

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

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## The Experience

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

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

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

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

Reflecting on our experience, working as a medical student during the pandemic taught us a vast amount. There was one particular encounter with a deceased patients' family member which had a lasting impact on us. It was 6 am and we received a handover from the team on the night rotation about the tasks pending to complete. Just like every morning, there were many MCCDs to be written up; cremation forms needed to be filled in by the doctors and GPs needed to be allocated deaths to go verify in the community. We logged into the phones after handover and answered a call. We were greeted by a lady, sorrowing over the death of her dad. She was extremely fearful about how her dad's corpse had been laying in bed for over 16 hours and no doctor had been to verify the death. This meant that the funeral director couldn't move the body to the funeral home. The daughter was sobbing, and I remember her telling me the smell of her dad's body decomposing was extremely distressing for her. We had never in our time on placement or working here experienced a situation like this before. The way that we dealt with it was by apologizing and reassuring her that a doctor will be sent as a matter of urgency within the hour. Comforting her over the phone was extremely difficult as she was mourning the loss of her father, but it was a skill we had the opportunity to develop and it was important for us 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 end to send a doctor out on time; however, the lack of staff as a result of the pandemic delayed death verification. We saw firsthand how COVID impacted the healthcare system and the death verification process, resulting in not only delayed funeral times but more traumatic experiences for the families. Despite this, we gained invaluable skills such as emotional intelligence which allowed us to understand and deal with our emotions better as well as show empathy to those who needed it. This was a major learning curve for us in our medical career, knowing that we can provide better care for the next patient.

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Editor: Francisco J. Bonilla-Escobar  
Student Editors: Nguyen Tran Minh Duc,  
Colleen Campbell  
Copyeditor: Nguyen Tran Minh Duc  
Proofreader: Nicole Katherine Connors  
Submission: Sep 13, 2020

Revisions required: Nov 21, 2020  
Received in revised form: Dec 6, 2020  
Acceptance: Dec 6, 2020  
Publication: Dec 9, 2020  
Process: Peer-reviewed

With the 6 am starts, night shifts, working over 50-hour weeks and the fear of contracting the virus, it was a psychologically challenging journey. However, the benefit to people and the NHS with the potential to save lives is a massive reward, which is exactly why we went into medicine. I am writing this a week before my fourth-year studies begin, in the hope that I won't be needed at the death service again. We now

appreciate good health and how much we took it for granted previously. COVID-19 has truly changed our perspective in the way we see the world and personally how to deal with death in the community.

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## Acknowledgments

None.

## Conflict of Interest Statement & Funding

The Authors have no funding, financial relationships or conflicts of interest to disclose.

## Author Contributions

Conceptualization & Writing – Original Draft Preparation: IY. Writing – Review & Editing: IY, BG.

## Cite as

Yaqub I, Ghafoor B. National Health Service Bury and Rochdale Doctors on Call (NHS BARDOC): Medical Students Working on the Frontline at the Greater Manchester COVID-19 Death Service. *Int J Med Students*. Sep-Dec;8(3):301-2.

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ISSN 2076-6327

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