

Medical Education in Developing Countries

Medical Science has recently grown so much in volume and technical details that it is not possible for any developing countries with financial limitations and lack of qualified personnels to keep pace with it, Everyday the rich developed countries are exploring new horizons in the fields of scientific knowledge of every branch and the new knowledge thus gained are promptly put into practice throughout the country. To remain up-to-date in any subject by countries like Bangladesh or Nepal and even India is inconceivable. But it is not advisable either to lag behind in essential fields, otherwise there is serious danger of remaining permanently underdeveloped. To cite an example : some foreign Medical Research Team often carry on certain advance research in Bangladesh to solve some problems which have no immediate relevance to Bangladesh. Bangladesh has neither source, nor time to indulge in similar programmes when millions are still suffering from malnutrition, protein deficiency, parasitic diseases etc. For the sake of continuing and keeping abreast, the attachments of a small local team of workers (Scientists & Doctors) with such foreign team will be sufficient but the country should embark on large scale research on local problems according to priority and resources available. In addition some talented persons should be allowed to work along with the researchers of developed countries, who will be further assets for the home country.

Similarly in Medical education, the present system of imitating the pattern of an advanced country has not benefitted the developing countries as expected. The medical graduates, trained in modern medicine and accustomed to modern laboratory facilities in the big cities do not go to the village towns where there is no facility to practice modern medicine. In countries like Bangladesh 90% people live in villages and die of preventable diseases for want of bare medical aid though a large number of qualified doctors are concentrated in the big cities.

To benefit the teeming millions in the developing countries, medical education should be recast in the light of the local requirements keeping adequate arrangement of maintaining limited number of centres of post graduate studies and research, a good central medical library and reference laboratory. On this basis a modern curriculum should be framed with the help of the eminent specialists.

— Editorial