

REPORT ON THE TEACHING OF PUBLIC HEALTH AND  
PREVENTIVE MEDICINE IN CANADIAN MEDICAL COLLEGES.

At the twelfth annual meeting of the Association of Canadian Medical Colleges, October 15th, 1954, a Committee of one was formed to study the content of courses in Public Health given by Canadian Medical Schools. The appointment of this Committee followed a report by Dr. A.T. Mathers, chairman of a Committee set up by the Medical Council of Canada to consider examination subjects. Dr. Mathers stated that no two schools in the country were in agreement as to the content of a course in Public Health and Preventive Medicine although all agreed that objectives were changing. He suggested that it might be desirable to have a general understanding about the content of this course as a guide to the examiners of the Medical Council of Canada.

This is not a new problem. It was considered by the Association of Canadian Medical Colleges and the Medical Council of Canada on several previous occasions, and during the past year the Public Health Committee of the Canadian Medical Association also commented on it. A brief review of the recent comments and recommendations may be of interest.

The Association of Canadian Medical Colleges held a symposium on the teaching of Public Health and Preventive Medicine at its seventh annual meeting on September 17th, 1951. The speakers were Dr. R.P. Vivien, McGill University;

Dr. F.W. Jackson, of the Department of National Health and Welfare; Dr. G.E. Hobbs, University of Western Ontario; Dr. C.B. Stewart, Dalhousie University; Dr. J.G.B. Lynch, of the Industrial Medical Department of Dominion Steel and Coal Company. The objectives of a course in Preventive Medicine were presented and the content of courses at several Universities was discussed. The following points were emphasized.

- (a) The importance of having a student understand the role of the general practitioner and clinical specialist in the promotion of health and prevention of disease. Teaching of the methods and techniques of preventive medicine as practised by the clinician should be as detailed as those employed in other fields of general medicine.
- (b) The importance of giving the student an understanding of the social and environmental factors affecting the incidence and progress of disease. Practical methods of planning a programme of prevention, treatment, and rehabilitation should be demonstrated, taking into account the individual patient's social environment.
- (c) An understanding of the general principles of public health practice should be given, but several speakers criticised the type of course which emphasises the details of Public Health practice.

The examination of the Medical Council of Canada was also said to over-emphasise details of Public Health and in particular of sanitation.

Following this symposium the Association of Canadian Medical Colleges passed the following resolution.

"Resolved that the Association of Canadian Medical Colleges go on record as recommending to the Medical Council of Canada that the examinations in Public Health and Preventive Medicine should be of a more general nature and should emphasise the social and clinical aspects of illness."

As a result of this recommendation the Medical Council of Canada increased the examining board in Public Health to five members and forwarded the recommendation concerning the content of the examinations to the Chairman of the Main Board of Examiners with the request that he bring it to the attention of the examiners concerned.

The matter was re-introduced before the Medical Council of Canada in 1954 when Dr. A.T. Mathers presented a report from a committee which had been set up the previous year to consider what subjects should be included in the list of Medical Council examinations. Among other suggestions the Committee had received one to the effect that the examination in Public Health should be discontinued. This suggestion was not approved but the Committee was of the opinion that some sort of common understanding should be reached amongst the medical schools as to what should be taught in Public Health and under what name.

The Committee on Public Health of the Canadian Medical Association, in its report of June 17th, 1955, noted that

the practice of Medicine has changed in recent years. There is less emphasis on the communicable diseases, while the complex problems of an aging population, accidents, and industrial diseases, mental illness and many other problems, have increased. The Committee suggested that much of value would accrue to all medical schools in the development of better courses in Public Health and Preventive Medicine if detailed information were available on existing under-graduate courses in Canadian Medical Schools.

Your Committee has reviewed the statements published in the Calendar of the Faculty of Medicine of all Canadian Medical Schools concerning the content of the course in Public Health, Preventive Medicine and Social Medicine, by whatever name it may be designated. Data were also available from a recent questionnaire on the time devoted to this subject at each Medical School. It was not considered necessary or desirable to request more detailed information by questionnaire from the Department heads for the purpose of the present review. The reason will be indicated later.

The problem may be stated as follows:

Teaching methods and the content of courses in Public Health and Preventive Medicine or Social Medicine are said to differ considerably in Canadian Medical Schools.

Examiners of the Medical Council of Canada find it difficult to set an examination because of this variation.

To evaluate whether a problem of any serious magnitude really exists requires definition of the purpose of the Medical Council examinations. This purpose would seem

to be to determine the candidate's ability to practice general medicine in Canada. If this assumption is correct, the examination should test the candidate's basic and practical knowledge of problems which it would be the responsibility of the Canadian general practitioner to deal with. He should also know what specialty services are available to which problems may be referred which are beyond his ability, and how he can make most effective use of these specialty services. This requires a general knowledge of the scope of each specialty and the broad principles on which the specialist operates. However, it should not require detailed knowledge of techniques ordinarily carried out by specialists.

It has been argued that in some provinces general practitioners are appointed as part-time public health officers, and students should therefore be taught the details of public health procedures and practice. The same argument could be applied to the teaching of Radiology, Anaesthesia, and most other specialties. General practitioners may under certain circumstances, have to serve in lieu of a specialist in radiology, anaesthesia, public health, etc. However, it is generally recognized that under such circumstances the general practitioner should take additional training, at least a short practical course from a specialist in the subject. It is recommended that the same should apply in the case of the part-time health officer.

The magnitude of modern medical knowledge makes it impractical for Medical Schools to accept responsibility for teaching specialty subjects "in miniature" as a part

of the under-graduate course in order to meet the needs of a minority of practitioners. Furthermore to do so would not be in the best interests of the public or of medical practice. It is therefore concluded that public health should be recognized as a specialty of medicine. Under-graduate teaching should cover only the general principles of public health giving the student a general knowledge of the role of the specialist and an understanding of how the clinical practitioner may make use of his services for the benefit of a patient or co-operate with the specialist in a community health programme.

It follows that the written and oral examinations of the Medical Council of Canada should be primarily devoted to Preventive and Social Medicine with only general questions on the principles of public health.

The above recommendation is in line with that made by the Association of Canadian Medical Colleges in 1950.

The change in emphasis might be indicated by a change in the title of the examination, eliminating the term "public health" or relegating it to a secondary position.

It is of interest to review the examination papers of the Medical Council since 1950 to evaluate how effectively the recommendation for a change emphasis was implemented. Ten spring examinations of the Medical Council of Canada from 1951 to 1955 have been reviewed, each consisting of five questions. Of the fifty questions, twenty-two asked the role of the general practitioner in prevention of a specific disease, an additional ten were

devoted wholly to clinical preventive medicine in which the general practitioners role would be a major one, such as prenatal and infant care, five more were on clinical aspects of industrial hygiene, seven were on general subjects such as nutrition, dental health, the aging population, accidents, mental health, social and economic aspects of illness and overcrowding; five were on public health subjects such as sanitation of a flooded area, of a rural home, of a tourist camp, pasteurization, etc.

It was concluded that most of the emphasis since 1951 has been placed on clinical aspects of preventive medicine and social medicine. A few of the questions on public health bordered on the old-time over-emphasis on the details of sanitation, but most of them could be adequately answered by a student who had received only a brief course in the general principles of public health sanitation.

The examinations covered the following fields; communicable disease control, including tuberculosis and the venereal diseases; maternal and infant health; industrial medicine and accidents; chronic disease control and problems of aging; nutritional diseases; mental health; social and economic aspects of illness; services provided by Government to aid general practitioners; and environmental sanitation. The preponderance of questions dealt with communicable diseases, maternal and infant health and industrial medicine.