Working Beyond A Resident Doctor – A Need Of The Hour. A Clinician’s Perspective.

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Abstract- This article voices the woes from the resident physicians and resident doctors from a COVID19 pandemic struck country, the uncertainties faced by them and doubts regarding future endeavors yet to be faced as a challenge.

Index Terms- COVID19, Doctor, Clinical perspective.

I. INTRODUCTION

As we all know that India is the second worst pandemic struck country due to the Novel Coronavirus 2019 with over 267 lakhs people infected and death toll crossing over 3 lakh. As I pen down this article thousands are being tested positive and hundreds of lives lost every hour in our country. A global terror from the virus with an amplified version being faced by the country and the youngest doctors being a backbone and frontline warriors against the pandemic are the resident doctors who deserve a salute. The authors being from a privileged University, the Manipal Academy of Higher Education have completed their residency programme on time and including the results. However, the voices of the rest thousands of resident doctors all over the country remain unaddressed.

II. RESIDENTS LIFE

As we all know the residency period of 3 years is a golden period for the young doctors becoming future specialists in their respective subjects. This course has intense learning, training and academics to be addressed to, along with it carries a huge responsibility of handling sick patients in the Intensive Care units and also walking-talking stable patients visiting the Out-Patient department. This is what makes them a completely trained specialist at the end of 3 years of academic curriculum.

Most of these young doctors are in their mid to late twenties and a few in early thirties. The youngest and smartest generation of doctors! Every resident is motivated to learn new things and acquire skills and complete the course on time at the end of 3 toiling years. However, we understand that the current pandemic has caused a widespread disruption and havoc in their timelines as they are made to work beyond 3 years of their residency programme as this is the demand of the hour. As they face the crisis there is still so much uncertainties about their exams-be it theory or practical or viva. Utilizing their services has become the inevitable need of the hour for best patient outcomes.

III. LESSONS FROM THE PANDEMIC

A lot of us do make compromises and sacrifices for what we want. These young minds have definitely made a lot, even in terms of lives lost to the pandemic. Every sacrifice is a soldier battling at the country’s border to protect the nation. Moreover, loss of academics, training and exposure to other cases takes a big toll on their mindset and preparation for their university examinations and future clinical practice. Moreover, their personal and social lives is also at a setback. To add to the woes, exams being postponed indefinitely in almost all universities. Looks like the time for calling themselves proudly as specialists is also indefinitely postponed too. A sad truth indeed.

However, we have been seeing a great unity among the doctors of various specialties coming together and working to fight the pandemic. United we stand holds true. According to Ryan et al. the services of the health care workers have been appreciated and their risks involved have also been noted. However there are still many parts of the country where they work under dangerous conditions due to lack of adequate resources. No pandemic is complete without its shortcomings as already seen in the global history of pandemics.

IV. BEING RESPONSIBLE

The authors’ also want to pen down a paragraph about the sudden surge in the responsibilities of resident doctors during the crisis period. The responsibilities shouldered by these young specialists is undoubtedly increased to an all time high. The responsibility of conveying the word “He is sick and dying” has a big impact on the family members and a significant counter-transference also upon the doctors. Conveying the need for stepping up oxygen support, ventilator support, endotracheal intubation, setting up all that dialysis lines and central lines is a decision bearing huge responsibility. The news may also be disheartening to the family members. Declaring a mortality to the family members is even more depressing. It does need a family meeting held prior to patient dying and a heart full of courage. Moreover, explaining lack of beds, ICU’s and oxygen cylinders is like exposing the shortcomings of the healthcare system that the country is facing today. A lot of them have to face a violent mob from the deceased relatives and obscene manners from the patient’s attendees which disrupts their thought process and efficacy of patient care for the next 12 hours or so. Nonetheless,
the doctors stay emotionally strong and continue their duties because all of us are a prey to the Hippocratic Oath.

V. CONCLUSION

As we are in the midst of a pandemic with global disruption in services in all the sectors, healthcare bearing a great brunt we feel we are still far in addressing the needs of frontline workers. The voices and grievances need to be addressed as pillars of a building need to be very strong to hold a building erect. A soldier cannot fight if his weapons and supplies are cut-off. Similarly the widespread disruption in healthcare services needs rectification at the hands of these young doctors provided raw-materials are supplied. We believe that every night is followed by a day and hence every problem comes with a solution. Hence, to conclude we add that the resident doctors being a backbone of the health care system in our country we need to uphold their grievances and problems to create a integrated system of healthcare which serves its nation in its full capacity.

APPENDIX

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REFERENCES


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