

EDITORIAL

The Tsunami and The Network: TUFH

There is premature death around us everywhere. Some of it is manmade—wars, malnutrition, genocide to name a few. Some of it is natural—tornados, earthquakes, hurricanes, tsunamis. All of this makes me very numb. So much suffering!

One of the reasons that I belong to The Network: TUFH and edit this journal is that it subscribes to the important notion that all of health professions education should serve its society—whether the societal problems be malaria, poverty, malnutrition, lack of clean water, or the effects of a tsunami. Some call this relevance and others call it social responsibility. The Network: TUFH calls it community-oriented education. Whatever it's called, in my judgment, it all means the same thing. As W. Donald Weston, former vice chancellor health of the schools in West Virginia, put it to me, “Take from people; give to people”. (Weston, 1998, personal communication). That's what the members of The Network: TUFH do. That's what all health professions schools should do.

If ever there were a time when such an approach should be emphasized, it is now. The tsunami reminded us of how tragic Nature can be. The Network: TUFH's secretary general said about the tsunami, “The Network: TUFH has helped put a human face on this unspeakable tragedy. Sri Lankans, South Indians, Indonesians, Thais, East Africans and many others that are involved in this disaster are our brothers and sisters. . .” (Kaufman, 2004). There are many other reasons for listening to the needs of a society—AIDS, war, genocide, and other kinds of premature death are but a few examples.

Most of us subscribe to the notion that higher education should be about research, service and teaching. To my way of thinking research on problems defined by those from afar, sitting on an academic committee, and preparing graduates for residencies out of the region is just not enough. It's not what The Network: TUFH believes. A health professions school must serve its society's needs, whatever they are. But such an approach is easier said than done. That's one of the reasons why so few do it. Some years ago I wrote, “Teaching budding health professionals the skills they need to develop relationships with patients based on trust and mutual respect is complex. . .” (Richards, 1996). It is complex for many reasons not the least of them being that communities and academe are two very different cultures. “Communities. . .”, according to Treadwell, “have a need for broad visions to be broken down into

opportunities for mini-successes...; communities tend to frame problems differently than institutions...; and, communities... are more often motivated by what they believe to be right than by what others think.” (Richards, 1996). Academic health centers have their own culture as well, driven mostly by the technology based in large hospitals. In my judgment nothing makes the point more clearly than to think about what is taught about diabetes in a hospital which is so different from that taught in a community. Yet, *The Network: TUFH* promotes linking communities and academe in spite of the complexities that are involved.

Not many years ago I visited a school in the southern Philippines that was achieving the goal of meeting the needs of its society. It was not easy to get there. We traveled by boat, then walked over the land. When we finally arrived I found villagers and students talking to each other. They had become friends—that is to say they had bridged the gap between academe and community to treat each other with respect. The students lived and ate with the villagers. They learned the concerns of the people first-hand. They found out that the major societal problem was the lack of potable water. First the students did a survey of the people and then came up with a plan. By living in the area the students learned what that meant to the people for they were friends. It was no longer an abstraction, and the students have pledged to do something about it when they are graduated. Time, of course, will tell us whether they will or not! On another occasion I visited a school in southern India. The students there were also learning about the needs of villagers by being out in the village providing health care and education as they found the villagers needed it. In both cases it was the merging of science and caring.

With regard to the tsunami I quote Dr Kaufman again. “As we all know, *The Network: TUFH* is not a funding institution. However, it can identify experts and it includes member institutions that may be able to assist...” (Kaufman, 2005). Many times over my career I have thought about the following question—what makes a good health professional? A medical student in Kathmandu, Nepal asked this question to a British doctor—“Will I be a good doctor?” and his answer, “Maybe not for the UK, but for Nepal” (Richards & Fülöp, 1987). That is to say, the graduates do what their society needs them to do. The answer to my question, of course, is multiple. It depends upon what a society needs its graduates to do. Place does matter (Richards & Sayad, 2001)—just like the students in the schools in the southern Philippines and Southern India learned. The members of *The Network: TUFH* want to help those affected by the tsunami. Please get in touch.

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