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COVID-19 pandemic — did we sign up for “this”?

To the Editor

Since the beginning of the pandemic, there is an increasing pressure on our healthcare systems to cope with the increasing workload. As the expansion of hospital beds and equipment was taken up by governments readily, the predominant problem in the system remains to be the scarcity of trained workforce such as doctors, nurses, and supporting staff. As we have a wide range of medical and surgical specialties, not every doctor is equally capable of handling Coronavirus disease 19 (COVID-19) patients who present with respiratory failure. This has led to a sense of incompleteness in many resident doctors working in various COVID care hospitals.

In a recent article by Gallagher *et al.* in the New England Journal of Medicine, the authors have detailed the role of medical students and residents in the COVID-19 pandemic and how it has affected their training [1]. The authors have given a vivid account of the emotions and liabilities that medical students have experienced during the pandemic. The authors have elaborated in detail about the concerns and sense of responsibility among Internal Medicine, Pulmonary Medicine, and Critical Care residents and fellows. The authors have mentioned that the involvement of residents varies by specialty but that they have not addressed the concerns of resident doctors from other specialties. This aspect is crucial to

the current scenario of the pandemic in India. Residents who are not from Internal Medicine are also being deployed to the COVID areas and their involvement varies depending upon their expertise. It has led to a paradigm shift in the work of these residents. For example, residents who were once operating on abdominal tumours are now managing the Intensive Care Unit. The training in the primary specialty is also compromised as this pandemic is still growing in our country [2, 3]. Did these residents sign up for “this” or “that” or “both”? These are questions to ponder upon for all of us. Encouragement and training of residents working in COVID areas and using simulator-based training in surgical specialties can help to reduce the gap between “this” and “that”.

Conflict of interest

None declared.

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