

The Impact of the Dereliction of Duty and Sexual Scandal on the Medical Education

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ABSTRACT

The incidents of dereliction of duty and sexual misconduct at China-Japan Friendship Hospital and Peking Union Medical College Hospital in 2025 rapidly intensified, involving surgeons abandoning their posts during operations, allegations of sexual abuse, and fraudulent doctoral degrees. These events have become a pivotal case for scrutinizing medical ethics, equity in medical education, and academic integrity within the country. This study uses the incident as a focal point and, through a comparative analysis of the North American MD/PhD "clinical-research dual-track system" and China's "clinical-research mixed-track" model, systematically examines the institutional vulnerabilities and societal repercussions underlying the case. The research identifies a breakdown in power structures as the immediate cause of the incident, wherein surgeons prioritized personal emotions over patient safety, thereby compromising the quality and safety of medical care. Furthermore, the "4+4" doctoral program has been distorted into a channel of privilege. Critical stages such as admission review, training allocation, and thesis defense have been infiltrated by nepotism, revealing entrenched systemic issues in academic governance and a deficiency of external oversight. This article seeks to contribute to the advancement of medical education modernization and health governance reforms by exposing the stratification of academic factions, eradicating academic misconduct and power abuses, and restoring trust among physicians, patients, and the broader public.

Keywords: medical education, sexual scandal, dereliction of duty

Event Review

In July 2024, a dispute during a thoracoscopic lobectomy between Dr. Xiao, an associate chief physician in thoracic surgery at China-Japan Friendship Hospital, and the circulating nurse led to the premature termination of the procedure while the patient remained anesthetized. Subsequently, in April 2025, Dr. Gu, Dr. Xiao's estranged wife and an ophthalmology associate chief physician at Beijing Hospital, formally reported him to the hospital's disciplinary inspection commission. Her complaint accused him of multiple extramarital affairs and attempts to conceive children outside their marriage. The principal allegations stated that since 2019, Dr. Xiao had engaged in relationships with at least six individuals. One such relationship was with Shi, the department head nurse, who reportedly underwent two abortions for him and accompanied him to his hometown to meet his parents. Following a 2020 incident, Dr. Xiao had provided a written guarantee regarding his conduct. In 2024, he began a relationship with Dong, a resident trainee, which resulted in her pregnancy. The couple was preparing for marriage and the child's birth, and Dong accompanied Dr. Xiao to her hometown to meet her parents. Dr. Xiao also exhibited preferential treatment toward Dong in the workplace, compromising professional equity. The formal complaint was triggered after Dr. Xiao, following the start of his relationship with Dong, sought a divorce from his wife. He initiated legal proceedings demanding both property and custody of their children. The complaint further referenced a surgical incident where Dong, after incorrectly handing an instrument and being corrected by the scrub nurse, left the operating room in anger. Dr. Xiao, as the chief surgeon, then lost his composure, halted the operation to console and accompany Dong, and left the anesthetized patient on the table for approximately 40 minutes.

Following the online disclosure of the incident, the National Health Commission promptly

formed an investigative team and dispatched personnel to the institution to conduct a comprehensive and rigorous inquiry into all aspects of Xiao's professional conduct, medical ethics, and personal behavior, as well as Dong Ying's admission qualifications and academic status. The investigation determined that Xiao had committed serious medical violations and had engaged in inappropriate relationships with Dong Mouying and others during his marriage. In May 2025, initial disciplinary actions were announced: the China-Japan Friendship Hospital expelled Xiao from the Party and terminated his employment. In accordance with relevant physician management regulations, the Beijing Municipal Health Commission also revoked Xiao's medical practice license and barred him from participating in medical and health services for over five years. The investigation further revealed that Dong Mouying had falsified her admission qualifications for the 2019 pilot class of the clinical medicine training reform program at Peking Union Medical College. The transcript she submitted from the University of Science and Technology Beijing, covering 16 credits across four courses, was confirmed to be fraudulent. Her doctoral dissertation title was inconsistent with the approved proposal and had not undergone required authorization procedures, involving issues of plagiarism and improper use of authority. Staff in the Academic Affairs Office failed to verify the authenticity of these documents during review. Significant violations were also identified in the management of clinical standardized training, leading to shortened training durations and non-compliant procedures. Consequently, Peking Union Medical College has formally revoked Dong Mouying's graduation and degree certificates according to established protocols. Additionally, the Beijing Municipal Health Commission has annulled her physician qualification and practice certificates, imposing a permanent ban on her provision of medical and health services.

On August 15th, a more comprehensive investigation notice was issued, which broadened

the scope of accountability to include multiple relevant institutions and individuals. The China-Japan Friendship Hospital, Peking Union Medical College, Peking Union Medical College Hospital, the Cancer Hospital of the Chinese Academy of Medical Sciences, and the University of Science and Technology Beijing were required to submit written self-examination reports and implement thorough rectifications to address the identified management deficiencies. Zhang, the Vice President of Peking Union Medical College responsible for admissions and teaching, received a formal serious warning within the Party. Cui, the Vice President of China-Japan Friendship Hospital overseeing administrative affairs, was issued a warning. Ban Moujuan, an associate of Dong Mou and affiliated with the University of Science and Technology Beijing, was placed on a one-year probationary period within the Party, removed from her position, and had her postgraduate supervisor qualifications revoked. Ma, Director of the Academic Affairs Office at Peking Union Medical College, was demoted and dismissed from his role for negligence in the review process. Bing, a resident physician in the thoracic surgery department at Peking Union Medical College Hospital, was demoted in professional rank. Qiu Mou, the retired supervisor of Dong Mouying, faced criticism and educational measures and had his postgraduate supervisory qualifications rescinded. Orthopedic faculty members Wu and Wu Hong, implicated in violations concerning thesis supervision and defense procedures, had their postgraduate enrollment privileges suspended. Furthermore, Wu, the corresponding author of a repeatedly published paper, and Xing, the corresponding author of a paper with improper authorship attribution, received formal admonitions regarding scientific research integrity.

Numerous subsequent events remain inadequately elucidated. Dong's father is reportedly the secretary of the Research Institute at China Metallurgical Group Corporation, and his mother serves as vice president of the Engineering Technology Research Institute at the University of

Science and Technology Beijing. His paternal grandfather is an imaging academician at Peking Union Medical College, while his maternal grandfather is a foreign academician in materials science. No information has been disclosed, however, regarding potential undisclosed interference from his family background during his enrollment, standardized training, or thesis supervision. After a comprehensive review of academic publications, Dong's doctoral dissertation was removed from the China National Knowledge Infrastructure (CNKI) database following the escalation of the incident. To date, no published outcomes exist concerning the academic integrity or value of his co-authored papers, including those related to bladder cancer diagnosis and treatment guidelines, nor has any determination been made regarding further academic misconduct in these works.

The incident has provoked significant public outrage and prompted reflection on equity in medical education, academic integrity, and medical ethics. It exposed systemic issues stemming from an overreliance on personal connections, such as supervisors serving on their own students' defense committees and the undue influence of family members in academic processes. These revelations have compelled educational and medical institutions to establish stricter conflict-of-interest safeguards. A cohort from Dong, admitted to the nation's premier medical university via a special pathway, shared a profile of prominent backgrounds, poor academic performance, and instances of academic misconduct. Notably, these individuals held a 4+4 doctoral degree from Peking Union Medical College despite their undergraduate training in non-medical fields.

Medical doctor training in the United States

The 4+4 program at Peking Union Medical College originated as an experimental doctoral pathway modeled on the United States MD system. This structure involves four years of non-medical undergraduate education followed by four years of clinical study, culminating in a Doctor of Medicine degree, mirroring the traditional framework of American medical schools. The emergence of the MD degree in the United States was largely a historical contingency. In the early 19th century, while modern medical science was being shaped by advances in continental Europe, the social division of labor and medical education traditions in New England remained strongly influenced by English Puritanism^[1]. Consequently, for an extended period, academically qualified physicians in the United States who lacked formal clinical training were awarded the MBBS degree, following the British system. The MBBS was, and remains, an undergraduate program admitting students directly from secondary school, typically lasting six years. At the turn of the 19th century, however, the North American intellectual elite, seeking to resist new European cultural influences and assert a privileged status endorsed by the Flexner Report, deliberately adopted the MD—then considered a "higher doctoral degree"—as the terminal qualification for undergraduate medical education^[2]. Applicants to such programs must hold a prior bachelor's degree in a non-medical discipline. Early North American medical schools conferring the MD degree included Columbia University, the University of Pennsylvania, Harvard University, the University of Maryland, and McGill University. Many of these pioneering institutions were founded by physicians and surgeons trained in England and Scotland. The concept of an advanced doctoral degree, attainable only after completing a terminal degree in one's field, represents a longstanding academic tradition in the United Kingdom and Scotland. Historical examples include the MD, Doctor of Literature (DLitt), Doctor of Law (LLD), and

Doctor of Theology (DD)^[3]. Today, these degrees are predominantly conferred as honorary distinctions upon distinguished alumni or prominent public figures. North American law schools adopted a similar approach by reclassifying the Bachelor of Laws (LLB) as the Juris Doctor (JD). This established a distinct academic progression in legal education: the Juris Doctor (JD), Master of Laws (LLM), and Doctor of Juridical Science (SJD).

In North America, clinical and research degrees are distinctly separated, whereas in China, these domains are frequently conflated. Beyond the fundamental differences in undergraduate medical education, a second key distinction between China and the United States pertains to the demarcation between clinical practice and scientific research. In North America, clinical medicine and scientific research constitute two entirely independent career trajectories^[4]. Although a physician may engage in both areas, this necessitates independently managing dual responsibilities. For example, a North American undergraduate, irrespective of their major—be it politics, archaeology, economics, Spanish, horticulture, or biology—must fulfill specific prerequisite criteria to gain admission to medical school^[5].

1. Throughout the entirety of my four-year undergraduate program, my academic performance was consistently near flawless.
2. It is required that students complete a specified number of credit hours in mathematics, physics, chemistry, biology, and the humanities as part of their undergraduate curriculum.
3. Candidates must participate in the Medical College Admission Test (MCAT) and attain an exceptionally high score.
4. I engaged extensively in numerous extracurricular and leadership activities, in addition to accumulating several hundred hours of volunteer service.
5. Submission of three letters of recommendation from faculty members or medical

professionals is mandatory.

6. Attendance at a formal interview is required.

Upon satisfying criteria one through six, candidates are granted admission to a medical school for a four-year undergraduate medical program, culminating in the conferral of the degree "Doctor of Medicine (MD)." Prior to graduation, students engage in a double-blind, voluntary ranking process that incorporates personal interests, academic performance, research accomplishments, and the strength of recommendation letters. This ranking is utilized within a computerized matching algorithm to assign each candidate to a single residency program, based on mutual preferences of both applicants and programs. The architects of this matching algorithm, Alvin E. Roth and Lloyd S. Shapley, were awarded the 2012 Nobel Prize in Economics for their contributions to "stable allocation theory and market design." Following residency placement, exemplified by the field of Internal Medicine, trainees must complete a three-year general internal medicine residency and successfully pass the American Board of Internal Medicine certification examination. Subsequently, physicians may pursue further specialization by competing for subspecialty training positions in areas such as cardiology, nephrology, and gastroenterology. Further subspecialization opportunities exist within these fields, including advanced areas like cardiac electrophysiology, interventional cardiology, and advanced endoscopic procedures.

For North American undergraduate students aspiring to pursue an academic career, the typical pathway involves applying to master's or doctoral programs within their field of study. Following graduation, individuals may seek employment in industry or engage in postdoctoral research before applying for academic teaching positions^[6]. For example, a student holding a bachelor's degree in biology might pursue a Master of Science (MSc) in Biochemistry, followed

by a Doctor of Philosophy (PhD) degree. It is important to note that the Doctor of Medicine (MD) degree in North America represents the initial and terminal professional qualification in clinical medicine, whereas the PhD constitutes the highest academic research degree^[7].

What is the origin of the substantial number of physicians and scientists in North America? These individuals represent a cadre of multifaceted professionals who have undergone comprehensive clinical medical education alongside rigorous scientific research training, in addition to completing residency and specialized training programs. Such dual expertise is uncommon among American physicians; it is neither the standard nor a mandatory prerequisite for medical practice in Linchuan or the United States at large^[8]. For instance, Dr. Loscalzo, the esteemed director of the Department of Internal Medicine at Brigham and Women's Hospital, affiliated with Harvard University and a prominent figure in American cardiology, holds both an MD and a PhD. He earned a Bachelor of Arts degree with distinction, a PhD in Biochemistry, and a PhD in Medicine from the University of Pennsylvania. His clinical training was conducted at Brigham and Women's Hospital and Harvard Medical School, where he completed a three-year internal medicine residency, a one-year chief residency, and a three-year fellowship in cardiovascular internal medicine. The entire trajectory from undergraduate education to the conclusion of his fellowship spanned nineteen years. In contrast, for the typical individual who does not pursue a PhD or residency, the duration of training generally ranges from eleven to fourteen years.

Doctor of Medicine training in China

The enrollment system at China Medical University exhibits distinct characteristics. In China, aspiring physicians typically gain admission to higher medical education institutions through the national college entrance examination following high school graduation. Medical education pathways include three-year junior college programs or five-year undergraduate programs. Additionally, integrated models such as a five-year undergraduate program followed by a three-year master's program, or an eight-year combined undergraduate and doctoral program, are also available. Notably, Chinese higher education institutions lack autonomy in student admissions; the number of students to be enrolled is determined in accordance with the national enrollment plan^[9]. This centralized approach has resulted in the mass production of medical graduates, leading to a misalignment between market demand and educational training plans.

Upon graduation, individuals are required to engage in a one-year hospital internship, typically conducted under the supervision and guidance of senior physicians, during which they may face the risk of unauthorized practice. Only after completing this period are they eligible to sit for the national medical licensing examination, obtain their medical practice certificate, and commence formal residency training. The medical education system in China is composed of three main components: pre-graduate education, post-graduate education, and continuing medical education. A distinctive characteristic of this system is the simultaneous existence of multiple academic pathways, including higher medical junior college education, undergraduate medical education, and a seven-year integrated medical education program. Regarding professional qualifications, the system has evolved from having a limited number of specialties to an expansion, followed by a gradual reduction in the number of specialties offered. Post-graduate medical education is divided into two segments: standardized residency training and

advanced postgraduate medical education^[10].

In recent years, the government has advocated for standardized training programs for resident physicians, primarily targeting individuals who have obtained a bachelor's degree or higher in medical-related fields—such as clinical medicine and stomatology—from institutions of higher education and who intend to pursue clinical medical practice. This initiative also encompasses individuals currently engaged in clinical medical work who have acquired practicing physician qualifications and require further training, as well as postgraduate students admitted through the national unified entrance examination to undertake master's degrees in clinical medicine or stomatology. The standard duration of the training period is typically three years, with the actual training time mandated to be no less than 33 months.

The "4+4" clinical medical talent cultivation model at Peking Union Medical College constitutes a major reform in Chinese medical education, designed to produce highly skilled physicians with interdisciplinary expertise. This institutional framework reflects a fundamental reconsideration of medical pedagogy and a direct response to modern societal and professional needs. The model conceptualizes medical training as postgraduate education, built upon a broad undergraduate foundation in diverse fields. The first four years entail a general undergraduate degree in disciplines such as literature, engineering, physics, biology, philosophy, or law. The following four years comprise specialized clinical medical education at Peking Union Medical College, leading to a Doctor of Medicine degree. This approach was championed by Wang Chen, a member of the Standing Committee of the National Committee of the Chinese People's Political Consultative Conference, an academican of the Chinese Academy of Engineering, and the president of Peking Union Medical College. To deliver the comprehensive knowledge of a traditional eight-year curriculum within four years, the program employs interdisciplinary

integration, modular teaching, intensive training, and strong clinical support while balancing research and clinical practice. Since its implementation, the "4+4" model has generated both acclaim and debate within academic and medical circles.

The primary controversy surrounding the "4+4" educational model at Peking Union Medical College Hospital pertains to the length and quality of training provided. By condensing the entire curriculum into a four-year period, questions arise regarding the adequacy of this timeframe for producing competent physicians. Proponents argue that the critical factor is the implementation of a unified, standardized graduation assessment, which, upon successful completion, serves as evidence of sufficient clinical competence^[11]. Conversely, critics highlight the substantial academic pressure faced by students and express concerns that their research capabilities may not attain the standards typically expected of traditional doctoral candidates. Additionally, the relatively lenient academic requirements for graduation theses have been scrutinized. Public discourse also focuses on whether the selection mechanisms and processes are sufficiently rigorous and transparent, and whether there exists potential for unfair practices or undue influence. Reports indicate that although institutional authorities conduct evaluations and actively manage student progression, no instances of student dismissal have been publicly acknowledged in recent years.

Official Evaluation and Remedial Actions: In April 2025, following a public controversy involving Dr. Xiao from the China-Japan Friendship Hospital, scrutiny arose regarding the educational background of his associate, Dong, a graduate of the "4+4" pilot program at Peking Union Medical College. This incident cast significant doubt on the validity of the "4+4" model. Subsequently, the National Health Commission initiated an official investigation. On August 15, 2025, the investigative team concluded that Peking Union Medical College exhibited

deficiencies including "inadequate pilot program design, lax administrative oversight, and insufficient implementation." The commission strongly recommended comprehensive corrective measures. A key reform mandated the standardized three-year residency training for all graduates of the "4+4" pilot classes. This measure effectively addresses a critical institutional gap by integrating the "4+4" model into the mainstream medical education framework in China, thereby ensuring that its graduates, akin to those from traditional medical education pathways, are required to complete standardized residency training prior to independent clinical practice.

Social impact

The public controversy surrounding Xiao, an associate chief physician in the Thoracic Surgery Department of China-Japan Friendship Hospital, has elicited widespread and profound societal repercussions due to its association with multiple sensitive issues, including violations of medical ethics, academic misconduct, and questions regarding privilege^[12]. This case not only serves as a mechanism for holding the individuals involved accountable but also functions as a critical lens through which the public scrutinizes the broader medical industry ecosystem, the equity of medical education, and the integrity of the social trust system.

At the heart of the incident is Xiao's unauthorized departure from his surgical post during a critical operation, motivated by personal emotions, thereby endangering a patient who was already under anesthesia. Such conduct constitutes a fundamental breach of medical ethical standards and undermines the essential trust that society places in physicians—that they prioritize patient safety above all personal considerations. Public outrage extends beyond concerns of individual morality; it is deeply rooted in the violation of the public's most sensitive expectations regarding medical safety and the inviolable responsibilities of healthcare providers. Consequently, this incident has intensified apprehensions about professional ethics within the already strained doctor-patient relationship and has inflicted collateral damage on the reputation of the numerous committed medical professionals.

The case involving another prominent individual in the incident, Dong has far-reaching implications spanning clinical medical practice and medical education. Investigations revealed fraudulent activities concerning his admission credentials, alongside an excessively high degree of overlap between his doctoral dissertation and those of others, indicative of academic misconduct. This has provoked significant public skepticism regarding research integrity and

educational fairness. Questions have arisen about how falsified transcripts could pass the rigorous scrutiny of leading medical institutions, and how a thesis exhibiting substantial duplication could successfully defend and secure a doctoral degree. These concerns highlight potential systemic vulnerabilities and malpractices within the processes of student recruitment, training, and evaluation^[13]. This episode of academic fraud should not be viewed as an isolated instance of individual ethical failure; rather, it represents a meticulously orchestrated, multi-layered scheme involving collusion among various parties. Fundamentally, it treats China's premier medical degrees as negotiable, divisible, and liquid financial instruments, enabling the extraction of disproportionate benefits through the combined leverage of administrative authority, academic influence, and financial power. The following analysis systematically examines three dimensions—"counterfeiting methodologies, resource network structures, and mechanisms of power discounting"—to elucidate how wealth and authority facilitate covert transactions and interest transfers within the "4+4" doctoral program at Peking Union Medical College. Ultimately, this process transforms the credibility of national medical education into a privatized commodity accessible to a select few. With the exposure of this scandal, it has become evident that the so-called academic fraud transcends mere individual moral lapses; it constitutes a vertically integrated, "family-style" bid-rigging operation, sustained by administrative power, legitimized by academic authority, and controlled by capital interests. Within this corrupt chain, education ceases to function solely as an educational endeavor; instead, it becomes a primary market asset that can be traded, valued at a premium, and liquidated^[14]. Medical schools, in this context, no longer serve purely educational purposes but operate as compliant "licenses" enabling the powerful and privileged to privatize the nation's academic credibility.

Counterfeiting is by no means a novel phenomenon. What is particularly striking, however,

is the manner in which the system subtly facilitates and conceals this process. For instance, the four "summer mini-term" courses offered by the University of Science and Technology Beijing function as a precisely tailored mechanism, meticulously designed to correspond with the "Advanced Credits for Science and Engineering" requirement outlined in the "4+4" enrollment brochure of Peking Union Medical College. The course codes, instructional hours, grade distributions, and admission criteria align with remarkable exactitude, matching to one decimal place. Such precision suggests a deliberate, premeditated barrier rather than a spontaneous or incidental occurrence, effectively constructed in reverse behind the official threshold. Moreover, the entire administrative and evaluative apparatus—including subject instructors, the academic affairs secretary, and grade adjudicators—is controlled exclusively by a single individual, my aunt. This arrangement precludes any genuine external oversight within the system.

Consequently, grades are processed seamlessly from entry to final approval, thereby effectuating a formalized deception of the admissions committee while producing documentation that appears sufficiently authentic to withstand external audits. A comparable dynamic is evident in the blatant plagiarism and substitution of doctoral dissertations, which persist openly due to a prearranged collusion within the review process. Specifically, the two supervisors, three defense committee members, and the director of the research office are all interconnected through a shared funding source linked to a key research and development program, resulting in overlapping vested interests. This interconnectedness transforms the review process into a self-perpetuating cycle of mutual accommodation. When the gatekeepers of the academic community simultaneously serve as athletes, referees, and sponsors, scholarly publications cease to function as genuine academic contributions. Instead, they become commodified credit certificates that can be repeatedly leveraged. Provided these credits are not prematurely redeemed, they can

continuously generate compounded returns in the form of projects, funding, and academic titles.

A more profound consequence is the covert closure of social mobility pathways, which has also exacerbated longstanding societal grievances regarding "academic dynasties" and "insider networks." The "4+4" program at Peking Union Medical College was initially designed to emulate the North American MD system, aiming to enable academically outstanding students from economically disadvantaged backgrounds—who were not originally medical undergraduates—to enter elite medical fields. However, in practice, this initiative was subverted by administrative privileges and transformed into a "VIP fast-track channel" favoring the offspring of influential individuals. While students from ordinary families continue to compete rigorously for a mere 5% admission rate through the MCAT and research program applications, the children of the powerful secure their positions through internal quotas. Whereas a doctor from a low-income background may resort to borrowing equipment and sleeping in laboratories to produce an SCI paper, the privileged children have already appropriated completed research outputs from academician-led teams. Consequently, education has ceased to function as a mechanism for disrupting entrenched social stratification; instead, it has become an instrument for consolidating existing power structures, leading to a gradual erosion of social trust. Ultimately, the damage extends beyond academic credibility to undermine the nation's foundational narrative that "knowledge transforms destiny."

To effectively dismantle this entrenched "family money-printing mechanism," the mere revocation of academic degrees and issuance of intra-party admonitions are insufficient measures. The process of conferring academic qualifications must be restructured to operate through transparent and competitive bidding. Key elements such as enrollment quotas, supervisor assignments, project funding, thesis defense committee compositions, plagiarism detection

reports, and graduate placement outcomes should be systematically recorded and made publicly accessible as searchable data packages. These data should be subject to random audits and independent, heterogeneous evaluations. Concurrently, a stringent "forced withdrawal" policy addressing academic dishonesty must be instituted. Upon detection of fraudulent conduct, not only should the individual's degree be rescinded, but any expended public funds should be recovered through joint and several liability, with accountability extending to supervisors, departmental units, and review panel members. This approach reallocates the financial and reputational costs of malpractice from the collective institution to the responsible individuals. Furthermore, it is imperative to decouple medical education from the existing administrative hierarchy. The authorities governing admissions, thesis defense, and funding allocation should be distinctly separated to prevent any single entity or family from monopolizing approval, evaluation, and financial resources simultaneously. Only by disrupting the closed-loop concentration of power can academic credentials be restored as a public good, rather than a privatized asset accessible to a select few.

This incident, in its most severe manifestation, has compelled the medical and medical education sectors to undertake comprehensive self-assessment and innovation. The collaborative investigation and stringent accountability measures implemented by the National Health Commission, the Ministry of Education, and other relevant authorities have underscored a resolute commitment to addressing the issue at its core. The outcomes of the investigation extended beyond individual culpability, holding responsible administrators accountable and imposing sanctions on the implicated hospital. More significantly, the inquiry has catalyzed institutional reflection and reform. The incident revealed critical shortcomings in the hospital's management of medical quality and safety, as well as deficiencies in the cultivation of medical

ethics and professional conduct^[15]. Additionally, it exposed regulatory gaps within the medical college's processes, including enrollment review, training, and thesis defense. This event has served as a warning to the entire sector, prompting stakeholders to enhance internal oversight, reinforce system implementation, and increase transparency to restore public trust. As highlighted by public discourse, the resolution of this case should transcend individual accountability and be leveraged as an opportunity to rectify systemic vulnerabilities and advance the purification of the industry.

In summary, the social ramifications of the public opinion incident involving Xiao are multifaceted and extensive. This event not only constitutes a significant challenge to individual medical and professional ethics but also raises critical questions regarding the fairness and academic integrity of medical education. Furthermore, it serves as a rigorous test of the efficacy of industry oversight and the robustness of systemic enforcement. While the incident has depleted valuable public trust, it simultaneously offers an opportunity for the restoration of social confidence through stringent accountability measures and comprehensive reforms. Ultimately, the capacity of the medical and educational systems to leverage this moment to effectively address existing deficiencies and reestablish a transparent and ethical environment will decisively influence whether this period of adversity becomes a catalyst for progress or the inception of a recurring cycle.

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Competing interests

The authors declare no competing interests.

Ethical approval

The ethics committee does not need to conduct the review.