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- 45 • **Linkedin:** <https://www.linkedin.com/authwall?trk=gf&trkInfo=AQHkRfLb8qwbeQAAAYL0sZr4uYVqTca>
46 [bJPCxtXz4-l_RsXoq8o4hsiFX3wqqhblvpC1SGmf_pu6uSN-](https://www.linkedin.com/authwall?trk=gf&trkInfo=AQHkRfLb8qwbeQAAAYL0sZr4uYVqTca)
47 [CFyR87qZqIGLOdhbmYWACxWhzUY74ADv8r_24_VcdJojIR-](https://www.linkedin.com/authwall?trk=gf&trkInfo=AQHkRfLb8qwbeQAAAYL0sZr4uYVqTca)
48 [yrkdc7UtE=&original_referer=https://www.google.com/&sessionRedirect=https%3A%2F%2Fuk.linkedin](https://www.linkedin.com/authwall?trk=gf&trkInfo=AQHkRfLb8qwbeQAAAYL0sZr4uYVqTca)
49 [n.com%2Fin%2Fkyriaki-barbara-papalois-9618a9221%3Ftrk%3Dpeople_directory](https://www.linkedin.com/authwall?trk=gf&trkInfo=AQHkRfLb8qwbeQAAAYL0sZr4uYVqTca)

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52 **Discussion Points:**

- 53 • Is being a doctor, always putting yourself second?
- 54 • Do those who take care of us, take care of themselves?
- 55 • #MedicalEthics
- 56 • #Staffwellbeing

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79 **ABSTRACT**

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81 'Primum non nocere' or 'do no harm' is the timeless Hippocratic mantra instilled in every healthcare professional
82 at the beginning of their career. It is the ethical compass which guides all decision making in healthcare working
83 in the best interests of patients to give them the best possible treatment and quality of life. This vocation of
84 course does not come without its challenges, long working hours, stress, time constraints and demands which
85 affect the professional and personal life of healthcare workers and in some instances their own health and
86 wellbeing. It is time to raise the profile of this truth and call for ways to practically encourage health professionals
87 to make their well being a priority too.

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89 **Key Words:** Sars-CoV-2, 'ethics', 'health promotion' (Source: MeSH-NLM).

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LETTER_

Dear Editor,

'Primum non nocere' is the key principle which underpins all medical decisions and guides clinicians through ethical dilemmas and uncertainty. The Hippocratic mantra has been instilled in every healthcare practitioner ensuring that the safety of patients is paramount, and action is always in their best interest.

However, even as a medical student it is quite obvious that although healthcare professionals place all their efforts in realising this doctrine for the good of their patients they do not always apply it to themselves. Healthcare staff are exposed to difficult and distressing situations daily. Simultaneously, they are being required to work overtime in understaffed and high-pressured environments where error due to exhaustion could mean the difference between life and death⁽¹⁾. This reality, although many accept it as default in the medical field, is fundamentally wrong.

This saddening reality has been precipitated by the COVID-19 pandemic. As described by Kapri. and Gadgile, 2020 the novel virus placed an unprecedented stress in the health sector with staff working overtime, re-deployed to intensive care units and undertaking additional duties to cope with increasing admissions⁽²⁾. The pair described 'Corona anxiety' and increased levels of burnout and depression, leading to them as psychiatrists rightly advocating for better mental health support for health workers⁽²⁾. This psychosocial impact was also identified by Jenkins and Grasso., 2021 as medical students in the US, reporting adverse pandemic-related experiences (lower physical activity levels, increased substance use) as high as 37.5% in the sample population and deteriorating mental health amongst students⁽³⁾

As future 'frontline workers' many of us started clinical placement at the epicenter of the COVID-19 pandemic whilst the rest of the world was in lockdown and any reservations, we had entering placement in these unprecedented circumstances had to be subverted in order to gain the competences needed to progress in our medical course. As described by Ibrahimli , 2021 disruption to in-person teaching and transition to online formats led to reduced clinical exposure⁽⁴⁾ whilst redeployment of many junior doctors resulted in many personal and professional setbacks. Many medical students including myself worked in community care, as healthcare assistants and tried to play our part to aid health professionals during the pandemic. These actions may be as a result of resilience and adaptability of the medical profession, however, it begs the question, does this instilled sense of duty compel us to put ourselves in danger to help in crises as accounted by the humbling experience of Ibrahimli, 2021., as a volunteer Nagorno-Karabakh conflict during the pandemic?⁽⁴⁾ Would we, and should we all have the courage to respond as such?. In my own placement during the pandemic, many staff in tears confided that they had reached their limits and questioned the limits of goodwill and where their duty is to themselves or wholly to patients. These moments seeing healthcare staff who are venerated at their most vulnerable has stayed with me even today as I'm writing this letter entering my final year in medical school

160 So what do we do about it?, Undoubtedly, people recognise the challenges that are synonymous with the
161 profession and show respect to healthcare staff , even arranged claps for them in the UK throughout the
162 pandemic, which although sentimental- is it enough? We acknowledge the hardship but chose to ignore the
163 core problem, when doctors are at risk of harming themselves to help others.

164 Many have quit the service, re-live distressing and traumatic experiences, and lastly harm their health
165 irreversibly⁽¹⁾. In 2016, a scene which I vividly recall is junior doctors striking in the streets of London, protesting
166 the changes in their contracts, to work on weekends with negligible increase in pay. This decision of junior
167 doctors to strike sparked debate regarding the duties of physicians with a failure from the UK government and
168 media to understand the already low morale of healthcare staff and reality of medicine as highlighted by the
169 British Medical Association which was one of the few organisations justifying the strikes in 2016 ⁽¹⁾.

170
171 Over 35% of respondents in the NHS 2018 Staff survey reported they were unwell due to burnout and many
172 health practitioners especially GPs reporting they would like to quit the service in the foreseeable future. The
173 2019, GMC 'Caring for doctors, Caring for patients' report stated that over 50% of those who report burnout are
174 at risk of making a major medical error⁽¹⁾. On top of that is there not also a risk to themselves and their wellbeing?

175
176 The 'Physician's Pledge', a revised, version of the Hippocratic Oath adopted by the World Medical Association
177 in 1948, encompasses the notion of newly qualified doctors pledging "I WILL ATTEND TO my own health, well-
178 being, and abilities in order to provide care of the highest standard"⁽⁵⁾. This modern public pledge clinicians
179 make must be at the epicenter of priority alongside patient safety in order to provide the best standard of care.
180 Furthermore, health infrastructure and workplaces need to adopt uniformity in guidelines and allocation of
181 resources to help all healthcare workers fulfill this pledge to themselves.

182
183 The UK General Medical Council has proposed some strategies to help combat burnout and advocate for the
184 wellbeing of their staff through the 'ABC' recommendation of 'Autonomy, 'Belonging' and 'Competence'⁽¹⁾.
185 These, headings advocate for better control of working hours and conditions as well as and signposting to
186 resources to aid staff wellbeing and build a more inclusive workplace. 'Signposting' to resources, empowering
187 staff through 'Self- efficacy' to seek help and regularly and 'Surveying' staff to recognise problems early can
188 help reinforce the GMC 'ABC' recommendations **(figure1)** .

189
190 Future directions should build on the aforementioned recommendations, whilst listening to healthcare staff when
191 choosing to voice their opinion is a first and necessary step to inspire and enact change.

192
193 'Primum non nocere'. It is not just for the care of patients, it is a universal law for all and a humbling reminder
194 of the danger of extremes and valuing one life over another. Healthcare staff have a duty to their patients as
195 well as, themselves...

196
197 *Yours Truly,*
198 *Kyriaki-Barbara Papalois Year 5 Medical Student Barts and the London*

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283 **SUMMARY - ACCELERATING TRANSLATION**

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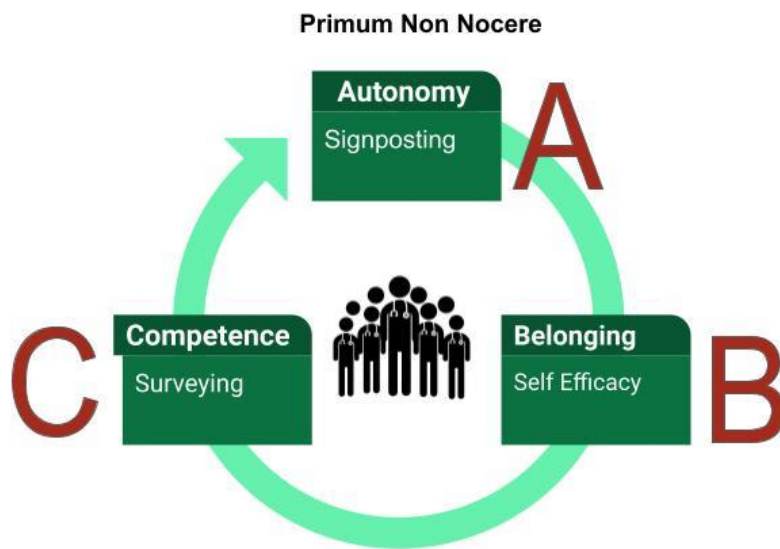
285 Healthcare staff always place the patient at the centre of all decisions they make to improve their overall health
286 and wellbeing. This priority as well as the demands of the work mean that they do not always take care of
287 themselves. It is important to recognise this and find solutions to support staff to dually take care of themselves.

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289 **FIGURES AND TABLES.**

290

291 **Figure 1. A Call to Review Healthcare Worker’s Wellbeing.** Schematic proposing approached to supplement
292 the GMCs ABC approach and uphold the wellbeing of healthcare staff. Original diagram.



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