Teaching What Isn't Formally Taught: Moral Courage in the Face of Medicine's Hidden Curriculum

DOI: 10.52214/vib.v11i.13876

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Abstract

This pair of narratives that engages with the moral and emotional tensions experienced by a medical student and a faculty physician during a clinical encounter with an incarcerated patient. The student narrative which recounts the discomfort and internal conflict provoked by witnessing behavior she perceived as racially biased and dehumanizing, alongside her uncertainty about how—or whether—to speak up. This companion piece, written by her faculty mentor, reflects on this moment through the lens of the hidden curriculum, arguing that medical education too often neglects to cultivate the moral courage necessary for such moments. Together, these essays illuminate the silent lessons of professional socialization, the limits of formal ethics instruction, and the urgent need to teach advocacy and moral agency as core components of clinical training.

Keywords: Professionalism, Moral Courage, Medical Education, Moral Injury, Mentor

Ethics is a fundamental component of clinical practice, shaping physicians' identities and guiding interactions with patients and colleagues. As educators, we aim to instill in learners the virtues of compassion, empathy, respect, and humility. Though we explicitly teach the attitudes, perspectives, and values of trustworthy and ethically minded physicians, we often fail to prepare them for the reality of clinical practice, where these ideals are eroded by competing demands and a medical culture that sometimes contradicts them. To navigate this dissonance, students must cultivate moral courage—the capacity to uphold ethical standards despite potential personal risk or discomfort—and learn from negative role models.

As preclinical students transition to clerkships, we must prepare them to confront scenarios where their values are challenged. Learners are usually indoctrinated into the realities of clinical practice through immersive experiences, often without formal guidance and support about how to navigate uncomfortable, unprofessional, or unethical behavior. Accepting this gap in education as a "reality" is morally injurious, especially as learners develop their professional identities during this critical phase. Both learners and seasoned clinicians need support as they grapple with the disconnect between aspirations and daily practice.

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Studies highlight that many students witness or even participate in ethically troubling situations, such as violations of patient dignity or procedures performed without adequate consent. A 2015 study found that up to 60 percent of students were involved in situations where they felt they violated a patient's dignity or participated in a procedure without the patient's consent, at their instructor's request.[1] Another study found that fewer than half of students feel empowered to speak up about unsafe or unethical behaviors, likely due to the hierarchical nature of clinical teams, fear of retribution, and self-doubt.[2] Over time, this environment may desensitize learners as they progress into residency.[3]

One student's account of her first day in clerkships is a powerful testimony to how witnessing indignity burdens the conscience.[4] Negative attitudes towards patients, whether communicated through gossip or stigmatizing language, violate our basic duty of respect. The student experienced moral injury, which "results from traumatic ruptures between what people do and who they are."[5] Burnout, emotional exhaustion, and loss of meaning in work often stem from feeling complicit in doing the wrong thing or constrained from doing what's right. Our silence speaks volumes to the shameful aspects of medical culture we fail to challenge. Unfortunately, learning to be a doctor is intertwined with learning to ignore, accept, or feel defeated by the unethical behavior we normalize.

While what was said in the operating room was harmful, the student's internal struggle about how to respond was likely more distressing. Fear of repercussions or not knowing what to say often silences students and clinicians alike. Our healthcare culture does not support such courage for learners, trainees, or even seasoned practitioners. In a large multicenter survey, nearly 30% of physicians were reluctant to question authority.[6] This silence not only fuels moral injury and burnout, but also compromises patient safety and care quality.

Amid a morally fraught clinical environment, ethics education has increasing importance. It should teach not only ethical principles but also the virtues of compassionate, trustworthy physicians.[7] In the student's case here, ethical "rules" clearly indicate a violation of the patient's privacy, but a virtue ethics approach highlights the clinical team's failure to show care or respect. Their racist and callous words had a profound impact on the student, suggesting that her ethics education successfully imparted ethical sensitivity and self-awareness. The issue wasn't insufficient

[1] Lynn V. Monrouxe et al., "Professionalism Dilemmas, Moral Distress and the Healthcare Student: Insights from Two Online UK-Wide Questionnaire Studies," May 1, 2015, https://doi.org/10.1136/bmjopen-2014-007518.

[2] Neufeld-Kroszynski, Michael, and Karnieli-Miller, "Associations between Medical Students' Stress, Academic Burnout and Moral Courage Efficacy."

[3] Alastair V. Campbell, Jacqueline Chin, and Teck-Chuan Voo, "How Can We Know That Ethics Education Produces Ethical Doctors?," *Medical Teacher* 29, no. 5 (January 1, 2007): 431–36, https://doi.org/10.1080/01421590701504077.

[4] Katharine R. Meacham, "Preventing Moral Injury in Medicine: Student Physician Stories of Moral Distress, Alienation, and Moral Imagination," *Public Philosophy Journal* 2, no. 2 (2019), https://doi.org/10.59522/WHEQ3650.

[5] Katharine R. Meacham, "Preventing Moral Injury in Medicine: Student Physician Stories of Moral Distress, Alienation, and Moral Imagination," *Public Philosophy Journal* 2, no. 2 (2019), https://doi.org/10.59522/WHEQ3650.

[6] Linda H. Aiken et al., "Physician and Nurse Well-Being and Preferred Interventions to Address Burnout in Hospital Practice: Factors Associated With Turnover, Outcomes, and Patient Safety," *JAMA Health Forum* 4, no. 7 (July 7, 2023): e231809, https://doi.org/10.1001/jamahealthforum.2023.1809.

[7] David J. Doukas et al., "Virtue and Care Ethics & Humanism in Medical Education: A Scoping Review," *BMC Medical Education* 22, no. 1 (February 26, 2022): 131, https://doi.org/10.1186/s12909-021-03051-6.

humanistic education, but a lack of tools to cope with the disappointment of observing unethical behavior from her seniors.

Outside the formal curriculum, the informal curriculum ("how we do things here") and the hidden curriculum (the tacit culture of values and norms they observe) may more strongly influence learners' development in the clinical environment.[8] This "null curriculum," that which is not formally taught, is influential. A 2016 medical school graduation questionnaire found that more than half of all students observed behaviors that contradicted what they had been taught about professionalism.[9] In this way, medical training may undermine empathy and ethical commitment, giving rise to moral distress.[10]

While negative role models contribute to the disconnect, contradictions between stated institutional values and actual practices deepen this tension. Learners often observe that though their academic institutions exalt health equity, they support several practices that contribute to health disparities, such as a two-tiered system, affording better services to patients with more socioeconomic privilege. The hidden curriculum is evident not only in clinical interactions but also in how academic healthcare institutions treat patient communities and uphold – or fail to uphold – their mission statements.

While negative role models are problematic, they offer critical learning opportunities. Witnessing unethical behavior helps students define their moral boundaries and deepen their commitment to ethical practice. These uncomfortable experiences clarify personal values and sharpen ethical convictions.

Still, ethics education often fails to equip students to act ethically under pressure. We teach students to identify ethical issues but not to navigate the emotional and professional complexities of acting on them. Embedding moral courage as an explicit competency is essential. We must expose the hidden curriculum to counteract its effects. Educators should encourage students to feel comfortable speaking up - that is, to develop *moral courage*, the ability to do the right thing or not do the wrong thing, even in the face of competing self-interests. In this example, the student's role was to be a learner, not a "watchdog" of good behavior. Speaking up in the moment, as she reflected, may have been perceived as arrogance or self-righteous behavior. The student did nothing wrong by remaining silent, but she needed a space to reflect with trusted role models. The learning environment did not support her enough. Was she given the chance to explore what this experience meant for her professional identity?

Despite widespread ethics instruction, defining goals and measuring the impact of such education remains a challenge, resulting in heterogeneous approaches across academic institutions.[11] Most curricula emphasize ethical knowledge and frameworks. Instructors may present clinical cases for analysis, but it is harder to foster reflective

[8] Lisa Soleymani Lehmann et al., "Hidden Curricula, Ethics, and Professionalism: Optimizing Clinical Learning Environments in Becoming and Being a Physician: A Position Paper of the American College of Physicians," *Annals of Internal Medicine* 168, no. 7 (April 3, 2018): 506–8, https://doi.org/10.7326/M17-2058.

[9] "Medical School Graduation Questionnaire: 2016 All Schools Summary Report" (Association of American Medical Colleges, July 2016), https://www.aamc.org/media/8321/download.

[10] Doukas et al., "Virtue and Care Ethics & Humanism in Medical Education."

[11] Rachael E. Eckles et al., "Medical Ethics Education: Where Are We? Where Should We Be Going? A Review," *Academic Medicine: Journal of the Association of American Medical Colleges* 80, no. 12 (December 2005): 1143–52, https://doi.org/10.1097/00001888-200512000-00020.

practice and real-world application. Small group, case-based learning supports this reflection, and these spaces can also promote leadership skills and confidence, skills that are necessary for moral courage.

Investing in the moral courage of our students will improve the culture and moral habitability of our organizations for physicians, learners and staff, and the quality of healthcare for our patients. Moral courage involves calling out harmful behaviors in others and in ourselves and is essential for cultivating future physicians who advocate for their patients and a more just system. Not surprisingly, few students feel comfortable critiquing someone else's behavior compared to rectifying their own.[12] Learning to provide respectful and constructive feedback, however, is a lifelong professional skill and critical to reforming our troubled healthcare system.

How can medical educators foster environments that build moral courage?

1. Acknowledge the Hidden Curriculum: Be transparent about ethical challenges students will face - pressures to conform, the normalization of unethical behavior – so students are prepared and can develop strategies to resist.

2. Structured Reflection: Reflection helps students process difficult clinical experiences and understand their ethical values. Use narratives, discussions, or writing prompts to deepen ethical insight.

3. Safe Spaces for Ethics Discussion: As students encounter more clinical situations, they need ongoing forums to explore ethical dilemmas. Role-playing, real-world case discussions, and debates in safe spaces without fear of judgment can foster readiness and courage.

4. Active Role Modeling and Mentorship: Educators should demonstrate moral courage and reflect openly on their own experiences with ethical challenges. When students see their mentors take a stand for what is right, they are more likely to emulate this behavior. Longitudinal mentorship helps guide students through identity formation and moral growth and allows students to seek guidance when faced with moral dilemmas.

5. Skill Development: Teach students how to speak up through structured training (i.e., role-playing or with standardized patients), just as communication skills are taught.

6. Anonymous Reporting Mechanisms: Minor transgressions often go unreported, yet they shape toxic culture. Involve students in designing transparent and effective reporting systems.

Our learners will inevitably encounter moments where they struggle to do the right thing – whether that requires calling out a colleague, advocating passionately for a patient, or confronting their own moral commitments. Just as we train our learners to communicate clinical information effectively and compassionately, we need to prepare them to not only identify ethical action, but to also consider what acting ethically requires of themselves. Empowering learners to take ethical action – not just recognize it – is transformative. The development of moral courage should be a core competency in ethics education. To achieve this, we must shift from asking "What is the right thing to do?" to "How will you do the right thing?"

[12] Neufeld-Kroszynski, Michael, and Karnieli-Miller, "Associations between Medical Students' Stress, Academic Burnout and Moral Courage Efficacy."