The goal of medicine is to prevent harm as Hippocrates pointed out, "primum non nocere; first do no harm". Has this fact been taken into account in developing Medical Education curricula in Asia?

Frequency of diseases in Asia is different from high income countries (1, 2) and funds for research are lacking. It is therefore important to allocate available funds to the most applicable issues to make science socially responsive and maximize the research impact (3). Despite the fact that Jawaharlal Nehru, the first prime minister of independent India, persuaded Asian nations to focus on developing a "scientific temper" more than half a century ago (4), science production in this region is still limited in the 21st century. Shouldn’t the scientists from the developing world bear the responsibility for the shortcomings in their communities (5)?

Having said that, the rate of growth for scientific publications from Asia has disproportionately increased in comparison to European and North American regions in the past two decades (6). Although this trend is promising, it is not clear whether these publications have been directed or translated to prevent harm in this region. Currently medical scientists are being evaluated via scintometric indices at best, which are focused on science production (7). This may in part justify the increased rate of publications in this region. Current ranking of researchers did not lead, however, to all-inclusive evaluation tools (8).

Another problem is the gap between the regional scientific findings and acceptable evidence for the local policy makers. As a result, local medical research are not being translated into action (9). Medical curricula in developing world are subjected to the focuses of the high income countries, and distinctive pattern of diseases is Asia has not proportionately taken into account (10). The irony is that the most important resource for quality research in Asia seems not to be funding, but applicable knowledge and attitude (11). The way forward for the dissemination of research in Asia needs local consideration and collaboration (12). We need to foster harmonization and alignment of research efforts (9) to be directed at recommendations and feedback to medical educators as well as policy makers (13). To achieve this goal, medical scientists should be evaluated via a combination of quantitative and qualitative indices to shift the research trend towards local health problems (7). Research revealed that promotion of these types of regulations significantly affect the quality of medical educators and their scholarship activities (14).

To produce fit-for-purpose medial graduates (15), we need a standardized format to manage patients with low cost healthcare technologies in Asian countries (16). Teaching critical appraisal of the current research is important (17). Correcting the misperceptions and deviated knowledge and attitude of medical educators and policy makers in regard to the importance of more locally generated science and common diseases should be focused in developing medical and health curricula (18, 19). Frequent feedback improves the quality of medical education, especially when augmented by applying standards (20).

To bridge the gap with health policy makers, local culture and historic evidence, in which promoting scholarship behaviors in teaching has been endorsed, can be successfully used (21, 22) to highlight the importance of translational research by granting bodies in funding decisions (23). Collaboration and integrating of research and medical education with social accountability and applying the most cost beneficial medical education technologies are essential to train fit-for-purpose medical students and prevent harm (5, 24-26).

**Conflict of Interest**: None

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