

Further reports on medical education

Teaching of the clinical, epidemiological, public health, and social aspects of the venereal diseases in medical schools throughout the world

Interim report of the continuing cooperative study between WHO and the IUVDT

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This is a progress report on the cooperative project between the IUVDT and the WHO. I propose to summarize work already done and to report on my activities as consultant to the Education and Training Division and the Venereal Disease and Treponematoses section of WHO in November, 1968.

Origin and background of the Study on the Teaching of Venereal Disease Control in Medical Schools throughout the World

This study was a result of discussions between WHO and the IUVDT for which I have been responsible as a senior officer of the Union. In July, 1964, a questionnaire was formulated in Geneva as a joint effort of the WHO Education and Training programme and the Venereal Diseases and Treponematoses programme. Later, in 1964, the study was carried out by the IUVDT with technical collaboration and a grant supplied by WHO. The results were presented at the General Assembly of the IUVDT at Lisbon in April, 1965, and the General Assembly adopted the following resolutions:

'Considering the significant recrudescence of venereal infections reported throughout the world in recent years, and the outcome of worldwide studies of medical education and training in venereology and VD control, and the need for intensified activities in many countries in this field, the Assembly recommends:

- (1) That this study be continued by the union in co-operation with WHO with a view to further evaluation;
- (2) That consultant discussions be undertaken with medical schools in developed and developing countries in different regions with a view to improvement;
- (3) That a report of further developments in these regards be presented to the next General Assembly of the Union'.

This resolution, together with a copy of the report, was mailed to each of the more than 700 medical schools (International Directory of Medical Schools, WHO, Geneva, 1961) to which the original questionnaire had been sent and to the Regional Office of WHO as a technical document of WHO.

At that time (May, 1965) the Chief of the VDT programme of WHO made the following proposal to the Director of the ET Division:

'That, when this report is being transmitted to the Regional Offices, they should be encouraged to put aside funds for one or two consultant months during each of five subsequent years so that consultant discussions can be undertaken directly with some of the representative medical schools in each region. If such money, or part, could be obtained through HQ funds, so much the better.'

(WHO/VDT/330.65), (WHO Educ/135.65).

Favourable replies recommending adoption of this recommendation were received from each of the Regional Offices of WHO.

At the General Assembly of the IUVDT in Munich in August, 1967, the following resolution was approved:

'It was resolved that, in consideration of the world-wide increase in venereal diseases and the evidence that medical education, undergraduate and post-graduate, in respect of these diseases, was inadequate in many countries, an *ad hoc* committee of the International Union against the Venereal Diseases and Treponematoses should be appointed to seek continuing co-operation with the World Health Organization with a view to promoting and improving the teaching of venereology in its medical, social, and public health aspects, throughout the world.'

It would appear that there exists considerable interest at all levels in developing further activities

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in the promotion of the teaching of venereal diseases to undergraduates in Medical Schools throughout the world. This interest exists at WHO headquarters, its regional offices, the Pan-American Health Organization, and in a number of countries. A voluntary organization like the IUVDT could play an important part in promoting such teaching.

Suggested plan of action

The views expressed above would seem to be further strengthened by the advisory group report on 'An Evaluation of a WHO Program for Education and Training (1948-1966)' (PE/68.1) which stated that:

'Education and training of health personnel are steps toward a goal rather than final goals in themselves; the ultimate object is the health of the community, which means that education and training are only a means to achieve this objective. Thus, the kinds of education and training that are required and the types of personnel involved are determined by the nature and needs of each national health programme'.

Surely this expresses the present situation in regard to venereal disease control education. The clinical, public health, and social aspects of these diseases have undergone radical changes in the past two decades. Teaching methods have not kept abreast of the situation.

It is recommended:

That a joint WHO-IUVDT communication be sent to all international, national, and regional associations of medical schools and to the Regional Offices of WHO for the attention of both ET and VDT.

This document should contain the following information:

- (a) A brief statement of the importance of VD among the contagious diseases and the changing social patterns which call for newer educational approaches. The fact that the treatment of these diseases has passed or is passing from the specialist to the general practitioner demands changing methods of physician training.
- (b) A summary of the WHO-IUVDT report on the teaching of venereology in medical schools throughout the world.
- (c) A suggested consideration of using the teaching of VD as an example in the broad field of contagious diseases, epidemiology, and public health.

It would seem important to present this problem to the medical schools throughout the world through (a) the Dean, (b) the Professor of Public Health or Preventive Medicine, and (c) the particular discipline responsible for the teaching of the clinical management of the venereal diseases—whether it be contagious diseases, dermatology, gynaecology, pediatrics or any other speciality.

The problem could be presented to the medical schools in a variety of ways:

(a) Through consultant visits systematically presenting the problem to individual schools in an area. The prevailing opinion of the various regions of WHO seemed to favour this idea, if funds were available. The African Regional Office seemed most enthusiastic.

I believe that this approach of consultant visits is the ideal one and the one likely to bring the quickest results.

(b) In addition to this, the problem should be presented at any available meetings in the areas concerned.

(c) The problem should be stated in existing journals or bulletins of the associations of medical colleges.

In the communication sent out to the associations of medical colleges and regional offices of WHO it is suggested that a direct question such as the following be asked:

Would your country be interested in such a project with such support as can be obtained from national or international organizations?

After my return to the United States, I had several conferences with Dr. Abraham Horwitz at the Pan-American Health Organization and presented the problem to him with special reference to a method of approach in the Latin American countries. Dr. Horwitz has been receptive to the idea of trying out, as a pilot project in venereal disease education, the idea of consultation visits to the medical schools in one of the Latin American countries, combining the consultative approach with that of working through the Association of Medical Schools. This plan has been formulated and it is hoped in the early autumn of 1969 to send one or more consultants to one of the Latin American countries. The approach will be made through the Association of Medical Schools. Following this the consultant plans to visit the various medical schools in the country and make contacts not only with the Dean but with the particular discipline concerned in the teaching of the venereal diseases. The Pan-American Health Organization has asked that at the same time an evaluation of the venereal disease programme in the country concerned be made. The problem of self-treatment is apparently a great one in many of these countries.

The leaders of the Pan-American Health Organization have pointed out the need for some type of guiding manual for these countries. It was agreed that this manual should have three aspects: (1) clinical, (2) epidemiological, and (3) social. Plans are under way for the preparation of such a manual.

In addition, requests have been received by the Pan-American Health Organization from two Latin American countries for assistance in planning their venereal disease control programme.

A recent WHO report on 'Social Responsibilities of Doctors and their Implications in the Training of Students' (WHO/EDUC/68.138) defines responsibility applicable to the problem of the teaching of venereal disease in several sections.

'The health of the patient, the prevention of illnesses, and their rapid cure, are not merely individual but are also social objectives.

'Prophylactic measures against infections in the family is a very old example. The doctor has responsibilities to the entire community.

'At present, the doctor's social responsibility has an international dimension, since the state of the health of the individual, or of communities, has repercussions outside the country. The speed of modern travel and the ease with which disease may be spread from country to country accentuates this.

'It is clear that all doctors have social responsibilities but that their nature and extent will vary with the branch of the profession and with the environment in which the doctor practises. All doctors should be trained, therefore, to accept and discharge them. This training should be incorporated at all stages and in all relevant subjects in the curriculum, to an extent appropriate to the circumstances in which it is expected that the graduate will practise.

'Social medicine is probably more suitable than any other subject in the medical curriculum for demonstrating the scope and importance of social responsibility in many

different kinds of situation which may arise. The content of the subject may vary somewhat from one medical school to another and so also may the name of the department in which it is taught, but whether it be social medicine, preventive medicine, public health, community medicine, or various combinations of these, the course usually includes an account of the health services with a survey of the factors that may affect health adversely and of the means by which these effects may be presented.

'The information so conveyed should be fortified by bringing the student into actual contact with these types of work, including the discussion of cases in the wards, preferably jointly with the clinician in charge of the case and a social worker'.

Because of its relative importance in the overall scheme, it is hoped that WHO will undertake to emphasize, through its Division of ET and the VDT unit, the idea of setting up consultation time to promote the teaching of venereology through its Regional Offices, not as a separate entity, but as a part of the public health, epidemiological, clinical, and social control of a contagious disease. The establishment of a pilot project under the auspices of PAHO would appear to be an excellent starting point from which to initiate this programme.

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