

Editorial

Community Medicine and health care

Man's fight against diseases continues from immemorial. So it is true to say that medicine was born out of necessity and compassion. In ancient times, medicine was dominated by magic, witchcraft, rituals and false belief and was closely intertwined with the custom and culture of the individual community. With the progress of science - through trial and errors, discoveries and inventions and with all the cumulative experience of past, modern medicine has become very complex, highly specialized and expensive. As a result, a huge disparity in the state of health between the developed and developing countries was created. Then all the countries of the world under the banner of WHO were committed to wipe out the disparity and ensure the health for all by the year 2000. The goal of modern medicine is not only the treatment, more importantly prevention of disease, promotion of health and improvement of quality of life. In the present context, community medicine is a comprehensive health care for the people and it focuses on the health need of the community. Current policy of combining the community medicine with primary care aims to change the health status of the community by intervention at individual and community level.

The medical science is progressing with the advancement of educational science and technology. Global changes are happening in medical education in accordance and conformity of these advancements and changes. With the application of these knowledge and skill of medical science, future doctors should satisfy their patients with the changing needs of the community.

The medicine, the art of restoring and preserving health, has progressed through the ages from the primitive charm medicine of prehistoric time to the high technology medicine of the present time which has opened up new avenues for specialized medical care. Specialization has no doubt raised the standard of

medical care, but at the same time it has become highly personalized and institutionalized and the cost of medical care services has increased many folds. This phenomenon has made modern medical services beyond the reach of average people. A large number of world population do not receive proper medical care. In order to narrow the health gap, social control of medicine evolved. But mere socialization does not serve the purpose, and then involvement of community became important to assume responsibility for their own health and well-being. With increasing public expectations about their health care services, the quality of medical care itself is under scrutiny all over the world. Therefore, a positive change is needed in the role of doctors. The role of teachers and students in teaching-learning with positive changes in medical education, its strategy and process are also needed to be reviewed and developed. Early exposure of the learners to community medicine not only helps learners to make them aware of the importance of the course of study, but also enables them to become motivated towards self-learning. Placement in the community surrounding of the country gives ample opportunities to learners to be accustomed to the reality that exists in the community, enables students to explore and gain a deeper understanding of population health through experience in community health, with a direct emphasis of its application to clinical medicine. Students are provided learning opportunities to enable them to integrate knowledge of the social determinants of health with their patient assessment and management. In addition, they learn how to critically evaluate the way a health system balances differing priorities when providing health care for a population.

Students will get the opportunity to develop clinical skills and skills in teamwork, ethical practice and reflective practice within the context of community health care. They learn how to investigate and evaluate population

health interventions and their application within clinical practice. This will prevent them from the reality shock, on being posted to the real-life situation after graduation.

With competencies required to cater the health need of our people, it is gratifying to note that all concerned in the promotion of medical education in the country have involved themselves in the planning and formulation of need-based education programme and included subjects like behavioral science communication skill, community medicine/primary care medicine with required emphasis in this document.

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