

# Medical education at the cross roads

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## Introduction

*“Two roads diverged in a wood, and  
 I took the one less traveled by,  
 That has made all the difference.”*

.....*Robert Frost 1920.*

Reading some articles published in journals reminds me of an old saying in my mother tongue, Tulu, which seems to me the best commentary on our present efforts to “innovate, improve upon, remodel, and reshape the existing system: “Why do people fall into the well at night having spotted the same during day time?” One talks eloquently on the innovations done in the USA to train physician-scientists while another talks about the shortcomings of the MCI regulations and so on and so forth. All of them presume that the present system, while being inadequate, needs minor through radical changes. This presumption assumes to begin with, that the present system is tolerable but needs change: they suggest nibbling at bits and pieces of the same system. One needs to stand outside the system to audit the system before trying to change it for better or for worse. This could best be done by people who have spent the best part of their lives in this field and not outsiders. But we insiders need a detached attitude to be objective in our assessment. Certain vital questions need to be answered before we go into this job:

- 1) How did the present system of so called modern medicine come about in the first place?
- 2) In the Indian context was this system accepted to be better than the existing systems prevalent in 1857 or was this imposed on us by our masters then-the East India Company.
- 3) Even in the USA was modern medicine the choice of the consumers or was it imposed on the nation by vested interests?
- 4) Does modern medicine have a solid science base as

of now? How did modern medicine start around 5000 years ago in the Nile valley in Egypt?

5) Do we train our basic doctors to be taking care of the health of the public or to serve the needs of the Corporate Monstrosity that modern medicine is supposed to have become these days, according to serious medical historians?

6) In our country, where the large majority of the population is still below the poverty line, do we need to teach the same kind of medicine taught in the USA or UK?

7) What research are we talking about? The usual grant getting, CV fattening, repetitive research or do we bother to stimulate our younger generation to think out of the box to take knowledge forwards by refutative research?

8) What is lacking very badly is the lack of humanism among doctors who should be humane healers and not drug and surgery peddlers!

9) What should be the best model to teach and practice in the future?

Let us look at each of these questions in some detail although a full discussion is beyond the purview of this commentary.

One could start by auditing the system as it exists today. Professor Barbara Starfield at Hopkins in her article in the JAMA-Is US medicine the best in the world, debunks the claim that what they do in the USA is the best. <sup>1</sup> In the fourteen industrialized countries study quoted there, USA came last but one with Japan on top, the reasons are explained there. In a larger audit Dr. Garry Null and colleagues, based on the US government statistics, have shown that the modern medical fraternity there as the leading cause of death followed much lower down the scale by cancer and heart attacks. If we audit Indian scenario one could be shocked beyond recovery! Professor Mary Tinnetti of

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Yale writes that “The changed spectrum of health, the complex interplay of biological and nonbiological factors, the aging population, and the interindividual variability in health priorities render medical care that is centered on the diagnosis and treatment of individual diseases at best out of date and at worst harmful. A primary focus on disease may inadvertently lead to under treatment, overtreatment, or mistreatment.”<sup>2</sup>

Thomas Wakeley, a young MD and MP, at a very young age found that the doctors of London in the early 19th century were a bunch of “incompetent, nepotistic, and corrupt” lot that had become a stinking abscess full of pus on society. He wanted to drain that foul stuff using his new medical science journal named after the surgical instrument, The Lancet, which started in 1823. He would turn in his grave if he were to audit the same today! Hillary Butler, today feels that “The medical establishment has gone from being a fundamentally corrupt, nepotistic bunch of incompetent practitioners in 1823, into a corrupt corporate monstrosity who cuts all the “Wakefields” off at their knees, ... and which appears to run by the wartime mantra that anything which might be truth must be protected by a bodyguard of lies, while hiding behind the Sound Bits of “evidence-based medicine”. The watch dog bodies like the WHO, FDA and others of their ilk have been shown to be receiving more than 80% of their funding from the vested interests like the drug and device lobbies.

Talking of research let us audit them in the west today. A Greek origin Stanford professor, John PA. Ioannidis' 2005 paper Why Most Published Research Findings Are False has been the most downloaded technical paper from the journal PLoS Medicine.<sup>3</sup> This paper has met with much approval. A profile of his work in this area appears in the Nov 2010 issue of The Atlantic (Lies, Damned Lies, and Medical Science)<sup>4</sup> This shows that Ioannidis analyzed "49 of the most highly regarded research findings in medicine over the previous 13 years". And "Of the 49 articles, 45 claimed to have uncovered effective interventions. Thirty-four of these claims had been retested, and 14 of these, or 41 percent, had been convincingly shown to be wrong or significantly exaggerated."<sup>5</sup> David Eddy, a former Stanford professor of Cardiac surgery had shown that 85% of what doctors do was NOT based on science, while 15% had some data to support it.<sup>6</sup> Regarding audit of interventions in the USA the best report seems to be the one by Harlan Krumholz, a Yale professor of

cardiology, when he wrote that cardiac procedures in that country were done more for billions of dollars income for the hospitals, doctors and the industry and not to benefit patients!<sup>7</sup> Do we need to imitate those examples for our future medical education set up?

Let us answer the above questions one by one to know more about what is modern medicine (Allopathy) all about. Modern medicine could trace its origin to sorcery, witchcraft, mumbo-jumbo etc five thousand years ago in the Nile Valley from where it made a longish tour round the world to come back to Europe in the 12th Century when the European Universities accepted medicine as a science. From Egypt it first went to Arabia where it was influenced by some of the great brains like Ibn Siena (Europeans call him Avicenna) and many like him. Then it went to Greece in the days when the Temples of Healing in the Islands of Kos were very popular where people believed that God of Healing, Asclepius, himself cured the patient while the patient slept in those Temples, Asclepieion. The original Hippocratic Oath “I swear by Apollo, the physician and by Asclepius and by Hygieia, His daughter and Panacea and all other Gods.....” tells us a lot of those days in Greece. It was in Greece that Allopathy got influenced by Indian wisdom of Ayurveda through the texts brought in by the reversing army of Alexander the Great, although Alexander himself did not return. The wonderful Academia that he had built was the place where knowledge expanded in Greece of those days. Then on it went to other parts of Europe to be eventually accepted as science by the Universities there in the 12th Century. Surgery took another three hundred years to be recognized by the main stream medicine when in the 16th Century Royal College of Physicians was established in England!

When once the label science was attached, modern medicine got special respect and started following the inanimate sciences of physics and chemistry of that time as its foundation. Human body was considered as a machine like a motor car, made up of organs as parts. True science of human physiology died then which became sealed with the onset of the proclamation of the young mathematician, Rene Descartes in France who was forced to declare the human body as a separate part compared to the thinking part, the brain, Res Extensa and Res Cogitans. The division became complete killing even the last relic of science in modern medicine. To the present day we are totally blinded by this science!<sup>8</sup> Although there have been drastic changes in physics of the 12th Century to the

latest quantum physics which seems to be the true language through which Nature speaks to us, we in modern medicine have no idea as to what has changed in our science base.<sup>9</sup> Then we drifted to the wrong mathematical base for human physiology-linear mathematics and Euclidean Geometry, both of which do not fit the working of the human body. Human body follows the Fractal Geometry and non-linear holistic mathematics. To confuse the common man we took umbrage in statistical jugglery. That is where we are today.

2) Modern medicine was not our choice. It was imposed on us by the East India Company in the year 1857 when they started three medical colleges in Madras, Calcutta and Bombay of those days with the London University syllabus. Although London University syllabus has changed drastically since then we are still in the process of nibbling at the bits and pieces of the 1857 syllabus even to this day.

3) Let us look at the USA model of modern medicine. The American Association of Homeopathy was started 40 years before the birth of the American Medical Association by some of the MDs of those days who were disgusted with allopathy of those days imported from Europe. The Ameri-Indians had their own effective system which was destroyed by the white man systematically. Homeopathy was rage those days. But the few disgruntled elements started the American Medical Association, which was more of a trade union movement those days to defend their rights. The fears expressed by Benjamin Rush in the preamble to the American constitution have come true today. "Unless we put medical freedom into the Constitution, the time will come when medicine will organize into an undercover dictatorship to restrict the art of healing to one class of men and deny equal privileges to others; the Constitution of the Republic should make a special privilege for medical freedoms as well as religious freedom." Benjamin Rush, MD., a signer of the Declaration of Independence and personal physician to George Washington. How very, very true today? One can make out the fraud about the establishment of the AMA from the statement of one of their own leaders. "We must admit that we have never fought the homeopath on matters of principle. We fought them because they came into our community and got the business." Dr. J.N. McCormack, AMA, 1903. Same principle was the reason for the defeating other prevalent systems of those days in the US. In 1895 Dr. DD Palmer created the science of chiropractic. Energy

medicine was in vogue those days and the most popular system was Radioesthesia. Palmer was right according to quantum physics of today. He was very popular and so was his science and medical colleges sprouted all over to teach that science. The greedy drug lobby woke up then and The Carnegie Foundation paid for and published the Flexner report in 1910 that called for all medical streams other than those proven by their science then to be banned. Quantum physics was not known then!<sup>10</sup> So the other systems died and only drug and surgery of those days (modern medicine) survived. Strangely, a recent article in Science touted the benefits of transcranial magnetic stimulation<sup>11</sup> which is a very powerful therapeutic tool. This was not picked up by main line medicine even then. Even the chiropractic won a decisive battle in 1997 in the Federal Court where the verdict accused the AMA of using "unfair means" to scuttle a useful and easy tool for healing and Chiropractic became respectable there again but not in India where we have many useful methods like Ayurveda, Siddha, Unani and many more.

The very foundation of western medicine's scientific base, the Randomised Controlled Trials, (RCTs), has come for criticism in their own board rooms today. Sir Michael Rawlins, the venerated chief of NICE (national Institute of Clinical Excellence of UK), in his recent named lecture at the Royal College of Physicians admitted the much talked about RCTs, the bench mark of modern evidence based medical practice in the west, has been put on a undeservedly high position" He was putting it mildly as the truth could not be suppressed completely.<sup>12</sup> In fact, RCTs are no science at all. They are doctored statistics.

4) "There is no science of man today" wrote Nobel Laureate Dr. Alexis Carrel in his classic-Man the Unknown. "We use the inanimate sciences of physics and chemistry in an animate, conscious human being", he wrote-a square plug in a round hole! Douglas C Wallace, writing in the journal; Genetics, showed that the human genetic studies are all flawed. Using his new MIT chip he could show that all reductionist chemical molecules (legal drugs) only damage the human system but eastern herbal medicines are accepted as food by the body and they are effective medicines!<sup>13</sup> How do our patients survive despite our efforts to the contrary? This was very elegantly shown recently in a four University study led by Professor Bingel of Oxford. His colleagues from Cambridge, Hamburg and Munich have all shared the

experiments.<sup>14</sup> This study showed that all good effects of our drugs and surgery are due to the powerful “Placebo Effect” and not to the drugs! The latter only give rise to adverse drug reactions (ADR) which happens to be the leading cause of death and disability today.<sup>15</sup> Similarly, three large placebo controlled studies of coronary bypass surgery showed that the placebo group did much better than the operated group!<sup>16</sup>

I have been working on a new model of holistic science which I have already published which might make our future work more scientific.<sup>17</sup> That is closer to non-linear fractal mathematical model of man. The new science of sub-molecular biology gives much credence to what I have been doing for a few decades.<sup>18</sup> Fritz-Albert Popp, a German physicist has shown with the help of his bio-photon studies that health is a state of human body cells being in synch while ill health is when they are out of synch.<sup>19</sup> My definition of health “enthusiasm to work and enthusiasm to be universally compassionate” ([www.thejsho.com](http://www.thejsho.com)) comes closer to the original definition of Sigmund Freud who defined health as “work and love” which was reiterated by Richard Smith the former editor of BMJ. ([www.thejsho.com](http://www.thejsho.com) 2010). Just one month ago Fiona Godlee, the editor of the BMJ, writing her editorial on the need for a new definition of health, had published my definition in the response column.<sup>20</sup> The old WHO definition is reductionist and is not workable except to make every one of us a patient, a good business for the industry-named disease mongering by Ray Moynihan, the editor of PLOSmedicine journal.<sup>21</sup> The final seal was put by Hans Peter Durr, the emeritus director of Max Planck institute in Munich in his discovery that matter is not made up of matter but of energy!  $E=Mc^2$  or a-duality (which he claims is not as good a definition as Advaita in Indian wisdom!)<sup>22</sup> Hans is with us in our work and helps me as Co-Editor in Chief in our new journal, The Journal of the Science of Healing Outcomes. ([www.thejsho.com](http://www.thejsho.com)). With this new discovery in quantum physics medicine finds it easy to show how the human mind (consciousness) is present in the form of the human body. Mindbody is the new fashion in place of mind AND body which is an illusion. In fact, the Johns Hopkins University physicist, Richard Conn Henry, calls the universe: “The universe is immaterial-mental and spiritual. Live and enjoy.” I have many articles in this area which could all be accessed free at [www.pubmedinfo.com](http://www.pubmedinfo.com)

We have been working in the area of energy healing for

decades with remarkable success but I can not go into that here.<sup>17</sup> We have come one full circle from the 1800 to today from energy healing to energy medicine of today. Many others are working in this area.<sup>5-8</sup>

The medical college education must be totally revamped in view of this new science. Instead of making an enthusiastic (if there is one) young medico into a semi comatose one after the first couple of years of preclinical stuff where he gets to see only dead bodies, organ based wrong physiological concepts and studies in tombstones in the pathology laboratory, he could be taught live physiopathology of human cells in Petri dishes under the electron microscope where there is a new world happening with cells doing all that a man could do: much more efficiently. An enthusiast would be thrilled to see a live RBC in the subperiosteal clot of a fractured bone slowly transforming itself first by nucleation and then by converting itself into a pluripotent stem cell (endogenous) to heal the fracture efficiently. He would be thrilled to see how the cells in the periphery of an infarct in the heart slipping to take the place of dead cells with their fibroblasts forming more fibre to form a strong scar, which we doctors in the ICU stop by beta blocking and knocking off the Autonomic Nervous System! I think we should leave the bench scientists in basic research to their fate to do what they do better. Let us not make a physician a half baked bench researcher. Clinical research is a physician’s bread and butter and that happens all through his life on the bed side using the strict rules of the game of research. There should be no “statistical” research as happens now. Clinical research is having a problem on the bedside and trying to go as far away from the bed as is possible to get an answer. Basics of clinical research must be taught in the first two years.

The young students would do well to learn all the clinical methods on the manikins instead of on the poor patients who have to bear the brunt of the student’s onslaught! Final three full years must be spent literally living with practising doctors in society in addition to bed side medicine in the wards. The final product should be a human and humane healer with a kind heart and a skillful touch. Today the intern spends 90% of his time sitting with the books to memorize facts for the next entrance test having started it right from day one in the medical school. Greedy tutorials have started all over like mushrooms! No factual recall entrance test should be allowed. Aptitude testing and the review of his whole graduate career should be the criteria for PG studies. That

should preferably happen after a couple of years of being a basic doctor where he learns the art of medicine, which, in essence is all there is to medical practice and not rote learning of facts. Facts change faster than we think they do. Medline figures show that 7% new information pours into medical field per month through nearly 45,000 bio-medical journals! Most of that is noise and an occasional signal, if there is one, is lost in the cacophony.

That is complete medical education where one is taught to use the three pillars of good education: “to act skillfully, justly and magnanimously under all circumstances of peace and war.” Medical education needs a complete revamp to make the student a life long learner rather than a factual data collecting parrot repeater to pass the impossible to pass examinations these days. On going evaluation plus and end term or end year teaching class on a given topic by the student would do better than the present theory papers. Teaching is the best understanding of the subject.

Bed side clinical examination should not be replaced by anything that is artificial like the PACS etc. What is this syllabus and curriculum for medical education that we are talking about? That baffles me to see the efforts of the wise pundits in the MCI sitting and dictating like the Roman Kings transforming e-ducere of Socrates into e-ducare (instead of getting the best out of the student we push what we want him/her to know. The latter is dictated by the vested interests today, just like the Kings of yore wanting to brainwash the people. One would be shocked to know that most western textbooks (Indians are mostly their notes) are ghost written by industry’s ghost writers. The “renowned professors” give their names, for a price though, as editors and contributors. (Lancet 2000 April-The role of drug company money in US medical education)

Why do we need Indian medicine?

One good example will do to illustrate this point. While the whole world put together has about 33 million AIDS patients, we in India have a total of 67 million NIDS (nutritional Immune Deficiency children) children but even our professors are not aware of that. Those children die in thousands daily for want of food! Where have we lost our priorities? We have great AIDS specialists here because there is plenty of money in AIDS arena and no money at all in the poverty arena, thanks to the greedy politicians in addition. Research today is simple grant writing, grant getting, CV fattening exercise. As already shown

above most, if not all of it, is not worth the paper on which they are printed. Even awards and prizes are given for them! I was reminded of what Sir Winston Churchill once said: “While falsehood has almost gone round the world truth still has not had time to pull up its pants!” How true? “Poor pay for their poverty with their lives “was the pronouncement of a humane family physician, Julian Tudor Hart, who worked for forty years in a coal mining community of Wales.<sup>23</sup> Poverty is the mother of all illnesses along with ignorance. We have this combination in India which is not taught in our medical schools.

For us we need a future medical system that incorporates the best in all the systems of medicine which go through a strict scientific evaluation prior to being included in the future meta-medicine( medicine coming after modern medicine) along with the useful part of modern medicine like corrective surgery and emergency care. Founded and mentored by one of the greatest scientists ever to walk on this planet, Late Professor Rustum Roy, we have been working for over a decade in our World Academy of Authentic Healing Sciences ([www.waahs.com](http://www.waahs.com)) just put such a system into practice. We also publish our data in our own “super peer reviewed” journal-The Journal of the Science of Healing Outcomes ([www.thejsho.com](http://www.thejsho.com)) While I edit the journal our co editor in chief is Hans Peter Durr, the emeritus director of the Max Planck Institute in Munich.

This is the long and the short of future medical education scenario which could be fine tuned further as and when needed. Anything that does not change does not qualify to be scientific. Life is ceaseless change till death, medical education is no exception. Let us not waste our time debating which part of the existing system needs change; instead let us put in place a new scientific method in place of the age old unscientific method.

“People today don’t need a Wakley to tell them that parts of the medical empire are still rotten at its core. The evidence is in front of their eyes daily. Many have personally experienced the medical establishment at its worst. It’s no surprise that the medical establishment now hires a phalanx of paid bloggers, paid board trolls, paid media “feeders” . and where it can, attempts to rule the policies and words of medicine, the media and politics with an iron fist. Medicine everywhere, not just in China, is now a branch of politics.” Hillary Butler 2011.

“We have to recognise that life is a sexually-

transmitted terminal disease and that we cannot eliminate all risks. If we prevent deaths from heart disease, people will probably die of cancer and vice-versa. If we want to convert all individuals to pill-taking cost centres in the Medical- Industrial complex, then we should do so consciously rather than by sleep walking into an era when all risks must be mitigated medically. The international imbalance in healthcare expenditure means that in the West we strive to increase individual lifespan by a few months at massive cost, whilst in other parts of the world much lower expenditure could increase the ‘global sum of health’ by a far greater extent.”

Tim Reynolds

*“In the information society, nobody thinks. We expect to banish paper, but we actually banish thought.”*

Michael Crichton

## References

- 1) Starfield B. Is Us medicine the best in the world? JAMA 2000;284: 483-485.
- 2) Tinetti M and Stead M. The end of the disease era. Am. J. Med 2004;116: 179.
- 3) Ioannidis JPA. Why most published research findings are wrong? PLoS Medicine 2005;2:124.
- 4) David H. Freedman Lies, damned lies and medical science. The Atlantic 2010;12:212-14
- 5) Ioannidis JPA. Contradicted and Initially Stronger Effects in Highly Cited Clinical Research. JAMA 2005; 294: 218–228.
- 6) Avn.Org.Au/nocompulsoryvaccination/?P=1013
- 7) Krumholz. H.Cardiac procedures, accountability NEJM1997; 336:1522-23
- 8) Silverstone M. Blinded by Science. Hay House Publications, London. 2011
- 9) Pagels HR. The Cosmic Code-quantum physics as the language of Nature. Mass Market Paper back. 1982
- 10) Lipton BH. Biology of belief. Hay House Publications. 2008
- 11) Helumath. Boosting brain activity by transcranial magnetic energy 2001. www.highbeam.com/doc/1G1-75348150.html
- 12) Rawlins M. The Harveian Oration of 2008, De Testimonio. On the evidence for decisions about the use of therapeutic interventions. Royal College of Physicians, London.
- 13) Wallace DC. Mitochondria as Chi. Genetics 2008;179: 727-735.
- 14) Bingel et.al. Effect of treatment expectations on drug efficacy. Science Translational Medicine home; tm.sciencemag.org/ content/3/70/70ra14.abstract. 2011
- 15) Null G. et. al. Death by Medicine. www.whale.to/a/null9.htm
- 16) Leon MB, Laham R. et. al. Laser revascularization with placebo control in severe angina. J Am Coll Cardiol.2005.46:1812-1819,
- 17) Hegde BM. (2010) Energy Medicine. www.kma.org.kw/KMJ/kmjune2010/KMJ%20June%202010.pdf
- 18) Albert-Szent-Gyorgyi (2009) Sub Molecular Biology. AP Publishers.
- 19) Popp FA. Biophotons. neshealthblog.wordpress.com/.../fritz-albert-popp-biophotons
- 20) Godlee. F. What is health? BMJ;2011343:d4817
- 21) Moynihan R. (2008) Disease Mongering www.plosmedicine.org/article/info:doi/10.../journal.pmed.0050106
- 22) Durr HP. (2011) Matter is not made out of matter. www.reddit.com/r/.../
- 23) Hegde BM. (2011) Tuberculosis the captain of death. www.bmj.com/content/343/bmj.d4991/reply.

How to Cite this article :

Hegde B M. Medical education at the cross roads. J Educational Res & Med Teach 2013;1(1):1-6

Funding: Declared none Conflict of interest: Declared none



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