Balancing Learner's Needs and Patient's Autonomy

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Medical education has been focusing on the medical student's professional development. This requires integration of cognitive and psychomotor skills among the students. The teaching of physical skills to the medical students on real patients is becoming increasingly popular nowadays. Finding the appropriate balance between providing quality care and nurturing a learning environment for medical students can be challenging. Seeking prior permission and examining patients with respect can help establish good doctor-patient relationship. The patients play a major role in training our medical graduates and lend their body to do so. Their role is quite substantial in building our integrated curriculum. But some questions come in mind while this practice is going on. Should medical students inform their patients if they are inexperienced in a particular procedure and they are doing it for gaining experience? Some authorities are in favour of informing the patient about the inexperience of students but some believe that it will increase the anxiety of patients. Developing clinical skills does not mean that the patients are used only as sources for learning skills but we should also consider them as humans. The ethical and moral development comes into play when we are dealing with doctor-patient relationship. Some researchers have described sequential stages of moral development.

Medical students according to this theory are at a stage where they can understand relationship between moral values and care of the patient. It is important that students must always remember that their opportunity to interview and examine patients is a privilege which is granted by the courtesy of the patients. A patient may withdraw this privilege at any time and for any reason. Patients should not be involved in any activities involving personal communication or physical touch without their express permission. A clinical facilitator should advise students to take verbal consent from patient’s prior procedures such as taking blood, suturing or giving injections. Some of the studies have also highlighted the difficulties of students while dealing with the patients. A higher percentage of students feel comfortable while examining all body parts except breast and inguinal regions. Students are more comfortable while dealing with patients within gender than across gender. Simulation based education can help to release the tension amongst students as well as patients but it is costly and needs a lot of training on part of simulated patients which is difficult in our country.

References

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