

GOODBYE WISHES: BIG-BOLD-BETTER PROFESSIONAL CANVAS

Emran Bin Yunus¹

By add on changes the medical profession is at the cross road in our country at the dawn of new century. Changes and evolutions are highly expected but these should be guided along the appropriate scientific and professional track towards a goal with adherence to the professional rituals. With insight and critical evaluation one carefully follows it will be apparent that the changes and evolutions are not along the welcome lanes of the professional ever expanding destiny. It's apparent that all the pursuits are simply carried away by circumstances. Per the convention and rituals the professional pursuits should begin from the very entry of one as medical student and through continuing molding to end up as a doctor for practicing to provide care. To ascertain the changes there is a need of visiting the whole track from the beginning to ending.

The visible macro changes are: mushrooming of medical colleges in public sector per the political will and in private sector with removing of embargo on establishing medical colleges; empirical frequent changes in basic medical curriculum, introduction of post graduate programs in medical colleges vis a vis graduate programs without adequate preparation; private hospitals some of them by mega corporate investments; commercialization of health care delivery; introduction of newer advance technology; fallouts of democracy; time to time executive directives; wishful non evidence based modulations; public perception; attitudinal mosaicism of medical students and professionals; scopes, efficiencies and capabilities of regulatory bodies; receding human understanding and reciprocal trust and values; yellow professionalism; non emphasis on ongoing contemporary good medical practice standards, non adopting farsighted measures for coping with the changing circumstances and many others. Medical profession since antiquity being the human one it will be always mutable by extramural and intramural influences but it has a basic non mutable fundamental backbone that warrants understanding and preserving for the greater interest of maintaining and promoting health in other wards the life of fellow mankind. This backbone is 'Primum Noce' that is 'First Do No Harm'.

The influences may be sparking off f factors from geography to history, economy to politics, service to commerce, vice versus virtues of humankind, opportunism versus concern, greed versus generosity, appropriate knowledge, skill, attitude versus otherwise; evidence based versus empirical and wishful; and many others known and yet to be surfaced. Without a fore adopting road map the interactive coping is not suffice like that of the dictum, 'If you don't know the road to where, the road will take you anywhere'.

Medical professionals need highest level of knowledge, skill and attitude with regular updating to be 'Safe doctors'. This can only be maintained by peer reviewing, continued professional development endeavors and, regular monitoring and surveillance per a standard operation procedure by independent regulatory bodies with proper benchmarks. The spectrum of the regulation and surveillance and monitoring should be to cover every aspects in a harmonious way; medical institutions to practicing personals and care-giving outlets in a coordinated manner incorporating professional, ethical and legal tenets. The structure and function of regulatory bodies should be stringent, transparent and accountable not to speak of high set intellectual capability. The members of the regulatory bodies should have clean personal, professional and credible integrity without any covert slippery gaps and should be chosen without any bias. The slippery gaps allow various influences on regulatory activities and crucial decision making. There is one secretive element remains embedded in the regulatory bodies that is the conflict of interest which should be declared as per transparent practice standard. The base line for any regulatory body is to set a benchmark around which every attributes should be compared, reviewed, examined, monitored leading to a hard conclusion, yes or no. Related to the medical profession there are regulatory bodies that are the University Affiliation Body for recognition of a medical institution, Bangladesh Medical and Dental Council for professional licensing, Public Service Commission for recruiting professionals in public run setups, Examination bodies, Professional associations and the Executive regulatory systems to govern institutions and setups. There are many inconsistencies and disharmony between all these regulatory bodies.

1. Immediate Past Editor JCMCTA &
Professor of Nephrology (Post Retirement Leave)
Chittagong Medical College, Chittagong

The outcome of medical education and ultimately the medical profession is to produce and maintain safe doctors and scientists for the nation. The indicators are 'satisfied patients' and 'credible publications' respectively. In terms of both the indicators the score is not comfortable. The voice of the community through the media reflects off and on in this behalf. If we go through it with insight and a critical unbiased approach we shall find many issues of concern in personal groom up, setup attributes and process, and, regulatory exercises. Of all these the subjective attributes are most import, the person who is going to be the future doctor and will ultimately become a doctor. The subjective attributes are: Care, Commitment, Credibility, Responsibility, Reliability, Recoverability, Intellect, Integrity, and Indomitability. There is a need of criteria setting for each of these attributes and adhering to that. Except educational performance reviewing no other attributes are checked during enrolment in the medical institutions and afterwards. No one can deny, like a soldier one should be rigorously reviewed before allowing to be a medical student and in follow up whether one possess and maintains those subjective attributes up to the mark.

Consistent continuity provides the credibility. The medical profession and the practice are in credibility crisis, at the bottom line is the fast losing trust of people. The traditional expectations of a patient are: patient wants to be listened to and be understood, patient want to be treated as a fellow human being, patient wants reasonable degree of knowledge and skill, patient wants to be reasonably be informed and finally, patient wants not to be abandoned. A doctor whose definition is 'A person who has chosen and been chosen to pursue a profession charged with the obligation of maintaining and promoting the health of fellow mankind' is supposed to full fill the traditional expectations of patient. Possibly failures in different degrees to full fill those may have been leading towards the jeopardy of losing credibility.

Functions of medical teachers to some extent quasi judicial which signifies their functions should be independent without any influence or conflict of interests and demands immunity. Because they are the persons who are to shape the future doctors capable enough to take care of lives of the people. Therefore it is the convention that higher education should not be under the direct control of the executive organ of the country or a pro-profit corporation. Executive or Pro-profit corporation control provides the big caveat of influences and conflicts leading towards compromises.

More so in a democratic country like Bangladesh where the apex executive organ is composed of elected representatives of the people usually die hard loyal to political parties. In absence of check and balance it may be a strong under current channel of influencing or dominating all the aspects of the professional attributes by a non visible 'fear factor' or 'Commercial dividend drive' that one can easily guess down the track of functioning of any setup or body.

So many sparked off 'Whys' are visible and highly palpable now. These 'Whys' are deviations or violations of principles, criteria, practice and other linked matters. Generically in other way these may be dubbed as 'compromises'. The outcome and output of compromises are resetting the standard of everything in a downward spiral. The other intensifying fabric of that is the growing commercialism with all its vices.

During 17 and 18 centuries liberty, freedom, just and equality were established in the world through the changes in England and America and to these the reconnaissance of French Revolution provided the intellectual fabric. Over the centuries every attributes of human principles and practices have been aligned in those places with respective benchmarks. Professionals and professions followed the suit including the medical profession and the professional in a context sensitive manner. This is the origin of the boldness and momentum of the professional and profession running for better and big with an upward spiral. No one surprises rather expects regular critical and serous debates in the pages of peer reviewed coveted medical journals on issues pertaining to professional, profession and health of the people in those places. On the other hand in our setting the profession usually remains silent even on crucial issues. In our country after many centuries and passage of many civilizations we snatched our liberty and freedom four decades ago with similar dreams. No one can deny the unified vocal expression of that dream was 'Joy Bangla'. We were liberated but what about the profession and professionals specially the medical profession and medical professionals? The basic colonial legacy is still continuing in many forms with evolutionary outcomes as we see now mingled with the 'Fall-outs' of democracy. 'Joy Bangla' is still far away from the profession and professional emancipation.

The professional canvas encompasses everything related to the profession, professional, practice, people, interactions and offshoots.

The professional canvas should be appropriate and transparent. Interlopers should not be allowed to navigate the canvas through assassination of truth there by initiating or encouraging or compelling or maintaining the deviations and violations of covenants, guidelines, rules, regulations, rituals and all other relevant attributes. If that could be done the canvass will maintain the standard of upholding the goods with welcome and credible outcomes. In so doing professionals has the prime role that falls on to them historically. They must be bold for better and bigger.

The JCMCTA so far has been endeavoring hard for upholding these value tags of the profession. At the end of tenure of the Editor this Goodbye wishes is an expression of craving with the solemn desire that the JCMCTA will help keeping the professional canvas immaculate through big and bold strivings towards ever gleaming better. We are not to be carried over by the road to anywhere!