CIRCADIAN
Issue 3
NOVEMBER 2020
GOING VIRAL
DIARY OF AN FIY1
page 8
#MEDBIKINI
page 18
FROM RAG TO PITCHES
page 36
FREE
BBC NEWS
NHS COVID-19
HOW SOON CAN WE EXPECT A VACCINE? [BBC NEWS]
"EMAIL NOTIFICATION" IMPORTANT (!) Message from Dr. Head of MBBS year X Clinical Placement Update
EMAIL FROM EBERT SPORT (!) COVID-19 Vaccine Trials Opportunity to register interest...
Way out
You Tube
Dominic Cummings and Lee Cain: Exits give chance to 'reset government'

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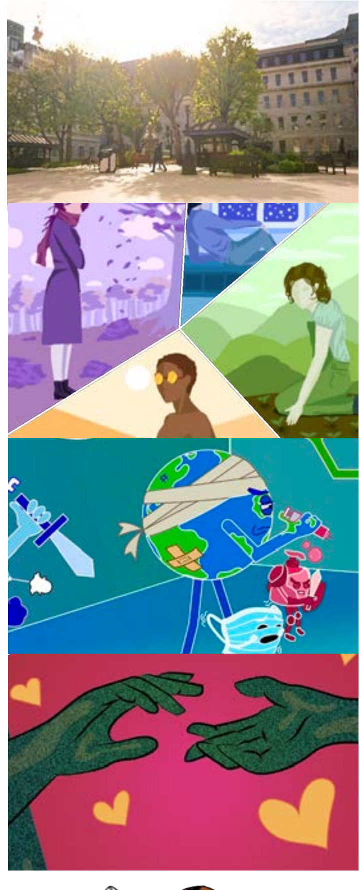
INSIDE



4 Editorial
6 A BL Level Response
8 Diary of an FiY1
10 Bereft
12 An interview with the CEO of Nightingale London
15 We Need to Talk about...Periods
18 #Medbikini
20 The COVID-19 Infodemic
22 Cutting Global Health within a Pandemic
24 A Pandemic within a Pandemic
25 Right Wing Coronavirus Survivors
26 The Great Escape
28 Reviews
30 Educate Yourselves: A Reading List
31 Online Volunteering
32 Happening at BL 3
35 Around the World in 40 Days
36 From RAG to Pitches
38 Who Watches the Watchmen?
39 Crossword

STAY IN TOUCH

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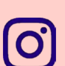 SOCIALS

blcircadian.com/keep-in-the-loop NEWSLETTER

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EDITORIAL

There is some poetic parallel in that the very first article I wrote in Issue 1 of Circadian a year ago, was about our extraordinary past students volunteering at Belsen Concentration Camp towards the end of the Second World War. In this, our Issue 3, I found myself writing about the brilliant response of students volunteering during the COVID pandemic. These are of course two incomparable times and situations, and yet there is a common thread; a culture that has persisted through all this time, of students getting involved when it is needed most.

It is possibly no surprised that COVID-19 dominates this issue as it does our current life; while most of us have probably heard and read enough about this pandemic for a lifetime, we found that there is simply too much to be said and indeed, that should be said, for this issue to be focused on anything else.

However for me, and hopefully for you, the most notable themes of this period (across the backdrop of Government failings) has been the work of individuals everywhere to make this testing time somewhat better; small news stories about neighbours coming together to support one another more, seeing an increase in people visiting and supporting their local independent businesses, and families and friends having more meaningful conversations about eat other's wellbeing. The real impact of COVID-19, while overwhelmingly bleak, is much more mixed. If you have any faith in humanity left, you would hopefully have seen it shining through.

As a result you will hopefully find that this issue, while ostensibly about COVID-19, is actually brighter and more positive than it may initially seem at first glance. You may also notice that it is also, by over 25%, the largest issue we've put out. Don't worry though, this is certainly not a case of quantity over quality; but a reflection of the hard work and talent of the team you can see above (which we're always looking for people to join - see right).

We're delighted to present our first issue of this academic year, and we hope you enjoy reading it just as much as we enjoyed putting it together. Until the next issue, stay safe, and look after one another.

Harris Nageswaran
Editor-In-Chief

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GOING
VIRAL
A BL LEVEL RESPONSE BY HARRIS NAGESWARAN
DIARY OF AN FIY1 BY DR JAMES STEVENS
BEREFT BY LUCY EDGAR
IN CONVERSATION WITH PROF. CHARLES KNIGHT
G8 HELPLINE
2M
THE OLD
THE ILL
BAME
COULD BE YOU
2M

A Barts and The London Level Response

by Harris Nageswaran

St Bartholomew's Hospital has seen many important conversations in its long and unusally prominent history. Throughout the centuries, discussions that took place here have had an impact on health, not only of the local area, but globally. It is only fitting then, that the benches in the Square of St Bartholomew's played host to another conversation, between Megan Annetts and Professor Anthony Warrens about coordinating a student response to COVID-19, which had a significant impact on patients during this historic time.

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'I must give the British people a very simple instruction – you must stay at home'

Forgive me for falling to this clichéd opening, but it's incredibly hard to start an article about the events of this year, with words other than those uttered by Boris Johnson during his press conference of the 23rd of March 2020. With those words, life in Britain changed, perhaps in the most dramatic fashion since the beginning of the Second World War. This time, our enemy was not human, but a virus.

While a shock, there were warning shots. In the preceding weeks, it was impossible to ignore the events occurring around the world; their frequency increasing as the distance from us ominously decreased. By late February, stories were flying around the student body of the new hospital isolation pods (and rumours that Whipps had lost the key to theirs), and then of the first patients testing positive at our hospitals. Such was the pace of change that a few short weeks later, the tone had changed from this one of interest and mild curiosity to one of anxiety and dread. It was clear by then that events had spiralled out of our control and that our hospitals, deep in preparations for the worst, would no longer be able to support our teaching in a safe manner.

On the 12th of March we received notice from the Dean for Education, Professor Anthony Warrens, that placements were cancelled for the rest of the year, and that teaching was being prepared for online access. Final year students, merely days from their Finals (with a capital F), were informed that their electives – months in the planning, and just weeks away – were no longer going to be taking place.

The focus for the medical school at this point was to squeeze these finals in before a looming lockdown and somehow, having hurriedly designed and put in place a range of precautions, this was pulled off. The last day of finals saw a steady stream of celebrations and mixed emotions fill the Square of St Bartholomew's Hospital as groups were let out one by one. It was clear that students were conscious of the fact it was highly likely their Graduation events and Rites of Passage would be cancelled, but relished the opportunity to have one last day of celebration together before they parted ways to work in different hospitals around the country, unsure of when or indeed whether they would see each other again.

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In the background of all this, BLSA President Megan Annetts began to receive messages from students enquiring into whether they would be able volunteer their skills during this time. Before any action could be taken, Megan was left to first scope out just how many students were interested in this; whether this was a small group of unusally active students, or whether it was, in her words, 'a Barts and The London level response'. The response was overwhelmingly 'a Barts and The London level' response with over 700 individual responses.

At this point, it was clear to Megan, in discussion with Professor Warrens, that this much demand would require structure and coordination. Another, more detailed survey was sent out by BLSA, to take into account just how many students logistically could travel to each hospital with a shut down TfL. At the same time, Megan had started to recieve calls and emails from hospitals and other health providers about their need for students to help out.

ILLUSTRATION BY MELISA CETIN

Make no mistake, this was a mammoth task; undertaken in a matter of days. The Students' Association and the School were left to work out exactly which roles were suited to clinical, preclinical & non-clinical students whilst also ensuring it was safe and that there was sufficient indemnity. There was also the tricky question of how to support students balance their time - with them still being required to attend online lectures and sit exams while they volunteered. On top of that, they were acting almost as a response triage centre, working out which hospitals had the most need for students.

Ascertaining demand from not only a hospital level, but also a ward level was a particularly tricky; the landscape was shifting so quickly that there was no previous metric they could use to work this out and no way to measure this remotely. This is where Professor Charles Knowles, an alumnus of The London and Deputy Director of the Blizard Institute, began to work with Megan to coordinate students volunteering, specifically across the largest, Barts Trust. Over two days, armed with a clipboard, he visited each hospital individually and spoke to the medical leadership teams to work out which wards would benefit from student presence the most.

Within a few days, it seemed it was all coming together; indeminity was secured by paying students in certain roles, whereas in other places they were covered under volunteering schemes. Refresher days were put on at the Robin Brook Centre to help students who wanted to gain confidence in certain procedures. Relevant policies had been drawn up and approved through the School's pathways. Queen Mary accomodation had been secured and provided for free for students who needed to live closer to a hospital or who didn't want to expose their families to the risks they were taking.

16 final year students were among the first to get involved, in what was almost a pilot scheme. Having just finished their finals on Thursday they had for some reason decided to volunteer on the Monday in Intensive Care in the RLH. Megan worked with individual final year students to understand problems and needs of this pilot scheme, with Dr Charles Fadipe leading at The Royal London & Dr Amy Easthope leading at Homerton. Gradually, but consistently, students began being placed in hospitals across East London - getting to grips with their new roles in this very different clinical environment.

Within the first few days and weeks of students being placed into roles across the NHS, it became clear that students were being exposed to situations that were unlike any other they had before; the NHS heaving under the demands of a seemingly vindictive virus, death on a scale and of a quality that very few of the staff, let alone students had ever seen. It was clear that support had to be put in place, and in addition to improved signposting of existing resources, a new Connecting Practice platform was designed with a focus on students supporting fellow students.

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Throughout the process of writing this article, I have tried many times to write this final part, somehow expressing in words the impact that these students had. That ended up being harder than I expected.

Starting with just plain numbers of students, it has been hard to quantify exactly how many students ended up volunteering or working in some scope during this initial wave; while we believe around 300 students ended up working at hospitals in East London, we don't have exact numbers for students who volunteered at hospitals, students involved in public health research schemes, final year medical students who started work early as FiY1s, students who worked at GP surgeries, students who got involved in other trusts across the country, students helping remotely from their homes, or students who volunteered in their local communities.

Regardless of the numbers, words simply could not do justice to the impact that just one person had, let alone magnify this to the hundreds that did make a difference. I am convinced for this reason that the full impact of Barts and The London students during this pandemic will be nigh on impossible to measure, but that's besides the point; students did not get involved to measure their impact. They got involved because they thought they were needed - and that's what Barts and The London is about.

Roles undertaken by students during the pandemic

Working as HCAs

Co-ordinating PPE to areas of demand

Undertaking fit-testing for clinical staff

Undertaking COVID checks at entrances or on wards

Conducting and taking part in research studies

Working as FiY1s

Helping create standard operating procedures for wards

Distributing food to staff who couldn't leave wards

Donating unused PPE

Returning property of deceased patients to next of kin

Moving equipment to new ITU wards

Collecting TTAs to facilitate discharges

Diary of an FiY1

by Dr James Stevens

If you stand by the fountain at St Bartholomew's Hospital and look upon the hospital, you look upon a site that has lived through the black death, Spanish influenza and two World Wars. Now that list includes COVID-19, the inescapable phrase on everyone's lips as the UK works through the greatest health crisis of our lifetime.

As COVID19 has unfolded the need for help within the NHS became evident and Barts and The London students who were in a position to help rose to the challenge magnificently. The altruism and duty of the students in our beloved school should be recognised as no less than that, as volunteers at points had to be turned away due to the overwhelming response to offer assistance.

A small group of us started this volunteering journey in the Royal London Emergency Department under Dr Michael Kim. We were inducted to a tune of uncertainty among how bad the situation might get and were introduced to new close friends 'Don' & 'Doff' as the PPE was unfurled. In our first week the PPE guidance changed the very next day, and the next, and the next … you get the picture.

The reality was no one at that point in time knew what was best. The 'upstairs' lot (ACCU / ICU) had their own PPE guidance, and we had ours. Everyone was petrified of wasting PPE, but also of not using it effectively. One of the main roles given to volunteers in the Emergency Department was as Safety Officers, ensuring the correct procedures were followed to both don and doff PPE and keep staff as safe as possible in their treatment of patients with COVID, particularly those in designated AGP (aerosol generating procedures) areas – 'Zone A' – the 'hot zone'.

One week on the department and it was unrecognisable to those who've graced its corridors before.

Cubicles were still being built to offer more isolation to COVID patients, doors bolted on to previously open spaces. All non-COVID (assessment, majors cubicles & CDU) was/were moved out of the way for the new bread and butter: '?COVID'; 'Unwell DIB'; 'Fever, SOB'. 'Clean' and 'dirty' took on new meanings, as hands cracked under the onslaught of infection control. AGP's were the talk of the town.

From the outside, all news was directed to sensationalised experiences of PPE shortages, staff with pressure sores from long shifts wearing PPE, patients being intubated, DNACPR's at the door. Yes this was happening, but the reality was a lot more controlled. Organisation, teamwork, support and comradery was all around and whilst the patients were more unknown, sicker, placed prone and without relative or company there was inspiration to be found in the response by NHS team's response.

The time came in late April, after a strange virtual-handshake send-off of a graduation, that we in our final year at Barts and The London were given an unprecedented opportunity to step into an interim role as 'Doctor'.

For me, having had our elective wiped off the cards and knowing sitting still at home in London wasn't a viable option for lockdown sanity, I jumped at the chance to take on this strange title 'Interim F1' a little earlier than expected. A lot did in fact, so many that some didn't get the opportunity offered. Some also chose to stay home, to protect loved ones, to deservedly rest and this looking back to me is equally commendable.

Placed in the Royal London Emergency department, 6 of us started our careers in a department devoid of other F1s. For 2 weeks we bridged the gap between medical student and doctor, helping the SHOs clerk and manage patients coming through ED whilst adjusting to shift work and the responsibility that comes with 'job' vs 'placement'. We were supernumerary in the department, which in hindsight was valuable as the department wouldn't fall apart without us there, however, we had the chance to make a real difference.

FiY1 brought many valuable experiences. On my first day I was in resus for the afternoon and a young gentleman had been brought in as a trauma call, and initial scans unfortunately showed a thoracic spine injury disrupting the spinal cord. One adverse sign on the primary survey was priapism, and now he was for theatre and surgical management and needed catheterisation. 'Who's willing to catheterise?' the consultant says, and eyes fall on the Day 1 Doctor stood before them. A glint appeared in their eye. 'James, you need things for your portfolio right? Just check with urology and see if there's any issues first'. And so I ring urology: 'It's erect? That's fine to catheterise, just use more instilligel!'. Now, what proceeded was an uneventful catheterisation due to the most dedicated teamwork as an SHO provided the structural support to hold the penis upright under the aseptic field. 10 minutes later and I had my first 'Core Procedure' of my foundation years successfully signed off.

We were fortunate in many ways that due to logistics we became doctors at the tail end of the true first 'peak' of the virus. We saw a lot of elderly and we still saw a lot of sick respiratory patients but for the most part we were able to learn emergency medicine in a controlled and supported fashion. After 2 weeks we were clerking and managing our own patients, with SHOs and registrars never far away for any queries of worries. We saw much chest pain, back pain and intoxication and suddenly medical school was relevant (who knew?!). A few weeks in I could refer to med reg or talk to radiology with only 70% of 'the fear' and most importantly we were part of the medical team in a way I had not experienced prior to graduation.

The Royal London being one of our gems at Barts, we were also exposed to a lot of trauma medicine during our time as interims. We were employed to scribe calls early on and by the end of 3 months I could confidently complete a primary survey or cannulate in front of the inevitable crowd that comes to an advanced trauma in RLH resus. OSCEs are hard, 10 consultants watching you bluff a trauma line is something else (lessons learned, skills acquired!). Having had an elective to Johannesburg scrapped due to COVID, I found this immensely rewarding and at least in part making up for the lost placement.

All in all, my time working in A&E as an ED assistant, EMCREW and finally Interim F1 made me proud to be part of a great team. I would thoroughly recommend the department for placement, foundation or elective and promise you will take away so much from what you put in during your time. Make the most of one of the jewels of BLSMD's teaching hospitals.

COVID was as stretched and unknown as we've been in the NHS this century and it's taken health services to stand up and say: 'if this happens, we're not going to be ok'. The response has been amazing in and out of the NHS and in being part of it has made a highlight out of what has been a hard year for so so many around the globe.

For those of you still studying in this strange time, good luck and don't be afraid to put yourself out there and say 'I can be useful'. Don't be held back by the title 'student' as being 'doctor' is only a small stretch away and many of those skills you already own. To final years – if you don't get your electives, make the most of an interim, and dream ahead to travels and experiences further down the line – they'll come.

Bereft

by Lucy Edgar

The beginning of summer, I am working with the bereavement team at The Royal London Hospital packing boxes with the possessions of deceased patients, I am working with my friends and living by myself in London. The end of summer, I am back at my family home, the leaves turn from green to yellow and we receive a call at 2 am to notify my family of my grandmother's death.

+ + +

I decided very early on to stay in London and volunteer with the COVID active response team at Barts Volunteers. The work we did varied day to day, from carrying food donations to staff and stocking ICU, to collecting prescriptions and working with the bereavement office to return belongs. To say I enjoyed the work is not entirely accurate. It was hard work, both emotionally and physically, and everyday seemed to present as another mountain of problems to solve. However, I loved the people I met, the experience I gained, and I was inspired by the spirit of the people around me, who

could continue and carry on day after day.

Packing the boxes of possessions was always a surreal experience. Each box was labelled with a name and reference number to be packed away in our storage room; stacked like a library of books, each one unassuming and alike to the others around them but all unique. Some were nearly empty, with just a mobile phone and piece of jewellery; others had a series of boxes, each one next to the other, filled to the brim. It always made me wonder what the reason for the difference in inventory size, and what was the difference between the former owners? Was there any at all?

As caring humans, we treasure the moments we spent with someone before they pass. We hold those painful times close and take joy in the small moments which cut through the sorrow; and it was difficult seeing next of kin come in to pick up belongings, without those moments and without the closure many of us hope to have. Handing over the belongings always left me with mixed feelings; on one hand, I felt like I was providing closure, but on the other I was part of making it real that they were gone. Every box I handed was a painful reminder of the final moments that they had missed, through no fault of their own. I carried countless boxes and bags of possessions along with the other volunteers, my grandmother was only one more in a different time and place.

My grandmother was a caring and fiercely independent woman, living by herself for over 30 years and driving a car right up until lockdown. She was already frail by the time we went into lockdown in March, but no one knew what was wrong, that the falls were caused by a drop in blood pressure, caused by metastatic bowel cancer which had spread to her lungs. We did not know about it until she had her final fall where she was diagnosed with Covid-19 and cancer. She spent two weeks in an isolated ward before she had been diagnosed negative, and a kind Ward Clerk snuck us in so we could see her. All the nurses said how lovely she was, how she was her usual assertive self, asking for a bread roll for her soup.

For two months, we had her at home with us, and I suddenly found myself in a different role. No longer was I the passive outsider to the personal effects of the pandemic, but right there by her bedside. I helped answer her phone and sort her affairs, sat with her there while the nurses came round, changed dressings, and gave medication. She and I spent hours in each other's company, her reading her crime novel and me doing work, not saying anything most of the time but finding comfort in the silent companionship. Knowing that it would not last forever.

When she went to the Hospice and we were faced with all the restrictions, my family like many others, all struggled - most of all my grandmother. In those final days I both hated and loved the NHS. The bureaucracy and righteous fear-mongering stopped us visiting as much as we wanted to and with everything being harder to negotiate, we were made to feel bad about holding a dying woman's hand. Even getting a GP to assess that the difficulty in breathing from my grandma was anything but COVID was impossible.

However, the kindness nurses and doctors showed us will stay with me. How a carer changed her shifts so she could look after my grandmother personally or when one of the district nurses made sure all my grandmother's blood tests and COVID swabs were done the day they were issued. Of all the people I met, I kept running into volunteers, or at least people doing similar jobs that I had done. It was a strange shock to suddenly be faced with the other side of the conversation, what would I have thought if I met someone like me at the volunteer's desk? I suddenly felt very vulnerable and unsure of myself, completely unlike the volunteer I had been. I had the bliss of ignorance and the ability to disconnect myself from the grief around me.

I wonder if I can ever be that person again. I doubt I can.

Would my Grandmother still be alive without COVID-19? It is impossible to say, she was an incredible woman who was incredibly ill, and the question is just one more in a long list: Could I have been there more? Should I have stayed at home? Would it have changed anything? Looking back at my time working with the bereavement team at The Royal London, I think about my grandmother in those wards and her possessions being collected. Did I handle them with enough care and attention? Was it wrong to chat and laugh with my co-volunteers while I carried out the final items of someone's family member? Then I think back on how hard we searched for the wedding rings which seemed to always get lost on wards whilst I wear my grandmother's ring and I think, all-in-all, we did a pretty good job.

In Conversation with Professor Charles Knight

CEO of St Bartholomew's Hospital & Nightingale Hospital London

Professor Charles Knight OBE is the CEO of St Bartholomews Hospital, and was seconded to be the CEO of the Nightingale Hospital London at the ExCeL as the first wave of the COVID-19 pandemic reached its crescendo. We spoke to him about his experience during this turbulent time, and about what we, as a health system, could learn from these last few months.

LET'S START AT THE BEGINNING! AS THE CEO OF A LONDON HOSPITAL, WHEN WAS THE FIRST TIME YOU REALISED COVID WOULD BE A MASSIVE ISSUE ON A NATIONAL SCALE?

Well, I suppose as in all exponential growth, it sort of sneaks up on you for a while and then explodes. We had been hearing, I guess like the rest of the country, really since December that this was an issue. It wasn't really until early March however that things really starting accelerating and by the end of March, we had done a lot of work here at St Bartholomews to get ourselves ready, in particular making contingency plans that we would be one of the Cardiac Surgical hubs for London.

Barts ran Cardiac Surgery through the pandemic for London and most of the operating was done at Barts and Harefield, because they were sites that did not have A&E departments and therefore had a little bit more control over their intensive care unit beds. The cardiac surgery is entirely ITU reliant, and virtually everywhere apart from St Bartholomews and Harefield were filled up with COVID and Cardiac Surgery ceased. If we hadn't made those plans which Steve Edmondson, our chief of surgery, drew up in a matter of days then the possibility would have been that there was no Cardiac Surgery; no surgery for dissections or whatever so setting that up was really important. Then towards the sort of 23rd of March or so, at that point there was a very substantial doubling rate in intensive care unit admissions, and the modelling suggested that within two or three weeks we would get to 7000 ventilated patients in London - we have an ITU bed base of 800 intensive care unit beds in London. Now that didn't happen, but it was an entirely reasonable model at the time because it was just taking the doubling rate and showing what would happen in two weeks.

It was that moment around late March, when a number of intensive care doctors and NHS London thought – 'well we have to have a solution to this' - and that initially was a variety of people looking at different options for sort of 'barn ITU'.

Once we got to that modelling projection of 7000 - and over a few days it went from 'you've got plan for 1000', to 'you've got to plan for 2000', to 'you've got to plan for 7000' - once it got to that point then really, the EXCEL Centre was the only place that could conceivably accommodate those sort of numbers of patients. So obviously there wasn't the staff, there wasn't necessarily the equipment, there was nothing ready - but it was a very reasonable thing to at least build a facility.

Following that, over the next few days, discussions turned whether it should be run as an NHS Hospital. Initially there was a thought that maybe it could be a Military Hospital or have some other governance around it - but I think entirely correctly, it was thought that it has to be an NHS Hospital as it's part of the NHS response. And seeing as it was right in the middle of our [Barts Health] catchment area, with Newham Hospital just miles up the road, and with Barts Health having experience in running a big group of Hospitals, Alwen [Alwen Williams, CEO of Barts Health] was asked to take it on. Alwen asked me to go over and do it which was not exactly what I wanted, because we were all pretty exhausted by that point from having set up everything at each of our Hospitals - so the thought of then going to do this rather extraordinary thing, of setting up an intensive care unit in a conference centre, was obviously incredibly exciting but also immensely stressful!

We had to bring together teams from across London and everyone was wonderful; there were lots of volunteers as well as lots of people seconded there to build the leadership team both clinically and managerially; and you know, we did get ready and we did get to the point where we could accept patients within nine days, which was a colossal feat - absolutely nothing to do with me - it's to do with the clinicians and the military and all the people that were building it.

ONE OF THE UNIQUE CHALLENGES OF BUILDING ESSENTIALLY A WHOLE NEW FACILITY FROM SCRATCH IS THAT YOU HAVE A LOT OF PEOPLE COMING FROM A LOT OF DIFFERENT AREAS WITH A LOT OF EXPERTISE IN THOSE AREAS BUT WHO MAY NOT HAVE WORKED TOGETHER BEFORE. HOW DID YOU FIND WORKING WITH THIS TEAM?

Well I think you're correct, managing that was the greatest challenge and I think it was a testament to the clinical leadership, the nursing leadership, that that they managed to forge these teams. There was a great sense of purpose and there was a single objective, so it wasn't like running a hospital; they had all come together to do one thing, which you don't maybe get in a normal hospital environment. The clinical leadership set up very quickly a very open, non-hierarchical, sort of structure - a clinical forum happened everyday where people could just input and say; 'you know this thing happened - we need to change this' and everyone agreed to change it. It was real-time risk management, real-time governance, which was great to see and a great learning point for us.

I think the single greatest achievement of the doctors and nurses there was that ICNARC, which is the National Audit of ITU outcomes, found the Nightingale mortality as exactly the same as the national average - so for the 54 patients that we treated, in a conference centre, with teams assembled from all over the place, in a completely foreign environment, to have achieved an average outcome is an astonishing achievement.

I think that's probably what I'm proudest of; that we didn't let patients down, they weren't being treated in a field hospital as a last ditch attempt; they got care that was essentially equal to what they what they got elsewhere.

I mean the problem at the Nightingale was juggling our need for equipment; we didn't have much, and there were all sorts of rumours that we had masses of ventilators that weren't being used, but I can assure you that we didn't! We didn't have enough equipment, we didn't have enough staff but I think by the end of April, we were in a position where we actually could have taken substantial numbers of patients. We got ourselves into a good place by then, which again is only sort of a month of really running.

Thankfully, by then the number of patients had started to decline, so we weren't really ever used in the way that it was conceived. I think we could have easily got to a point where we were treating 150 patients; that would have been okay but it didn't happen for the best reason.

DURING THE FIRST WAVE, ACROSS THE COUNTRY WE SAW A LOT OF ROUTINE SURGERIES WERE BEING PUT ON HOLD AND THAT'S HAD HUGE KNOCK-ON IMPACTS MOVING FORWARDS. HOW DO YOU THINK WE, AS A HEALTH SYSTEM, CAN MOVE FORWARD FROM THIS?

It's really important that the health service did sort 'snap back' to as much normal operating as possible, as quickly as possible. That's obviously a lot easier said than done; people had been redeployed, pathways had been changed. We now have to have much more rigorous infection control procedures in every hospital and that has had the effect of reducing our bed base by probably 10% because we have to keep some side rooms for suspected COVID; all our pathways have been altered and changed, to get back to normal. Now, our target for this month is to be at 90% of July 2019's activity, and we're at about 90% of that targets - over 90% of 90% of last year whatever that is!

So it is a big challenge - we have to keep patients safe, we have to make sure they don't get infected; a COVID outbreak in a chemotherapy ward is just a complete disaster; so we have to be extremely careful. At the same time, as you will be aware,

ILLUSTRATIONS BY SAMIL HOSSAIN ARA

there were multiple studies showing that patients didn't attend hospital when they should have, and they've suffered cardiac arrests at home.

The public health messaging of years which was 'take notice of symptoms, get to hospital' was suddenly spun round to 'protect the NHS' - for very good reasons, but people I think are still reluctant to come to hospital in a way that they weren't a year ago. I think as we see COVID cases tick up in London that will probably get worse.

So I think you're right - it's going to be a long term issue, we just hope that a reasonable vaccine is on the horizon. I don't think a vaccine is going to be a magic bullet but it's going to be a very important part of restoring normality. If, as is likely when the vaccination programme is rolled out, healthcare workers are near the top of the list - again that's part of giving reassurance to patients if they know that the staff are not capable of giving them the disease. I think I think it's going to be very choppy waters for a while yet, and obviously we went into this as a NHS with large numbers of patients on the waiting list already so it's not like there's a lot of slack. I think there's learning from that; London has now increased its number of potential ITU beds in hospitals which is obviously much better than being in ExCeL. I think also that more and more, the concept of surgical hubs is really growing; hubs that are not directly linked to a hospital with an A&E Department where they can do high volume, low complexity surgery - be that orthopaedics or ophthalmology. That's probably the only way that the NHS is going to get out of the hole that it's got into with COVID in terms of many, many patients waiting.

FINALLY, IN TERMS OF THIS WHOLE EXPERIENCE I WAS WONDERING WHAT YOU THOUGHT WE HAVE LEARNED AS HEALTHCARE SYSTEM?

On the positives, I think we have learned how really important simple staff welfare is - which we were aware of but it's given a real momentum to that and I think that's highly welcomed. The NHS has not always been a great employer; it needs to look after its staff much better and I think people have got that in the way that they maybe didn't before.

I think it's shown that there is much more need for collaboration between organisations; the NHS is one organisation but it's broken up into independent businesses; Barts Health Trust, GST Trust. There was actually a lot of good system working during the pandemic between people, breaking down those sorts of barriers that the business nature of NHS trusts has erected over the last decade - so that's good.

And lastly stuff like the Nightingale shows that the NHS can react fast; it doesn't have to be the lumbering bureaucracy that it is always portrayed as.

It actually moved pretty fleet of foot - and in many ways faster than a lot of private companies - so it can be done and we need to just reflect on why we can't do that all the time. Obviously there are good reasons why we can't do it all the time, like you should consult about changes, you should involve patients in reconfiguration and obviously we didn't during the pandemic. It is entirely appropriate to regulate medicine tightly because you're dealing with people's lives - but there has to be a better way of regulating and a better way of making changes to the NHS. Hopefully the balance will be swung a little bit more to a lack of bureaucracy and a bit lighter touch regulation.

THIS INTERVIEW WAS CONDUCTED VIA ZOOM BETWEEN PROFESSOR CHARLES KNIGHT AND HARRIS NAGESWARAN ON THE 29TH OCTOBER 2020. SOME SECTIONS HAVE BEEN EDITED TO FLOW BETTER WHEN READING, SUCH AS BREAKING UP LONG SENTENCES; THE CONTENT REMAINS THE SAME HOWEVER.

We Need to talk about... Periods

IN HEALTHCARE EDUCATION WE ARE BOMBARDED WITH NEW INFORMATION FROM ALL ANGLES AND SO IT IS UNDERSTANDABLE THAT MANY IMPORTANT ISSUES FALL BY THE WAYSIDE. IN 'WE NEED TO TALK ABOUT...' I HOPE TO GIVE THE FLOOR TO ISSUES MEMBERS OF THE STUDENT BODY CARE ABOUT THROUGH INTERVIEWS WITH STUDENTS AND OTHERS.

BY GRACE CATCHPOLE

ILLUSTRATION BY LUCY EDGAR

It's not a surprise to anyone that Women's Health, and associated issues, is an oft neglected part of medicine. One area of women's health that is very present in public discourse now is periods. However, within healthcare education, this conversation is still lacking. So, what conversations should be happening and why aren't they? I conducted three interviews to look at these questions.

LULU

"I'm Lulu Lyons and I'm a fifth-year medical student … I'm on the Medical Women's Federation committee which is a national and a global charity. I'm the med student rep for the UK but I was also the Barts rep."

ISRAH

"My name is Israh Goodall and I've been a midwife for 12 years working in the UK and many years spent working in eight organisations around the world. I'm also an expedition leader, where I take groups out into wilderness areas."

BEN

"My name is Ben Butch, I live in London, I am 26 years old, and I identify as non-binary."

All three interviewees brought unique experiences of their own feelings and the how feelings of others have influenced them. Israh opened up about her first period and her mother's reaction:

"I have a really strong memory of her dropping down. So, I was sitting down, but she went down on her knees beside me…just saying… this is extraordinary and I'm so proud of you"

She went on to talk about how her mother had wanted to throw her a party but Israh was *"a teenager… living in the UK… had experienced high school and all of the shame around periods"* and so she said no. Shame also factors into Ben's early experiences:

"I didn't tell anyone; it was a secret for so long and everyone was so happy about it and I was like 'why are you so happy this is a burden for the rest of your life'"

Lulu told me about the symptoms she experiences around her periods and how her friends *"always thought [she] was exaggerating until they lived with [her]"* and that by understanding how much everyone's experience is different we will *"be kinder to each other"*. And this variation wasn't just in physical symptoms but in personal feelings. Ben spoke about the huge difference between theirs and their wife's feelings:

"I really dislike having a period, but my wife absolutely loves them, like, with periods this is the best time ever, I feel like the most amazing person right now"

"SOMETIMES YOU DON'T EVEN CALL A PERIOD A PERIOD, YOU'RE JUST LIKE 'OH ARE YOU ON YOUR THING'"

Lulu talked about barriers to us having conversations about periods, and how this starts from a young age:

"It's dirty, it's embarrassing, like, so many girls are bullied at because of it… 91% of girls are worried about going to school on their period… It's damaging to confidence and self-esteem"

And this language about periods being dirty is pervasive, even when we talk about menstrual hygiene there are subtle implications there.

"There's a day called menstrual hygiene day… but even that… makes it sound dirty"

The word hygiene is seen again when we talk about feminine hygiene products. Considering we get lectured at least three times on all the methods of contraception but never about different period products this is a conversation that is lacking in medical education.

"Back to the stigma thing, I think advertising is terrible for it. You can buy perfumed tampons, like you should be putting perfume in your vagina, that's just not what you do."

"They so afraid of being dirty that they use a wipe, those wipes have got chemicals in them"

This second quote from Israh linked into another issue that emerges when we don't talk about appropriate menstrual products.

"The other thing is environmental issues… I think has got to be part of the education now"

Israh believes that as healthcare professionals are often an early point of contact for young people struggling with their periods we should have the knowledge base to help them make choices that are good for the environment.

But how do we combat this stigma to be able to have open conversations about periods? Ben has been using their performance work to celebrate periods.

"I do a builder, and I strip to pony and at the end I pull out a tampon. A giant one"

"IT WOULD BE AMAZING IF MEDICAL LITERATURE WENT BEYOND THE PHYSICAL"

Israh uses the metaphor of the seasons to explain how the four phases of the menstrual cycle can change a woman's body:

Winter: *"When you bleed, when you think about winter, it's such a similar thing… You just want to go into yourself"*

Spring: *"There's a new rush of life coming through… and you look at spring and that's exactly what happens"*

Summer: *"Then as you go into summer… when you ovulate is when you've obviously got the most energy because your hormones ready to go."*

Autumn: *"By the end of summer they're like…I've over socialised and they need to go into autumn and shed and go quieter."*

Both Israh and Lulu discussed how we're not told about anything outside of bleeding and that it's the 'missing element' in education about periods.

A key element of the experience outside of bleeding is pain. Its management is a complicated issue as you can see from these quotes.

"Because if you're in pain and it's debilitating … and it's affecting your work and it's affecting how you feel then it should be managed and taken note." – Lulu

"Pain relief, it's brilliant in the moment we think, wow, we can kind of get on with our normal thing, but we then bereft ourselves of the opportunity to lie down and to do the things that our body needs to do, to replenish" – Israh

And this isn't necessarily limited to physical pain. I asked Ben about their gender dysphoria around the time of their periods:

"They totally contribute. My dysphoria kind of, skyrockets, just before or during, it's because your body changes so much"

Which reminded me of how much Israh and Lulu spoke about how our experiences are so much more than bleeding but the physical changes should be recognised because they can affect how someone feels about themselves.

"WHEN IT'S MAINSTREAM I FEEL LIKE, WHAT ABOUT US? WHAT ABOUT ME?"

"Cause there's always the thing of you should embrace your womanly body and it's like 'urgh, stop it' when the mainstream media is promoting period positivity, and like you should embrace your womanly body and this is the natural womanly thing to do."

"I think it's difficult when people call periods a woman's thing or if you have a period you're a woman, so what does that mean if you don't have a period, does that make you not a woman?"

These quotes are from Ben talking about how mainstream activism can sometimes make them feel. They also told me about how healthcare experiences they've had have reflected this assumption about periods - from being told *"I wasn't expecting to do this today because of your name"* when they went in for a smear test to being questioned if they were really Ben on a phone call consultation recently. But it's about more than just asking people, it's about how we're approaching what could be a painful topic for someone:

"Instead of just saying 'do you still get a period'… when people ask do you still get your periods, I feel there should be some acknowledgement that 'oh I understand this might be an uncomfortable topic for you'"

Lulu and I reflected on our lack of education while at medical school around gender and the assumptions we make:

"If we don't feel comfortable with it how are we going to make a patient feel comfortable and confident… we're meant to be there giving them confidence and support… I think boys should be educated from a young age when girls are because eventually they're going to have female friends who don't have menstrual cycles and guys who do"

Israh also tries to include boys in her education around periods on the expeditions she runs:

"They are absolutely desperate to know what happens to women's bodies beyond just the language of… she's got PMS, we better leave her alone…. We need to adapt the way we're managing gender, we shouldn't be afraid of bringing in the language of cycles, because we all need to know about it"

"WHEN WE'RE ADDRESSING STIGMA, WE NEED TO KNOW THE SOCIETY WE'RE ADDRESSING IT IN"

I spent a lot of my interview with Israh listening to her talk about how her experiences in different cultures has shaped her views.

"I was brought up Muslim and lived in many different countries… I had this kind of tradition of Islam, but also my parents had kind of come through the sixties"

Personally, I've always felt there's an assumption that certain cultures choosing to treat women differently while on their period could contribute to stigma. Israh had a different feeling based on her upbringing:

"In Islam, you don't pray when you are bleeding and that was the way it was done… my understanding of it was it was something to be proud of, it wasn't that you were dirty so you couldn't pray… it felt like you were going through your own prayer cycle and you had your own space during that time"

Israh has spent time is a multitude of communities whilst learning about their practices, including northern America tribes where the whole village was involved in celebrating someone's first period to northern Pakistan where she was privileged to spend some time in a place called the Red Tent

"I've always promised that I would never talk about everything I saw, but actually the things that I did see were an example to me that actually women, when we are given space to take care of each other, really do nurture and empower each other."

FINAL COMMENTS

LULU

"Stigma, education, and not alienating people… and don't feel weird or embarrassed to talk about it because it's not weird and it's not embarrassing"

ISRAH

"I actually hope that in the future, it isn't that unusual that a doctor would say… you know, you're about to bleed… maybe you could put somethings into motion to take care of yourself over the next few days"

BEN

"Just say what's your pronouns, that's all you have to do. It makes the experience so much better."

IF YOU WANT TO FIND OUT MORE...

WEBSITES AND ORGANISATIONS

MEDICAL WOMEN'S FEDERATION - MEDICALWOMENSFEDERATION.ORG.UK

WOMEN'S ENVIRONMENTAL NETWORK - WEN.ORG.UK

THE RED SCHOOL -REDSCHOOL.NET

CHECK OUT THIS GUARDIAN ARTICLE ABOUT POLICY WORK THE RED SCHOOL WAS INVOLVED IN: HTTPS://WWW.THEGUARDIAN.COM/LIFEANDSTYLE/2016/MAR/02/UK-COMPANY-INTRODUCE-PERIOD-POLICY-FEMALE-STAFF

BOOKS

PERIOD POWER BY MAISIE HILL

INSTAGRAM

@RUBYYYJONES

@PRINXLYDIA – CHECK OUT THEIR ETSY SHOP (HTTPS://WWW.ETSY.COM/UK/SHOP/PRINXLYDIA?REF=SIMPLE-SHOP-HEADER-NAME&LISTING_ID=862543093) WHICH INCLUDES A ZINE FOR PEOPLE WHO HAVE PERIODS

@THEPERIODMOVEMENT

INTERVIEWEES

ISRAH - ISRAHGOODALL.COM/

BEN - @BENJAMINBUTCH (INSTAGRAM)

#MEDBIKINI

BY STELLA CHATZIELEFTHERIOU

CONSULTANTS CAN WEAR BIKINIS

IF THIS HASHTAG MEANS ANYTHING TO YOU, YOU'LL KNOW THAT WHAT IS ABOUT TO FOLLOW IS A VERY JUSTIFIED RANT.

For those whom it does not here is a recap; an article was published in the Journal of Vascular Surgery titled "Prevalence of unprofessional social media content among young vascular surgeons". In this study, young vascular surgeons' social media accounts were screened, using fake social media accounts created by the authors. The authors rationalized the lack of informed consent from study participants and blatant privacy violation, by suggesting that what they were doing mirrored a regular screen by an employer. The authors looked for any "clearly unprofessional content"1, including illegal activity, patient confidentiality violations, and slander against colleagues, which are important for patient care and are obviously inappropriate.

However, the main problem with the paper involved what authors considered "potentially unprofessional content" including; "holding/consuming alcohol", talking about "controversial social topics", and "inappropriate attire" which included "pictures in underwear, provocative Halloween costumes, and provocative posing in bikinis/swimwear".

The authors felt this content depicted on social media would lead a patient to lose trust in their healthcare professional, were they to stumble across it. To nobody's surprise six out of seven authors responsible for deciding the criteria of unprofessional content were male and all three researchers performing the screening were male. This is very unsettling when you simply consider that three men were using fake accounts to judge female surgeons' social media presence and shame the ones wearing bikinis.

The authors' views on "potentially unprofessional content" perpetuate oppressive and patriarchal norms which overwhelmingly targeted females. The words "controversial", "inappropriate" and "provocative" are highly subjective, yet they were used to make insensitive moral judgements on women and publish them in order to claim that women in medicine needed to be discouraged from acting in a way that was "unprofessional". Let's make something clear, wearing a bikini outside of hospital does not define a woman's professionalism, intelligence, or capability to do her job and is frankly no one else's business.

FACED WITH THE BLATANT MISOGYNY OF THE STUDY, FEMALE PHYSICIANS TOOK TO SOCIAL MEDIA TO PROTEST BY SHARING PHOTOS OF THEMSELVES IN BIKINIS; STARTING A MOVEMENT UNDER THE HASHTAG #MEDBIKINI.

It started an important conversation around how female doctors are notoriously treated differently to their male counterparts. Stories of ridiculous comments by senior male and female colleagues like too much skin, too much makeup, too attractive, too fashionable, flooded the internet.

IT WAS GLORIOUS TO SEE ALL THESE

WOMEN BAND TOGETHER AND SUPPORT EACH OTHER WHEN CONFRONTED WITH SHAMELESS DOUBLE STANDARDS. IT WAS ALSO AMAZING TO SEE MANY MALE DOCTORS CONDEMNING THE ARTICLE AND BEING AWARE OF THEIR PRIVILEGE.

Simultaneously, you couldn't help but feel a sense of overwhelming disappointment at the sexism that still exists within our profession and is continuously maintained by those who uphold antiquated standards for women (patients included). Even as a medical student, the infamous rhetoric of "you have to become a GP if you want to start a family", rings in my ear's too loudly. I know for a fact I am not the only one who has been told that motherhood will come at the price of a career in something I am actually interested in.

Following the backlash, the article was redacted, apologies were made by the journal's editorial board for their review process and excuses given included that there were no women on the editorial board (I have to laugh). Being male does not make you exempt from standing up to sexism; in fact it is critical for men to be involved in the conversation as medicine is historically a male-dominated field. Apologising in hindsight is futile. Does this seem harsh? Well it is and that is because this study included a female author, went through the rigorous process of peer-review at a reputable journal and was scrutinised by an editorial board before being published. Out of all those brilliant scientists, not one identified the glaring gender bias and if that does not scream systemic failure to you, then I do not know what will.

Beyond the sexist nature of the paper, it highlighted another massive issue with the definition of professionalism in medicine. Why were doctors being shamed for having a life outside of medicine? What is wrong with going to a Halloween dress-up party and having a drink? Are doctors no longer allowed to have opinions on social issues e.g. gun control, reproductive health, rights for the LGBTQI+ community, racial injustice? Doctors are notoriously held at a higher standard than other professionals in and out of the workplace, and this is important as they take care of people at their most vulnerable point. The authors explanations of "clearly unprofessional content" are reflective of the minimum professionalism values expected from doctors.

AS HEALTHCARE PROFESSIONALS WE SHOULD BE EXPECTED TO NOT LET OUR PERSONAL LIVES AFFECT PATIENT CARE, HOWEVER, THE STUDY ULTIMATELY SUGGESTED THAT THERE SHOULD BE NO BOUNDARY BETWEEN BEING A DOCTOR AND BEING A HUMAN BEING OUTSIDE OF MEDICINE.

By no means am I suggesting it is ok to post a photo of yourself lying in a puddle of your own vomit, but this fairly extreme example is not what the authors were portraying as "potentially unprofessional content". Their view promotes a damaging standard for young doctors and is directly opposing the incessant preaching about the importance of a healthy work-life balance. Doctors should feel comfortable posting photos of themselves having a good time, regardless of what they are wearing or what drink they are holding, just like any other human being, without worrying about senior colleagues or patient scrutiny. This is also true for opinions on social issues; having to sacrifice your own personal beliefs is unethical. Take for example abortions; a doctor opposed to abortions is allowed to refer a patient to a different doctor who will offer them the care they need, without having to compromise their values. We are taught in medical school to call out racism when we witness it within the workplace, why should it be deemed unprofessional to do so on our social media?

The hypocrisy of a paper about professionalism being so unprofessional is laughable. It is abundantly clear that there is so much work that still needs to be done and that sexism is still thriving in medicine and within society as a whole. The elite pedestal on which doctors are placed on is harmful and carries the risk of doctors being seen as individuals without lives outside of the hospital. The definition of professionalism is long overdue a revisiting and this study has really brought that to everyone's attention. The hashtag is no longer viral, but the movement cannot stop until female doctors and surgeons are treated as equals, and physicians are allowed to be people when their shift is over.

ILLUSTRATIONS BY LUCY EDGAR

THE COVID-19 INFODEMIC

BY AREEN WAZIR

A PANDEMIC. MASS TECHNOLOGY. A RECIPE FOR DISASTER.

5G radiation caused the Covid-19 pandemic. Hydroxychloroquine is the cure for Covid-19. The virus was genetically engineered in a lab in China. Drinking cow urine can cure Covid-19. Bill Gates wants to use a vaccination program to implant digital microchips that will track and control people. Taking six deep breaths and then coughing while covering one's mouth will cure Covid-19. Consuming garlic, onions and turmeric prevents the virus. Covid-19 doesn't actually exist.

"We're not just fighting a pandemic; we're fighting an infodemic," said Tedros Adhanom Ghebreyesus, WHO's director-general, at the 2020 Munich Security Conference. An infodemic is defined as an overabundance of information about a problem, that is typically unreliable, spreads rapidly and makes a solution more difficult to achieve. Conspiracy theories, disinformation and misinformation have become highly prevalent in the age of social media and have skyrocketed since the beginning of this pandemic. After all, with the increasing openness, access and prevalence of the internet, anyone can churn out new and often unreliable content.

The ability of fake news to spread like wildfire has been proverbial for centuries: "Falsehood flies, and the Truth comes limping after it", wrote Jonathan Swift, the well-known Anglo-Irish writer and prose satirist, in 1910. It's no surprise that often fake news stories are sensationalised. In fact, many online businesses encourage production of news that is 'click worthy' because more clicks result in more profit through advertising revenue. But who is to blame for the rapid spread of fake news? In the 21st century, there are three major culprits – microtargeting, bots and people like us.

Microtargeting is where websites use tracking cookies to collect and analyse people's web usage and then deliver this to social media analytics firms. This data is used to predict their interests and purchasing patterns to select and deliver adverts they would respond best to. In this process companies pay social media platforms in exchange for advertising their product. Issues arise because not everyone is just harmlessly promoting their products; some companies are purely trying to make a profit without even considering the effect on consumers. A blaring example of this is the recent popularity of scam sites selling bogus testing kits, fictitious protective equipment and fake, unlicensed medications for Covid-19. Perhaps now more than ever, we require more stringent online policing.

Social media platforms have become home to millions of bots that help propagate and inflate the apparent popularity of fake news. Bots are computer algorithms utilising artificial intelligence; they work on online social network sites to execute tasks autonomously and repetitively whilst mimicking normal internet user behaviour.

ACCORDING TO ESTIMATES IN 2017 BY C.A. DE L.S. BERENTE NICHOLAS, THERE WERE 190 MILLION BOTS IN TOTAL ON TWITTER, FACEBOOK AND INSTAGRAM.

Bots help in the propagation of fake news due to their capabilities to search, retrieve and post non-curated content using trending topics and hashtags as the main strategy to reach a broader audience.

Now, it's not fair to put all the blame on bots because the majority of the transmission is caused by real people. Research by Tandoc et al. shows that a positive feedback loop is created and suggests that "when a post is accompanied by many like, shares, or comments, it is more likely to receive attention by others, and therefore more likely to be further liked, shared or commented on." These popularity indicators in social media platforms can alter the reader's perception and make us more vulnerable to fake news.

DESPITE KNOWING THIS DARK SIDE TO THE DIGITAL WORLD, WHY DO PEOPLE STILL BELIEVE THE UNBELIEVABLE?

Let's face it - the human mind is a fickle thing. By being constantly deluged with medical news from numerous sources on various social media platforms, it's inevitable to fall into a vortex of information and believe things that allow us to make sense of the turmoil of the real world. We have biologically evolved to crave answers and when there is no definitive explanation to a situation, it's an underlying defence mechanism to settle for answers that may not even be true. After all, isn't it better to seek comfort in hoax explanations than live in a constant void with apprehension of the unknown? Psychologists cannot pinpoint just one reason why humans fall prey to fake news, be it by word of mouth or through technology, but instead have highlighted an amalgamation of possible explanations.

The first is confirmation bias where people are lured to believe information that aligns with their personal beliefs. The second is lack of critical thinking – how many of us analyse articles that we read, question the authenticity of the presented "facts" or check the validity of the source? This ties in well with the impatient nature of humans where we often quickly scroll through our news feed and pick up on only the headlines which can make their way into our subconscious. Furthermore, health information has the ability to be

amplified or drowned by celebrities' views as the public respect their opinion, maybe even to a greater degree than health professionals. Also, reiteration of the same news several times is a key strategy used to embed ideas into the minds of people. Lastly, people's emotions are targeted.

FAKE NEWS CAN EVOKE AND BREED VEHEMENT EMOTIONS WHICH CAN MAKE THE AUDIENCE THINK LESS RATIONALLY HENCE MAKING THEM MORE SUSCEPTIBLE TO BELIEVING.

It's universally acknowledged that fake medical information can have devastating consequences. The infodemic is not only fuelling mistrust and doubt towards the healthcare system and the government but is also causing people to be confused as to what they should and should not believe. In times where social cohesion is essential, fake medical information is promoting polarised views which is creating a fragmented society from 5G phone masts being set alight to frustrated anti-lockdown and anti-vaccine protests with some claiming that the virus is a hoax.

Tough times make people vulnerable and a glimmer of hope like Covid-19 medications or miracle "cures" being sold by online scam companies encourage people to take a leap of faith. However, situations like these have the potential to go horrifically wrong – participating in any unproven drugs or "cures" e.g. inhaling disinfectant, consuming hydrogen peroxide, drinking colloidal silver solution to name a few can damage the health of individuals and in some cases be fatal. One example of this is in Iran where methanol, which is acutely poisonous, was claimed to be a cure. This resulted in a significant escalation in methanol related morbidity and mortality in Iran with 728 deaths after ingesting toxic methanol compared to only 66 in the previous year. Other shocking scam cures include a $300 "vaccine" comprising of a mix of amphetamines, cocaine and nicotine and a $14990 device called the Biocharger NG Subtle Energy Platform which Australian celebrity chef, Pete Evans, claimed could cure coronavirus.

So how can we differentiate between what medical material is genuine and what isn't? When inspecting a piece of medical information, critically analysing the source's intentions will help to identify the trustworthiness of the information. Mainstream news outlets, websites and organisations with good reputations e.g. BBC, The BMJ, The Guardian, NHS websites aim to keep the public informed with accurate information. The same cannot be said for some companies who mould facts to fit their argument to portray themselves in the best possible light in order to make a profit. If an article claims to reveal something that your "doctor will not tell you about", it is an immediate red flag. Furthermore, don't rely on social media platforms for medical news because anything can be shared on there as there is no filter to keep disinformation and misinformation at bay.

Articles making sweeping conclusions that are not supported by solid evidence should not be trusted. It's crucial to realise that the bigger the claim, the more evidence is required. If it's a massive breakthrough, it will have been tested on thousands of patients, published in major medical journals like The Lancet, BMJ, The New England Journal of Medicine and covered by the biggest and renowned media organisations around the globe. If the article says that the research has been published in a particular journal, check online whether the journal is peer reviewed – this means whether it has been heavily scrutinised by scientists in that field before publishing. Also, when coming across medical news, don't stick with just one source, check whether other sources have presented similar findings.

Lastly, if a study was sponsored by the pharmaceutical, supplement, or device industry that is peddling the product under review, the information may be biased so always be alert.

At this moment, we are living in a world that we could not have imagined. The virus threatens billions of people worldwide and tackling it should be the priority. However, let us not turn a blind eye to the fact that humanity is not just fighting one enemy but two, one which stands towering in the spotlight and the other which lurks behind our backs.

TOP 5 TIPS TO AVOID FAKE MEDICAL NEWS

1. DEVELOP A CRITICAL MINDSET AND QUESTION THE WRITER'S INTENTIONS.

2. ENSURE THAT THE SOURCE IS A REPUTABLE, TRUSTWORTHY ORGANISATION.

3. DON'T RELY ON SOCIAL MEDIA PLATFORMS FOR MEDICAL INFORMATION.

4. LOOK OUT FOR STRONG SCIENTIFIC EVIDENCE FOR ANY BIG CLAIMS AND CHECK IF OTHER RELIABLE SOURCES HAVE GOT SIMILAR FINDINGS.

5. KEEP YOUR EYES PEELED FOR ANY "SPONSORED CONTENT" WITHIN ARTICLES.

ILLUSTRATION BY MELISA CETIN

QM CUTS GLOBAL HEALTH COURSE IN THE MIDDLE OF A PANDEMIC

BY EMILY CHAMBERLAIN, GLOBAL HEALTH EDITOR

THE BARTS AND THE LONDON GLOBAL HEALTH COURSE IS ONLY 1 OF ONLY 3 BSC'S OF ITS KIND IN THIS COUNTRY AND ONE THAT PRIDES ITSELF ON WIDENING PARTICIPATION AND INCREASING ACCESS, ESPECIALLY FOR MARGINALISED GROUPS.

The academics who run the program work in the areas they teach, which transfers through their ethos of teaching and creates a unique environment of critical thinking and adds depth to the study of inequalities compared to its counterparts. In fact, last year, the course was awarded a teaching excellence award by Queen Mary for a course redesign; the department was planning on using current events to introduce the subject of Global Health, such as decolonisation and discrimmination and how a major Global Health incident is or should be approached.

Arguably, this is exactly what we need right now; more critical thinkers, more people who will think holistically, who will stand up and say 'this is not working', 'this is not okay', 'these are not structures that will encourage us to do our best'. But, instead of adding to those numbers, Queen Mary's centralised management took the decision this summer to remove the course. The day before results day. As if A Level students hadn't been through enough of an ordeal with the government deciding their grades by the socio-economic background of where they live.

It might be a radical thing to suggest, but because of the content that we are taught, should the pedagogy not match up to it? When we walk into the classroom (or log into zoom), we should not feel like objects. However, because we still live in a world where this can't be true, we are having to navigate the system that does, by default, treat us like that. It is therefore important for us to look at the system that's operating around us - if we want to go out and study other systems that dehumanise people, that operate and treat people like objects and numbers, we need to start in the here and now.

THE STUDENT IS CONSUMER, AND TO QUOTE FREIRE: 'WE CANNOT ENTER THE STRUGGLE AS OBJECTS ONLY TO LATER BECOME SUBJECTS"; IF YOU ARE TREATED AS AN OBJECT THEN YOU CANNOT BE A SUBJECT, AND YOU DON'T GET TO OPERATE WITHIN BOTH.

It is important to clarify that this decision was made by the university centralised management, not by The Institute of Population Health Sciences nor the Medical School, and that both parties attempted to argue against it. After push back, 3 reasons were given to explain why this decision had been made:

CONCERNS ABOUT NUMBERS IN RECRUITING

The university had worries that there wouldn't be enough interest in a Global Health course during the middle of a pandemic. The course is uniquely situated as part of Barts- both physically and academically, seeing most of its students come through clearing, and many don't look back. For this reason, along with the change in global circumstances, the department was confident that they were on track to meet their required threshold of students.

COURSE WASN'T MAKING ENOUGH MONEY

There is a written report in the pipelines, to be published by the department on this particular topic, but we have been assured that with the number of students we have and had expected to gain, the numbers worked- fairly favourably too. Other courses have apparently been cut in an attempt to save money in light

of COVID also, some cuts were made back in April, but we are currently unaware of any that were removed at such short notice.

CONCERNS ABOUT QUALITY DUE TO NSS SCORES

The NSS results this year were extremely low, considering how highly the department have scored in previous years. It was also mentioned by Colin Bailey that several letters of complaint had been received, which called into question the quality of the degree. However, after talking to graduating students about their NSS scores and their reasoning, it became clear that these letters were in support of the industrial action that the majority of the department partook in several times over the past few years.

ADDITIONALLY, WHEN LOOKING INTO WHICH SCORES WENT DOWN IT IS INTERESTING TO NOTE THAT MANY OF THEM WERE REFLECTIVE OF ISSUES THAT HAVE ALREADY BEEN VOICED BY THE STUDENT BODY.

For instance, Global Health is often overlooked as part of Barts and as an allied health course, which is felt at both student and staff levels, and is shown in the drop in the scores regarding student voice from 91-58. These scores should be used by the university as a tool to recognise areas that need higher focus and improvement, which is what they advertise it as. However, it seems that when it comes down to it, it's actually used as a disciplinary mechanism within a neoliberal university to punish those who don't seem to be 'stepping up to the mark'.

There are of course a number of scenarios that are now having to be planned for, such as the fact that the course technically offers a year abroad, but if this should be allowed to happen there would be no cohort for students to return to. The same goes for students that may need to interrupt their studies for whatever reason, as is well within their right. During a conversation with members of the Global Health department about a week after the announcement, it was said that it had been made clear to the university that there would be a need for teaching to be provided until the academic year 2023/24, at least. By cutting the incoming first years, this decision has not only caused hundreds of hours of planning to be thrown away, but has also caused cancellations of staff contracts - not only a blow for the students who now don't get to learn from these professionals but also a massive blow for the proportion of women of colour within the department.

It is unfortunately too late to attempt to reinstate the course this year, especially by the time this article is published (hello freshers'!), but there is hope that it won't be impossible to bring it back next year. There is of course the legal obligation that the university has to provide current students with the degree they have started, so if there are any GH students reading this, please don't worry. Our lecturers and other members of the department have assured us that they will not let this affect our degree and our learning, and will do all they can to support us in the transitions that will have to be made.

If you have any questions or would like to give support, please get in contact at circadian@bartslondon.com

A PANDEMIC WITHIN A PANDEMIC

BY ARTCHUTHAN ARUTSOTHY

Lockdown was a controversial measure, then and now, hotly debated with some countries like Sweden outright rejecting the idea. However, it worked to a degree for us; cases of COVID went down and the death toll slowly but surely receded, before measures were reversed. From Thursday onwards, we have round two of quarantine, as we stand on the cusp of a second wave of COVID. Round one would dictate that this is a helpful, essential measure fighting this pandemic. However there is a disease which thrived during our brief stint with lockdown: violence.

VIOLENCE AS A DISEASE

The word 'disease' holds traditional associations with germs, transmission between people and lack of hygiene. However, there are those that argue that violence should be treated as a disease and be tackled using public health policies. There is a rising notion that violence shows characteristics of a contagious disease- namely that people who engage in violent behaviour were once victims of violent behaviour themselves. The same way in which someone who spreads a disease must first catch the disease and suffer its effects before passing it on. This idea can explain why certain areas in the world have consistently shown high rates of violent crime – the violence is spread within its inhabitants, passed down through generations.

In the traditional sense of a 'disease' violence can be profiled in the same way; it has risk factors, public health measures to prevent/'cure' it, implemented by the likes of 'Cure Violence' and 'World Health Organisation' as a means of reducing its effects and containing it.

HOW DOES LOCKDOWN 'EXACERBATE' VIOLENCE?

The majority of sources, reporting on the pandemic, failed to mention the incredible surge in domestic abuse during the world's most recent quarantine period. As a nation, we became fixated on our relationship with the outside world and some of us found ourselves locked into a greater hell which experts are calling 'intimate terrorism'.

The statistics support the idea that lockdown (while initially showing a large dip in recorded violence on the streets worldwide) enabled strained relationships and difficult interactions to move into the realm of domestic abuse. Spainish authorities showed an 18% rise in domestic abuse calls compared to the previous month prior to lockdown. France's Interior Minister reported a 30% spike in cases relating domestic abuse. BBC's panorama report on domestic abuse shows 2/3rd of women in abusive relationships to have seen an increase in the abuse they suffer whilst 75% of victims say lockdown made it difficult to escape their abusers for even a short period. The UK reported an 80% surge in people trying to access domestic abuse helplines.

Arguably, this rise in domestic abuse is a predictable one. Spending more time in the presence of a known abuser will undoubtedly see a bad situation become even worse. Year on year, we've seen spikes in cases of domestic abuse during prolonged holiday periods, especially Christmas. In the context of this pandemic, we'll see a rise in unemployment, financial instability, widespread low mood and depression which are risk factors for violence. And like the disease that it is, exposure to domestic abuse in homes with children increases their future risk of being perpetrators of violence later down the line.

IS QUARANTINE PART 2 GOING TO BE ANY DIFFERENT?

The government had devoted £2 million to aid domestic abuse helplines and launched a social media campaign dedicated to tackling the issue. But from a practical perspective, how would a victim of abuse, unable to leave the house and under 24hr supervision access social media to reach out for help?

If you are anyone you know have been affected by any of the issues discussed there are a range of helplines and charities you can contact which provide support.

REFUGE offers support and information for women and children who experience violence and abuse. They offer a free 24 hour helpline service - 0808 2000 247.Their website also has a lot more information on how we can help others at risk - Refuge.org.uk

WOMEN'S AID is a grassroots federation which provides life-servicing services to support and help women and children who have experienced domestic abuse. The helpline for Women's Aid England is 0808 80 10 800 but they have sister federations across the UK. More information can be found at womensaid.org.uk

MEN'S ADVICE LINE provides advice and support for men experiencing domestic violence and abuse. They help particularly with men experiencing abuse by a ex-partner or family member. They can provide confidential support through their helpline - 0808 801 0327 and more information is found at mensadivceline.org.uk

ILLUSTRATION BY MELISA CETIN

RIGHT-WING CORONAVIRUS SURVIVORS:

THE WORLD'S HOTTEST NEW POLITICAL CLUB

BY ASHI TANWAR, WRITTEN ON 3RD NOVEMBER 2020

Whilst millions of students avoided exams this year, governments across the world haven't been quite so lucky, facing a test unlike any other. Some countries have emerged firmly in the 'could do better' category as infection rates increase by the thousand daily. In the UK alone, the virus has claimed the lives of over 47 thousand citizens.

The coronavirus response from the 'could do better' countries is oddly familiar to me. It is reminiscent of an essay deadline: pretending it is okay does not make it go away. The pressure simply escalates until you have to justify your inaction over the past few months and desperately try to salvage the situation. Despite England entering its second national lockdown this week joining several European countries, some are not keen to enter lockdown.

Brazil's divisive president, Jair Bolsonaro, is clear on the matter of lockdowns, proclaiming at an event in Mato Grosso that *"Staying home is for the weak."* Bolsonaro was one of the first global leaders to test positive for coronavirus. Much like Donald Trump, he publicly battled coronavirus, coming through to the other side largely untroubled and full of dismissals of the seriousness of Covid-19.

However, it seems many Americans and Brazilians are having vastly different experiences - deaths in the USA and Brazil continue to soar. Of the approximately 1.2 million deaths attributed to coronavirus up till the 3rdNovember, just under a third were attributed to Brazil and the USA combined.

I spoke to Andre, a 30-year-old programmer from Sao Paolo, Brazil's most populous city. He voted for Bolsonaro in 2018. In his words, he backed Bolsonaro because *"the other candidate was worse"*, referring to the opposition party as representative of Brazil's problems with corruption. Whilst Andre admits the coronavirus deaths are tragic, he firmly believes that the economic cost of combating the virus would have been too high. Bolsonaro agrees. In a visit to Rio Grande do Sul, he spoke to journalists about the harrowing death toll. *"I regret the deaths. But people die every day, from lots of things. That's life."*

High death rates surprisingly haven't had a lasting impact on his voter base. XP/IPESPE, a Brazilian survey company, which conducts monthly approval polls in Brazil shows Bolsonaro's approval rates have been rising steadily from August to October. Bolsonaro, unlike Trump, still has two years to heal a sick nation – he won't be facing an election until 2022.

A thousand miles from Sao Paolo, in New York City, life on the ground hasn't returned to normal as America enters its third wave. Trump's political rallies in the run up to the presidential election, however, are largely untouched by Covid-19 with arenas packed full of supporters, many without masks. President Trump faces Joe Biden, the former vice-president to Barack Obama, in a tense race to the finish. Alex, a 22-year-old engineer from New York, voted for Trump in 2016. This time round, he's on the fence.

"I don't see how I could vote for him again. 220,000 thousand dead and no end in sight. It's fine for me since New York is one of the safest places in the US to bein, but my friends and family are elsewhere." He tells me about the childish refusal to send struggling New Yorkers aid, the confiscation of state-bought medical supplies, and Trump's refusal to acknowledge the virus as more than a *"Democratic hoax"*. Alex is not alone. When media focus turns to coronavirus, the polling gap between Biden and Trump widens. It appears that, contrary to Trump's 10th of February speech, the virus does not, in fact, *"miraculously go away"*.

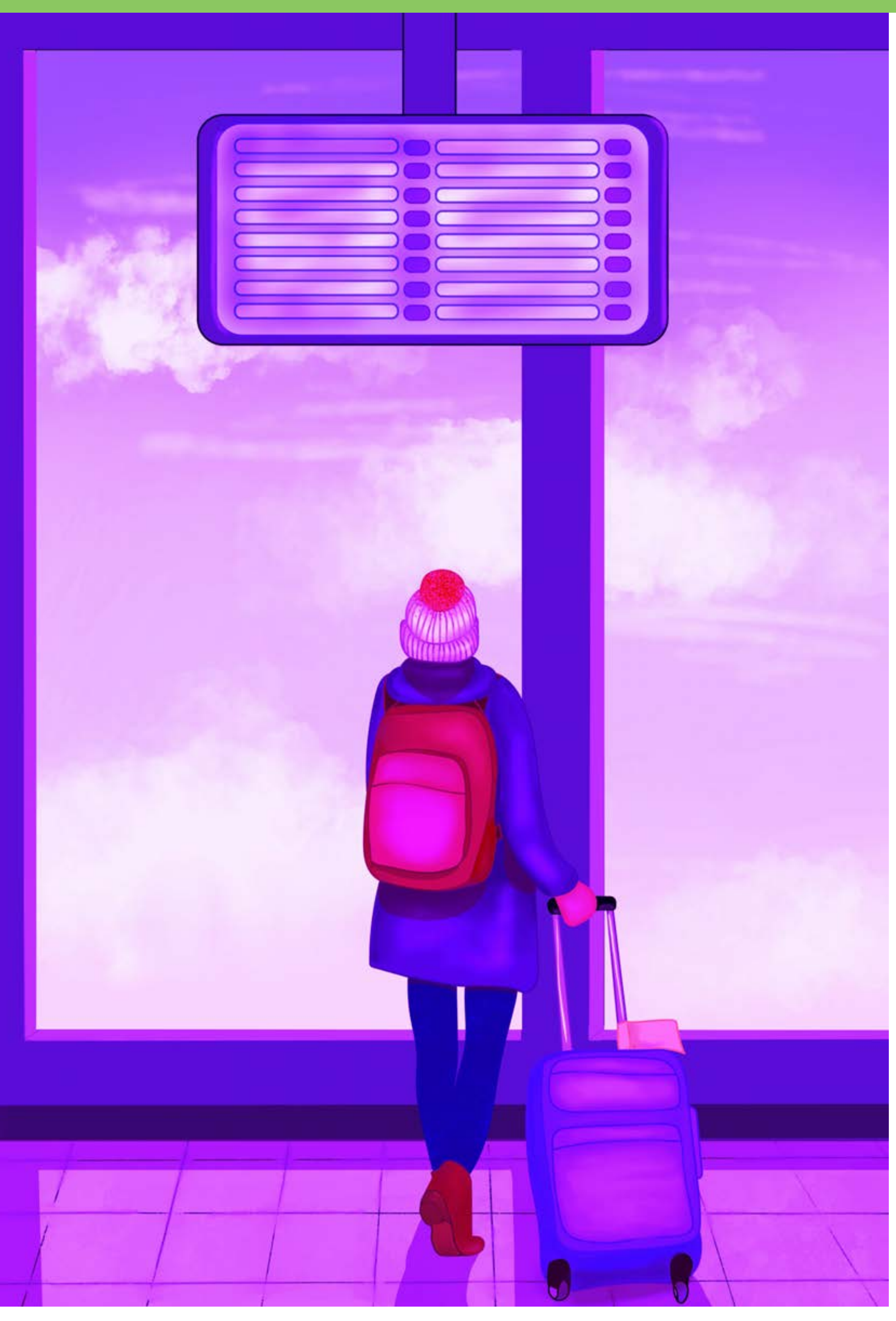
Despite this, Trump still has his supporters. Mark is an 18-year-old first-time voter in 2020 and voted for Trump in Georgia, his home state. Although he grew up in a conservative family, Mark did briefly consider voting for Biden early on in the summer following the shocking death of George Floyd. When it comes to coronavirus though, he's clear on who the right candidate is.*"I just don't see Biden doing a better job."* He says. The wait to find out if the rest of the country agrees is almost over.

ILLUSTRATION BY MELISA CETIN

THE GREAT ESCAPE:

THE STORY OF AN INTERNATIONAL STUDENT ESCAPING LONDON'S LOCKDOWN

BY MINAHIL KHAN



INTERNATIONAL TRAVEL, SOMETHING THAT WAS ONCE SO DESIRED BY ALL IS NOW RECEIVED WITH ANXIOUSNESS, CONCERN AND SCEPTICISM.

Like almost everything in our life, the pandemic has also greatly impacted our travel, whether it's an exotic getaway, business trip or simply a holiday break, one can confidently say that international travel is now seen as a daring task.

In March of this year, I had to embark on this "daring task" too but not for any of the reasons mentioned above but rather in order to escape from months of being stuck in a foreign city with minimal to no support, in case a full lockdown was announced (which it later was!). I was definitely not the only one, several international students were in the exact same position, some being repatriated on government planes back to their homeland while others rushed to find tickets before borders closed.

It was the 16th of March, I was in the beautiful Barts Library at the Whitechapel campus, worrying about the upcoming assessment and how I was so behind on lectures when I saw 9 missed calls from my dad, I knew something was wrong. When I did finally manage to reach him, I was told there were rumors that Abu Dhabi was soon closing its borders and so if I wanted to go back home I had to make a decision now. I failed to appreciate the urgency of

the situation, I couldn't understand why everyone around was being so dramatic and rushing to travel back home. To me, Covid-19 was something that was another continent's problems and was unlikely to affect us (I was clearly wrong and ignorant!). However, a delayed decision meant I would be stuck alone, for the next God knows how many months, in a foreign country with no friends or family to support me and that was something I was definitely not prepared for. Hence, I decided to take the next available flight back home, which was the next morning, this meant I had to pull up my socks and arrange tickets, taxi, pack etc.

There was an added challenge to the situation this time, the challenge of figuring out where to get a mask and a pair of gloves. At this stage, it seemed as if London was uncertain about its stance on the pandemic, while the hoarding of gloves, masks and sanitisers had begun, very few were actually wearing them. The streets were hustling and bustling, Londoners getting on with their busy lives.

WITH MUCH DIFFICULTY, I MANAGED TO GET A MASK FROM THE WAITRESS AT MY LOCAL CAFE. I WAS SLOWLY BEGINNING TO REALISE THAT MY JOURNEY TO ABU DHABI WAS GOING TO BE VERY DIFFERENT.

Arriving at Heathrow Airport, it hit me that this pandemic was not something that only affected people in a far, distant land but rather one that was soon going to hit us all soon, that too quite hard. The airport was busier than usual but this time not with Brits travelling for an exotic weekend getaway but rather with tourists rushing back to their countries, students eagerly waiting to see their families and men and women being summoned from their work and business trips back to their headquarters. The laughs, smiles and cheeriness of passengers was now replaced with fear, uncertainty and concern. There were all types of people, from those that weren't even wearing masks to those in full hazmat suits. The atmosphere was anything but normal and it was clear that people were not comfortable with it.

GETTING ON A PLANE HAD BECOME THE EQUIVALENT OF GOING INTO AN INFECTIOUS DISEASES WARD, ONE DIDN'T KNOW IF THEY WERE GOING TO COME OUT COVID POSITIVE OR NOT.

Sadly or gladly, I don't know, but it didn't end at Heathrow airport. We were welcomed into the plane by air hostesses that now looked like ICU nurses with their PPE. Masks were secured on faces, gloves pulled up and anti-bacterial wipes being distributed as the new "Flight EY20 Welcome Packages", I just wanted to get home. Abu Dhabi Airport was no different, robotic temperature sensors, staff in PPE and social distancing were now the first things I saw upon arriving in the "not-so-desert" country I called home.

After 11+ hours of experiencing a rollercoaster of new, unfamiliar and uncomfortable events, I was looking forward to seeing my parents, the one constant amongst this tornado of uncertainties. However, I was wrong! The hugs and kisses were now replaced with sanitisers, masks and a sheet to cover the car seats. The pandemic had now made it a safety hazard for me to kiss my mom who I hadn't seen for months or to hug my dad who I had missed so greatly.

The pandemic that I had thought was a problem of a distant land was now impacting each and every part of my daily life and like all the rest of us, I was not prepared for a change of this scale in my life. Things needed to slow down but unfortunately that was not under anyone's control. I felt helpless, anxious and annoyed.

My decision to escape London before it went into full lockdown and hence my travel meant I had to quarantine for 14 days, this was another experience I was unfamiliar with but an essential part of the "Travelling During a Pandemic Package". Who could have predicted that words such as quarantine, pandemic and R0 would become part of our daily dictionary but the fact that they had was the cold reality. Travelling was no longer being something we looked forward to but rather a task people started dreading. Little did we know that things were going to get worse in the next few months.

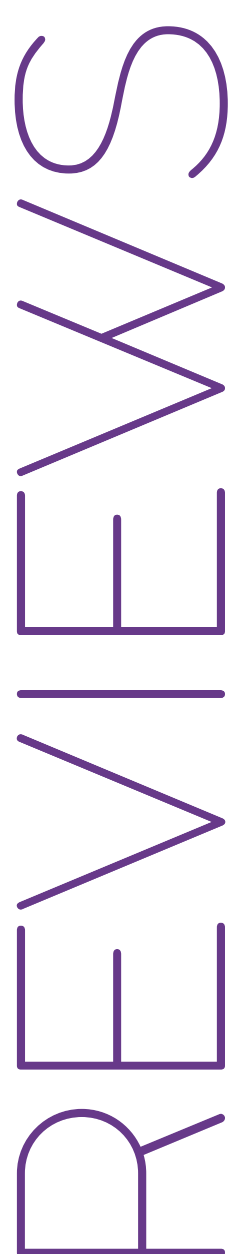
It became clear that travel of all forms, whether it was in a plane, in a bus or in the tube, was going to change.

TRAVEL, SUCH AN ESSENTIAL PART OF OUR DAILY LIVES, WAS NOW DREADED BY PEOPLE ALL AROUND THE WORLD.

However, my last minute flight back home was a decision I'm still proud of. Abu Dhabi soon closed its borders after. This decision was also made by several other countries, leaving hundreds if not thousands of students that had not embarked on the "great escape" as I had, stranded and stuck with very little support in a foreign city, thousands of miles away from their family, friends and loved ones.

Interestingly, as I write this piece, London goes into its second lockdown from Thursday, 4 days from now. This means traveling to and from the UK will be suspended. Do I "escape" again or not? I'll probably stay and experience what it's like to live in a city that is famous for hoarding toilet paper during its lockdown, hoping and praying the situation gets better. There is no doubt that we can only hope things go back to the way they were before 2020 but that seems unlikely and until then it seems that the only other option is to learn to live with the "new normal".

ILLUSTRATION BY MELISA CETIN



The Sista Collective Podcast, BBC

reviewed by Amrita Heer and Simi Lakhani

The Sista Collective is an easy to listen to, comforting podcast that I have thoroughly been enjoying. This podcast has the perfect mix of light-hearted chit-chat and massively relevant and important conversations that aren't usually talked about in mainstream media.

Most recently they have released an episode all about finding one's roots and tracing ancestry. It features an open and honest experience of a fifty-year-old woman who went to Jamaica for the first time in her life to visit her roots, discovering stories of her family that she had never heard before. She spoke about her confusion of identity and feelings of neglect whilst tracing her roots, having never visited the country where her parents, aunties, uncles and friends were all from.

She questioned why she has always ignored such a major part of her life and if this was a result of her overpowered British influence, the negative picture her Dad had painted of Jamaica or just her personal mindset. She explained that she felt guilty for visiting places such as India and Europe, and even visiting Canada for a month before going to her parents' home country.

This raw and emotional confession struck a chord with me; many of us who have roots outside the UK can resonate with the detachment we may have from our heritage as we become more and more influenced by British culture. The colourful and special stories she shares about her family and the country are inspiring. She explains how it is never too late to revisit your roots and truly embrace the beauty of who you are and where you are from. I think this is such an important concept to highlight; as we become more submerged into today's modern culture this doesn't take away the importance of your roots and heritage.

With so many more remarkable stories to offer, I could not recommend this podcast enough.

The Book of Collateral Damage, by Sinan Antoon

reviewed by Eva Phillips

The Book of Collateral Damage by Sian Antoon is a unique portrayal of the human cost of the Iraqi War (2003-2011).

The book centres around a double narrative between two characters. The first, Nameer, a professor who moved to America from Baghdad after the first Gulf War. He visits Iraq for the first time since leaving in 2003 working as a translator for an American documentary. On this trip, he meets Wadood, the second narrative character. Wadood is an eccentric bookseller on Al Mutanabbi Street, whose work centres around archiving everything destroyed in the war (from the loss of human life, to animals, to objects).

When they meet, Wadood has managed to catalogue everything lost in the first minute of the war. One can only imagine how immense the work documenting all that was lost during the length of the war would be.

As the novel unfolds, it becomes difficult to tell which aspects of Wadood's manuscript are truly his own, and which have been altered by Nameer's personal experiences. It ends up becoming a comingling of reality and unreality. I am to this day still unsure what to make of the last hundred or so pages, but I think that was Antoon's aim. The way in which he writes transports the reader from Nameer's current life to excerpts from Wadood's manuscript, creating a turbulent chronology. This leaves a profound air of uncertainty, reflected both in Nameer's personal and professional life, and in the turmoil in Iraq. In this sense, this book reflects war itself: brief moments of remembered serenity randomly dispersed within a tumultuous backdrop.

It is easy to forget the humanity that is lost during a war, and not simply see the destruction. The personal possessions, the friendships, the home comforts, the memories - all of these are permanently lost. Antoon forces the reader to remember this emotional and physical cost in a stark and honest way. It is a powerful depiction of the sheer destruction war brings, and the power of human memory in maintaining a semblance of humanity throughout.

Trial of the Chicago 7, Netflix

reviewed by Rebecca Walker

I was initially drawn to Trial of the Chicago 7 by the all-star cast, including big names Yahya Abdul-Mateen II, Sacha Baron Cohen, Michael Keaton and Eddie Redmayne.

The premise of the film also intrigued me. Based on true events, the film follows eight men who are charged with conspiracy and more after the anti-Vietnam riot broke out during the National Democratic Convention in Chicago in 1968. Yes, you read that correctly- eight men. You would be right to question then why it is called 'Trial of the Chicago 7', but I wouldn't want to divulge too many spoilers.

Overall, this film is not for light watching. Despite being set over 50 years ago, the themes of police brutality and racism are a poignant reflection of our world today. It was truly shocking to watch the extent to which Bobby Seale, co-founder of the Black Panther Party, was inhumanely treated in the courtroom. As the story unravels in the courtroom with flashbacks of the events leading up to and during the riot, you begin to question the morals and resilience of the men on trial. Did they really come to the National Democratic Convention peacefully? Or was there some ulterior motive for personal gain? As a viewer, this poses the moral question of what to do in the face of difficulty: do we hide or do we stand up and fight for our beliefs at the risk of causing polarising views?

However not all of the film is as intense. True to form, Sacha Baron Cohen offers light relief and some courtroom banter as a show of defiance against the judge - who is played by Frank Langella. On the downside, this contrast between intense philosophical discussions and light-hearted humour slightly removes the gravity of the film's plot. However, in all honesty, I was grateful for the comic relief particularly knowing the historical accuracy of the plot, adding to the gravitas of the story.

It would be unjust of me as a reviewer to not mention the poignance of the release date of this film coinciding with the presidential election in the United States , in addition to the tragic events of this year surrounding Breonna Taylor and George Floyd. If you are interested in American history neatly tied with a Hollywood bow, Trial of the Chicago 7 may be of interest. From acting to production, it truly is a shame this film did not get its day in cinema.

EDUCATE YOURSELF: A RECOMMENDED READING LIST

BY DLVEEN DLER AND ELOHOR SANOMI

BOOK RECOMMENDATIONS

'WHY I'M NO LONGER TALKING TO WHITE PEOPLE ABOUT RACE' BY RENI EDDO-LODGE

This book began as a blog post by Eddo-Lodge from 2014, discussing white privilege and structural racism, particularly in the UK. She continues her book by outlining Black history whilst also exploring the importance of intersectional feminism and the links between race and class.

'NATIVES: RACE AND CLASS IN THE RUINS OF EMPIRE' BY AKALA

Akala details his own experiences with Black masculinity in the UK combined with wider social, historical and political issues. He breaks down myths enforced by white fragility, takes on racism by the police and covers the links between race and capitalism.

'THE HATE U GIVE' BY ANGIE THOMAS

In this book Thomas expands on a short story she wrote as a reaction to the police shooting of Oscar Grant in 2009. It is set in the US, following Starr, a 16-year-old student, who witnesses the police shooting of her unarmed best friend Kahlil. Thomas' book is extremely pertinent as she explores the injustices and inequalities in the system, particularly police violence.

DOCUMENTARY RECOMMENDATIONS

THE UNWANTED: THE SECRET WINDRUSH FILES

(BBC IPLAYER)

In 2014, the UK government introduced changes to the Immigration Act to create a so-called "hostile environment" for illegal immigrants. What followed saw children of the "Windrush Generation", who legally came to the UK from the Caribbean, facing deportation back to countries they barely knew after more than 50 years in the UK. Historian David Olusoga exposes the secret government files that laid the foundations for the Windrush scandal and explains how the 'hostile environment' for Black British immigrants was not a new concept.

13TH

(NETFLIX AND YOUTUBE)

The 13th amendment of the US constitution states that "Neither slavery nor involuntary servitude shall exist in the US except as a punishment for crime." Following its introduction, the increased criminalisation of minor offences and the "war on drugs" centring on Black/minority communities has seen the "punishment for crime" clause heavily utilized. DuVernay's 2016 documentary explores the mass incarceration of Black Americans and questions if slavery was ever truly "abolished" following the American Civil War.

EXPLAINED: THE RACIAL WEALTH GAP

(NETFLIX AND YOUTUBE)

This 16-minute documentary explains how centuries worth of discrimination against Black Americans, especially in the ownership of housing and land, has created an ever-growing wealth gap that persists today.

ILLUSTRATION BY STEPHANIE LOPEZ

Online Volunteering

by Ashraya Harish

Another day, another lockdown (or so it seems). For those used to volunteering regularly, this current climate has left a 'help your community' shaped hole in our hearts that seems to be getting more and more difficult to fill. Fear not, however, as even though opportunities to get out and get helping seem to be at an all time low, the creation and innovation of online volunteering formats is taking place at an unprecedented rate. Here are just some of the many ways you can keep your passion for volunteering fuelled through an online format.

ACTION TUTORING

ONLINEVOLUNTEERING.ORG

This one's for anyone interested in education, and widening participation. Action Tutoring is a charity not-for-profit organisation that supports academic attainment in pupils from disadvantaged backgrounds by providing a high standard of tutoring to partner schools. These tutoring programmes are geared towards helping students with their GCSEs and SATs in English and Mathematics. While initially an in-person organisation, Action Tutoring have adapted to the pandemic by creating a provision for online volunteering. The basic idea remains the same, but tutoring sessions can now be delivered online as well as in person. Volunteers can sign up to teach, following which they undergo a training programme before they are ready to undertake an online tutoring programme. Be prepared to commit to at least an hour of week during term time, though!

ZSL INSTANT WILD

INSTANTWILD.ZSL.ORG

This is not a drill folks! You can help the Zoological Society of London with their conservation efforts around the world by reviewing videos and images taken by motion triggered cameras, and tagging images by identifying the animals present in them. No degree in zoology necessary, as the website provides you with all the information you need to make the right identification. Just to recap, you watch cute animal videos and identify the animals in them. Can you think of anything better? ZSL uses the information it collects from global video and image tagging to inform and influence their conservation efforts, and gives the people in charge of various conservation projects access to your tagged information. This is an excellent opportunity for those pressed for time, as there is no minimum commitment required. Simply log on, and tag away to your heart's content.

BE MY EYES APP

BEMYEYES.COM

Be My Eyes is a mobile app that connects blind and low-vision people needing assistance with sighted volunteers through a live video call. By creating this network of volunteers, blind and low-vision individuals are empowered to conduct daily activities independently, without reliance on family and friends. The tasks you might help someone with are very varied - anything from reading an expiry date, to navigating unfamiliar surroundings, reading instructions, or differentiating colours. Another way to help is by translating the app into different languages. The app is currently available in 180+ languages, but has varying levels of completion in different languages. By volunteering with Be My Eyes, you're helping to make the world more accessible to people who are blind or have a low level of vision.

UNITED NATIONS VOLUNTEERS (UNV) ONLINE VOLUNTEERING SERVICE

ONLINEVOLUNTEERING.ORG

The UNV works to connect organizations working towards the Sustainable Development Goals with volunteers looking to contribute to the same. What's more, the online volunteering service allows you to volunteer from the comfort of your own home. There are so many ways to volunteer with these organizations, and so many skills that you can put to use. Interested in art and design, writing and editing, or research? They have roles for you! Once you sign up, you can showcase your specific skill set in your application to any of their volunteering opportunities. Different opportunities have varying time commitments as well, so you can find something that best fits your schedule. This is an absolutely amazing way to use the things you're good at to help organizations working for causes you believe in.

ILLUSTRATION BY MELISA CETIN

BL PREHOSPITAL AND EMERGENCY MEDICINE SOCIETY (@BLPEMS)

This year we've started the EMTALK Series where we have speakers each month talk about a different topic within emergency and prehospital care. Our 2nd EMTALK is happening on Friday the 30th of October, and we plan to host these talks the last week of each month! It's a great way to meet EM Consultants/trainees, get involved, and learn more about what a future in EM holds.

BL OPEN MINDS (@BLOPENMINDS)

We're so happy to have met some of you virtually! If you missed our teaching sessions earlier this month, don't worry there will be more throughout the year. Keep an eye out on our fb page @ BLOpenMinds to not to miss any more! COMING UP: we have a live online school workshop to volunteer at, with the aim of preparing sixth-formers for uni life! More details will be posted on our Facebook page soon… We are also looking for students to share their experiences transitioning from school to university. For example experiences accessing mental health help at university or what has helped you cope and any tips you would give your pre-university self! Please fill in our anonymous google form on our fb page, so we can share your wisdom to those applying to university. Don't forget to follow our Instagram and like our Facebook page to keep updated. As always, if you have any questions message us!

STUDENT ASSISTED MEDICAL AND DENTAL APPLICATIONS (@BARTS_SAMDA)

SAMDA is dedicated to supporting sixth form students in local state schools as they take their first steps towards a career in medicine or dentistry. Our aim is to widen participation by providing continuous guidance through events that give sixth form students the support to create a solid application as well as providing them with a greater insight into studying the degree at university! This year, we have revitalised the way we work by transferring all that we do ONLINE! With our first ever virtual Clinician's Evening, Skills Sessions and Interview Crash Course, we have received over 6,700 views. We have just held our first online mock panel interviews, where we reached out to 42 sixth form students. With further mock MMI and panel interviews in the works, there is much to look forward to as a SAMDA volunteer both now and in the future!

BL GP SOCIETY (@BLGPSOC)

We've loved the enthusiasm you've all had for GP over the last few months! Having our events online has allowed us to deliver our events to students and doctors across the country with an interest in GP. We will continue to deliver amazing events virtually over the next semester. We're drawing up plans for some exciting events on well-being, inequalities, entrepreneurship and much more, with potential collabs too! We look forward to seeing you at our events next semester!

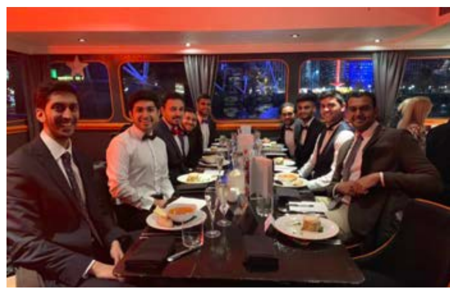
BL PALLIATIVE CARE SOCIETY (@BL_PALLIATIVE_CARE_SOC)

Palliative Care Society are still finalising our big plans for this year however we plan to alternate between talks, such as our Palliative Care and COVID talk which happened on 3rd November, and more casual round table discussions, whether they be Death Cafes or book/journal clubs. To help engage a wilder community of students looking to talk about palliative care we have created a team on MS Teams which subs paying members can join where we are hoping to give people space to share ideas, post recommendations, and share more ways people can learn about death and dying. Our next event open to everyone will be a Death Cafe (date tbc) which is a nation wide initiative which invites people to share their experiences over a cuppa. Make sure to follow us on facebook, instagram or twitter, so you don't miss out!

BL CARROM CLUB (@BLCARROM)

We will be hosting a virtual games night mid-December where you all will get a chance to play Among Us and more games with the committee and other members (possibly even a virtual murder mystery). Once we have permission to play carrom in person , you will be able to play against your friends and other members . To make Carrom Club even more enjoyable, we are thinking about doing a treasure hunt in the BLSA Building too. We can assure you that you will love our club so why not check it out?

BL CRICKET (@BARTSCRICKET)

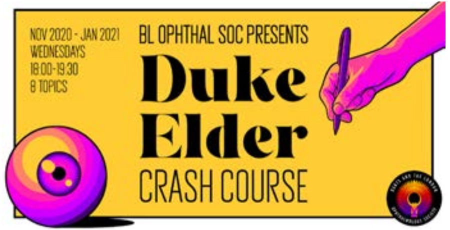


Regardless whether you are a seasoned veteran or a newcomer to the beautiful game, BL Cricket is the place for you! We are the most successful sporting team in Barts history and aim to honour this by bringing home the UH Cup for the coming season. We train twice a week, with one indoor session focusing on technical skills and another outdoor session focused on fielding and fitness. The sessions are inclusive to all and tailor to various abilities. We have upcoming indoor leagues to look forward to where we will be playing weekly. There is also a huge social aspect of BL Cricket where our lovely social secs put together weekly online socials. In person socials, like zorb football, are being planned for once the lockdown restrictions ease. Finally, the atmosphere and environment within the club is incredible; everyone is friendly, welcoming and wants you to be a part of this amazing society.

BL FRIENDS OF MSF SOCIETY (@BARTSMSF)

BL friends of MSF wants to continue to bring great talks to Barts. After the success of the David Nott talk we will be holding a talk in November with Scarlet Brannigan, a nurse who has worked for MSF not only in Nigeria but also in London, helping to tackle covid in the homeless population. In December we are also inviting Dr. Javid Abdelmoneim, the current president of MSF UK. We will also continue our monthly French language classes and will be running an online fundraiser.

BL OPTHALMOLOGY SOCIETY (@BLOPHTHAL)



BL Ophthalmology Society is looking forward to this academic year - our 2020 vision is very exciting (and we're bringing this energy into the New Year too!) This year we are proud to announce our first

ever crash course for the prestigious Duke Elder Prize. We have arranged for the best of speakers (past Duke Elder Prize candidates and ophthalmology trainees) who will provide you with not only high quality exam-based teaching but also answer any of your burning questions! Best of all, the course is only available and FREE for all subs paying members. It'll be on Zoom every Wednesday at 6-7:30pm, from the 11th of November to the 20th of January. You can find the sign up form and pay subs at linktr.ee/blophthal. We will also be hosting our first conference in February! Before then, stay tuned for our collaboration with the Royal National Institute of Blind People, for fundraising and volunteering opportunities which we will be announcing soon. If you are interested in research, you will be able to get involved in new projects thanks to our Academic Lead!

BARTS COMMUNITY SMILES (@BARTSCOMMUNITYSMILES)

Dear all, below are volunteering opportunities for the upcoming months! November - We will be partaking in Mouth Cancer Awareness month and Alcohol Awareness Week on social media. During alcohol awareness week (19/11/20) we will be giving a talk to a Public and Patient Advisory Group for which we are looking for a volunteer to be involved. We are looking for a volunteer to deliver a presentation and Q&A for the parents at Harry Roberts Nursery School on 18/11/20 with a 4th year dental student. We aim to reinforce basic top tips for healthy teeth. December - We have a training session with Dr Yusuf on delivering oral hygiene instruction (date TBC). As a committee we will also be distributing free dental hygiene packs to the homeless. If you would like to volunteer or have any queries please email: communitysmiles@bartslondon.com.

BL DANCE SOCIETY (@BLDANCESOCIETY)

We hold weekly online classes every Tuesday and Thursday where we teach a variety of dance styles; Ballet, Contemporary, Hip Hop, Commercial etc. These lessons are only £1 each and are suitable for all levels! We also have Strength & Flexibility, a class aimed at improving general fitness and is free for everyone. Each month, we hold a professionally-led workshop – contemporary this November, and jazz in December – which is free to members. We post our schedule on our social media (Facebook, Instagram, Society) and please get in contact if you have any questions! Next term, we'll start preparing for our Annual Showcase with various routines suited to everyone's abilities so come and get involved!

BL SEXUAL AND REPRODUCTIVE MEDICINE SOCIETY (@BLSEXUALHEALTH)

Our society aims to provide events and a platform to discuss all things sexual and reproductive health. We are holding regular monthly movie nights and book clubs and other events throughout the year. Planned before the holidays are two documentaries exploring the role of the pharmaceutical industry in the HIV epidemic ("Fire in the Blood") and the effects of pornography on young people ("Over 18: The Question is Not Enough"). We will also be discussing the book "Reproductive Justice: An Introduction" by Loretta J. Ross. Finally, we are hosting a virtual 'HIV Evening' panel discussion in December to discuss challenges of living with HIV from both a clinical and patient perspective. We hope to see some of you there! You can find more info on our social media (linktr.ee/blsrhs).

BL WOMENS' FOOTBALL CLUB (@BLWFC)

BLWFC this year is focusing on increasing involvement with fundraising and giving back to the community. We are organising a Social Cohesion Sports Programme starting in January that will allow us to work with local schools to run football training sessions with the aim to encourage girls to play football while also raising money for the charity Football Beyond Borders. We are also organising online monthly discussion groups based on educational resources on anti-racism and running online socials where we play games and do fun quizzes. If you are interested in participating in those, follow us or dm us on instagram @BLWFC for more info!

BL ACADEMIC RESEARCH SOCIETY (@BLRESEARCHSOC)

We aim to equip Barts' students with the skills to conduct meaningful research, offer opportunities to network with clinical academics and offer inspiring and interesting talks from various research disciplines. We also have a new projects collaboration system where we are hoping to help members find mentors for research projects. Our upcoming events include an interactive critical appraisal workshop, our journal clubs and our national London Medical Research Conference in the new year. Check us out on the Barts London website bartslondon.com/ars, join our mailing list and follow our socials!

BL ONCOLOGY SOCIETY (@BARTSONCSOC)

At BL OncSoc, we are always trying to make the world of Oncology more accessible to medical students. This year, we are presenting a series of talks on "Life as an Oncologist", "What's up in Oncology Research?" and "Cancer Care and COVID". We are also working together with our clinicians to continue deliver our successful mentorship scheme, as well as with other BL societies and Barts alumni to create opportunities for teaching and volunteering for all students interested. Moreover, we are also organising socials and creating a buddy mentor scheme, to connect more directly and personally with the members of our society both in London and in Malta.

BL CYCLING CLUB (@BARTSANDTHELONDONCC)

At BL Cycling Club we have had a full packed start to the year with cycles all across London and beyond. Whether it be weekly track sessions at the world famous Olympic Velopark for more focused training or weekend social cycles to some of London's best cycling hotspots, there is so much for you to get involved with. Our new members have cycled deep into the Essex countryside, seen deer clashing antlers whilst putting some loops in around Richmond Park, and not forgetting sinking vast quantities of coffee and cake. We have many hundreds of miles of social cycles yet to complete, excitingly including London to Brighton, many track sessions to empty the tanks on and social events we can't wait to host. Please email us or contact us via social media on how to join our rapidly growing club!

BL ENDOCRINOLOGY (@BARTSENDOSOC)

Hi guys! This term we are hoping to present our first of many talks on how you can get involved in Endocrinology and what it's like as a career, hopefully within the next 2 weeks! Join us on our Facebook page for updates on events we hope to hold throughout the year. As well as events, we hope to provide revision guides and materials for your upcoming Metabolism module (as we know how overwhelming it can all be!). Please go to the QMSU website to pay subs and we are here for any other support you may need throughout the year. Email either of our presidents on e.gobithas@smd18.qmul.ac.uk or a.malik@smd18.qmul.ac.uk or dm us through instagram: @bartsendosoc

BL SURGICAL SOCIETY (@BL_SURGICALSOCIETY)

1) Monthly themed surgical career talks, next up: plastic and reconstructive surgery (Jan)
2) Monthly journal club, to serve as an opportunity to learn about recent advances in research and critique current medical literature. Our first session was chaired by Professor Karim Brohi who is the head of LondonTIER, Professor of Trauma Science and Consultant Trauma & Vascular Surgeon.
3) 13th February 2021 (save the date!): 10th annual INTERNATIONAL surgical conference, our biggest and most anticipated event of the year, this year with its all new shape taking place virtually we have very prestigious international surgeon speakers and workshops lined up for you all aspiring surgeons!
4) Mentorship schemes, surgical skill workshops (gloving and gowning, suturing, knot tying), and much more!

BL PAEDIATRICS SOCIETY (@BL_PAEDIATRICS_SOC)

At BL Paediatrics Society we have been busy planning lots of exciting events for you!

After the success of our Childhood Nostalgia Pub Quiz and enthusiastic involvement in National Paediatric Fundraising Week, we collaborated with Barts Community Smiles on Back to Basics Dental Series to bring awareness to paediatric oral health. We also hosted our first talk, "An Introduction to Paediatrics"!

As a society committed to charitable initiatives we raised over £400 for Richard House Children's Hospice through our sales of brownie and Halloween candy jars, and charitable donations. Thank you everyone for your contribution and support!

But we're not done yet! Look forward to more talks and events in Term 1, including more collaborations. Freshers - we are looking for a first year representative to join our family! Sign up to be part of our amazing committee - you can find the details on our social media pages!

In Term 2, we will be hosting our popular Paediatrics Conference with plenty of interesting talks and workshops; this is an exciting opportunity to learn more about the field before your clinical years!

BL PAKISTAN SOCIETY (@BLPAKSOC)

At BL Pakistani Society we've been busy interviewing guest speakers such as ex foreign minister Hina Rabanni Khar and our first meet and great which were both great successes. Events you can expect from us later this year and going into January are classics such as Bollywood movie nights, society gaming seshes (including Among Us, Scribble.io), Urdu workshops, dancing lessons and much more!

BL CLINICAL LEARNING AND ASSOCIATED SKIlLS SOCIETY (@BL_CLASS)

First and foremost, just quickly SUBS are now £1 (prev. £5) and with that you gain access to all the wonderful upcoming events! *Drum Roll* We are also now LIVE on Instagram so follow us @bl_class to keep updated with the latest information. We are so excited for all the events we have planned – there is literally something for everyone! We are planning clinical skill teaching sessions, communication workshops series, and some more events to make sure you do not miss out on your clinical experience and know how. CLASS is huge family, and we would like YOU to be part of it. We are searching for three new key players: IT Coordinator || Pre-clinical Rep || Events Secretary. To APPLY please email us!

BL RUNNING (@BLRUNNING)

Runners of all abilities welcome! Lockdown plans: weekly podcast sessions from our coach, virtual socials, virtual race vs George's. When training resumes: Thursday track sessions, Wednesday circuits & Sunday runs. Upcoming: cross-country races, road/ track races & Big Half on 27/04 (discounted entries).

BL TAMIL (@BLTAMILSOC)

Hi! We're BL Tamil Society and here is what's coming (albeit virtually):

- Filter the Kaapi: our fortnightly podcast is here to help you keep warm during the winter months! Listen to us chat and giggle about horror movies and Tamil tuition. Upcoming ones include slightly more serious ones about Marveerar Naal (Tamil Remembrance Day) with Tamil Guardian and on Sexuality and Gender in the Tamil Community.

- Help with Intercalation: an evening with current intercalating students on how their courses are and the pros and cons. Join us on Tuesday December 1st 6-8pm, tickets to go up soon!

BL CRAFT (@BLCRAFTSOC)

BL Craft Society came together with the vision of giving students an opportunity to connect in a zen, friendly environment and learn new crafts. Our first ever event was based around canvas line art embroidery and we weren't expecting the response it got. Due to the circumstances which shall not be named ,we were unable to sit in a room together and pass round needle and thread all whilst making frequent trips to the what would have probably been a very epic refreshment table. Instead the committee made craft packs for each attendee containing all they needed to take part. The day of the event, we hopped on teams, cracked open our kits and began and the only way you could describe it was wholesome! Everyone was free to do whatever design their heart desired and there was so many beautiful designs. Right now we are aiming to host one event per month so do follow us on socials and try something new! Next up – Macramé Feather Hangings!

BL NETBALL (@BLNETBALL)

Runners of all abilities welcome! Lockdown plans: weekly podcast sessions from our coach, virtual socials, virtual race vs George's. When training resumes: Thursday track sessions, Wednesday circuits & Sunday runs. Upcoming: cross-country races, road/ track races & Big Half on 27/04 (discounted entries).

WANT TO BE FEATURED IN THIS SECTION? WE'LL BE SENDING OUT A FORM TO STUDENT GROUPS BEFORE THE NEXT ISSUE COMES OUT SO KEEP AN EYE OUT!

BL SPORT
AROUND THE WORLD IN 40 DAYS

BY JESSICA CHALLENGER, SPORTS EDITOR

WHAT'S THE CHALLENGE?

Inspired by the numerous BL sport clubs who undertook Strava distance challenges during lockdown in Spring to raise money for a variety of causes, this challenge took that concept to a huge scale and involved all of BL Sport working as one with an aim of completing 40,075km in 40 days - by no means a small feat. Clubs could register any distance clocked up on Strava by running, cycling, erging and swimming over the 40 days of the challenge.

WHO ARE THE CHARITIES?

BL Sport teamed up with BL Raise And Give and all funds raised would go towards this year's RAG charities; Richard House Children's Hospice, Childhood Eye Cancer Trust, and Queen Elizabeth's Foundation for Disabled People.

HOW IT WENT

The first week of the challenge saw a very solid start from all of those participating, with a total of 3101.79km covered in the first 7 days. Week 2 saw this continue with a further 2981.12km covered, taking the total up to 6255.11km.

The third week saw a surge in the distance covered, with those participating covering a huge 3640.23km in only 7 days, giving a total distance of 9895.34km, the same as the distance to travel from London to Machu Picchu, Peru. Week three also saw the challenge hit its halfway point and reach a fundraising total of £285!

Now past the midpoint, week 4 saw the total distance covered reach five figures with the total hitting 13,201.64km, with 3045.3km covered during this week. Another huge week during week 5 saw a massive 3630.21km added to the total, giving a running total of 17,790.35km.

The final week, week 6, saw a further 3525.71km added to the final total and brought the challenge to a close.

FINAL TOTALS

The final distance covered came to a total of 22,000km, which would take you from London to Auckland with a few thousand kilometers left over for good measure. Whilst is wasn't the 40,075km initially hoped for, it was a monumental effort by those involved with an average of 550km per day for 40 days! With the goal being to raise money for BL RAG's chosen charities, the challenge managed to raise an incredible £330 to support Richard House Children's Hospice, Childhood Eye Cancer Trust, and Queen Elizabeth's Foundation for Disabled People.

An incredible shift put in by BL Sport saw all clubs coming together to take part and a huge congratulations to everyone who participated and a shout out to BL Running who managed to top the distance leaderboard for all 6 weeks of the challenge!

Club	Distance (KM)
RUNNING	5475.23
BOAT	3907.72
CYCLING	3275.17
WOMEN'S HOCKEY	2399.74
NETBALL	1392.81
TENNIS	862.00
MEN'S HOCKEY	796.26
CRICKET	731.00
WOMEN'S FOOTBALL	667.79
WATER POLO	629.00
ALPINE	565.21
LACROSSE	511.52
ULTIMATE FRISBEE	463.70
MEN'S FOOTBALL	324.00

ILLUSTRATION BY STEPHANIE LOPEZ

FROM RAG TO PITCHES:

WHAT SPORTS CLUBS HAVE BEEN UP TO DURING LOCKDOWN

BY JESSICA CHALLENGER, SPORTS EDITOR

BOAT

From March to May BLBC had weekly virtual training plans set by the captains that included cardio and workouts from Nike Training Club, zoom yoga sessions and incorporated various weekly challenges such as the men's squad v the women's squad distance challenge. In August the club did one month preseason training which was planned by the captains and included both cardio and strength training for members to complete at home. To keep connected the club hosted weekly Netflix party movie nights and weekly zoom quizzes between March and May and hosted their AGM over zoom. To replace their usual 24 hour rowathon, BLBC set a challenge for all members of the club and club alumni to complete a collective 5000km in 7 days either cycling, walking, running or erging to raise money for Barts Charity. They managed to complete a total of 6077.69km and raised £1960 for Barts Charity's Emergency Covid-19 Fund!

CRICKET

During lockdown the club saw an increase in the competitive spirit between their members and they have completed multiple challenges including a week long challenge against BL Tennis which Cricket won, and a Strava fitness challenge between the Barts XI and the Griffins XI (their alumni team) to help them keep fit during lockdown ahead of their upcoming season On top of this, Cricket maintained weekly online socials, and haven't missed a week yet due to high demand. Online socials have included an 8-ball pool tournament, family feud, virtual tables and even a poker night with their alumni. To raise money for Barts Charity, the club hosted an online poker tournament, raising over £140. To continue raising money they then completed a total running distance of 1477.2km (the distance from Lands End to John O Groats) in 14 days raising a further £300! The club has been able to return to play and has been training hard plus they have played multiple fixtures including their annual match against the Griffins XI and playing for the United Hospitals Plate. They have also been working on developing the club, growing their social media presence with digital campaigns and planning online socials and challenges to keep the club fitness up.

LACROSSE

Lacrosse have been hosting weekly online meetings with games such as Pictionary and competed in a Strava challenge against BL Tennis and BL Cricket over 1 week, Lacrosse won covering over 900km between their members in one week!

MEN'S HOCKEY

To keep on top of training, their captain, Ash, has been setting running and circuit training exercises and club members are competing for the fastest 5k and 10k times on Strava. Until they can get back on the pitch on the 5th October, they are hosting zoom circuit sessions. They have also had zoom socials plus hosted their AGM over zoom! BLMHC joined forces with BLWHC to complete a challenge of 3000km in 10days to raise money for Mind. Smashed their goal by completing 3673km and raising £1648!

NETBALL

Each team had fitness sessions on zoom plus there was a club weekly fitness session that was open to both members and non-members. The club also ran a weekly quarantine checklist with items such as book club, fitness, socials on a Wednesday evening plus more (cleaning, baking, cooking, new activities). The netball book club are currently on their 20th book together and plan to keep going! Netball completed a challenge of 1000km covered between the club over 10 days to raise money for Women's Aid and were the first BL club to do such a challenge. They completed 1068km and raised a total of £1455! The club also competed in a Strava distance challenge against BL Rugby to see which club could complete the most km in one week with Netball finishing the week victorious.

RUNNING

Running have kept up with their training via virtual road relays, online core workouts and Strava-led training sessions and have had virtual Sunday run coffees to replace their usual in-person coffee sessions at their Sunday runs. They've also hosted an online quiz during lockdown. As a club they have had a self-education campaign on Black Lives Matter.

SAILING

Sailing have done online and virtual training on many different theoretical aspects of sailing during lockdown and have also hosted weekly virtual themed socials. Themes included Eurovision, Pride Week, Pirates, Travelling, Committee Fun Facts, which included quizzes, music and a general place to check-in with other club members.

TENNIS

Tennis hosted virtual socials every Wednesday for the majority of lockdown which had a great turnout. Events have included online pub-

quizzes, online games and have also included some new socials such as 'Would I Lie to You' and an escape room hosted by club member Harris. Despite being relatively new to regularly running, during lockdown two of the clubs members – Darsh and Amy – both ran 100km each(!) in May to raise money for local charity East London Cares! The charity works to combat social isolation, something which has been heightened during recent months with the Covid-19 pandemic. Darsh and Amy managed to raise an incredible £450 for the charity! To keep members engaged the club have also been participating in Strava competitions against other clubs such as Lacrosse and Cricket. These competitions have given members a challenge to keep up with regular exercise during lockdown.

WOMEN'S FOOTBALL

BLWFC used the hashtag #keepdistancingsocial to encourage members to undertake a different fitness challenge every day for two weeks, in a drive to keep active and connected and would shout-out to their favorite use of the hashtag each day The club hosted their first anti-racism discussion group on zoom where they discussed Layla Saad's 'Me and White Supremacy'. They plan to continue hosting these monthly and hope to do so in person soon and incorporate films and will be announcing the details on Instagram.

WOMEN'S HOCKEY

BLWHC ran online fitness sessions on zoom during lockdown, these were each hosted by different members of the club and in August the captains of each team ran a zoom preseason. In addition to this they had weekly zoom quizzes during March and April hosted by two of the clubs members, the quizzes had great attendance and was a really fun way for the club to keep in touch and socialize despite the distance. The club completed a distance challenge to complete 1000km in 10 days by either running/cycling/walking to raise money for MIND charity. Their original goal was 1000km in 10 days but they quickly smashed this target and upped their goal to 3000km in 10 days! Their total distance was 3673km and they raised £1648 for Mind. This challenge was completed with their alumni and with Men's Hockey.

Who Watches the Watchmen?

by Dr Robert Trehane Jones

Robert Treharne Jones first came up to Barts in 1970, and completed terms as the Editor of Barts Journal and Captain of the Boat Club during his student years. He is now Chairman of the Friends of Barts Heritage, and a Trustee of Barts Heritage itself.

As Barts approaches its 900th Anniversary in 2023 there's a great deal happening in the oldest part of the hospital to help make its history more relevant than ever to the needs of the 21st century.

Chances are that you might never have set foot in the Great Hall, the jewel in the crown of the North Wing. Or perhaps you've attended a dinner or a meeting there without bothering to glance up at the magnificent mural paintings by William Hogarth on the staircase, or the wonderfully ornate ceiling by French artist Jean-Baptiste St Michel.

Don't worry if these architectural splendours have passed you by, because they have been sadly neglected for many years while the hospital has rightly been focussed on patient care, as it has been since its foundation by Rahere in 1123.

But the efforts of a small group of enthusiasts have resulted in the formation of Barts Heritage, a dedicated charity to rescue, repair and renovate these historic buildings at the heart of the hospital, including the whole of the North Wing and the Henry VIII Gate. The aim of the restoration is to bring the buildings back to life as a place of discovery and delight for visitors and to provide facilities to promote the health and wellbeing of hospital staff. The pandemic has already allowed some areas of the building to be used for staff rest and recuperation, while the Great Hall is now home to ju-jitsu classes and other activities which architect James Gibbs can never have imagined when he designed the buildings three hundred years ago!

The story of the hospital's foundation by Rahere is well-known. Once a jester at the court of Henry I, Rahere subsequently became a monk, and became unwell on a pilgrimage to Rome. He promised God that, should he recover, he would found a priory hospital on his return home. It was on this trek that St Bartholomew appeared in a vision to require that the hospital be dedicated to him.

Fast forward to the sixteenth century and Henry VIII's foundation of the Church of England and subsequent dissolution of the monasteries, including the Priory of St Bartholomew. A petition to the King explained how Barts had suffered following the suppression, and Henry finally signed a Royal Charter that granted the City the control of the hospital.

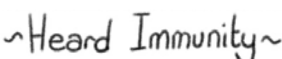
The rebuilding of Barts in the eighteenth century saw the development of what are now the oldest parts of the hospital, at the heart of the restoration project. The Henry VIII Gate was built by Edward Strong Junior, the son of Christopher Wren's chief mason, while architect James Gibbs, who had been appointed a hospital governor a few years previously, agreed to design the new hospital free of charge! The crowning glory came with the staircase decoration by the artist William Hogarth, who was born across the road in Bartholomew Close. His magnificent paintings depict the biblical stories of 'The Good Samaritan' and 'Christ at the Pool of Bethesda'.

In charge of the project is CEO Will Palin, who arrived at Barts off the back of an award-winning £8m project to restore the Old Royal Naval College at Greenwich, including the world-famous Painted Hall. The public were very much involved in the restoration, and had the opportunity to climb viewing galleries to see the work in progress, and similar plans are envisaged in the Great Hall.

The Friends of Barts Heritage have been working hard to help promote the restoration, including a series of monthly webinars in which experts such as historians, archaeologists, architects and conservationists have been talking about the importance of Barts and its historic buildings in the context of the City and the medical world.

If you would like your name added to the circulation list, at no obligation, then simply register your contact details at tinyurl.com/bartsfriends1123.

CROSSWORD



ACROSS

1. ACH! MUSCLE MESSENGER (13)
9. COPY COMPANY EST. 1906 (5)
10. OCCUPATIONAL THERAPIST GREETING IS SHAKESPEARE'S JEALOUS LOVER (7)
11. INTERNET BULLIES FROM UNDER THE BRIDGE (6)
12. BLOODY IRONY (7)
13. ART IT CARRIES GENETICALLY (5)
15. CREATIONISTS U BRING BACK TO LIFE (13)
19. PALINDROMIC CHEER (3)
21. 3.14 FREQUENCY SAILS THE HIGH SEAS (6)
22. URINAL VEGETABLE (3)
23. OVO-PUGILIST FOR CARRYING FOOD (6)
24. WICKED SPELL IS SIX (3)
26. O SCOTTIE'S X-RAY OUT OF THE HEART (13)
29. PROSE USEFUL FOR TYING (5)
32. STRETCHY PROTEIN (7)
33. CRAMMED? SOUNDS LIKE A PACT (6)
34. SEWING EQUIPMENT NO STRANGER TO MONOPOLY (7)
35. TILTS TO MAKE YOU A FOOT TALLER (5)
36. LONDON'S LATEST LONGITUDINAL LINE (9,4)

DOWN

2. CHEERIEST AT, INSERTION OF A TUBE (11)
4. MUSICAL INSTRUMENT IS AN ARIA CON (ZELDA?) (7)
5. FAIRY INCLINED HAS A SUGGESTION (5)
6. FORMER SAC IS REAL (5)
7. FIRST (7)
8. CLAY EXT. IS PRECISE (7)
14. ANCIENT CHINESE GAME IS ON THE MOVE (2)
16. TRUNKED MAMMAL FADES OUT (5)
17. SOUTH LONDON'S LIGHT GREEN TRANSPORT SYSTEM (5)
18. SCARY SLEEP IS IN HI HAMSTRING (11)
20. CO-AMOXICLAV - CLAVULANIC ACID (11)
24. I HARASS CHILI PASTE (7)
25. TINY STERNUM (7)
27. 11TH CHINESE LEADER (2)
28. HB < 130/115 (7)
30. SPREE IS A PEST (5)
31. LUNG BERRYS (5)

BACK COVER BY LUCY EDGAR

BLACK LIVES MATTER

PRINCIPAL PARTNER
MDU

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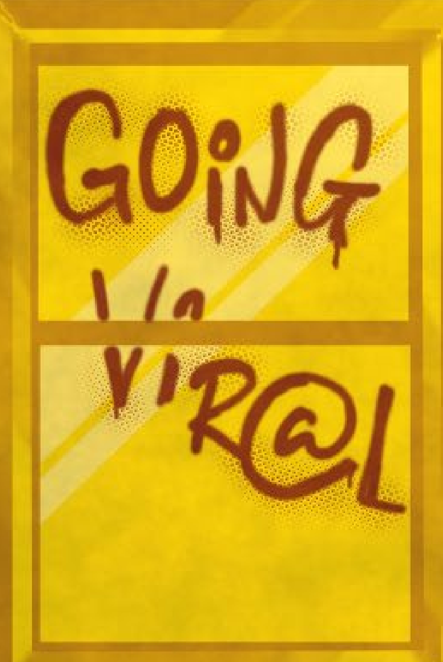
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