

Statement at the Opening Session

by

***Dr Samlee Plianbangchang
Regional Director, WHO South-East Asia***

at the

***Bi-regional (SEAR/WPR) Meeting on
Psychosocial Issues in Medical Education***

***Montien Hotel, Bangkok, Thailand
6-8 June 2005***

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Psychosocial Issues and Ethics
in Medical Education**

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Distinguished participants,

Colleagues,

Ladies and gentlemen,

- Changes taking place around us today pose a real challenge to the health sector and health systems.
- Advancements in science and technology are compelling us to improve the ways and means of providing health care services.
- Educated and better informed population demands more and better health services.
- Health staff trained yesterday may not be suitable to serve consumers of today or tomorrow.
- We, health professionals, have to energetically re-orient our systems in order to live up to the needs, demands and expectations of the community and the population.

- It is indeed a formidable challenge for all of us.
- WHO and its partners have been well aware of this trend, and have devoted particular efforts to support Member States in ensuring that their health workforce is always relevant and effective in providing medical and public health services.
- Within this context, we will pay attention to the development of socially desirable health personnel through an appropriate system of education.
- At this meeting we are going to focus our deliberations on medical education.
- This is in recognition of the critically important role of the medical profession in providing institutionally-based health care services to the community and the population.
- Among the many important approaches in improving medical education, our attempt in the 1980s to achieve the objectives of "Reorientation of Medical Education (ROME)" was very significant.
- In this spectacular exercise, we aimed at supporting countries to achieve better coordination between medical education and health services.

- It was to ensure that what was taught in medical schools can really be applied optimally in practice to benefit people and society.
- This was to promote a humanistic and holistic practice by medical profession, through community-oriented and problem-based educational strategies.
- During the past several decades, medical education has passed through a very long process of evolution and reform, in both content and process.
- Particular attention has also been paid to the development and training of teachers and other members of the medical faculty.
- In addition to providing medical services to patients, these teachers and faculty members are also expected to play a role model for the younger generations to emulate.
- While there are many issues to deal with in furthering the improvement of medical education, this time we have deliberately chosen two important areas for our review and discussions.
- These are psychosocial dimensions and ethics.
- The two areas seem inadequately covered in our consideration in the past when medical education was developed or improved.

- We believe that proper strengthening of these two aspects of medical education will ultimately contribute significantly to improvement of the quality of medical care services.

Colleagues, ladies and gentlemen,

- There is wide variation in the way psychosocial, behavioural and population perspectives are addressed in medical education.
- We may agree that there is overemphasis on basic sciences and clinical training at the expense of other disciplines, which can provide opportunities for developing the “art” of medicine and ethical practice.
- There are areas for improvement in the content of educational programmes that can lead to the development of a positive doctor-patient relationship, including patient autonomy, revelation of truth about one’s illness, informed consent and conflict resolution.
- In the medical profession, when faced with a life-and-death situation, health and welfare of patients must come first before any other concern.
- Medical staff is expected to be dependable, respected, sincere, trustful and humane and having a keen sense of sacrifice.

- Acceleration in the privatization and commercialization of education and health services has further contributed to the erosion of professional values and credibility of medical practitioners.
- This is particularly so when there is no comprehensive and effective regulatory framework in countries.
- This framework, if it is in place and well functioning, will be the important arena in which professional bodies, such as medical councils or associations can play an important role in improving the quality of medical care.
- It is very interesting to note that ethics in medical practice today is a major concern globally.
- For the medical community in general, ethics has transcended centuries of evolution from the time of Hippocrates.
- The simple message conveyed through the Hippocratic oath that binds all medical doctors in particular, can be summarized as “do no harm” to patients - physically or psychosocially.
- The father of Thai modern system of medicine, Prince Songkhla, once told his medical students that they were trained not to be only healers, but also human beings.

- This was to remind future doctors of the utmost importance of maintaining the highest standard of ethical and moral values in the treatment of patients.
- The South-East Asia Advisory Committee on Health Research (ACHR) has also emphasized the need to strengthen the knowledge base on ethics in medical education and practice.
- The ACHR called for reinforcing the integration and teaching of ethics in the curricula of medical schools.
- With the prevailing situation in the area of medical care, there is an urgent need to further reshape medical curriculum in order to deal more effectively with psychosocial and ethical issues in today's medical practice.
- Colleagues, chronic diseases are on the increase, overshadowing many acute disease conditions.
- Patients with chronic health conditions must usually engage themselves in long-term treatment.
- Patients then inevitably become principal caretakers to look after their own selves.
- These patients have to effect behavioural changes in order to adjust themselves successfully to the consequences of the illnesses.

- To effect such changes, patients need to develop psychosocial and behavioural skills, which have to be cultivated through proper interaction with their doctors.
- The current trend in medical practice requires that medical education is determined through a sound balance between training in basic medical sciences and psychosocial and ethical domains.
- This is to ensure that the patient as a whole is always well treated-physically, mentally and psychosocially.
- Patients' fundamental right to health and health care must be fully respected, regardless of their socio-economic status.
- They must always be treated with dignity and compassion.
- This meeting is one of the few occasions when the WHO Regional Offices for the Western Pacific and South-East Asia have come together to discuss issues of common interest.
- We will together pursue diligently our biregional strategy to support Member States in Asia Pacific in their efforts to improve medical care services through further reorientation of medical education.

- The meeting is expected, among other things, to intensify coordination and cooperation among countries as well as between countries and institutions of the two regions.
- It will be very beneficial if these countries and institutions have an opportunity and a mechanism to exchange their experiences and learn from help one another with necessary support from WHO.
- I am delighted to see here a number of experts and leaders who have special interest in psychosocial and ethical dimensions of medical education and practice.
- I look forward to a successful outcome of your deliberations, and to some practical recommendations.
- Finally, I wish you all a pleasant stay in Bangkok.
- Thank you.