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EDITORIAL

Cheaters never prosper...if only that were true



Los tramposos nunca prosperan... si eso fuera cierto

Cheating in medical school is both a complex and a troubling topic. Defined variously in multiple survey studies spanning the past 35 years,^{1,2} its prevalence among medical schools has varied greatly due to a wide range of definitions and types of monitoring.³ The available survey data is also limited by response bias and may result in underreporting. Consensus exists that these behaviors predate entry to medical school, and evidence exists that these behaviors presage future bad behavior and disciplinary actions by medical boards and other governing authorities.^{4,5}

Cheating is an international phenomenon and is not limited to medical education as discussed in Agud Aparicio's paper "Fraud and Plagiarism in the University and Workplace".⁶ This article was inspired by an incident in which half of the papers submitted for a course were plagiarized. It is of note, that interest in the topic of academic cheating has often been prompted by first-hand experience.^{1,7}

Plagiarism, a particular form of cheating, can be defined as the practice of taking someone else's work or ideas and passing them off as one's own. Other forms of cheating during medical school include, use of unauthorized notes during examination, falsifying experimental data, previewing an exam or asking another student for information regarding contents of a test as well as using another person's clinical notes as one's own.^{4,7}

There are many variables at play in who cheats or misrepresents. Sensitivity to the individual issues will allow for appropriate and more successful corrective measures. Student stress and burnout have increased as the volume of knowledge being transmitted has increased and also as the class size has increased to keep up with the demand for more physicians. Teaching faculty oversight falls victim to conflicting demands on their time, and reimbursement systems tend to reward clinical productivity over time spent with students and trainees in the classroom, laboratory or patient's bedside.

Agud's paper⁶ lists and discusses the consequences of fraud and dishonesty in medical education. These include the erroneous assessment of student knowledge and clinical

skills that are based on false test results. This is compounded in the selection process to residency programs based on these assessments.

Current technology offers better tools for the detection of certain ethical lapses. There are programs that can assess written works for word patterns and pick up plagiarism. Standardized testing that juggles test question order coupled with seating charts allows for the detection of cheating on examinations.

The current response to bad behavior is notable for the lack of consensus regarding the best approach – ranging from counseling to expulsion. Proposed remedies for this malady range from the easy, defining clearly what constitutes a cheating/fraudulent behavior, to the difficult, establishing penalties for specific infractions and the mechanism for fair and impartial review. Experience has shown that adapting the grading system (going to pass-fail) to reduce the stress of testing appears to have little impact on cheating.⁸ Honor systems also appear to be of small help.⁹

Opinion regarding sanctions is divided among faculty and students.^{1,10} Despite the widespread acknowledgement of this particularly galling defect in a profession meant to uphold the highest ethical standards, discussion has been minimal. News reports of widespread cheating on board certification exams make the evening news but are soon forgotten.¹¹

What is needed to treat this unacknowledged ailment residing beneath the surface of current medical education and practice is first the acknowledgement of the problem: there is an infection in the current culture of medical practice. The existence of cheating on exams, entering data in the medical record that is not based on one's own examination, false representations of labs to colleagues and using others' writing or data and presenting as one's own needs to be targeted as a failure in ethical behavior in each and every medical school and training program.

Until we define the issues and focus collective effort to the elimination of bad behaviors, there will only be the random article, survey or news report to note what needs to be changed. We are in denial and need to move forward into

acceptance that the problem exists. Continued neglect will not change behaviors.

1. We need to start a dialogue to define what is and is not acceptable so that this can be widely disseminated and understood.
2. The existing improved tools to detect fraudulent exams and written communications should be utilized.
3. Behavior that is outside the code of correct behavior needs attention, remediation if possible, or dismissal from undergraduate or graduate medical program.

The greatest challenge is to change a culture that fosters and tolerates cheating and fraud.

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