



## **A Reflection on the Position of Community Medicine: Back from Classroom to Community**

\*Abbas Bahreini<sup>1</sup>

<sup>1</sup>MD, Shiraz University of Medical Sciences, Shiraz, Iran.

### ***Dear Editor-in-Chief,***

Receiving the highest quality healthcare is a recognized right of all people in all societies. Such care should be considered at all levels of prevention (primary and first, second, third, and fourth levels). The provision of preventive care at the primary and first levels is the cost of the most effective care to maintain and improve health and is based on the highest levels of documentation, and every health system should focus on prevention programs. The field of Community Medicine in Iran has been created to achieve these goals. The objective is to equip the graduates of this field with the knowledge and technology of the day to continuously measure, analyze, monitor, and criticize indicators of health with a focus on primary prevention by identifying and planning to control the risk factors of diseases at various levels (individual, population, and society), and play a role in reducing the burden of diseases (1).

However, after many years since the establishment of the field of Community Medicine in the country, no fixed position has been defined in society for the graduates of this field. As a result, the Community Medicine specialists have to work in other positions and specializations and not the community, gradually moving away from the philosophy and mission of training by working in unrelated positions. The Ministry of Health, Treatment, and Medical Education should plan for employment opportunities for the graduates of this field according to their accomplished training.

***Key Words:*** Attitude, COVID-19, Iran, General population, Knowledge, Practice.

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### ***\*Corresponding Author:***

Abbas Bahreini, MD, Shiraz University of Medical Sciences, Shiraz, Iran.

Email: bahreini.prof@gmail.com

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Community Medicine (preventive and social medicine, public health, or community health science) is a branch of medicine that involves the preventive, promotive, curative, and rehabilitative aspects of the community (2-4). Unlike clinicians, who treat the disease, community physicians identify the causes of disease and disability and implement large-scale solutions at the community level (5, 6). This branch of medicine aims to protect and promote the health and well-being of communities and populations through a Primary Health Care approach (1, 7). It analyzes the health needs of populations, measures their health status, and then develops appropriate, technically and practically feasible strategies to prevent and control diseases and improve the health of populations through Health Promotion, Health Education, and Health Protection (4, 8).

The main objective of teaching and training in Community Medicine is to orient the education and skills toward understanding the health problems of the community and provide “care beyond cure” to patients in the overall milieu of family and community and to practice medicine in a holistic context, keeping in mind the multifarious dimensions and determinants of health (9, 10).

The first community medicine course in Iran was established at Shiraz University in the 50s, and currently, eight universities of medical sciences are training social medicine specialists in the country. The reason for launching this field (major) was to train experts to manage health programs and health centers and, in addition to the skills of clinical medicine, improve the management of community health by learning skills in the field of management, epidemiology and statistics, demographics, and medical sociology, among others.

Social medicine revolves around prevention, specifically, prevention of diseases and adverse health events in

society, which is the primary function of this specialized field (1, 11). Graduates can work in various health sectors, in positions such as prevention and health promotion clinics to prevent disease occurrence and progression in patients, preparing and compiling the necessary evidence and documentation to adopt cost-effectiveness policies. They can also undertake the formulation and implementation of health programs (12).

The most important duties of a specialist in community medicine may include the following:

- Determining disease risk factors and early diagnosis, as well as counseling for reducing risk factors to improve the quality of life.
- Providing disease prevention services at the community level and planning, implementing, and evaluating the screening and immunization programs.
- Management and leadership of healthcare centers as well as monitoring and evaluation in the health system.
- Assessment of community health needs (1, 11).

Society is the audience of community medicine. Unlike medicine and therapy, where patients are referred to the doctor, in community medicine, the doctor refers to their audience. Therefore, the community medicine specialist must be familiar with the issues and problems, risk factors, and the economic, cultural, and even political coordinates of the society. In general, everything that affects people’s health is of importance in this specialty (13).

It is regrettable that we still do not have a correct understanding of the dimensions of this field in Iran. After more than 30 years since the establishment of community medicine in the country and its initial revision in the 60s, a fixed place is yet to be defined for the activities of its graduates in society. Even the family doctor program

has neglected the skills and knowledge of this specialized group, except in general positions and primary care. None of the other levels use their potential to achieve health-related goals (health centers, management of health centers, service monitoring, and evaluation) (12).

Hence, community medicine specialists have to move to other jobs and specializations in other departments, such as education, research, colleges, and hospitals. The adverse consequence is that the entry of these specialists into new specialized fields and centers limits the job opportunities for the related specialists in these fields (such as biostatistics, educational evaluation, educational planning, educational management, health education, medical education, epidemiologists, and research specialists). This will ultimately harm the ministry, people's health, and ultimately, the country, as community medicine specialists have to work and teach in fields and specialties for which they are not trained and do not have sufficient knowledge and expertise.

A look at the curriculum of community medicine shows that its students are generally trained in common diseases, health indicators, school health, family planning, premarital health, health education, public health, epidemiology of common diseases, environmental health and water pollution, and mental health during their studies. These study units cover the area of community health and the first level of prevention.

The official statement of the Third World Health Assembly in 1977 (the Alma-Ata Statement) announced that in the coming decades, the main social goal of governments and the World Health Organization (WHO) should be achieving a level of health (physical, mental, and social) by all the people and providing the possibility of enjoying an effective and productive life. Primary health services are

fundamental to achieving public health goals based on community needs (14). An important recommendation of the World Health Organization for medical education is to recognize the needs related to the health of individuals and society (15). Universities of medical sciences should formulate their educational programs and goals based on this and guide the education of students accordingly. In medical education, quality is achieved when the student reaches the desired competence in goals. In other words, education and educational programs should train people who pay attention to the ever-increasing scope of this science and have sufficient knowledge, experience, and skills in their specialized field (16).

With the ever-growing spread of diseases and social anomalies that affect people's lives, it is logical to pay more attention to community medicine in the formulation of health plans. Most mortalities in Iran are related to non-communicable diseases such as cancer, cardiovascular diseases, and diabetes. Community medical specialists can prevent the spread and costs of treating these diseases by promoting the prevention culture and early diagnosis in society and macro planning in the health system (12, 16). The mission of community medicine is to train competent health specialists who use modern knowledge and technology to continuously measure, analyze, and criticize health indicators for a better healthcare system and the health of society, families, and individuals (1).

It appears that community medicine specialists are moving away from the philosophy and mission of their education by working in unrelated positions. The Ministry of Health, Treatment, and Medical Education is responsible for employment plans for the graduates of this field according to their training and returning from the classroom to the community, which is the main goal of community medicine.

**CONFLICT OF INTEREST:** None.

## REFERENCES

1. Curriculum of Community Medicine. The Ministry of Health, Treatment, and Medical Education: Tehran, 2021.
2. Olendzki M. What is community medicine? JONA: The Journal of Nursing Administration. 1972 Sep 1; 2(5):78-87.
3. Ahmed FU. Public Health, preventive and social medicine and community medicine-the name game. Indian J Public Health. 2008; 52:194-6.
4. Trout L, Kramer C, Fischer L. "Social Medicine in Practice". Health and Human Rights. 2018; 20 (2): 19-30.
5. Meyer EC. Community medicine and public health. Am J Public Health (N Y) 1920;10: 489-97.
6. Murugavel J, Chellaiyan VG, Krishnamoorthy D. Attitude toward learning of community medicine: A cross-sectional study among medical school students. J Family Med Prim Care. 2017 Jan-Mar; 6(1):83-7. doi: 10.4103/2249-4863.214974.
7. Kumar R. Academic community medicine in 21<sup>st</sup> century: Challenges and opportunities. Indian J Community Med. 2009; 34: 1-2.
8. Kieran Walshe; Judith Smith. Healthcare Management. McGraw-Hill Education (UK), 2011; pp. 261+. ISBN 978-0-335-24382-2.
9. Mackenzie CJ. Community medicine: education and practice. P N G Med J. 1983 Mar; 26(1):48-54. PMID: 6585101.
10. Krishnan A. Community Medicine in India - Which Way Forward? Indian J Community Med. 2016 Jan-Mar;41(1):5-10. doi: 10.4103/0970-0218.170956.
11. Department of Community Medicine, Faculty of Medicine, Shiraz University of Medical Sciences, Shiraz, Iran. Available from: <https://med.sums.ac.ir/social-medicine>.
12. Iran Students News Agency (ISNA). "Community medicine" is a specialized field but on the sidelines! Available from: <https://www.isna.ir/news/97062512743>.
13. Biswas R, Mitra NK. Concepts of community medicine: Educational and extension services in community health care. Indian J Public Health. 1997;41:103-5.
14. World Health Organization Primary health care: report of the International Conference on Primary Health Care Alma Ata, USSR, 6-12 September 1978. Geneva, Switzerland, 1978.
15. World Health Organization, UNICEF: International Conference on Primary Health Care, 6-12 September 1978. 1978; Alma-Ata, USSR: World Health Organization;1978.
16. Montazeri A. Community medicine is not a clinical specialty. Sepid weekly newspaper. Available from: <https://vista.ir/m/a/xh7hf>.