

Challenges Facing Medical Education

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Medical education not only helps to provide health services direct to the patients, but also helps in training and assessing future doctors, leading research and developing new treatments strategies. Worldwide, an estimated 1.3 billion people lack access to effective and affordable healthcare, while annually an additional 150 million persons in 44 million households face financial catastrophe as a direct result of having to pay for healthcare. More than 100 million individuals are pushed into poverty by the need to pay for health services.¹ Approximately 27,000 doctors graduate each year in our country, but most want to work in major cities and millions of patients must walk miles to see a physician.²

Total costs attributable to any medical education program are composed of hospital costs (physician visits, outpatient care, inpatient/emergency care and diagnostic tests) and indirect costs (cost of running the medical college, including the training of the graduates and postgraduates). With the advancement in both treatment and teaching facilities, it is anticipated that the costs will continue to escalate for healthcare institutions involved in providing medical education, both in government and private sector.

In a study by British Medical Association, it was not possible to speculate which universities and courses opted for top up fees in England, but it seemed fairly clear that medical degrees were very costly indeed.³ With all these factors, the outcomes can be one of low cost/low quality or high cost/high quality education; both not a viable option.

There are many other difficult questions particularly in the mind of the younger generation who opt for training in medical education where they may feel that they have invested a huge amount of time and efforts. All of us know that in spite of a huge investment of time in medical science, it may take many years to get personal, professional and financial achievements. To find an answer to this, we need to find out the expectations at entry level rather than at the completion of the education to avoid the frustration.

It also becomes more relevant where every completed level of medical education is followed by more and more expectations and advanced set up to work that may make the people more reluctant to work in remote and rural areas, where the facilities may be non-existing. Despite the visibility of education-financial relationships, data on the extent and predictors of such relationships are sparse, and there are no systematic data on education-financial relationships in medical field and it is difficult to find out the exact incidence and magnitude with huge disparities in the cost of medical education provided by the government funded institutions versus private funded institutions. The major issue is whether with high cost/high quality medical education would we be able to convince the people to provide low cost/high quality healthcare in rural and remote areas of the country? There is a need for a systematic review to investigate these issues further and their impact on education, healthcare and on the health professionals.

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