

# Ethics and medical electives in resource-poor countries

## A tool kit



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## Introduction

The elective can be one of the most rewarding parts of undergraduate medical education – it is certainly one of the most eagerly anticipated. Properly planned and supported it can be a transforming educational experience, giving students a unique opportunity to learn about some of the most challenging contemporary global health issues. Students may also encounter diseases that are seldom if ever seen in the UK. Working in demanding and unfamiliar circumstances can lead to increased independence and self-reliance. A properly planned elective can also provide a fascinating insight into other cultures and health systems. In an increasingly multicultural and globalised world, these experiences can be enormously enriching, both personally and professionally.

Although the overwhelming majority of students enjoy electives in developing countries they can also be challenging. Resource-poor settings can present medical students with searching ethical and clinical dilemmas. They can find themselves asked to undertake procedures that they may feel are beyond their competence. There may be problems understanding local languages or dialects. Different cultures can have different approaches to fundamental issues such as consent – in some cultures, for example, tribal leaders, heads of families, or husbands will be expected to be involved in decisions that, in the UK, we would expect to be taken by the patient. In some cultures, gender still plays a significant role, and patients may expect to be seen by a doctor of the same sex. Gender-based violence may also be viewed

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differently: in some countries it is far more widely tolerated than in the UK. Understanding and responding to these issues sensitively can make a big difference to the success of an elective.

Health systems in developing countries are also under extreme pressure. Affluent countries struggle to meet the needs of their populations with resources that are almost unimaginable in poorer countries. Supporting elective placements provides an additional administrative burden on health systems that are already stretched. It can also place additional stresses on health professionals who may be required to supervise, or to provide teaching support, to visiting students. It is vital therefore that students consider how they can minimise the demands they make on health systems, while ensuring appropriate support and supervision.

In many resource-poor settings patients will combine conventional medicine with care or healing that we may regard as alternative. Local healers, 'barefoot doctors', traditional midwives can all be a feature of health services in developing countries. Students can learn a great deal from these health workers and their views should not be dismissed. Medicines that would require a prescription in the UK can also be sold in informal settings without medical involvement while many medicines that are used routinely in the UK can be unavailable. Learning to work with a mixture of traditional and western approaches to medicine can be a fascinating experience. In many countries, patients have to pay for some or all of their treatment, and students can find it a distressing experience to

## **Introduction**

restrict treatments to people because they cannot afford them. Many local health professionals have found creative ways around some of these problems, and their resourcefulness can be both educational and inspiring.

This short tool kit sets out some of the key ethical factors to take into account when planning for a successful elective. Drawing on a range of student experiences, it looks at issues such as: recognising and working within limits; understanding and responding to cultural differences; preparation and planning, and what to do when you have concerns about fellow students or professional colleagues. Supported by case studies and commentary from medical students, this tool kit provides practical advice on managing the kinds of common ethical dilemmas and conflicts that students can experience on their electives. Given appropriate planning and forethought your elective can be a source of important personal and professional growth. You could also make a positive contribution to the health system in which you work.

# CARD 1

## Staying within your competence

In developing countries, shortages of qualified health care staff combined with extremes of health need can mean that students may find themselves in a position where they are invited to undertake a range of procedures that they would not be in a position to do at home. Appropriately supervised, and provided patients agree to be seen by medical students, this may not be a problem. Handled properly, these experiences can be a significant learning opportunity.

Students working in resource-poor settings have at times felt under pressure from local health professionals to take on more responsibility than they are qualified to accept. Given the scale of the health problems that they may be encountering and the encouragement from senior staff, it can be very difficult for students to decline. The fact that they are overseas and working in an unfamiliar environment can lead to moral disorientation. Cultural relativism – the idea that ethical codes are different in different countries – can seem attractive abroad, and can lead to students going along with practices that they would decline, or would not be considered qualified to undertake, at home. Given the lack of resources it can also be tempting to think that any intervention, however unqualified, is better than nothing.

Students on electives must remember that they are under an obligation to maintain the standards set by the General Medical Council (GMC). In *Good*

**Staying within your competence**

*Medical Practice*, the GMC states that ‘you must work within the limits of your competence.’ If asked to undertake procedures that you would not be asked to undertake at home, it is important to ask the following questions:

- Why are you not allowed to do this procedure at home?
- Are you capable of performing it without suitable supervision?
- Are you putting your patient or yourself at risk?
- Would it be possible or practicable to ask for supervision without imposing excessive burdens on other key health personnel?

Although it may not always be possible to come up with a definitive answer to these questions, they can be a useful guide. Where students believe they are being asked to act beyond their clinical competence they should politely but firmly decline. It is worth bearing in mind that the GMC’s guidelines can protect both patients and medical students. Some students have reported returning from their electives feeling traumatised. Having acted beyond their competence, they were left with nagging doubts about whether they had done more harm than good and a potentially rewarding educational experience had turned into an occasion for regret and self-doubt.

More worryingly, there have been reports in the media that some medical students have deliberately exploited the possibilities of an elective in a developing country to practice their own skills irrespective of the views or needs of the patient.

Such activities are unethical and are likely to be illegal and can leave students open to fitness to practice procedures at their medical school or legal action in the host country. This issue is covered in more detail in Card 7.

### **Key messages**

- **Medical students on electives should not act outside their competence without appropriate supervision.**
- **Where you have significant doubts, you should seek informed advice as a matter of urgency. This could be via your medical school, the BMA Ethics Department or the GMC.**



## CARD 2

### Emergency situations

During electives students may be confronted with medical emergencies. This is perhaps more likely in resource-poor settings than in developed countries as qualified medical staff and other health care resources can be in extremely short supply. Responding to emergencies can present students – and qualified health staff – with challenging ethical dilemmas, and consideration should be given in advance of the elective to how students should deal with them. Ideally, students should have an opportunity to discuss such eventualities before they go abroad. Prior discussion with senior staff, and with students who have returned from electives, can contribute enormously to preparedness. Medical schools should be encouraged to provide pre-elective guidance and training.

The advice given in card one about working within competencies is relevant to this section. In an emergency however, and in the absence of appropriately qualified staff, students might be called upon, or feel that they ought to intervene, even where they would not normally be considered competent to do so. In these circumstances students need to act carefully. Students should not intervene where they are more likely to make matters worse. Where there is a reasonable likelihood however that an intervention in an emergency can prevent or mitigate serious harm to a patient, then it can be appropriate to assist.

**Emergency situations**

In resource-poor settings situations may routinely occur that would be regarded as emergencies in more developed countries. **It is important to emphasise that students must avoid getting involved in providing routine care that is outside their level of competence.** Where a patient is at immediate risk of death or serious harm, and no other qualified health professional is available, students can assist, provided they have a reasonable belief that they can improve outcomes.

Healthcare in the United Kingdom often has established hierarchies of experience and responsibility. In resource-poor settings such hierarchical preconceptions can be unhelpful. A nurse or an unqualified rural midwife may have had considerable prior experience of the situation. In the absence of a medical colleague some of the local healers may have paramedic skills. Care is obviously required in relation to delegation to unqualified practitioners.

Although emergencies can be a vital source of experience for medical students, they can also be extremely distressing and some students have reported feeling traumatised and out of control. When considering an elective, it is important to give prior thought to those placements and specialties, such as obstetrics and gynaecology and some surgical attachments, where emergencies are more likely to occur. Again, students undertaking such electives should talk with senior colleagues about the kinds of emergencies they may be exposed to, and how best they may be dealt with.

## Emergency situations

### Key message

- **Where a patient is at immediate risk of death or serious harm, and no other qualified health professional is available, students can assist, provided they have a reasonable belief that they have appropriate skills and can improve outcomes.**

### Scenario

*You are called to see a pregnant woman in obstructed labour who requires a caesarean section. You lack the qualifications to perform such an intervention but you have assisted with several as part of your six weeks obstetrics and gynaecology placement. Should you attempt to perform a caesarean section?*

Many students will not encounter emergencies on their electives, particularly in an unsupervised setting. Having said this, should an unsupervised emergency arise, it can be one of the biggest challenges that you could face on an elective. Certain specialties, such as obstetrics, are associated with emergencies that can be particularly distressing. If you are likely to encounter obstetric emergencies, you should consider seeking advice from colleagues in this specialty before you go.

When confronted with an emergency, key things to consider include whether anyone is available with more experience, even if not a doctor. For example, a rural midwife or paramedic who may not be able to carry out the procedure in question, but could at least contribute their

## Emergency situations

experience about any possible alternative management. It is also important to realistically assess what you can competently perform and what would be the implications of your actions. Rather than just think of the situation in front of you, consider all the possible outcomes – what are the likely results of your actions? If there is the potential that they would result in complications or additional harm, would further care for the patient be available? Basic but prompt measures taken on the spot can be life saving but complex procedures such as a caesarean section should be the remit of trained health professionals with experience of how to handle potential complications.

It might seem difficult to consider all these options in a short space of time, so make sure you understand the health system as much as you can beforehand, and familiarise yourself with what other health facilities are available to care for the patient after the emergency, in order to prepare yourself for responding to possible emergencies and how to direct them to appropriate care, rather than feeling it is your responsibility to respond. Overall, before intervening in an emergency, you need to have a reasonable belief that you can improve outcomes, taking into consideration the preceding issues.

Knowing when not to act, and knowing how to communicate this to those who want you to act, in a clear and firm manner is a key communication skill that it is important for medical students to learn. Saying no is not about letting people down, it is about making important decisions and communicating them.

## CARD 3

### Maintaining ethical standards

Medical students must maintain the same high standards of professional ethics during their elective as they would during clinical rotations at home. Although the circumstances may be radically different in resource-poor settings, duties to patients remain the same. Cards one and two have looked at ethical obligations to work within professional competencies and how to respond to emergencies. This card gives a number of general ethical pointers for students.

#### ***Honesty and integrity***

Medical students must act with honesty and integrity at all times. Medical students are not doctors and must not mislead patients into false beliefs about their qualifications or abilities. Patients have a right to be informed that they are being attended by a student, and should be able to decline without their care being prejudiced.

#### ***Treat all patients with dignity and respect***

There are many ways that the obligation to treat patients with dignity and respect can be undermined. This can be particularly true of health services in resource-poor settings. Power imbalances between doctors and patients can be marked. Poor health combined with minimal financial resources can lead to heightened vulnerability among patients. This should not be allowed to obscure the fundamental ethical obligation to treat all patients with equal dignity.

## **Maintaining ethical standards**

### ***Non-discrimination***

In some cultures there can be both explicit and implicit discrimination against certain groups. Some indigenous peoples, migrants, the internally displaced, the rural, or people from different ethnic groups or castes can all be discriminated against. Individuals suffering from certain illnesses, such as HIV/AIDS can also be the focus of discrimination. Students should not participate in any form of exclusion or discrimination.

### ***The patient's needs are paramount***

Although the purpose of a medical elective is educational, students must remember that the needs of patients must come first. Students should never put their own educational interests before the health needs of patients.

### ***Consent and confidentiality***

Although this is an area of ethical and clinical practice subject to some cultural variation, all patients have a right to be appropriately informed of the nature and purpose of any intervention and any relevant alternatives. Informed consent must be sought before any intervention, and confidential health information must be respected just as it would be in the UK. Particular thought must be given to how informed consent can be obtained where the student does not speak the local language.

### ***Cultural openness***

An elective can offer a unique opportunity to gain experience of health care provision in a very different part of the world. A key aspect of this is seeing how other cultures approach not just health care, but also health and illness itself. The impact of

## Maintaining ethical standards

visiting a developing country for the first time, and early experiences of providing treatment in resource-poor settings, can be overwhelming and can lead to critical first impressions. Although these responses are understandable, students should try and set them to one side. The overwhelming majority of students regard medical electives in developing countries as a positive educational experience with unsettling first impressions giving way both to greater understanding and respect. Cultural openness is a prerequisite both for good patient care and a successful elective.

### Key message

- **Medical students must maintain the same high standards of professional ethics during their elective as they would at home.**

### Scenario

*When working in a clinic, there can be pressure to prescribe or dispense drugs which are unsuitable as treatments for the patient's condition. This has occurred when non-medically qualified professionals have been running rural outreach clinics. This may be due to the condition being untreatable or drugs being unavailable, but patients expecting something from the health care team, having travelled a distance, given up valuable time and spent their limited funds on an appointment.*

## Maintaining ethical standards

In some respects, this scenario has its equivalent in the developed world, with many GPs reporting that patients will ordinarily expect a prescription following a visit to the doctor in the UK. It is clearly unethical to provide inappropriate treatment to a patient, irrespective of his or her expectations, but it is important to consult with a senior local medical colleague, wherever possible, before making a decision about a particular treatment. If the treatment is inappropriate, such a request should be politely but firmly rejected. You will need to be able to provide arguments for why you're unable to treat the patients with unsuitable medication, such as discussing the risks of treating patients with unnecessary drugs. It is important to discuss your reasons with the team you're working with rather than just refuse and together ensure that your actions are fully explained to patients. Again, you can fall back on the guidance from *Good Medical Practice* and the fact that you have to comply with the GMC guidelines at all times. Many countries face shortages of drugs and only providing a limited, insufficient, course to patients can prolong their health problems as well as leading to drug resistance. Patients are also often required to pay for their own drugs so be aware of the implication of any recommendations for drugs which even if available, may place a considerable financial burden on patients.



## CARD 4

### Cultural differences and human rights

Although students are bound by the same ethical principles, such as showing respect for persons, whether they are working at home or abroad, different cultures can express such fundamental principles differently. Although students may initially find this disorientating, it is a key challenge in medicine, and it can be as important in a culturally diverse NHS as in a developing country. An understanding of the ways different values can be expressed by patients, and the impact this can have on health care, is a key part of a medical education. Students should be encouraged to research both the culture and the health system in which they will be working prior to departure.

One of the areas in which differences of approach are frequently encountered is in relation to what is sometimes called 'autonomy'. In the UK there is a strong expectation that competent individuals will make their own health care choices, supported by information and advice from health professionals. Other countries with different political traditions and histories may not put such a strong emphasis on individual choice. In some cultures, for example, it will be expected that families will participate more in decision making.

In some cultures, gender roles and expectations can also be very different. Some parts of the world retain a more patriarchal outlook, and there may be an expectation that men, for example, will make

**Cultural differences and human rights**

decisions about treatment for women, including decisions about women's reproductive health. Such expectations can be challenging for students educated in cultures that are predicated on gender equality and a respect for individual choices.

Students have expressed disorientation when presented with such differences of approach, and can be uncertain whether they are behaving appropriately. Students need to approach cultural differences with openness and sensitivity and a willingness to learn from those they are meeting, both clinicians and patients. Such an approach should not however be uncritical. Bad practices can develop anywhere, and students need to keep in mind that the interests of the patient are at the centre of medicine. By focusing on patients, and listening to the patient's views, wishes and expectations, it will normally be possible to work through apparently conflicting cultural approaches to identify how best to promote patient interests. Approaching an elective with openness, and a willingness to discuss doubts and conflicts with fellow medical staff can make a significant difference to an elective.

Some students have reported being asked to participate in activities that they have regarded as unethical but that overseas colleagues have not found problematic. Where students are invited to participate in practices that they believe to be clearly harmful, they should politely but firmly decline. Cultural differences should not be used as an excuse to mask poor practice or to permit avoidable harm. Where possible, students should try to discuss the issue with appropriate senior staff.

### **Cultural differences and human rights**

Students considering an elective in a developing country should consider in advance the kinds of social and cultural issues that may arise. Working in rural communities for example, where there is strong traditional religious observance, can present very different issues to working in urban centres.

As with other aspects of an elective, forward planning can be the key to success. Consideration should be given in advance to those areas of cultural difference where uncertainty or conflict is more likely. The experience of colleagues who have visited the areas can be invaluable.

#### **Key messages**

- **Students need to approach cultural differences with openness and sensitivity and a willingness to learn from those they are meeting, both clinicians and patients.**
- **Such an approach should not be uncritical. Bad practices can develop anywhere, and students need to keep in mind that the interests of the patient are at the centre of medicine.**

## CARD 5

### Minimising burdens on the host country

The majority of students look forward to the opportunity to experience health delivery first hand in a resource-poor setting. The BMA's view is that medical students are not qualified doctors, and the principle educational benefit for students will be the broad experience of global health issues and international health service provision, rather than the development of new clinical skills learnt in the direct provision of treatment.

Promoting and maintaining medical links between developed and developing countries benefits both parties. Providing elective opportunities for medical students nevertheless imposes a significant administrative burden on the host country. Given that their resources are already limited, sometimes severely, students should make every effort to avoid imposing unnecessary burdens on their hosts.

Language is one area where students may create an additional burden and students who would not feel comfortable undertaking a comprehensive history in the host language should take this into consideration when planning their electives. There have been anecdotal accounts of some students who are unfamiliar with the language of the host country asking for translators to be made available. Providing such services can be expensive for host countries and students should consider in advance the impact that language differences might have on an elective. One example of good practice involved groups of medical students arranging electives in a country with which they had strong family links.

### **Minimising burdens on the host country**

Students with language skills were able to take medical histories and provide other language-based support. This added considerably both to the assistance that the students were able to provide to their overseas colleagues, and to the success of the electives.

If students do not speak the local language or dialect, they should consider whether they have the time to develop an understanding before they visit the country. If not, students should ask themselves whether or not the language barrier will serve as a significant impediment to a successful elective.

Some of the language problems will nevertheless be similar to those experienced when treating overseas patients in the UK. There may be problems of accuracy as well as concerns about confidentiality and reliability if relatives or other people from the community are asked to translate. Although there may be occasions when this is unavoidable, care should be exercised. The interests of the patient must be paramount.

Students should also think carefully about the levels of supervision that can realistically be provided by senior colleagues in resource-poor settings. It is important to recognise that the primary obligation of health professionals is to their patients. Educationally, the priority will also be the training and development of health professionals who are working within the country.

#### **Key message**

- **Students should make every effort to avoid imposing unnecessary burdens on their hosts.**

# CARD 6

## Communication

There can be a tendency in contemporary health provision to view medicine as a process that is restricted to technological intervention and control. Working in resource-limited settings where there is much less reliance on sophisticated technology can act as a powerful reminder that medicine is also a therapeutic relationship between individuals. In such a context the importance of communication becomes clear. Effective communication in medicine is obviously about far more than just the effective provision of information. It is also about establishing positive interpersonal relationships.

This is a skill that students can develop during electives, particularly with people from backgrounds and cultures with which they may not be familiar. Establishing positive professional relationships also enables students to gain experience of cultural variations in attitudes towards health and health provision. It is vital therefore that students give time and attention to their communication skills while undertaking electives.

Although the overwhelming majority of students who undertake electives in developing countries are respectful both to patients and to fellow healthcare professionals, there are anecdotal reports that some students have acted inappropriately. In some countries, deferential attitudes towards health professionals can still be common. These attitudes can sometimes be reinforced in relation to doctors and medical students from overseas countries. Deferential attitudes should never be used as a

## Communication

justification for treating people with a lack of respect. Deference should instead be seen as reinforcing the responsibilities and privileges that are a central part of medical professionalism.

A key aspect of good communication is openness and honesty. One issue that has been raised by students returning from electives is that they are sometimes presented to patients as qualified doctors. Patients have the right to be informed that they are not being attended by a qualified medical professional, and must be given the opportunity to decline any involvement by a medical student without it compromising their care.

### Key message

- **The development of communication skills is a core part of medical education. Students should utilise the possibilities that electives offer to develop these skills.**

### Scenario

*There are many anecdotal reports of people being asked or expected to run outpatient clinics during their elective. Many face pressure from local staff to run these services as, without the help of the elective students, patients may not have the opportunity to be seen.*

Although students may feel a strong obligation to help to ensure that patients are seen, this situation can place you in a position in which you are acting outside of your competence and

**Communication**

therefore potentially causing harm to the patients you are treating. As guidance from the GMC – and this tool kit – makes clear, this is inappropriate in all but a genuine emergency. As we indicate throughout this guidance, advance preparation, including discussion with supervisors in the UK, can help prepare a more confident and informed response. It is therefore important that you consider challenging situations and how you would deal with them prior to undertaking your elective. One approach would be to discuss your professional obligation not to act outside your competencies with the field supervisor. You could point to the GMC guidelines and explain why you're unable to run clinics. It may also be possible subsequently to work with local staff to try to develop solutions, for example by working in a more supervised manner or identifying tasks that you are competent to undertake. Understanding how you can best work as a part of team, and providing appropriate support, can help relieve colleagues of a busy workload, as well as helping them to gain confidence in their own skills and competencies as team leaders.



## CARD 7

### What to do when you have concerns about fellow students or professional colleagues

Reports published in the medical press have raised concerns that a small number of medical students have taken advantage of the opportunities that electives can offer and abused trust and, potentially, put patients at risk of harm. Of particular concern have been reports that some students have used electives to 'have a go' at procedures that they would not be permitted to undertake without close supervision at home. Such behaviour is unethical, and any student acting in such a way could be liable to fitness to practice procedures initiated by their medical school.

The GMC makes it clear that students have an obligation to protect patients from harm posed by another colleague's poor performance, behaviour or health and that they must raise their concerns with an appropriate person. Students on overseas electives are under the same obligation. For a medical student to raise concerns about colleagues can be challenging even within health systems with which they are familiar. It can clearly be more difficult overseas. Nevertheless, there are a number of steps that students should consider taking. These are given below.

As a matter of urgency, the matter should be discussed with the individual causing concern. The fact that you have a duty to protect patients should be pointed out and it should be made clear to the

**What to do when you have concerns about fellow students or professional colleagues**

student that a failure to change the behaviour will result in the matter being escalated.

If an initial discussion is unsuccessful, students should consider raising the matter with an appropriate senior colleague in the healthcare facility or region in which the elective is being held. It may be helpful to point out to the senior colleague or colleagues that students have an obligation to act in these circumstances.

Students have reported that it can be difficult to identify appropriate individuals in host countries with which to discuss these matters. If it is not possible to take effective steps to protect patients locally, students should contact their medical school and discuss the matter with a dean or other appropriate senior tutor.

Students must bear in mind that electives are based on trust, a reciprocal desire to learn, and on mutual respect. Students acting abusively risk harming patients. They also bring the profession into disrepute and risk undermining the entire system of electives.

**What to do when you have concerns about fellow students or professional colleagues**

**Key messages**

- **As with qualified doctors, students are under an obligation to protect patients from harm caused by another colleague's poor performance, behaviour or health.**
- **Where there are concerns, these should be reported to senior colleagues, either in the host country or at home.**
- **Where you have significant doubts, you should seek informed advice as a matter of urgency. This could be via your medical school, the BMA Ethics Department or the GMC.**

## CARD 8

### Advance planning and preparation

Throughout this tool kit the importance of advance planning has been repeatedly stressed. Although it is difficult to over emphasise the contribution that this can make to a successful elective, many students admit that they give little or no advance thought to their time abroad. Proper preparation can improve the effectiveness of an elective both for the student and, importantly, for the host country. The BMA Medical Students Committee has produced detailed guidance on planning successful electives that members can access via the BMA website. Collected below are a number of the key areas to consider when planning an elective.

#### *Consider the language*

Students must bear in mind that a lack of familiarity with the local language can significantly reduce their ability to learn and to contribute during an elective. It can also impose a greater burden on the local health system. Students should consider in advance whether it would be appropriate to undertake an elective in such circumstances. If students do decide to go ahead they should make every effort to develop a working familiarity with the language in advance.

#### *Find out about the culture*

Before travelling abroad, students should find out as much as possible about the culture of the country. This will include factors such as religion, class structure and gender attitudes. Guide books

## **Advance planning and preparation**

and travel narratives can be an excellent source of advice, as can colleagues who have worked in the country or who have family links.

### ***Look into the health system***

Students should make every effort to find out in advance the main features of the health system in which they will be working. Will they be working principally in rural or urban areas or will they be moving between both? What are the health facilities like? What are the main health burdens? Are there specific diseases or conditions with which they should familiarise themselves with before they travel?

### ***How will you respond in emergencies?***

Students should consider in advance the kind of emergencies that they may encounter. It can be extremely helpful to talk to senior colleagues in advance and to get advice on appropriate responses.

### **Key messages**

- **Advance planning is a vital component of a successful elective.**
- **BMA Medical Students Committee guidance on medical electives is a useful resource for preparing your elective.**

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