

## **A Gloomy Future for Medical Students in China: The Role of the Teacher in Medical Law Learning**

**Haiyong Wang<sup>1</sup>, Jing Ma<sup>1</sup>, Jianhua Tang<sup>1</sup>, Jiangbin Sun<sup>1</sup>, Yong Li<sup>2</sup>, Jianfei Song<sup>3</sup>, Zhenzong Du<sup>3\*</sup>**

<sup>1</sup>Affiliated Hospital of Guilin Medical University, Guilin 541001, China;

<sup>2</sup>Guilin Medical University, Guilin 541004, China;

<sup>3</sup>The Second Affiliated Hospital of Guilin Medical University, Guilin 541199, China

### **\*Corresponding Author:**

Dr. Zhenzong Du

Email: [601700556@qq.com](mailto:601700556@qq.com)

---

**Abstract:** In the past several years, medical disputes and violence against doctors have greatly increased in China. Now doctors become a high-risk occupation. Medical students should possess not only medical knowledge but also solid humanistic quality. Enhancing the legal quality of medical students is one of the important parts of medical education. The previous medical colleges tend to pay attention to imparting medical knowledge but neglect the importance of cultivation of student's legal quality during clinical practice. Medical law education must be integrated in clinical practice to promote medicine-law combination. Some measures, such as Problem based learning (PBL), should be taken to strengthen medical students legal quality education from multiple aspects. In the past three year years, our students were trained in designed PBL courses. As a multiple effect, our program promotes medical students to have better understanding and mastering medical law in clinic practice.

**Keywords:** Medical; Student; PBL; Law; Education.

---

### **INTRODUCTION**

Medical malpractice law traces its roots back to 2010 in China. The law that developed concerning medical malpractice is part of the more general body of law dealing with injuries to people or property, known as "tort law." Medical malpractice cases are an example of one particular type of tort, the tort known as "negligence." The concept of negligence is that people should be reasonably careful in what they do, and, if they are not, they should be held responsible for the injuries that can be reasonably foreseen as resulting from their negligent conduct.

In most countries, to win a negligence lawsuit involving medical care, the injured person needs to prove that they received substandard medical care that caused their injury. This involves a number of steps. First, a patient who is injured during treatment must determine whether or not they have been harmed by inadequate care. The doctors and other medical providers generally are not legally required to tell their patients that they were hurt by medical care that was not as good as it should have been, so patients, who suffer adverse outcomes, or their families and relatives, usually must consult with others to make this determination. Patients who were under the care of multiple health care providers need to determine which, if any, of these providers contributed to their injury, if it is possible to do so.

In China, to win a negligence lawsuit involving medical care, the injured person does not need to prove that they received substandard medical care that caused their injury. In contrast, doctors must show evidences that there is no relationship between physician's behavior and the patient's damages [1]. Medical malpractice law and insurance have been a focus of attention in China in recent years. Now the problems associated with medical malpractice are called a crisis, with health care providers concerned about spikes in malpractice premiums and reductions in the availability of medical coverage, especially for some specialists who treat high-risk patients. Some doctors believe the tort system is at fault, blaming excessive litigation, unreasonably high settlements and judgments, and the encouragement of defensive medical practices; others blame the medical malpractice lawsuit market. Numerous doctors have enacted legislation to address various aspects of the malpractice issue.

### **A Gloomy Future for Medical Students in China**

In the last two months Bloody crimes in Guangdong the other provinces show the need for medical authorities to reform the mechanism of solving medical disputes as soon as possible, said an article in China Daily [2]. According to the National Health and Family Planning Commission, the country reported 115,000 medical disputes in 2014 [3]. The main reason is the distortion of the doctor-patient relationship. Many patients are willing to spend large amounts of

money as long as doctors can cure them. They regard themselves as consumers and believe that doctors should compensate for the financial and emotional loss when they fail to recovery. But this idea is absurd. A misunderstanding of medicine also contributes towards hostility to doctors in China. Health and life are the two things that cannot be bought. On the other hand, many doctors immerse themselves in pursuit of modern advanced technology, leading to greatly increased medical costs. Many patients with an unreasonable expectation of medicine are desperate for new treatment at any cost. Violence against doctors occurs when medical accidents happen; such accidents often arise from the pressure to try some new and expensive treatments [4,5]. Violence against doctors in China always was an important issue, previously covered in *The Lancet*. One reason to explain this issue is the inadequate mechanisms for handling patient's complaints in China [6- 8]. We studied the process of regulation for handling patients' complaints and noted some important systemic constraints.

#### **Medical students should to master the medical law**

The moment a patient comes into the clinic room, the doctor is placed in both medical and a legal context. The task for medical teachers is to equip medical students for this clinical reality in a way that makes sense both to the students and to the variety of medical educators, all of whom will have their own interpretations of the nature of this profession. Medical law in the medical curriculum should aim to provide an understanding of how ethics and law can be incorporated into the curriculum [9-11]. In the real work environment, when doctors are asked to reflect on the causes of malpractice claims, they commonly look outward. Many of them believe medical suits are just a part of practicing a high risk specialty. Almost universally, they blame "those lawyers," reinforced by arguments they have heard in the debate over tort reform. Others accept, either with anger or resignation that being sued is a cost of medical practice. While there are plenty of lawyer stories around, expending energy by venting frustration and anger externally may divert attention from developing strategies that can mitigate against risk. It is incumbent on doctors to understand how they can control many of the factors that increase their patients' exposure to real or perceived injury and also place doctors at risk for being sued unnecessarily.

The Chinese doctors have witnessed increasing disputes over the past ten years. Especially disturbing are the violent attacks and even murders of health professionals by patients. Such events are generally known in Chinese as yinao [12]. Yinao—the combination of the Chinese word "yi" (doctor, medical care, hospital, etc.) and "nao" (a disturbance or the act of speaking loudly and acting violently)—refers to the medical disputes waged by patients' families and

relatives against medical personnel and medical institutions that involve violence or illegal forms of behavior.

The rapid and effective response to the changes requires the coordinated efforts of trained teachers. Now we describe the design and implementation of cross-disciplinary course employing problem-based learning (PBL) for doctors and lawyers. The PBL curriculum provided opportunities for professionals from different disciplines to meet and learn the priorities and resources of partner agencies. In course evaluations, medical students rated the training highly and found it was applicable to their study and a good use of time and training resources. PBL was successful in fostering cross-agency communication, thereby showing promise as an effective training method for meeting national law [13,14].

#### **The Role of the Teacher in Medical Law Learning**

To teach medical law, teaching methods must be modified. The vast majority of PBL experience is in clinical cases. Application of classic PBL in clinical practice phase is challenging. Although the legal issues in medical case is considered a problem, yet solving the legal issues in class room would face some hurdles. The difficulties are facing the teacher and students. We implement innovative curriculum for the clerkship year in clinical practice phase.

We surveyed the student just before coming to clinical practice course to ask them about continuing PBL or other types of learning in clinical practice. A committee was created to study the possible ways to integrate PBL in the clinical practice phase. After multiple brainstorming meeting, an innovated curriculum was implemented. Student surveyed again after they completed their course. The survey is asking them about what is the effect of the implemented curriculum in their medical law knowledge. It has long been understood that there are many good reasons for using PBL cases in medical education [14]. This is partly because PBL engage students but it is also because PBL have been shown to improve student's medical knowledge, clinical reasoning and decision-making skills. However, although PBL have been used in a range of different contexts in medical education, they have never previously been used to facilitate the teaching of medical law.

By comparison with traditional medical law education, our teaching method was modified. Students were the true masters of the classroom. Every one of them was the handler of a particular medical case. All content of courses were focusing on the conversion and improvement of students' identity and kills from a passive listener to an active medical law case work. Usually, we begin first class with an introduction of "As a doctor, what are you doing in the court?" What we

wanted to emphasize most is that there were no so-called students, nor so-called teachers in this classroom. For your students, you are just the observer and guide for learning of a medical law, and the patient's "lawyer" of the case you undertake. Because of the classroom teaching that in close connection with the solution to the medical legal issues, students would face and participate in classroom teaching and learning activities in more active and positive attitude. PBL teaching styles could be fully mobilized including the way of interaction, questions, discussion, games, and so on, which could become the important means to promote the conversion of identity and improvement of skills of students, and also to study and discuss for medical law.

In our PBL classroom, the usual teaching practice was that teachers set a medical case, then students filled in the content through the medical teaching style, and finally they collaborated to effectuate the teaching intention and accomplish the instructional teaching objectives. Therefore, even the same content of a lesson could take radically different teaching styles due to the different teachers and participant students. What matters more in classroom was the voice of students. The students could say "no" to teachers. There was no the only correct answer, and everything would change in a dynamic way based on circumstances of the specific medical cases. It greatly aroused the enthusiasm of students, enabled students to truly become the masters of the classroom. Medical law education in PBL changed the relationship between teachers and students.

In this course, teachers and students were linked together closely. On one hand, teachers could enrich their teaching plans through the students' feedback of new questions during the process of learning and using. On the other hand, students were free from the shackles of the book knowledge in the process of learning and using medical law so that they could make efforts to think by using the medical law knowledge learned, thus it could bring about students' creative thinking. It made an organic integration of learning and teaching, which formed a benign recycling mechanism and added fresh nutrients for clinic education continuously.

Medical law education in PBL is grounded on real background materials of medical disputes cases in China. Through students' handling real medical cases, participating in the whole process and details of the suit case, it promoted students' judgment to legal problems and problem-solving methods and skills, enhanced their sense of responsibility and professional ethics in medical practice, made students understanding of legal system, legal knowledge and legal provisions and get hands-on experience of the medical lawyer's role.

In medical law education, our course is usually given by two or more teachers. One was a physician and the other was a lawyer. The principal methods maybe classified into two categories: in the classroom and out of the classroom. In the classroom, there were simulated training of acting, interactive guidance for individual case, litigation scene training in groups and collective brainstorming in discussion and games in classroom. Out of the classroom, students are given the role of lawyers, represent the patient, handle real medical suit cases and receive lawyer's guidance. They pay more attention to the success and failure, the gain or losing of their cases, patient's feelings to the result of lawsuits, and also their own feelings.

Teachers should make students understand that the success and failure of a case is indeed an important indicators to evaluate the teaching effect, but what's important is that whether they really improved themselves at the process of taking cases, whether they had obtained the ideas, methods, skills and knowledge to resolve problems they encountered. If they had got them, they would receive great evaluation even they failed in their cases. This evaluation methodology could not be reached in traditional teaching model. Assessment system for teaching achievements included students 'self-evaluation and teacher's evaluation in case groups and teachers' evaluation. Two parts of evaluation above on which final mark is based together constitute academic record of clinic students who have completed all courses.

The descriptive work on PBL teaching methods and outcomes would be helpful to teacher's designs and refining curricula, including descriptions of methods, resources and helpful materials. We specifically designed to improve understanding of the validity and reliability of the medical law in PBL. This might also further any efforts to bring greater standardization to medical law curricula, since the most useful methods could be used to compare outcomes of medical law education across different medical school, and would enhance any efforts to study the superiority of various teaching methods. Because medical law education focused heavily on process we believed study of the development and improvement of law studying among medical students was an area that is ripe for qualitative investigations [15].

Qualitative work would benefit each of the areas of shortcoming we have identified by helping answer questions. What are the goals of medical law education? What are the best measures for teaching medical law education to students? How do medical students identify and perceive medical law issues? How does the process change over the one year of clinical practice? How do different teaching methods, teachers, and formats contribute to the overall educational? The time has now come to organize an effort to improve and

validate this important area of medical education. In the end, effective medical law of medical practice education will further the goals of medicine in Year of dramatic change.

Six PBL cases were created at Guilin Medical University between September 2012 and June 2014. These cases were then used in different large and small group teaching sessions. Feedback from the students was collected at the end of each session using a questionnaire. One hundred and thirty students (83.6%) completed the feedback form and the general response of the student to the PBL cases was extremely positive. For example, the vast majority strongly agreed or agreed that PBL cases were an effective way of gaining knowledge about medical law and 89.3% also thought that using PBL cases made them more confident to make clinical and law decisions. 94.5% also agreed that using the PBL cases encouraged understanding, debate, deliberation and interaction.

Our research demonstrates that PBL cases can be deployed effectively in small group teaching sessions and although we do not think that PBL cases are a pedagogical panacea, we do think that they are an important new development. Further research is certainly needed to determine whether or not using PBL cases actually influence knowledge retention, ethical reasoning and ethical decision-making ability, but the evidence that we have collected thus far suggests that PBL cases have a promising future.

#### CONFLICT OF INTERESTS

None declared.

#### AUTHOR'S CONTRIBUTION

Haiyong Wang and Zhenzong Du wrote the paper. Jing Ma, Yong Li, Janhua Tang, Jianfei Song and Jiangbin Sun supervised the composition of the paper. All authors read and approved the final paper.

#### ACKNOWLEDGEMENTS

This work was supported by Guangxi Department of Education [Guangxi Education Science 12th Five-Year Plan Grant **2013C051**]. We thank Xiaoyan Zhu and for her contribution to this article.

#### REFERENCES

1. Wang Jiafu, Professor Liang; *Civil Law Chinese Civil Law Claims*. Beijing: Law Press, 1991; 453, 454.
2. Xu Jingxi; Doctor's death prompts calls for protection of medical staff. *China Daily*. 9, May, 2016.
3. Xinhua; Two killed in doctor-patient brawl in central China. *China Daily*: 2015-01-26.
4. The Lancet; Ending violence against doctors in China. *Lancet*, 2012; 379(9828): 1764.
5. Bai J; Respect for doctor is respect for life. *People's Daily* May 17, 2013.
6. Wang XQ, Wang XT, Zheng JJ; How to end violence against doctors in China. *Lancet*, 2012; 380(9842):647-8.
7. Jingang A; Which future for doctors in China? *Lancet*, 2013; 382(9896):936-7.
8. Xinhuanet; China to punish crimes in doctor-patient flare-ups, 2014.
9. Dowie AL; Making sense of ethics and law in the medical curriculum. *Med Teach*. 2011;33(5):384-7.
10. Dowie A, Martin A; *AMEE Guides in Medical Education, Guide No. 53. Ethics and law in the medical curriculum*. Dundee, UK: Association for Medical Education in Europe, 2011.
11. Dowie AL; Making sense of ethics and law in the medical curriculum. *Med Teach*, 2011; 33(5):384-7.
12. JiongTu;Yinao: Protest and Violence in China's Medical Sector. *Berkeley Journal of Sociology*. December 11, 2014.
13. Behling D, Low K, Severino R, Boldt DW, Hardman J; Problem based learning and medical malpractice: does how you've been trained make a difference? *Hawaii Med J.*, 2003; 62(4):73-4, 77-9.
14. Streichert LC, O'Carroll PW, Gordon PR, Stevermer AC, Turner AM, Nicola RM; Using problem-based learning as a strategy for cross-discipline emergency preparedness training. *J Public Health ManagPract*. 2005; Suppl: S95-9.
15. Kovács DÁ, Mihály S, Rajczy K, Zsom L, Zádori G, Fedor R, Eszter K, Enikő B, Asztalos L, Nemes B; *Gerundium: A Comprehensive Public Educational Program on Organ Donation and Transplantation and Civil Law in Hungary*. *Transplant Proc.*, 2015;47(7):2186-8.