An Invaluable Experience:  
“Institute of Community Medicine,  
Hacettepe University”

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Medical Education

Learning and treating health have been of main interests of the mankind since the beginning of human life and showed great progress towards medical education during the evolution process. A considerable change has occurred in the medical education concept at the 20th century and the development has accelerated dramatically for the last quarter especially. The main understanding underlying the change was the community based education, which gave way to the foundation of the Institute of Community Medicine, Hacettepe University.

Although founded as an educational organ, the Institute covered research and service tasks at the same time inevitably, with the existence of the Districts provided by the Ministry of Health. The rationale of the collaboration between the University and the Ministry was to enable the students of medicine and other health disciplines as well as the health personnel to observe and realise the health needs of the community.

The Institute

Institute of Community Medicine-Hacettepe University was founded in 1964 together with the establishment of the University as a new medical centre in Ankara. Nusret Fişek had been the head of the Institute from 1966 until its closure following the military coup in 1982. The institute had four main goals:

- **Education**: Educate the medical students with community based understanding within the environs of the people living in the districts affiliated to the University,
- **Research**: Evaluate the living and health conditions of the residents of the districts and implement measures of precautions and promotion,
- **Service**: Render health services to the residents of the districts with a holistic medical approach and multi-disciplinary understanding,
- **Guidance**: Lead the several health and medical institutions and schools of the country with the above mentioned experiences.

The goals of the Institution were to be accomplished through the Districts that were affiliated to the University in terms of management and education, and they were administered by academicians who were experienced and specialised in the field.

Organisation of the Institute was consist of Department of Community Medicine, two Health, Education and Research Districs (HER) and Tuberculosis Education and Research Centre (Fig.1)

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**Affiliated Districts**

Health activities have started with the proposal of the Ministry of Health in Etimesgut and Çubuk HER Districts and were administered for almost fifteen years. Activities of the Institution started in Etimesgut in 1967 and in Çubuk in 1975. Both Districts consisted of
Fig. 1 Organisation of Institute
urban and rural settlements, and although very close to the capital, carried the harsh health conditions of the tough Anatolian geographic and cultural character. Organized health services were introduced as a new concept in Çubuk while organized health services were in use in Etimesgut for almost thirty years when the reorganization started. Both had small and modest hospitals with some fifty beds, and the health centres were constructed together with the collaboration with the Institute. Etimesgut HER District covered a population of 90,381 scattered on a small town (43.9%) and villages (56.1%) while Çubuk HER District covered a population of 51,679 in which 68.4% of the population lived in villages over mountainous area and a small town (31.6%) in 1980 (Map1).

Map.1 Etimesgut and Çubuk HER Districts

Hundreds of nurse-midwives, health educators, physicians, academicians from several disciplines including social sciences, took part in the functions of the Institute, spending most of their time in the Districts. Activities were concentrated in the rural areas with enormous efforts of the personnel and students. Much has been altered and extremely
important changes were accomplished in terms of health attitudes and behaviour, together with morbidity and mortality patterns.

**Consequences**

*Community Based Education*

Numerous health personnel of different disciplines and levels, from students of nutrition and dietetics, to professors of obstetrics and gynaecology were trained and have gained experience in the field during the functioning of the Institute. Educational activities did not cover the national institutions only, but international organisations and their members and undergraduate and postgraduate students as well.

The main concern in terms of education was to motivate the undergraduate physicians to the conditions and needs of the community. For the accomplishment of this, fourth grade students resided in the rural facilities constructed by the university, took part in the daily activities of the health centres, guided and even sometimes treated the patients in the absence of the physician. They spent most of their time in evaluating the health centres’ daily activities and records. During their stay they planned, administered and reported a field survey as a group. The change in the curricula in order to fit medical education to the need of country was published by the World Health Organisation in one of the issues of Public Health reports as an example.

*Research Achievements*

Several national and international institutions including World Health Organisation (WHO) have collaborated with the Institution. Different departments of the University Hospital collaborated with the Institute which gave way to the administration of hundreds of international and multidisciplinary studies, theses, dissertations. Over a hundred of speciality in community medicine and 12 associate professor thesis completed. *High Risk Project, Insertion of Intrauterine Devices by Midwives, Oral Rehydration Therapy* were some of the 13 WHO-collaborated projects conducted in the Districts. The Institution has finally become a WHO collaborative centre on maternal and child health care and human reproduction.

*Improving the Service*

Importance given to the education and research enabled the Institution to contribute to improve the health service quality. Preventive, domiciliary services became much more efficient. Use of therapeutic services increased while village visits made health services more accessible. Vital statistics changed dramatically (Table.1, Fig.2,3).

**Table.1 Selected indices in Etimesgut HER District (1967-1983)**

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<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Crude death rate</td>
<td>10.3</td>
<td>8.2</td>
<td>6.3</td>
<td>5.1</td>
</tr>
<tr>
<td>Infant mortality rate</td>
<td>142.0</td>
<td>103.0</td>
<td>71.8</td>
<td>47.4</td>
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<tr>
<td>Neonatal mortality rate</td>
<td>36.0</td>
<td>25.7</td>
<td>26.6</td>
<td>20.7</td>
</tr>
<tr>
<td>Crude birth rate</td>
<td>35.1</td>
<td>32.9</td>
<td>28.4</td>
<td>27.3*</td>
</tr>
<tr>
<td>Total fertility rate</td>
<td>4.9</td>
<td>4.4</td>
<td>3.3</td>
<td>3.0*</td>
</tr>
<tr>
<td>Life expectancy at birth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>55.9</td>
<td>-</td>
<td>71.3</td>
<td>74.3</td>
</tr>
<tr>
<td>Male</td>
<td>55.9</td>
<td>-</td>
<td>63.1</td>
<td>66.1</td>
</tr>
</tbody>
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*1980*
Fig. 2 Distribution of population by age and gender in Etimesgut HER District

Fig. 3 Changes in Infant Mortality Rate and Total Fertility Rate in Etimesgut HER District (1967-1980)
Educating the Educators: Reflections

Fifteen years of experience illuminated several schools, faculties, international bodies. Liverpool School of Tropical Medicine shared three months of its one year Master of International Health education to the Districts of the Institution.

Educators themselves learned a lot from the activities and achievements. Most of the trainees of the Institute spread all over the country who in time became professors of community medicine.

The Institute of Community Medicine and in the other schools where similar approach was accepted took significant steps in influencing students in correct direction, but 1980 became the last year for this progressive movement. The military government, coming to power in 1980, changed the University Law and established a Superior Council of Higher Education, restricting the autonomy of the universities. All universities –including medical schools- has come under the administrative and academic control of the Council. After its formation in 1981, the Higher Education Council had to accept the mandatory existence of the departments of community medicine as well as the minimum compulsory hours of education in every single University. In contrast with this very attitude, the Council did not hesitate to face the Community Medicine concept by closing down the Institute and demolishing the Districts, in favour of Family Medicine. The Council, also, opposed the establishment of a School of Public Health in Turkey for training health administrators as public health scientist. The Institute turned into a department, with limited facilities and functions of education for preventive medicine and hygiene and research.

Nusret Fişek retired in 1982. For the rest of his life he functioned as the elected leader of the Turkish Medical Association until his decease in 1990.

Institute of Community Medicine was a unique experience not only for it carried out a distinguished undergraduate and postgraduate medical education and developed methods, but also proved that applied community medicine could improve health of people dramatically. The Institute model, with its multidisciplinary structure, relatively autonomous organisation and fiscal model, should be considered as the best system for the academic community medicine.

References