



A Brief Commentary on Medical Science, Medical Education and Professionalism

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ABSTRACT

Medical education is education connected to the exercise of being a medical practitioner; moreover, the initial training to become a physician, or thereafter supplementary training. Doctors are produced to meet the health need of the people. People, as a patient have many expectations from a doctor. Doctors often don't know those expectations. Nevertheless, globally almost similar expectation exists with the patients to their doctors. Medical education should reinforce more regarding professional responsibilities and moral values to protect contemporary atrocities and damage generated through free market economic policy.

Keywords: Medical science, medical education, training.

“**M**edical Science is a broad term that covers such areas as biochemistry, molecular biology, medicinal chemistry, microbiology, neuroscience, physiology, nutrition, pharmacology, toxicology, vision science and biomedical technology. All of them are vital to our ongoing efforts to develop and evaluate new treatments and strategies for health problems.”¹ Medicine has two straightforward denotations; it states to **1.** The Science of Healing; the practice of the diagnosis, treatment, and prevention of disease, and the promotion of health. **2.** Medications, drugs, substances used to treat and cure diseases, and to promote health.² Modern medicines have done much in the arenas of infectious diseases and emergencies to support and give relief to the patient. In most other areas of diseases, the general aim is control, which can be called as palliation. Pharmacology, psychopharmacology included, is regularly directed towards such control and palliation too. The thrust, both of clinicians and research, must now turn definitively in the direction of prevention and cure. The major challenge in present time for modern medical science is prolonging quality of life for chronic diseases like hypertension, diabetes mellitus or arthritis. Research and development of vaccines for hypertension, diabetes, cancers, autism etc., deserve more devotion.³

Medical education is education connected to the exercise of being a medical practitioner; moreover, the initial training to become a physician (i.e., medical school and internship), or supplementary training thereafter (e.g., residency and fellowship). Continuing medical education (CME) comprises of enlightening events which assist in preserving, progress, or growth the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills commonly documented and

recognized by the profession as within the basic medical sciences, the discipline of clinical medicine, and the establishment of health care to the public.⁴

“Doctors are produced to meet the health need of the people. People, as a patient have many expectations from a doctor. Doctors often don't know those expectations”.⁵ Nevertheless, globally almost similar expectation exists with the patients to their doctors.⁵ Multiple studies reported that patient expectations are of diverse dimensions and continues to rise many folds.^{5, 6} Patients' thought and outlooks are important issues and need to understand carefully to augment their consummation level.⁶ These expectations need to be accomplished effectively to achieve and progress in health care better outcome.^{5, 6} Here comes the issue of professionalism among medical doctors.

“In 1914, U.S. Supreme Court Justice Louis Brandeis defined a profession: **First.** A profession is an occupation for which the necessary preliminary training is intellectual in character, involving knowledge, and to some extent learning, as distinguished from mere skill. **Second.** A profession is an occupation which is pursued largely for others and not merely for one's self. **Third.** It is an occupation in which the amount of financial return is not the accepted measure of success.”⁷ “Professionalism is a basket of qualities that enables us to trust our advisors.”⁸ Medical professionalisms are also defined as “commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population” by the Accreditation Council for Graduate Medical Education, USA.⁹ In 2005, the Royal College of Physicians (RCP) developed a document named, Doctors in Society: Medical Professionalism in a Changing World, to seek to redefine the nature and role of medical professionalism in a modern society. The report settled that medical



professionalism is: “A set of values, behaviors, and relationships that underpin the trust the public has in doctors.” Additionally, the RCP working group resolved that in their day-to-day practice, doctors are committed to: integrity, compassion, altruism, continuous improvement, excellence, working in partnership with members of the wider healthcare team.¹⁰ A patient’s trust and confidence in a doctor is no longer expected to develop automatically; medical professionalism is achieved through appropriate professional potentials: expertise, probity, integrity, and so on.¹¹ JAMA reported that medical professionalism cannot continue to exist in the contemporary free market economy generated insurance based commercialized health care.¹² The continual and sustaining denationalization of health care and the continued prevalence and intrusion of free-market economic policy and practice in medicine will not only broke the health care system but also will certainly undermine the moral and decent basis of medical practice and finally, crushed the moral guidelines that have historically defined the medical profession.¹² Even though professionalism has been a concern for the past thirty years, but very negligible work has been done for improvement of medical professionalism which actually promote more deterioration of moral values.¹³ There were huge apprehensions and worries developed regarding changes in health care delivery system and erosion of medical professionalism. Therefore, a shared struggle started by front-runners of the American Board of Internal Medicine (ABIM) Foundation, the American College of Physicians-American Society of Internal Medicine (ACP-ASIM) Foundation, and the European Federation of Internal Medicine produced the Physician Charter in 2002.¹⁴ Another study work emphasized three essential philosophies of professionalism: “the primacy of patient welfare, patient autonomy, and social justice”.¹⁵ The imperative issues have been recognized that medical students were suffering from deficiency in their undergraduate education and training regrading professionalism, moral values and social responsibility.¹⁵ A number similar studies also recommended that professionalism need to be incorporated in course and curriculum. The study participants acclaim that they need more professional intervention to have better understanding regarding professionalism.¹⁶⁻²⁰ An aggressive drug promotional activity repeatedly changes the prescribing behavior toward costly patent-branded medicine of generics, thereby causing rapid booms of the cost of medical care and much irrational prescribing.²¹⁻³¹ It has been reported that physicians were so much influenced that they later asked to include some branded medicine to incorporate in hospital guidelines.²⁴ Accepting gifts not only promote industry’s profit but also damages the great professional respect for medical doctors. Therefore, physicians are increasingly losing trust from their patients.^{32, 33} Hence forth, several the expert group suggested more control of medicine profile-raising accomplishments because pharmaceutical industry very often provides misleading information.³⁴⁻³⁸ There are

numerous reports published in highly reputed journals throughout the world medical professionalism, and commitment of medical doctor is grind down when physicians are accepting financial incentives and a gift from pharmaceutical and other profit-making organizations.^{29, 30, 37, 41-50}

To protect from such atrocities and damage medical education should reinforce more regarding professional responsibilities and moral values. One important thing such curriculum alteration must not increase stress among medical students; as they are already in stress especially due academic overload.⁵¹⁻⁵⁴ There is a popular saying molding clay to give a desired and expected shape it is better when it is soft. Therefore, students need to be taught moral values, attitude, and practice when they are young. As once the bad habit is developed it is very difficult to alter. Moreover, once students are medical doctors and obtained the license to practice, hence, it will be more challenging and tough to communicate and clarify importance such values for medical professionals.

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