

# Social Obligation of Medical Colleges and Teaching Medical Students Social Responsibility to Health

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World Bioethics Day 2022 was celebrated on 19<sup>th</sup> October 2022. The theme was 'Social Responsibility and Health'<sup>1</sup>. This is a reminder for medical schools to emphasize one of the important aspects of Social Responsibility and Health, i.e. Social obligation of medical colleges and teaching health professions students' social compulsion to health". The medical schools have to develop socially trustworthy and accountable physicians/doctors who volunteer for activities that give contentment to the people and provide socially acceptable healthcare, thereby contributing towards the prosperity of communities<sup>2</sup>.

We may ask two questions to ourselves; 1) Are our medical schools producing socially responsible physicians/doctors who engage themselves in activities contributing towards the bliss, well-being, and fortune of their communities? 2) "Are our medical education programs have state-of-the-art curriculums that produce a positive, constructive effect on the well-being of our communities?"

We may uncover the answer to both. Our healthcare system must be person-centred, community-centred, focused on universal health coverage. Aiming for universal health coverage and person-centred and community-centred healthcare, we may have to measure our schools against at least three parameters:

1. Retention of doctors in socially deprived parts of the country,
2. Selection of career by the majority of students to become primary care physicians, a basic need of society, and
3. Practice prospects in multi-professional collaborative teams, primarily to manage highly prevalent communicable and non-communicable diseases in the community.

And the medical schools must be aware of healthcare system challenges and places themselves among the essential players to impact healthcare system strategies and plan through functional partnership with the main stakeholders<sup>3</sup>.

Now we may focus on the social obligation of medical schools to produce graduates who can efficiently deal with priority health needs and challenges of people and society related to healthcare. The three distinctive

modes for accomplishing such a social obligation are:<sup>3</sup>

1. Contributing to equity in healthcare,
2. Involving students in community-based activities, and
3. Engagement with possible employers of their graduates, in the public and private sector, with the anticipation that job prospects are opened in socially-deprived parts with conducive working environments and packages.

Charles B 2016<sup>3</sup> designed "The Social Obligation Scale" in Table I.

**Table: The Social Obligations Scale**

Scale	Responsibility	Responsive	Accountability
Social needs identified	Implicitly	Explicitly	Anticipatively
Institutional/Educational Objectives	Defined by faculty	Inspired from data	Defined with Society
Educational Programs	Community-oriented	Community-based	Contextualized
Quality of graduates	Good Practitioners	Meeting Criteria of Professionalism	Health system change agent
Evaluation	Process	Outcome	Impact
Assessors	Internal	External	Health Partners

He elucidated the three distinctive categories in social obligation, from social responsibility to social responsiveness and social accountability, against six elements, i.e. social needs identified, institutional/educational objectives, educational programs, quality of graduates, evaluation, and assessors). In the social responsibility category, good practitioners are being produced, but the medical school will decide the competencies suitable to meet the health needs of patients. Professionals are being made in the socially responsive category, meeting the criteria of professionalism to attain well-defined competencies based on the objective analysis of the healthcare needs of the people in a community. While in the social accountability category, health system change agents are being produced that create a better effect on the functioning and performance healthcare system, thereby on the health status of people, entailing a pursuit of novel practice modalities both for individual and population-based services under the same umbrella<sup>3</sup>.

It is difficult to say how many medical schools of a particular country/state belong to one of the three

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mentioned categories as no research data is available. Still, Charles Boelen has his opinion regarding categories of medical school regarding the social obligation scale. He believed in 2016 that 90% of schools might be in the "social responsibility" category, 9% in the "social responsiveness" category and 1% in the "social accountability" category<sup>3</sup>. We perceive that Medical Colleges in South Asia including Pakistan variably falls in social responsibility" category with some compromises on the quality of graduate doctors.

Social accountability is the ability of doctors to respond positively to people's priority health needs and health system challenges to meet such requirements. Social accountability is a robust indicator in health professions education. The whole medical school needs to be dedicated to producing a quantifiable impact on community health, which is the need of the hour<sup>4</sup>.

The curriculum must contain a good syllabus to teach social responsibility, social responsiveness and social accountability to the students through interactive teaching/learning and carefully designed assessment tools aligned with the teaching/learning methods and curricular objectives. The faculty must be identified and trained to teach and assess social responsibility,

social responsiveness and social accountability component incorporated into the curriculum<sup>2,3</sup>.

We must educate and train our students in medical schools with a well-designed curriculum that helps produce socially responsible, socially responsive and accountable physicians/doctors.

## REFERENCES

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