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Ethical issues in education: Medical trainees and the global health experience

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With interest in global health experiences (GHEs) by medical trainees remaining high, the number of global health programs offering educational experiences in resource limited settings has proliferated. Development and implementation of GHEs has outpaced the critical evaluation of ethical considerations inherent in these programs. Global health programs must adhere to the four principles of beneficence, nonmaleficence, respect of autonomy, and justice in crafting a GHE focused on maximizing the experience of the learners, host country, and patients. The four ethical principles provide a guideline for the development and implementation of highly ethical GHEs for medical trainees.

Background

The demand for Global Health Experiences (GHEs) by medical trainees remains high both during undergraduate and graduate medical education training. Opportunities for participation in a variety of global health programs continues to grow, ranging from “voluntourism” to formalized elective health care experiences in medical school or residency [1]. For purposes of this discussion, GHE will be defined as a program of at least one month duration sponsored by an institution of higher learning in a high-income country (HIC) working with hosts located in low and middle income countries (LMICs). The focus will be on clinical GHEs rather than on global research efforts by medical trainees. Similarly, clinical experiences in resource-constrained environments within HICs, so called “local global” experiences, are beyond the scope of this discussion though many of the ethical issues faced by sending

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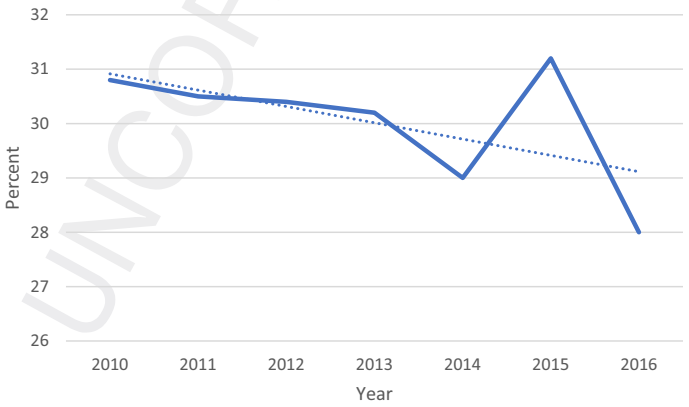
trainees to these sites are also applicable. Finally, only medical trainees at the undergraduate medical education (medical student) or graduate medical education (resident) levels will be considered. Global health experiences directed at undergraduate students raise additional ethical issues over and above those discussed below.

Recognized benefits of GHEs for learners include improved clinical acumen and skills, increase awareness of cultural issues and sensitives, enhanced understanding of public health and social justice issues, and the ability to function in resource limited settings [2]. There are also recognized benefits to the medical profession as a whole—trainees who participate in GHEs are more likely to enter general medical practice, work with underserved populations, focus on health policy and health disparity issues, and work in resource constrained environments [2]. As in all patient care scenarios, with benefits comes the risk of potential harms, and this increase in GHEs for medical trainees has outpaced the critical evaluation of these programs from an ethical perspective.

Review of past American Association of Medical Colleges (AAMC) surveys shows that participation in GHEs has increased steadily from less than 10 percent in 1995 to 22.3 % in 2004 [2,3]. Over the last 6 years, approximately 30% of medical students participated in a GHE at some point during their undergraduate medical education (Figure 1). This experience is not unique to the United States; in a 2005 survey, 40% of British medical students traveled to LMIC for elective experiences [4]. Per the most recent AAMC medical school exit summary, 0.6% of graduating medical students intend to practice in a foreign country other than Canada [5]. So while almost 4,000 graduating medical students pursue GHEs during medical school, only about 80 intend to practice outside the United States; it is unclear what percentage of these students will ultimately work in a LMIC.

One explanation for this disparity is simply the overwhelming cost of medical education. Of the 13,968 U.S. medical school graduates in 2016, 66.7% entered medical school debt-free, yet only 26.9% of students graduated from medical school debt-free [5]. Thus, even among students highly committed to global health work in LMICs, many would be unable to afford student loan repayment on the reduced salary of a global health physician once the loan deferment available during postgraduate training expires. The stark reality of these numbers highlights the need for medical trainees to make an informed decision about their post-residency career choice, particularly where there are potentially dramatic financial repercussions. Participation in GHEs is the only way in which learners can gain the information and experience necessary to direct future career choices. And while the focus on GHEs is often centered on medical trainees who decide to pursue a career in global health based on their experiences, it is important to remember that learners should also be afforded the opportunity to decide against a career in global health, a decision that must be informed by experiential learning. The disparity between the numbers of medical trainees who pursue a career in global health versus the number of students who seek out GHEs highlights the need to ensure all global health programs adhere to the highest ethical standards.



Q5 **Figure 1.**

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