

**LETTER TO THE EDITOR:****THE ROLE OF MEDICAL EDUCATION IN COMBATING HEALTH DISPARITIES IN PAKISTAN**

To the Editor,

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Dear Editor,

I write to bring attention to the critical role that medical education could play in the eradication of health disparities in Pakistan. Health disparities affect populations from vulnerable and rural regions, driven by various factors such as socioeconomic inequities, lack of access to healthcare services, inadequate public health infrastructure, and educational gaps. Educators and healthcare professionals, as educators of the future physicians, have a role in empowering them with knowledge and skills to improve these disparities and offer healthy services without inequality.

Pakistan continues to face the challenge of providing quality healthcare in rural and underserved areas. One major cause of this gap is the uneven distribution of health professionals, mainly specialists, concentrated in urban centers. Thus, medical education needs to play a more active role in filling these gaps with the following strategies:

**Curriculum reform in the area of social determinants of health:** Medical schools should integrate training on the social determinants of health SDOH within their curricula. Understanding how factors such as poverty, education, environment, and cultural norms affect health outcomes will equip future doctors with the ability to provide contextually relevant care. Medical students need to recognize that achieving health equity involves not only treating diseases but also addressing the underlying causes of health disparities.

**Exposure to Rural and Underserved Communities:** Rural healthcare settings should be the new site of medical students' exposure. While structured rotations in rural settings can be combined with community-based health education, more hands-on exposure to the issues encountered by these populations will be provided. The exposure can also cultivate a sense of responsibility and encourage some of the graduates to pursue careers in rural healthcare.

**Training in Telemedicine and Digital Health Tools:** With the increasing relevance of telemedicine- especially in the care of distant populations- the education of doctors should include experience in digital health technology. Technology advancement can help overcome obstacles of geodesignation and increase accessibility to much-needed care for regions often lack access. Students should be taught to use telemedicine more effectively, so they have a higher capacity to serve distant populations

using virtual consultations and monitoring from afar.

**Support Research on Health Disparities:** There is a need to motivate medical students and faculty to conduct research to find answers and solutions to health disparities. Research into disease prevalence, access to healthcare, and outcomes in rural and low-income populations may inform policy changes and guide resource allocation. By fostering a research culture focused on health equity, the medical schools contribute to evidence-based solutions to disparities in healthcare delivery.

**Cultural Competency and Empathy:** This cultural competency and empathy must be a responsive aspect of health disparities fighting. Thus, medical education has to prepare the students to respect and understand the diverse backgrounds of patients who come from different cultural, religious, and social backgrounds

Ineffective communication without empathy will, therefore, worsen patient outcomes and fail to build relations between healthcare providers and the communities they serve.

This letter emphasizes the need for reforms in medical education and initiatives to address healthcare disparities, especially in the underserved areas of Pakistan, through training, research, and community engagement.

**CONCLUSION**

Medical education is foundational for forming the future of health care delivery in Pakistan. These strategies brought to the curriculum of training programs can help produce healthcare professionals skilled clinicians as well as champions for health equity. The challenge that the medical education community needs to undertake vigorously can make significant efforts toward realizing that all people in Pakistan, regardless of their socioeconomic or geographic background, can receive due care.

I urge educational institutions and policymakers to recognize the value of ensuring that health disparity solutions form an integral part of medical training so as to be part of a more just and equitable healthcare system.

**Dr Safdar Ali Pervez Tunio**

Associate Professor Medicine

KMC Khairpur

Email: [sufee1981@gmail.com](mailto:sufee1981@gmail.com)