COMMENTS

Start sensitising medical students

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Medical students undergo tremendous stress during their time as students (1). The magnitude of the stress as well as the ability to cope with it has changed along with changes in the social environment and technology. For both undergraduate and postgraduate students today, the uncertainty of the future and intense competition increase the pressure. Postgraduates bear the additional burden of work and performance because they, along with junior doctors, form the backbone of the health care system. Faced with overwork, uncertainty, and an under-equipped system, the cases quoted are bound to occur. Preventive steps need to be taken all levels—by the students, parents, faculty, patients, and the government.

Globalisation has created an uneven distribution of economic gains. This has generated even greater social inequities alongside existing caste inequities, which in turn are determinants of a person's health status. Sensitivity to inequities and cultural diversity need to be reinforced continually throughout a student's graduate training; it should continue even after they start professional careers. Some institutions in India have attempted to address these issues, but the efforts do not match the enormity of the problem.

The sensitisation should begin early. After class 12, when still quite immature, students in India start a professional course. However, the disconnect between class 12 and the first year of MBBS often leads to stress in this first year of medical school. Once depression sets in, it becomes a vicious cycle along with low problem solving strategies and poor social relationships, which may continue into a person's professional life. The MBBS curriculum should be restructured to include mandatory communication and coping skills.

Today's students have access to more information and global technological advances. Many students aim to work abroad and have lost the social commitment to give something back to their own society. They forget that the social resources they have consumed, in both human and monetary terms, are more than what many other professions use. A paradigm shift in the students' attitude is required, which in turn requires a change in the attitudes of the faculty.

It is crucial to train faculty. The effectiveness of rights, principles, and ethics depends on the disposition of the individual through whom they come alive. This is especially true in times of illness, when the vulnerability and dependence of sick persons forces them to trust not abstract rights but the medical personnel—the doctor, the nurse, the technician. Any classroom course in ethics can be undone in just a few moments by the physician's bedside attitude. Senior doctors should set themselves as role models instead of succumbing to market and other pressures.

The ethical principle of informed consent and the concurrent balancing of a patient's needs and disease conditions, was meant for sharing the responsibility of making decisions. But it has become a way for both doctors and the patient to avoid accountability. Good clinical practice guidelines need not only be followed for clinical trials. They can be established in day-to-day practice. Regular audits, which happen superficially only in some major institutions, should be rigorously introduced in all institutions.

Patients' expectations are often unrealistic. The doctor is expected to have the latest scientific knowledge as well as maintain an emotional bond with the patient. The patient expects cost containment but also the latest treatment. Many well-placed patients do not hesitate to indulge in unethical practices, such as short-changing on payments. People expect medical professionals to respect individual rights in HIV diagnosis but as a society and as a government we do not address the basic health rights of an individual such as good sanitation, waste disposal, drinking water, and literacy.

The challenge for health services in India is to ensure the most effective use of the scarce resources available to benefit the greatest number of people. For that, one has to be taught to distinguish between equity and equality. For example, older men have a higher risk of heart disease than younger men—this kind of inequality in health may be unavoidable. On the other hand, no access to information about services available at health centres due to illiteracy, or poor access to health care due to distance or non-availability of transport, are avoidable and are examples of social inequities that can be addressed. Effective intervention and evaluation at all levels of the health care system should be put in place not only for students but for everybody.

Ramesh Karuna. Start sensitising medical students. *Ind J Med Ethics* 2007; 4: 64.

Reference

1. Mavani Padmaja Samant. Restructuring medical education. *Ind J Med Ethics* 2007; 4: 62-3.