



Medical Shadowing and Student Volunteering in Low- and Middle-Income Countries: A Global Oncology Perspective

Sujith Kumar Mullapally¹ Shweta Kiran Cavale² Deekshitha Anand Kumar³

¹ Department of Medical Oncology, Apollo Proton Cancer Centre, Chennai, Tamil Nadu, India

² Department of Biomedical Sciences, University of Bergen, Bergen, Norway

³ 12th Class Student, Bhavan's Rajaji Vidhyashram, Chennai, Tamil Nadu, India

Address for correspondence: Sujith Kumar Mullapally, MBBS, MD, DM, Department of Medical Oncology, Apollo Proton Cancer Centre, Chennai 600041, Tamil Nadu, India (e-mail: drsujithm@gmail.com).

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Abstract

Keywords

- medical oncology
- medical shadowing
- student volunteering

In this article, we discuss the concept of medical shadowing and student volunteering, which is novel in India and is very common in countries like the United States. We also discuss the perceptions of two young students who do medical shadowing in an oncology center.

Medical shadowing in oncology can be defined as medical students observing a practicing oncologist in a clinical setting, aiming to gain firsthand experience in the diagnosis, treatment, and management of cancer patients, especially in terms of the ethical and complex emotional domains associated with cancer care. It also includes participation as an observer in tumor board meetings and exposure to various treatment modalities like systemic therapy, radiation therapy, and surgery.¹ Being a student volunteer at a hospital is a rewarding experience for students interested in pursuing a career in health care and can foster a sense of service, community, and self-worth.

There is a culture of medical shadowing in many high-income countries,² but medical shadowing and student volunteering in health care in low- and middle-income (LMIC) countries have not received any attention from the oncology or medical student community yet and have not been reported in the published literature to date. As the emphasis on global oncology³ is on the rise, medical shadowing/student volunteering can be a useful tool to sensitize medical students across the globe regarding the

specific challenges that exist in LMICs.⁴ Here we discuss two different perspectives of young medical students who had the opportunity of medical shadowing/student volunteering in an oncology center in Chennai.

Student 1 (D.A.K.)

(A 12th class student studying in India and keen to study medicine and further oncology in her career. Apart from medical shadowing, she also did her bit as a student volunteer.)

“My primary goal was patient interaction. I was privileged to see first hand how it is all the more crucial when it comes to a disease like cancer. From introducing myself and explaining my role as a Volunteer, explaining consent forms, checking vitals, performing full risk assessments, I utilized every opportunity I had, to interact with patients and attenders.”

I gained a plenteous amount of experience while I carefully observed how nurses, technicians, and doctors interact and work effectively as a team when handling a patient, because time is always of the essence in a hospital environ-

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ment. I learnt the importance of patient assessment, hygiene protocols, and the importance of pain assessment during and after procedures.

I observed that all patients have a lot of doubts and many times they are hesitant to ask doctors but find nurses more approachable. At one instance, a patient exhibited an allergic reaction to the contrast medication. I saw how the entire team of doctors and nurses worked toward treating and educating the patient about the possibility of an allergy in the future. From every doctor I interacted with, the one common message I learned was this: to be a doctor is to be human. I understood that the cornerstones of oncology are rendering the patient pain-free and good patient counselling, apart from treatment modalities. I observed the care and caution with which doctors clarified endless queries and complaints.

During my volunteering voyage, my foremost challenge was to be accepted as a temporary part of the workflow in each department. There were a few who were willing to teach a student the nature and dynamic of their role in the hospital, yet the collective hesitance toward my presence persisted. I could understand the concept of caregiving, compassion, and empathy working in a hospital environment. I believe that the establishment of student volunteering should become a standard in Indian Medicine and more hospitals should be open to this concept to create better doctors."

Student 2 (S.K.C.)

(A medical student from the United States planning to take up oncology as her career came to India for vacation and applied for medical shadowing to utilize her time better.)

I spent around 3 weeks shadowing the oncologist (Dr. S. K.M.) in India around the hospital observing his every move. The first week was certainly an eye opener because everyone does expect the environment at a cancer hospital to be intense but it is not as intense as it actually turns out to be when you are not sitting on the same side of the patient but on the same side as the doctor. I have been on the side of the patient, when my grandfather had cancer, but observing Dr. S.K.M. was seeing this whole environment through a different lens. My most significant learning point is that attending to patients takes a lot of patience, empathy, kindness, and good communication. Whether the patients were in the emergency room, outpatient department, chemotherapy daycare, or even inpatient department, these qualities acted as a basis for the interactions that he had with them.

One of the first questions that came to me was how the autonomy of a patient is viewed by the medical community and the Indian society as a whole. Since I have spent a few years in the United States of America, I have had the opportunity to observe both the Eastern and Western notions of autonomy. In this particular context of the medical field, when I refer to autonomy, I mean the extent to which an individual (patient) has the right to decide their "fate" in terms of their treatments and medical care generally.

First, it would be helpful to understand the basic difference between the Eastern notion of autonomy and the Western notion of autonomy. It is believed that the Western notion leans on the idea that the patient has full autonomy over their lives and the health care they receive. It implies that the patient has the right to know their diagnosis, they have the right to personally accept or deny any treatments, and they have the right to make decisions regarding any life-sustaining treatments if they are deemed competent by the community. This approach is very patient-centered in the sense that the patient has the most say when it comes to their health and their health care.

On the other hand, the Eastern notion of autonomy is slightly different because the family of the patient plays a big role in the equation. In the East, it is believed that the patient does not necessarily have full autonomy of their lives and especially in the context of cancer, they need to be "protected from the bad news." Instead, often the patient's family stresses on their right to keep the diagnosis from the patient, to accept or deny any treatments that could be done for the patient, etc. This is not a patient-centered approach because the family has disregarded the autonomy of the patient and proceeded to make decisions for them.

My shadowing experience opened me up to a new perspective on autonomy in the Indian medical community. The concept of difference in culture in countries like the United States and India, influencing patient autonomy, was introduced to me, which manifests mainly due to the predominant family-centric behavior that exists in India. Also, patients are reliant on their family in India, physically, emotionally, and financially. They rely on their family heavily, so they would adhere to any medical decisions that the family might make for them. As most might expect, in comparison to India, a very small population in the United States relies on their family above the age of 18 years. This allows the patients in the United States to make their own medical decisions in this case. I believe that everyone should have the right to know what their body is going through and I believe in complete transparency toward the patient for the simple reason that their autonomy as an individual must be respected and valued.

Oncologist (S.K.M.)

It was my first experience to be part of medical shadowing by two young and bright minds who were keen to have a firsthand experience of oncology care within the outpatient unit of medical oncology. The fact that they had different academic and cultural backgrounds made it more unique for me. Realizing the interest and curiosity that they had toward medicine and oncology, I accepted their wish to be part of my consultation and help them settle within the outpatient department unit as I continued my interactions with the patients and their families. Post consultation, as we discussed their genuine queries on various aspects of doctor-patient relationship, I myself reflected upon different emotional and clinical facets within an oncology outpatient unit interaction that often get immersed in the pace of the

daily practice. I thought about how wonderful it would have been if I too had such a chance before joining a medical school.

The above different perspectives from two young students who underwent medical shadowing in similar clinical settings and with the same oncologist give us insights into the influence of their background on what they perceived. Student 1 (D.A.K.) highlighted the essence of patient–doctor interactions, which need to be based on empathy, kindness, and patience in listening. This again has been mentioned as the most significant learning that student 2 (S.K.C.) had from her experience in medical shadowing.

Student 1 (D.A.K.) also mentioned that patients and families frequently raised “numerous doubts” and that the option was always there for asking questions in the interaction. This is an important aspect of doctor–patient relationship as adequate information is vital for both patients and family about their cancer diagnosis and treatment. The resistance she felt in different departments to her status as a student volunteer was less echoed by student 2 (S.K.C.) as she did not delve into student volunteering and was doing only medical shadowing. Student 2 (S.K.C.) was more concerned about patient autonomy and the influence that culture and family relations can bring in decisions about patient autonomy. Such feedbacks are important to assess the impact such programs can have on the perceptions of students.⁵ We realize that to make medical shadowing and volunteering a better experience for both the students and the faculty in the host institution, it is important to develop a structured medical shadowing program with clearly defined roles and responsibilities.

Conclusion

Medical shadowing and student volunteer opportunities are excellent opportunities to have a first-hand experience of oncology care. In a global oncology perspective, initiatives to facilitate global medical trainees to have medical shadowing/student volunteering in LMICs will help trainees

to watch the various strengths and weaknesses of the oncology care closely and come out with novel perspectives and their solutions. Developing a structured program at the level of individual institutions and medical oncology societies, with clearly defined goals, roles, and responsibilities for both the institution and the students, is the next vital step to create an ecosystem that promotes medical shadowing and student volunteering. In this era of artificial intelligence and information explosion, medical shadowing can stimulate human-to-human interactions between doctors and young minds who wish to join medical schools in the clinic, and this can sow the seeds of medical ethics, empathy, and emotional intelligence, which can grow and flourish as they begin their journey in medicine.

Patient Consent

As this study did not include any patient information or data, patient consent form was not needed for this study.

Conflict of Interest

None declared.

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