

The Past, Present and the Future... Thoughts of a Clinical Teacher

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I was born and bred in Galle. My parents were trained teachers. It is from them that I imbibed the art of learning and inherited the love for teaching. I am the second in a family of four and I had my entire education at Richmond College, Galle. As far as I can remember, from my early days I was determined to become a doctor. It could have been a childhood fantasy at first. This desire was later strengthened as I saw how well respected the doctor was in society and the immense potential a doctor has in helping humanity. We must consider ourselves to be extremely fortunate to be in this noble profession.

I did well at school. I won all the class prizes except in the seventh standard, a disappointment I cried over for a whole day. I ended up with over fifty subject prizes as well as the Sneath Science Medal for my AL results. My strong will to be ahead of the pack kept me well above the rest. I was a member of the debating team, a Queen's scout and a school prefect.

I passed the AL in my first attempt in 1966 and entered the Colombo Medical Faculty in 1967. I was overawed by the big names in the faculty I had already heard about. Professors Abeyratne, Koch, Seneviratne, Fonseka, Hoover, Fernando, Kottegoda, Lionel, Cooray, Chapman, Rajasuriya, Navaratne and Ranasinghe were the medical giants of the era. To be initiated in to clinical studies by the likes of P.R. Anthonies and E.V. Pieris was an opportunity of a lifetime. We cherished it and did our best to make the most of it.

Facilities for studies available to us were the best available at that time. The physiology theatre, the new anatomy theatre, and the pathology theatre were the only lecture halls. The library was the same as today, albeit with less number of books. Obviously we had no internet, multimedia and other electronic gadgets which people today find indispensable and in the process have forgotten the value and the power of the spoken word.

We were ragged by the immediate seniors in a mild way for the first two weeks. This included wearing coat inside out, wearing black and brown shoes, directing traffic at the Lipton circus and such silly acts which both parties enjoyed much. We freshers felt that we were being noticed and not ignored while the seniors felt that they are establishing their superiority. However to note that even that much of ragging has been eliminated from the Colombo Medical Faculty is most encouraging, considering the obscene extremes to which others go in the other faculties and universities.

However after the first two weeks we had to go home because the first ever medical students' strike was launched to protest against the change of name from University of Ceylon to University of Colombo. Our main worry was that Peradeniya was to retain the prestigious title of the University of Ceylon, with a worldwide reputation for academic excellence. The arguments of the politicians implying "what is in a name?" did not go down well with us. It was most interesting to note that one of the leaders of our strike happened to be the son of the Minister of Education responsible for the name change! After about three months of on and off strikes, we returned to work only after the authorities agreed to change their name to University of Peradeniya.

Looking back, one may wonder whether it was worth the long struggle. One may argue that a good name could be created with good work done by the present incumbents. However the point is that in the old name we have a heritage to look up to and a name to be preserved. The present day students would do well to keep this in mind. Consider yourselves very lucky to have gained admission to the oldest (137 years now) and arguably the most prestigious medical faculty in the country. You should be worthy of that reputation.

I was a third year student when the faculty celebrated its' centenary. I took part in the 125th anniversary celebrations as a clinical teacher in Colombo. I am eagerly looking forward to the 150th celebrations in 13 years time! I am indeed proud to be an alumnus of the Colombo Medical Faculty.

I had a smooth ride in faculty studies, gaining second classes in all exams with a few distinctions. I was a speaker at the first ever student seminar organized by the Medical Students' Union in 1971. It was on the Haemolytic Disease of the Newborn and I spoke on the management of the baby. I was the editor of the inaugural issue of the Journal of the Buddhist Brotherhood in 1971. I much enjoyed the life at the Bloemfontein Hostel, the first time in life I was out of home.

I did my internship under Prof. K. Rajasuriya in Medicine and Dr. W.H. Fernando in Gyn. and Obs., There were only two interns in a unit compared to four or five today. Perhaps due to the lower work load, we did not feel the pressure then. However I feel the consultants were more demanding then than now.

That was the era with no ultrasound scanning or endoscopy let alone CT, MRI scanning, echocardiography or other forms of imaging. Laparoscopy was not even in the horizon. Plane x-rays, barium studies and IVUs were the main forms of advanced investigation. Our clinical senses were of paramount importance for the survival of both the doctor and the patient. It was not the ideal but it made us to auscultate the heart and lungs and palpate the abdomen thoroughly. To this day we attach much importance to history taking and clinical examination.

The antibiotics available to us were penicillins, tetracyclines, sulphonamides, cotrimoxazole, chloramphenicol, gentamicin, and neomycin. The TB drugs were streptomycin, INAH and PAS. Maybe the bacteria then were sensitive to most of these antibiotics. There was no ICU in the General Hospital, and there were no ventilators. However, this does not mean we had a high mortality rate due to lack of all these facilities.

Medicine has come a long way since then. Yet the doctor should have the proper training and discretion in using the modern facilities. So much of this is abused, escalating the cost of delivering health care and even harming the patient. Think

yourself of the "modern" doctor who hardly talks to the patient but orders a whole heap of investigations to compensate. He is almost a machine operator.

In the process one should not forget the value of the human touch in the practice of medicine. Anyone who believes that modern technology can take the place of a caring doctor who listens to the patient and examines him thoroughly is badly mistaken.

Medicine is both an art and a science.

**It is the science that cures the illness faster,
But it is the art
that makes the patient feel better.**

I proceeded to UK in 1978. I passed the MRCP (UK) in my first attempt in 1979. On my return home in 1981, I passed the MD and was appointed Senior Lecturer in Medicine at the Ruhuna Medical Faculty in Karapitiya. I enjoyed clinical teaching very much, but preparing for formal lectures and correcting answer scripts etc bored me immensely. Hence I reverted to the health department and assumed duties at the Matara Hospital as a consultant physician in 1984.

The close contact one establishes with the people he serves gives him humility. For the doctor to realize that the patient who comes to him depends solely on the doctor's good will and skill is important. Each patient is a human being in need of help and not another case to be handled.

In my career spanning thirty four years as a clinician so far, I have been involved in teaching medical students for twenty five years, firstly as a Registrar in the Professorial unit in Peradeniya, Senior Lecturer in Ruhuna, and for the past twenty one years as a consultant physician in the teaching hospitals in Karapitiya and Colombo. The role I played in moulding the doctors of the future has been the most satisfying and, I presume, the most rewarding experience in my life.

It is futile to compare my student days with that of the present day medical student. The pre university background, attitudes to life, and our future aspirations were quite different. This is in keeping with the society we live in. University admission was even more competitive then than it is now, with only two medical faculties at Peradeniya and Colombo admitting 250 students per year.

Subsequent progress in life was much less stressful. It was a relief that we did not have as many assessments as now. In the old curriculum, lack of integration of various “streams” made it easier and less complicated for the student what ever drawbacks the system may have had. Success in our future careers was guaranteed if one was ambitious enough to undertake post graduate studies. Majority of us had a good command of English and no one suffered due to a lack of it.

However, I notice some disturbing shortcomings in the present day students. They find it difficult to break free from what I call the “tuition mentality” they have been brought up with. I have tried to impress upon them the fact that they are learning for the future career and not merely for the next examination. Every moment spent in the ward should be used to learn from the patients. But, it is irritating to see the students just hanging around with a bundle of books in hand just waiting for the class to be taken. I am disappointed that many keep repeating the same mistakes that I had corrected many times, as happens in a primary class.

Initiative for self learning which the new curriculum is supposed to inculcate is in short supply. It appears that the student is ill equipped to undertake the vast field of study, in a “new” language with a new approach to self- learning all at the same time. Desire to seek new information is lacking. Once I have pointed out new physical signs it is sad to note that many do not bother to go and see them. If in medicine, as in any other discipline, the teacher has to force his students to gather new information, the future is necessarily bleak.

I strongly believe that accumulating knowledge is not the sole purpose in the making of a doctor. We need to mould a medical man or woman who gives priority to the needs of the patient, knows how to get the respect and confidence of the people he interacts with, and projects himself as a trust worthy member of the society. I said at the beginning that I yearned to be a doctor partly because of the respect the society had for the doctor. It is our responsibility now to ensure that this respect is preserved for the future generations of doctors to enjoy.

The medical students and the doctors in my unit know that I always discretely point out any irregularities in the dress, posture, words used, the

grammar etc. Recently I had to correct the way a postgraduate doctor was standing during the ward round, and pointed out the fact that the tie did not match the multicoloured shirt. These I feel are matters many would have ignored. Yet I strongly feel that they are important in the making of a complete doctor. It is heartening to note that all my advice is taken in the correct spirit.

I had the opportunity to work for the welfare of my colleagues by getting involved in the Government Medical Officers’ Association (GMOA). I was a committee member for several years and the vice president for two eventful years. This was the result of my conviction from early days that unless we speak up for our rights and openly discuss the wrongs committed by the authorities etc. we become passive accomplices to such activity. We may look “respectable” when we keep silent but are we doing justice by those who need a voice? As president of the Ceylon College of Physicians in 2003, I did my best to reinvigorate old values. Currently I am a representative of the extended faculty in the faculty board.

I always keep in mind that every individual has self respect. No one, big or small, would like to be humiliated in public. Whenever I want to point out mistakes in people, I call them to a room and say what has to be said. I advise my juniors not to shout at other categories of staff for all to hear. The recipient should feel that the criticism is well intended if it is to be effective.

I have a few more years to serve before retirement. I feel I have done my best as a doctor and a clinical teacher. It is satisfying to note that a vast number of doctors working all over the country have learned something from me. Yet I wish I could have been more involved in clinical research. I never fancied writing papers for publication.

Treating patients, teaching students and indulging in research should be the primary functions of every doctor if medicine is to flourish.

What one learns during medical student days, the values one imbibes and the attitudes one develops will decide the eventual success of one’s life as a doctor. So my appeal to you is to realize how privileged you are and make the best use of the opportunity you have been granted.

