AMH Conference London 2023
Fevers, Frets and Futures:
Uncertainty and New Ecologies for Post Covid Healthcare

Oral Presentation and Creative Workshop Parallel Session Timetable

*All sessions on Tuesday and Friday will be presented online on Zoom. Presentations on Thursday will be on site, with the exception of speakers unable to travel to London, who will be presenting via Zoom. Zoom links will be distributed in due course to those registered for this conference. All presenters need to register to attend the conference.

*Each presentation will be 15 minutes with 15 minutes at the end for questions to all speakers.

Tuesday, 4 July Online: 2.45 p.m. – 3.45 p.m.

Session 1

Panel 1: The uses of creative practice
Chair: Angela Hodgson-Teall -
Tech support: Sara Borga

Name	Organisation	Title
Emmanuel Oladipo	University of Manchester	To Be Human, First
Fiona Davies	Independent Artist	Once Upon a Time, Long Ago and Far Away: A Short History of Removal
Kim Wiltshire	Edge Hill University	Embedding the arts into healthcare settings through creative workshops for NHS frontline staff post pandemic

Panel 2: Building sustainable clinical practice
Chair: Ananya Sood – Cyrus dropping in

Name	Organisation	Title
Radha Bhat	London Psychiatry Centre	Sustainability of therapeutic encounters in mental health
Maya Dyson	University Hospitals of Derby & Burton University of Nottingham	Evaluating the impact of a pilot 'shared management planning' workshop for third year medical students; a quasi-experimental study
Anjana Bala (pre-recroded)	LSE Fellow in Anthropology and Dance Artist (UK)	Art, Ecology, and Repair: creative contemplations on the waste and the ecological crisis

Panel 3: Covid 19: Communication through Literature and the Arts
Chair: Bridget Macdonald
Tech support: TBC – C and S dropping in

Name	Organisation	Title
Miriam Colleran	Naas General Hospital	Poetry: 'The Other Chair'; 'Naming It'; 'The Form'
Eliz Hassan & Suzy Willson	Queen Mary University of London	Research programme: Communicating through Covid: Supporting Healthcare Professionals' Non-verbal Communication through Arts-based Education
Katerina Pavlidis	University of Oxford	Alternative Future - Building as Disaster Recovery: (In) Humanity and Identity in Indra Sinha's, 'Animal's People'

Panel 4: Building sustainable medical education
Chair: Linda Turner -
Tech support: TBC - – C and S dropping in

Name	Organisation	Title
Bruce Summers	Keele University	Integrating humanities into biomedical teaching of orthopaedics
Sonal Bhatia	Maulana Azad Institute of Dental Sciences, New Delhi, India	Fostering the novel concept of 'Inclusion Oral Health' amongst Indian dental students through experiential learning

Tom Fairfax	University of Sunderland/University of Cambridge	Learner Autonomy

Panel 5: Exploring uncertainty in sustainable and decolonial healthcare
Chair: AMH Council member (CM) -
Tech support: Cyrus Hung

Name	Organisation	Title
Toni Mortimer	NHS, Palliative Medicine	The Benefit of Doubt
Clare Dieppe	NHS/University of Swansea	A New Methodology for change in healthcare: knowing not knowledge, playful not serious, 'ish' not expert
Imran Mohammed	Independent	Colonialism in Medicine: Past, Present (Future?)

6: Creative Movement Workshop
Anusha Subramanyam (dancer, choreographer, teacher and dance movement therapist, founder of Beeja.com)
Chair: Dr Deborah Padfield –
In a period where we are all glued to our screens, this workshop offers an opportunity to recharge and refresh your mind and your body. The workshop will encourage participants to find and explore their own possibilities of movement, through building awareness of sensations within the body and exploring improvised movement and the use of breath. Elements of Indian dance, yoga and somatic practice will be incorporated into the session, highlighting the value of movement to health promotion and well-being. All welcome. No experience of dance or movement necessary.

Wednesday, 5 July (NO PARALLEL PRESENTATIONS)

Thursday, 6 July (IN-PERSON)

Session 2: 1.45 p.m. – 2.45 p.m.

Panel 1: Lessons from a Pandemic - HYBRID
Chair: Linda Turner
Tech support: Cyrus Hung
Location: Forum/hybrid

Name	Organisation	Title
Chase Ledin (No longer presenting)	University of Edinburgh	

		Revisiting Post-AIDS Ecologies: Addressing New Priorities in Sexual Health after COVID-19
Pradipto Roy (KU)	University of Copenhagen	Covid19 as a Social Contagion in need of Collective Action and Transdisciplinary Perspectives: Reflections from A Micro-level Exploration in the Indian State of West Benga
Christine Cynn (online)	Virginia Commonwealth University	How to Have Transdisciplinarity in A Global Pandemic

Panel 2: Education and Representation in Pandemic Times - HYBRID
Chair: Jo Winning -
Tech support Diana Ursu
Location: Common Ground

Name	Organisation	Title
Katherine McGinn (hybrid)	Southern Health NHS Foundation Trust	Media messaging during COVID: What they couldn't tell you
Naomi Wynter-Vincent	Northeastern University London	Magnified Fears, Microscopic Remedies: Examining the Shared Imaginary of Vaccination and Homeopathy
Ana Maria Medina Chavez (online)	Aging Institute Javeriana University, Colombia	Agentic Dying: Translating Research Findings Using Pictograms about Palliative and End of Life Care to the Public in England and Colombia

Panel 3: Using Artistry and Imagery
 Chair: Angela Hodgson-Teall -
Tech support: Cyrus Hung popping in
Committee Room G14

Name	Organisation	Title
Sarah Barnsley	Goldsmiths, University of London	The poetics of uncertainty: an autoethnographic approach

Himani Gupta	Independent, London and Delhi based artist	Project: Re-routing
Stephen E. Kekeghe	Ajayi Crowther University	The Interplay of Environmentalism and Mental Health in Niger Delta Poetry

Panel 4: Creative Workshop: Lucie Winterson
Council Room G12
<u>**Chair: Deborah Padfield**</u>
<u>**Tech support: N/A**</u>
Flow: Painting workshop using earth and drawing ink by Lucie Winterson (Visual Artist)
Exploring how flow in materials can echo flow and release in the body
Having spent years as a teacher of watercolour, Winterson has noticed that engaging with water flow in materials has an impact on students that is more than aesthetic. It appears on occasion to echo sensations in the body triggering a sense of flow and release with potential therapeutic effects. Sufficient materials will be provided for you to enjoy the workshops but if you have any of the following you would like to work with, please bring them:
• Papers - thick cartridge or watercolour, cut or torn to around A5 size. Any format.
• Drawing inks.
• Earth - dig from the ground, it needs to be mud like.
• String - a 3 inch piece of string, (basic white cotton string is best. It must be natural fibre).
• Brushes of your choice

*NB If you don't have any of these do not worry, materials will be provided.
No experience of painting or art necessary – all welcome.

Session 3: (4.00 p.m. – 5.00 p.m.):

Panel 1: Testimony and the Arts in Covid 19
Room: G18 Common Ground
Chair: Jo Winning
Tech support: Diana Ursu

Name	Organisation	Title
Stephanie Snow & Angela Whitecross	NHS Voices of Covid-19	'This project has kept me sane': Lived experiences of working and participating in the creation of a national collection of testimonies to capture the social significance of COVID-19
Andrew Morley	NHS Voices of Covid-19	'Making History' or 'Making it all better'?

Name	Organisation	Title
		Interviewing fellow healthcare workers for the NHS Voices of COVID-19 archive
Esther Kentish	University of Leicester	The Story of Covid-19: A Critical Investigation into Novels, Memoirs, Fiction & Illness Narratives

Panel 2: Investigating and Challenging Medicine through the Medical Humanities
Chair: Bridget McDonald –
Room: Committee Room G14
Tech Support: Cyrus popping in

Name	Organisation	Title
Mallika Sekhar	Royal Free Hospital	The infected blood crisis: insights into iatrogenesis and uncertainty
Bozhena Zoritch	Birkbeck, University of London	My child with Attention Deficit Hyperactivity Disorder (ADHD) now THRIVESSS
Lucía Guerrero Riviére	Exeter University	Disease and dissent: Towards a medical humanities approach to protest

Panel 3: Creative workshop: A second chance to participate in the painting workshop:
Flow: Painting workshop using earth and drawing ink by Lucie Winterson (Visual Artist)
See above for Session 2: panel 4 for description
Council Room G12
Chair: Angela Hodgson-Teall
Tech support: Cyrus popping in

Panel 4: Creative workshop: Tabla workshop (Dhanraj Persaud)
Chair: Radha Bhat
Location: Forum
TECH SUPPORT: Cyrus Hung
Tabla, Rhythms and The Therapeutic Elements of Indian Classical Music
A look at the Classical music of the Indian subcontinent, through the lens of ancient Indian philosophies, exploring the connection between music and mental health, as well as examining the holistic approach to life and well-being contained within these ancient wisdoms. The session will also contain an interactive activity, where audience members will be encouraged to participate in learning and clapping some basic Indian rhythms'.

Friday, 7 July: 3.00 p.m. - 4.00 p.m.

Session 4:

Panel 1: Media, Literature and the Medical Humanities
<u>Chair</u>: **Gordon Bates**

Tech support: C and S popping in

Name	Organisation	Title
Desmond O'Neill	Trinity College Dublin	Ageing and Objects in the Tales of Hans Christian Andersen
Jacqueline Driscoll	St. George's University of London	A view of simulation scenarios as stories: what do the narrative triggers, traps and tropes tell us about simulation silos?
Anne Hudson Jones	The University of Texas Medical Branch	"Because survival is insufficient": Why Turn to the Arts in the Time of Coronavirus?

Panel 2: Challenges to Clinical Identities and Medical Humanities Solutions
<u>Chair</u>: **AMHH Council member CM**
Tech support: C and S popping in

Name	Organisation	Title
Gordon Graeme Paterson & Bridget MacDonald	St George's University Hospitals NHS Foundation Trust	Rationing and Loss: A junior doctor's perspective on the emotional and legal implications of resource scarcity in the NHS during the Covid-19 pandemic.
Anubha Mahajan.	Chronic Pain India	Duality: Visibly beautiful, invisibly sick
Floriane Ngako Kameni	Stanford University School of Medicine	Portrait Narratives of Black Women Surgeons in a United States Academic Centre

Panel 3: Climate, Sustainability and Waste in a Post-Pandemic World
Chair: Linda Turner -
Tech Support: Cyrus Hung

Name	Organisation	Title

Yasmin Jiang	University College London	Queering Creative health: a community- informed exploration of queer health and well-being and its implications for creative health practice
Jennifer Patterson **[recording]**	Associate Professor Sustainable Practices and Discourses, University of Greenwich	Rewilding Medicine for Sustainable Health. Herbs for doctors: use, contraindications, mechanisms of action.
Alexander Douglas	BIMM Manchester	Epistemology and Ecology: Postcolonial Semantic Verities in the Medical Humanities

Panel 4: Public Health Policy in Post Covid 19 Healthcare
Chair: Bridget McDonald
Tech support: C and S popping in

Emma Lengle	University of Oslo	Making social inequality work in Norwegian public health policy – has new title in email *
Robin Rohrer (pre-recorded)	Seton Hill University	Covid 19 and the Childhood Cancer Community: A Regional and National Perspective of the Pandemic in the United States
Milana Boukhman Trounce	Stanford University School of Medicine	Building Pandemic Resilience Silicon Valley Style: an interdisciplinary approach focusing on innovation and societal acceptance

Panel 5: Creative Writing Workshop
Prof Sharon Morris (poet, artist and Professor of Fine Art, Slade School of Fine Art, UCL)
Chair: Angela Hodgson-Teall -
Tech support: Sara Borga
Book of abstracts:

Anjana Bala: Art, Ecology, and Repair: creative contemplations on the waste and the ecological crisis

This paper is a speculative conversation around aesthetics, plastics, and a future we might inherit in the era of the waste age and the ecological crisis. Waste is soon to become one of the largest sources of raw materials on the planet, calling into question the distinction between nature and culture with a category that is not assimilable back into nature. Landscapes of million tons of e-waste, for example, shatter illusions of technological futures and instead offer nightmares of ecological waste and social breakdown. I draw upon three months of fieldwork as a dance artist participating and touring in a multimodal, multi-sensorial dance work that explores both the potentiality of plastics and its disasters. Through this engagement, I ask what options individuals might have amidst circulating images of plastic oceans, mounds of accumulative waste, and haunting statistics of a world unmade. I explore how art, design, and dance - modalities that have the potential to offer speculations on repair rather than disposability - may offer new insights into the conversation around waste and plastic futures.

Sarah Barnsley: The poetics of uncertainty: an autoethnographic approach

This paper will explore the character of uncertainty as experienced by a poet with lived experience of obsessive-compulsive disorder (OCD) – an illness typified by intolerance of uncertainty – who completed successful NHS treatment for the condition just as the first cases of Covid 19 were being reported.

Through a combination of 'immersive' poems and self-storying, the paper aims to widen the conversation between artists, patients, academics and clinicians about how we might understand and manage the ubiquity of uncertainty – as opposed to the fiction of the 'myth of certainty' prevalent in the pre-Covid era1 – asking:

· how might practice-based research, created by those with lived experience of mental illness, inform, engage with and respond to questions of uncertainty within STEM subjects?

· what opportunities might we create for artists, patients, academics and clinicians to create/co-create innovative works that embody lived experiences around uncertainty in service of improving wellbeing and healthcare outcomes?

· and, ultimately, how we might draw on transdisciplinary bodies of knowledge to develop effective tools – across populations – for navigating uncertainty in the post-Covid era?

Angela Hodgson-Teall & Angela Brew

Part I: *Families and Nature* exhibition celebrates life

Families and Nature was conceived to celebrate the life of an elderly mother, who died in a wonderful care home in Cambridge, six months after developing Covid infection. Artist and curator Angela Hodgson-Teall invited members of her art communities, including Newlyn Art Gallery in Penzance, University of the Arts London, fellow dog-walker and member of the Chinoke orchestra and finally a writer and Professor Emeritus of Surgery, to exhibit with her. Eleven artists with interests in art, health and well-being worked together for an exhibition at Morvah Schoolhouse Gallery, on the stunning coast road between St Just and St Ives in West Cornwall1. Families and Nature explored the close ties between people and other animals, in diverse biological and cultural settings stretching from Canada to beyond Cornwall. Books, drawings, paintings, prints, pottery and rag brooches, inspired by rich land and seascapes from studios, homes, farms, medical and musical environments, demonstrate the rhythms and sustainability in our lives.

You are invited to draw during the talk. This may be a beneficial warm-up exercise for the workshop (Part II). No obligation to take part. No experience necessary.

Part II: Workshop - Join the Two Angelas on a journey with humming birds who migrate from Central to North America and back

Environmentalist, Artist and Researcher, Angela Brew, one of the founders of Thinking Through Drawing2, will lead a Workshop about Humming bird migrations and how they have shifted in response to the complex impact of climate change.

There will be an opportunity to draw these and other birds shown at Morvah, during the workshop.

Also… Angela Brew is now on a quest to draw all the migrating birds in the world. She will talk about this during the workshop. Please feel free to bring and work on photographs and drawings of any migrating birds which interest you.

Radha Bhat: Sustainability of therapeutic encounters in mental health

Covid-19 and the lockdown were a major crisis which led to a major shift in the sociocultural life of our society. They triggered much uncertainty, fear and volatility in our daily lives. Health service delivery changed drastically within days of announcement of the first lockdown. Many medical specialties changed their practice from face to face consultations to remote consultations on digital platforms. In this paper I reflect on and discuss the impact of the pandemic lockdowns on clinical encounters with children and young people with mental health difficulties The consulting room and the physical presence of the doctor/ clinician and the patient is crucial for a therapeutic relationship based on trust, confidentiality to evolve. The onset of Covid-19 and the turbulent changes in the sociocultural lives compounded the impact on mental health services even further as they were already struggling from effects of several years of austerity prior to the pandemic. Children and adolescents bore the impact with far reaching consequences. I will discuss some clinical presentations, family and peer relationships based on clinical encounters that took place in the turbulent context of the lockdown and the post pandemic phase.

Sonal Bhatia, Vikrant Mohanty, Aswini Y.B: Fostering the Novel Concept of "Inclusion Oral Health" Amongst Indian Dental Students through Experiential Learning

Background
"Inclusion oral health" (IOH) is an emerging framework focusing on developing innovative inter-sectorial solutions to tackle oral health inequities of people enduring social exclusion. We intend to provoke reflection, stimulate discussion and give students practice in responding to the needs of vulnerable population. Newer experiential teaching models have shown substantial potential for affecting values and behaviors of dental students towards underserved populations.

Aim
To teach third year dental students about "Inclusion Oral Health" and compare the effectiveness of conventional didactic lectures with experiential teaching model.

Method
A purposive sample of third-year dental students (n=38) was randomly allocated into "conventional" group (A, n=19) and "experiential" group (B, n=19). A close-ended and self-administered

questionnaire assessing knowledge, attitudes and practices (KAP) based on IOH was developed and validated by public health professionals and was used for pre-post assessment. A didactic lecture was delivered. Group B participants were further shown an educational movie and a field visit to a homeless shelter. "Reflections" were collected from both groups according to Rolfe et al.'s (2001) reflective model. Statistical and thematic analysis was performed.

Results
Knowledge, Attitude and Practice scores increased for both groups after the intervention. The increase in knowledge scores were higher for group B (Δk =28.9) than A (Δk =15.8) (p=0.04). Thematic analysis of "Reflections" revealed 11 themes under 3 main domains.

Conclusion
Dental curriculum should include contemporary concepts like IOH to introduce students to critical thinking. Experiential teaching was successful in educating the concept through engagement and critical reflection.

Miriam Colleran: Performance: Naming It / The Other Chair / The Form

Christine Cynn: How to Have Transdisciplinarity in A Global Pandemic

In the United States, social justice protests following the murder of George Floyd converged with the COVID-19 pandemic, which further amplified longstanding structural and systematic inequities, especially related to race and racism. Academic medical centers nationally responded by creating task forces, e.g., Vanderbilt University Medical Center's Racial Equity Task Force, and strategic plans, such as Duke Hospital's "Moments to Movement." They also initiated events, speakers, and programs, including the University of California San Francisco's REPAIR Project, and Johns Hopkins University's "Reckoning with Race and Racism in Academic Medicine Conference." In March 2021, Virginia Commonwealth University's (VCU) Medical Center's Office of Health Equity launched its own initiative, the History and Health Program (HHP). HHP underscores the importance of exploring VCU Health's history in a process that HHP describes as generating institutional transformations: "We are following a thoughtful process to understand our institutional history, contribute to the healing process and create a body of knowledge for generations to come in order to better position us to produce and sustain meaningful change." During the summer and fall of 2021-2022, faculty from VCU's College of Humanities and Sciences and VCU Medical Center faculty and staff worked together to produce HHP's selfguided online learning modules that include readings, videos, and a related recorded speaker series that included Richmond community members. The modules and recordings are publicly available, and VCU and VCU Health employees can count their participation in HHP modules toward diversity, equity, and inclusion training requirements. Focusing on Racial Equity, HHP's preliminary multi-part series considers "Fundamentals of Race and Racism," "Race, Space and Power in Richmond, VA," "Medical Research and the First Heart Transplant in the South," "Coughing and Scoffing: Inequities in the Time of COVID-19," and "Structural Racism and the Food Environment." The modules approach environmental and climate issues in the US as inseparable from broader racist policies and practices that have intensified social and economic inequities contributing to chronic disease disparities and differential impacts of COVID-19 among communities of color. As the scholar administrator of the HHP, I will offer some insights into the organization of the HHP and how transdisciplinary collaborations might inform understanding of environmental and racial crises as they have dovetailed with COVID-19, and further, how such collaborations might offer pathways for US academic medical institutions to reckon with their own histories.

Fiona Davies: Once Upon a Time, Long Ago and Far Away: A Short History of Removal

This performative work is made up of the following elements –

The site/set - a darkened interior space, with a central tabletop sculptural artwork of back-lit medical imaging displayed on modified DIY Tupperware plastic containers. The two time-based elements are a video projection and an in real life spoken word performance. The length of the work is about 45 minutes.

The spoken word sections of the work are titled – How it starts/Going through the hospital entry door; Taking a history; Wearing the uniform of the patient; Having a scan; Hearing the diagnose/Hearing the language of War; Surgery; Waiting and the Laundry List of Removal. Each segment starts with a short fictional fairy tale which is then followed by two or three small segments from academic papers or artist statements that contextualise each segment. The work brings together a patient-centred approach, the writing style of Svetlana Alexievich merging fiction and non-fiction and the concept of the violence of medicine.

The audience are encouraged to be participants. During the performance they can stay seated or move around the table, viewing the DIY containers and mentally stitching together the static objects into one narrative. After the formal performance, the audience gathers around the installation which acts as a catalyst for conversation.

Clare Dieppe: A NEW METHODOLOGY FOR CHANGE IN HEALTHCARE: knowing not knowledge, playful not serious, 'ish' not expert.

I would like to offer the methodology of Enactive Agnosis* developed in my doctoral research as a response to the question 'How do we as clinicians, patients, academics and artists, understand our knowledges as inevitably interrelated……?'
In the initial few weeks of the pandemic I experienced uncertainty as a galvanising force to change processes, behaviours, patterns of working and attitudes; reshaping what was imagined and possible in healthcare. It seemed that the potential tsunami effect of an overwhelmed healthcare system squashed any of the usual concerns we had about being uncertain or not-knowing. In our post-covid 'recovery' we appear to have undertaken a 180-degree shift back to craving certainty, hunkering down and reforming disciplinary silos with even stronger boundaries, as colleagues wrap themselves in familiar knowledge in order to feel some sense of control in a system that is no longer working.
As a front-line clinician working in the NHS I recognise the comfort in the jump to familiar knowledge, in fact my clinical training and career has been about developing experience and skills that enable me to possess knowledge, to know the answer. I have learnt to function and flourish within a medical hierarchical system where position, seniority and sense of self is based on owning expert knowledge, where knowledge=expert=power. Undertaking a DProf in organisational change alongside my clinical work has enabled me to develop and offer an alternative understanding and position on knowledge, knowing and uncertainty.

It is about playfully making sense,
form as method,
bodily knowing,
enactive metaphor,
'not knowledge'.

Not-knowing, or perhaps more specifically not-knowledging, is essential to learning something new, to doing something differently, to improving and changing; yet this is difficult and challenging in the context of healthcare.

I suggest shifting from a focusing on 'knowledge' to focussing on the 'activity of knowing'. That the discomfort associated with uncertainty can be embraced through playful engagement with arts-inspired forms such as those I've developed through my research – 'poem-ish' writing, the making of sculptures from wire and found objects and enactive metaphors derived from physical activity. That in engaging in knowing as an active process and appreciating the importance of not knowing the development of new knowledge, understanding and advocacy is possible where we:

- move away from the cartesian mind-body duality to a brain-body-environment understanding of cognition recognises physical interaction as a process of knowing

- hold a pragmatic, good enough, playful mindset enabling non artists to use new and unfamiliar methods without needing to be an expert, without the fear of failure – focusing on form as process rather than form as outcome

- work across boundaries of disciplines, structures and academic constructs offers opportunities to respond differently to health and care crises; to experience and respond as an interrelated system

- value and enact 'not-knowing' as useful and necessary in both the provision and improvement of healthcare enabling greater agency.

*Enactive meaning learning, thinking, making sense through bodily activity and interaction. Agnosis meaning not knowing a-gnosis.

Alexander Douglas: Epistemology and Ecology: Postcolonial Semantic Verities in the Medical Humanities

This paper is predicated on the conviction that several philosophical word-concepts have become so ubiquitous that they are in danger of losing their capacity to bear 'meaning': ontology, phenomenology, hermeneutics, aesthetics and even ethics. But the specific word-concept this paper will address – in the specific context of critical and antiracist *praxis* in the medical humanities – is 'epistemology'. In acknowledging a new 'Venn diagram relationship' between 'epistemic justice', social justice and 'climate justice', it is proposed that one understands 'epistemology' as both product and process that has no capacity for anything genuinely emancipatory unless there is a certain level of conceptual rigour that is attained – but **without** obsequious servility towards Western academic apropos. With that said, epistemology can now be presented as an 'ecology' rather than as a 'system', thus challenging the anthropocentric ways of thinking about lived experiences that seek to 'systematise' that which has not ever existed in a 'built system' – with the 'natural world' as the example *par excellence.* 'System' schemas may help us to understand ecological processes, but 'ecology' is a study of natural phenomena, not the actual phenomena (in ontological terms). Not everyone realises that the [£4.3M awarded for research into Covid-19 and race/ethnicity went to 6/7 projects, not one of which had a b/Black academic lead](). As the conference organisers adeptly note, STEM enterprises cannot credibly account for (for example) reasons why statistically significant numbers of BAME/BGM+ people and others have refused the vaccine, but there is a sense in which this type of question cannot be addressed by static and linear models of knowledge production, which depend on static and linear models of language production in which thought itself is domesticated. Qualitative research methods are themselves in need of robust philosophical interrogation (e.g. to what extent is testimony 'data' and to what extent is data 'knowledge'?) – but what philosophical models can be employed in new 'fire-lighting' enterprises without 'starting new fires'?

Notwithstanding the importance of that question, the discipline of pragmatics recognises that it is not 'words' that refer, but 'people' – and not all knowledge exists, functions and is (if at all in some instances) articulated in ways amenable to the Western academic guild (we need Derrida and Fanon now, properly read and understood, as well as feminist perspectives that do not themselves emasculate). Perhaps an approach to epistemology that recognises that not all that is 'epistemic' is in fact 'epistemological' and an understanding that not all forms of knowledge production are intelligibly domesticated by systematic analyses can finally lead to a recognition within the clinical care and applied healthcare systems that there will be times to jettison the 'epistemological' for the 'epistemic without reducing non-systematic approaches to knowledge as intrinsically inferior. Such an 'ecological' hermeneutic might enable us to begin understanding how the conceptual challenges of healthcare research and practice can become more equitable than ever before – not least in relation to non-human life. But clinical caregivers will more than likely have to saw off the epistemological branches on which they currently reside…

Jacqueline Driscoll: A view of simulation scenarios as stories: what do the narrative triggers, traps and tropes tell us about simulation silos?

The storied nature of medical knowledge is an area of increasing interest within the disciplines of medical humanities and medical education. To date, research in this area has focused on the case, anecdote, narrative enquiry as an educational tool and the role of both patient and physician memoirs amongst others. Alongside the flourishing of narrative medicine, seemingly unrelated pedagogical tools have flourished in the realm of medical education not least that of simulation.

This paper adds a new perspective in examining healthcare simulation through the lens of narrative medicine. It asks what new perspectives we gain when we reconceptualise simulation not just as an educational tool but as part of the canon of storied medical knowledge. In answering this question, this paper draws on fields as diverse as narratology, psychology, phenomenology and public health. Regardless of the field one approaches from, a preoccupation with standardisation becomes increasingly apparent. In sticking to 'standard' stories and 'standardised' patients, simulation becomes part of a tradition of perpetuating stereotypes and implicit bias from one generation of healthcare professionals to the next. In this way, it operates at the level of the hidden curriculum and enacts through the transmission of stories a socialisation into the norms of the profession including the normalisation of bias and of using certainty as a shield from emotional experiences. In this way, it can be seen to reinforce the silos that medical professionals operate within.

Given simulation is seen as a new, forward-thinking tool in the educationalist's arsenal, now is the time to address its evolution to-date along these traditional lines. We must ask, and I endeavor to answer, how can we move simulation beyond these siloed scenarios to expansive stories with all of the nuance, complexity and uncertainty that the word story itself conjures.

Maya Dyson: Evaluating the impact of a pilot 'shared management planning' workshop for third year medical students: A quasi-experimental study

Background
The doctor-patient relationship has evolved into one that is more equitable and patient-centred. This has led to the emergence of concepts such as shared management planning, which represent a progression from more traditional consultation styles. Effectively explaining a diagnosis to a patient, developing a shared management plan and motivational interviewing are key ways in which doctors can support patients to make informed choices regarding their health, maintaining their autonomy. There are widely considered to be four pillars of sustainable clinical practice: economic, environmental, systemic and social. From a social perspective, ensuring patients are informed and

educated is an integral part of achieving sustainability within healthcare and doctors have a significant role to play within that.

Aims
This study aimed to evaluate the impact of a pilot 'shared management planning' communication workshop on third year medical students.

Methods
This study used quasi-experimental methodology. A 'Shared Management Planning' workshop was developed, which combined a review of communication theory and table top exercises with individual simulation scenarios and a group debrief. Thirty 3rd year medical students from the University of Nottingham participated in this program during their general medicine clinical placements and a maximum of three students were allocated per workshop. The simulation activity was performed by each student individually and involved the use of a standardised patient. All simulation scenarios involved the explanation of a diagnosis, the development of a shared management plan and exploration of individual patient concerns. The clinical content reflected the relevant curriculum, the GMCs 'Outcomes for Graduates' and the MLA content map. Electronic feedback was collected via anonymous online pre and post intervention questionnaires that included Likert-scale questions and free text.

Results
100% of participants stated that they would recommend the workshop to their peers. 100% of participants felt that they had developed a structured approach to shared management planning. Students gave positive feedback regarding the group size, session length, simulation activities and for receiving constructive, individualised feedback.

Conclusion
It is important to introduce the concept of shared management planning at an undergraduate level, in order to ensure that student doctors are able to navigate these conversations and empower patients effectively. Further research is required to assess the longer-term and 'real-life' impact of such interventions.

Eliz Hassan, Suzy Willson, Professor Paul Heritage, Professor Sandra Nicholson and Professor Graham Easton: Communicating through covid: delivering effective, clear and compassionate communication in healthcare during a pandemic

For over 20 years, Clod Ensemble's Performing Medicine (PM) programme, directed by Professor Suzy Willson, has brought healthcare professionals and medical students together with world-class artists working across art forms including dance, puppetry, voice coaching and theatre. Specialising in social practice, PMworks creatively with frontline NHS staff to improve healthcare provision.
At the start of the pandemic, Performing Medicine responded to requests from previous NHS collaborators to develop new training workshops and resources that could support healthcare practitioners with communication challenges brought about by COVID. Healthcare professionals described the isolating and exhausting impacts of Personal Protective Equipment (PPE), social-distancing, and video and telephone-based consultations. They reported that these protective measures unintentionally impeded verbal and nonverbal communication, with subsequent adverse effects on the effectiveness, equitability and safety of therapeutic interventions.
These calls evolved into an interdisciplinary research project 'Communicating through Covid' (January 2021 - October 2022), which aimed to develop an innovative multidisciplinary framework for strengthening communication in health care provision, led by Suzy Willson and Performing Medicine,

with co-investigators at Queen Mary University of London: Professor Paul Heritage, School of English and Drama and People's Palace Projects; Professors Sandra Nicholson and Graham Easton, both at the Faculty of Medical Education. Through interviews with healthcare professionals at Guy's and St Thomas' NHS Foundation Trust, University College London Hospitals NHS Foundation Trust, Swansea Bay University Health Board and the Faculty of Medicine and Dentistry at Queen Mary University of London, the team analysed the impacts of these new virtual and physical barriers on healthcare practitioners' verbal and non-verbal communication skills. Next, 24 creative practitioners from dance, mask work, architecture, performance, visual arts and more, were brought together in four practical workshops to interpret these challenges and explore how arts approaches can enhance existing approaches in healthcare education. Finally, a programme of in situ training, workshops, one-to-one coaching, film screenings and micro residencies was curated to respond to the themes that had emerged, which included the changing relationships with our built and natural environments, the need for respect and civility within healthcare environments, a heightened awareness of health inequalities, a need for spaces for reflection, the loss of chance encounters and randomness in interactions, as well as the challenges of communicating in a mask and a greater need for self-care. Rather than the 'training days' that Performing Medicine usually deliver, healthcare staff could drop in to activities, minimising disruption in the face of heavy staff workloads, tight time pressures, and infection control demands which were present in all hospitals.

We will share learning from the interviews, creative workshops and the feedback from the interventions themselves to give ideas about how these new approaches to verbal and non-verbal communication teaching can be developed and documented. We will demonstrate their value and aim to build a growing awareness of the importance of arts-based methodologies in health research to increase understanding about clinically effective ways to forge bonds between arts, health and social care provision.

Tom Fairfax: Learner autonomy: a look at how medical educators experience reflective practice
Background

Medical students and doctors are routinely asked to share evidence of their reflections for progression, appraisal, and revalidation. We have little understanding of what learners and educators make of being asked to evidence their reflective thinking. This study aims to improve our understanding through interviews with educators about their experiences of reflective practice in medical education.

Aims
To set the scene and present data from interviews with medical educators at two partnered medical schools. Themes are explored as a walk-through exhibition with original supporting artworks.

Method
Medical educators were recruited from two partnered medical schools. Raw data was drawn from semi-structured, iterative one-to-one interviews held over Microsoft Teams. Video-corroborated, software generated transcriptions formed the primary interview datasets. Texts including GMC Outcomes for Graduates were also considered. The qualitative interpretation of data was undertaken using reflexive thematic analysis and artworks were made in response to the themes.

Results
Five themes were identified: Theme 1 describes latent reflection, the inherent reflective capacity of learners. Theme 2 outlines an artless imposition, how operationalisation potentially harms reflective practice. Theme 3 examines how reflective thinking is broadly seen by practitioners as essentially professional. Theme 4 addresses remedial tensions that are inherent to the practice of interrogating

reflective thought for remediation. Theme 5 presents a rational affinity, capturing the pragmatic adoption, assimilation and sense of professional ownership that prevails.

Conclusion
Whilst educators feel that sharing reflective thinking in medical education is worthwhile, there are clear risks of a negative experience - especially with arbitrary targets, an unsupportive or unresponsive learning environment, and from mandatory remedial reflection. The themes together indicate that learner autonomy in this space is valuable and vulnerable. The body of work helps us to identify opportunities for enhancing reflective practice in medical education.

Himani Gupta: Project: Re-routing

Network drawings are a unique edition series of 5 prints taken from copper plate etchings on paper. Each print is metamorphosed from the original and is indicative of our constantly shifting understanding of a virus that brought the world to a halt for the last 2.5 years. Fungi is understood to lie between the plant and animal intelligence and it was this fluidity that brought me to research further on the growth and communication mechanisms in the fungi world, and how it adapts, rewires and sustains itself in changing landscapes and conditions. Loss, longing and solitude, and associated anxieties in our inner and outer worlds marks the last 2.5 years and it is this global shift that could possibly drive new and more intelligent ways of thriving in not just our micro worlds - but also in the environments around us as a collective.

Emma Lengle: Democratic citizenship and social inequality in Norwegian public health policy

For my contribution, I will present my ongoing PhD research on the Oslo City Public Health Strategy for 2023-2030 (here called the Oslo Strategy), a policy process initiated during the COVID-19 pandemic by the Oslo City Government to target social inequality in health. The Oslo Strategy promises to reduce social inequality in health by formulating a set of common definitions, goals, and approaches to inequality to be implemented across Oslo City health and welfare initiatives. The strategy hereby represents an attempt to establish social inequality in health as a core characteristic of contemporary Norwegian society and set a precedent for municipal action in the post-COVID era of the neoliberal welfare state. I seek to explore the intentions, assumptions, and biases embedded in the coming-into-being of the Oslo Strategy, and their relation to the Nordic universalist welfare imaginary. Situated in the field of political ethnography, my study asks how normative frameworks of inequality and precarity become dominant in public health policy-making arenas, how forms of evidence are called upon to justify these normative claims, and how voices are lifted or silenced in ensuing debates. Of particular interest to this conference is my ongoing engagement with the question of whether, and if so in what ways, democratic citizenship acts as a countercurrent to epistemic and political injustice in this policy realm and particular sociopolitical context. Additionally, my work engages with idiosyncrasies that materialize at the intersection of climate and health equity policy, in this case where the Oslo strategy weaves together social inequality in health with climate adaptation in new and unexpected ways. This work is significant in its contribution to both Nordic, European and global dialogues on democracy, health and the welfare imaginary, especially considering the commonalities in European COVID-19 experiences, as well as the close ties between European welfare states' intellectual and political histories. My project is in the early stages of fieldwork and the methods I employ include practice-oriented document analysis, semi-structured interviews, and participant observation. I hope to be able to show that while the popular imaginary of the Nordic universal welfare state may be widespread and historically durable, there is a growing gap between the meanings attached to the welfare state, especially that of universal health coverage, and the institutional

arrangements of the modern welfare state as it exists materially. This gap, laid bare at the height of the COVID-19 pandemic, is subtly changing the way Norwegian policymakers and politicians build population health strategies. My preliminary findings lead me to argue that the Nordic paradox, the seemingly puzzling finding that Nordic welfare states have high levels of relative social inequality in health compared to central and southern European countries, challenges this carefully curated image of Nordic countries as global health and welfare champions. The Oslo Strategy constructs a new - perhaps prefigurative - vision for post-COVID Norwegian health and welfare, while conceding social inequality in unprecedented ways. I have identified that, in grappling for answers as to why health inequality persists "even" in redistributive social democracy, scholars and policy-makers alike largely employ traditional socio-economic frameworks, with a special affinity for metrics of educational attainment, occupation and income. Modern theories of social precarity advanced by, among others, intersectional, decolonial, feminist and queer studies scholars have yet to influence thinking in Norwegian public health policy. If accepted for this workshop, I hope to spark discussion on the performativity of the Nordic universal welfare imaginary, its new manifestation(s) in the aftermath of the COVID-19 pandemic, and the role of democratic citizenship in challenging entrenched inequity at the intersection of climate and health policy.

Yasmin Jiang (presenter) (1) , Ben Littlefield (1), Frances Williams (2), Ashley Joiner (2): Queering Creative Health: A community-informed exploration of queer health and wellbeing and its implications for creative health practice

1. UCL Engagement, University College London, London, UK
2. QUEERCIRCLE, London, UK

The field of Creative Health is widely influential at a national and a local level, and policy recommendations from the field have been taken up by public bodies, including NHS England and Arts Council England. However, addressing the distinctive health inequalities that LGBTQ+ communities experience through a Creative Health lens is more complex than simply making creative activities available to LGBTQ+ people, without considerations for the socio-political and historical context of these inequalities. The current Creative Health paradigm is often reliant on demonstrating the value of the arts in prevention, health promotion, and the management and treatment of disease, which obscures the political dimension of both "arts" and "health", as well as the potentiality of art for reimagining marginalised communities' relationships to health and social care institutions. In this paper, we report on a research and evaluation project carried out in partnership with QUEERCIRCLE, a newly-established LGBTQ+ gallery and community space in North Greenwich, over the course of the first six months of their health and wellbeing programming. First, we explain how queer theory can expand and challenge current understandings of health and wellbeing in the Creative Health context, particularly with respect to how queer bodies and subjectivities have been consistently disenfranchised and pathologised by medical and legal institutions. Second, working closely with QUEERCIRCLE's stakeholders (artists, art and creative health practitioners, partner organisations and programme participants), we build a community-informed and playful configuration of "queer health" to contest dominant narratives of wellbeing that do not serve the contexts of LGBTQ+ communities (see Fig.1).
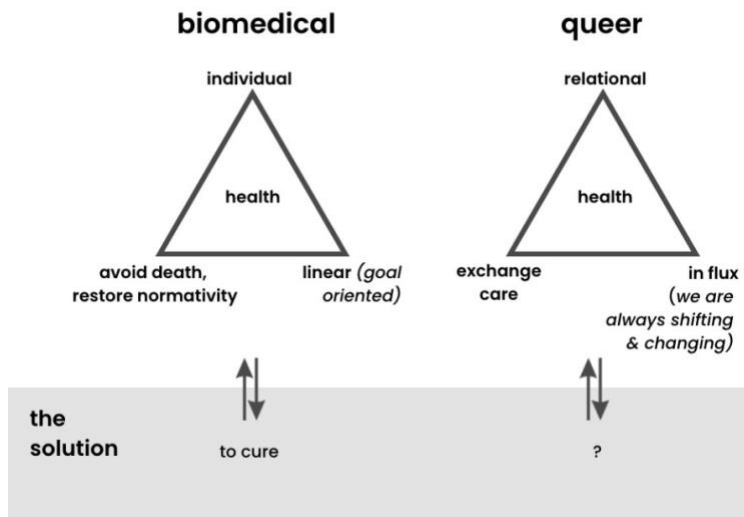
Fig 1. A "queer configuration of health" - not intended to act as a prescriptive definition but as a starting point for exploring alternative potentialities of Creative Health.

Drawing on this configuration, we then demonstrate the impact of Creative Health in the LGBTQ+ context through the following processes: 1) providing a safe space for intra-community dialogue and engagement with health and wellbeing; 2) enabling collective empowerment that reckons with political and social injustices; and 3) facilitating embodied experiences of health and wellbeing as a project of "queer worldmaking". Through our findings, we highlight not only the potential of Creative Health practice for the collective health and wellbeing of LGBTQ+ communities, but also the need to "queer" some of the normative assumptions that underlie Creative Health practice and research. We suggest that by recognising how concepts and identities are historically and socially constituted, we are able to uncover a more nuanced, and in some sense a more useful understanding of what Creative Health can do.

Anne Hudson Jones: "Because survival is insufficient": Why Turn to the Arts in the Time of Coronavirus?

In this presentation I will explore the power of the arts—especially literature, music, and theater—to bring us together again, masked though we may be, as we mourn those we have lost and our previous way of life, and to help us search for the meaning and inspiration to continue our lives and work.
Early in the COVID-19 pandemic, articles began to appear in medical journals, magazines, and online sites recommending works of literature from previous centuries about earlier plagues, epidemics, and pandemics and directing attention to what we can learn from such previous outbreaks and responses to them, even when causal agents were unknown, vaccines were not an option, and there were no effective medical treatments. Albert Camus's *The Plague* (1947) is perhaps the most often invoked, but other frequently mentioned works include Homer's *The Iliad* (ca. 8th century BCE), Sophocles' *Oedipus Rex* (ca. 430 BCE)*,* Boccaccio's *Decameron* (1353), Daniel Defoe's *A Journal of the Plague Year* (1772)*,* Katherine Anne Porter's "Pale Horse, Pale Rider" (1939), Gabriel Garcia Marquez's *Love in the Time of Cholera* (1985), and José Saramago's *Blindness* (1995), among many others. These fictional works, realistic or allegorical, are all at least loosely based on mythological or historical events.
As the current coronavirus pandemic has continued, however, readers have also flocked to more contemporary works that present a fictional post-apocalyptic world in which the few survivors (as few as 1%) of a devastating pandemic continue trying not only to survive but also to establish meaning

and order in a new way of life. Emily St. John Mandel's novel *Station Eleven*, published in 2014, is an outstanding example of such a work, and one that also endorses our current turn to the arts to help us get through not only the pandemic but also its aftermath. *Station Eleven* focuses on a small group of survivors, who call themselves the Traveling Symphony, as they trek by foot around the Great Lakes region of the upper United States, giving symphonic concerts and performing works of Shakespeare for the sparse populations they encounter. Their turn to music and theater—especially to Shakespeare's *King Lear* and *A Midsummer Night's Dream*—demonstrates their belief, inscribed on their lead wagon: "Because survival is insufficient," a quotation taken from *Star Trek: Voyager.* Thus, they maintain and share this belief with others along the way. In Boccaccio's *Decameron*, the young survivors fleeing the overwhelming number of deaths from bubonic plague in 14th-century Florence spend their days together sharing stories. We are not alone in our 21st-century turn to the arts, especially music and theater, to help keep up our spirits and keep our focus on the meaning of our lives even, or perhaps especially, when surrounded by so many deaths. To those who have asked, Why Shakespeare?, the novel's answer is that survivors want to know and remember the best of the best that has been lost in the collapse of their previous society

By no means is Mandel the only writer who has addressed these questions. As if in an echo—although its creation and premiere in 2012 preceded the publication of *Station Eleven*—Irish-American playwright Liz Duffy Adams's strange play *Dog Act* deals in a much more primitive way with a post-apocalyptic world in which far less of the previous society remains than in Mandel's *Station Eleven*. Yet the yearning for order and transcendent meaning persists, and it is a two-person traveling troupe that carries what is left and can be transmitted to others. And Shakespeare was also a source and inspiration for *Dog Act.*

Floriane Ngako Kameni [1], Samuel Rodriguez, MD [2]: Portrait Narratives of Black Women Surgeons in a United States Academic Center

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In 2017, Black women comprised only 0.78% of all medical school surgical faculty in the United States, highlighting a history of exclusion from the profession and reflecting a persistent multitude of barriers to access. The implications of such severe underrepresentation over time have manifested as experiences of microaggression, discrimination and racism for Black physicians in the workplace, and in turn poorer outcomes for Black patients, particularly in moments of crisis as seen through the COVID-19 pandemic. It is of growing concern that global crises, be they tied to the ongoing climate emergency or associated threats of emerging global pathogens, will further aggravate disparities impacting already-marginalized communities. Amidst these uncertainties and the lagging scientific methodologies to address them, the role of art, or visual politics, increasingly comes into question. This work examined, through narrative case studies of faculty surgeons at a single academic center, how notions of citizenship within the field of surgery have or have not changed to embrace Black women. In parallel with the creation of a body of mixed-media portraits, this work further reviewed how ideas of identity and the right to citizenship within medicine can be tied to the visual regimes of American medical culture. This series of visual portraits, based on each case study, took creative inspiration from the legion of visual works that have come out of prominent civil rights movements, and literary works from the likes of Frederick Douglass, to James Baldwin, to Bell Hooks. Overall, this work comments on how visual art can be deployed as a remedial tool in the efforts against underrepresentation and health inequity, by improving sensitivity to the experiences of Black surgeons and creating environments within which one may construct healthier conceptions of who belongs in the theater.

Esther Kentish: The Story of COVID-19

Covid-19 has altered the way that we view the future, particularly concerning the future of healthcare and dealing with a global pandemic. This paper discusses the role of doctor narratives,patient narratives, and fiction novels in terms of how the NHS dealt with the overwhelmingCOVID-19 waves. The paper discusses Wave 1 of COVID-19 and Wave 2 and the differences between the responses. The paper also offers a look into critical medical humanities and examines the course in which we should go in terms of medicine, medical professionals, and patients becoming medical professionals. The paper argues for a role for patient narratives and expresses how stories help us situate historical and situational context into a particular form that connects literary criticism, medicine, science, and English together. The paper outlines facets ofCOVID-19 from its epistemology and in turn, goes through a breakdown of experiences that the patient has experienced. There are differences in response to Covid-19 by different patients,particularly patients in care homes as opposed to the latter. Further, the way that some of theCOVID-19 responses were, showcased and explicated the experiences of various doctors and carers across the UK. The paper poses the question of how the pandemic was handled by health professionals. The exigence with these narratives is that they may be missing a particular view from the stance of literary critics to examine what is going on. The method that Iused to figure this out includes a breakdown of Rita Charon's narrative writing techniques to extract particular ideas from each narrative and Mike Bury's method to explore what is going on.Cole's method was also used to situate a lot of the narratives showcased in the patient narratives.The recorded accounts from the patients are reflected directly from them and give us insight into their experiences.

Stephen Ese Kekeghe: The Interplay of Environmentalism and Mental Health in Niger Delta Poetry

Scholars in the domain of environmental and health humanities have revealed that the physical environment influences mental quality of the people that reside in it. This notion has given rise to the discipline of ecopsychology, which examines the interaction between the human mind and the natural environment. Creative writers continue to explore the significance of the physical space on the mental space. In Nigeria, however, literary representations of the interplay of ecological despoliation and human health conditions have not been given critical attention. For over half a century, the Niger Delta region of Nigeria has been subjected to environmental devastation and degradation, occasioned by intense nature of the oil explorations and extractions of different local and multinational companies both on the land and in the swamps of region. Unfortunately, since the main sources of livelihood for the Niger Delta natives are fishing and farming, the plunder of their lands and waters, which are their main means of income and living, continues to trigger anger neurosis, depression and disinhibition; these mental health episodes have been imagined in poetry from the region. Selected poetry volume from the Niger Delta region of Nigeria, Ibiwari Ikiriko's *Oily Tears of the Delta* and Nnimmo Bassey's *We Thought it Was Oil but it Was Blood*, are subjected to critical analyses, showing how the destruction of the people's ecology and their means of continued existence induce different textures of mental strains. The twin theories of ecocriticism and psychoanalysis are adopted in this study.

Chase Ledin: Revisiting Post-AIDS Ecologies: Addressing New Priorities in Sexual Health after COVID-19

In the UK, the de-politicisation of COVID-19, the limited circulation of monkeypox, an increasing interest in sexual liberation politics in activist circles, and the re-structuring of professional sexual health services to include online consultations have raised the renewed question of sexual ecology for gay male communities. The concept *sexual ecology* finds it roots in 20th century sexology, but from a

queer political standpoint, the concept received heightened salience during 1990s discussions of AIDS crisis in the US and has resurfaced at the intersection of neo-liberation politics and the eco-crisis movement. This discussion started in public discussions between psychologist Walt Odets (1995), journalist Gabriel Rotello (1998) and sociologist Eric Rofes (1996, 1998, 2001) in the late 1990s. In *Sexual Ecology* (1998), Rotello argued that promiscuity coterminous with the 'condom code' – a safer-sex strategy developed during the 1980s AIDS crisis, in which gay men adopted condoms-only sex – 'contributed to the tragedy of AIDS' (99) rather than, as Douglas Crimp (1987) argued, contributing to a proliferation of discourses about safer sex amongst partners. In response, Rofes argued that the notion that a central 'sexual ecology' reduced the multiplicitous nature of sexual desires and pleasures amongst gay men – indeed, served the eugenicist logics of the 19th-century movement(s) to classify sexual pathologies, rather than opening a space to consider and contest sexual relations across identities, bodies, materialities, geographies, biospheres, and ecologies in the broadest sense.

This paper will examine how the concept *sexual ecology* has resurfaced in conversations about sexual liberation, eco-crisis, and disease prevention in UK healthcare. Its context is the 'post'-COVID period, in which monkeypox emerged within limited circles in urban centres and in which tensions between queer activists and health promoters have raised questions about the mapping of sexual health and disease prevention along ecological pathways. This paper will trace the epidemiological logic that has emerged from the monkeypox crisis and articulates how this logic has reinvigorated questions about sexual ecology at local and national levels. Further, this paper will critically analyse how Rotello's earlier fear of an 'endless epidemic' has emerged from discourses surrounding monkeypox. It thus seeks to analyse and contest how such discourses constitute sexual publics and what sexual politics are both produced and marginalised by exchanges between queer activists and health promoters. In doing so, this presentation asks: How has the re-constitution of discourses about sexual ecology shaped ongoing practices of sexual health and disease prevention amongst sexual health professionals in the UK? And how do these discourses inform, challenge, and/or reorient the new priorities of the sexual health services – especially related to online consultations and increasing access in the 2020s?

Dr Anubha Mahajan (concept creator & muse): Duality: Visibly beautiful, invisibly sick
Editing & Scripting: Kavya Mukhija & Ragavi Goyal

An Ode to Disabling Conditions
Our scars are real. We wear them like flowers, sniffing their fragrance every time our symptoms stink. In the end, it's these bandages, the magic tapes of healing, that help us pull through.

My Face is a Story!
You can cover your imperfections with makeup, but never can you erase them. What you see is my beautiful face; what I feel is the burning pain flowing like lava underneath, bubbling often, and worsening things.
I hate my burning face. But it's mine. I choose to accept it.

Living with the Blur.
My nervous system feels like a lone branch - shaky, blurry, fatigued, nauseated and in pain.
I try to fight it. Every day. But never do I run away. I live with my dysfunctional nervous system, with those shaky moments and blurry days, and accept them as a part of me.

Visible yet invisible
I can hide under a dress, but my insides scream, "Why me?"
I'm tired of those seemingly finite, never-ending years of pain, spasms, fatigue, and everything that comes with a rare disease.
It may be invisible, but it's right in front of you.
My visibly beautiful and invisibly sick body.

Biography:
This is a story of a female who lived 22 years of her life as the firstborn, all-rounder child from India. Her life took a 360-degree turn when one mistake, a nerve compression, gifted her a second life that came with a partnership with an invisible illness called CRPS. She faced harassment and bullying and mental trauma, yet, she rose like a phoenix and founded Chronic Pain India. Theatre and art are her tools which she uses for therapy, advocacy, and awareness.

Keywords:
Invisible Disability Rare Disease Chronic Pain Chronic Illness

Ana Maria Medina Chavez: Agentic Dying: Translating Research Findings Using Pictograms about Palliative and End of Life Care to the Public in England and Colombia

The Learning Alliance for Palliative and End of Life Care (LAPCEL) was a research project to identify the needs of Ethnic Minorities in England. The project was implemented between 2015 and 2021, and in this period, various research outcomes were achieved, among them research publications, reports, public engagement meetings and a YouTube video.   A particular concern of LAPCEL was translating some of its research findings to the general public. Thus, fourteen pictograms were created, designed, and validated based on LAPCEL's primary research findings by the different stakeholders. Since their release in 2019, various workshops have facilitated group conversations about death and dying, including transferring the pictograms to be used in Bogota, Colombia, at the Aging Centre of the Javeriana University. Needless to add, the recent covid -19 pandemic and the post-pandemic times have increased the need to talk further and better about agentic death and dying globally. The presentation today aims to facilitate a death and dying conversation and discussion based on the fourteen pictograms with conference participants. Also, it seeks to share some of the experiences of using pictograms in England and Colombia.

Gordon Graeme Paterson, Bridget MacDonald: Rationing and Loss: A junior doctor's perspective on the emotional and legal implications of resource scarcity in the NHS during the Covid-19 pandemic.

Covid-19 necessitated abrupt changes to medical practice. In early 2020, in my first year of practice, I found myself in an environment far removed from that which I had trained in. One 88 year old man, Fred, has remained in my mind ever since: an independent and well man who succumbed to Covid-19 on a geriatrics ward without any intensive medical interventions. His case exemplified many ethical and legal issues pertinent to the covid pandemic. Pertinent to our collective recovery is the acknowledgement of the choices imposed on healthcare professionals, specifically decisions regarding the rationing of intensive care resources and its impact on patients like Fred. Rationing of ITU care will be discussed within the context of growing dissatisfaction at healthcare and breakdown in trust between the population and medical system. Given this atmosphere, and as the healthcare system's response is scrutinised, the legal implications of rationing will become pressing for clinician's fearing individual liability for systemic shortcomings. Further to the legal ramifications of our covid response there are several ethical and emotional issues raised by his case. Like many patients Fred passed in lockdown. His isolation in his final days must be acknowledged. In addition, we must consider how the doctor-patient relationship is altered to accommodate this isolation with clinician's fostering closer relationships with patients to provide pastoral support. To allow closure for the healthcare professionals involved we must now engage in conversations regarding the loss we all saw and experienced during covid.

Katherine McGinn: Media messaging during COVID: What they couldn't tell you.

March 2020 and daily Government pandemic press briefings begin in earnest, filling a communication vacuum that had been apparent for several weeks. As communication doesn't always equate with transparency, we rely on the media to help shed light; their ability to do so requires them to identify the right questions to ask.
In late 2020, the Government launched a consultation into proposed changes to the Human Medicines Regulations ahead of a pandemic vaccination programme; this went almost entirely unreported. Legislative changes were enacted, creating a new temporary authorisation drug approval process for use in pandemics with lower evidential requirements but greater postauthorisation scrutiny.
In December 2020, the UK were the first to authorise a COVID-19 vaccine and start an immunisation programme. However, did the initial messaging play into the hands of disinformation campaigns and affect clinicians' ability to engage with the vaccine-hesitant?
The early public regulatory documentation from the first vaccine temporary authorisation had understandably limited data. These showed the vaccine had no significant safety concerns and produced an antibody response, but medium-term safety and duration of immunity were yet to be determined. In fact, clinical trials for the major vaccines being developed at this time weren't due to complete until late 2022 or early 2023.
Rather than explain the limitations of that evidence to the public and make them clear to clinicians, they became lost amongst messages the vaccines were tested to the same standards as other medicines. While strictly true - the usual trial processes were being followed - these trials were not complete. Instead of an open discussion between Government and the public, between clinicians and patients, a misunderstanding developed. The COVID-19 vaccines were sufficiently safe and effective to be worth using to tackle a pandemic, but the legal framework, evidential requirements and caveats to their authorisation were different from normal. Much was still unknown.
As the vaccination programme progressed, a group of patients with concerns about COVID-19 vaccination became apparent. These weren't traditional anti-vaxxers; they were people who didn't feel they had enough information, instead had many questions. "Why do we now need three jabs instead of two?" "Why do some get sick despite being vaccinated?" "Why is immunity waning?" "Why do some people have vaccine side effects that weren't already known about?" Many of this group did as public health messaging asked; they spoke to their GP but weren't reassured. Their GPs didn't know about the gaps in the evidence. Doctors and patients talked at cross purposes. People who might have

been won over weren't. Disinformation sources found those gaps in the scientific evidence and exploited them in their campaigns.

Perhaps the Government's initial decisions were understandable to encourage rapid vaccine uptake, but what about the media? Were they always well-equipped to question leaders and provide insight? Ownership and editorial lines, increasing polarisation of politics and the role of social media all influenced the first rough draft of the pandemic's history. However, important technical detail was missed by many reporters without scientific training covering this story and contributed to the gap in public understanding. Working across disciplines is vital to enhance both the public understanding of science in general and media reporting of future pandemics.

Imran Mohammed: Colonialism in Medicine: Past, Present (Future?)

The Biomedical episteme I propose is deliberate in how it was formed and continues to evolve in order to exclude and control the 'Other' in terms of how people:

1) View the physical world
2) Their own bodies
3) Each other

I will illustrate how the human body came to be viewed mechanistically, each part separate within itself, and even more so from the space of the 'physical' and 'emotional' environment around it (Social Determinants).

The artificial severing of man from nature illustrated by Foucault's "medical gaze" or the historian Charles Rosenberg's idea of 'disease specificity' (See The Tyranny of Diagnosis), where the disease is thought of as a separate entity with a set course and manifestation irrespective of environment , nutritional or social economic status of the individual it is a part of.

I argue that the modern Biomedical epistemic limits the space for dialogue and thought using panoptic style screening and treatment. This will be shown historically particularly since 1800s till present day, as tools to ultimately to reinforce medical, economic, political hierarchies in order to dominate the Other.

Examples from global health history of the Americas, India and Africa, as well as current medical clinical examples from the monitoring and treatment of Cancer , Heart disease and Diabetes will be used to illustrate above.

I urge for a restoration of epistemics that allow the individual health problems to be viewed as complex ecological systems, where context matters, with multiple solutions that can change in emphasis based on time and place.Thus replacing top down technologies and objectification of the individual and return in substance and spirit of WHO Alma Ata declaration of 1979.

Andrew Morley: 'Making History' or 'Making it all better'? Interviewing fellow healthcare workers for the NHS Voices of COVID-19 archive

Art therapy, music therapy, ecotherapy, talking therapies…. These techniques to promote health and mindfulness are part of an established canon. As we navigate a pandemic of historical significance, might historical research itself merit a place alongside them? Could 'History Therapy' be a thing? In January 2023, the British Library (BL) will open online access to recordings in the *NHS Voices of COVID-19* oral history collection. From the start of this collaboration between BL and the University of Manchester in 2020, volunteers have conducted more than 1200 interviews with patients, policymakers, frontline NHS staff, young people and individuals with high-risk conditions.

I was one of those volunteer interviewers. My experience was unusual, in that I was a 'frontline NHS worker' at the same time – being a consultant anaesthetist at St Thomas' Hospital, London. St Thomas' had the largest number of mechanically ventilated COVID patients of any UK institution.

More than a dozen hospital staff consented to an interview with me. Among them were a domestic supervisor, a porter, a senior union official and a pain specialist. Other medical interviewees included a senior microbiologist, the director of the operating theatres, a professor of critical care medicine and several fellow anaesthetists – both trainees and consultants.

The interviews were conducted in line with oral history best practices, developed through the *NHS at 70* project. I based each one loosely on the sequence of questions suggested by the project team. The team encouraged volunteers to improvise – to expand and develop each interview in response to material provided by the interviewee. This freedom should have facilitated matters but, for me, it introduced as many problems as opportunities.

For example, there were practical issues. I could quickly establish an advantageous rapport with medical interviewees through the shared jargon of microbiology, pathophysiology and critical care medicine. *NHS Voices of COVID-19* will be a resource for all, though. So for the benefit of future listeners, I was often obliged to interrupt compelling testimony - asking interviewees to explain technical terms they had used, even when we both understood the original.

Objectivity was difficult. I struggled to avoid introducing bias – especially when trying to elicit details from hesitant interviewees by giving examples from my own clinical work. More than that, it was a highly political time. Some interviewees were cautious about being too frank, fearful of professional consequences. Finally, it was emotional work. Interviewees frequently spoke of deeply troubling professional and personal events, days after they had occurred in the same building. Their experiences were often similar to my own.

This brings me to my title. Intended to inform historical research with hundreds of other recordings, my few interviews may have been useful – therapeutic, even - in a more pragmatic, immediate sense. The first question for my interviewees was always: 'Why did you agree to this interview?' The answer was usually something about putting extraordinary times on record. The last question was: 'How have you found this interview?' One interviewee responded as follows:

'It was important for me to share some of the things that were deep down there. If I hadn't had a chance to talk about that, I might have walked away without getting tearful. But actually, it's felt very good to do this. Very good.'

Most of the time, it felt good to be an interviewer for similar reasons.

Toni Mortimer: The Benefit of Doubt

This paper will consider the importance of doubt in the role of the doctor by drawing on the devastating account by Merope Mills of her daughter's death,[1] the candid admissions of Henry Marsh in Do No Harm,[2] and my own reflections from my work in palliative care.

At medical school we are taught to speak with confidence and conviction. This continues into the realm of postgraduate exams when a slight inflection of tone will be met with 'are you sure?'. In the moment of the consultation, certainty may be reassuring to patients and relatives but a failure to acknowledge the shades of grey of medicine can lead to delayed, and sometimes exacerbated, fear and anger. In palliative care uncertainty is acknowledged openly but can be challenging to communicate.

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[1] https://www.theguardian.com/lifeandstyle/2022/sep/03/13-year-old-daughter-dead-in-five-weeks-hospital-mistakes
[2] https://en.wikipedia.org/wiki/Do_No_Harm_(book)

Should we be less concerned with affixing the label of 'imposter syndrome' to those who confess doubt in their work, and focus instead on teaching the ubiquity of uncertainty in medicine and encouraging humility?

Desmond O'Neill: Ageing and Objects in the Tales of Hans Christian Andersen

Introduction: It is increasingly recognised that geriatricians need to develop a greater sense of how our mission must align more closely with the priorities of older people, and in particular to value the richness and significance of our gain in life span, the longevity dividend.
Method: Close reading of the 212 tales written by Hans Christian Andersen, intended for adults as well as children.
Results: Ageing and older people figure prominently in the tales by Andersen, . Common to these tales is the sense of re-evaluating the possibilities of life when the object has been apparently removed from the economy from which they were intended, and expositions provide a potent rejoinder to the failure model of ageing. the protagonists in the tales belong to an unprecedently large range of forms, not just humans but also mythical beings, plants, animals, insects and birds, and most intriguingly, inanimate objects. Common to these latter tales is the sense of re-evaluating the possibilities of life when the object has been apparently removed from the economy from which they were intended, and expositions provide a potent rejoinder to the failure model of ageing.
Conclusion: If humanities scholars, geriatricians and trainees can allow themselves to escape from the notion of Hans Christian Andersen as purely a writer of children's tales and embrace his work as the product of a sophisticated, witty and wise modern author, they will discover a treasure trove of material to better understand the longevity dividend.

Emmanuel Oladipo: To be Human, First: Using performance poetry and film to facilitate self-understanding and to encourage empathy

In this performing arts presentation, I will show how spoken-word poetry and poetic short film can be used to creatively explore and depict mental health and the human experience. Born out of my own experiences of the Covid-19, these pieces are the product of a journey of learning how to make sense of my thoughts and feelings, trying to bring wholeness to a fractured sense of identity. I aim to demonstrate how poetic reflection can be used by healthcare professionals and students to enrich their reflective practice, with a focus on self-understanding and recognition of feelings. This piece also provides an alternative, complementary vocabulary for describing mental illness and ill health, adding a richness and depth to the classic language used in healthcare settings.

<u>Lockdown</u>
Claustrophobic in my own home
A home I have cherished and am still crafting
To make a welcome haven to the other
And yet I find myself othered in it

Pressed in
A world condensed into a Rubiks cube of sorts
And the colours just won't match up
always acutely aware
That it's not meant to be like this

Misshapen
Like the chocolate that don't make it to the box

UsefulJust not what it was intended for
And I'm struggling to enjoy them
Home being everywhere
and everything
Turns out to be too much of nothing
Sickly sweet nothings
Turning quickly to sickness
The slow kind
So slow, barely noticeable
Like the small patch of mould in the corner
And you feel angry for not noticing
the damage is done
Easily repairable till it goes over the edge

I feel desperately close to that edge
And I'm not sure how to pull back
But there's something true about being here
A clarity

An honesty

Acknowledgement that I'm not ok and that's ok
And that it's ok to not be ok and to say it to others is ok
too

Ok

What next?

Tettering

Dangerously close to falling.
into.
Myself.
Back, into myself
To dark days
And long nights
Slow dawns
And early sunsets
Days that feel long and short at the same time

Lockdown
Break free
Break down

And not the happy kind
Phoenix
The broken kind
Ashes

Jennifer Patterson: Rewilding Medicine for Sustainable Health. Herbs for doctors: use, contraindications, mechanisms of action.

This paper examines the edges of the field of medicine within the framework of a concept of sustainable health (United Nations Sustainable Development Goals (SDGs) 3 Good Health and Wellbeing) that also draws on principles of equity in cultural traditions. To consider the different starting points of medicine and herbalism, an experienced GP who has trained as a herbalist, shared personal views of professional practice. Exploring these differences is followed by a short tour of the hedgerow, discussing herb drug interactions and sustainability as a process of rewilding medicine. These once planted now neglected spaces sit at the edges or boundaries of a cultivated field, full of a rich diversity, or a microcosm of plant and animal species. Central, cultivated areas are substantively different to the hedgerow, tilled to suit a single crop for a particular and necessary purpose.
Conventional and herbal medicine meet in the bodies of patients. Importantly, taking herbs often goes unreported by patients. Herb/drug interactions can be dangerous but conversely, it is useful to know when herbs may be used alongside or instead of drugs. Interactions show that herbs work well and of course, many mainstream medicines began as or are still synthesised from active plant phytochemicals. Aspirin and digoxin are pharmacological favourite examples. Recently a GP suggested their patient take St John's Wort. Using this effective herb is contraindicated for many mainstream drugs. Its mechanisms of actions are complex. It has a global market of the extract currently around $22 million US, projected to increase. Yet there are times when a herb may be better for a patient. And just as regenerative agriculture is becoming ever popular, it is worth exploring some of the spaces around the edges of the field of medicine.

Katerina Pavlidis: Alternative Future-Building as Disaster Recovery: (In)Humanity and Identity in Indra Sinha's Animal's People

In 1984, on the margins of Bhopal, India, an American-owned pesticide factory released 27 tonnes of the highly toxic gas methyl isocyanate into the air. Thousands of people in and around the city died instantly, and a mass disablement continues today. Animal's People is a narrative account of life in the aftermath of an industrial disaster inspired by the Bhopal gas tragedy, written by Indra Sinha and published in the UK in 2007.
A teenaged boy named Animal narrates the novel, which begins years after the contamination left him orphaned, with a spine so twisted he must walk on all fours. Animal 'used to be human once', but his severe disfigurement, others' treatment of him, and his navigation of an ableist world bring him to disidentify from human-ness and embrace the title and freedoms of animality.
Scholars have considered Animal's physical difference at length, delving into the rich metaphors of Animal's twisted spine. Yet, understanding Animal's character as the embodied postcolonial condition further contorts him, rhetorically, into a receptacle of metaphor for the foreign-burdened masses. Appropriating Animal's body risks falling into the trap of 'treat[ing] disability as prosthetic metaphor' for global capitalist exploitation.[3]
Looking more closely at Animal's People in its approach, at Sinha's use of form and voice, and his symbols of leakage, one finds portals into other worlds–mechanisms of self-understanding that look outside colonial and capitalist paradigms, beyond Western individualist models of disability. The novel's embrace of volatile bodies and the grotesque as sites of recuperative and alternative futures rejects both the liberal humanitarian spectacle of the deserving poor and paternalist modes of recovery. Physical and metaphysical leakages emancipate Animal from the limiting contortions of humanness in industrial society and the literal constraints of his physical condition, fostering his

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[3] Clare Barker and Stuart Murray, 'Disabling Postcolonialism', Journal of Literary & Cultural Disability Studies, 4.3 (2010), 219–36 (p. 219).

connections with other (human and nonhuman) beings and disrupting notions of the 'proper', bounded body. At the porous boundaries between human and animal, real and unreal, abled and disabled, Animal's People challenges hegemonic scripts of survival by imagining an afterlife of crisis that is not necessarily anthropocentric.

The Bhopal gas tragedy and similar environmental terrors are examples of what Jasbir Puar defines as

debilitation, 'a tactical practice deployed in order to create and precaritise populations and maintain them as such'.[4] It is thus distressing, yet not surprising, that in January of 2021, twelve Bhopalis reported having participated in a COVID-19 vaccine trial without their knowledge; some are survivors of the 1984 disaster.[5] The experimental injection was on a population still disabled by and demanding justice for the gas tragedy forty years ago: yet another occurrence in the legacy of colonial invasion and the predations of neoliberal capitalism, another violation 'rooted in the ruthless determination of corporations to make profits at any cost'.[6]

Animal declines the surgery that would grant two-legged 'normalcy' when it becomes available. His embrace of illegibility is a rejection of the constructed distinctions between human/nonhuman, natural/unnatural, and abled/disabled. In making this choice, Animal exposes the precarity of Western assertions of cultural and medical superiority and the schema of liberal empowerment which is used to justify supposedly humanitarian interventions that themselves can be colonial, both somatically and psychologically.

I propose a shared reading of excerpts from Animal's People as a launching point. This work subverts the primacy of the human lens, inviting us to consider our world through Animal's experience, to notice what is possible at the intersection of the industrial, medical, and environmental. Animal provokes embodied and iterative questions, such as: what is created when our unspoken voices speak, what are the contours and costs of 'human' as identity, how do 'fevers and frets' affect our sense of time and relations with one another. Only with collective struggle and power can a future be forged and Animal's closing promise be made, that 'tomorrow there will be more of us'.

Lucía Guerrero Rivière: Disease and dissent: Towards a medical humanities approach to protest

This paper reflects on the imbrications between the fevers and frets of the pandemic and those of the large-scale protests – particularly the violence they have often been met with – that have unfolded in the past two years. Mainly focusing on the 2021 protests in Colombia, I use these connections as a starting point to motivate and outline three potential lines of inquiry that can be explored in a medical humanities approach to protest in the context of the pandemic. First, public health measures produced changes in the dynamics of protest, both on the part of protesters and the police. On the one hand, the impossibility of occupying public spaces shed light on other forms of voicing dissent, such as online activism and mutual aid. On the other, the additional powers given to the police to enforce quarantines shaped their response to protests, and the risk of Covid was often used to dissuade and even criminalise public assemblies. Second, both the pandemic and police violence draw attention to prolonged forms of harm and violence that are not reducible to a discrete incident (Berlant, 2007; Nixon, 2011). As disability activists have aptly noted, the pandemic is a mass disabling event (Lowenstein, 2021): many now live with impairments caused by long Covid in a context that already undermines the experiences and lives of chronically ill and disabled people. Similarly, protests are often scenes where disability is produced through the exercise of violence, as evidenced by the prevalence of ocular injuries during protests: at least 103 cases were reported during Colombia's 2021

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[4] Jasbir K. Puar, The Right to Maim: Debility, Capacity, Disability (Duke University Press, 2017), p. 73.

[5] Anurag Dwary, '"Nobody Said It's A Trial": A New Covid Vaccine Controversy In Bhopal', NDTV, 6 January 2021.

[6] Sinha, 'Chemicals for War and Chemicals for Peace', Social Justice, 41.1/2 (2014), p. 139.

National Strike (Temblores, Paiis, and Amnesty International, 2021) and 30 during the 2020 Black Lives Matter protests in the US (Physicians for Human Rights, 2020). Besides the experiences of precarity (aggravated by the pandemic) that motivated their participation in protests, survivors of ocular trauma face medical, social, and economic impacts that long outlast the moment of injury. Moreover, the massive participation in protests despite the threat of disablement via police brutality or Covid infection is indicative of several intersecting forms of bodily vulnerability (Puar, 2017). Understanding these prolonged aspects of harm that transcend infection or injury is crucial for shaping support for both Covid long-haulers and survivors of police brutality, as well as taking on the "narrative challenges" posed by durational violence (Nixon, 2011). Third, the medical and bodily metaphors invoked in accounts of protest suggest another avenue for medical humanities approaches to the topic. For instance, Anjuli Raza Kolb (2020) problematizes the trope of the "epidemic" in accounts of suppression of protest in Kashmir. Titchkosky, (2015) similarly examines the rhetorical use of disability in social justice praxis, as in complaints of governments that are "deaf to the demands of the citizenry." In the context of protests during the pandemic, such language suggests a need for exploring the narrative resources that connect disease, disability, and violence. I conclude by reflecting on the possibilities of these lines of inquiry to contribute to thinking about the interconnections between health and racial, social, and disability justice.

Robin Rohrer: Covid-19 and the Childhood Cancer Community: A Regional and National Perspective of the Pandemic in the United States

Seeing and using masks in the Spring of 2020 was a visceral shock to our family; they were a reminder of our four year old's cancer journey twenty years earlier. She had no real recollection of wearing the mask, but my partner and her older siblings had the same gut reaction. Like the smell of alcohol wipes and hospital soap, it took us back to the place we dreaded to be. As a cancer parent and advocate I have found of course our experience was not unique, shared most immediately in my parents group at the Children's Hospital of Pittsburgh. This paper explores the personal, group, as well as the national experience of the childhood cancer community in the three years of the Covid-19 pandemic. As a historian of childhood cancer, its treatment and survivorship, I have decided to focus on the additional economic and psyco-social struggles that the pandemic has placed on childhood cancer families.
This paper will use family interviews locally and regionally, in the Pittsburgh area of the United States, to capture experiences of access to treatment, follow-up and psycho social care as limited by the pandemic. It will also review the journal literature around national experiences and trends in these same issues. To what extent have treatments and follow-up been delayed? With what cost? Have these delays returned to a baseline? How have health disparities, already critically wide, been increased by pandemic practices? What more can be done to address the needs of the childhood cancer community and how soon?

Pradipta Roy and Manabi Majumdar: Covid19 as a Social Contagion in need of Collective Action and Transdisciplinary Perspectives: Reflections from A Micro-level Exploration in the Indian State of West Bengal

Epidemiologists, public health experts and social scientists have been compellingly arguing for quite some time now that to understand the underlying complexities of a pandemic like covid19, we need to go beyond 'individual-based biomedical thinking' and focus instead on the population perspective of the crisis and its larger socio-economic, political and environmental underpinnings. Borrowing from medical anthropologists Merrill Singer and Emily Mendenhall, The Lancet editorial in September 2020 even went onto argue that it is not a pandemic, rather the notion of syndemic would better describe

the covid19 crises, keeping intersectionality at the core of its management (Horton 2020). By bringing insights from recent research in health systems governance especially with respect to the Global South, and contextualizing the rich and intertwined local ethnographic data from medico-sociological, anthropological, historical and medical humanities perspectives, this paper aims to suggest how transdisciplinarity and humility could be put together towards forging sustainable strategies to effectively combat similar situations in the longue duree. This paper aims to argue further that the covid19 induced infections represent a social contagion, entailing an entangled burden of diseases as well as loss of health and well-being in a wider sense, caused by loss of freedom, livelihood and basic human capabilities. This alternative, more capacious, idea of the contagion prompts us to look into the social determinants of the covid19-induced health outcomes, against the backdrop of entrenched social inequalities that beset many parts of India. If the diagnosis of the pandemic thus relies substantially on the workings of social structures and social relations, what would be the corresponding tenor of our response and intervention to mitigate this crisis? On the register of possible and effective solutions, this paper, intends to extend its analysis beyond an individual-centric view of mitigation to focus instead on the paramount role of collective action. Freedom from the contagion and the pandemic (or syndemic perhaps) requires, the paper argues, social attention and social commitment. Drawing on evidence from selected locations of the Indian State of West Bengal, this paper presents micro-level accounts of local networks of coalition and action in three specific domains defined as a) knowledge and expertise; b) health attitudes and health behaviour and c) frontline practices. More concretely, first, the paper aims to examine how at the local level the community of experts and the community of citizens interact with each other regarding the dissemination and sharing of available knowledge and information on this contagion. The paper conjectures, with the aid of a few examples, that in situations where people demonstrate trust and respect for science and expertise, and similarly where the scientific community interacts with the masses, not in a top-down mode of issuing instructions and imperatives but in the spirit of collaboration, science and society forge a healthy and effective alliance against the contagion. Second, we argue that to understand the seemingly risk-prone attitudes and health behaviour of the people, such as incorrect or unreliable wearing of masks or their rejection altogether, we need to put peoples' agency and the need for their participation and involvement at the heart of any collective endeavour to manage the pandemic, for them to then internalise why, when, how, and where mask wearing is important. Third, the paper seeks to present concrete examples of engagement of the local community as well as frontline health workers and other local state actors, in jointly ensuring a modicum of decent healthcare and welfare in their area of work. Importantly, the gender stereotypes in science and society have been challenged as a majority of the front-line health workers who seem to bear the major brunt of pandemic challenges, are women and this paper centres their voices. On the 40th anniversary of the AIDS epidemic last year, while reminiscing his experience as an obstetrician amidst the peak of that epidemic, Howard Minkoff mentioned about the professionals' fear in the operating room in contrast to the "heroism of midwives who at a time when many physicians were looking for excuses to transfer pregnant HIV-infected patients to high risk centres, volunteered to continue to care for all their patients regardless of their sero-status" (Bayer, Oppenheimer and Parisi, 2021). These authors find similar incidents in covid19 contexts, especially at the community level among community health workers, most of whom are women. In sum, the authors contend that dispelling scientistic jingoism, foregrounding transdisciplinary concerns, strengthening our community level public institutions and varied networks of alliances, through building of mutual trust, solidarity and resilience from below, remain the daunting yet most necessary tasks towards building an egalitarian, environment friendly, culturally congruent health-social response capable of effective risk mitigation.

Mallika Sekhar: The infected blood crisis: insights into iatrogenesis and uncertainty

Iatrogenesis: *noun* Gk. *Iatros*=physician, *genesis*=origin

In 1982 the connection was established between blood transfusion and AIDS. This imperiled people with haemophilia because they relied on large volumes of concentrated blood plasma for life saving treatment. The AIDS crisis in haemophilia represents a complex period of medical uncertainty. It challenged the premises of altruistic donation. It developed in a frame of a collaborative therapeutic relationship of advocacy and shared values; over time it challenged the foundation of this relationship. Several national inquiries resulted in charges of culpability and the 'medical industrial complex' (MIC) comprising blood services, concentrate manufacturers, treaters and the state were found wanting. The interim report of the UK infected Blood Inquiry (IBI) cites the oft repeated quote that 'the infected blood scandal of the 1980s is a scandal that should have never happened'.

Iatrogenic harm may be intrinsic to the treatment (e.g., chemotherapy and hair loss), due to error or violation. These events can therefore be viewed as iatrogenic, arising from a combination of error, violation, and malpractice. HIV and its consequences on blood receivers was something that should not have happened. The MIC should have been able to prevent part or most of it.

It can also be argued that these events represent the inevitable fallibility of medicine. AIDS could not have been foreseen, therefore could not be prevented. The transmission of HIV and its impact were uncertain. Not treating haemophilia patients with blood products would have constituted an iatrogenic act of negligence. These events can thus be viewed as an example of iatrogenic harm arising from intrinsic fallibility, a misfortune.

Errors, (or slips and lapses) imply blame. Self-blame is a familiar response by physicians when they have erred[4]. In the discourse connected with Haemophilia-AIDS, responsibility or blame and therefore guilt, has been a recurrent issue with varying responses reflecting differences in categorising the events as misfortune or as errors in the prevention and management of this crisis.

In 2019 I obtained oral histories from 16 senior (13 male, 3 female) haemophilia doctors to understand their stance in decision-making and their understanding of these events. The interviews were based on a semi-structured questionnaire; 28 person-hours of interview material from Australia, Canada, France, Italy, Netherlands was analysed using pre-established criteria. I also analysed the content of audio recordings and transcripts of the UK IBI between October 20 and June 21. I examined 18 oral evidences comprising 286 person-hours to study the same themes. I compiled audio material from the above to produce a podcast series aimed at healthcare trainees.

My presentation will draw upon this material to depict some of the professional challenges of the '80s and highlight the physicians' tensions in testing and treating when faced with evolving uncertainty; their sense-making and emotions after a lapse of thirty years and their strategies for resilience in their work. The presentation will consider relevance of this material to aspects of the COVID19 pandemic namely access to care, ethics of using new tests and treatments, clinical decision-making with scant evidence, physicians' stance of reassurance while yet expressing fallibility. Finally, it will address some questions about societal, medical and legal perceptions of the nature of iatrogenicity raised from the material.

Leah Sidi: Theatre as a Tool for Understanding (climate) Nihilism: The Unredemptive Ecologies of *4.48 Psychosis*

As one of the most famous significant representations of mental illness in British theatre canon, Sarah Kane's final play *4.48 Psychosis* continues to be a touchpoint for performances of political dissent in the UK and in Europe. Drawing on two contrasting productions by the Belarus Free Theatre (2015) and Deafinately Theatre (2019), this presentation suggests that *4.48 Psychosis* lends itself to activist performance through a refusal of redemptive temporality and of the orientation towards cure. In the hands of the Belarus Free Theatre, this leads to a performance of eroticised political dissent, which resists the criminalisation of homosexuality and suicide, as well as the curtailing of free speech in

Belarus. For Deafinitely Theatre, the play provides fertile ground for exploring the inaccessibility of UK neo-liberal healthcare for deaf and disabled people.

Like a contemporary Antigone, this play challenges its makers and audiences to explore the spaces of the un-redemptive, firmly opting out of assimilatory and positivist political discourse even as it stages an encounter with death. Using feminist and queer philosophical writing on chronicity from Judith Butler, Sara Ahmed and Lisa Baraitser, I address how Kane's spatial and temporal manipulations continue to compel audiences and theatre-makers to dismantle commercial, depoliticised and neoliberal understandings of mental suffering. At the same time, I argue for a sustained feminist and queer engagement with *4.48 Psychosis* and its iterations in contemporary performance. Representations of psychosis and suicidality are threaded through with references to sexual violence and compulsory heteronormativity in this play. It is in the interface between political repression, mental suffering and desire that recent productions have articulated their artistic-activist messages. Finally, I suggest that both recent productions build on the play's elision of dramatic and mental space, in order to create an un-redemptive ecology of mental suffering and suicidality. I suggest that such an ecology might shed insight into contemporary examinations of climate nihilism.

Bruce Summers: Integrating humanities into biomedical teaching of orthopaedics. (How Archimedes can enlighten the function of the kneecap* and how Valasquez's Rokeby Venus reveals the surface marking on the sacrum for measuring flexion of the lumbar spine, but subsequently became a target in 1914 by a disillusioned suffragette).**

For ten years the author has been involved in the teaching of orthopaedics to medical students at Keele medical school. In addition to teaching with patients at the bedside and in clinics, the author provided interactive presentations on the hip, knee and spine to small groups of ten to twelve year4 students assisted by standard power point illustrations. Each presentation lasted three hours with a fifteen minute break and finished with a ten question quiz on the orthopaedic topic with a prize of fine wine or alternative to the winner.

With the author's interests in the medical humanities and in particular literature and the visual arts, these presentations have been liberally laced with a series of "humanities" stories, and colourful artistic illustrations, often only partially related to the biomedical topic. Some stories were historically related to the topic , some concerned family members with orthopaedic conditions and some were just good yarns. Paintings such as Rubens' "Three Graces", Velasquez's "Rokeby Venus" (see below) show anatomical detail but also have stories or myths to tell.

Eighty two medical students in year 4 completed an ethically approved questionnaire following such small group teaching during 2022/3. Preliminary results indicate that the sessions were overwhelmingly considered excellent or good and that the illustrations and stories, even when only partially related to the biomedical topic, contributed significantly to their understanding of the biomedical topic and human effect of pain and disability.

Faced with a medical school curriculum already overfull it is not possible to add medical humanities as a separate specialty. The only alternative is an integration of humanities into the existing biomedical teaching programme with tutors, most of whom have an humanities interest, incorporating their particular interest into their biomedical specialty.

Stories, historical and personal, paintings and illustrations from Greek urns to Renaissance and post modern bring pathology to life, aids memory, can instil an interest in an humanities discipline and imparts an understanding of the human effect of pain and disability.

*the kneecap or patella functions by increasing the lever arm making it easier to extend the knee. The lever system was first described by Archimedes "Give me a lever long enough and a fulcrum and I can move the world." The author tends to move onto the wonderful story of the golden crown involving Archimedes and a fraudulent goldsmith which involves the eureka moment"(even though it has nothing to do with the knee).

** the painting was slashed by Mary Richardson who was affronted by its nudity and the gawping of men. The painting shows the dimples of Venus a surface marking of the second sacral vertebra used as a point of reference in Schober's test for measuring flexion of the lumbar spine.

Milana Boukhman Trounce: Building Pandemic Resilience Silicon Valley style. Interdisciplinary approach focusing on innovation and societal acceptance.

Here is an opportunity to get a short version of a quarter-long, interdisciplinary Stanford course on BioSecurity and Pandemic Resilience. This course has been taught at Stanford for the past fourteen years and explores topics such as what happens if a COVID-19 variant emerges against which the current vaccines are powerless? Or if we get an outbreak of a novel infectious organism for which we don't yet have vaccines? How do we live in a crowded and globalized world that is increasingly vulnerable to pandemics? How do we live with a rise in synthetic biology that has democratized people's ability to make organisms which are more infectious and deadly? And how do we put together the flood of information and figure out solutions? Are we doomed to more lockdowns, school closures, and travel restrictions until vaccines become available? This talk with discuss the convergence of anthropogenic biosecurity risks and our collective way forward, with a discussion of engineering controls for interruption of infectious disease transmission. We will discuss how engineering controls provide an alternative path which may be a better fit with societal acceptance than numerous other public health measures, given the challenges of anti-vax, noncompliance, fake news, societal costs of lockdowns and others. In this medicine meets Silicon Valley meets policy, defense and social sciences talk, gain insights on the systems approach to building biothreat resilience, and how we can find our way out of the broader biothreat doom and gloom.

Naomi Wynter-Vincent: Magnified Fears, Microscopic Remedies: Examining the Shared Imaginary of Vaccination and Homeopathy

As a first line of defence against COVID-19, vocal and opposed factions have championed either vaccination or homeopathy as more or less plausible, effective, and safe remedies to a global problem. At first sight, there is little to connect their vastly different models of prophylaxis amid scientific opposition to homeopathy and the asymmetry of evidence supporting the efficacy and safety of whole-population vaccination. A closer examination, however, reveals that vaccination and homeopathy nevertheless share surprising resonances in terms of their respective *imaginaries* (that is to say: the store of conscious and unconscious fantasies and fears, therapeutic models, narratives and metaphors) around the themes of susceptibility, contamination, and protection.

In both cases (and in the idea of the virus itself), a pervasive concern around an organism's ability to be susceptible to, to incorporate, and to be fundamentally changed by microscopic, even nanoscopic particles is shared alongside a potential for remedy and protection by similarly minuscule agents. I suggest that not only do both vaccination and homeopathy reflect wider societal concerns (around bodily autonomy, community responsibility, and freedom of thought), they are both engaged with questions around information, learning, and recognition. Just as the vaccine is seen to provide the body with useful new *information* (if you see this virus again, start producing antibodies), the homeopathic remedy is designed to nudge the body to produce the kind of response that would be beneficial in the event that it encountered that same material in much larger quantities. I argue that recognising, understanding, and speaking to these unexpected commonalities can support health officials in their drive to protect populations against COVID-19 and future pandemics.

Kim Wiltshire: Embedding the Arts into Healthcare Setting through Creative Workshops for NHS Frontline Staff Post-Pandemic

This paper asks: can the arts be embedded into healthcare settings and therefore used to improve wellness and health for healthcare professionals post pandemic?

Since the Covid 19 pandemic, as the Nursing Times has reported, 'Almost two-thirds of nurses feel their mental health has deteriorated' (Ford, Nursing Times, March 2021). The stigma of mental health and anxiety issues leads many healthcare professionals to keep these issues hidden from more formal channels; but would an opportunity to process the trauma associated with their roles in a creative and non-judgemental forum give these staff members an outlet? Can the arts be used as a tool towards wellness and health?

Throughout 2020/2021, Lime, the creativity and wellbeing team at Manchester University NHS Foundation Trust (MFT), set up a series of online creative workshops for NHS staff, with the main aim being to improve anxiety and wellbeing for frontline staff at the Trust.

The ethos for the organisation focusses on stakeholder participation when creating artworks, from discussion and focus groups to participants physically making the art, centred around the concept that every human is inherently creative, or as Daisy Fancourt et al suggest, 'engagement with the arts is a form of human behaviour' (Fancourt et al 2020, p,2).

Staff workshops ranged from creative writing to visual arts to music and were evaluated online – with outstanding results self-reported by participants. The success of these workshops resulted in MFT's Employee Health and Wellbeing Service to approach Lime to see if these workshops could be aimed specifically towards improving mental wellbeing for staff; the project Create.Connect.Unwind was created during 2021 and ran into 2022, with the aim that staff could access workshops during work time as well as leisure time. In May 2022, this pilot project concluded with a three day arts festival at the Trust's Oxford Road Campus in central Manchester, providing music, workshops and a symposium that celebrated the creativity of frontline MFT staff.

This paper will detail these projects and the further embedding of the arts into healthcare settings at MFT, expanding the contours of wellness and health, through a wider offer to staff including an innovative pilot staff referral 'arts on prescription' project, starting in September 2022.

Jo Winning: Invulnerable Bodies: reading climate emergency through the medical humanities

In its decades-worth of work as a field and set of critical understandings, medical humanities has worked to produce a conceptual framework that theorises illness, illness behaviours and cultural constructions of health and disease. This paper asks how the field and its critical vocabulary for describing the vulnerabilities embedded in patient subjectivity and the clinical encounter might be brought into a different realm from its traditional usage. Exploring the intersection between medical humanities and environmental humanities, it asks if the terms which we deploy about illness can be strategically repurposed to understand the fundamental mindsets of neoliberalism and neo-colonialism that underpin the Western relationship to the environment and global population. For instance, in her seminal cultural analysis of the metaphors deployed by dominant culture to defend against illness states, Susan Sontag mobilises the geo-political metaphor of the kingdom, describing the binary opposition between the Kingdom of the Well and the Kingdom of the Sick and the repudiation of dual citizenship that structures Western subjectivity (Sontag, 1978). This paper argues that such repudiation is structured upon a defended position of invulnerability, and the active 'vulnerabilisation' (Butler, Gambetti & Sabsay, 2016) of ill subjects. Mapping a parallel in the context of environmental politics and practice, this paper argues that such invulnerability is also evident in the refusal of the Global North to witness, or more importantly act upon, the vulnerabilities it has visited upon peoples in the Global South, who exist on the frontline of climate emergency. The paper takes Daisy Hildyard's recent memoir *The Second Body*, in which she attempts to understand the flooding which destroys her Yorkshire home in the context of climate crisis, as a test-case. Hildyard constructs the concept of 'the second body' to describe the way that the actions of other bodies, bodies that

exist at a substantial geographical distance, are instrinsically connected and can impact profoundly upon one's own. Though these are not her terms, Hildyard's 'second body' might be understood as a challenge to the invulnerable, sovereign subject that populates neoliberal and neo-colonial worldviews, and whose actions force others to embody vulnerability. Such a concept might well be read through the lens of Sontag's two Kingdoms, as well the interplay between health and illness so richly explored within medical humanities. In conclusion, this paper will argue that productive practices of climate acticism and sustainability politics need to proceed from a critical understanding of the interplay between vulnerability and invulnerability and the enforcement of these states upon human bodies in a global context.

Stephanie Snow and Angela Whitecross: 'This project has kept me sane': Lived experiences of working and participating in the creation of a national collection of testimonies to capture the social significance of COVID-19

In March 2020 NHS at 70: The Story of Our Lives, a national programme of work using oral history methodologies to collect personal testimony from patients, staff and the public across the 70 plus year history of the UK's National Health Service (NHS) was reaching its final months. Starting in 2017, we had worked across 10 localities, trained upwards of 160 volunteers in oral history skills, and interviewed more than 800 people to capture experiences and reflections on the place of the NHS in everyday life and work. As the scale and global nature of COVID-19 became clear through the weeks of March we felt a moral and professional responsibility to capture the unfolding of this extraordinary moment in the longer history of the NHS. The nature of our research model – participatory and inclusive of volunteers – had enabled us to create strong networks across health, heritage, and community organisations and we were determined to do what we could to maintain social connections in these unprecedented times. The first UK national lockdown began on Monday 23 March 2020 and on Friday 27 March 2020 we carried out our first COVID-19 focused interview. We gained support from the UKRI's Covid-19 Urgency Call to create a national collection of COVID-19 focused testimonies in partnership with the British Library in July 2020. This paper reflects on the metamorphosis of NHS at 70 into NHS Voices of Covid-19 through exploring the human repercussions for academics, volunteers, and participants involved in the work. We present the challenges and dilemmas the transformation posed to oral history methodology and consider the ways in which the shift to remote from face to face interviewing had unexpected benefits in the form of rebalancing power dynamics, increasing access, and encouraging greater reflexivity on the part of interviewees. We share the significant positive impacts on mental health and wellbeing for the people involved and reflect on the therapeutic value of working as a community through crisis. Finally, we argue for the need to embed responsiveness and flexibility into all arts and humanities research agendas, so they are best placed to respond in an agile way, not just to global pandemics, but to other unanticipated urgent research opportunities that meet a societal need.

Bozhena Zoritch: My child with Attention Deficit Hyperactivity Disorder (ADHD) now THRIVESSS!

Background
Stephen Edwards and colleagues in their qualitative study on factors perceived by parents as promoting personal recovery of children and young people with ADHD, once they receive a diagnosis

and treatment for ADHD, describe nine primary themes captured by the acronym THRIVESSS which parents perceived as crucial.[7]

Aims
I used THRIVESSS framework as an audit tool in my clinic for children with ADHD. Besides symptom control using medication for ADHD, there is so much more to the quality of the service than finding the right medication regime. I aimed to examine if my approach to diagnosis, advice and treatment of children with ADHD leads to recovery from the negative effects of living with ADHD such as mothers feeling blamed and children having low-self-esteem.

Methods
An audit form containing 9 themes from THRIVESSS framework was used to obtain feedback on issues of importance to children with ADHD thriving, following their diagnosis rather than just surviving. Themes such as managing time, having a plan to manage daily activities and task, routines and structures, how does a child or young person perceive their identity following ADHD diagnosis, who provides valued support to parents and children/young people, what progress was made in educating people in children/young people's lives such as teachers, and what was self-awareness, self-acceptance, self-esteem and symptom control like.

Results
25 audit sheets from the patients who attended at least 3 months after a diagnosis of ADHD was first given were analysed. In 18 cases a new action to improve the child's functioning was instigated as a direct result of using THRIVESSS framework. This ranged from sending new brochures to teachers to referral for parenting support, suggestions for possible Autism assessments, and referral to child mental health services.

Conclusion
Qualitative research leading to THRIVESSS framework for monitoring progress of children with ADHD has helped to improve their functioning. Such an approach helps to situate children with ADHD within a Neurodiversity rather than a Neurodisability paradigm. I have adopted THRIVESSS framework into my clinic structure for all future patients, both at diagnosis and follow up points.

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[7] Stephen Edwards et al., 'A Qualitative Study of Factors Perceived by Parents as Promoting Personal Recovery of Children and Young People with Attention Deficit Hyperactivity Disorder', Advances in Neurodevelopmental Disorders, 2 (2021), 102-115.