

It is time to balance communitarianism and individualism in South African medical education

To the Editor: Recent well-meaning global and South African (SA) reforms in medical education primarily consider an agenda of social accountability.^[1,2] We are concerned that this approach may be the result of an excessive focus on the purpose of education to meet community needs (communitarianism) at the expense of the purpose of education to meet individual learner's needs (individualism). If communitarianism and individualism are viewed as being at the opposite ends of a pendulum swing, we believe the pendulum is currently swinging too far away from individualism towards communitarianism, and that there should be a balance between these two.

A communitarian philosophy holds that any educational endeavour has wide social repercussions. If learners are not explicitly taught to act transformatively as 'change agents', education will only serve to further entrench inequality and injustice.^[3] A deep consideration of the needs of the broader community in any educational effort is pertinent in post-apartheid SA to redress gross inequalities of the past.^[4] Furthermore, it could be argued that community consideration is of particular importance in SA as the concept of *Ubuntu* may be an important part of societal norms: *Ubuntu* is described as a uniquely African philosophy that promotes the common good of society.^[5]

Compared with a communitarian philosophy, an individualistic philosophy at its core privileges human beings, while actions surrounding and beneficial to the wider society are considered secondary.^[6] According to Hodges and Lingard,^[7] the entire medical education enterprise is predicated on the individual. They assert that medical education discourses are underpinned by unexplored individualistic ideologies and quote examples of adult education theories and self-reflective practice as favouring individualistic thinking.^[7]

Generally, those who advocate a focus on community objectives in education do not criticise the idea of individual aims: excessive individualism, gained at a cost to certain community aims, is criticised.^[8] Current medical education is criticised, as it places greater emphasis on the rights of the individual than on the individual's response to society. Accordingly, learners select careers based on their own ambition and not on society's needs.^[9]

Traditionally, the two major positions of individualism and communitarianism have been regarded as being mutually exclusive, as their basic assumptions and beliefs are deemed incompatible.^[10] However, given the complexities of SA society and atrocities of the recent past, it would seem vital not to discriminate against either of these stances. Each philosophy can be seen as being more complex than simply all good or all bad. For example, there is a view that individualistic education can meaningfully contribute to a communitarian aim of social justice: if an individual works hard and succeeds, even if only in furthering his or her own goals, he or she will possibly contribute to a wider economy and society.^[8] Concerns also arise around excessive communitarianism: should learners be used as a means to an end? A specific example of debate around treating learners and graduates as a means to an end can be found in discussions with regard to compulsory service programmes for recruiting healthcare workers in remote and rural areas: 'Some commentators argue that it is contrary to the rights of the individual health worker.'^[11]

As a balance between these two divergent ways of thinking, Phenix^[12] recommends that one should focus on the nature of the relationship between them: 'The proper question is not whether we choose to be individual or social, but what shall be the quality of the individual-social complex.' It seems apparent that current curricula and pedagogies in SA medical education generally do not take into account the relationship of the individual/social complex. As a specific example, pedagogies in SA medical schools are currently largely based on problem-based learning (PBL).^[13] This is described as an instructional method where relevant problems are introduced at the beginning of the instruction cycle to provide the context and motivation for the learning that follows. PBL, despite intentions to foster collaboration and co-operation, has been described as fostering an individualistic philosophy.^[14]

To develop any relationship, there must be some type of dialogue; in medical education this could involve a tri-directional process of engagement between the learner, the university and the community it serves. Reports from SA universities are in favour of dialogue being enhanced, as educators actively encourage open and non-structured dialogue, e.g.: (i) by employing curricula that draw on learners' lived experiences within their communities; and (ii) by promoting community-based participatory pedagogies.^[15] In SA medical education, additional pedagogies to PBL may need to be considered, which foster learners in articulating and meeting their own challenges as individuals within the complexities of their society while simultaneously hearing and meeting the challenges of their broader community.

If an explicit aim of medical education in SA is to redress social injustice, then educators may need to take care that the pendulum does not swing so far from individualism that it negates the rights of learners as individual members of society. However, medical educators could review whether current curricula and pedagogies are excessively individualistic. Considering pedagogies in addition to PBL, such as those that include learners' experiences as community members and other community-based activities, may foster recognition of the essential need for both personal and communitarian aspects of medical education without advocating for the primacy of either.

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