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Asian perspectives on volunteering at the frontlines for medical students

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Dear Editor,

Engaging medical students in frontline efforts during the COVID-19 pandemic has varied greatly worldwide (Kachra & Brown, 2020). This paper illustrates policy challenges in student volunteerism, focusing on Singapore. Although Asia often seeks policy guidance from the West, it possesses a unique culture, political climate, regional solidarity, evolution of the disease, and learnings from prior pandemic responses to SARS and MERS, which warrants distinctive guidelines.

Following the spread of COVID-19 in early 2020, many countries, including Singapore, rapidly suspended student involvement in direct patient care activities and converted clinical training to online modes (Kachra & Brown, 2020). However, others like the United Kingdom and University of Toronto provided detailed guidelines and activated processes set-up during past pandemics for interested medical students to volunteer (Kachra & Brown, 2020; Medical Schools Council, 2020).

In Singapore, by June 2020, 95% of the COVID-19 cases were from migrant worker facilities. Medical students were offered reimbursements for help with contact tracing by Ministry of Health. Manpower strains existed, especially when lockdown ended, as healthcare workers returned to their usual duties. This presented an opportunity for medical students to continue with risk communication and community engagement (RCCE) efforts. However, direct medical student involvement was disallowed, until community transmission rates stabilized in April 2021. Even then, students were barred

again before volunteer recruitment began, as community cases rose in May 2021.

Scepticism of the value of RCCE, ethical concerns about the safety and uncoerced, voluntary participation of students, political concerns to manage public fear of community spread through medical students, and educational and practical barriers to coordinating medical training with on-ground efforts contributed to the impediment of the mobilization of medical students in frontline efforts at the start of the pandemic.

Clear, evidence-based guidelines may be articulated to overcome these challenges and enable safe and effective deployment of students to provide thoughtfully matched and risk-mitigated help in context during evolving pandemic situations, even in the immediate aftermath of an outbreak. This exposure to global, social and equity dimensions of pandemic impacts helps foster future public health leaders. Given Singapore's position in the intersection between the East and the West, it can lead such education policy reform in Asia, providing valuable input for policy development regionally and internationally.

Medical education policy is affected by governments, public opinion, international issues, and health policies. Comparative evaluation of medical education policies in Asia, may reveal their influence on health outcomes.

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