

THE BLACK BAG



BRISTOL MEDICAL SCHOOL
MAGAZINE
Winter Edition 2024



**The University of Bristol Medical
Students' Magazine**
Est. 1937

Comandante: You, The People! Always.

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The Black Bag

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Name: Zin Htut
Position: Black Bag Editor
Year Group: 5
Shoe size: 10
Likes: Sharing beds with others,
yearning and Jeff Buckey
Dislikes: Elbit Systems (hates)
Claim to fame: Being Burmese



As we pass halfway through this social experiment where the medical school let a stupid monkey ~~run~~ run its magazine, I'm disappointed to report we haven't had even a whiff of a FtP (fat tiny penis). This is quite simply embarrassing output from a big-money transfer such as myself. The pundits wonder if my talent ceiling was capped at Galenicals Sports Director.

And so, in the name of upping the ante to draw the attention of the GMC's punishing microphallus, my team and I have been working harder than the Devil this term. In this Winter Edition, there is twice as much content as usual – which is why all the font is noticeably smaller, sorry my 4-eyed friends – and there is four times as much silliness and whimsy. To cap it all off, we have the traditional feature interview with the Galenicals committee to find out if any of them like feet or if it's just me.

A massive thank you and I love you to all my contributors for their immense talents and efforts, for being super amazing and for being the friends we made along the way. I hope you all enjoy this issue just as much as we enjoyed creating it.

The future is not a mystery to me since I started having prophetic visions, but I can't tell you what it holds right now otherwise it won't happen. Just know that as long as you keep treating yourself and others with kindness and get involved with the Black Bag (see the back of this magazine to find out how), the sun won't run out of hydrogen for another 5 billion years. Which means Moo Deng will get to grow up happily.

Anyway. As always, thank you for reading, forever and ever.

Zin Htut
Year 5
Black Bag Editor 2024-25

MEET GALENICALS



Name: Ella White
Position: Co-president, but also a solid WA in netball
Year Group: Intercalator
Shoe size: true 5, pseudo-5.5 to facilitate wearing of fluffy socks year round
Likes: receiving mail, crocs, basil, shoes having Gore-Tex, wagamama yaki udon (divine meal)
Dislikes: birds (general), WhatsApp communities, overly large umbrellas
Claim to fame: can rap Shutdown by Skepta by memory



Name: Max Gerard
Position: Co-President
Year Group: 4
Shoe Size: 10.5 +/- 0.5
Likes: Blue skies, mountains, looking at the sea, golden cocker spaniels, jazz piano records from the 1960s, practising medicine holistically, coffee (but only one cup per day).
Dislikes: Weaponized incompetence, protein shakes, grey skies, divisive politics, Diet Coke

Name: Joe (Phillips)
Position: Vice-President and Supreme Allocator of Medic Families
Year Group: 3
Shoe size: 11.5
Likes: hot ICU doctors
Dislikes: scary ICU doctors; COGConnect
Claim to fame: Andrew Blythe once gave me directions while lost on a run in a Somerset field



Name: Priya
Position: Secretary
Year Group: 4
Shoe size: 8 (yes that means I fit into men's)
Likes: jazz rap, olive bread, flat roads, Gemma Collins
Dislikes: St Michaels hill, being in confined spaces and people who have a single Spotify playlist for all their songs
Claim to fame: insane canva skills ;)



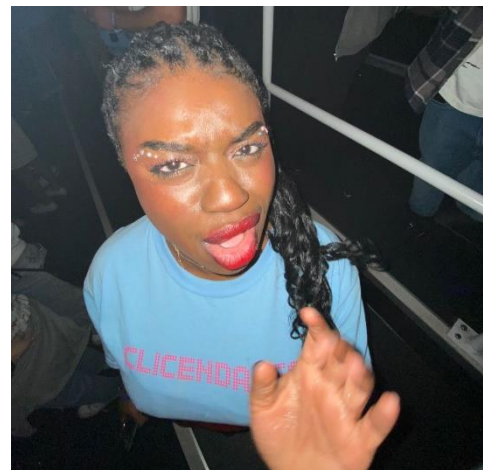
Name: Kimaya Mohite
Position: Intercalation rep
Year group: Intercalating
Shoe size: 6
Likes: Sleeping, napping, snoozing my alarm
Dislikes: When my 2nd year flat got flooded with sewage... twice!
Claim to fame: got egged on the way to Back to School Night last year

Name: Conor Gibb
Position: Alumni Director
Year Group: 5
Shoe size: 8
Likes: Newcastle United
Dislikes: Cheese
Claim to fame: Can breastfeed



Name: Otto Anthony-Martellock
Position: Treasurer
Year Group: 4
Shoe size: 10
Likes: Otters, money, fun
Dislikes: Mayonnaise, bankruptcy, suffering
Claim to fame: I was handed an award by the Sheriff of Nottingham (in costume with sword)

Name: Jessie Mante
Position: Social Media Director
Year Group: 4
Shoe size: 6.5
Likes: 0.5 camera shots, crisps (I have a list of the best ones), and a good afternoon nap
Dislikes: videos you can't put on 2x speed
Claim to fame: I performed at ITV studios once



Name: Alvin Leung
Position: Sub-society Director
Year Group: 4
Shoe size: 8(ish)
Likes: Travelling
Dislikes: Getting lost when travelling, Tomatoes
Claim to fame: Has a hobby of collecting continuation sheets from different hospitals (a weird one I know)

Name: Sanam Chawla
Position: Sports Director
Year Group: 4th year
Shoe size: 9
Likes: Chess, Padel and Brown Noise
Dislikes: Australian Cricket Fans, Azithromycin and James Tyson
Claim to fame: Can play Wonderwall on the guitar - the Big O are well and truly back baby



Name: Serena, also known as the people's princess
Position: Events director/party girl
Year Group: 3
Shoe size: 6
Likes: The beach! Swimming, bbqs, surfer boys, what's not to like
Dislikes: fast fashion
Claim to fame: Varsity night...

Name: Emily Robinson
Position: P2P Education Director
Year Group: 5
Shoe size: 6.5
Likes: Sauces, crocs
Dislikes: Country music, leaving my phone on silent when I have an alarm set
Claim to fame: I have hugged the stoutest tree in the world



Name: Rayna
Position: International Director
Year Group: 4
Shoe size: Depends on if I'm on sports mode
Likes: Donuts, anything competitive
Dislikes: Losing, fun facts
Claim to fame: Eating 22 donuts in 2 days



Name: Sanskriti Sahoo
Position: Sponsorship Director
Year group: intercalating
Shoe size: 4/5 (depending on how expensive the shoe is - kids sizes slay)
Likes: when people trip a bit in the street and look around to see if anyone saw (hilarious and SO real i do this too)
Dislikes: when i can't leave the club at 12:30am (get me to bed RN !!)
Claim to fame: beefed the BMA over freshers fair xx

Name: Rosie Norris
Position: Clinical welfare director
Year Group: 4
Shoe size: 4
Likes: when my socks match my jumper
Dislikes: My washing machine (it keeps creasing my scrubs!!!!)
Claim to fame: David Gilmour (guy from Pink Floyd) came to watch one of my school plays!!!



Name: Georgie Hurt
Position: Grad ball Director
Year Group: 5
Shoe size: 7 (I should be taller)
Likes: planning grad ball and clic
Dislikes: not being able to plan grad ball
Claim to fame: I'm planning grad ball



Top Artists

- 1 Zero to Finals
- 2 Nine Inch Nails
- 3 Chappell Roan
- 4 Gary Barlow
- 5 JME

Top Songs

- 1 Andrew Blythe
soothing voice ASMR
- 2 Moon Song
- 3 365 featuring
Judith Fox
- 4 Strip That Down
- 5 Silver Springs

Minutes on Passmed

Too fucking many



Spotify Wrapped



BITUARY: GRAVITY NIGHTCLUB



n.b: Asking myself of all people to write an obituary for Gravity Nightclub is like asking a Burmese person to write an obituary for the British colonial rule in Burma. And I am a Burmese person. However, unlike the British colonialism in my home country, I am ready to acknowledge the formative impact that Gravity had on an entire generation of Bristol medical students, including myself. It is thus important that the incoming cohort of medical students - the first year group in 7 years who simply won't have the opportunity to set foot in Gravity - understand what it meant to the many people they will share this medical school with. For me, it shall always remain the place where I met the Wealdstone Raider. And for that, I will forever be thankful. Rest in Peace, Gravity (2017-2024).

Gravity Nightclub - Bristol's beloved temple of debauchery and the destination of many infamous Medics Bar Crawls - has sadly passed away at the tender age of 7. Like so many of its patrons on a typical Wednesday Sports Night, Gravity succumbed to the inevitable forces of time, financial difficulty and sticky floors.

Born in 2017, Gravity quickly thrived on the principle of Newton's Law: what goes up must eventually come down, often in a vomit-spewing heap

somewhere near a toilet. It became renowned for its role as the final, often regrettable, stop on the Medics Bar Crawl - a rite of passage for Bristol's future doctors, who would spend the night exchanging dubious dance moves for overpriced drinks.

For many medics, Gravity was the place where they first truly began to apply the Hippocratic Oath: to do no harm, except maybe to their own reputations. Gravity was also a place where some, as Rihanna would say, found love in a hopeless place. Or at least something resembling it, until the lights turned on and you realised that special connection was just a shared passion for tequila lime sodas.

Diyora Ilkhomova In its final years, Gravity faced many challenges - the pandemic, rising rent and competition from actually good venues. Despite such setbacks, it soldiered on, offering solace to those who might have benefitted from better taste in music (sorry, I get catty when I'm in mourning).

Gravity is survived by its two most famous patrons, the Wealdstone Raider and Big John. It leaves behind a legacy of infamous nights and its demise will give birth to a new block of flats (yay).

Rest in peace, Gravity. You defied the laws of physics, but in the end, even you couldn't escape the pull of the black hole that is gentrification.

Zin Htut, Year 5

The common and debilitating disease you were never taught about...



I asked Dr William Weir, an Infectious Disease consultant and ME/CFS specialist to answer some questions about ME/CFS:

What is Encephalomyelitis and why is it called ME?

The term ME stands for Myalgic Encephalomyelitis – see below. The following symptoms are required to make the diagnosis of ME:

- Persistent, often overwhelming fatigue, always unrelieved by sleep.
- Post-exertional malaise after any physical or mental overexertion. Frequently after the slightest exertion – when anaerobic threshold is breached.
- Cognitive difficulties, manifest mainly as problems with mental focus and short-term memory.

All of the above need to be present to make the diagnosis of ME.

Then also the following to a greater or lesser extent:

- Variable degrees of pain, affecting muscles, joints and sometimes neuropathic.
- Persistent “new” headaches.
- Postural intolerance – due to a combination of reduced blood volume and failure of the baroreceptor reflexes.

The result is a failure to maintain adequate blood flow from the legs/lower body to the heart when standing upright.

- Sensory hypersensitivity, photophobia and phonophobia. Severely affected patients often need to be cared for in a quiet, separate room with (1) the curtains drawn.

Rather similar to what one sees in a patient with acute meningitis.

- Excessive thirst – in some – due to pituitary deficiency, giving rise to a form

of diabetes insipidus. This is nearly always accompanied by postural intolerance because of the low circulating blood volume caused by the pituitary deficiency. See references below.

What is post-exertional malaise (PEM) and why it is important to know about as a doctor?

PEM occurs in an ME patient when his/her anaerobic threshold is breached. Patients with varying severities of ME will reach their anaerobic threshold at different levels of exertion. In severe cases, malaise, requiring weeks/months bedrest is the result of a minimal physical or mental exertion.

What is the cause of ME?

The exact cause is yet to be discovered. However, it is very likely that autoantibodies play a very large part. Their known affinity for vascular endothelium and a range of

neurological receptors probably gives rise to many of the pathophysiological abnormalities which are being increasingly recognised.

How common is ME? Very common. Probably around 100,000 people in the UK. Long Covid – which is very similar and almost certainly has the same pathological basis, probably affects about 250,000 people in the UK.

Is ME and CFS the same thing?

‘ME’ stands for Myalgic Encephalomyelitis; a term coined by Dr Melvin Ramsey when he wrote up the Royal Free outbreak in the 1950s. Roughly translated it means ‘muscle pain/brain inflammation.’ Dr Ramsey, without having the proof of brain inflammation was correct, as brain inflammation is part of the pathology. The term CFS simply stands for Chronic Fatigue Syndrome, a much less descriptive term, and is only a symptomatic reference.

Why do some doctors believe that ME/CFS is a psychological condition? Because they haven’t brought themselves up to date with the latest scientific research, which indicates very clearly that ME has a physical basis.

What is the most important thing to know about ME as a medical student or junior doctor?

That it is a real physical illness, for which physical treatment can be very helpful; patients with a low blood volume for example, can benefit hugely from being given intravenous saline. This improves their capillary blood flow, effectively relieving a state of chronic tissue hypoxia and

undernutrition which has often persisted for months/years. It is absolutely vital not to try and persuade a patient with genuine ME that it has a psychological cause.

What can I do as a medical student/junior doctor if I hear that a colleague believes that ME/CFS is psychological, functional or psychosomatic?

Tell the colleague to go and do some homework and give them a copy of my paper ‘ME Past Present and Future’, also my ME/CFS Long Covid synopsis.

-Dr William Weir, Consultant in Infectious Diseases

The Limits of Medicine: Overconfidence, Misdiagnosis and the Dunning-Kruger Effect

The history of medicine includes many similar examples of medical conditions that were misunderstood and wrongly attributed to psychological causes due to the limitations of medical knowledge at the time. Multiple Sclerosis (MS) is a notable example. For years, MS was thought to have a psychosomatic or psychological cause. This misconception arose because MS is a complex disease, with symptoms that fluctuate over time and vary widely between patients. Before the development of diagnostic tools such as oligoclonal banding & MRI, doctors lacked objective data and diagnoses depended on personal biases and subjective interpretation rather than biomedical evidence.

This historical misunderstanding ties into the Dunning-Kruger effect, a cognitive bias where people with

limited knowledge overestimate their understanding of a subject. When we don't fully grasp a condition or phenomenon, we often fill the gaps with flawed assumptions or simplistic explanations, leading to overconfidence. Paradoxically, this lack of knowledge results in a false sense of certainty – a bias that affects even well-meaning practitioners.

We should account for this bias in both our practice and attitudes by remaining aware of the current limitations of science & medicine and avoiding the dismissal or misattribution of conditions (such as ME/CFS, Fibromyalgia and others) that are recognised but not yet fully understood in biomedical terms. The humility to recognize what we don't know is essential in ensuring that patients receive the most accurate diagnoses and appropriate care.

David Morillo, Year 4

THE HEALTH CRISIS IN GAZA



Part of the oath we take in Bristol medical school, adapted from the Hippocratic Oath, is a promise to respect humanity and take an interest in public health. With the one-year anniversary passing for the start of the Israel - Palestine conflict, it is important to understand how Israel's actions have impacted the Palestinian people.

The most recent figures as of June 2024 is that 84% of the health facilities available have been destroyed or damaged, according to the WHO. Israel has consistently blockaded the entrance of medical supplies leading to a ruling from the International Court of Justice in March to ensure the provision of "urgently needed basic services". (BBC News - Christy Cooney) One Aljazeera article has reported that doctors are using basic items such as kitchen vinegar to treat life-changing injuries.

When the very centres providing care and respite for civilians in Gaza become military targets, this results in catastrophic health emergencies. In July, the WHO sent one million polio vaccines to be administered to Gaza. Due to scarce water and displacement of Palestinians from homes to densely populated tented areas, the once eradicated virus was detected in the sewage of the Gaza Strip. The result was a partly paralysed 10-month-old child: the first confirmed case in Gaza for over 25 years.

Prof Devi Sridhar, University of Edinburgh states that the "true cost of the war" is "increasingly difficult to assess". Civilians, if not dying by fatalities and weapons, are dying from starvation and untreated illness.

What does the reality of looking after patients when besieged by war look like? Since last October, the Instagram account @gazamedicvoices has been sharing the firsthand words of international healthcare workers. Accounts of working in a war zone range from treating "many children with shrapnel wounds - one completely blinded" to "an 18-month-old girl dead". Such social media accounts keep the conflict at the forefront of the world's mind.

When Palestinian doctors do not have voices on the world media stage, there is also the important and necessary involvement of amplifying their voices and stories. Last

month, the BBC spoke to plastic surgeon Victoria Rose and orthopaedic surgeon, Graeme Groom. The interview starts with the pair clarifying that the hospital they had originally arrived at was the European Gaza Hospital and they now are at the only remaining “fully operational” hospital, Nasser Hospital. Dr Rose further states in the interview that 100% of her work has been explosive injuries.

As a great burden is placed among healthcare in Gaza to deal with numerous complicated cases, requiring plastics and reconstruction, the training of future medics to equip them for the future is paramount. Throughout this past year of conflict, thousands of medical students have lost their universities, their families and their own lives: 400 healthcare workers killed and 110 abducted according to the Healthcare Workers Watch report. This is another spoke on the wheel of “scholasticide”, as coined by the UN, undertaken on Palestinian education.

Imagining a future in which a state and a nation of people can be rebuilt, if the bloodshed does not end, is increasingly bleak.

Diyora Ilkhomova, Year 5
Illustration by Danielle SeeWalker, artist

HOUSE MUSIC AND LEECHES: A STUDY



House music, much like leeches, sucks. It crawls along at a snail's pace, endeavouring to suck the life out of those it manages to grasp in its slippery teeth. The only immediate difference seems to be that leeches are only found outside of the house- lucky them.

In defence of leeches, it's a graft out in the wild. By comparison, House DJs tend to find most success through nepotism and growing up next to Brian Eno. To be fair Royalty does run in Fred Again's family so at least he's picked the less colonialist choice. House music is to music like Britain is to culture- the only good

bits are stolen, full of denial about cocaine use, and predominantly lit up by the reflection off the Love Island casts' veneers.

House music masquerades as dance music whilst being impossible to dance to- unless you count two stepping whilst vaping and filming all of it on your phone as dancing. Even for those indulging in illicit substances it seems impossible to jump up and down ecstatically because it's impossible to jump high enough to match the music's tempo. I apologise if I have neglected to mention leeches adequately so far- leeches are incredibly emo, a word most people who listen to house music won't have come across. I can't imagine anything more emo than being one evolutionary switch away from vampires.

House music to its credit does offer some benefit to medical students, much like leeches have historically. House offers perfect white noise to complete Anki to - impossible to get distracted by and difficult to know when the song has changed (that's not good DJing, it's just boring). Leeches have historically offered genuinely effective medical benefit and have long been a key part of a doctor's bag of tricks. Both run the risk of ruining your day if you're exposed to them without expecting it. To conclude, I think this was an unfair comparison. Comparing a parasitic, vile and slimy creature with leeches is an insult to leeches' historical usefulness. Whilst there are many comparisons, it's clear that I'd rather be in a room filled with leeches, than a room filled with house music.

*Joe Holland, Year 5
Illustration by Zin Htut, Year*

EFFECTIVE CONSULTING: XMAS EDITION

Scenario:

You are on your on-call shift in the Emergency Department. Your task is to gather a well-rounded history and perform any relevant examinations for your next patient - Rudolph.



Character Overview Notes:

You are Rudolph, the famous reindeer with the glowing red nose, and you are attending the Emergency Department on Christmas Eve. You have noticed that your nose has been particularly red lately and you're concerned it might be worsening, as it often does in December. You're also dealing with some other symptoms that seem to have intensified around this time of year, particularly a tendency to sing constantly, which is straining your vocal cords. The healthcare staff are in a festive mood, singing holiday songs, and the atmosphere is chaotic. There is a lot of distraction in the department, and you have been categorised as priority 5, meaning you're considered a low priority compared to the other emergencies. You are insistent on being discharged quickly as you have a very important job to do on Christmas Eve.

Name	Rudolph (if prompted for a surname, you are unsure, but people sometimes break into song and
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	sing 'the red nose reindeer')
Age	As old as time (although you appear quite young)
Presenting complaint	You have come to the Emergency Department because you've recently noticed that your nose has become bright red. You're worried that your rosacea may be worsening, especially now on the 24th of December.
History of presenting complaint	The student may probe about the time frame-you inform them that it appears bright red throughout December, and you think that has worsened over the last few years <ul style="list-style-type: none"> • You note that people often stare at you, and this has made you self-conscious • Throughout the conversation with the student, you notice there is a plate of chocolate chip cookies and your stomach begins to rumble - note to the student this is a common occurrence which only happens at night on the 24th of December -the cookies are especially enticing for you, and you may appear distracted, perhaps even a bit too interested in them.
Background	You don't reside in Bristol - if prompted to elaborate by the student, you note that you live in a much colder climate and only travel on the 24th of December with your friends (other reindeer) who are also suffering with similar symptoms and your boss (Santa Claus) - though he appears to be immune, and you are unsure how. <ul style="list-style-type: none"> • You have been to many different places, but you don't stay for very long and tend to sit on chimneys • You note you were once hospitalised for a stone in your hooves but recovered well and you

	<p>don't experience any complications from this</p> <ul style="list-style-type: none"> You note that your symptoms don't appear to be bothering your work - in fact they seem to be more prominent during this time - if the student probes you about your occupation, note that you work in the delivery sector and you are most busy throughout December and you are adamant that you must be discharged very soon as people are depending on you (don't mention that you are delivering these parcels by chucking them down chimneys) If asked about your diet, you note that people seem to think that you like carrots, but you are partial to cookies (at this point in the consultation your attention returns to the cookies on the plate behind the student and your eyes widen)
Family history	<ul style="list-style-type: none"> There is an extensive family history of rosacea and strained vocal cords which Doctors think is Reinke's oedema (if the student repeats this claim, you being to laugh uncontrollably as you think this is a silly mistake and not a serious concern at all)
Drug history	Mirvaso 3mg
Questions for students	<p>Towards the end of the consultation, ask the student, "Are you on the naughty list or the nice list?" with a grin. If they seem confused, laugh it off. You might even peer over at the student's notes after the consultation and comment on their psychiatric referral, either with confusion or amusement.</p>

Sara Hussnain, Year 4

BRISTOL ANNOUNCES NEW 'WESTON' COHORT...

Further cost-saving plans have been announced by Bristol Medical School following the announcement earlier this month of plans to save on admin costs by having students on just one placement in third and fifth year, rather than the usual two placements (typically one in Bristol, one outside), this will mean more medical students spending their entire year outside of Bristol - which is claimed will save students and the medical school money.

Alongside this, the medical school have announced plans to allow students to fully ingratiate themselves with one particular community throughout the entirety of their medical school training by announcing that a lucky group of 5 students starting next year will be based exclusively in Weston-Super-Mare for all 5 years of their degree - or 6 if they choose to integrate in Bristol Uni's newly announced Quicksand Geology MSc (also based in Weston-Super-Mare).

The Black Bag had the rare opportunity to sit down with the heads of the Bristol Medical School to ask some questions about this new and exciting development.

Q: How do you think students will respond to being based solely in Weston-Super-Mare?

A: Well, it won't all be Weston-Super-Mare, they will still be expected to attend in-person teaching sessions in Bristol. The university will be reimbursing their petrol costs, of course, or public transport costs up to £2 per return journey.

Q: 5 students is quite a small cohort, how do you think this will impact on their social life?

A: Primarily, of course, medical students should not have a social life as the ideal situation is that they are in hospital from 6am to 9pm, with a few hours of independent studying around this. However, we feel that the small group will ensure close bonds are formed, as well as mirroring the feeling of being on an understaffed NHS ward.

Q: Did you say that the students will be starting in August?

A: Yes, we have had to move the term dates forwards for the Weston cohort, as it is well known that Weston Hospital closes for Christmas holidays from December 1st to January 2nd.

Q: Is that true? What happens to the patients?

A: No one really knows. They probably all get sent on to Southmead or the BRI anyway.

Q: Do you think people might take issue with an entirely Weston-based cohort being referred to as Bristol Medical Students, given the lack of time spent in Bristol?

A: It's the university's strong belief that students pick the University of Bristol due to the course structure and the quality of research that the university produces, not because of their interest in Bristol as a city. Our student questionnaires have demonstrated that most applicants decided on Bristol after learning about Trevor Thompson's COGConnect.

Q: So is Professor Thompson going to be involved with teaching this Weston cohort?

A: No, unfortunately Trevor will be busy taking the 5th year students on their elective which will be a vegan meditative walk from John O Groats to Land's End over the course of 16 weeks.

Q: Are you saying that students will not be able to plan their own elective?

A: We weren't going to announce this yet, but no. Most students will be expected to go on Trevor's low-carbon low-cost medical pilgrimage, which we expect will broaden their horizons just as much as experiencing healthcare in an entirely different culture - such as Taunton hospital. If they are willing to entirely self-fund and self-organise their elective then they can do whatever they want, but the minimum cost for that will be £5,000.

Q: And in terms of student's mental health, some alumni have reported that being in Weston-Super-Mare for just 4 months caused them distress, do you have any ideas about what students will feel like after spending 5 years there?

A: We do anticipate that there will be some mental health issues, so we have hired an extra 5 senior tutors at the medical school to support the Weston cohort, as well as other groups of students who will be isolated from Bristol, such as the planned Chew Magna cohort which we will launch in 2030.

Q: How will the Weston cohort contact the senior tutors?

A: Ideally they will not, as they need to develop independence and resilience.

Q: We were wondering if you could make a few comments about how the proposed changes to placements will benefit students financially?

A: Well, all students will be paying the same fees as we do say that they will be receiving the same quality of education whether they are in the BRI's internationally renowned cardiology centre, or Weston-Super-Mare's biggest supply cupboard/operating theatre. That being said, our predictions are that reducing the number of placements will save students money by allowing them to stay in cheap rundown places like Gloucester and Swindon where most meals only cost two hours of minimum wage work, compared to Bristol's average 5 hours of minimum wage work.

We have considered that some students will end up in Bristol for long periods of time which could be very expensive for them. We have taken steps to ensure this will be affordable by only letting students who attended private schools stay in Bristol since we anticipate that their parents will be the only ones able to pay the extortionate rents.

To accommodate their cultural needs and the spirit of Keir Starmer's NHS, and to avoid giving our full-time admin team any actual work, we are entirely outsourcing their placements to Spire Hospital - which should be near enough to Clifton that the posh twats - sorry, I mean, valued cash cows, won't feel too scared by Bristol locals that they might encounter. It will present them with fantastic networking opportunities for various specialties that we feel they might be interested in, including private plastic surgery, private general practice, and living off

a trust fund. To ensure that standards are the same across various academies we will have similar networking opportunities in other places such as Gloucester which will have opportunities for networking related to air pollution, mesothelioma, and opioid usage.

Q: And how will all these changes affect the university's financial situation?

A: Our financial models still demonstrate that even with these changes the university will be £100 million in debt by the end of the academic year 26/27. However, if we can increase the number of students by 50,000 we might just be able to delay bankruptcy by another couple of years – just long enough for the Vice Chancellor to retire and take the whole pension pot.

Q: That's great news, thank you. I hope Evelyn Welch enjoys her pension.

A: Yes, I'm sure she'll need it, the 300k salary really doesn't go very far if you're living in Clifton.

Will Palmer, Intercalator

SUN, SEX AND SUSPICIOUS MEDADMIN
BLACK BAG BEST ELECTIVE
AWARD



FRODERICK PERCVIAL
LEAMINGTON SPA II

Congratulations to fifth-year Froderick Percival Leamington Spa II, the winner of the inaugural Black Bag Best Elective Award. Froderick was a worthy winner of this prestigious prize for completing an elective flying out to Peru then to Tanzania then to Hanoi then to Bangkok then back to the UK with style and panache. **Global Beers in praxis!**

BLACK BAG BEST ELECTIVE AWARD

Here are some fun facts about Froderick's journey of sun, sex, and suspicious Med-Admin.

- Total hours spent in clinical environment: 2
- Total hours spent '*engaging with local community and way of life*': 750
- Types of coke sampled: Diet, Zero, Colombian and Cherry.
- Number of languages in which he learnt the phrases 'Hello', 'Thank you' and 'Do you know where the nearest donkey is, I am thirsty': 5 (including English)
- Instagram stories per day: 6 (close friends – 15)
- Successfully avoided shitting in any public/hospital toilet! Was only constipated for average of 4 times a week!!!
- Total air miles: 26,000
- Number of trees planted by airlines on Froderick's behalf to 'offset carbon footprint': small forest the size of Montpelier

Some people argue that the culture around international medical electives in UK medical schools needs to change. However, Froderick's elective was an elective done right. It was an iconic subversion of the many arguments made against international elective culture:

- Rather than carrying out risky procedures he would not be allowed to do back in the NHS on improperly consented patients, *he avoided the clinical environment altogether to protect them*. Proactive harm reduction.
- Rather than wanting nothing to do with meeting the locals and learning about their history, he spent most of the time trying to get inside ~~them~~ their minds.
- Rather than having only a passing interest in global health, he travelled to 4 different continents to expand his mind, just like James Cook and Francis Duke.

Froderick's journey was enormously self-illuminating, opening his mind to the possibility that migration might actually be ok and there are different skin tones in our vast world. May he be an inspiration to all 4th years currently planning their elective!

JOB VACANCIES



IF YOU'RE 20-30

& Your main circle isn't **discussing**:

FLUIDS
FLUIDS
FLUIDS
FLUIDS
FLUIDS

Then it's time to find a new circle.

Your **NETWORK** is your **NET WORTH!**

"Yes, I'm the Doctor" Repeater

Job Description:

As the designated junior doctor, you'll repeat that, yes, you *are* indeed the doctor, despite looking young enough to be mistaken for a sixth former. Prepare for countless comments about how you look like you "should still be in school." Bonus points if you can deliver bad news while being mistaken for the porter.

Requirements:

- Ability to appear mature, despite looking seventeen
- Expertise in politely deflecting "Are you sure you're a doctor?"
- Tolerance for comments on your "baby face"

Opportunities:

Self-esteem boost from being constantly mistaken as younger

Canteen Queue Waiter

Job Description:

Join the ranks of the multi-disciplinary team trying to grab a meal during your precious "lunch break". You'll specialize in queuing, watching sandwiches disappear before you reach the front, and settling for whatever suspicious curry is left. An essential skill: convincing yourself that a cold sausage roll, and three biscuits count as a balanced diet.

Requirements:

- Patience of a saint
- Ability to survive on vending machine snacks
- "Grab and go" reflexes to intercept dwindling sandwich supplies

Opportunities:

Discounts on what's left, if you have cash on you

NHS Computer Rebooter**Job Description:**

Become an IT specialist in rebooting NHS computers that are *supposed* to run on Windows. Your day will be filled with frustrated sighs, pressing *Ctrl+Alt+Delete*, and waiting 20 minutes for the system to restart so you can enter your notes, only to have it freeze again.

Requirements:

- Familiarity with error screens
- Patience to log back in ten times an hour
- Strong desire to avoid throwing the computer

Opportunities:

The satisfaction of submitting at least one successful patient clerking per shift

Ward Round Backpack**Job Description:**

Be a valued member of the ward round by carrying stacks of patient notes you don't understand and looking on helplessly as the consultant skips six patients. Your job is to frantically flip to the correct page whenever they randomly quiz you about a patient's obscure blood test result from their last admission.

Requirements:

- Excellent page-flipping skills
- Ability to follow at a brisk pace while juggling fifteen patient notes
- Skill in nodding and looking engaged

Opportunities:

Access to fascinating patient notes you'll never get to read and build unparalleled muscle strength from carrying fifteen folders at once

Alba Jassem, Year 4

A SHORT CHRISTMAS STORY

The Father

Christmas 2000

It was cold.

It was cold. There were less birds in the air and more lights on the streets.

It was cold in the house because he was alone everyday.

Even when he had first arrived in July, the summer air was chilly to him: more rarefied and less sticky with heat than Yangon, more like the air in the Shan mountains where his mother was born. But it was the end of the year now and this was true cold, a cold that he had never felt before, a cold that seeped into his bones and lingered even after spending hours inside.

It was dark long before he left the hospital walls each day, but he admired the Christmas lights the people in this country strung up against the thick blanket of the long nights. He thought of it as defiant somehow.

And every evening, he missed his son, born just two months ago but half the world away. He had not yet met him, but he longed for him, kept a photo of him in his wallet and looked at it each time he felt worn down by the long hours in the hospital. In his sleep, he dreamt of his son, hearing the noise of his son's feet upon the ground, holding the boy close to him against his chest when he slept. He wanted to write letters to the child already, to use words to make up for the crucial time he had lost with him now, at the very start of his son's life. But he did not yet know which language he should write them in, because he did not yet know which language he and his boy would converse with another in: English or Burmese?

His story was now his son's story, and this truth was what kept him going through the cold, the dark and the unfamiliar of this country, half the world away from his wife, his boy and everyone who had ever loved him. He had come here, on his own first, because he wanted to build a story for his son that would be very different to his own.

Christmas 2001

It was warm.

It was warm because his family were finally here with him, his wife and his son.

It was warm in the house and he was 29, celebrating Christmas for the first time in his life.

They would sit together in the evenings, rocking his boy on his knee, murmuring gibberish to him that made him giggle. It may have seemed small to anyone else, but

it was the weight of his days now, a rhythm to his life that made all the long hours in the hospital worth it.

Earlier that day, they had strung up cheap lights along the window and their living room; the same kind of lights he had seen last year from the windows of full houses that he had so admired, warding off the long and dark winter. His son was tired now, sleeping in the bedroom whilst his mother was completing some immigration papers at the desk.

He went quietly into the bedroom and sat down beside the boy, who was sleeping with his round cheek pressed against the sheet, his mouth ajar. He had turned one year old in October, round and soft with new life and babyhood. Watching his son, he felt a sharp twinge of love, and fear too – fear at how utterly vulnerable a child was, how they could not yet understand the forces around them. Watching his son, he could have sat there forever, willing the world to be kind and understanding to his boy. In the stillness of the room, he felt the vastness of his son's tiny existence. He listened to his son's breaths, which came and went like the tide, washing over his own bones, again and again, as they filled him with something he could not describe.

He'd had no happy childhood himself, born into poverty in Yangon. His own father was distant, then dead by the time he turned nineteen. He had never thought he would be a father himself. And so, he never expected that this child that he had not even held yet would bring him to knees in ways he had never experienced in his 28 years of life: for his son was his heart, outside of his body. He was no longer on his own and he never would be again, forever tied to this child. His only hope was that his presence would be enough to remind the boy that he wasn't alone either as he grew older.

And so, he watched the boy breathe and he wondered if he had made the right decision, building this boy's life half a world away from where he was born and where everyone who loved them lived.

He wondered if his son would feel happy here as he grew older. He hoped his son could achieve what he never felt he would be able to, which was to make sense of the geography of his life and where he belonged. As he watched his son, he wondered and hoped.

The Son

Christmas 2024

He wondered if his father had had begun packing.

He sat on the edge of his childhood bed, tired from the long coach journey back home. He thought of how his dad had looked when he had opened the door earlier, his face drawn and pale but smiling. He tried to remember when it was that he had stopped seeing his father as invincible. He thought of the lines around his dad's eyes, the way that time had softened him.

Last Christmas, his father had told the family he was moving half the world away. In the year since, he imagined his father packing his things here and unpacking them later, the boxes in his hands filled with the life he had built and moved across continents. And he thought about telling his dad once again not to leave, telling him that they still needed him here. But he knew his father had decided, that nothing would change his mind, and so he hated knowing this was the way of things, guilty at the knowledge of how unhappy his father had become here.

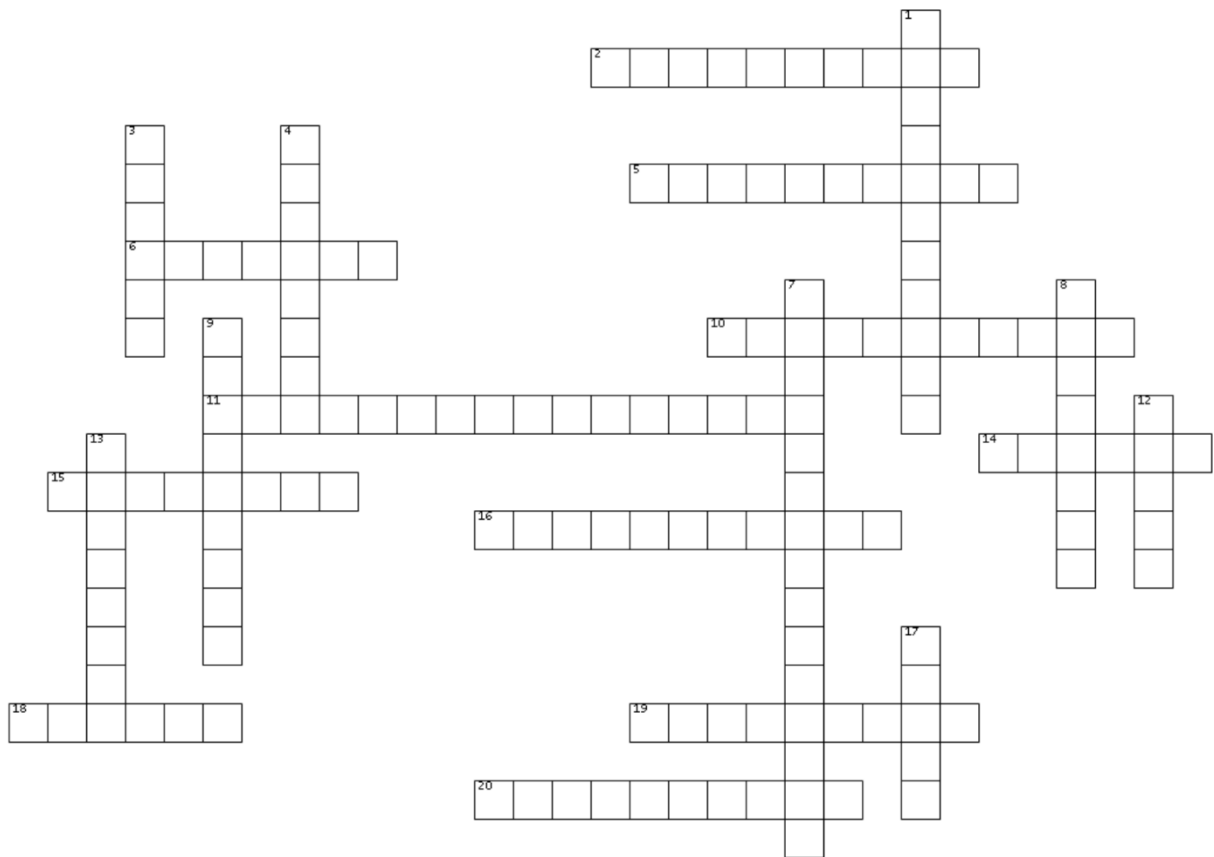
These days, even when he sat, his father seemed as if he were carrying something, an invisible weight that pressed upon his shoulders but never broke him. He thought of his dad spending hours teaching him to tie his shoes, calling him when they were apart just to ask him if he had eaten yet. His long hours, waking up at dawn, working all the time. And he thought of their family driving through the night, his father always at the wheel, often through what seemed like pitch black darkness. Sat in the backseat, he could never see anything beyond the headlights. But he always felt nothing less than safe with his dad driving. He used to mistake his father's ways as distance, but he now saw it as a love that he had never learned how to name.

When he wondered if his dad loved them even if he was leaving, he thought of all these things. Even his leaving was part of his loving. At the age of 54, his father was still ready to dismantle his life across continents to build something better for his children. He was still grappling with the invisible calculus of providing a better life for his family, working against forces that did not care for the people he loved.

And so, he laid on his bed, with his eyes closed, and wondered what his father's choice would mean for his family and his own life in the coming years. He wondered and hoped.

Zin Htut, Year 5

CROSSWORD



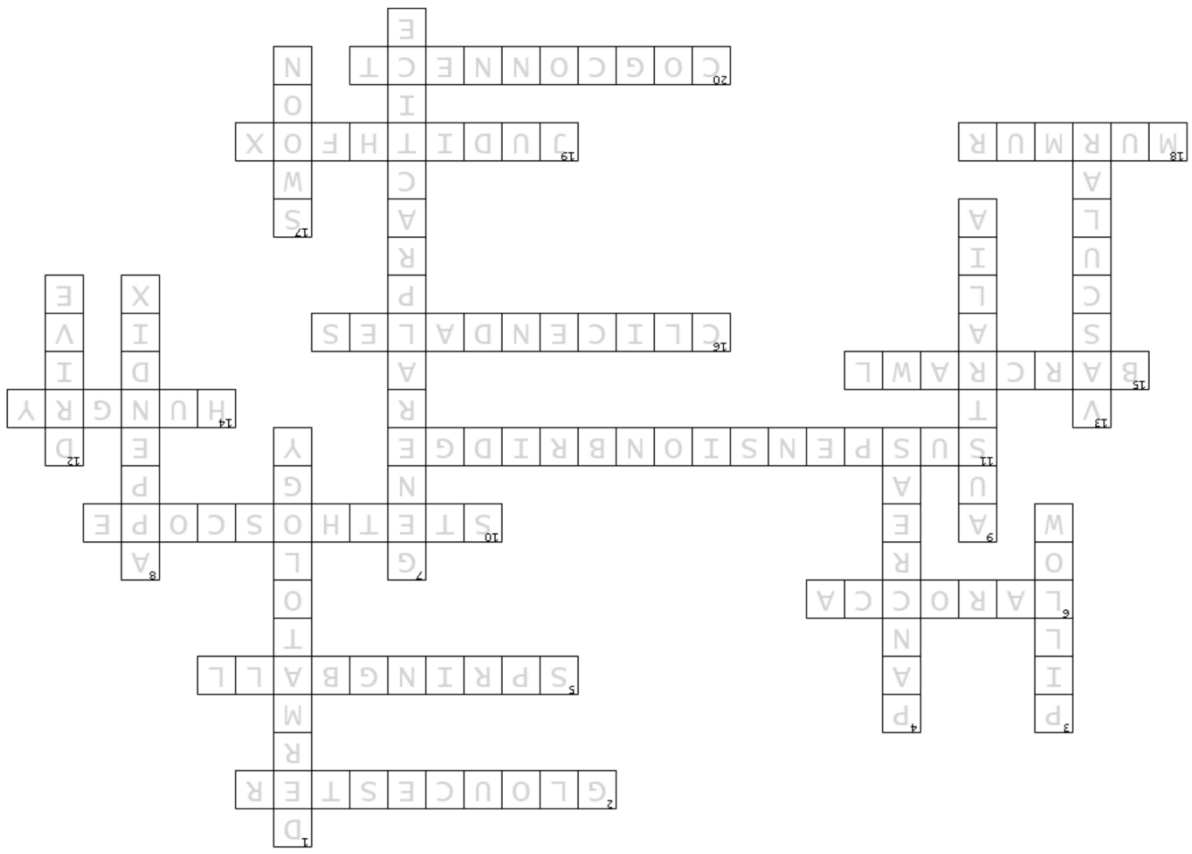
ACROSS

2. Which academy has the best canteen? (10)
5. Which event caused Bristol medics to be in the news? (6,4)
6. Which club has been christened by medics? (2,5)
10. Which emoji does every medic fresher have in their bio? (11)
11. Where is the best place to watch the sunset in Bristol? (10,6)
14. What does anatomy make you? (6)
15. Which day every year has the highest medical student absence rate? Day after ___ ___ (3,5)
16. Which event causes the most relationship issues every year? (11)
18. What does every medical student pretend that they hear? (6)
19. Who is our Faculty MVP? (6,3)
20. What must you use to consult effectively? (10)

DOWN

1. Which speciality would be in advertising? (11)
3. What did we practise our examinations on during COVID? (6)
4. Which organ would live in Wills as a fresher? (8)
7. What specialty does the government want us all to go into? (7,8)
8. Which organ would get kicked out of 'I'm a Celebrity, Get Me Out of Here' first? (8)
9. Where is the promised land? (9)
12. What is the most attractive thing a medical student can do? (5)
13. Which is the smelliest speciality? (8)
17. Where do you get the best dessert in Bristol? (5)

Answers on next page...



Crossword by Jemi Maliyil, Year 5

HAPPY HOLIDAYS!

If you've given this a read and think "wow, that was shit – I could do way better", then get involved and email us at blackbag1937@gmail.com or DM us @theblackbagbristol on Instagram. Free food at every meeting, I swear on me mum's life.

SUPPORT CONTACTS:

Galenicals Welfare Reps: Rosie & Diya

Ready to offer advice and support or to simply listen.

Email: med-galenicalswelfare@bristol.ac.uk

University Wellbeing

Email: wellbeing-access@bristol.ac.uk

Phone: 01174569860 (call line open 24 hours)

MIND Support Line

Safe and confidential place to chat about your feelings.

Phone: 03001021234 (Mon-Fri, 9am-6pm)

Strut Safe

Judgement-free phonenumber for people walking alone at night

Phone: 03333350026

(open Fri and Sat from 7pm to 3am, Sun 7pm to 1am)

Bristol BAME Service

1-1 SUPPORT for people from BAME backgrounds

Email: BristolBME@rethink.org

Phone: 07436246182

As always, thanks for reading, forever and ever. Love ya – The Black Bag Team.