

# Social Science is the Backbone of Medical Education

Dr Algur VS

August 2015

Volume 9

Issue 1

Doctors Academy Publications

Medical education leads to a noble profession which serves the sick and disabled whilst attempting to reduce human suffering in the society. Medical education aims at providing quality health care services to the general public. A developing country like India has to opt for need based innovative strategies due to a large population and scarce resources.





# WJMER

World Journal of Medical Education and Research

*An Official Publication of the Education and Research Division of Doctors Academy*

*Careers in*

Clinical Anatomy

Global Health Medicine

Military Medicine

Wilderness Medicine

Oral and Maxillofacial Surgery



**DOCTORS  
ACADEMY**



BETTER EDUCATION. BETTER HEALTH.  
ISSN 2052-1715

- o Investigating Patients Using Aspirin for the Primary Prophylaxis for Thrombotic Vascular Disease
- o The Prescription of Analgesia: A Questionnaire for Junior Doctors
- o To Study the Level of Stress in Students in Professional School
- o Long QT Syndrome Case Series
- o Varenicline and Depression: a Literature Review
- o Social Science is the Back Bone of Medical Education

## Introduction

The World Journal of Medical Education and Research (WJMER) (ISSN 2052-1715) is an online publication of the Doctors Academy Group of Educational Establishments. Published on a quarterly basis, the aim of the journal is to promote academia and research amongst members of the multi-disciplinary healthcare team including doctors, dentists, scientists, and students of these specialties from around the world. The principal objective of this journal is to encourage the aforementioned, from developing countries in particular, to publish their work. The journal intends to promote the healthy transfer of knowledge, opinions and expertise between those who have the benefit of cutting edge technology and those who need to innovate within their resource constraints. It is our hope that this will help to develop medical knowledge and to provide optimal clinical care in different settings. We envisage an incessant stream of information flowing along the channels that WJMER will create and that a surfeit of ideas will be gleaned from this process. We look forward to sharing these experiences with our readers in our editions. We are honoured to welcome you to WJMER.

## Editorial Board

### Executive Committee

*Guest Editor for Special Mental Health Issue:*

**Dr Neel Halder**, MB ChB, MRCPsych, MSc, CBT Cert., CT Dip., Life coach level 3 dip., PG Cert Med Ed.

### Editor-in-Chief

**Professor Stuart Enoch**, PhD, MBBS, MRCSEd, PGCert (Med Sci), MRCS (Eng)

### Editor

**Ms. Karen Au-Yeung**, BSc, MBBCh (Hons), MRCS

### Associate Editor

**Dr. Ahmed Hankir**, MBChB

### Advisory Board

**Dr. Mohammed Hankir**, BSc, MSc, PhD

**Mr. Rajive Jose**, MBBS, MS (Gen Surg), MCh (Plast Surg), DNB (Gen Surg), FRCSEd, Dip Hand Surgery (BSSH), FRCs (Plast Surg)

**Dr. Suzanne Kumar**, MBBCh (Hons), MRCP

**Mr. Sri Thrumurthy**, MBChB (Hons), MRCS

**Dr. Jamil David**, BDS, MSc, PhD

**Dr. Bina Raju**, BDS, MSc, PhD

**Mr. Vaikunthan Rajaratnam**, MBBS (Mal), AM (Mal), FRCS (Ed), FRCS (Glasg), FICS (USA), MBA, Dip Hand Surgery (Eur), PG Cert MedEd (Dundee), FHEA(UK)

**Dr. Charlotte Li**, MSc, MB ChB

**Dr. Leslie Cheng**, MSc, MB ChB

**Dr. Mayura Damanhuri**, MBChB (Hons)

### ALL RIGHTS RESERVED

Volume 9, Issue 1, 2015, World Journal of Medical Education and Research (WJMER). An Official Publication of the Education and Research Division of Doctors Academy Group of Educational Establishments.

Electronic version  
published at  
Print version printed  
and published at

Doctors Academy, PO Box 4283,  
Cardiff, CF14 8GN, United Kingdom  
Abbey Bookbinding and Print Co.,  
Unit 3, Gabalfa Workshops, Clos  
Menter, Cardiff CF14 3AY  
978-93-80573-53-3  
Doctors Academy, DA House, Judges Paradise, Kaimanam,  
Trivandrum, 695018, Kerala, India  
Sreekanth S.S  
Lakshmi Sreekanth  
wjmer@doctorsacademy.org.uk

ISBN  
Designing and Setting

Cover page design and graphics  
Type Setting  
Contact

**Copyright:** This journal is copyrighted to the Doctors Academy Group of Educational Establishments. Users are not allowed to modify, edit or amend the contents of this journal. No part of this journal should be copied or reproduced, electronically or in hard version, or be used for electronic presentation or publication without prior explicit written permission of the editorial and executive board of WJMER. You may contact us at: wjmer@doctorsacademy.org.uk



## Social Science is the Backbone of Medical Education

Dr Algur VS

### Institution

BLDE university Shri B M Patil  
Medical College, Hospital and  
Research Center  
Vijapur, Karnataka, India.

**WJMER, Vol 9: Issue 1,  
2015**

### Abstract

India is known for its unique features like large populous country with burning issues viz poverty, illiteracy, ignorance, unemployment, underemployment maximum rural number of dwellers, unplanned urbanization, slums, migration, religion, customs, traditions, complex culture, indigenous health care system, faith healers and quacks, on the whole health for all is still mirage. A developing country like India has to opt for need based innovative strategies due to a large population and scarce resources. A country like India has to opt for education as one of the most important and useful tools to achieve national development. Present medical education system has to focus more on social and preventive aspect of health care, modifiable social determinants of health, social factors influencing health care, health care management and even regular follow ups and rehabilitation process.

### Key Words

Health, Social science, Medical Education, Society, Community

### Corresponding Author:

Dr Algur VS, E-mail: veenaalgur@gmail.com

### Introduction

Medical education leads to a noble profession which serves the sick and disabled whilst attempting to reduce human suffering in the society. Medical education aims at providing quality health care services to the general public. A developing country like India has to opt for need based innovative strategies due to a large population and scarce resources. Present medical education system has to focus more on preventive aspect of health care, modifiable social determinants of health, social factors influencing health care, health care management and even regular follow ups and rehabilitation process.

Medical education has to be modified to be more rational at providing need based health care services and such services should not be restricted to the remedial treatment at hospitals with drugs. The medical education curriculum should include preventive health education from an individual level to community levels if medical education intends to improve the quality life, which is the basis for overall development of a Nation. Medicine is often perceived as a profession for the altruists and is interpreted from the perspective of social mission. In collective consciousness, medical profession is associated primarily with the public service<sup>1</sup>.

Health care is a complex phenomena. Health reflects the existing social, cultural, economical situation of individuals as well as of the community. Health cannot be separated by social determinants like educational level, housing conditions, income, food habits, cultural practices, religious background, political system, gender issues and also of individual's attitudes, perceptions, outlook, cultural practices, literacy status, family size, various psychosocial problems and issues viz bias about free and government facilities regarding health care.

Health care is a tough task in a developing country due to the pangs of poverty, illiteracy, ignorance & conservatism. Public healthcare professionals are striving hard to focus more on prevention rather than on curative & rehabilitative services as preventive services are simple, affordable, easy & more suitable techniques of handling health care. Common practices like healthy life style, vaccination, sanitation, hygienic practices (e.g. use of handkerchiefs), balanced diet, avoiding walking with bare feet, walking & washing hands have proved that these practices greatly contribute to a healthy life<sup>2</sup>.

There is an urgent need to change the health culture of people to achieve the goal, 'Health for

**AIP.** A popular quote, “Health is Wealth” is an ancient Chinese quote which stands ever green<sup>3</sup>.

“If the national plan is one year – Grow Rice  
If it is for 25 years –Grow Trees  
If it is for 100 years- Do Health Education”

Authorities concerned with present medical education policy makers’ perspectives has to be replaced by a multidisciplinary approach, with a view to change health status of the general public, to render quality health care and also to plan people friendly health care system . Overnight it is tough to implement. There is an urgent need to teach Medical students about the society, social realities, exposure to social situations, social change and social problems in general social phenomena. The process of becoming a doctor and a member of the medical profession is a social one. Professional socialization requires a medical curriculum, which would include training in communication skills, medical ethics, health economics, consumer’s right besides clinical skills and subject knowledge<sup>4</sup>.

Introducing social sciences only in curriculum will not help as it will not change health culture instantly. Sociology introduces medical students to existing social realities and its impact on health and disease, psychology will help them to understand human behavior and influence on health, economics reveals the standard of living and its direct relationship with healthy living and social psychology will teach about all psychosocial issues relevant to life. This is the foundation of an individuals development as well as it reflects in National development.

Most of the Indian universities in undergraduate MBBS course in first phase syllabus have included sociology and other social sciences as part of community medicine subject. Number of hours of theory and practical (field visits) are also prescribed . Topics are also specifically mentioned to reveal briefly it starts with introduction of Sociology its relevance to medical profession, Social factors, Habits, Culture influencing health and disease, Social structure, individual, Family, Community, and Society, Urban and rural communities ,Urbanization and its impact, Social problems etc, under the title Psychology and its utility in health care viz art of communication with patients, points to remember while conducting clinical interview.

Field visits are also specifically recommended like visit to Village, Primary health center, Sub center, Anganwadi, Hospital, OPD and IPD, different useful functioning units CSSD , Incinerator, Medical record section etc, and such topics are taught by Medical

social workers who are qualified with masters degree in professional social work, as per MCI (Medical council of India) they are non teaching staff members of department of community medicine. They are paid less, they are not eligible for promotion, Why this discrimination. Is it not inhuman and humiliating?

When students learn that attending sociology class and field visits taught by less important non teaching staff naturally such formality does not attract students as there is no use, because there is no need to study sociology, specific marks for oral or written test is not made compulsory, there is no exam, no internal assessment marks. They are not taking it serious. This careless attitude towards sociology will continue in their professional life too, when medical students are not encouraged to understand importance of social sciences and its relevance to Medical profession in developing country like India.

How and why they will be peopling friendly Doctors!

Why such issues are neglected?

Why socially useful topic is neglected in medical education?

Why social scientists are not considered as teaching staff members?

It is high time that developing country like India , which is crippling to attain ‘Health for All’ has to understand importance of social science subjects in curriculum of medical education. It is more urgent to consider social workers as teaching staff members as they are contributing valuable knowledge which can change health scenario of the nation, who can teach medical students how health is a complex social phenomena, and how social science is the back bone of medical profession. Let medical social workers come to the main stream of teaching staff who can enrich the quality of Medical education by making it need based and people friendly. In one of the SEARO publication (1998) Dr. Myatu had mentioned that ‘if doctors are to remain relevant to the changing needs of the society they have to shape their roles within the context of total human development’<sup>5</sup>.

Can anybody practice medical profession without society? Then why does medical education lack systematic study of society and social sciences?

#### **Key role of Medical education department**

It is the need of the hour that Medical education departments have to focus on need based, community based, curriculum, Effective utilization of social sciences can make miracles. Technical knowledge of health care has to reach the poor, and to the darker corner of the society.

The Medical Education Units should pay attention to the development of this collateral curriculum. The role of MET unit or department is to train the trainers so that a need based curriculum can be formulated, implemented and revised from time to time. It should plan a curriculum for 'Tomorrow's Doctors' where 'core and options' curricula are exemplified. Communication, patient autonomy and doctor - patient relationship must underpin the whole educational process<sup>6</sup>.

Today, in the world of knowledge explosion, emphasis should be on the processes for retrieval of information and its appropriate use. One needs to use criterion referenced evaluation to find out whether the graduate is competent to serve the society needs. Teachers should be taught to evaluate objectively, reliably and without losing the insight for relevance<sup>7</sup>.

The common criticisms against the present medical curriculum are that it fails to inculcate appropriate skills and competence among learners to serve the community effectively. Developing a societal need-based and feasible medical education system is a challenging task<sup>8</sup>.

Following the recommendations of the Bhore Committee report in 1946, the Government of India, after independence, adopted the three-tier system of healthcare: primary, secondary and tertiary. We needed appropriately trained human power to man these three levels of care. Somewhere over the years we lost this objective and our goals. Health oriented training became more and more urbanized, doctor centered and technology driven rather than care driven, rural and poor oriented and equity conscious for the common man. The medical graduates are urban oriented and their mindset and training prepares them for service in urban areas or equips them for further training in their chosen fields of specialization.

The National Education Policy in Health Sciences, however, remained a draft. It is therefore, not the intention of this report to address the problems without taking into consideration previous committees that have attempted to address these very distortions in the system. There have been many such committees that produced good reports. With reference to medical education and its aims, the Bhore Committee (1946) and Mudaliar Committee (1961) spoke of a "social physician", Patel's report (1971) spoke of a "basic doctor", Srivastava's report (1975) spoke about the "family

and community oriented practitioner" with social responsibility and, finally, the Bajaj report (1989) spoke of the "Community Physician". Whenever feasible relevant quotes from earlier expert groups have been included<sup>9</sup>.

There are areas in the curriculum, viz., medical ethics, behavioral science, communication skills, managerial skills which do not receive due attention in the existing curriculum as they should. Changing needs of the society advances in scientific knowledge and innovations in the educational field necessitate constant changes in medical school curricula.

Teaching innovation should also target the development of ego-free attitudes, medical euphoria, communication skills and public dealing with humbleness. Making Undergraduates and Postgraduates prescription competent and confident. Developing their preventive and referral insight, basic record keeping, medico legal aspects, administrative skills, competence in dealing problems of hospital, handling of funds, media handling & VVIP handling should also be stressed upon in teaching curriculum. Keeping them updated about newly emerged health problems, developing their leadership qualities, determination, dedication, discipline, making them focused, learn to earn with dignity, feel honored to be part of this profession & making them competent for self employment should be the ultimate goal and target of medical teaching/ education in present scenario<sup>10</sup>.

### Conclusion

The multifaceted, powerful, economical handy weapon that is the current existing medical education should include social science effectively while imparting quality medical education. Medical students are to be exposed to social realities and trained to render health information, health education, and creating awareness which can be utilized as a catalyst to create social action to fight the battle for 'health for all' leading to social welfare.

- Alternative and affordable new techniques to tackle social aspect of health problems should be initiated
- Medical social workers have to liaise between policy makers, health care providers & public to formulate need based health care activities
- Can anybody practice medical profession without society? Then why does medical education lack systematic study of society and social sciences?

**References**

1. <http://hotessays.blogspot.in/2014/12/essay-on-role-of-doctor-in-society.html>
2. Veena S Algur ,MC Yadavannavar Hand washing practices among patients attending RHTC International journal of health science and Research Vol 2 issue 2 May 2012 p-46
3. Swasth hind - March-April 1989 page No-69.
4. Bhuiyan PS. Do We Need To Change! The Indian Practitioner, 2000; 53(9):584-585.
5. Sharma S. Training Teachers Today for Tomorrow's Needs, Paper Presented at the National Conference on Training Teachers Today for Tomorrow's Needs, Diamond Jubilee Celebration of Medical Council of India, Indore, MP, 1994.
6. Jolly B, Rees L. Medical Education into the Next Century, In: Medical Education in the Millennium, Oxford University Press, 1998, pp 246-256.
7. PS Bhuiyan, NN Rege Evolution of Medical Education Technology Unit in India Year: 2001 Volume: 47 Issue: 1 Page: 42-4.
8. Dasgupta S. Reforms in medical education: Optimizing quantity and quality. Indian J Public Health 2014;58:1-4
9. [knowledgecommissionarchive.nic.in/downloads/documents/wg\\_med.pdf](http://knowledgecommissionarchive.nic.in/downloads/documents/wg_med.pdf)
10. Mrityunjay, Dinesh Kumar\*, Seema Gupta\*\* Medical Education-Present Scenario & Future jkscience.org Vol. 12 No. 3, July-September 2010 p154

The World Journal of Medical Education & Research (WJMER) is the online publication of the Doctors Academy Group of Educational Establishments. It aims to promote academia and research amongst all members of the multi-disciplinary healthcare team including doctors, dentists, scientists, and students of these specialties from all parts of the world. The journal intends to encourage the healthy transfer of knowledge, opinions and expertise between those who have the benefit of cutting-edge technology and those who need to innovate within their resource constraints. It is our hope that this interaction will help develop medical knowledge & enhance the possibility of providing optimal clinical care in different settings all over the world.



**DOCTORS  
ACADEMY**



BETTER EDUCATION. BETTER HEALTH.  
ISSN 2052-1715

# WJMER

World Journal of Medical Education and Research  
*An Official Publication of the Education and Research Division of Doctors Academy*

