



ESSENTIAL MEDICINES FALLING THROUGH THE GAPS OF UNDER-GRADUATE MEDICAL CURRICULUM

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World Health Organization (WHO) introduced the concept of essential medicines in 1977. Essential medicines are those that satisfy the priority health care needs of the population and are selected with due regard to public health relevance, evidence on efficacy and safety, and comparative cost-effectiveness. It has been accepted globally as a powerful tool to promote health equity.¹ It is very important that medical students are exposed to the important concept of 'essential medicines' during their curriculum. Rational use of medicines by the doctors depends on the knowledge of essential medicines. WHO defines rational use of medicines such that patients receive medications according to their clinical needs, in doses that meet their own requirements, for an adequate period of time and at the lowest cost to the individual and the community.²

The Ministry of Health, Government of India has revised the National List of Essential Medicines of India in June 2011 which now included about 348 medicines.³ The knowledge of essential medicines is important before a medical student enters into internship when he or she starts patient care and prescribing medicines under expert guidance. At times interns and post-graduate students emulate the prescribing behavior of their seniors and clinical teachers without understanding why certain treatments are chosen.

In its Vision document, 2015, Medical Council of India (MCI) encourages competency based learning that focuses in the desired and observable ability in the real life situations.⁴ To fulfill the role of a clinician who understands his role in preventive, promotive, curative, palliative and holistic care with compassion, he or she should be able to prescribe and safely administer therapies based on principles of rational drug usage. Moreover, it is

emphasized that an Indian Medical Graduate needs to be familiar with the rational use of Essential Medicines and their common side effects in the Institutional Goals of the MCI Regulations on Graduate Medical Education, 1997.⁵

The concept of essential medicines is important in achieving the competencies mentioned above. This gets introduced during Pharmacology which is covered during the second year of undergraduate training. This gets further reinforced when these students come to Community Medicine department. Interestingly, the chapter on 'National List of Essential Medicines' is no longer given place in the last and 23rd edition of 'Park's Textbook of Preventive and Social Medicine'.⁶ This is a pan-Indian textbook for the subject (in spite of many more books which are now available on the subject) in most if not all medical colleges. Similarly, 'Community Medicine with Recent Advances' by Suryakantha⁷ and Textbook of Community Medicine Preventive & Social Medicine by Sundarlal⁸ also do not have any mention of National list of essential medicines. On the other hand, Textbook of Community Medicine by Bhalwar⁹ and the textbook on National Health Programs by Kishore¹⁰ continue to keep the important chapter on essential medicines as an integral part.

It is our humble request to experts in both Pharmacology and Community Medicine departments nation-wide that this issue be addressed as a matter of priority. Presence or absence of the chapter on essential medicines should not guide the curriculum in any quality teaching program. Integrated Teaching on the topic of Essential Medicines is a feasible option to address the problem and within the purview of MCI Regulations on Graduate Medical Education, 1997.³ It is preferable that medical students understand the concept of essential

medicines before entering into their internship. We call upon both Community Medicine and Pharmacology teaching faculties to take it upon them to continue teaching the concept of essential medicine in undergraduate curriculum. This will otherwise have a serious long term impact on our vision towards producing competent doctors practicing rational use of medicines.

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