



Globalization, equity and medical training: an unresolved tension in the 21st century: Editorial.

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Summary

The aim of this editorial is to analyze the dual nature of globalization as a structuring force in health systems and medical education globally, identifying its main challenges, opportunities, and institutional repercussions. A critical and analytical synthesis of contemporary literature on the socio-educational and health impacts of global interdependence processes is presented, with particular emphasis on the Latin American context.

Globalization acts as a catalyst for unprecedented scientific advances, facilitating multicenter research, open access to evidence, and the internationalization of curricula. However, it coexists with profound structural asymmetries. In low- and middle-income countries, this phenomenon amplifies pre-existing inequalities through the technological gap, academic dependence, and brain drain. Furthermore, the uncritical adoption of global standards creates tensions by eroding local relevance to specific epidemiological realities. In the university setting, the influence of neoliberal models and the commodification of higher education have prioritized productivity and market-competitiveness indicators, displacing essential ethical, humanistic, and social-commitment dimensions of the doctor-patient relationship. Latin America emerges as a paradigmatic example of these tensions due to its fragmented healthcare systems and chronic funding deficits.

In conclusion, globalization is not a neutral process but rather a mechanism that redefines power relations and healthcare autonomy. The future of medical education, shaped by artificial intelligence and personalized medicine, demands critical and contextualized integration. The challenge of the 21st century lies in balancing technological innovation and international cooperation with equitable and sustainable training and with a strong social conscience that safeguards the right to health.

Keywords: Globalization; Medical Education; Health Systems; Health Equity; Educational Models.



Editorial

Globalization has ceased to be an abstract concept and has become a structuring force that profoundly redefines health systems and medical education worldwide. This phenomenon has a dual nature: on the one hand, it drives scientific and technological advances; on the other, it amplifies pre-existing structural inequalities, especially in low- and middle-income countries [1, 2].

In recent decades, the development of information technologies has facilitated the expansion of biomedical knowledge and international collaboration. Multicenter research, access to global databases, and cooperation among institutions have strengthened evidence-based medical practice and coordinated responses to global health threats [3, 4]. This process has been key to consolidating global health as an interdisciplinary field oriented toward problems that transcend national borders [5].

However, the benefits of globalization are not distributed equitably. Several studies have shown that this process can deepen inequalities in health and education due to differences in access to resources, infrastructure, and financing [6, 7]. In this context, globalization is not a neutral phenomenon but rather a mechanism that can reproduce power relations and dependence between countries [2, 6].

In the field of medical education, globalization has promoted the internationalization of academic programs, student mobility, and the adoption of global quality standards [8]. These transformations have contributed to the improvement of professional training by incorporating global competencies and strengthening scientific research. However, they have also generated tensions related to curriculum standardization and the loss of local relevance, particularly in contexts where healthcare needs are highly specific [9].

One of the most critical aspects is the growing influence of the neoliberal model on higher education. The reduction of public funding and the increase in private investment have transformed medical education into an increasingly commodified good [10]. This phenomenon raises questions about equity in access and the role of universities as institutions oriented toward the public good. Likewise, the pressure for academic productivity indicators has reconfigured institutional priorities, sometimes to the detriment of humanistic training [9, 10].

In Latin America, these tensions are particularly pronounced. The region faces persistent structural inequalities, fragmented health systems, and limited research investment [6]. The migration of health professionals, known as “brain drain,” further exacerbates these gaps and affects the capacity of health systems to respond to local needs [7].

Despite these challenges, globalization also offers significant opportunities. Integration into international research networks, access to technological innovation, and academic cooperation can strengthen health and education systems, provided they are implemented in a context-sensitive manner [3, 8]. In this respect, the challenge is to balance global integration with local relevance.

Looking ahead, medical education will be profoundly shaped by advances such as artificial intelligence, personalized medicine, and hybrid teaching models. These changes will require curricular reconfiguration and continuous adaptation by educational institutions [4]. However, it is essential that these advances be integrated with an ethical and humanistic approach that preserves the patient's centrality in medical practice [10].

In conclusion, globalization presents both an opportunity and a challenge for health and medical education. Its impact will depend on the capacity of systems to adapt critically and



promote equitable, sustainable, and socially responsible models. Medical training in the 21st century must integrate technological innovation, critical thinking, and social commitment in an increasingly interconnected, yet profoundly unequal, world.

Abbreviations

XXI: Twenty-one.

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Ramón Miguel Calixto Vargas Vera Conceptualization, data curation, research, methodology, visualization, original draft writing.

Martha Verónica Placencia-Ibadango Conceptualization, data curation, research, project management, and writing of the original draft.

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