

## A MOMENTOUS OCCASION FOR BEHAVIOURAL SCIENCES AND MENTAL HEALTH

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### **Bhurban Declaration on Medical Education September, 2015: Behavioural Sciences, Ethics and Research Adopted as Integral Parts of Undergraduate Medical Curriculum in Pakistan.**

It was indeed a great relief for the mental health professionals from across the country to see the inclusion of Behavioural Sciences to be recommended as an integral part of the undergraduate teaching curriculum in Pakistan. The moot of the top medical educationists, principals and subject specialists at Bhurban this month, treated Behavioural Sciences at par with subjects of Research and Ethics, to designate it the common thread that will run from first to the final year of undergraduate training years. Not only that it will be part of the summative assessment at the university and institutional level; it will also be the essential part of the internal assessment at each undergraduate medical college. Barring few, the entire fraternity of principals, deans, heads of departments and professors from all the major disciplines and undergraduate training institutions strongly supported the inclusion of Behavioural Sciences, Medical Ethics, and Research as compulsory subjects for training and assessment in MBBS. The recommendation was endorsed and supported fully by the representatives of Pakistan Medical and Dental Council. The Bhurban Declaration of National Consensus Guidelines was made at the conclusion of the meeting organised jointly by University of Health Sciences, Higher Education Commission and Pakistan Medical & Dental Council on 12th September, 2015. This declaration is to become the guiding document for all curricula to be taught in medical colleges of Pakistan.

This indeed is not the first attempt to address the maladies that afflict Pakistan's undergraduate and postgraduate training in the field of medicine. Over the years various curricular philosophies have been tried to remove the ills of training. Newer curricula like COME, SPICE, PBL, and many others with even fancier names, all claimed to be better than the other have been tested and aborted. Convincing, as all good marketers sound, the proponents of each of these curricular approaches were able to persuade the policy makers to implement their 'brand'. The well entrenched, familiar, and a settled system of the traditional curriculum of lectures, tutorials, lab and bedside based training split into basic sciences, preclinical and clinical years were to be thrown straight out of the window. The same however did not happen. An immediate impact of these waves of newer approaches was that the lectures were dubbed outdated and a waste of time, tutorials were discarded as hopeless, and the all-familiar bedside teaching in wards and outdoors by senior professors, and faculty members fell out of fashion. Today, the undergraduate training in

Pakistan is being gradually handed over to junior faculty, postgraduate trainees, and internet-based 'googling'. The newer modes of information transfer and training such as the interactive lectures, small group discussions, PBL, CBL, Skills Lab and teaching on mannequins are poorly organized, ill conceived, and badly executed. The benefits of these evidence based teaching methods remain elusive. The medical student continues to lurk in corridors, labs, dissection halls, libraries, or else stay glued to their smart phones for almost half of their five years of training of MBBS. They spend these vital weeks and months of training away from patients and their families, who all of us know are the greatest teachers of a medical student. Consequently they remain oblivious of the world of disease lived and experienced by a patient at his home, in the community, and on the wards. The result is bound to be a lack of understanding, empathy, and communication skills that only an interaction with patients and family can teach.

Surprisingly, the psychosocial and spiritual dimensions of health and disease have never been a priority with the health professionals. There could be several reasons for their biomedical mindset. The absence of teaching and training in Behavioural Sciences and Ethics however must fare high on the list of causes of the apathy, and ennui at display in our hospitals. Anecdotal as it may sound, in a first hand observation, various members of a health team at a tertiary care facility in Pakistan, were overheard telling the family members of a eighty year old patient placed on a ventilator saying "let the patient die now; she is already eighty in a country where the average age is 65". There are several stories that our patients and families regularly narrate of a similar display of blatant insensitivity, inopportune use of data, and ill-conceived notion of 'an honest breaking of bad news'. It is sad to record that there are policy makers and faculty members who still oppose the inclusion of Behavioural Sciences as a subject at the undergraduate and postgraduate level. Their criticism is often rooted in their fears and concerns that medical students are being taught psychology and sociology courses that they will never use in their clinical practice. Their hostility sometimes springs from an unfounded thought that behavioural sciences is an offshoot of psychiatry. This concern is possibly consequent to the teaching of behavioural sciences by psychiatrists and psychologists, and the advocacy for the subject by the same set of professionals. The fact is that the training of medical students in behavioural students is not to



make them psychologists and sociologists. It is to improve the knowledge, skills and attitudes of medical students in communication skills, counseling, understanding of psychosocial aspects of medical, surgical, and reproductive health clinical states, and use of neurobiological and psychological theories of learning, perception, memory, stress and pain in their personal growth as well as better and holistic management of patients and their families. Without a formalized teaching of behavioural sciences through modern tools of information transfer, these noble and essential aims and objectives of medical education cannot be met.

It might interest the critics of inclusion of the subject of Behavioural Sciences in medical curricula across Pakistan, that three days after the Bhurban Declaration, on 15th September, 2015 White House generated an executive order titled ' Using Behavioural Sciences Insights to Better Serve the American People'<sup>1</sup>. The document highlights the importance of knowledge of the principles of Behavioural Sciences in making people-friendly policies, decisions at the governmental, institutional, and personal levels.

The Association of American Medical Colleges in the executive summary of the 'Report of the Behavioural and Social Sciences Panel-2011' states "many of the pressing health conundrums of contemporary society are particularly amenable to research inquiry based on the behavioral and social science model, ranging from seemingly intractable behavioral determinants of morbidity and

mortality to patient safety and medical error reduction"<sup>2</sup>.

The World Federation for Medical Education (WFME) in collaboration with the World Health Organisation in its setting of Standards for Medical Education has made the formal training in Behavioural and Social Sciences and Medical Ethics a compulsory prerequisite for recognition and accreditation of a medical college / university<sup>3</sup>.

The University of Health Sciences, Lahore was the first to introduce a formal teaching and assessment in the subject of Behavioural Sciences in all its constituent colleges in 2007. Such formalized training is hitherto missing in other medical and health professions degree awarding bodies in the country. The Bhurban Declaration once adopted may thus give the requisite impetus to the all-important initiative required to start formal teaching and assessment in the subject of Behavioural Sciences at all levels of health professions education.

#### REFERENCES:

1. <https://www.whitehouse.gov/the-press-office/2015/09/15/executive-order-using-behavioral-science-insights-better-serve-american>
2. <https://www.aamc.org/download/271020/data/behavioralandsocialsciencefoundationsforfuturephysicians.pdf>
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