

How should we teach our children?

The zealot, the bigot and the pragmatist

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By our children, I mean our professional children. The students and doctors who are still wet behind ears, and will take notes when the grey-haired ones speak. As a furtive member of the planned parenthood of such doctors, I see a parallel between teaching a young doctor and bringing up a child. I had spent many hours arguing with my fellow parents on how we should teach the next generation of family physicians. I noticed that we fall broadly into 3 categories.

The zealot

There are those with fixed ideas on what is family medicine. They are obsessed with doctrines that were canonised by the high priest equivalents of the profession. For them, training is the pursuit of ideological purity. Almost inevitably, it degenerates into inflexible and impractical enforcements of doctrines that is out of sync with the changing needs of the patients and the reality of the community that we serve. Just like religious intolerance, reaction to the non-conformist is to impose inquisition and persecution. It might sound a little harsh but they really go around pontificating what is pure family medicine and what is heresy. Like the Pharisees in biblical times they will quote chapter and verse from definitions written by academics on what constitutes true faith. The problem is that family medicine for all the good that it brings is not a religion nor is it a divine revelation. If we go a little into the history, we will remember that it is an evolving movement to revive generalism in response to a call to restore a fragmented healthcare system brought on by unrestrained specialisation.¹

The bigot

Then there are those who behave like parents who want their children to grow up to be just like mom and dad. They seek to re-create their children in their own image. They expect their trainees to take over the family business a la The Godfather movie. They define family medicine not by doctrines but by tribal loyalties. While the former treat non-conformists as heretics, this version of the dysfunctional parent treat those that reject their way as traitors. In short, they confuse family medicine with family business.

To be fair we all have traits of such parents in us, myself included. The rational educator must rise above these negative tendencies to become the pragmatic parent. The champion of this mode of parent-educator is John Dewey. Dewey was an American education reformer and one of the key personalities in the philosophy of pragmatism. Many of our so called new ideas in medical education are really rehash of Dewey's philosophy on education, re-introduced with varying degrees of recidivism to the old maladies of zealotry and bigotry. Dewey sees education as a process of socialisation that must be rooted in the real world. When educators say "experiential learning" or "learner centeredness", we are quoting Dewey unknowingly. What is conventional wisdom now, was not during the time of Dewey. We have him to thank for many of the progressive ideas of education that we have today. Dewey and the pragmatists believe that theory is useless and cannot be assumed to be true until they can be successfully applied. Essentially all dogmas that we teach are suspect unless we can apply them and their application result in improvements to the system.

The pragmatist

So what is the pragmatist to do when we ponder what to teach the next generation of doctors who must practice in a healthcare system that is changing even as you read this? The new world is likely to be one where people are older, have multiple and complicated chronic diseases and the pressure on healthcare resources will reach unprecedented levels.

One of the first things to do is to discard the dogmas of the past, then restrain our tendencies to zealotry and bigotry. Next, we should consider what kind of doctors we need for the new environment and focus on this as we revamp our curriculum. Essentially the task at hand is not to train an idealised doctor but to develop a healthcare workforce that is fit for practice in the new reality that is already upon us.

¹ Lee KH. A historical perspective of the barriers to generalism. Aust Fam Physician. 2015 Mar;44(3):154-8. Available at <http://www.racgp.org.au/afp/2015/march/a-historical-perspective-of-the-barriers-to-generalism/>

"Those who fail the question on the definition of family medicine will be burnt at the stake!"

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