

## Learnings from the pandemic: A medical student's perspective

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The Covid-19 pandemic has revealed many aspects that are rarely addressed during our medical education. After nearly 2 years in medical college and with some understanding of the medical community, and its interaction with society at large, I have derived the following lessons.

### *Learn to understand people along with diseases*

An important clause in the Hippocratic Oath holds that 'sympathy and understanding may outweigh the surgeon's knife or the chemist drug'. I had often heard 'treat the patient, not the disease', though I had rarely seen it in practice. I am aware of the age-old argument that doctors in Indian healthcare settings are highly strained and you cannot hold them up to such high standards. However, in uncertain times such as the Covid pandemic when people are anxious, perhaps a simple gesture to comfort someone may go a long way. I have seen how during our clinical postings the majority of students are keen on learning clinical examination and treatment modalities, but little heed is paid to listen to the patient. Most students believe that memorizing chunks of text is all that is needed to be a competent doctor. Generally, while talking to the patients instead of listening to the 'story' of the patient, the emphasis is put on the 'chief complaint' of the patient. I believe that empathy and listening must be considered at par with antibiotics and surgeries for their importance in patient care.

### *Medicine might not be the answer every time*

Rarely, during our education are we taught how to face a situation when despite our best efforts we fail to save a patient. With a disease like Covid-19, doctors are faced with situations where a number of people are dead or dying in a hospital and nothing could be done about it. At such times, offering comfort to someone during their last moments would be a sensible thing. Despite being taught many protocols and ways to communicate with patients as well as families in critical stages, these are rarely practised. Possibly because we are not explained the importance of such methods. I believe in translating these methods into practice. Doctors should discuss more often their experiences with patients in critical care. This would help students to understand the importance of communication in patient care.

### *No specialty is less important*

Most of my peers since the day they entered medical school dreamt of becoming great clinicians and surgeons. Rarely have I heard anyone aspiring to be a great pathologist or microbiologist. Right from testing to drafting public health measures

and vaccine development, it is the microbiologist, epidemiologist and other specialists who are not acknowledged enough for the contribution they make, and the integral role they play. It should be an eye-opener for medical students that a doctor is not simply the one who sees hundreds of patients a day or does miraculous surgeries.

### *Don't always expect a 'thank you'*

No doubt healthcare professionals along with other essential workers are at the frontline, but have we ever thought that these individuals are simply ordinary citizens who have stepped up to help in the time of crisis. We may call them heroes and clap for them, but when all this is over, will we give them the respect they deserve? In the past, multiple instances of violence against doctors have been reported, but such deplorable incidents continue to happen even during a pandemic. These may be just a handful of individuals but as a society we are complacent in holding people accountable for such actions. The message we are sending to a future generation of essential workers is that they are expected to work to the best of their abilities without faltering. I do not imply that doctors should stop treating patients due to the behaviour of a few, but we need to understand that this problem is multifaceted where neither the patient nor the doctor could be entirely blamed.

The shortcomings in the current system, though disheartening, give us scope for improvement. Dr Danielle Ofri in her book, *What patients say, what doctors hear*, offers insights into the use of simple strategies. Studies have shown that the use of reflective exercises<sup>1</sup> and the Implicit Association Test<sup>2</sup> can aid doctors in improving patient care. The introduction of technology in both medical education and clinical settings can improve the doctor-patient relationship. With mundane tasks being increasingly automated, doctors will be able to devote greater attention to patients.<sup>3</sup> A study from China has shown that interns could be better trained in patient communication with the help of a doctor-patient communication software.<sup>4</sup> Even though much work would be required to put these methods into practice, I believe both patients and doctors would benefit from these much-needed interventions.

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