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The Basic Medical Sciences: Medical Doctors as Key Players

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Introduction

The Basic Medical Sciences (BMS) are at the front burner of major medical breakthroughs (1). The BMS include Physiology, Anatomy, Biochemistry, and Genetics, the Basic Clinical Sciences are Histopathology, Chemical pathology, Haematology, Microbiology and Immunology (2). The multidisciplinary nature of these courses and the high research collaboration (especially in the developed countries) has eroded the boundaries between these fields of medicine.

Understanding the exact function of cells and systems; the specific cause of diseases; drugs and vaccines development and genetic manipulations for therapy are only possible through intense biomedical research. The current drive for

expansion of molecular research is geared towards more accurate mechanistic inferences. These have led to high volume of research findings that have provided solutions to myriad of diseases. Today, with the aid of these researches, medical problems are detected early at molecular levels and corrected.

Over the years, Nobel prize in Physiology or Medicine has been awarded to several biomedical scientists, majority of whom are medical doctors. It is however painful to note that the involvement of medical doctors in the BMS is dwindling. It is even more painful that no medical doctor from the black race and by extension the sub-Saharan Africa has ever won the Nobel prize in Physiology or Medicine.

The Nigerian Experience

More often than not the Nigerian doctor upon graduation from medical school chooses a specialty of interest that will bring prosperity. Due to the high volume of patients in this part of the world, the natural choice of the Nigerian physician is that which will give him direct or indirect contact with the patients. To worsen matters is the lack lustre attitude of the government towards funding of biomedical research in Nigeria. The Tertiary Education Trust Fund (TETFund), a laudable programme of the Federal Government is performing way below expectation when compared with what obtains in other climes. There is a drastic non participation of Nigerian medical doctors in the basic medical sciences. This portends grave danger for development of home grown scientific solutions in Nigeria.

Medical doctors are supposed to be the drivers of quality biomedical researches that will solve the myriad of health problems in our continent. It is

not proper that vaccines for malaria, HIV, Ebola are being awaited from Caucasian scientists. These are problems that affect us more. The current number of medical doctors in the BMS is not encouraging. Currently, there are 43 federal, 47 state and 75 private Universities in Nigeria (3). Of these, 32 have full accreditation while 6 have partial accreditation to train medical doctors (4). It is appalling to note that only few medical doctors are involved in preclinical medicine and by extension biomedical research. With such a trend, it implies that some schools may have no single medical doctor in their Basic Medical Sciences.

The NUC in 2012 stated that 61% of lecturers in Nigerian Universities do not have a PhD (5). Not much has changed since then. This implies that the number of people in the senior academic cadre to train younger academics in our institutions is disproportionately low. Remuneration for these academics is not too encouraging which has further driven away many medical doctors from going into this very important field of medicine. Ultimately the interest of the medical doctors towards participating in real biomedical and molecular research is lost.

Conclusion

The BMS has remained a key aspect of revolutionary medical research for many years. Medical doctors in the past have shown to be key players in the BMS as they have pioneered many novel medical breakthroughs. In Nigeria today, there is a general apathy of our medical doctors towards specialization in the BMS. This implies a significant limitation in terms of providing

relevant home-grown medical solutions via research. The reasons for this entire picture is multifactorial some of which includes poor government commitment to research and development, poor financial benefits in the BMS specialties as well as limited human resources with the right qualification and competence to train aspiring junior academics.

Recommendations

-Intense collaboration between doctors in the clinical departments and their colleagues in the BMS

-Fresh medical graduates who are yet to decide on areas of specialization should be encouraged to consider the BMS with strong pay packages serving as a potent incentive

-Major stakeholders like NMA, ASMeDA, NARD, MDCAN and MDCN should do more advocacies for the funding of medical research which should be managed by medical doctors.

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