

Editorial

Why don't we turn medical education back to front?

There have, goodness knows, been plenty of proposals in the last three decades for reform of the medical curriculum. Increasingly, the aims have been to put a quart into a pint pot, to reset the priorities, to integrate the teaching of complementary related disciplines, to imbue a knowledge of ethics, public health and a dozen other sciences which cry for attention. Much has changed. Enough? There is always the problem that, when it comes to implementation, the many countries in which there is still a shortage of medical men and women find them obliged to devote more attention to increasing the quantity of university output (which is mostly a matter of finding money) than to altering its style and its approach (which can involve some painful reappraisal of attitudes).

Particularly when one spends a lot of time looking at the medical profession from the outside, one is confronted repeatedly with the complaint from the layman that, however many conscientious and caring doctors there may be, they are intermingled with colleagues who still do know how to talk to the patient on equal terms, and who (while as a rule technically competent) still find the greatest difficulty in realizing that they should in the first place not be battling with abstractions of disease but caring for people who want to believe in them. Here and there one hears accusations of arrogance and intolerance; they are founded in experience and they need to be taken seriously. A proper prescription and an appropriate minor operation will do all the more good if they are administered in a setting of sympathy. So why do a proportion of medical men (and women, who are not necessarily any better) handle the caring bit so ineptly?

At a recent brainstorming of European medical educators, to which patients had been invited, a recurrent theme was that medical students are still confronted with the realities of patient care much too late in their training. Random questioning of the doctors in the room confirmed the point. A medical married couple recalled that during their initial three years of anatomy, physiology, biochemistry and pharmacology, the only living beings which they had handled had been frogs and rats. Another participant had gone through a system which stretched the pre-clinical period even further, with two years of clinical theory before the hospital doors opened to him. Yet another, similarly trained, recalled how many had dropped out of the course precisely when they were confronted at last with the realities of the ward, and recoiled from them. The clue was provided by a colleague from a poor central European country, trained in the fifties. Because of the few places offered at medical school, there had been a rule that a budding student should first train for two years as a nurse; our colleague professed himself profoundly thankful for the experience which it had provided. He had cared for patients, beginning at the level of bedpans, enemas and the tidying of pillow cases for the matron's inspection; progressively he had found himself an apprentice in health care, understanding the basics and the meanwhile watching the doctors around him and above him, sometimes in envy, commonly with impatient ambition, sometimes in consternation. He was convinced that it had prepared him to become a better doctor once he got the chance. His view

was corroborated at once by a physician who had first sought a career as a male nurse, moving only later to medical school.

Listening to both of them, one of our lay participants remarked that it was a wonder that the way in which doctors have been trained for the last hundred years has not produced a great many more inept practitioners. She could be very right. If one's early experiences of the influence of pharmaca on a living being relates only to rats and mice which are destined to be sacrificed moments later, does this not inculcate into the student a mechanistic view of what medicine is? And when the student finally enters the ward, does not the very order of procession on a ward round suggest that the technicians are in charge and the carers – the nurses – very much in second place, while the patient is the mere object in the bed?

Some of the efforts to reform medical training have moved in the right direction, but so often it seems that, though the present day medical student may encounter a patient during his early years, it will be only from the back row of a crowded lecture theatre, as the bed is trundled in for a demonstration. One could go a great deal further. If one were virtually to start with fundamentals, every physician with an ambition to practice (rather than to enter technical medical research) would first be trained in nursing. A basic competence in that field – and those with no suitability to practice medicine would soon fall by the wayside – could then be a prerequisite for entry to medical school. Why not? It would bring us some way back to the medical apprenticeship system of the middle ages, but there is nothing reprehensible in antiquity. But it would demand an effort, indeed a much greater effort in the reform of the medical curriculum than we have demonstrated up to the present.