Medical Education and Rural India: Reflections of a Recent Graduate

- *Abhijit Gadewar*[1]

Medical Education and Rural India - it is a paradox to use these words together. Young doctors are increasingly motivated to move or are forced to move towards our so-called 'civilized cities'. You will be considered a fool if you willingly go to villages. Only 26% of doctors are serving 73% of the rural population. I may not be the right person to criticize the medical education system but these figures are not an illusion. Something is going wrong.

I finished my internship two years back. I got my MCI registration within 3-4 months of completion. Legally I was a doctor but socially and skillfully I was not. Everybody in my batch was studying for PG (post-graduate) entrance. It is a considered self-evident, a dogma, that if you do not do a PG (in any subject whether you like the specialty or not), you are incomplete. I was not convinced. I was confused. I thought and decided to work at least 2-3 years in a rural area. I wanted to explore various places myself. I came to know about JSS and joined within 3 months of my internship. I did it quickly because I was suffocating within the four walls of medical education.

I had some real education at JSS. Preventive and Social Medicine is a subject we hated most in medical college. At JSS, I actually realized what 'social' means. To make aware and to implement the 'prevention' is more difficult than reading Harrison. Tuberculosis is not just HRZE or DOTs. PEM is not just the lack of protein and energy. Malaria is not just giving Artesunate. I realized disease is the manifestation of socially unfair situations and inequity and poverty.

Baba Amte used to say "in relationship with suffering". When I saw a 33 kg woman with TB, I was trying to imagine myself in her place but I could not even imagine. I learnt the calorific value of various food materials at medical college but I learnt the significance of nutrition at JSS. A woman with TB is left by her husband along with three children. There is no source of earning, what will she do? I asked this question to myself and I was baffled. How could you learn this face of TB just by reading it as 'social stigma'? There is a major difference between 'reading' and 'seeing'. Increase in 11 kg of weight after AKT is neither written in books nor taught in colleges. It tells you how much the patient was starved of food. They do not teach Empathy and Approach towards a rural patient. You have to see villages first.

Investigation is one of the most abused parts of patient management. I never came across a thing like *rational* investigations in medical college. We always used to advise a battery of tests like liver function test, renal function test, etc. Most of the time you do not need those investigations. I learn that a significant amount of expenditure of the patient can be saved and it stimulates us to improve our clinical skills.

[1] *Volunteer, Jan Swasthya Sahyog, Bilaspur, Chhattisgarh*

Same with medicines - we learn generic medicines in colleges and while prescribing we use brand names. In college, we would talk among friends, which MR (medical representative) was giving more money or gifts. We see from residents to professors each one is hankering for those gifts. Much of the time they do not even think about the patient. I learnt the importance of cost effectiveness and how it is important to cut the cost of treatment of a poor patient as much as possible. This is why this rational approach is necessary.

I argued with one of my friends who is doing his PG. He blamed the rural folks for not coming on time. I would have done the same thing were I doing PG without experiencing the rural conditions. You never realized the woes of rural people sitting in a tertiary care hospital. A daily wage laborer cannot come on time without making arrangements for money for him and his family. A seven-day stay at a tertiary hospital snatches so much from him. I saw this because I chose to witness it.

Many rural areas in India are still lacking in primary health care. There is no accessibility to hospitals. Many die while coming to the hospital. Many of them become worse on the way to the hospital because of poor roads, poor vehicles and/or no ambulance.

Once I was travelling from one of our mobile clinics to the main hospital. There was an 8-months pregnant woman travelling with us. She was in severe discomfort because of the bad road. Yes I know that I cannot understand her pain but next time when I see in the clinic a pregnant woman coming from a long distance, I will surely show some sympathy for her.

About 2-3 years back students used to prepare for PG from internship, but nowadays it is from the second year. You will be considered incompetent if you have not done PG. During my last year in school, we used to say, “I will be settled once I get admission to MBBS,” then during MBBS we say, “I will be settled after PG,” and now during PG some say, “there is no point in doing plain PG, you have to do superspecialty.” I am confused, do we decide our skills or the degrees will decide our skills? Is this the kind of education that we are getting or are we greedy? Students are ‘interested’ to work in rural areas when they were plain MBBS but then there is sudden change of attitude when they become PG. At the time of internship some of my teachers used to say “why don’t you go and study for PG instead of doing the internship.” I am not opposing PG but I surely refuse to do PG without having rural exposure in a country like India.

I do not know whether I have succeeded in explaining the topic very well but the attitude which reflects through my article is what I have learnt. I would not have got it if I had not come to JSS.