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The Medical Excuse Game Revisited

Janet Corson-Rikert MD^a & William A. Christmas MD^b

^a Gannett Health Services, Cornell University, Ithaca, NY

^b Duke University, Durham, NC

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Passing the Baton

The Medical Excuse Game Revisited

Janet Corson-Rikert, MD; William A. Christmas, MD

Abstract. Academic policies that require medical excuses are based on mistrust of students and conflict with institutional honor codes. Such policies undermine the philosophical and educational foundations of higher education; namely, to model and nurture honesty, integrity, and citizenship in emerging adults. Instead, they encourage hypocrisy and exaggeration by requiring students to prove they are sick enough to produce temporary disability. More pragmatically, the “game” also consumes valuable clinician time. The authors describe their experiences with medical excuse policies at their respective institutions and offer suggestions for other colleges and universities.

Keywords: college health administration, health administration, health care policy, medical excuses, student development, temporary disability

The article “The Medical Excuse Game as it is Played at Duke University”¹ was recently reprinted in this journal. In the 10 years since it was first published, it has continued to be of interest to the field of college health as evidenced by reprint requests from health service directors who reluctantly continue to provide medical excuses at their institutions. This subject is also a recurring topic on the Student Health Services (SHS) Listserv, and in recent years there have been several requests for an updated version of the original paper. The authors represent 2 research universities where discussions about medical excuses continue to take place. We thought it would be instructive to share our recent experiences.

CORNELL UNIVERSITY

Janet Corson-Rikert

Given longstanding policy, Cornell University Health Services (UHS) clinicians do not provide medical excuses,

Dr Corson-Rikert is the executive director of the Gannett Health Services at Cornell University, Ithaca, NY. Dr Christmas is a clinical professor emeritus at Duke University, Durham, NC.

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with the rationale clearly stated on the UHS Web site. Nonetheless, many faculty members continue to press UHS for corroboration of students’ stories of illnesses and injuries that have interfered with exams and papers. These faculty members believe that some students manipulate the system through dishonesty, thus disadvantaging their classmates. In response to continued calls for UHS to help with this situation, my predecessor instituted a Verification of Visit form that conveys no medical information but indicates the date and time that the student was seen by a UHS staff member. The forms can be obtained at the front desk, so the process is relatively innocuous from the UHS operational perspective. It is also minimally useful from the faculty perspective, because it provides neither details of the medical condition nor judgment as to the legitimacy of the absence. As a result, frustrated faculty members, particularly those teaching large freshman classes, continue to send students to UHS with instructions that they get not Verification of Visit forms but “real” medical excuses. Thus, students are caught in the middle and plead (often successfully) with kind-hearted health care providers to write medical excuse letters in violation of UHS policy and their own convictions.

In the fall of 2004, Cornell President Jeffrey Lehman issued a “Call to Engagement” to the university community in which he posed a number of questions. Among them were the following: What should we be teaching our students? What intellectual dispositions, character traits, and essential knowledge should we be nurturing? How can we inspire our undergraduate, graduate, and professional students to become intellectual and moral leaders of their communities?

The president’s questions, I felt, provided a tailor-made opportunity to address the frustrating issue of medical excuses. As I saw it, the admittedly challenging problem of academic dishonesty was being addressed ineffectively,

even destructively, through reliance on medical excuses, and this situation was perpetuated by some faculty members' ignorance regarding both moral development and the limits of medical science. I decided to write a white paper outlining my concerns with this situation in an effort to stimulate the development of academic policy to align with UHS practice.

My paper reviewed the following points:

- The vast majority of legitimate excuses for missing exams (headache, nausea, vomiting, diarrhea, abdominal pain, dizziness, etc) do not lend themselves to objective confirmation, particularly after the fact.
- Often such symptoms reflect anxiety and stress, raising the question of whether emotional distress should be considered a legitimate excuse only if it has physical manifestations.
- Even in illnesses for which there are objective diagnostic tests (eg, mononucleosis), 1 patient may be fully capable of handling a normal exam schedule while another patient may not. This type of diagnosis may be more often abused as a blanket excuse than are other equally legitimate illnesses without objective measures.
- Medical care is based on trust of the patient's history. If a patient reports to a doctor that he had severe diarrhea and therefore could not take his exam, that will be believed at face value and documented as such in the medical record. An "excuse" note would only document the same story that would have been given to the faculty member in the first place.
- Federal Health Insurance Portability and Accountability Act (HIPAA) legislation was intended to protect the privacy of an individual's health information. Though HIPAA allows disclosure of medical information with a signed release, the process is administratively cumbersome, and coerced releases conflict with the intent of the law.
- Medically unnecessary visits for excuses displace visits for legitimate and more pressing medical conditions.

In the spirit of the president's pedagogical inquiry, I raised several philosophical and educational concerns:

- It is both counter-therapeutic and counter to the health center's efforts to educate students regarding appropriate use of health care to ask students to seek medical care for acute, self-limited illnesses for which no medical intervention is indicated.
- If the student's story is dishonest, it is unlikely to be exposed as such and will not increase the fairness of the academic outcome. It will, however, have (1) been documented in the medical record, effectively extending the fabrication from the academic to the medical domain, injecting dishonesty into a healthcare system that relies on relationships of trust and (2) reinforced gamesmanship over integrity.
- If the story is honest, the process risks insulting the character of the student and negatively influencing or even undermining his or her relationship with the faculty member.

- Regardless, the process (inherently based on distrust) will have conveyed a clear and distressingly negative message regarding the institution's expectations for student integrity and the student-faculty relationship.

My presentation of the paper to the Executive Committee on Campus Health stimulated much interest among Cornell's leadership, sparking discussions with the president, provost, dean of the faculty, and dean of students, as well as with the students, staff, and faculty on the University Assembly (UA). Students on the UA engaged enthusiastically in the discussion, quickly and appropriately recognizing the issue as part of the broader and more complex challenges associated with academic integrity, honor, and effective evaluation of learning. Though work at the pragmatic, procedural level continues, campus partners now understand the principles of my concern and share my goal of devising a system that encourages direct, respectful communication among students, faculty, and academic advising staff. In the meantime, I am gratified to have sparked ongoing dialogue on an issue of fundamental importance to an institution that seeks to prepare emerging adults to be ethical and purposeful citizens of the world, as is Cornell's vision.

DUKE UNIVERSITY

Bill Christmas

Shortly after my original article appeared in print 10 years ago, I received an invitation to meet with the academic deans to further discuss the dean's excuse policy (ie, medical excuses) at Duke. In reality, the meeting was called so the deans could chastise me about the article because they were a bit unhappy at the way I had depicted them. I took my medicine but resolved to myself to keep fighting on against the policy. I realized that the dean's excuses had been deeply ingrained into the fabric of life at Duke. I found a *Duke Student Handbook* for 1956–1957 in which there was a short paragraph about student health. The paragraph concluded, "Remember too that the Student Health Office is responsible for excusing your absences in case of illness. Whenever possible, you must report there before you miss a class, not after."² My predecessors in student health at Duke had diligently sown the medical excuse seeds, and they had certainly taken root.

Because students are a potent force on campus, I set about increasing student support for the elimination of the dean's excuses. At the time, the university was giving a lot of publicity to strengthening its honor code, and the dean's excuses were clearly in conflict with it. The student newspaper, *The Chronicle*, picked up on this and ran several articles critical of this policy. Another group of students associated with the Kenan Institute of Ethics voiced their opposition to the dean's excuses for the same reason. I desperately wanted to meet with the faculty about this issue, but the academic deans effectively prevented this. I did form an alliance with a respected faculty member who taught several sections of a large lecture course and had developed his own forms and medical excuse policy that

excluded the health center and the academic deans. The 2 of us offered this to the community as an alternative to the system in place, but it fell on deaf ears. As the new millennium dawned, I had certainly sensitized the community to the issue, but I did not feel any closer to success.

In 2002, a new vice president of student affairs was appointed at Duke. I immediately included him in my campaign to eliminate the dean's excuses and shared my 1998 article with him. I remember his initial reaction: "Well, that is something we don't need, and certainly the students don't need." That was music to my ears! Shortly afterwards, he unilaterally exempted the Student Health Center from providing any documentation for the dean's excuses in the future but asked us to be patient and delay the policy change for a semester while he negotiated with several factions on the academic side of the house.

In the fall of 2003, the new policy went into effect, removing any responsibility for the dean's excuses from student health. There was considerable rejoicing at the Student Health Center and minimum angst on campus initially. However, as the semester progressed, some concern developed on the part of faculty and students, so a meeting with them and the academic deans was convened to discuss options. As noted above, Duke University had rejuvenated its honor code, and the deans felt that the dean's excuses in any form conflicted with it. Even so, many members of the faculty wanted to preserve some type of communication between themselves and their students who missed assignments or exams because of illness.

Led by students, the 3 groups collaborated on the development of an electronic procedure through which students could inform each of their professors of their incapacity and inability to complete assignments on time. Students initiated the form online, and copies were sent electronically to the professor, the student, the student's academic dean, and a central database within the dean's office for future analysis. Appropriate safeguards were incorporated to assure confidentiality, and it was clear from the beginning that the procedure would not be used for class attendance requirements. The new electronic form, named the Short-Term Illness Notification Form (STINF), went live during the 2003 fall semester.

On June 12, 2008, I met with Dr Norman C. Keul, Associate Dean for the Humanities and Interdisciplinary Studies, who described the STINF procedure to me and summarized preliminary results of his analysis of the 5-year database. During this period, the average number of forms completed per participating student has remained steady around 2 per semester; however, the number of students submitting forms has risen each year and in the 2007–2008 academic year approached 40% of all undergraduates, resulting in an average of about 2000 forms being sent each semester. Only a very small number of students submitted more than 6 forms in a semester.

For those college and university faculty across the country who need to know about student absences from class

because of illness, this electronic procedure at Duke is very innovative and may be an important new prototype to consider, because it places the dialogue where it belongs—between the students and faculty—and bypasses the Student Health Center.

CONCLUSION

In 2004, a posting on the SHS Listserv³ collated 28 replies that the writer had received about the "excuse card" policy. It was not possible to identify institutions, and the form of the responses may have favored those health services that had eliminated a medical excuse system; however, only 5 had medical excuse policies that included the health center, 17 did not furnish any medical excuses, and 6 had no excuses but did verify treatment after obtaining written permission from the student. From this very limited data, it appears that furnishing medical excuses at institutions of higher learning in the United States may be on the wane. It is important that the field of college health continue to pay attention to what is happening nationally because an individual campus can be a parochial place oblivious to national trends. A robust survey administered nationally may be helpful in defining these trends and ultimately convincing the American College Health Association to recommend a policy against medical excuses.

Looking back on our many years of struggle with university policy on medical excuses, we think there are some simple but important lessons.

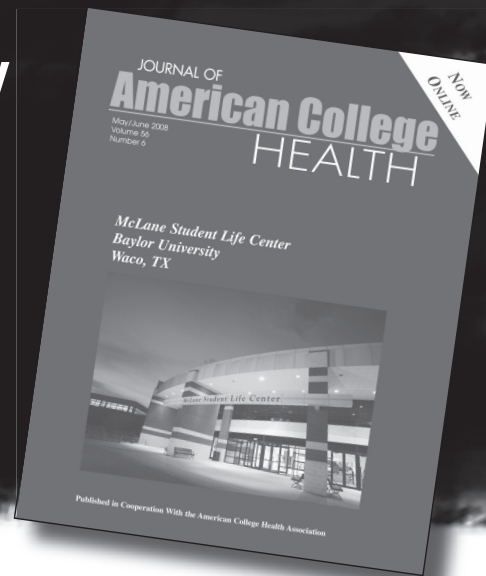
- Faculty and students may need to be educated about the ways in which a medical excuse policy is incompatible with healthcare practice and values.
- Remember that a medical excuse policy assumes dishonesty on the part of students, conflicts with any type of academic integrity or honor code, and undermines higher education's goal of preparing emerging adults to be ethical and purposeful citizens of the world.
- Look for opportunities to engage academic and student leaders through both intellectual and pragmatic arguments.
- Consider the use of the student newspaper and other media to further the discussion.
- Change is slow; be persistent and keep the issue on the table.

In the end, the salvation at Duke was a knight in shining armor who came riding by on a great white horse in the person of a new vice president for student affairs. Someday maybe every institution will be as lucky as we were.

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