

## LETTER TO EDITOR

### Medical Students' perspectives should not determine the language of instruction in formerly colonized countries

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#### DEAR EDITOR,

Medical education plays a pivotal role in shaping competent physicians and ensuring effective healthcare delivery. Fundamental to this process are the four domains of learning: reading, speaking, listening, and writing, all of which are inherently language-dependent. Therefore, the choice of language of instruction is critical in delivering quality education<sup>[1]</sup>. In many countries with a history of colonization, the choice of language for medical instruction has been deeply influenced by historical precedents and colonial legacies<sup>[1,2]</sup>.

Colonial powers not only physically occupied these regions but also imposed their languages as the medium of science, culture, and education. Even after the end of physical colonization, the cultural and linguistic dominance persists, particularly in fields like medicine. Today, in Africa and the Arab world, medical education largely operates in colonial languages such as English, French, and Portuguese, whereas European and developed nations utilize their native languages for scientific and medical discourse<sup>[2]</sup>.

Numerous studies have explored the preferences of students and faculty regarding the language of medical education in these regions. Often, there is a strong inclination towards adopting the colonial language, predominantly English, citing its perceived advantages in the scientific arena<sup>[3-6]</sup>. However, such preferences may

be influenced by psychological biases stemming from historical dynamics. Post-colonial theory underscores how the legacy of colonialism continues to affect societies, as the conquered often emulate the conquerors in language, dress, and customs<sup>[1]</sup>. This phenomenon, known as the vanquished and victor law, can lead students to prioritize colonial languages over their native tongues<sup>[7]</sup>.

In light of these considerations, decisions about the language of medical instruction should be informed by pedagogical, scientific, and historical evidence rather than solely by the preferences of current medical students or faculty members. The pedagogical and scientific aspects of language in medical education cannot be overlooked. Research has shown that students learn best when instruction is delivered in their native language or a language they are most comfortable with<sup>[1]</sup>. Language proficiency significantly impacts comprehension, critical thinking, and clinical skills development. By using a language that students are fluent in, medical education can be more accessible and facilitate better learning outcomes. Ultimately, emulating developed countries in medicine should focus not on adopting their language, but on adopting their approach, which emphasizes reliance on the mother tongue.

#### CONFLICTS OF INTEREST

There are no conflicts of interest.

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