MUR-MUR

UMEDSOC

LOCKDOWN EDITION 2020

Front page: Navjot Bansel

CONTENT PAGE

EDITOR'S NOTE

Kiran Khan

These past few months have been an unusual time and I hope you and your families remained safe mentally and physically.

I should like to begin by thanking all the healthcare students who volunteered to work in the hospitals when they could have been at home with their families - instead, choosing to work on the frontline during this raging pandemic. Furthermore, I would like to express my appreciation for the UEA staff for their hard work, and acknowledging our student feedback when making decisions regarding the end of year examinations and plans for the 2020/21 academic year. Finally, I want to thank all key workers who have been continuously working to care for our family and friends always.

This lockdown has triggered a lot of creativity and reflection in many hearts, which has been illustrated in this Murmur edition. I hope you enjoy the read.

I leave you with a favourite quote:

"Happiness can be find, even in the darkest of times, if one only remembers to turn on the light."

ALBUS DUMBLEDORE

LETTER FROM THE COURSE DIRECTOR

I am writing to you all in these strange times, 110 days after lockdown started in the UK with the COVID-19 pandemic. Writing a letter has had a bit of a comeback as a nostalgic way of communication and the postal service has kept going, with deliveries being a highlight of the day (yes, I have considered banning my husband from Amazon). Yet at the same time we are zooming and collaborating and teaming up on precarious internet connections, and connecting in ways that pixelate us and distort our voices but still allow contact with others.

It's hard to think back to last September, 2019, when the new academic term started and the buzz in the lecture theatre was alive with holiday tales and looking ahead to what the year might hold. All was going well until the ominous signs started to loom in February, swiftly followed by the abrupt end to all clinical placements and the steep incline to online and remote learning. It has been unprecedented and bizarre and we have all had to find the resilience to keep going, be agile and flexible in our approach and somehow stay motivated. The scale of change for the MBBS Course is unparalleled and there have been some difficult decisions to make. From this we are learning to do things differently, taking opportunities wherever we can to enhance your future learning.

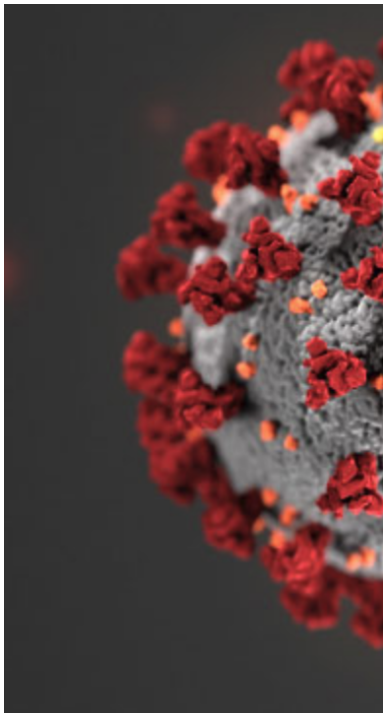
We've all had our darker days, when the thought of yet another walk around the same block has been too much - but it has also been a time to be a little kinder and more forgiving. Your patience and understanding has inspired me to keep going at this time of great change. Your individual messages of support, your ideas, and your contributions have been wonderful. I just want to say how much I have appreciated them.

The pandemic is bigger than all of us and it is not in our control. But keeping your goal of graduating in medicine in sight and holding onto that, despite all that is happening, will help to focus on the future as we learn to live in the "new normal".

Never has the NHS been so publicly valued. Healthcare professionals and key workers have never before been applauded on the streets. The sharing of personal experiences, often heartbreaking, has reflected a growing empathy in society that I know you will take with you into your future practice. You are going to become part of the NHS and will help to shape its future. Many of you have contributed in many different ways to supporting the NHS and the care sector and we are so proud of you all.

Thank you. Keep going. Stay safe.

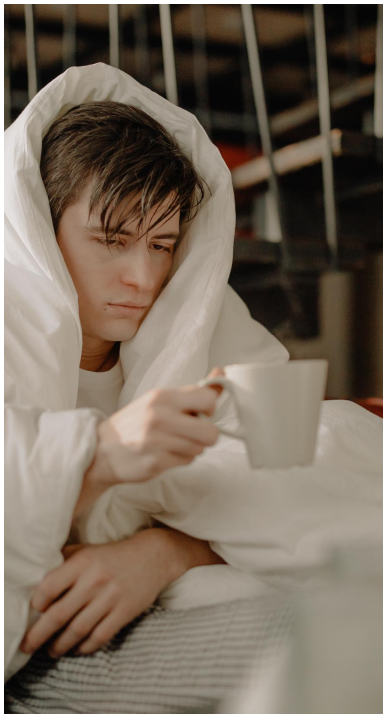
Best wishes,
Prof Alys Burns, MBBS Course Director



COVID-19

By Roya Jasmine
www.royajasmine.com

A virus which has been around for years – coronavirus, and its disease counterpart – COVID-19 ('coronavirus disease discovered in 2019'), has become famous as its accountability of the current ongoing global pandemic. Starting from its first case in November 2019 in the Hubei province in China, it has seen countries go into lockdown. Hundreds of sporting events cancelled, temporary closures of the Louvre Museum in Paris, shutdowns in Broadway and closure of the Met and Museum of Modern Art in New York. These measures have been put in place as a means of preventing/containing community transmission.



Background

COVID-19 is caused by SARS-CoV-2 (severely acute respiratory syndrome coronavirus 2). The reason for this name is due to the virus being genetically similar to the same coronavirus responsible for the SARS outbreak in 2002. Coronaviruses that circulate around humans are typically benign. The majority of us have likely been affected by coronavirus in the past. In fact, they are the cause of approximately one quarter of common cold illnesses.

So why is COVID-19 different? It has been theorised that there was a coronavirus circulating amongst bats, whom acted as a natural animal reservoir. It is thought that this coronavirus mutated just enough to affect a pangolin ant-eater, which then acted as the intermediate host. In late 2019, this coronavirus again mutated which led to the disease outbreak in humans. However, the mass of genetic analyses is yet to find conclusive evidence of the causative animal source of the global pandemic.

Based on the current data and a study published February 18th, it is important to note here that the majority of cases (>80%) who contract the virus will be asymptomatic or, at worst have a mild infection.

Others may develop different ranges of symptoms from mild to more serious, for example pneumonia. Severe lung damage can cause acute respiratory distress syndrome (ARDS), causing fluid to build up in and around the lungs. This can also predispose to septic shock, and both of these are the main causes of death due to COVID-19. The majority of our immune systems will be able to fight off the infection however, if the virus progresses to these diseases then breathing difficulties may ensue. Supportive treatment such as assisted or mechanical ventilators in the intensive care unit are available as well as steroids and anti-malarial tablets.

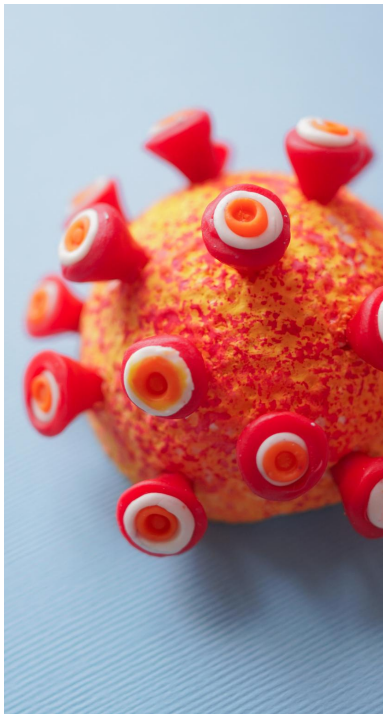
Contraction and Presentation

As with a large proportion of viruses, coronavirus is similar in that the current scientific consensus believes its main mode of transmission is via respiratory droplet transmission. This means the spread of the virus via droplets, through coughing or sneezing from infected individual number 1 to unaffected individual number 2. The incubation period is believed to be between 5-21 days. This means that once infected, the symptoms can develop 5-21 days later (this exact time frame has not yet been confirmed). It is not yet known whether we are infective and can pass on the virus to others during this incubation period. Here are the symptoms the NHS has advised we look out for: Fever, a new continuous cough, shortness of breath, loss of sense of smell. Additionally, less commonly reported symptoms include: sore throat, muscle aches and pains.

The spread of coronavirus

You may have heard some scientists talking about the R- value of the virus. There exists three possibilities for the spread or decline of a disease, dependent on its R0 value.

o R0 <1; this means an infected individual passes the virus onto less than one person. In this case, the disease will decline and eventually die out.
o R0 = 1; this means an infected individual passes it onto one other person. In this case, the disease is stable, but there won't be an outbreak or an epidemic.
o R0 >1; this means an infected individual passes it onto greater than one other person. In this case the disease will spread between individuals, and there may be an outbreak or an epidemic.
R0 on March 18th = 2.2
R0 in July 3rd = 0.7



Coronavirus vs Previous Epidemics vs The Flu

The flu (also known as 'influenza') does, in fact, kill thousands per year. Annually, influenza affects 40 million individuals, of which 400,000 are killed globally. This is an extraordinarily large number. Already, to date, there have been 204, 047 confirmed cases of coronavirus, with a total of 8,250 deaths. This gives coronavirus a current 4.0% mortality rate. Looking at the influenza statistics, this gives the flu a mortality rate of 1%. It is, however important to note that this number does not take into account the initial large proportion of deaths occurring in the Hubei province of China, which at first had its healthcare services overwhelmed and not prepared to deal with such a massive outbreak. Additionally, it is very likely that there may be many more individuals affected with COVID-19 that we are statistically unaware of. Both of these points could therefore reduce the actual mortality rate statistic.

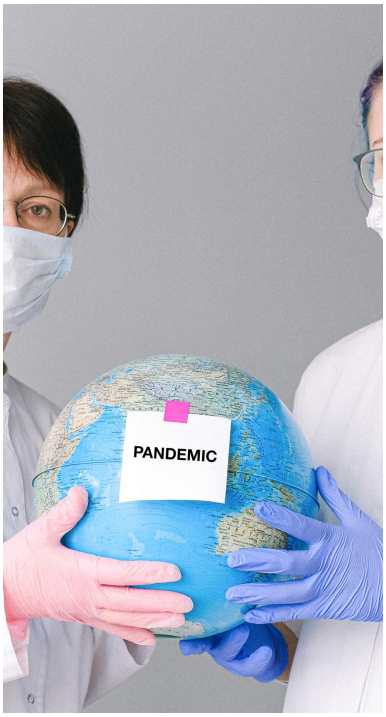
The R0 value of the flu/influenza is 1.3 and, as previously mentioned, the current estimate of spread of COVID-19 is an R0 of 2.2.

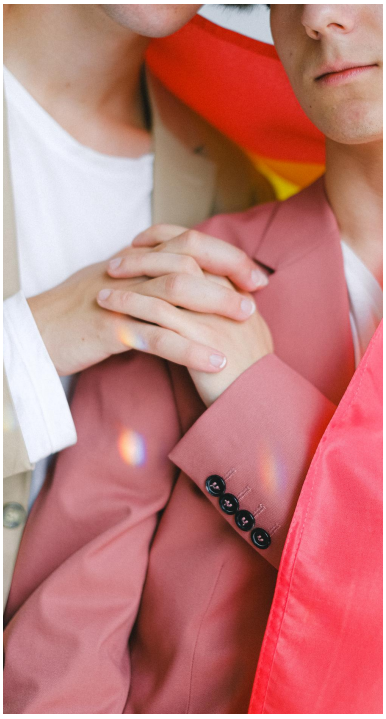
The SARS epidemic (also caused by a coronavirus) in 2002 occurred over 8 months, affecting 8,000 individuals and killing 800. This gave the epidemic a 10% mortality rate. Another coronavirus-causing epidemic, known as Middle East Respiratory Syndrome (also shortened to 'MERS') affected 2500 people, killing 861, and therefore giving the condition a 35% mortality rate.

The NBC News demonstrates a graph providing pictorial evidence of the sheer spread of COVID-19 in comparison to aforementioned coronavirus outbreaks in the past. Greater than 200,000 individuals have been confirmed to be infected with COVID-19 in the past 122 days, whereas SARS affected 8,000 in a time period of 8 months, with MERS taking one year to infect the first 200 individuals.

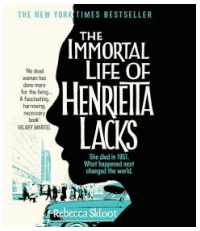
Something significant to point out here is that whilst many are comparing coronavirus with the flu, health practitioners have a lot more information about influenza, its symptoms, its treatment (of which there exists, e.g. Oseltamivir/'Tamiflu') and its prevention (annual influenza vaccination). Due to the uncertainty of the coronavirus, it makes sense that as a society we are taking precautions; despite how extreme they may currently seem to some. This constant flu-coronavirus comparison should not become a reason for us to become complacent about the global, medical, social and economic threat of coronavirus.

Now that we are on the better side of this pandemic, it is important for us to stay alert, wear our masks and keep washing your hands!





THE LEGACY OF HENRIETTA LACKS



BY HANNAH LIDIARD

Henrietta Lacks unknowingly made one of the greatest contributions to the advancement of biomedical research: HeLa cells [1]. These cells have been referenced in more than 74,000 research papers, shaping many aspects of modern medicine and saving countless lives [2, 3]. Despite her significance, Henrietta's story remained largely unknown prior to the publication of 'The Immortal Life of Henrietta Lacks' in 2010 by Rebecca Skloot [3]. Understanding the origins of HeLa cells not only provides an incredible woman the recognition she deserves, but also offers important lessons regarding the relationship between race and medicine, bioethics and patient trust in research [3,4].

In January 1951, aged 31, Henrietta Lacks presented to John Hopkins Hospital, Baltimore, after palpating a lump in her womb [3,5,6]. As an African American woman this was the only local hospital accessible to her at the time [5]. Mrs Lacks was diagnosed with cervical cancer and despite treatment with radium (the standard of care at the time) the tumour unfortunately metastasized, resulting in her death in October 1951 [6].

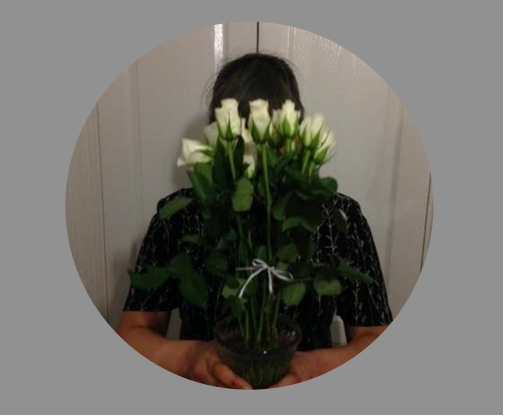
Whilst undergoing treatment at the hospital Mrs Lacks' surgeon, Howard Jones, biopsied her tumour with a sample being provided to George Otto Gey, a physician and researcher [5]. Mr Gey was able to utilise this tissue to culture the first human cell line to continuously replicate in a laboratory [5]. This cell line became known as the HeLa cell line – a combination of the first two letters of Henrietta Lacks' forename and surname [5]. These cells, termed 'immortal' by scientists, revolutionised the field of biomedical research and remain the "human cell line of choice" today [7]. Since initially being cultured HeLa cells have been fundamental in developing the polio vaccine; finding treatments for Parkinson's and leukaemia; advancing the understanding of Human Immunodeficiency Virus (HIV) and Tuberculosis; helping slow the growth of cancer and studying the effect of x-rays on human cells [6,7]. They have also been utilised by numerous Nobel Prize winners, including research regarding the potential for viruses to cause cancers [7].

Although the benefits of using HeLa cells is abundant, the cost to Henrietta Lacks and her family must not be ignored. One issue surrounding HeLa cells is that they were obtained without informed consent. Meg Summerside discusses how, although John Hopkins Hospital did require written consent before treatment, the consent form was very complicated, making it unclear to patients what they were actually giving permission for. The form also provided a blanket of consent for any procedure the practitioner believed necessary, which calls into question the extent of Henrietta's autonomy in deciding how she was treated [3]. When Howard Jones biopsied her tumour Mrs Lacks and her family were unaware that this tissue would be given to a researcher who's aim was to culture an immortal cell line for use in countless experiments [6]. For more than twenty years following her death, Mrs Lacks' family were not informed of the existence of HeLa cells or what they had achieved [6].The overall utilitarian good that has come from the discovery of HeLa cells should not counteract an individual's right to determine what happens to their own body. Mrs Lacks' great-granddaughter, Veronica Robinson, echoes these concerns in stating "You have to talk to people in ways they understand. If you don't, you're stealing rights from them, you're stealing their knowledge" [8].

Another issue surrounding HeLa cells is their commercialisation. Whilst it is important to note that both George Gey and John Hopkins Hospital never profited from the cells and the cells were initially provided to any researcher who requested them, this has not prevented the inevitable for-profit industry which has subsequently developed [1,4,6]. In 2010 the price for a vial of HeLa cells was approximately $256 [3]. This calls into questions the ethics of research and the ability to profit from the cells of a person who didn't even realise that she would be involved in research in the first place. Furthermore, whilst a billion-dollar industry profited from Henrietta, many years after her death, her relatives struggled to afford healthcare and thus access the advances that Henrietta had contributed to [2,3,4].

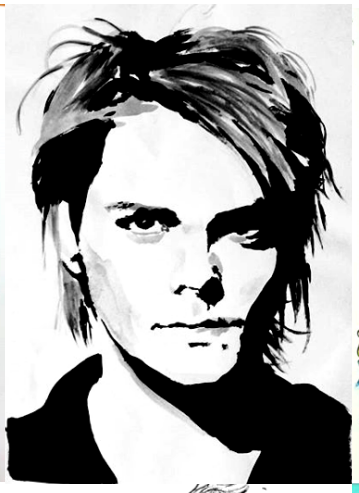
When discussing the story of Henrietta Lacks it is impossible to ignore the relationship between race and medicine, both historical and contemporary. When Henrietta received treatment, healthcare in the United States was still segregated. John Hopkins Hospital acknowledge this, stating that although they were one of the hospitals that did treat African American citizens at the time, they were still a segregated hospital and racism was "unacceptably a part of day-to-day interaction" [9]. Following the Civil Rights Act (1964) and Medicare Legislation (1965), hospitals in the United States became integrated but ideas derived from racist ideologies still exist within healthcare systems today [10]. For example, the Association of American Medical Colleges (AAMC) reported in January 2020 that notions such as black people's nerve endings being less sensitive are held by half of white medical trainees and that these ideas have helped contribute to disparities in the pain management offered to patients [11]. Racial inequalities in healthcare also remain in the United Kingdom with one example being the more than 5 times increased risk of death during pregnancy or up to 6 weeks postpartum experienced by black women compared white women [12]. As (future) medical staff understanding the historical foundations which have shaped modern society and how these intertwine with medical practice is critical to ensure that the highest standard of care is provided to every single patient.

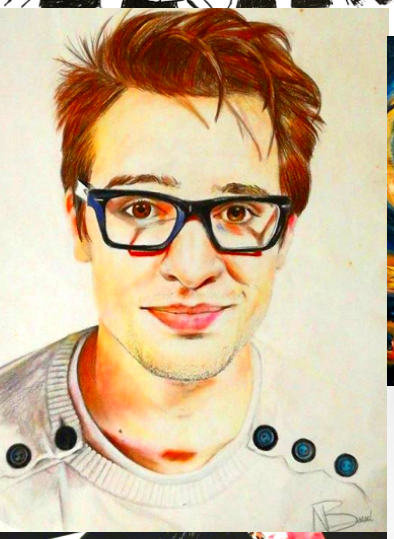
Although Henrietta Lacks remained largely unrecognised for 60 years her legacy has impacted countless lives and has helped trigger conversations regarding informed consent, race, health inequalities,
compensation and biospecimen ownership [4]. research resulting from the existence of HeLa cells has helped make modern medicine possible. The fact that prior to the development of the polio vaccine (in the 1950s) the UK would experience epidemics which caused 7760 paralytic polio cases and 750 polio related deaths annually, speaks volumes to the contribution Henrietta made to global health [13]. Today, Henrietta Lacks' legacy is rightly honoured through media, scholarships, outreach programmes and buildings [14]. We must continue to educate ourselves and learn not just from Henrietta, but the countless others who have also shaped modern society.



MURMUR GALLERY

NAVJOT BANSEL





ART AND MEDICINE

I started drawing during GCSE's where it was compulsory to complete a number of pieces of art, which forced me to spend hours drawing and made me realise that I loved it! I started drawing fan art of my favourite singers, which is a great way to relax. My favourite materials are acrylic paint, biro pen and coloured pencils.

WHERE TO FIND ME

Most of my art is posted on instagram. I go by the name "thelemonpolice" on most platforms, as I also write poetry and write songs.

47 Things to do in Quarantine

If Rapunzel had the ability to quarantine herself for eighteen years without hoarding masses of toilet paper...then so do we. Below are 47 fun and useful ways you can spend your time during social distancing.

1. Volunteer virtually. Whilst we may not be able to provide help with our physical presence, we can still show our support for the many communities that are struggling during this time.

2. Make a Sim. Marry your Sim. Build a house for your Sim. Watch your Sims have children. Graduate said Sims. Take your Sims out to dinner. Obtain a pet for your Sim. Take your Sims downtown. Live your life through your Sims.

3. Baking can be a very calming activity. It takes up all your attention and makes you focus on one thing. As a result, it can be meditative. Furthermore, baking requires a lot of patience, effort, skills and most importantly, it is a great way to pick up a new skill and hone yourself.

4. We rush to eat comfort food when we feel stressed, anxious or just want to soothe our nerves. Therefore, eating baked goods can be a way for people to destress and self-soothe in times of crisis.

5. Work out! You don't need a gym to exercise, there are so many at-home workouts through YouTube, websites and various apps you can use.
6. Trial a new makeup look. Style your hair. Try a new outfit. Then take it all off and go to bed.
7. Help your neighbours by picking up groceries for those less able to make it to the shops themselves.
8. Print out some of your favourite pictures and create an old school photo album.
9. Spring clean! As you pull out the Dettol to rid your phone of any germs, extend this to your surfaces and, well...the rest of your house.
10. Make a scrap book.
11. Try out new wholesome recipes from a cookbook. OR try out some of my healthy snack ideas on my other post (shameless self-promo).
12. Throw out all of your expired products, train tickets, cinema tickets, and other bits and pieces you've hoarded over the years.
13. Colouring books aren't just for kids. Am I right??? I'm not wrong.
14. It's time to grab the ladder to the attic and dust off your board games. What better way to bring the family together...or apart (board-game dependent).
15. Organise an indoor (or outdoor) treasure hunt.
16. Mix up your current style by trying new fashion trends with your current clothes. Dye your hair that colour you've been debating but were too worried wouldn't suit you. Trial new makeup looks. If you don't like it, nobody has to see it. Alternatively, you have plenty of time to master it before it makes its public debut.
17. Rearrange your sock drawer.
18. Partner your socks. It's a very sad moment when your sock loses its pair, but now is the time to reunite them, and maybe even sew the many holes they've accumulated over the years
9. If you're one of many who were always planning on getting rid of your old Lego but never actually got around to doing so, now is the perfect time to build a massive Lego town.
20. Watch Key & Peele's 'Substitute Teacher' on YouTube. Follow this up with Come Dine With Me's 'You won Jane'.
21. Learn how to braid your hair (this one goes out to my housemate).
22. Water your plants.
23. Rediscover your love for old hobbies. Just because you neglected them for several years doesn't mean you can't pick up and continue them again.
24. Choreograph a dance with your friend through FaceTime.
25. Meditate. Do yoga. Now is probably the best time more than ever to invest in finding your inner zen.
26. Put together a 1000-piece puzzle.
27. Learn a new language.
28. Research a new topic that's always interested you.
29. Write a journal.
30. Show off your green thumb. Pull the weeds. Mow your lawn. Plant some flowers.
31. Switch off your phone. Whilst it is important to know what is going on, sometimes we can get lost in headlines, statistics and constant media trending hashtags. In times like these, ignorance sometimes really is bliss.
32. Learn how to knit.

33. Make phone calls to those you haven't caught up with in a while. Send a text to your friend from across the world. Voice note your neighbour down the road. Skype your family member who was unable to make the trip down for Mother's Day.34. Read the books you always longed to but never found the time to do so.
35. Draw. Paint. Colour.
36. Make paper mâché.
37. Learn the art of origami and learn how to fold your napkins into fun little shapes, from flowers to swans to watermelons; to even a turkey.
38. Go for a walk along your road, the woods near your house or along the local mountains.
39. Take a virtual tour of a museum both locally and/or around the world. Whilst it isn't possible for us to actually visit these places, the Google Arts & Culture website very kindly provides us with 360-degree virtual tours.
40. Host an online dinner party, coffee morning, happy hour or cheese & wine night.
41. Listen to uplifting podcasts.
42. Play chess.
43. If there was ever a better time to get on top of your 'to watch' list, now is the time. You can also finally indulge in that 3-hour long film you kept postponing.
44. Clean your fridge.
45. Organise your fridge.
46. Eat contents of fridge.
47. Make thank you cards, birthday cards and celebratory cards. Cute, cost-effective and therapeutic.

Amidst all the madness, please be mindful of others. Stay connected, stay responsible and most importantly, act with kindness. ♡

Roya Jasmine
www.royjasmine.com

How to make the end better

Lipa Lucky

Five years. Handing PBL a minute before midnight, working 38 hours straight on the research methods assignment; the security guard in the library hesitating a fraction as he watched me sat crossed legged under a table viciously typing my annoyance partially at the flawed study but mainly at my left-it-too-late-again approach. Spending copious hours refining my 11 logbook cases, proudly assembling them the night before the OSCE only to realise the spelling errors moments before the exam, then being locked in quarantine the lecture theatre screen playing some shameless sex or a lame dating show with dozens of future doctors staring in awe. Spending approximately 20% of my total bank savings on coffee, arduously working through the learning outcomes only to complete half of them by the week… Nevertheless, the years were impregnated with beautiful, fulfilling moments; small moments of joy made everyday great and gleaming. Bumping into my beloved colleagues who shared similar feelings; they undoubtedly made medical school liveable and alive. My patients, kind enough to share their most personal stories even when gasping for air as the monstrous illness seized their ability to speak: their eagerness for us to learn at the expense of their pain.

The ending was supposed to be warm hugs, graduation caps, silky gowns, gelled hair, a fresh beard trim, sugary fried donuts and other flavoursome smells from various over-priced carts, friends departing, an ambience of buzz. Something like a fairground dedicated for the occasion of departure. I looked forward to the drawn-out good-byes, the lasting smiles knowing the likelihood of seeing each other again was unlikely. Hoping my memory that day would be ultra-sharp so I could hold on to the moment for a lifetime.
However, destiny choose plan B. And the ending came unexpectedly. Abrupt.

…

News that perhaps made most overjoyed, made me unhappy. I felt dissatisfied. Qualifying to become a doctor, a professional those responsibility is to care for the sick, vulnerable and weak in their times of difficulty and declining functionality- and therefore existence- was one that I felt should be earned, not handed over by chance. I was anticipating tireless nights of learning and refining my five years of knowledge to sit these exams, to prove first and foremost to myself that I was indeed competent and that over the 5 years my memory and intellect was still intact and had not weakened, to allow me to reach to this point. The written exams were a reassurance to me that I was good enough, they were the fulminant opponent of the over-looming voice of raging insecurity within me, screaming that I would be an incompetent doctor. I had envisioned myself with tea bag ridden eyes hyper-alert from the excessive consumption of heaps and heaps of medium roast instant coffee granules, clutching 2 pencils, 3 black biros and a calculator standing outside with a herd of 174 students for the last time anticipating the most dreaded, feared A4 piece of paper of the year. Instead, I'm halted in my state, mid-stance. I was building to that moment. Writing revision plans by the hour, listing topics I needed to cover, then re-writing the plans and the lists on the basis that more was needed to be covered in the ever-shrinking time expanse and the targets I had originally set were not attained and so the whole schedule had to be shifted.

I was spinning in the heaps of facts that needed to be neatly folded into the various cupboards of my brain, for easy rapid retrieval and assembly during the 2 hours of battle. I was fighting preparing. I was fighting with activities I used to enjoy; fitting them in to tick a box rather than to wholesomely smile, fighting with sleep; a good friend I hadn't embraced in a while tossing and turning every night, detaching, awakening then tossing again, unable to make love with REM. Fighting to balance my most loved relationships; putting them on hold thinking "ll deal with this tomorrow" and blissfully ignoring the wasted moments of possible laughs and love which were stolen by the fright of the grand battle.

There was an expectation that after war, all the sacrifices made, ones loved ones would embrace you once more. However, this was different. Much time had elapsed, many moments were shoved when they should've been caressed, love acknowledged but ignored, underappreciated and roughly dealt with.

A lot of damage had already incurred. Like an infarct, irreversible.

Looking back now at my five years of medical school, I find there are things that if time reversal was possible, I would unquestionably change. Fundamentally, I would take out more time for those most important to me. In the abyss of lectures, placements, assignments, and semi-obligatory social gatherings, those who nourished me emotionally, made sacrifices for me, grew me and ultimately gave me the resilience to do what I'm doing today, were brushed aside. Yet they expressed contentment, understanding and acceptance to this unacceptable approach. However, actions done often become habits and mistakes overlooked become habitual. As one chapter of learning comes to a close, another gracefully opens. I'm learning to re-build love is a difficult challenge

This is my ultimate lesson in my last moments as a medical student, in the hope that those bright wise minds reading this will not elapse in the same mistakes I did. **That they will cherish and embrace all aspects of life till the very end. Exams come and go, and sometimes they never come at all however what stays forever are the moments of now...**

Embrace and enjoy. Stop and pause. Remember who and what is most near and dear to you; and these things never let go, no matter how big the task ahead may seem, certain sacrifices are best not made and making them, an investment insignificant.

In the end, the chaos and incompleteness of each mission, somehow disappears. Perhaps it's the effort, the subconscious self whispering condolences, perhaps it was never all that bad and you'd just blown it out of proportion. Regarding medicine, your mind learns to prioritise the important; dismiss the nuances, nail down causes of mortality, the common and what impacts functionality. Luckily our mentors have always made these concepts clear and insightful- so attendance would've allowed the majority of important life-changing concepts (for those we care for) to be learned.

Lipa Lucky
Member of Corona Cohort 2015-2020,
Norwich Medical School

Disclaimer- I've expressed my instantaneous emotion at the time of writing this. I have appreciation, given the unprecedented crisis, there are greater, more pressing things at hand. However, here's a moment to history.

THE GENDER PAY GAP IN THE NHS

ALESSIA TARANTINO

I'm sure we have all witnessed, or been involved, in debates disputing that the gender pay gap exists – a common non argument is: "but men and women are paid the same". The gender pay gap is different from Equal Pay. It has been illegal to pay men and women different amounts for the same role since the Equal Pay Act 1970, which now forms a part of the anti-discrimination laws of the Equality Act 2010. The gender pay gap is the difference between the average hourly earnings of all male and all female employees of an organisation, and is expressed as a percentage of men's earnings. For example, if an organisation has a pay gap of 20%, this means that the average earnings of women employed by that organisation is 20% less than their male colleagues.

In April 2018, the Department of Health and Social Care commissioned an independent review to explore the gender pay gap in the NHS. The Gender Pay Gap in Medicine Review, led by Professor Dame Jane Dacre, published its interim report in March 2019. The report found that the gender pay gap for doctors based on total pay is 17%, with an overall NHS gender pay gap of 23%. The problem is worse in General Practice, with women earning 33% less than their male counterparts.

Data from NHS Digital, used in the Nuffield Trust's briefing on the gender pay gap in the English NHS, highlights that the gap is also affected by ethnicity, and exists within different ethnic groups. Asian/Asian British and Chinese women have the largest pay gap at 21.3% and 20.9% respectively, followed by women of Mixed Ethnicity at 13.5%, and White women at 6.1%. Only for Black/Black British staff is the gender pay gap in favour of women. The Nuffield Trust's briefing did not expand on the reasons behind this. Could it be caused by Black/ Black British men being underrepresented in senior positions? It is an interesting statistic which requires further examination and clarification. The dual effects of gender and ethnicity on pay in the NHS workforce must be examined closely to ensure that the gender pay gap is improved for women of all ethnic backgrounds. Any policies created to try and reduce the overall gender pay gap may have little effect on the inequalities within ethnic groups, so it is vital that specific inequalities are accounted for in such policy making.

What are the possible explanations for the NHS gender pay gap?

- The Motherhood Penalty - The division of parental duties in the home means that women are more likely to be the primary parent responsible for the care of their children. Taking a break from training results in a delayed career trajectory, and leads women to miss crucial opportunities for career progression. Furthermore, women with children are paid less than women without children, despite the fact that men with children do not suffer losses in their earnings compared to men without children. This is called the 'motherhood penalty', and it occurs throughout the world. Ultimately, taking a break from training leads to later entry into senior roles, and this is reflected in the interim data from the Gender Pay Gap in Medicine Review, which found that although two thirds of doctors in training grades are women, less than half of consultant posts in the NHS are held by women.

- Working irregular hours or Less Than Full Time (LTFT) - The arrival of a new baby and when a child starts school are two key events identified as significantly impacting a woman's career. It is often assumed that women's employment opportunities improve once their child starts school, however this comes with the additional demands of juggling life around school hours and childcare. Additional pay from overtime, extra work (for example,

in private practice) and awards contribute to a large proportion of the gender pay gap in senior NHS positions. With women expected to take up the majority of parental duties, there is less time available for them to take up additional work opportunities which would bolster their salary.

- Women are under-represented in the highest paying specialties. Surgery in particular continues to be dominated by men, with just 12.9% of consultant surgeons being women. Within the surgical specialties, women are particularly under-represented in trauma & orthopaedics, cardiothoracics and neurosurgery. Specialties where women are well-represented include psychiatry, paediatrics, and general practice: all of which tend to pay less than the surgical specialties. Is this because of the nature of the work, or because jobs where women dominate are traditionally undervalued by society?

These are just a few of many explanations for the gender pay gap. The full report of the Gender Pay Gap In Medicine review is due to be published soon, but in the meantime you can follow @paygapmedics on Twitter for any updates and news related to the gender pay gap in medicine.

Further reading

- Appleby J and Schlepper L (2019) "The gender pay gap in the English NHS: Analysis of some of the underlying causes". Nuffield Trust
- Dayan M and Johnson F (2018) "Why does the NHS pay women less?", Nuffield Trust comment. https://www.nuffieldtrust.org.uk/news-item/why-does-the-nhs-pay-women-less
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The Mental Health Impact of COVID-19 on Junior Hospital Staff

By Luke Read & Victoria Selwyn

Now more than ever, it is imperative that we talk about our Mental Health. Healthcare professionals are already known to have higher prevalence of mental health disorders and suicide. Studies with healthcare workers in China and Italy since COVID-19 have revealed depression in 50.3% of participants, anxiety in 44.6%, and insomnia in 34.0% [1],[2]. Similar statistics are reflected worldwide with significant proportions of healthcare workers experiencing some form of psychological distress requiring support [3]. At first, uncertainty was a significant driver of anxiety for many.

"When lockdown first started it was quite scary and unpredictable," reported Jay, an FY1 working in A&E. A 4th year medical student working in the hospital also said she "didn't know what to expect" and wasn't sure "what was expected of [them]". This effect was confounded in some cases by relocation to multiple wards, or even different hospitals. These constant changes to the work environment have been confusing for staff, who are finding the need to adapt quickly has led to a sense of being overwhelmed. One UEA Nursing Graduate reported being moved between 9 separate wards over a few-month period. The significant increase in stress ultimately led to her needing time off work.

COVID-19 itself raised anxiety too, as staff were not only concerned for themselves, but for their family and friends at home.

"I lived in constant fear of getting my parents killed," said Jay. Another junior doctor reported "constant fear and worry" due to concern about infecting others. The virus also resulted in a spike of acutely ill patients with not only intensive but sometimes ineffective treatments available.

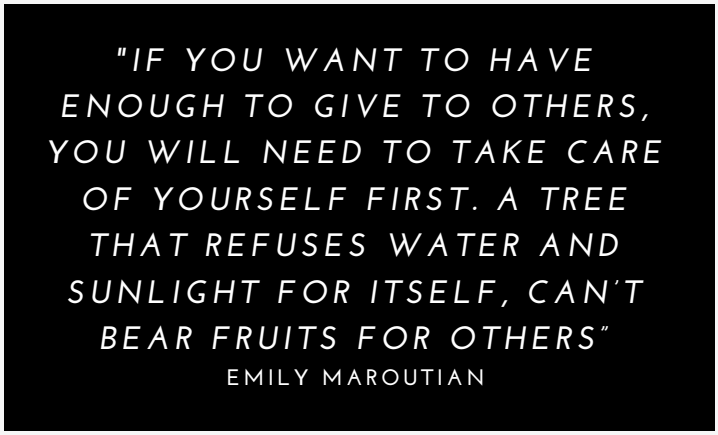
The inability to adequately treat some of these patients can result in a feeling of helplessness among healthcare workers [4]. One medical student admitted to crying after work due to the pressure and loss of life around her. In addition to COVID patients, other patient groups have experienced health crises. Jay described an increased number of patients presenting with mental health and domestic abuse emergencies in A&E. These cases are often incredibly sensitive and intense for everyone involved. "I had a patient who [was] allegedly being bullied by their neighbour during lockdown." This particularly memorable, heart-breaking mental health case led to this patient coming in with suicide attempts and being treated for overdoses. Their ability to cope was worsened by the recent loss of both their parents. "They then begged me to inject them with an extreme dose of diamorphine so they can die peacefully."

Another nurse named staff shortages, PPE concerns and an increased workload as significant causes of stress for her and her colleagues.

Despite increased pressure on healthcare workers, some professionals reported reduced levels of support from management and colleagues. One recent UEA Nursing Graduate described being pressured by hospital management to return to work despite suffering from coronavirus symptoms. “I had numerous calls from other band 6s, not asking how I was, but if I was coming back.” Jay was also originally told by his deanery that time spent off work due to self isolation would be counted as days off sick and “they stated that if this brings us over 20 days overall sickness for the year we could be subject to failing ARCP and having to repeat our F1 year.” Fortunately, this decision was repealed after causing significant panic amongst junior doctors and after being raised with senior management.

Furthermore, some NNUH nursing staff were encouraged to stay in UEA accommodation to reduce the risk of infection for themselves and their patients. On paper this is an excellent idea, however by isolating junior staff from their friends and family at a time of increased pressure, their ability to cope was negatively affected. This led to increased sickness, medical errors and reckless behaviours in one case which counterbalanced the positive impacts of this policy. It is unfair to describe the pandemic’s effect as solely a negative experience. Many healthcare workers have described positive influences on their mental health during the pandemic.

One UEA Nursing Graduate, Vicki, complimented the rapid adaptation of her trust to the new restrictions in place. “I feel very lucky to be supported by my trust and I’ve still been included with work team meetings over Teams which has been great.” She also described the extra support she received as a vulnerable person. Other professionals described more optimistic accounts including a greater team spirit, more support from their colleagues and the development of resilience. One 4th year medical student reported feeling a sense of purpose working in the hospital and being provided further learning opportunities that would not have been made available to her otherwise.



From our discussions with junior professionals working on the front lines, it's clear that COVID-19 has had a complicated impact on almost everybody’s mental health. For some, the rapid increase in pressure combined with reduced support has culminated in a ‘perfect storm’ of stress. For others, the pandemic has provided an opportunity to come together, develop skills and appreciate colleagues with whom they work. However, for most, the experience is a mix of these two poles, a complex balance between positive and negative influences. From this, there is an important reminder to be there for each other. Medical school can be a difficult time for some, particularly now, and in the post-COVID climate to come.

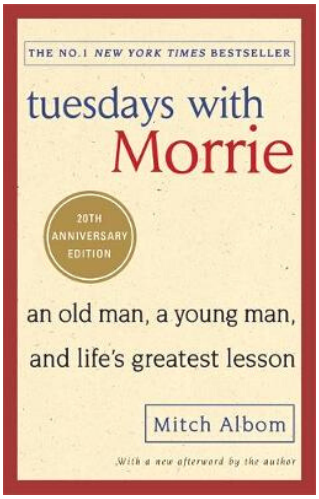
Headucate: UEA are running some interactive, wellbeing webinars aimed at university students. The workshop aims to provide tips and activities to take away, including practicing ‘grounding techniques’, how to cope as a key worker and signs to look out for in others (https://www.facebook.com/events/2720289584963545/).

The simplest tools can benefit your mental wellbeing: sleep well, eat well, keep active and surround yourself with good company! Check in with friends that you haven’t heard from in a while! Familiarise yourself with the support available to us including your GP, the occupational health team, the MED wellbeing team and don’t forget your family and friends. Free, confidential telephone support (0330 123 1245) is also accessible for all of us through the BMA, regardless of paid membership, 24/7!

References
[1] Gold Jessica A. 2020. Covid-19: adverse mental health outcomes for healthcare workers, BMJ; 369, m1815.
[2] Greenberg Neil, Docherty Mary, Gnanapragasam Sam, Wessely Simon. 2020. Managing mental health challenges faced by healthcare workers during covid-19 pandemic, BMJ; 368, m1211.
[3] Jansson M, Rello J. 2020. Mental Health in Healthcare Workers and the Covid-19 Pandemic Era: Novel Challenge for Critical Care., J Intensive & Crit Care, 6(2), 6.
[4] Shaw S. 2020. Hopelessness, helplessness and resilience: The importance of safeguarding our trainees’ mental wellbeing during the COVID-19 pandemic. Nurse Educ Pract, 44

BOOK REVIEW

TUESDAYS WITH MORRIE, BY MITCH ALBOM



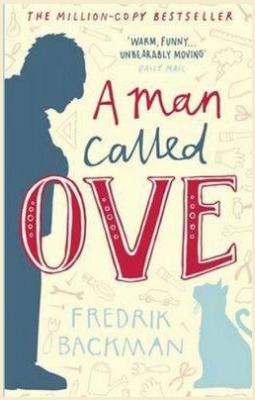
Rating:

Tuesdays with Morrie is the 192 page memoir and the last project between the author, Mitch Albom, and his old sociology professor, Morrie. After many years of no contact, the author sees his old teacher on TV adressing what it feels like to live with a progressive illness. The author reaches out and they reconnect to discuss many of life's unanswered questions.

What is particularly enjoyable about the book is hearing Albom's tone evolve throughout the book as Morrie's influence encourages him to implement positive changes in his life. Although a very poignant reminder of the short amount of time we have on Earth, the book succesfully incorporates the humour needed to lighten such a heavy topic. This is a reflection on Morrie's character, who despite showing accelerated weakness, still manages to tease and challenge Mitch Albom. Morrie imparts wisdom on both the reader and author throughout the book, covering topics like marriage, love, materialism, ageing and death.

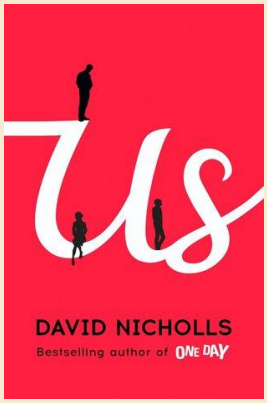
If the reader is looking for an intellectually challenging book then this isn't the book for them, it is an easy read and allows the reader to self-reflect, which in turn can make the book testing for some. By nature of the content, the book is not an exhilarating page turner, but the endearing characters presented make it an effortless and pleasant read over just a few sittings. Overall, the book is uplifting, descriptive and thought provoking, it was a delight to study and the reader will takeaway techniques for processing intense emotion, making the most out of life and loving others.

SIMILAR BOOKS:



A MAN CALLED OVE

Author: Fredrik Backman
Description: What may have inspired Ricky Gervais' After Life on Netflix, the tale of a widowed elderly gentleman who attempts to take his own life but stops to feed his cat, who he despises. Shortly after a family move in next to him and the book follows the journey of Ove's cynicism and pessimism dissolving. Truly hilarious and an absolute pleasure to read, highly recommend!
Rating:



US

Author: David Nicholls.
Description: The story of a family holiday gone wrong, a stubborn dad upsets his wife and son and as a result, gets separated from them. The book focuses on the dad amending relationships whilst travelling through beautiful landscapes and cities in Europe.

Rating:

5 Lessons I Learned from a Medical Degree

BY LENA IBRAHIM

Pursuing a career in healthcare is a huge privilege. For a subject that comes so close to the surface of humanity, there is far more to be learned from lived experience as opposed to textbooks.
On the medical course you will find a variety of patients; some who will tell you about how well behaved their dog is, and some will look you in the eye and say 'no' to any past medical history whilst being on a bible of medications. Yet amongst all the dialogue there will be priceless encounters that will resonate with you for a long time.

As I arrive at my final year of medical school, I gather and reflect on some valuable lessons I will treasure for life - despite being a mere twenty-two years of age.

LESSON #1 : LIFE ISN'T MEANT TO BE EASY

As someone who has an immediate family member with a chronic illness, I already had some understanding of the impact of poor health before entering medical school. My previous 'normal' became something so different.

It meant living with uncertainty. Heightened levels of responsibility. The heavy weight to hold in one's head. I would find myself in this repetitive habit of thinking, 'why is my life so difficult?', and it was only when I started to see patients (thanks to Norwich Medical School's early patient contact) that my attitude changed.

I've now probably seen a few hundred patients so far, and each person came in with their own unique problem(s); heart, lungs, bowels, nerves... all with their implications on that person's life. Someone had to prick their finger around three times a day - every single day - just to check their blood sugar is in control. Another person needed dialysis four times a week just to cleanse their body from waste and toxins, whilst likely to feel very awful in between those sessions. I try to imagine how life changing it would be to have any of these conditions. I can't remember the last time I had to think about how my pancreas or kidneys were doing, and I'm very grateful.

From these encounters, I recognised that I didn't have the same problems as these patients, but I did realise what we all had in common. Whilst the word 'cancer' would ring in my head most of the time, it may be 'asthma', 'Crohn's', or 'psoriasis' for someone else. This reminded me of a quote:

"For you is your mountain, for them is theirs"

We consider our problems relative to what we have lived through. People can only assess how bad something is relative to their lived experiences, which forms their paradigm - the lens through which they view the world.

Speaking to patients every week at a general practice and hospital helped me to reshape my way of thinking. Rather than constantly seeing myself as a victim, I saw it as a worldly issue that everyone is facing, each morphed in their own particular way.
Which brings me onto the next point...

LESSON #2 : YOU CAN'T CHANGE REALITY, SO CHANGE WHAT YOU CAN CONTROL.

I suppose this is a principle adopted in medical practice too. Some conditions are incurable, but it wouldn't make sense to sit and do nothing about it. So we try to manage the symptoms so that patients can at least live more comfortably. A concept that we can transfer to our everyday lives.

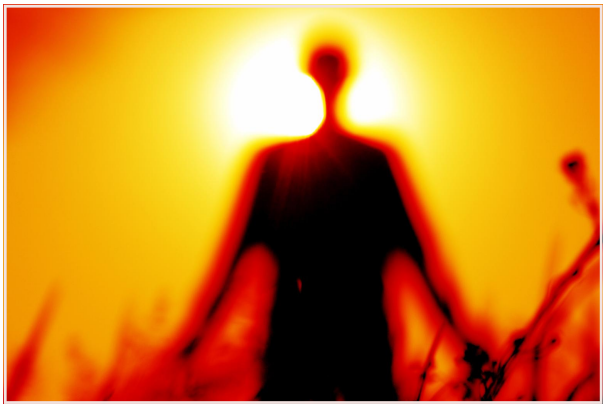
I saw a patient with a colostomy during my gastroenterology rotation, who came in to talk to us (medical students) about her experience of living with a stoma bag - and it was one of the most positive interactions I've ever encountered.

For background - a stoma is formed after a surgical operation to remove a section of the patient's intestines due to its disease (e.g. cancer or inflammatory bowel disease). Because the intestine is now shorter and can't make it all the way down, a small opening is created on the surface of the patient's abdomen, which connects the remaining healthy intestine to the outside world and releases waste into a bag attached to the skin.

Understandably, there surrounds a huge stigma to having a stoma. From the daily routine and its upkeep, to body confidence and intimacy... It is surely a difficult change to accommodate, but this patient's mindset threw me by surprise.

Having this stoma brought her more than it took away. It was an end to unbearable and excruciating pain, and she could finally go anywhere without having to quest for the nearest bathroom. She befriended her stoma - quite literally - who she named "Mike". There, she radiated this great sense of empowerment, despite knowing how differently she lived to even the closest people around her. She created her own normality.

I went on to see this mindset in many more patients - they didn't dwell; they accepted. They accepted that, at some point in life, we would all suffer in some way or another, and that's the way life goes. That's not to say we shouldn't experience sadness or anger - we are humans after all (a friendly reminder of the Kubler Ross 'Stages of Grief' model) - but it would be ineffective and damaging for us to harbour these feelings for too long. The sooner we can accept, the sooner we can focus on the next best thing, and the better version of ourselves we can become. I learned that, if we came to a halt every time a bad event occurred or a negative thought entered our minds, we would never be able to breathe peacefully again.



LESSON #3 : YOU HAVE THE CAPABILITY TO DO ANYTHING.

Imposter syndrome was no stranger to me in my high school days. I doubted everything and anything I laid my foot on. And by far, my biggest doubt was if I was ever good enough to get accepted into a UK medical school.

The interesting part was, I found people around me to be surprised to hear this. What they saw was the surface, the tip of the iceberg; they saw the cumulative successes and wins, without the paralysing self-doubts along the way. It made me realise that people had these grand expectations of me whilst I was causing my own damage. To put it short, I burned a lot of nerve endings (an Arabic proverb), sheerly from all the thoughts in my head. Luckily, medical school came at just the right time...

We see so many 'overachievers' in this competitive field, often hearing our peers admiring, sometimes envying these overachievers as if they possess this unfair, supernatural advantage.

As conflicting as it sounds, I thought of how unnecessarily complicated these overachievers were made out to be, as though they were some sort of special breed of humans. "How hard could it be?" says the person who would deliriously revise the periodic table in her sleep. On a serious note, I realised that it was one thing to be a nervous wreck, and another thing to not want something bad enough. Both are possible reasons as to why we might not fully reach our potential, and I knew very well that my issue was the former one.

Recognising my limiting factor, I pushed myself to take risks at medical school. Saying 'yes' more, seeking opportunities and taking authority was the best change I made. Fast forward to my fourth year, I made valuable networks with some big names in medicine, organised a national conference, plus picked up many valuable skills along the way, such as leadership, public speaking and above all, confidence.

People start telling you things you never thought you'd hear. So, after a few yeses, some dedicated evenings and a handful of courage, was that all it took?

It made me realise no one is superior to another. We're all simply human beings, each gifted with a brain embedded in our skulls and blood pumping through, free to choose what we invest our time in. And guess what? Turns out medical school isn't just for the elite. Adam Kay mentions this famously exaggerated expectation in his fantastic book, 'This is Going to

Hurt', that some of us *"don't want to think of medicine as a subject that anyone on the planet can learn, a career choice that their mouth-breathing cousin could have made".*

"Everything around you that you call life was made up by people that were no smarter than you. And you can change it, you can influence it... Once you learn that, you'll never be the same again."- Steve Jobs

LESSON #4 : DON'T BELIEVE EVERYTHING YOU HEAR.

We've all heard something like this - "Neurology is SO hard, I heard x, y, z came up in the exam and it was literally never mentioned in the lectures. I think I failed". Naturally we would all freak out just thinking of such a nightmare - it surely sounds like a recipe for failure. And, well, yes, it sometimes happens. But hearing this can really blow things out of proportion and make you feel far more anxious than you need to.

Back in the early days of medical school, these phrases were pretty much the meat of our conversations. Our fears were attached to this anonymous quote that we would all naively believe, creating this deep-seated hate for a syllabus that wants nothing but to catch us out. Of course, with time you start to realise that these just serve to be easy conversation starters to help young medics mingle. Please don't fall for them.

It's likely that this is the experience of just one person in a very particular scenario. In reality, it may have only been two marks in an OSCE station. People like to make stories to entertain, gain reactions, spread gossip, and unfortunately it can cost us our mental health. When it comes to preparing for an exam, or anything for that matter, just realise one thing - we can't control the mishaps of the future, but we do have control over the now (refer to lesson #2). So put in all of what you've got, and let fate take over the rest.

LESSON #5 : YOU HAVE NOTHING TO LOSE.

Life is finite. Obvious, but when you're on a course that teaches you the principles of (a) prolonging life and (b) improving quality of life, it's easy to forget that we still will have to leave this world at some point. Yes, even us superhero medics.

So with this limited time in mind, it changes the dynamic. Suddenly, a lot of the things we're attached to, or hold onto with great importance, melt away into nothing. The deadlines, the quarrels, the heartbreaks, and famously, the fear of failing. A fond saying amongst the London folk which I learned during my time at university goes, "it's not that deep", which equates to "it's not a big deal". And rightly so, for I can only think of a few things that are really that deep. (I also happened to learn a whole dictionary of London vocabulary at medical school, but that's for another day).

I've seen a whole range of people at university, and I recurrently see the type who are reluctant to put themselves forward, fearing vital losses in the bank of "street credibility". The presumption that our audience is just waiting to seize the moment we stutter over our words, fail or make the wrong decisions is exactly what we need to overcome in the first place.

Fortunately, a human's first priority is their own survival, almost parallel to our fellow animal population (that's not to say that we don't have the ability to be loving, caring and selfless individuals too, but hopefully you've realised that this is a slightly different context). If you were to get a question wrong in the lecture, you replied 'To All' on that university email, or you just happen to entirely humiliate yourself somehow - it's very much likely that no one actually cares. People are far too consumed with their own chaotic thoughts, plans and problems to ruminate about such things. Chances are, it's only you that's thinking about it the week after.

So in that case, why do we hold back? Instead, why don't we live to do what is best for us, freeing ourselves from the restricting thoughts of what the reaction around us may be. Because even so, the weight of being potentially embarrassed for five minutes is trivial compared to what could be possibly achieved if we just went for it - whether that might be from having the courage to publicly speak, to embarking the journey to pursuing your dream career.

These lessons are by no means exhaustive (nor mutually exclusive) and I am sure everyone will have taken away something beautifully unique from their time encountered with patients and classmates. Medical school is truly what you make of it, and whilst people constantly tell you how long of a journey that this five or six-year degree is, I do subtly wish it would last just a little bit longer.

Gluten Free Japanese Shortcake Recipe

Serves 19-12

Ingredients:

For the cake:

4 eggs

60g butter

120g caster sugar

120g gluten free flour

1tsp xanthan gum

For the toppings/fillings

600ml double cream

90g caster sugar (adjust to taste)

1/2 tsp vanilla extract

Any fruits you'd like

Methods:

Step 1

Ensure eggs are at room temperature, melt the butter and set oven to 170°C fan. Line cake tin with cooking parchment. Place your mixing bowl over hot water, whisk the eggs and sugar together until white and fluffy.

Step 2

Seive the flour into the mixture, and gently fold it in. Pour the butter so it trickles down the spatula into the mixture. Gently mix this together from the bottom of the bowl—don't lose the air created from whisking the egg and sugar.

Step 3

Pour the mixture into the cake tin and remove any air bubbles through gently tapping the container twice. Put in oven for 30-40 minutes until golden. (must not open the oven in the first 30 minutes).

Step 4

Once the cake has cooled, cut in half to insert the filling. Whisk together the cream, sugar and vanilla extract until thick and doesn't drip from the whisk.

Step 5

Spread a thick layer of cream in the middle of the cake. Place a layer of fruit inside and replace the top half of the cake.

Step 6

Spread the cream on top of the cake and decorate with fresh fruit.

Keep the cake in the fridge.

Kel's baking Hiro crazy!

KELLIE STEVENS

instagram: @kelsbakinghirocrazy
Mother and daughter bond over baking during quarantine whilst trying to not go crazy! Follow their page for the best bakes!

LETTERS TO THE EDITOR

Dear Editor,

Looking back from the better end of the pandemic, as a 5th year medical student, I have only heard positive feedback from the foundation year interim 1 (FYi1) programme. This role has provided room for a very slow-paced transition into the foundation year 1 (FY1) doctor role and has allowed final year medical students to have a few comfortable months of complete support to learn how to use technology, overcome fears of prescribing, figure out who to call to order investigations and be comfortable having these conversations with colleagues over the phone. The personal and professional growth during these 3 short months has reduced vast amounts of anxiety which prepares FYi1s for August, when they officially start as doctors.

I start my final year in September, and becoming a doctor seems so close but I do not feel mentally prepared for it at all. The FYi1 role should be offered outside of this pandemic to allow a calm transition into FY1.

- Anon

Dear Editor,

I found the language used to describe working in the NHS during the coronavirus pandemic being likened to fighting war. The use of the words 'back to duty' adds to overall impression that doctors are returning to fight on the frontline of a battle. Although this is completely accurate, as a regular medical student, I was never trained or taught to 'fight' or that it was my duty to risk my life. A lot of medical students are worried and scared because they never thought they would be fighting a war against COVID-19. Therefore, a lesson from this pandemic would be that medical schools need to incorporate a 'National Crisis Module' in which students learn from historical cases about how governments have dealt with pandemics in the past, but also are taught mental strategies and tactics to have a grounding for a situation like this. This would create a more organised and efficient hospital practice and students might not feel as lost and fearful as they do now.

- Anon

Wash your hands

BY NAVJOT BANSEL

Thank goodness, no more osces
I really was behind
With all the studying I've done
Haven't seen the headlines

What started off in China
Has spread so quickly now
They say it's a pandemic
the world is shutting down

"Self isolate" they tell us
If you've had a cough
Or if you have a fever
You better stay locked up

The postman leaves the parcels
Right up by the door
They say they're closing borders
Was my elective insured?

I'm stocking up on the loo roll
And pasta while I'm there
All this anxiety is just
Swimming in the air

I'm buying sanitiser,
Masks, stopped touching my face
And i just keep eating
and gaining weight

I am just so scared
for family abroad
What about my degree?
and the healthcare force?

With thousands of cases
I guess we'll just have to wait
Wash our hands of this all
and relearn and create

WE ARE IN THIS TOGETHER

Vicky Bristow

We are in this together, is often said
So here are my thoughts, spun out like a thread
And here is my very first suggestion
Who is the "we" – an important question,

Some groups of "we" more likely to thrive
Other "we" more likely to die
And if you think this purely fable
The truth is on the mortality tables

Can your "we" work from inside
Or are you a "we" on the frontline?
And here's a thought not of delight,
Higher survival if you are white

Poverty, diabetes and also to mention,
Racism, stress and hypertension
Factors not evenly shared
To the dark of skin not fair

Are you the "we" who's missing your mates?
Or one of the "we" with an empty plate?
For the "we" we are is broadly diverse
Experience and outcome, for better or worse

So the "we" can be good or grim,
Now let's move on and explore the "in"
Because the notion of "in" is bogus
If you are the "we" who is homeless

The "in" for the lonely who live in silence
Or those in fear of domestic violence
Is your "in" feeling fed up and bored
Or praying for the safety of being ignored

Is your "in" comfortable and safe
Or do you dream of such a space
Children with no wifi or computer
No digital learning and brighter future

This situation is not clever,
Now for the final word, "together"
A funny thing to say for a start
When we are all far apart

But for some this is not a game
For "together" for some is not the same
For some have plenty, some do not
For some the fear just does not stop

This poem could be one of despair
So I will not just leave it there
I pray so hard for a new world fashion
That we fall in love with compassion

That valuing wealth and what you've got
Will be a memory soon forgot
That education, food and healthcare
Will be a right, for all to share

And the "we" will be an all inclusive
And human rights not elusive
The "in" a safe place in-side
Where friendship and family thrive

To shelter us from life's great storms
No matter to whom or where we are born
And this tragedy will have no sequel
Because we will be more equal

And when the world becomes more fair
Then we can proudly declare
This will happen again never,
Because now – we are in it together

DEAR GEORGE

Dear George,
I am sorry.
I am sorry that you are no longer with us.
I am sorry that even on the ground, you were seen as
a threat.
I am sorry that we failed you.

But
We can do better
And will do better
To wake up from the slumber of passivity
To give a voice, to those who had theirs taken away.
We can't stay silent and we won't stay silent
Because silence - is part of the problem.
So we must rise
For him, whose voice was taken,
Whose breath was cut short.

Let that breath be the fire in us all
To take action
For it is no longer an option
to stand by
to be still
to watch as evil triumphs,
Walks,
Kneels.
No.
For "the only thing necessary for evil to triumph
Is for good men to do nothing."
Whatever colour you are - Don't. Do. "Nothing".
Be fierce, be kind, be aggressively vocal.
We can unite, we must unite, we must be loud
to drown out the evil sound
to instil sense in those who think this is still okay.
So that next time, there is no next time
for the unarmed innocent or the shots fired with such ease.
So that no mother
Ever
Has to hear those words again
"I can't breathe".

Our kindness is not finite.
It is not diminished by how much we use
Nor by how many we choose
To share it with.

It's for the new job not started
The old job that dropped them
The wedding which fell through
And the honeymoon they never got to do
It's for the uncertain future of a worried kid
The bills of their anxious mum
And dare I say; her nails or her hair
Which made her feel just a bit more 'there'.
It's to the gran you say "It's just bingo, hun"
But "just bingo" means a lot more, when that's the only time she sees anyone.

For there are little things we've put on hold
And big things we can't control
And little things which may be big to that one soul.
Because every individual's struggle, is just that – Individual.

So yes, they all need a shoulder on which to cry
Albeit of a different size
But a shoulder, nonetheless.

So hold her hand whilst she cries, about the prom she was denied
Because whilst that may not be
"The most important thing in the world right now"
It may well have been the most important thing, for her.

And trust me when I say
When we're all supported
In our own little runs
We're then stronger together
To face the big ones

Because somehow and in some way
This outbreak touched us all, it's true -
So I ask you, my dear reader,
Why can't our empathy do that too?

KRSNA MOHNANI

OUR KINDNESS IS NOT FINITE

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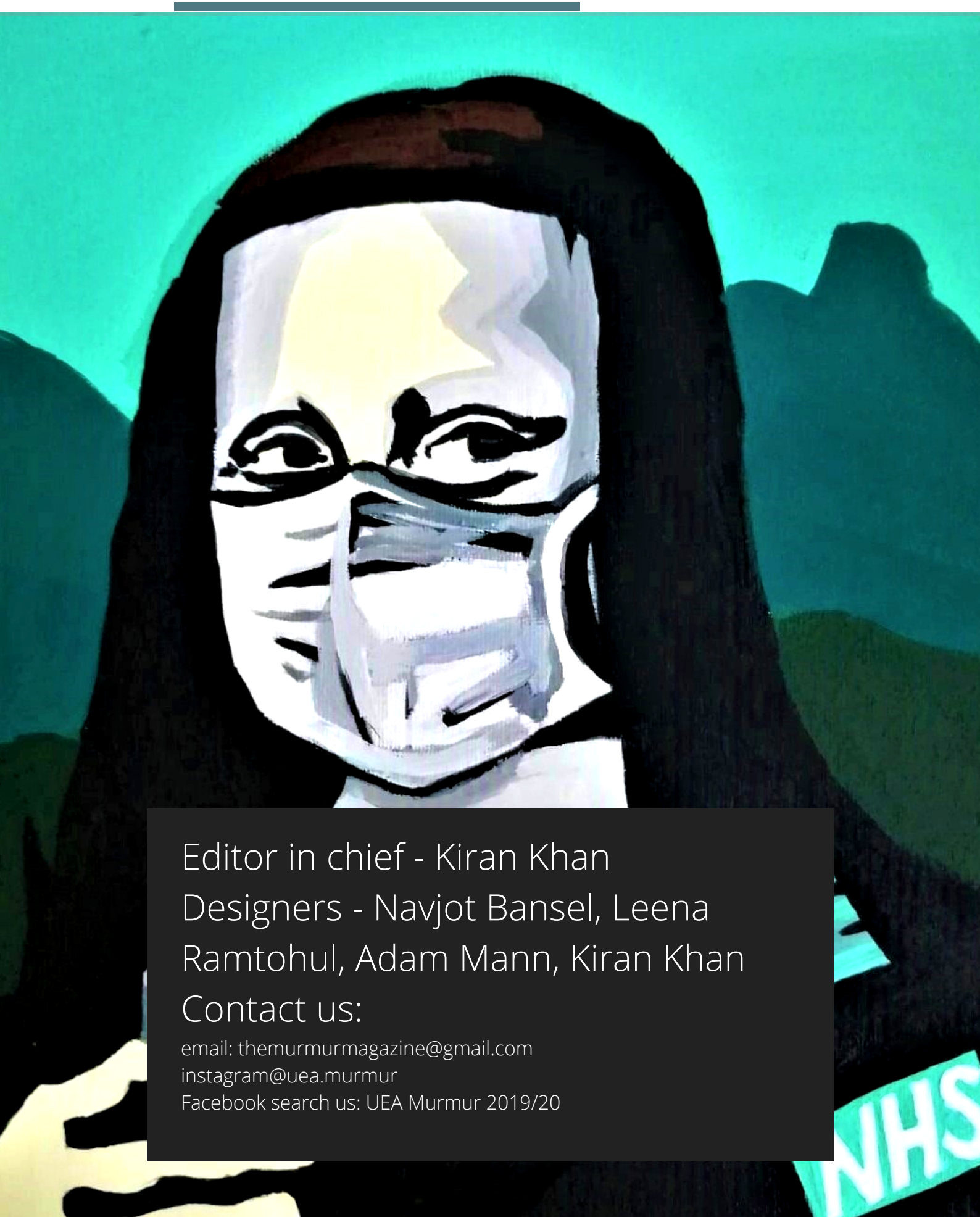

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