CHAPTER -5
CHAPTER - 5

SUMMARY AND CONCLUSION

CHAPTER - 1

1.1 THE PROBLEM OF RESEARCH

A major part of socialization occurs at a relatively younger age in the family and that the patterns crystallized in the early years of life significantly affect a person for the rest of his or her life. However the social learning process of an individual continues in a variety of other settings outside the family. First, parents as socializing agents not merely perform their familial roles but they articulate these with other structures of the society as well. This fact is a necessary condition for their effective functioning as socializing agents. Secondly, the child is never socialized only for and into his or her family of orientation but also into structures which extend beyond his or her family. These include, the school peer groups in their later childhood as well as family of procreation which the individual will form through his or her marriage and the occupational roles which he or she may perform.

The family offers a wide range of role participation for the young child. He or she must learn about more roles by actual participating in a progressive manner than his family of orientation can offer him or her. It is
at this point that the peer groups and the school assume paramount importance.

During the course of their social interaction with others in school, students acquire certain values which will be basic to their professional way of life by observing and evaluating the behaviours of their teachers. The way in which these students are shaped both by intended and by the unplanned circumstances of their school environment, constitute a major part of the process of socialization.

The Medical College comprise a unique and highly distinctive, world within itself. Its members possess a special identity and culture for the indoctrination of its new members into certain codes of behaviour which influence them as adults. Professionalization is a process of socialization which involves a matrix of social relations in which the medical student internalizes and makes his or her own set of attitudes and values and that will largely determine his or her future professional life. The institution which has involved within the profession of medicine for the purpose of professionalizing its recruits is the medical college.

The medical students who come in contact with others related to the profession of medicine in one way or the other, think it to be the best profession to be taken up because it has status, money and provides
satisfaction towards working with patients while enjoying interpersonal relationships at the same time. These students decide quite earlier but as they go through different stages or status sequences of medicine they realize that it is not so simple to inculcate some of the values upheld in the profession of medicine and to acquire status and money. Infact, it is time consuming and needs hard work. During the course of their stay in the medical college, they come across various types of exposures which enable them to acquire knowledge, develop skills and imbibe human relations and values. Infact, by the content of his or her education, the student is socialized to become a physician.

The present study is an attempt to examine the professional socialization of physician students within the organisational and socio cultural milieu of the Medical School or College setting. This would warrant looking at the internalization of certain attitudes and values of a physician while passing through status sequences or various stages of the Profession of Medicine.

1.2 Theoretical Consideration:

The physician is the most prominent among members of the generally recognized professions. He is seen by the public as possessing a higher standard than any other professional. There are various orientation towards the concept of profession. One orientation sees a professional as an aggregate of people finding identity in sharing values and skills absorbed
during the course of an intensive training through which they all have passed in order to become a professional. In this view, the professional is primarily a particular kind of person. Another orientation defines a professional by his status, irrespective of the norms to which he subscribes and explains his behaviours by reference to the work structure in which he participates. Professionals are not primarily oriented towards the pursuit of self-interest but are distinguished by their concern for the common good.

Professionalism is the internal process to organize and set up a code of ethics. A good example of professionalism exists in the medical profession. Physicians have obtained direct control over the development and maintenance of the body of knowledge and the specialized expertise resulting from it. Under professionalism, a continuous and terminal status is shared by all members.

There are two main aspects involved in the process of professionalization:

a) Body of Knowledge
b) Service Orientation

1.3 Professional Socialization

Professional socialization thus becomes only one of many strands with which the individual is dealing in becoming an adult among the other which
are acquiring matured values, defining and acting out sex roles, learning norms which guide adult behaviour and shaping and sharpening an understanding of the social and life goals. Professional socialization as necessity is seen as the process of shaping the individual to fit the needs of the profession and by implications of the society. Professional socialization becomes a type of equilibrium concept, the socialized professional being regarded as socialized in terms of how the balances are worked out as the profession distributes knowledge.

In a broader sense, professional socialization is acceleration, that is, groups in contact and exchange shape certain themes for conceptual adequacy. One such being when the individual shifts from one culture to another and consequently his or her adjustment to this shift. The concept of "Student Culture" used in studies of medical students allows analysis of this shift. In recent times, professional socialization has come into being a specialized, institution One of very attributes of professionalization, is the establishment of a specialized formal training school, most usually within a University. In any event, socialization into a profession is largely experienced within an institutional setting, be it university, college or specialized academy.

OBJECTIVES OF THE STUDY

Keeping in view the nature of problem and the review of studies, an attempt has been made to set the following objectives of the study.
1. To analyze the demographic and socio-cultural profile of the medical students in the two selected colleges.

2. To delineate the factors motivating the students as well their decision making process to join the profession of medicine in the two selected colleges.

3. To find out the views of the medical students regarding the medical profession at the initial stage of joining as well as while completing the course in the two educational institutions.

4. To analyze the attitudes and values formed by the students towards the profession while they are about to complete their education in two different organizational milieu.

5. To analyze the future orientations and expectations of medical students in the different organizational settings.

6. To examine the level of satisfaction of students with the medical education in two different organizational settings.

1.5 Hypotheses of the Study

How do medical students change in their perception, attitudes and values in a few years period of training? In what way, do their experience in college affect them? In what way, has it left them untouched? How will their experience in College affect their practice as a doctor? These are still some of the questions which have remained unanswered. Initially, the
medical student views the profession from outside as a layman but as he assumes the role of a medical student, he comes to realize that there is much more to the profession than only 'service to humanity' and a 'higher status' in the society. They try to find out what the faculty wants them to know and study only the things that are likely to appear in the examination. The decision to join the profession is closely linked with the family experience that is, whether a parent or relative is in this profession or not. Frequent contact and socialization with the doctors during childhood help to shape the attitude of the individual favourably towards this profession.

The teaching hospital being the subsystem of the social system on one hand, is influenced by the main system while on the other hand, it influences it. Recruited personnel and selected students, patients population and other visitors carry with them the cultural and social values of the larger societal system and effect the culture and functioning of a medical teaching organization. Formal power structure and policies of government and other agencies also influence the internal system of the medical organization. The teaching hospital acts as a functional unit of the total system and renders certain important functions for the existence of the society, like rehabilitation of the sick members of the society to their normal social roles, maintaining a standard of health and keeping the flow of medical personnel. So the extent, to which the goals in an organization are achieved will depend largely on how its various active components constitute
the organizational roles. The roles of the members of an organization can be known by the positions they hold in the context of an organization. For any evaluation of the achievement standards of these individuals and the factors accounting role performance, the organizational structure of a teaching hospital or medical college is important. As such a medical college which has a post graduate specialization as the central thrust will have higher inputs of research and teaching as well as consultancy, besides technical facilities and environmental settings, than a medical college having only graduate level teaching in Medicine. These two different organizational climates with varying inputs of men, money and material will effect the socialization of physicians differently.

In the above backdrops, some of the main hypotheses pertaining to this study in the two selected medical colleges are as follows:

1. Medical students are motivated to join the profession more for money and status factor than for serving the humanity.

2. For Medical students, perception of profession of medicine is full of idealism initially but this idealism diminishes and they tend to become practical as they move on towards the final year in their college.

3. Medical Students in contact with individuals either in the family or in the relations belonging to this profession, decide to join this profession and some may do it at an early age than others.
4. Organizational structure and culture of a medical college may affect the socialization process of the student physician in terms of acquiring attitudes and values towards the profession.

1.6 METHODS AND TECHNIQUES OF DATA COLLECTION

UNIVERSE OF THE STUDY

Keeping in view the problem of research as well as to understand the influence of organisational structure of medical colleges, it was decided to select colleges in Delhi. Delhi being a metropolitan city draws students from the different regions of the country. As such, students with different cultural orientations, attitudes and values could be drawn. In order to analyse the effect of different cultural settings, on the Professional Socialization of the Student Physician, it was thought best to select two medical colleges having different organizational structures. As such, it was decided to select one, All India Institute of Medical Sciences which has a higher teaching and research input than the other hospital, that is Maulana Azad Medical College. The two colleges have similar teaching programmes leading to the award of MBBS. Their organizational structures in terms of hierarchical arrangements, staff position, services and clinical experiences are different and thus they represent two separate socio-cultural settings. This comparison is useful as it helps us to know about in what respect students from both colleges differ in their socialization process. All
the first and the final year medical students from both the colleges are taken to find out the changes in their perceptions, attitudes, expectations as they pass through different stages of socialization. In all 50 students each from first and final year of AIIMS (100 in total) and 145 students each for first and final year of MAMC, (290 in total) were interviewed. The study was carried out during the year 1993.

INSTRUMENTS OF DATA COLLECTION

Data were collected with the help of the structured interview schedules / questionnaire designed separately for the first and final year students, Information was collected on the following broad aspects:

1. Personnel Characteristics of students such as respondents name, their age, sex and caste etc.
2. Information regarding their educational history.
3. Major motivating factors for them to enter medical profession.
4. Their Perception of the medical education before and after entering the college.
5. Their level of satisfaction with the medical education and whether they had any doubts regarding medicine as the right choice of career for their
6. Type of professional life, the students would like to lead after completing their courses.
7. Problems faced by them during studentship.
8. Difficulties faced by them from seniors and teachers regarding studies.

In order to supplement the data collected through structured interviews, observations were carried out in selected situations in order to know the student physician interaction with seniors and fellow physicians as well as with the patients.

Analysis of Data

A code design was developed and used for tabulation of data. Data analysis was carried out by using simple ratios and proportions. Statistical analysis and mean score values were worked out for ranking and rating scales.

CHAPTER – 2

We can say that the general characteristics of Medical students are :-

2.1 Age :-

In the first year, the majority of the Medical students, (AIIMS and MAMC) male/female are in the age group upto 20 years, while in the final year, the majority of the Medical students, male/female are in the age group of 20-24 years.
2.2 **Sex**: 

The sex ratio in the medical colleges (AIIMS and MAMC) is marginally in favour of the male whereas female representation in colleges is also fairly adequate.

2.3 **Marital Status**: 

The marital Status of the first and the final year medical students of AIIMS and MAMC shows that a large proportion of them are unmarried.

2.4 **Place of Birth**: 

The place of birth denotes that the majority of the medical students of both AIIMS and MAMC (first & final year) had their birth in the urban areas.

2.5 **Place of upbringing**: 

The place of upbringing of a large proportion of the first and the final year students of AIIMS and MAMC has been in the urban areas.

2.6 **Schooling**: 

The majority of the students of the first and the final year of AIIMS and MAMC had schooling from 'Public' and 'Convent' schools.
2.7 **Religion** :-

A large proportion of respondents of the first and the final year of AIIMS and MAMC had Hindu religious background.

2.8 **Caste** :-

The majority of the Medical students of the first and the final year of AIIMS are from the “commercial castes” while in MAMC, the first year students are from the “commercial castes” but that of the final year, belong to the “priestly castes”.

2.9 **Father’s education** :-

In the case of a large proportion of the students of both the AIIMS and the MAMC of the first and the final year, they had their father’s having post graduate degrees.

2.10 **Fathers Profession** :-

In the case of the majority of the medical students of the first and the final year of AIIMS, their fathers are doing business while in MAMC, the majority of the students, of both the first and the final year, students have fathers who are doctors.

2.11 **Fathers Income** :-

The majority of the students fathers’ income in the AIIMS (first & final year) was in the range of Rs. 6000-8000 per month whereas in the
MAMC the ‘students’ fathers income was in the range of Rs. 4000-6000 per month.

2.12 Family type :

A large proportion of students of the AIIMS and the MAMC (first and final year ) belong to nuclear families.

2.13 Kin in medical profession :-

The majority of the students of both the first and the final year of AIIMS and MAMC have a kin in the medical profession. In the case of the AIIMS, more students have large proportion of kins in this profession on the paternal side whereas in the MAMC, more of them have them in this profession on the maternal side.

CHAPTER – 3

Motivation and Perception of students towards Medical Profession-

3.1 Interested to join the procession :-

Respondents of the first and the final year of both the AIIMS and the MAMC were influenced most by their ‘parents’ for taking a decision to join the profession of medicine.
3.2 Age at which the decision was taken

The majority of respondents of both the AIIMS and the MAMC, when they were above 12 years of age, took the decision to join the medical profession.

3.3 Motivating Factors to join this profession.

For a large proportion of students of the first year of AIIMS and the final year of MAMC, the motivating factors to join medical profession were ‘interest in medical sciences’ and ‘desire to serve the humanity’ whereas for the final year respondents of the AIIMS, it was ‘more prestige in the society’ and for the first year students of the MAMC, the motivating factor was ‘better economic gains and security’.

3.4 Things the students wanted to achieve in life

A large proportion of students of the first and the final year of the AIIMS and the MAMC perceive medical profession as a chance to serve the humanity while the final year students of AIIMS perceive it as both a service to the humanity and a noble profession.

3.5 Aspects of medical education inculcated most

The majority of the respondents of the final year of the AIIMS and the MAMC have felt a change in their perception in regard to the profession of medicine becoming a ‘money making profession’ than ‘serving the humanity’.
3.6 Useful member of society:

A large proportion of respondents of the first and the final year of the AIIMS and the MAMC feel that the medical profession will make them useful members of the society.

3.7 Age at which influenced most to join this profession.

The majority of the respondents of both the AIIMS and the MAMC (first and final year) were influenced most when they were above 14 years of age to join this profession.

3.8 Things want to achieve:

A large proportion of respondents of the first year (AIIMS and MAMC) want to serve humanity after becoming a doctor, whereas the final year respondents of AIIMS want to achieve high status and prestige. On the other hand, the respondents of the final year of the MAMC are craving for popularity.

3.9 After spending time, satisfied with medical education.

After spending considerable time in medical profession the final year respondents of both AIIMS and MAMC are quite satisfied with the medical education. The respondents of the final year belonging to urban areas of AIIMS are satisfied after spending considerable time whereas the respondents of MAMC the final year coming from the urban areas are not satisfied.
3.10 **Inculcated most** :-

One of the important aspects of medical education which a large proportion of the respondents of both the AIIMS and the MAMC have inculcated most, is that of diagnosing the disease.

3.11 **Do they enjoy work?**

The majority of the respondents of the first and the final year of the MAMC enjoy their work as they get a chance to 'serve the human beings'. The first year respondents of the AIIMS also agree with it but the final year respondents enjoy their work as they have an aptitude to do so.

3.12 **Social Interaction** :-

A high proportion of respondents of the first and the final year of the both the AIIMS and the MAMC have social interaction with their class fellows. In the AIIMS among the first year students, a higher proportion of them have social interaction inbetween males while in the case of final year AIIMS and MAMC students, the interaction is also between males and females. However in the case of the first year students of, first year MAMC, both male and female students interact with each other.
3.13 **Problems from the seniors and the teachers** :-

A large proportion of the first year students of the AIIMS and that of the final year of MAMC have problems and difficulties from their seniors and teachers.

a) The males and females of the first year of AIIMS and MAMC have difficulties from their seniors and teachers.

b) The majority of the students of both the first and the final year of the AIIMS and the MAMC, having rural background, have to face difficulties from their seniors and teachers.

c) In the AIIMS among the first and the final year of students the majority of them in the group upto 20 years, are having difficulties from their seniors and teachers, while in the MAMC, the majority of the, first and final year students MAMC do not have difficulties from their seniors and teachers.

3.14 **Type of job preferred** :-

The final year students of the AIIMS and the first year students of the MAMC prefer to join a private job whereas the first year of AIIMS and the final year of MAMC students prefer to go in for a ‘government’ job.

3.15 **Main task** :-

As a doctor the main task of the first year students of the AIIMS is to cure a disease whereas for the final year students of both the AIIMS and
the MAMC and that of final year of the AIIMS, their main task is to ‘rehabilitate the patient’.

3.16 Perception of Patient :-

The majority of the respondents of the final year of the AIIMS perceive patient as an ‘individual’ with an aliment’ whereas those of the final year the MAMC, perceive patient as a ‘human being’ suffering from a disease.

3.17 Interaction with the Patient :-

The majority of students of the AIIMS (final year) involve themselves with the patient while the majority of the final year students of MAMC do not involve themselves with the patient.

3.18 A large proportion of female respondents of the AIIMS and the MAMC say that they involve themselves with the patients while the majority of males of the AIIMS and the MAMC do not involve themselves with the patients.

3.19 A majority of the final year respondents of the MAMC want to keep the patient at a distance whereas the majority of final year respondents of AIIMS do not want to keep the patient at a distance.

3.20 A large proportion of the first year respondents of the AIIMS want to involve with the patient after their first professional course while the
final year students have their involvement with the patient right from the beginning.

3.21. The majority of the students in both the colleges (AIIMS and MAMC) want to keep the patient at a distance after passing the II professional. More students of MAMC than that of AIIMS seem to have their perception in regard to keeping patient at a distance after I professional course and right from the beginning. This may be indicative of a more bureaucratic structure of MAMC hospital than that of AIMS.

3.22 The majority of the final year students (AIIMS and MAMC) have perceived that their training has helped them to imbibe service to humanity as a value followed by highest respect for profession accumulating knowledge, tackling health and illness problems and scientific methodology to cure patient in that order. The students at MAMC seem to be given more weightage to tackling health and illness problem than accumulating knowledge.

3.23 In the case of the AIIMS, the majority of the students (52) (28 in first year and 24 in final year) perceived their course as professional as it was based on specific knowledge. The same is the case with the MAMC students 154 (84 in first year and 71 in final year).

3.24 An important aspect of medical education that may inspire the students of first year of both AIIMS and MAMC in their future career is
the academic qualification whereas for the final year students of AIIMS, it is in terms of getting a prestigious job and for the MAMC students, it is for providing them with a better standard of living.

CHAPTER – 4
Organizational Structure and Aspects of Medical Education in Two Colleges :-

4.1 Organizational Structure :-

The majority of final year students of AIIMS (23) and that of first (64) and final year (82) of MAMC feel that the organizational structure of the medical college is somewhat bureaucratic while the majority of first year students of AIIMS (24) say that the organizational structure is ‘less bureaucratic’.

4.2 General nature of organization of medical education :-

For a large proportion of the first year students of both the AIIMS and the MAMC, the general nature of organization of medical education is to ‘serve the humanity’ and contribute towards the health of members of society whereas for the final year students (AIIMS and MAMC), it is in terms of a “group of people who work for profit”.

4.3 Extent to which medical education has socialized them :-

The majority of first and final year students of both the AIIMS and the MAMC feel that medical education has socialized them ‘to some extent’.

154
4.4 **Aspects of education stressed most** :-

For the first and the final year students of AIIMS, it is the ‘Technical knowledge’ that has been stressed most in medical education whereas for the MAMC first year students, it is ‘respect to ideas or instructions given by seniors or elders’ that has been given greater stress. However, the final year student of the MAMC feel that ‘earning more’ has been stressed upon during the training.

4.5 **Benefits Provided** :-

The students of the first and the final year of AIIMS say that ‘devotions to work’ gives them more pleasure than ‘hoarding money’. On the other hand, the students of first year of the MAMC feel that ‘service to mankind’ is a myth of success in a profession, while the final year students express that ‘private practice’ is a big benefit provided to them by their training.

4.6 **Future Orientations** :-

‘Fair chance of using professional skill’ is the future orientation for the first (33) and the final (23) year student of AIIMS and the first (124) and the final year (69) students of MAMC.

4.7 **Jobs or areas the students like to serve** :-

The final year students of the AIIMS want to ‘go abroad for higher studies’ while that of the MAMC want to do private practice.
4.8) **Kind of Influence**

Both the students of the AIIMS and MAMC say that medical education is 'more technical than human oriented'.

4.9) **Major problems, Present State of Medical Education, and Suggestions to Improve the Medical Education**

There is hardly any student – teacher interaction and often they have to pay a price for inter and inra departmental politics. The selection of faculty members is influenced by political considerations than merit. The faculty is large and therefore not productive. The relationships inbetween the students are very competitive. There is less emphasis on treating patient as human beings with certain rights and dignity. They expressed that the egomaniac teachers and non sincere students are worst than enemies. The organizational structure of the college is hierarchical, as such it does not provide freedom to think and act on one’s own. The studies are examination oriented and there is less emphasis on providing clinical experiences and more on attendance.

The medical education system needs improvement for the betterment of the whole nation. An effective central agency should maintain the standards of education as it is in a poor state of affairs. The degree is becoming a status symbol for the physicians and they are unsympathetic and careless towards the patients. It is suggested that
the capitation fee colleges should be banned and a proper entrance procedure should be followed through an established common baseline test. The medical field is getting saturated. We do not need a larger number of doctors but the quality of doctors is more important than anything else. The educational system can be improved by induction of dedicated professionals into the organizational structure. The doctors need to be provided with better incentives, rewards and recognition than is being given to administrative and defence services personnel. It is further suggested that a counselling group should periodically analyse the academic as well as personal problems of students and help them tackle these with the help of a compassionate psychologist. The counseling group should not have any egomaniac teachers in it.

An all India level of selection of medical graduates on the merit basis, the revision of syllabi and more ancient oriented teaching incorporating Ayurvedic and homeopathic system and a central agency for assessing and examining the medical graduates may improve the national level standard of education.

There is a need to abolish the schedule caste/Tribe reservations quota in education and employment. Besides, the medical colleges must select professionals of excellence as teachers, provide necessary infrastructure for training and promote patient oriented teaching.
The preventive and social medicine, which is an important subject for a country like India needs to be promoted vigorously. The camps and educational tours during the entire course under the aegies of preventive and social medicine, should be made compulsory for all the students so that they could get exposure to rural areas and their medical problems.

Conclusions:

On the basis of the findings of this study reported in the preceding pages, one may conclude that the professional at socialization of the student physician, to a large extent, is influenced by the organizational structure and the cultural milieu of a medical college. The major pointer of research is that the medical students at the AIIMS having (a relatively better organized professional services, incentives, rewards and laboratory facilities to promote research and qualified professional as teachers and researchers, and encouraging openness to ideas and creative thinking among the students) than those at the MAMC, (having rigid bureaucratic structure and strict regimentations of rules and regularizations and not allowing greater freedom to the students to learn on their own), are better socialized professionally. This is supported by the fact that the students at the AIIMS, by and large, uphold the ethical values such as 'service to humanity' and 'treating patient as whole
rather that as an individual entity' more than the students at the MAMC who, in the majority are inclined towards mercenary values such as making money through private practice. Their major concern is to earn a degree in medicine so that they could employ it as a means to become wealthy and acquire status in the society. However, the students at the AIIMS are mostly interested in pursuing their professional career by going abroad for higher studies to acquire the latest techniques in the diagnosis of various diseases along with their treatments. They also seem to be developing values such as treating patients as human beings affected beyond the disease syndrome and amenable to treatment through tenderness rather than through keeping them at a distance. This may also be attributable to the prevailing culture in terms of norms and values evolved within the institute as compared to MAMC, where strict regimentation of rules and regulations imposed on the students, discourages them to follow such an approach.

Although, for long, the profession of medicine has a male syndrome attached to it, yet it is heartening to observe that females are now equally attracted towards it. Most of the students belong to the upper castes as well as they are drawn from the middle and upper middle classes, barring some who have got admission into the course due to reservation policy of the government. This has eroded the
principle of merit in the field of education and caused frustration among many students. They have vouched for its scrapping while granting admission to all the entrants of the medical course. Another voice raised is to ban admission into the private medical colleges by stopping the capitation fee. This practice has led to deterioration in the standards of medical education as it provides an opportunity to the wealthy people to seek admission in the medical course through the payment of the capitation fee and donations.

Many of the students in the medical colleges choose to go in for this profession relatively at a much younger age (say between 12 – 14 years). Besides, they are often influenced to join medicine because they have either on the maternal or on the paternal side, some persons who are in the profession of medicine. As such, most of them seem to be well motivated to join this profession. However, it is observed that although most of them are motivated to join this profession because of their interest in the medical sciences and a desire to serve the humanity, yet some of them are guided by factors such as, this profession offering them ‘more prestige in the society’ as well as ‘for better economic gains and security’. A few of them are also interested to join this profession in order to discover or invent certain aspects related to medicine for restoring the health of human beings. Interestingly, the study points out
that initially when the students enter into the medical college they uphold the ideals and ethics associated with the medical education. But as they advance towards the completion of their course, there is a perceptible change observed in their initial idealism and most of them seem to be becoming more practical in their approach and outlook as they start evaluating wealth and comforts more than ‘service to humanity’ or ‘scientific discoveries to combat deadly and terminal diseases’ as ideals of this profession.

The above findings are indicative of the fact that there is something wrong with the medical education. It has been pointed out by students that there is not much interaction between the teachers and the students and often students become victim of that. Over specialization has also resulted in reducing practical training. The faculty is generally large and therefore not very productive. Even the relationships in between the students are very competitive and this breeds jealousy among them. The organizational structures of the colleges are generally hierarchical as they do not provide freedom to students to think and act on their own. The studies are examination oriented and there is a less emphasis laid on clinical experiences and more on attendance. As such, the medical education needs improvement for the betterment of the entire society. It is suggested that an effective central agency should be established to
maintain the standard of education. This can partly be achieved by banning the capitation fee colleges and by following a proper entrance procedure through an established common baseline test. We do not need a large number of doctors, but what we need is good quality of doctors. Perhaps the educational system can be improved by inducting dedicated professional into the organizational structure of medical colleges. The students have rightly suggested that an all India level of selection of medical graduates on merit basis, the revision of syllabii along with a more ancient oriented teaching and a Central agency for assessing and examining the medical graduates may improve the national level of education. A very valid point has been made in regard to making medical education rural oriented as it has an urban bias and caters only to the needs of nearly one fourth of our population. It may be made mandatory on the part of all medical graduates to serve the rural areas after the completion of their degrees for at least two years so that they understand the health hazards confronted by people over there, as well as to learn more about the human aspects of health care.