

## Academic medicine needs a global agenda



STUART FRANKLIN/MAGNUM

The *BMJ* and partners' campaign provides an opportunity to question the global relevance and responsibilities of academic medicine. In this week's theme issue, international authors provide a range of

perspectives on how academic medicine can be promoted and revitalised. Schmidt and Duncan (p 753) describe the development of the Brazilian public health system, and how academic support is needed to support population health goals. Drawing on seven years as dean of Makerere University in Uganda, Sewankambo (p 752) suggests ways in which academic medicine can contribute to strengthen health systems. The campaign's working party set out its agenda and planned consultations for the next year (p 787), including an evidence based approach (p 789). On page 751 Clark and Tugwell ask: who cares about academic medicine?

### POEM\*

#### Soy protein isoflavones do not reduce postmenopausal complications

**Question** Do isoflavones improve cognitive function, bone mineral density, and plasma lipids in postmenopausal women?

**Synopsis** Recent trials have not shown a benefit of postmenopausal oestrogen in improving cognitive function, reducing cardiovascular complications, or maintaining long term protection against fractures. These authors evaluated whether naturally occurring plant isoflavones (phytoestrogens) can be used as an effective alternative for traditional oestrogen therapy. They assigned 202 healthy postmenopausal women aged 60 to 75 years in a double blind fashion (uncertain allocation concealment) to receive 25.6 g of soy protein containing 99 mg of isoflavones (52 mg genistein, 41 mg daidzein, and 6 mg glycitein) or matching placebo on a daily basis for 12 months. Although not specifically stated in the manuscript, contact with the authors clarified that outcomes were assessed by individuals blinded to treatment group assignment. Follow up was complete for 86% of the original participants. On intention to treat analysis, cognitive function, bone mineral density, and plasma lipids did not differ significantly between the two groups. The study had an 80% power to detect a 13% improvement difference between the two groups on the cognitive function test.

**Bottom line** Postmenopausal supplementation with soy protein containing isoflavones does not improve cognitive function or affect bone mineral density or plasma lipids. Previous studies evaluating an effect of isoflavones on postmenopausal hot flushes have also found minimal benefit.

**Level of evidence** 1b (see [www.infoPOEMs.com/levels/html](http://www.infoPOEMs.com/levels/html)). Individualised randomised controlled trials (with a wide confidence interval).

Kreijkamp-Kaspers S, Kok L, Grobbee DE, et al. Effect of soy protein containing isoflavones on cognitive function, bone mineral density, and plasma lipids in postmenopausal women: a randomized controlled trial. *JAMA* 2004;292:65-74.

©infoPOEMs 1992-2004 [www.infoPOEMs.com/informationmastery.cfm](http://www.infoPOEMs.com/informationmastery.cfm)

\* Patient-Oriented Evidence that Matters. See editorial (*BMJ* 2002;325:983)

## Editor's choice

### The four pillars of global academic medicine

Have you ever slept during a lecture? A quarter of university students have, although the figure might be higher for medical students—who learn a great deal from role models, such as professors snoozing in grand rounds. Academia must be in crisis when, according to a survey in the *Independent* newspaper, more students have sent a text message during a lecture (63%) than asked a question (49%).

If you manage to stay awake more than you sleep you may be aware that medical education has a hidden curriculum, which, say Heidi Lempp and Clive Seale (p 770), achieves the “enculturation”—a new word to me—of students as they mutate into doctors. A hidden curriculum is essentially a set of influences, often unarticulated or unexplored, falling outside formal teaching. In medical education this amounts to six learning processes: loss of idealism, adoption of a “ritualised” professional identity, emotional neutralisation, change of ethical integrity, acceptance of hierarchy, and learning less formal aspects of “good doctoring.” Ring any bells?

While there is a positive effect of role models, conclude Lempp and Seale, students are exposed to a competitive atmosphere that tolerates haphazard tuition and teaching by humiliation—which is enculturation of the bad sort.

Yet, teaching is only one component of academic medicine, as this week's theme issue brings out clearly—nor is academic medicine confined to medical schools and teaching hospitals in the rich world. Nelson Sewankambo, dean of an African medical school, spells out how academic medicine can contribute to global health; in the process he provides readers with a valuable service by explaining what academic medicine is (p 752).

Firstly, academic medicine is about answering important questions through relevant research. Secondly, the evidence generated by that research has to be implemented and the “know-do gap” closed. Thirdly, academic medicine must ensure that medical students and doctors are adequately trained. Finally, the quality of healthcare delivery must be optimised, partly through improved access to health information. All of which helps to explain why academic medicine means different things to different people.

When editors from the *Lancet* and the *BMJ* met in a dimly lit Greek restaurant to plan the academic medicine campaign there was some uncertainty over its global resonance. We needn't have worried. Jocalyn Clark and Peter Tugwell explain how the campaign has attracted an overwhelming international response, and this issue sets the campaign in a truly global context (p 751)—but it is a global context grounded in the reality of patient care. “Academic medicine must show that,” says Sewankambo, “in its pursuit of the different aspects of scholarship, its relevance to society's needs is still of paramount importance.”

Kamran Abbasi *acting editor* ([kabbasi@bmj.com](mailto:kabbasi@bmj.com))

To receive *Editor's choice* by email each week subscribe via our website: [bmj.com/cgi/customalert](http://bmj.com/cgi/customalert)