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TO THE

SCIENTIFIC MEETING ON MEDICAL EDUCATION OF THE

EGYPTIAN SYNDICATE

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In the name of God, the Compassionate, the Merciful

Dear Colleagues, Ladies and Gentlemen,

It is indeed a pleasure to be here among you today on the occasion of holding this scientific meeting on medical education. I would like from the outset to express my appreciation for your kind invitation and for your choice of this important topic.

I wish to take this opportunity to highlight some of the policies adopted by WHO in medical education in general , with particular reference to the curricula and to the language of instruction. In the process, I will focus on WHO collaborative efforts with Egypt, in this respect.

The main purpose of WHO collaboration with Member States is to develop their health services so as to meet the needs of their communities, in a joint effort to reach the goal of health for all by the year 2000. Such development depends, in the first instance, on making available the appropriate kind of health manpower. This is why WHO, since its inception, has given such a high priority to the proper planning, production and utilization of these health personnel. For this purpose, we collaborate with Member States in formulating health manpower plans within their national health development plans. We believe that we must start by studying the existing health manpower situation within a country and finding out about the type, number and quality of health personnel required for the present and future. I am sure you will agree with me that this is an essential prerequisite for the scientific planning of education and training of health personnel. Furthermore, this is one basic approach for rendering health personnel education relevant to the needs of the country. In this connection,

I would love to see Egypt having a clearly atated health manpower plan. To pursue this further, within countries, WHO is collaborating at present with a number of institutions to develop their curricula in this direction. Medical curricula in particular have continued for decades to be replicas of those in developed countries without due consideration to the realities in our own countries and have tended to produce graduates who are more suited to work in developed countries than in their own. They have encouraged individual rather than team work, attempting in every way possible to keep staff divided into the various departments which have managed to build strong walls around themselves into little empires. The students likewise are kept away in basic sciences and barred from seeing any patients, families or communities for at least three years. They are not prepared for the future or trained to be dependent on themselves but spoonfed throughout the programme with information most of which might even be irrelevant.

With this in mind, it becomes easy to explain why WHO activities have been focused on supporting institutions in their efforts to establish community-oriented education, to train students to work as a health team among themselves and with other categories of health and health-related personnel and to equip students with the ability to learn themselves and continue their learning after graduation. This is why educational approaches like problem-solving have been encouraged.

Ladies and Gentlemen,

It is gratyfing to note that the Eastern Mediterranean Region is renowned for the development of community-oriented medical schools which are now serving as models for other countries. The Faculty of Medicine, University of Gezira in Sudan which is about to graduate the second batch of students and the Faculty of Medicine, Suez Canal University in this country,are examples of community-oriented schools.Other schools are being established along similar lines in Bahrain the College of Medicine and Medical Sciences of the Arab Gulf University has already started with an introductory community orientation course following which the students are now passing through small group, problem-based learning sessions. Othe-

examples include the school of Medicine, Menoufia, Egypt, and (hopefully) the Faculty of Medicine and Health Sciences in Yemen Arab Republic.

Ladies and Gentlemen,

Though it may be easy to start these innovative programmes with the start of new schools it remains to be quite a challenge to restructure the curricula of already established medical schools. An encouraging sign following a good deal of effort in teacher training is the establishment of education development centres or departments or units of medical education within some of these schools.

WHO is giving special emphasis to training of university staff in educational sciences. I am glad to inform you that there is increasing awareness of the need to equip all medical teachers with some skills on how to communicate well with students especially in teaching/learning sessions, on how to plan and prepare effective learning sessions and learning materials and how to design and implement the most suitable and reliable tools for the assessment of their students and for the evaluation of their educational programmes. In some of the established institutions serious attempts are being made to either restructure or improve curricula.

Dear Colleagues,

I am pleased to inform you that in Egypt in the last 15 years WHO has collaborated in training four hundred teachers in education through courses and workshops through fellowships. Of these four were for a master or diploma in medical (or health personnel) education. The intention was that these staff would form a critical mass within their institutions and train their colleagues locally in education. But let me be frank with you and say that, with the exception of very few incidents, nothing has been done in this direction. Your association may wish to consider this problem and consider ways and means to facilitate at least some improvements in the scene of medical education in this country.

Let me now take up with you another important issue, namely, the language of

instruction. For many years we have been using English and as experienced teachers you must have realised the difficulties and drawbacks involved. The increasing weakness of English in pre-university education, the tremendous costs involved in teaching English, the resulting expanding gap and difficulty of communication between the graduates and their immediate communities and the irrelevant teaching and learning materials are but a few examples of these drawbacks.

The democracy of knowledge and the participation of all classes of the community in teaching and learning is a great social phenomenon in the history of the development of sciences, which could have never materialized without the use of the native language as a vehicle for communication.

The democracy of learning is, thus, an inevitable by-product of the adoption of native languages. In fact, the insistence of the academics to use a special jargon inaccessible to others, is but a psychological reflection of their feeling of superiority and their attempt to emphasize their distinction with regard to other groups, which mirrors a snobbish and arrogant attitude towards the communities to which they belong.

Today, we advocate, all over the world, the importance of achieving "Health for All by the Year 2000", based on Primary Health Care - an objective which can only be attained through full community involvement. The question to be posed is : How can we provide the community with health and medical education? Obviously, academics will have to wait a long time before the majority of their illiterate fellow citizens understand and respond to whatever they preach... if they will address them in a language totally unintelligible to them.

To the academics, knowledge will remain only a luxury and a private source of gratification, if not oriented towards the service of the people at large.

Admittedly, getting the people to adhere to healthy practices can not be attained by merely frightening them from the curse of disease. Indeed, no disease control campaign can ever succeed without the participation and enthusiasm of those whom we are struggling to save from disease and backwardness.

It must be noted, however, that the issue in question is far from being

a fantasy that cannot stand the test of application. Rather, it did prove successful in the past and still proves so at present.

Egypt was a pioneer in this field - as teaching started in 1827 when Mohamed Ali established the first school for modern medicine in Abu Za'abal, then in Kasr El Eini. The language used for instruction, was,"of course", Arabic. The phrase "of course" is intentionally used to indicate that it is the normal practice that each group should be instructed in its native tongue. This, actually, takes place everywhere except in Arab countries. The first one to embark upon perfecting his Arabic, then to teach in it, was the French physician and scientist Clot Bey who sponsored in Egypt medical education in Arabic which lasted around seventy years.

The books taught, then, are still available and have proved extremely useful to those who carried out the task of coining and developing medical terms in the Faculty of Medicine, University of Damascus. They also proved valuable in preparing medical dictionaries - the last of which is the Unified Medical Dictionary which WHO had the honour of publishing its last edition. In fact, all these books demonstrate a high scientific standard of education, which was in no way less than its counterpart in any of the countries of the West, at that time.

I am sure that you are well aware of the unfortunate circumstances which, inter alia, led to the change of the medium of medical instruction from Arabic into English, as a result and a concomitant of the foreign occupation which set out to undermine the creativity of our people.

It is worth noting that Arabic has been used as a medium for medical instruction in Syria, since 1919, and that graduates of Syrian faculties medicine have proved more competent than those of the American University in Beirut in passing the admittance examination for specialization and practice in American universities - which proves that using Arabic in medical educaiton does not in any way entail impairing the foreign language competence of learners.

Perhaps, one of the obvious obstacles to the Arabicization of medical education is the unavailability of a sufficient number of Arabic references, or

of medical journals of high standard that keep abreast of scientific development, as well as the insufficient number of medical terms.

In fact, the World Health Organization, has set out to streamline these obstacles, and is still pursuing this objective, in order to help Member States take the progressive step towards using the native language as a medium of instruction. Hence, it published the Unified Medical Dictionary and is still sponsoring and expanding it with a view to increasing the number of its terms to 65 000. It has also established a special programme for issuing the greatest possible number of medical references, whether written in or translated into Arabic, and intends, in addition, to issue in collaboration with the greatest international medical journals, a medical journal to acquaint the Arab physician with the latest developments in the field of medicine. Over and above, the Organization is ready to support any faculty of medicine that wishes to use the native language as a medium of instruction, by providing all the possible help that enables the teaching staff to perform this task.

Evidently, WHO, being an international organization, does not set out to sponsor such activities through a narrow national perspective. Rather, it aims at widening the scope of medical education in the native languages and getting the greatest possible number of citizens to participate in primary health care.

I have attempted, in this paper, to draw attention to the importance of this subject and to highlight the various efforts exerted by WHO, in this respect. I hope that native physicians will respond in a positive way, so as to surmount all the obstacles involved, whether real or imaginary and to support the serious efforts which aim at achieving Health for All by the Year 2000.

Let me wish you all a successful conference and constructive fruitful deliberations. I also hope that you will be able to get over all the

difficulties and obstacles that you may encounter.

" And whosoever putteth his trust in God, He will suffice him. Lo! God bringeth His command to pass. God hath set a measure for all things. "