

### Selecting future Medicos

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If you ask a fifteen year old “what would you plan to study after you finish the school?” How does the youngster react? The unfortunate fact is that he or she has no way of gaining any idea, leave apart the first hand experience, regarding any work with related working atmosphere, kind of problems one has to handle in a particular profession, or the schedule of daily working hour one has to follow in that particular job. Therefore, how does he/she decide her preference(s)? It depends on the present surroundings of the confused fellow. In an urban middle class/upper middle class family there are the parents (one or both of them) and close relatives, giving him/her exposure to daily lives of one or perhaps a few different jobs and professions with a dose of brainwashing. They might also get influenced by the glamour of certain professions or the celebrity status of people being shown in print and electronic media, without any mention of the darker side and problems they face. That is why business runs in families, children of doctors, lawyers or film stars are more likely to join the same profession.

What happens, to the first generation learners from poor families? They probably get guided by their teachers or elder students in the village. A librarian in a small village in Bardwan District told me once, that there are hardly any regular visitors to the library. She has started keeping periodicals that discuss career options for students and that seems to interest young people.

And what does our education system do? It takes examinations at school leaving level and then loads them with entrance tests? Lakhs of students prepare as hard as they can, attend coaching classes, work day and night to get a high rank in these tests. Sometimes they get what they thought they wanted to study, both for subject and the institution, sometimes they have to sacrifice one of the two, and most of the time having failed to

secure a ‘high enough’ position, they decide either of try next year or accept what is on offer.

I am sure, everyone will agree that this is not an ideal situation. Information from parents, relatives, peers and media are never complete and are guided by prospect of certainty of earning money and possibility of getting a job abroad. There are examples of bright students getting frustrated in a course of time in the course they were pushed into, even often with disastrous consequences.

Let us now leave the broad topic of detecting aptitudes in children to the specific issue of selecting students for medical curriculum. Let me begin by confessing that the average quality of students selected for MBBS course, these days, are much better from the time I got into a medical college, on two counts – firstly they are better informed and secondly they are better prepared to handle examinations. Having said that, it is also true that irrespective of the professional skill they acquire, the society by and large is not happy with them. It is a common perception that the “quality” society is looking for, more often than not, is not available.

Quality is difficult to define. Experts have suggested definitions to their likings, but the one that I find easy to understand tries to explain the term mathematically. It is a ratio where the numerator is “what the customer gets” and the denominator, “what the customer expects”. Ideally, the value should be one or more than one. Obviously, higher expectation and lower level of service will both lower the perceived quality.

What can we do to improve “what the customer gets?” The healthcare is a result of team work, the ambulance driver, the ward boy, the telephone operator, the technicians contribute to the care that an individual is getting and it does not necessarily reflect quality of doctors and nurses. Let us, for now, leave this broad perspective of health care and concentrate on the problem with doctors.

A minority of students graduating from a medical college will go for research in basic sciences. Almost all Nobel laureates for the past half a century are basically molecular biologists, medical graduates do go for postgraduate studies in basic sciences like biochemistry, physiology or pharmacology but most of the time – not by choice. Vast majority of entrants to a medical college will eventually practice clinical sciences. And what do they need as practitioners? Obviously they need a good grasp on the subject, the perseverance to follow developments of a rapidly changing science, and the ability to endure hard work for long hours. That's nothing new, almost all professional work needs those attributes from a learner. What is special for medical profession is that – the working is not with machines with nuts and bolts, but with human beings. Same models of same machines look and work in the same manner and almost always malfunction in a predictable way. Whereas no two individuals have same personality, the manifestation of the same disease may be very different in individuals, even they react to the same treatment in different ways, and they have mindsets that make it difficult to communicate the same thing with them in the same pattern. If a newly built bridge breaks down, the cause of the disaster is never obvious. The authorities need to form an enquiry committee that takes months to prepare a report and the reasons for the failure may remain a mystery for ever despite all that. The designing, raw material and workmanship of the construction of a bridge are all done by human beings, even then if it is so difficult to find out the fault, the human body being a product of nature is immensely more complicated and will obviously be much more difficult to maintain and repair. Therefore people entrusted to look after this chemical factory called "body" will have to be rather special.

Good quality human beings are an essential requirement for any nation. In Bengali we use '*Vivek – Buddhi*' (*intelligence-conscience*) as a joint word. In our country there has never been a dearth of talented super intelligent people. Nineteenth

century Bengal itself is an excellent example. From Vidyasagar (born 1820) to Satyajit Ray (born 1921) it's a dream run of nineteenth century (with a little "spill over" into the early twentieth). But at the end of the day, for nation building, it is "average" that matters - because they are the majority. Unfortunately, people with 'Buddhi' (intelligence) do not always have 'vivek' (conscience), irrespective of the their talents, and average quality of human resource has not been to our expectation.

Abraham Lincoln, in a letter to the head master of his school wrote "... tell them (students) to go ahead and sell their brains to the highest bidder, but never to put a price tag on their heart". Our system is geared to produce technocrats of good quality who are ready to sell their heart and soul to almost any bidder.

What is the way forward? I do not subscribe to the view that we are a country with 1.25 billion "rotten" human resources. There are wonderful personalities, talented, principled young men – we will have to find a way of getting more of these people at least for the medical profession. The present selection process is more likely to select "robots" with razor sharp intellect. Clinical medicine can be managed without very talented, super intelligent people (they can be better utilized elsewhere), but it needs hard working, persevering people, who are prepared to suffer for a cause. Having been in this profession for almost half a century, the lesson I have learnt is that ignorance per se is not a dangerous thing – if I do not understand a lump or a murmur or a rash, I can always ask some body who does. All I have to do is to admit to myself that I am failing and not let my ego come in the way.

There are examples in different parts of the world of rather unusual medical students. Students with a doctorate in Physics can decide to study medicine or philosophy graduates are being allowed to pursue medical course. These are, of course, rare examples. But what is encouraging is the fact that these examples are there and by and large, these doctors have generally been thought to be of better quality.

Mount Sinai Medical School has a programme called “Humanities and Medicine program” which promises slots to about 35 under graduates a year if they study humanities or social sciences instead of traditional premedical school curriculum and maintain a 3.5 grade point average.

*“For decades the medical profession has debated whether pre-med courses and admission tests*

*produce doctors who know their alkyl halides but lack the sense of mission and interpersonal skills to become well rounded, caring, inquisitive healers” – (Anemona Hartocollis July 29, 2010 – down loaded from website)*

Time is ripe now for us to start serious thinking and also to act.

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