



Academic dishonesty in Indian medical colleges

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ABSTRACT

Integrity is a necessary attribute expected in practitioners of medicine. Unfortunately there is evidence on hand that academic dishonesty is widely prevalent in many Indian medical colleges and that a proportion of students seem to think that there is nothing wrong in participating in such acts. This practice needs to be discouraged as those indulging in unethical acts during student days are likely to indulge in similar practices while dealing with their patients. It is, therefore, necessary that teachers in medical colleges show 'zero tolerance' to such acts. There is a need for faculty and administrators to be above board in their actions and be role models for ethical behaviour. Hence, acts of academic misconduct committed by faculty and administrators should also be dealt with quickly, fairly and firmly. A milieu of transparency, fairness and student awareness will go a long way in minimizing this pervasive malady.

KEY WORDS: Academic dishonesty, medical college, students, academic misconduct

I recently found that some of my students had copied from each other during one of their assessment tests. It made me angry and I was left with a feeling of bad taste for several days. Why should medical students who are considered the crème de la crème of this country resort to systematic methodical cheating? When I interviewed them the next day, they told me that this is routine and it happens in most tests. What is more disturbing is that they said the practice started in school where they had the blessings of the principal to copy during the board examinations and it is done with the connivance of the teachers! Looking at the issue in the context of the recent scandal of the CBSE All-India pre-medical question paper leak,¹ we are perhaps naïve to think that examinations provide a platform for students to pit their knowledge and skills against each other in an atmosphere of fairness.

Medical science, by its very nature requires its practitioners to be honest, ethical, of high moral fibre and have virtues not normally expected of other professionals. Does this mean that we select the wrong type of students for our medical courses? In a move to make the selection process as objective as possible we have perhaps created a path for the unscrupulous to weave their way into medical courses. What about the integrity of the faculty? Of the administrators? Pointing an accusing finger at the students is only part of the story. The activities of many of the staff and administrators in medical colleges leave much to be desired. This article tries to focus on a topic, which many of us would wish to sweep under the carpet. It is time we shook off an ostrich-like stance and took a more proactive role in trying to minimize this all-pervasive malady of academic dishonesty in Indian medical institutions.

Academic dishonesty can be defined as "an intentional act of cheating or deceit while fulfilling academic requirements and/or duties."² Much has been said on this topic^{3,4} though little has been done in India to address this disturbing issue.

Common acts of dishonesty

Based on my observations over the years, the acts of academic dishonesty indulged in by various groups studying and/or working in medical colleges in India could be broadly described as follows:

Undergraduate students: Copying at class tests and university examinations, copying/cooking up records and case sheets, forging teachers' signatures in records, altering marks entered in papers, giving proxy for attendance at teaching sessions

Postgraduate students/residents: Copying at university examinations, getting help regarding findings in cases at the university examinations, getting technical help during examinations in basic sciences, plagiarism in dissertation, cooking up data, cooking up case records

Faculty: Turning a blind eye to the above acts of dishonesty, not taking cognisance when residents/ juniors report acts of cheating, giving more/ less marks than what is due, taking bribes/ favours to pass a student, manipulating attendance/ progress figures in order to permit non-compliant students to appear for the examinations

Administrators: Tampering with marks in order to pass unde-





erving students,⁵ instructing faculty to pass undeserving students, not taking action on students caught in the acts of dishonesty, transferring faculty from one institute to another prior to an inspection by regulatory/ statutory/ supervisory bodies⁶ in order to meet the requirements of recognition of a college, falsifying staff strength/ recruitment criteria

The revised regulations on graduate medical education by the Medical Council of India (MCI) provide an adequate weightage to internal assessment.³ How this is calculated is decided by each institute/ head of the department. Conducting a few tests as a matter of course with the express need to fulfil the curricular obligations is one way of doing it (and perhaps the most widely practiced). Hence in many medical colleges/departments tests are announced just a few days in advance (without giving adequate time for students to prepare), question papers are set at the last moment and a junior PG or resident is sent to supervise a class of 100 or more students. This is perhaps where it all starts. The range of methods employed in cheating is truly mind-boggling and includes acts of impersonating students (interns writing tests for final year students) and carrying textbooks into the examination hall. One common thread running through this is that the methods chosen are so blatantly open that even a rudimentary level of supervision would be able to prevent a large proportion of the cheating. At the postgraduate level, students plagiarise dissertations with the connivance of the postgraduate teacher or guide. It may be interesting to note that faculty may not always concur on behaviours considered unethical.⁴

Who cheats?

It is not true that only those students who are academically challenged or are poor achievers cheat. It is surprising that even exemplary students do so.⁷ The peer-and parental pressure to perform well makes even good students resort to this more often than not. Even if they do know that it is wrong to cheat, undergraduate and postgraduate students indulge in these acts, as they know that the enforcement of rules is not optimal and hence they would get away with it. The other common misunderstanding is that this goes on only in some government colleges which are inadequately staffed or in most private colleges which are keen to pass all students,⁸ no matter what their level of competence is. I can vouch for the fact that this goes on even in the best of colleges and it is only the degree to which students indulge in this unfair practice, which may vary to some extent.

What are the numbers?

What is the prevalence of cheating by medical students in India? A study conducted by Sheriff et al reported that 88% of students of medical and paramedical branches revealed that cheating occurred at examinations but only 1-5% accepted having indulged in it.⁴ Sivagnanam et al surveyed 259 medical students from two government colleges in South India and reported 32% of students admitted to have copied at the university examinations.⁸ What is rather worrying is the fact that

20% believed that there was nothing wrong in doing so and 33% said they would consider doing so in future, too.⁸ This is in marked contrast to the behaviour of medical students from the UK wherein only 2% confessed to having copied at the degree examinations and 98% considered this behaviour as wrong.⁹ A survey conducted in the USA among medical students from 31 schools revealed that 66.5% of medical students reported hearing of such misdemeanours, 39% said that they witnessed acts of cheating amongst their classmates and 4.7% admitted to cheating.¹⁰ Medical educationists perceive that these numbers are increasing.¹¹ I do not have any reason to believe that it would be different in our country.

The other side of the coin

What about dishonesty at the faculty level? I have heard stories of consultants dictating the answers to students during university examinations and allowing students to carry textbooks into the examination halls. I never really believed these stories until I was correcting papers at the central evaluation centre and found a bunch of papers with answers that quoted textbooks verbatim. Even though such evidence can never be used to prove an unethical act, the repercussions of such actions are truly horrifying. If one college indulges in this practice, others would only gladly like to follow suit – justifying their actions with the fact that students of the college that promotes dishonesty or at least does not actively dissuade cheating, bags all the university gold medals. Hence, rather than evaluate a student's performance critically, faculty are resorting to giving more marks than are due in a bid to ensure that their students are not at a disadvantage in the scramble for the university gold medals. It may be worthwhile remembering that even if we win the rat race we shall still remain rats!

Like in any other profession, the medical faculty too have its share of teachers who are unethical, accept bribes for passing students, pass students who have influential connections or even fail students to settle personal vendettas. How deep this malaise is I do not know, but these rotten eggs surely exist everywhere. A more distressing type of academic dishonesty perpetrated by medical teachers is by those who try to “do no harm” by cooking up the poor attendance of students so that no student will be stopped for want of attendance, adding marks to the internal assessment to make sure that all students get 75% or more, simply ignore cheating even if it were happening right under their noses, and even actively encouraging cheating by asking assistants in the university examinations to “leak” the slides, spotters, diagnosis and so on, to the students. Unfortunately, I see that the number of people belonging to this group of academics is on the rise and I see no sign of anyone wanting to make a stand against this attitude. Those who feel strongly about these things are usually too low down in the hierarchical ladder to be heard. What should be done about them? I have no answers; but I think that if students can be encouraged to act ethically we may one day have a healthy academic milieu, which would make such persons social outcasts.



What should be done?

The first thing administrators/academicians should do is to believe and realise that cheating exists, and is resorted to by students in all courses i.e. undergraduate, postgraduate and even the super specialties. The next thing is to decide whether they want to tackle this issue or leave it alone. I will not be surprised if many want to leave things as they are for want of losing popularity among students or washing dirty linen in public. In case they want to effectively control it, the following plan could be a road map:

1. A committee of administrators, teachers and students should draft an unambiguous policy regarding academic honesty and this should be widely publicized through inclusion in the college prospectus and other publications, posting it on to the institution's website and communicating it to the newly admitted students and their parents.
2. The document should also provide a list of punishments that would be meted out in case of deviation from ethical behaviour
3. Strict invigilation standards should be implemented at all examinations
4. Periodic examinations should be conducted regularly and with due notice. They should be conducted with all seriousness. The faculty should draft question papers with due diligence avoiding repetition of questions asked in previous examinations. The examination should be conducted in the college examination halls. Invigilation should not be left to the resident doctors alone
5. The practical examinations should be objective in nature

Some of the medical schools in the USA, UK and Canada have started centres for academic integrity.¹² These centres serve to promote moral behaviour in all spheres of academics and give information on what is appropriate behaviour for a professional. It includes encouraging students to be truthful and honest in examinations and also reporting instances of dishonesty among students and faculty. This perhaps is one way of "taking the bull by its horns". Information on topics such as scientific writing, ethics of research, publication etc., can be obtained from here.¹² In India too, medical schools should start setting up such centres with interested core-faculty. Regular educational programmes for students in the form of workshops, debates and talks by prominent academicians from the very first year of medical college would provide the necessary ambience for students to change their perception about misconduct. Faculty too should be involved in these training programmes as well as have separate workshops on professional ethics, professional conduct and other topics so that they are trained to detect and handle misconduct.

Perhaps the time has come to think of framing legislative measures to tackle this growing problem. However, even in states where legal statutes are in place, arming the colleges and institutions with the legal teeth to take action, the number of students actually indicted for infractions are very few. This reflects the apathy and reluctance on the part of the academia to take strong action against students found breaking rules

fearing the increasingly violent student protests.

What punishment should be meted out to erring faculty and administrators? The GMC in UK has gone on record severely reprimanding a senior faculty member for not taking adequate steps and reporting research fraud committed by his student.¹³ I am not aware of any such instances occurring in India.

What can be done in the absence of an institutional policy?

The head of each department should discuss with other faculty and prepare a departmental policy. If a student is caught cheating, a written confession that he/she did it and that it will not be repeated should be taken from the student. Secondly, the student should not be given any marks for that particular test. The student's parents/guardian could be informed of the misconduct and the possible consequences thereof. If a student indulges in the practice once more or is caught in another department, the matter should be reported to the Dean. Perhaps the student should not receive the certificate of 'good conduct' at the end of his/her course. We should ensure that the misdemeanour is mentioned in the course certificate, as is done by some universities in the West. If the student is found cheating at the university examinations then action should be taken strictly as per the law (if it exists in the particular state) or in its absence, as per the university guidelines. Unfortunately, since practitioners of medicine are perceived as caring, compassionate and forgiving individuals, the faculty are expected (by students, parents and at times administrators too) to extend these qualities to their students,¹⁴ by simply overlooking their acts of serious misconduct.

One of the most disturbing facts regarding academic dishonesty is that those who cheat in medical schools are known to cheat later on in patient care too.^{15,16} There is evidence to suggest that dishonest behaviour in medical school or even earlier (in high school) correlates with the same pattern in later life and is even seen to increase.¹⁷ For a profession that is based on trust and integrity, this may be the single most important reason needed to convince administrators that we need to put our houses in order. Encouraging faculty and administrators to adopt zero tolerance towards cheating and nourishing a culture of intolerance to dishonesty among students should be a part of the ethos of every medical college. Unfortunately there is reluctance on the part of faculty to report cheating or take action, for fear of tarnishing the reputation of the student/college or of legal repercussions.¹⁷ This sends wrong signals to the student community who learn very quickly that they can get away with any type of misconduct.

A steady decline in morals and ethics seen among politicians, religious leaders, industrialists and society as a whole seems to be contributing to the academic dishonesty that is eroding into the very depths of our medical educational system. Politicians who give themselves (and their wives!) doctorates,¹⁸ who remove the anti-copying law of a state within one hour of assuming office,¹⁹ who not only make sure that their children



get medical seats in colleges but also make sure they pass at the top of the class¹⁸ are just part of the picture. Which administrator or faculty member will dare stand against this type of “institutionalised corruption”?²⁰ Even the chairman of the MCI, the prestigious body which is supposed to implement the code of professional ethics for doctors has been accused of malpractice and was asked to step down.²¹ Given the high stakes of medical education and the lengths to which parents will go to procure seats for their wards, it is a moot point to expect students or faculty of high moral fibre to enter medicine,²² after all, the pool of students and staff are drawn from this corrupt society. The “unchallengeable honesty” and commitment seen in most of the faculty of yesteryears²² may still be seen in a handful of individuals in every institution. It is up to these individuals to curtail the current rot that pervades the medical establishment in India.

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