Fostering Collaborative Partnership among Medicine and Public Health Demands Medical Education Changes

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Fostering collaborative partnerships among medicine and public health professionals can be one of the best approaches for developing a comprehensive and integrated national health strategy and particularly for reducing health disparities. Strengthening such collaboration necessitates medical education changes for medical curricula to graduate physicians who are community oriented and can intervene to reduce and eliminate health disparity by considering a population health perspective for clinical care and using a population-based medicine approach.

The health of KSA population had dramatically improved, with fewer people dying from infectious diseases and therefore in many cases living long enough to develop chronic diseases like diabetes, cardiovascular and cancer. Increases in the causes of chronic diseases, including unhealthy diet, physical inactivity and tobacco use are now the leading causes to people in KSA developing chronic diseases at younger ages. In a recent community-based national epidemiological health survey (1) (2004), the overall prevalence of DM between ages 30-70 is 23.7% and according to International Diabetes Federation, KSA ranked among 10 countries of having highest prevalence of diabetes (2). For KSA, There is a tremendous potential for merging the two disciplines, public health and medical care, because both are usually under the direction of the same government department. Implementing such merging demands heavily medical curricula changes for medical education in a way to emphasize on community approach, promotion of health and prevention of diseases.

This paper outlines the major challenges to chronic diseases prevention and care and makes the case for urgent action to be taken by medical schools to modify their curricula to meet the recent challenges towards chronic diseases prevention and health promotion. The primary aims of paper is to stimulate all medical schools to have active participation in changing medical curricula and medical education approach, identify their own needs and those of the communities they serve, assess their strengths and weaknesses, and consider their potential for reorientation to existing and emerging health imperatives particularly chronic diseases, health promotion and prevention approach. Also, this paper illustrates the importance of collaboration between public health and medicine services. We suggest a comprehensive, integrated and community oriented curricula with strong emphasis on community medicine, public health and epidemiology, disease prevention, health education and promoting health research. On reviewing medical curricula of KFMC/Faculty of Medicine, KFMC/Faculty of Medicine is a unique faculty in the Middle East Area that implementing community oriented programmes with problem based learning and probably with most dynamic medical curricula development.

This would strongly suggest that KFMC/Faculty of Medicine as a model for other medical schools in the region to adopt problem based learning methodology based on community promotion of health and prevention towards chronic diseases. Meeting the public health challenges of today for KSA urges a dramatic change in medical education.