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Augmenting Medical Student Cancer Education Through the use of Student Societies

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In this issue, Tarkowski and Kornafel [1] provide an overview of a medical student scientific society that aims to increase the exposure of medical students to oncology and palliative care. This work highlights the positive steps that can be taken in cancer education where formal teaching in cancer and palliative care is limited or absent in a curriculum.

Cancer is a major global issue, and many countries are facing a shortage of specialist physicians to care for cancer patients. Students develop attitudes to certain areas of medicine early on in their education, which may prevent them from considering future careers in those areas. Cancer is one such area that is often negatively impacted upon and early exposure to cancer, and in particular, cancer patients can dispel many common myths and misconceptions. As the authors point out, a number of medical students still consider oncology to be depressing and limited to end of life care. The long-term implications of workforce shortages in cancer and palliative care should not be underestimated, given the projected increase in the number of new cancer cases globally and the increased survival of cancer patients in many countries.

Oncology is a relatively new profession and is therefore not firmly entrenched in many traditional curricula, making it difficult to incorporate cancer teaching into existing programmes. This is further complicated by the fact that cancer spans all body systems and specialities, and as a result, there is considerable potential for the cancer education of medical students to be uncoordinated, incomplete and characterised by duplication and contradiction. The rise of other areas of need within medical education (such as medical imaging) and the reduction of medical course length in many universities have placed further demands upon curriculum time. As Chester (cited in Anderson [2]) so eloquently stated: "It is easier to win a war than to change a medical curriculum by even one half hour".

Having briefly identified some of the barriers to cancer education, coordinated programmes of cancer teaching, including clinical exposure to cancer patients in cancer service settings, are not beyond our reach. Locally, the University of Western Australia developed and implemented clinical attachments in medical, radiation and haematological oncology, and palliative care [3]. Anecdotal evidence has shown that medical graduates are now actively seeking hospital placements in cancer units, where the opposite was seen prior to the introduction of these attachments (Joanna Dewar, Personal communication, April 2009).

Scientific societies, such as those described by Tarkowski and Kornafel, are not new, but their article is a timely reminder of the added value that such initiatives can add to current medical curricula, through the provision of exposure to cancer and palliative care. Whilst the aim of cancer education is not to produce an army of little oncologist or palliative care physicians (the aim is a basic understanding of the principles of cancer and palliative care), it is encouraging to read that some students involved in this society have gone on to pursue a career in oncology. One feature of this article is the narrative style in which it is written, which brings the passion of the authors to the fore. We often speak of the motivation of students in undertaking elective or extra curricula learning, but such endeavours are rarely successful if the passion is not shared by both student and teacher. In the absence of structured oncology teaching, the challenge is there for all of us to look at means through which we can generate interest in and exposure to cancer and palliative care for our students.

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