

## Medical Education – Then and Now

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*Speech at the launch of the book TJ Danaraj Doctor and Teacher Extraordinaire written by Wong Hee Ong by Tun Dr Mahathir Mohamad at the Academy of Medicine on 5 May 2012*

Thank you for giving me this honour to say a few words at this auspicious gathering to launch the book and remember a medical patriot - doctor and teacher extraordinaire - Tan Sri Professor TJ Danaraj (TJD).

Describing his clinical experience during the Japanese invasion of Peninsular Malaya at our University of Malaya Alumni Association Dinner in 1985, TJD said “We saw a lot of patients in our practice, but how wisely we diagnosed and treated them I do not know, for there was no supervision of any kind, none at all; we graduated as fully fledged doctors and took total responsibility. There were only 3 specific drugs at that time - quinine, arsenic and emetine - all other treatments were empirical!!! But still I found practice interesting”.

With the immediate post war discovery of wonder drugs like penicillin, medical practice was more thrilling! He said “Responses to treatment with these drugs became miracles under my own eyes. To me, brought up in a traditional bedside approach, each new drug or investigation had to be read about, learnt well and weighed carefully before being applied to my patients - it was impossible to practice without reading and keeping up to date and that was not easy!”

What do we have nowadays? How many of us still believe in the finest art of bedside medicine and read around our respective patients and take great care to uphold the ideals of “to cure sometimes, to relieve often, to comfort always”.

I have been and seen the post TJD era till now and I have great concerns of its gradual but sure deterioration. TJD predicted and talk incessantly about what was happening to the kind of care which he described it as Humanistic Medicine and you can imagine where that came from!

To many of us Humanistic Medicine means all sorts of things. TJD said “But to the patient it means only one thing - does my doctor care for me? -- Patients usually assume that their doctors are knowledgeable and technically competent, but they want and need human warmth and expect this in good measure. Distraught by anxiety and fear they expect information, explanation and reassurance which they seldom get”.

I have related to you some of the excerpts of TJD’s everlasting accounts and observations during his years as a medical practitioner, teacher and medical education strategist. A lot of his predictions and fears are overt realities nowadays and it is fast becoming a real pain and source of embarrassment to the profession.

“Advanced technology has dehumanized us, that the fragmentation of medicine does not provide for personal physician, that the monetisation of medical care has changed medical practice to a purely business activity”

TJD related these to two main reasons - that there is inadequate understanding, teaching and knowledge of medical ethics and professional attitudes in medical schools...and secondly, we do not have time for our patients - there are too many of them and we have too much to do - the later may be attributed to the practice environment (public sector) but more worrying when it is self-imposed!

We must ask ourselves have we demonstrated the best we could to portray the ideals of medical practice, the ethics, values and attributes and be the best role model for our students and juniors?

I have been teaching and practicing medicine for more than thirty years now, granted that it has always been in the seclusion of academic institution, may be because I have no guts to venture outside of that, but I have seen over this period medical science advanced tremendously but the values held by the medical community have changed for the worse.

Yearning and working for much money is more widely and openly practiced, and it is fast becoming an accepted norm, but we do know deep in our hearts that this is not right! I am not trying to be judgmental but excessive demands on payment for the care given purely to support ones expensive lifestyle is not right and when greed is overwhelming, the behaviour is unethical. I know a lot of my students initially had fantastic ideals seeing these behaviours being tacitly condoned will tend to lower their own moral standards. Instead of putting the patients' welfare first, they will see self-enrichment first as justifiable.

It may be hard to swallow, but the origin of this deterioration must be partly shared by the teaching institutions. As you know there are already 40 medical schools in this country with 28 million population and just slightly more than half of that are in Australia with the same population. I understand there are more in the pipeline!

With the increased in numbers of new medical schools, clinical placement for these students and the assurance of getting adequate clinical experience have become a serious problem. There are only 3 accredited University Hospitals in the country and the rest are somewhat reluctant partners, essentially public hospitals forced to accommodate the flood of students. Can you accept the fact that one hospital is being shared by four to five medical schools? Honestly, the learning environment will look and taste like stale *rojak*!

Worst still when those involved do not interact, communicate or develop a sense of partnership but resorted to independent dealings with the hospital authorities, giving a poor example of what the medical profession should be.

Tun, I once heard quite some time ago, when the people complained about rapid escalation of cost of private health care, you were allegedly quoted to have said “Flood the market”. With due respect Tun, honestly I do not think you wanted it to come to this level of madness!

In one of my deliberations at a meeting organised by the Malaysian Medical Association some years back, I asked then “whose decision is it to start a medical school?” Is it the politician, the businessman, the community at large or the medical profession? What do we see? Every political party wants to have their own; every state in Malaysia have their own reasons to justify their creation; businessmen and corporate entities also jumped into the band wagon seemingly to harvest the profit (first), to get glamour and stature of having their own medical school in their own backyard, not only within the country but partnered international institutions to get our children across to those locations some of which we know are quite dodgy! We are going to see very soon about 5,000 medical graduates waiting to enter the preregistration training every year.

What worries me - they come from all shades of teaching and training. This diversity and the inevitable ‘variability in standards’ of cognitive skills, clinical competency and attributes were surely brought about by the differences in the level of exposure, range of experience and credibility of academic evaluations. We are beginning to see and hear horror stories about housemen dropping tools at 4.30pm sharp without proper handing over to their colleagues.

Their perception that their working hours are flexible and working just 12 hours a day is now the norm. At the same time we are seeing parents complaining of how severe their children have been tortured and harassed within this flexible mode. The flexible mode is a logistic compromise and was brought in because of the glut of graduates and MOH has not got adequate training locations for them. As it is, there are already more than 10 HO in a typical general medical ward. In some hospital that may be more. MOH is trying to rapidly sort this issue. However, the fact that we are compromising quality of training by simply providing an ad-hoc solution, will have serious impact on the type of doctors we are going to have manning the front-line medical and health care services in future.

If the government is serious about quality and standards of training across the board - post graduate training included and that the public hospitals be used for teaching, then it is imperative that proper credentialing be put in place and that adequate infrastructural and budgetary support be given to enhance the credibility and stature. If not we are going to see products similar to those returning from the so called dodgy institutions. It does not matter which medical school they came from within the country, it matters when all of these graduates will finally congregate in MOH by virtue of the existing overarching statues and regulations.

As you all know majority of the senior and experienced clinicians are in the private sector. It is now time for them to consider opening up their doors. I must tell you of what happened many years ago when I started at Monash here and having the same dreams as TJD to have one day our own teaching hospital where we as teachers grow and develop with our students. Inevitably the patient will benefit from the rigors of academic sanctions and innovations.

I approached a group of senior consultants and described to them the possibility and pleasure of being the pioneers in conducting actual clinical teaching in the private

environment. This was what they said “Prof, we came out of the university to be away from the students and now you want to bring them here in our private hospital?” - my heart dropped. I was blatantly naive!

Can you imagine what TJD would say hearing this from among his own graduates? Teaching and learning should a life-long endeavour.

However, recently I was most pleased to meet and interact with a much more enlightened and caring ex-student of mine who said - “Prof we welcome you and your students, it is our obligation, our duty to serve as a teacher - every doctor should uphold and sworn to the principles of ‘educate and assist thy fellow colleagues’ - One said to me .... “Prof, I may not be the best of the students you had but over the years I found solace in helping people get the best treatment and best care (affordable care) and the presence of your students around us will further enrich our environment - that alone is enough incentive for us to have you in our small hospital - we want to be the pioneer in this endeavour.

As a private medical school we had to engage as many of our colleagues outside there as possible to make available a small window of their time to teach our students, and it has been in most instances an enriching exercise but as I related to you earlier I had problems with hospital authorities and their stake-holders which in some instances include resident clinicians.

Let me tell you of another harrowing incidence when we were trying to get a Memorandum of Understanding with one of the biggest HMO group in the country to use their facilities for teaching.

The group captain said “- we are a business entity - providing medical care under our auspices is a business activity and this MOU is a business deal - we demand compensation for every minute of the time used by our doctors - our surgeons cost around three million ringgit each, every minute they are occupied with your students means a lost revenue to us”

Till today, I have not recovered from that shock. It was a real dilemma and I had a lot of difficulty to reconcile my ideals and what I am witnessed in reality. I pinched myself and asked - “Are you hearing what I am hearing, Anuar?” I apologized to my Aussie colleagues and did not know where to hide my face in embarrassment!

As Dean and Director of the University of Malaya Medical Centre (UMMC) many years ago, I had lots of opportunity to read important documents left by TJD on the formation of UMMC and the importance to make sure the vision and mission of the UMMC be kept intact i.e. to support all the academic and learning activities of the faculty. There should not be separation and division of these ideals and everybody, I mean everyone whether they are in the hospital or in the faculty should understand these principles and execute all the duties be it patient care or propagation of academic activities, to do so in unison and having the same frequency of thoughts. Of late, I am hearing of the contrary and would like to plead to those concerned to come back to ‘pangkal jalan’. I cannot do anything anymore as I am now a stranger but what I can do is to pray that Almighty put back senses on to those in responsible position and see back the light at the end of the tunnel.

Lastly, with the recent first reading of the amended Medical Act by the current Parliament, we are hopeful that the Malaysian Medical Council (MMC) will have better grasp of the medical profession in Malaysia. It has been too long overdue. However, unlike the General Medical Council GMC and Australian Medical Council, MMC will still be part of the Ministry of Health (MOH). We could not sever the umbilical cord and in many of the activities of MMC will still be at the pleasure of Minister of Health. Quality and standards of Medical Education and Training, credentialing of clinical expertise and the behaviour of the medical community should be closely monitored and sanctioned by MMC. We in the Council should address these issues in a more systematic manner and our maternal linkage to MOH should not be a hindrance in this endeavour.

In his parting remarks to the Alumni Association TJD said:

“The responsibility of the future of Medicine rests in a large measure on your shoulders - the graduates of the first Medical School in Malaysia, the fruition of many years of my own frustrations, hopes and longing.

You have the capacity, the ability, understanding, the vision and the organization to change things for the better, in the way we should teach medicine, in the way we should practise medicine, in the way we should alter public perception of the medical profession, in the way we should influence the government in its delivery of health care. In all of these bear the responsibility and you are the custodian...”

Dear Colleagues, I leave you with that on your shoulders and mine too and pray we have a better future.

TJD left us not only his name but also his stripes – ‘*Harimau tinggalkan belang nya*’!