

## Learning Medicine : a Pilgrims's Progress

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Entering the twenty first century is a time for rejoicing as well as reflection. Nostalgia permeates our attempts to redefine the doctor-patient relationship in the light of societal evolution and recent scientific developments. A longing for the lost ideals suggests dissatisfaction with the present and perhaps, a conviction that things used to be better. On the one hand so much has improved with respect to diagnosis, prevention and therapy, that practice has changed almost beyond recognition but on the other hand has brought in its wake 'a relegating of individual human values to a second order of priority'.

Popular culture views science as fundamentally independent of other fields of knowledge. Science is taken to be objective and certain, untainted by relatives and subjectivity to other disciplines. But medical science is not simply a cataloguing of hard facts, it is an enterprise permeated with supposition. Our calling is not a scientific one although it uses science as one of its instruments; doctors are not servants of nature but in the human race of life of the individual. In 1927 Francis Peabody wrote: "The secret of the care of the patient is in caring for the patient".

The patient's problem may stem from his inheritance, some organ dysfunction, from an excess for deficiency in the physical environment or even from a failure in human relationships. Thus each patient whether seen in the clinic, the home, the hospital bed and with whatever problem presents a diagnostic, therapeutic, preventive or promotive challenge which evokes all knowledge and skills learned about people in the arts, humanities and the sciences. If the student is to view the patient in this broad, social, cultural and biological perspective, his education should have made him aware of the nature and behavioural features of man-growth and development of the human being in relation to other human beings, the physical, biological and cultural factors of the world in which people live, become ill or disabled and the impelling spirit of man that sets him apart from other living creatures as well as aware of himself in relation to people and his own environment.

### SHAPING PHYSICIAN IDENTITIES

Paradigms, language, metaphysics and cultural values all shape the conduct of medicine, as much as facts themselves.

Learning medicine should not reduce ecologies to taxonomies, qualities to quantities or a self conscious human being to a mass of biochemical interactions. Let not the patient's experience of illness be reduced to an anatomical lesion or a misspelled codon or the totality of pain experience to laws of neurochemistry. Learning to identify with the patient, what we call empathy is a natural endowment for most of us, but we tend to lose it along the way. As we know school students start out with much empathy, genuine love and a real desire to help other people. In medical school, however, they learn to mask their feelings or choose to deny them. Men cannot be subdivided endlessly; moreover the most critical tissues escape the scalpel; it is the entire organism which must be studied. Does not medical education change, rice kids into doctors playing 'God' who grab the chart, poke the patient and churn out case reports? Does not the roller coaster ride of a socially eroding five years in medical school sour the so called 'cream of bright youngsters'? It is recognized that most of the critical determinants of physician identities operate not within the formal medical school curriculum but in a more subtle, less officially recognized hidden curriculum of ethical training in corridors, canteens and campus life. An ethics curriculum might be more fruitfully structured to become a seamless part of the training process.

The doctors' and the patients' sense of identity and their sources of values and norms are conditioned by their way of life. The physician's behaviour is that of the subculture he represents. To a medical student his education should impart self

knowledge of his own biological and psychological nature, of his gifts and limitations, values and aspirations. It should also encompass a knowledge of others - a comprehension of the roots of human behaviour as revealed both in modern scientific studies and in historical and literary sources. Along with it for universality it is important to have a knowledge of the physical and biological world for global understanding, a knowledge of his own and other cultures; a historical view of man's social, cultural and artistic achievements and for spiritual consonance a knowledge of his religious and philosophical heritage.

#### MEDICAL EDUCATION IS UNIQUE

There is no student in higher learning more privileged or penanced than the medical student. Except when in the laboratory unravelling the mysteries of physical and biological sciences, he is dealing with people in whom the particular disease or disability represents a pause or break in the human life process. Both endogenous and exogenous factors have been noted in our loss of humaneness and altruism whether at the personal or historical level. These factors are linked to societal changes, managed care, a proclivity to litigation, and increasing cost of medical education. Perhaps people now feel a more urgent need for immediate gratification because any other goal seems increasingly evanescent. Obsessed with miracles of modern medicine and technology, hypnotized by their own hype that medicine can cure all, physicians have much less patience and time for the patient who does not respond who cannot or 'will not' be cured.

While learning medicine a lot of social taboos are broken. A child of four years is told to cover his body, to shun excreta, keep away from infection but in a medical school these very children are taught to seek out the deviant, the deformed and the dying, to probe the body's orifices and examine effluvia. A study of the student's emotional and social growth as he assumes new relationships with people, merit a concern equal to the present teacher concern with his intellectual advancement. We also need to see how the student can retain his intellectual goals and social aspirations while adjusting to training requirements and come out of medical school as one whole with his humanity enhanced.

#### DISABILITY AND MEANING

Our most basic concepts influence out work as medical scientists and clinicians. Consider disability: is it an unfortunate aberration, a non-essential plague to be eliminated in some future utopia, or can illness be ever integral to the biology of health-compensatory, necessary, reflective of an unrecognized process. Are diseases entities that attract from outside, challenging us to wage war? Are they inner betrayals of tucked away genes or submerged unconscious complex. Or are they aspects of self, ordained manifestations or personal destiny? Does the reality of disease exist exist independently or culture? Do we recognise an ailment only when it violates out sentiments about convenience, pleasure or beauty? Does a condition become a disease because it can be influenced pharmaceutically? Real answers to many of these questions about sickness can never

be experimentally proven by medical science. Nevertheless, prepared answers are incorporated into the very structure of medical sciences.

#### THE IMPORTANCE OF MEDICAL EDUCATION

During the past fifty centuries of its recorded and unrecorded history India has always been conscious of the fact that "The health education of today shall determine the pattern of health care of tomorrow". Societal, political and economic compulsions have shifted emphasis from Gurukuls to governing bodies. Medical schools have been turning away from their principal vocation of being nurseries for good doctors. The tragedy today is that medical education to many a faculty member has become a distraction or just a by-product of the principal business of research and hospital care. The specific charge of a medical teacher is to foster in his student open mindedness, critical thinking, value analysis and self reflection as well as scope for handling diversity and ambiguity in outcomes. A medical teaching institute is a responsible social unit in a society undergoing rapid change. It is therefore imperative for all of us, medical teachers, researchers and practitioners in the pursuit of common objective of improving the lot of men to prevent social erosion and attrition of ethical values in budding doctors.

#### THE DOCTORS' IMAGE OF HIS PATIENT

The main question has to do with the students' perception and understanding of his education. The graduate has been

diligently examined by each medical school department with weightage accorded to grades or accomplishments following hierarchical orders of specialities and super-specialities and he has been variously characterized with respect to cognitive and procedural core competencies and finally because of his age, if for no other reason, he is generally judged to be mature, however one defines maturity. There is a crying need to reinforce the values of justice, fairness, beneficence, non-maleficence, and autonomy to the patient. A new dimension should be added to the meaning of a degree in medicine by typing to assess what is 'The doctor's image of his patient'. It would include all that a physician and a patient learn about each other in brief or prolonged periods of time through verbal, visual, auditory or tactile means, and how they react to each other, and hopefully would pave the way for physician's acceptance of the patient and also patient's acceptance of the physician. Issues of equity and economics as well as institutional and professional goal actualization should be inherently part of this set up.

Medical student's should be sensitized to faith, prayer positive conditioning and alternative medicine. A grounding in humanities, arts and literature are not just accoutrements or embellishments for a doctor to indulge in name dropping during evening parties or social dos but are legitimate accompaniments of a total education. Incidentally the word doctor means a teacher or one who indoctrinates. The turn of the century beckons a revisiting and reliving of the credo that familiarity with literature, art and humanities goes a long way in improving healing outcomes.

What does he know of medicine who only medicine knows? Medicine is a co-operative art just like theology and farming. It should be pursued as an emblem of glory and an article of faith. The doctor's life is a pilgrim's progress, both a privilege and penance. The medical teacher is charged with a commitment to his diverse student constituencies and an obligation to pursue teaching of 'Medicine is that medicine does' in good faith.

Quantum leaps in technology should not be associated with descent in the quality of human endeavour. The need of the hour is a contextual and consensual approach, a comprehensive, composite and care provider concept of health, a congruence of objectives and convergence of services for optimising the functional output and have a sustainable health care delivery system. Caring has to become a mindset, a way of life, a given in this vocation.

#### SCIENTIFIC TO SALUTARY CONCEPT OF HEALTH

The methodological breakthroughs and molecular biological advances of the 20th century have built the scaffolding on which the structure of integrative holistic health providing systems would emerge in the coming century. There is no obvious way to measure achievement in this but in some settings the atmosphere is more conducive to this than it others. For all time to come, medical education should provide a moral compass to seek direction while navigating the seas of sickness and to land on the shores of health in body, mind and spirit. Perhaps the only true measure of accomplishment will lie in the heart and mind of the student who will have learned

something of the nature of man and of himself and to have reached sufficient sublimity and maturity to know what it takes, intellectually and spiritually, to lead another person, through the highways and

byways of health and disability. So that in whatever situation organizational, economic or social the doctor finds himself, his decisions and actions would be eternally in favour of the patient.

