

# 'First, Do No Harm'... A Call to Re-evaluate the Wellbeing of Healthcare Staff

Kyriaki-Barbara Papalois.<sup>1</sup> 

## Abstract

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

**Key Words:** Sars-CoV-2, 'Ethics', 'Health promotion' (Source: MeSH-NLM).

## 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 realizing 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 required to work overtime in understaffed and high- pressured environments, where errors due to exhaustion could determine life or death.<sup>1</sup> 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.<sup>2</sup> The pair described this as 'Corona anxiety,' with increased levels of burnout and depression leading to psychiatrists rightly advocating for better mental health support for health workers.<sup>2</sup> 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.<sup>3</sup>

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 that we had when entering the placements 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,<sup>4</sup> whilst redeployment of many junior doctors resulted in various 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 care 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 in the Nagorno-Karabakh conflict, during the pandemic?<sup>4</sup> Would we, and should we all, have the courage to respond as such? In my 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 was- 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 write this letter entering my final year in medical school.

So what do we do about it? Undoubtedly, people recognize the challenges that come with the profession and respect the

<sup>1</sup> Fifth-year Medical Student. BSc. Bachelor of Medicine, Bachelor of Surgery. Barts & the London School of Medicine & Dentistry, Queen Mary University of London, London, UK

**About the Author:** Kyriaki-Barbara Papalois has a First class Honours Degree in Biomedical Sciences from Queen Mary University of London and was awarded the Vinson and Draper Prize for Academic Excellence. She is currently in her Final Year studying MBBS Medicine at Barts and the London School of Medicine and Dentistry. She was awarded a Distinction in Year 1 and 2 of medical school.

### Correspondence:

Kyriaki-Barbara Papalois

Address: Mile End Rd, Bethnal Green, London E1 4NS, United Kingdom

Email: [k.papalois@se15.qmul.ac.uk](mailto:k.papalois@se15.qmul.ac.uk)

Editor: Francisco J. Bonilla-Escobar

Student Editors: Marcel Chee &

Arkadeep Dhali

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healthcare staff, even clapped for them in the UK during the pandemic, which was sentimental, but is it enough? We acknowledge the hardships, but choose to ignore the core problem, especially when doctors are at risk of harming themselves to help others.

Many have quit the service, re-live distressing and traumatic experiences, and harm their health irreversibly.<sup>1</sup> In 2016, a scene that I vividly recall is junior doctors on strike, protesting in the streets of London for the changes in their contracts- to work on weekends with negligible increase in pay. This decision of junior doctors to strike sparked debates regarding the duties of physicians, with a failure from the UK government and media to understand the already low morale of healthcare staff and reality of medicine as highlighted by the British Medical Association, which was one of the few organizations justifying the strikes in 2016.<sup>1</sup>

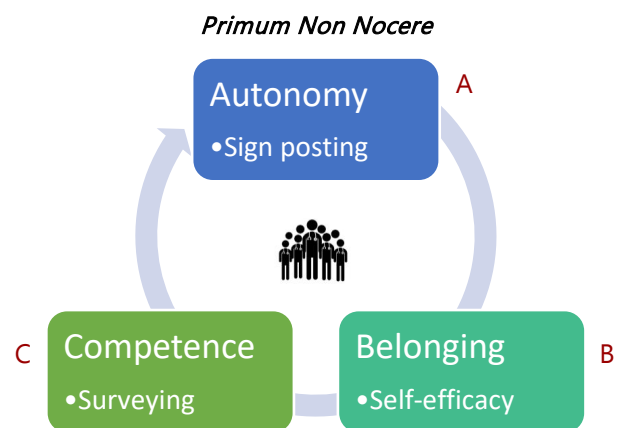
Over 35% of respondents in the NHS 2018 Staff Survey reported that they were unwell due to burnout, and many health practitioners especially GPs, reported that they would like to quit the service in the near future. The 2019, GMC 'Caring for doctors, Caring for patients' Report stated that over 50% of those who report burnout are at risk of making a major medical error.<sup>1</sup> Most importantly, is there not also a risk to themselves and their wellbeing?

The 'Physician's Pledge,' a revised version of the Hippocratic Oath adopted by the World Medical Association in 1948, encompasses the notion of newly qualified doctors pledging "I WILL ATTEND TO my own health, well-being, and abilities in order to provide care of the highest standard".<sup>5</sup> This modern public pledge that clinicians make prioritizes their own wellbeing alongside patient safety in order to provide the best standard of care. Furthermore, health infrastructure and workplaces need to adopt uniformity in guidelines and allocation of resources to help all healthcare workers fulfill this pledge.

The UK General Medical Council has proposed some strategies to help combat burnout and advocate for the wellbeing of their staff through the 'ABC' recommendation of 'Autonomy, Belonging and Competence'.<sup>1</sup> These advocate for better control of working

hours and conditions, as well as signposting resources to aid staff wellbeing and build a more inclusive workplace. 'Signposting' resources, empowering staff through 'self- efficacy' to seek help, and regularly 'surveying' staff to recognize problems early are to help reinforce the GMC 'ABC' recommendations (*Figure1*).

**Figure 1.** A Call to Review Healthcare Worker's Wellbeing. Schematic Proposing Approached to Supplement the GMC's ABC Approach and Uphold the Wellbeing of Healthcare Staff.



Future directions should build on the aforementioned recommendations, whilst listening to healthcare staff when they voice their opinion, which is the first and necessary step to inspire and initiate change.

*Primum non nocere*: it is not just for the care of patients, it is a universal law for all, a humbling reminder of the dangers of the extremes, and valuing one life over another. Healthcare staff have a duty to their patients as well as to themselves...

## Summary – Accelerating Translation

Healthcare staff always place the patient at the center of all decisions they make to improve their overall health and wellbeing. This priority as well as the demands of the work mean that they do not always take care of themselves. It is important to recognize this and look for solutions to support staff to take care of themselves as well.

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