Medical Students' Understanding of Consent and Confidentiality

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Introduction

Medical students, as potential doctors, must be equipped with the necessary reasoning skills to make appropriate decisions when faced with ethical issues.   Complex ethical issues surrounding consent and confidentiality are common across clinical settings. Previous research has indicated that medical students' ethical reasoning when faced with ethically challenging clinical vignettes does not increase through their years at medical school. (Hebert 1992 , Goldie 2004)

'Consent' and 'confidentiality' are key components of Institute of Medical Ethics core content of learning for medical ethics and law (MEL). They are also common areas in which UK medical students' fitness to practice is questioned (GMC 2009).

Aims

1. What do medical students understand by the concepts 'consent' and 'confidentiality'?

2. How do medical students apply the concepts across a range of clinical contexts?

3. How do groups of medical students reach a consensus when addressing ethical issues in clinical context?

4. What do students think would help them to better apply these concepts in practice?

Methods

Ten focus groups were conducted with medical students from BM5 Year 4 (n=29) and BM5 Year 5 (n=1) at the University of Southampton. Each lasted approximately an hour. A topic guide and clinical vignettes were developed and used to facilitate discussion.

Focus groups were digitally recorded and transcribed, and analysed using Thematic Analysis (Braun & Clarke 2006) which involves identifying, analysing and reporting codes and themes. Differences and similarities were explored in ways of reasoning between groups.

Findings

Two main themes were identified:
(1) Students are unsure when they should breach confidentiality
(2) Students think that MEL is a common sense subject often with one correct solution.

(1) Students sometimes struggled to know when to breach confidentiality in these complex clinical vignettes. They were not always sure about when information sharing would constitute a breach, and observations of clinicians' practice sometimes added to the confusion.

Clinical Vignette	
1	GUM clinic: Patient diagnosed with HIV; doesn't want you to tell his GP or wife
2	GP/Genetics: Patient diagnosed with Wilson's disease (can cause liver degeneration, neurological problems, and death if untreated). Patient does not want to inform siblings—also your patients—despite them having a 25% risk of having the disease
3	GP: Patient with history of domestic violence towards her presents with black eye . You offer her advice and tell her to contact the police. She is frightened to do so and begs you not to tell anyone.

Students weighed up a number of factors to decide whether or not a breach of a patient's confidentiality was justified. Examples of these were: severity of the consequence, who is at risk (e.g. child vs adult), relevant legislation and GMC guidelines. Some students attempted to find ways to warn people of their risk of disease without directly breaching a patient's confidentiality.

> Vignette 3: "I think you have to tell the police, because you've not witnessed but been told about a crime that's gone on. I think it's your legal... I know she's begging you not to tell [the police] but if you're very worried about her and she's at risk...of... being really hurt." ST17FG5

Students were unsure of what information they were permitted to discuss with their peers and doctors in a learning environment. They commented on witnessing doctors sharing patient information with other healthcare professionals, and not always gaining appropriate consent, which they deemed unprofessional.   However, students said that if they saw such behaviour, it would not influence their own practice. Students also commented on how doctors could be positive role models.

(2) On the whole, students felt that MEL was common sense and some felt that lectures were not therefore necessary to attend, hence why attendance was sometimes poor or why they 'switched off'. Some admitted that their only drive to learn was that MEL is formally assessed in exams. Despite this, many wanted more teaching throughout the years

It was clear that the students were trying to find the 'right answer' to the ethical dilemmas discussed. Students recognised, but were not comfortable with, the notion that that there might not necessarily be a right answer but that they needed to justify actions. Students were often more confident to resolve an ethical dilemma by referring to a guideline or law to achieve a 'right' answer, even though this was not always the most appropriate solution.

> Vignette 2: "She doesn't give you permission so you couldn't explicitly tell [the siblings] I wouldn't think. But maybe you can find a way to randomly test them! Just suggest to one of them that they should have a test, I don't know, if they came in for something else." ST12FG4

Conclusion

There seemed to be disparity between how medical students felt about MEL, and how they were able to apply their knowledge and understanding in practice. Students felt that MEL is common sense and they should be able find the 'right' answer, however this was contradicted by their struggle to resolve ethical issues.

University of Southampton has revised the MEL curriculum and will soon include a compulsory year-long module in Year Four, which needs to be passed to progress into final year. However, non-attenders could still persist. Future research could explore whether this new module increases students' engagement and competence in this area.

1. GMC, MSC. Medical Students: professional values and fitness to practice. London: General Medical Council, 2009.
2. Hébert P, Meslin EM, Dunn EV, Byrne N, Reid SR. Evaluating ethical sensitivity in medical students: using vignettes as an instrument. *J Med Ethics* 1990;16(3):141-5.
3. Goldie J, Schwartz L, McConnachie A, Morrison J. The impact of a modern medical curriculum on students' proposed behaviour on meeting ethical dilemmas. *Med Educ* 2004;38(9):942-9.