

The Flexner Report transformed the medical world

The Flexner Report, formally titled "Medical Education in the United States and Canada: A Report to the Carnegie Foundation for the Advancement of Teaching," was published in 1910 by Abraham Flexner. It played a pivotal role in transforming medical education in North America this however influenced the entire world over time. Here are key points about the Flexner Report:

**1. Historical Context:**

- Before the Flexner Report, medical education in the United States and Canada varied widely in quality. Many medical schools were proprietary institutions more focused on profit than on providing rigorous scientific training.
- There was a lack of standardised curricula, and many schools did not require rigorous admission standards or comprehensive clinical training.

**2. Commissioning and Objectives:**

- The Carnegie Foundation for the Advancement of Teaching commissioned Abraham Flexner to survey the state of medical education.
- Flexner visited 155 medical schools across the United States and Canada, evaluating their facilities, faculty, admission standards, and curricula.

**3. Major Findings:**

- The report revealed significant deficiencies in many medical schools, including inadequate laboratory facilities, poor teaching methods, and unqualified faculty.
- Flexner criticised the overabundance of medical schools and their uneven quality, recommending the closure of many institutions.

**4. Recommendations:**

- The report emphasised the need for medical education to be grounded in scientific research and clinical practice.
- Flexner advocated for higher admission standards, including a prerequisite of a high school diploma and some college education.

- He recommended a curriculum based on the biomedical sciences and clinical training in hospitals, integrating hands-on experience with classroom instruction.

#### **5. Impact on Medical Education:**

- The Flexner Report led to the closure of many substandard medical schools and the consolidation of resources into fewer, higher-quality institutions.
- It encouraged the adoption of a more rigorous, science-based medical education model, similar to that of Johns Hopkins University, which Flexner held as a standard.
- The report's recommendations led to significant reforms in medical education, including increased funding for medical schools, better facilities, and improved standards for faculty qualifications.

#### **6. Long-Term Consequences:**

- The Flexner Report had a lasting impact on the medical profession, contributing to the establishment of modern medical education standards.
- It reinforced the importance of research and evidence-based practice in medicine.
- The report also had unintended consequences, such as reducing the number of medical schools serving minority communities, which contributed to disparities in medical education and healthcare access.

#### **7. Criticism and Legacy:**

- While the Flexner Report is credited with professionalising medical education, it has also been criticised for its role in reducing the diversity of the medical profession.
- The emphasis on scientific rigour and standardised education reshaped the medical landscape, but it also marginalised some alternative and holistic approaches to medicine.

The Flexner Report remains a landmark document in the history of medical education, credited with initiating reforms that shaped the modern medical profession in North America. Its emphasis on scientific rigour, clinical training, and

standardised curricula set the foundation for the contemporary medical education system.

The Flexner Report marginalised alternative medicines:

The Flexner Report, while instrumental in reforming medical education in North America, also had significant consequences for alternative medicines. Here are the key ways in which the Flexner Report marginalised alternative medicines:

**1. Emphasis on Scientific Rigour:**

- The Flexner Report placed a strong emphasis on scientific rigour and evidence-based medicine, which were largely defined by the biomedical model. This focus led to the marginalisation of medical practices that did not fit into this framework, including many forms of alternative and complementary medicine.

**2. Standardisation of Medical Education:**

- The report advocated for standardised curricula and rigorous scientific training in medical schools. Medical schools that taught homeopathy, naturopathy, chiropractic, and other alternative therapies were often deemed unscientific and inadequate.
- As a result, many schools teaching alternative medicine either closed or were forced to significantly alter their curricula to align with the new standards, often at the expense of their original practices.

**3. Closure of Many Medical Schools:**

- Flexner's recommendations led to the closure of a large number of medical schools that did not meet the new standards. This included many institutions that offered training in alternative medicines, effectively reducing the number of practitioners and limiting access to these forms of healthcare.

**4. Funding and Institutional Support:**

- The report's influence extended to funding and institutional support. Medical schools that adhered to Flexner's recommendations received increased funding from philanthropic organisations and government bodies. Those that continued to teach alternative medicine did not receive similar support, further marginalising these practices.

## **5. Professionalisation and Licensing:**

- The reforms promoted by the Flexner Report led to stricter licensing requirements for medical practitioners. This professionalisation process favoured practitioners trained in the biomedical model, making it more difficult for those trained in alternative medicine to obtain licensure and practice legally.

## **6. Public Perception:**

- The elevation of the biomedical model as the standard for medical education and practice contributed to a perception of alternative medicines as inferior or unscientific. This shift in public perception further marginalised these practices and their practitioners.

## **7. Impact on Minority and Indigenous Practices:**

- Many alternative and traditional medical practices, including those of minority and indigenous communities, were also marginalised as a result of the report's recommendations. The focus on a standardised, scientific approach did not accommodate the diverse medical traditions and practices that existed outside the mainstream medical establishment.

## **8. Legacy and Continued Marginalisation:**

- The marginalisation of alternative medicine initiated by the Flexner Report has had a lasting impact. Although there has been a resurgence of interest in alternative and complementary medicine in recent decades, these practices often remain on the periphery of the mainstream medical establishment.