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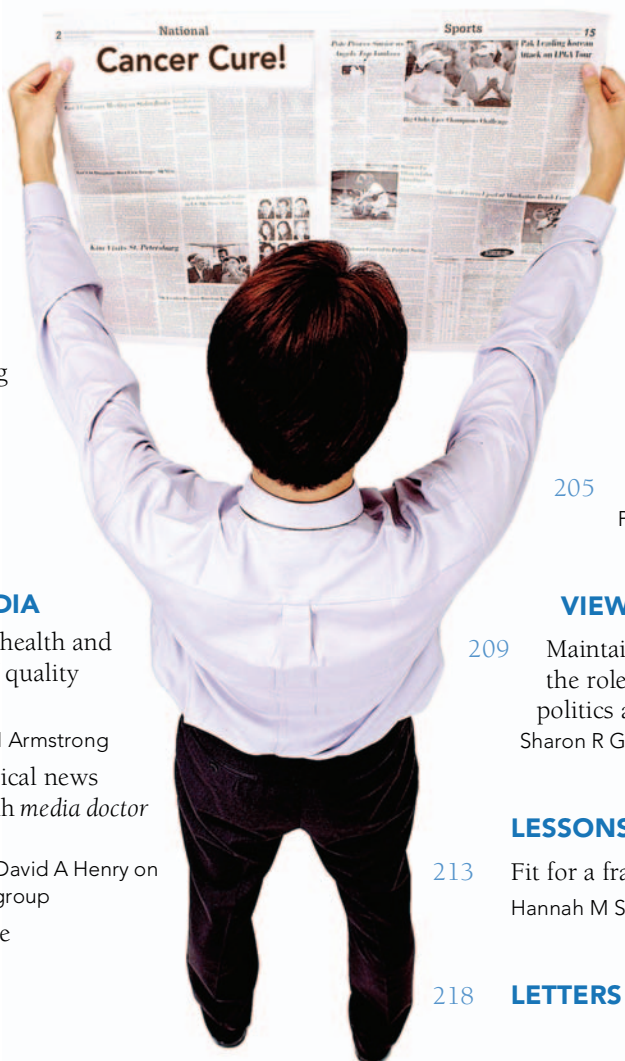
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PATIENTS AND TEACHING AND TRAINING

Recently, the relative peace of a public hospital clinic was shattered by the loud protestations of a patient. On being approached by a registrar and a medical student, he dismissed both out of hand. He was not going to be seen by "junior doctors!" He wanted a "real doctor — the specialist!". Not surprisingly, this dismissal caused the registrar and student some distress.

Versions of this attitude are part and parcel of our teaching hospitals. Most medical students will remember instances of being dismissed by patients or sent away by guardians of the wards.

And with the ascendancy of consumerism and individual autonomy, patients choosing to not be part of clinical teaching or training may well become more common. This scenario is even more likely in light of increasing student numbers in a setting in which teaching resources are already stretched.

Should society expect its citizens to be involved in the teaching and training of future doctors? Some people argue that there is a moral obligation to participate in these activities. After all, society expects doctors to be competent and capable, and these attributes do not simply materialise.

Just as today's patients reap the benefits of yesterday's patients' participation in clinical education, is it not reasonable that today's patients reciprocate for the benefit of tomorrow's patients?

Unfortunately, the prevailing cult of the individual, which values "my choice" and "my rights", places a correspondingly low value on the needs of the community.

Increasingly, medical schools are adding another leg to the three-legged stool they talk about — to teaching, research and patient care is added social accountability.

But social accountability is a two-way street — particularly so in clinical teaching and training.



Martin B Van Der Weyden

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