Junior doctors as the main health workforce of pandemic control hospitals in Turkey

Being a junior doctor has never been easy, but it is a bit more difficult these days. As the frontline ambassadors of the medical team they found themselves in the centre of ambiguity. I am writing this on the 17th day since Turkey confirmed the country’s first COVID-19 case. Turkey had a total of 7402 cases by the evening of 28th March 2020 and 108 of them died.1

It surprised the global community in the previous month that Turkey did not have a confirmed COVID-19 case. The scientific community in Turkey criticised the ministry of health for not being honest. There were even theories claiming that the diagnostic kits were showing false negative results. Working actively both in emergencies and outpatient settings, we had not seen a surge in febrile patients until the first weekend of March. This was consistent with the ministry’s ‘corona-virus outbreak is under control’ narrative. However, although their coronavirus-specific tests were negative, a gradual increase in the number of patients has been felt since then. The workload peaked on 9th March 2020, just 2 days before the ministry declared Turkey’s first confirmed COVID-19 case. Although pandemic control measures (social distancing, travel ban, partial lockdown, etc) are in place the exponential growth rate could decrease just to 0.35 on 17th day after starting around 0.80 for the first days. The increasing number of positive patients is worrisome. In order to control the huge burden of COVID-19 patients, the Turkish government has partly confiscated the private health sector. All tertiary public health centres and the private hospitals with defined capacity were declared as ‘pandemic control hospitals’. A new law gave provincial health managers the authority to appoint junior doctors (ie, doctors in training) in any healthcare settings. I think it is time to have a look at the status of junior doctors in the midst of a pandemic. They now constitute the majority of the health workforce in the so-called pandemic control hospitals of Turkey.

First and foremost, their level of dedication is astonishing. They are very much aware that this global health crisis cannot be solved without their engagement. Some are scared of being infected, but this is because they do not want to stay away from work. They also care about their families. They never want to spread the virus to their loved ones.2 This feeling even directed them to change homes and keep their vulnerable family members isolated. They have the insight to understand that they will experience a shortage of personal protective equipments (PPE). That is what they heard from their friends in different countries. You cannot imagine the effort put forth by them to start a fundraising campaign to supply the PPE demand of the university hospital. They are organised and supportive to each other. It is not only infectious diseases, pulmonary diseases or internal medicine residents who take the responsibility, but also residents of all departments are working hand in hand to cover the shifts. But they are stressed. Because the number of incidents which should be solved only by them has increased. And, they cannot reach all the necessary information all the time. Besides, their training period is interrupted.

Here are some tips and suggestions to keep junior doctors motivated and help them work effectively:

1. Provide necessary training. This includes diagnosis and treatment of COVID-19. All aspects of the disease should be taught. Try to find ways to intersect some COVID-19 characteristics with their residency training. Junior doctors should learn proper use of PPE.3 It is also very well known that unnecessary use of PPE is one of the main reasons for the equipment shortage. They should know what to use, how to use and when to use.

2. Give guidance, support and reassurance. Do not leave them alone. Discuss and decide together. Do not limit the discussion to diagnosis and isolation algorithms. Discuss the pathophysiology of the disease and the mechanism of possible drugs to treat it. Let them know that pandemics are not all success stories and it is completely natural to be helpless with some patients.

3. Involve them in decision-making. As the main constituent of the workforce, they are aware of the requirements of the field. Ask for ideas and make plans together. Let them feel that their observations are noted.

4. Be open and transparent. Regularly update them about the progress of the plans. This can be done once or twice a week.

5. Decrease exposure. Implement more flexible working styles.4 Decreasing the exposure to chaotic pandemic settings will freshen them up. This will also decrease the infection risk among them.

The world is passing through hard times. There is no doubt that the pandemic is affecting all levels of the healthcare system. However, as they are also in the phase of building their careers, junior doctors are among the most vulnerable groups in this chaos. They should be given proper guidance and support.

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