

Beyond Wellness Centres: Re-engineering the Medical Education System for Students & Residents

The rising frequency of suicides among medical students in Pakistan has cast a dark shadow over our prestigious medical institutions, signaling a crisis that cannot be ignored.¹ While universities have responded by establishing wellness centres and counseling services, these measures often address only the symptoms of distress rather than the root causes of the disease.¹ This editorial proposes that the current crisis is a result of a rigid, high-pressure system that requires fundamental systemic reform rather than just psychological support; we must move beyond wellness centres to fix the underlying educational structures that facilitate this despair.

To understand the depth of this crisis, we must look at the logical progression of the current educational environment through a deductive lens. A medical education system that prioritizes unrealistic attendance benchmarks, excessive exam burdens, and financial rigidity creates a state of chronic, high-level physiological and mental distress for students. Furthermore, it is a logical reality that chronic, unmanaged distress without systemic relief—regardless of the presence of wellness centres—is a primary driver of psychological burnout and suicidal ideation. Therefore, suicides in medical universities will continue to occur unless the educational and administrative systems themselves are restructured to be more human-centric and flexible.

Skeptics often argue that medical education is inherently rigorous and that students who struggle simply lack the "resilience" or "grit" required for the profession. They claim that wellness centres provide all the necessary tools for those who find the pace difficult. However, numbers do not lie, and the sudden increase in reported incidents over recent months—despite the existence of these centers—suggests a failure of this logic. Resilience cannot be built in an environment that is systematically designed to break it. We must reject the notion that the student is the weak link in the chain; the failure lies in a system that views administrative rigor as synonymous with pedagogical quality, ignoring the human cost of such rigidity.

By involving the young generation in decision-making and easing the burden of unrealistic benchmarks, we offer two primary benefits to society. First, reduced burnout leads to better cognitive retention and clinical performance, ensuring that our future doctors are actually capable of high-level reasoning rather than just rote memorization under duress. Second, protecting the mental health of students ensures a healthier, more empathetic healthcare workforce for Pakistan's future, preventing a long-term brain drain of talent.

The loss of even one medical student is an "intellectual suicide" for the nation, representing years of wasted investment and potential. We must move beyond the superficial establishment of wellness centres and address "red flag" students through vigilant, compassionate mentorship and flexible administrative policies that recognize the financial and personal pressures of the modern world. Let us resolve to treat the system, not just the student. Only by reforming the rigid rules and financial pressures of our universities can we hope to restore hope to this young generation and ensure that our medical institutions are places of healing for both the patient and the practitioner.

References

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