

1 **Title:** National Health Service Bury and Rochdale Doctors on Call (NHS BARDOC): Medical
2 Students Working on the Frontline at the Greater Manchester COVID-19 Death Service

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1 **THE EXPERIENCE.**

2 This is an extraordinary time, one that we never thought we would have to experience in our lifetime. On the
3 11th March 2020, the World Health Organisation (WHO) announced the COVID-19 outbreak caused by severe
4 acute respiratory syndrome coronavirus-2 (SARS-CoV-2), a pandemic.¹ A recent report by WHO states as of
5 29th June 2020, globally there has been 10 million cases of COVID-19 reported, of whom 500,000 have sadly
6 passed.²

7
8 The COVID-19 pandemic had a significant impact on healthcare student's medical education across the globe.
9 On the 13th March, all universities and medical students' placements in the UK were disrupted and teaching was
10 thereon provided remotely.³ Therefore, resulting in students missing out on clinical exposure which is key in the
11 development of our clinical skills.⁴ Many third-year medical students like us were in the process for preparing
12 for our examinations. We were automatically progressed to fourth year, and our clinical placements came to an
13 end. Recognizing the huge burden on the National Health Service (NHS), with the lack of healthcare resources
14 and high demand in staff, we sought an opportunity to work in a clinical environment.

15
16 We have been working on the frontline as call handlers at the Emergency Community Death Service (ECDS)
17 for an Out of Hours service provider named BARDOC (Bury and Rochdale Doctors on Call) for the NHS
18 providing care across Greater Manchester (GM) in the North West of the United Kingdom (UK). The ECDS
19 service was set up rapidly due to large number of deaths in the community occurring daily that led to an
20 increased workload on GP's. We initially supported staff in setting up the service which involved training other
21 medical students and non-clinical staff about the role. Although we were unfamiliar with how deaths are dealt in
22 the community, we had to quickly learn the legislation around the verification of deaths, the completion of
23 Medical Certificate of Cause of Death (MCCD) and how cremation papers are completed in order to complete
24 our role effectively. The Coronavirus Act 2020 was introduced to increase the number of health care staff
25 available to assist during the pandemic. It allowed both retired healthcare professionals to return to work and
26 fifth year medical graduates to begin their foundation training early. The main aim was to lessen the burden on
27 the frontline staff. Due to the inadequate levels of personal protective equipment (PPE) available to healthcare
28 staff, it resulted in an increased mortality rates amongst them during the early stages of the pandemic.^{5,6}The
29 legislation surrounding deaths in the community was also relaxed to allow timely and efficient verification of
30 deaths which is extremely important in the current crisis.⁷

31
32 Our role as a call handler meant we took calls from the deceased family members, or from care homes where
33 residents had passed away. It was emotionally challenging being the first port of call for people after they found
34 out their loved one had passed away. It also involved liaising with GP's and nurses and allocating them deaths
35 to verify. Documenting death certificates and sending them to the registrars was a key part of the role. New
36 legislations being in place regarding MCCD's and cremation papers made it a challenging and difficult ordeal
37 for the family, as they were already dealing with the loss of a loved one, thus making it our priority to explain the
38 new process whilst being aware of their unstable emotional state.

39
40 Reflecting on our experience, working as a medical student during the pandemic taught us a vast amount. There
41 was one particular encounter with a deceased patients family member which had a lasting impact on us. It was

1 6am in the morning and we received a handover from the team on the night rotation about the tasks pending to
2 complete. Just like every morning, there were many MCCD's to be written up; cremation forms needed to be
3 filled in by the doctors and GP's needed to be allocated deaths to go verify in the community. We logged into
4 the phones after handover and answered a call. We were greeted by a lady, sorrowing over the death of her
5 dad. She was extremely tearful about how her dad's corpse had been lay in bed for over 16 hours and no doctor
6 had been to verify the death. This meant that the funeral director couldn't move the body to the funeral home.
7 The daughter was sobbing, and I remember her telling me the smell of her dad's body decomposing was
8 extremely distressing for her. We had never in our time on placement or working here experienced a situation
9 like this before. The way that we dealt with it was by apologizing and reassuring her that a doctor will be sent
10 as a matter of urgency within the hour. Comforting her over the phone was extremely difficult as she was
11 mourning the loss of her father, but it was a skill we had the opportunity to develop and it was important for us
12 to be there for her as it is something she will remember for the rest of her life. It felt like we had failed on our
13 end to send a doctor out on time, however the lack of staff as a result of the pandemic delayed death verification.
14 We saw firsthand how COVID impacted the healthcare system and the death verification process, resulting in
15 not only delayed funeral times but more traumatic experiences for the families. Despite this, we gained
16 invaluable skills such as emotional intelligence which allowed us to understand and deal with our emotions
17 better as well show empathy to those who needed it. This was a major learning curve for us in our medical
18 career, knowing that we can provide better care for the next patient.

19
20 With the 6am starts, night shifts, working over 50-hour weeks and the fear of contracting the virus, it was a
21 psychologically challenging journey. However, the benefit to people and the NHS with the potential to save lives,
22 is a massive reward, which is exactly why we went into medicine.

23
24 I am writing this a week before my fourth-year studies begin, in hope that I won't be needed at the death service
25 again. We now appreciate good health and how much we took it for granted previously, COVID-19 has truly
26 changed our perspective in the way we see the world and personally how to deal with death in the community.
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