

ramifications for the life system as a whole. Even without using these weapons, their production and maintenance costs are depriving millions of health, education and other basic needs. For countries like India and Pakistan, the situation is even graver as we are already among the most deprived regions in the world with poor human development and hunger indices. India, with a glorious past of promoting non-violence, should take the lead and convince other nuclear weapons-possessing countries to join the treaty prohibiting nuclear weapons and then make a concrete plan to abolish these weapons.

It is unfortunate that the nuclear weapon-possessing countries have not joined the treaty. It is high time that we come forward to build strong public opinion in these countries to work for health instead of mutually assured destruction. Doctors owe a special responsibility in this case as it is our ethical, professional and moral duty to prevent war and violence.

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Quality of medical education: Is our health in safe hands?

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The medical profession, once considered a "noble profession" has been under the scanner for deterioration in services. This decline is generally attributed to commercialisation of services, waning human values, and a lack of empathy and communication skills (1). At a time when discussions are

focused on devising approaches to test medical students for attributes such as empathy, communication skills and concern for the less privileged, developing nations like India are suffering from the "problem of too many". On the one hand, a skewed doctor-patient ratio in India (less than 1 doctor per 1000 people that is lower than that prescribed by the World Health Organisation) (2) has left medical practitioners so overburdened, they have little time to empathise with their patients. Students inadvertently follow their teachers and the vicious cycle continues. On the other hand, there has been a mushrooming of commercially-run medical institutions to overcome this shortage of doctors. Medical education has become unaffordable to many and, very obviously, merit has taken a back seat.

Presuming that the quality of students being admitted to medical schools has deteriorated, it is our duty to ensure that medical students are permitted to graduate only if they are competent enough to deal with their patients holistically. But the reality is much more complex, especially when many medical teachers believe in offering students "mercy attempts" or in linking good results to the "reputation" of the department and institution. If this trend continues, the question haunting us would be "Is our health in safe hands?" Instituting an exit examination for MBBS students can be a potent step towards ensuring that MBBS graduates have adequate knowledge and skills to practise medicine. In this regard, medical teachers have the responsibility of ensuring a positive change.

At present we are moving away from the concept of the "right medical student". This demands an overhaul of medical education in India, whether in conducting of medical entrance tests and providing fair opportunities for the deserving, or in regulatory procedures for approving medical colleges. It would not be wrong to suggest that either the right students are not joining the medical profession or they are not nurtured the right way. The onus of setting things right lies to a certain extent with medical teachers, who need to make sure that only those medical students competent enough to deal with their patients holistically are allowed to graduate.

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