

The struggles of medical graduates in surat city health essay

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Abstract

Background:

"What next after M. B. B. S. (Bachelor of Medicine and Bachelor of Surgery)?" is a vital common question almost invariably posed by medical students immediately upon graduation.

Aim

The current study was planned with an aim to understand aims and goals, career concerns, indecisiveness, difficulties and struggles being faced by medical graduates on completion of M. B. B. S.

Methods:

This is a cross-sectional study comprising of face-to-face interviews using a semi-structured interview schedule among 400 simple randomly selected recently graduated/graduating M. B. B. S. doctors of Surat Municipal Institute of Medical Education and Research. The study sample comprised of students 46.5%, intern doctors 36%, resident doctors 6.75% and tutors 10.75%. Data analysis was done with help of Epi Info 7.

Results:

Females were more content with either a graduate or a PG degree, whereas males were more inclined towards pursuing super specialty degrees ($P < 0.001$). Majority 62% of the respondent stated that given another chance, they would again like to choose for medical studies only. The percentages of females interested in a non clinical career abroad as compared to clinical career in India were lower. Majority 89% of respondents agree that there is

more struggle for the students who enter M. B. B. S. from a non medical background. Percentages of males in favor of increasing the PG/super specialty seats far exceeded females ($P < 0.0001$). The vast majority of the respondents wanted the specialty and super specialty seats to increase as they wanted an equal ratio of UG: PG seats (70%); for an improved further scopes for graduate students in different branches (22%); and for improved health care facilities for the patients (8%). Those who did not favor the increase in the seats perceived that the quality of treatment may actually worsen rather than improve if the number of seats increased (60%) and also that such a seat increase would fuel competition (40%).

Conclusion:

Freshly graduating doctors do face a severe dilemma on " What to do after MBBS?" which is a very perplexing situation for them and their parents, as there is absence of any career guidance cell; total absence of the culture and avenues of campus placement; and there is human need to be materialistically comparable to their counterparts who are already in a job as an engineer. It is high time that the government awakes from its slumber and revitalized this dying sector and gives a serious thought to the career prospects of doctors.

Introduction

" What next after M. B. B. S. (Bachelor of Medicine and Bachelor of Surgery)?" and " Whether M. B. B. S. by itself is sufficient or whether one should compulsorily opt for specialization/ super specialization?" are vital common questions almost invariably posed to medical teachers by their

students immediately upon graduation. Looking at the earning potential and the prestige issue involved, most of the graduates ultimately aspire to get in to MD/MS (Doctorate of Medicine/Master of Surgery) PG (Post graduate) programmes of lucrative specialties like Medicine, Surgery, OG (Obstetrics and Gynecology), Orthopedics, Pediatrics, and Radiology. There is increasing felt need to create awareness amongst the recent medical graduates about various alternative career opportunities available, be it in the spheres of clinical, research or academics in India or abroad, to prevent frustration. The current study was planned with an aim to understand aims and goals, career concerns, indecisiveness, difficulties and struggles being faced by medical students on completion of M. B. B. S.

Methodology

It is a cross-sectional study, comprising of face-to-face personal interviews using a semi-structured interview schedule containing both qualitative and quantitative variables pertaining to the study objectives. Total 400 recent graduates/graduating M. B. B. S. students were included in the study with the help of simple random sampling from the cohort of recent graduates/graduating students list at SMIMER (Surat Municipal Institute of Medical Education and Research) medical college. Informed consent was taken from all the participants before interview. The data collection was done during a period of 29th September, 2007 to 28th December, 2007. The study sample comprised of students 186 (46.5%), intern doctors 144 (36%), resident doctors 27 (6.75%) and tutors 43 (10.75%), as issue of study is of equal concern to all of them. The 348 (87%) of the respondents were students/graduates of SMIMER per se, while rest 52 (13%) of the participants

were student/graduates of other medical institutes but were transferred to SMIMER for various reasons such as internship posting etc. Data entry was done followed by data cleaning and analysis with help of Epi Info 7.

Results

When the respondents were asked about their aim or goal after they had completed their M. B. B. S. studies, the various replies by them are as per Table 1. Females were more content with either a graduate or a PG degree, whereas males were more inclined towards pursuing super specialty degrees (OR [Odds ratio] = 3.456, CI [Confidence Interval] = 2.087-5.723, $P < 0.001$). Figure 1 depicts the comparison by medical graduates of their life as compared to their friends in other branches apart from medicine.

Interestingly, majority 62% of the respondent stated that given another chance, they would again like to choose for medical studies only (Figure 2). More percentages of females as compared to males opined in favor of opting again for the M. B. B. S. studies (OR= 0.621, CI= 0.405-0.954, $P = 0.029$). Reasons for the choice made are explored in Figure 3 and Figure 4. Upon analysis of preferences of respondents between a non clinical branch abroad verses a clinical branch in India, the percentages of females interested in a non clinical career abroad were lower (Table 2). Majority 356 (89%) of respondents agree that there is more struggle for the students who enter M. B. B. S. from a non medical background, though this perception was comparatively lower among the female respondents (OR= 3.085, CI= 1.618-5.88, $P < 0.001$) as seen from table 3. Figure 5 highlights the opinions of the students on the need to increase in PG seats; and percentages of males in favor of increasing the PG/super specialty seats far exceeded

females (OR= 2. 519, CI= 1. 652-3. 841, P <0. 0001). The vast majority of the respondents wanted the specialty and super specialty seats to increase as they wanted an equal ratio of UG: PG seats 176 (70%); for an improved further scopes for graduate students in different branches 55 (22%); and for improved health care facilities for the patients 20 (8%). Those who did not favor the increase in the seats perceived that the quality of treatment may actually worsen rather than improve if the number of seats increased 65 (60%) and also that such a seat increase would fuel competition 43 (40%). The responses for the respondents with regards to the various difficulties and struggles being faced by them after completing M. B. B. S. and preparing for pre-PG examination are seen in figure 6.

Discussion

Exploration of future aims and goals of recent graduates reveals that persuasion of PG was the most common fascination amongst them, though appearing for USMLE (United States Medical Licensing Examination) /GRE (Graduate Record Examination) /TOFEL (Test of English as a Foreign Language) and going abroad were also common aspirations amongst the student; which points towards a fragile issue of brain drain. It need to be pointed out here that now some state governments like Gujarat have a bond in place which makes it compulsory for the graduating doctors to serve in the government health care facilities for a prescribed period or pay a prefixed amount to the government. However till now the bond is applicable only to the students studying on free seats in government subsidized colleges and not in self financed medical colleges. As already discussed earlier, the medical profession requires fine tuning of monetary aspect with <https://assignbuster.com/the-struggles-of-medical-graduates-in-surat-city-health-essay/>

social obligation, far more than any other profession¹. Traditionally the society accepts that though a doctor can earn money, it cannot be at the cost of everything else, as they have been educated at society's expense. This is in stark contrast to the privatized medical education, where the graduates feel that they have paid for their education which was without any government subsidies and hence they have no social obligations ^{1, 2, 3,} indicating us to choose for partial subsidization of private medical colleges against the loggerheads of fully privatized education system ^{3, 4,} to preserve the fundamental societal right to essential health³. What is interesting in the study is that the percentage of medical graduates who are interested in a job at a PHC (Primary Health Center) /CHC (Community Health Center) /District hospital is woefully abysmal 3% only and there is a definite need to promote this career aspiration among the recent graduates. Intellectuals and opinion makers must show concern about healthcare policies of the government and suggest measures to revitalize public systems, which is the irony in India today, where most of the peripheral job posts for doctors remain chronically vacant while the urban practitioners struggle in the puddle of stiff competition to survive. Another matter of concern highlighted by the study is that less than quarter of the graduates wants to go in to the private general medical practice. Rao (2002) also aptly highlighted that general medical practice is slowly disappearing in India, especially in urban areas⁵. While specialization has a glamour, prestige and financial reward attached to it; GPs (General Practitioners) have well founded fears of professional isolation from working in the community rather than institutions. There are no clear cut geographical distinctions between the

work of GPs and specialists and in many area specialists have taken over work that GPs should be doing by right; particularly in Obstetrics, minor surgery, most of Pediatrics, quite a bit of Ophthalmology, ENT (Ear, nose, and throat) and Psychiatry. Hence the era when a GP could lead fairly fulfilling lives without resorting to the dubious practices and earns a respect for their service to the community, is fast vanishing; thus averting students from taking it up as a viable career option. This in turn creates a vacuum likely to be filled up by quacks and alternative system of medicine practitioners, who all end up practicing allopathy. Thus majority of graduates if it was in their hands would go for PG studies and specialize rather than be a MO (Medical Officer) or GP; unfortunately this freedom of choice is not tempered by ability, aptitude and resources. The findings on the opinions of the respondents on the need to increase in the PG seats also raises the same crucial issue of what should be the ideal composition of doctors in India, both in the context of the private sector as well as the government health services. Important matter in this context is whether our medical schools are actually in a position to increase their PG student's intake when even the condition of UG education is in the doldrums. Ethically speaking, it is preferable to have fewer but well trained specialists, rather than have a veritable army of PGs whose training by international standards leaves much to be desired; as an inadequately trained specialist is a greater danger to health than the poorly taught and trained GP or community doctor. Such a specialist often practices in an uncritical workshop of technocracy, looks at his patients in specialist frenzy but with blinkers, and loses the all important holistic approach to medicine.

Conclusions

The findings of aforementioned study clearly bring home the fact that freshly graduating doctors do face a severe dilemma on " What to do after MBBS?" which is a very perplexing situation for them and their parents, as after years of studies, the brightest of these students, face an uncertain future, wherein they face a stiff competition for entry into PG seats with quota system; inhumane working conditions and low pay as residents; absence of any career guidance cell; total absence of the culture and avenues of campus placement; and their need to be materialistically comparable to their counterparts who are already in a job as a engineer. Vital issues such as medical ethics; altruism; quality of medical education; feelings of serving the nation; and informed decision making have now been put on the backburner and the number of aspirants seeking admission into medical colleges have been significantly decreasing. Of course, students whose parents are doctors and possess an existing health care facility are invariably content with their decision. It is high time that the government awakes from its slumber and revitalized this dying sector and gives a serious thought to the career prospects of doctors and the state of the public health care facilities, otherwise medicine would cease to serve those most in need, the poor, indigent and the rural inhabitants and India would be saddled with a defunct health care system obsessed with specialist and super specialists and mediocre student intake.