Academic Misconduct: A Major Challenge to the Medical Profession

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Integrity is a fundamental quality expected from all individuals involved in academia, including students, faculty, and healthcare professionals. However, there has been a significant increase in complaints regarding academic misconduct among medical students in recent years. The erosion of moral values and ethics observed in society appears to have contributed to the pervasive academic misconduct that is infiltrating our medical educational system.

Academic misconduct refers to actions that provide an unfair advantage or disadvantage to oneself or others within the academic community.[1] Examples of academic misconduct include plagiarism, cheating, completing academic work for other students, obtaining information from previous exam takers, copying answers from nearby classmates, having someone else mark attendance on behalf of a friend, and forging a teacher's signature. These actions undermine the integrity of medical education and have serious consequences. The prevalence of cheating among medical students worldwide varies widely, ranging from 0% to 58%.[2] In Pakistan, studies estimate that approximately 50 to 80 percent of medical students are involved in some form of academic misconduct.[3] Another study from Pakistan found that around 65% of medical students considered academic misconduct to be acceptable, and 34% admitted to participating in some form of misconduct.[4] A recent report revealed that 44% of students confessed to fabricating clinical histories, while 28% admitted to writing false examination findings without actually conducting the examinations.[5] A more recent study showed that students were aware of what constituted academic misconduct, but this awareness did not deter them from engaging in such practices.[6] In India, 20% of students saw no issue with academic misconduct, and over 33% intended to continue these practices in the future.[7] In contrast, in the UK, only 2% of medical students confessed to copying during degree examinations, with 98% considering it to be wrong.[8] Similarly, in a study conducted in the USA, only 4.7% of students admitted to cheating.[9] Similar to any other profession, the medical field is not without the individuals who engage in unethical practices. There is substantial evidence indicating a high prevalence of academic dishonesty among faculty members as well.[10] Instances of faculty members exhibiting favouritism towards individuals with influential connections, purposefully failing students due to personal grudges, accepting bribes in exchange for passing students, manipulating attendance records to ensure that no student falls short on attendance in clinics and medical rounds, inflating internal assessment marks to guarantee a minimum passing score, turning a blind eye to cheating happening right in front of them, and even actively encouraging cheating by colluding with assistants to provide students with exam-related materials. These are some of the forms of academic misconduct perpetrated by faculty members. Within the realm of research, unethical practices such as plagiarism, data falsification, paying for authorship in research papers, ghost and gift authorship are frequently reported. The extent of this problem is quite challenging to ascertain, but it is evident that various forms of academic misconduct exist across different settings. These actions undermine the integrity of medical education and carry significant implications.[10] Various studies indicate that such practices have become more prevalent as faculty members face increasing pressure to maintain their research endeavours. Faculty members encounter substantial demands to uphold high standards of clinical practice, educate and train future medical professionals and researchers, conduct scientific investigations, and secure funding for both clinical and research pursuits.[11] At the same time they are also expected to adhere to various financial and regulatory requirements. Within this highly competitive academic landscape, the heightened expectations and demands may inadvertently or intentionally lead to instances where faculty members engage in academic misconduct. The prevalence of unethical behaviour among academicians is on the rise, and there appears to be a lack of willingness among faculty to do away with these practices. Those who hold firm conviction to adhere to ethical practice often find themselves in subordinate positions within the hierarchical structure, which makes it challenging for their voices to be heard and acknowledged. Institutional members also hesitate to report instances of cheating or take appropriate action due to concerns about losing popularity among students, potentially damaging the reputation of the institution, airing internal issues publicly, as well as fear of legal consequences.

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Unfortunately, this reluctance sends the wrong message to academicians, who quickly learn that they can evade consequences for engaging in misconduct.[12]

Institutions must prioritise the promotion of academic integrity and establish a culture where cheating is not tolerated. This can be achieved through clear policies and guidelines, effective communication with faculty and students, and the administration's assurance of full support for implementing a zero-tolerance policy on cheating. Workshops should be conducted to enhance students' ethical decision-making skills and remind them of the consequences of academic misconduct. Implementing assessment security measures, such as exam proctoring and restrictions on electronic devices, can enhance evaluation integrity.

Maintaining the integrity of exams can also involve reshuffling questions and ensuring adequate spacing between students. As medical education moves towards competency-based training and assessment, clinical evaluations like mini CEX assessments can monitor students' skills at different stages of their studies. Creating a transparent and fair environment, establishing clear standards for acceptable behavior, and prioritising learning over assessment contribute to reducing academic misconduct. Involving medical students in peer review processes and fostering a culture of academic integrity are important as well. Faculty members and administrators serve as role models for students, and their adherence to ethical practices has a positive impact. They should follow institutional policies and exhibit ethical behaviour in their scientific endeavors, earning the respect of students. Instances of academic misconduct by faculty and administrators must be promptly and fairly addressed. Motivating and encouraging students to uphold ethical principles is crucial in creating a healthy academic environment where those engaged in misconduct are excluded. Alongside knowledge and skills, a good medical professional must uphold high ethical and moral standards. By proactively addressing academic dishonesty, institutions can maintain the integrity of their educational programs and better prepare students for their professional lives. It should be made clear to all stakeholders, including students, faculty, staff, and administrators, that dishonesty has no place in medicine.

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