

Unmasking the Healthcare Issues Slipping through the Cracks during the Pandemic

Manas Pustake,¹ Ciara Egan,² Annora A. Kumar.³

There is a momentum that has started to pick up speed in the International Journal of Medical Students (IJMS) community. In the past year, we have increased our number of our Student Editors and raised the standard that we hold them to via Publons Academy, now Web of Science Academy (<https://webofscienceacademy.clarivate.com/learn>). Moreover, we are aware that you, our community of medical students, are moving along with us. Just a few months ago, our last editorial was a figurative call to action for us to enter into a new era of excellence in medical student research.¹ By all means did you respond. The activity and submissions we have from medical students is at an all-time high, including the quality of original research and articles.

The IJMS has always and will continue to do the honor of publishing inspirational research for medical students, by medical students. We want to highlight a particular article in this Issue that stands out. Katherine Hoops and her professors from Wayne State University School of Medicine in Detroit, Michigan, took an innovative approach in designing an educational module with the purpose of teaching medical students the basic needs of sexual assault patients. They aimed to determine if there was a substantial difference in preparedness of the medical students to counsel survivors of sexual assault.²

In the wake of the increasing incidence of crime and interpersonal violence associated with the COVID-19 pandemic,³ sexual assault is a topic that demands the attention of all healthcare providers. Even in the early stages following the World Health Organization declaring COVID-19 as a pandemic, the United Nations stated a warning regarding potential growth in domestic violence as a result of the lockdown.^{4,5} Furthermore, it has been established that the COVID-19 pandemic has indeed intensified pre-existing societal issues for survivors of violence, including intimate partner violence and sexual assault.⁶ In spite of these factors, there has been a drop in the number of reported of sexual assault cases during the pandemic. One study found a 53% decrease in reporting of sexual assault cases and a 48% reduction in reporting of physical assault cases.⁷ Additionally, the implementation of lockdowns tended to decrease the number of calls to rape crisis hotlines.⁸

Unfortunately, the topic of sexual assault is one that is still considered taboo in many societies. Because of this, many survivors of sexual assault remain silent. Even in ordinary circumstances, two in every three assaults go unreported.⁸ This is highly problematic for physicians and other service providers. In a profession where we are taught to make inferences based on observable signs and patient-reported symptoms, survivors of sexual assault may remain hidden and out of the view of the average physician. Now that the lockdown restrictions are lifting, there is a need to bring such patients into the light and provide empathetic assistance and care to these patients.⁷ This is something that young, aspiring physicians should be aware of.

This theme of uncovering an under-recognized healthcare issues is evident throughout much of volume 9, issue 2. Derderian et al. uncover the challenges faced by homeless veterans in the United States, a group who often slip through the cracks in the healthcare system.⁹ Lack of established sense of place is an immeasurable yet essential component of wellbeing, and in this issue we also get to read about a focus group with Black students regarding the perception of belonging.¹⁰

In a more clinical light, this issue also illuminates the significance of refractive errors that are hidden from both the patient and the physician. A study from the Centro Universitário Saúde ABC/FMABC describes the prevalence of ametropias and highlights uncorrected refractive errors as one of the main causes of poor vision among medical students.¹¹ Accurate clinical information is indispensable when attempting to unveil and treat a patient's morbidity, and this importance is emphasized in the cross-sectional study on Type II Diabetic patients done by Thomas et al. and the effectiveness of blood glucose self-monitoring.¹² Additionally, a literature review commenting on the knowledge gaps of General Practitioners in implementing advanced care planning is getting published in this issue as well.¹³

This issue also explores the quantifiable effects of the pandemic. Diebel et al. evaluated the response of Canadian Emergency Departments to the pandemic.¹⁴ Amna Raja shared an experience piece on the current COVID-19 situation in Pakistan.¹⁵ There are also other thought-provoking experiences in this issue. In a piece that emphasizes the importance of taking initiative amidst uncertainty, Holly Brownlee narrates her experience of how she handled a case of emergency on-board flight, as a medical student.¹⁶ Furthermore, Marcel Blignaut recounts his personal experience as a medical student as he navigated his way through a chronic disease.¹⁷ His medical school experience is tremendously motivating for all medical students, and he also emphasizes the importance of support systems, which are strengthened by the sharing of individual stories and experiences, as he has done in his experience piece. The importance of strong peer supports is also emphasized in final article in this issue, which is an insightful letter to the editor.¹⁸

As well as original articles, case reports, experience pieces, and letters, no journal's issue is complete without interesting cases. So, in order to pique your curiosity, we have two fascinating cases. The first is a spinal cord injury-induced osteoporosis,¹⁹ which highlights the interesting connections between neural pathology and bone disease. The second case describes Familial Hyperinsulinism due to HNF4A Deficiency coupled with premature adrenarche.²⁰

IJMS has been publishing its issues tri-annually for the past nine years. Due to overwhelming enthusiasm and support from medical students all around the world, as well as a significant increase in submissions, we have decided to publish four issues every year from now on. The journal's mission of spreading science and research in times of the COVID-19 pandemic was proclaimed in an editorial in the first issue of last year. This has now come to fruition, as seen by the enormous number of responses and submissions despite the pandemic.²¹

As a journal, we encourage all medical students to publish and express themselves. We encourage you to come forward and contribute your thoughts and research. IJMS looks forward to continuing to provide a platform for medical students all around the world. Finally, good editors are responsible for the reputation of good journals. Paul is leaving his position as our Deputy Editor to pursue a residency in Pediatrics at The Hospital for Sick Children in Toronto, Canada. This is a huge loss for the Journal but with Paul's insight the Journal has grown stronger.²² We wish him the best of luck in his future endeavors as a physician-scientist and future pediatric endocrinologist.

¹ Medical Student, Grant Government Medical College and Sir JJ Group of Hospitals, Mumbai, India. Student Editor, IJMS.

² Medical Student, Humanitas University, Humanitas Research Hospital, Milan, Italy. Student Editor, IJMS.

³ Medical Student, The University of Western Australia, Australia. Production Manager, IJMS.

Correspondence:

Manas Pustake

Address: JJ Hospital, Byculla, Mumbai, 400008, India

Email: pustakemanas@gmail.com

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