPD independently in all departments on rotation, whereas the interns now are at a loss of words when asked about normal pulse rate, blood pressure (BP), or temperature.

No doubt the Indian medical education system has witnessed phenomenal growth over the past few decades, yet, such questions initiate an important debate about the quality of doctors produced. The discussion that day led me to write this commentary on 'Medical education for students: Past, present, and future'. The societal environment in which education is imparted is important in influencing the mentality of the students. As there is a paucity of published literature on medical education in India, my writing is largely based on my experience as a medical student then and as a medical teacher now and my observations and interactions with faculty and students. I consider 'past' as the era up to initiation of liberalisation and commercialisation till 1990s, 'present' between 1990s to formation of the National Medical Commission (NMC), and 'future' as the period after the formation of NMC.

I am sure that some readers might not agree with my observations about the pathetic state of medical education, but I think that this may be due to a lack of exposure to the actualities of the prevailing situation or it can be attributed to being in a state of denial, as some of the senior faculty in administration and medical colleges express surprise on my observations during our interactions.

MEDICAL EDUCATION IN THE PAST ERA

The Indian medical education system can be traced from the glorious era of Charaka and Sushruta, with their own doctrines in teaching indigenous systems of medicine to the modern western system of medicine now under the influence of commercialisation. Since the days of Charaka and Sushruta, India was blessed with a glorious code on medical ethics that ''He who practices medicine out of compassion for all creatures rather than for gain or for gratification of the senses, surpasses all'', ''Those who for the sake of making a living, make a trade of medicine, bargain for a dust-heap, letting go a heap of gold''. This continued with the greatest contribution by the father of modern medicine, Hippocrates (460-377 B.C.).

In India, during the British rule, the formal modern medical education started with the opening of medical colleges in Madras, Bombay, and Calcutta with just 19 colleges in 1947, increasing to 86 in 1965, to 112 by 1980, and to 143 in the 1990s. At that time, those young students who had aptitude, suitability, and service in mind used to join a medical college without much consideration of economic status, to be trained by highly ethical and competent teachers that too without any commercial considerations. Medical colleges then were successful in producing doctors competent to cure diseases and provide comprehensive health care including preventive, promotive, curative, and rehabilitative services to the people.

Progressive dilution of public health care services over the decades had led to compromised public health care and the medical education system was blamed. Shrivastav committee in the mid-1970s suggested the need for

reorientation of medical education since it had failed to fulfil national priorities and health needs.[3] The Bajaj committee in 1986 suggested establishment of an educational commission for health sciences.

MEDICAL EDUCATION IN THE PRESENT ERA

The present era started in the 1990s with glorification and promotion of privatisation and corporatisation of medical education with easing norms for opening of new medical colleges which led to unregulated and rapid growth of private medical colleges with poorly implemented regulations relating to admissions, cultivating the concept of buying medical seats rather than merit, increasing corruption in admissions, and skyrocketing capitation fee. All of this adversely impacted the mentality of students making them more materialistic, self-centered, and lacking values of sacrifice, service, or commitment to the country. It undermined the chances of economically weak but brilliant students to become doctors.

Cultivation of a commercial rather than ethical environment in private medical colleges led to complete eradication of the societal and humanitarian aspect of medical education, converting it into a very lucrative business. Commercialisation promoted the worst kind of corruption and unethical practices were exposed during MCI inspections when hundreds of patients were mobilised to fill up empty wards, numerous doctors were presented before the inspectors, birth/death registers were manipulated, and instruments were hired, and above all this, private medical colleges managed to get MCI permissions under the influence of cash, kind, or political patronage.

Plagued by strong criticism, corruption, unethical, and illegal practices, MCI was dissolved in 2010 following the arrest of MCI's president by the CBI for accepting a bribe from a private college, followed by the inception of NMC in 2019. Rapid and uneven growth of medical colleges had created a great regional imbalance with more than half of the medical colleges located in Karnataka, Maharashtra, UP, Tamil Nadu, and Andhra Pradesh. This was thought to be because of political patronage or ownership of private colleges as commercial enterprises.

During this era, the revolutionary measure of the National Eligibility-cum-Entrance Test (NEET) undergraduate (UG) and postgraduate (PG) was initiated to rationalise medical college admissions and to eliminate capitation fee, but it has failed miserably to provide opportunities to meritorious students irrespective of capacity to pay because the private medical colleges increased the official fee to match the capitation fee, making medical education unaffordable to most of the population. In fact, the progressive decrease in qualifying cut-off marks and the percentile system of NEET UG and PG has opened the pandora's box wreaking havoc with merit, making it easy for wealthy low-performers to get seats so much so that candidates with just 18-20% marks in the NEET aggregate can get admission.

Moreover, with an increasing focus on multiple choice questions (MCQs) based entrance exams for UG, PG, and superspeciality courses, clinical teaching has been compromised, producing MCQ based doctors rather than clinically oriented doctors trained in both the art and science of medicine.

MEDICAL EDUCATION IN FUTURE ERA

I consider the post NMC era as the future era because NMC was conceptualised keeping the future of medical education in mind. The role of regulators is most important for maintaining standards of medical education, but unfortunately, since the inception of MCI in 1934 and its replacement by the NMC in 2019, the role of regulators including the State Medical Councils have been questioned because activists like me feel that the NMC has failed in its objectives, for which MCI was dissolved.

Private medical colleges still continue to openly charge obnoxiously high fees and get advance information about NMC inspections to stage manage the drama of inspections. Further, compromised merit with progressive lowering of qualification marks and more importantly failure to initiate inquiries against private medical colleges for illegal and unethical practices in spite of written complaints with visual proofs, is adversely affecting medical education as well as the quality of doctors being produced.

Experience suggests that in spite of qualifying exams, many private medical colleges charge under-the-table in addition to their high fees for admissions. Worst type of corruption is passing undeserving students with grossly deficient attendance in lure of cash or kind. Several other aspects of corrupt practices can't be discussed here because of space constraints. Desperate to increase medical seats, the NMC has relaxed norms for opening of medical colleges leading to rapid proliferation of deemed to be universities with grossly deficient infrastructure, and faculty deficiencies, which merely serve as venues for conducting the courses or the examinations, without innovations in education, negligible research activity,

minimal internal faculty development, and without any training in modern teaching-learning methods, thus, compromising the quality of medical education, increasing skewed distribution of medical colleges, and ultimately resulting in producing more but substandard doctors.

In these times, much needed curriculum revision was a welcome step, implementing the "Competency-based UG Curriculum" stressing on medical ethics, doctor-patient relationship, and outcome-based learning. But I, as a health and human rights activist have serious doubts about whether the change in curriculum will be able to fulfill community health-care needs and train professional and empathic future physicians who are able to perceive pain, fear, and discomfort of the society at large, especially under the hypnotising influence of commercialised medical education. Such an environment will not be able to modify the mentality of the majority of young doctors who are adopting market-private-corporate initiatives to get a good return afterward.

In grooming the young medical students, universities and colleges play an important role, but increasing commercial environment in most of the private medical colleges has replaced professional ethics based on the 'Hippocratic oath' by business ethics based on commercialisation, affecting the mentality of young doctors with materialistic and self-centred attitude, without values of sacrifice, service, or commitment to the country. People like me question how on earth anyone can think that commercial institutions thriving on illegal and unethical practices will be able to provide ethical and wholesome education whatever the curriculum may be.

Moreover, in this era, internship training which is supposed to develop clinical skills and prepare the young doctors for interaction with patients and society, is severely compromised as more and more students join coaching institutes for preparation of entrance tests for PG and super speciality courses and those who fail to get PG are grossly ill-trained to practice as primary care physicians, posing a big challenge for health care system. Shortage of clinical material and lack of research activities in most private medical colleges further add to progressively deteriorating standards of medical education. I feel that the absence of any credit for research in selection to jobs, PG or super speciality courses discourage doctors to go for research, rather they spend time attending the coaching classes for entrance exams, thus adversely affecting the research activity and quality of doctors.

Commercialisation of healthcare has caused a shortage of teaching faculty because most of the doctors opt for highly paid corporate jobs or lucrative overseas assignments instead of low paid and more laborious government as well as private medical college jobs. Such shortage of teaching faculty has promoted a ghost faculty culture in private medical colleges; adversely affecting the overall medical education standards.

Medical education in India today is at crossroads and on the verge of virtual collapse. Under the hypnotizing influence of market economy, medical education, whether public or private is producing doctors with changed ethical and moral standards where the patients are 'consumers' and healthcare delivery a 'business' favouring an ethos of profit in this new lucrative 'Medical-Industrial complex'. Professional ethics are gradually being abandoned leading to aggressive growth of private health care, rising cost of treatment, irrational therapeutics, over-prescription, and unnecessary investigations making health care a 'commodity' rather than a 'service'. Research is influenced by profits rather than by real needs. Commercialisation has modified the mentality of young doctors whether trained in public or private medical colleges in a dirty pursuit to earn more than others, encouraging unhealthy competition, neglecting the national preventive programmes, promoting procedure-oriented medicine, and losing the human touch.

WAY FORWARD

India needs to reform the medical education system by providing students an economical, affordable, equitable, and corruption free medical education, in an ethical and professional environment, inculcating ethical and moral values, keeping professional ethics above money oriented business ethics, producing doctors capable of providing sensitive, equitable, affordable, empathic, and universal health care fulfilling the societal needs.

As it is said that, destruction of education system destroys a nation and destroying medical education is going to destroy a nation's health care system, so our policymakers should wake up and initiate drastic medical education reforms focusing on the NMC, aggressively promote public medical education institutions, significantly increase and assign a separate budget for medical education, and glorify medical teaching faculty to attract talent in medical education.

CONCLUSION

As India is aspiring for an exciting new future of growth and progress, medical education for students has gained

immense importance and is expected to play a crucial role in fulfilling the aspirations of people, achieving the goal of sustained development agenda, and providing competent, ethical, and efficient doctors, who are responsible for overall development and health of the nation. The medical education system in India is one of the largest in the world, confronted with challenges and problems, mired with a number of controversies trudging along a rough path towards an uncertain future and this may have an adverse impact on the health care system.

The sooner our policymakers and custodians of ethical practices like the NMC realise the serious problems and challenges medical education is facing today, the better it would be to initiate reforms accordingly to make medical education affordable, equitable, sensitive to societal needs, and ethical, otherwise things will go out of control making both medical education and health care accessible only to those who can pay, depriving all the other sections of society the opportunity of good, ethical, and affordable medical education and health care. No one has the right to 'commodify' medical education for students.

REFERENCES

1. Shrivastav JB. Shrivastav committee report: Health services and medical education: A programme for immediate action. New Delhi. Ministry of Health and Family Welfare, Government of India; 1975. Available from: http://www.nhp.gov.in/sites/default/files/pdf/Srivastava_Committee_Report.pdf.
2. Kulkarni P, Pushpalatha K, Bhat D. Medical education in India: Past, present, and future. *APIK J Int Med*. 2019;7:69-73.
3. Bajaj JS. Bajaj Committee Report; 1986. Available from: http://www.nhp.gov.in/sites/default/files/pdf/Bajaj_Committee_report.pdf.
4. Chattopadhyay S. Black money in white coats: Whither medical ethics? *Ind J Med Ethics*. 2008;5(1):1-2.
5. Nagarajan R. For an MBBS seat, you need just 5% in physics, 20% in biology. The Times of India. Apr 15, 2018. https://timesofindia.indiatimes.com/india/for-an-mbbs-seat-you-need-just-5-in-physics-20-in-biology/articleshow/63766630.cms.
6. Ananthakrishnan N. Acute shortage of teachers in medical colleges: Existing problems and possible solutions. *Natl Med J India* . 2007; 20(1): 25-9.
7. Sinha A. Health and the common minimum programme, in Social Action. July-Sept. 2006, 276-88.
8. Jindal S. Privatisation of health care: New ethical dilemmas. *Ind J Med Ethics*. 1998;6(3): 85-86.

Corresponding author

Dr (Prof) Vitull K Gupta, 5042, Afim Wali Gali, Bathinda, Punjab, India.

email: vitullgupta2000@yahoo.com