

recently opened a new sister organisation in Leeds, and hope to open new branches in London, Aberdeen, Dundee and Oxford in the upcoming months. Our organisation has become integrated within local NHS trusts and universities throughout the UK, promoting cooperation at local, national and international level. We understand that what is urgently needed to reduce health disparities worldwide is increased legislation, healthcare funding and international collaboration. However, we hope to provide a short-term, student-led solution while advocating for long-term change.

By collecting surplus equipment, we aim to reduce the carbon footprint of the NHS and work towards a sustainable healthcare system both nationally and globally. We believe that every individual has the right to healthcare. In congruence with the true origins of the NHS and the ethos of Aneurin Bevan, which aimed to increase healthcare accessibility for all, we hope to advocate for the rights for those who may not have the voice to do so.

We have provided a unique platform for students to play a role in bridging the gap between waste in the NHS and shortage of medical equipment in resource-limited settings. Our members are committed to educating themselves and our audience on pressing topics in our society. Student MedAID hopes to be at the forefront of change, promoting Vanita Gandhi's message on sustainable education and aspiring to cultivate a community of compassion, respect and humility. ■

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- 1 Gandhi V, Al-Hadithy N, Göpfert A *et al*. Integrating sustainability into postgraduate medical education. *FHJ* 2020;7:102.

Working from home in medicine during COVID-19 outbreak

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Editor – In the article by Dr Hayes, it was noted that:

*While the medical field has been slower than many professional areas to catch on to working from home, many trusts are already moving towards telephone or video outpatient appointments during COVID-19.*¹

Although working from home may be the best option during the COVID-19 crisis, it might be difficult for some medical staff to work from home, and reducing the workload at hospital and transferring to telemedicine might be good during a crisis but this is not possible in all settings.

Telemedicine for appointed outpatient care is usually not possible in poor developing countries. Although medical staff or hospitals may have facilities for this, poor patients often have no IT facilities. Additionally, the promotion of the work at home concept, social distancing and decreased medical workload is used worldwide, some medical administrators with an unsafe attitude in developing countries might order their medical staff to work at risk without the use of new preventive technologies nor the working at home concept.² Equipment might be necessary for working at home but good administration and management is also required. ■

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- 1 Hayes B. Working from home in medicine during coronavirus: What equipment do you need to get started and what can you do to help from home? *FHJ* 2020;7:163–4.
- 2 Saithong C. COVID-19 outbreak, primary health care center and vision of local administrator of primary health care center. *Case Study Case Rep* 2020;10:17–8.