

How else are they going to learn?

What happens to ethics when medical students practice their skills on unconsenting patients?

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It's not an altogether attractive picture. You've just emerged from surgery and are still unconscious when you are approached by a physician, who has three interns in tow. Observing you, the physician says to the students: "This anaesthetized patient can't experience pain or discomfort. So it's a good opportunity to get some practice doing a rectal examination."

More than twenty years ago, when I first began teaching ethics to undergraduate medical students, I discovered how prevalent such practices were in our teaching hospitals. The story sketched above actually happened, at the Health Sciences Centre in Winnipeg, in the late 1970's, but it could have happened anywhere in North America at that time, and it could still happen today, as shown by a recently published study at the University of Toronto medical school. Then, as now, many medical students felt deeply upset at their part in this exploitative use of un-consenting patients. Then, as now, those who dared express their unease were silenced by their clinical preceptors. Fearing that further protest against such practices could blight their career, most of their fellow students shut up. The hierarchical structure of academic teaching hospitals can be daunting to those on the lowest rungs. Moreover, since students are generally eager to acquire the 'culture of medicine,' in order to fit comfortably into their new role as doctors, such practices quickly come to seem normal and unobjectionable. It's simply how things are done.

Let's face reality. Medical students have to gain experience one way or another. They can read their textbooks, listen to instructions, observe their teachers doing surgery, but until they gain the necessary 'hands-on' experience themselves, their knowledge will remain theoretical. One cannot learn to be a physician or a surgeon (or an airline pilot, sushi chef or gardener, for that matter) merely by study and observation. It's clearly in the best interests of society that students acquire their medical experience under the careful supervision of skilful practitioners.

Teaching hospitals are the places in which most medical students learn their skills. They learn by practicing on patients. They learn how to take a patient history, for example, by interviewing patients. This seems a pretty unobjectionable activity until one realizes that many of the patients whose histories are being taken are seriously ill and some are dying. Patients are frequently overwrought, some are suffering pain or discomfort, and many are greatly fatigued from their illness or the aggressive treatment they're receiving. Having already been questioned excessively and examined repeatedly

by numerous 'legitimate' doctors and nurses, sick patients are then expected to summon enough energy to serve as 'teaching material' for a procession of trainee doctors. To win the co-operation of patients, students sometimes conceal the fact that the history they're taking is not part of regular patient care.

When the skill that's being learned is how to give a pediatric immunization, the child on the receiving end may experience unnecessary pain. "Let them learn on someone else's child" is the common and understandable reaction from many parents. Similarly, an anxious patient facing surgery may become even more anxious if she learns that a first year resident is to do the cutting and sewing, albeit under expert supervision.

After even brief reflection, however, most people recognize that skill at taking patient histories or inserting needles or doing surgical procedures can be acquired only through practice. Thus, two important values seem to be in conflict: patients expect the highest quality of health care, but students seek to gain the experience they need to become competent doctors.

This much is clear. When medical students use patients for educational purposes, without their informed consent, the students are not simply learning how to become doctors. They are also learning to place their own interest ahead of their patients' interest, in direct contravention of the Hippocratic oath

The danger is obvious. The idealism with which most medical students begin their studies, if not properly nurtured, can easily become cynical indifference. The University of Toronto Faculty of Medicine insists that it is now taking adequate remedial steps to deal with the problem, but why have they waited so long? In 1992 researchers published evidence of ethical erosion between the first and the last years of medicine at the U. of T but now, almost a decade later, U. of T. students continue to report that they experience pressure from their clinical teachers to behave unethically.

If patients come to believe that doctors view them as guinea pigs, to be exploited or deceived when convenient, the bond of trust on which the medical profession heavily relies will be seriously eroded. Mutual honesty and trust are fundamental to the doctor-patient relationship.

What is to be done?

Students and patients both need to learn, via honest communication, that they can become allies rather than adversaries. Students can make allies of patients by explaining that, although still learners, they are under expert supervision and would not be allowed to undertake any procedure for which they are not prepared. Moreover, students can honestly assure each patient that they are willing to spend the extra time necessary to answer questions. In a busy hospital, where everyone seems too rushed to answer questions, medical students can be an important informational resource for patients.

In other words, there are genuine benefits associated with being treated in a teaching hospital. Access to leading academic physicians and cutting edge technology will be important to many. For some patients, however, the greatest benefit will be the opportunity to participate altruistically in training the next generation of physicians. When the decision to participate is given autonomously it enhances both patient and student. On the other hand, when patient participation is achieved by deception or coercion it degrades patient, student and hospital.

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