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Of Anniversaries and Medical Education in New Normal

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Faculty of Medicine University of Colombo, the oldest medical school in the country celebrated its 150th anniversary this year amidst a global pandemic alarm.

It is a curious coincidence that the origin of Colombo Medical School could be traced back to a series of epidemics that occurred in mid-19th century in the Island.[1] The epidemics had led to significant depopulation in the Wanni Districts and one of the recommendations of the crown appointed principal investigator to the crisis, Dr. James Loos was to initiate medical education to improve the "general sanitary situation" in the country.

Dr. Loos, indeed,was the first Principal of the Colombo Medical School that began its life in 1870 in the female surgical wards of General Hospital with 25 students and 3 lecturers. Property that it now stands was a gift to the Government by philanthropist Samson Wijegoonaratna De Abrew Rajapakse. Transforming to Faculty of Medicine under the purview of the University of Ceylon in 1942, it became the Faculty of Medicine of University of Colombo when all the campuses of University of Ceylon received University status by the Universities act of 1978.[2]
It is a difficult task to list or measure the role played by Colombo Medical School in improving the "general sanitary situation" in the country. The Anniversary conference and publications showcasing the achievements of the medical school and its alumni have attempted this. In addition to the individual achievements, the role played by the academia of Colombo Medical School in defining and directing the policies to address country's health outcomes from the essential pharmaceuticals to childhood nutrition, from the drug and alcohol prevention to malaria control is noteworthy.

Though the "general sanitary situation" has metamorphosed into Health and Wellbeing, apparently simple interventions of mid-19th century still play a major role, trumping advanced technological medicine as the most important evidence-based intervention available to counteract the current pandemic as any form of vaccine is still pending.

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The emergence of new viruses like SARS CoV2 has also shown how human encroachment of wild environments can lead to catastrophic health consequences[3] and how socio-political leanings of individuals and governments prevent the adoption of simple non-technical interventions at tremendous cost to public health.[4] Tomorrow's doctors need to be well versed in not only in technological medicine but also medicine in its all socio-political ramifications.

One of the achievements of the Colombo Medical School has been its early recognition that health has many ramifications and they need to be reflected in medical education. Transformation of medical education from discipline-based curriculum to an integrated student centered curriculum from mid 90s was a recognition of inadequacies of status quo. The pressure for change came from both inside the students and the academic community and criticism from the other stakeholders who noticed the lack of humaneness and empathy in the output of medical schools.

The integrated curriculum recognized professional ethics and communication skills as key areas of emphasis and the inclusion of a new behavioral science stream highlighted the importance of behavioral and sociological aspects in health outcomes.
If all was not ideal before, living in the so called New Normal now with SARS CoV2 pandemic in the background has posed a new set of challenges to the modern medical school. Many schools globally have either cancelled or restricted face-to-face and in-person experiential learning for medical students. The March 17, 2020 guidelines from the Association of American Medical Colleges suggested pausing clinical rotations for medical students.[5] This however came under criticism from a section of academia who questioned the rationale of keeping future doctors away from the most important health crisis of the present generation.[6]

Practice of medicine has never been a risk-free enterprise and opting out in the face of a crisis sends a wrong message that it is an option available to the profession and undermines the ability of doctors to perform under challenging conditions.
Despite the guidelines, many medical students both in US and around the globe can be seen volunteering to help in pandemic response, while adhering to physical separation and safe travel. Some have opted to walking and biking to commute as public transport is considered risky. New bike sheds probably would have to come up in the faculty premises and disappeared bicycle sheds in preference for car parks, would have to make a comeback. These could be the positives of pandemic.
While it could be considered an obvious necessity in the time of a pandemic, the shift to online teaching has created a new set of challenges. It is no secret that humaneness in communication is lost in an online environment both for the teacher and the student. The loss of real-world collaborative learning experiences could have a significant detrimental effect on medical education and lack of real patient experiences could worsen the already identified empathy decline associated with medical training. Technical difficulties like poor connectivity can hinder and slowdown the learning process. Time and location flexibility, though are the strengths of online learning, can themselves be problems when students fail to adhere to the scheduled work.
As McLuhan said decades ago, medium could trump the content.[7] There is some indications that it has in education. This would be bad news for medicine. It is the responsibility of the medical educators and student community to maintain the human essence of medical education in the face of pandemic and the mitigating efforts.

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