



LETTER TO THE EDITOR

Ensuring delivery of medical education in conflict-affected nations

Çatışmalardan etkilenen ülkelerde tıp eğitimi verilmesinin sağlanması

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To the Editor,

Medical education refers to the process wherein freshly passed school/college students are transformed into competent healthcare professionals after being subjected to a structured training program, including exposure to patients in different settings¹. This training process plays an important role in maintaining the doctor-population ratio and thus continues to maintain an adequate pool of doctors in the community¹. This will directly aid in strengthening the health care delivery services and improving the health indices of the members of the general population. Thus, it becomes extremely crucial to ensure that the process of medical education and training continues in every nation regardless of other emerging problems or circumstances¹.

Humanitarian emergencies or conflicts have become a part of the current society, with many nations experiencing one or another form of conflict in their settings². In-fact, it has been projected that close to 50% of the global poorest people will be living in nations that are impacted by conflicts and violence by the year 2030². These conflicts tend to have a significant impact on healthcare, education, job opportunities, delivery of welfare measures, etc. The adverse consequences on health can be attributed to diminished access to healthcare establishments, population displacement, damage to the facilities through bombings, shortage of logistics & supplies, reduction in the number of health care professionals, seizing healthcare facilities by one of the conflicting parties, and using it for their personal interests¹⁻³.

The emergence or continuation of a conflict is expected to interrupt the ongoing civic activity, and similar to activities in other sectors, is expected to result in the delay, decline, or complete interruption of the training activities and delivery of medical education in the medical institutions^{1,4}. Such kind of conflicts-related interruption or delay accounts for a double blow, namely a reduction in the number of available medical doctors who understand the local language & are sensitive to the local culture and behaviors, and a financial loss for the government or the private sector, which has invested loads of money in the raining process, but the final outcome (competent medical graduate) has not been delivered^{1,3,4}. Further, as most medical teachers are also compelled to work in hospital settings, the very process of teaching medical students in academics gets jeopardized^{3,4}.

In general, such demanding situations are managed by ensuring the availability of medical personnel who are sent by international welfare agencies. However, their numbers remain insufficient, often arrive with a delay, are difficult to maintain for longer periods of time, and are not aware of the local cultural behaviors, and thus their role remains limited^{1,4}. In-fact, many reports have featured highlighting the negative impact of ongoing conflict on the delivery of medical education and jeopardizing the entire system as a whole. All the above factors and existing realities call for the need to ensure that the process of medical education has to continue even during the conflicts and this essentially will require understanding and mutual agreement between the conflicting stakeholders^{1,3,4}.

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As already emphasized, it is necessary to continue the training process during the conflicts, but considering the very fact that the expectations from the passed out medical doctors or needs of the patient living in conflict settings would be quite different (when compared with normal settings), it is important to train the medical students in these domains⁵. There is a definite need to train medical students in conflict-related emergencies via a curriculum that addresses these aspects during the training period itself. In most of the nations' experiencing conflicts, the regulatory bodies expect that a medical graduate should be competent in terms of arriving at a diagnosis and planning proper management^{3,5}.

It will not be wrong to document that more often than not, students are not given much hands-on experience with the real patients during their training period and they are often dependent on laboratory results to arrive at the diagnosis⁵. However, in conflict-affected regions, this all has to change, as we cannot guarantee the availability of laboratory tests, and we have to be more confident in our decision-making³. The curriculum targeting conflicts should provide an adequate number of learning opportunities for the students to understand the epidemiology of illnesses that are linked to conflicts, perform basic surgical procedures (viz. suturing, placing an intravenous line, etc.), and administer first aid to trauma victims to save their life till full-fledged healthcare is provided^{5,6}. In addition, students should be sensitized about the healthcare delivery system and existing health policies, made to work in simulation drills, trained to acknowledge and appreciate the social and ethical concerns of the general population, and overall documentation^{5,6}.

To conclude, conflicts have become a part of the current era with millions of people experiencing

them. As these conflicts tend to influence each and every sector, even the area of medical education has been significantly affected. However, as most of the affected nations cannot afford the shortage of healthcare providers, there is an indispensable need to continue the training process even during conflicts and expose the medical students to conflict-related curriculum.

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