



# WILD ONIONS

TRANSFORMATIONS & TURNING POINTS

2012

# Wild Onions

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The title of our journal has raised a good deal of speculation. The wild onion is a common garden-variety weed, a hardy plant that grows almost anywhere and tends to spring up in unexpected places throughout the woods and fields and roadsides in this part of the country. It blossoms into an unusual purple flower and its underground bulb, if tasted, yields a pungent, spicy flavor. The wild onion is a symbol of the commonplace yet surprising beauty that is living and growing around us all the time, the spice that though uncultivated, unexpectedly thrives and – if we only take time to notice – enhances life.

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# Wild Onions

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*Wild Onions* is an annual publication funded by The Doctors Kienle Center for Humanistic Medicine, Pennsylvania State University College of Medicine. It is a journal of poetry, prose, photography, and visual art created by members of the entire Hershey Medical Center community.

Entries are selected on the basis of artistic merit, representation of the broad diversity of the medical community, and recognition of the interplay between science and creativity that is essential to medicine as a human endeavor.

Faculty and staff – both clinical and non-clinical – patients, families, students, and volunteers are invited to submit original (not previously published) literary or artistic work on all topics. Photography or drawings may be submitted in either black and white or color format. All entries may be submitted to the Department of Humanities or electronically via [wildonions@hmc.psu.edu](mailto:wildonions@hmc.psu.edu). For an unbiased selection process, we ask that identifying information (author's name, relationship to Milton S. Hershey Medical Center, mailing address, and telephone number) be listed on a separate sheet of paper and sent along with the entry. If you wish to have your entry returned, please include a self-addressed envelope.

No portion of the journal may be reproduced by any process or technique without consent of the author. All submissions, inquiries, and requests for authors and current or past issues of *Wild Onions* can be directed to Managing Editor, Department of Humanities, H134, Penn State University College of Medicine, 500 University Drive, Hershey, PA 17033.

The aim of The Kienle Center is to advance the appreciation, knowledge, and practice of humane and humanistic medicine, defined as health care that is sympathetic, compassionate, and effective. *Wild Onions* serves this goal by encouraging literary and artistic work that seeks to describe and understand, with empathy, the experiences of giving and receiving health care.

Activities of The Doctors Kienle Center for Humanistic Medicine include:

*The Kienle Service Grant*, co-sponsored with the International Health Interest Group, for medical students engaged in volunteer work with underserved patients.

*The Doctors Kienle Lectureship*, which brings national leaders in humane medicine to Hershey Medical Center.

*The Experience of Care Project*, which teaches medical students through participant-observation studies.

*The Doctors Kienle Prizes* in literature, art, and photography featured in *Wild Onions*.

*The Galleries Within*, an exhibit of biomedical art.

*The Doctors Kienle Collection* of materials concerning humanistic medical practice (located in the Harrell Library).

*The Medical Student Humanitarian Award*, co-sponsored with The Association of Faculty and Friends.

*The Mary Louise Witmer Jones Humanitarian Award*, given annually to an outstanding resident.

*The Nurse's Humanitarian Award*, in honor of Lawrence F. Kienle, M.D.

*Humanism in Medicine Awards*, co-sponsored with The Arnold P. Gold Foundation, for a graduating medical student and for a faculty member.

*The Kienle Cultural Series*, a series of presentations in the arts and humanities.

*Patient Portraits*, a photography exhibit by Joseph Gascho, M.D.

## Greetings

Welcome to the 2012 edition of *Wild Onions*! This year's theme, *Transformations & Turning Points*, is undoubtedly close to all of our experiences, in part because we all go through such events involving health and illness, and we frequently help our patients through them. Yet the extent and the direction to which we are affected – whether threatened or relieved or strengthened – as we navigate transformations often depends on the lens through which we view them and hence the interpretation we give to them. Herein lies the value, and indeed the beauty, of sharing the broad range of turning points with one another in this journal.

But the task of sharing is effortful. It is often challenging for the creative ones among us who experience transformative events to describe them in ways that an audience can embrace and engage. Conversely, it is sometimes difficult for us the viewers to set aside our own notion of the meaning of a transforming event and see it through the eyes of others. Take courage, for the effort is worth it!

So take the time – make the effort – and dig in to the wonderful creative works in this issue. Our contributors offer a range of artwork, photos, poetry and prose that is sure to lend new perspective, new interpretation, to transformations or turning points you may have passed through. It is quite likely that as you experience these creative works you will discover new ways to view an old struggle, new meaning for words that were once puzzling. You just might discover new resources for building inner strength, new ways to connect with the patients, family and caregivers with whom we interact, and perhaps new ways to heal.



**Colin MacNeill, M.D.**

Associate Professor of Obstetrics & Gynecology  
Director, Core Clerkship in Ob/Gyn

Special Section  
**TRANSFORMATIONS & TURNING POINTS**



Welcome friends!



It is with great joy that we present the 2012 edition of *Wild Onions*, an issue brimming with the creativity, insights and inspiration alive in our community. For this year’s issue, we asked our contributors to explore the transformations and turning points that occur throughout our lives. In response, we received a plethora of incredible pieces that provided insight into the transformative experience of illness, the process of becoming a clinician, as well as the personal changes that come with both loss and healing. It is our great pleasure to invite you to share in those moments that change us from who we are to who we become, to allow you a glimpse into the events that transform our lives and our families and turn us toward the future with new perspectives.

Most Sincerely,  
Jonathan Chu and Julie Uspal

Senior co-editors



**Jonathan Chu** will be entering the field of physical medicine and rehabilitation. He hopes to build a career caring for patients with disabilities, and is particularly interested in spinal cord injury medicine and chronic pain management. He has had a passion for literature, creative writing, and visual art all his life, and has been a contributor to *Wild Onions* and other publications several times in the past. He finds the interplay between science and the humanities to be one of the most fascinating aspects of medical practice, and he hopes to continue to explore this as he moves onward in his training and career.



**Julie Uspal** is a fourth-year medical student with a passion for the humanities and underserved medicine. Originally from Wyomissing, PA, she is a graduate of the University of Pittsburgh with degrees in biological sciences, chemistry, and English literature. While a medical student, she has volunteered extensively with the school’s student-run clinic for the medically underserved in Harrisburg, has tutored pediatric oncology and rehabilitation patients, and has traveled on medical missions to Ecuador and to the Dominican Republic. She is a voracious reader with a penchant for contemporary poetry and short stories, and is a huge proponent of and believer in the arts both inside and outside of medicine.

Life at the Time of Death

© Christine Pennesi MSII

Hemorrhage. Destruction.  
Necrosis.  
Loss.  
Of Blood,  
Language,  
Memory,  
Comprehension,  
Of Life.  
A lofty Decision.  
Weight upon the shoulders of her sons.  
Heavy.  
To Nourish or starve,  
Maintain or shrivel.  
Surgery: Invasive.  
Survival: Uncertain.  
Prognosis: Unknown.  
An impossible solution:  
A Body Nourished but static,  
Or shriveled and cold.  
Doctors reveal  
The State of Affairs.  
Comprehension of her surroundings,  
Abolished.  
That which she loved, existed no more.  
Devastation.  
A family’s Loss.  
A Body,  
Without a Person.  
An Existence,  
Without a Life.  
An inconceivable decision:  
Permanent.  
Unforgiving.  
Necessary.  
Impossible.  
Required.  
For the Living,  
A Celebration of Her Life.  
Remembrance,  
A Gift.



Reflections of an Old World

© Megan Whitehead  
Department of Humanities

30 Seconds of Hero

© Linda Amos  
Wife of Liver Transplant Patient

Everyone  
has 30 seconds  
of hero  
in them.  
Most times  
an act of bravery  
requires  
only a few seconds  
to take action.





## Doctor-Patient Relationship © Barbara E. Ostrov, M.D. Department of Pediatrics & Medicine *in memory of Linda*

We met years ago  
 She the patient and I the doctor  
 She seeking relief from pain and suffering  
 I advised and prescribed  
 Treatment tempered, but could never rid her of maddening arthritis  
 We meet again over the years  
 She the special teacher-patient and I the mother-doctor  
 My pain and suffering as a mother  
 She advised and reassured  
 I eased her arthritis pain and she eased my mother's anguish  
 We meet in the fall - one last time  
 She the dying-patient and I the doctor-friend  
 Cancer outweighing annoying arthritis  
 Her hair gone  
 A large curved scar in its place  
 She says goodbye and thank you  
 I cry; it is I who must thank her  
 Patient and doctor become advocates, friends  
 Advise and guide each other through pain and suffering  
 Healer-advisor-doctor-patient relationship  
 A moving line shifts between roles  
 Sharing hope, life, friendship and the sadness of a wonderful life cut short.

## Seabright © Neil Manering MSI



## The Big Balloon

© Mary Kohut ALS Patient

I have experienced, trusted  
 ...and had faith  
 that the earth would support me  
 ...and not bury me  
 The water would buoy me  
 ...and not drown me  
 I guess I just always knew this  
 And now I know  
 That the fire will lift me  
 ...and not burn me  
 The air will carry me  
 ...and not sweep me away

## Time

© Lynelle David Patient

The rolling locomotion  
 Of the Time that keeps on going  
 Moves us swiftly past the moment  
 Try to grasp it & it's gone.  
 Its flowing current bears us  
 On its back, and as we ride it  
 Ever springing forth anew, it  
 Ever-ends its journey, too.  
 To cling to any minute  
 Be it feelings, friends or hap'nings  
 Holds us firmly to what's passed us  
 -- Changes life to memory.

Yet even in remembrance  
 There are forces ever-changing  
 In our bodies life is beating  
 Time will not be held in chains.

There's no more Time in doing  
 Than in sitting, sleeping, dreaming  
 Holding still is an illusion  
 Time keeps ticking just the same.

With Earth & Sky surrounding  
 Time is flowing always through us  
 Twined inseparably within us  
 ....As we also are in Time.



## Transformation

© Megan Whitehead  
 Department of Humanities



## Midwinter Dream

© J. Spence Reid, M.D.  
 Department of Orthopaedics and Rehabilitation

## Doctors and Dads

©Michael MaCauley, M.D. PGYIII  
Department of Medicine

“Nothing prepares you better to be a father than residency.” I’ve heard my program director say that to every expecting dad. My recent experience made me appreciate his wisdom and realize what he means is that nothing can prepare you for either.

I was near the end of a two-month stretch as the senior resident on the General Medicine service. I opened the call room door to see which admissions overnight would be coming to my team and the white board read “22 yo male with abdominal pain and ascites.” I asked the overnight officer what his underlying diagnosis was, and surprisingly this was a new finding in a young man without previous medical history. I opened his chart; no prior significant problems or diagnosis listed, just a few outpatient visits for URIs. I reviewed the CT scan of his abdomen which showed marked ascites and multiple masses. He came to the Emergency Department the prior evening after developing abdominal pain. As it turned out, his abdomen had been becoming progressively distended for the previous few weeks.

The rest of the team and I gathered outside his room to discuss his case. We reviewed the indications for paracentesis and expected findings seen in portal hypertension versus other causes of ascites. I commented on common malignancies in this age group, and which tumor markers might give insight into the diagnosis. We made plans for ultrasound guided paracentesis and biopsy for later that day. After the discussion we opened the door to find him lying on the bed, abdomen clearly protuberant, but otherwise a fit young man. I looked to the left and there was a young mother holding a ten-month-old baby boy, and a middle-aged new grandmother. My stomach sank and it took me a moment to remember to breathe. Everyone’s face was pale. Few words were spoken and the tone of the short conversation screamed that this was serious. Four liters of fluid were removed from his abdomen later that morning, and biopsy was sent to pathology. His pain resolved. After rounds I spent the afternoon searching for benign causes of peritoneal masses, although I knew these were unlikely to cause ascites. Tumor markers came back normal, one by one, and ultrasound was

negative for testicular cancer. The next morning we again opened the door to see him in the bed and his girlfriend on the cot next to him. The baby had gone to his parents’ house. I could barely look them in the eyes as we told them there would be no answers until the biopsy was reported. I had to hold back tears as everyone hurried to exit. Shortly after, we discharged him with plans to follow up with me in a week after his pathology came back.

At the same time my wife and I were anxiously awaiting the birth of our first child who was due in the next few weeks. My work schedule successfully distracted my attention from thinking too much about impending fatherhood. I hadn’t been nervous about my upcoming life change until I saw my patient with his son the day before. The next few mornings I couldn’t stop thinking about that scene in his room when I saw him lying in bed next to his baby. Thinking about how dramatically his family’s life had just changed blew me away.

The pathology report was taking longer than usual. I knew this meant that it required advanced staining, meaning it was probably atypical. The final pathologic diagnosis was unclear: hepatoid germ cell versus atypical hepatocellular carcinoma. Both are rare with poor prognosis. What would I say to him in clinic? I guess I’d ensure adequate pain control and schedule him for therapeutic paracentesis as needed. The goal of the visit should be maintaining a sense of hope intertwined with realistic expectations. That’s what a good doctor would do. That’s what I’d say to someone else at least. The hardest part would be trying not to cry in front of him.

On the day of the visit I mentally prepared all morning while on rounds in the hospital. He was first on my schedule, but he still hadn’t shown up in clinic twenty minutes after his appointment time. I noticed he saw the medical oncologist two days prior. Later I learned he was in radiology that afternoon for a staging CT which showed lesions in both lungs as well. He never came to see me in clinic.

A few weeks later my daughter was born, a week late, the day before my own birthday, via semi-urgent c-section. Everyone was right, it’s impossible to convey the emotion of holding your newborn minutes after he or she comes into the world. Everything seemed fine, but a week later we received a call that our daughter’s screening tests

had shown she had congenital hypothyroidism. Certainly a false positive, I thought. A nuclear scan later that day showed she had thyroid agenesis. Now I was the one with a pale face of shock when the radiologist told us it looked like she had no thyroid gland. I then reviewed the literature, which leads to the conclusion that “there’s no reason to think she’ll have a major problem with proper treatment.” That’s what I would say to a patient, I thought. Ironically, I then had my first experience as a dad questioning my own opinion as a doctor. I could now appreciate how a patient might question our diagnosis and prognosis.

I kept an eye on his progress through the EMR, and about four months later he was admitted to our ICU with encephalopathy. He had received chemotherapy without much response and presented with worsening confusion. He was in and out of the

hospital with confusion for the next few weeks, but I couldn’t bring myself to go to his room. He passed away in our inpatient hospice suite about a week ago, eight months after I first saw him in the ED. I saw his obituary in the local newspaper the other day. The narrative was strikingly simple, reflecting a family in continued shock. I wish he had come to clinic that day. I like to think that perhaps I could have helped him, even if it was just to be someone he could relate with who would listen and lead him to a better understanding of what was happening. His time as a father was fleeting, as was mine as his doctor. I hope his son can later appreciate the strength his father displayed in his fight to hold on to time with him. Although my time with him was short, there hasn’t been a patient who has taught me more about appreciating life, fatherhood, and being a doctor.

## Coming of Age

© Kyle Lewis MSII





Breathtaking

©Donald Farrell  
ALS Patient

Life  
is  
candid,  
dramatic,  
remarkable,  
and  
inspiring,  
considering  
our  
humbling,  
unknowing  
and  
breathtaking  
death.

I Had to Go

©Bev Whitman  
Simulation Center

I woke up this morning  
So much to do  
Calls to make, friends to see  
I know...I have to go.  
  
I don't know why  
Time is flying by  
There are things I must do  
I know...I have to go.  
  
The sun is shining brightly  
Gentle winds do blow  
What a beautiful day today  
I know...I have to go.  
  
The day is over  
My deeds are done  
With God's arms around me  
I know...I have to go.  
  
Night is falling  
Everything is quiet  
No answer when I call  
I know...you had to go.  
  
Love, Mom



Desert Bloom

©Corinne Gibiterra  
Division of Pulmonary, Allergy and Critical Care Medicine

Contrast

©Thomas L. Leaman, M.D. Emeritus Professor Family & Community Medicine

1943

My first year in medical school. Our first class was gross anatomy, and while in some ways it was “gross,” it was also fascinating and exciting. We studied in teams of four and each group was assigned a cadaver, which was stored in a tank of formaldehyde solution in a back room, and brought out to our assigned dissection table as needed. Our first challenge was dissection of the lower extremity. When we finished our studies of that area of the body, we disconnected the legs from the torso, and the staff disposed of them. I had no idea, and no interest, in how they were dispatched. I felt no reverence, nor even respect or gratitude, for the body I was so completely taking apart, nor did anyone else in the class. I even recall that I sent a few samples – piece of muscle and a cornea – to impress my soon-to-be-bride. It did. There was talk at the fraternity house that it would be fun, during the next frat party, to roll a head down the stairs. Fortunately, no one did.

At no time did any one on the faculty suggest that we should reflect some gratitude and respect for the person whose body we were dismembering. At no time did we as students raise questions about the people who were our cadavers: “Where did they come from?” “Did they volunteer to donate their bodies for educational purposes?” What happens to their remains?”

To us the cadavers were simply learning tools, like the frogs and turtles we also used.

2010

Jeanne, my beloved wife of 65 years, died. She had decided on the disposition of her body as both her father, and then her mother, had chosen. They had willed their bodies to the Humanity Gifts Registry for educational and research purposes.

A few months later we, the family, were notified that Jeanne’s body had served its intended purpose, and her “cremains” had been returned to the Penn State Hershey Medical Center for interment, along with others who had chosen that path during the current year.

The service and interment were held at the Hershey Cemetery on a hill overlooking our town, our home for more than 60 years. The site was very near the grave markers for each of the more than 20 years this tradition had been followed. A large tent, with seating, had been erected for the family members. Members of the anatomy class had begun planning for this months earlier, and this was obvious from the thoughtful attention to detail of the entire event. All of this preliminary work, and the service itself, were conducted by students from the anatomy class, all volunteers.

The service was entirely ecumenical and included original readings of both prose and poetry, and vocal and instrumental music, some of which was also original. Very moving to us, as a family. The students were expressing their own deep, innate feelings about the whole learning process and their own feelings toward the person who had allowed them to learn so much.

This outpouring of gratitude and the obvious love they expressed touched us all and left us all in tears (as it does me now as I relive those moments.)

Medical progress can be so beautiful!

**Addendum:** During the service many of the medical students gathered along the back of the tent. While there they discovered a snake in the grass – a six foot long snake that they recognized as a boa constrictor! They watched it closely to avoid any disruption, then called the zoo which sent people to rescue it after the service. When we heard about this the next day, we thought it was truly hilarious and that Jeanne would have loved it. Our daughters agreed, but told me that a snake has been considered an important symbol in Greco-Roman mythology since ancient times. It is considered to be indicative of healing, rejuvenation and transformation. A logo of the American Medical Association is the staff of Aesculapius, with an entwined snake. When we heard that our snake had been in the process of molting, it made the symbolism all the more compelling.



## I Don't Know

Xiaowei Su MD/PhD Candidate

The words, "I don't know"  
Spoken by a doctor  
Represent honesty  
But also... capitulation.

What was he thinking?  
He had my records,  
Knew the last treatment  
Almost ended me.

Doctors are only human  
Cannot fade into the past,  
Pinpoint the first breach  
Illness made into flesh, and psyche.

Nor anticipate the future:  
He could not know,  
The rending screams  
Which tore my family asunder.

Perhaps my doctor,  
Armed with the weapons  
Of modern medicine,  
Felt defenseless...

Epidemiology, statistics,  
The calculus of eternal probabilities  
Could not tell him,  
The answer to my question.

How could they,  
I was not a population  
Some number  
Needing derivation.

I was his patient  
Devastated by the silence,  
Cringing, broken...  
Under the look of pity in his eyes.

"Why are you asking!"  
Perhaps he was thinking,  
"Why are you here!"  
Perhaps he was raging.

"You should be living!  
Not here, with me, asking.  
Life does not stop  
With illness."

But that was why I was here  
To learn how to live  
A life with illness,  
That was why I asked.

And his answer,  
Leaving so much unspoken,  
Told me nothing  
To guide my expectations.

I never thanked him.  
For I understand now,  
Difficult was my prognosis.  
He would not take away my hope.

Ten years ago,  
I sat in an antiseptic office,  
And asked, "Will I ever finish college?"  
"I don't know."

## A Son's Prayer

© Jeff Feehrer  
Patient

He knew his father could or would hear.

It was late, but not too late.

The room was very dim, the only light seeping in from the corridor. A nurse had already been in to give him his meds and unclasp the respirator mask that had a fighter-pilot look to it. Earlier, two aides had helped him to the bathroom, change into bed attire, remove his glasses, bridge, double hearing aids and wrist watch. It was a Penn State watch, a Christmas gift from his alumnus son a month ago. He wore it constantly on the outside of his sleeve.

He had turned ninety-five after the CAT scan, the sole person not to be told the report. There had been one error afterward – when a hospice nurse had unexpectedly visited him one afternoon. They don't know if he saw hospice on her ID pin or not, but it prompted a quick telephone call from his daughter, citing her dad's living will and DNR to the organization which had sent the woman. All their father ever said was that a nurse he didn't recognize had come in, never what they talked about. Fortunately she hadn't stayed long, maybe fifteen or twenty minutes, and asking mainly safe, biographical questions.

His son looked at the off TV. When he and his sister visited, it was usually on to the evening news, then a game show. During the day he liked to watch old movies or the old-collegiate-football-games channel. They think the colors and movement and crowd excitement fascinated him more than the outcome. Sometimes the remote gave him a problem when he accidentally or mistakenly pressed the wrong button. No audio or he couldn't change stations or all the characters in a serial, including commercials, were speaking Spanish. He was watching intrigued nonetheless.

The son's gaze climbed the wall behind the TV. Cluttered neatly with humorous cards with punch lines inside, cheery cards, jovial or beautiful Christmas cards, prayerful cards, Father's Day and birthday and well-wishes cards; and taped above them were photographs of his children, grandchildren, two great-grandchildren, a square black-and-white snapshot of him in an Army sergeant's uniform somewhere in

Belgium, straddling a huge German cannon mounted on a gondola railroad car. A later picture has his wife beside him. He's in civvies, holding their infant son while their daughter stands knee-high by his left leg. In the background is the stern two-story wooden house, ancient architecture now, in which he grew up. More recent he's in his wheelchair, a red Yule-decorated bag in his lap, at the home's Christmas party; and one shows him propped up in bed with his son and older grandson on either side leaning into the frame. Each wears a Nittany Lions cap. Also amid this collage is a group photo of relatives, taken in the social room, down for cake, ice cream, balloons, presents and reminiscing with him on his last birthday in October. Beside these and the mirror and sink he shared with his roommate was a print-out in large font by his daughter of this week's televised interests, but he always forgot to read it. There was a wrought iron birdfeeder just outside his window.

His total possessions of a lifetime starved to a single room, bed and window. His car was sold shortly after he moved into the home, his house emptied for the auctioneer and realtor, his wife deceased seven years ago. Her youngish picture kept vigilance over him from a small bookshelf near his pillows.

Now their son did, studying his father's puffed, rounded face and body, bloated by good food, inactivity and fluid retention. This man who had survived years of World War II, never drank or smoked or cheated, worked two years past his retirement age, attended church weekly, taught his boy to solder, read basic electrical schematics, build a crystal radio, the fundamentals of baseball and to spiral a football, sight a BB rifle, defend himself against bullies, drive stick shift. A fine husband, too, married, providing, and available for sixty-three years.

He was sleeping peacefully now, breathing rhythmically but very shallowly. No grimaces or dancing arms or body twitches as he dreamt about V-2's or his wife or falling or an old friend.

Becalmed.

The angels are near, thought his son.

He pulled a chair over, sat down and, leaning close, an inch or two from his father's ear, spoke low but intelligibly. He focused on the closed eyes and serene expression facing upward.

"Dad, you're going soon on a long and short journey.



Ripple on a Ledge © Jon McClain MSIV



For you it'll be a second, but for us, those you leave behind, it'll take weeks, months, perhaps years."

"You're going to a wonderful place, an unimaginably beautiful place, and you'll be met by the Lord or Mom or maybe both; but you will rejoin her – which is what you wanted for seven years. Not my promise, you know, but His." He paused. "You were a great dad."

He leaned back then, an afterthought, tilted forward again. "If you can, put in a good word for me ... maybe five or six thousand?"

Still sitting, he silently slid the chair back. His father sighed in response but his chest did not rise.

They've taken him.

He sat for an unknown time, looking at the body, his mind a kaleidoscope of memories. This could be his own future. After a while his fingers clasped his father's bicep, a small band of skin where the home's elastic thermal sleeve and gown didn't quite meet. It was icy, marrow cold, winter rock cold.

The son sighed. He stood, smiling and wiping his eyes and stepping away. There was a sister to call and then lots of sad, lengthy arrangements and conversations, insurance, bank, lawyerly and veteran notifications to be made. Each one, and the ensuing condolences, recharging the disbelief and grief that their father was gone. Also at some time they'd have to return to this room, to his empty, made bed, and collect his clothing, cards and grinning photos, clock radio, every single possession of his existence.

Orphaned, he and his sister, in an instant on this equally frigid January night.

He pulled in a very deep breath for strength.

He moved around his father.

He reached for the bedside button to summon a nurse.



## Star Trails

© Heather Heisey R.Ph.  
Investigational Drug Services

## Something Borrowed, Something Blue

© Cab Bingaman Patient

I received a class reunion invitation a week ago  
optimistic, a bit expensive at a place I didn't know.  
We hope you can attend.

Looking forward to seeing you!

Did I want to go

meet spouses I don't know

who hadn't graduated either our year or from our school

listen to post-diploma or post-degree histories

successes, failures, divorces, questions, grandchildren,

surgeries

names of those who were deceased

the classroom laughs and mistakes, the grades

most of the teachers, liked or feared, had passed by now.

Every five years these nostalgic decisions arrive.

Classmates, elderly ghosts from that commencement day

so unrecognizable from time or marriage

name tags are pasted to them. "Remember me?"

Of the three hundred and twelve graduates

I knew maybe ten or fifteen per cent.

Sixty showed up for our sixth reunion, my only attendance.

I ate good, sitting with an aeronautical engineer and his  
much younger wife.

A mutual high school friend not there was our linking  
acquaintanceship.

This reunion, the year we graduated will coincidentally  
match our age.

The dated music from a band in their twenties

a few couples actually daring the dance floor

a lot of clinking ice and mixed drinks refilling glasses

an attempt to borrow and revive the past

adolescent adventures and adult plans

some students achieved them, others were contentedly

diverted, many had vanished

recalled but not missed, too much elapsed time

erasing emotion.

You remember us? We're the former ....

Do I want to go

and see my reflection in their faces and memories.



## The Perfect Photo

© Diana Dinh MSIII



## Pier Pressure

© Paul Hsu MSI, MD/PhD Program



## A Second Chance

© Richard Balchikonis  
Heart Transplant Recipient

It started eight years ago when a healthy, strong young man in his prime had a stroke. Although I recovered quickly from the paralysis, my memory of past words and numbers was affected. I played the system well and my family was unaware of what I lost, until I was tested one day and couldn't recall the meaning of some basic words and past events. It was another setback, but due to the perseverance of my family and long days with Scrabble, card games and having a dictionary at my side, I was able to forge ahead. Little did I know, I would have another road to take when my heart failure doctor diagnosed me with ARVD in 2008, in which the right ventricle muscle slowly turns to fat causing it to enlarge. It was at this time, I underwent a surgical procedure installing an ICD and pacemaker, what I call a two-for-one blue light "Kmart" special. After surgery, I had many visits from students, residents, fellows and doctors. With each of them, I was questioned as to what it felt like to have this go off in your chest. As none of them had the device, they stated that many people say when the device goes off it feels like a mule kick. I say it hurts like hell. With additional medication and the device, I was able to maintain my living capabilities.

However, as the years progressed, I became fatigued and weak and experienced shortness of breath with minimal activity. Stubbornness and the inability of pursuing life as I had once known it, made me sometimes want to throw in the towel—a frustration that was shared by my family, but unfortunately they could not understand the emotions nor feel what I was experiencing. Then on September 25, 2011, the Lord had answered my prayers. I received a heart transported by the Life Lion helicopter at 1:30 a.m. With the skillful craftsman hands of the surgeon, the donor's heart was implanted and by 3:30 a.m. I was off the life support equipment and the miracle of my new beating heart began. What a gift!!

After surgery I realized it was going to be tough being hooked up with IVs and other medical devices, but needless to say the "best" is yet to come: medications that affect one emotionally and bodily; biopsies and blood work and the anticipation of whether there is rejection or viruses. The journey on the road of recovery is difficult and seldom without obstacles.

You go through pain, suffering, depression, anxiety, fear and sometimes loneliness. All those emotions tell us we are human. I was fortunate because I had the support of the heart transplant doctors, coordinators, surgeons and nurses, other patients, family, my general physician, clergy and a very special individual who shared with me his experiences as a heart transplant recipient. Because of all of those individuals, I was never allowed to not to be positive or let my health issues get me down.

Time has been progressing and I am starting with different challenges, educating mind and body with the help of the medical staff and cardio rehabilitation. I attend support group meetings which have provided education on different topics, feedback and experiences from other patients. It is wonderful to get back out in the environment and communicate with others. Someday I hope to share my experiences, mentor and encourage other patients, as was done for me. After all we're on the same boat, so let's continue rowing against the waves to success.

## Clouds Linger Over Akaroa Bay, NZ

© Donald Farrell ALS Patient



## Walking in a Dream

© Alex Shapiro Age 17  
Daughter of Dan Shapiro, Ph.D. Department of Humanities

## A Blessed Moment in Time

© Maria Balchikonis Sister of Heart Transplant Patient

It's Sunday at 3:00 a.m., I am awakened by a nurse in my brother's hospital room to say they have a potential donor. At 1:30 p.m., the helicopter lands with the heart and at 3:30 p.m. it is beating in his chest. To those who have given of themselves, you are loved, for your life goes on through others. A young man of 20 years of age has given my brother his new lease on life. For those who have received, you are truly blessed, for God has seen that you have been given a second chance. Sadness and joy come over you, a strange feeling of mixed emotions. We can only pray for the family who lost their loved one.

## His New Taste

© Jodi Bossler Wife of Randall Bosler, MSII

I kissed him in the kitchen  
and he tasted...  
different.  
Not of soap and boy sweat,  
wet hair dripping  
from a mandatory shower,  
but of something new.  
I tasted air conditioners  
and perfectly organized cubicles  
upon his mouth,  
boredom between the space of 8 to 5,  
manila files, patient histories and black pens.  
Inside of this kiss  
that I pressed to his lips,  
I tasted...  
white collar.



# The Soft Underbelly of Medicine

© Garrett Leonard MSIII

One of my medical school professors once described palliative care as “the soft underbelly of medicine.” My initial analysis of this statement was cursory at best. I decided it was the gray areas of medicine where the limits of science are reached and treatments become futile. It wasn’t until the second day of my palliative care rotation that these words took on new meaning.

If the hospital had been a hotel, then the room I was in would have been advertised with reference to its commanding view. Outside, a field rose up in green hills that seemed like ocean waves ready to crash against the distant tree line. I focused on the peaceful landscape as I prepared myself to turn back to the scene at hand.

The room was very quiet, which is a hospital rarity. The monitors had been silenced and the screen read ‘Privacy Mode.’ It was as if even the cold microchips of the computer were cognizant of the need for a respectful reprise of their constant and noisy surveillance. In the hospital bed, a 35 year-old man lay before his family and a cluster of medical staff. The sides of his neck bulged as his accessory muscles struggled with each breath.

The patient’s mother stood at the edge of the bed. Her gray neck-length hair was neatly pushed back to reveal a pair of heavy gold earrings that wrapped around her ear lobes. She stood in her fitted gray pants suit with her back straight, as she checked her make-up in the mirror of a compact. Satisfied, she put the compact back in her bag and leaned over the hospital bed. This was how she wanted him to remember her, beautiful and dignified to the end.

On the other side of the bed, the father was slumped in a chair that had been turned to face his son. He clutched his oversize cane as if he still needed it to steady himself. He wore a green shirt, wrinkled and one size too big. As time dragged on, his eyes never left the floor.

The had lost one son to the disease. The illness hardened the walls of the lungs, which restricted movement and prevented oxygen from crossing into the blood. A third brother stood at the foot of the bed. He was healthy, having been lucky enough to escape the scourge of hereditary genetic mutation.

The disease began at birth and progressed to require the use of constant mechanical ventilation. The first brother spent months bedridden in the hospital with

a tube down his throat and a machine blowing air into his lungs. The second brother swore he wouldn’t go like that and signed an advance directive refusing invasive treatments. A week ago, the feeling of suffocating having battered his will, he had asked to be saved, legally nullifying the advance directive. A breathing tube was placed.

Now he lay without the tube, his family’s medical decision having freed him. A wheeze escaped the back of his throat, slow and drawn out. The sound was weak and seemed tinged with resignation. His physician ejected the contents of a syringe in a hanging IV bag. The sense of drowning was diminished and his breathing relaxed.

The mother’s voice was at first soothing, but grew more urgent as if there wasn’t enough time to explain to her son the eternal power of her love. The father sensed it too, and leaned forward to grasp his son’s cooling hand. The mother teetered on her black one-inch heels. She seemed like an empress watching the fall of her kingdom. Someone suggested she take a seat, and the father invited her to a chair beside him. She sat down and together they watched.

But while they watched, I could look no longer. Like a tired swimmer searching for a place to rest, I scanned the room for a stoic from whom to draw strength. Yet a nurse’s eyes were underwater and the physician’s eyes were too distant. I turned back to the window, once again taking refuge in the flourishing green of the hills.

The room felt heavy, compressed by silence. I could no longer hear the patient breathing. The physician finally spoke, “We’ll leave you alone so you can have time to say goodbye.” The medical staff filed out of the room. I followed back into the bustle and noise of the intensive care unit. As I passed outside, I caught a glimpse of the patient laying peacefully, his mouth still open.

I was struck by the fact that there was no calling time of death like on television. For some reason, I wanted someone to say it, to give me a sort of closure on what I had seen. Still dazed, I turned to my attending physician who asked, “Was this your first terminal extubation?” I could only nod.

Later in the day, I asked one of the palliative care nurses how she managed to work with dying patients day after day. She said, “Whenever I get to a patient’s room, I leave myself at the door.” It was then that I thought back to what my medical school professor had said about palliative care. I realized it wasn’t just the soft underbelly of science but also of each individual working in medicine.



## Family Portrait

© J. Spence Reid, M.D  
Department of Orthopaedics & Rehabilitation



## Get Well

© Mohammad Bader MSII

## Metamorphosis

© Rollyn Ornstein, M.D.  
Department of Pediatrics

She sits  
Fetal position,  
Emaciated, sad, guarded  
Perfectionistic, self-loathing  
Withdrawn  
Unable to take in enough  
Nourishment or love.  
“I don’t have a problem.”  
Weight keeps dropping  
And dropping.  
“Maybe I have a problem...  
But I don’t think I can change.”  
Scared, ambivalent  
Tentatively accepting  
Care.  
“Help me.”  
One day at a time.  
Tears of anger, frustration  
Guilt and fear.  
Food is medicine.  
Sharp angles soften  
Cheeks once pale and sallow  
Now rosier.  
Sitting taller  
“This is hard work!”  
Distortions shifting  
Self-acceptance  
Letting others in  
“I can do this!”  
Brighter, happier, peaceful.  
Emerging from her cocoon  
Towards recovery.



## Mr. J

©Keun Hee Oh MSI

I spent the last hours of 2011 sitting in the pews of Ruck's Funeral Home, paying my respects to the late Mr. J. He had been a member of my mother's Korean church, and had passed away on Christmas Eve after a four-year bout with gastric cancer. The pastor's booming voice filled the funeral home that smelled like an old church, as he tried to bring an eloquent end to the last chapter of Mr. J's life. I struggled to pay attention to his words, because my Korean was not up to par. Instead, I peered at the grainy, 8x10 photo of Mr. J perched on an easel between the bouquets. He seemed to be in his forties at the time of the photograph. He was not wearing a navy blue beanie or a baseball cap as he always had while I had known him. Mr. J wore a hard, determined expression in the photo, fitting for a stereotypical, stubborn, immigrant Asian father who might forbid his daughter from going on a date. It stood in stark contrast to the man I had known: a quiet, friendly man who graciously attended church every Sunday despite the physical limitations set on him by the chemotherapy. My thoughts were interrupted as my mother tapped me on the shoulder with a solemn look. The pastor's remarks had ended, and the people had begun lining up to view the corpse and offer condolences to the family.

Having recently completed an anatomy course as a medical student, I feigned an air of confidence as I approached Mr. J's casket. The hours I spent dissecting every anatomical feature of my cadaver should have made me stoic in the presence of a dead body, and this is what I told myself as I waddled up to the line of mourners with my head held high, seemingly unaffected by the collective mood. Minutes later, I found myself peering down at the face that lay tucked into the plush inside of the dark brown casket. I was shocked to see that he looked healthier than I ever remembered while he was alive. His plump cheeks had been infused with an appropriate dose of Botox, and I could make out a thin, subtle smile on his pink, fleshy lips. I stood admiring the work done by the funeral parlor; it was likely that they could dress up any dead body to look like it had fallen asleep in a suit. Then, I felt anxious and awkward, as if the body were someone I was meeting for the first time. I wanted to do something to show my appreciation for Mr. J, or to show those around me that I appreciated who he was. Would it be inappropriate to reach out and touch his hand? I bowed my head, and shut my eyes to enter into the act of prayer. Prayer for what, I wondered. The

man had already passed. I imagined the eyes of the family members on my back, and felt as uneasy during those five seconds as I had before inserting a scalpel under the rubbery skin of my cadaver for the first time in anatomy lab.

I treaded my way back to my pew after exchanging handshakes and hugs with Mr. J's wife and daughter, who were fighting to keep their composure before the guests. I had seen them last at the hospice one week ago, when I had visited Mr. J with my mother. Mr. J had struggled up in bed to greet us, though a nasogastric tube filled with black sputum bound him to the bed. His room had smelled like baby food and diapers. His brown, wrinkled face seemed smaller than it was with a large, navy blue beanie covering his bald scalp. Before we could exchange but few pleasantries, a man entered the hospice room rubbing his hands that smelled of Purell, a maroon Littman snaked around his neck. He introduced himself as the attending doctor, and asked Mr. J if he could perform a routine check-up. Mr. J stared straight ahead at the wall, and I realized that he spoke so little English that he had not understood the question. Soon, we all watched in silence as the doctor deftly move the stethoscope all around Mr. J's back, abdomen, and chest. I held my breath as if this exam were a critical check-up that would decide everyone's fate. The doctor's grey eyes looked empty, and his thin, brown hair moved up and down with every movement of the Littman. All the while, he casually asked Mr. J's wife about her husband's reception to the new liquid diet. Straightening, he looked up and turned to me and my mother, then to Mr. J's wife and daughter, and back at me, apparently unsure whom to address. The doctor finally fixed his gaze on me and asked, "Would you like me to speak frankly about his condition?" I shuffled my feet and fumbled with the keys in my pocket before looking at Mr. J's wife and daughter. The doctor resumed: "He's got one, maybe two weeks at best," he said in a reassuring tone more fitting for a clinician giving dietary advice. "Looking at his chart, I know that he hasn't eaten much for about a week or so. He'll continue to become sleepier, and more tired every day, and you may see him completely rejecting the liquid diet even by the end of this week." No one bothered to translate for Mr. J what the doctor had just said. However, I noticed a change come over his face when the doctor had said the words "one, maybe two weeks...."

Long after the doctor had left, Mr. J. motioned for his daughter toward the closet. She brought her father a large, dark coat off the hanger. In a raspy voice he explained that his brother had bought him this coat many years ago, and that it was one of the most

expensive things you could buy in Korean market in the 80's. It had always been too big for him, he said, but he thought that it would fit me perfectly. He had been meaning to give it to me for a while. His face beamed with pride as he repeated that it was one of the best brands one could acquire in those times. I could see the deep bags under his eyes and above his sunken cheeks. I took the coat from his thin, veiny hands, and ran my fingers down the inch-thick, black fur around the neck of the coat. It must have weighed about ten pounds, and seemed appropriate for the bulky shoulders of a Soviet Union army general fighting the frigid winters of the Russian tundra. He nodded with contentment, seeming relieved that he had finally had a chance to give me this coat, and waved his thin hands toward me as if to shoo the coat firmly into my grasp. It was then, as he waved those arms and hands in my direction, every bone and cartilage showing in his saggy, brown neck, that the barricade his cancer had set between my world and his world temporarily came crashing down. I felt pity and a hot anger against what the cancer had done to him. I imagined it bubbling inside his stomach, content to be inside him and slowly sapping away at his life as if it were the natural course of life. My throat tightened as I saw his teenage daughter standing at his side, brushing her hand up and down his arm with a sense of grace and love that showed her understanding of the finality of every touch. The hospice is a truly terrible and beautiful place at the same time. Death sits politely in the waiting room as patients share their most intense, last moments with their loved ones.

Today, I still struggle to find my place within that enormous dichotomy, as an acquaintance of Mr. J, an aspiring physician, and a human being. It seems unjust that in his last, dying days, he took the effort to gift me his prized possession, even though we played such minute roles in each other's lives. I like to think his heart was so big that even as it bathed in the love of his wife and daughter, he saved room for people like me in there, too.

At the funeral, I am thinking on these memories as the procession of people are lined up and waiting to see his body that lies in his final resting place. From my seat in the pews, I can still catch my last glimpses of his face that peaks just over the edge of the casket. He seems unnaturally perfect lying there, with a clean, pale face that has been caked with makeup and hands folded neatly across the chest of his suit. I almost expect the funeral home people to wrap his body in bubble wrap to be shipped to a customer waiting on his order. Trying to distract myself from these unpleasant thoughts, my mind wanders to the doctor at the hospice, who I wish would rub his hands with Purell until his fingers crack dry and bleed. Yet, I tell myself that someday I will find myself in his position, and on countless occasions will be woeful at expressing my empathy. I hear an occasional sniffing and crying above the soft organ music. I bring my mind back to the awful, ten-pound coat that is weighing down the bar in my closet. I grin as I debate whether I should donate it to a Goodwill thrift store. I decide against it.

## Tea Garden ©Taylor Olmsted MSIV





## The Doctors Kienle Competition in LITERATURE, PHOTOGRAPHY, AND ART



### My Secure Rwandan Corner

© Gordon Kauffman, M.D.  
Departments of Surgery and Humanities

Prizes are awarded yearly to writers, photographers, and visual artists whose works are considered to be of exceptional artistic and humanistic merit. An outside judge determines awards in each category, which range from \$100 to \$200.

This year's judge for the Kienle Competition in Literature is Dr. Catherine Belling. Dr. Belling is an Assistant Professor in the Medical Humanities and Bioethics Program at Northwestern University's Feinberg School of Medicine. Her Ph.D. is in English literature and her research and teaching focus on anxieties about medicine, interpretation, and the body. She is the author of *A Condition of Doubt: The Meanings of Hypochondria* (Oxford, 2012), has published in journals like *Narrative*, *Genre*, *Academic Medicine*, and *Medical Humanities* (BMJ), and serves on the editorial boards of the *Journal of Medical Humanities* and *Literature and Medicine*.

The photography and visual art judge is Dr. Craig Zabel, Associate Professor and Head of the Department of Art History at The Pennsylvania State University, University Park. He teaches courses in modern architectural history, with particular emphases on the architecture of the United States, Great Britain, Germany, and Russia. He earned his Ph.D. from the University of Urbana-Champaign, and has taught in the past at the University of Illinois, the University of Virginia, and Dickinson College. His current scholarly projects range from such topics as William Penn's plan for Philadelphia to the Emerald City in the 1939 film *The Wizard of Oz*.

## Winners of The Doctors Kienle Competition in Literature First Place

### Stormwater

© Anthony K. Sedun Son of Yvonne Sedun, R.N. Pain Clinic

Another hard rain. Thick, wet marbles  
of rain rolling right off some cumulus counter-  
top above. Cacophonous cadence. Quickened,  
quieted—quickened again.  
(An exercise in free-verse,  
meteorologically speaking.)

The Cieris' down-  
spout bleeds out  
sl-  
opp-  
ily  
onto the wood rail banister  
of a backyard patio.

Two plastic Adirondacks on a concrete paver patio,  
lavender growing in a blue terra cotta pot, sunflower stalks bowed  
low—with leaves blackened, seeds plundered, and roots  
exposed—all weather the onslaught of more rain,  
more marbles, paddocks of puddles notwithstanding.

Lightning, like feral felines, frantic, ferocious. The wild  
crack of thunder—now flash—now rasp.  
A successive series of couplets.

And two girls who still count with fingers  
asleep through it all.

This is our wet season.

Carol was cremated on Thursday.  
A storm like this with driving rain will certainly leak  
through decades-old windows at LMS where she worked  
for twenty-one years.

Nighttime custodian. Proud grandmother. Winner  
of lotteries. Teller of dirty jokes. Provider of luncheons.  
Her sister tried to rally the mourning at the service:  
WE ARE. PENN STATE. Her brother—estranged  
four years—cried for forgiveness.

Now who will clean up the mess?

Abraham's servant, Rebekah and Isaac.  
Bradbury's Margot, the Samaritan Woman.  
Jesus. Again at Jacob's well.

And here we are, living with the weight  
of water.

### Judge's Comments:

In this powerful poem, form and content work inextricably together. The first half almost lulls us with its virtuoso technical account of a rain storm. Read it aloud: listen for the rain in the repetition of sounds. Look at the page: the words overflow, splashing down the margin. The subject matter is explicitly connected with the writing: the erratic rhythm of the storm is meteorological free verse, the alternation of lightning and thunder like the paired pattern of rhyming couplets. . . . And then we're stopped short. This is no technical exercise. Here are two small girls, sleeping. To know they still count on their fingers is all we need to know to be heartbroken. Right in the middle of the poem its speaker is present, in "our wet season," and in the dry reason that this storm is violent, not restorative: Carol has died. Carol is captured within luminous detail but she is gone, and the poet must turn to biblical and literary (look up Ray Bradbury's "All Summer in a Day") forebears who have measured the ambiguous meanings of water before. And by the end, this "we," who must live with the necessary burden—and beauty—of water, is not just Carol's grieving family, but all of us.

## Second Place

### After All

©Timothy Kennedy Intern in Pastoral Services

Anaïs Allard, all your life you have stood by yourself alone, even against yourself when the love of your heart found its desire but you refused because your mother was dying and needed someone who would care for her; and he, meanwhile, found another and went off and married, closing on you the door to love for life. But here you now lie, your silver white hair on the bleach-white pillow; the window looking out on winter-burnt holly and a block wall; alone, independent, but terrified at having your breastbone split open and wrenched back to reveal a heart hurt when you were just a child. (All these years you did not know just how fragile it was; you did not know it was rheumatic fever that kept you in bed that long Provençal summer.) And now you are wondering where God is. And now you want someone to tell you what you should do. But no one can; you must choose: either the indignity of that cold man in mantis-green sawing you open, intruding into your breast with his steel instruments and probing fingers, tampering with the scar of your childhood which has newly made your independent heart soft—either him, or some lonely afternoon as dusk crawls its way across the worn olive rug in your living room, losing your breath for the last time, and the panic as you admit to yourself while saying, god god, that you couldn’t be independent after all, that you needed them just as your mother needed you.

#### Judge’s Comments:

I was struck by how much is packed into the neat, square shape of this lovely poem. Read it more than once; there’s a whole novel in it, a whole life—the story, you might say, of a broken heart. It is addressed, in the second person “you,” to its protagonist, Anaïs Allard, on her death bed, as the full implications of her life and the choices she has made take shape. (Notice the painterly distinction of color in her “silver-white hair on the bleach-white pillow.”) It is spoken by the kind of voice we may all imagine will tell us the stories of our lives when we come to the end, making sense of what it all meant. The heart at the center of this life is both spiritual—the site of love, romantic relinquished in favor of a more dutiful love—and it is the fleshy organ itself, wearing out, damaged long ago by disease. Should she let the surgeon open it up? (The “cold man in mantis-green” is a brilliant phrase, at once clinical and clerical.) Or should she leave it to God, who doesn’t need to untangle our organs from our souls? This story ends in terror, but also in the potent recognition that we are never wholly independent—that, in childhood and old age alike, we need.

## Third Place

### Balance

©Darren Hill MSI

“This alarm is set for 4 hours and 13 minutes from now.” My cell phone alarm clock kindly reminds me that medical school is not a high-sleep-yield environment, especially with a flu-stricken 12-month-old son. After a long evening of holding, rocking, and rubber bulb syringing, I had finally calmed him down enough to lie peacefully in his crib and maybe catch some sleep. I slide into bed, feel the warmth of my sleeping wife, and close my eyes. I run through my mind my plan of attack for the next day. I envision the usual spread of Netter’s Atlas, class notes, Grant’s Dissector, and a backup copy of the 39th edition of Gray’s Anatomy, for clarification of any anatomical confusions that may come up in my study. I justified my purchase of the new edition of Netter’s by checking out older editions of the other textbooks from the library. I had told myself when I began medical school that I would not cut any corners, and that included avoiding the purchase of old editions of textbooks, but all my hopes of new editions were dashed after discovering that student loans are allotted for the student alone, despite family size. “Oh, yeah, you’ll have all the money you need. It’s not like you can go out and buy a BMW, but you’ll have what you need” said my premedical advisor many months ago. How about walking to the grocery store because gas money has run out for the month? How about dental coverage? Not a chance. We were lucky to get health coverage. My advisor didn’t talk about that.

The glow of headlights from the adjacent parking lot illuminates the blinds and radiates through our bedroom. My wife stirs, but quickly relaxes again. I get distracted by my envy of her deep sleep for a moment, but then it’s back to planning. Tomorrow will be upper extremity. Origins and insertions have to be mastered before lecture. Oh, the anastomoses, too - if I just had some more time to study. We are expected to know this material so well, and I came to medical school because I want to know it so well, yet where is the study time at the end of the day? With sometimes eight hours of classes blocked out in the day, including supplemental activities for other classes, when do they expect me to learn this?

Should I wake up earlier? I cringe at the thought of how short my sleep is going to be tonight with a 5:15 a.m. wake-up time. I tried 4 a.m. once, and that didn’t work. Anyway, the study time is working out fine so far, grade-wise, but I still don’t feel like I know as much as I should.

The headlights turn away, and the room is black again. Back to planning. Lecture will be rough tomorrow. No nodding off. I need plenty of water and some good, long-lasting snacks to keep my face off the desk. If it’s really bad, I’ll just skip a needed bathroom break like yesterday. When coffee isn’t an option, a full bladder will always do the trick. Lab has to be more effective, too. If I don’t go in prepared, I don’t learn. If I don’t cut, I don’t learn. I had better put the axillary region in my list of study topics tomorrow morning. I can’t leave that lab until I’ve identified the nerves of the brachial plexus in at least three bodies. There will be rejoicing in this house when my lab days are over – not from me, but from a wife who is excited to have a decent smelling husband again.

A helicopter thunders over the apartment – there’s nothing like a healthy dose of baby-waking heavy artillery at two in the morning. It’s only a matter of time now. I squeeze my eyelids shut, wishing for some of my wife’s deep sleep, and for a moment there is silence. Could he really have slept through it? Silence engulfs me as I sink deeper into the mattress. Then, a sound. A whimper. I try to relax, thinking if I fall asleep fast enough maybe it will go away. Another whimper, and another, until a full-fledged cry erupts down the hall. With my eyes fixed on the striated, whitewashed cement of our bedroom ceiling, I swing my right leg out from under the covers, then the left, and then begin the tense walk down the hallway, into the nursery, where I may or may not successfully secure any chance of sleeping tonight. His room is dark and filled with crying, thick with exhaustion. I reach in by his face – no pacifier. I pat around his little body – no pacifier. I lift and shake blankets, plunge my hands into the edges of the crib – no pacifier. I am down on my hands and knees now, sweeping my arms across the floor, trying to



predict where he might have flung it. I of course can't turn on the light for fear of extinguishing any hope of his falling asleep again. How could we possibly have made it this far with only one of these plastic and rubber miracles to our name? But somehow the \$4.99 price tag for a pacifier two-pack always seemed excessive and outside of our meager budget. I'm on my stomach now, in snow angel form, feeling for any hint of plastic on the floor. As my arms sweep back and forth, I realize that this is life as I have chosen it. In the midst of my preparation for the next stages (rotations, internship, residency, practice), which will occupy a good portion of my life, I will be a father and a husband through all of it. This night is not an isolated experience that will pass and be forgotten,

nor is it distinct from my day-to-day life. This is my life. Though I hope not all nights will be as crazy as this, there are more challenges to come. More children will come. There are many more feats to accomplish and milestones to achieve, and my family will be with me through all of it. The balance then is to give all I can for my family at home, while still giving all I can to my learning now and to my patients in the future.

My fingertips brush plastic. Success! Under the changing table, eight feet from the crib, I found it. I put the pacifier in, tip-toe my way out, gently close the door, and sneak down the hallway into the bedroom again, with an anxious sense of potential victory. I can't resist, so I check my phone again. "This alarm is set for 3 hours and 34 minutes from now." Great.

Judge's Comments:

This funny and scary story is about sleep deprivation and the stupendous physical and psychic work of being at once a parent and a physician-in-the-making. Anyone who has been either of these, let alone both at once, will recognize the shattering mix of a panicky need to act with an exhausted need to do nothing at all for as long as possible (which is never long enough). The author has a lovely sense of voice, familiar and friendly yet carefully specific in its detail and its pointedly incisive turns of phrase. I will always remember the glorious (and excruciating) image of this young medical student dad making dusty snow angels under the crib in the dark. In what could feel like the depths of absurd indignity he finds a great sustaining truth: these patterns are his life, his family, his work, and, crazy as they are, they are well worth it.

Honorable Mention

Outside the Cancer Center

©Mariel Herbert MSIV

at the bus stop

three  
women  
vent

cigarettes  
wilting beside

photo IDs  
clipped to pink  
scrub pants

by the  
flowering  
wisteria  
vine

Judge's Comments:

This elegant poem shows us a world in so few words, reminding me of William Carlos Williams's most economical and vivid verbal paintings. In one way it is a snapshot; you can see the whole picture at once: the three figures, their pink scrubs, the purple wisteria, and the thin trails of cigarette smoke. But, like Williams's writing, it carries a universe of meaning, and, like his, it is medical meaning, meditating on the paradoxes of health. These women do hard work in the cancer center. They need to rest. This means—in a perfectly chosen word—they "vent," exhaling in both words and breath the pressures of the day. The cigarettes help them do this, their stress leaving with the smoke. The poet does not let us disapprove, even as we are shown the dark human tension captured in this juxtaposition of "cancer" and "cigarettes" and the vine that keeps flourishing here, outside the clinic.

Winners of The Doctors Kienle Competition in Photography

First Place

Inhabited Again

©Dan Shapiro, Ph.D. Department of Humanities



Judge's Comments:

This is an extraordinary photograph of ruin and the devastation of time. The photo depicts the interior of a reinforced concrete building that clearly has been abandoned for many years. The photographer appears to have intensified the colors of the image. An otherwise gray interior contrasts with an unearthly palette of bright, saturated colors: random orange splotches above the crumbling stairs, searing blue reflections on the floor and a golden glow in the center. Foliage that is hyper green hovers just outside the windows, and a branch creeps in to the left to reclaim this derelict human folly. The trabeation of the reinforced concrete squarely frames this strong composition. The walls create layers of depth, and in the central distance a recumbent man temporarily reanimates the space with human life. Is he a romantic wanderer contemplating the passage of time, in a pose and mood similar to Tischbein's painting *Goethe in the Roman Campagna*?



## Second Place

### The Moving Walkway is Now Ending

© Michael J. Green, M.D., M.S. Departments of Internal Medicine and Humanities



#### Judge's Comments:

This untitled photograph appears to be of an underground passage between terminals in a modern airport where moving sidewalks and colorful light displays (probably with music) provide a few, fleeting moments of aesthetic pleasure to the generally frantic dash between airplane gates. The photographer has blurred the dramatically angled lines leading to the vanishing point of this linear perspective. This evokes dynamic movement and speed, which contrasts with the static robot-like humans being conveyed on seemingly endless mechanical belts. A rich kaleidoscope of color intensifies this futurist vision of metal, motion and artificial light.

## Third Place

### Five Points, Manhattan

© Courtney Olmsted Sister of Taylor Olmsted, MSIV



#### Judge's Comments:

What a brilliant bouquet of color! Yet this is not a garden of spring flowers, but a triplet of dumpsters in a back alley near the notorious Five Points in Manhattan (see Martin Scorsese's *Gangs of New York*) that has all been vandalized by graffiti. Nevertheless, this is an optimistic scene of grassroots street art that spontaneously and illegally blooms in the dead of the night on the derelict and forgotten surfaces in the wrinkles of a city's urban fabric. This image is in the tradition of New York's Ashcan artists of the early 20<sup>th</sup> century that celebrated the vibrancy of life in the lesser locales of the city, and, here, we literally have the ashcans!



## Honorable Mention

### After the Storm

© Jennifer MacNeill-Traylor

Daughter of Colin MacNeill, M.D. Department of Obstetrics and Gynecology



#### Judge's Comments:

This rather haunting image captures a woman wading into a vast, placidly still lake as the sky seems to transform from a threatening storm on the left to breaking sunshine on the right (a sky of many moods as often captured by the Hudson River School painter Thomas Cole). The bather in the lower left is balanced compositionally by what appears to be a power plant on the right horizon. The belching smokestack of this plant shatters any illusion of untouched nature and adds a sobering note to this laconic vacation scene. The photographer has manipulated the image into a Tonalist essay in blue-green, reminiscent of the Pictorialist images of the early twentieth-century photographer Edward Steichen.

## Winners of The Doctors Kienle Competition in Visual Art

### First Place

**Post-Op Check** Ink and Digital Media

© Albert Cheung MSIV



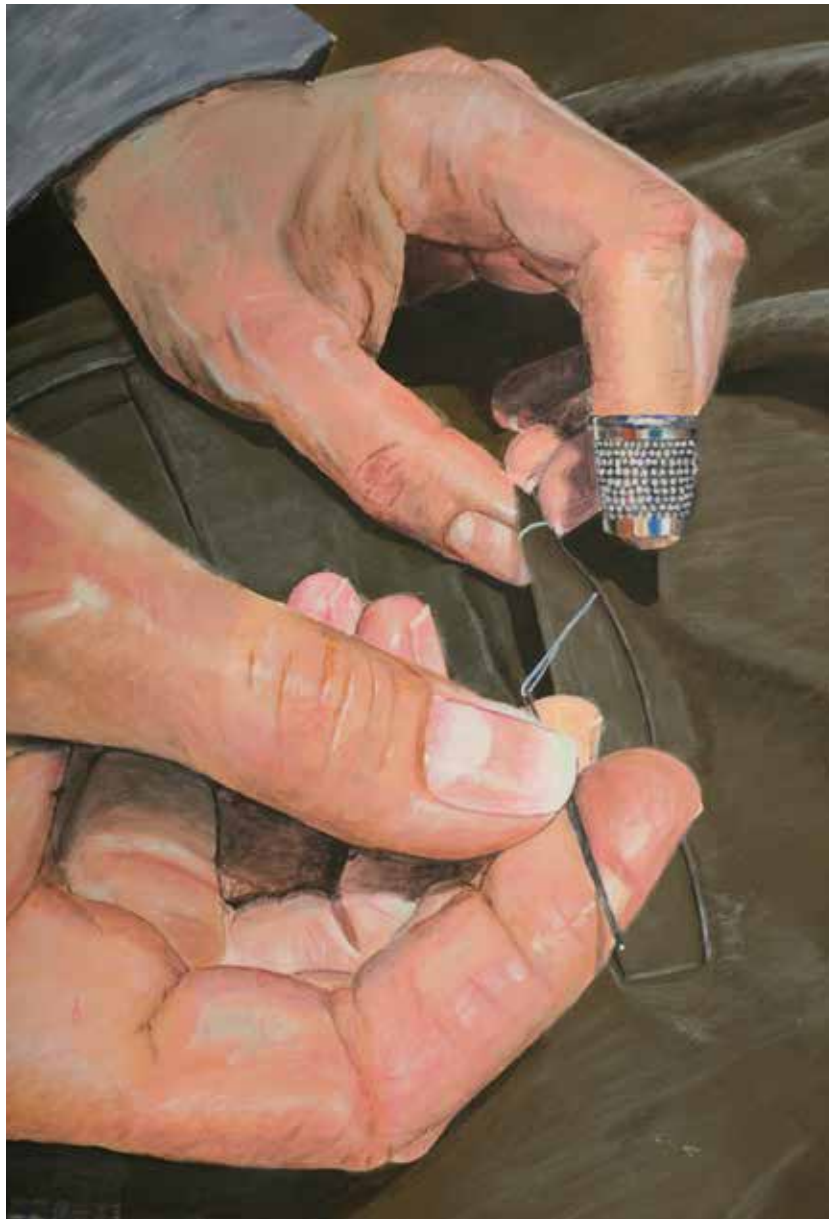
#### Judge's Comments:

This work is a very subtle investigation of the human dynamics of both a waiting room and an examination room. It is about seeing and not seeing, as patients line up for their "post-op" checks, presumably after eye surgery. Bandages, sunglasses, and half-closed eyelids cover the eyes of those who wait. In contrast, one wide-open eye dominates the center of the composition, that of the patient whose head is held rigidly still in the metal harness of a slit lamp. Both doctor and patient lean in and stare at each other, but they are separated by the medical apparatus that the doctor intently peers through, and the patient passively observes. There is a clinical hush to the room, as each patient remains isolated and lost in their own thoughts, waiting to learn their ocular fate. This Edward Hopper-like quiet is reinforced by the white blankness of the room that is unnaturally empty. This work is rendered with great economy, through crisp black outlines with in-fills of unmodulated colors, reminiscent of the technique of graphic novels.

## Second Place

### Working Hands Acrylic on Paper

© Natalia Gonzalez MSII



#### Judge's Comments:

This is a portrait of an individual through a close-up of hands at work, sewing. Monumentally depicted fingers create a series of strong diagonals choreographed for the precise work of making a stitch, creating a composition as dynamic as a painting by Peter Paul Rubens or Franz Kline. An unblinking realism, like the art of Thomas Eakins, shows the full range of colors of the flesh, as well as the untrimmed fingernails, wrinkles, and calloused hands of one who works. The strongly lit hands are set into relief against the receding background of the dark olive cloth. Women sewing is a traditional motif in early American portraiture, yet here the gender is neutral and no stereotypes are reinforced.

## Third Place

### Alex

© Ariana Iantosca Age 16 Daughter of Mark Iantosca, M.D., Department of Neurosurgery



#### Judge's Comments:

This is an introspective portrait, as one can feel the chill of the boy bundled in winter clothes as he attempts to warm up with a hot beverage. He pensively stares out a window at an outdoors that we cannot see. Is it a frigid, gray landscape that he dreads to go out into, or has he just escaped it and come indoors? The deep black of his outfit is animated by a couple patches of warm maroon, along with a maroon mug emitting wisps of cozy steam through which he stares. The drawing style is spare, placing focus upon the blanched face of the chilly boy. Alex evokes a long tradition in art of contemplative figures staring out a window, from Jan Vermeer to Edward Hopper.



## Honorable Mention

### Study of Depression

© Corinne Gibilterra Division of Pulmonary, Allergy, and Critical Care Medicine



#### Judge's Comments:

The title announces that this is a study of depression. The face of this unsmiling man seems to be rather impenetrable. Yet the expressive brushwork of the painting is agitated and attempts to externalize the tortured, bleak, despondent thoughts of a melancholy soul. This painting is certainly in the tradition of Vincent van Gogh, who attempted to come to grips with his troubled mind through intensely brushed self-portraits; yet the brushwork of this portrait at times verges on abstraction and recalls the boldly gestural work of Willem de Kooning.

### Selected Works

When dealing with life, the mind reacts in different ways. Some people express their deepest struggles through a given emotion; others suppress their thoughts only to muster an uncanny strength. But each person in healthcare—whether it is the provider, the patient or the supporter—fights to maintain dignity. Pain and death are often called the most atrocious and dreadful aspects of life. However, some people—often those who have faced pain and death—say they provide a window into understanding the secrets of human dignity. These eloquent poetic verses, vivid prose works, timeless snapshots, and liberating brush strokes are their most accurate definitions.



### Transformations

© Diane Zinn Food Services

## Normal Anatomy

©Pulkit Bose MSI

I sit here  
in the bright shadow of  
many billion stars  
as life flows.

Ballet of  
blood and bones,  
a simple  
symphony of flow.

Gently woven  
cobwebs of support -  
gossamer silk-like  
threads of  
fascia,  
dutiful density  
of tendons.

Life holds itself  
together.

Muscles move  
the cyclic world  
of cause and effect  
as  
thoughts vibrate  
along the strings  
of this instrument,  
sounding so  
sweet and silent.

An upside-down  
tree -  
some say the soul  
is a captive in these  
reverent roots.

The spinal trunk,  
reaching for the  
humble ground -  
as sap of sensation  
flows  
up and down,  
filling  
the body.

Branches of neurons,  
twigs of arteries,  
furcating veins,  
purposefully  
scattered against  
the red skies of  
dusk and dawn.

Such graceful  
partition of wholeness!

Life rises and falls,  
on these  
chordae tendinae -  
harping  
each  
heartbeat.

Such resolute  
declaration of  
tenderness!

I sit here  
in the bright shadow of  
many billion stars  
as life flows.



## What Shall Become of Me?

©Bradford L. Brooks  
Respiratory Care

## Dyeing to Live

A Haiku Bundle

©Sarah Markham MSIV

Catheter climbing  
Up the tree trunk. Dark branches—  
Twisting vines vanish.

Old film reels spin round  
Whirring noises the soundtrack  
Show goes on—bypass.

Supercooled current.  
Silent. Still. Sutures hold. Jolt!  
Conducts steady beat.

## Goodbye to our Sunrise

©Blake Chin-Lee MSIV

There is beauty in the sun reborn.  
The sunrise reflected in your eyes  
Now fades into a forgotten sunset.

Weep not for this waking night  
For the moon is gentler than the sun  
And the stars are more inspiring.

Sleep soundly under your moon reborn,  
The hours have become too late.  
I will not be here when you awaken.

The new day will only be yours to make.

## It Probably Won't Leave a Scar

©Priscilla Denham

Former Employee Pastoral Services

*It probably won't leave a scar.*

I look at the earnest, eager face  
Across a distance of decades  
And wonder  
Has he known many women  
Who care about an inch of skin  
That will never see the sun?

Perhaps.  
Perhaps the salve of vanity is the only balm he has.  
Perhaps he is afraid to name the true identity this incision has:  
It is an oracle with the power to predict future scars.

*It probably won't, I say to myself.*

The long appointment.  
Pressed, twisted . . . mashed, numbed,  
Cut.  
Probed. And probed and probed and probed.  
Then snipped, clipped, steri-stripped.  
And re-mashed, re-mammoed, and Done.

With a headache, bruise and band-aid  
I turn toward the door  
*Don't lift. Don't stretch. Don't vacuum. Don't carry. Don't bathe.*  
*Go sit with a bag of frozen peas.*  
. . .and head for home.

*It probably won't leave a scar.*  
On my skin.



## Dinner and a Show

© Sarah Markham MSIV

Suddenly, sound erupts.  
Metal tines clink,  
Strike china.  
A knife saws,  
Scratchy sweeps back and forth.  
Chorus—conversations decrescendo.  
Rest: a thud.  
Full plate placed center-stage.  
Percussion picks up:  
Staccato snare—peas skitter.  
Deep timbre—tines sink into steak.  
Dull bass—potato snagged.  
Cymbals crash—forks clatter onto empty china.  
Coda: silence.  
Clapping—  
My hand hits slippery porcelain.  
Whoosh of air  
Plate takes a bow,  
Scattering shards.  
I am blind to the mess I have created.

## Blood Letters

© Anthony Sedun  
Son of Yvonne Sedun R.N.  
Pain Clinic

Let's not pretend you did it for love.  
Sacrifice? Maybe. Selflessness? Doubtful.  
Broke with the bottle, sick with the sorrow of losing your wife, you left us  
orphans long before you sent us away.  
Jeollanam-do. Seoul. Eastern Child Welfare Society.  
Even now, I don't remember you, but I remember the day  
you sent us away. Sunshine. Dirt road. Back of an old, open Jeep.  
Catholic Charities. JFK. Church Slavonic.  
Eun-kyeung and I looked back at our house, the tall stone wall,  
the dry-earth craters we splashed in rains. Two names and twenty-six years later,  
I'm still sitting in the back of that Jeep, waiting for you to run  
from the house, emerge from the wall and cry: "I've made a mistake.  
Eun-kyeung, Seung-cheoul!  
Come home."  
Love is a letter, often misplaced.



## Orphaned Boy

© Taylor Olmsted MSIV

## A Tattered Flag

© J. O. Ballard, M.D.  
Departments of Humanities and  
Hematology/Oncology

*"Hope is a tattered flag and a dream of time...."*  
—Carl Sandburg (Poem #16 from "The People, Yes")

On evening rounds on a blustery day in early December, I found her sitting alone near the Christmas tree in the interchange that connects the four corridors of the sixth floor of University Hospital. "I feel like I'm a little closer to getting home when I sit out here," she remarked from behind her mask. Alice was a fiercely determined widow, former waitress and matriarch who had raised two sons, pretty much on her own. She had been admitted to the hospital for the fourth and final time. Her battle scars were obvious: an "older than stated age," slender 60-year-old woman with turban-covered bald head, a central venous catheter coursing into her upper chest, and scattered bruises on her arms from daily blood drawing.

At her first hematology clinic visit the previous summer she had been so weak and short of breath that she had trouble climbing onto the examination table. There was more than 30 years of cigarette smoking to blame. She sobbed quietly as I delivered the bad news of acute leukemia, but the tears faded as she explained that she wanted to start whatever treatment I suggested immediately because there was a lot to live for, especially when it came to watching her "grandbabies" grow up.

Chemotherapy went smoothly and after recovery from a serious catheter infection, her blood counts and bone marrow normalized, and her endurance slowly returned to baseline for a brief four-month remission. A second round of treatment with different drugs had failed to induce a second remission, but Alice's sense of hope was too strong to allow her to give up. We were at a critical juncture in her management. Almost any therapy we could give at this point would carry burdensome risks with few benefits. "You know you don't have to keep doing this," I reminded her. My description of the dangers of additional chemotherapy and the advantages of home hospice care were roundly dismissed, and so now at her insistence, we were about to start a third course of salvage chemotherapy with the goal of getting at least a partial remission by what would no doubt be her last Christmas.

Four days into her treatment, she developed fever

and persistent cough, an especially bad turn of events for a patient with no circulating white blood cells. When I walked into her room that day, she looked up and asked, "Is there any hope?" Most clinicians would agree that hope is an essential ingredient in the recovery process, but in Alice's case, acute leukemia was mocking our hopes for a Christmas miracle. By this time, she knew that her chances of getting a stable remission were slim. She had already made the decision that when the time came, she would not allow mechanical ventilation, CPR or tube feedings. She and her pastor had planned her funeral service. So why was she asking about hope?

"What are you hoping for?" I asked. Glancing out her window at the fresh dusting of snow covering the field behind the hospital she said, "Look, doctor, you don't have to tell me I'm dying. I know that already. I have faith that God knows best. I guess I'm hoping that in the end, I'll be as comfortable as possible, and that he...." At this point she paused for what seemed like several minutes. "But I know he won't come," she continued. She quietly confided that she and her brother Jack had not spoken for a long time. Their two years' silence had started with a violent argument about the decision to discontinue the ventilator keeping their mother alive. "We've not spoken a word since," she said. I suggested that perhaps now was the time to talk with Jack. She was frightened by the thought of speaking with him. "What's the worst that could happen?" I asked. She responded, "I suppose he could hang up on me, but then I'll never know unless I try, will I?"

Later that day after several false starts, Alice made the difficult long-distance call to Jack. Fearing that he would hang up, she quickly explained between short breaths, that she was calling to say goodbye—that she knew she was going to die soon—that she hoped he could forgive those harsh words spoken in haste and anger—and that she was so very sorry.

The next afternoon, Jack unexpectedly arrived from Tucson. I found him and Alice's sons at her bedside laughing and reminiscing about childhood memories. For the first time in several days she had taken a few small bites of food: Christmas cookies her brother had brought along. Following his visit, although tired and less alert, she seemed at peace. By the next morning she was unresponsive and hypotensive, and later that night she died with Jack and the rest of her family gathered around.

Hope can take many forms. For Alice, hope was fulfilled even in death.



# Heart Murmurs

© Jeff Feehrer Patient

The horseshoe pits my neighbor carefully built  
official measurements, filled with sand, bordered by four-by-fours  
are overgrown with weeds and wild grass and a rusty wheelbarrow  
the wood barely visible like forgotten railroad ties.  
We tossed on weekends, great duels  
then he hung spotlights, attracting more competitors  
and summer nights clanged with ringers.  
An ex-Marine with triple Vietnam tours  
he moved away several years ago.  
My age, I miss him, sharing military stories  
his helpfulness, the horseshoe games  
with laughter, ribbing and boasting, complementing good noise and activity.

Now his shrubs are untrimmed, flower beds trampled  
front yard littered with an untended swing-set  
and kids' loose splintery slide, a deflated pool, and yard gym paraphernalia.  
His back yard, hidden behind the sagging, rotting utility shed  
and once grass, is a junkyard of motorcycle frames  
air conditioners, a refrigerator, shattered storm windows.  
The horseshoe stakes are long vanished, buried in the debris.  
Mixed in the corrosion and jaggedness are toys  
little trucks and cars, a tricycle, punctured balls, others  
the fun smashed or cracked and seeped out of them.  
Discarded heartlessly, I felt, for the joy and love  
they provided when they were shiny and treasured.

What happened to sentimentalism? I wondered  
standing where a stake once sparked and rang.  
Different rearing? Apathy? Or inherent? Or accrued with years?  
I have some childhood keepsakes of my sons  
HO gauge accessories, dice from board games  
elementary school art, stray bicycle parts  
wiffle balls and bats, pieces of memorabilia  
left here like their father, when they did. Handheld history.  
They have their families and occupied lives.  
I receive intermittent calls and even they're busy  
interrupting conversations to answer a wife  
or instruct or praise one of their children.  
So I stand where noise and liveliness and a stake once stood.

# Ocean City Snapshot

© Sigmund David Patient

The half moon  
spotlighted the horizon  
of the ocean.  
I walked the length  
of three lifeguard stands  
letting the tide  
lap my feet.  
My son was burying  
his friend  
in the sand.  
When I came back,  
he pointed out  
the large letters  
of his name  
etched in the sand  
and warned me  
not to step on them.  
The days will pass  
all too quickly.  
He never again  
will be thirteen.



# The Great Bear

© Kate Sinz, 10 years old  
Daughter of Elizabeth Sinz, M.D.  
Department of Anesthesiology

I got kind of nervous, waiting in line  
You must be a Twizzler, it said on a sign  
The line barely moved, the time slowly passed  
I looked up above and it looked like a blast  
“Roar! Roar!” went the Great Bear  
A burst of wind rushed through my hair  
As we climbed up the big, steep hill  
Down my spine went a little chill  
The bars went up, we got off the ride  
I walked down the ramp, my head held with pride  
That was great! Let's go again!  
One more time before the day ends

# Something Wicked

© Derek Reighard MSI



Ghost Nurse in White, World War II\*

© Judy Schaefer, R.N.  
Member of The Doctors Kienle Center

*The sea is calm to-night*  
Voices come out of Calais – at first  
barely audible in early morning mist  
*Come to the window, sweet is the night-air!*  
The nurse stands – outside the tunnels  
above Dover Beach  
Six burghers of Calais,  
willing to die for peace  
beckon across the narrow sea  
cold voices of red hot courage

The nurse has not heard the clank in the cliffs  
or heard the shells – not yet  
She is ready, instruments sterile  
dressings white, linens clean  
She rearranges her hair  
tucks in a straying strand  
A portrait in calimine  
a figment in distemper  
as pale ghosts capture, twist, and snap  
the long end of her frail blue scarf  
*We are here as on a darkling plain*

An ancient cacophony begins  
Raises goose flesh on her upper arms  
Switchboards begin a distant crackle  
She turns like a key into the caves  
where kings have knelt to pray  
where shepherds have watched through the night  
Sword. Shout.  
Fear. Close. Damp.  
Old voices of white hot courage  
plead, whip now across the North Sea

Blanched porcelain bowl  
She stirs white cream into tea  
– hears the heavy drone – the roar  
*Swept with confused alarms of struggle and flight*  
she falls on her knees and offers ransom  
beneath the Chapel of Dover Castle

\* Italicized lines are from Matthew Arnold’s poem  
“Dover Beach.”



Toscana

© Eileen Feeley, R.N.  
Division of Gastroenterology



Neuschwanstein Castle

© Nathan Davis Son of Dwight Davis, M.D.  
Department of Cardiology

Patient’s Room

© Karen Whitehead, MLT Clinical Laboratories

I was so excited to be invited to join a group of Hematology doctors and residents when they convened for rounds. Normally, we lab technicians and technologists don’t have much patient contact and rarely get to connect a name to a face.

Outside the first patient’s room, a resident began spouting off the patient’s history: young woman presented with fatigue, weight loss, anemia associated with leukemia, got sick at college and had to dropout. Good grief, I thought. What college student isn’t fatigued?

None of this prepared me for what I was about to see. Upon entering her room, I realized her hospital room had been transformed into a college dorm room. The harsh overhead lighting had been replaced by a bedside lamp with a pink lamp shade. The ordinary white cotton blanket on the bed was covered by a colorful patchwork quilt. The cork bulletin board normally announcing today’s menu and upcoming events was covered with pictures—pictures of high school graduation ceremonies, a smiling girl’s field hockey team, prom pictures of girls in beautiful dresses with their good-looking boyfriends. Notes and letters from friends and family were taped to every available space on the walls. Cards, balloons, and stuffed animals littered the windowsill. A large banner proclaiming “GET WELL SOON” was draped across the curtains. On her bedside table were the latest copy of a fashion magazine and a hand-painted glass carafe water bottle. Even her IV pole had been decorated with ribbons and bows.

Hovering by her bedside was Mom, dressed in a silk suit and heels with perfectly coiffed hair, concern etched on her flawlessly made-up face. Dad was also nearby, handsome in a tailored three piece suit, waiting with crossed arms to confront anyone in authority. They looked up when we entered the room. Dad was eager to shake the hand of whatever doctor was first in line. Mom immediately barraged us with questions: When can she go home? When can she go back to school?

For the first time I noticed the patient. She was pale with dark shadows under her eyes. Her eyes were downcast, not making eye contact with anyone. Her mother, not getting any answers to her questions,

began fluffing up her daughter’s pillow. “MOM, STOP!” the patient bellowed. At this outburst, I edged closer to her bedside and read her armband on her wrist. With a jolt, I realized that I had performed lab tests on her that morning.

The patient looked into my eyes, but instead of seeing her beautiful blue eyes, all I could picture was the blue cytoplasm and nucleoli of her blast cells I had seen on her slide that morning. The presence of bruises on her arms made me remember the absence of platelets on her blood smear. The paleness of her skin reminded me of the central pallor of her red blood cells.

This incident happened many years ago, and I can’t get these images out of my mind—these parents who had everything money could buy except the health of their daughter, the patient whose future would never be the same, and the doctors and residents who matter-of-factly face this situation everyday.



© Heather Casey Clinical Laboratory



Forgotten

©Katherine Patrick MSIV

Threadlike fingers  
Gather  
My auburn curls  
Into their grasp  
Blued eyes  
Flicker  
Pursuit for  
A familiar face  
Raspy cries  
Hunger  
For a mother's embrace  
I cannot provide

Gratitude†

© Claire Flaherty Craig, Ph.D.  
Department of Neurology

Thirty years behind us now;  
Thirty years ahead.  
Time enough to once allow,  
Weary souls abed  
To rise with joy o'er bird sound,  
Hues, and watersheds.

*† In honor of the 30<sup>th</sup> anniversary of the passing of my brother, who suffered the sequelae of an Anterior Communicating Artery aneurysm before the days of CAT scans and MRAs. He, his family and a host of dedicated professional caregivers fought the good fight for 10 years before he was called home.*

Attempt

© Jason Zittel MSIV

His lone eye wanders  
Trapped in the vastness of a  
Paralyzed body



Mausoleum Interior:  
Iquitos Peru

© Derek Reighard MSI



Reflecting and Fishing,  
Lake St. Moritz

© Nathan Davis  
Son of Dwight Davis, M.D.  
Department of Cardiology

The Cigarette

© Cody Weston MD/PhD Student  
Department of Neuroscience

He was in his late forties and in a hospice he shouldn't have had to see for decades. It was a nice enough place; from his chair he had a great view of the gardens and koi pond. Deer roamed the grounds. Inside, a few wings of well-furnished bedrooms came together in a central great room where patients could meet with family. If not for the nurses weaving in and out trying to keep everyone comfortable, the tranquil surroundings and homey interior would give the impression of a large, private house.

A volunteer entered, armed with a large Styrofoam cup of ice water. He knew that the man was being slowly imprisoned within his own body, and that there was no medicine that could help him. "Want something to drink?" he asked.

"Sure," the man accepted. The straw scraped against the plastic lid as the volunteer adjusted it, placing it against the man's lips. He sipped. The volunteer set the water on the side table and returned to the couch. The man watched TV, the programming impossibly pointless.

The ritual continued until the water was gone. The volunteer and the man talked about nothing in particular...more time gone when little could be spared. The volunteer regarded the empty cup. "Can I get you anything else?" The man nodded. "Can you take me out for a smoke?" Nearby, the volunteer found a crumpled pack of cigarettes, a lighter, a coffee can for ashes, and a wire clip. He gathered them, placed them in the man's lap, and wheeled his hospital bed through the glass door into the bright sun of the late winter day.

The volunteer fumbled with the disposable lighter until he could light the cigarette resting between the man's lips. The man drew in a deep breath. The cigarette glowed. The cool breeze cut. The volunteer held the smoking stick by the clip as the man breathed death into the garden. This was the closest thing to medicine the volunteer could give—helping a man take a miasma into his lungs while they talked about trivial things. The smoke smelled sharp and somehow evil, but it gave the man a precious shred of normalcy. For a moment, he stopped being a patient and was just a man, smoking in an icy garden with a stranger. It felt right.

Homeless Pete © Dan Shapiro, Ph.D. Department of Humanities





Shaken

© Jason Zittel MSIV

Delivered by the sitter  
A high-pitched shriek silences the room  
White shavings spiral off the head of the table  
A colorless burning odor drifts away  
He reaches for the saw,  
“Why are we bothering, sir?”  
“His parents deserve goodbye.”

Gunshot

© Katherine Patrick MSIV

Dumped at the back door of the hospital.  
Red trail to trauma bay.  
My left finger, despite, holding back the flow.  
Pale, muscular body.  
Just millimeters from life.

Malignancies

© Mariel Herbert MSIV

slowly  
they took  
  
a  
lump heere  
masse there  
radioactive  
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body  
shrnkng by  
precse amounts  
  
she should be  
liiiighter



Iron Works

© Courtney Olmsted  
Sister of Taylor Olmsted MSIV



Surgery in Ethiopia

© Dhave Setabutr PGY4  
Division of Otolaryngology

Seniors at the Center

© Constance Crawford Patient

The woman with the bad haircut always smiles,  
squinting her cataract-covered eye.  
The fat lady plumps down  
until first call, when she teeters toward the trays.  
The decision-makers sit together, granting petitioners  
good bus seats, more field trips.  
Their heads down, they trade gossip.  
Card players shuffle into line.  
Bingo players wave wands.  
Paul arrives, huffing three blocks per doctor's orders.  
Bob taps nitroglycerine tablets in his sweater pocket.  
You tell your closest friends how many times you peed today.  
  
Cutthroat card sharks  
monopolize the corner tables.  
“Two aces left in that suit.”  
“Somebody has a trump king.”  
Cards blur, the cut is decisive.  
No quarter asked nor given,  
Paul wins the pot of pennies.  
  
Hugs are exchanged with interest.  
Outwardly mobile stoop to  
embrace the others.  
It's Bingo Day, a leveling device.  
Small successes earn candy bars, soap,  
drawer-fillers and dust-catchers  
for supper show and tell.

Busily bustling, the paid employee moves  
at inverse ratio to the volunteers.  
Today her speech is rapid fire,  
as if will power can hold back time.  
Stella  
She smiles uncertainly.  
Sitting across from her at lunch, I check today's tremor,  
watch her spread turkey stuffing on her bread.  
Her husband smoothly scolds her,  
Takes the roll away, gives her his buttered one.  
A quick “Ohhhh!”  
She darts dark eyes side to side to see who saw.  
Her collar is up on one side.  
She looks like a man dressed her.  
June  
She tilts her head, trying to hear why we  
giggle  
at the far end of the eight-foot table.  
Comfortable in her padded wheelchair, she watches us  
turn,  
then twist  
on the hard gray folding chairs.  
It is her husband's privilege to wait on us.  
He brings coffee, silverware, extra napkins.  
Her laugh soars. Her husband's gentle face lights  
as he watches her.

Handle with Care © Ahmed Alkhateeb Graduate Student, Neurosurgery





Inside Out and Outside In

© Bonnie Pugliese, R.N.  
Department of Pediatrics

Two tiny bodies became neighbors  
Joined by fate in a sterile hallway  
One damaged from the inside out  
Cells multiplying rapidly out of control  
The other damaged from the outside in  
Angry hard punches met delicate skin  
Both suffered beyond our understanding  
He defenseless due to a weakened state  
Against a droplet of sneeze he inhaled  
She unprotected against the angry blows  
Determined to stop her cries for comfort  
His hair fell out and his temperature rose  
While gentle hands of the nurse  
Attempted to ease the pain with medication  
Her twenty one broken bones felt excruciating pain  
With every light touch, yet began to mend  
He remained here under the careful watch  
Of those helpless to do more than love  
She returned to her cold, dark world  
Faded bruises avoided by tired eyes  
His last breath was released  
Inhaled by the one who was crying  
He lay in strong arms as his soul escaped  
Leaving a cloak of grief on those he left  
Her last breath slipped out to empty air  
20 and alone in an alley, distant memories of a  
gentle touch  
Unable to penetrate the numbness created  
By drugs she used for the pain of mended bones  
The nurses who cared for  
These two precious souls  
Went home and cried silent tears  
Unwilling to share the burden, in an effort  
To protect their own families from this reality  
Two diseases  
His from the inside out, hers from the outside in  
He escaped to a world of peace; she remained in Hell  
Two diseases  
Both preventable with research, interest, and concern  
Two tiny souls which for a short period of time  
In a sterile hallway  
Felt the gentle touch of a nurse  
Before departing



The Littlest One  
© Diana Dinh MSIII

Monks at Angkor Wat  
© Kim Faldetta MSII



Drizzle and Dance

© Pulkit Bose MSI

Drizzle thundered into thick downpour  
stamping more violently upon the corrugated tin-roof  
and a bit softly upon the thatched hutments,  
clamoring with the same frenzied monotony.  
Clouds in massive clots of varying  
sizes kept sailing across  
wet forests on mountain slopes  
and over gurgling river  
separating the two hill ranges  
where dwell our forefathers  
praying for the cures to our ailments.  
But prayers don't bring physicians or medicines  
and we die silently every day,  
as silently as we were born the other day.  
And the downpour spends up into drizzle.  
Flora, foliage, twigs, boughs dismembered from their  
parent-trees lie sewn about everywhere  
as in a worn-out tapestry  
upon which fall the rhythmic steps  
of a colorful group of young dancers  
filling the air with the innocent cacophony  
of their spontaneous glee.  
The drizzle again intensifies into downpour  
and our forefathers and we rise  
from our graves and join the dance.



Sedona 2011  
© Martha Kleinfelter  
Department of Liver Transplantation



Into the Jungle  
© Brian Piazza MSII



A Modern Day Hippocrates in the Operating Room

©Ryan Svoboda MSIV

A stoic voice rang over the intercom: “Your patient is on his way up.”

The air in the operating room was thick with tension. No one dared utter a word, yet looking around the room, it was clear that each person there was embroiled in a haze of stress, anger, fear, and uncertainty. Body language has a way of betraying one’s true feelings, I thought, as I looked down at the blood on my own finger where I was nervously picking at a hangnail.

Then, after the longest, most uncomfortable five minutes of my life, the door to the operating room opened, revealing the patient—a scraggly looking man who was handcuffed to his bed—and two armed officers of the law who were keeping close company. Here he was, the man whose story was relayed to us from the Emergency Department. Here he was, the cold-blooded murderer who shot his wife in the head and used his step-daughter as a human shield during a shoot-out with the police. Here he was, our patient, with a bullet in his right shoulder.

Suddenly, the room sprang to life—a theatre, with each player taking on his or her usual role, albeit in a more somber manner than was customary. I approached the patient and began to carry out the normal tasks that I had been delegated as a medical student. As I was placing the pulse oximeter on his finger, the patient stared deep into my eyes, with a twisted smile on his face that seemed inhuman to me. In almost a maniacal fashion, he asked, “Am I in Heaven? Are you God?”

A lump formed in my throat. I felt like a teapot, about to explode from the pressure of the pent-up rage inside of me that was now trying desperately to escape. I wanted to cry. I wanted to scream at the man. I wanted to mock him—ask him how on earth he could possibly think that he was in Heaven. I wanted to remind him that he had just murdered his wife. I wanted to hit him. I did nothing except secure the pulse oximeter to his finger.

The operative preparations continued as usual. As the patient was drifting off into a haze of propofol-induced amnesia, the anesthesia resident whom I was working with turned to me and said, “All right, this is your intubation.”

One of the nurses in the room quickly shot a gaze in my direction and said, “Please, feel free to knock a few teeth out. Better yet, we could just do this one without a breathing tube.” Finally...someone had betrayed their emotions. We had all been thinking along similar lines, but now that those words had been uttered, all of the negative feelings could come rushing out. It was like the cap had been unscrewed from a shaken-up bottle of soda; the pressure had been released and a flood was about to ensue.

But then, the orthopedic surgeon, who had slipped into the room and had been standing silently in the corner, calmly said, “Everyone, listen. I know that emotions are running high. Believe me, I have strong feelings about this, too. I understand how everyone is feeling and I can completely relate. However, we are a surgical team, and our job as a surgical team is to fix this humeral fracture. So let’s do it.”

As quickly as the dynamic of the room had changed in the first place, it had changed yet again. The anger and hate that had been bogging down the climate of the room had now been sublimated into focused determination. As a human being and a citizen, I still had an incredible disdain for the actions of this man. I knew that when the procedure was finished, I would be flooded with this same tumult of unpleasant emotions all over again. However, for the time being, my role was not that of a citizen; it was that of a medical professional. So for roughly the next hour-and-a-half, I was able to dissociate myself from those feelings and objectively focus on the task at hand. I intubated the patient and the case commenced.

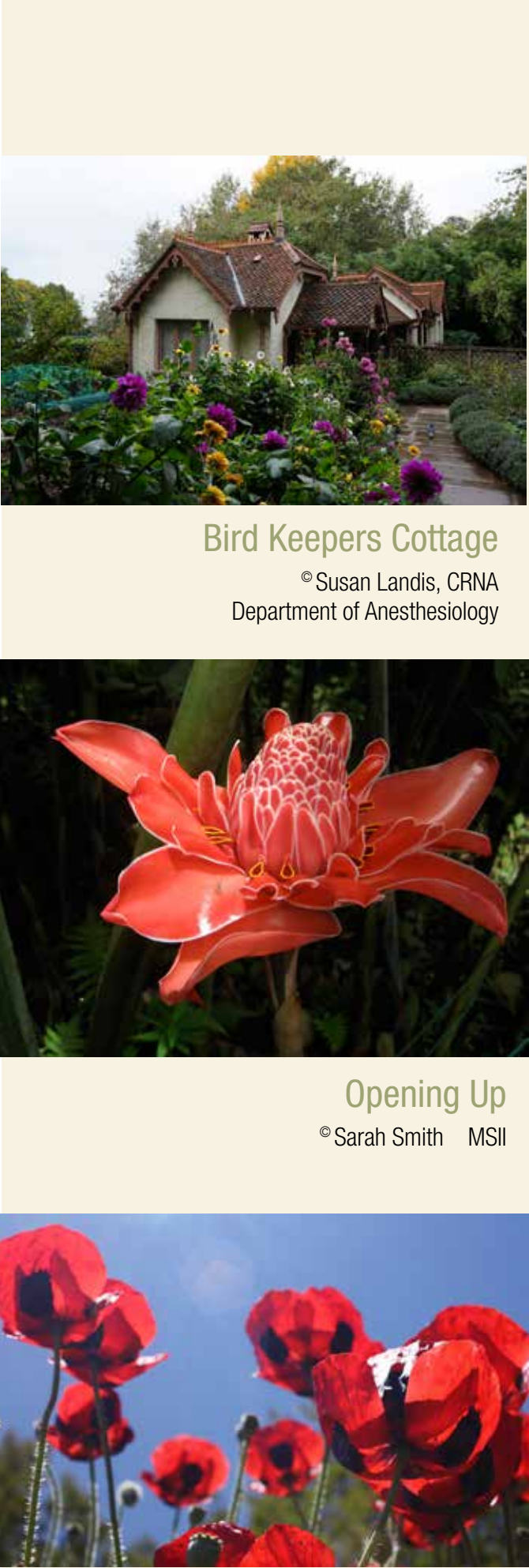
No Ride Home

©Mary Lynn Fecile, M.D., Ph.D.  
Department of Pediatrics

|   |  |
|---|--|
| Another long day in clinic<br>patients<br>procedures<br>prescriptions<br>charting<br>charting<br>more charting<br>Free at last!<br>to home<br>to family<br>maybe even before<br>the dark settled in<br>for good                       | Cannot let this be<br>Cannot let them sit here<br>exhausted<br>hungry<br>I will take you home<br>Where do you live?<br>northwest<br>I live southeast<br>Oh well<br>We rode in silence at first<br>a little awkward<br>but okay<br>Jessy in back propped on books<br>to wear the seatbelt<br>my child seat in other car<br>my child at home<br>waiting for me<br>but healthy<br>blessedly healthy |
| And there they sat<br>still here<br>Why?<br>Such a long day<br>so traumatic<br>first procedure in clinic<br>delayed for hours<br>no food<br>no drink<br>just 3 years<br>Mom 19, pregnant<br>Her face resigned<br>his teary, miserable | We rode<br>and then talked<br>about her life, relationships<br>about the disease<br>and then the question came<br>Did I cause this?<br>Did you what?<br>His family said I fed him wrong<br>too many hamburgers and fries<br>that I caused his cancer   |
| No ride home<br>No ride?<br>Dad jailed that day-<br>traffic violations unpaid<br>Anyone else?<br>At all?<br>Aunt would come<br>but only after work<br>Which ends?<br>9 pm<br>Taxi?<br>No money<br>too late for voucher                | Oh that precious gift<br>of time<br>to get to what really mattered<br>what really worried<br>to answer<br>to support<br>to get them home   |

Ladybugs

©Paul Hsu MSI



Bird Keepers Cottage

©Susan Landis, CRNA  
Department of Anesthesiology

Opening Up

©Sarah Smith MSII



No-Stress Tests

© Julie Baird Patient

“Press the button when you feel the baby move.”  
Ice water trickles down my throat.  
Was that a flutter?  
My thumb squeezes the button.  
The nurse comes and scribbles a note.  
“Your blood pressure is up; just try to relax.”  
My stomach clenches with fear.  
The cuff on my arm,  
Cuts off blood to my hand.  
I wish her movements were clear.  
“We just need one more acceleration.”  
I will her pulse to pound,  
A roll, a kick, a punch.  
Straps restrain my abdomen,  
A seatbelt marking the speed of sound.  
“Done for the day, rest and go home.”  
The statement is made with a smile.  
With heart rates still beating,  
And movements so fleeting.  
Anxiety fraught for my child.

Quantum Mechanics

© David Dudek MSIV

Elderliest man alive.  
*I still ain’t ready to die.*  
Healthyish: Age his only disease. And time.  
*Move less. Eat none. No fun.*  
Steadily rotting insides; subcellular genocide.  
*Give me something!*  
“The hymns of chaos delay us,” pastor promised.  
Second opinion:  
TV doc’s pill offer:  
“My macromolecular engineers’ll fix-up all your gears.”  
Crap:  
probability of death remained 1.

Homes in Punchana

© Chloe Wang MSII



Anatomy

© Molly Dickinson Sister of Katie Dickinson MSII

When I saw through his rib cage, J. and I recite  
the facts they preached to us earlier:  
Using the handsaw, crack each rib at the base and dispose.  
Approach the neck. Incise the skin 4 to 5 centimeters below  
the mandibular angle. You will encounter platysma and fat  
before reaching the cervical branch of the facial nerve.  
I imagine the damaged nerves, more than just pinched,  
a misshapen mess of entangled scarlet knots.  
I imagine the meninges, following each contour of his brain,  
covering the delicate tofu mass like wet, matted fur.  
J. is prepared for the facts as they tumble out with my nerves,  
the insides of my mouth feel like chrome as each word passes:  
the brain dedicates a lot of resources to hearing,  
the brain’s capacity for most emotions is developed at birth,  
the brain has over 100,000 miles of blood vessels.

Sometimes we speak to him, our nameless body,  
as if we could know more about him than the darkness  
that could almost be swept out of his lungs  
when we chiseled them open, the squelch  
of deflated organ filling the basement room.

But it’s the last day with our nameless man  
and I refuse to leave when they try to take  
his parts away—each segmented organ  
and system that J. and I parsed from his body.

At night as J. sleeps I trace the veins  
across his chest, down his arms  
to each fingertip—I want to dissect him.  
I imagine knowing him—like that.

I feel the point of incision on his neck, I measure it precisely,  
from the haltering hair line verging on the slant of his back.

I rehearse each step in my mind—drawing the hand-saw down  
against his chest where my head lies, watching the skin split.

I would un-tether each vein, each nerve, down to his toes.  
I would collect each inch in a perfect coil at my feet,  
leaving the bones free to the caress of my fingertips.

I can almost make it real, almost feel the dampness of insides  
and the touch of exposed layers under the glance of my cheek.



Old Woman Reflecting  
with Child’s Toy Sheep

© Sarah Smith MSII

Untitled

© Heather Casey Clinical Laboratory





## Step Into India

© Sarah Tisel MSII

First is the smell:  
sweet, bright, wheat-like  
and through the plastic window  
a bakery appears.  
Flies surround the baker.  
He commands “10 rupees!”  
—translate—almost nothing,  
you would be sick.  
BEEEEEEP –  
The sound interrupts  
Before the thought.  
Step aside - motorcycle  
falling off a ledge  
It smells like dung,  
because it is  
from the muck,  
which you stepped into  
almost when the motorcycle passed,  
and the bakery beeped  
with the smell of sugar  
attracting flies,  
breeding in the muck.  
You cough once.  
Catch up to the smell  
of exhaust  
...from the motorcycle  
...from the cough  
And see your naked sandled feet  
so close to the dirty mixture  
Brush flies from your face.  
Blink and step forward  
smelling sweet again.



## Fulani Strength

© Gordon Kauffman, M.D.  
Departments of Surgery  
and Humanities

## Resting

© Lara Rosenwasser MSIII



## Hawkmoth

© Judy Schaefer, R.N.  
The Doctors Kienle Center Member

I have seen my death, I have seen you  
with large black eyes, clouds full of rain  
Your eyes pull at me  
to pull me off the stormy road  
Force me into scrubby ditches  
Seduce me into resting roadside  
Come visit the inn  
But I am not so naïve  
I know I have no choice  
of where or when  
but I know what I know.  
I know the road  
I know this heavy steed  
I loosen the reins, tighten my collar  
I am not so easily taken in  
No light blooms in front of me  
Nothing but dark eyes of pelting rain  
I imagine a small yellow flame  
and push all my horse power toward home

## Shelley

© Farah Kauffman, M.P.H.  
Department of Public Health Sciences

I sit with you  
My arm around your shoulders  
Mindful of the oxygen mask, the tubes  
The scarf on your head  
You worked hard to get it there  
Your energy, so limited now  
Every effort, like running a marathon  
You ask if you are ugly  
I tell you that you are beautiful  
You are, I promise, I say  
I watch you sleep  
Your labored breathing, the only sound  
I know you don't want to sleep  
But I let you sleep anyway  
It's the only time you're not in pain  
And you're supposed to rest  
And you look so peaceful  
When you wake, you are in tears  
You are scared  
Of the unknown  
Of pain  
Of dying  
I just want to reach my next birthday, you say  
I stroke your arm to comfort you, like you were  
my daughter  
And tell you that you are beautiful  
You are, I promise, I say  
We sit and wait for more bad news  
And it comes  
More pain, more pills, more unknowns  
What can I do to help?  
I'll do anything  
Take you to treatments  
Run errands  
Drive across town to pick up dinner from that  
place you love  
When you can eat  
Whatever I can do, I'll do it  
Mostly, though, I'll sit with you  
And say that you are beautiful  
I promise



Dancers and Mirrors

© Alex Shapiro  
Daughter of Dan Shapiro, Ph.D.  
Department of Humanities



Beautiful Fly

© Lyrics created by participants of the  
Adult Eating Disorders Music Therapy Group  
with Jan Stouffer, MT-BC

consuming surrender  
accepting fearful change  
lonely independent life  
controlling manipulative parents  
unsteady happiness  
hopeless but hopeful  
lost impossible  
enduring challenges  
in a lonely paradise  
an overwhelming oasis  
determined consuming dream  
endless happy kiss  
overwhelmed independent  
strong slow  
scary groups  
healthy friends  
insecure trust  
lonely confidence  
scary free  
nonexistent failure  
healthy scary love  
frustrated period  
frustrated understanding  
long nursing education  
paranoid telekinesis dude  
open perspective  
good God  
patient friend  
painful requisite yo  
aggressive courage  
Beautiful Fly

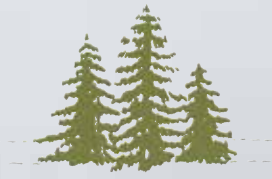
Iquitos Peru

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