

Letter to Editor



Ethical challenges in imparting medical education

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Dear Editor,

Implementing the medical curriculum is full of challenges and brings numerous ethical issues to the forefront for stakeholders at all levels. The implications of these issues are manifold, varying from simple to those with grave consequences for medical education.

We are familiar with the ethical issues that crop up while giving patient care when a patient puts their life in the hands of a doctor expecting to be given treatment by experts and training medical students all while 'using' these patients simultaneously.^{1,2} But there are other ethical issues involved in medical education, as in other streams of education, that express themselves more subtly and are just as challenging to resolve.³

Consider the situation of a group of medical students whose intelligence varies from being fair to exceptional, comparable to the situation in a group of students in any other area of education. To empower slower learners in the group, teachers may provide extra classes. What does this reflect? Are those learners being favored more than others in the group? Is the teacher discriminating amongst the students? Is the teacher shaming the slower learners? To avoid this complex situation, a teacher may mandate students to attend all classes irrespective of their abilities and requirements. Fast learners in the group may find it taxing since they spend time in extra classes that they do not need when they could use that time to learn something more relevant for them. In such a case, it could be more appropriate if the choice of attending the class was left to the students. However, an ethical issue arises here as well: what if students, out of ignorance, choose not to attend a class that would have otherwise benefited them? Is it not the teacher's duty to help students choose their best interest? Therefore, we see that even giving a mere extra class for slower learners or students with lower ability can pose many ethical issues if intensely scrutinized! What makes resolving this ethical issue all the more challenging is the differing opinions teachers and students may have in this regard.

Let us look at another situation. With recent advances

in technology, the expanse of teaching-learning resources available to students has moved beyond books and patients including computer and internet sources, simulators, artificial intelligence, etc., that help students acquire more information and help inculcate higher-order learning – application, analysis, evaluation, and synthesis. Access to such facilities requires more financial resources from stakeholders at all levels: the institute itself, teachers, and learners, as well as their families.^{4,5} While not all are not in a position to bear such costs, utilizing expanded resources contributes to achieving the goals of the medical curriculum. More privileged stakeholders avail themselves of these resources and benefit in such a situation, while less privileged stakeholders are left behind. Here, if a teacher uses and recommends such resources to students, is it not discrimination against less privileged students who may not be in a situation to bear the high costs involved or institutions that may not have such access? These students may be outperformed by relatively more privileged students who can afford the expensive learning resources, but the learning ability of these underprivileged students may be at par with or even better than the privileged ones!

Medical teachers and students face these and other ethical dilemmas in many situations.

Early Clinical Exposure (ECE) is an integral component of competency-based medical education where phase I MBBS students are exposed to hospitals and patients. However, this component is rife with ethical dilemmas. ECE has been implemented to help the students be better oriented towards the medical curriculum's goal, make the classroom subjects more interesting, and ignite their minds to apply their learning.⁶ But phase I MBBS students have little experience and thus do not have the required knowledge and skill to face patients. This component also unnecessarily exposes them to hazards of health care facilities. The students may not be groomed enough to deal with the stress of seeing suffering, adversely affecting their mental well-being. As well, these students may not be sensitive enough to treat patients with the required compassion and empathy. Thus, if faced with untrained

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personnel, the patients may in turn, lose their trust in the medical facility.

Another ethical challenge that the medical teacher often faces is grading students in summative exams when their performance is below par.⁷ In an examination, even the brightest students may falter at times. It is demoralizing and humiliating for students to fail in exams: they are left behind their peers, and their future seems bleak. However, at the same time, passing a student whose performance is subpar puts the health and life of patients the student may deal with after completing the course at risk. What should a teacher do? A medical teacher is accountable for both patients and students!

To help in decision making in these and other situations of ethical dilemmas, some basic principles of ethics should be followed:

Beneficence: any policy or decision should be for the recipient's benefit.

Remedial classes should be provided; extra teaching-learning resources should be recommended; ECE should be planned; assessment should be conducted fairly.

Non-maleficence: any policy or decision brought forward should not cause harm to the recipient.

Attending the classes should be the students' choice without identifying whom it is meant for; not having access to expensive teaching-learning resources should not put the student at a disadvantage; ECE should be carefully planned so as not to put the students at risk and with the informed consent of the patients to allow students to examine them under the supervision and with restrictions, and students whose knowledge and skill is not at par should be given adequate opportunities to improve.

Respect for autonomy: policies and decisions should uphold the autonomy of the recipients. Attending remedial classes should not be binding; making use of extra teaching-learning resources should be voluntary; patients should have the choice not to participate in student training, and that choice should be respected; making use of opportunities for learning and assessment should be by students' choice when they feel ready for it.

Justice and equality: while making policies and decisions and implementing them, care should be taken to give everyone equal opportunity and to do justice to them. Remedial classes should be open for all; institutes should make technology-based high-end teaching-learning resources available to all students. More opportunities for ECE should be provided to students to make up for those where a patient refuses participation.

Ethical issues can thus be resolved in the best interests of all stakeholders using these principles as a guide.⁸

It is the student of today who is going to be the healthcare professional of tomorrow. Ethical healthcare practice is one of the core elements of medical professionalism. We know that character traits are imbibed more by observing them in practice than by preaching. Therefore, it is pertinent that ethical principles be followed while implementing the medical curriculum to come naturally to the beneficiaries: the students.⁹ This will not only help resolve the ethical dilemmas of today but also empower students to face their own future ethical challenges more proficiently.

Authors' Contribution

PA and BB have contributed to conceptualization, data curation, visualization, writing, reviewing and editing the manuscript.

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