

Episode: *Author Interview: “Should We Think of Early Career Cheaters as Capable of Stewardship?”*

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Transcript: Cheryl Green

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[bright theme music]

[00:00:03] TIM HOFF: Welcome to another episode of the Author Interview series from the *American Medical Association Journal of Ethics*. I'm your host, Tim Hoff. This series provides an alternative way to access the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Christy Rentmeester, the managing editor of the *AMA Journal of Ethics*. She's here to discuss her article, “*Should We Think of Early Career Cheaters as Capable of Stewardship?*,” in the June 2024 issue of the Journal, [Antimicrobial Stewardship](#). Dr Rentmeester, welcome back to the show. [music fades]

DR CHRISTY RENTMEESTER: Thanks, Tim.

[00:00:39] HOFF: So, what's the main ethics point of this month's article?

RENTMEESTER: Most patients and members of the public are probably unfamiliar with the fact that health professionals in this country generally regulate themselves. Reasonable people can disagree about the extent to which professional self-regulation works and for whom it works best, but it certainly is true that clinicians are allowed or not allowed to do what they do by other clinicians. Part of professional self-regulation is national and state professional societies, and another part is licensure and credentialing. And some might argue that licensure is not really professional self-regulation because it's governed and administered by states and subject to states' legislative bodies and regulatory agencies. But licensure really is still a prominent feature of professional self-regulation because the state boards that make decisions about individual professionals' licenses are typically composed of professionals in the fields they self-regulate and by a few members of the public. An upshot here is that licensure is a key self-regulatory point along the career trajectory of a clinician.

[00:02:14] A source of ethical trouble to which I draw attention in this article is that waiting for licensure boards and professional societies to do the jobs of professional self-regulation might be too late. This is because with this model, there is a lot of professional formation, and malformation in some cases, that happen before clinicians are licensed. We don't usually think about health professional education organizations as having professional self-regulatory functions, but as I argue in this article, we should. One reason why we should see academic health organizations as having professional self-regulatory functions is that we rely exclusively on, and place fiduciary trust in, academic health organizations to vet, select, teach, and train the people whom we will,

usually in only four years, ask our states to license and credential as the people who will take care of us when we and our loved ones are ill, injured, and vulnerable.

[00:03:32] HOFF: And so, what's the main thing that health professions students and trainees specifically should take from this article?

RENTMEESTER: In the article, I discuss two key things that academic health organizations do that should be recognized as what I call early career professional self-regulation, but there are actually three things and maybe more. And the three things are these: Academic health organizations make incremental determinations about whether and when students advance through their curricula, they also confer degrees to their students, and finally, they choose to allow or to not allow those students to graduate. So, students and trainees know these three things very well. And if you're a student or a trainee, you probably also know about cheating and other kinds of actions that express compromised integrity that are severe enough to make you feel some alarm. You might think, "Wow, this person in my class or in my cohort is going to be taking care of ill and injured people in not very long of a period of time. This person is going to be responsible for stewarding antimicrobials, scarce resources and commodities, inpatient bed space." So, what's also important for students and trainees to wonder about is this: These fellow students and trainees who are characterologically capable of cheating are not only going to be taking care of patients and stewarding antimicrobials, they are going to be part of the professional self-regulatory mechanisms that govern you and your practice. That's how professional self-regulation works. It works on trust, and it does not work very well when there's distrust among colleagues.

[00:05:37] HOFF: And if you could add a point to your article that you didn't have the time or space to fully explore, what would that be?

RENTMEESTER: In the article, I draw on the example of cheating and suggest the importance of understanding cheating in terms of the characterological vices that cheating behaviors tend to express. So the vices I mention are insufficient self-governance, poor judgment, lack of humility, where a lack of humility expresses really as a failure to try to reckon honestly with the limits of one's knowledge. I've been on licensure boards, and I've taught in academic healthcare, and I can tell you that these are vices that can really hurt patients and members of the public. So, if we articulate cheating in ethical terms, that is, in terms of these characterological vices that I just mentioned, this gives us opportunities to contrast those vices with their correlative virtues. So these are virtues like self-governance, good judgment, and humility about the scope of one's knowledge and practice.

What I would add is that health professions students are not often given opportunities to think aloud with each other about these virtues and vices. So this is, in part, because bad professional behaviors like cheating are usually handled confidentially in academic health centers. There are some good reasons for that, but there are also some costs. So, were I to add something to this article, it might be to consider what might happen if we let students and trainees self-regulate other students and trainees who cheat. I'm not necessarily endorsing this idea yet. It's not fully fleshed out. But I do think it's worth

thinking about. And what I am suggesting is that it's worth thinking about from a professional, self-regulatory perspective, that professional self-regulation should probably formally begin long prior to licensure. [theme music returns]

[00:07:44] HOFF: Dr Rentmeester, thank you so much for being back on the podcast, and thanks for your contribution to the Journal this month.

RENTMEESTER: Thank you, Tim.

HOFF: To read the full article, as well as the rest of this month's issue for free, visit our site, journalofethics.org. We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.