



Letter to the Editor

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Healthcare activism: Should medical students care?

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Dear Editor,

In a world where glaring inequities and gross disparities plague the healthcare delivery systems, the need for healthcare activism cannot be overemphasized.¹ While the ultimate goal of universal health coverage will still require a considerable time to be achieved, even tackling the present maladies of the health systems needs concerted efforts of global magnitude. The world has transformed to a global village, and any physician cannot be oblivious to the needs of or the issues concerning the populations apart from the one which he is currently serving.

This includes lobbying for better and more equitable system designing, and forming international consortiums to hold governments accountable when they fail to cater to the basic health needs of the citizens. While there has been much cry in recent years over provision of quality care and attainment of health equity, instances are not rare where trained surgeons have refused to operate on a patient because the latter is affected with HIV/AIDS.² There have been reports of doctors stigmatizing patients with mental illness, HIV and other chronic and limiting illnesses.

. This brings us to the question, are the doctors trained only to treat the symptoms? However, evidence shows that early exposure to good education and awareness campaigns can help reduce the stigma.³

Advocacy to safeguard human rights by eradicating structural violence also forms a part of healthcare activism.⁴ Be it issue-based or community centred, any campaign can succeed only when the 'felt needs' are addressed, and addressing the 'felt needs' involves a prior generation of demand for better and quality healthcare from both the consumers and providers. A proactive approach is necessary for health care activism to succeed, and the training of healthcare providers in this movement should begin at the student level.

Coming from a medical education system which has been traditionally rigid, and where sensitization about global health issues has been conventionally minimal, we feel the need to train the students in the basics of healthcare activism. Education in medical colleges all over the country is currently limited to a framework provided by a fixed curriculum drawn out by experts. However the lack of regular and informed changes in the curriculum and the tradition of sticking to mainly text books and lectures as the sole source of learning in the country, may mean that the holistic development might be impeded.

What we need to do is tackle the global issues locally by formation of peer-groups, advocacy platforms, or use the expansive social media networking sites and discussion boards. In this way the student physicians can not only fulfil their societal obligations but also have first hand lessons in reformative structuring techniques. Here social networking sites and other web-based portals can play a pioneering role as they facilitate discussions and quick exchange of information between peers who are geographically separated and where day to day commitments may prevent them from meeting face to face. In this way awareness which is a prerequisite can be enhanced for important health issues plaguing the world.⁵ The curriculum changes also need to be made to accommodate the orientation programmes of the students to community health services. Innovations



in alternative methods of healthcare delivery should be encouraged and prioritized. The *Student Physicians for Human Rights*, and the *Student Physicians for Social Responsibilities* are two frontline organizations that have been active to involve medical students throughout the world in leading healthcare activism projects. As Einstein had said that that “*In the middle of difficulty lies opportunity*” so should we strive to build up consensus even in the midst of all the potential obstacles and this will spur on a new change in the system of Healthcare activism in our country at large where medical students will form the backbone of the system by becoming socially conscious and globally aware individuals.

Sincerely,

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References

1. Committee for Development Policy. Implementing the Millennium Development Goals: Health Inequality and the Role of Global Health Partnerships. New York: United Nations Publication; 2009
2. Docs refuse to operate on HIV woman in MP. Deccan Chronicle 2010 Jul 24, available from <http://www.deccanchronicle.com/national/docs-refuse-operate-hiv-woman-mp-207>, accessed on January 21st, 2011.
3. Singh SP, Baxter H, Standen P, Duggan C. Changing the attitudes of ‘tomorrow's doctors’ towards mental illness and psychiatry: a comparison of two teaching methods. *Med Educ* 1998;32(2):115-20.
4. Weisberg SP, Wilkinson EP. The Application of Preventive Medicine to the Control of Violence. *JAMA* 2000;283(9):1198.
5. Eysenbach G. Medicine 2.0: Social Networking, Collaboration, Participation, Apomediation, and Openness. *J Med Internet Res* 2008;10(3):e22