SURGO

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THE GLASGOW MEDICAL SCHOOL STUDENT NEWSPAPER

Freshers' Edition



ROYAL INFIRMARY, GLASGOW.

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Want to get published?

Check out pages 4, 16, and 20 for opportunities!

Meet the New Editor-in-Chief

Welcome back medical students! I am thrilled to have been elected as Surgo's new Editor-in-Chief. There are many exciting articles, events, art and stories coming your way, and I am delighted to be able to share the talents of the Medical School, and beyond with you all.

In this edition, you can expect to find a dynamic variety of articles, schedule in some important dates for the upcoming year, pick up a new sport, learn a budget recipe, or two, and find some comfort in learning how to settle into life as a medical student!

Nina Kacmarska
Surgo Editor-in-Chief 2026/27

SURGO

MEET THE COMMITTEE



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Meet the MedChir President

Hello everyone!

My name is Abigail Thomson, and I am so excited and incredibly honoured to be serving as President of MedChir for 2026/27.

As I go into my fifth and final year, after four years and one intercalated degree later, MedChir is still responsible for some of my absolute favourite memories at university. I have been part of the society for several years now, first as Intercalated Rep, then as Vice President, and now as President, so it feels incredibly special to be taking on this role for my final year.

For me, MedChir is about so much more than just the events we run. It brings a real sense of community to medical school and is such a brilliant way to meet people across different year groups, make new friends and, hopefully, friends for life. Medicine can be an incredibly busy and demanding degree, so having a society that gives everyone the chance to come together, switch off and enjoy themselves is something I think is really important.

It is also so exciting to be part of a society with such a long history. While we will of course be keeping the traditions and iconic MedChir events that everyone knows and loves, I am really looking forward to bringing some new events, ideas, and opportunities to the society this year too.

As always, we want MedChir to be a safe and welcoming space for all medical students. Whether you are just starting first year or, like me, somehow finding yourself in final year, I hope there will be something throughout the year that you can get involved with and enjoy.

Charity is also a really important part of what we do. Each year MedChir supports a chosen charity and, last year, an incredible £4,000+ was raised for Médecins Sans Frontières (Doctors Without Borders). We will soon be selecting our charity for 2026/27, and I am really looking forward to seeing what we can achieve together through our fundraising this year and hopefully make a genuine difference along the way.



Abigail Thomson, MedChir President 2026/27 (Image credit: Abigail Thomson)

I am, of course, only one piece of the puzzle. MedChir simply would not be what it is without the dedication, time, and enthusiasm of the committee behind it, and none of our amazing events would be possible without them. I feel incredibly lucky to have such a fantastic team around me this year, and I am so excited to see what we can all achieve together.

Most importantly, please always feel free to come and say hello if you see me around campus, on placement or at one of our events. I would love to meet as many of you as possible over the year.

Here's to a brilliant year of MedChir!

Abigail Thomson
MBChB5 | President, MedChir 2026/27

MedChir Calendar

October

Mon	Tue	Wed	Thu	Fri	Sat	Sun
			01	02	03	04
05	06	07	08	09	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	28	30	31	

November

Mon	Tue	Wed	Thu	Fri	Sat	Sun
						01
01	03	04	05	06	07	08
09	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Thursday 1st - **Ceilidh**

Thursday 15th - **Medic Families**

Thursday 22nd - **SNIMS Warm Up**

Friday 6th - Sunday 8th - **SNIMS**

Thursday 26th - **Education Event**

Saturday 28th - **MedChir Ball**

Want to get *published?*

- Saw an interesting case on your elective?
- Keen to raise awareness of an issue?
- Got an opinion on healthcare news?

We are accepting article submissions for our upcoming issue!

- Surgo is written *by* medical students *for* medical students. We are always looking for contributors.
- Benefits of writing for Surgo include being featured in an official publication with an associated DOI number - great for your CV!
- Your literary talent will be featured on Glasgow Open Journals, an online platform that allows readers from around the world to view your work!



Email your submissions to surgo_uofg@outlook.com

Got any questions? DM us on Instagram @surgo_uofg

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Beyond the Diagnosis: Exploring Medical Humanities

Samuth De Silva | MBChB4
Co-authors: Riya Philip, Ailsa Cameron, Emily McDougall

What is Universitas 21 (U21) and the Sustainable Development Goals Workshop?

U21 is a global network of research-intensive universities that promote international collaboration, education and knowledge exchange. Through this network, students and academics from different professional backgrounds have the opportunity to learn from one another and engage with shared global challenges. As part of this initiative, Lund University in Sweden hosted the U21 sustainable development goals (SDG) workshop, bringing students from different health disciplines together from across the network for a 2 day programme exploring sustainability in health with a specific lens on “humanities in medicine”.

U21 Health Sciences logo (Image credit U21 Health Sciences)

Day one: Exploring Humanities in medicine

The first day of the workshop consisted of three lectures from different perspectives: ‘Neuroscience of Empathy and Compassion’ by Martin Garwicz, ‘Narratives in Medicine’ by Katarina Bernhardsson, and ‘Existential and Ethical Perspectives’ by Johanna Gustafsson Lundberg. Each lecture approached medical humanities from a different perspective, encouraging us to think beyond the biological understanding of disease and consider how illness is experienced, communicated and understood by both patients and healthcare professionals.

Neuroscience of Empathy and Compassion, Martin Garwicz

This session was delivered by Martin Garwicz. During med school, we are always taught to be empathetic whenever a patient comes in with a medical problem. One of the key learning outcomes from this session was understanding the meaning of empathy. It is not a single concept but subdivided into three categories: empathetic distress, compassion and perspective taking. Empathetic distress describes how whenever someone is distressed, you also emulate the same distress in the form of stress, burnout, or even withdrawal from difficult situations. Compassion is the ability to recognise that someone is suffering and wanting to help them, but without taking on their distress on yourself. Lastly, perspective taking is being able to understand the situation that the patient is in by putting yourself into their shoes or viewpoint, rather than solely through a clinical lens.[1]

One of the concepts I was fascinated about was understanding the neurobiology behind this. Being able to distinguish between empathetic distress and compassionate engagement can allow clinicians to respond effectively to suffering without necessarily internalising the patient's emotional state.[1]

Narratives in Medicine, Katarina Bernhardsson

Narrative medicine focuses on how patients communicate and make sense of their experience of illness. To illustrate the power of narrative, Bernhardsson used a famous 6-word story: “For sale: baby shoes, never worn”. Only 6 words were used - however, they invite the reader to construct their own narrative around them. The fact that the shoes were unworn was never explained, yet the absence of information encourages us to imagine what may have happened and attach our own meaning to the story. This shows how narratives can communicate far more than the information directly conveyed.[2]

For example, when a patient presents to a clinician, their story is often interpreted through questioning, history taking and clinical examination. The clinician often constructs their own narrative in order to explain the patient's illness, which informs the diagnosis and management. In doing so, a patient's description of a symptom may have more than just clinical significance alone; underlying fear, uncertainty, loss. or concerns about their future. By transforming a patient's account into a clinical narrative, aspects of their original story may therefore be overlooked. A patient's understanding of their illness can be chased by experiences, relationships, and beliefs, meaning that two patients with the same diagnosis may contract different narratives around their illness. A good clinician needs to be able to look beyond constructing a narrative based solely on

clinical signs and symptoms, listen attentively, and take a comprehensive approach to understanding the patient's individual experience of illness.[2]

Existential and Ethical Perspectives, Johanna Gustafsson Lundberg

This lecture explored how healthcare can be understood not only by clinical outcomes but also individuals' wider experiences. Lundberg's work on existential sustainability seeks to expand conventional understanding of sustainability by considering questions around what constitutes a good life. One concept that interested me was the idea of “docile body” and its relationship with individual responsibility. Modern society is increasingly encouraging people to improve themselves, set goals and take responsibility for their own health and wellbeing. While this can be empowering, it can also set an expectation that individuals should be able to overcome their difficulties through personal change. This made me reflect on how easily responsibility for health can be placed on the individual, despite the fact that people’s opportunities to improve their health are strongly influenced by the circumstances in which they live.[3]

For example, Lundberg's work demonstrated how existential perspective can be applied to medical treatment. This involved patients with burnout related symptoms and severe eating disorders engaging with horses, nature and social interaction. While researchers explored how they experienced these activities, this approach considers what treatment means towards the individual and how it can affect their wellbeing. I found this particularly relevant to Medical Humanities because it brought together themes from all three lectures. Garwicz’s discussion of empathy and compassion highlighted how clinicians respond to patients, while Bernhardsson’s exploration of Narrative Medicine emphasised the importance of understanding their individual stories. Lundberg’s existential perspective extended this further by considering how patients’ values, circumstances and sense of wellbeing shape their experience of illness and recovery.[4]

Day 2: Applying Medical Humanities to Global Health challenges

The main component of the workshop centred on exploring the relationship between Medical Humanities and Sustainable development Goals (SDGs). We worked in an internationally diverse small group of students from different healthcare disciplines including medicine, nursing and physiotherapy. I found this particularly valuable as it closely simulated a multidisciplinary team (MDT), allowing us to approach the same health challenge from different perspectives and broaden our understanding of complex healthcare problems and highlight perspectives that otherwise be overlooked at.



Uofg students at the U21 SDG workshop. (Image credit: Samuth De Silva)

Case Example: Sexual Health and Education

Case 1 followed Lily Wong, an eighteen-year-old woman from rural Sichuan Province whose family's land was sold for urban development, collapsing her father's farming income. Like many young people from her village, Lily migrated to the city for work. The long hours and poor pay as a waitress led her to be drawn into commercial sex work by her employer. The case does not open with a diagnosis but a chain of economic displacement, migration, and precarious labour, situating Lily's eventual HIV diagnosis within a much wider social fabric before even a single clinical symptom appears. This is why the case was read through the Sustainable Developmental Goals.

Her family's loss of land and livelihood implicates SDG 1 (No Poverty) and SDG 11 (Sustainable Cities and Communities). This is because urbanisation without adequate planning displaced a rural family, making Lily vulnerable to exploitation in the first place. Her entry into sex work, which is a criminalised activity in China for both buyer and seller, sits at the intersection of SDG 5 (Gender Equality) and SDG 8 (Decent Work and Economic Growth), highlighting how the absence of safe employment options for young rural women can translate directly into health risk. Once Lily's fever, oral candidiasis, and eventual HIV diagnosis enter the narrative, SDG 3 (Good Health and Well-being) and SDG 4 (Quality Education) come into play.

We applied a medical humanities framing to the case’s later staging. A year after diagnosis, Lily leaves sex work to become a safe-sex counsellor and returns to her

Beyond the diagnosis contd.

village to educate other young people, only to meet parental resistance, stigma, and community suspicion of "modern" sex education. This arc reframes her from patient to health educator. We highlighted the ethical dilemmas clinicians face around disclosure and reporting obligations for HIV-positive patients, the risk of healthcare workers' own prejudice shaping the quality of care, and the fine but consequential difference between empathy - *feeling* with a patient - and compassion, which requires *acting* on that feeling despite discomfort or social taboo.

Narrative medicine offered the groups an organising method for holding these tensions together. We did not want Lily's story to be background to a virology lecture on HIV transmission and CD4+ T-cell depletion. Instead, we used her story as the vehicle through which the clinical content was taught — a structure that mirrors narrative medicine's central claim that a patient's account of their life is not incidental to treatment but constitutive of it. By the time Lily is training others to talk about condoms and contraception in a village that associates such conversations with promoting rather than preventing risk, we see that sustainable progress on health (SDG 3) is inseparable from progress on poverty, gender equality, decent work, and education. Clinicians who ignore that interdependence will fail to understand the patients in front of them.

Conclusion

In conclusion, the U21 2026 SDG Workshop demonstrated that medical humanities is a necessary lens for understanding illness in its full social and existential context. Garwicz's dissection of empathy into distress, compassion, and perspective-taking gave us a vocabulary for something clinicians are told to "have" but rarely taught to understand. Bernhardsson's narrative medicine showed how much meaning is lost when a patient's story is flattened into a clinical history. Lundberg's existential perspective reminded us that responsibility for health cannot be placed solely on the individual when their circumstances so often determine their options. Taken together, these three lectures built a framework we then had to put into practice.

Lily Wong's case made that framework into something we applied into practice. We could not reduce her story to a diagnosis of HIV. Working through the case in a multidisciplinary group, alongside peers in nursing and other healthcare professions helped reinforce this.

More broadly, this workshop mattered because it taught us to treat the whole person, rather than the disease, and to understand how each individual's story moulded into a clinical diagnosis. We learnt that Sustainable Development Goals and the medical humanities are not two separate projects, but two vocabularies for understanding suffering in context.



Johanna Gustafsson Lundberg & UofG student (Image credit: Samuth De Silva)

1. Garwicz M. Empathy and compassion – so important yet so complex 2022 [Available from: https://portal.research.lu.se/en/projects/empathy-and-compassion-so-important-yet-so-complex-asg-pufendorf-/}
2. Bernhardsson K. Narrativ medicin och medicinsk humaniora. Socialmedicinsk tidskrift. 2024.
3. Sandström I, Nyman, Lovisa, Gustafsson Lundberg, Johanna. Expanding the Discourse on Sustainability: Existential Sustainability 2024 [Available from: https://portal.research.lu.se/en/publications/expanding-the-discourse-on-sustainability-existential-sustainabil/}
4. Gudmundsson M. 'An Embodied Journey Towards Recovery': A Grounded Theory of Mental Health Service Users' Experiences of a Nature-based Intervention. 2026.

It Takes More Than Doctors: Lessons in Humanitarian Healthcare from MSF

Shaha Alajeel | MBChB4

When most people think of Médecins Sans Frontières (MSF), they picture doctors. So it was striking that the keynote speaker at this year's Friends of MSF New Committees Training Day came from a non-clinical background. I attended alongside student committees from universities universities across the UK and Ireland as we relaunch Friends of MSF at the University of Glasgow.[1] Over the course of the day, one theme emerged repeatedly: medicine is only one part of humanitarian healthcare.



MSF logo (Image credit: Shaha Alajeel)

It Takes More Than Doctors contd.

Henry Gray, an MSF humanitarian field project coordinator, has spent twenty years in humanitarian emergency response after beginning his career in public health engineering, working on water and wastewater systems.[1] His MSF missions included coordinating work with people crossing the Mediterranean from Libya to Italy, in a team of midwives, doctors, translators, and engineers. He later helped manage emergencies from MSF's Brussels-based Emergency Desk, including the 2014 to 2015 West Africa Ebola outbreak.



Talk by Henry Gray (Image credit: Shaha Alajeel)

Gray's experience brought such issues into sharper focus. The Democratic Republic of the Congo (DRC) is currently facing the second-largest Ebola outbreak on record, with over 7,000 confirmed cases as of September 2026.[2] Yet the obstacles the CDC recognises are primarily non-clinical: limited laboratory services, shortages of infection prevention supplies, ongoing conflict, and mistrust complicating contact tracing.[2] Containing an outbreak depends as much on logistics, sanitation, and community engagement as on treatment itself.

Gray also spoke about malnutrition, describing the matter as a rapidly-growing crisis. Undernutrition is linked to nearly half of deaths among children under five years old,[3] and in 2024 alone MSF admitted over 584,700 malnourished children to outpatient feeding programmes and 209,000 severely malnourished children admitted to inpatient feeding centres.[4] Malnutrition is a major paediatric problem whose causes lie largely outside the hospital, in conflict, displacement, and food insecurity.

The closing careers panel, "How I got here: MSF staff career stories and pathways", brought all of these concepts together. Dr Rosy Aurora, a paediatrician, spoke about applying skills such as neonatal and paediatric resuscitation in low-resource settings. Caroline Chestnutt, a hydrogeologist and water and sanitation specialist, has led cholera outbreak responses, most recently in Goma.[1] Cholera is a disease in which clean water is itself the intervention, and in 2024 MSF treated 143,800 patients for it.[4] Rahmatuallah Ali Jani, a Human Resources Officer at MSF UK, highlighted how much the organisation depends on non-medical staff.

In the same way a multidisciplinary team forms the foundation of patient care in the NHS, MSF field projects rely on logisticians, engineers, supply chain managers, and administrators working alongside clinicians. Medical and paramedical staff make up around 45% of its workforce; the remainder work in logistics and supply (40.5%), human resources and finance (10.8%), and operations (3.1%).[5] Throughout these conversations, I learned that in emergency settings, the conditions for good clinical care must often be built before care can be delivered at all.



Student workshops (Image credit: Shaha Alajeel)

The campaigning and advocacy workshop introduced another perspective. MSF speaks publicly on the basis of what its teams witness in the field, guided by its principles of independence, neutrality, and impartiality. For students, this means you do not need to be working on the frontline to make a difference. Raising awareness, fundraising, and engaging our peers are contributions we can make now, whatever our discipline.

All in all, the training day reinforced that the care we are trained to provide rests on the work of many professions, and that humanitarian medicine in particular is a collaborative effort. It is also why Friends of MSF Glasgow is open to students of every discipline, from medicine and nursing to engineering, languages, and law.

If humanitarian healthcare takes more than doctors, so should the communities of students who support it.

Declaration: The author is President of Friends of MSF Glasgow, a student society that is independent of and does not speak on behalf of Médecins Sans Frontières.

Follow Friends of MSF Glasgow on Instagram: @fomsf_glasgow

1. Médecins Sans Frontières UK (2026) FoMSF New Committees Training Day 2026: Programme and Speaker Biographies. London: MSF UK.
2. Centers for Disease Control and Prevention (2026) Ebola Outbreak: Current Situation. Available at: https://www.cdc.gov/ebola/situation-summary/index.html (Accessed: 20 September 2026).
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Teaching Surgery in the Real World

Glasgow University Surgical Society Annual Conference 2026

Nikan Hoorijani | MBChB3, Ivan Yeoh | MBChB3

The Glasgow University Surgical Society Annual Conference showcased modern surgical practice while highlighting Scotland's global impact on the field. Delivered by the GUSS 2025/26 committee, the event brought together students, clinicians, and innovators for a day grounded in real-world surgical insight.

From 'Neurophobia' to Neonatal Precision

The morning session dismantled the intimidation factor inherent in surgical training. Professor Scott Border, Head of Anatomy, opened with a provocative challenge to "neurophobia," reframing the complexities of the brain not as a labyrinth to be feared, but as a map to be mastered. This intellectual groundwork transitioned seamlessly into the high-stakes reality of the operating theatre with Mr. Atul Sabharwal. Exploring the delicate frontiers of neonatal surgery, Sabharwal reminded us that in the smallest patients, the margin between success and failure is measured in millimeters and seconds.

Student Presentations

After a short break, the conference featured student oral presentations, providing a platform for emerging academic work within our medical school:

- Joceyln Li MBChB4
  - "AI assisted triage of laryngeal pathology: a self supervised deep learning approach with explainability analysis."
- Craig Smith MBChB2
  - "The effects of the COVID 19 pandemic on survival outcomes of head and neck cancer in the West of Scotland: a retrospective cohort study."
- Nikan Hoorijani MBChB3
  - "Variation in Surgical Approaches to Pulmonary Valve Replacement Amongst Congenital Cardiac Surgeons in Great Britain & Ireland: a UK & Ireland wide Survey."

A Global Perspective: From Glasgow to Houston

The conference's narrative arc extended far beyond the West of Scotland. Professor David Galloway, Past-President of the RCPSG, offered a humbling juxtaposition to the high-tech NHS, sharing his experiences in Zambia's resource-limited settings. His reflections served as a vital reminder: a surgeon's greatest tool is not always a robotic arm, but the ability to adapt and innovate under pressure.

Following this, the world-renowned Professor Alan B. Lumsden traced a soaring trajectory from the University of Edinburgh to the helm of Houston Methodist's cardiovascular program, one of the world's largest services. His journey underscored a central theme of the day: the surgical foundations laid in Scotland continue to resonate across the global stage.

Afternoon Workshops

The afternoon transitioned into hands-on workshop. In a standout session, Mr. Edward Peng used 3D-printed specimens from the Scottish Paediatric Cardiac Service to allow students to navigate the complex morphology of congenital cardiac defects; a rare opportunity to hold a patient's pathology in one's hands. We hosted a laparoscopic skills training session supported by Karl Storz, and a vascular anastomosis workshop where students successfully completed full anastomoses within 40 minutes.

Ending the Day

The event concluded with awards and closing remarks, reflecting a carefully coordinated programme that balanced academic depth with practical skill development.

We gratefully acknowledge the support of our sponsors: SRC Clubs and Societies, Medical Defence Union, Royal College of Physicians and Surgeons of Glasgow, Royal College of Surgeons of Edinburgh, Geeky Medics, TeachMeSurgery, and The Precision Series.

Beyond the Books: A Word from MedChir Sports

Rebecca Paul | MedChir Sports Representative

One of the main pieces of advice I was given before coming to medical school was to get involved in as many things as possible. It's a piece of advice I've definitely adopted as my own, and one I now give to anyone starting university, medicine or not.

Moving to university, particularly for an intense course like medicine, can seem daunting and, at times, pretty overwhelming as you try to navigate all the new challenges that come with it. For me, one of the biggest sources of support was making friends and meeting like-minded people who I could spend time with and, importantly, switch off from medicine with.

I met many of these friends through joining medic hockey. It quickly became a huge part of my social life and something I genuinely looked forward to every week. Whether it was the chance to get outside and run around for a few hours or the socials afterwards, hockey introduced me not only to other freshers, but to students across all the year groups. Many of those people are still some of my closest friends today, even if quite a few of them have now graduated and abandoned us for the real world!

There are so many benefits to getting involved in sport at university. Of course, there are the physical benefits, but having something completely separate from medicine that allows you to switch off, de-stress and have fun is just as important. Medic sport in particular gives you a network of friends and colleagues across different year groups who can become a massive part of your university experience.

Thankfully for many of you, I'm sure, medic hockey is far from your only option! We now have a huge range of sports to choose from, including volleyball, tennis, running, football, hockey, rugby and plenty more. So there really is something for everyone!

One of the best things about medic sport is that everyone is welcome. Whether you've competed nationally or have never kicked a football in your life, it's a great environment to try something completely new or pick up a sport you haven't played in ten years. You don't have to be particularly sporty, experienced or even know anyone before you turn up. So, as I said at the beginning, the best advice I can give you is simple: just get involved!

SNIMS

One of the biggest events in the MedChir calendar (and definitely one of my personal favourites!) is SNIMS: the Scottish and Northern Irish Medical Schools Sports event. Held in the first week of November each year, SNIMS brings together medical school sports teams from across Scotland, as well as Queen's University Belfast, for a weekend of sport and socialising in one host city. This year, we're heading to Aberdeen! SNIMS is always incredibly popular, and tickets can be much sought-after, so one of the best ways to secure a place is to get involved with one of our sports clubs and get your ticket through them. It's also a pretty good excuse to get involved early in the year!

So, how can you get involved?

Getting involved with MedChir sport is super easy, thanks to our Medic Sports Instagram. There you'll find posts from the individual sports clubs with information about training sessions, socials, give-it-a-go events and anything else they have coming up.

And if you have absolutely no idea where to start, just drop us a message! We're always happy to answer questions, help you find a sport that suits you, or point you in the right direction.

Whether you're looking to compete, keep fit, meet people or simply have an excuse to switch off from medicine for a few hours each week, give something a go. You might turn up to your first training session not knowing anyone and leave with friends you'll have for the rest of medical school, and well beyond it.

Mission Impossible? Parenthood in Medical School

Caleb Gan | MBChB4

If I were to hand you a positive pregnancy test right now, what would your initial reaction as a medical student be? Fear, anxiety, excitement, or perhaps...your mind would go blank. I believe most would have a concoction of those feelings all together, all at once.

“Medical school as a parent? Probably impossible," were my initial thoughts as I began my research for this topic. This degree demands the grit, tenacity, and commitment that seems proportionately out of scale. Why would anyone want to hurl themselves into this ferocious being called “medical school"? As it turns out, we do have some brave and tenacious souls battling this monstrosity. One of whom would be Nikki McLean, an ultra-fit, energetic mom of one. Her journey started with the pandemic, and as a way to prove to her daughter that *“...you can have responsibilities, face setbacks and still pursue something you really want to achieve."* An impressive role model we can all learn from.

Our next interviewee would be Ruth Ritchie, a lovely, committed mum, whom I had the opportunity to work alongside as third-year student representatives. Ruth’s journey to parenthood was touching; after struggling with fertility issues, she found out that she was pregnant just one week before the first year started. And now she has two beautiful kids as she enters her fourth year!



Ruth and her child (Image credit: Ruth Ritchie)

There are no current data available on how many current medical students are parents or carers, and this bugged me; thus, I sought out these admirable classmates in my year to see what life was like as a parent in medical school. My curious little mind wanted to see life from a different perspective; hence, we will explore the motivation, challenges, and impact such students bring to life in such a rigorous and demanding course.

What motivated you to start medical school as a parent?

Finding this innate drive wasn’t as different as I expected; like many of us, they both mentioned their main motivators for starting medicine would be their passion and past personal experiences with the healthcare system. Although they've had quite the opposite reaction when their passion unfolded, some had full support from friends and families, while others faced harsh remarks of “facing reality". In both scenarios, making this decision would not have been simple nor straightforward; many issues and setbacks come to mind. Things like finances, relationships, prior commitments, and just being a parent would send most of us into a ball of anxiety.

What challenges did you anticipate before starting, and how does reality measure up?

Before one begins this journey through medical school, our worries snowball; for our mothers, this wasn’t just a snowball, this came like an avalanche. *“Trying to juggle raising kids, a full-time degree and making enough money to put a roof over our heads ...”* said Ruth. It seemed to be just the tip of the iceberg when it came to the challenges they anticipated.

Time, time and more time were overarching concerns for them; according to Nikki, she underestimated how much of a difference having a child would make to how she approached her time. Fortunately, there is a bonus to having so much on your plate: you learn how and what to prioritise! Having children provided them a new perspective on what is actually important to them in their lives. There are times in which your kids come first and non-negotiable situations where one has to step up, while there are times in which their academics need attention. *“Due to the condensed time, I had no excuse to procrastinate; I felt that this was beneficial,"* emphasised Ruth as we discussed her daily schedules.

But how? How do these parents find the drive and energy to push through each hectic day? With the addition of placements on top of their already packed schedule, this has been a major hurdle that has emerged in their lives. Organising drop-offs and pickups, childcare

Mission Impossible? contd.

and even just a moment to themselves has been difficult. Thankfully, they mentioned that the university has provided them with allocations that were closer to home to adjust for such ever-changing circumstances. Alongside that, most of the doctors were understanding and fluid with their situations, as they themselves were usually also parents.

However, with all this said, the support they receive as mature students was likely inadequate. Ruth mentioned that she *"felt it was [all] only possible through individual efforts by individuals at medical school, rather than the whole institution as a whole,"* and that *“it would be useful if the university had greater ability to help students from mature family planning backgrounds. The number of those students will increase as time goes on.”* This unfortunately is not an isolated apprehension, as most students worry and do not plan to have children during med school, as they worry that institutional support is virtually not viable.[1] Leading to health concerns, as female physicians appear to delay childbearing compared with non-physicians and therefore initiate reproduction at older ages, causing them to be at an increased risk of adverse risks.[2] This all boils down to a serious lack of support by institutions all around. Without proper preparation, reasonable flexibility, adjustments, the help of amazing individuals and definitely the support of their families, this wouldn’t be feasible.

As a parent, you have to manage both home and ward. What perspective or different skillset do you think you bring to both?

Empathy. It seems obvious, but for many medical students, compassion fatigue is increasing as we speak.[3] The fundamental building block of a physician stems from their desire to help others, but sometimes this is heavily taxing. We become the patient’s one-stop centre for all their problems in life. Through becoming a parent, they have since grown a deeper sense of empathy for patients but also a way to manage boundaries. I believe this springs from the endless needs that a child has; learning how to say “no” during certain moments is more than relevant and applicable in both settings. An example was evident when I witnessed a senior psychiatrist handle and de-escalate patients who were aggressive and unrightfully demanding. After the experience, I managed to chat with her, and it turns out she was a mum of three! She believes that becoming a parent helped her fine-tune her perception and management of patients. Although they have mentioned plenty of other skill sets, this stood out to me as something rare and is a great learning repertoire they have that we can ascertain.

Lastly, what advice do you have for new or incoming medical students or current parents?

“I think my biggest piece of advice would be to remember why you started," insisted Nikki; this resonated with me significantly. As we know, medicine isn’t the easiest nor the most financially rewarding career some might hope for. Therefore, one needs to be *“... genuinely passionate about [medicine], be incredibly curious, and love learning and developing ...,"* says Nikki. *"...I want a career where I can keep growing while also having the opportunity to make a positive difference to people's lives."*

Being a student or parent alike, one needs to learn how to look after oneself, as Nikki emphasised that *"looking after yourself isn't a luxury."* This encompasses our mental and physical wellbeing, as well as advocating for oneself. As Ruth mentions, *"Just speak up. If you need something, within reason, it will be possible. If you don't ask, you won't get it.”* This applies to every aspect of our studies. If you are a mature student, a carer or even just a student hoping to build a family, it is important to champion your goals. *"Talk to people, communicate, and try and fight your corner. Promise you'll get through!"* encouraged Ruth.

Lastly, it is pertinent to remember that you deserve the place you have worked so hard to reach. They both stressed how important it was to have mature students around; as seen in this article, they bring about a brand new perspective and such invaluable skills to healthcare.

This article has been a journey of emotional resilience and admiration for parents in medicine. It is a rough and patchy road, one not so often chosen, but still chosen indeed. We have learnt a tremendous amount from them, and I couldn’t thank them both enough for showing me a vital viewpoint about life and medicine. Evidently there is still plenty of change required to shape medicine into something more tangible to all, parents included. But I sincerely hope that this has been a glimpse into the life of such admirable human beings. Parents are incredible beings; now go call your parents and thank them!

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3. Zhong X, Chen J, Yang B, Li G. Compassion fatigue among medical students and its relationship to medical career choice: a cross-sectional survey. BMC Medical Education [Internet]. 2025 May 21;25(1):742. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC12096707/
4. Picture from Ruth

FRESHERS' RECIPE BOOK

- Getting bored of beans on toast every day?
- Here are some budget-friendly recipes from other medics to keep you fed after a long day of lectures....

Marry Me Chicken Pasta

Ingredients:

- For the chicken:
  - Smoked paprika
  - Cayenne pepper
  - Garlic powder
  - Chicken bouillon
  - Black pepper
  - Italian seasoning
  - Olive oil
  - Chilli flakes
- Diced onions
- Sundried tomatoes
- Tomato paste
- Pasta water
- Heavy cream
- Baby spinach
- Spices of your choice
- Pasta of your choice



Method:

- Boil the pasta in salted water while you do the chicken.
- Season chicken, oil pan and cook until brown/cooked through.
- Remove the chicken, add some oil from the sundried tomatoes into the same pan and sautee onions.
- Add sundried tomatoes and tomato paste, cook for a couple of minutes.
- Use pasta water to loosen the pan, then add heavy cream, Italian seasoning, garlic powder, bouillon, and chilli as per prederence. I also like spinach so you can wilt that in the sauce.
- Add in the pasta and mix in with the sauce, then top with the chicken.
- Serve with basil and parmesan if ya like!

Average cost per portion:

About £3.25, bigger batch could probably be below £3

Salmon Rice Bowl



Ingredients:

- Salmon fillets
- Jasmine/sticky rice
- Soy sauce
- Mayo
- Sriracha
- Avocado (optional)
- Little gem lettuce (optional)

Method:

- Rinse your rice and cook in salted water as per instructions.
- Mix mayo and sriracha together in a small bowl
- Dab salmon fillets dry with a paper towel and season with pepper.
- Preheat a frying pan with olive oil at medium-high
- Add salmon and let sear for 2-3 mins before adding soy sauce to the pan and cooking for another minute
- Assemble your bowl by mixing rice with flaked salmon, sriracha mayo, and chopped avocado, and serve with lettuce.

Average cost per portion:

~ £2.50

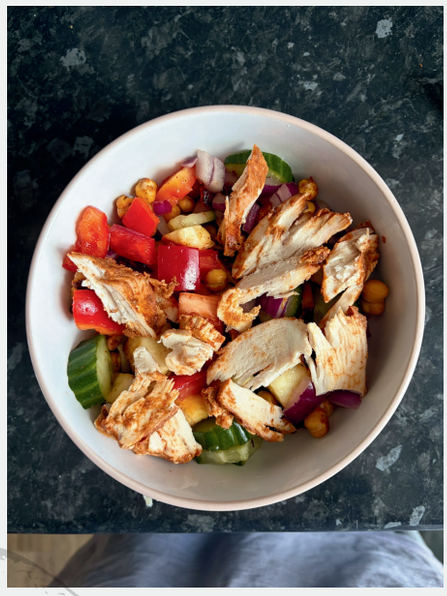
Thank you to everyone who sent us their recipes!

Chicken, Halloumi & Chickpea Salad

Ingredients:

For 4 servings:

- 225g halloumi
  - 16g honey
  - 4ml garlic infused olive oil
- 240g chickpeas
  - 10g paprika
  - Pinch of sea salt
- 200g BBQ chicken
- ½ cucumber
- Beef tomato
- 1 red pepper
- 1 red onion



Method:

- Drain chickpeas and season with paprika
- Put chickpeas into the airfryer until crisy (~20mins)
- Put oil into a pan on a medium heat on the hob
- Chop halloumi into cubes and place into hot oil
- Drizzle honey over halloumi and let it cook on a high heat until brown (~10mins)
- Chop up salad and cooked chicken and add them to a bowl
- Add cooked chickpeas and halloumi to the bowl and mix

Average cost per portion:
~£2.20

Spicy Aubergine Gnocchi

Ingredients:

- Garlic (1/2 gloves diced)
- One red chilli sliced or diced
- 1 tin of peeled plum tomatoes
- 1 aubergine sliced into around a centimetre or two width
- Half a bag of gnocchi



Method:

- Add the garlic and chilli to a medium heated pan with a drop of oil. Cook for a minute.
- Add the aubergine and tin of tomatoes. Mash down the tomatoes and stir to create a sauce.
- Add small amounts of water as needed as the aubergines need moisture to cook.
- Add salt, pepper/ any other seasonings.
- Turn down heat and cook for around 10 minutes until the aubergine is soft.
- Add the gnaoccbi to boiling water and turn down to simmer for 2 minutes. They are ready when they rise.
- Drain and add gnocchi to the pan and stir through. There will be extra sauce so you can keep that and use for the other half of the gnocchi another night.
- Add any topping you like, I'd suggest cheese!!

Average cost per portion:
£1.50

- Looking after your wellbeing is super important in medical school, especially around exams - and that includes eating well!

- Remember to keep your brain and body fuelled; it doesn't have to be difficult or expensive!



Arts Spotlight 1: Medical Autonomy in Art

Hana Mian | Arts Editor | MBChB3

'The Handmaid's Tale', Margaret Atwood

'The Handmaid's Tale' is less of a dystopian cautionary tale, and more of a haunting reflection of reality. Writing in Alabama and West Berlin in the early 1980s, Atwood creates the nation of Gilead, a totalitarian state where women are second-class citizens, run by a religious military group. The novel follows 'Offred,' one of the women known as 'handmaids' who are forced by the state into reproductive slavery in the face of declining birth rates.



'The Handmaid's Tale', 1986 (Image credit: Encyclopædia Britannica)

The novel's persistent popularity - spiking with political shifts like Trump's candidacies - proves its universal relevance. It is banned from many public schools in the US, which is ironic given that in the book, reading is illegal for women. 40 years since its publishing, Gilead's authoritarian regime of control over women's bodies still holds up a mirror to today's attacks on reproductive and gender-affirming healthcare in the UK and beyond. Forced sterilisation, LGBTQ+ 'conversion therapy,' female genital mutilation, and restricted reproductive healthcare access are key themes in the novel. These are of course not the inventions of sci-fi, but realities in many different settings across the world, especially for lower-income communities and people of colour. Atwood herself stated, 'I would not put anything into it that human societies have not already done.' The novel's setting, a world of environmental collapse and declining birth rates, also feels uncomfortably close to our own. Reproductive health is already seeing the effects of heatwaves, pollution, and food and water insecurity.[1]

Gilead's government utilises medicine as a method of control, enforced by physicians. The doctors depicted in the novel are unnerving; they conduct exams on the handmaids from behind a curtain, barred from seeing their faces. Offred describes herself as a 'two-legged womb,' a brutal way to illustrate how women are viewed in this society. The way medicine is practiced in the novel feels sinister - it's a reversion to paternalim but now with access to modern equipment and knowledge, making it all the more frightening to readers today. The novel is a reminder to us as future doctors of our very real responsibility to advocate for and protect the autonomy of our patients in a rapidly changing world.

'Just Take Ibuprofen', Emily Kampa



'Just Take Ibuprofen' copper print (Image credit: Emily Kampa) @stressyandlemonzesty

This copper plate print depicts the instruments used in an intrauterine device (IUD) insertion, to scale. In person, the print is displayed horizontally on a medical cart, allowing viewers to see it in a similar way as the artist would have for the first time. I like this piece because it's a good visual reminder of how intimidating procedures that we see all the time can seem from a patient's perspective.

Not everyone experiences significant pain during/after this procedure - however, clinicians generally underestimate the pain and anxiety experienced.[2] Guidance states that there is no single 'best' pain intervention, but that forms of local anaesthesia have better outcomes.[3] Notably, studies of prophylactic ibuprofen use have not shown a reduction in pain[3] - but the NHS website still recommends it![4] It also provides limited information about what pain management options are available, but simultaneosly advises those who are concerned about pain to raise this themselves with the practitioner. This advice places responsibility on the patient rather than the clinician, which could affect the consistency of care. If a patient is unaware that alternative interventions can be used, how can they know to ask?

Additionally, anticipated pain and anxiety can produce higher pain scores during this procedure.[5,6] A reassuring, supportive practitioner who works *with* the user will not only reduce pain at the current appointment, but also lay the groundwork for better outcomes at future appointments - this applies to all gynaecological procedures!

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2. Akintomide H, Brima N, Sewell RD, Stephenson JM. Patients' experiences and providers' observations on pain during intrauterine device insertion. The European Journal of Contraception & Reproductive Health Care 2015;20(4):319-26
3. The Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists. FSRH Statement: Pain Associated with Insertion of Intrauterine Contraception. 2021. https://www.cosrh.org/Common/Uploaded%20files/documents/fsrh-clinical-statement-pain-associated-with-insertion-of-iut-jul-2021.pdf
4. NHS. Getting an IUD (intrauterine device) or copper coil fitted or removed. nhs.uk. 29 February 2024. Accessed 28 September 2026. https://www.nhs.uk/contraception/methods-of-contraception/iud-coil/getting-it-fitted-or-removed/
5. Akdemir Y, Karadeniz M. The relationship between pain at IUD insertion and negative perceptions, anxiety and previous mode of delivery. The European Journal of Contraception & Reproductive Health Care 2019;24(3):240-5.
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PETS *of the* WOLFSON

Arthur
2 years old

He once ran off a cliff (completely fine btw but it was absolutely terrifying)



Jules, MBChB4

Cookie
11 years old

He loves custard creams and chicken nuggets!



Megan Donaldson, Intercal

Freddie + Lotte
Just turned 5!

Freddie once ate an entire dragonfly! Both of them were born in a barn and taken in by the cats protection where we adopted them!!



Emily McDougall, Intercal

Surgo Vision Competition

The Surgo Vision Competition invites students to see beyond textbooks and stethoscopes - *we are looking for photos and images which capture the essence of what it means to be a medical student.*

Empathy - community - clinical skills - sustainability - curiosity - resilience - what does medicine mean to you?

- Submit your original photos, drawings, paintings, graphics etc. to surgo_uofg@outlook.com along with a short description of the image and what it made you think/feel.
- Prizes available!



A Reading List for First-Year Medics

(And for Those Wanting to Brush up on The Basics)

Lewis Taylor | Surgo Finance Editor | MBChB4 | BSc (Med Sci) Clinical Medicine (Hons)

A myriad of medical learning resources await new undergraduate medical students, but in the modern era, it can be difficult to know where to start, what resources to use, and which to ditch. Although textbooks may seem old-fashioned or daunting at first glance, they form the foundation of undergraduate learning for a reason. Despite their ubiquitous presence online, they are often underutilised and are continually substituted for their friendly, flashier, short-form-content counterparts. And there is only so much you can learn and retain from a sixty-minute lecture, a sixty second clip, or an AI-generated summary...

During first year, developing a good grasp of key biomedical concepts will stand you in good stead for future undergraduate and postgraduate medical training. Phase One passes surprisingly quickly, thus making early engagement with good-quality learning resources particularly valuable.

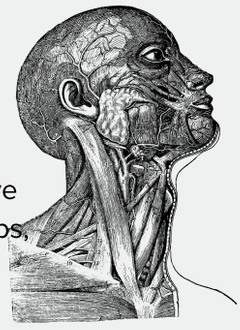
Fundamental medical topics are best initially learned through reading a relevant textbook. Nobody would suggest reading a textbook from cover-to-cover like a novel. Instead, students should read specific chapters or subsections targeted for their current learning needs. This foundational learning can then be supplemented and reinforced by different media such as videos, summaries, animations, flashcards, and question banks (and, of course, clinical placement) for consolidation and revision. Modern editions of medical textbooks contain far more than dense passages of text; detailed anatomical illustrations, diagrams, and clinical images accompany text to contextualise and reinforce key content.

Print textbooks can be accessed and/or borrowed through the University *of* Glasgow Library Building. However, countless up-to-date and excellent quality digital versions of textbooks are available through:

- The University *of* Glasgow Library (digitally via Glasgow MyCampus Student Portal).
- ClinicalKey® Student (via U*of*G institutional login, giving access to many Elsevier textbooks).
- NHS Knowledge Network (via OpenAthens).

Throughout the remainder of this article, textbooks are listed by medical topic as recommended starting points for your learning (please note there is a degree of overlap as some may cover several subject areas). This list is neither exhaustive nor is it intended to suggest the definitive "best" textbooks. Finding resources and specific textbooks that work best for you takes time; these are simply recommendations intended to help you at the very start of your medical career. Textbooks are regularly updated, so any reader should seek out the most up-to-date edition.

For transparency, no conflicts of interest exist, nor any endorsements or sponsorships received in relation to any of the resources mentioned.



Anatomy

Gray's Anatomy for Students – While more reading-heavy than alternatives, Gray's contains comprehensive explanations of anatomical relationships, surface anatomy, and radiological applications supplemented by many brilliantly straightforward illustrations and diagrams. Chapters are separated by anatomical body region and by body system, tailoring reading to the student's needs.

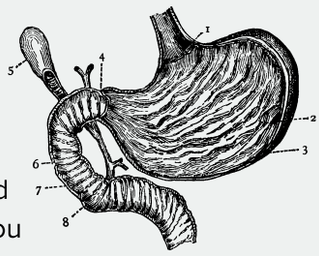
Netter's Atlas of Human Anatomy and Netter's Collections of Medical Illustration by Body System – Netter's illustrations are famous for their unique aesthetic and meticulously labelled anatomical plates. Versions are available by *'A Systems Approach'* or *'Classic Regional Approach'*. Netter's collections contain limited explanations; they are best used after a basic knowledge of anatomy has been acquired. The extensive collection of artwork could be used to supplement anatomical descriptions, other textbooks, or lecture slides.

Moore's Clinically Oriented Anatomy – For the student always seeking clinical relevance; Moore's provides very dense, detailed explanations of core anatomy supplemented by clinical relevance including common conditions, findings on clinical examination, injuries, and surgical procedures.

A Reading List for First-Year Medics contd.

Students will find their practical anatomy dissection and prosection labs most useful and informative where reading has been conducted prior to these sessions. Digital and virtual learning resources that allow students to develop a greater appreciation for anatomy in three-dimensions may further supplement learning.

Physiology



Guyton and Hall Textbook of Medical Physiology – Likely the most widely used medical physiology textbook, Guyton and Hall's narrative style guides you through basic concepts into organ, system, and whole-body function. It provides exceptionally clear and thorough explanations of physiological body processes, not simply presenting facts. It is therefore a lengthier read than some alternatives but is ideal for students aiming to build strong foundations and a genuine understanding of *why* the body works the way it does.

Boron and Boulpaep Medical Physiology – This textbook distinctly approaches physiology from the molecular and cellular levels and is recognised for its depth, detailed figures and flowcharts, and integration of pathophysiology. An entire chapter's worth of reading may provide more detail than is required for the Phase One reader, but paragraphs may be used selectively to consolidate understanding, where a deeper insight is required, or further into one's undergraduate learning.

Costanzo Physiology – A clear, succinct, and easy-to-digest presentation of core physiological concepts that, along with its simple visuals, provides a sound summary for the preclinical medic. It focuses on *what* happens physiologically in a concise style making it well-suited to exam preparation. However, it sacrifices the intricate depth of reasoning into exactly *why* something happens.

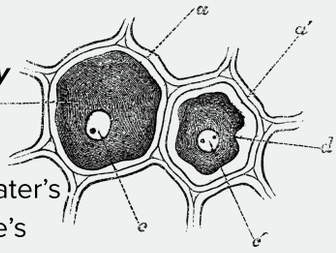
Biochemistry and Cellular Biology

Pollard's Cell Biology – The undergraduate reader is introduced to cell structure and function with highly detailed explanations integrating molecular biology, biochemistry, genetics, and physiology. Key experiments, microscopic techniques, and research discoveries are incorporated to explain how we have arrived at the current best evidence and scientific basis underpinning modern cellular biology.

Baynes and Dominiczak's Medical Biochemistry – Molecular processes and clinical investigations are linked to disease processes rather than teaching specific pathways in isolation. This integration of metabolism and enzymatic pathways with clinical medicine emphasises how basic science underpins medicine, making it an attractive and useful choice for medical students.

Meisenberg and Simmon's Principles of Medical Biochemistry – Mechanisms are explained with the intention of providing a deep, logical understanding of the biochemical pathways underlying cellular processes, why they occur, their regulation, and their integration with other pathways. It advocates a genuine understanding of processes rather than simply rote learning facts. There are fewer clinical and disease examples which may benefit the first-year reader; it reads more like a traditional science textbook.

Histology

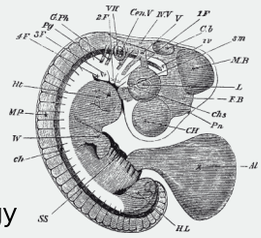


Wheater's Functional Histology – Perhaps the most well-known histology textbook among Scottish medical students, Wheater's excels in explaining a tissue's structure and function, and why this is related to what we observe under a microscope. It has an extensive atlas-like image collection combined with strong and concise explanations helping students recognise specific tissues on a slide.

Netter's Essential Histology – Histology slides with detailed explanations are paired with Netter's famous anatomical artwork, helping contextualise histology with the associated gross anatomy. Identifying specific tissue features with Netter's drawings helps before moving on to interpreting histological tissue specimens.

Stevens & Lowe's Human Histology – A striking balance of explanatory text and high-quality histological images, Stevens & Lowe's emphasises understanding tissue organisation rather than memorising and recognising specific tissue appearances. It incorporates many simple diagrams supporting early learning and integrates anatomy and pathological changes to apply this knowledge clinically.

Embryology



Human Embryology and Developmental Biology – Carlson's provides a rigorous and detailed explanation of developmental biology

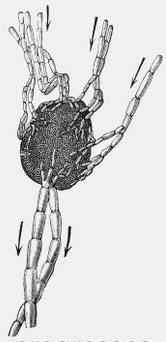
A Reading List for First-Year Medics contd.

with particular emphasis on genetics as well as molecular signalling and regulatory embryological pathways. This textbook is particularly suited to the student wanting to understand why developmental processes occur the way they do, but can be very complex to the embryology-naive reader.

Langman's Medical Embryology – This provides a very balanced introduction to normal embryological development and its clinical correlations. In Part 1, the reader chronologically progresses through the earliest days of ovulation and conception through to the foetal stages prior to birth. Part 2 focuses on a systems-based approach to embryology. This textbook is ideal for developing a good understanding of key developmental processes and the essential regulatory signalling molecules involved.

Concise Clinical Embryology: an Integrated, Case-Based Approach – As the name suggests, rather than memorising development as a series of stages, this introduces embryological concepts through clinical scenarios and congenital abnormalities. As such, it sacrifices depth and detail for its engaging clinical nature and readability and possibly lacks specifics of the developmental stages in series required for Year 1 knowledge.

Immunology



Basic Immunology: Functions and Disorders of the Immune System – Provides an excellent introduction into the core functioning and mechanisms of the human immune system. It incorporates many useful illustrations and pathways to cover fundamental immunological concepts and applies this clinically as the reader progresses through the text, especially the latter chapters focusing on autoimmunity and cancer pathogenesis.

Buckland's Immunology for Medical Students – This similarly provides a clear introduction to immunology, assuming only a basic existing biochemical knowledge. It strikes an excellent balance between factual knowledge, conceptual reasoning, and clinical application while delivering information at an appropriate level of detail required for the preclinical medical student.

Pharmacology



Rang & Dale's Pharmacology – Drug treatment makes up a huge part of clinical practice; gaining an appreciation of pharmacokinetics and pharmacodynamics at an early stage makes the clinical application and memorisation of specific drugs far easier. Understanding the mechanism of key drug classes and their target sites allows students to navigate unfamiliar medication rather than solely relying on rote learning.

Clinical Examination and Communication



MacLeod's Clinical Examination – A fundamental textbook for students to learn the foundations of bedside medical practice. It provides a systematic approach to history taking and physical examination both generally and across all major body systems. It has a strong emphasis on practical bedside skills, explaining clinical signs, common findings, and the underlying causative pathophysiology with excellent explanations and accompanying diagrams and photographs.

Bates' Guide to Physical Examination and History Taking – With an excellent focus on communication skills, Bates covers the core concepts of history taking and clinical examination in a notably patient-centred manner. It has a strong emphasis on developing rapport to aid information gathering, facilitating a holistic understanding of a patient and their story.

Clinical Medicine

This *genre* of medical textbook may not appear immediately relevant to the first-year medical student; where much learning is focused on biomedical science, clinical medicine textbooks contextualise key conditions and patient presentations by integrating anatomy, physiology, pathology, epidemiology, and bedside practice.

Davidson's Principles and Practice of Medicine – A beginner-friendly and easily readable introduction to common diseases, their key principles, and clinically relevant learning points. It provides a concise overview of basic knowledge and understanding, making it useful to the preclinical learner which can then be supplemented and developed upon by local and national guidelines in further years. Davidson's also contains a good chapter on core concepts in

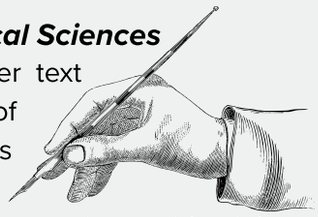
A Reading List for First-Year Medics contd.

epidemiology and population health (e.g. determinants of health, health inequities, principles of screening, population based health interventions etc).

Kumar and Clark's Clinical Medicine – A comprehensive medical textbook with a strong emphasison disease mechanism and their clinical manifestations and consequences. It integrates basic sciences, pathophysiology, clinical medicine, investigations, and treatment with more detail and explanation into why a given disease results in specific signs and symptoms.

Extras and Revision Tools

Syndercombe Court's Medical Sciences – A good and basic all-rounder text providing a simple overview of biomedical science. It is particularly useful for an introduction to core concepts in epidemiology, biochemistry, cell biology, genetics, immunology, pathology, microbiology, and basic systems-based physiology. For new first-year medical students, this provides a broad introduction to many biomedical principles in an integrated single volume.



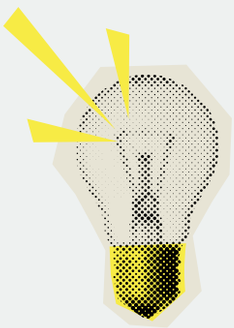
The At a Glance Series – These are useful for revision and consolidation of the absolute very basics in a 2-page spread per topic, but do not contain enough information for a sound, in-depth understanding of core medical concepts. Each page of text is accompanied by a page of useful figures, graphs, and diagrams. Students may find this useful to read for reinforcing material from lectures, labs, and textbook reading or quick preparation for tutorials or assessments. This series works best when paired with more comprehensive textbooks.

The ECG made Easy – Although it may seem an advanced topic for the first-year reader, ECG interpretation is a fundamental skill for all medical students. Joanna and John Hampton's The ECG Made Easy teaches the reader a systematic approach to ECG interpretation, starting from the absolute basics of electrophysiology before logically progressing through the interpretation of ECGs. Instead of simple pattern recognition, it emphasises an understanding of why ertain pathologies cause the associated ECG changes.

Ultimately, no single textbook will teach a medical student everything they need in order to become a good doctor. Nor does (or should) any medical student learn exclusively from books. Textbooks form the foundations upon which lectures, labs, tutorials, videos, question banks, and clinical placement build. The aim is not to read every single page of each textbook listed above, but rather to suggest a few useful, accessible, and good-quality learning resources you can refer to throughout your first year of study, and beyond! The goal is not simply to memorise facts, but to develop strong foundations of medical understanding that will make future learning easier, more enjoyable, and more rewarding. Happy reading, and welcome to medicine.

Visual Abstract *Competition*

£100 up for grabs!



- Turn your research or audit into an engaging, comprehensive visual abstract.
- Top 5 submissions are published and win a copy of *Kumar and Clark* - AND compete at the end of the year for a £100 prize!
- Submit your **visual abstract and your written abstract research** (introduction, methods, results, and conclusion - 250 words) to surgo_uofg@outlook.com.

Tail Lights

A note on provenance - the name of this column was suggested by Professor Sir Graham Teasdale: Like the Tail Lights in a car the red glow on a dark highway offer comfort and warning to the people tracking your path, showing them where the hazards lie without dictating their destination.

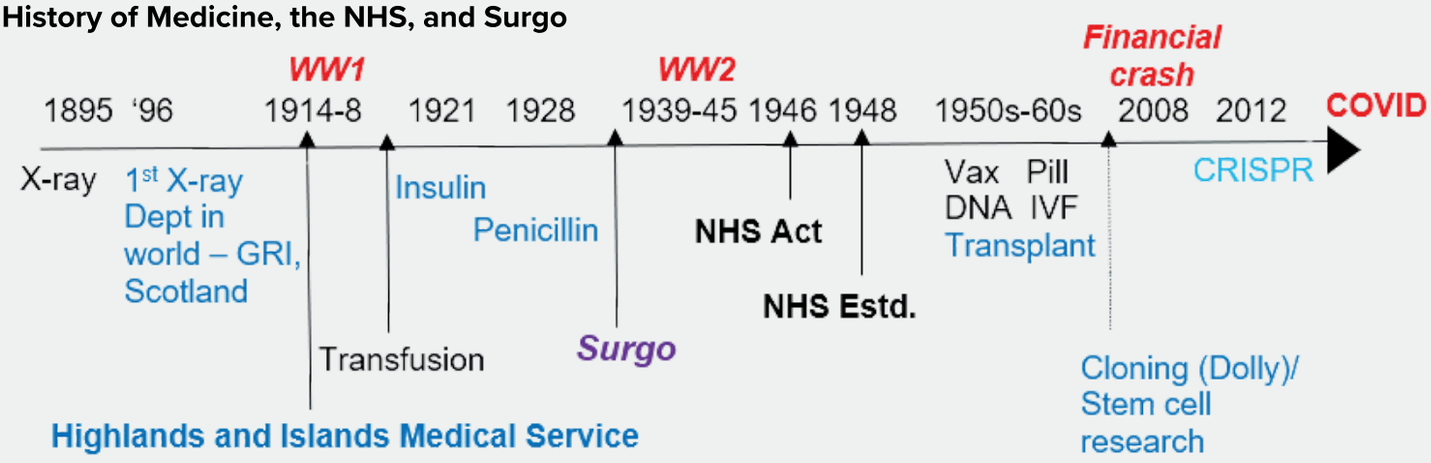


Toyota Yaris Cross

Professor Cindy Chew

Welcome everyone to the new academic year 2026/7! I am looking forward to working with Nina Kacmarska at the helm, as she moves from Secretary to Editor-in-Chief of Surgo.

History of Medicine, the NHS, and Surgo



The Beveridge Report (1942) identified 5 Giants / Evils / Blights standing in the way of post-war UK reconstruction. Disease, Want (poverty), Squalor (poor housing), Ignorance (lack of access to quality education) and Idleness (mass unemployment). The NHS Act (1946) was created as the corner stone of broader policies on the mission to slay these blights, stating "*it shall be the duty of the Minister of Health to promote the establishment of a health service to secure improvement in the physical and mental health of the people and the prevention, diagnosis and treatment of illness*". Up to then, medical care was expensive - working-class people could not afford a doctor or hospital treatment and had to rely on charities or the Poor Law. This law came into effect on 5 July 1948.

Ah! But did you know that Scotland had been pioneering state-funded healthcare through the Highlands and Islands Medical Service (HIMS) since 1913 — decades before the NHS? I've pulled together some of the most significant medical breakthroughs in the last 130 years in the timeline above. And I couldn't fit everything in! There is **a lot** of blue isn't there? Try and see if you can find the connection between them and Scotland / Glasgow for those in blue. Are you surprised? Of course not! This is why you are a medical student in Glasgow.

Present and Future of Medicine and the NHS

The NHS fundamentally reshaped the social fabric and economic landscape of the UK. As the world's first universal healthcare system free at the point of use, it removed the pervasive fear that illness could lead to financial ruin and became a cornerstone of the British **welfare** (definition: "the health, happiness, prosperity, and overall well-being of a person or a group") state.

Impact: Life expectancy rose (~13 years since 1940s), medical destitution was eradicated, infant mortality quashed.

The NHS was not just an employment powerhouse, it also underpinned and allowed expansion of UK economic productivity - by keeping the population healthy.

The people of Britain have always had the protection of the NHS (unless you are 78 or older). However, Scotland's healthy life expectancy has fallen by around two years since its peak in the early 2010s. It currently stands at around 59 years — well below state pension age. For many people, this means years of living with ill health before they even *qualify to retire*. Scotland has the lowest healthy life expectancy of all 4 UK nations – and remains among the lowest in Western Europe. This fall from "peak health" (2011-4) has been attributed to widening socioeconomic deprivation, modern morbidity shifts and austerity (government spending cuts on public services and welfare; **Social Murder** – Walsh, McCartney, 2024).

As part of Health reform ("there is no money!"), the newly

Tail Lights contd.

formed Scottish Government is considering what the future doctor is (Future Medical Workforce Review, 2025). With 17,246 practitioners and 24, 368 licensed doctors in Scotland, 207 doctors and medical students took part in focus groups exploring the question: **What is a Doctor?**

Meanwhile, doctors are burning out and cutting work hours to protect patients and themselves. In 2024/25, 1.61% of consultants' working days were lost to sickness absence, compared with 5.13% across the NHS workforce – versus a public sector average of 2.9% and 1.8% in the UK private sector. All this against rising demand for medical services from an ageing population, persistent health inequalities and an increased burden of disease.

There were 72,552 applications from over 47,000 doctors for 9,315 specialty training posts in 2026. **The Medical Training (Prioritisation) Act 2026** improved the odds somewhat for 19,706 graduates from UK's expanded medical schools. Introduction of computer generated randomised allocation of medical graduates to Foundation (FY) jobs (**PIA**, 2024) saw initially 4 then 74 Scottish graduates (125 nationally) miss out on Scottish FY placement.

Breaking news: Scotland has now introduced the **Scotland First** process, which guarantees allocation to the Scottish Foundation School for all graduates receiving their Primary Medical Qualification from a Scottish medical school who opt in. This does not guarantee a particular region or programme — those are still allocated through the existing process. Kudos to the BMA Scottish Medical Students Committee, together with the Scottish Resident Doctors Committee, for their incredible hard work and successful lobbying to deliver this result!

Statutory frameworks protecting patients (and doctors): GMC Good Medical Practice stipulates doctors' duties to raise concerns if patient safety is at risk. The Health and Care (Staffing)(Scotland) Act 2019 places legal duties on Health Boards and care providers to ensure sufficient skilled staff level, recognises good staff wellbeing is necessary for safe, high quality care and the right to raise concerns. The Memorandum of Understanding (2024) between Police and Healthcare regulators (including GMC) aims to speed up coordinated investigations when patients suffer severe life changing harm (physical or psychological) or die due to suspected criminal behaviour. While systemic failings may be investigated under Corporate Manslaughter, individual managers or health professionals could still be prosecuted separately for Gross Negligence Manslaughter or other criminal laws.

Present for you: Hope through Surgo

Yesterday is history, tomorrow is a mystery, but today is a gift.
That is why it is called the ***present.***
Eleanor Roosevelt, Bil Keane, Master Oogway (Kungfu Panda)

You are our **Hope**.

Your job today is to learn the knowledge and skills to make you a good doctor for your future patients. Learning requires us to build on existing foundations (that includes understanding history and prevailing politics!) while aiming for a future goal – passing exams (MLA in MB5) and joining the purposeful, privileged vocation of Medicine.

Sir William Osler ("Father of Modern Medicine") said "To study the phenomenon of disease without books is to sail uncharted sea, while to study books without patients is to not go to sea at all."

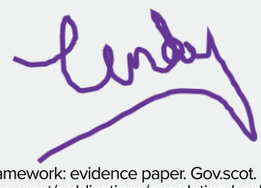
To that end – I commend you to:

1. Send in your art or photographs to the Surgo Vision competition and
2. Turn your student audits into Visual Abstracts!

Top 5 submitted abstracts get published (CV fodder), win a copy of *Essentials of Kumar and Clark's Clinical Medicine* **AND** compete at the end of the year for a further £100 top prize.

To be excellent doctors, we need to keep well. That starts today. Exercise, eat well, find and grow your social circle and find joy in something. Perhaps you might consider joining **Laura Hewitt's** Arts Society – let the Arts in its myriad forms and commensality inject and sustain joy and humanity in us. Thriving is an act of subversion!

Until the next Tail Lights!



1. The Scottish Government. Population Health Framework: evidence paper. Gov.scot. 17 June 2025. Accessed 2 October 2026. https://www.gov.scot/publications/population-health-framework-evidence-paper/pages/5/
2. Smith G, Gray N. Future Medical Workforce Project: Phase 1 Report, Chief Medical Officer. 2025. https://www.gov.scot/publications/future-medical-workforce-project-draft-phase-1-report/
3. Peart L. NHS sickness absence at 'unsustainable levels', report finds. Healthcare-management.uk. 4 June 2026. https://www.healthcare-management.uk/nhs-sickness-absence-unsustainable-levels-report

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