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AN OVERVIEW ON MEDICAL EDUCATION

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Dr. Dayrit suggested that I direct my remarks as a Reactor to the subject of integrating a subspecialty into the mainstream of the medical curriculum, and I would like to do so in the time allowed me. I would also like to share, in relation to that issue, my thoughts on the larger pursuit of medical education.

In my view, medical education possesses three crucial components: (1) the administration, (2) the mentors or teachers, and (3) the students.

To the administrators fall the task of selecting qualified mentors and providing the best facilities possible. The possibility of creating an optimal teaching environment rests in their hands.

Mentors for their part, must endeavor to keep up to date with current advances and concepts in the discipline. Yet knowledge alone, however current, is not sufficient. The mentor must also be dedicated to teaching as well as be adept at imparting complex ideas in an accessible manner.

Now I would like to comment on the third player in the medical education, the students. Future physicians must possess not only aptitude, motivation, and ethical maturity but also scholarly humility. In my many years as a doctor, I have tried to consider myself a student at all times. I recall that, when I first returned from my postgraduate specialty training in 1963, a distinguished “dermatologist-allergist” alleged that my postgraduate subspecialty of allergy and immunology was analogous to quackery. I was then, and remain to this day, very grateful to Dr. A. B. Rotor who came promptly and effectively to the defense of a “debutante speaker” under attack. But that experience solidified my resolution to treat criticism from my detractors as an impetus for self improvement, rather than an occasion to defend my pride.

Scholarly humility must also be present in every physician’s commitment to continuing education, so that, while the physician does not forget his or her general training, he or she also remains open to innovation and advancement in the field. Molecular biology and genetic engineering are here for better understanding of disease(s) and disorders.

Coming at last to the question of integrating subspecialties into the curriculum, I would advocate that this be done as early as the first year of medical school. For

example, medical instruction can emphasize the links between specific cell(s) and products.

How do cells communicate with each other? How are they recruited to inflammatory site(s), thus affecting the target tissues~~tissues~~ / organs? Colleagues of noted that “cytokines”, “adhesion molecules”, and other concepts have become buzzwords at the conferences they attend. Indeed, today’s mentors are faced with the challenge of increasing the range of their competence by familiarizing themselves and their students with current interests and debates in our discipline.

My remarks today obviously underscore the necessity of hard work on our part. Yet however difficult it may be to establish and uphold rigorous standards of medical education, the result, I think, speaks for itself - the training of physicians worthy of their patients’ trust for after all, our patients are the greatest teachers. Our commitment to learning is, fundamentally a commitment to this idea.

Thank you and good day.