

EDITORIAL

Globalization and medical education

M. ROY SCHWARZ

Few would argue with the statement that we now live in a global village. While there have been protests against the expected outcomes of the globalization process such as rich countries exploiting poor countries, setting aside labor regulations designed to protect workers and/or environmental exploitation, these protests have not, in the main, opposed the reality of the village or the process leading to its emergence.

Watching this phenomenon evolve may lead one to ask: 'What has created this global village and what forces are driving its formation?' The answer is primarily four processes as follows:

- Global marketplace and interlocked economies: Through trade agreements and the establishment of multinational businesses, the world's major economies have become inexorably linked. Evidence to support this may be found in the North American Free Trade Agreement (NAFTA) and European Union (EU) agreements and in the realization that of the world's 100 largest economies, 51 are multinational businesses. For example, Mitsubishi's budget is larger than Indonesia's and Walmart's is larger than Israel's.
- Informatics: The combination of the computer revolution and the development of advanced telecommunication technology has made the World Wide Web technically available to all parts of the globe. As such, it has become a unifying force for the global village. Furthermore, its use has skyrocketed, especially in some developing countries including China.
- Language: Both the interlocked economies and the Internet bring people together because they use and depend predominantly upon a single language. That language for business is English and it is also rapidly becoming the universal language of science. Although there is some resistance to this reality, most of the residents of the village accept it as a necessary part of globalization. This is especially true of developing countries such as China, where more people are formally enrolled in English courses in 2001 than there are people in the USA!
- Travel: It is now possible to travel from a ger in Mongolia to a pizza parlor in New York City in less than 30 hours. Such travel options, at prices the majority of the members of the developed world can afford, brings human beings into contact with each other more completely than at any time in human history. This brings an improved understanding of the cultures of the globe and an appreciation for where these cultures are distinct and where they are similar. The result is a better

understanding of each other, new bridges of friendship and decreased likelihood of confrontation. All of these elements are essential for living in our 'new' global village.

Given the magnitude and penetrating potential of these forces, it should not be surprising to find globalization affecting every sector of human interaction. A few examples will make the point:

- Science: The international space station now being built, the completion of the genome project and the development of new drugs, devices and vaccines are just some of the efforts being conducted by the global scientific enterprise.
- Public health epidemics: HIV/AIDS, tobacco control, illegal use of drugs, pollution, new viral diseases, malaria, tuberculosis, global warming and 'mad' cow disease are just some of the public health challenges that are now being confronted by a 'global war plan'. These epidemics do not respect national boundaries and require a global effort if there is to be any hope of success.
- *Human rights:* The recent events involving the Tribunal in the Hague have made it abundantly clear that human rights abuses are a global issue. No one, it appears, is 'above the law' when it comes to violations in this area.

There are many other examples including police actions, intellectual property rights, law, religion and the approval process of drugs that demonstrate the increasingly global nature of human enterprise. Suffice is to say that every sector of human endeavor is being impacted and altered by this phenomenon of globalization. The only thing that is missing is the rules and regulations that will govern behavior in this global village and a decision as to who will enforce these behaviors and under what authority they will be enforced. It is difficult, therefore, so see a future without some form of global government that is more than a debating society.

Given these developments, will medicine and medical education escape the impact of globalization? Any rational answer to this question is 'No'. This answer is reinforced by the following three trends:

 First, trade agreements, such as NAFTA, usually reduce the barriers to the flow of physicians across international

Correspondence: M. Roy Schwarz, MD, President, China Medical Board of New York, 750 Third Avenue, New York, NY 10017, USA. Email: rschwarz@chinamedicalboard.org

borders. In addition, multinational businesses are moving employees to foreign locations where the concern for quality healthcare 'equal to that at home' becomes paramount. Hence, these employers are having to assure high-quality healthcare using physicians with training equivalent to that found at home base.

- Second, there is an increasing flow of physicians between countries. Nowhere is this seen better than in the USA which has had, for decades, an open door policy for physicians who received their training abroad.
- Third, with greater interaction between physicians of many countries, the concept of a global profession of medicine with its core values and specialized knowledge and skills comes into sharp focus. Such a global profession cannot be a reality without a set of core competences that define what a physician is, regardless of where he/she is trained.

The latter trend begs the question: what kinds of core educational experiences and essentials are required for these global physicians? To answer this question, the China Medical Board of New York City has created an Institute for International Medical Education (IIME) for the express purpose of defining the minimum essential competences that all physicians must have regardless of where they received their general medical education. The IIME has completed this task and has defined the minimum essential core competences that all physicians must have. In addition, the Institute has created a glossary of medical education terms and an online database

for the world's medical schools. It has also initiated a process to develop a method for assessing whether a medical school provides the educational experiences necessary to provide for the acquisition of these competences in their graduates. It is anticipated that the best medical schools in China will be evaluated using the methods currently under development. Once this process has been refined, it will be offered to the world for possible use in the global village.

Notes on contributor

M. Roy Schwarz, MD is President of the China Medical Board of New York.

Addendum

After completing this editorial, the terrorists struck my home country. Unfortunately, it is another example of globalization, albeit an evil one. There should be no doubt in anyone's mind about this.

Among the many lessons for this attack is the realization that freedom in the global village comes at a price and that more than ever, we must have rules and regulations by which we will conduct our lives in this new community of which we are all now a part. Old paradigms do not fit the new reality anymore than horse and buggies now fit in New York City. We must join together to define these paradigms for our new civilization and nowhere is this more true than in medical education.