

80 years of social service in medicine

The Editors

Eighty years ago, the National University School of Medicine, represented by its director, Gustavo Baz Prada, made a proposal that soon became a reality and, ultimately, in a regulation, which since then is known as the Social Service (SS). This initiative was seen as a way for last-year medicine students to repay part of what society invested on their education, as a way to consolidate their training by exposure to every-day realities in the most needy settings, to test their true capabilities to look after patients and to participate in the solution of a healthcare problem that then was much more compelling than today. A few years later, other disciplines' new graduates were also incorporated to this strategy and, finally, it was formally acknowledged as a responsibility of teaching institutions. SS contributions to people's health and physicians' training have been unquestionable, and the human experience it has represented for those who have lived through it has left indelible marks.

In the years elapsed ever since, the country's reality has undergone some changes, but the SS remains a valuable, motivating, striking and challenging experience, although not rarely a heartbreaking and painful one. But some variants have emerged in addition to those of experience in rural marginal settings. Today there is SS in research, where the intern spends the time dedicated to the year in question linked to a consecrated investigator; SS in university programs, where they work in an educational institution, and SS in the liaison modality, which they carry out in other institutions. More recently, a professional SS has been included, which takes place during the years of residency in specialization courses, also planned to be carried out in rural health care units, almost always in hospitals.

Today, the SS has shown some problems that justify the different discussions that have taken place with

regard to its permanence or to the necessity of change. These problems include the insecurity that nowadays is common in the country and that has put interns at risk in some communities, where even aggressions, kidnappings and murders have occurred. Another problem has been that interns are separated from their medicine schools, when formal educational programs or appropriate and frequent supervision are cannot be carried out; in addition, the insufficient amount of scholarships makes it very difficult for interns to cover their expenses during the SS period and, last but not least, interns who make their SS in marginal communities have lower performance in the exam for a place in specialty residencies. In addition, interns are often left alone, without enough means for healthcare, and they have already been the subject of lawsuits and accusations of negligence. Furthermore, the SS has contributed to the fact that institutions do not hire enough general practitioners, given that their function is replaced by interns who, strictly speaking, are not duly trained for many of the cases they are confronted with.

Many voices have arisen that consider that SS, such as it was planned and is being carried out, should already change. Regarding the SS 80th anniversary that this year we are celebrating, and its new conditions, the health and education sectors have made an analysis and opened a discussion forum that surely will lead to the changes this important training phase requires, by reaffirming that the SS is a true educational cycle, that it requires pedagogic strategies of its own, that interns should not be left without supervision and counseling, that their safety has to be guaranteed, that a dignified support for living expenses must be propitiated, and that rural SS deserves to be promoted as a highly valuable human experience in the training of physicians.