

‘In Sickness and in Health’: How COVID-19 forced junior doctors to reconsider their professional vows

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“Give me a minute to get my dinner ready,” she says, “I pay someone to cook and clean for me since I barely have the energy or the stamina to do it myself anymore.” Although she sounds healthy over the phone, it soon becomes apparent that this is one of the many victims of the COVID-19 pandemic.

Dr. Susan Smith*, 32, wasn’t provided the appropriate Personal Protection Equipment during a shift in the COVID ward, and became one of the many junior doctors on the frontline who fell prey to the illness, prompting her to move away from her parents to keep them safe. She has been reeling under the effects of ‘Long COVID’ for three years.

Unable to rely on the support of her parents when was ill, Dr. Smith soon found herself without a partner as well, who reportedly broke up with her because they ‘were really struggling with dealing with everything that was going on’.

Defined by the NHS as ‘the lasting of symptoms beyond 12 weeks’, Long COVID brought with it a host of concerns for young people such as Dr. Smith - from lingering fatigue and shortness of breath to insomnia and ‘brain fog’, or the inability to concentrate.

Unfortunately, she wasn’t the only one.

Despite the pandemic being declared as finished, 35-year-old Dr. Kelly Fearnley is still suffering from shockingly debilitating sickness. Her symptoms included all the usual flu-like conditions, along with rashes, swelling, hallucinations, suicidal thoughts and cardiological issues more commonly seen in older people; making her unfit to continue working.

For doctors, the risk of contracting the illness was exacerbated by the need to fulfil their professional obligations; making them victims of the same fire they were tirelessly working to douse for others.

Dr Smith had not even completed a full decade in her career as a doctor when she found herself having to reconsider it.

“I am still hoping that I can make a full recovery in my heart,” says Dr. Smith, mentioning that she would like to go back to working hospital shifts alongside her GP work since that’s what she’d previously wanted to do. “But I think I know that it’s unlikely I’ll be able to do it so I’m just going to end up doing general practice where the amount of work will be less and will not be emergency based.”

Unfortunately, financial woes were quick to follow, and Dr. Smith found herself being around £2000 in overdraft. “I’m back in GP now so my income has improved but I took a year out of work after I got COVID, where I did non clinical work and of course this meant a substantial pay cut,” she says. Describing her diagnosis of Post Covid Dysautonomia as nervous system dysfunction along with a high heart rate, Dr. Smith admits that she has trouble sleeping and ‘struggles to work Monday to Friday’.

As reported by the Office for National Statistics (ONS), “Long COVID symptoms adversely affected the day-to-day activities of 1.5 mn people, with 381,000 (19 per cent) reporting that their ability to undertake their day-to-day activities had been ‘limited a lot’. “Previously, I’d go to the gym up to three times a week but for the last three years, I haven’t been able to exercise because I basically preserve all of my energy just to go to work and I don’t really have much of a social life,” says Dr. Smith.

Since the beginning of the pandemic, researchers and health care professionals still find themselves caught in the net of uncertainty when it comes to Long COVID, and many like Dr. Smith have resorted to experimental treatments or evidence out of observational studies.

“There is no medication to completely cure it, and no way of being completely sure of the specific effects it could have on a patient, and that is a big problem,” says Dr. Karthikeyan Iyengar, a Trauma and Orthopedics specialist who has published research papers on Long COVID. Despite being sure of the role genetic or racial make-up plays in determining specific symptoms, Dr. Iyengar is unsure of how an individual’s age might factor in. “I have written a lot of papers on Long COVID, and my research has often found that it generally affects older males with co-morbidities,” he says. “Interestingly, despite so much research, I am not entirely sure of how many young people have been affected, or even of how exactly it presents in them.”

Meanwhile, a substantial number of healthcare workers make up the patient count. David Strain, co-chair of the British Medical Association medical academic staff committee, claims that ‘30 per cent of doctors have been affected beyond acute COVID.’

This poses a threat to the work force of the industry in the near future, since many have been unable to resume their careers as per usual. “I know young colleagues that have had to take early retirement or applied for benefits because they’re unable to work now,” explains Dr. Smith.

Researchers are now acknowledging that Long COVID seems to have taken root as a prominent after effect of the pandemic, giving rise to speculations from the National Institute of Health of this being ‘the next global health crisis’.

A report published by the British Medical Association in August 2022, suggests compensation schemes for doctors and health care workers who are unable to work due to Long COVID, an initiative that has been supported by organisations like the British Medical Association and the Royal Medical Benevolent Fund; with special funds and recovery programmes dedicated to medical students and young doctors.

Many Facebook groups for doctors with Long COVID indicate a high number of those claiming to be affected and provide moral support and recovery tips; while other organisations and foundations are now campaigning for change.

This includes Dr. Fearnley’s foundation called ‘Long COVID doctors for Action’, whose most recent call to action was a petition earlier this year explaining the need for funding of good ventilation systems in public spaces to prevent airbourne transmission. The petition was rejected on grounds of uncertainty of specific action required.

Affected healthcare professionals continue to look forward to further improvement of conditions. “I think essentially what we’ve got is an industrial disease,” says Dr. Smith. “I think the government has a lot to answer for.”

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