Commonwealth Fund Helps Redefine Medical Teaching

Its Grants to Schools Enable Developments
Looking to Total Care for Patients

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As the financial plight of American medical schools has become increasingly acute in the last few years, the "problems" of medical education as interpreted by the public have largely been those of money. There are, however, according to last week's Annual Report of the Commonwealth Fund, many other problems. Many medical schools, the report says, are dissatisfied with the teaching they are doing and for the last year have been asking themselves with increasing frequency: 1. Are the right people now coming to medical schools? 2. How should students be chosen, and what prior educational experience should they have? 3. How can medical teaching build on what the student brings with him? 4. How can the medical sciences be woven together and related to the patient? 5. How can the break between "scientific" and "clinical" courses be closed?

Having been concerned with medical education and related subjects since it was established in 1894 by Mrs. Stephen H. Harkness "to do something for the welfare of mankind," the Commonwealth Fund realizes that the health of the public is the net result of a large and complex network of interacting forces. They have concluded, however, that as the key figure in man's effort to conserve vigor, escape illness and postpone death, the physician is now and probably will continue to be health "veteran" and field commander.

It is for this reason that the group has put more and more of its funds into research in medical education. "Tactics rest on technology, and doctors must have the best possible technological training" its report says. "But a good technologist is not necessarily a good tactician, and if the medical schools are to guide their students how to deploy all the resources of medicine, they must teach something more than technology.

Flexner Report Credited

Much of the present emphasis on the technical aspects of medical education and its roots in the historic report of Abraham Flexner in 1910, which laid the basis for modern medical education. At that time 97.5 per cent of the nation's medical schools did not require any previous college work as an entrance requirement and 93.8 per cent of the nation's physicians were graduated from schools of this caliber where almost all learning was by text and didactic lecture.

In these small, fly-by-night schools the professors were practitioners in the community, who taught in an occasional series of lectures. Some of the schools that vied for tuition fees did not even have an anatomy dissection of unfrozen body. There was little or no bedside teaching, and frequently a small graduating class would perform his of Medicine "to demonstrate the practice of good general medicine", which this school emphasized in teaching. Junior and senior stu-

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