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THE TEACHING OF THE VENEREAL DISEASES IN MEDICAL SCHOOLS

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THE TEACHING OF THE VENEREAL DISEASES
IN MEDICAL SCHOOLS

I. General Considerations

As a result of the discovery of penicillin and of its subsequent use on an extensive scale in the treatment of venereal diseases, especially syphilis and gonorrhea, there was a substantial decline in the incidence of these diseases. But it was not long before there was an upward swing which became progressively more marked until the present situation, which is a cause for concern throughout the world, was reached. This situation can be described, without fear of contradiction, as an alarming one, as these diseases now undoubtedly present a serious public health problem at both local and international levels.

The unquestionable initial success of the penicillin treatment created a false sense of victory and, as a result, medical schools and health services in the majority of the countries of the world regarded the problem as solved. For this reason, the systematic and compulsory teaching of venereology disappeared from the curricula of most medical schools to a point where the little that is still taught is incidental to the teaching of dermatology. The same thing has happened to the clinics that were concerned with the treatment of patients suffering from venereal diseases, most of which have ceased to exist as separate services. In Latin America, only two countries (Mexico and Venezuela) have maintained, as part of their central health organization, units and divisions especially concerned with the technical supervision and coordination of the fight against the venereal diseases at the national level. In other countries, these activities have been absorbed by divisions or sections concerned generally with the epidemiology of communicable diseases. Moreover, the venereal diseases have been regarded primarily as a problem of control of prostitution and, as a result, epidemiological methods of investigation of contacts and health education in venereal diseases have been neglected. In short, the position today is that there are some countries that do not have any effective national program to combat the venereal diseases.

It is, therefore, not surprising that most of the students of medicine of the past two decades who are now general practitioners, or engaged in fields closely related to the venereal diseases, failed to receive sufficient training to enable them to give proper treatment to patients with venereal diseases of various types and at various stages. This is all the more a matter of concern since today such patients do not usually go first to see a specialist in dermatology or in the venereal diseases as they would have in the thirties, forties and fifties, but rather seek the advice of a general practitioner.

It is, accordingly, of vital importance that both the general practitioner and the specialist, whichever it may be, should be conversant with the clinical aspects, epidemiology and therapeutics of the venereal diseases.

We know that, with the appearance of the antibiotics, substantial changes have occurred in the symptomatology of syphilis to a point in which cases arise that even specialists with extensive experience find hard to diagnose clinically without the assistance of the two basic laboratory tests, i.e., the dark field test for Treponema pallidum and routine serological tests, or in some cases, specialized tests of this kind.

The result of this almost complete ignorance of symptomatology and of a lack of awareness of the venereal diseases is that many cases of syphilis at the contagious stage - both primary and secondary - pass unnoticed or incorrectly diagnosed and treated, so that they pass on to the latent phases and subsequently to the stage of serious and irreversible cardiovascular or nervous complications, becoming chronic hospital cases and finally a charge on the state.

Another consequence of this situation is that the magnitude of the problem presented by the venereal diseases is not even partly known. The fact that there is no system of classification or of uniform statistical data hampers all efforts to plan any program for the control of these diseases.

We believe that if really effective programs to control these diseases are to be launched, the teaching of venereology should be expanded, not only at undergraduate but also at graduate levels. Particular reference should be made here to the teaching of venereology in schools of public health, whether they come under universities or directly under ministries of health, and also to what should be incorporated in courses for other health professions and related disciplines since this is a problem of equal concern to all.

II. Status of the Teaching of Venereology in Some Latin American Countries

In order to obtain an overall picture of the present situation of the teaching of venereal diseases in a number of medical schools in Latin American countries, we turned on the one hand to the Department of Human Resources of the Pan American Sanitary Bureau in Washington, D. C. and on the other to a group of distinguished professionals engaged in the academic field in a number of those countries.

The information provided by PASB relates to a relatively recent period (1967-1968) and was obtained as part of a survey on the teaching of preventive medicine undertaken by that Institution. In view of its importance, we attach the table on the teaching of epidemiology of the venereal diseases as furnished by PASB.

It is clear from this table that although practically three-quarters of the schools included in the survey indicate that they provide instruction in the epidemiology of the venereal diseases, the time actually given to this subject is relatively very small, the average being less than three hours a year and in seven of the 17 countries, two hours or less.

With regard to clinical instruction, data was obtained with respect to 28 schools, generously provided by a large number of the specialists consulted, to whom I would like to express my sincere thanks. We have tried to summarize the data obtained in the second table, also included in this report.

This information only provides a partial indication of the present situation as it covers a limited number of schools in relation to the total number in existence. Nevertheless, it is clear that the instruction varies from one country to another and probably from one school to another within the same country. In other words, there is a lack of uniformity in the approach to the teaching of this subject.

Moreover, the data received shows that such instruction has no separate identity as in all the schools from which information was obtained it is incidental to the teaching of dermatology. It is, therefore, not unreasonable to assume that it is not a mandatory subject.

It is also to be noted that within the range of time devoted to clinical instruction (in the final years of training) very few schools provide a sufficient number of classroom hours to furnish each physician leaving medical school with an adequate training.

It is also very interesting to observe how little importance, if any, is attached to the venereal diseases as an integral part of graduate courses, both in the area of general medicine and in such related fields as urology, gynecology, obstetrics and pediatrics.

The above information leaves no room for doubt as to the current deficiencies in the teaching of the venereal diseases in the Hemisphere and the need to take urgent measures, consistent with the seriousness of the problem, to remedy this situation.

III. Recommendations

From the foregoing, it is clear that what is needed is a joint effort on the part of health authorities, medical educators and other interested bodies to obtain proper recognition of the urgency of the health problem presented by the venereal diseases. In this, the education of the physician and of other members of the health team has an important role to play. The following recommendations are therefore made:

1. Medical schools, schools of public health and other similar institutions in all the countries should include, in both their undergraduate and graduate programs, mandatory instruction in the venereal diseases. Not only the academic authorities directly concerned but also teachers of disciplines related to venereology, such as dermatology, pediatrics, gynecology and obstetrics, urology, preventive medicine, etc., should be associated with efforts to achieve this objective.

2. A minimum program of subjects relating to these diseases, especially syphilis and gonorrhea, should be introduced and should cover:

- a) The problem of the venereal diseases in its local and international aspects.
- b) The classification, clinical study, diagnosis and treatment of the venereal diseases.
- c) The control of venereal diseases, particularly with respect to epidemiological methods, health education and serological surveys.
- d) Laboratory techniques used in the diagnosis of the venereal diseases.
- e) The training and use of medical and paramedical personnel in programs for the control of these diseases.
- f) Advances in venereological research.

3. All official and private institutions in contact with the problem, such as social security agencies, the medical services of the armed forces, institutions for medical care, both public and private, etc. should be encouraged to take an interest in the teaching of venereology and in research into the venereal diseases.

4. Consideration should be given to the possibility of preparing an adequately illustrated manual on the venereal diseases which would include a full description of the proposed program and which should be issued in the various languages used in the Hemisphere.

5. Steps should be taken to make use of international financial and technical resources, to encourage effective programs to combat the venereal diseases and, in particular, to promote the exchange of visits by experts in these diseases between medical schools in various countries.

6. International courses on the epidemiology of the venereal diseases and on programs for their control should be held for professionals from various countries of the Region.

7. Committees should be formed in each country to plan and program instruction in the venereal diseases at the level of medical schools. Such instruction should embrace two major fields: one covering the microbiological and epidemiological aspects of these diseases at the pre-clinical stage, and the other the clinical and therapeutic aspects, and the administration of programs, to be taken toward the end of medical training.

8. Annual meetings should be arranged to study and evaluate educational programs and should be attended by representatives of all the countries of Latin America and of the agencies concerned with the control of the venereal diseases.

9. The various medical schools should be provided with the educational materials essential to instruction, such as films, slides, et cetera.

10. Training should be provided for members of other disciplines who will participate in instruction in the venereal diseases in medical schools.

TABLE NO. 1
TEACHING OF THE EPIDEMIOLOGY OF THE VENEREAL DISEASES IN DEPARTMENTS
OF SOCIAL AND PREVENTIVE MEDICINE OF MEDICAL SCHOOLS IN LATIN AMERICA
AND THE WEST INDIES (1)

Country	Number of medical schools with full courses (2)	Number of schools teaching the epi- demiology of the venereal diseases	Percentage of schools in which it is taught	Total number of hours devoted to such teaching	Average number of hours a year in the schools in which it is taught	Range
Argentina	9	6	67	8.75	1.45	0.25-3.00
Bolivia	3	2	67	2.50	1.25	1.00-1.50
Brazil (3)	31	21	68	42.25	2.01	1.00-6.00
Chile	3	3	100	9.50	3.16	2.50-3.00
Colombia	7	7	100	25.50	3.64	0.50-8.00
Costa Rica	1	1	100	3.00	3.00	-
Dominican Republic	1	0	0	0.00	-	-
Ecuador	3	3	100	8.00	2.66	1.00-4.00
El Salvador	1	1	100	1.50	1.50	-
Guatemala	1	1	100	5.00	5.00	-
Haiti	1	0	0	0.00	-	-
Honduras	1	1	100	4.00	4.00	-
Mexico	21	12	57	42.33	3.52	1.00-8.00
Nicaragua	1	1	100	6.00	6.00	-
Panama	1	1	100	2.00	2.00	-
Peru	4	3	75	8.00	2.66	1.00-6.00
Uruguay	1	1	100	2.00	2.00	-
Venezuela	6	6	100	35.00	5.83	1.00-10.00
West Indies	1	1	100	1.00	1.00	-
Total	97	71	73.1	206.33	2.90	

(1) Data obtained in a survey made by the Department of Human Resources of PAHO (1967-1968)

In some schools the instruction is given in other departments but the data was included whenever it was provided.

(2) Total number of medical schools with full courses is 100 but no data is available for one school in Paraguay and two in Cuba.

(3) In the majority of the schools in Brazil the number of hours given includes instruction in trachoma.

TABLE NO. 2

INSTRUCTION IN THE CLINICAL TREATMENT OF THE VENEREAL
DISEASES IN CERTAIN MEDICAL SCHOOLS IN LATIN AMERICA

Name of Institution	City and Country	Undergraduate year in which course is taken	Time devoted to instruction at undergraduate stage	Subject in which such instruction is included at undergraduate stage	Graduate courses
National University of Buenos Aires	Argentina	Penultimate	4 hours over 3 weeks	Dermatology	Yes, one a year
Universidad del Salvador. Buenos Aires	Argentina	5th and 6th	9 hours	Dermatology, Public Health and Infectious Diseases	Yes, in Public Health, Dermatology and Infectious Diseases, 3 hours a week
National University of La Plata	Argentina	4th to 6th	10 hours	Dermatology	Yes, occasionally for Public Health Physicians
Universidad Mayor de San Simon. Cochabamba	Bolivia	5th	1 hour	Dermatology	No
Faculty of Medicine of the University of São Paulo	Brazil	4th	3 hours	Dermatology	Yes
State University of Campinas	Brazil	5th	6 hours	Dermatology and Preventive Medicine	Yes, some 20 hours
School of Medicine and Surgery of Rio de Janeiro	Brazil	5th	6 hours	Syphilis, Dermatology Urethritis, Urology	No

TABLE NO. 2 (cont.)

INSTRUCTION IN THE CLINICAL TREATMENT OF THE VENEREAL
DISEASES IN CERTAIN MEDICAL SCHOOLS IN LATIN AMERICA

Name of Institution	City and Country	Undergraduate year in which course is taken	Time devoted to instruction at undergraduate stage	Subject in which such instruction is included at undergraduate stage	Graduate courses
Faculty of Medicine, U.F.F. Niterói, Rio de Janeiro	Brazil	4th	4 hours	Dermatology	No
Universidad Católica Javeriana	Colombia	4th, 5th and 6th	unspecified	Dermatology	Yes, but extra-curricula
National University	Chile	4th and 5th	2 to 3 hours	Dermatology	No
University of Guayaquil	Ecuador	6th	4 hours a week for 8 months	Dermatology	No
San Carlos University	Guatemala	7th	72 hours for 3 months	Dermatology	No
Autonomous University of Guadalajara	Mexico	4th	6 hours	Dermatology	No
National Autonomous University of Mexico	Mexico	In some cases 3rd, in others, 4th	3 to 4 hours	Syphilis, Dermatology Urethritis, Urology	No
University of Guadalajara	Mexico	Penultimate and last	15 to 20 hours	Dermatology	Yes, 30 hours devoted to venereal diseases

TABLE NO. 2 (cont.)

INSTRUCTION IN THE CLINICAL TREATMENT OF THE VENEREAL
DISEASES IN CERTAIN MEDICAL SCHOOLS IN LATIN AMERICA

Name of Institution	City and Country	Undergraduate year in which course is taken	Time devoted to instruction at undergraduate stage	Subject in which such instruction is included at under- graduate stage	Graduate courses
National University	Nicaragua	5th	1 hour a week	Dermatology	No
National University	Panama	Penultimate	8 hours	Dermatology	Yes, occasionally
National University of Asunción	Paraguay	5th	1 hour a week	Dermatology and Internal Medicine	Yes, but no instruction
Universidad Nacional Mayor de San Marcos	Peru	4th	30 student-hours	Dermatology	No
Peruvian University of Medical Sciences, Cayetano Heredia Faculty	Peru	4th and 5th	Syphilis - 22 hours; others - 2 or 3 hours	Syphilis, Dermatology Urethritis, Urology	Yes, only for syphilis - 6 hours
Autonomous University	Dominican Republic	3rd, 4th, 5th and 6th	18 hours	Dermatology, Preventive Medicine, Infectious Diseases, etc.	Yes, Dermatology 12 hours
Pedro Henríquez Ureña National University	Dominican Republic	3rd	14 hours	Dermatology, Preventive Medicine and Microbiology	No

TABLE NO. 2 (cont.)

INSTRUCTION IN THE CLINICAL TREATMENT OF THE VENEREAL
DISEASES IN CERTAIN MEDICAL SCHOOLS IN LATIN AMERICA

Name of Institution	City and Country	Undergraduate year in which course is taken	Time devoted to instruction at undergraduate stage	Subject in which such instruction is included at under- graduate stage	Graduate courses
Luis Razetti Medical School, U.C.V.	Venezuela	3rd and 6th	24 hours	Dermatology, Bacteriology, Preventive and Social Medicine	Yes, Dermatology, Gynecology, Pediatrics, Public Health
José M. Vargas Medical School, U.C.V.	Venezuela	3rd and 6th	18 hours	Microbiology and Dermatology	Yes, Dermatology
Zulia University, Maracaibo	Venezuela	4th and 6th	20 hours	Bacteriology and Clinical Medicine	No
Carabobo University, Valencia	Venezuela	3rd and 6th	12 hours	Bacteriology and Clinical Medicine	No
University of the Andes, Merida	Venezuela	3rd, 5th and 6th	29 hours	Bacteriology and Clinical Medicine	No
Universidad de Oriente Barcelona	Venezuela	3rd, 4th and 5th	18 hours	Bacteriology and Clinical Medicine	No