

Medical training and support : technical aid

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Objektyp: **Article**

Zeitschrift: **Bulletin der Schweizerischen Akademie der Medizinischen Wissenschaften = Bulletin de l'Académie suisse des sciences médicales = Bollettino dell' Accademia svizzera delle scienze mediche**

Band (Jahr): **30 (1974)**

PDF erstellt am: **26.09.2024**

Persistenter Link: <https://doi.org/10.5169/seals-307990>

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World Health Organization

Medical Training and Support Technical Aid

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Aim

The aim of the programme of the World Health Organization in this area is to assist Member States to plan for and prepare their health manpower for effective service to their entire population and progressively to improve the quality of service through continuing education of the health personnel of all categories in general.

In many of the developing countries there have been rapid social and economic development, industrialization, cultural and political revolution, almost, in some cases, to a "quantum jump", i. e. telescoping centuries of social, economic and technological progress of advanced countries to achieve a near-miracle of transformation from subsistence to market economy, from traditional to new social and political norms. Is it, in this circumstance, feasible to conceive medicine and scientific research as a powerful instrument of change in any attempt to raise the standard of living of the people, of liberating them from the shackles of disease for creative work?

Objectives

The aim of the programme has been pursued through the provision of assistance to governments in adopting measures leading to:

1. the study of the health manpower planning process and the establishment of mechanisms for the continuing surveillance of needs in this field;
2. the development of educational systems for health personnel adapted to changing epidemiological and service conditions;
3. the introduction of appropriate educational innovations and new approaches at all levels in the training of health personnel;
4. the intensification of the training of the health auxiliaries required to provide nationwide coverage of basic health services;
5. the organization of programmes for the preparation of teachers of educational institutions for health personnel;

6. the organization of programmes for the continuing education of all categories of health personnel;
7. the integration of modern educational technology, based on appropriate pedagogical orientation, into existing educational systems for the preparation of health personnel;
8. the training of national health personnel abroad through selective study for supplementing the local educational resources;
9. the strengthening of local systems of biomedical information and documentation, vis-a-vis the international co-ordinating role of WHO in this field;
10. research in areas related to the above objectives.

Review

The Organization's activities in education and training¹ started with the establishment of WHO. In fact, some of them, such as the fellowships, country programmes (e. g. Ethiopia) and visiting medical teachers, were a continuation of activities initiated under UNRRA and pursued through the WHO interim commission period.

After the establishment of WHO, one of the early Expert-Committees² laid the foundation of the future programme. The wide interest in the subject was made clear soon after when the first of the Technical Discussions, at the Fourth World Health Assembly (1951), was devoted to Education and Training of Medical and Public Health Personnel.

At the end of the first quinquennium the Executive Board made an Organizational Study of "WHO Education and Training Programme, including Fellowships" (1953). It recommended the organization of a study, country by country, of world needs in this domain; the development of educational criteria and standards; an analysis of the local and national distribution of the various types of health personnel; the adoption of experimental, innovative methods of education of health workers, especially doctors.

During the first fifteen years of the existence of WHO, a wide variety of activities was organized, both for obtaining collective knowledge (Expert Committees and other meetings) and in assisting countries. This experience, together with an *ad hoc* study of some seventeen newly independent countries, was reflected in another Executive Board Organizational Study on "Measures for Providing Effective Assistance in Medical Education and Training to Meet Priority Needs of the Newly Independent and Emerging Countries"³, which was presented to the Sixteenth World Health Assembly (1963). In its entirety the Study shows concern with the challenge of health manpower as a whole and indicates the steps required for meeting it. Meeting manpower

¹ WHO. *The First Ten Years* (1958), pp 375-378.

² *Professional and Technical Education of Medical and Auxiliary Personnel*, Wld Hlth Org. techn. Rep. Ser., No. 22.

³ *Off. Rec. Wld Hlth Org.* 127, Annex 15.

needs and education programmes became linked for efficient and effective action.

The consideration given by WHO to the education and training of medical and allied health personnel was clearly reflected in a critical review, made in 1967, of WHO's activities in this field during the period 1948–1966. Such a review has shown that despite inevitable extemporization and improvization in the early years, mostly due to the urgent, staggering needs of many newly admitted Member States, the programme has contributed to progress in the world health situation. It has also indicated, however, that any given programme, particularly in the area of health manpower development, must undergo constant change in response to changing needs. This is stressed in the WHO Fifth General Programme of Work for the period 1973–1977.¹

Approach

The dynamic situation facing health services has both technical and social aspects. On the one hand there are the changing patterns of disease and environment for which solutions exist or should be sought, and on the other hand, the demands of the population for effective health care and the aspirations of health workers themselves for a rewarding career. In addition, the responsibility of medicine in the modern world has altered considerably. In this connection, I would like to quote from a memorandum which has been received by the Right Honourable Lord Florey from a friend:

“In a time of great social upheaval and rapid developments in science, no profession with its roots in science and its goal to serve society can remain unaffected by the changes taking place about it.

Medicine today is such a profession. There has perhaps been no period in its long history when the demands and expectations on medicine have been so great. The demands arise from the rapid increase in the world's population, the increasing affluence of modern industrialized society with its ability to pay for better than minimal health standards and the expectation that medicine can reduce suffering, conquer disease and assure to all a better life free of physical and mental illness. These demands and expectations have created new and diverse roles for the doctor of medicine. Proficiency in entirely new areas of health protection, for example, radiation safety, environmental pollution prevention, population control, etc., is expected, while traditional patterns of medical care are severely challenged. To survive, medicine must evolve new patterns to deepen its roots in science and broaden its scope of service to society.”

As governments take greater responsibility for the provision of health services, the need to meet the technical and social challenge effectively becomes a political necessity. This involves health authorities in short and long-term decisions of considerable gravity and calls for a system of planning based on the present realities and future aims.

In my lecture on the same subject in Africa in 1970, I emphasized the importance and the crucial role of the medical schools and schools of health sciences in the development and the organization of medical and health services to focus our attention on the quality and relevance of training pro-

¹ Off. Rec. Wld Hlth Org. 193, Annex 11 (1971).

grammes. It should be our aim to develop our own local but high standards and be weaned from the age-old gimmick, known as "international standard", which in fact is an abstraction and which has been aptly termed "compulsory uniformity" by Sir George Pickering in his "Disorders of Contemporary Society (and their impact on medicine)".

In the developing countries, I feel that a medical trainee should be exposed to all types of situations and his training be broad-based because of the varieties of tasks he may be called upon to perform. It has therefore become important for the teaching hospitals to join hands with government hospitals, clinics, dispensaries, etc. to create a rich spectrum of facilities for teaching and research. In addition, community-based institutions which could serve as field experiments and application should be created (see BRYANT 1969; FENDALL 1966; and MAURICE KING 1966, on the variety of Organization of Health Services). One of the problems in the design of national policies and plans is the proper choice of methods and models.

That medicine is not concerned with individual therapy, but has its wider social aspects, is a fact which is obtaining increasing recognition in all societies, but it is in developing societies that "health and disease are a matter of 'the public', communal concern from the start". CICELY WILLIAMS (1958) has noted that the progress of medicine in developing countries must in fact depend largely on its *social contents*. Too much specialization, according to her, has led to social complications and disasters. Future doctors should know more of how to promote and maintain health than how to cure diseases. At the moment too much emphasis is laid on morbidity than on preventive medicine.

The trainee in the developing countries must possess all the skills which are essential for the effective performance of his task. In this connexion, the young doctor – or even the senior student – may, for example, be called upon to prevent or cure a disease, lead a health team, be a social leader, be an educator, or be called upon generally to make a critical decision to intervene and manipulate not only the environment but man, his living conditions, his very being and habits, culture and thought.

In addition, he is expected to acquire such qualities that are essential for satisfactory accomplishment of his duties (dedication, perseverance, tolerance, intuition) and capacity for continuing medical education to enable him to have *access to new knowledge and new techniques*. The medical officer of health of today has charge of a diffuse organization which necessarily involves him in a great many official and unofficial contacts with his colleagues, some ministries, local committees, and he must therefore rely on a skilled team of assistants for most of the routine work which normally comes his way.

At the moment, curriculum development, techniques of teaching, examination system, evaluation of methodology and objectives, etc. receive very little attention in most of our medical schools. One can safely state that "an obvious finding is the thinness of the efforts at evaluation even of the standard of clinical practice". Although there is marked improvement already

many curricula that I have examined in some medical schools in the developing countries are still overcrowded and do harm by encouraging fragmentation of knowledge, by suppressing curiosity, insight, and the capacity to learn from experience.

The medical schools and allied institutions are uniquely placed, usually being a part of the university and, as a result, could seek collaboration and assistance from other university departments, e. g. Department of Education, in planning more effective educational strategies. It is in the university that research and higher education have been indissolubly linked and research has become so important to the society that it cannot be divorced from national policy. Research in one field is not infrequently found to be applicable to another. We have found, in addition, that, for example, nutritional research involves many disciplines and many departments of the university.

Various professional organizations, the university, and in more recent times the national research organizations (e. g. medical research councils) have emerged as major instruments for increasing knowledge. Sir HAROLD HIMSWORTH (1962) has observed: "The fact that three such similar types of instruments have developed in all modern countries, despite wide differences in social structure and cultural evolution, is a sound indication that these are responses to a genuine natural need and not merely local transient expedients".

The medical schools in developing countries, without impairing their intellectual independence necessary for creative work, could safely assume new roles and responsibilities, especially in relation to the government. They could draw the attention of the government to opportunity and advise on the feasibility of any proposals, their cost in resources and their relative advantage in regard to other proposals in its field. Our medical schools are well placed (or could be) to measure the impact of medical science in health care and to identify obstacles inherent in society, or presented by society, to an efficient application of sound medical knowledge.

The medical school must play an important role in formulating both short-term and long-range objectives within the national framework, especially in this regard. While there is ample room to question the precision with which objectives may be stated and progress towards them may be mentioned, our approach at the moment to major and even minor planning programmes has no lasting virtue of encouraging the relatively precise thinking which is needed for the objectives to be clearly stated and the careful consideration of the relative costs and potential benefits of various ways of dealing with contemporary health programmes.

Proposals for 1975

During 1975 the Organization will continue to orient its activities in the field of health manpower development in the light of the Fifth General Programme of Work for 1973-1977 and will concentrate its action on the following areas:

1. Adjustment of educational schemes, curricula and teaching methodology to local requirements and needs. New approaches are in fact required for the undergraduate level education of medical and allied health personnel, and multi-professional educational schemes will be promoted wherever and whenever possible. Extensive developments in the preparation of such personnel for health programmes having family planning as a component will also take place.

2. High priority will be given to assisting Member States in defining the types of auxiliary health workers required to provide nationwide coverage of basic health services, and in the appropriate planning and implementation of their training.

3. The programme for the preparation of teachers for medical and allied health sciences will be expanded through the strengthening of the existing network of regional teacher training centres and the development of national ones.

4. Advice and assistance will be provided for the organization and integration within national health services, of programmes of continuing education for health personnel in general.

5. The educational technology programme which is being developed by the Organization will concentrate on projects to be based on existing local institutions, or integrated within the framework of central, national education and training programmes for health personnel. Educational media centres will be used for demonstration of advances in teaching aids and techniques, not only by the teacher training centres, but also through the utilization of mobile units.

6. Research will be developed and expanded, not only on some aspects of health manpower problem at interregional, regional and local level, but more particularly on areas deserving special attention such as: educational approaches that would ensure an effective and economical distribution of functions between the various members of the health team; educational methods designed to overcome the teaching limitations of health sciences schools in developing countries; the cost of the preparation of the various types and levels of health personnel and minimum requirements in installations, equipment and staff for countries with limited financial resources.

Summary

The aim of the programme of the World Health Organization in this area is to assist Member States to plan for and prepare their health manpower for effective service to their entire population and progressively to improve the quality of service through continuing education of the health personnel of all categories in general.

In many of the developing countries there have been rapid social and economic development, industrialization, cultural and political revolution, almost, in some cases, amounting to a "quantum jump". During the first

fifteen years of the existence of WHO, a wide variety of activities was organized, both for obtaining collective knowledge and in assisting countries. The programme has contributed to marked progress in the world health situation, however it has also indicated that any given programme, particularly in the area of health manpower development, must undergo constant and innovative change in response to changing needs. The dynamic situation facing health services has both technical and social aspects. On the one hand, there are the changing patterns of disease and environment for which solutions exist or should be sought, and on the other hand, the demands of the population for effective health care and the aspiration of health workers themselves for a rewarding career.

Our attention must be focused on the quality and relevance of training programmes. In the developing countries, I feel that a medical trainee should be exposed to all types of situations and his training be broad-based because of the variety of tasks he may be called upon to perform – prevent or cure disease, leadership of health teams, social work, educative roles, intervention and manipulation of man's total environment. These tasks require a capacity for continuing medical education. Future doctors should know more of how to promote and maintain health, than how to cure diseases.

In addition, the medical officer of health today must have the ability to become involved with the political structure of the local community, region, and national organization. It is in the university that research and higher education have been indissolubly linked and research has become so important to the society that it cannot be divorced from national policy. The medical schools in developing countries, without impairing their intellectual independence necessary for creative work, could safely assume new roles and responsibilities, especially in relation to the government, including formulating both short-term and long-range objectives for national health care.

During 1975, WHO will concentrate on such health manpower development areas as:

1. Adjustment of educational schemes, curricula and teaching methodology to local requirements and needs.
2. Assistance in defining the types of auxiliary health workers required to provide nationwide basic health services.
3. Strengthening regional teacher training centres and developing national ones.
4. Assistance in continuing education programmes for health personnel.
5. Educational technology programmes in local, central and national education and training programmes for health personnel, including the use of educational media centres both within institutions and as mobile units.
6. Research development and expansion, particularly in such areas as educational approaches to effective distribution of the functions of health team members, and educational methods and cost-effectiveness evaluations of training health personnel for countries with limited financial resources, equipment and staff.

Zusammenfassung

Das Programm der WHO hat zum Ziel, die Mitgliedstaaten bei der Ausbildung ihrer Angestellten zu unterstützen, so dass die Hilfe wirkungsvoll der ganzen Bevölkerung zugute kommen kann. Dies soll durch fortwährende Weiterbildung aller Angestellten erreicht werden.

In vielen Entwicklungsländern findet auf verschiedenen Gebieten ein schneller Fortschritt statt: Soziale und wirtschaftliche Entwicklung, kultureller und politischer Umschwung. Während der ersten 15 Jahre der Existenz der WHO wurde eine grosse Vielfalt von Programmen organisiert, sowohl um allgemeine Kenntnisse zu erhalten, als auch um die Länder zu unterstützen. Die Tätigkeit hat zu beachtlichem medizinischem Fortschritt in der Welt beigetragen. Andererseits hat es sich gezeigt, dass jedes bestehende Programm, insbesondere auf dem Gebiete der Personal-Ausbildung, ständig erneuert und den wechselnden Bedürfnissen angepasst werden muss. Die WHO sieht sich wechselnden Verhältnissen gegenübergestellt, sowohl auf technischem als auch auf sozialem Gebiet. Auf der einen Seite bestehen wechselnde Muster von Krankheit und Umgebung, für welche Lösungen vorhanden sind oder noch gesucht werden müssen; auf der andern Seite steht das Verlangen der Bevölkerung nach wirksamer Hilfe und die Bewerbung der WHO-Angestellten um eine bessere Anstellung.

Wir müssen uns auf die Qualität und Wichtigkeit der Schulungs-Programme konzentrieren. Ich bin der Ansicht, dass eine für die Entwicklungsländer ausgebildete Medizinalperson mit allen möglichen Situationen konfrontiert werden und ihre Ausbildung breitbasig sein soll, entsprechend der Vielfältigkeit der Aufgaben, die sie zu übernehmen hat: Vorbeugen und Behandeln von Krankheiten, Führen von Gesundheits-Teams, soziale Arbeit, erzieherische Tätigkeit, Beeinflussen und Verbessern der menschlichen Umgebung. Diese Aufgaben erfordern die Fähigkeit zu ständiger medizinischer Weiterbildung. Ärzte der Zukunft sollten besser wissen, wie man die Gesundheit erhält, als wie man Krankheiten behandelt.

Zudem muss heute der «medical officer of health» die Fähigkeit haben, sich in die politischen Strukturen der lokalen Gemeinde, der Region und der nationalen Organisation einzuschalten. An der Universität werden Forschung und höhere Erziehung untrennbar verknüpft. Die Forschung ist für die Gesellschaft so wichtig geworden, dass sie nicht von der nationalen Politik getrennt werden kann. Ohne ihre intellektuelle Unabhängigkeit, welche für schöpferische Tätigkeit notwendig ist, zu verlieren, könnte die «medical school» neue Rollen und Verantwortung übernehmen, besonders im Verhältnis zur Regierung, inklusive Ausarbeitung von Kurz- und Langzeit-Projekten für den nationalen Gesundheitsdienst.

Im Jahre 1975 wird sich die WHO auf folgende Gebiete konzentrieren:

1. Anpassung der Ausbildungspläne und der Lehrmethoden.
2. Definition der verschiedenen Arten von Hilfskräften für die WHO-

Angestellten, welche für einen nationalen Gesundheitsdienst benötigt werden.

3. Verstärkung der regionalen und Neubildung der nationalen Lehrerbildung.

4. Unterstützung in der Weiterführung der Ausbildungsprogramme für WHO-Angestellte.

5. Technologische Ausbildungsprogramme für die lokale, zentrale und nationale Ausbildung der WHO-Angestellten, inkl. Schaffung von Zentren für Ausbildungsmittel sowohl in festen als auch mobilen Einheiten.

6. Weiterentwicklung und Verbreitung der Forschung, besonders betreffend die Organisation der Ausbildung im Hinblick auf die effektive Aufgabenzuteilung jedes Mitglieds der medizinischen Gruppe, die Lehrmethoden und die Abschätzung der effektiven Ausbildungskosten für das medizinische Personal in Ländern, deren finanzielle Mittel sowie Ausrüstung und Personalbestand beschränkt sind.

Résumé

L'Organisation Mondiale de la Santé a entre autre pour but d'aider les pays membres à former ses employés, de telle sorte que cette aide puisse profiter ensuite au pays tout entier. Ce programme devrait se réaliser en éduquant sans cesse leurs employés de manière toujours plus détaillée.

Dans beaucoup de pays en voie de développement l'on voit des progrès rapides dans plusieurs domaines: développement social et économique, révolution culturelle et politique. Durant les premières 15 années d'existence de l'OMS un grand nombre de programmes ont été organisés, aussi bien pour acquérir des connaissances d'ordre général que pour aider différents pays. Cette activité a permis de réaliser d'importants progrès médicaux dans le monde. Il s'est avéré d'autre part que chaque programme en cours, et surtout dans le domaine du recyclage du personnel, doit être constamment renouvelé et adapté aux circonstances. L'OMS doit constamment faire face à des situations changeantes, aussi bien sur le plan technique que social. D'une part l'on trouve des types de maladie et d'environnement qui se modifient et pour lesquelles existe déjà une solution, ou doit encore être trouvée. D'autre part, la population exige une aide plus efficace et les employés de l'OMS désirent des situations meilleures.

Nous devons nous concentrer sur la qualité et souligner l'importance des programmes d'éducation. Je suis d'avis qu'une aide médicale préparée pour travailler dans un pays en voie de développement doit pouvoir faire face à toutes les situations possibles et recevoir une formation aussi complète que possible, vu la multiplicité des responsabilités qu'elle devra assumer: prévention et traitement des maladies, diriger des équipes de la santé publique, travail social, activité éducatrice, elle doit être capable d'influencer et d'améliorer l'environnement humain. Ces diverses tâches exigent qu'elle soit capable de compléter constamment ses connaissances médicales. Les médecins de l'avenir devraient mieux savoir comment conserver la santé que seulement comment traiter des maladies.

Il faut de plus que le «medical officer of health» soit capable de s'intégrer dans les structures politiques des communes, des régions et des organisations nationales. A l'université la recherche est complétée d'une éducation supérieure; la recherche est devenue si importante pour la société qu'elle ne peut plus être séparée de la politique nationale. Sans perdre son indépendance intellectuelle, qui est nécessaire pour une activité créatrice, la «medical school» pourrait assumer de nouveaux rôles et de nouvelles responsabilités, surtout vis-à-vis du gouvernement, en préparant des projets à court et à long terme pour le service sanitaire national.

Pour l'année 1975 l'OMS va s'occuper surtout de:

1. Adaptation des buts d'éducation et de leurs méthodes.
2. Détermination des différents types d'auxiliaires pour les employés de l'OMS, qui pourraient être nécessaires pour un service de santé national.
3. Renforcement de l'éducation régionale et formation d'une telle au niveau national.
4. Assistance pour la poursuite des programmes d'éducation d'employés de l'OMS.
5. Programmes d'enseignement techniques pour l'éducation sur le plan local, central et national des employés de l'OMS, comprenant aussi la création de centres d'éducation en unités aussi bien fixes que mobiles.
6. Développement et expansion de la recherche, surtout en ce qui concerne l'organisation de l'enseignement par rapport à la distribution effective des fonctions de chaque membre du groupe médical, les méthodes d'enseignement et l'évaluation du coût effectif de l'instruction du personnel médical pour des pays ayant des ressources financières, un équipement et du personnel restreints.

Riassunto

Il programma dell'Organizzazione Mondiale della Salute ha lo scopo di sostenere i paesi membri nella formazione della loro mano d'opera, onde assicurare a tutta la popolazione un aiuto efficace. Ciò dovrebbe avvenire grazie ad un'istruzione continua di tutto il personale impiegato. In molti paesi in via di sviluppo si assiste in diversi campi ad un'evoluzione rapida: sviluppo sociale ed economico, industrializzazione o rivoluzione culturale e politica. Durante i primi quindici anni d'esistenza dell'Organizzazione Mondiale della Salute, furono organizzati svariati programmi, sia per ottenere informazioni generali, sia per sostenere i paesi membri. Questa attività ha contribuito al conseguimento nel mondo di grandi progressi nel campo medico. D'altra parte, si è potuto constatare che ogni programma preesistente, specialmente nel campo della formazione del personale, deve venire continuamente rinnovato ed adattato a delle necessità variabili. L'Organizzazione Mondiale della Salute si trova confrontata con situazioni in permanente mutazione, sia in campo tecnico che sociale. Da una parte esistono tipi di malattie e di ambiente soggetti a variazioni, per i quali le soluzioni esistono oppure devono ancora venire trovate, dall'altra si trovano le esigenze della

popolazione che richiede aiuti più efficaci ed il desiderio degli impiegati dell'Organizzazione Mondiale della Salute di ottenere un impiego migliore. Dobbiamo prestare soprattutto attenzione alla qualità ed all'importanza dei programmi di preparazione. Sono del parere che un individuo, istruito ad esercitare un'attività sanitaria nei paesi in via di sviluppo, deve essere messo a confronto con tutte le situazioni possibili e che la sua formazione abbia basi solide, data la varietà dei compiti che dovrà assumere: prevenzione e cure di malattie, direzione di gruppi sanitari, attività sociali ed educative, necessità di influenzare e di migliorare le situazioni ambientali umane. Questi compiti esigono la capacità di poter progredire costantemente nella propria formazione. I medici del futuro dovrebbero saper meglio come mantenere la salute che curare le malattie. In più, il «Medical Officer of Health» deve avere oggi la capacità di intromettersi nelle strutture politiche dei comuni, delle regioni e delle organizzazioni nazionali. Nelle Università la ricerca scientifica e l'educazione superiore sono intimamente legate. La ricerca è diventata così importante per la società, che non può venir separata dalla politica nazionale. Senza perdere la sua indipendenza intellettuale, necessaria all'attività creatrice, la scuola medica dovrebbe assumere nuovi ruoli e responsabilità soprattutto nei confronti del governo, compresa la progettazione di programmi sanitari di portata nazionale a lunga e corta scadenza. Nel 1975, l'Organizzazione Mondiale della Salute dovrà concentrarsi sui seguenti compiti:

1. adattamento dei piani di istruzione e dei metodi di insegnamento alle necessità locali
2. definizione dei diversi tipi di ausiliari per il personale necessario a degli organismi sanitari di dimensioni nazionali
3. rafforzamento dei centri regionali di formazione del personale insegnante e creazione di tali centri a livello nazionale
4. sostegno nel continuare l'organizzazione di programmi di perfezionamento per il personale medico
5. Programmi di formazione tecnologica per l'istruzione locale, centrale e nazionale del personale medico, compreso l'uso di centri d'insegnamento sotto forma di unità mobili e stabili
6. sviluppo ed espansione della ricerca, soprattutto in quello che concerne l'organizzazione dell'insegnamento in rapporto alla distribuzione effettiva delle funzioni di ogni membro del gruppo medico, i metodi d'insegnamento e la valutazione del costo effettivo dell'istruzione del personale medico per i paesi con risorse finanziarie, d'equipaggiamento e di personale limitate.

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