Medical education in India today remains guided by steps taken in British India. We still stress on diagnosing mitral stenosis like rare diseases, when in the neighborhood, we have patients die from malaria, tuberculosis, and cancer which have become a common place of our daily story. Medical postgraduates today have become programmed to only think of completing their presentations, pleasing their staff, and getting their degrees. While this helps a lot at an individual level, what is medical education contributing to developing human society and science in toto?

Postgraduates today do not read newspapers, are far less familiar with the developments of the outside world, cannot give public speeches or making good quality presentations, cannot declare deaths being empathetic, and even cannot negotiate terms and conditions or rise to meet their demands. There is no statistics required to gauge a gathering depression that is slowly percolating in medical postgraduate education. The rot is compounded by cases of sexual harassment at workplace, professional jealousy, and secret partialities. When we look back and turn the wheels of time, we will all collectively suffer shame in private. What answer can we give, when the next generation questions us as to what kind of healthcare and health systems have we left behind for them? A system far more decayed than what existed or a system to look forward and love!!

The solutions are simple, straightforward, and require able men to take decisions. Engage postgraduates to read news articles and blogs, let them debate the matter in a civilized manner. Journal clubs should be made to only understand the epidemiological components, but much of it today remains statistical talks. Debates on euthanasia, medical indemnity, corporatization of healthcare, sustainable development goals, and universal health coverage should form the themes for discussions and dialogues. Mainstreaming of the diseases which were left behind need to be opened up and advocated for. There is so much noise being made about diabetes, cardiovascular diseases, and HIV/AIDS. While it is true that the burden of this is fairly high, we cannot forget, kidney diseases, neglected tropical diseases, disasters, road traffic injuries, and mental health which receives limited attention. Medical education should garner its attention also to engage with adjunct faculties who are domain experts in the industry which will promote industry institution interaction and set the footpath for the days to come.

The future of medicine has already arrived. Let us start training medical postgraduates with the future in mind rather than remain comfortable in the creations we ourselves created and justified.

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