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Robert Ross once famously said, “We live in a system where people are innocent until proven guilty.” Yet, medical trainees often do not receive fair and transparent accountability when accused of academic misconduct.

Recently, one US medical school accused 17 medical students of cheating on remotely proctored exams.1 While seven cases were dismissed, ten were eventually expelled, suspended, or received course failures. In addition, the investigation raised questions on the lack of due process for medical trainees accused of academic misconduct, as many accused did not get the opportunity to defend themselves.

While some students may cheat on an exam, they still deserve a fair trial and due process (both substantive and procedural) if accused of wrongdoing. Student testimonials noted little time to prepare responses, a lack of notice or information about the offences, and ostracization from formal and informal supports. School administrators operated on an assumption of “guilty until proven innocent,” threatening expulsion at the outset and pressuring students to admit to wrongdoing (even if they vehemently denied it), suggesting a more lenient outcome.

Some medical schools have dispute resolution policies for student mistreatment; however, few have external oversight mechanisms for academic appeals. Existing frameworks lack transparency involving procedures and resolution outcomes. Furthermore, the independence and training of those adjudicating these complaints are variable, and available internal resources cannot provide unbiased advice or support due to a conflict of interest.

However, an improved solution may be within reach. Wasserman et al. suggested implementing principles from “Just Culture,” wherein healthcare institutes mandate thorough evaluations before levying recommendations proportionate to the blame attributed to a specific party.2 These principles could help improve academic misconduct processes by providing transparent procedural due process. In addition, substantive due process could be improved by having schools mandate third-party support and guidance for accused trainees. For example, agencies like the American Medical Student Association (https://www.amsa.org/) can guide trainees during disciplinary hearings and provide access to dispute resolution advisors.

Despite the increasing recognition, the lack of due process for trainees accused of academic misconduct continues. Unfortunately, only a handful of these cases are openly discussed, and for many trainees, serious and irreversible consequences will never be properly acknowledged. However, adequately empowering medical students and residents with the resources to defend themselves during disciplinary hearings is in everyone’s best interest.

References


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