Novel health challenges demand novel solutions

“I never think of the future. It comes soon enough.”
Albert Einstein, Physicist and Nobel Laureate, 1921

Raman Kumar calls for (establishment of) departments of public health at all medical colleges in India in August 2021 issue of the Journal.[1] Therein, he argues for social good and capital likely to be made by this action. Nowadays, when newcomer students are enticed to look at medicine in silos of narrow-specialized and subspecialized fields; such an article refreshes our horizon, widens its newer dimensions, gives space to wholeness, and concurrently broadens our minds. When top-of-the-rank professionals imagine human body as a lump of organ systems, COVID-19 pandemic teaches us about fallacies of this approach. Now when we know about a dizzying array of dysfunctions caused by the novel mutant virus and equally wide spectrum of after-effects trailing behind,[2] looking at several systems simultaneously is a newfound reality of our times and wisdom dawns that specialist care is needed only by a minority of patient cohort.

Under the heading of “Role of Community Medicine,” the author highlights that there is a strong resistance against multidisciplinary learning and inclusion of faculty from relevant disciplines such as sociology, economics, and behavioral sciences. Here, we need to realize that our premier engineering institute – the Indian Institute of Technology – now has Departments of Humanity and Social Sciences,[3] Economics,[4] and Social Sciences.[5] When dry disciplines of Physics, Chemistry, and Mathematics need infusion of humanities for wider engagement with society; why should medical students be left bereft of such exposure in their formative years, we wonder. There is an emerging realization that engineering innovations and its epistemology should be aligned with our social realities. Therefore, why would budding doctors not savor first joy of learning basics of these disciplines, is a poser of our times.

When an individual is at our center of attention, fundamental principles and core knowledge of medicine help us to overcome the crisis. But when there is a realization that a significant proportion of the poor never makes it to our tertiary care institutions; and even when they do, are unable to navigate and understand its processes, remain sidelined and many a times are unable to afford our treatment – protocol; there is a need to make the maximum utilization of available precious resources.[6] Our medicos can be sensitized to this truth only when it is presented in its most simple and standard form. Hence, time is ripe enough to teach our students that not only human body fails in myriad ways but human beings themselves belong to myriad groups/classes and their every presentation/encounter is unique.[7] Its classification is only for the purpose of simplifying and initiation of learning. Only then we can discover the pleasure of finding uniqueness of clinical presentation.

COVID-19 pandemic taught us that not only behavior of individuals or groups but society at large steers course of an infectious scourge. How easily do fake news spread, rumors lead to hoarding of essentials, delay in disseminating correct information results in flooding by incorrect, and potentially dangerous information and not the least, limits of our current knowledge of medicine, are the issues which need to be dissected threadbare in a formal classroom. If we leave that space blank, shy away from open discussion, wait for some utopia to find, and arrive at the best; the void may be filled by something harmful. Hence, experts of all the disciplines should put their heads together, truthfully share their knowledge with their fraternity and then students and jointly push behind what is unknown. To do so, it needs wider collaboration, seamless camaraderie, making friendship beyond comfort zones, and opening our hearts and minds to all that is good. The National Medical Commission will do a great service to science by facilitating and expediting this process.

**Financial support and sponsorship**
Nil.

**Conflicts of interest**
There are no conflicts of interest.

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