DEPARTMENT OF GLOBAL HEALTH & SOCIAL MEDICINE

KING'S College LONDON

Winter 2020

NEWS

A warm welcome to those joining us as new students and to all our returning students. August 2019 marked the end of our first year in Bush House. We have truly enjoyed being in this state-of-the-art accommodation and having the Department co-located in one space – bringing together all staff and postgraduate students.

I am delighted to tell you that we have once again been very successful in the academic promotions round. In 2019, Drs Carlo Caduff, Courtney Davis and Ann Kelly were all promoted to Reader – in recognition of their considerable achievements in research, teaching and overall commitment to the Department, and to the wider academic community. In addition, Dr Wei Yang received confirmation of her appointment.

There have also been several changes amongst our Professional Services colleagues: Alysia Montrose was promoted to Student Engagement Manager for the School for Global Affairs; Timothy Rogers was appointed as Senior Programme Officer for our undergraduate programmes and Lee Sparks was appointed as our Student Engagement Officer. A warm welcome to both Tim and Lee! Lee is working with Alysia on our very active student engagement programme, including working closely with the Global Health Society, the Lunch and Learn series, and sponsoring students to attend the Global Health Film Festival. We've also launched our student buddy scheme for undergraduate students. Meanwhile, Dr James Fletcher continues to lead on careers and has kept you informed of many careers-related events, including our drop-in careers appointments and a talk by the Clinton Health Action Initiative with the Global Health Institute. James and Lee are also working on an Alumni event to be held Spring Term 2020. Watch this space!

We also continue with our grant successes, including £8 million from the ESRC (2020–2024) to fund the first five years of a major national and international research centre on Society & Mental Health, co-directed by Professors Nikolas Rose and Craig Morgan (IoPPN). We are also delighted that Dr Ann Kelly received monies for her research exploring design solutions for sustainable mosquito control and Dr David Reubi for his research measuring and mapping cancer in Sub-Saharan Africa – both from the British Academy Knowledge Frontiers: International Interdisciplinary Research Projects.

We are very proud of our recent Global Health & Social Medicine BSc graduate, Deborah Olubiyi, who was chosen to be one of the volunteers on the BBC programme, *The Big Hospital Experiment*. Read about this and other successes of our current and former students in this newsletter.

Karen Glaser
Professor of Gerontology
and GHSM Department Head

Contents

Lienkie Diedericks (PhD student) awarded the 2019 Young Scientist Award for Outstanding Presentation

Lienkie received the award at the 25th Annual conference for the World Association for Medical Law in Tokyo. She also presented a paper, which focused on the ethical implications of regulating pharmaceutical drugs embedded with digital sensors in a rapidly evolving digital health regulatory environment.

The UK's first centre to tackle modern society's impact on mental health

We are delighted to announce the forthcoming launch of the first major UK Research and Innovation (UKRI)-funded centre on 1 January 2020. The King's Centre for Society & Mental Health, co-Directed by Professor Craig Morgan (Institute of Psychiatry, Psychology & Neuroscience) and Professor Nikolas Rose (Department of Global Health & Social Medicine), will investigate how rapid changes in modern society impact on our mental health.

Awarded £8 million by the Economic and Social Research Council (ESRC), part of UKRI, for its first five years of interdisciplinary research, the Centre will work with researchers, clinicians, policymakers, users of mental health services and communities experiencing poor mental health to better understand these social dimensions and build effective policies to tackle them.

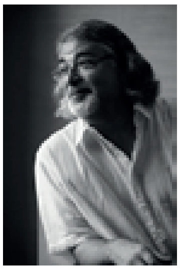
It will address questions in three key areas:

- young people: what impact have recent social and economic changes, from the rise of social media to the growth of precarious employment, had on the mental health of young people?
- marginalised communities: what impact have recent social and economic changes, such as prolonged austerity, had on the mental health of disadvantaged communities, including black and minority ethnic communities?
- work and welfare: what impact have recent welfare reforms had on mental health, and what welfare policies might better promote mental health?

All research will be developed in collaboration with mental health service users, government departments, local authorities, schools, policymakers and charities – ensuring changes are practicable and directed where they will have most impact. Collaborations with research institutions across the UK, Europe and North America will also enable the Centre to build upon and help develop best practice, both nationally and internationally.
There will be a formal launch event on Monday 23 March 2020.

For more details, visit **kcl.ac.uk/research/centre-for-society-mental-health** or **@kcsamh**.

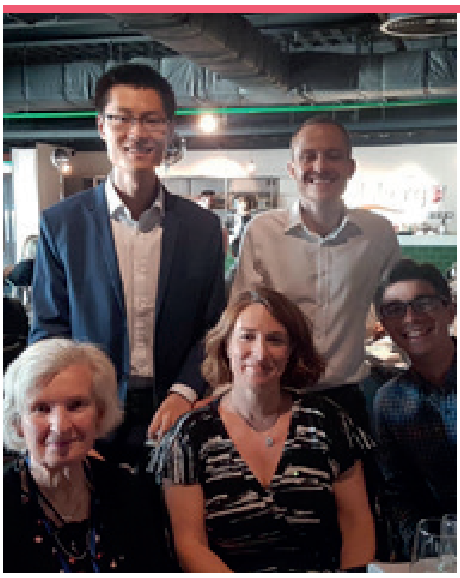
Professor Nikolas Rose awarded an honorary doctorate by the University of Sussex



Professor Nikolas Rose was awarded an honorary doctorate by the University of Sussex on 23 July 2019 for contributions to the field of Sociology. He earned his undergraduate degree in Biology and Psychology at the University of Sussex in 1968. He adds this honorary doctorate to his initial doctorate from the University of London in 1984 and an honorary doctorate from Aarhus University in 2016, alongside many other accolades.

Rose Mortimer awarded her DPhil and publishes a paper resulting from her MA dissertation

Congratulations to Dr Rose Mortimer, Bioethics & Society alumna (class of 2016) for publishing her master's dissertation in Bioethics and Society as a paper in the latest issue of the Journal of Bioethical Inquiry, titled 'Shame, Diagnostic Crossover and Eating Disorders' (**https://link.springer.com/article/10.1007/s11673-019-09923-3**)
Rose has also just graduated with a DPhil from Oxford.



British Society of Gerontology conference, 2019

Members of the Institute of Gerontology made a substantial contribution to the British Society of Gerontology conference in Liverpool in July 2019.

This included presentations from Professor Anthea Tinker and Aideen Young on the 1960s baby boomers and technology; Professor Anthea Tinker and Dr James Fletcher on new towns and the needs of an ageing population; Dr James Fletcher on role negotiation in informal dementia care; Dr Katharine Orellana on shift handovers and encounters in care homes for older people; Lawrence Sacco on factors predicting participation in post-retirement jobs in Sweden; Jiawei Wu on the impact of having a new grandchild on grandparent's mental health; Peter Simcock on involving older deaf-blind people in qualitative research; and Emma Maun on association between caregiving, sleep and the health of older people.

Jessica Tatchell and Dr Tara Mahfoud awarded fellowships at Harvard

Jessica Tatchell and Dr Tara Mahfoud were awarded fellowships to attend the Science, Technology and Society (STS) programme at Harvard University's John F Kennedy School of Government for the autumn semester.

Jessica attended the programme as a Fulbright scholar with the US-UK Fulbright commission and will be continuing with her PhD research, which considers the social, political and normative dimensions of biomedicine and health, particularly in the context of emerging disciplines such as epigenetics.

Tara is working on a book manuscript based on her PhD research, tentatively titled 'Putting the Brain Back Together Again: An ethnography of the European Human Brain Project'. The book explores how debates over how to build brain models and simulations became tied into debates over how scientific communities should be built and what the future of European big science projects should be.

The programme is committed to enhancing research, teaching and public outreach on science and technology, as well as the ways they influence and are influenced by politics, society and culture. Fellows on the programme become part of the wider Cambridge-based STS community and receive training in STS theories and methods with weekly meetings where fellows discuss each other's research projects.

Giulia Cavaliere secures a permanent position as a lecturer at the University of Lancaster

Congratulations to Dr Giulia Cavaliere, Bioethics & Society alumna (PhD in Bioethics & Society, 2019) for securing a permanent position as a Lecturer in Professional Practice, Values and Ethics at the University of Lancaster! Giulia's doctoral research at King's focused on the ethical and political questions raised by the development and use of new assisted reproductive technologies – and was supervised by Dr Silvia Camporesi and Professor Barbara Prainsack. As part of her Wellcome Trust-funded PhD project, Giulia has published extensively on the use of genome editing in assisted reproduction, on mitochondrial replacement techniques and on research involving human embryos. In 2018, Giulia was awarded the prestigious Dan David Prizes in Bioethics, in the category 'rising star.'

Llona Kavege receives the 2019/20 Global Health & Social Medicine Postgraduate Scholarship

Llona graduated from Barry University, USA, as a Stamps Scholar with a double major in Biology and Philosophy. While an undergraduate, she joined the Research Initiative for Scientific Enhancement programme in 2017, and worked as a research assistant in a cell signalling cancer biology laboratory and as an Amgen Scholars summer intern in an infectious disease laboratory at the St Louis School of Medicine, Washington University.

Llona has pursued her passion for bioethics by participating in Barry's Ethics Bowl team for four consecutive years. With the team, she has competed in two national championships, and placed as national semi-finalists in 2017 and southeast regional finalist in 2018.

Llona interned at the National University of Singapore Yong Loo Lin School of Medicine Centre for Biomedical Ethics, where she undertook a project on the role and approach of transplant ethics committees in the assessment of living organ donors under the mentorship of Dr Voo Teck Chuan. She later presented this project at her university's annual STEM symposium poster competition and was awarded first place in her division. She recently graduated Summa Cum Laude and was awarded the Outstanding Biology Major Award, the Dean's Award in Mathematics and Sciences, and the St. Catherine's Medal for leadership and service.

About the scholarship

We award one Postgraduate Scholarship a year, covering full home fees for a total of £9,000. All candidates who apply by 31 March in any given year for any of our master's programmes are eligible for the scholarship. No separate application is needed to be eligible, and both home/EU and overseas candidates will be considered (however please note that the scholarship covers only home fees).

The ethics, gender and sport impacts on international sport regulations

Dr Silvia Camporesi's peer-reviewed research has been used in two recent high profile legal disputes concerning the eligibility of female athletes non-conforming to the sexual binary to compete in the female category. These are the 2015 Dutee Chand versus International Association for Athletics Federations (IAAF) and the 2019 dispute between Caster Semenya and Athletics South Africa (ASA) versus IAAF. Both legal disputes have been arbitrated by the 'Supreme Court' for Arbitration in Sport (CAS) based in Lausanne, Switzerland. As part of this work, Silvia was recently invited to participate in a panel session titled 'Caster Semenya – running into controversy: Genes, Gender and Sport' at the Battle of Ideas Festival in London (3–4 November 2019).

Professor Anthea Tinker publishes evidence to the Houses of Parliament

These included the House of Lords Inquiry: Ageing: Science, Technology and Healthy Living (submission by Professor Tinker) and the House of Commons Select Committee on Health and Social Care Inquiry into dentistry services in England (submission by Professor Tinker and Professor Jenny Gallagher; Dr Oluwatunmise Awojobi; Dr Rakhee Patel, Faculty of Dentistry, Oral & Craniofacial Sciences (October 2019)).

The ethics and practice of disinvestment:

On knowing what not to do in health and social care

by **Dr Gry Wester** and **Catherine Max**

This workshop was hosted on 22 May 2019 by the Biotechnology & Society research group. The morning session was dedicated to examining different aspects of the practice of disinvestment, including how such decisions are made, with talks by Jill Manthorpe (disinvestment in social care), Janet Bouttell (methods of disinvestment in healthcare), Iestyn Williams (local decommissioning in the English NHS) and Scott Greer (change for, with, or against the public: three logics of service redesign across the UK).

Themes included the value placed on different kinds of evidence for different kinds of decision-making; the 'politics' as well as practice of different public engagement approaches to these decisions; and the realities of the barriers to and costs of disinvestment, as well as any putative savings. The afternoon session focused on the ethics of disinvestment, with talks by Mark Sheehan (the ethics of grandfather clauses in healthcare resource allocation), James Wilson (how much ethical weight should be given to reasonable expectations?) and Jim McManus (the ethics of doing least harm).

We posed the question: 'Is there anything ethically distinct about 'negative' priority-setting by disinvestment, as opposed to 'positive' priority-setting decisions about which treatments and services should be adopted into the health and social care services?' The discussion covered the importance of transparency and better engagement with the nuances of non-equivalence between withdrawing and withholding services; the need for better understanding of, and engagement with, people's expectations of the NHS and the continuity of care; and the interface between law and ethics when it comes to decommissioning.

A key theme was the importance of a close relationship between commissioning and decommissioning, as highlighted by Courtney Davis in her review of the day's discussions. As she put it, decision-making processes for investment are neither rational nor ethical in the absence of a rational decision-making process for disinvestment. Finally, equity and the politics of disinvestment emerged as a further important theme – there is a concern that much disinvestment is in practice hidden and likely to adversely affect already disadvantaged groups of the population. We convened this symposium following some preliminary discussions within the joint King's and UCL Social Values and Health group. We felt that the topic of disinvestment was under-researched and that there were ethical considerations that were potentially distinct from those associated with investment or commissioning.

The enthusiastic response to our call for participants, and the lively debate on the day, confirmed for us that this is something that does indeed merit further enquiry. Amongst the areas we are proposing for further discussion are:

- What kind and quantity of evidence should inform disinvestment decisions?
- Are there 'reasonable expectations' with respect to on-going service provision that should inform disinvestment decisions, and are these proprietary to health and social care?
- What is the pertinence of psychological and emotional factors, such as feelings of loss or regret?
- Is there an ethical core to 'good commissioning' and should this, by definition, embrace good decommissioning?
- Whose ethics are we talking about? Policy makers, commissioners, providers, end users?

If you are interested in joining this conversation, please contact Gry Wester (gry.wester@kcl.ac.uk).
We hope to reconvene and pursue this topic in the not too distant future.

Race and biomedicine beyond the lab

At the end of September 2019, scholars from around the world gathered in the Learning Centre in the basement of Somerset House for an innovative conference that launched the research network, ‘Race and Biomedicine Beyond the Lab: 21st Century Mobilizations (RaBBL)’. The conference was funded by a Wellcome Trust Small Grant, supplemented by GHSM Global Partnerships funds and King’s Worldwide. Professor Anne Pollock is the Lead Investigator for the project and organised the conference together with an international Steering Committee: Melissa Creary (University of Michigan), Nadine Ehlers (Sydney University), Zimitri Erasmus (University of the Witwatersrand), Vivette García-Deister (National Autonomous University of Mexico), and Amade M’charek (University of Amsterdam).

Participants came from around the world, including many scholars based at institutions in North America and Latin America, as well as Europe and Africa. The conference and the network that has emerged set an agenda for reinvigorating inquiry into the fraught intersections of race and biomedicine that have long been rich terrain for inquiry in the social science and the humanities. Professor Pollock and her collaborators seek to expand existing scholarship by creating a research network that is specifically focused on the urgent questions of how race and biomedicine operate beyond the lab, in the 21st century, in wide-ranging national and transnational contexts.

Those involved are interested in how biomedical ideas of race travel into the social sphere, how these ideas are used, and for what purposes/to what ends. For example, one of the topics discussed is the current call for diversity and inclusion in the name of health equity. RaBBL participants urged caution in assuming that the ‘enrolment of the missing’ in genomics will lead to the goal of equity more broadly. By looking at diversity talk and examining the narrative arcs and types of biological citizens construed discursively, RaBBL scholars are assessing the trade-offs in the recent push for ‘diversity enrichment’ in biomedicine.

Biomedical ideas of race have conventionally operated in two oppositional ways: 1) notions of race as genetic or biological truth; and 2) conversely, accounts of health and health disparities as products of racism rather than innate biological differences. The fact that race is socially constructed sometimes puts social scientists into a debunking mode, focused on demonstrating the falseness of biomedical claims. Yet a more nuanced engagement is necessary. Debates about these opposing logics have never been completely cordoned off into domains of biomedical experts, but they are increasingly moving beyond the lab, and being deployed in diverse ways.

Nonscientists are at the forefront of novel, plural, generative deployments. On the one hand, biomedical ideas of race are being used by broader stakeholders to maintain historically entrenched ideas about race (eg pathologisation of racialised groups to justify political repression and social service marginalisation). On the other hand, biomedical ideas of race are also strategically mobilised in alternative directions, to stake claims and resist race-based injustice (eg identifying bodies in mass graves as racially indigenous in order to ground genocide claims in international courts).

A highlight of the conference was the chance to think about research grounded in very specific national contexts in conversation with research being conducted elsewhere. For example, a panel focused on biosociality in the building of national cohort data included contributions about the US from Sandra Soo-Jon Lee and Catherine Lee, about the UK from Ros Williams, and about Vietnam from Tien Dung Ha. These themes also animated papers from Natali Valdez (writing about the UK), Jonathan Kahn and Anthony Hatch (writing about the US), and Marissa Mika (writing about South Africa). Attention to the ways in which race is reproduced in reproductive technologies and networks emerged in work from Abril Saldaña Tejeda in Mexico and Amrita Pande in South Africa. A panel on how race is used in medical research practice included attention to the US from Chandra Ford and Lewis Miles, Brazil from Tatiane Pereira Muniz, and about Mexico from Emily Vasquez. Scholarship of indigeneity in Canada was prominent – with contributions from Sarah Blacker, Jennifer Hamilton and Karen Bridget Murray – and was in exciting dialogue with scholarship of indigeneity in Colombia from Natalia Niño, Central America from Lindsay Smith, and India from Devika Prakash. Some papers focused on more transnational contexts, including papers on surgery from Ugo Felicia Edu and Alka Menon. Many participants commented on how valuable it was to be able to discuss their work amongst an intimate and engaged audience working across contexts and disciplines.

In addition to short presentations, the conference included facilitated conversations about the challenges and opportunities of doing this research in our contexts, and ideas for how to develop the research, both topically (how biomedical ideas of race operate beyond the lab) and as a research collective (how network members might collaborate on future projects and build research capacity within the network).

The second part of the RaBBL project is already in works, with the support of the existing small grant: a public symposium is being planned for 1 May 2020, in conjunction with a Writing Workshop, at which papers will be honed for a journal Special Issue; a panel proposal has been submitted to the forthcoming EASST/4S conference 2020 in Prague. At the same time, the investigators are working on a larger Wellcome Trust Collaborative research grant, which will allow the investigators to further develop their own research and train students in each national context, while engaging with other local research networks. Energised after the two days of discussions in September, organisers and attendees are optimistic about the potential for the research network going forward.

'If I don't get my medication I will just drink cachaça.'

Examining the challenges to mental healthcare delivery in Rio de Janeiro

by **Daniel Mair (3rd year BA student)**

Upon visiting a number of clinics across the city, the structure of the local primary healthcare delivery system soon became clear. Family doctors – who would generally be described as General Practitioners in the British health system – are often not in this position on a permanent basis. Most have their sights set on a particular specialist field but are completing residencies as family doctors as a necessary step in order to reach these positions. Due to the temporary nature of these positions and the specialist nature of their training, their scope to deal with specific and complex cases in areas such as mental health is understandably limited. We discovered quickly that this problem is offset by the assistance of psychiatrists and psychologists who attend patient consultations and offer advice and guidance based on their expertise in the field of mental health. Additionally, a weekly meeting is held with family doctors and mental healthcare specialists, specifically to discuss complex cases and to decide the next best course of action.

One major challenge that has faced mental healthcare delivery in Rio de Janeiro was that despite increased prescription of antidepressants and the rising availability of generic medication in the country, overall mental health did not seem to be improving at the expected rate. It transpired that many doctors were filling out repeat prescriptions of antidepressants without any follow-up consultations to measure the patients' progress and to determine further treatment. This acted in both the patients and the doctors short-term interest, in that it saved time for doctors, and patients could get their pills with minimal fuss. However, for many years mental health generally did not improve, and patients were not being properly treated. During one of our visits to the Hospital Universitário Pedro Ernesto (HUPE), we learnt how this issue was dealt with. The medical professionals at the hospital realised quickly that a cut-off point, where medication would be denied to patients unless they attended their consultations, would risk a fall in overall patient adherence. To avoid this pitfall, a Medication Awareness Group was formed. This group would serve to close the information gap between the doctor and the patient by informing patients of the purposes of taking medication, the risks and benefits, and ultimately give them a better sense of control of their own medical path.

We had the privilege of sitting in for one of these group meetings, and the need for such awareness-raising about medication became abundantly clear in just the first twenty minutes. Patients did not fully grasp the need for further consultations and did not want to 'drag up' painful memories from their past. The idea of receiving counselling to discuss previous traumatic events was dismissed as irrelevant, as they would rather place their focus on the future. The words of one particular patient epitomised the information gap between patient and doctor in a very succinct way: 'If I don't get my medication, I will just drink cachaça'. Cachaça being a popular spirit in Brazil, this patient viewed alcohol as treatment just as antidepressants were treatment, with there being little to no understanding of mental health medication as a long-term course of treatment with long-term benefits. This awareness group now appears to be vital in keeping patient adherence high and to ultimately empower patients to make their own informed choices about their health.

The most striking difference to the system we have grown to know in the UK was the frequency and the way in which group meetings were run to deal with mental health issues. Group sessions were seen not only as a way of engaging the community in understanding and managing each other's issues, but it was also viewed as a form of treatment in itself. The sessions created an open space where members could discuss problems of a personal nature, but also those that affected the family or the community. Unlike similar groups taking place in the UK, members were encouraged to respond to each other with songs or poems or even

For the first two weeks of September 2019, I was fortunate enough to be part of the incredible internship programme organised by the Department of Global Health & Social Medicine, taking place in the city of Rio de Janeiro. As we were partnered with the Institute of Social Medicine over at the Rio de Janeiro State University (UERJ), we were able to get a unique insight into the way mental healthcare was approached and delivered across a variety of city districts. The benefit for us as social scientists came in the opportunity to compare the Brazilian system to that which we are familiar with in the UK. Although the Brazilian national health service (SUS) was modelled to a large extent on our NHS, there are key differences in the way mental healthcare is provided and in the kind of cultural barriers to health that must be overcome.

works of art that they felt related to the individual's issue – and physical comforting was commonplace between patients and with group leaders.

Dr Sandra Fortes, a psychiatrist who kindly showed us around one of the policlinics, highlighted this community spirit by telling the story of a British student in one of the Rio de Janeiro policlinics who offered a suggested course of action in the event a group member breaks down in tears. Their suggestion: to make sure they are all right before asking them to go to the restroom to compose themselves before re-entering the space. The staff at the policlinic replied that this would result in half of the members leaving the room to console the person, and the other half remaining to reprimand the student for sending the person out in the first place!

This kind of communal sentiment came naturally to all members and was clearly a wider part of Brazil's more collective culture. In cases such as these groups, this helped to create a very welcome and comfortable environment for members and surely went a long way to improving mental health for the individuals involved.

While in some ways this seems to be a cultural advantage over our own system of dealing with mental health issues, which primarily focuses on private counselling and fewer communal solutions, there can be instances where a group mentality can encroach on the rights of the individual.

It was reported to us that it was very common for doctors to tell family members about a diagnosis of another member of the family without telling the individual in question. It would then be up to the family members as to whether this diagnosis would ever be made apparent to the individual to whom it pertained. While this appears to be commonplace in Brazil, similar occurrences in the UK would be seen as a tremendous breach of confidentiality and an undermining of the autonomy of the patient. Despite accepting the positive impact that community involvement can have in improving health, especially mental health, these cases still raise the major question of how much control the community should be given over the individual, and at which point individual autonomy becomes overshadowed.

While on this internship programme Professor Francisco Ortega, who instructed us while we were there, made sure to also cater to our academic interests outside of the realm of primary mental healthcare. Francisco kindly introduced me to other academics at the Institute of Social Medicine at UERJ, including Professor Sérgio Carrara who is a pioneer in the field of gender and sexuality research in Brazil. He offered valuable insight into the general health state of queer people living in Rio de Janeiro following studies he conducted on the subject of violence and oppression.

As my dissertation focuses on the overall health and wellbeing of local LGBT communities in both London and Rio de Janeiro, this was extremely useful.

We were also invited to attend a seminar at the Pontifical Catholic University of Rio de Janeiro (PUC-Rio), on the subject of forced migration in Latin America, with particular emphasis on those fleeing Venezuela into the North of Brazil. Here we learnt about the use of different discourses to describe fronts or borders, the demographics of those who are forced to flee and the kind of mental health issues that refugees are bound to suffer from as a result.

This whole experience can only be described as eye-opening. So much of the theoretical knowledge that I have accumulated over the first two years of my degree in Global Health & Social Medicine began to find its place in real world examples. Issues such as retaining patient adherence, balancing family and individual consent, shortening the information gap between patient and doctor; these all seem much more tangible to me now. My respect for the health practitioners who have a daily responsibility over these complex challenges, has increased dramatically. I would highly recommend any student to take full advantage of this internship!

A summer at Yale

by **Llona Kavege (MSc student)**

This past summer, I attended the intensive seven-week Sherwin B Nuland Summer Institute in Bioethics hosted by the Yale Interdisciplinary Center for Bioethics, in New Haven, Connecticut. This opportunity enabled me to fully immerse myself in the field of bioethics and attend thought provoking lectures led by international experts, such as Shelly Kagan and Peter Paul Verbeek. The programme also offered seminars and discussion groups for special interests from a wide range of topics in bioethics.

While at Yale, I was inspired by one of the seminar leaders, Dr Olya Kudina, and began to further engage with the field of philosophy of technology and its relation to bioethics. This new-found research interest led me to develop a project titled, 'A Defense of Sex Robots: Applying Technological Mediation and Value Sensitive Design', which I presented at the poster session that concluded the bioethics summer institute. In the paper, I examine the current discourse and controversy in the literature surrounding the inception of the sex robot industry. I focus on AI equipped sex robots, and the risks that they may further the objectification, sexualisation and exploitation of women and children. I hope that the mediation perspective of sex robots explored in the paper is conducive to a more methodical and holistic assessment of the benefits and soft impacts of the technology and ultimately helps to refine design and address social issues. I will present these ideas at the UNESCO World Conference in Bioethics in May 2020.

Taking part in the BBC documentary 'The Big Hospital Experiment'

a reflection by **Deborah Olubiyi (BSc alumna)**

In September 2019, I was part of a BBC documentary titled 'The Big Hospital Experiment' where I took on the role of 'Clinical Volunteer' – a newly formed role that was part of a social experiment to see whether youth involvement via volunteering schemes in the NHS would make a difference in care outcomes and frontline staff pressures. I saw the opportunity to be a part of this experiment as a great way to further consolidate my knowledge base in Global Health as well as to be part of a pioneering initiative that aimed to positively impact NHS trusts across England.

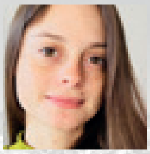
Being a Clinical Volunteer required me to provide patient care on a one-to-one basis which included a variety of tasks such as: bed changing, bathing and feeding patients, hourly observations – even being ready to push the red emergency trolley if a resuscitation case happened on the ward. I had minimal prior clinical experience – so as you can imagine, I was nervous undertaking the role and this, combined with my slight fear of blood and vomit, meant I knew the tasks ahead would be difficult.

The social experiment started with a two-week intensive training from a Clinical Educator who taught the volunteers everything we needed to know from wound viability, safeguarding children to end of life care. The first ward I was assigned to was the Colorectal Ward. I met Erik, a lovely elderly gentleman who had recently undergone colon surgery and was also hearing impaired. My first encounter with the stoma bag was overwhelming because I had never seen one before, but I soon grew to understand what it was and why he had one. More importantly, I also learnt how to communicate effectively with Erik, and even helped encourage him to eat independently after seeing him refuse to eat.

I found I was making a difference in the small things: through social interaction with patients and their families, doing the smaller routine tasks such as doing observations, changing and cleaning the beds. From the experience, I have developed a greater appreciation for the dedication and commitment and compassion of NHS staff. In addition, I have a better understanding of how health systems are structured to cater to the needs of the populations they serve and how such structures deal with challenges such as an ageing population, a challenge that we face here in the UK.

Looking ahead, I hope to continue to make a difference in the Health and Social Care sector, in Health Policy or Management.

Postcard from the field



by **Sofia Bowen Silva (PhD student)**

In April 2018, I arrived in Santiago to carry out ethnographic fieldwork for my PhD project on psychiatry and work-related mental health in Chile. My purpose, for the year I was there, was to explore the moral, political and cultural dynamics involved in the exponential rise of work-related psychiatric sick leave in the country. I focused on how different medical and psychiatric concepts were being defined and negotiated by medical practitioners and workers involved in work-related psychiatric sick leave.

My fieldwork from April 2018 – May 2019 consisted of two parts. The first focused on the experts and institutions devoted to occupational health. The second part was with workers on work-related psychiatric sick leave. I started by personally contacting and interviewing psychiatrists, medical practitioners, public officials and other experts. And, after highly bureaucratic processes of evaluation with local ethics committees, I gained access to two different workers' hospitals where I was able to carry out the rest of my fieldwork. These hospitals are part of a compulsory social insurance scheme funded by employers, which are locally known as *mutuales*. They provide free healthcare, treatment and compensation to workers who qualify, after a process of evaluation, as having an injury or disease that is caused by work or working conditions.

During my time at the workers' hospitals, I was able to conduct other interviews with experts, chat with patients in the waiting rooms, attend public events on occupational health, and accompany the hospital's qualification committee to assess the possible presence of 'psychosocial risks factors' in different workplaces. After a few months of fieldwork, I began to understand the strong role that *mutuales* play in the country: for one, their modern services contrast sharply with the poorly funded public healthcare services. I was also stunned to see the power they have, through their qualification and metrics, to define who or what is deemed accountable for the disease: the worker or the workplace. My experience in these institutions allowed me to see how local medical discourses and practices are intertwined with legal schemes and moral ideas on work and health. More importantly, I was able to perceive how tricky and conflictive the assessment of so-called 'occupational mental disorders' can be in Chile, given the high rates of job insecurity and the general environment of mutual distrust between workers, employers and institutions.

Additionally, much of my time in Santiago was spent with fifteen workers who were on work-related psychiatric sick leave. With them, I experienced different parts of the city, going from hospitals to workplaces, to healthcare centres, and to their homes. I saw how they were confronted with pollution, long commutes, and social and urban segregation, all of which played a part in the workers' search for psychiatric healthcare, sick leave, compensation and 'a bit of justice' – as workers would often say. I had the opportunity to talk with the workers about their difficult situations in the workplace, the reasons for their stress and mental anguish, and their need to be recognised as having an 'occupational disease'. We also touched on broader themes relating to social inequality, only a few months before Chile's October 2019 protests movement took those same deep issues into the streets and public debate.

Overall, the time I spent in Santiago pushed me to expand my ethnography from the clinics to the streets, courtrooms and workplaces. Such a unique fieldwork experience enhanced and expanded my knowledge about mental health and work in Chile. Moreover, it also provided me with foundations to do a PhD research project that shows how workers' and experts' experiences are connected by the broader historical, political and social processes of Chile.

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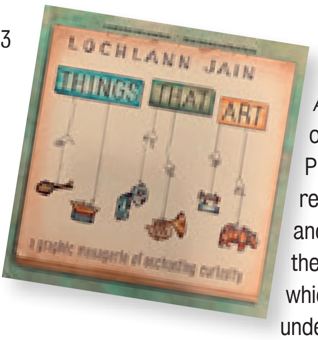
Lochlann Jain: *Things That Art*



Things that Art (University of Toronto Press, 2019) reconsiders and interrupts the ways in which categories underpin knowledge systems and also aims to realise drawing as a useful and provocative method in the social sciences.
The King's launch took place on 19 November 2019 and afforded an opportunity to see a selection of drawings from the book. Professor Jain was joined by architect Dr Maria McVarish, Dr Jane Elliott (Reader in Contemporary Literature, Culture and Theory at King's) and Dr Lucy Kimbell (Director, Social Design Institute at UAL) for a discussion chaired by Bronwyn Parry (Professor in Social Science, Health & Medicine).
This is Professor Jain's third book, following *Injury* (2006), and *Malignant: How Cancer Becomes Us* (2013).

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