The medical student response to the Covid-19 pandemic

The Covid-19 pandemic has put significant burden upon healthcare systems globally. This has placed medical students in unprecedented situations that have raised many ethical, professional, and legal issues. Several of these issues have been particularly prevalent as a final year medical student graduating in a Covid-19 era. These include the role and responsibilities of senior medical students in helping healthcare colleagues and society, disruption to professional identity formation and the importance of prioritising ongoing education. In this essay, my personal experience of responding to the Covid-19 pandemic will be described. This will be integrated with ethical analysis of the situations I encountered, and relevant references to professional guidance and the law will also be provided. Gibbs' reflective cycle will be employed to explore these experiences in greater detail[1].

Volunteering: an ethical and professional minefield

I was a fourth-year student when my medical school notified the student body that in-person teaching was cancelled prior to the first national lockdown. We were advised to move back to our permanent addresses for remote lectures to prepare us for examinations that were at the end of the year. Our medical school made us aware of the General Medical Council (GMC) guidelines on volunteering during the pandemic. These guidelines highlighted that although volunteering was not a requirement, they would support individuals who chose to volunteer alongside their studies[2]. I desired to help out my healthcare colleagues in any way I could, but I also experienced fear of putting myself and my family at risk. I later chose not to volunteer as a fourth year and experienced feelings of guilt for this choice. These feelings likely arose from expectations of myself, my social circle and some aspects of wider society to assist healthcare colleagues as a senior medical student that would soon be a doctor.

This experience raised many normative ethical questions surrounding the rightness and wrongness of volunteering as a medical student. The ethical principle of beneficence would explain my feelings of guilt about not volunteering. I felt that I had a moral obligation to act for the benefit of others. This arose from my beliefs that a medical student should always be altruistic, a key aspect of professionalism[3]. There are two aspects of beneficence: providing benefits and balancing benefits with harms. I had weighed the harms to my medical school performance and family greater than the benefit of volunteering by abstaining, yet I still felt guilt for my choices. This is likely because from a deontological perspective, I felt that it was intrinsically right for me to volunteer. Similarly, a utilitarian viewpoint that I contemplated was that volunteering would benefit the majority (the public) over risk to myself and my family.

Professional and legal guidance from the GMC emphasised the importance of looking after oneself and it was made clear there was no obligation to volunteer[2]. I realised that I would be spending my entire career caring for others and on balance, I felt it would be better for me to concentrate on passing my examinations to provide the best possible care as a doctor in the near future. On reflection, I still debate whether I should have volunteered and have feelings of guilt for my choices. These feelings, and their ethical, professional and legal consequences will be relevant when I start the Foundation Programme later this year, especially if there is a third wave.

“Put your oxygen mask on first”

The desire to help out continued as subsequent waves and lockdowns from Covid occurred, including in my final year. I had requests from the hospitals I was attached to and my medical school to assist on wards where doctors had been redeployed from, on ITU with proning Covid-19 patients and with the vaccination programme. In my final year, I chose to offer my assistance on wards beyond that which was required of me for the course. As final examinations and applications for the Foundation Programme approached, I soon found myself struggling with this additional commitment. I also felt wary about working in amber and red zones, where risk of contracting of Covid was high as a student who had significant assessments looming. I did not want to risk delaying graduating as a doctor where I could be of greater help because of failing exams, so after a few months of providing additional assistance on wards I stepped back and prioritised academic work.

I justified my decision based on the consequentialist viewpoint that prioritising my studies would benefit my future patients and my ability to offer more effective help in the future[4]. Ethical analysis using a descriptive ethics approach would suggest that the although the consequences of this action was disadvantaging healthcare professionals and potential care to patients, I would be providing the greatest good to the greatest number of people in the future by focussing on becoming a doctor. In contrast, a virtue ethics approach would only justify this decision based on moral character and whether this was truly a virtuous decision.

I believed this to be a virtuous decision based on professional guidance provided by the Medical Schools Council that “medical students’ first responsibility is to their continuing education”[5]. I was concerned of contravening the principle of non-maleficence by inadvertently withholding care to patients, however ethical analysis would suggest that this decision was in line with GMC guidance on professionalism[2]. As legislature only covered actions of those who were volunteering, this decision only required ethical and professional analysis.

It is important that I consider the conflict between altruism and self-prioritisation throughout my medical career. Although patient care must always take priority, on reflection this experience provided me with the opportunity to learn that I can only look after others if I look after myself first and continue my education, which is an important aspect of professionalism. This is something I will continually reflect upon when I encounter future challenges that may provide occasions in which the equilibrium between looking after patients and self is tipped in a direction that is not sustainable.

Professional identity formation: who am I?

Throughout the Covid-19 pandemic I transitioned from a clinical medical student learning through clinical placements to remote studying with minimal clinical exposure. This changed suddenly when starting final year with exposure to Covid-19 patients on hospital wards and high clinical expectations from other healthcare professionals. This led to me feeling unclear on what my role was as a final year medical student and the remits of my responsibilities. I was particularly aware of the limitations of my clinical knowledge given the considerable hiatus from clinical placement over the first national lockdown. Compounding this confusion was the realisation that I was months away from graduating as a doctor. This culminated

when as a final year, due to staff absence, I was asked to lead a section of a ward round and report back to a senior doctor.

Legislative guidance made clear that Crown Indemnity would only be provided to those who worked within their own competence[5]. The GMC explicitly stated that medical students must not carry out any duties of that of a doctor and should be supervised and act within competence[2]. On criticism of the legislature and professional guidance, it was not clear what the limit of competence of a medical student was. This was not formally defined and as subjective in nature, this guidance was susceptible to varying interpretation[5].

It is clear on reflection that this was intentional guidance. Not every medical student at the same stage has the same proficiency, although all must be safe and achieve baseline competencies. At that stage, I felt that by leading a ward round indirectly unsupervised I was working in conflict with the GMC guidance and not within the remit of my competencies[2]. This is in line with the ethical principle of non-maleficence. A fundamental ethical principle of modern healthcare is "first, do no harm"[3]. Working beyond my competences would not only be against legislature and professional guidance, but ethically this would be wrong as it would be putting patients at considerable risk. It may be argued that in this experience, the ward was understaffed and my refusal to lead a ward round would be contributing to the delayed patient care, indirectly causing patient harm and therefore in conflict with non-maleficence. This would, however, be a fallacy of relevance as it would still be working beyond my self-defined competence.

I will continually reflect on my professional identity formation and remit of clinical responsibility as a Foundation doctor. This learning experience will prove useful as in the future, there will be transition periods in my career where these ethical and professional dilemmas will be significant. One example of where I might experience a similar scenario in the future is the transition point between Foundation Year 1 and 2. On the first day as a Foundation Year 2 doctor I will be fully registered with the GMC and have additional responsibilities and expectations to the very previous day when I was an Foundation Year 1 doctor. It will remain important for me to consider the professional and legislative implications of acting beyond my competencies, as well as the ethical issues surrounding professional identity formation and my role within the healthcare team.

Conclusion

In conclusion, this essay has outlined my experiences of being a senior medical student during Covid-19 and my personal response to the pandemic. Three key experiences have been outlined: pressures to volunteer, prioritising self and professional identity formation. The ethical, professional and legal aspects of these experiences have been discussed and analysed with reference to key GMC[2] and MSC guidelines[5] where possible. These experiences have been structured according to the Gibbs reflective cycle[1], to allow reflection and criticism of my experience and the issues they have raised throughout.

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References

1. Gibbs G. Learning by Doing: A Guide to Teaching and Learning Methods. Oxford: Further Educational Unit, Oxford Polytechnic; 1988.
2. General Medical Council. Coronavirus information for medical students. 2021. Available from: https://www.gmc-uk.org/news/coronavirus/coronavirus-information-for-medical-students [Accessed 13th May 2021]
3. Cooper, N., Frain, A., Frain, J., eds. ABC of clinical professionalism. London: Wiley Blackwell; 2018.
4. Savulescu, J., Wilkinson, D. Consequentialism and the Law in Medicine. In: De Campos, T.C., Herring, J., Phillips, A.M., eds. Philosophical Foundations of Medical Law. Oxford: Oxford University Press; 2019.
5. Medical Schools Council. Statement of Expectation. Medical Student volunteers in the NHS. 2020. Available from: https://www.medschools.ac.uk/media/2622/statement-of-expectation-medical-student-volunteers-in-the-nhs.pdf [Accessed 24th May 2021]