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Honouring social accountability: a moral responsibility of the medical profession

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EDITORIAL

Honouring Social Accountability: A Moral Responsibility of the Medical Profession

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The most recent and most talked about concept today around medical education in Pakistan and the rest of the world is social accountability (SA). Rather it has become a global concern.

Social accountability (SA) is the accountability of any system to its society. In Medical Education, social accountability, has been defined by the WHO in 1995 as schools having "the obligation to direct their education, research and service activities towards addressing the priority health needs of the community, region, and/or nation they have the mandate to serve".[1,2]

Socially Accountable Medical Schools (SAMS) are considered as the new generation of medical schools around the world and described as one that will strive for optimal match of interventions to current and prospective needs and challenges of society. Its mission is described as such that it should strive to ensure that "No mismatch exists between its graduates and the social needs".

Literature describes the most important characteristics of such a socially accountable medical school under three major areas of activities: (i) educating medical students; (ii) researching health and medical problems in relation to societal needs; and (iii) providing health and medical care to the society.[3]

In Pakistan, the situation regarding social accountability of the medical system is quite bleak. A search of the literature revealed that "we have not even started to address the social responsibility of medical institutions".[4] Efforts have been made by the government in hand with the WHO and Ministry of Health towards the introduction of the COME model, as an initial step, to revive medical education at the grass root level. This, unfortunately was not very successful.[5,6]

Credit, however, cannot be taken away from institutions that have still been trying to improve their curricula, with some having taken major steps towards an acknowledged path of SA. They have not only tried to improve their teaching and curricula (introduction of the PBL), but have also taken great measures to ensure that the education is community based throughout the years of clinical practice. However, the time has come where a conscious effort must be made by all to address the vision, mission and policy documents of the medical institutions in line with SA.[4]

Following on to the discussions above, a brief discussion of the few major identified problems in relation to SA follows:

1. Impotent Curricula: Needless to say is that the present curriculum needs to be revamped and updated in both the content and delivery status. The COME project should be re-evaluated and the problems and issues in its implementation should be revisited based upon suggestions being made in the literature.[5] The curriculum of the future physicians of Pakistan will require pedagogical approach that is innovative, collaborative, participatory and responding to the needs of the country, as well as the world.[4]

2. Growth of Medical Colleges: Over the past years, Pakistan has shown a rapid growth in medical colleges.[6] Concerns regarding their education delivery, infrastructure, staffing and especially places for clinical learning is being questioned.[7]

In addition, the commercialization of the medical schools also raises other questions such as the academic capabilities of the students that are being admitted.

Another area that must be addressed here is the mandatory establishment and working of a Medical Education Department in all the established and the burgeoning Medical Colleges. It was observed by the authors that this is a major discrepancy that should be rectified. Here it must be noted that it should also be ensured that these Departments do not just give lip service, rather act in a protagonist manner towards the development of the medical college which should be reflected in its vision and mission.

3. Retention of medical graduates within the country and their placement/return to the rural areas: An acknowledged medical migration to more socially and financial attractive working environments has been noted and declared by many in the literature. In addition, there is also a noted general deficit in the undeserving of rural areas and also a neglect of returning graduating physicians to these areas for similar reasons (inequitable distribution of healthcare).[7,8]

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4. Geopolitical conflicts/financial drainage: Not to be overlooked is the political, religious and social conflicts that have been strife in the past so many years. This has led to a massive economic deterioration leading to a general economic drainage. All these have contributed to the diversion of finances to sectors other than the health, which has suffered tremendously which can even be evidenced by the failure of achievement of the millennium development goals.[9]

Contemplating the solutions: Beginning from the top, the PMDC and Higher Education Commission should, at the national level, ensure through their accreditation process that quality improvements in medical education and their evaluation standards be made. SA should be recognized as a mark of academic excellence and provide and promote relevant evaluations, accreditation standards and mechanisms to ensure its practice. This can be done by appreciating the rank order and standing of medical schools not just on their research/research funding and subjective assessment repute; but rather on their "social mission score".

The Medical Schools should be encouraged to link-up with international bodies such as ASPIRE/AMEE,[3] THEnet[10] and WFME etc. This will serve as a great impetus and source of motivation as well as guidance at every step of the way. Here it must be mentioned that ASPIRE, in this regard, has been coined as the "accrediting body" for "School of Excellence"[3] and that the Aga Khan University Medical College is the first medical college from Pakistan to have enlisted for its initial pilot study in accountability of medical schools around the world.

Secondly, a root cause analysis of the failure of the COME project should be made. Further, medical schools should be enforced to ensure that the students be provided learning opportunities to grasp the complexity of socioeconomic determinants in health. They should also share responsibility for ensuring equitable and quality health services delivery to an entire population within a well-defined geographical area by ensuring an adequate placement of their medical graduates.

The lack of funds and financial commitments will remain the bane and curse for all efforts and labours in all time to come. A study of literature clearly states that with or without government/political support, the medical community in Pakistan has been making positive efforts towards SA.[4] Hence, even if this is not attained, a commitment by the faculty across the board of any medical institution will set the ball rolling. Students must also be made active participants of the change. The involvement of the society, as a major stake holder, is also imperative. This can be achieved with the collaboration of the socially active societies and NGO's

Though the social accountability process may seem a long way off, however, with a proper understanding of our problems and where we are lacking in the process, it may not prove to be a difficult or arduous task. A firm and steady commitment by all stakeholders will certainly yield positive results, for after all, this process is but for us all.

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