

# Legal Education for Medical Students in the New Era: Generative Logic, Practical Challenges, and Optimization Pathways

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**Abstract:** *Comprehensively advancing the rule of law in healthcare is an inalienable part of the national strategies. Medical students are the main force of medical and health undertakings in the future. The standard of legal education is closely associated with the prevention and resolution of medical disputes, the harmony of doctor-patient relationships, and the perfection of the healthcare legal system. Under the background of the new era, this paper expounds the generation logic of medical students' rule of law education, and reveals its inevitability from three dimensions: the requirements of China's national rule of law construction, the internal needs of medical model transformation, and the realistic demands of medical professional risk prevention. Our analysis has found out the key difficulties which exist in top-level design, curriculum contents, teaching methods, teacher team, and evaluation systems. At last, an optimized route is put forward, which merges ethics and law within a whole-person education pattern, taking medicine-law combination as the core, to promote education quality and cultivate the growth of high-level medical specialized persons.*

**Keywords:** Medical school students, Education of rule of law, Creation-based Logic, Optimization Route, The Combination of Medical Science and Legal Science.

## 1. Introduction

There exists a natural affinity between the medical field and the legal system. Bologna University, which is the most aged university in the Western world, at the beginning provided three study fields: theology (i.e., philosophy), medical science, and law. From the Hippocratic Oath to the Geneva Declaration, and from the Nuremberg Code to the Declaration of Helsinki, the development of medical science has always gone hand in hand with ethical guidelines and legal systems. In today's world, medical practice is no longer limited to a technical exchange between doctors and patients; rather, it has developed into a form of social behavior governed by the legal system. The quality of rule-of-law education which is offered in medical study period is a decisive factor that decides whether graduates can have the ability to do legal practice, protect rights, and carry out legal management in their professional lives.

For a long time, medical education has possessed the characteristic that it always puts medical technology in a more important position than humanities and the rule of law, hence making legal education be in a marginalized position inside the system of medical talent cultivation. Although medical schools have generally introduced courses on health law and related subjects in recent years, overall, legal education for medical students still suffers from issues such as unclear objectives, fragmented content, limited teaching methods, and lackluster results. A key significant mission within this new developing stage is the modernization of law-connected education for medical students. This needs a system which satisfies current needs, manifests medical special characteristics, and abides by educational principles.

## 2. The Generative Logic of Legal Education for Medical Students in the New Era

The putting forward and enhancing of law study for medical students in the new time is not only the demand of the era for the building of a nation governed by law, but also the internal rule of the growth of medical study, and it is also the actual call of medical occupation risk guard.

### 2.1 Historical Logic: The Era Requirements of the Comprehensive Strategy of Governing the Country by Law for the Cultivation of Medical Talents

The comprehensive rule of law is the intrinsic request and important guarantee of China's modernization development. As an important constituent part of high-level education, medical education bears the important mission of training medical professionals dedicated to serving the health of the people. Medical and health services have direct relation to the people's livelihood, health and core interests, therefore they are the field where protection by the rule of law is the most urgent. Complicated law-related connection relations are involved in the setting up of medical organizations, the administration of doctors' working practice, the monitoring of medicines and medical instruments, and the processing of medical dispute matters. Under the general framework of comprehensive rule of law, medical talents not only should possess superb medical technology, but also need to grasp the laws and regulations which are related to practice activities, and can launch medical activities on the track of rule of law.

The Fourth Plenary Session of the 18th Central Committee of the Communist Party of China incorporated legal education into the national education system. In 2016, the Ministry of Education, the Ministry of Justice, and the National Office for Popularizing Legal Knowledge jointly issued the "Outline for Legal Education for Youth," which states: "The overall objective is to promote core socialist values, disseminate knowledge of the rule of law, foster a sense of law-abiding behavior, and cultivate young people into loyal advocates, conscious practitioners, and staunch defenders of the socialist

rule of law.” In June 2020 year, the Ministry of Education has issued the “Guiding Documents for the Construction of Ideological and Political Education Work in Higher Education Curricula,” therefore it emphasizes that legal education should be integrated into curriculum teaching activities. The “Law of the People’s Republic of China on Legal Publicity and Education” has explicit stipulation that legal education must be put into all study stages of schools, and also be brought into students’ comprehensive quality assessment. The issuing of these policy documents means that law study for medical students has been changed from spontaneous exploration to conscious building, and from soft guidance to hard demands.

## **2.2 Theoretical Logic: The Intrinsic Demand of the Bio-Psycho-Social Medical Model for Legal Literacy**

The medical model provides the guiding principles for medical practice. The traditional biomedical model views disease as a purely biological phenomenon, neglecting patients’ social attributes and psychological needs. In 1970s, the bio-psycho-social medical model was put forward by George L. Engel’s model has gradually become the mainstream, it emphasizes that we should comprehensively understand health and disease from three dimensions: biology, psychology and sociology. The deep meaning of the bio-psycho-social medical model lies in that medical activities are not only the application of natural science, but also the embodiment of humanistic care and the adjustment of social relations. Under this mode, the relation between doctor and patient is no longer merely a technical relation between the healer and the treated, but a legal relation that includes rights and obligations. The rights of patients that include informed consent, privacy and independent decision-making must be confirmed and guaranteed via the legal system.

The core part of legal education lies in cultivating the consciousness of rights, rules and responsibilities, which has very high consistency with the inherent demands of the bio-psycho social medical model. On one aspect, legal cultivation assists medical students recognize the subject position and law-related rights of sick people, and promotes them from “technology first” to “people-oriented”; On the other hand the education concerning law lets medical students clarify their own legal duties and the boundaries of their practice, and therefore thus learn to make reasonable selections in complicated situations in accordance with the law. The legal education is an important support for the transformation of the medical model.

## **2.3 Practical Logic: The Urgent Need of Medical Risk Prevention and Harmonious Doctor-patient Relationship**

Medical dispute problems remain high in all regions of the nation each year, and some disputes have changed into malignant occurrences, which have seriously influenced the normal medical working order and society stable condition. The causes of frequent medical disputes are complex and diverse, including structure factors like uneven allocation of medical resources and imperfect medical guarantee system, as well as direct causes like poor doctor-patient communication and low consciousness of law. A part of medical dispute problems come from the weak legal awareness of the medical

side, the insufficient carrying out of the informing responsibility, and the non-standard writing work of medical records. At the back of these problems, it reflects that medical education has deficiencies in the cultivation aspect of legal literacy. Numerous medical students do not possess systematic legal knowledge when they are in school, and possess little comprehension of laws and regulations such as the physician law, the management rules of medical organizations, and the rules for the prevention and handling of medical disputes. After they enter the clinical work, they often do things according to experience, this therefore increases the risk of practice.

At the same time, the consciousness of patients that they should protect their own rights is increasing. Along with the deepening of law popularization education and the coming of the social media era, patients have a clearer cognition of their own rights and the channels available for protecting those rights have become more diverse. If medical students are unable to set up the correct idea of rule of law and give respect to legal rules in the contact with patients, it is hard to build a harmonious doctor-patient relationship. Therefore, reinforcing the legal study of medical students and enhancing the ability of coming doctors to work according to law from the origin are hence the basic methods to avoid medical dangers and construct a harmonious doctor-patient relationship.

## **3. Realistic Challenges of Legal Education for Medical Students in the New Era**

In the new era, legal education for medical students is becoming increasingly important. However, its implementation still faces numerous challenges, with issues related to policy design, curriculum structure, teaching methods, faculty resources, and assessment mechanisms becoming increasingly prominent.

### **3.1 Top Level Design: Fuzzy Positioning and Goal Generalization**

In current stage, the main issue of law education for medical students lies in unclear top-level design. First, controversy surrounds the orientation of medical students’ legal education. Consensus has yet to be reached on whether this education should be fundamentally defined as ideological and political instruction, general studies, or specialized professional training. Scholars and educators hold divergent views on whether such education should be framed as ideological and political education, general education, or professional education. If we treat it as ideological and political education, it often becomes merely a formality, filled with empty slogans. When treated as part of general education, it is often marginalized due to limited credit hours; yet if it is classified as professional education, it faces constraints such as insufficient course resources and a shortage of faculty. This unclear orientation ultimately results in a lack of unified goal guidance and quality standards in practical educational activities.

Second, the setting of goals remains excessively wide. Numerous medical colleges and universities reduce their legal education goals to unclear word groups like “strengthening

law consciousness” and “promoting legal knowledge,” hence not setting up concrete, measurable, can-be-carried-out norms. Core questions remain unanswered: what constitutes the essential elements of legal knowledge acquisition, which laws, regulations, and legislative documents medical students must master, and what level of competence they should attain at each learning stage. This lack of clarity severely hinders the effective implementation of legal education.

Thirdly, there exists a gap on the side of policy carrying out. Although the nation has put out very many documents that order the enhancement of law-related education for students of medicine, these requirements frequently cannot effectively become reality at the organization level hence because of the lack of binding restriction and evaluation mechanisms. A number of organizations simplify law education into providing one or two optional courses, or even replace systematic teaching with speeches and activities, this greatly reduces the effect of education.

### 3.2 Fragmentation and Disconnection in the Curriculum

The curriculum is the basic carrier of education. At present, the curriculum system of legal education for medical students has obvious defects. First, course arrangement lacks systematicness. Most medical colleges offer only Health Law as a single course, usually an elective or non-core assessment course with about 32 class hours. There is a serious shortage of independent courses on specialized medical-legal topics, such as medical tort liability, medical contract law, and medical ethics and law. As a result, students’ legal knowledge is scattered and fragmented, making it hard to form a complete system.

Second, content is disconnected from medical practice. Existing textbooks focus mainly on basic legal theories and pay insufficient attention to legal issues closely related to clinical work. Frontier topics such as the legal application of informed consent, the legal effect of electronic medical records, and legal risks in clinical trials are rarely covered. Students thus often master theoretical knowledge but struggle to apply it in practice.

Thirdly, the integration between medicine and law stays superficial in practice. As an interdisciplinary field, medical law calls for in-depth collaboration instead of mere superficial merging. Most existing curricula still follow a fragmented “medicine plus law” mode, with few efforts to bridge disciplinary boundaries. From students’ perspective, relevant legal courses lack humanistic care, making it hard for them to recognize legal boundaries and normative constraints throughout medical training. Such isolated development between the two disciplines has become a prevalent phenomenon.

### 3.3 Teaching Methods: Monotonous Models and the Absence of Subjectivity.

Teaching methods act as the very important middle link for the reaching of education goals. At present, the legal education which is given to medical students is facing a number of relatively important challenges with respect to teaching methods:

Firstly, the teaching method of imparting knowledge directly still holds the leading position. Restricted by teacher number and teaching resources, legal education for the most part follows the old “teachers speak, students hear” model. Legal rule text materials are provided as lists of core knowledge points, which hence make students passively receive and mechanically memorize information. Therefore, this method cannot bring up the ability of critical thinking or practical use skills.

Secondly, the learning method that bases on specific cases does not have sufficient profundity. Although a part of teachers try hard to join case studies, the cases are always too simple and separated from real clinical environments. The students have no enough training on legal reasoning and decision-making in the simulation environments, hence this leaves them not well prepared to deal with the real world disputes. Moreover, the cross-domain problem-centred learning is not sufficiently applied in the education of law.

Third point, the student’s subjective initiative has conspicuous absence. The core part of legal education is to cultivate the ability of legal thinking and professional competence, which therefore requires people’s active participation and immersive experience. But, in the current teaching models, students still stay at a passive position, they are cut off from the chances to take part in, experience, and ask-question-based learning. Practices such as moot court hearings, legal service workshops, and legal work during hospital internships are generally inadequate.

### 3.4 Faculty Composition: Structural Deficiencies and Competency Gaps

Teacher group quality is the foundation stone that educational high level relies on. The legal education which is given to medical students places special requirements on teachers: teachers not only need to have professional legal knowledge, but also need to have medical understanding, and combine theoretical depth with the knowledge of clinical practice. But, the existing teacher current situation is suffered from many structure problems:

First of all, the knowledge of medical experts and the knowledge of legal experts are divided into two parts according to the people who understand medicine but do not understand the law and the people who understand the law but do not understand medicine. Teachers who carry out legal education mainly come from two kinds of backgrounds: those who have got legal training own firm theoretical bases but are short of medical knowledge and clinical situations, often give law lectures in a separate way without combining medical scenes; On the contrary, people who have medical study backgrounds know well about clinical work but do not have enough ability in law, therefore they often depend on their own past stories instead of systematic and correct law knowledge guidance.

Second, the serious insufficient situation of “double-qualification” teachers exists. Instructors who have both medical study backgrounds and systematic law learning—or law backgrounds together with clinical experience acquaintance—are extremely few in number. This

structure not matching problem greatly limits the quality of the combined medicine-law course systems.

Thirdly, the mechanisms for teacher capacity improvement are not sufficient. The currently existing systems of continuous education provide not many training programs of specialized type for teachers of legal education. Therefore, educators have no effective channels to renew knowledge, hence they are difficult to follow the fast development of health laws and regulations.

### **3.5 Evaluation Mechanisms: Absence of Assessment and Misaligned Incentives**

Evaluation systems act as a “running stick” that guides educational actions, thus the current evaluation system for law education in medical colleges has obvious shortcomings.

Firstly, there exists the absence of a specialized appraisal system. The great majority of medical organizations have not yet built up an independent appraisal system for legal education; On the contrary, the evaluation is been included inside the systems of thought-politics or universal education. The existence of ambiguity within these indicators causes that it has difficulty to get accurate measurement of the effect of legal education.

Second, the methods that assess students possess a monotonous character. Evaluations mainly depend on closed-book tests which give first importance to mechanical memorization of legal rules, thus largely ignoring the measurement of legal thought and actual practice abilities. Therefore, the phenomenon of “holding extra study before examinations and forgetting things right after that” still exists widely among students.

Third, regarding educational outcomes, there exists a lack of tracking and feedback work. The long-term influence of legal education upon the growing-up of students’ law-related accomplishment is seldom monitored, hence it becomes hard to evaluate its actual effect upon their occupational working lives. Moreover, legal problems that graduates meet in clinical practice have not been effectively passed back to the teaching process, hence this stops the formation of a closed-loop mechanism for continuous promotion.

### **3.6 Collaboration Mechanisms: Fragmented Resources and Insufficient Synergy**

The legal education which medical students receive is one systematic item of work, therefore it needs the cooperation efforts of many different departments. But, according to present viewpoint, a useful cooperation system has not yet been built up.

Firstly, the combination of inside-school resources is not sufficient. The organs such as the Law College (or Law Teaching and Research Office), the Medical College, the Marxism College, and the Student Affairs Department all participate in legal education, but overall coordination among them is still lacked. Law teachers do not know about the arrangement of medical courses, medical teachers are not familiar with the demands of legal teaching, and legal

activities that student affair offices hold are separated from class teaching, thus cannot form a combined education strength.

Secondly, the practical resources that lie outside the campus are not used sufficiently. The cooperation that is carried out between medical colleges and practice-related departments, including courts, procuratorates, judicial bureaus, bar associations, and medical dispute mediation committees, has not obtained a sufficient enough depth. The students have not enough opportunities to have contact with real-world legal situations, therefore this limits the growth of their practical abilities.

Third, the mechanism for the cooperation between medicine and education has still not been connected together. Our current system has insufficient connection between institutional education and post-graduate education (standardized residency training), hence this leads to an absence of gap in legal education when the residency training stage. A number of medical students only come to know the significance of legal knowledge after they enter clinical practice, but by that time, they have already lost the best opportunity for systematic study.

## **4. Optimization Pathways for Legal Education of Medical Students in the New Era**

In the new era, legal education that is given to medical students must hold to the unification of problem direction, goal direction, and effect direction. Via systematic design and comprehensive measures, therefore, it is of necessity to push forward the transformation and promotion of legal education for medical students from “having availability” to “having excellence” and from “formal form” to “essential substance.”

### **4.1 Clarifying Goal Orientation: Constructing a Goal System for Legal Education that Integrates Virtue and Law**

The legal education which is provided for medical students in the new era should establish the clear goal orientation, thus forming a value orientation that integrates virtue together with law.

Firstly, establish a three-level progressive goal structure. The target of law comprehension for medical trainees ought to be decomposed into three tiers: on the knowledge tier, grasping the foundational contents of laws and rules connected with medical care; on the ability aspect, having the capacity to utilize legal knowledge to analyze problems in medical practice, deal with doctor-patient connections in accordance with law, and guard against medical legal dangers; On the value level, we need to build legal beliefs, rule feelings, and right protection concepts, and cultivate professional habits of doing medicine work according to law and doing behaviors in accordance with legal principles.

Second, we make clear the value direction which combines virtue and law together. The legal education and the professional ethics education have an intrinsic oneness. The socialist core values ought to be melted into legal education, thus guiding students to correctly hold the dialectical relation

between doing medicine practice by law and doing medicine practice by virtue. Teaching work should place emphasis on that law is the bottom line of morality, and morality is the high-level standard of law; A good medical doctor ought to simultaneously be a model of law-keeping conduct and also a model of moral goodness.

Third, we should formulate training standards that are divided into different phases. According to the stage properties of medical education, the progressive training norms ought to be formulated. The foundation period ought to concentrate on the illumination of law consciousness, letting students grasp the basic law frame of medical behaviors; the clinical stage therefore should put emphasis on the fostering of legal ability, hence enabling students that they use legal knowledge in particular situations; and the stage of internship ought to place emphasis on the cultivation of law-related behaviors, enabling students to practice the requirements of law in real-world professional environments.

#### **4.2 Optimizing the Curriculum System: Building a Modular Course Cluster Integrating Medicine and Law**

The curriculum acts as the core component for the nurturing of talents. By utilizing systematic thinking, the reconstruction of the legal education curriculum system for medical students is an essential work, therefore it can form a modular course group that combines the three elements of “compulsory courses + elective courses”, “theory + practice” and “foundational knowledge + frontier content”.

Firstly, we need to construct one “1+N” core curriculum system that is of the core type. That “1” points to the required course “Health Law”, which is taken as the core course of legal education that medical students receive. It ought to guarantee a teaching capability of over 48 class hours, in a systematic way covering basic doctrines of health law, medical organization administration, doctor practice norms, patient rights safeguarding, and medical conflict settlement. The letter “N” stands for some selective courses or topic modules, which include “Medical Jurisprudence,” “Medical Tort Liability Law,” “Medical Ethics and Law,” “Legal Practice in Clinical Trials,” and “Case Analysis of Medical Disputes,” thus letting students make choices according to their own interests and career development directions.

Second, we should push the curriculum content reform which deeply combines medicine together with law. Smash the discipline boundaries that lie between medicine and law, and rearrange teaching contents by taking clinical problems as the core focus. For instance, when carrying out the teaching of “patient informed consent rights”, instead of merely making explanation on legal clauses, clinical situations should be set up: an emergent patient has need of an immediate operation, but relatives cannot get in touch with. In what manner ought the doctor to carry on proceeding? Via these real scene situations, teachers lead students to overall use medical knowledge, legal rules and ethical guidelines to conduct their decision making.

Third point, we ought to develop curriculum resources of the “implicit legal education”. Let legal education be integrated by us into the teaching work of our professional courses. In

clinical course categories like Internal Medicine, Surgery, and Obstetrics and Gynecology, related legal knowledge ought to be added together with the diagnosis and processing of specific diseases. In the process of clinical internship guiding work, legal regulations ought to be taken as important content, to guide students to finish medical file writing and informed consent flow according to the law.

Fourth, we should adopt teaching methods which use information technology. Make an online curriculum platform that special serves legal education, it provides learning resources including micro-lectures, virtual simulation cases, and online testings. Employ VR/AR techniques to imitate medical dispute situations, thus letting students receive legal reaction training in immersive surroundings. In addition, we utilize big data to analyze and inspect students’ study behaviors, therefore, this hence helps promote personalized study direction giving.

#### **4.3 Innovating Teaching Methods: Promoting “Theory-Practice Integrated” Participatory Teaching**

The reform of teaching methods is the key to improve the effect of education. We ought to depart from the one-way’ teacher speaking, student listening’ mode, and construct a student-centered and ability-oriented way of participation.

First of all, comprehensively promote case-based teaching. Select representative and classic real medical dispute cases, and arrange teaching according to the process of situation display, problem guidance, group discussion, viewpoint demonstration and teacher review. The selection of cases must cover different types (civil, administrative, criminal) and many different stages (diagnosis, treatment, nursing, management), so that students can have a comprehensive understanding of the legal risk points in medical practice. Moreover, each case should be accompanied by explanatory legal provisions and judicial interpretations in the real world to achieve the connection between theoretical knowledge and practical application. Teachers are encouraged to lead discussions on prevention strategies, such as documentation standards, informed consent protocols, and interdisciplinary communication. Let students internalize risk mitigation into routine clinical habits.

Second aspect, we should promote the application of moot court teaching. It should be included in the practical part of rule of law education. In the real or modified medical dispute cases, students play the roles of judges, plaintiffs, defendants, legal agents, expert witnesses, etc., so that they experience the complete litigation process from case acceptance, evidence provision, mutual evidence questioning, argumentation to judgment. Through the role-playing method, students can deeply grasp the legal mechanism of dealing with medical disputes, and comprehend the actual application of legal rules such as evidence regulations and distribution of burden of proof.

Third, carry out exploration on legal clinic education. We should learn from the successful experience of legal education and establish a joint clinic of medicine and law. With the help of the tutor, students take part in activities like real or simulated legal consultation works, medical dispute

mediation works, and doctor-patient communication training works, therefore enhancing their legal application abilities from practice. At the same time, these legal clinics can work with hospital departments such as the Office of Physician-Patient Relations or the Medical Dispute Mediation Committee to obtain actual resources.

Fourthly, integrate information technology into teaching activities. Establish an online legal learning platform suitable for medical students, providing micro-course videos, fake simulation cases, online tests, etc. VR / AR technology can be used to simulate the situation of medical disputes and realize immersive legal response training. At the same time, big data model can be used to analyze students' learning behavior, so as to provide personalized learning guidance.

#### **4.4 Strengthening the Faculty: Cultivating “Dual-Qualified” Teachers with Integrated Medical-Legal Expertise**

The strength of the teaching staff is an important factor in determining the quality of education. It is necessary to build a high-level legal education faculty through the combination of introduction and training, the combination of full-time and part-time work, and the integration of medical law.

Firstly, we must promote the construction of on-campus teachers team. Carry out a “medical law double degree” teacher cultivation plan, it encourages teachers who have law backgrounds to obtain medical knowledge through higher study and clinical following observation, meanwhile it arranges for teachers who have medical backgrounds to carry out systematic study on legal theories. Establish a legal education teaching and research office to combine in-school expert abilities in law, medicine, and ethics, thus forming united teaching groups.

Second, carry out the recruitment of off-campus practitioners. Appoint judges, lawyers, health administrative law enforcement personnel, and medical dispute mediation personnel who have abundant actual experience as part-time teachers to undertake practical teaching duties. Establish the “practical tutor” system, invite experts from practice fields to give speeches, provide short courses, or direct student practice in every semester.

Third, a ‘double tutor’ system should be established. In the clinical practice stage, one clinical teacher and one law-related teacher should be assigned to each student. Clinical teachers guide students' medical technical ability, and legal teachers guide students' application of legal norms. Both of them jointly cultivate students' legal practice ability.

Fourth, we should promote the optimization of the training system of teachers. Relying on national and provincial medical education teacher training bases, regular training courses for rule of law education teachers are held. Support faculty to participate in health law academic conferences and clinical training of legal practice, so that they can master the latest knowledge and improve their work ability.

#### **4.5 Improving the Evaluation Mechanism: Establishing a “Process-Outcome” Dual-Dimensional Evaluation System**

One science assessment system is the important constituent part in guaranteeing education quality. The evaluation system that we use must be promoted in three aspects: appraisal by students, assessment of courses, and assessment of effect.

First of all, reform the assessment methods of students. It is necessary to change the original single closed-book exam mode and adopt diversified evaluation forms. Daily performance shall account for no less than 40% of the overall grade. It covers class attendance, written case analysis assignments, and performance in moot court practice. The final appraisals can use open-book tests, paper composition, or practice projects, and put focus on the assessment of students' capability to utilize legal knowledge for analyzing and solving problems. We should actively explore and steadily advance the Legal Literacy Certificate system. Certificates will be granted to students who reach the required legal proficiency, and this credential will be integrated into the comprehensive quality evaluation of students.

Second, we should carry out the evaluation of curriculum quality. Build an index system for assessing the quality of legal education curriculums, which includes dimensions such as teaching content, teaching methods, teaching effects, and students' satisfaction degrees. Implement regular curriculum assessment each semester, and take the resulting data as a core reference for teachers' performance assessment and curriculum optimization and upgrading.

Third, we should establish a long-term tracking mechanism that is carried out continuously. Conduct continuous tracking surveys on the legal literacy of medical graduates, so as to identify common legal dilemmas in clinical practice and collect their evaluations on institutional legal training. Establish a closed-loop mechanism from training to employment to feedback to improvement, so that graduate evaluation becomes an important reference material for curriculum reform.

#### **4.6 Improving the Collaborative Mechanism: Building a “Three-Comprehensive Education” Legal Education Community**

The legal education which is given to medical students is a systematic engineering project that therefore needs cooperation from multiple sides, the participation of all personnel, and integration through the whole whole process.

Firstly, strengthen internal collaborative work across the university. Build the legal education work coordination mechanism which is led by the academic affairs department, and has the participation from the Law School (or Law Teaching and Research Section), Medical School, School of Marxism, Student Affairs Department, and Communist Youth League Committee. Hold periodic combined meetings for coordinating curriculum formulation, teacher arrangement, practice activities, and check and appraisal.

Second, we should deepen the collaboration which is between universities and local places. Build steady cooperative relationships with local court organs, procuratorial organs, judicial administration organs, lawyer associations and medical dispute mediation committees. Together build legal

education practice bases to provide practice and internship platforms for students. We should ask practice workers to take part in the making of training plans, course arrangement, teaching carrying out, and quality assessment.

Third, push forward the cooperation between medical treatment and education. Carry out organic integration between institutional legal education and post-graduate education. Add legal literacy courses to standardized residency training and set them as compulsory learning content. Build regular communication systems among organizations and resident training bases to together work out lawful education norms, guaranteeing step-by-step content and unified demands.

## 5. Conclusion

The legal education that is given to medical students in the new time period is not only a concrete expression of the comprehensive law-governing country strategy in the medical education domain, but also an inherent demand for the connotation-based development of medical education, and is a crucially important guarantee for the cultivation of outstanding medical talents. In the face of a complicated and difficult medical environment and the continuously elevated patient consciousness of right protection, the enhancement of legal education for medical students is more urgent than any time before.

Legal education for medical students is a long-term foundational project, which therefore cannot be achieved overnight. It is necessary to further deepen the research regarding the rules which govern the development of legal literacy among medical students, and hence explore legal education modes that accord with the characteristics of medical education. The experience-type investigation study concerning law education for medical students must be enhanced, therefore utilizing data to sustain education-related policy making. The information construction and intelligent change of legal education for medical students ought to be advanced to satisfy the study need of the digital epoch. The law observance is the basis for a good doctor, and carrying out medical work in accordance with law is a fundamental working ability for doctors in the new period. Only through carrying legal education through the whole course of medical talent nurturing can we cultivate excellent medical workers who have both outstanding medical techniques and a firm conviction in the rule of law, therefore thus providing strong talent guarantee for the building of a Healthy China.

The integrity education of college students in the new era is a vital implement that completes the basic mission of moral nurture. Through the exploration

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