CHILDREN OF IMMIGRANTS TO BRITAIN

Edwin de H. Lobo

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Growing up between two cultures, often in an impoverished environment, is one of the reasons given that children of immigrants have particular health and social problems. Dr de Lobo, a consultant paediatrician in Luton, gives an easily read account of the traditional cultural background for four ethnic groups, Asian, West Indian, Chinese, and European, and explains how this background influences the present difficulties of children of immigrants in Britain today.

One of the underestimated problems is the stress and psychological trauma to which such children are subject. Differences in language, diet, family structure, and cultural roles produce great conflicts of self-identity for the child—within the family, at school, and at work. Changes in cultural behaviour, illiteracy, and poor housing exacerbate the medical problems. For example, the decline of breast feeding and altered weaning habits have led to a reported incidence of dietary iron-deficiency anaemia in 24 per cent of three-year-old Asians in a Luton study. Diseases such as rickets which have a higher incidence among immigrants are also discussed.

This minority group, of unstated size, has medical and social needs which are probably not being met. An awareness of these problems may be a step towards their recognition in general practice, and this short descriptive book provides an interesting introduction to the problem for both general practitioners and paramedical staff. The description of how to record Asian family names rationally is well worth reading for any general practitioner who has Asian immigrants on his list.

CLARE RONALDS

REPORT

Conference on the selection of medical students

UNDER the auspices of the Education Committee of the General Medical Council, a conference was held in London on 22 February 1979 to consider various aspects of selection of medical students. The President welcomed over 100 delegates from medical schools and other interested organizations.

Pre-selection of applicants

Mr Mark Smithies, National Union of Students, discussed the various influences operating *before* students applied to medical schools, including the disproportionately high number of applicants from doctors' families, the design of the public school curriculum, and bias against women and the lower social classes. In addition, financial disincentives operated against some mature students.

Motivation

Mr R. M. Blackmore, House Master, Oakham School, gave results of a survey involving 1,255 students in medical schools in the UK. The most popular reason for choosing medicine as a career was to help the distressed, and this was followed closely by an interest in exploring physiological and biological phenomena. Least often chosen from the list of seven reasons offered was good social standing. Most respondents found it difficult to say exactly why they wanted to enter medicine, and there appeared to be little idea of what medical education entailed. Most thought that a decision to enter medicine had to be made at about 13 to 15 years.

Academic criteria

Discussing the present criteria for choosing applicants, Dr T. S. L. Beswick, University of Manchester, highlighted the shortcomings of the present system of relying on O level grades with predictions of A level grades, but felt that in the absence of other criteria this had to do at present, although other criteria, such as headmasters' reports, were useful adjuncts for selectors.

Personal qualities

Dr W. D. Wylie, St Thomas's Hospital, spoke on assessment of motivation and suitability of applicants for medicine. He believed that high academic achievement did not necessarily correlate with the production of a good doctor; even when combined with good personal qualities it was not possible to place many otherwise suitable applicants. He believed that medical education played a greater part in the production of the doctor than did the selection process. He drew attention to the shortcomings of procedures used in other countries, such as the medical college's admission test (MCAT), the McMaster process of screening by assessing letters written by applicants, and the structured interview. He felt this process might be more feasible in schools which had limited objectives, such as those in Pennsylvania and Negev, where the output of the school was geared specifically to the primary care needs of the community. While information gained in non-structured interviews, used by 21 out of 31 medical schools in the UK, might have low predictive value, it could be helpful to supplement information or redress a balance in doubtful cases.