good doctors for indian villages

"Knowledge advances NOT by repeating known facts; but by REFUTING false dogmas "
Karl Popper

The usual complaints from politicians are that doctors do not go to villages. They try and devise quick-fix measures; some of them might even look draconian. Nothing seems to work in the long run. I have been hearing this for decades. In the year 1982 I had written an article in the Indian Journal of Medical Education on the need based medical education for India out with the 1857 London University Syllabus. Late Dr. Udupa, the then Chair of Medical Education Reforms Committee, had invited me to join them but I declined saying that if the ideas are good they could implement them. He agreed and took 100 copies of my article to be given to all from the PM down! The then PM who was keen on it was shot at and later Udupa also died and the whole process ended there.

The present MBBS course does not train a doctor in good bedside medicine to be able to practise in the villages conscientiously. Their training is technology based and as such cannot be extrapolated to a village setting. They feel like fish out of water and try and run away using all kinds of dubious methods. I do not blame them. Scientific studies did show that 80% of the accurate final diagnosis could be arrived at, at the end of carefully listening to the patient and physically examining him/her. This message does not get through in the cacophony of the technological claptrap. Today's doctors cannot diagnose a brain attack without MRI, CAT scan, a heart attack without angiogram, and even a simple tension headache needs a CAT scan to rule out early cancer! Healing outcomes were much better long before any of these were invented even. Who bothers about auditing healing outcomes? Infact, the system of treatment audit, if implemented, can not only transform the entire healthcare in the country but also check regulate the industry induced prescriptions. We are happy with surrogate reports improving in the *Euboxic* medicine where all reports must be normal, even if the patient dies! This is more to save the doctor's skin in the consumer rights awareness era.

The present MBBS course is top heavy with theoretical information cramming with very little hands on bedside experience. This has shrunk further with bigger Institutes like AIIMS, PGI etc that keep the faculty busy with conferences, paid vacations and infrequent OPDs/surgeries per doctor per week. Except during the end year examinations students rarely spend enough time on the bedside. Poor fellows they do not have the time in the midst of ever increasing specialties getting their nose into graduate teaching, research and evaluation. We need a new course, much shorter than the present day MBBS with stress on more bedside teaching and also teaching in the community where the true face of disease prevalence is seen. The filtered lot of terminally ill patients in the teaching hospital ward setting gives the student a distorted version of disease incidence and prevalence in society. So the need for student bed ratio also could be reduced to bring down the cost of medical education. The course could be around three years with anatomy being taught in the first three months and alternate medical systems' knowledge being taught in the final three months along with medicine, surgery and midwifery. The evaluation system should be an on-going process without the need for end year exams except in the final year where the student appears for an all India test. Think of a good degree for this course.

We can relax the entry criteria here. It need not be the marks in the entrance test but on a well devised aptitude test with pass mark in 12th standard as the base line. The student graduates at 21 years. S/he should do one year's internship with a good family doctor in society. We could have a panel in each city based on their minimum five years' experience and expertise. They need to pass an on line recertification exam to be on the teaching roster. They should be adequately compensated. The intern "follows the footsteps" of his mentor in the true sense of the phrase. On successful completion of that the young graduate has to serve in a village for five years before qualifying to go for one year's condensed MBBS course. Post-graduation depends not on marks in the final examination but on the number of years of village service; the longer the better. The condensed MBBS course should be devised to fill the gaps in their initial degree course. MBBS exit examination is again an all India test lest we should have regional disparities. Thus we have a steady supply of good, humane, clinical doctors for our villages. Patients who cannot be managed in the village could be transported to near Taluka or District hospitals. I have separately written ON how the present PHCs could be closed to make room for village schools as the centre of village health. The two new ideas in tandem will make every village in India adequately covered for sickness and health care.

This is only a preliminary paper. On each of the topics discussed here I have been writing exhaustively for years and they are there in books and articles all over the world. The above idea could be modified depending on the need. We must move fast in this direction as otherwise our western oriented doctor training will produce good second level doctors for the western hospitals and not for our masses in our far flung villages. The above idea is also fair to the new doctors as all of them get an opportunity to go up the ladder if they do well. In addition this will make young doctors not try to get their PG degrees without any hands on experience immediately after MBBS to become good technologists and very poor doctors. Even their one year's internships is mostly spent in the College libraries to mug up the entrance test information, most of which is of no relevance to their future work. They also lose that vital internship year where they are supposed to have hands on experience on the bedside. As a fall out we could easily abolish the burden of huge amounts of black money changing hands under the table for PG seats these days-ranging from two to four crores depending on the subject- in many private medical schools and the rampant corruption in Govt. set ups. In this sordid drama the only casualty will be merit.

Editor's note: Some have argued about empowering skilled nurses to manage primary healthcare in villages which

many Western countries have implemented successfully. Other advocate complementary medicine addition in order to resurrect a holistic healthcare system that is not only affordable for poor but is also replete with multiple choices under one roof. In response to PM's suggestions on International Yoga day several social network sites were seen flooded with thoughts about integrating Ayurveda as a subject for Medical curriculum, much like Chinese have done with Chinese system of medicine.

"One goes through school, college, medical school and one's internship learning little or nothing about goodness but a good deal about success." Ashley Montagu

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