Is continuous medical education really continuous?

A call for a start

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In the modern standards of competent medical institutes, education is an important pillar for any medical system. Great efforts and expertise supported by huge funds are invested daily to ensure maintaining and raising of the educational standards of the health professionals around the globe. Health authorities in developed and even in some developing countries have obligatory educational activities to ensure licensing of their health care givers. They allocate budget and effort for education as much pace for new drugs and equipment. Why all this? Why not to save the money for buying new equipment or new drugs? Why should we bother keep learning?

One might argue that all our hospitals and health care centres are caring daily for millions of Iraqis and we are doing fine without this continuous medical education. Are we doing fine? Are we using our resources wisely based on clear objectives? How many of us unnecessarily prescribing antibiotics for example, or sending patients to do chest X-ray or even CT scan. Did anybody calculate all this waste in resources and harm we are inflicting on patients by our non admitted ignorance.

People in the well established health systems realized that long time ago, and decided that all the money they put in continuously educating their doctors and nurses would save even more money. Continuous medical education is not just about memorizing long lists of differential diagnosis or remembering funny syndromes, no it is not. It is simply admitting the fact that human are inherently programmed to forget, and doctors are not in exception. It is acknowledging the fact that the amount of knowledge in the world is doubling every 2 years and medical science is not excluded. People we are treating are trusting us for their health; it is our moral duty and legal obligation to offer them the best of available knowledge. How can we do that without an efficient, valid and reliable system of education which should be integral part of our daily work.

What we are having in place now is a scattered, non-organised, non-standardised of so called continuous medical education. Most of our health institutes provide care without any reference to guidelines. Patients are subjected to malpractice without any systematic clinical governance or awareness to new concepts of patient safety. This is what practical and realistic CME is about. We can keep denying that like we used to do, but until when? The educational standards of our health institutes cannot be compared to even our neighbouring countries. One day we were better and now we are not.

These days there are honest efforts here and there to construct a system of CME for the MoH which requires all the support it needs. This support should come from truly experienced people and institutes inside and abroad. It is not a shame to ask for a help from outside Iraq or even to buy it, updated knowledge is a commodity and people do not offer it free. Many prestigious website offers online CME for different specialities and this is one way of investing in high quality knowledge. And we had this opportunity few years ago with the BMJ which was a good start in the right way yet like many other projects it stopped because we still do not have the vision for investing in medical education and are still

not realizing the fact that this type of investment does not give its fruits in short time.

Our patients deserve better care, and our resources need wise management. And in order to do that, our doctors and nurses deserve an efficient, realistic, applicable and really continuous medical education. How can this be done? It can be done when we consider education as a lifelong investment which does it come cheap or passively. Good investment starts by realizing and admitting where we are, what we have and what we need. This can lead to Realistic, Knowledgeable and Selfless teamwork planning with all the necessary time, support and resources it requires to accomplish.

The world around us is moving very fast and if we keep waiting for the best time for a start we will wait forever.

Personal Opinion

When success is linked to teamwork

Over three days, Iraqi society for anaesthesia, Intensive care and pain medicine hold its annual international conference on Babylon Hotel in Baghdad from 16-18 April 2015. The conference was attended by many Iraqi anaesthesiologists in addition to few Iraqi experts settled in the UK.

Variety of topics were addressed by experts, as examples but not exclusive: the role of blood transfusion in preparing patients for anaesthesia, protection against thromboembolism, use of local and regional anaesthesia, difficult intubation, and anaesthesia for bariatric surgery. These topics were professionally addressed by the lecturers in quest to improve standards of care provided for Iraqi patients in anaesthesia.

Anaesthesia is always under paramount pressure and consistent blames and allegations that it is a cause of unnecessary morbidity and mortality. These allegations are not raised by the patients only but sometimes by colleagues like surgeons for instance. Whether these allegations are raised on a logical background or not, they need to be verified very well. Such a scientific activity is the most suitable event to address these allegations and search for their causes and how to avoid them if they are proved to be true.

It is quite understandable that Iraqi society for anaesthesia, Intensive care and pain medicine is the best to address problems and challenges that may affect anaesthesia in Iraq. And I think this was in the mind of the administrative council of the society when it decided to held this international conference despite the hard situation we are living in these days. But it is unfortunate to see very few members of specialities other than anaesthesia attending this event and taking part actively in the valuable scientific discussions occurred; I mean attendance of surgeons, physicians and health policymakers. Actually we don't want to compete with anaesthetists on their right to solve their administrative problems but when it comes to diseases and their management according to evidence based medicine I think the responsibility here should be shared with many stakeholders including patient himself.

The success to treat diseases hides behind how much we (members of relevant specialists) are able to act as a single team to achieve the same target. The trick of success would be to listen to each other's challenges, and opinions, and to put a single plan that all parties know and implement accurately. So how can we imagine that use of anticoagulation, for example, in patient going to have anaesthesia can work without listening to the opinion of the surgeons and physicians, and how the same patient can be transfused with blood without knowing the opinion of the anaesthesiologist.

This is a call for doctors of all specialities to attend scientific conferences and symposia of each other. So we can design a unified view about how to manage diseases as a single team and always do not ignore the needs and expectations of the patients themselves.

Editor-in-Chief