

## Ethical Issues of the Medical Excuse Policy

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This article represents the personal viewpoint of the author.

**E**IGHT YEARS HAVE PASSED SINCE I LAST WROTE AN ARTICLE for the *Action* newsletter about the ethical issues of class excuses. Since that time, a number of institutions have abolished the medical class excuse policy; however, at many other institutions—including mine—the policy is still in effect. Attempts to do away with medical class excuses have been met with resistance from many professors. Like many colleges and universities, my institution has an honor code, but the professors seem reluctant to accept students' word that they are ill, instead insisting on a note from the health center verifying an illness.

When I first began my career in student health 30 years ago, our health center issued what was referred to by the faculty as "sighting notes." We merely verified the student's visit to the health center but made no determination of the student's ability to attend class. The determination of whether or not to excuse the student and allow makeup work was left to individual faculty members.

About 20 years ago, at the request of the faculty, the policy was changed. The policy now states that "class attendance is the responsibility of the student" and that a note will be given by the health care providers if the student is "too ill or too contagious to attend class." There is also a provision in the policy for a student to verify their own illness—without seeking medical care—if they will be out three days or less, a policy similar to the one in place for university staff. Despite this provision, many professors explicitly state in their syllabi that self-verification of illness is not acceptable, requiring students to obtain a medical excuse from the health center.

At first glance, a policy requiring verification of illness by a health care professional seems to be a good approach to the problem. Who better to determine illness and a student's fitness to attend class than a health care professional? In practice, however, this approach to excuses has many ethical problems.

No one would deny that students who are too ill or too contagious to attend

class should seek medical care and stay out of the classroom; however, a university policy requiring students to obtain a medical excuse forces them to visit the health center for the purpose of obtaining an excuse and not because they need or want medical care. This puts an undue burden on the student health center and forces truly ill students to have to wait longer to be seen. Health centers have limited resources, and budget cuts often stretch the health centers to their limit. Should these limited resources be used on those who do not really need to be seen for a medical reason but only need an excuse, or should those limited resources be used for those who truly need the medical care?

The necessity for health care providers to verify students' illnesses forces students to seek care at the student health center for illnesses that are more appropriately self-treated. Students who appropriately decide to self-treat and later discover their professors require a health center note may visit the health center long after any signs of the illness are present; indeed, the patient may no longer be sick. This is a waste of time for both patients and health care providers. It also puts health care providers in the position of having to accept students' stories about their illnesses as true. Health care providers assume their patients are telling the truth, even though students may fabricate an illness to avoid being penalized for missing class or exam. And in the case of many illnesses without objective signs

and certainly when students come in for verification of an illness after the fact, health care providers have no better way to determine if the students really are ill than do the professors who are requiring the verification. Even in the case of an illness that is still ongoing when the patient visits the health center, many illnesses have few or no objective findings, and it is impossible in many cases to determine how long patients may have been ill with any particular illness.

Without objective evidence of an illness, a health care professional should not be expected to sign a statement verifying an illness. They cannot sign a statement verifying an illness they never witnessed, unless they compromise their own ethics. It is unethical for a university policy to put the health care providers in a position where they have to sign a statement verifying an illness they have not observed. At the same time, it is not appropriate for a student to be penalized because they have either chosen to appropriately self-treat or have an illness that cannot be verified.

Whether or not a student gets a verification of illness note often depends on the health care professional they end up seeing. Some health care providers will write excuse notes for everyone they see, regardless of whether or not the illness is severe or contagious; others will write notes only if they can believe the illness is such that the students cannot attend class. The principle of social justice demands that all be treated the same. Should certain students get medical excuses because they happened to be scheduled to see one of the providers who writes a note for everyone they see and other students not be given medical excuses because the providers they see do not write notes unless they can verify with some certainty the students were ill? Would it not be more equitable if professors set their own threshold of what constituted an excused absence and then applied this evenly and

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fairly to each of their students? While it is almost certain there would be differences among the professors, one could reasonably expect that each professor would be internally consistent in what they considered to be a justifiable reason to miss class because of illness.

The relationship between patient and health care provider is one based on trust and presumed truthfulness. A medical excuse policy undermines this relationship by putting patients in a position where they may be tempted to exaggerate symptoms in order to obtain a medical excuse. The requirement to obtain a medical class excuse may result in excuses being issued based more on patients' acting abilities than on their actual illnesses. It also can result in medical records that are filled with inaccurate, exaggerated information. This can potentially have an adverse effect on a patient's future medical care and future interactions with health care providers. If students fabricate their illnesses for the purpose of obtaining a

medical excuse, this also makes health care providers unwitting enablers of this behavior. The unjustified excuse possibly gives students an unfair advantage in doing makeup work and also places an additional burden on the faculty to provide makeup work for the students. Students who are going to fabricate an illness to their health care providers certainly may do the same to their professors; however, health care providers should not be forced to be in the middle. Students have the autonomy to make their own decisions regarding class attendance. But with this autonomy comes the requirement that they deal with the consequences of their actions. The requirement of producing a medical excuse may, if the students are fabricating or exaggerating an illness, relieve them of the requirement that they face these consequences.

A university's mission is to educate students. This education should extend beyond the classroom. University health centers are in an excellent position to educate students on the proper way to access the health care system and how to care for

their own health. The requirement that all students who miss class because of an illness obtain a medical excuse undermines this educational process.

In 1998, Dr. William Christmas wrote an excellent article that appeared in the *Journal of American College Health* discussing the "medical excuse game." He and Dr. Janet Corson-Rikert revisited the subject in 2009. Unfortunately in 2015, this excuse game is still being played at many institutions. It is time to get the faculty, staff, students, and administrators on board to view absences due to illness as just another aspect of the university honor code and to allow students to obtain health care when medically appropriate, to self-treat when medically appropriate, and to verify to the professor they are/have been ill, without requiring university medical staff to be the middlemen in medical excuses. ■

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