

# The Need for Competent Physicians in Developing Countries; Quality Prior to Quantity?

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Dear Editor,

We read with a great interest the recent article published in your journal in which Al About addressed some issues regarding the medical education system in Saudi Arabia [1]. He stated that the current system of medical students' education is in a decreasing quality trend and there are serious problems in clinical education of medical students. Leaving medical students without assigning a supervisor, crowding of medical students in little clinics, lack of basic theoretical information and lack of appropriate training like infection control guidelines and safety measures were the major difficulties in the medicine clerkship and internship of Saudi Arabian medical students according to his view point.

We completely agree that this difficulty exists. These issues are present not only in Saudi Arabia, but also in other developing countries of Middle East and other parts of the world. In fact, the increasing need for competent physicians in these countries has forced the governments to constitute new medical schools in order to develop their health situations. The same story occurs in our country, Iran, as well. Before the Islamic Revolution in 1979 and for few years after that, Iran's government hired hundreds of foreign physicians (mostly from India) to mitigate the deficit in the number of native physicians. However, nowadays, with establishment of more than 50 medical schools in Iran during the last 34 years and more than 38000 physicians, the country's need for foreign-trained physicians appears to have been resolved.

When the need of a country to have a large number of physicians is taken into consideration, some difficulties in education systems seem to be natural. However, the continuous effort towards enhancing the quality of education must always be kept in mind. When we mention clinical education, it is necessary to clarify the goals of the education. Learning essential skills such as appropriate history taking and physical examination are mandatory for each student. "Blessed is the physician who takes a good history, looks keenly at his patient and thinks a

bit." –Walter C. Alvarez (1884–1978). These skills must be learned through "real" patient-doctor rapport.

In a study conducted in Kuwait, Marwan, et al. reported that patients usually were not eager to allow students to participate in their treatment process [2]. According to our experience, when the patient feels that the student is the only one who is responsible for her medical management at that particular time (e.g. late night in emergency department) he or she will trust the student giving the best opportunity for the student to apply his or her theoretical knowledge. Moreover, if this student can follow the patient until the final outcome, this is shown to have further benefits for the student aside from just skills improvement [3].

In conclusion, current problems and deficits in the education of medical students must be evaluated with the situation and missions of developing countries regarding the need for adequate number of physicians. The certain answer to the question about the priority of quality or quantity of training new physicians is highly relevant to each particular society.

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