

# Medical students going on elective: who has duty of care?

**M**edical training is unique in more ways than many people consider, and one particular aspect is the elective period. Students of other disciplines undertake placements abroad in which they are exposed to a variety of travel-related hazards. However, medical students on their elective studies abroad are exposed to an additional risk — occupational exposure to blood-borne viruses. It is this aspect of the elective period which has received much attention in recent years, as reviewed by Wilkinson and Symons (1999). Much has been debated concerning the possibility of restricting clinical activities and destinations as well as the provision of human immunodeficiency virus (HIV) post-exposure prophylaxis.

## **BENEFITS OF THE ELECTIVE PERIOD**

The elective period is a valuable component of the medical school curriculum as it encourages the medical student to consider what they themselves have achieved from their training and for many it provides an opportunity to begin to plan their future career. Students welcome this opportunity to gain wider experience in a specialty that they may often choose as their future career. They also recognize that the opportunity to do something so different may never be realized again.

Clearly, although dedicated to their pursuit of a career in medicine, many are attracted to the potential adventure associated with seeing the world, and experiencing different cultures as well differences in the practise of medicine. Unfortunately, neither the occupational nor travel-related risks come into consideration for the majority of medical students and, surprisingly, they are

often not brought formally to their attention, as Moss and Beeching (1999) have reported.

## **DESTINATIONS**

Recent research has confirmed that more than 50% of medical students undertake electives abroad with many choosing destinations such as sub-Saharan Africa and the Indian subcontinent. Without doubt, the risk of occupational exposure to blood-borne viruses is significant by virtue of the endemicity of such viruses as HIV, hepatitis B and hepatitis C (Gamester et al, 1999).

Lack of awareness among students regarding the risks of exposure and prevalence of blood-borne viruses has been reported as being as high as 42% in one study (Gilks and Wilkinson, 1998). Needlestick injuries do occur and, with a few exceptions, are not reported. Importantly, and most worrying, have been the reports that such incidences have been inadequately managed by the medical schools to which the students belong.

## **DUTY OF CARE**

‘Who has duty of care for the medical student going on elective?’ is a question which is often posed. Is the medical school responsible; after all the elective period is defined as part of the curriculum which must be completed as part of the training? Does the responsibility fall upon the student who is given the freedom to choose where he/she would like to go?

I would suggest that the responsibility falls equally upon both parties and as such each must be responsible to ensure the health and safety of the individual whatever the circumstances. Students should be advised to plan their elective well in advance of the proposed departure. Some choose

to stay in the UK while others may wish to visit either industrialized countries such as Australia or the USA or developing countries within sub-Saharan Africa or elsewhere. The challenge comes when students choose a very mixed itinerary. The risks to health and security will vary accordingly and it is at this juncture that both written and verbal advice should be provided to each individual by the medical school.

The provision of a dedicated period of time to discuss the elective plans of each student individually gives an ideal opportunity to raise the awareness of the risks which may have not been considered. I believe that, in this way, both parties become responsible for the ultimate decision as to where the elective is to be undertaken and therefore the associated risks.

## **STUDENT ADVICE**

The objective of providing dedicated advice or support for the elective students is to protect the welfare of the student as well as fulfilling the role of responsibility of the medical school as described by Zuckerman (1998). This often starts with the provision of an ‘elective evening’ in which the aims of the elective period are addressed as well as the issues involved.

It must be acknowledged that medical students are well informed, particularly in this age of technology which allows rapid access of up-to-date information. However, the opportunity to discuss the occupational risks, the use of antiretroviral therapy as well as the travel-related hazards should not be missed as much can be gained in terms of the student’s understanding of the situation and the associated risks which are of paramount importance to the medical school as well as the student.

Students often choose to work in a specialty where invasive procedures are routine and the risks may therefore be great in a country with a high prevalence of blood-borne viruses. However, if the student can provide written evidence that he/she will be able to observe universal precautions to the same standards as in the UK and if the student's practice is supervised and restricted to within a well-equipped hospital where access to HIV post-exposure prophylaxis is available, then I would suggest that it would be unreasonable to refuse to allow a student to go on such an elective.

There are occasions where it is necessary to refuse permission for a student to go to their chosen destination as the risks to their health and safety far outweigh any perceived benefit. There are ways of discussing the rationale behind such a decision that will enable the student to reach the same conclusion. After all, the devastating consequences of acquiring a blood-borne virus such as HIV are well known to the student.

### ISSUES FOR STUDENTS

There are many issues which should be discussed with a student, and the opportunity to address these lends itself suitably to the approval or counselling session. Occupational issues include the provision of the appropriate post-exposure antiretroviral therapy or their availability at the destination, as outlined by Gilks and Wilkinson (1998). Of equal importance are the risks resulting from travel itself, including the risks of infectious diseases such as malaria, rabies and exotic infections, and environmental hazards, as reported by Cossar et al (1999).

Comprehensive travel insurance is mandatory and a recent welcome development has been the availability of repatriation following exposure to a blood-borne virus as part of the elective travel health insurance provided by the British Medical Association. This provision of this additional support adds weight to the argument to continue to allow students to gain experience in high-risk countries.

The implementation of the elective approval/counselling session has been the practice of the Royal Free & University College Medical School for some time and is perceived as beneficial to both the student and the medical school. At the time of the interview, a detailed elective risk assessment form is completed and signed by both parties. Discussion is valuable and should always be supported by the provision of written information which the student may take with them while away, as provided by Zuckerman (2000). Students are also given access to comprehensive contact details should they need to contact a member of the medical school in the event of an emergency.

### EXPERIENCE FOR STUDENTS

Medical students must continue to have this unique opportunity to develop their own ideas and needs within medicine in order to broaden their horizons and so gain valuable experience as they enter the profession. A balance has to be sought whereby the student may benefit from the experience of an elective period without jeopardizing their health. One student, Pearl (1999), was astute to bring his experiences following an accidental occupational exposure to HIV while on elective to the attention of medical students, so raising awareness that exposure can happen and addressing the need for adequate preparation.

Students have expressed concern regarding the decision and approval process for the elective period in

terms of the 'ball and chain' scenario. However, health and safety issues are paramount — by working together, these issues can be addressed appropriately by both the medical school and student who can then discuss and share the responsibility for the jointly reached decision concerning the chosen elective destination. After all, both the student and the medical school share the same objective which is to ensure that the health and safety of the individual is not compromised by the experience of the elective period.

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### KEY POINTS

- Responsibility for the elective placement should be shared between the medical student and the medical school.
- Individual medical student elective approval interviews are valuable.
- Occupational and travel-related risks and their prevention should be discussed frankly.
- Provision of written information concerning the elective should be provided.
- Emergency medical school contact details should be made available to each student.
- Encourage students to understand the role of the medical school and work together in reaching the best decision concerning the elective placement.