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## Hidden treasures

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**We must become better at using available resources, also in crisis-free periods.**



Photo: Øystein Horgmo

In autumn 1952, Copenhagen was struck by a serious poliomyelitis epidemic. More than 3000 patients were admitted to Blegdam Hospital, and almost 350 of these – mostly teenagers – had respiratory muscle paralysis. The mortality rate was more than 90 %, and most died within three days of admission [\(1\)](#). The doctors felt helpless until anaesthesiologist Bjørn Ibsen (1915–2007) gradually came to realise that it was the CO<sub>2</sub> anaesthesia that was taking the patients' lives, not the viral infection. The patients were tracheostomised in order to be given mechanical ventilation, and thereby rid themselves of the toxic gas. There was just one major problem: the iron lung – the ventilator of its day – could not perform the ventilation.

The solution? Medical students. At the height of the epidemic, 70 patients were manually ventilated by more than 200 students around the clock, every day. Mortality fell from 90 % to 25 % in the course of a few weeks [\(1\)](#).

*«Medical students must be seen as a resource to a greater degree than they are today, also in crisis-free periods»*

In 2020, during the first phase of the COVID-19 pandemic, thousands of medical students no longer had access to patients or physical meetings with their teachers. Auditoriums and examination rooms were replaced by digital teaching platforms – without the same experience of fellowship, challenge, learning and mastery of skills. Some students were stranded in a country far away from their families, while others had to leave their student friends and go home. Daily life was complicated and chaotic for many [\(2, 3\)](#). I am also sure that many were afraid, for themselves, their friends and loved ones. The Norwegian Directorate of Health announced on 15 March that final-year medical students should be regarded as healthcare personnel and therefore as part of the national emergency preparedness and response service [\(4\)](#).

Healthcare institutions throughout the country turned to medical students for assistance [\(5\)](#). In the course of 24 hours, several hundred students reported for service and helped to reduce the staffing shortage [\(6\)](#). The students played an essential role in helping manage the need for increased infection control, testing and treatment of the population. They also had to provide information to both patients and families – information that was not always easy to understand or to communicate. The students' creative 'corona song' reached several thousand people [\(7\)](#).

The situation was further complicated by the approach of the exams. Everyone had to set difficult but important priorities [\(8\)](#). Work an extra shift at the accident and emergency department or study for the exams? Should the patients or one's studies be put first? Many have also had to deal with unaccustomed issues outside of their own field of competence [\(9\)](#). The COVID-19 pandemic has taught us that discipline, theoretical and practical skills alone are insufficient to give us the confidence and sense of mastery that we would like. The ability to readjust and deal with uncertainty is of equal importance.

We do not know when the pandemic will be over, or how it will affect the future. We must therefore learn to think innovatively and differently, just like the Danish doctors during the polio epidemic of the 1950s. Medical students

must be seen as a resource to a greater degree than they are today, also in crisis-free periods. Especially towards the end of their studies, they have a great deal of knowledge and usually even more motivation to contribute. Work undertaken outside of their study programme not only helps students to enhance their competence, but also to improve their understanding of the healthcare system and the responsibility inherent in the medical profession. Neither should it be forgotten that in the current system of applications for foundation training places, a CV showing experience of clinical practice and infection control work is important.

Work performed outside of the study programme may also contribute to greater humility and realistic expectations. Many of the emotions that the medical students felt this spring, such as insecurity, inadequacy and uncertainty, are those that they will meet on a daily basis as qualified doctors. In uncertain times we all seek security. No matter how great that insecurity may be, medical students and doctors are among the lucky ones who share something highly valuable: our profession. The medical profession gives us the opportunity to understand reality, but this understanding is not always enough – we must learn to use both our knowledge and the available resources in the best possible way.

The Journal of the Norwegian Medical Association wishes to communicate knowledge to all those who relate to our wonderful profession, including students. Not only in the midst of, but also between crises. We can all learn from others' victories and mistakes. The Journal's case reports provide a unique learning opportunity. Review articles on clinical subjects are useful supplements to books and provide updated information adapted to the country in which we live. Debate articles, invited leader articles and perspectives articles give an overview of relevant cases in Norwegian medicine, irrespective of where one is in the world. It is not about where we are or where we end up. It is about what we learn along the way.

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