

Manipal Academy of Higher Education

Twenty Fifth Convocation

Saturday 19 May 2018

Convocation Address: Professor David Gordon

Vice-Chancellor, Pro Chancellor, Deans, ladies and gentlemen, graduats, friends and colleagues: it is a great pleasure to be here and to be invited to address you, on this most auspicious day.

There are few days that are more important and significant in the life of a university than the day where new graduates accept their degrees and become full members of the academic community. This is a degree ceremony where not only are degrees conferred, but also, the brightest and best of a young generation take the next step to becoming practising medical doctors. And, although we must be careful not to say that medicine is the most important subject, in any university where students study all the major subjects, medicine is undoubtedly the subject that has the most prominence in the public mind, and rightly so.

Why is it important not to say that medicine is the most important subject, or that “medicine is different”? That was said to me, nearly twenty years ago, when I was about to become the Dean of the Medical Faculty in Manchester. “Do not say that medicine is different”. The person who advised me in those words was the Academic Registrar, a wise man, and what he meant was that in the academic world generally, medicine as a discipline is undoubtedly very important, but it must accept its place in the community of academic subjects, maybe as a *primus inter pares*, but not as the only thing that matters.

I was careful to follow the Academic Registrar’s advice. During my time in Manchester, two of the most significant events were the rescue of the department of philosophy from the academic doldrums, and the provision of fine new facilities for the School of Music. The Faculty of Medicine supported both. In the latter decision, on music, the decisive votes were from me and from the leader of the School of Biological Science. You will already have guessed that the philosophers and the musicians were strong supporters of the medical school when it, in its turn, was in difficulty.

There are two lessons here. First, of course medicine is important but it is not the only important thing in life or in the university. Second, never ignore the advice of academic administrators! They are very able and knowledgeable people, and they often know best.

During those years in Manchester, I had the pleasure of presiding, every year, over the degree ceremony when new medical graduates were admitted to their degrees, and thus to the profession of medicine. Every time, I had the awareness of a phenomenon that all of us who have had the privilege of teaching medical students have felt, and I will use the words of Clint Eastwood to describe this as “The good, the bad, and the ugly”. What do I mean?

Every medical school teacher knows that the top five or ten percent of students are fine – these are the “good”, and they will do very well. What we mean by “doing well” I will return to, but I think you already know what I mean. We also know the “bad”, the five or ten per cent of students who have struggled academically and who are now, I hope, over that last hurdle and have managed to convince the examiners that it is safe and right for them to graduate. What I say to that group is “well done – you passed” and I also say “carry on”. What little evidence we have shows that medical graduates who only just “make it” in their examinations do well in their careers and serve their patients and their community well and honourably. “Bad” is not “bad” for a whole career.

What about that “top five or ten percent of students” and in what way do they do well? I do not mean that they all become distinguished Professors of Medicine, or make fortunes in private practice. They often work inconspicuously, as almost all of their colleagues do, serving their patients and the society in which they work.

I referred to the “good, the bad, and the ugly” and what do I mean by “ugly”? When I was the Dean, we were conscious of a small proportion of students who, while typically of acceptable academic ability, had features that might make them unsuitable to be doctors. They might have shown tendencies verging on the psychopathic: a failure to understand the feelings of others and to comprehend the morals and norms of society. There were examples of dishonesty. Some simply had little feeling or empathy for their patients or their colleagues. These were the “ugly”.

I am not talking about the normal, slightly wild behaviour, of youth. Shakespeare talks about

“I would there were no age between sixteen and three-and-twenty, or that youth would sleep out the rest; for there is nothing in the between but getting wenches with child, wronging the ancientry, stealing, fighting”.

That is all normal, as are minor episodes of teenage folly, drunkenness, high spirits and so on. What matters is what might be relevant to the ability, when a mature adult, to be a good doctor. Therefore, to understand and deal with this group – the “ugly” - we set up (thanks to the excellent ideas of the Faculty Secretary at the time) a “fitness to practice” committee. There are three features of that committee that are of interest.

- First, we looked at students of all the professions – nursing, dentistry and pharmacy – and not just medicine. The issues in all those professions were much the same.
- Second, it needed careful judgement of what really mattered and what was a bad sign for the future – we allowed a student through who was guilty of credit card fraud, because of the circumstances around what she did (and we thought she had learned the lesson and would never do it again), but we dismissed another who had just made up some observations on an intensive care unit chart. You cannot be allowed to write fiction in the patient record.
- Third, in every case, both the student and his or her teachers understood the reasons for any decision to exclude the student, and accepted them.

When we look at the future for today’s medical graduates, what can we learn from history? I would like to tell you about a study, about 150 years ago, made by James Paget, of whom you know because he described Paget’s disease of bone. Paget worked at St Bartholomew’s Hospital in London, and he examined the careers of one thousand of his students, looking to see what happened to them in the first 15 years after completion of their medical qualification. It is said that he was inspired to make this study by hearing of a colleague who, on the first day of the medical course, looked at the students in the lecture theatre and said: “God help you all! What will become of you?”

Of Paget’s thousand students:

- 23 achieved “distinguished success”
- Nearly 600 had considerable or fair success
- About 125 managed only “limited success”
- Nearly 150 “failed entirely” or left the profession
- Sadly, 130 died as students or soon after qualification

That is, more than one quarter failed as doctors, or died. The same question, asked today – “What will become of you [all]?” – would have a much happier answer. I know of no country in the world where there is thirteen percent mortality in medical students and young doctors.

(However, the situation on death of young doctors is far from perfect. At the World Federation for Medical Education we support the campaign of the International Committee of the Red Cross on “Health Care in Danger”, which highlights the way in which doctors, medical students and other health care workers are targeted and die in some war zones, such as in the Yemen, completely against the Geneva Conventions and the laws of war.)

To return to the subject of your future, I am sure we can expect that most of you will have “distinguished, considerable or at least fair” success, to use James Paget’s terminology. You are fortunate to be living in an era where the world is getting less poor, and more healthy. Economic prosperity is linked with good health and your country, India, is relatively prosperous. Two years ago, the World Health Organization and the International Labour Organization published a joint report arguing that governments should put money into health care because it would make their economies grow: my own belief is that the lines of cause and effect may be the other way: make the economy strong and the people will be healthier. While saying that, we should remember that a very few rich countries have poor standards of public health, the United States of America being the prominent example, and we should ask what has gone wrong there and why.

I mentioned the World Federation for Medical Education (WFME), and I should explain what it is, and how I came to join it. WFME was founded jointly by the World Health Organization and the World Medical Association, with the objective of improving the quality of medical education, world-wide. The Executive Council that guides its work is genuinely world-wide in its representation, and our programmes also extend to every region. The three main areas of work in recent years have been in the development and promulgation of standards for medical education; in maintenance and development (jointly with our American colleagues in FAIMER) of the *World Directory of Medical Schools*; and in accreditation of medical education and the evaluation and recognition of accreditation.

Of those three programmes, the one that takes more of our effort than the others is in accreditation. To quote the definition we have on our website, accreditation is “to verify that medical schools are competent in the delivery of medical education, and that medical education programmes are suitable. This is to ensure that medical schools are educating doctors fit to serve the needs of the population where they function.” There is no point in running a medical school if you do not verify that it is competent and delivering a suitable programme of medical education.

In this address I have already referred many times to ethical or moral issues around the study and practice of medicine, rather than directly talking about the science and art of medicine itself. That is deliberate: there are plenty of fine doctors and medical scientists, and experts in the social science of education as it is applied to medicine, but there may not be enough attention paid to the development and assessment of quality in medical education.

As you can tell, I was naturally attracted to an organisation such as WFME, concerned with ethical, moral and quality issues in medical education. So I was attracted to WFME, but why did being the Dean of medicine at the University of Manchester lose its allure?

The answer is that we must all hope to work in an organisation that has values we respect, and after I had spent some years in Manchester, a new Vice-Chancellor was appointed whose principles were not my own. He valued research disproportionately over education, the income of the university became more important than its values, and academic autonomy was devalued. He and I did not agree, and so I left to join WFME but to his credit, he supported and partially financed my move. Sadly, he died soon after, and his successor has restored the values that I respect in a university.

My emphasis on “values” throughout this address is deliberate. New graduates in medicine – and indeed new PhD graduates – are embarking on a career where factual knowledge, practical skill and the arts of communication with patients and colleagues are essential. These are not enough. Medical practice also requires the highest standards in ethics, judgement, moral purpose and respect for the law. The welfare of your patients must always come first. There can be no corruption, no dishonesty and no bribery. Bad practice must be rooted out.

The organisation and management of medical practice and medical education in any jurisdiction must also follow those high standards. Organisation and management of medicine is the politics of medicine, and although politics in general may be a murky process, the politics of medicine should strive to be above reproach. We cannot trust any regulatory body or professional organisation in medicine that can be bribed: the welfare of patients will suffer.

That is a gloomy message, but it would be wrong to finish on a low note on such a positive day. To have a medical qualification is one of the greatest gifts possible. You will have careers that will sometimes cure, usually help, and always comfort your patients. You will have the chance to study and

work almost anywhere in the world, and if you do go abroad, do not forget your *alma mater*, remember that your main duty is at home, and return when the time is right. Bring back the skills, knowledge and values of the finest medical centres in the world.

You have the opportunity of the most varied and interesting of all careers. Take all your chances, and I hope that your career in medicine will be as kind to you as my career has been to me.