If one word comes to define the 21st century, it is likely to be globalisation. Pernicious market capitalism or a welcome economic, social, and political force? The answer remains elusive but, certainly, globalisation is bringing previously buried problems in world affairs to the attention of a concerned western public. That attention is creating important institutional change. Governments are incorporating health targets into international foreign-policy statements. Pharmaceutical companies are slowly releasing their tight grip on patent protection. And the impact of war on refugee populations is now a frequent subject of once-parochial national news bulletins. Doctors react strongly to these issues. When Richard Feachem, Director of the Institute for Global Health in California, argued recently in the *British Medical Journal* that “Globalisation is good for your health, mostly”, reader reaction was swift. Feachem’s views were condemned as simplistic, weak, unbalanced, sneering, delusional, complacent, and morally bankrupt. But how well equipped are today’s doctors to take part in the debate about globalisation and international health?

The answer is that most doctors have received little training in these issues. But an article in this week’s *Lancet* by Catherine Bateman and colleagues (p 1539) points to a generational shift in interest about medicine in international settings. They describe how medical students from more than 50 countries gather twice each year to engage and educate one another about problems in international health. Many of these students are now doctors in training. They are beginning to seed medicine with a new corps of committed professionals. Bateman and colleagues give examples across Europe of how medical curricula are changing to accommodate a more transparent world.

The latest, and perhaps most substantial, initiative that ties global health into the medical curriculum comes from University College London. Last month, UCL opened the UK’s first International Health and Medical Education Centre (www.ihmec.ucl.ac.uk). Under the direction of Prof John Yudkin, the centre aims to provide students with an understanding of international health and to train doctors to have a multicultural perspective on health and health care. The elements of this programme include an intercalated degree in international health, special study modules in the first and final years of the medical course, and an elective in Tanzania.

The need for this fresh approach was underlined by a debate held to mark the opening of UCL’s new centre. It was a few weeks into the war in Afghanistan, and Clare Short, the UK’s Secretary of State for International Development, debated the issue of globalisation and its impact on the health of the poor with Mike Rowson, Director of Medact, a charity that challenges barriers to health world wide. Short argued that globalisation was unstoppable. To oppose this “big era shift” was a self-indulgence, she said. Instead, the future lay in public-private partnerships, tax relief for the pharmaceutical sector, and primary health care. The challenge for her and for any government was to scale up our knowledge into large multi-sectoral projects with new partners, such as the World Bank and the World Trade Organisation. This government minister spoke with commitment, but she did not entirely carry her audience with her. There was a pervasive suspicion that unbridled enthusiasm for the private sector might be misplaced. Capitalism, after all, was designed to create wealth, not ensure equity.

The world’s health problems will not be solved by public-private partnerships. In the wake of Sept 11, the World Bank issued a cynically opportunistic and self-serving statement predicting that poverty would worsen in the wake of the terrorist attacks in America. The response of the international community, according to the Bank, should be to reduce trade barriers, coordinate monetary policies between countries, and “improve the investment climate”. There was not a word about the collapse of public-health infrastructures in Afghanistan, the country’s burdens of disease and disability, prevention of famine, or the effects of war on internal displacement of peoples and humanitarian aid. These matters are not the main concern of the World Bank. Instead, these issues demand the voice of informed health professionals. UCL’s International Health and Medical Education Centre is an important step forward in the effort to produce doctors who can make a difference in the world.

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