

OUTCOMES AND QUALITY

VIEWPOINT

Embracing Global Health in Medical Education

A Necessity for Modern Doctors

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As future medical professionals, medical students will undoubtedly encounter the profound impact of globalization in health care delivery and public health outcomes. From combating the challenge of providing equitable care for increasingly diverse patient groups to emerging epidemics spreading across borders, the development of an interconnected world will shape clinical practice in ways we cannot predict. Therefore, it is imperative that medical education further entrenches an all-encompassing approach to better prepare medical students for the demands of medicine in the 21st century.

Global health comprises collaborative transnational research and action for promoting health for all.¹ Many medical schools have made strides in integrating global health ideas into their curricula. However, given time and resource constraints, global

health teaching is often limited to optional or elective modules, rather than being incorporated as a key component across all years of training.² This compartmentalization potentially risks leaving some students without adequate exposure to crucial topics with universal relevance.

FOCUS ON GLOBAL HEALTH

The current framing of global health content can be further optimized because it could be occasionally perceived as relevant solely to those students pursuing careers in international or resource-limited health care settings. However, the globalization of medicine necessitates a broader perspective: all medical professionals, regardless of their future practice environment, are likely to encounter increasingly more patients whose health is influenced by cross-border determinants.

The increases in global travel and migration, combined with the resurgence of tropical diseases such as malaria in regions experiencing climate change,³ highlight the growing need for doctors to understand the social, economic, political, and environmental components of health to deliver high-quality, customized, and equitable health care for an increasingly diverse group of patients. This is particularly evident within cardiovascular health care, where global disparities in risk factor management, resource allocation, access to treatment, and hence outcomes underscore the need for globally informed approaches to medical education and practice.

TAKE-HOME MESSAGES

- Medical education should prioritize integrating comprehensive global health perspectives across all aspects of training to best prepare future doctors for our interconnected world.
- Adopting a more global mindset allows medical professionals to deliver equitable care catered to diverse patient groups and productively address pervasive health challenges.

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EXPERIENCES

I have certainly benefited from valuable learning experiences during my medical training in the United Kingdom thus far that integrated a broader, more

global perspective. In particular, case-based discussions offered a unique opportunity to delve into a patient's social circumstances and background, thereby revealing how these factors can profoundly shape that patient's medical status and outcomes in ways beyond the scope of traditional biomedical knowledge.

Similarly, lectures exploring global health issues such as the rise of noncommunicable diseases (eg, diabetes, cardiovascular disease [CVD], and cancer) emphasized the role of socioeconomic factors such as urbanization, nutrition, and altered occupational and physical activity patterns on the epidemiologic landscape across various income levels.

However, such teaching could often feel fragmented rather than purposefully woven through all aspects of the curriculum. Although specific modules introduced a more global perspective, this perspective was not fully embraced as a unifying theme almost equally relevant to the understanding of pathophysiology, epidemiology, bioregulatory systems, and clinical practice.

PRIVILEGE AND CORRESPONDING RESPONSIBILITY

Medical students in high-income countries (HICs) are privileged to study at institutions with access to advanced health care resources. This privilege carries a corresponding responsibility to understand and address global health care inequalities.

Marked disparities exist in health care access and outcomes worldwide. For example, low- and lower-middle-income countries contributed over 6 times more to global CVD disability-adjusted life-year losses compared with HICs.⁴ Additionally, hypertension control in low- and middle-income countries ranged from 3.8% to 50.4%, whereas it ranged from 36.3% to 69.6% in HICs.⁵ Medical professionals have the ability to promote global health equity through clinical practice, research, advocacy, or international initiatives to address some of these challenges.

Cultural competency is crucial when caring for patients from diverse backgrounds, and it is highly relevant in today's multicultural society, something I have observed during my clinical placements. The widespread use of traditional medicines with steroidal or anticoagulant effects in Asia is an example representing a significant factor for consideration in cardiovascular health care provision. Adopting a global health perspective can also benefit medical

practices by optimizing management of infectious diseases, preparedness for public health crises, and handling of noncommunicable diseases influenced by global factors.

INTEGRATING A GLOBAL PERSPECTIVE

To embrace global health in medical education, a collaborative review of curricula nationwide, with input from global health experts, educators, and students, could aim to integrate global health concepts throughout entire programs, rather than isolating them to specific modules.

Potential strategies include developing a core set of competencies across topics such as social determinants of health, health inequality, and the impact of globalization on health. Teaching can be woven into other modules through case studies and interdisciplinary examples. In cardiovascular health teaching, students could explore how socioeconomic factors and cultural practices contribute to varying patterns of CVD globally. Additionally, medical schools should encourage international collaborations in the form of exchange programs or charity volunteering, thereby enabling students to gain firsthand experience in diverse health care settings and local cultural contexts. These strategies can complement classroom learning and provide practical insights into the strengths and limitations of different cardiovascular health care provision systems across the globe.

Effective integration would require investment in "training the trainers." This includes faculty programs and resources, teacher workshops, and teaching materials to equip educators with the knowledge and tools to incorporate global health into the curriculum. By undertaking such approaches, doctors would be equipped to address pervasive cardiovascular health issues and deliver equitable care.

CONCLUSIONS

The COVID-19 pandemic put into focus the existential risk posed by our interconnected world, where an outbreak in a single corner may reverberate across the world. Accordingly, it is essential that medical education prioritizes comprehensive global health training, by establishing it as a core responsibility rather than an optional supplement. In doing so, we can ensure that future doctors will possess the knowledge and skills to address widespread cardiovascular health issues such as hypertension, coronary

artery disease, and rheumatic heart disease across all settings.

By purposefully embedding a global perspective across all aspects of medical training, from the study of bioregulatory systems and anatomy to pathology, epidemiology, and clinical practice, the system can cultivate doctors who truly understand how to navigate the systemic barriers to health and well-being that transcend borders.

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