EDITORIAL

PREPARING MEDICAL STUDENTS FOR THE REAL WORLD OF PATIENT CARE

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When we have an open-theme volume, I never know what type of submissions we will receive and if they will fit together, somehow, in a coherent whole for the journal. Herein we have three papers from medical students, two teams who train medical students, a doctor who has overcome addiction, palliative care health care professionals’ experiences, as well as poems about being a patient and the father of a patient.

It seems to me that the Ottawa team who teach mindful medical practice would find the three medical students’ essays of interest in that they are all self-aware and acting mindfully even before they graduate. The students recognize the importance of being fully present and acknowledge, without shame, their own vulnerabilities. Perhaps that is the secret – stay whole, be honest, and be who you are. Do not lose those precious characteristics upon graduation.

The doctor who recovered from addiction may have had a better chance if she had been supported while in medical school in the way the two teams describe their respective programs. They value wellness as much as clinical knowledge.

The poet reminds us to keep in mind the person/people we are serving. I wonder if he has ever shared with his doctors what it is like to live with chronic pain, or how he and his father needed more information to assuage their fears. I would guess that the three medical students herein would hold his hand and listen intently. Moreover, students learning about how to integrate mindfulness into their work may recognize that his voice is worth hearing.

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All but one of these articles were submitted prior to COVID-19. I suspect that the issues raised in the paper on being fully present in palliative care are going to be even more salient now that the number of people dying from this virus is making offering whole person care even more challenging. If time was short then, what will it be now? Clinicians covered from head to toe with personal protective equipment are tending to seriously sick people who can hardly see the person treating them. This may contribute to their feelings of isolation. On the other side of the masks, doctors and nurses and allied health care professionals feel sad or even overwhelmed while witnessing people die without family or loved ones at their sides. Drs. Moore and Hutchinson’s adaption of the mindful medical practice course, originally designed at McGill in Canada for in-class courses [1], was exported to Australia and offered online; it demonstrates that it is possible to continue to prepare medical students for the real world – even one drastically altered by a pandemic. ■

REFERENCE