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EVALUATION OF TEACHING MEDICINE
IN FOREIGN LANGUAGE

by

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Unprecedented advances in all branches of scientific learning are creating increasingly diverse and complex patterns of life all over the globe. This has placed heavy responsibilities on the seats of higher learning throughout contemporary societies, for the former, must provide not only the knowledge that societies need, but also what societies ought to need today and tomorrow. In truth, the subject "Evaluation of Teaching Medicine in Foreign Language" on which I have been kindly asked to express an opinion for this Conference, rot only emanates from such a situation but is of vital importance to the whole structure of the teaching of medicine.

From the onset, I wish to maintain that because of a multiplicity of factors, I shall not make an effort to reach a conclusion in this paper; rather, I shall make an effort to pinpoint alternative patterns that we may take into consideration in the use of a particular language for the teaching of modicine.

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For the moment let us consider one of the principle functions of language, namely: communication. That is person to person communication, culture to culture as well as global communication. Within the above context, the local or national language not only serves for communication from person to person in facts and ideas but as a vehicle of a particular past and present culture.

The argument for teaching all subjects in the local language (which may not be national) may, therefore, be fear of losing the cultural continuance function of language, rather than interference with factual or idea exchange. As we all know, the practise of medicine is both an art and a science. It is in the art of medicine that cultural factors have their prominent play. Can we then teach medicine in a foreign language without interfering with the art of medicine?

From the standpoint of the schence of medicine in the recent past, we know that English, French and German have played a dominant role in teaching throughout the world while Russian and Spanish have been used it specific groups of countries. From our experience, we know that in some countries there does not exist an adequate number of books, journals, etc. In the local language nor can they continuously be provided in the future. It is in the aforementioned countries, where the need of having books and periodicals in a foreign language is warranted. Needless to say that, regardless of the language of instruction in medicine, any teacher or medical practitioner must know one of the three prominent languages (English, French and German), in when the greater part of medical information is available. In choosing a European language, I should like to suggest English as the first choice, today, because the greater preponderance of medical information is now originally written in English,

or as a minimum with an English summary. Such countries as India, China, Hungary, Belgium, Japan, the Scandinavian countries to mention just a few, publish their scientific information originally in English. Even WHO, an international organization publishes as a priority, their scientific information in English.

Further, we believe that the function of a Medical School is to equip the student with the basic knowledge and skills of medicine which will allow him, throughout his life, to perfect, improve and change with newer knowledge. If the foregoing is the function of a medical school how then can we fail to provide him with the knowledge of the language of communication, and the means to use this language, through which the newer information is provided.

This is one side of the coin. The other side of the coin, experience tells us, might present us with the serious problem of 'brain drain'.

Speaking for my country almost all Iranian graduates in medicine cannot go to an English-speaking country like the United States because of their weakness in the English language. On the other hand the percentage of medical graduates going to the United States from the Pahlavi University in Shiraz is very high because teaching in that University is in English. You can, therefore, eadily see that while one side of the coin is favourable the other side is unfavourable. If we can think of an appropriate solution for solving the overall question of the 'brain drain', we would be inclined to favour teaching medicine in a foreign language and in English.

I venture to say that it would be next to impossible for us to find a way to solve the problem through intellectual approaches in conferences we are attending. It is my personal opinion that we should look at all this from a national level and explore as many avenues as are open to us. A question that immediately poses itself is that if we decide to teach medicine in the local language of the country, would it be sufficient to teach in English the different medical terminologies, etc., and to just make the students understand the text books so that they would be able to read the material.

With all these considerations, I believe that the whole subject is of a nature which warrants the need for a very careful study and the best we can do is to have each representative gathered here relate the existing experiences in his own country. It is only by listening to each other that we can reach an understanding as to the course we should pursue.