

Rethinking the Role of Senior Medical Students in the COVID-19 Response

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Abstract

The current COVID-19 crisis, unprecedented in living memory, warrants decisive action to stifle rising infections and mortalities. This letter offers a medical student perspective as to our potential role, competencies, and risks to students associated with providing a contribution to the COVID-19 response.

Body

On March 11th 2020, the WHO declared COVID-19 a pandemic. Australia has enacted public health measures to reduce the number and severity of cases¹. These measures, alongside disease burden, profoundly impact the healthcare system. It is unclear what the place of medical students in the COVID-19 response is.

The gravity of the COVID-19 crisis has led governments to take drastic measures. Over 10,000 Italian final year students have had graduation expedited to supplement the overburdened workforce². In the UK, the Medical Schools Council has encouraged prioritising qualification of final year students to support the over-encumbered National Health Service².

The Medical Deans of Australia and New Zealand recognise the value of final year medical students, releasing a statement outlining appropriate roles³. These involve routine aspects of care independent of the COVID-19 response, in various clinical setting that students are already familiar with. Moreover, with clinical placements being disrupted, senior students may gain valuable practical exposure aligning with course requirements. Considering the noted mental health effects of COVID-19⁴, student contributions may relieve burden on professional staff while alleviating any sense of helplessness, improving the mental wellbeing of students and staff alike. Importantly, medicine embodies altruism and humanity, with many students preferencing this vocation for these moral reasons. If imminent doctors feel impassioned to contribute, it is just to respect this desire as the system would, had COVID-19 surfaced mere months later.

Involving students, however, is not without risk. With the reported asymptomatic infectious period, expanding the workforce elevates infection risk. Exposure to COVID-19 patients should thus be minimal. Furthermore, the risk of litigation is pertinent as students are less experienced than professional staff. Responsibilities should be within capabilities, under supervision and institutional medico-legal protection. Lastly, additional work hours may impede formal medical education; academic penalties should not be levied with due acknowledgment of on-the-job learning and accessibility of course materials should be maximised. Indeed, medical student involvement should be implemented following principles developed by key stakeholders^{3,5}. Extraordinary times call for extraordinary measures. With appropriate legal, operational and training safeguards, senior medical students have a role in the COVID-19 response if they desire.

References

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