

To the Editors:

Responses from Saroj Jayasinghe

Ceylon Medical Journal, 2000; 45: 41

I am glad that a light-hearted fictional dream on trypanosomiasis (T) had the profound effect of stimulating a discussion on curriculum planning. Having awakened from yet another "illogical" dream (have dreams got to be logical?), I write the following replies to the comments made.

1. I have not stated nor implied that students should learn only about diseases that are common in a given country (Prof SG, N de S et al). It is merely one of the factors to be considered by curriculum planners. Other factors include, aspects relevant to care (eg. communication skills, attitudinal development), problem-solving skills, certain rare yet serious diseases (eg. poliomyelitis), etc.
2. I agree that certain diseases which cause a large global burden of diseases should be learnt by medical students (N de S). However, I do not agree that this is in order to "enable students to become good doctors by national and international standards". What are these "international standards"? Are they from East Timor, Madagascar, China or Japan? Who has defined "international standards"?
3. Once we decide that students ought to learn certain globally relevant diseases, we need to avoid two outcomes. Firstly, students get carried away and over-emphasise these "fringe" areas, as exemplified by the experience of Prof ASD, who was overwhelmed by an overdose of T during a student seminar. Secondly, with more than 100 teachers bombarding the students with small doses of their pet topics during the 5 year course, the cumulative effect can be substantial and

lead to the "hypertrophy of the curriculum" (1), a fact conveniently forgotten by many logical professors! This bias by students (and teachers) toward biological details is ironic because the former appear to be ignorant about locally relevant general knowledge (see letter: "General knowledge of medical students," in this issue).

4. Having said that about medical students, I have no hesitation in agreeing that topics such as T should be learnt by parasitologists, medical laboratory technologists and physicians. The question I attempted to raise was "Should generations of medical students be made to learn about T in such detail?" or to sound more profound: "How do we prioritise what students ought to learn?" Having read the comments and the accompanying letter on "General knowledge" readers may wish to pose the question more sarcastically as, "Should medical students be able to recognise the trypanastigote or the Director General of Health Services?"

PS

I agree with Prof ASD's statement that positive identification was made by several local experts before the parasite was confirmed (and serotyped) abroad. Unfortunately the media highlighted only the latter.

Reference

1. Sinclair DC. Basic medical education. London: Oxford University Press; 1972: 3-19.

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