

LETTER TO EDITOR

The Course of Discursive Developments in Medical Education Integration within the Health System: A Historical-Analytical Perspective

Dear Editor,

It has been over 150 years since the beginning of formal medical education in Iran. As an ongoing and significant part of the country's historical and social development, medical education in Iran has undergone notable changes. It has been shaped by cultural values, medical discourses, international trends, and key historical events across different periods.

Dar al-Fonun, as the only leading institution of modern medical education, has witnessed remarkable developments in the history of contemporary medicine in Iran during its lifetime. Despite its foundational role, Dar al-Fonun faced opposition from supporters of traditional medicine, who considered Western methods incompatible with local practices. This tension between traditional and modern medical education characterized the Qajar era, with traditional medicine preserved in various semi-formal institutions (Javanmardi, et al., 2019, pp.

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117-134).

Clearly, until the end of the Qajar era, opposition to Western-style medical education was one of the public and collective demands. This demand led the government to formally expand the traditional medicine chair more than before and assign its management to "Mirza Mohammad Hakim Bashi Kashani," a skilled physician in this field in 1860 (Javanmardi, and Abadian, 2018, pp. 25-41).

Medical education during the Qajar era faced challenges like resistance to modernization, poor integration of traditional and modern practices, limited accessibility, reactive policies (the government's efforts to formalize traditional medicine), and dependence on foreign physicians. These issues hindered the development of a coherent medical education system, maintaining outdated beliefs and inequalities in health-care, and hindering progress.

The first Pahlavi period saw the establishment of a structured medical education system to train skilled physicians. Political and social changes led to increased funding for medical education and gradually included women in the field (Tavakol, Javadi-Yeganeh, and Sadati, 2011, pp. 27-50). In the second Pahlavi era, the White Revolution introduced community-based medical education, but issues like privatization and inadequate facilities hindered progress (Ahmadi, Aghamiri, and Sadeghi, 2022, pp. 1-18).

Medical education during the Pahlavi era made progress with organized systems, increased funding, gradual inclusion of women, and workforce diversity. However, issues such as privatization, inadequate facilities, lack of interaction between students and real-world practice, physician shortages, centralization, limited regional flexibility, and uncritical adoption of Western models reduced its effectiveness. In addition, neglecting preventive care and lacking accountability hindered the system's ability to meet healthcare needs.

After the Islamic Revolution, most of the issues emphasized in the early 50s (Solar Hijri) continued to persist, and the Supreme Council of the Cultural Revolution (SCCR) became a decision-making and legislative authority. This council identified significant shortcomings and challenges within the medical education system (Azizi, 1997, pp. 159-162). The pressures of the imposed war intensified these challenges, leading to a reevaluation of the role of medical education within the healthcare system.

In response to these challenges, the Supreme Council of the Cultural Revolution suggested integrating medical education with the healthcare system. This led to the establishment of the Ministry of Health and Medical Education in 1985, aimed at addressing physician shortages and enhancing the quality of medical training (Marandi, 1996, pp. 4-8).

In the 60s and 70s (Solar Hijri), efforts were made to expand medical schools and improve educational quality, focusing on PBL (Problem-Based Learning) strategy, community-based approaches, the use of new methods for student assessment, and the evaluation of faculty members and educational programs (Azizi, 1997, pp. 159-162).

The integration of medical education into health service delivery marked the begin-



ning of healthcare reform history and is one of the most important achievements of the Islamic Revolution of Iran. Despite the challenges and issues with integration, this system had positive effects and outcomes for education, research, and health services for about four decades. Specifically, key issues, such as developing human resources, improving service quality, and advancing medical knowledge, are noteworthy (Noori Hekmat, et al., 2019, pp. 12-26).

Finally, the medical education system in Iran after the Islamic Revolution has faced significant challenges, including unfair student selection, curricula that do not adequately address urgent health issues, reliance on traditional teaching methods, graduates avoiding rural service, lack of a strong re-training system, brain drain, and difficulties in integrating medical education with healthcare services. Suggested reforms include transparent and fair selection processes, revising curricula to focus on current health challenges, incorporating new technologies into medical education and healthcare, promoting interactive teaching methods, providing incentives for rural service, enhancing continuous professional development, improving work conditions, strengthening integration, and encouraging research and innovation.

Authors' Contribution

This research was conceptualized and designed by Amir Mohammadi and Hamed Khani. Amir Mohammadi conducted the literature review. Amir Mohammadi and Hamed Khani contributed equally to writing the manuscript. All authors read and approved the final version.

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Conflict of Interest

The authors declare that there are no competing interests.

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