

LETTER

The “catch-all” intern: An ethical issue in Indian teaching hospitals

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Introduction

Medical internship is intended to be a supervised period of clinical training, exposure to the hospital setting and learning efficient patient care. However, in many Indian teaching hospitals, interns increasingly function as a “catch-all” workforce, informally assuming a wide range of responsibilities.

Observations and systemic issues

MBBS interns in Indian teaching hospitals are often involved in tasks other than their clinical duties, such as coordinating patient transport, including arranging gurneys — due to limited availability of dedicated support staff — and even themselves transporting patients between hospital blocks. Clinical and administrative processes are frequently delayed while awaiting transport, interrupting workflow and reducing time available for supervised clinical learning. Interns are also commonly involved in discharge coordination. While preparing discharge summaries and providing medical counselling are expected duties, interns are frequently required to ensure completion of non-clinical prerequisites for discharge. These include following up and physically collecting missing laboratory reports, coordinating between wards and diagnostic services, and facilitating administrative clearances. Often, patient discharge is delayed with multiple responsibilities falling on interns. In several instances, interns are required to assist patients and families with financial processes, including bill clearance prior to discharge and making sure their insurance is approved. These responsibilities are administrative in nature and fall outside the intended scope of medical internship. Their assignment to interns reflects gaps in administrative staffing rather than training objectives, and places interns in ethically challenging situations involving financial mediation and delayed patient discharge. Staffing constraints contribute significantly to this role diffusion.

In many hospitals, there is also a shortage of nursing professionals [1]. Vital signs monitoring, bedside care, and 24-hour clinical observation are core nursing duties and are also valuable learning experiences for interns under supervision. The concern is not that interns have to participate in these duties; but that interns perform them along with the work of multiple other categories like transport, clerical, and administrative staff, all of which are understaffed. This cumulative burden, not any single task, is what compromises training and patient care.

Discussion and analysis

This situation has various ethical implications. Over-reliance on any single profession to address systemic gaps risks workforce fatigue, diminished morale and compromised quality of care. Exhaustion from all of these tasks diminishes the trainees’ ability to engage in ward rounds conducted by consultants and learning opportunities, thereby missing out on the fundamentals of medicine.

Globally, effective hospital systems emphasise adequate staffing across cadres and digitised documentation systems to minimise manual workflows [2]. Continued reliance on paper-based records in many Indian teaching hospitals necessitates physical transport of charts and reports further compounding delays and inefficiencies.

Recommendations and reforms

Addressing these concerns requires system level reforms. Key measures include: electronic medical record implementation, digitisation of patient records, lab results and vital signs to reduce manual workload, strengthening the nursing workforce, assigning sufficient clerical and administrative staff for the appropriate duties and ensuring that internship training for doctors remains aligned with educational competencies expected to be achieved by the end of internship.

Conclusion

Protecting the educational purpose of internship and ensuring efficient patient care and safety are not competing goals but aligned necessities. These reforms safeguard the patients and enhance the educational experience of medical trainees, aligning Indian hospitals with global standards of safe and ethical care.

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Conflict of Interest: None declared

Funding: None

To cite: Sadiq J, Turab SMF. The “catch-all” intern: An ethical issue in Indian teaching hospitals. *Indian J Med Ethics*. Published online first on April 10, 2026. DOI: 10.20529/IJME.2026.022

Submission received: December 27, 2025

Submission accepted: February 19, 2026

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