

Coronavirus Disease-19: Is it Time to Reflect on the Entrance Process for Medical Profession in India?

The novel coronavirus disease (COVID)-19 pandemic is engulfing the world and the deaths are on the rise, 517,337 as per the WHO on July 3, 2020.^[1] The whole world is taking all possible measures to prevent the spread of this highly contagious virus. There are serious concerns raised in India about a large vulnerable population, gaps in health care and health inequality.^[2,3] At this juncture, it is also important to reflect on the aspect of medical training, especially the entrance process.

Medical profession is one of the most sought after professions in India. There are around 536 medical colleges and around 79,498 MBBS seats across India as per the Medical Council of India.^[4] The numbers of medical colleges are increasing and majority of them perhaps are in private sector. The selection process for these seats is through national entrance examination (NEET) on the basis of merit.

The fee for the MBBS course varies from institution to institution and it is exponential in the private medical colleges compared to government institutions. The entry to the institution depends on a national and state rank and NEET is an examination of multiple-choice questions that are framed based on basic sciences from pre-university subjects. Although the pattern of selection is considered unbiased, the entrance examination does not look at “Why is the student interested in taking up the medical profession?” Sadly, a previous study mentions that students opting for medicine in India report predominantly an influence of family members, with not much information on their inclination to serve humankind.^[5] It is interesting and paradoxical for a country like India, with a population of 1.35 billion where most reside in villages and semi-urban areas, majority of the doctors after graduation or specialization, practice in urban cities! In recent years, questions have

been raised about doctors in India, are they healers or predators?^[6]

The December 2019, COVID outbreak in Wuhan Province of China and the subsequent spread across the world including India and the extent of the crisis that is being projected for the immediate future does raise the issue of preparedness of the medical fraternity. For perhaps the 1st time in recent history, the medical fraternity is running against time without a specific treatment or an assured cure. Most of the expertise needed to prevent and manage COVID-19, apart from those who require intensive care units are at par with the lay public and strategies are still evolving every day. The COVID-19 does not require experts for prevention. However, if not careful, the treating doctor will have similar morbidity, on occasions, a possibility morbidity worse than that of the patient and worse sometimes, mortality as well. A few have raised objection that health-care professionals are under no ethical obligation to treat COVID-19 patients.^[7] The important question we have to reflect on is “Is the aspirant for the medical profession in India is prepared for the morbidity and death, in service to humankind?”

It is a fact that medical profession has its own risk factors; suicide among doctors is 2.5 times more than general population. In India, majority of suicide among doctors are reported from medical colleges.^[8] The professional risks are known in respective professions. The COVID-19 is indeed a risk for health care workers. It is further a concern when budding doctors wish to quit the profession because of pandemic. In another study conducted during COVID-19 crisis involving 1000 medical students from 70 institutions across India, 43% felt the urge to drop out of the course.^[9] If the doctor is not ready to serve at the time of a disaster or disease outbreak, it is then akin to an army personnel who

are not ready to fight during the war. The rigorous mental and physical process to recruit army personnel reasonably assures their contribution to the security for the country. Similarly, the COVID-19 outbreak currently or any other similar disasters that have happened previously should serve as a wakeup call for educators and policy-makers that there is a dire need for a rigorous protocol to design appropriate entrance examination for the aspirants to the medical profession. It may be the right time to debate on what kind of doctors are needed in India, what should be their prerequisite skills, and what should be an ideal basis for such a selection process?

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