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Editorial

Medical education

Formação do médico

Medical teaching to provide training is something that affects us directly, even if we are not directly connected to schools. Physicians' quality is a matter that is inherent to our professional practice.

Good physicians produce good medicine; poor physicians produce poor medicine.

The incredible increase in the number of medical schools in Brazil, under the excuse of "more physicians" is a matter of concern. It can be seen that even the medical schools that were established years ago are having difficulty in maintaining their quality standards.

There are shortages of teachers, teaching material and suitable teaching hospitals.

There has been little demand for pursuing teaching careers within the field of medicine. Newly qualified physicians regard teaching as consisting of long working days of doubtful purpose, at ridiculous salaries in comparison with working as an independent professional. In the year-group that graduated from the prestigious University of São Paulo Medical School in 2015, one third of the students will not even enter medical residency programs.

It is difficult to understand and imagine what these new graduates' future will be.

Cadavers constitute indispensable teaching material for physicians' training, yet there is a worsening shortage of them. A doctoral thesis on "Voluntary donation of bodies for anatomical studies", written by Dr Renata Simão Marsola, sought to raise awareness of this issue among the appropriate authorities.

With the advent of new pedagogical visions of medicine, medical courses have undergone major changes. These require students and teachers to have access to international sources of information that are not always available within the schools' systems. Chairs have been merged, some disciplines have disappeared and great importance has been given to the disease or event that will be studied. The foundations, such as classifications and basic concepts of physiology, pathology and microbiology, need to be sought in the sources that are theoretically available.

The teaching hospitals are public and most of them are bankrupt, badly equipped and short of staff. It has been reported that in São Paulo, more than 1000 public hospital beds within the installed capacity are not functioning because of lack of personnel and equipment.

If it is already hard enough to work and attend patients in these hospitals, the difficulties of teaching there can only be imagined.

The low quality requirements have led to a situation in which many private universities have ventured into organizing medical courses, which are extremely profitable.

After graduating, these young physicians require additional training in order to work within specialties, even if they dedicate themselves to fields like family health.

Medical residency programs, which are already small in number, are insufficient for adequately training specialists. In our specialty, the aim of the training is a well-defined field of study such as the knee, foot, hand, etc, which requires a minimum of four years of residency.

Using quantitative reasoning, the government and entities in positions of responsibility are seeking to solve the problem: there will be more physicians, and so there will be more specialists. However, using qualitative reasoning, the only form that can be used in dealing with people, there will be a clear decline in quality.

Optimists might say that this is a moment that will surely pass by.

However, we do not believe this, since medical training is a sequential matter: only physicians can teach physicians.

Who will train physicians in the future?

Continuing medical education (CME) is a fundamental tool within our profession because of the dynamic manner in which it is evolving. It has been invaded by companies that distribute surgical materials, because they perceive this activity to be a powerful marketing weapon. The basic premise

is "let's teach doctors to use our materials". As commented previously in this space, some companies are abandoning our courses and congresses, i.e. the CME tools of the SBOT, under the allegation that they have their own courses. However, it is worth noting that the teachers of these courses are our colleagues. These companies are not prepared to train their own specialists: rather, they pick them from the marketplace using a variety of subterfuges as their argument.

We have always had a healthy partnership with these companies. After all, it was their sponsorship that enabled the evolution of Brazilian orthopedics. However, a worrying divergence of interests is currently evident, and this points towards the end of medical societies as an instrument of CME.

The government bears some responsibility for all of this process, which goes from physicians' training to CME. Nonetheless, a large part of this is also our responsibility, and this needs to be activated as soon as possible, before it is too late.

Passiveness while watching mistakes being made, which is a common practice in our country, needs to be set aside at this time. This is an almost irreversible process that will take years to correct.

Physicians' training is a responsibility to be borne by all of us.

Conflicts of interest

The author declares no conflicts of interest.

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