Medical Students’ Understanding of Consent and Confidentiality

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**Introduction**

Medical students, as potential doctors, must be equipped with the necessary reasoning skills to make appropriate decisions when faced with ethical issues. Complex ethical issues surrounding consent and confidentiality are common across clinical settings. Previous research has indicated that medical students’ ethical reasoning when faced with ethically challenging clinical vignettes does not increase through their years at medical school. (Hebert 1992, Goldie 2004)

‘Consent’ and ‘confidentiality’ are key components of Institute of Medical Ethics core content of learning for medical ethics and law (MEL). They are also common areas in which UK medical students’ fitness to practice is questioned (GMC 2009).

**Aims**

1. What do medical students understand by the concepts ‘consent’ and ‘confidentiality’?
2. How do medical students apply the concepts across a range of clinical contexts?
3. How do groups of medical students reach a consensus when addressing ethical issues in clinical context?
4. What do students think would help them to better apply these concepts in practice?

**Methods**

Ten focus groups were conducted with medical students from BMS Year 4 (n=29) and BMS Year 5 (n=1) at the University of Southampton. Each lasted approximately an hour. A topic guide and clinical vignettes were developed and used to facilitate discussion. Focus groups were digitally recorded and transcribed, and analysed using Thematic Analysis (Braun & Clarke 2006) which involves identifying, analysing and reporting codes and themes. Differences and similarities were explored in ways of reasoning between groups.

**Findings**

Two main themes were identified: (1) Students are unsure when they should breach confidentiality. (2) Students think that MEL is a common sense subject often with one correct solution.

(1) Students sometimes struggled to know when to breach confidentiality in these complex clinical vignettes. They were not always sure about when information sharing would constitute a breach, and observations of clinicians’ practice sometimes added to the confusion.

Students weighed up a number of factors to decide whether or not a breach of a patient’s confidentiality was justified. Examples of these were: severity of the consequence, who is at risk (e.g. child vs adult), relevant legislation and GMC guidelines. Some students attempted to find ways to warn people of their risk of disease without directly breaching a patient’s confidentiality.

It was clear that the students were trying to find the ‘right answer’ to the ethical dilemmas discussed. Students recognised, but were not comfortable with, the notion that there might not necessarily be a right answer but that they needed to justify actions. Students were often more confident to resolve an ethical dilemma by referring to a guideline or law to achieve a ‘right’ answer, even though this was not always the most appropriate solution.

**Conclusion**

There seemed to be disparity between how medical students felt about MEL, and how they were able to apply their knowledge and understanding in practice. Students felt that MEL is common sense and they should be able find the ‘right’ answer, however this was contradicted by their struggle to resolve ethical issues.

University of Southampton has revised the MEL curriculum and will soon include a compulsory year-long module in Year Four, which needs to be passed to progress into final year. However, non-attenders could still persist. Future research could explore whether this new module increases students’ engagement and competence in this area.

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**Clinical Vignette**

1. GUM clinic: Patient diagnosed with HIV; doesn’t want you to tell his GP or wife
2. GP/Genetics: Patient diagnosed with Wilson’s disease (can cause liver degeneration, neurological problems, and death if untreated). Patient does not want to inform siblings—also your patients—despite them having a 25% risk of having the disease
3. GP: Patient with history of domestic violence towards her presents with black eye. You offer her advice and tell her to contact the police. She is frightened to do so and begs you not to tell anyone.

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1. GMC, MSC. Medical Students: professional values and fitness to practice. London: General Medical Council, 2009.