

Policy Statement on Ethical Electives

Adopted at SGA 2014, York

Summary

Medsin-UK believes that medical placements abroad offer an opening for contextual Global Health Education in medical curricula whilst promoting cultural understanding and international relationships amongst medical students. Exchanges are a form of medical placement abroad, bilateral in nature, in which students experience healthcare in a different cultural setting. Students are encouraged to develop a wider perspective of medical practice and by experiencing a different health system, they can appreciate how it varies from their own. This in turn motivates and inspires students to advocate for meaningful change in health culture, in their own system and another countries'.

Medsin-UK acknowledges that many students choose low and middle-income countries as their elective or exchange destination. While these experiences benefit those students from higher income countries, they can have a negative impact on the hosting communities where staff and resources are limited. Medsin-UK believes it is inequitable and therefore unacceptable for certain students to benefit at the expense of others. Medsin-UK therefore calls for an international debate about the structure of medical placements abroad as well as more rigorous standardisation of pre-departure training, objectives, and assessment of both international exchanges and electives. We aim to address the inequity associated with this period of medical education and ensure these opportunities are not harmful to involved parties.

Background

Every year, an increasing number of medical students travel overseas on medical placements abroad. These opportunities are a key component of medical school curricula around the world and are becoming increasingly desirable and expected amongst medical students. International experiences in medical care provide medical students with the chance to experience travel as part of their degree as well as placing them outside of their comfort zone, furthering their professional development and cultural sensitivity. Despite these positive effects, in most cases, these periods in medical education have not undergone the rigorous analysis of learning processes and outcomes, which are mandatory for other parts of the medical curriculum (1). With more learning outcomes relating to issues in global health, these medical placements abroad have the potential to provide experiential global health education where it is lacking in many medical school curricula (2). Without purposeful consideration these placements are subject to variable quality and relevance as well as exploitation of their purpose as some students may indulge in leisure in place of a meaningful learning experience. Due to lack of monitoring and evaluation it is unclear if students receive a satisfactory education. Cost, fees and financial assistance also vary greatly between institutions. In addition visa and immigration restrictions hinder students' ability to access reciprocal experiences.

A large proportion of students spend their time in exchanges within low and middle-income countries. In fact each year UK students alone spend an estimated 350 years of medical placement time in low and middle-income countries. Many of these students have commendable motivations but lack the necessary skills to learn and contribute most effectively while away (3). Limited research exists into both the ethical consequences of medical placements abroad and the training needed to prepare students appropriately for these endeavours, particularly in low resource settings. There is also no specific consensus or official guidance on the required content of pre-departure training, particularly in the field of global health ethics. There is a lack of advice to cope with ethical dilemmas which pose a realistic challenge to students on placements abroad and cannot be adequately dealt with without the right knowledge, attitudes and skill-set. A well researched and evidence based framework for

ethical medical placements abroad is urgently needed (4).

The Crisp Report on Global Health Partnerships recommends that “Medical, nursing and health care schools should work with others to ensure work experience and training placements in developing countries are beneficial to the receiving country” (5). However little research has considered the benefits of overseas medical student to their host communities. Medical placements abroad often represent a one-way process where visiting students benefit disproportionately. This process further puts disadvantaged local patients at risk. Students may find themselves under pressure to exceed their competencies in emergency situations where they represent the only primary care provider. These situations essentially allow students to learn and benefit from the relative poverty of a vulnerable health care system. Despite the popularity of medical placements abroad, their unstructured nature means valuable bilateral educational opportunities are missed. Substantially lengthy institutional partnerships that focus on contribution as well as learning can help minimise the potential risk and maximise student benefits of these opportunities (4).

In the Report, *Working for Health Equity: The Role of Health Professionals*, it is recommended that “student placements in a range of health and non-health organisations, particularly in deprived areas, should be a core part of every course. This will help to improve students’ knowledge and skills related to the social determinants of health.” The report also emphasises that students are uniquely placed to challenge current health care models, take action on the social determinants of health, and create meaningful change in health culture (6). Therefore if thoughtfully structured and combined with contextually relevant pre-departure training, medical placements abroad may be a useful opportunity to educate students about the social and economic causes of ill health. This will aid the creation of a generation of medical professionals better equipped with the skills to tackle the social determinants of health and achieve greater global health equity.

Main text

Medsin-UK believes that:

- An international debate among multiple global health and medical education stakeholders is necessary about the conduct of medical placements abroad and the extent to which they are beneficial.
- Complacency with current medical placement abroad and exchange models will limit important steps towards health equity for all members of society
- Universities should adopt a framework for overseas medical placements that minimises risk and maximises benefit for both the student and the hosting community.
- Universities should work to offer IFMSA bilateral exchanges to their students as a form of medical placement abroad.
- Ethical placements abroad should be encouraged by all medical education institutions.
- Medical students should all receive pre-departure training from the organising institution before going abroad for a medical placement. This should cover the ethical aspects of international medical placements, as well as the socio-cultural skills needed to work in an unfamiliar environment.
- Medical students participating in placements abroad must adhere to the same medical ethical standards that are enshrined in the International Code of Ethics of the World Medical Association (WMA) and the WMA Medical Ethics Manual. (7,8)

Medsin-UK therefore commits to:

- Advocate for more rigorous standardisation of pre-departure training, objectives and assessment of both international exchanges and medical placements.
- Promote the bilateral model of IFMSA research and professional exchanges to UK Universities as it better addresses the inequities involved with going on a unilateral medical placement overseas.
- Ensure better transparency and accessibility of evaluation data from exchanges.
- Work with the IFMSA Standing Committees on Medical Education (SCOME), Professional Exchange (SCOPE) and Research Exchange (SCORE) to maximise the benefit of exchanges and improve equality.
- Begin discussions on a potential follow-up template for exchange students. This will increase the accountability and academic rigour of the exchange program by providing evidence that it positively impacts on students' medical education whilst also encouraging personal reflection.

Medsin-UK calls upon all students, medical schools and health service providers, as relevant, to:

- Tie the aims and assessments of medical placements abroad to global health learning outcomes.
- Provide compulsory pre-departure training for students going on placements abroad that cover issues of personal safety, travel safety, cultural awareness, language competencies, and ethical considerations (outlined in the International Code of Ethics of the World Medical Association (WMA) and the WMA Medical Ethics Manual.) (7,8)
- Limit the practice of medical students spending brief periods in many different placements abroad and ensure more considered selected attachments for which they can receive the suitable pre-departure training in advance.
- Develop links that are maintained and continued beyond just the period of the student's visit such as institutional partnerships.
- Provide the relevant funding to students' destinations for tuition if medical placements abroad are a compulsory part of an institution's medical education.
- Advocate to ensure these opportunities are available to all and students are not prohibited by financial and immigration constraints.

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