

MEDICAL EDUCATION AND HARD SCIENCE

Medical education in Australia is a work in progress. Self-directed and problem-based learning have all but displaced didactic teaching. Some of our medical schools are now graduate-entry entities, and all have changed their entry requirements to a combination of academic excellence and performance at interview.

Curricula have been trimmed and made more cohesive. The hard sciences — anatomy, biochemistry, physiology, pathology, pharmacology and microbiology — now make room for behavioural and social sciences. These changes have been made to produce “a well-rounded professional [who] demonstrates: knowledge, clinical competence, lifelong learning, evidence-based practice, interdisciplinary teamwork, balance between disease management and disease prevention/health promotion . . .”^{*} as well as communication skills and compassion!

But what do doctors think of all this?

Medical students in the UK and Australia have called for *more*, not *less*, hard science. At a crowded session at the national conference of the Royal Australasian College of Surgeons, a plenary panel of academics and surgeons lamented the downgrading of anatomy in medical courses and called for its revival, and a medical student's account of his limited exposure to anatomy, his questioning of social sciences, and his sharing of the charades of problem-based learning was followed by thunderous applause clearly reflecting the audience's sentiments on modern medical education.

Accommodating the wishes of medicine's many splinter groups is unrealistic, but academia needs to consult with the profession more widely and counter the scepticism with solid educational evidence garnered not with soft but hard science.

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* <www.hc-sc.gc.ca/hppb/healthcare/pubs/social_accountability/index.html>

LETTERS

Transoesophageal echocardiography in routine cardiac surgery

Chris J Cokis, John Faris

650

Community-acquired MRSA epiduritis in an Australian prison inmate

Sebastiaan J M van Hal, Jeffrey J Post

650

Training our future rural medical workforce

Sandy Reid

651

Barney J McCusker

651

S Bruce Dowton, Danielle Brown

652

Cancer in adolescents and young adults: treatment and outcome in Victoria

Les White, Jane Ewing, Anne M Senner, Madeleine King, Belinda Goodenough

653

Alex N Thomson

654

Anne E Mitchell, Deborah L Scarcella, Gemma L Rigutto, David M Ashley,

Vicky J Thursfield, Graham G Giles, Maree Sexton

654

Thyroid nodules and thyroid cancer

Grant M Russell

654

Emily J Mackenzie, Robin H Mortimer

655

Olympic medals or long life: what's the bottom line?

John Orchard, Caroline Finch

655

Craig R Mitton, H Dele Davies, Cam Donaldson

656

An audit of obstetricians' management of women potentially infected with blood-borne viruses

Donald M Clark

656

BOOK REVIEWS

Rebuilding trust in healthcare

Reviewed by Kerry J Goulston

622

Allergy. Your questions answered

Reviewed by Constance H Katelaris

626

Cannabis use and dependence: public health and public policy

Reviewed by David McDonald

639

Dealing with dementia. A guide to Alzheimer's disease and other dementias

Reviewed by Dina C LoGiudice

639

IN THIS ISSUE . . .

602

IN OTHER JOURNALS . . .

649