FOR HUMANS AND HUMANITY

Dr Sarah Khalid Khan

"Wherever the art of Medicine is loved, there is also a love of Humanity."

Hippocrates

It is this love for humanity, some believe to be the cause for the introduction of simulations in medicine. Had it not been for this love for fellow humans, had it not been for the compassion for the anguish of these sufferers, had it not been for the respect for the tissues on their bodies, the science of simulation would never have made it into the realm of medicine. And were it not for these advances in technology in medical science people would still be exhuming bodies and dissecting people after their death with or without consent to polish their medical skills. Some of these practices we still do, some have been replaced.

Simulation initially made it into medicine in the field of anaesthesia. This was done in order to decrease the probability of accidents since anaesthetists perform extremely critical work in the operation theatres. While it gained popularity in 1930s due to the Link Trainer, the simulation program used for aviation and military applications, it did not gain massive application in medicine until 1980s. Now most schools in high income countries use simulations to train medical and nursing students, residents and fellows for several procedures.

Even though performing surgical procedures can be honed using these methods, but the most usefulness one can acquire is performing life-saving procedures like cardiopulmonary resuscitation on a supposedly dying/seizing/sweating mannequin. Therefore, with the aim to be as close to reality as possible in order to help doctors assess and manage patients better, simulation companies constantly develop and revise models to help doctors/nurses hone their skills.

Although these are certainly a better alternative compared to patients, alive or deceased, but simulations do fall short since they will never replace the life of a human and all that comes with it.

According to the video 20 years ago the norm among doctors was to practice on patients which has now transformed into mannequins and mock scenarios that a medical professional might come across in real life. Unfortunately in most parts of our country, the past of the west still remains our norm today. Many of us have performed procedures on newly deceased patients because most of the medical institutes cannot bear the expense of simulation technology. But despite all odds that the country faces in these trying times, one of our country's renowned institutions, Agha Khan University has established a simulation lab. The rest of the hospitals and educational institutes continue otherwise.

As the world progresses to expand its horizons further, we are still at the verge of ethical awakening. The area of training procedures like endotracheal intubation, catheterization on newly deceased patients is insufficiently explored. According to some physicians the benefits of having hands on procedure experience on a human

body outweighs the inconsequential physical harms that might be brought about during the process. The dilemma now appears to be generating competent doctors with good clinical and practical skills with good ethical standards. It is time to think, revise and reform our ways of thinking along with our actual practices so that the doctors of the future are not only skilled but also empathic.

Dr Sarah Khalid Khan

Karolinska Institute

Stockholm, Sweden