Public Health for Undergraduates

The medical student must acquire some knowledge of the manner in which environment, living habits, and social forces affect people both favourably and unfavourably. This cannot be taught in a hospital setting, where patients are too readily seen as cases and not as people. Yet until the young doctor can appreciate the importance of such factors he cannot come to grips with many of his patients' problems. Thus the teaching of public health has had to change in recent years as much as that of any other branch of medicine. To-day the teaching of environmental hygiene and sanitation is minimal, and the emphasis has shifted to include the development of the social services in relation to medicine, social determinants of behaviour, the social causes and consequences of physical and psychological illness, and similar concepts. For the realization of such ideas the student must spend some time studying health and ill-health in the community. Some public-health courses provide facilities for students to be attached to general practitioners or to families with a socio-medical problem, then to enlarge on their experience by seminar discussions and case conferences. Attachment to a general practitioner is not in itself sufficient; the student must have an opportunity to see and learn about the activities of the local health and welfare services and how to use them. He should have an opportunity to meet and discuss these services with a medical officer of health and some of the health department staff. All this will make further demands on the student's time, but if he is to practise medicine in its present form, and, more important, if he is to continue as the leader of the medical-care team, the time must be found. A closer integration of the general practitioner and local health authority services is gradually emerging. But it would be achieved more expeditiously and probably more sensibly if young doctors on qualification had a good working knowledge of these services for the prevention of disease and care of the patient in the home.

In a recent paper M. D. Warren states, "Epidemiology must be taught as a basic scientific discipline of preventive and social medicine," for epidemiological methods can help in the diagnosis and prevention of all disease, not only infectious disease. Preventive medicine includes the control of environmental and industrial hazards, immunization and the presymptomatic screening of population groups, together with the aftercare, rehabilitation, and resettlement of patients. To present the modern concept of public health in the medical student's training, Warren estimates, would need about 200 hours of teaching time, which is much more than is allowed at present. Nevertheless, as these socio-medical, epidemiological, and preventive aspects of medicine are steadily gaining in importance, more teaching time should be found for them, and no doubt the General Medical Council's Committee on the Medical Curriculum will be giving careful consideration to this matter. Medical training as it exists at present turns out men and women principally concerned with the diagnosis and treatment of disease, and with clinical research. It is true that the College of General Practitioners has encouraged research in epidemiology, in the wider sense of this term. It is true, also, that one of the recurrent themes among those concerned with the future of general practice is the need for a greater participation of the general practitioner in public health work, especially in health centres. But more needs to be done, and it may not be exaggerated to suggest that all medical training should be conducted in the framework of preventive and social medicine if the full potentialities of the practice of medicine are to be realized.