Ethical Challenges Arising on Medical Electives in Low-Middle Income Countries (LMICs)

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Charlie is a 6th year medical student on elective in Tanzania. He is asked by one of the local doctors , who is rushing off to another emergency, to perform a lumbar puncture on a patient, Mr R. Charlie is allowed to perform lumbar punctures back in the UK, only under supervision, and has done so in the past. He is left alone with Mr R, knowing that without a lumbar puncture Mr R faces a potentially life-threatening delay in treatment. All the necessary equipment is available to him in the room. What should Charlie do?

General Medical Council

Regulating doctors
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The GMC states that you must 'work within your competence' whilst on your elective, and if given the opportunity to practice beyond your level of competence, the BMA recommends asking yourself :

(i) Why are you not allowed to do this procedure at home?,

(ii) Are you capable of performing it without suitable supervision?

(iii) Are you putting your patient or yourself at risk? and

(iv) Would it be possible or practicable to ask for supervision without imposing excessive burdens on other key health personnel?

Competency

The student is competent if they have performed the procedure before, supervised, back in the UK. They have the skill-set and experience. If the student was being opportunistic, actively seeking out patients to practise on and working unsupervised "just because they can" then this seems ethically indefensible. However, in this scenario, Charlie has been left unsupervised as the doctors rush off to another emergency. This no longer seems like exploitation but simply a competent student acting out of beneficence. There's no better option: "If not me, then who?".

The Doctrine of Double Effect:

The opportunity for students to be able to do things that they wouldn't be allowed to do in the UK seems like a foreseen but unintended outcome of the medical elective– the intended outcome being to temporarily relieve some of the unmet healthcare need in a resource-scarce setting , and the unsupervised nature of certain procedures being a foreseen but unintended outcome of this.

Consent

It seems ethically permissible only if the patient consents for the student to carry out the procedure, and if there has been "full disclosure" i.e. if they disclose their level of medical training and the patient still consents.

Legitimizing differential treatment seems permissible if the patients are made aware of it.

In the Charlie scenario, Mr R is able to give consent on his own behalf, but if this wasn't the case then we would have to consider the role of familial decision-making and its implications for consent in different cultures.

The presence of a language barrier is also an aspect that should be considered with regard to gaining fully informed consent.

Consent is necessary but not sufficient. What makes it sufficient is the competency.

What happens if the guidelines say something different (i.e. if they say definitively that medical students should not perform a certain procedure during elective)? *Is "Any help better than no help"- a 6th year medical student with a pretty thorough understanding of the human body and basic medicine, could make a difference even in an unfamiliar/untrained-for scenario. Is there enough research on the host country's patient population, about whether they'd prefer to be treated by a somewhat inexperienced medical student, or to not be treated at all/risk waiting days until a doctor can see them.*

What about the bigger issue of: Is it ethically justified to send medical students abroad to resource-scarce settings in the first place? *Are medical electives just an example of the perceived obligation for rich medical schools to "do good" through student involvement in resource-poor health settings? What about the "unexotic" far less "sexy" domestic issues in a student's home country, which are ignored and arguably more "solvable"? Going abroad to LMICs with "exotic" problems is chasing complexity, not solvability. One should go because they want to do something difficult, not virtuous. (Courtney Martin's "The Reductive Seduction of Other People's Problems").*