

Movie Reviews by Jackie

Jackie Basha

Med II

Final trailer has ended; clutch the arms of the chair and read the anticipated phrase "Feature Presentation". My eyes accommodate quickly as the final two isle lights go down and I snarl at the kissing couple on my left. I say a silent prayer that disappointment won't prevail. Alas, five minutes in, I'm regretting my choice. Yet again, another miserable big screen adaptation of a Shakespearean tragedy. In just 2 short hours, I witnessed the degradation of the timeless "Othello", as Josh Hartnett, who proved himself talentless in the epic failure "Pearl Harbour", made a shallow attempt at ruthlessness in his meager portrayal of Iago. Leading lady Julia Shyles, who has proven herself equally as useless in both "10 Things I Hate About You" and "Save the Last Dance" (in which she had her first crack at biracial sex scandal), devoted her flatness of word, movement and screen presence to the deconstruction of Desdemona.

And Othello himself? No one worth mentioning, and amused me as he epitomized typical, meddling smoothly with the blatantly contrived "Bird" imagery and ghetto music, which added a final touch of cheapness to the film. The grey hue set a negative tone throughout, hence the powerful love of Othello and Desdemona was never even remotely achieved and therefore never grieved. I felt no love and no sadness, and my anger was aroused most intensely by the omission of the strawberry-embroidered scarf; some things should never be omitted.

This film was a disgrace to a most brilliant script of trickery and tragedy.

So what should you see? If any part of your heart and / or soul is devoted even partially to the magic or love and the mystical power of destiny, then you'll be swept away by the captivating romance of "Serendipity". It's an entrée film devoted to the celebration and acclimation of the one truly wonderful universal power that we all dream will enchant us, capture us, and never set us free. Both Jon Cusak and Kate Beckinsale were breathtaking, and my only complaint is that I'm doubtful of a sequel.

However, for those of us that hear the word "Serendipity" and think "penicillin", the film will be beyond your romantic comprehension, so I advise that you leave the seat for a truly deserving, Venus worshipping soul. Don't forget tissues!

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Can you draw? Have a sense of humor?

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Then YOU'RE OUR NEXT CARTOONIST!

Please drop any cool cartoon in Matt Lilly's box.

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THE PULSE Co-Editors are:

Matt Lilly

Jackie Basha

This issue's
 contributors are:

**Sonia Bedi, Susan Galgay,
 Jennifer Goulart, Angus
 Hartery, Rob Humphreys, Amer
 Khan, Jessica Kirk, Svenya
 Lahrs, Marianne McKenna,
 John Martin, Megan Robbins,
 Karan Shetty, Jamie Tibbo,
 Mike Vickers, Chuck Yegappan,
 Darryl Young**

Warm Organized Motivational Energetic Network

Jennifer Goulart

Med I

Women. This word is more than just a sexual designation of x squared, it is an identity that I share with half of the human population around me and that connects my experiences with all of those of the female community. It designates an obvious group of people and over the past two weeks, I've witnessed the power and support that can be cultured when women from my community unite. From three simple words "Take back the night", women from across the region, like many across the country, marched down Duckworth street on Friday, September 21st to speak out against violence and to assert their right to walk the streets of downtown in safety. I began in a panic, late as usual with my mother and my furry female pooch companion, accepting a protest banner and listening proudly to the women's voices "No more silence, No more violence!". Standing within that group felt reassuring and empowering. I listened to individuals who have worked closely with abused women throughout Newfoundland and who are pushing for greater protection for female victims of violence. An incredible woman, a victim of abuse

herself, emphasized the lack of support for victims of violence. While criminals receive a free education, victims must rebuild their lives upon their own resources. In addition, any appeal to their case requires the victim to finance their own transportation, if their voice is to be heard. With an increasing occurrence of sexual abuse documented in downtown St. John's, it seems that all of us have a common tie uniting us in opposition against violence and in fighting for the rights of the victim. At such a time when nations are crying out for an aggressive war in a country ravaged by the abuse of women, one large group of women in the heart of downtown were bound in peaceful protest, "We are a gentle, angry people and we are singing, singing for our lives".

On Friday, September 28th, the Women's Health Network of Newfoundland and Labrador held their 5th annual Forum for women creating healthy communities. Following a hectic morning, Jessica Guimond and I had the chance to attend the afternoon sessions and listen to some of the female leaders of Newfoundland. Topics ranged from violence issue, environmental health, senior women's issues, to body image and cancer screening. I

attended a seminar given by Mrs. Anne Marie Anonsen where she outlined a local initiative, "The Shifting Sands Project" which is gathering the input from the public (seniors especially), together with professionals in the field, to outline a viable plan to care for the aging population. Emphasis seemed to be placed on the importance of lifelong education together with the provision of flexible, appropriate housing. Mrs. Anonsen expressed the need for a national standard on home care and the implementation of a tax credit system for caregivers and volunteers in the community. All Canadians are still waiting to hear the verdict of the healthcare system according to the government, but it definitely felt more significant when ideas were stemming from my own community rather than the jargon of a political official. The session concerning Nurse Practitioners in Newfoundland was excellent and I am hopeful a similar presentation may be made available for the medical school classes. I'm proud to know that it is only in Newfoundland and Ontario that the nurse practitioner is fully recognized as a primary health care
see "WOMEN", page 10

Obvious Truths

Jackie Basha, Med II

While the statement of the obvious is a generally frowned upon practice, shunned as being indicative of a weakness of mind or imagination, I have as of late recognized its possible invaluableity in medicine, and even in daily survival. For a statement of the obvious may be seen in a much brighter light: it's actually a statement of the *truth*, something which is far too often omitted, instead of admitted, or submitted to conversation when necessary. To display truth verbally, without unnecessary euphemisms and small whites to cushion the blow, alter

the tone or skew the meaning altogether may be harsh, and of course inappropriate in some specific instances. Yet, inarguably, truth is the most effective means by which we are able to execute successful interactions and *establish healthy relationships*. Being a daily failure in this respect leads *not only* to the formation of intense relational pretense, but also to the erection or great discrepancies between the truth or thought, word and deed. To be true to oneself and one's peers, colleagues, patients, lovers and family members, the admission of truth should always be placed in the highest regard, as one bravely and heedlessly risks the accusation of being a "stater of the obvious".

On War and 'Isms'

Amer Khan

Med II

A "War on Terrorism"! What a truly mind-boggling and infantile sentiment, certainly if not for any other reason than for the sheer hypocrisy of such a notion (we'll get to why in a second). Besides, wars on 'isms' of any kind simply don't work; it's in their nature to be elusive, the pesky little buggers. In general most 'isms' are vague, grammatically useful but politically dangerous entities for they create a certain ideological framework for the prefixes that precede them. *Terrorism* then becomes not a terrifying act as such, but an entire belief or philosophy that advocates inflicting terror on others. This apparently makes it quite distinct from the horrors of war which are usually instigated and therefore conferred upon some measure of validity. Therefore wiping Hiroshima and Nagasaki off the face of God's Earth was not a terrorist act and neither was that little skirmish in Vietnam for there was method in that madness. Besides, that's ancient history and those sins have been atoned for and forgiven, right?

Nevermind the fact that the death toll of Pearl Harbor does not even begin to cast a shadow on the number of civilian lives lost at the hands of unnecessary, and I cannot overemphasize enough unnecessary, U.S. involvement around the world in the last 20 years alone. Did the media moguls provide non-stop emergency coverage as 17,500 Lebanese civilians were butchered, bombed, raped, and slaughtered by Israeli troops backed 100% financially and militarily by the U.S. Need something a little more recent? Go to Bosnia, Macedonia, Sudan, Palestine, Iraq, the list is endless. And don't forget to ask these people

what really adds the ultimate sting to their suffering – the fact that it has all been covered up, marginalized, or wrapped up in the bitter guise of 'freedom' and 'democracy' as the western world remains, for the most part, oblivious of these crimes. Gross violations of the Geneva Accord regarding resolutions in the Middle East, rejection of the World Court's orders in regard to the attacks in Nicaragua, the blocking of a UN inquiry into the bombings in Sudan, and of course the 'accidental' (oops) bombing of the Chinese embassy are some of the many dubious shenanigans that imperialist regimes tend to get away with. (For incredibly accurate documentation, I suggest you read "America: The Terrorist State" by the very brilliant and very much American scholar Noam Chomsky).

So what's new? Historically imperialism has always followed the same pattern. Except now the media plays a phenomenal role in shaping the minds of even those dwindling few who choose to be informed, a role that I've only just begun to really fathom. While all the suffering I've alluded to might surprise and even shock some of you, it is unlikely to stir up the kind of emotion that the horrific imagery of the last few weeks was able to. Be honest folks, its alright, even the horrors I've seen first hand in Afghanistan might come in second when competing with the lumps I got in my throat over the last few weeks.

For those of you who know how personal my involvement in these affairs has been due to my father's position, you know this is a scary time for me. And so it should be for all of us. My father recently met with the very elusive Mullah Omer, **see "War on Isms", page 5**

A Tribute

Susan Galgay

Med I

People reading this article may not know my friend Ernie but I wanted to include this because I know he wanted to meet all of my fellow classmates and in a way, if you read on, he will. Ernie was / is my best friend. He taught me to say what you feel today, instead of waiting until tomorrow; to be happy with yourself when you look in the mirror because only you have to live with your decisions; and to value what you have now, and not to be dissatisfied because of what you don't have.

If there's one thing I would like to pass on from him it is to not take for granted the time you spend with people, even if it's only a ten minute coffee. I'm lucky, I guess, to have said everything I ever wanted to say to him, and to realize that every minute I share with someone I love is something that no one can take away.

With all the recent tragedies it is more important than ever to realize what is really important in your life. Value the little things, because it's all the little things added together that make up life. If you hear me talk of Ernie in 2005 when we



graduate maybe you will remember this article and in doing so he'll be there too like he wanted so much to be.

Ernest Ceriale Jr., 45, served 23 years as a Baltimore City firefighter, Local 734.

CFMS...

continued from page 1
travel)

-catalogue of medical elective opportunities nationally and internationally

- **CFMS Awards** for student research and initiatives
-access to the tremendous resources of the IFMSA (International Federation of Medical Student Associations) such as research/elective opportunities worldwide and opportunities to get involved in international health efforts

- CFMS website with links to many sites of interest to Canadian medical students

- **CFMS Pulse Online**

(www.cfms.org/pulse)-This is an online newsletter that has articles regarding various issues of concern for medical students.

- **IFMSA International Electives Exchange**- The CFMS assisted in sending four students abroad this summer: Bhavna Bali (Denmark), Janet Ko (Turkey), Melanie Pike (Austria), and Megan Robbins (Slovakia). We will let you know about next summers exchange program later in the year.

Position Papers and Statements
We have currently approved three

papers:

- student health and well-being (mental health resources for medical students), focusing on career decision making in today's medical school,

- the threat of escalating medical school tuition fees limiting access to medical education in Canada, focusing on mandatory return of service, the roles and responsibilities of clinical clerks, rural and under-serviced training in Canadian medical schools.

REGARDING THE NATIONAL TUITION FIGHT CFMS Submission to the Commission on the Future of Health Care in Canada

The CFMS is submitting a report to the Commission on the Future of Health Care in Canada. Some of the highlights of the report are:

-We propose that the commission examine the issue of medical student tuition and financial aid, and make recommendations to ensure that a medical education remains accessible. We feel that merit and motivation, not socioeconomic status should determine who can go to medical school.

-Reliance on medical school graduates from other countries is, in the long-term, not an acceptable

solution to the physician shortage problem.

-Return of service programs do not serve the health needs of any population.

National Professional Association Coalition on Tuition (NPACT)

The CFMS is one of the eight members of the National Professional Association Coalition on Tuition (NPACT). NPACT was established in May 2000 out of concern that high tuition fees in professional programs creates barriers that limit access to education. Recent NPACT activities include a presentation to the House of Commons Standing Committee on Human Resources Development during the Roundtable on Access to Post-Secondary Education on May 29, 2001. Recommendations included: 1) that governments work together to ensure regulated and reasonable tuition fees, 2) that the federal government increase its funding of post-secondary institutions, and 3) that financial support systems for students be non-coercive, developed at the same time as (or in advance of) tuition fee increases in direct proportion to the tuition fee increase, and provided at levels that meet the needs of the students.

War on Isms...

Continued from page 4

supreme spiritual leader of the Taliban to negotiate resolutions and the release of Osama Bin Laden. Believe me, neither of them have any qualms about losing their lives and, sadly enough, their individual eradication won't do much because both are quite replaceable. Meanwhile, eradication at the expense of thousands of innocent Afghan citizens will only fortify the resolve and add infinite numbers to the global networks who have vowed enmity with the U.S.

There is nothing that can justify to me the recent atrocities that took place nor the atrocities that preceded them. But extreme caution must be taken in the days to come in order to avoid the global polarization that Bin Laden is praying for and that could lead us into a grim future. As we speak, even more money is being pumped into missile defense. But ask yourself how powerful a nuclear weapon is in the eyes of a suicide bomber?

The View from the Bottom ...

Jessica Kirk

Med I

It's now been a month since the Class of 2005 descended on St. John's. In this time, it's become rapidly apparent that there are positives (yay!) And negatives (hiss!) Involved in going to medical school. For those of you who never wind down, here's a medical analogy: the first month of med school has been full of EEG sources and sinks. For you slackers who don't have a clue what I'm talking about, do your own damn Physiology assignments. To address this matter, I've compiled some of the good, the bad and the trivial into a cute little list.

The Class of 2005

Yay/Hiss List

Hiss #1: Parking Angst. I came to Newfoundland scared out of my mind. I was such a basket case that my parents took pity on me and helped me lease a car. Things immediately began to look up. I was mobile! I could drive around forever in a state of new car smell-induced bliss. Life was good. Imagine my horror when, upon returning from Orientation Day of Hell (more on that later), I saw a TICKET defacing the windshield of my Silver Bullet, parked innocently in Lot 9. And not a "We know you're new and confused, so this is a friendly warning" type of ticket, but a big, honkin' \$40 ticket. I wasn't the only victim, either; security really cleaned up that day. So I figured I'd get a parking pass. It would be an expensive, but easy solution, right? Uh, no. I was soon informed by veterans of the parking wars that MUN has two and a half parking spaces available for five hundred and ten thousand cars. I would have to either take a chance on the lottery system or put my faith in the medical school's ability to

finagle passes out of the powers that be. I decided to do the lottery, and after a couple of hours of dial, hang up, redial, I actually got a pass. The next day it was announced that there were 25 passes available for the first year class, with priority going to people who would carpool. Picking up a couple of carless people every morning would not count as carpooling (sadly, neither would bribing a couple of carless people to lie and say you would be picking them up every morning). There was much chaos and panic, culminating in a couple of tense 'angry crowd scenes' outside the security office. (Since I had been diligent and got my own pass via the phone, I only heard about the angry crowd scenes, but they sound hilarious) and the redefinition of 'carpooling' to include basically whoever the driver wanted. So now I think everyone and their mother has a pass. Way to go group!

Yay #1: The third year's inimitable, and lengthy, **tile ceremony**. One of my fellow first years told me when we first heard the singing, he thought it was Hare Krishnas. But no, even better, it was the brand new clerks coming back to their roots in Lecture Theatre B to put their tile in the ceiling. They all filed in wearing their coats... and the countdown began. Ten minutes later they're still singing, still trying to put the tile in. Hopefully none of the actual tile putter inners are planning on being surgeons, because the hand-eye coordination was just not there. We kept on watching, though, and the third years kept on singing. (I think by the end the guys wrestling with the tile and the ceiling would have liked to tell their classmates exactly where they could put their tile in.)

And finally - it fit. There was much applause and a good time was had by all.

Hiss #2: Orientation Day of Hell.

We got wet. And the second years yelled at us and blindfolded us. And then they dragged us up the steepest hill imaginable to watch a guy try to fire a rifle, and fail miserably, five or six times. We were NOT amused and I don't want to give anything away, but I would like to say to each and every second year - be afraid. There's nothing worse than a first year med student with memories of squishy shoes and head colds, and a brand new sweater that shrunk so much they have to pretend it's a scarf.

Yay #2: The Gossip. The second years have somewhat redeemed themselves by letting us in on all the nasty medical skeletons in the closet. Nothing about the second years themselves, they're perfect, but everyone else! Merciful heavens - my ears are burning!

Hiss #3: Lecture Theatre B. What is up with that. Why, why, why, why would a room be designed with two gigantic poles slicing down its middle? Would the building really fall down if they weren't there? People need to get certain seats or they're screwed. They'll stop at nothing to get seats that aren't behind the poles. Do you know what we're forced to do? That's right, show up on time. If you want the first class seats in the middle but no so near the front as to be noticed you actually have to be early. Insane.

Yay #3: A certain someone's 'physicians against nuclear medicine' comment. That was funny. Probably you-had-to-be-there funny, but still. We don't care

See Yay/Hiss, page 7

Student of the Month: Marika Halse

Sonia Bedi

Med I

The "Student of the Month" was a feature introduced in the September-October 2000 edition of *The Pulse* with the intention of helping you to get to know your fellow medical students a little better! **Marika Halse** of Med I is this month's featured student.

Vital Statistics:

Date of Birth: March 23, 1979
Birth Place: Halifax, N.S.
Hobbies: Soccer, basketball, mountain biking, riding motorcycles
Favorite Color: Blue
Favorite Food: Mangoes
Favorite Music: "New" Country
Favorite Season: Summer
Lucky #: 14



What were you doing before Medical school?

I did my undergraduate degree in Biochemistry at U.N.B.

How do you like Newfoundland so far? I love it here... people are friendly, warm and welcoming.

What's your favorite thing about Medical school?

I like the overall feeling in our class...not competitive and uptight. The class has a good attitude...

work hard and play harder!

What's your idea of a dream vacation?

Going somewhere hot that has beautiful beaches, where I can lay in the sun, drink margaritas and scuba dive... and yeah... with my own personal masseuse!

If you could be someone else for a day, who would it be?

That's a tough question... (a lot of thinking)... Meg Ryan.

What's your favorite ice-cream flavor?

Peanut-butter fudge crunch.

What's the craziest thing you've ever done?

Well, being wild that I am.... (she laughs)... Bungee jumping at Vancouver Island!

If you were stranded on a tropical island and could bring only one thing with you, what would it be?

Matches... to light a fire, so that I can cook and keep warm.

YAY / HISS...

(CONTINUED FROM PAGE 6)

what you say, MRI is bad.

The Yay/Hiss Combo: Med I: 40 ladies, 22 guys. A hiss in that it lowers my chances of finding an independently wealthy, medical genius of a Jude Law lookalike. A yay in that the chicks rule. That's right boys, we rule. Submit now and we might let you live.

The Ultimate Yay: MUN is a cool med school. Yes, the people - students, staff and administration - seem very supportive and friendly. And as someone who comes from 'the mainland' I'd like to give a special pat on the back to our

Newfie classmates, all of whom have been very welcoming and inclusive. Good for you guys. *The End.*

Disclaimer - In writing this article, the author tried to bring just the right amount of snarkiness to the table. If any reader feels that there was too much snark, or not enough snark, or anything other than just the right amount of snark, they should feel free to contact Angus Hartery, who is not the author of this article but, rather, the person the author is naming to take all complaints. Glowing praise and any message from an actual independently wealthy, medical

genius of a Jude Law lookalike can be directed to n19jak@mun.ca

From the Desk of MUNSU...

Angus Hartery

Med I

Fellow Undergrads!

Your friendly neighborhood MUNSU rep has decided to spin you a tale...concerning some of the current issues in MUNSU that affect us as a school. You may be wondering on why my address labels us all undergrads instead of the traditional (and probably much more aesthetic) "med student" or related synonym. Quite simply, the very fact that we are considered undergraduates is an important issue in the hottest debate in the MUNSU chambers: the \$40 recreation fee. Never heard of it? That's what I'm here for: starting in January a mandatory \$40 fee will be charged to all undergraduate students at Memorial University in aid of the new recreational centre.

What does the fee do for you as a student? So far; the services identified include: general access to all facilities and programs in the field house, recreational swims at the Memorial pool and Aquarena, booking privileges and use of the outdoor playing fields, a 25% discount on the Aquarena Fitness Centre and a 35% discount on tickets to varsity games.

I believe that some of these benefits probably need clarification due to some ambiguity. "General access to all facilities and programs" means you are paying for programs (such as aerobics and fitness classes) that aren't completed planning yet. These programs are however being developed in consultation with students. Does it include the new and old gyms? Well, gyms would

be included under 'facility' but "general access" leaves how much we can use them open to debate. I am pretty sure that that regulations of old gym usage will not change (that is, there will be free periods through out the day for students to play indoor sports) but "general access" to the new gym in the Recreation Centre is unclear.

The Strength and Conditioning Centre (SCC) is also considered a facility and when asked, Dr. Lily Walker (Dean of Student Affairs and Services) said the SCC is included under the \$40 fee. There is debate on moving some of the weight training equipment to a room in the new field house to create space to accommodate more users.

The MUN pool, which hasn't been altered or moved is now accessible from the recreation centre and is planned to have free slots throughout the day for laps, allowing students paying the fee to drop in when time allows to swim a couple of laps. Another idea being played with is to have 1 or 2 lanes open for the entire day to fully accommodate swimmers. As for the Aquarena, the \$40 fee will allow a 25% discount on fitness centre membership and allow free recreational swims. Certain programs at the Aquarena are also planned to be transferred over to the field house and covered under the \$40.

Another feature covered under the fee is usage of the Splash Facility. This outdoor facility gives students the chance to go canoeing, kayaking, and other outdoor water

activities. What limitations placed on the Splash Facility hasn't been clarified.

And that, so far, is all I know of what we are getting for this mandatory fee starting in January. And yes, it does apply to us because it is applicable to all undergrads. Graduate students, who are represented by the graduate student union (GSU), have negotiated out of the \$40 requirement supplying the reason that they don't spend enough time on campus to fully make use of the fee. As a result, only undergraduate students are being charged.

There will be a rally held on Tuesday, October 9th to protest the mandatory fee and MUNFA has indicated full support with MUNSU in its' cause to fight the mandatory fee.

There are other things being debated in the MUNSU chambers, but I felt that this is the thing that everyone was curious about. And if they weren't curious about it, they probably would appreciate the information. As your MUNSU rep, I am here to represent the medical school on MUNSU council and act as a liaison between the two. I will try my best to keep all of you up to date on topics concerning us. If anyone wishes to contact me concerning the fee or anything else for that matter, please feel free to do so at t72ajh@mun.ca. In the mean time, information on the Memorial University Recreation Complex (MURC) can also be found at its official website: www.mun.ca/murc.

-- **Streeters** --

Interviews by Matt Lilly
Photos by Arun Mensinkai

Every year the first year med school class is filled with 60 bright, enthusiastic, and energetic faces. But there is something different about the Class of 2005, something that makes them unique... Could it be... that the **girl : guy** ratio is almost **2:1** ?!

PULSE: What are your thoughts on the overwhelming number of females in the class of 2005?



John Martin, Med II

“Veeerrry...innterrestiiing.....”



Rahul Kavathekar, Med I

“I don’t really think about it.”



Paul Mathew, Med IV

“It shows you where the world is going...”



Sarah Gander, Med II

“All this estrogen is giving Amer gynecomastia!”



Jennifer McCann, Med I

“Too few fish in the sea...”



Grace Chan, Med III

“I am Woman, Hear Me Roar!”

Gus 'n' Chuck Movie Reviews

**Angus Hartery and
Chuck Yegappan**

Med I

Previews can make or break a movie. Take Austin Powers 2 which thoroughly leeches off the Phantom Menace popularity and turned AP2 into a summer blockbuster. The previews for **Zoolander** led me to expect a stupid and lame movie. At first glance, it resembled a cheap spoof of a Batman/James Bond theme where a rich international playboy has a crime fighting alter-ego. Since I expected a spoof, the twist would of course be an idiotic playboy and an even more idiotic alter-ego. Wrong. The previews are highly misleading in that respect, and if you see this movie, you will know what I am talking about.

I'm not saying that this is a negative aspect, for the element of surprise in the plot does give one more bang for their buck, but there is a difference in not giving away the plot and just giving the plain wrong impression of the plot. But I digress, this was a comedy after all, and there is no argument that plot isn't supposed to be a high point in it, humour is. What is the basic plot then? Without giving away too much: Zoolander (Ben Stiller) is the name of an international renowned male model who practically dominates the fashion industry, due to his patented trademark look, the

"Blue Steel". He is not known for his brains, but his looks are unparalleled until he loses his first award from his chief competition, Hansel (Owen Wilson). This starts a downward spiral for Mr. Zoolander, bringing him back to his roots of his estranged family and spending more time with his male model friends (The Balls Models), both of which are quite funny. He is not to be hung out to dry just yet though, for (take a deep breath before going further) a top secret international organization wants to hire him as a model and brainwash him into a top secret killer to assassinate the prime minister of Malaysia. Why? who cares?

That's not really the point, though I'm not sure what is in this movie. That's basically the plot of the movie, with its traditional mishaps along the way and, of course, a romantic subplot that goes as far as expected (boy and girl get together after many misunderstandings).

As stated, I walked into this movie expecting a stupid and lame movie. After all, it had all the trademarks of a stupid and lame movie. Trademarks you say? One doesn't get any lamer than Will Farrell (and I mean SNL Lame, the lamest of all lame) and stupider than Ben Stiller (Mystery Men being a perfect example, what was he thinking?). Did I get what I

expected? Not entirely. The movie was actually half decent. Generally speaking, I am not a laugh out loud guy, I'm more-so smile and chuckle. I can honestly say that this movie had me cracking up out loud at some scenes (especially any of the show-downs between Stiller and Olsen as rival male models). And not only was it laugh-out-loud funny; but it wasn't gross, shocking or profane funny either. Just stupid cheesy funny which is okay in small doses. The humour itself was not always the typical one-liner or slapstick scene followed by another unrelated event but was actually built into the plot at points. I have to agree with Chuck that the dialogue was actually funny and not just purely visual humour, as is Jim Carrey's niche. It's basically the stereotypical comedy that is expected in this day and age that portrays incredibly stupid people doing incredibly stupid things, strung together by the resemblance of a plot.

With that said, you will laugh at this movie, but I personally recommend waiting for video, for it is definitely not silver screen material, but a somewhat laughable comedy. Gus and Chuck give it one thumb up and one thumb sideways.

WOMEN... *continued from page 3*

provider. This forum empowered all women across the community to become informed about their health from specialists in all fields. Women in Newfoundland definitely have a strong voice and I felt enriched to be a part of that group. Jessica Guimond and I will continue to receive information from the WHNN and please just email jengoulart@hotmail.com if you wish any extra updates. I'm hoping that we'll have a strong turnout

next year at the women's march and I feel also that it would be great to incorporate some of the current grass root projects into the medical curriculum to have a brief local perspective.

Rob's Rants - Rx Vitamin Z

Rob Humphreys

Med IV

This is a long distance rant for ya'll, fresh from Boston, U.S. of A. There is a fashionable amount of patriotism around right now, but I wish I was back in Canada for several reasons. (Near the top of the list being that the most likely threat of personal injury is via an encounter with a moose.) I used to gripe about having to get to the hospital by 0700 for surgery and obstetrics. Believe me, the Canadian system is a far cry from the hours here. Poor med students get to the hospital a few hours earlier than that to "pre-round" on patients, so that when they go around with the team at 0700, they are in the know on the patients. Later, when the team rounds with the attending around 0800 or so, all can feel knowledgeable as to how much lil Joey pissed overnight. I'm trivializing and dumbing things down of course, as

rounds are valuable in ensuring that all patients get seen and are properly cared for. However, I question whether rounding at these ungodly hours is in the best interest of patients at all. As a majority will tell you, they can't wait to go home so they can finally get some decent sleep. The healing power of sleep has been lost in this day and age of medicine. While programs are slowly adapting to schedules which decrease student and resident sleep-deprivation, nothing is being done to curb the same problem in patients. Just last week, the department head instructed our team to wake patients up every morning and disregard signs put up by the patient or family requesting to not disturb their sleep. "If they are sick enough to be in hospital, then they are sick enough to be woken up and examined." A valid opinion in

certain situations, such as a post-op day one patient, or one who has been medically unstable overnight. But as far as a blanket statement, I whole-heartedly disagree. Patients need their Vitamin Zzzzzzz's. Per Darwinian medicine, the body's natural response to a stressor would be to shut down unnecessary activities and focus all resources on the insult involved. Every time a cold is brewing, I go to bed early and let my body fight the lil buggers. Sleep is the natural fuel which keeps us going; I'd rather face an opponent with my tank full than pushing empty. So why is it that in hospital, when patients are oftentimes at their most stressed state, we deny them the adjunctive therapy of sleep? Everywhere you look sleep is being interrupted. *see "Rob's Rants", page 13*

Wherefore White Coat?

Megan Robbins

Med III

Remember when we got our instruments in first year? It was a banner day - everyone was so excited to play with the new toys our freshly borrowed money had bought. The most exciting, of course, was the stethoscope. An awesome instrument - something that could magically turn our ears into eyes when placed on the body. Of course, at that point, most of us had no idea what a murmur might sound like, let alone the difference between a wheeze and a crackle. The magic of the stethoscope at that time was what happened when you hung the thing around your neck. Instant status and distinction.

Fast forward to Clinical Skills in ISD. The white coats come out in all their glory. Add a name tag and a stethoscope and we had automatic prestige and power. What is it about the white coat? Sure, it covers an unironed shirt nicely, as well as the

inevitable sweat stains that occur during some particularly hot and crowded hospital room visits. And there are some handy pockets. But what else does it represent? First, it sets us apart and labels us as medical professionals. It encourages us to step back from the real world - the patient's world. Somehow the white coat allows us to become part of the sterile medicine we are giving patients and stay out of the sometimes messy emotional issues that arise. There are no white coats in family practice, pediatrics or psychiatry. I was once told it was because it scares kids and causes high blood pressure in adults.

At the end of my first year clinical skills, our group tutor told us how much our communication skills had improved that year. She said we had learned oodles about compassion and empathy and active listening. Her next remark was, "And please don't forget this stuff when you put on your white coats!"

September 11th

Svenja Lahrs

Med I

September 11, 2001.

My aunt's birthday.

My 3rd week in medical school.

My 5 minute break in Community Health.

I walked out of Theatre B and saw some surprised and shocked faces. I almost wandered by but some words made me freeze: the World Trade Centre collapsed after terrorists crashed hijacked planes into the twin towers! I worked and lived in Manhattan for the past 2 years. I moved from New York to St. John's only 3 weeks before the terrorist attacks in the United States. My brother, friends, and coworkers still live there...

Physiology class. I am confused and scared that people I know in New York could be hurt or dead. Claudia, my best friend from college, comes to mind. She works in the World Trade Centre...she must be dead...how unreal. I start crying in class. I get a tissue out of my backpack and find those funny looking 'alien-printed' tissues that were in my 'survival kit', a present Claudia had given me before my move. Action potentials and electrochemical gradients are no longer my focus as I run out of class.

I am crying. I am terrified about my family and friends and their well-being. I consider that maybe I am overreacting. I run to phone my brother in New York but all the phone lines are down. Thank God for the internet...I check my email in the library. My brother was the only one to send an email that he was okay. What a relief. However, I am still worried about everyone else I know. I email everyone I know in New York - the list is long.

I get home and get a message from my boyfriend that he is ok. He also got in touch with Claudia who happened to be late for work that day. How fortunate that she had slept in. She later told me that she had come out of the subway and stood in front of the World Trade Centre when the second plane crashed. She watched people jump out of the buildings, the towers collapsing, people running, screaming, crying. She ran...for a long time.... just running away from her old work place...I know that she is forever traumatized by those images.

Days later I end up hearing from all my friends and old coworkers that everyone is ok. How happy, yet sad, that made me. So many thousands of innocent people died in this disaster. I hear sad stories in the news and from mouth to mouth. I strongly feel for everyone who might have lost a loved one in this terrorist attack. Support from family, friends, acquaintances, my new friends in medical school and teachers has helped me to deal with these events. I want to thank everyone for being there for me. Helping each other has been the best lesson we have learned from this incident. What happened in several cities in the United States has

touched the whole world. We must realize teamwork is the only way to rebuild trust and security in the world. Cooperation between cultures will make us strong and help fight off terrorists that act with only one intention: to destroy. They are a minority. This disaster has nothing to do with religion, colour, or other differences. We are dealing with extreme destructionists. So look around you and talk to each other. My medical school class has especially helped me by being there for me. I hope we as a class will continue to be a support system for anyone who might be dealing with a terrible experience at this time. Go out there and bond.

I received this email and I wanted to share with you. I think the message is quite powerful.

On Monday we emailed jokes.

On Tuesday we did not.

On Monday we thought we were secure.

On Tuesday we learned better.

On Monday we were talking about heroes as being athletes.

On Tuesday we relearned who our heroes are.

On Monday we were irritated that our rebate checks had not arrived.

On Tuesday we gave money away to people we had never met.

On Monday there were people fighting against praying in schools.

On Tuesday you would have been hard pressed to find a school where someone was not praying.

On Monday people argued with their kids about picking up their room.

On Tuesday the same people could not get home fast enough to hug their kids.

On Monday people were upset they had to wait 6 minutes in a fast food drive through line.

On Tuesday people didn't care about waiting up to 6 hours to give blood.

On Monday there were people trying to separate each other by race, sex, colour and creed.

On Tuesday they were all holding hands.

On Monday we were men or women, black or white, old or young, rich or poor, gay or straight, Christian or non-Christian.

On Tuesday we were Americans.

It is sadly ironic how it takes horrific events to place things into perspective. The lessons learned, the things we have taken for granted, the things that have been forgotten or overlooked, hopefully will never be forgotten again.

Rants

continued from page 11

Pain. Other patient's pain. Moans, screams. Housestaff reacting to this or any other patient requests. Overheads and bedside alarms. Doctors orders for vital checks (i.e QID, q4h) are written without considering their intrusion on sleep cycles. Ditto for medication administrations (raise your hand if you've used one drug over another because it was BID vs. TID vs. QID dosing.) Patients with sleep apnea suffer from fewer arousals throughout the course of a night. And all before the housestaff begin their popular early morning rounds. Even in a patient who was allowed uninterrupted sleep, these rounds are detrimental, as the majority of REM occurs in the wee hours of the

morning. REM, that high octane fuel which really cleans out and revs up the system. (Unlike in a car, where the premium grades can damage the engine if it runs on a lower grade. It's a waste of money if you "treat" your car every once and awhile. Bygones.) How many dreams end with the phrase "morning, how are you feeling today?" (Or rather, when I return to The Rock in a few weeks, "mornin', how'ya gettin' on bye.") The Sleep-Reaper wears a white coat, but he's just as unwelcome as his black cloaked brother. Next time you write an order, write for some Vitamin Z. If nothing else, you'll put yourself in your patients' shoes when you are aroused at 0300 by a nurse stating they don't have any 'Vitamin Z' on the floor. Pleasant dreams.

In Memorium

Anonymous

On September 29, 2001, The Medical Staff Variety show was held at the auditorium in the Arts Building. The proceeds from the evening went to the General Hospital Foundation and to the scholarship in memorium of Gina Blundon. There weren't many things that you didn't see (including an absolutely amazing set by some of the Med School Jazz band) but one absence noted by more than myself was much of the Class of 2004. There were a dozen or so members of the class in the audience and a few members in the band but the majority of the class wasn't. It wasn't for lack of notice. Signs were posted all over the Medical School and announcements made all week in class. It wasn't for lack of available tickets. They were available all week in the hospital gift shop and at the door. Still, there were many empty seats that night in the auditorium.

I won't comment on why Gina's classmates didn't attend that night. Gina's parents and family were there

along with Kevin. I must admit that I was embarrassed that more of my classmates didn't come out to show the Blundon family and Kevin that we still remember Gina. I stood in the foyer at intermission with two or three of my classmates and wondered where everyone was. I know there were people in our class that weren't able to attend for various reasons. There also were people who bought tickets to support the event who were unable to attend. But there were a great number of Gina's classmates who simply weren't there.

I remember the talk in the days and weeks after Gina's death that we would never forget Gina. We were going to do so much in her memory. Yet four short months later, barely one third of her classmates attended an event to help preserve her memory. It is just as important to show Gina's family and Kevin that we are here for them now as the day we attended her funeral in Carbonear and that we will remember her for many years to come.

Camelot...(continued from page 1)

be dragged away and shackled in the Dungeon or cross the Drawbridge to leave the castle and participate in the auction.

This year's auction has a variety of donated prizes although there is no official word on the secret final item (rumors are that it is spectacular and is being guarded quite securely by the infamous mobster Fat Tony and his

band of ruffians).

Preparations for this year's event are well underway. The executive has been hard at work all summer with fundraising and donations and decorating has begun and many of the rooms are beginning to take shape. This year's Monte Carlo is shaping up to be one of the most impressive ones yet.

Investigative Reports : **Fletcher vs Cuts - Buying a plane ticket?**

Matt Lilly

Med II

Unless you have a money tree in your backyard or own a very profitable 'business' involving a certain white powder, you have probably scouted out the travel agencies available to us students to save some serious cash on plane trips. Everyone talks about purchasing their tickets through *Travel Cuts* - but what about the CFMS-approved *Fletcher Travel*? Does anyone ever book trips to home, to conferences, etc, through this other travel agency? What the heck is the difference between *Travel Cuts* and *Fletcher Travel*?

Fletcher Travel is a Calgary-based travel agency that, like Travel Cuts, has a special contract with Air Canada that allows students to purchase tickets at lower prices than if dealing directly with Air Canada. For some unknown reason, Air Canada decides at times to offer better discounts to one agency over the other, meaning that where ticket

price is concerned, you'll never know which agency will give you the better deal unless you call them and ask. While those who work for Travel Cuts have no clue that Fletcher Travel even exists, their competitors in Calgary will, over the phone, compare their rates to those of Air Canada and Travel Cuts, even if their rates are higher.

There's a catch, of course, with booking through Fletcher Travel. To get their reduced rate, all ticket purchases must be made 7 days in advance of the flight date and you must be willing to stay at your destination over a Saturday night. This makes their arrangement with Air Canada a tad less convenient for us students who have spent our lives perfecting the art of procrastination.

Looking at a practical example: a round-trip flight from St. John's to Toronto, departing Dec. 26 and returning Jan 7, costs \$510 (plus tax) when booked through Fletcher

Travel. When compared to the regular Air Canada fare of \$775 (tax included), it's obvious you're saving enough to buy yourself a few hotdogs. But when compared to the Travel Cuts rate of \$407 (plus tax) for the same flight, you realize you can forget the hotdogs and buy the whole pig, horse, calf, rabbit and ant eater.

The moral of the story: shop around. It only takes 2 minutes to phone 1-800-567-2467 to check the price offered by Fletcher Travel for the ticket that you'll probably end up buying from Travel Cuts anyway, but, hey, it can't hurt. For some background information on the arrangement that the CFMS has with Fletcher Travel, check out the CFMS website www.cfms.org/about/ and click on "The Financial Side of Things". Happy travels.

MUN MED Sports

Marianne McKenna (*Med I*) and Mike Vickers (*Med II*)

Soccer

Sept. 22 - vs Hatcher **T 1-1**

Goal: Marika Halse

Sept. 29 - vs Res **W 4-1**

Goals: Craig Paterson (2), Unknown (2)

Sept. 30 - vs Phys Ed **W 5-0**

Goals: Craig Paterson (2), Mark Dickeson (1), Chuck Yegappan (1), unknown (1)

Shut out by Joe Bauer and Todd Way

Oct. 10 - vs MUGS **W - Default**

Team MUN Med UNDEFEATED so far !!!

Varsity Soccer

Record: 4 Wins, 2 Losses, 1 Tie (17 points total)
2nd Place in Division

St. Mary's currently in 1st with 19 Points (CIAU)

MIKE VICKERS - GOAL in GAME 3 !!!

(Med II)

MUN Cross Country

Saturday - Oct. 6 - **Rachel Fox** (*Med II*) -

Placed 7th (time of 20 min 25 s) in the 1st race of the season, held in Pleasant Park, Halifax.

**CONGRATS and GOOD LUCK to ALL MUN
MED ATHLETES !!!**

A Presidential Preacher

Karan Shetty
Med III

Halfway through my psychiatry rotation, I have come to realize that the line that separates religious delusion from genuine spiritual inspiration is blurred at the best of times. Never has this been more apparent than in the wake of the World Trade Center-Pentagon tragedy. If we are to believe everything we hear, God guided 19 men to kill thousands by having them crash planes into important buildings and then as some sort of divine practical joke that very same God told the country that was attacked to wreak vengeance on those who shelter the perpetrator by bombing them to smithereens. God's name is being bandied about like a volleyball by both sides involved in the conflict. This prompted America's favorite satirical newspaper *The Onion* to publish the article "God Angriely Clarifies Don't Kill Rule." In this article a frustrated God declares during a rare press conference: "I guess I figured I'd left no real room for confusion after putting it in a four-word sentence with one-syllable words, on the tablets I gave to Moses. How much more clear can I get?... How many times do I have to say it? Don't kill each other anymore - ever! I'm f***ing serious!"

What separates men who say God wants them to fly planes into buildings or men who say God wants them to bomb countries, from people at the Waterford Hospital who believe God wants them to say...set fire to themselves? God's name is used as an excuse for everything these days so sometimes

it's a little hard to tell. That is not to say that America's military operations are unjustified. The terrorists obviously needed to be rooted out and properly punished for their crimes. What Bush doesn't need to do though is fly America's flag under a banner of religious righteousness. He should tell the American people that he's bombing Afghanistan because they're protecting a man who killed thousands of innocent citizens, not because it's the right thing to do in the eyes of God. Turning this whole affair into a religious "crusade" (a word that was used in one of the speeches) is playing into the hands of the terrorists. Bin Laden would like nothing more than a confrontation pitting Christian America against the Muslim world. Most Muslims abhor the violence and devastation of Sept. 11. Turning the conflict into a religious confrontation would not only ostracize these people but make them question America's role as a purveyor of justice.

There should be no room for sanctimonious posturing and cheap melodrama in political or military action. The ubiquitous use of the word God in every newspaper, television show and oval office speech cheapens His name for those who need Him the most – the grieving families of the victims of this terrible tragedy. Some people use religion as a tool to cope with misfortune and for these people it is probably an intensely private thing, not something to be trumpeted over loudspeakers. In this unstable global climate the last thing America needs is a preacher for a president.

Variety of Tastes

Jackie Basha
Med II

The 2nd Annual **Medical Staff Variety Show** was executed successfully on Saturday, Sept. 29 at the Reid Theatre. The air was dense with the spirit of charity as the medical staff from all disciplines proved themselves adept in both right and left brain functions. Yet the show's title is somewhat a misnomer, as it neglects to boast that students do play more than a significant role in the administrative background and at centre stage. Med II offered the greatest talent contribution, although both Med I and clerkship were both admirably represented.

MC'd by Dr. Alan Goodridge, the show opened, paused for alcohol, and closed to perfection (much to Steve Lucas' relief I'm sure). Best wishes were offered to Dr. Hannah in his most current attempt at retirement, and thanks were sent out to the Blundon family for their support and to all patrons for their contribution to the G.D. Blundon scholarship fund and the Hospital Foundation. However, all went awry as Dr. Goodridge handed the conche to the politically unsound Dr. Bartlett, as he closed with special thanks to the "wives and girlfriends" that came out to support their bread-winning better halves. I guess Dr. Bartlett doesn't realize he has female colleagues. Despite the somewhat controversial take on CNN's terrorism coverage, which included an arguably very tasteless picture of man-donkey 'interaction', the Variety Show was well attended and highly enjoyed. Next year's show will only surpass this year's in quality if there is some more attention given to being politically correct.

HAVE YOU SEEN THIS MAN ?

A province-wide manhunt is on for **Bowmer Simpson**, pictured here, after he escaped three nights ago from the penitentiary in St. John's. It is believed Mr. Simpson truly does have feet, and although many theories exist as to how the 5th finger was lost, rumours say it was the result of an 'incident' with Infectious Disease Control authorities concerning contaminated bottles of Duff beer. If you see this man waddling through your neighbourhood, please contact the authorities immediately, by emailing *The Pulse*.



CONTEST OF THE MONTH



Can you name the building that has this.. interesting... piece of artwork on its property? (Not the freak with the thought bubble, the black thing in the top right corner.) Send your guesses to *The Pulse* at pulse_the@hotmail.com. The winner will win a random prize, possibly a car (donated by Mr. Bryniak), a swimsuit model or this original picture, autographed by Bowmer Simpson.

QUOTES OF *the* MONTH:

"Anything you can get the patient to do on their back is better than on their hands and knees."

"When I read the brochure and it said '18 Holes a day', this isn't what I thought they meant."

Dr. Fardy, Gastroenterologist Extraordinaire