On the wards and in our clinics each day in KEM, we helped out in procedures or assisted in surgeries and watched various physicians take consent, discuss prognoses or answer questions posed by families to the attending physicians in front of the whole medical team and we learned each day how to communicate with patients; how to comfort their worried family members, how to inspire confidence in them; how to be gentle and how to be firm with patients who continually posed a challenge by being non-compliant or defiant. Now when I look back at those times I can clearly remember the god-like worship in the eyes of patients and their family members; and my memory doesn't fail to echo the words: "We'll do whatever you say, doctor *saheb*." Was it a simplistic belief that the physician is always right? I wonder now: where did all that faith come from? How did physicians get elevated to god-like status? Does dealing with matters of life and death make us even half as omnipotent as the Creator? Was it the lack of awareness or lack of education or a matter of faith which defied reason? The adoration which patients and families had for their physicians was not something we were taught to expect as part of any formal curricula, but we just saw it each day, and that faith inspired us to strive to do our best, as someone was always counting on us to come through.

Do I feel that I missed out on something by not having a formal curriculum to help me learn about medical humanities? To a certain extent I do. I wish I had taken the time to read and admire poetry and literature dealing with medicine; or learn about Leonardo da Vinci's artistic renderings of scientific concepts. I felt that the emphasis on mastering concepts on which questions would be set deprived us of the time to stop and think about how we got here. Did that make me less compassionate or less appreciative of the wonders of modern medicine? It did not. Somehow, I managed to learn a little of everything and my thirst for knowledge and search for the art in medicine and the medicine in art continues to become keener. A formal curriculum in medical humanities surely provides a wide array of choices, and increases awareness; but compassion, sincerity and humility we all learn by example, whether by setting our own or from our peers and teachers alike.

We are fortunate to be living in a world where knowledge is freely available just like the air we breathe; it is only a matter of seeking it out. This availability of knowledge has also inundated us with surplus knowledge which we will find difficult to navigate and make the best of without the help of proper guidance. A well-structured curriculum in medical humanities will help decrease the reliance on experience alone; for instance, I was fortunate enough to train at the Seth GS Medical College, Mumbai, with some great teachers, but would I be as conscientious a physician if I hadn't seen good medicine being practised as much? We need to increase standardisation among medical schools across India, so no matter where you train, you can avail of at least a good standard well-rounded medical education. Of course, the curricula should have enough scope for each institution to incorporate its own philosophy. There is no substitute for exemplary teaching but a formal curriculum dealing with medical humanities will enrich the time spent in medical schools in learning core concepts. I believe this kind of teaching, coupled with the current system of education, will enable us to produce more well-rounded physicians in India.

Reference

1. Medical Humanities [Internet]. New York: New York University; c 1993-2012. Medical Humanities Mission Statement;1994 [cited 2012 Jul 3];[about 1 screen]. Available from: http://medhum.med.nyu.edu/

Whither medical humanities?

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Abstract

Understanding the Medical Humanities (MH) and their role in medical education is in its infancy in India. Students are initiated into professional (medical) education too early in life, usually at the expense of a basic grounding in the humanities, resulting in warped intellectual growth. The author, arguing against the wholesale import of foreign systems, advocates free inquiry by medical educators to evolve a humanities programme for medical students derived from our own cultural context. This essay describes the early experiences of efforts to make a beginning at the University College of Medical Sciences, Delhi. The author reviews the various strategies used and the challenges of introducing the subject to the current generation of medical students.

> *Don't you ask yourself why you are being educated? Do you know why you are being educated and what that education means? As we know, education is going to school to learn how to read and write, to pass examinations, and to play a few games; and after you leave school, you go to college, there again to study very, very hard for a few months or a few years, pass an*

examination and then get a job; and then you forget all about what you have learned. Do you understand what I am talking about? Isn't that what we all do?

-J Krishnamurti (1)

Background

Why do we need to educate medical students in the humanities? Let me begin with an outline of the path to higher education in India. Consider a child's trajectory from early school to higher professional education. The school-going child is encouraged to learn by rote. The ability to recite or reproduce memorised text is rewarded at each step. Little effort goes into developing the higher cognitive abilities of comprehension, analysis, synthesis, and evaluation of knowledge.

At barely 15 years of age, the need to make a career choice is thrust upon the hapless child. Our educational system assumes precocity beyond the ability of most 15 year olds to decide career paths for themselves. Perforce, ambitious parents make the surrogate decision to prepare the child for a professional career of their choice. Parents may know what is best for their child in matters relating to food and friends, but they may make the wrong choice considering the long-term consequences that a professional career entails. On the other hand, few adolescents are equipped for such a choice either.

Often, a child's preparation for a professional career begins with enrolment in a coaching institution whose aim is to equip aspiring young minds with a solitary skill: how to crack the entrance examination of their choosing by honing their ability to memorise. Then follows a hectic round of classes tailored to the nuances of each separate entrance examination. For the next four years, from the age of 15 to 18, when these children should have been discovering themselves and their world, their likes and dislikes, inclinations and attitudes, they lead a blinkered existence with the solitary goal of entering an engineering or a medical college regardless of the aptitude required for these careers. We, the parents, teachers, and policy makers, never inquire about our children's true vocation or interests. At 18, the rigours and demands of professional education deny our adolescents the chance to grow, to understand themselves, to come to terms with the world around them, and to decide on their own course.

Far from bringing relief, the joy of those who succeed in entering a professional course is destined to be short-lived. Soon the realisation comes that the years of self-denial are going to last a lifetime. The struggle worsens when parental pressure to perform mounts. Many are told, "Now that you are here, at least continue and finish the undergraduate course." There is no way out for the unfortunate trapped soul but to continue. The heavy investments in intense coaching cannot simply be discarded for a new career choice.

The misery does not end there. Three years into the MBBS course, the spectre looms again post-graduate admissions are on the horizon. Then follow another two-and-a-half years of intense coaching, beginning in a critical phase of the MBBS course, to crack the postgraduate entrance exam. Success does not necessarily earn the right to pursue a postgraduate career in a subject of one's choice. Depending on performance, a person wanting to become a gynaecologist may well have to settle for being a pathologist. There is a hierarchy to the choice of subject, which is often determined by considerations of monetary returns from the workplace.

It is not uncommon in our medical institutions for postgraduate trainees, untutored and unskilled in the nuances of teaching, to shoulder all teaching responsibilities in small groups, where teaching is said to be most effective: tutorials, demonstrations, practicals, and at the bedside. The faculty recruited to "teach'" confines itself to the least effective form of teaching - taking lectures, often speaking to large crowds of 150 or more bored, listless students. Small wonder then that the commonest graffiti etched indelibly into the wooden desks, and in the minds of the students, reads "In memory of those poor souls who died waiting for this lecture to finish." Taking teaching beyond the classroom is viewed as an esoteric pursuit best confined to philosophers and the unbalanced. To ensure full classes, institutions resort to compulsory attendance, resulting in vicious cycles of frustrated teachers and increasingly uninterested students. Oppression is the name of the game.

That many of our students survive the ordeal that we call a medical education, and actually go on to become outstanding physicians and compassionate human beings, is a tribute to their resilience, strength of will, and indomitable spirit.

The need for humanities in the medical curriculum

Nowhere in the scheme outlined above is there a place for the growing adolescent to be exposed to the humanities. Even a passing acquaintance with subjects like languages, history, philosophy, and the arts is simply not possible for those who are herded into professional education by this route which, unfortunately, is the rule rather than the exception. Language skills suffer the most. One has only to struggle through identical written answers, mistakes and all, in hundreds of answer sheets at any examination to comprehend the extent of the problem. The phenomenon is neither new, nor unrecognised. In an interview (2) with a prominent newspaper, Venkataraman Ramakrishnan, winner of the Nobel Prize in Chemistry in 2009, said it all: "I grew up in the Indian system and I, unfortunately, had to choose between humanities and science in high school. I'm making up for it. I'm learning Spanish. I've to take an exam in January."

Is introduction of humanities during the MBBS course a way to correct the imbalance created by several years of mindless pursuit of a single, mindless goal: to obtain a professional degree in as few years, and as early in life, as possible? How do we take our students beyond the defined curriculum, into pursuits which at first appear to have no tangible benefits to their immediate, short-term goals? Force, as in structuring a humanities curriculum into the medical, creating yet another examination to pass, yet another hurdle to clear, marks, evaluations, the fear of failure, cannot be an option. In the

words of the eminent thinker, philosopher and educationist J Krishnamurti, "we should create a school where the student is not pressed, is not enclosed, is not squeezed by our ideas, by our stupidity, by our fears, so that as he grows, he will understand his own affairs, he will be able to meet life intelligently."(1) We are at a stage where we have the unparalleled opportunity to do the right thing. Transplanting other's ideas of the medical humanities into the Indian cultural context may appear to be the easy way out, but is likely to be counter-productive in the long run. The onus is on us to think this one out for ourselves.

How is it possible to awaken the over-burdened mind to new thinking, to new horizons? At the University College of Medical Sciences (UCMS) we have been asking these questions and seeking answers. Clearly, it is not easy to decide what to do. To change established thinking and behaviours is a time consuming, uphill task calling for the patience of Job. We need committed people, a conducive environment, and the understanding that we may not see the result of our labour in our lifetimes.

"Medical"? humanities

> *My hope and wish is that one day, formal education will pay attention to what I call "education of the heart". Just as we take for granted the need to acquire proficiency in the basic academic subjects, I am hopeful that a time will come when we can take it for granted that children will learn, as part of the curriculum, the indispensability of inner values: love, compassion, justice, and forgiveness (3).*

What is meant by medical humanities (MH)? MH is an unfortunate term that suggests that medical humanities are different from the humanities taught in general arts colleges. Use of this phrase propels us to find a medical angle to everything that the medical student may have to do with the humanities. In that sense, it is restrictive, and only serves to perpetuate the myth that study of the humanities is not essential to the student of medicine. That the medical student's interest in the performing arts, music, literature, history, culture, and other similar subjects can only flourish when given a medical twist is rather irrational thinking. Arguably, if the learner has a basic foundation in the study of humanities, the experience can be directed to unravelling the mysteries of medical relationships. Currently there is a void in the students' minds created by the missing humanities education in their school and college years. We need to fill this void. To grow, the learner must be provided with a steady stream of knowledge, the luxury of choice, and a non-threatening environment.

Our experiments with the humanities

At our institution, we took our first baby steps three years ago. Using subliminal advertising and guerrilla tactics, we began by setting up a small group of interested students and faculty. In deference to the prevailing wisdom of the time we called it our Medical Humanities Group (MHG). We have experienced much scepticism, even derision, in the community, but it seems to be gradually giving way to hesitant curiosity. Strangely, members of the group seemed to have no misgivings.

One of the earliest activities that we indulged in was to try and bring about awareness and respect for the environment. An undergraduate student took the initiative. Being a singer, he wrote and sang a song bemoaning the plight of the polluted river Yamuna in Delhi, likening the river to a life-giving mother. He followed this up by organising a tree plantation exercise in the campus. Three people planted saplings, while two others looked on! It was the wrong time of year to be planting, and the saplings were in the shade of a large tree, in the path of pedestrians taking a shortcut from the college canteen to the car park. The plants did not survive the week. It was our first lesson in learning the odds that faced us.

The Society for Promotion of Indian Classical Music and Culture among Youth (SPIC-MACAY), a well-known volunteer organisation that facilitates performances in educational institutions worldwide by eminent artists, began small. A role model for the success that volunteerism can achieve, it graciously provided us with our first real opportunity. We are inspired by the selfless quality and quantity of its members contributions to their cause, which is very similar to promoting humanities in medical education. Awareness and appreciation of the performing arts by Indian classical artistes is gradually increasing at UCMS. In the first year, the main hurdle that we faced was finding an audience for the performances. Our students and faculty were indifferent, simply not interested. With time that is changing too, as successive batches of students volunteer in and contribute to organising these events, the numbers are beginning to add up.

During this period we explored other avenues. Our students wrote and performed a street play, under a banyan tree in the college compound, for the MHG. Titled "We all have AIDS", the acronym standing for "academics-induced degeneration syndrome", the play took a clever dig at the difficulties faced by students trapped in the rat race of gaining a medical education. A small number of students attended a reading session, where everyone was required to read a literary passage or poem. The participants had never realised that reading could be an art form. Listening to an audio recording by Zia Mohiuddin, famed Pakistani performer and exponent of the art, quickly dispelled that notion.

There is always hidden talent within the community. We stumbled upon a painter and a photographer of uncommon ability in one of our residents. He obliged the MHG by exhibiting a collection of his work at the institution. In our effort to spread awareness of the humanities we have invited speakers from diverse fields, including a linguist, a rationalist, a prominent journalist proponent of the Tibetan people's struggle for freedom, and a leading role model for persons with disability. Infinite Ability, a support group for disabled students, conceived and established by a prominent member of the MHG, is currently engaged in this area.

Early in 2011, we had Dr Radha Ramaswamy facilitate a two-

day workshop in "Theatre of the oppressed". A form of people's theatre devised by the Brazilian visionary Augusto Boal, it had a profound and lasting impact on our group, for whom it was a cathartic experience. In contrast to most other activities where the participants are passive onlookers, this demands active involvement. The workshop encouraged participants to look inward and examine many of the troubling questions raised in the earlier part of this article, and helped them find their own solutions, come to terms with themselves and their environment, and see themselves as people of high intrinsic worth. Many communication and interpersonal skills learned in the workshop have the potential to be profitably used in the classroom.

The dedication, time and effort of committed individuals is very encouraging. However, how our experiences will translate for use in large classes and in imparting actual, hardcore, "medical" training is still unclear. We have made a small beginning; where do we go from here? *Chalta hoon thodi door har ik raah-roh ke saath; Pehchanta nahin hoon abhi raahbar ko main* (4). (I look to every fellow traveller to show me the way; I do not yet recognise the messiah.) When we cease to seek, we shall no longer progress.

Conclusion

Students entering professional medical education in India are disadvantaged by the lack of basic education in the humanities. In this essay I attempt to examine the reasons for this void as also to share my personal experiences and efforts to restore a balance. To keep the avenues of inquiry open, I refrain from offering solutions or recommendations. Instead, fresh thinking in the Indian cultural context is advocated.

References

1. Krishnamurti J. What is education? In: Krishnamurti J, editor. Talks with students Varanasi: Krishnamurti Foundation India; Fifth reprint. 2009; pp1,5.
2. Gupta S. 'Some (cancer) treatments are offshoots of molecular biology (It) will be very exciting'. Interview with Venkataraman Ramakrishnan. *The Indian Express* .[Internet]. 2010 Jan 4[cited 2012 Jan 23]; Available from: http://www.indianexpress.com/news/some-cancer-treatments-are-offshoots-of-molecular-biology...-it-will-be-very-exciting/562906/0
3. Tenzin Gyatso, His Holiness the 14th Dalai Lama. Public lecture [Internet]. 2011 Dec 12[cited 2012 Jan 23]. Available from: https://plus.google.com/108551811075711499995/posts/PzysaPAv927?service=peoplesense
4. Asadullah Khan "Ghalib". Deewan-e-Ghalib. New Delhi: Anjuman Taraqqi Urdu (Hind) , 1999; p76.

Links to further reading

Medical Humanities at UCMS: http://MedicalEducationUnit.yolasite.com/medical-humanities.php
Radha Ramaswamy and TO: http://www.ccdc.in/
SPIC MACAY: www.spicmacay.com
Zia Mohiuddin: http://www.youtube.com/watch?v=cpEqMqDwlgA
Disability: http://infiniteability.yolasite.com/

Integrating medical education with societal needs

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Introduction

This paper attempts to present a case for serious reforms in medical education with the primary purpose of sensitising future generations of medical graduates to what our society actually needs from healthcare providers. It is not meant to be a scholarly exploration of how healthcare should be provided in our country from the point of view of policy makers or professionals in the field of public health.

While lamenting the unwillingness of our fresh doctors to serve rural populations, I would argue that sensitising them to the need for this during their training will allow them an insight into this dimension of "doing good", and may motivate them to voluntarily be a part of this vast and important part of rural healthcare in India.

The first part of the article will broadly identify the major failings in healthcare delivery to the average citizen. I will then try and identify how our present medical education system fails to help connect us with the society that we hope to serve. The last part of the article will suggest the way forward and how medical education in India should be restructured.

Background: Indian healthcare delivery

Healthcare delivery in India has been in a state of crisis for many years. This crisis has, however, escaped public consciousness, which is largely occupied by issues brought to the surface by events that attract media attention. For some reason, the total state of chaos and the extraordinary contradictions that exist in healthcare delivery to the average Indian citizen have not been considered important enough to merit a public debate. Most significantly, some of the brightest minds of the country that have chosen to become doctors are completely oblivious to the magnitude of the crisis.

The core issue that underlies this crisis is that Indian healthcare is not organised in accordance with societal needs. In most countries with relatively good human development indices