

# Learning in Panic: Students on shifting grounds of a global outbreak - where should we stand?

by Adam Beswick



When I started medical school, I didn't expect to be graduating into a healthcare system bracing for one of the biggest global health threats of a generation.

Perhaps to start with the obvious: I am young, healthy, and unlikely to die of this virus. It is also obvious to me that many of the vulnerable patients I am learning to care for do not enjoy the same demographic privileges. As a learner, I am growing increasingly disconcerted with the possibility that my presence in clinical learning environments - while beneficial for me - could bring real harm to the patients I serve. As a potential asymptomatic carrier, the prospect that my continued presence may perpetuate this virus patients and staff in our healthcare system seems unacceptable.

I recognize that as a learner I occupy a fundamentally different place in the healthcare system than other medical staff. On a daily basis I am indisputably non-essential; an observant, helpful, unobtrusive learner. Yet with the unprecedented rise of COVID19, I am suddenly also exactly the type of mere healthy observer that could amplify a virus in search of new hosts. The place of students like me occupy in our healthcare system in a moment of looming crisis has yet to be clarified. To date, it has remained business as usual, which is to say regular rotating student electives between urban and community healthcare sites across Canada and abroad.

It is unclear whether Canadian medical schools have a decisive metric of suitable risk - for both learners and patients - that would remain necessary preconditions for continued learner involvement in these clinical setting.

If our first obligation is to do no harm, we ought to consider our responsibility as potential asymptomatic carriers involved in the care of Canadian patients. We need to be judicious in the use of limited stores of PPE equipment - and encourage preferential use for frontline workers in a moment of global shortage. It should be considered that as learners in a remarkable moment of global uncertainty with governments moving to step up containment efforts - perhaps it is our role to stand down.

We are presently frontline observers to one of the most challenging global health threats in decades. That will soon change. As I prepare to transition to residency at the height of this crisis, thousands of students like me are primed to join effort to combat a virus that continues to strain our systems and arrest our communities. As final year medical students, our curriculum should reflect the unprecedented environment we are about to enter. International student electives should not be supported. All clinical duties ought to be considered in the context of potential harm to both learner, patient, and healthcare infrastructure - and when necessary, dutifully suspended.

I am absolutely committed to providing the best care to all of my patients, including those affected by COVID19. So, as I begin to prepare for my final elective of my medical school, a question lingers: Should I go to work?

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