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## After the Conflict between physicians and the Government: How Will Educate Our Students?

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# 1. Introduction: assignment for medical students' first day back to school

As of June 2024, the crisis in South Korea continues to unfold. The outcome remains uncertain. However, one certainty prevails: whether in a few months, a year, or 3 years, students will eventually return to their educational institutions. When that day arrives, what approach should medical professors take with the returning students? Should they scold, console, encourage, or simply commence the first lecture without acknowledgment and move on to clinical rounds? Regardless of the timing of their return, it is evident that the crisis has profoundly changed these students. They now possess different thoughts, attitudes, and perspectives than they did before the upheaval. Consequently, medical professors preparing to engage with these students must recognize these changes and adapt their teaching strategies accordingly.

### 2. What should medical schools and professors do?

1) Understanding the trauma experienced by students

From the perspective of a psychiatrist specializing in social psychiatry, the experiences of students during the crisis can be described as "trauma." Judith Herman, a professor of psychiatry at Harvard Medical School, defines traumatic events as experiences that shatter the "basic assumptions" a person has held throughout their life. These assumptions include beliefs that "the world is safe," "I am a valuable person," and "the world order makes sense [1]." In light of the recent crisis, medical students may have found that these fundamental assumptions about life have collapsed. This can be explained as follows:

First, the assumption that "the world is safe" stems from a fundamental trust in the benevolence of one's immediate and extended environment, including family, school, society, and the world at large, which are

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perceived as providing safety and protection. However, traumatic experiences can shatter this belief. Students may feel that they were mercilessly attacked by both the government and public opinion. Amidst this turmoil, their medical professors and senior colleagues, whom they had trusted and followed, failed to respond effectively. They appeared powerless and ultimately unable to protect their students. This failure led to a profound erosion of trust and a sense of safety within both the medical and broader societal systems.

Second, the belief that "I am a valuable person" is integral to one's sense of self and autonomy, which is closely linked to feelings of intimacy. Trauma, however, can strip individuals of these crucial elements. During the crisis, students remained confined to their homes, experiencing prolonged periods of isolation with only social media for connection. This abrupt seclusion triggered a significant identity crisis and feelings of worthlessness.

Third, the assumption that the world operates according to rational principles, laws, and justice imbues life with a sense of belonging, stability, purpose, and meaning. However, trauma exposes the shortcomings of these principles, resulting in disillusionment. Medical students have witnessed their previously held beliefs and the societal order crumble in the face of crisis, leading to a deep sense of disillusionment and anxiety about their future in society.

### 2) Implementing healing programs for students

How should we support students who return to school after experiencing this trauma? Judith Herman outlines three stages in the recovery process for trauma survivors: establishing safety, reconstructing the trauma narrative, and restoring connections with both survivors and the community [1].

### (1) Establishing safety

Students must feel that they have returned to a safe space where they are protected by supportive peers and professors. Before engaging with students, professors must ensure that a safe environment is established for sharing experiences. Professors should listen to students' stories

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without judgment or attempts to instruct, acknowledging, understanding, and accepting their words. This initial interaction should reinforce to students that the medical school is a safe space where they are protected [2].

#### (2) Reconstructing the trauma narrative

Students need support to reinterpret and reconstruct their traumatic experiences within a logical framework. This process involves reflecting on their experiences, thoughts, judgments, interpretations, and expectations from the time they left school until their return. Through this reflective process, students transition from passively experiencing trauma to actively taking steps toward recovery. By engaging in this process, they begin to reclaim their self-worth and identity [3].

(3) Restoring connections with the community

It is crucial to facilitate meaningful reconnections with the external community. Firstly, reconnecting with the medical school community is necessary. Professors and universities must demonstrate trustworthiness by adhering to rational principles, regulations, and justice in their interactions with students. Secondly, reconnecting with the medical community is essential. Engaging with senior medical professionals who actively participated in meaningful activities during the crisis can provide valuable support and guidance to students. Thirdly, reconnecting with the broader Korean society is necessary. Engaging with thought-provoking books, films, discussions, and meetings with social activists, scholars, journalists, and visiting social sites can help students overcome their cynicism and negative perceptions of society and the nation.

## 3. Conclusion: beginning anew in medical education amidst the ruins

The crisis has shattered students' spirits. Medical professors now find themselves standing alongside these students on this broken landscape. Given the increasing vulnerability of these students, it is imperative for medical professionals to help them grasp the true nature of human suffering and the essence of medicine. They must also understand the rigorous efforts and challenges that doctors face, highlighting the role of physicians as leaders in society. This ties directly into our discussions on education in humanities and social medicine [4]. Medical education should not only incorporate natural sciences but also integrate humanistic and social sciences. This approach will enable students to analyze and address medical issues from a holistic perspective. Only through such comprehensive education can we fully understand and move beyond the 2024 crisis, achieving what may be termed the "post-traumatic growth of medical education." Ruins can signify either an end or a new beginning.

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## Conflict of interest

No potential conflict of interest relevant to this article was reported.

## Authors' contribution

Woo Taek Jeon: collected data, wrote the manuscript, wrote the references, and conducted the overall writing of the paper.

## Supplementary materials

Supplementary files are available from https://doi.org/10.17496/ kmer.24.018

Supplement 1. Korean version of "After the conflict between physicians and the government: how will educate our students?"

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