



The
HUMAN CONDITION

An Exploration of Art and Literature

UCSD SCHOOL OF MEDICINE
VOLUME 18 | 2013



Swirl by Mohammed Suhail, MS IV. Route 395, CA. Canon EOS Rebel XS.

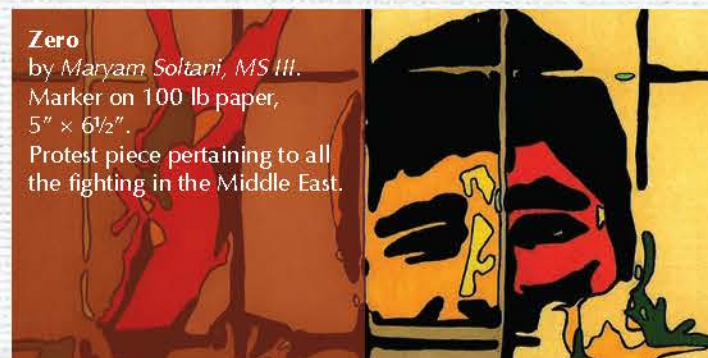
“It is quite possible—overwhelmingly probable, one might guess—that we will always learn more about human life and personality from novels than from scientific psychology.” —Noam Chomsky, PhD



Roomies by Christopher Evans, MS I. India. Nikon D90. This piece was taken at Reynolds Memorial Hospital in central India. At that time they had more deliveries than usual, so they were forced to double up on the phototherapy beds in the NICU.



Warhol Hearts by Leila Haghghat, MS I. Acrylic on canvas, 9" x 12". A medical student's homage to the pop art of Andy Warhol, who once asked, "Isn't life a series of images that change as they repeat themselves?"



Zero by Maryam Soltani, MS III. Marker on 100 lb paper, 5" x 6 1/2". Protest piece pertaining to all the fighting in the Middle East.

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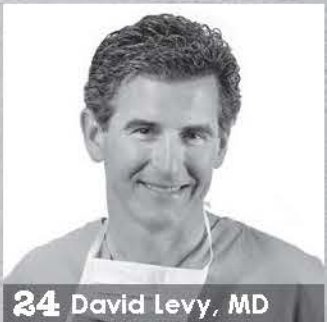
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Editorial Staff

Editor-in-Chief SunMin Kim, MS IV
Layout Frances Wu, MS I
Prose Elizabeth Roderick, MS I
Poetry Courtni Salinas, MS I
Photography Anna Schoenbrunner, MS I
Joyce Chen, MS I
Art Heather Chen, MS I

Faculty Advisor Sanjay Nigam, MD
Staff Advisor Ramón Aldecoa

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Andrew Wei, MS I; Kevin Jubbal, MS I

Prose Committee

Branko Matich, MS III; Leila Haghghat, MS I
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Poetry Committee

Csilla Felsen, MSTP V; Rohit Majumdar, MS II
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Art & Photography Committee

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Mohammed Suhail, MS IV

Letter from the Editor

On behalf of the editorial staff, it is my pleasure to present the eighteenth edition of *The Human Condition*. As an annual literary arts magazine, *The Human Condition* showcases creative works by the UCSD School of Medicine community and strives to promote artistic and humanistic endeavors. This year we enjoyed a record number of prose and poetry submissions, making the selection process both challenging and rewarding. I hope that you'll find the selected pieces to be as thought-provoking and meaningful as they were for all of us.

This is an especially exciting edition for art and photography. Compared to previous editions, we significantly increased the number of color pages, allowing us to exhibit more of the vibrant artwork and photographs without crowding them into a few color pages. I hope you enjoy the numerous awe-inspiring images from around the globe and the masterful art pieces by members of the SOM community.

We had the honor of interviewing Joyce Felder and highlighting the invaluable role she has played in the SOM community for the past 40 years. No doubt Joyce will be greatly missed, and we wish her the best in her retirement. We were also privileged to speak with Dr. David Levy, a neurosurgeon and the author of *Gray Matter*. He reminds us, as healthcare providers, to uplift our patients with our words and challenges us to care for the whole person, both the physical and the spiritual.

I want to acknowledge the editors and committee members, for the countless hours spent putting the magazine together, and the contributors, for sharing their wonderful talents and for being patient with us in the editing process.

SunMin Kim
Editor-in-Chief

The Pink Dot

by Deepak Asudani, MD, MPH, FHM

Margie was an overnight admission, a holdover from the nocturnist. This was her seventh admission this year and it seemed that she spent more time in the hospital than she did outside. It was unfortunate, but there was nothing unprecedented about the way Margie contracted Hepatitis C many years back. Although it is now a rare occurrence, transfusion-related Hepatitis C transmission was not too uncommon in the 1990s. Margie got infected in 1992 after she gave birth to Sandra, who was now a young woman attending to her mother at her bedside. Margie was in Mexico when she gave birth and had developed postpartum hemorrhage. For this, she required several blood transfusions. As if Sandra could recall the details, she nodded at me, confirming Margie's then-lucid account. At the end of our conversation, Sandra turned to her mom and with compassion and a look of unqualified guilt, she said, "I am sorry, Mama."

Review of her prior presentations and the history and physical left no doubt that her cirrhosis was getting worse. Her readmissions were getting increasingly more frequent. Almost all of the admissions were for hepatic encephalopathy or rectal bleeding or epistaxis or some kind of end-stage liver disease stigmata. This time it was no different. Upon admission, her MELD score was 35, an indication that she carried a three-month mortality of about 52%, unless something was done. That "something" was basically a liver transplantation.

Margie had been on the transplant list for some time and had been told

about her "ranking" on the labile list. Her position on the list moved up and down many times in the last several weeks. She knew that she was a "candidate," but she also knew how hard it was to get the right donor.

Sandra turned to her mom and with compassion and a look of unqualified guilt, she said, "I am sorry, Mama."

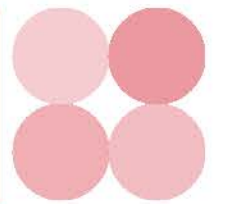
The undereared toxins and escalating ammonia continued to trick her, and her encephalopathy continued to wax and wane. Hoping to con her acute presentation one more time and buy more time until she received transplantation, we used the entire armamentarium at our disposal. During our daily rounds, and frequently more often, we would reassure her that we were "still waiting for a suitable candidate." The family would be profusely thankful for our commitment and care for her. Over the next few days, however, her condition deteriorated. Daily labs portended a worsening prognosis and the MELD score continued to climb up in an angry manner to the extent that it became meaningless.



The Human Condition staff. Back row: Leila Haghghat, Courtni Salinas, Stephanie Feldstein, Csilla Felsen, Andrew Wei, Mohammed Suhail, Kevin Jubbal, SunMin Kim. Front row: Joyce Chen, Frances Wu, Simmi Deo, Elizabeth Roderick, Heather Chen.



Picnic in the Garden
by Heather Chen, MS I.
Oil on canvas, 17 1/2" x 20".
Inspired by another painting, I recreated this scene as it brings back fond memories of playing with my two younger sisters.





Try and Stop Me
 by SunMin Kim, MS IV.
 Vellore, India.
 Panasonic Lumix DMC-FX7.
 Taken at a bull-taming festival called Jallikattu in southern India.

“There was no reason for me to ask them to be optimistic.”

A week into her presentation to the hospital, everything continued to soar radically. Her coagulopathy, her ranking on the transplant list, her adverse prognostic scores, creatinine, the orange skin hue—almost everything else, except the family’s hopes and our reassurances. They both continued to wane. Over time, her clinical condition clearly worsened, including many orificial bleeding episodes. The many gallons of blood products and the many albumin transfusions were seemingly insufficient to appease the worn-out hepatocytes. Our conversations with the patient (on occasions when she was coherent) and her family became more brief and purely palliative.

When I entered the patient’s room on the 10th day of her hospitalization, the somber environment in the room was mortifying. The family members, around half a dozen of them, surrounded Margie and the sadness in the room foretold an impending passage. There was no reason for me to ask them to be optimistic. It was clear that they had reconciled themselves to the state of things. I could not muster enough strength to reassure them yet another time. Saddened myself, I do not recall how I handled the situation. The passivity of the moment, I recall though, was completely bereft of any expectations. The family did not expect anything of us; they were prepared. I stepped out to allow more family time for Margie and her many friends and family who huddled around her.

About an hour later I received a page regarding Margie that read, “Could you call regarding Margie, ASAP?” The page was from the liver transplant team. They had identified a donor, and on a preliminary assessment, the donor was a good match. There had been a shooting downtown and

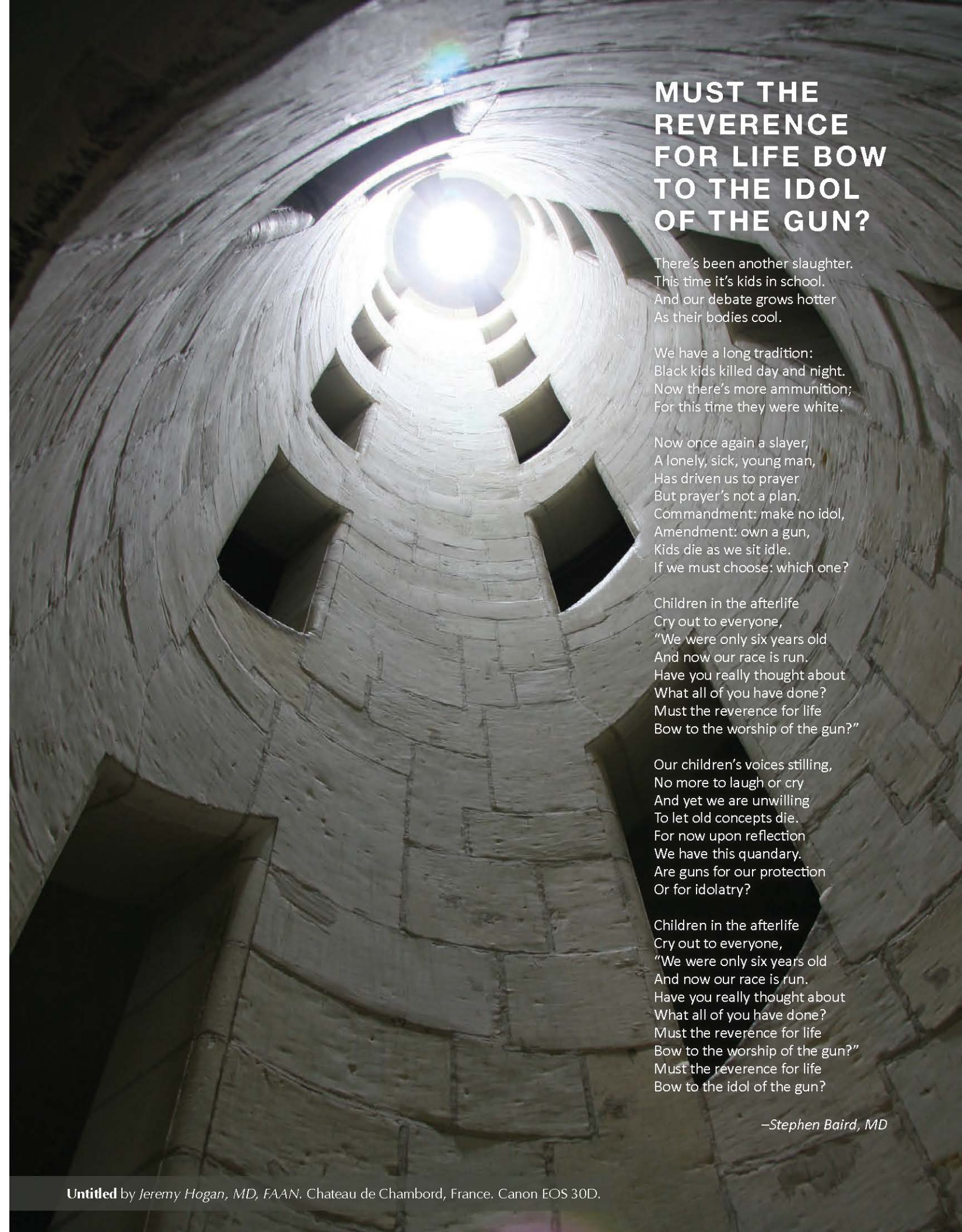
unfortunately a 38-year-old youth had died. The transplant team was coming to see the patient and asked if I could join them to talk to the patient and her family.

We went to Margie’s room and shared with the family that we had a potential donor. The diversity of emotions was clearly evident. Obviously, the family did not know who the donor was. The shooting was random and crazy, and we remembered the victim in our own ways as we informed them of the development. The sheer happiness on the family members’ faces was moving. The exuberance that transformed the room was rich with joy and tears. The surgeons would now remedy a transfusion-related adversity by a transplantation—an occurrence that was possible because of the victim’s previously expressed commitment to be an organ donor. The patient was promptly transferred to the liver transplant surgery team.

That night, I shared the anecdote with my hospitalist wife. Shortly after reflecting on the anecdote, we reached out for our driver’s licenses. A pink dot* decorated both our driver’s licenses and clearly identified us with the word “DONOR” in the center of the dot. Not that I wish any adversity upon either of us, or on anyone else for that matter, but it is comforting to know that our organs and tissues could be commissioned to save several other lives.

Update: The patient did undergo successful liver transplantation and she is doing very well on immunosuppressants.

*In the state of California, the donor status is identified by a pink dot that appears in the front of the driver’s license. The word “DONOR” is written within this dot. Every state identifies the donors in different ways. The author urges the readers to strongly consider registering for organ and tissue donation.



MUST THE REVERENCE FOR LIFE BOW TO THE IDOL OF THE GUN?

There’s been another slaughter.
 This time it’s kids in school.
 And our debate grows hotter
 As their bodies cool.

We have a long tradition:
 Black kids killed day and night.
 Now there’s more ammunition;
 For this time they were white.

Now once again a slayer,
 A lonely, sick, young man,
 Has driven us to prayer
 But prayer’s not a plan.
 Commandment: make no idol,
 Amendment: own a gun,
 Kids die as we sit idle.
 If we must choose: which one?

Children in the afterlife
 Cry out to everyone,
 “We were only six years old
 And now our race is run.
 Have you really thought about
 What all of you have done?
 Must the reverence for life
 Bow to the worship of the gun?”

Our children’s voices stilling,
 No more to laugh or cry
 And yet we are unwilling
 To let old concepts die.
 For now upon reflection
 We have this quandary.
 Are guns for our protection
 Or for idolatry?

Children in the afterlife
 Cry out to everyone,
 “We were only six years old
 And now our race is run.
 Have you really thought about
 What all of you have done?
 Must the reverence for life
 Bow to the worship of the gun?”
 Must the reverence for life
 Bow to the idol of the gun?

—Stephen Baird, MD

Leaving Behind a Legacy of Service

UCSD SOM icon Joyce Felder retires after 40 years
by Mohammed Suhail, MS IV

Joyce Felder's office is four decades in the making—artworks from around the world line the walls of her sunlit room: pottery from Africa, paintings from East Asia, and scrolls



Joyce Felder has served UCSD SOM for 40 years. Photograph by Ramón Aldecoa.

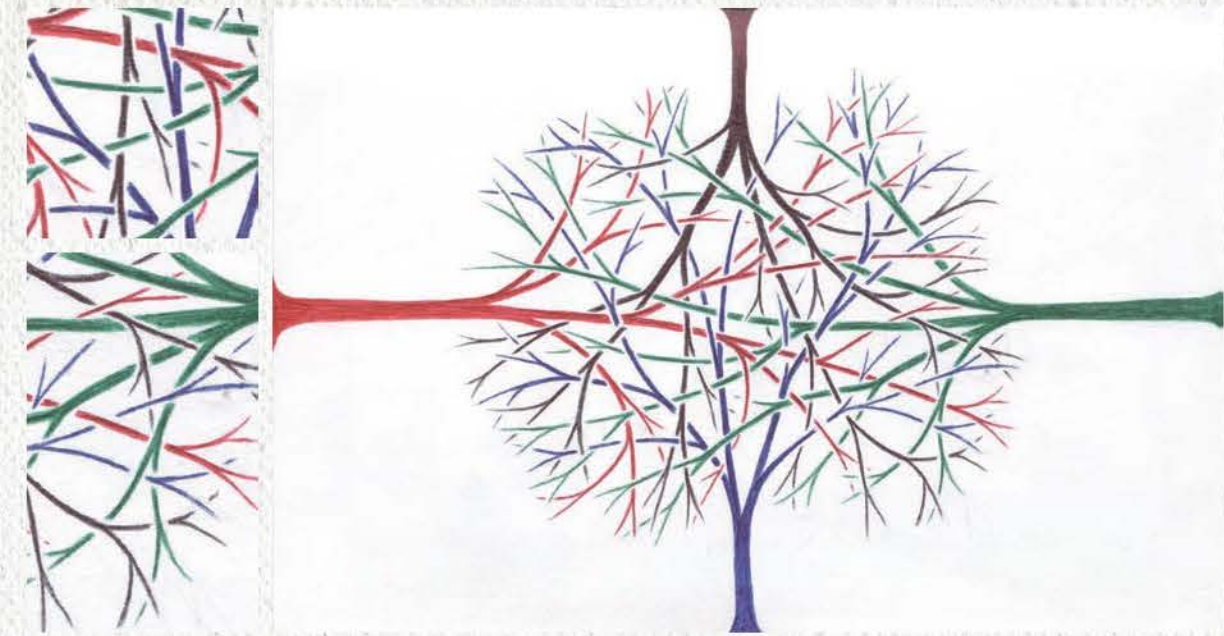
from the Middle East. Joyce sits behind a computer, and towers of paperwork a foot deep surround her. I walk into her office after an undergraduate student leaves with a smile and a signed form in hand. She processes papers for anyone involved with the School of Medicine (SOM), from undergrads to practicing alumni. For many people, she is also the go-to person for advice on navigating the jungle of medical school, making her an invaluable member of the SOM community. Yet this year, after four decades, Joyce is retiring from the UCSD SOM family.

Joyce began her tenure at UCSD in October of 1972, after the charter class of 48 students had graduated. She was initially approached for a job by the FBI, but when she was offered a job at the Office of Student Affairs (OSA), she jumped at it. She decided she would rather help students in the SOM.

"My real objective was to help the student get

through the bureaucracy," Joyce says. And she did, as Ramón Aldecoa, Director of Student Affairs, comments: "Medical school is a big process and is very individualized. Along the way there are gaps—and sometimes chasms—and Joyce has always been one of these people who fills those gaps."

Joyce was born in Norfolk, Virginia and moved to California in 1970 when her husband was stationed at Long Beach. In 1971, her husband was reassigned to San Diego, where they moved and raised their two children. When she began here, Dr. Harold Simon was the Assistant Dean for Curriculum and Student Affairs, and the purpose of her job was initially to assist in the expansion of the medical school. This would include the UC Regents' acquisition of the county hospital in Hillcrest in 1972, the steadily increasing class size, and the construction of Thornton Hospital in 1993. As the years went on, Joyce began helping with graduation, administrative tasks, and financial



Interplay
by Katrina Berzins,
MS II.
Ballpoint pen on
paper, 4" x 6".
Inspired by some
of the fundamental
structural motifs
in biology and
by the complex
multifactorial
interactions that go
into the practice of
medicine.

aid. Through this process, Joyce has also found a way to help manage the problems medical students face on a daily basis.

"Any question you ever have about anything you will come across in medical school can be answered by Joyce Felder," Ahilan Arulanandan, MS IV, comments. "Any time you are worried or distressed about any situation, she can calm you down and lead you towards the correct answer or the solution to whatever you're facing. Her office door is always open—literally, it's always open. Which is an example of how open she is to being helpful."

"[She] was the problem solver: the one that could give me an accurate—and, more importantly, an experienced—perspective on issues that troubled the life of a med student." Rachel Jaffe, MS IV, recalls her experience last fall, when a late change of heart made her question her residency choice. "Joyce and I had a heart-to-heart to remember. And after all that, to think that this was just me: one person, one problem. What a woman—to be full of support and wisdom at any moment—to assuage the concerns of 125 crazed, residency obsessed, type A, fourth year med students!"

Joyce's work extends from undergraduate to post-graduate work for SOM alumni. She handles all of the licensing requirements for medical students once they have graduated. Ramón continues, "All of the things that you think nobody is going to care about—she cares about deeply. Not only when you're here, but when you're out practicing."

As I sit down for our interview, she tells me that before the undergraduate student left, he told her, "You know, they call you 'The Oracle.'"

MS: I love it. Let's start with the beginning then, Oracle. What was it like when you first started here?

JF: When I started here, UCSD was either the youngest medical school or almost the youngest—the curriculum was very innovative here. Nobody was teaching anatomy in the second year. It was innovative to bring in scientists to teach the basic sciences instead of just having physicians do it. We got the reputation of being a "science" school.

You know, they call you 'The Oracle.' "

And people wanted to know—OK, so, you're new out there on the west coast, what are you doing with it? And our students have proven themselves. It's kind of funny, for me, I just have an expectation: you're coming from UCSD. Of course you're the best.

Where do you see UCSD SOM headed now?

It's probably going to be back in the top 10 pretty soon. It's because you have a creative, innovative, new curriculum, and the real thing that I found to be important is that the faculty is enthusiastic about it. If you're really happy about it and you present it to the students like that, they'll be happy about it and give it everything they've got. I think it will take a few years for the academic communities to solidify, but it will be a good thing in the end. The objective for it is to bring in the rest of the faculty to participate. When students come here they should feel like they are supported completely—all the way around by the faculty.

I also understand your daughter is a surgeon? You let her do that after all you've seen here?

(She laughs) Yes, she's an assistant professor in the Department of Surgery at Stanford. She was a linguistics major, and in her junior year she did O-chem and felt challenged by it. She called me and told me she wanted to go to medical school. I was quiet, and finally she said, "Mom, are you there?!"

And I was also told, "I don't need you to try and help me." So I said, "OK," and I kept out of it!

So knowing what you know, if you could go back in time and be a medical student, would you do it?

No. I think knowing what I know, I could probably do it and be successful at it, but... I'm not sure I would. I'm just not sure I would.



Checkers by Brenda Nuyen, MS IV. San Francisco, CA. Canon EOS Rebel T1i. I was walking along a street in Chinatown and saw two older men of different ethnicities enjoying game after game of Chinese checkers. Walking through SF, I felt that I was engaging with the city, and I was excited to see other people engaging with friends, families, and strangers, even if just for a game of checkers.

6 *It doesn't hurt to be a little innovative and think outside of the box.*

That's an answer in and of itself—that you've been here for 40 years and you still aren't sure.

Yeah, I don't know that I would. I don't know what that means.

I don't either; perhaps the readers will have their own opinions! How would you feel if we had a cardboard cutout of you in the OSA?

(She laughs.) Oh, that would be awful!

What if we could push a button and it would give you advice?

Oh, that would be cool. Like what?

For example, you push it and your voice says, "Don't forget to turn in your leave of absence forms by January 31st!"

(She laughs again.) Oh! But in a cardboard cutout?

Yeah, or if you walk by, it would sense you, like that singing bass.

That would be so funny, but it would be kind of scary. Oh, I don't know.

OK, back to serious stuff. Now that you're leaving, what advice would you give students?

Be the best you can be. This is a period of your life you will never go through again. Give it your all—you made a commitment to do this. There has to be something altruistic in there, because you want to give back to the world. Come take advantage of what is offered here, and go out there and do it. I mean, very bright people come here and we're very selective—we get 5500 applications and we take 125 people. You're the *crème de la crème*, and you're here because the faculty knows you can do the work. This is really the basis of what you will build upon for whatever you want to do. Everyone has a little dream in the back of their heads that they don't always share with the admissions committee, and you don't know that until you get out and have the opportunity to show it.

What about advice for the administration?

Always listen to students, because there's something valid with what they have to say. You may not like it, but there is something valid. It's not always something you have to jump and do something about, but take it into consideration and see if you can plan and get it to work. It doesn't hurt to be a little innovative and think outside of the box.

I heard a rumor that the Joyce Felder Scholarship was something the Class of 2006 surprised you with during their commencement.

I'm still trying to figure out how they did that without my finding out! Whenever they would send something out they would take my name off the mailing list, send it, and put my name back on.

Stripes by Katherine Blair, MS III. San Diego Zoo. Canon EOS Rebel T1i. I was particularly taken with the pattern of the zebra stripes and my goal in this photograph was to fill the frame with as much pattern as possible, almost to the point where the viewer doesn't realize this is an animal until their eye travels to the far right of the frame and sees the zebra's eye peeking over.



I was up in the auditorium with the students and they were ready to march out and the student speaker pulled me aside and said, "We just need to say something." And I said, "OK, what's that?" He said, "We've developed a scholarship in your name."

And you could have knocked me over with a feather! The first thing that came to me was, "How did they do that without me finding out?!"

Honestly—to be perfectly honest, I really think I'm just doing my job. The inspiration was when Dr. Wahrenbrock was the Assistant Dean for Students, he would walk into orientation and would say, "Hi, I'm Eric Wahrenbrock and I just have one thing to say:

I have the best OSA staff in the country bar none." That set the tone for how we interacted with the students. It made us feel like, OK, we're here for you, we're going to help you as much as we can. There were about 12 of us and we just had that attitude. We had a student who lived in student housing who just had a new baby and someone had broken into their house and stolen all their Christmas gifts. We collectively *made* them have Christmas. But it wasn't a stretch for us to do that.

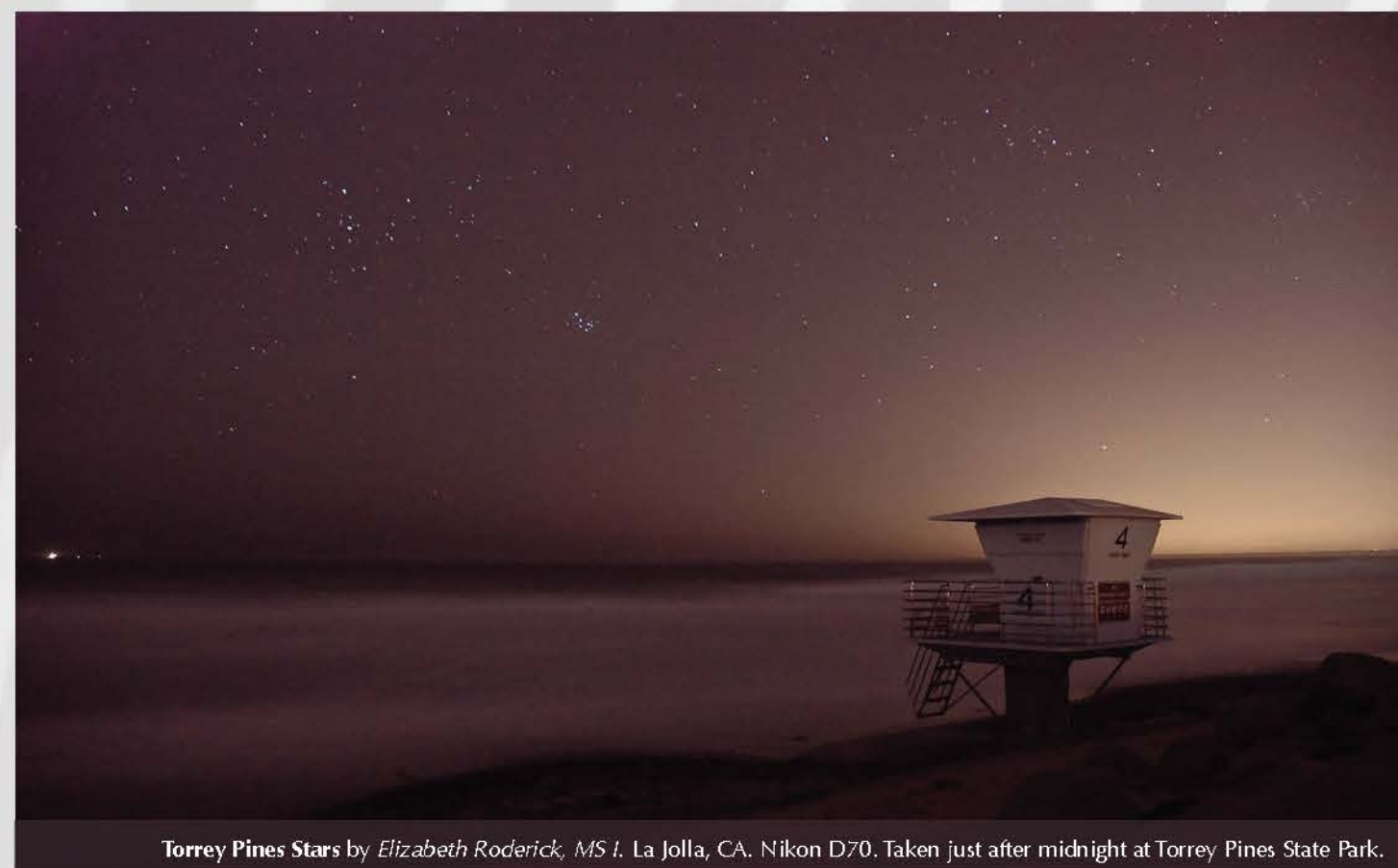
For me this was like normal, so for them to create that scholarship, I thought, OK... I mean, it still bothers me. I understand what they're saying, but I wasn't doing anything extraordinary.

So then what accomplishment are you most proud of here?

I'm most proud that I got to meet some fantastic people. Even if you talk to my kids they'll tell you—she really enjoyed her job. I feel like I get so much more back than I give. But my biggest accomplishment? I don't know. I just love my job. It's very heartwarming for me to know that I was here, and I may have had a small influence. That's the best part of my job—and that's what makes it feel like it hasn't been 40 years.

At the end of 40 years, Joyce Felder can't point to one thing in particular that she's most proud of having done at UCSD. Ask, and she will tell you that it's just the everyday things, and that she hasn't done anything special. Except, of course, touch the lives of thousands of physicians and nurture the growth of an institute of medical education from its infancy to its maturity. Joyce's tenure here is an example to us all: perhaps it is the everyday things that allow us to lead a life of distinct greatness.

Hybrid to Hybrid by Pascal Gagneux, PhD. Salbris, France. Canon Powershot D10. The other primate is Tibi. She is 22 years old, lives in a circus, and is the offspring of a bonobo male and a chimpanzee female. Chimpanzees and bonobos diverged almost two million years ago, Neanderthal and modern humans diverged around half a million years ago. Like many humans, I have ancestors that crossbred with Neanderthals after arriving to Europe 35 thousand years ago.



Torrey Pines Stars by Elizabeth Roderick, MS I. La Jolla, CA. Nikon D70. Taken just after midnight at Torrey Pines State Park.



Haikus in Pathology

by Sepi Mahooti, MD

Histology

Purples, pinks, and blues
Worn by Kings as royal hues
Now adorning cells

Connected

Windows are opened
I peer into suffering
Glass slides linked to flesh

Burkitt Lymphoma

Starry sky of night
Amplify and effervesce
Bound by heavy chains

Sickle Cell

Precipitated
Nucleation sharpened lance
Spheric strained to scythe

You're the Doctor

by David W. Hodgens, MD

I had been in practice about 10 years after passing my boards in Therapeutic Radiology, or Radiation Oncology, and was fortunate to be in a practice setting with outstanding colleagues in all fields of medicine. I had a wonderful relationship with the urologic surgeons both at my hospital and in the community, and had many gentlemen with prostate cancer referred to me for consideration of definitive radiotherapy. I learned a great deal from these patients, both collectively and individually, but one man, in particular, stands out. He taught me, in a somewhat amusing way, something about our opinions of ourselves, and at the same time taught me, in a very serious way, something about the trust and the weight of the trust that patients have in us.

I am referred an older gentleman approaching 70 with what, by all risk factors, appears to be a localized prostate cancer. He is not considered a good surgical candidate, so I am asked to discuss radiotherapy with him as the primary treatment modality. Before he arrives, I review all of his imaging studies and read through all of the available medical records, so that shortly after the nurse has put him into the exam room, I can go in and introduce myself. In the course of our mutual

introductions I learn that he is a physics professor at the university. "Great!" I think seriously, knowing that I will be dealing with someone who may have a better understanding of radiation than I do, and that I won't be dealing with questions about cosmic consonance. I ask him to stop me and correct me if I don't have his medical problem correctly perceived, as I recapitulate his history, lab and imaging findings, and his pathology report. He agrees with my summary, and I perform a physical exam. After he is comfortable again, I begin my discussion of radiation as a viable treatment option as he pulls out a tablet of lined paper and begins taking notes. This is pretty typical. I deal with a lot of engineer types who want all the details.

I go through my discussion, touching on other treatment options, the technique and approach we use, side effects, and potential complications. It's a thorough, informative review of an aggressive treatment modality, and as I speak, he glances up at me attentively and continues to write on his pad, turning page after page. This takes 20 minutes or so, and when I finish I ask him, "Sir, do you have any questions?"

He surprised me a bit when he said, "Questions? Questions? No, I don't have any questions."

"But," I said, "you have been taking notes during my discussion, so I thought you might have something you want me to elaborate on or clarify."

"Notes?" he said with a distant look. "Notes?" "Oh! This!" He held up the pad on which he'd been writing continuously. He showed it to me: six pages covered with mathematical formulae and notations, six pages with not one word of any language but that of math

and physics—six pages with not one note about rectal irritation or urinary burning. While I was discussing radiation as a curative and potentially toxic treatment, he, as the theoretical physicist, was solving a far more profound problem, and would continue to solve that problem no matter what obstacle was put in his way—prostate cancer, where his next meal would come from, lecture schedule, nothing could or would deter him. Thus I realized my relative importance. I chuckled to and at myself, having been appropriately brought down a rung or two, and asked, "Well, would you like to consider what we've discussed, get other opinions, or would you like to proceed with treatment?"

"Oh!" he said, "Of course, proceed! Let's get on with this. After all, you're the doctor!" and I felt the feeling we all feel, but with which we are never entirely comfortable, when someone, young or old, places their life entirely within our hands. It's a heavy, sobering feeling.

"Come with me," I say, as I open the door. "We'll get this taken care of."

six year old female with chief complaint of vomiting

she's been throwing up ever since her
they're whispering and they're talking about me and mama has that crinkle in her head that she gets when i'm being bad did i do something wrong? i hug Mr. Fluffles and curl into a ball and peek around the doorway, trying to listen daddy's brother Tio, everything changed when they it's hot in my fleecy pajamas and i don't feel good and there's sick all over my shirt and Mami, MAMI, MAMI, WHERE ARE had to pull the plug, and she was there in the room, and she's not stupid, she asked questions when all the family members, they were wearing black, and the only one she couldn't see was her Tio, I miss you, I miss you, where are you? Why didn't you pick me up from school today? And daddy doesn't smile all day yet, and her daddy's different now, and ever since then she's been in and out of the bathroom.

can you give her some omeprazole, like you gave me that one time?

—Kavya Rao, MS II

Preparation by Laura Sue, MS III. Los Angeles, CA. iPhone 5. This photo captures a rare night of cooking at home. A combination of light and textures, it shows ingredients for honey-glazed walnut shrimp.



“I felt the feeling we all feel, but with which we are never entirely comfortable, when someone, young or old, places their life entirely within our hands.”



Delicate by Flora Li, MS II. Acid dyes on silk, each 11" x 11". A series of silk paintings of a skeleton from different perspectives.

Gone

My friend,
 Yesterday, we were roommates in a foreign country
 Leaning on each other as we made it Home;
 Yesterday, you were traveling through new places
 Painting, exploring,
 Having an adventure,
 Like we always talked about
 But—
 no warning—
 One day here
 and the next,
 Gone?

I read the words
 but I do not understand:
 Meningococcus
 Intensive care
 Sedation
 coma
 gone

too soon
 not yet 25

i am no Medical Student now
 i do not remember
 the diagnostic criteria, the dose of steroids, the duration of treatment
 do not want to remember
 prevention
 progression
 prognosis

in this visceral canvas
 there is no comfort in precision
 only broad hasty strokes of grief
 of pain and denial and confusion and anger and hurt and

within medicine: the how, the what, the when
 but the Why?
 unanswered and will always be
 joined by what ifs and could have beens

Rest in peace now beautiful flower
 beautiful Clare
 who brought light and love and joy
 gone too soon
 for past tense
 present always now in my heart
 gone
 but Never forgotten.

—Sapna Iyer, MS IV



This, This is Good Enough
 by Denise Yu, MS I.
 Oil on canvas, 30" x 24".
 "She was the kind of girlfriend
 God gives you young, so you'll
 know loss for the rest of your
 life." —Junot Diaz



What They Don't Tell You About Getting Legs

by Linda K. Olson, MD

Voices float back and forth from mouths three feet above me. "Studies have shown that stubbies are psychologically beneficial because the patients are upright immediately... but the downside is that their self-image is impaired because they are so short ... but she's young, she's only 29 years old ... but ... but ... but."

And so we embark on the journey of replacing legs that had both been severed above the knees four weeks earlier. "Stumps" is what they keep calling them now. Why would anyone say that? It sounds like something you'd hear discussed at a lumberjack symposium. Why can't they just call them my legs? And why would anyone want to be stubby, or wear stubbies? Let's just get me some legs that will make me look normal. In fact, if you just let me sleep long enough, I'm sure that when I wake up, my legs will be where they belong and look just like they always did and

If you just let me sleep long enough, I'm sure that when I wake up, my legs will be where they belong and look just like they always did.

we won't have to do any of this bullshit stuff. But every time I wake up I still look like an egg. What's left is so little that I look tiny balancing in a wheelchair. And oh, what's with this wheelchair crap? Aren't most people in wheelchairs mental retards? Viewing the world from belt level. Talking to people's belly buttons. Q sign. Drooling. Disheveled. Strapped in, trapped in. What a choice this is ... looking like an egg or tottering around on stilts.

A few days later, Dave, my husband of less than two years, and his good friend Lee sally forth to find shoes for the first set of legs. "You need to buy sensible, sturdy shoes with leather soles and flat or small heels." Off they go, two of the smartest people you will ever meet, and doctors to boot. You'd think they'd be capable of finding the perfect shoes. OMG, the brown Pilgrim shoes they brought back were utterly atrocious. So off we went, the three of us this time. We giggle our way into the shoe shop and return the Pilgrim shoes. Now what? We roll up and down the aisles and finally settle on leather slip-ons. A salesman hands me a size 8 and asks if I'd like to try them on. Duh! What they don't tell you is that people will want you to try on shoes when you don't have feet.

And then the day arrives. The Pittsburgh Pirates are coming back from a 3-1 deficit against the Baltimore Orioles as we watch the game on our new, tiny TV that Dave bought just so we could watch the 1979 World Series in my hospital room at the Balboa Naval Hospital. They bring



Lake Louise in Banff National Forest by Linda Wei, mother of MS I. Banff National Park, Canada. Canon EOS 5D Mark II.



Pensive by Erin Platter, MS II. Watercolor on paper, 24" x 14". A re-creation of a photo from *National Geographic* that strongly drew my attention for its intense range of emotion and beauty of the subject. I hope I was able to capture even some of that spirit with this watercolor.



them in. They are naked pipes and hard rigid sockets and straps with brown slip-on shoes. Nurses, residents, therapists, and doctors pack the room as someone straps the stilts on and hauls me up on the count of three. The first thing I see is Dave's eyes... and they are in the wrong place. I'm looking straight into them instead of up into them. Whoa, they've made me too tall! I look down and hope they've made my legs tan. How cool would that be, tall and tan ("and young and lovely, the girl from Ipanema goes walking, and when she passes, each one she passes goes, ahhh")?

The painful experiment lasts less than five minutes; I crumple in a sweaty heap on the bed. Everyone is so pleased with themselves as they effortlessly stroll out of the room. They've made a Linda stand-up doll and that means they've done their job. They can go to supper, go on a date, drive home, run, skip, jump, hug, laugh, wear cute clothes, flirt, make love, hike, camp, swim, ski, ride a bike, go to work, have kids, walk on the beach... I wait till Dave's gone to burrow under the pillows, to dream that tomorrow everything will be normal again.

What they don't tell you when you get your new legs is how to make them work. Every day you are wheel-chaired down to physical therapy and strap on the stilts. Physical therapists have a set idea of how to put on bilateral above-knee prostheses, but they never read the how-to manual for someone with only one arm. Soon it's obvious that this is a two-person job and we will have to write our own manual for it.

RECIPE FOR PUTTING ON LEGS

1. While sitting in wheelchair, tightly wrap both your legs in ACE wraps to reduce the tissue swelling. Drive wheelchair to where the legs are reclining against a wall.
2. Dump a liberal snowstorm of powder over both human legs and pull a stockinette all the way up to your crotch on both sides.
3. Bend one fake leg to 45 degree angle, push the stocking through the one-inch hole at the distal end of the socket, pulling the excess stocking all the way out to the floor.
4. Repeat on other side.
5. Yell, "I'm ready," and wait to see who will show up.
6. While the puller gets down on the floor, push yourself to upright position and grab something to hang on to.
7. Squish up and down, up and down, like a piston in the socket while the person on the floor pulls your residual leg into the tightly fitting custom-made suction socket.
8. When the sock is pulled out, screw the valve into the hole creating total suction so the leg will stay on.
9. Repeat on opposite side.
10. Pull up jeans over the rigid ankles, past the pipes, the metal knees, the hard ledges at the top of the sockets, zip, snap, and voila—the lower half and the upper half of the torso are reunited and you look like a person, just like those Transformers!



La Barceloneta by Frances Wu, MS I. Barcelona, Spain. Canon EOS Rebel T2i. Admiring the colors as the sun sets outside the Museum of the History of Catalonia, one of the many ways in which Barcelona commemorates its Catalan culture.

Sweat rolls down my face and my curly hair frizzes as I stand for two minutes, then three, then four. Clutching the parallel bars, I try to lift one leg and put it back down. Donna, my physical therapist, stands behind me with a belt around my waist so I can't fall very far. Dave comes down every day to sweat with me. "Let's pretend that you are a baby just learning to walk. It may take a year, but you can do it!" He's my biggest cheerleader. He repeats his mantra, "I didn't marry your arms and your legs. If you can do it, I can do it." He wants to understand everything I'm doing so he can do it for me if he needs to. I start moving, not sure if you'd call it walking. But I start going longer and longer distances, start going out onto the hospital grounds tethered to my physical therapist by a rope and belt around my waist. People see me. I keep walking. Some say hi; most look away. In my mind, I say, "Hey! I'm just like you. In fact, this could be you!"

“What they don't tell you is that people will want you to try on shoes when you don't have feet.”

One rehab doctor tells me that I'll never be very functional. I will probably not be able to walk from my car into a grocery store, it will take too much energy. It will be nice to have legs but I will need to use a wheelchair if I want to get anywhere. The other consultants just say it

can't be done. "Triple amputees can't ambulate successfully, it takes too much energy and they all give up." Not a good idea to tell Linda, Dave, and Donna they can't do something. So Donna sets a goal of walking a mile. Once that's crossed off, we tackle stairs next. With a little experimenting, we discover I can pull myself up stairs if there is a railing on the left side. Going down is trickier, but putting it in reverse eventually works. So you hold onto the railing again. And go down backward, looking like a drunk toy soldier. Soon the thump, thud, thump, thud becomes a trademark sound of Linda walking. Thump when the knees lock and thud from the heel strike. The toy soldier kick is instantly recognizable as I walk around the hospital grounds. The belt comes off, people no longer hold me, a quad cane provides enough support that I can walk on my own. I'm free! As I walk, I look people in the eye, smile, and say, "Hi, how are you?" I force them to look at me and respond. No more talking to bellybuttons and crotches. And no, I am not mentally retarded!

Nine months later, Dave and I are walking along the cobblestone streets of Venice when he turns around and snaps, "Come on, what is taking you so long?" Stunned, I stop and stare daggers at him before we burst out laughing. We get teary as we look at each other and realize that it's only been nine months and we are back in Europe traveling to places we've never been. Two days later we walk into the Unfallkrankenhaus in Salzburg. As we pass the front desk, someone recognizes us and shouts, "Die Amerikaner sind wieder da," sending out the joyous news that we are back, and that I am walking! Doctors and nurses and staff gather to see the young American couple that had survived the train wreck nine months ago and gone home to rehab and start a new life. What they don't tell you about getting legs is that if you work hard enough and have help from your friends you can become whole again.



Life Imitates Art
by Denise Yu, MS I.
Oil on canvas, 24" x 30".
There are approximately 2½ failed paintings underneath.
What do you think is more important: the inside or the outside?



Behind a Chain Link Fence
by Maryam Soltani, MS III.
Marker on 100 lb paper, 5½" x 5".
A protest piece on war and resultant refugees.



Portrait, Art Nouveau
by Adi Price, MS IV.
Pencil and dry pastel on paper, 12" x 9".
This drawing was inspired by the ornate but organic forms common in art nouveau pieces at the turn of the last century.

Yosemite Valley
by Julie Antonova, MS II.
Watercolor on paper, 25" x 30".
Yosemite National Park is one of my favorite places in California. I was inspired to make this painting after hiking to the summit of Half Dome.



It was always a whisper, always a curse, always a dark promise.

Kite Strings

by Nadine Patton, MS I

"It's spread," they had told him.

"Nothing else we can do," they'd admitted.

"Not much time left," they'd said.

In room 202 of West Memorial Hospital, Lincoln opened and closed his hands beneath the bed where Camilla couldn't see. He was not only trying to grasp onto something hopeful, but also something real. And somehow he couldn't manage to keep hold of anything. If she saw him, she'd know he was worried. And she hated when he was worried.

Cancer. The word left a bad taste in his mouth. It was always a whisper, always a curse, always a dark promise. She had a month, maybe two. *Metastasized.* That was the term—spread through the liver and just beginning to invade the rest of her. The bad cramps she'd been having, the way she just wasn't interested in food, the shedding of pounds. They were all such vague symptoms.

And then came the irrational thought: God, what would he tell her mother?

What would he tell her friends? They had all been so damn hopeful. But what was optimism really worth, anyway? Because she wasn't going to be okay, she wasn't going to pull through, she wasn't going to—

Lincoln reached over and grasped Camilla's hand, ignoring how her skin felt like paper under his own.



Kite by Nadine Patton, MS I. Acrylic on canvas, 22" x 14". *Kite* is a companion piece I painted after I wrote the short story *Kite Strings*. I referenced a painting by Wenqing Yan. I felt it had notes of both melancholy and hope, a message I sought to explore in *Kite Strings*.

"When do you want to go home?" he asked, in an effort to stop all of the vast, restless questions inside him. He had to speak softly and move slowly; loud noises and sudden gestures nauseated her. Camilla looked back at him with tired eyes in a gaunt face, surrounded by wisps of hair and the garish scarf he had bought for her.

My Möbius, Merged

Time is binary.
Infinite loop of oscillations, extraordinary;
Fiercely fast when he is near;
Strenuously somnolent, superfluously stubborn, surprisingly slow when he is far.
Lively for the span of an eye blink;
Numb sleepwalking through restless slumber for the remaining time sink.
No equilibrium. No steady state.
No glimpse of control do I possess, over my happy fate.
Vulnerable is too new for my patience;
My mind races beyond the whims of my sluggish body—such nonsense
Fear fueled by a future unpredictable, confusing,
Anxious, wishing, waiting, waiting and wishing anxiously, but for what is all this musing.

"Thursday," she answered. She was still a little dazed from the meds. At the beginning, she'd said they made her feel like a kite that was floating away. The two of them had even laughed. It seemed so long ago.

"I'll be sure to get everything ready," he said, mostly to fill up the silence with himself.

Untitled by John Stevenson, MS I. Cambodia. Canon EOS Rebel XSi.



"That'll be great, Linc." Her voice was breathy, a little labored. He could tell that it hurt her to speak.

"All right," he said quietly.

"Come lie next to me," she said, with a tired smile, eyes closed.

The room was so quiet when he lowered himself to the mattress that he could hear the small revolt of her stomach at the movement. She grimaced, eyes still shut. The sheets were cool, worn from many washings, and as he slid between them he thought of all the times he had done so over the years, of all the times she turned to him and made him into himself.

But even though he had made the most of each moment, every memory felt like a chance he had missed, though what he had failed to do he could not say. Slowly, he rolled over on his side so that he was only inches away from her. His hand found hers where it lay against the covers. He cradled it in his own, and to him it seemed like a bird, hollow and light.

"Camilla?" he said, voice soft, cutting off the thoughts he did not want to know.

"I worry about you after," she murmured, eyes closed.

The world seemed small, and through the window, the sun was setting.

"Please don't be afraid."

Present. I am here.
In this breath I regard my own self dear.
Independent—again
Strength I stronghold, freshly comfortable in my skin
Facing my eyes, bright reflection.
This is me. United with time, my time, my life, my individual connection.
I can be content
With myself alone. No longer waiting to be entertained, instead entertaining in every extent
Thoughts. A productive thought
Merges into action, employing time to work for me with my own power bought
Continuous undulation
The ebb and flow determined by my direction.

Rejuvenated now, what have I to lose?
I am complete, perfectly able to choose.
Relinquish my power,
Or regain it this hour?
Sweet, selfish surrender—
A mutual spell we are now under.

—Csilla Felsen, MSTP V

Not only was he trying to grasp onto something hopeful, but also something real.

Caring for the Brain and the Soul

An interview with a neurosurgeon who prays with patients
by SunMin Kim, MS IV

Traditionally, when people talk about the soul, they often connect the idea with the brain. Some say the soul is located somewhere within the brain. Perhaps then, it is a *no-brainer* that a brain surgeon would have particular interest in his patients' souls. Dr. David Levy is a neurovascular surgeon who found the tremendous importance of spiritual care in his practice. He discovered that praying with his patients had significant and unexpected results. Dr. Levy, who recently joined the faculty at UCSD, has written a book called *Gray Matter*, in which he openly shares how being sensitive to spiritual issues has improved many patients' experience in the hospital.

SK: Let's start with the book. What's it about?

DL: The book *Gray Matter*—which has a double meaning: the gray matter in the brain and also the gray area of mixing spirituality and surgery—is a series of stories from my journey of patients I've encountered, the difference their spirituality made, and the outcome that was interesting and worth exploring. In particular, I talk about offering to pray with patients during clinical encounters. I think it's a subject that is not discussed much in the medical field. It's not necessarily a how-to book. It just tells how I did it and what happened to me—a lot of stumbling and fumbling, and just honesty about who I am and the things that I've done that have worked well and some things that didn't work so well.

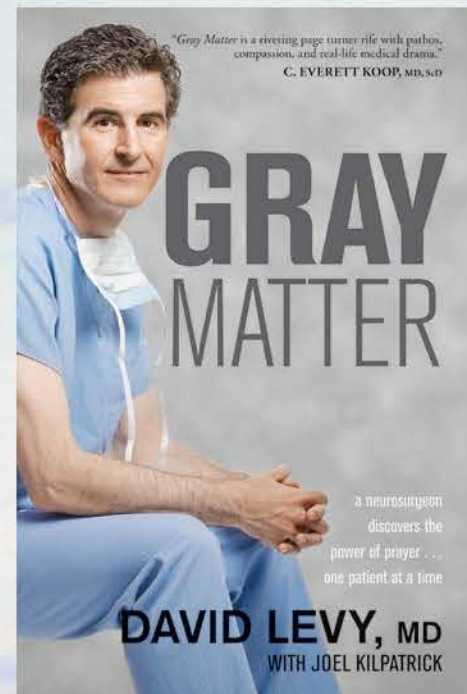
What made you decide to pray with patients?

It all started in a dentist's office. I was in my dentist's chair, and when the dentist brought out the needle to give me an injection in my gums, I tensed up. He saw that I was anxious,

so he put his hand on my shoulder and asked if he could say a quick prayer. He said something like, "God, thank you for David, and guide my hands." Suddenly, I felt peaceful, and the shot wasn't as painful as usual. On my way home that day, I started thinking that maybe I should pray with my patients too, because I wanted to give them that peace I felt when my dentist prayed with me.

How do you think the prayer helped you?

When we are afraid—when someone has a knife or a needle or a letter from a lawyer—whatever your fear is, the first thing you forget is that God is with you. It's just you and that object of fear, and there's nothing to protect you. When the dentist prayed with me, he reminded me that God was with me, and that gave me peace. I think reminding people of that, especially if they have a faith background, can be tremendously beneficial in clinical settings.



What was it like the first time you prayed with a patient?

Well, a week after the dentist's chair, I had decided I would offer to pray with my patients. I remember being terrified when I walked into the pre-operative area that day. It was nothing like the dentist's office; rather, it was a beehive of activity. I wanted to ask my patient Mrs. Jones if I could pray with her before the surgery, but I couldn't imagine how I was going



Sunrise, Moloka'i
by Julie Antonova,
MS II. Pastel on
paper, 10" x 15".
This drawing
was inspired
by the work of
an Australian
photographer,
Peter Lik. It
reminds me that
we can often find
tranquility simply
by being in nature,
especially near the
ocean.



to fit this question in with all these people around me. In particular, there was a nurse with her, and I didn't want to pray in front of a nurse.

What do you think was keeping you?

There were a lot of thoughts going through my head—what if people thought that I was trying to push my faith on them, or convert them, or badger them? What if I prayed for somebody and the operation didn't go well? Might I actually hurt someone's faith? What if people thought I was saying a prayer because I didn't know what I was doing? All these things went through my mind. As a neurosurgeon, it would be tragic if, after all those years of training, people thought you didn't know what you were doing.

But you persisted...

Yes. Knowing what I had experienced in my dentist's chair, I knew the right thing to do was to at least offer to pray with my patient. So I waited for a while at the nurses' station pretending to do some work, and finally the nurse left Mrs. Jones' bedside. But then the anesthesiologist came—

and I definitely wasn't going to pray in front of another physician! So I waited a while longer for him to leave, checking my pager, pretending to be on the phone...

And finally when he left, I went up to the bedside and asked, "Mrs. Jones, would it be OK if we said a prayer?" I had read her facesheet and saw that she was Protestant, so I assumed that she had at least heard of prayer. She looked at her two daughters and said, "OK." I put my hand on her shoulder and said a short prayer—"God, thank you for Mrs. Jones. You know all about the vessels in her brain. You can help me to fix them. I ask you for wisdom and skill and success in this surgery. In Jesus' name, amen."

I looked up, and she was weeping, and so were her two daughters. It was obvious that the same thing that had happened to me in that dentist's chair had just happened to them. It was a tremendous comfort for them. I was a bit taken aback by these three women crying on me, and I didn't know what to do, so I did what any surgeon would do—I patted her hand and left them for the nurses to deal with (*he chuckles*).

*“I looked up,
and she was
weeping, and
so were her two
daughters.”*



Pacific Coast
by SunMin Kim,
MS IV. Pacific
Coast Highway,
CA. Panasonic
Lumix DMC-TS3.



Bangkok: Yesterday, Today, Tomorrow; Let's Just Swim by Joseph Eisner, MD. Bangkok, Thailand. iPhone 4. I stumbled upon this group of local Thai children bathing and playing in the polluted Chao Phraya River with the ancient Khmer Wat Arun temple in the background.



Ha ha. It sure sounds like the prayer comforted them. How did it affect you?

I had more joy during that surgery than I had ever had during previous surgeries, and I had been operating for seven years. Prior to that day, I usually operated in fear. Neurovascular surgery is one of the highest-risk specialties. There's fear of complications, fear of loss, fear of not getting referrals if I fail—just fear. And people come to me as if I'm a god or a demi-god—surgeons, especially neurosurgeons, have this persona in the culture. People think, because of our knowledge and skills, we are godlike, but we know it's not true. For the first time in my career, in a sense I said, "You may think that I'm a god, and I'm not, but I would be glad to talk to God with you, if that would be beneficial to you." That level of authenticity, I believe, freed me up to enjoy my surgery more than I had ever had.

That's really neat. But now, I'm sure you couldn't keep praying in secret for very long. How did your co-workers respond?

To my surprise, many people responded well, and some nurses even wanted to join in and asked me to look for them when I was about to pray with a patient. But some people responded

like they didn't want to get involved at all. I think a lot of physicians are uncomfortable with spiritual matters. Interestingly though, I have this Hindu colleague who told me that I taught him to pray with patients. He said, "I don't pray, but I've learned to notice when families seem to want to pray. I tell them, 'If you want to pray, go ahead.' And I like it because they always pray for me."

That's interesting. Why do you think so many physicians are uncomfortable with spiritual matters?

I think it's partly because we're not trained in it. Most physicians don't know how to approach a patient with spiritual matters or deal with a

patient's spiritual issues. Also, as doctors we're in a position of authority, and we're taught to not use that to take advantage of someone who is in crisis. People are concerned that, by praying with their patients or bringing up spiritual issues, they might be pushing their own belief onto the patients. And I believe that's a valid concern. The fact is, with anything we do as physicians, there's potential to do good and potential to do harm. If you have an agenda, or if you're not sensitive and respectful, you could make people uncomfortable and do more harm than good.

Right, so praying with patients can be beneficial, but it can also be harmful ...

I know from experience that praying with patients can be very beneficial to them, but it's important to offer it in a way that they don't feel coerced or pushed into praying because they think I want to pray, and they need my services. You are there to use all the modalities in your armamentarium to help the patients heal. I almost always write an order for a sleeping pill the night of their surgery. They don't have to take it, but I want to let them to know that it's there if they would like it. It's the same with prayer. What I've found is that most patients want prayer. Many people take great comfort in their faith when they feel out of control in a strange environment.

Puerta by Marfa Luisa Zúñiga, PhD. Mérida Yucatán, Mexico. Canon PowerShot SX230 HS. Doors lost in time.



Nails

Dirty grease
Under broken fingernails
Keeps us clean

—Paul Quinton, PhD

That's a really good point. So you're catering to patients' spiritual needs as well as their physical needs. How did that affect the way you practice as a physician?

I've really become more concerned about the patients. So much of medicine is a "job"—like a factory line. You have 12 or 15 minutes to see someone, diagnose them, and treat them. You are under pressure to see as many patients as possible. You're concerned about what symptoms they have, what's wrong with their blood work, and so on. Now I'm more concerned about what's going on in their life—why are they really here in the office? Why now? Is there something going on in their personal life that is calling their attention? Say, they have a new headache, and they have a small aneurysm but it's not causing the headache—or whenever I see someone with more disease than they should at their age, I always wonder if there's an emotional, relational, or spiritual component.

Can you give me an example?

I had patient named Ron—a massive man: six-feet tall, ex-military, his arms were as big as my legs. He had a malformation of vessels in his brain that needed surgery. He also had arthritis of his neck, back, and knees, but he was barely 40 years old. I asked him, "Ron, I want you to heal from your surgery, and we know that if you have bitterness or anger, it will affect your immune system, and you won't heal as well. Is there anyone that you can't forgive?" He started getting this really angry look on his face and puffing up—like the Incredible Hulk! I rolled all the way back to the wall on my rolling stool, then finally he dropped his head and said, "My mother. I haven't spoken to my mother in 30 years."

As it turned out, Ron's father had left him in his young age, and his mother lived with an abusive boyfriend. One day when he was 13, Ron got in between his mother and her boyfriend and got beat up. Ron urged his mother to leave her boyfriend, but his mother refused. Ron said, "I hated her since that day." And I said,

"Ron, that's exactly what I'm looking for. I can understand why you would feel that way. What was done to you was wrong. But I also have to tell you that I think it's killing you. I think your resentment and bitterness against your mother is affecting your physical health. But the good news is that we can forgive her today, and let that go, if you're ready." You never want to push anybody to forgive, so I just waited there in silence, and he said, "OK, I'm ready. Let's do it." So we went through a declaration of forgiveness.

I believe that our words have great power, to bless or to curse. And when we declare forgiveness for someone—which we need to do over and over—it is powerful. The things that we say—over ourselves and over other people—have great power to change how we think. We went through declaring forgiveness for his mother and her boyfriend who beat him up. And when we finished, Ron started crying. It was this very emotional thing—he had held this anger for 30 years. So I rushed around the office trying to find some Kleenex. When he finished crying, I said, "Ron, how do you feel?" He said, "I feel like calling my mother." Something had really changed in him. His countenance had changed. He was like a different person. He was, I believe, the man he was supposed to be.

The surgery was difficult, but it went well. And he actually did go back to visit his mother. She was in New York, and the whole family was starting to have a reunion there. And I got to play a part in that, and it blessed me, because

I asked a difficult question. There are several stories like this in my book, and they all have interesting outcomes.

I'll have to read them for myself. In closing, what advice do you have for medical students?

Not everyone has a spiritual interest or wants a discussion of spiritual issues. I routinely say, "I offer prayer to my patients before surgery and if it is something you'd like, you'll need to ask me for it on the day of your surgery." I've prayed with patients of all faiths and am respectful of their traditions and how they would want a prayer. The prayer is intended as a blessing with no other agenda. If I think I've offended someone I apologize as soon as I recognize it and I've referred a number of people with spiritual or emotional issues to chaplains, counselors, and other professionals.

I try to take time to notice something good about every patient, to encourage them. We are trained to see what is wrong with people, but most of us need to be told what is right about us, especially when we don't feel good. Anyone can see the dirt. It takes an expert to find the gold. Every patient should leave feeling like you noticed and affirmed his or her uniqueness. Physician's words have power, and if we use them to build up our patients, it has a positive effect on both parties.

To learn more about Dr. Levy and his work, visit drdlevy.com.



Passing Time by Kyle Gillis, MS II. Hanoi, Vietnam. Sony Cybershot DSC-WX50. Amid city bustle, a quiet break amongst friends.

Jehovah's Witness

It's beautiful, that car of his.

The hood up, and under, once gleaming metal tubes snaking their way round to a compressor. Sprayed baby blue sides and fins, scratched, showing vintage coal gray below while the dried hubs you could imagine spinning if it were to ever take off.

A reminder—
from a friend and fellow trucker of dreams beyond his pale bed.

They keep tossing the decision amongst themselves, while it's burrowing a leech into the lower pole of his kidney. We must respect the torpor of cowardice.

Neither will they take it out nor give him the aromatic inhibitors, all because he won't take blood, while his wife stands in the corner wringing her hands.

I have nothing to add.

So I walk in every morning, lift it out of its case by his bedside, admire the bonnet that can open too, spin the wheels on my palm, and tell him how beautiful it is, That car of his.

—Kalyan Banda, MD

The Puzzle

by Jamie Saben, MD

"Please come over here for a moment... there's something I want you to see," my senior resident says in his usual calm voice. As a medical student working in the Head and Neck Clinic at a county hospital, I had seen plenty of TM pressure equalization tubes, neck mass aspirations, and laryngoscopies. He would not call me over for any of these now prosaic medical procedures—it has to be something different. Perhaps it is another weird "foreign-body-in-an-orifice-above-the-neck," though it would have to be more strange than the six-year-old boy

I saw who decided to shove a gold chain necklace down his right nares.

When I step behind the curtain separating room #1 from the corridor, I am unprepared, in no uncertain terms, for what I see. Sitting down is a young man in his late twenties with a hole in the side of his head.

It is not a bullet hole—there is a whole section gone. His right cheekbone and eye have been surgically removed, and the right part of his palate is no longer present. He is a puzzle missing

Then comes that strange mix of fascination and horror that pours into you when you catch a glimpse of some grotesque thing and it is more disturbing to look away than to actually look at it.

a piece. He looks at me with his left eye for a moment, then stares ahead as I peer down into this living specimen. Here is a more beautiful and clear rendering of anatomy than any cadaver section I have ever seen. It takes a few seconds (and the help of the resident) for me to figure out what is where. "Superior nasal concha. Middle nasal concha. Inferior nasal concha. Eustachian tube meatus," he recites in a mantra-like voice.

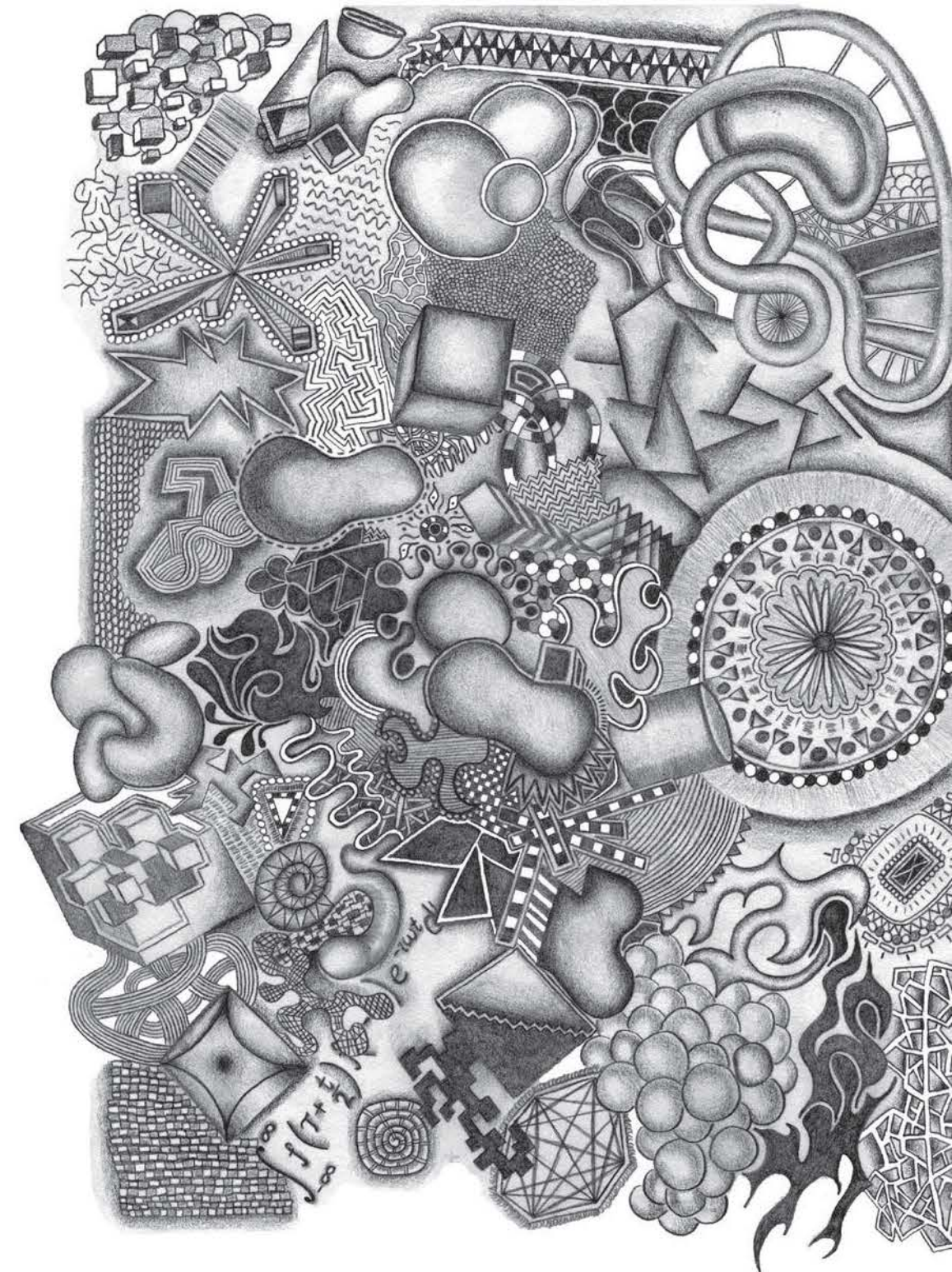
At the same time these terms are paired with the structures in front of me, I think about how in medicine we are supposed to look at the weirdest, grossest aspects of human existence and act as if we have seen it all before; that it

is not shocking—that even *this* is within the range of normal. But I am shocked and try not to show it.

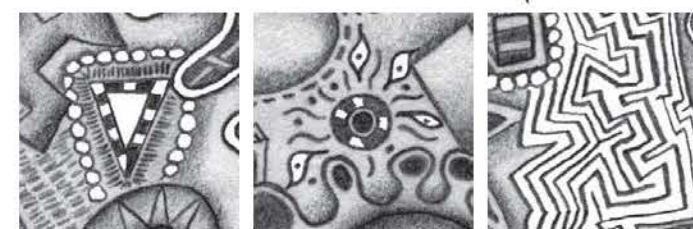
Then comes that strange mix of fascination and horror that pours into you when you catch a glimpse of some grotesque thing and it is more disturbing to look away than to actually look at it. Somehow confronting the thing, exploring it, makes it more bearable. I stand at attention as my tutorial continues, "Posterior pharynx. Soft palate. Hard palate. Uvula. Tongue."

The man seems patient with this anatomy lesson, saying nothing. At the resident's request, he shows me the plastic prosthesis he uses to make the puzzle of his face complete. It is a shard of rubbery flesh with a brown eye painted on, a lash and eyebrow penciled in. It does not look professional, but its creator was adroit with the material. It looks like an accessory one might purchase around Halloween time, as part of some pirate costume if a patch were included.

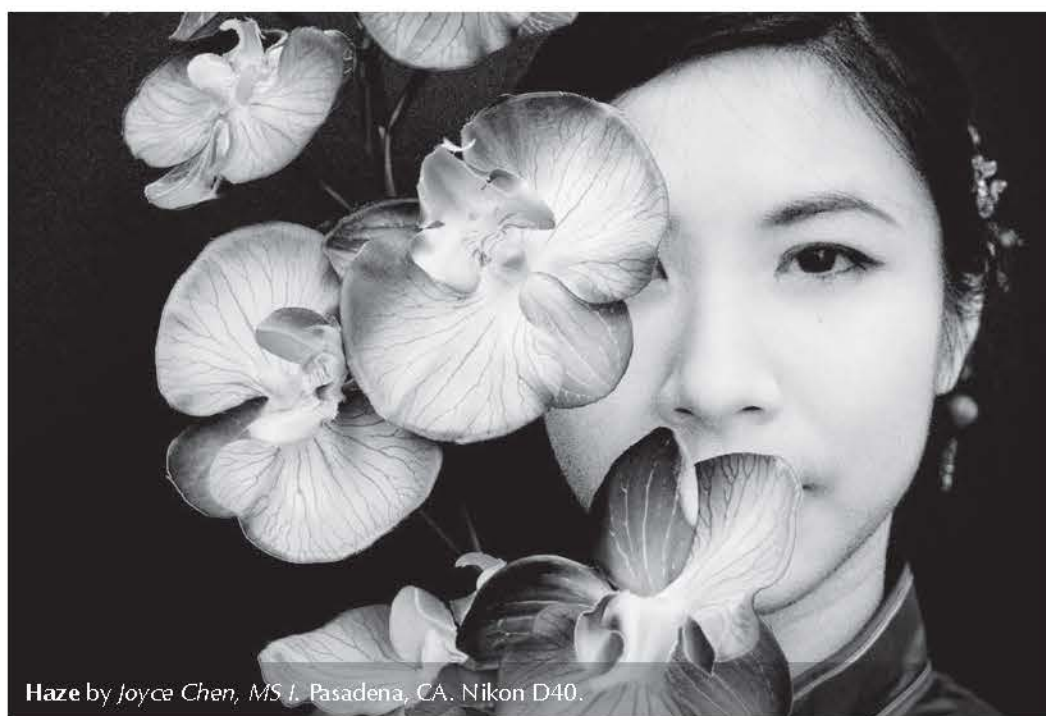
The man does not act embarrassed or ashamed—he apparently has come to some state of understanding and acceptance about his appearance. As I look at his prosthesis and touch its rubbery skin, I wonder if he takes it out at night when he sleeps or when he takes a shower. I wonder if he is happy to be alive with this disfigured face, to have survived whatever wicked cancer has probably eaten into his flesh and bone. I wonder what prevents infection from infiltrating this magnificent breach of the body's natural defense. I wonder how a loved one looks at him, if he or she peers in the way I do—curious. Or revolted.



The hole in this man's head was at first shocking, then intriguing, and finally, heartbreaking. I remember how disappointed I was as a boy when I finished a puzzle only to find one piece missing. But I never imagined how the puzzle felt until now.



No Rhyme or Reason
by Rishi Bhatnagar, MS I.
Pencil on paper, 11½" × 8½".
I was practicing my shading technique, and this was the end result. There is no rhyme or reason to it!



Haze by Joyce Chen, MS I, Pasadena, CA, Nikon D40.

The Moment of Passing

by Weijen Chang, MD

The moment of death is not something easily defined by medicine. However, it is easily apparent to anyone who has observed the passing of another. Despite his years of medical education, training, and subsequent practice, it still surprised him that the death of his mother brought a change that was so subtle, yet dear. Of course even before her death she was not really living. Her life force only trickled by the grace of mechanical ventilation, chemical vasoconstrictors, hemodialysis, and a multitude of other supports. But there was clearly a moment where beforehand she was alive—her skin had a turgor that spoke of at least some movement of blood; her eyes, unseen beneath the thin canopy of jaundiced skin, flickered to an unknown dream or nightmare. And after that moment had past, all ceased. Even the fall and rise of her chest, although still perpetuated by the hissing ventilator, was now in exact lockstep with its breaths.

For Jay, the emotion that rushed through his chest, his neck, his eyes, surprised him. He had expected this moment for several weeks, even months. To his secret guilt, he had even looked forward to it in the prior days. And yet when it came, despite his revulsion at the thought of being uncontrollably emotional before the gaping medical residents who knew of his position, it was a river that could not be dammed. The briny tears, mucus, and horribly audible gasps and sobs flowed in gushes and guttural moans. God, what a sap! he thought, and yet it could not be stopped. He grasped her hand, hoping to ground his emotions in her lifeless vacuum. To his horror, her hand was so foreign in its pallorous weight that he pulled back reflexively. He turned and focused his gaze out the window into the distance. In the slowly awakening morning a glowing sign reading "ORACLE" stared back at him across the highway. How fitting, he thought, and yet no epiphany was revealed.

*Despite his revulsion
at the thought of
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of his position,
it was a river
that could not be
dammed. ”*

For Loves, Born and Unborn

Who would have thought?

I knew I'd miss you
but I feel it, still

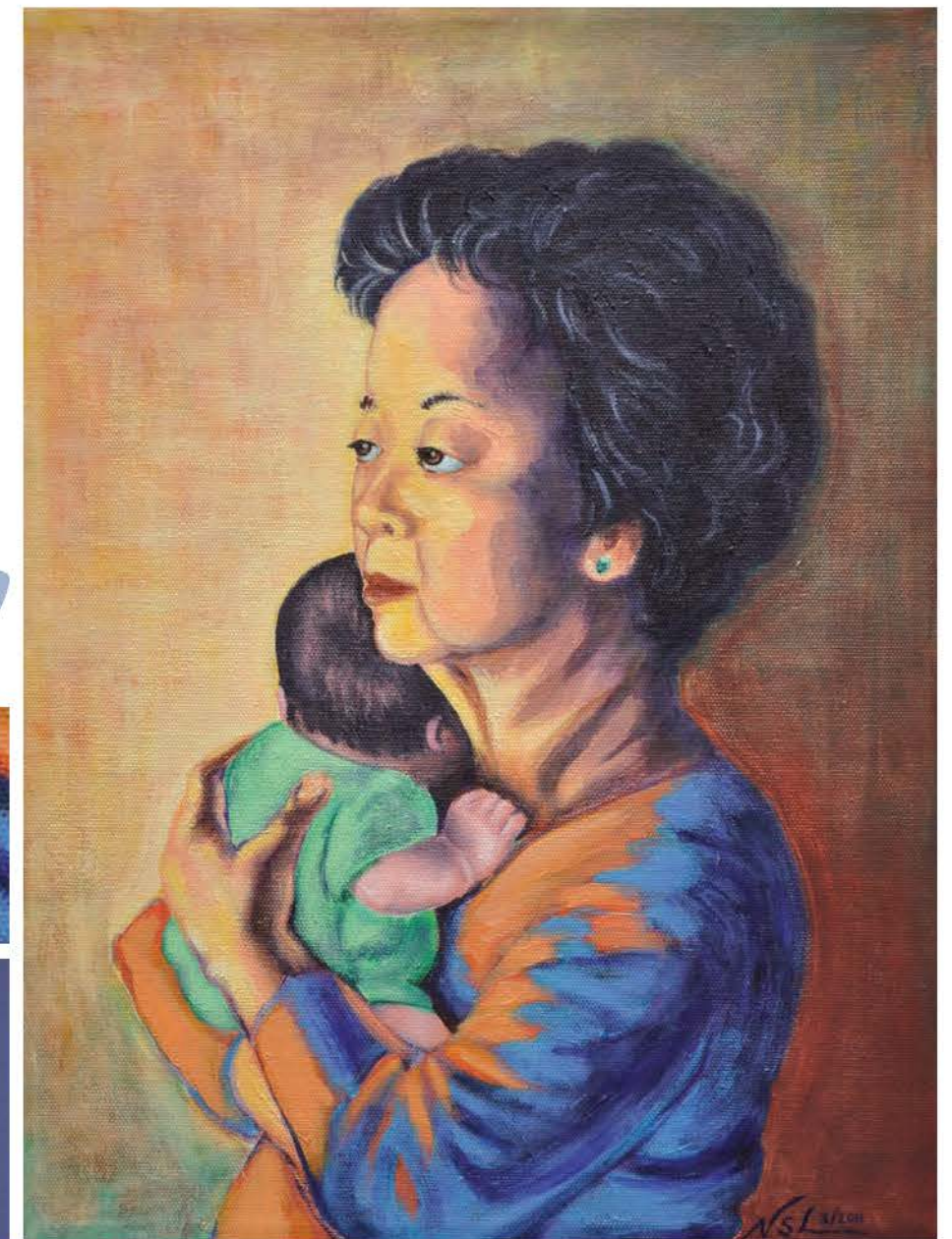
after all these months, years
in the strangest ways
in shadows with a timing all their own

the flowers have long dried,
the rich smoke of incense cleared

yet you come to me
as a feather
a heaviness in the drop of honey
the smell of fur and plastic tubes

Who would have thought?

—Leslie Ziegenhorn, PhD



Portrait of My Mother and Newborn Daughter by Nancy S. Lee, PhD. Acrylic on canvas, 16" x 12". I was inspired to paint this piece from a photo taken of my mother holding my newborn daughter. For me this image captures my mother's strength, compassion, and unconditional love for her family. This piece was a gift to my mother on her 70th birthday.

Foolish Bulls

A Family Physician's Reflections on Different Healthcare Delivery Systems

by Martin L. Kabongo, MD, PhD

This evening, I decided to take a stroll after another haggling day “on duty” in this rural town. The sun was still shining. It does set very late in this part of the world. It still stings even after nine o’clock in austral summer evening. I walked at a brisk pace, not sure where I was going. I was trying to understand why this day should make me feel inexplicably morose. My mind and thoughts were absentmindedly engrossed by the disconcerting case of a young woman I saw today for the second time at the clinic. My mind was utterly perturbed by her presence again. I became irrationally preoccupied, or should I say obsessed, by the foolishness of healthcare distribution and value of family medicine in remote corners of the world.

They would push, dragging each other several meters—stampeding the food the rest of the herd was waiting to graze.

I had examined this young woman a week earlier. She had presented with severe abdominal pain. A careful abdominal and pelvic exam revealed a mass in the right adnexa. This is precisely where she was hurting. It made me worry about appendicitis. By caution, like any astute clinician

examining a young woman of reproductive age, I ordered a rapid urine pregnancy test. It came back positive; not surprising. Kiwis are renowned for getting “randy” (*local slang*) and love to “root,” as proven by the “heaps” of “frenchie” we give away in this rural dinic.

The clinician’s headache was how to transfer this patient to the nearest hospital 100 kilometers away for an ultrasound: by “partner’s car?” This was the most rapid way. It would only take one and a half hours to make it there. But what about liability? Could we transport her by ambulance instead? That ride would have taken four hours on a twisting, treacherous, and winding road. There is a law on how fast ambulances can travel. It would have required a nurse to ride along, and there is such a shortage of nursing personnel to handle the load on this day. We could also use the helicopter, but how would one justify an 18 minute-flight that costs hundreds of dollars for a patient with stable vital signs?

Then my thoughts were abruptly interrupted as I stumbled upon a dairy farm—like many other farms surrounding this town. There must have been more than 200 cows hunkered together. They were typical gigantic heifers with blotches of black and white patches harboring an udder the size of huge watermelons. As a child, I recall seeing the pictures of those animals on cans of condensed sweet milk from Switzerland or Belgium. There, they were standing looking at me—with those sad round black eyeballs.



Lake in Tibet by Linda Wei, mother of MS I. Tibet. Canon EOS Rebel.



Rock Textures by Katherine Blair, MS III. Yellowstone National Park. Canon EOS Rebel T1i. While traveling in Yellowstone, this scene caught my eye as a mixture of textures in one shot—soft and smooth appearing rock contrasted with sharper edges and more defined shapes, and the cooler temperature colors mixed with the warmer colors streaking through the middle of the photo.

They gazed blindly at me when I looked at them. They looked at me as if trying to tell me something. I furtively scanned among those giant beasts. In the middle of them, I noticed two massive bulls. They must have weighed at least two tons each, or even more if not exaggerating. They were fiercely and ferociously fighting. They were at it for at least thirty minutes or so as I stood watching, mesmerized by this dash of will. There was no guessing as to how long they had been at it. One beast would back up for several meters to charge and loudly butt heads with the other. The defiant one would dig his front hoofs in the green grass. They would push, dragging each other several meters—stampeding the food the rest of the herd was waiting to graze.

This was, however, a trivial bucolic scenario. It is found everywhere in these rural dairy farming communities. After this repetitive, boring scene, I shook my head and walked away, dumbfounded by those “foolish bulls!” I assumed that these animals were displaying their primitive instincts to control their territory.

My thoughts returned to the woman we had decided to transfer by boyfriend’s car a week earlier. Then, I had finally decided “to hell with liability” as I wanted to get rid of one more patient among a dozen waiting to see me. The patient’s story and the bullfight somehow

triggered an idiotic soliloquy in my head about the foolishness of healthcare in this country. As I continued my brisk walk, basking in the hot evening sun, I kept asking, “Why is there such a shortage of GPs?” Perhaps the answer to this question stood blatantly in front of me, disguised as a bullfight. Primary care is so needed in these remote villages and hamlets everywhere and yet seems so undervalued. I wondered if it was this shameless primitive human greed that made me feel glum. I thought about squandered opportunity,

wasted, maldistributed resources. Who could be responsible for this calamity? Who is responsible for healthcare shortage and maldistribution?

As I kept walking, my mind drifted again to the bulls. Why were these bulls squandering so much energy? If they were fighting for control of those heifers, they sure went at it the wrong way. They would die of exhaustion. What good would that do? This reminded me of the temerity of healthcare insurance corporate



La Jolla Shores by Elizabeth Roderick, MS I. La Jolla, CA. Nikon D70.



Hidden Gem by Joyce Chen, MS I. Germany. Nikon D40.

moguls, locking horns in boardrooms across America. Or it is the same foolishness that the lobby of specialists uses flexing its political muscles in Wellington with one avaricious goal to divert all public funds to train more specialists—not GPs? Isn't it this "take it all or nothing" arrogance that usurps patients of basic needs—like my young woman who needed a sonogram? Why is it that this clinic

does not have a sonography machine that would have saved this woman such a long, treacherous trip? How about the many that are helplessly relegated to sit and wait with sad eyes? Their overworked GPs are left to make hard decisions with scarce resources. How is this allowed to happen in countries that have so many resources?

Luckily, my young patient had made it to the hospital a week earlier in her boyfriend's car without incident. The sonogram revealed a twin pregnancy. The radiologist congratulated the prospective parents and cursed me for wasting a sonogram on a "normal pregnancy!" But would a twin pregnancy cause so much pain that she would return to the clinic?

Now, what was I to do again with this same woman who now shows up, lying on a cot in front of me and writhing in pain? She was thrashing in so much agony that I cried on her behalf. Today, her pulse was thready. Beads of cold sweat were dripping on my egghead. Her frightened boyfriend's threatening eyes hated me for my incompetence. While this battle of will was going on, the young woman started turning pale and ghost-like. When she stopped thrashing, I knew that the twins and I were in deep trouble. I panicked and called the helicopter.

I believe that the calamity of primary care shortage in places like this one is not due to a lack of resources. There are enough resources—whether human or financial—to go around. But, just like the green grass suffering under the hoofs of foolish bulls, they

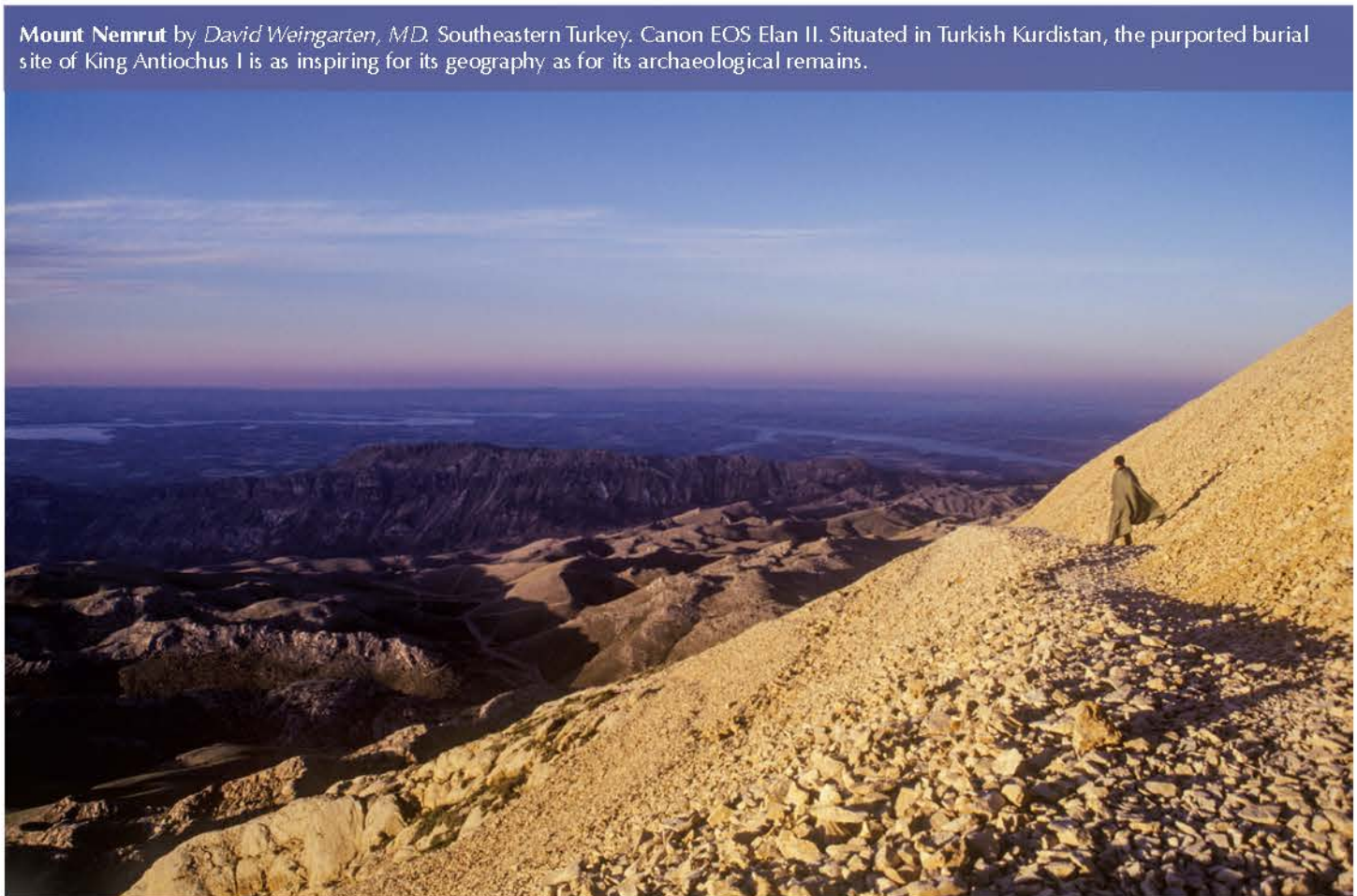
When she stopped thrashing, I knew that the twins and I were in deep trouble.

are being foolishly squandered. The problem boils down to resource redistribution. Why didn't those bulls call a timeout and say to each other, "Hey mate, you take half of the harem and me the other. If I get tired or bored with my half, we swap." That sounded like a simple practical solution. But those foolish beasts were stuck in their primitive ways. They were carelessly spending all that energy just to take control of all or nothing. While they enjoyed this game, many cows were standing waiting with sad eyes. The green grass was trampled for hours.

With this abstract diatribe going on in my head, I kept walking—God knows where this time. I continued my futile monologue. I kept ruminating and cursing small town practices like this one. The reason so many needy people are standing around waiting, overwhelming me, might be because somewhere in corporate offices some foolish bulls are busy fighting to convince the politicians to usurp and divert the funding to training primary care physicians.

It turned out that the radiologist, who interpreted the sonogram a week earlier, had missed a torsion in the right adnexa in his excitement of diagnosing the twin pregnancy. The poor woman, in shock, fortuitously underwent emergency laparoscopic salpingectomy. As I was leaving the clinic I heard that, luckily, the fetuses in the uterus were salvaged and that she was enjoying her "twin pregnancy painlessly."

The calamity of primary care in this country, and in other places that I have worked, is that there are some bulls out there with their head to the ground, foolishly disregarding patients in need with their greed! They are recklessly squandering energy and resources fighting to divert funding from primary care training. While this is going on, patients are waiting until the day there will never be enough primary doctors to meet their needs. In the meantime, the few courageous souls who dare to come to the rescue are burned out or seek refuge elsewhere, missing their calling to serve in places like this community. On my way back, the stupid beasts were still at it. When will they ever stop? Who will stop them?



Mount Nemrut by David Weingarten, MD. Southeastern Turkey. Canon EOS Elan II. Situated in Turkish Kurdistan, the purported burial site of King Antiochus I is as inspiring for its geography as for its archaeological remains.

SIGN-OUT

by Brian Nuyen, MS III

The 18-year-old little girl screamed a thin note I've never heard before, when I stood in front of her vagina, stricken, to catch her little girl. The boyfriend, sobbing, before he hugged his new daughter, quietly updated his Instagram. Old Mr. Royal was a tired worn tapestry of lytic lesions, coughing patches of pneumonia, lightly dusted with essence of *C. difficile*. He addressed me always as "sir"—his sticky wet back stuck to my stethoscope; mine touched too many people, I tried to wipe off their oils. Six-year-old autistic boy, coughing in my face, only letting me listen to his heart after he listened to mine, running up to me after the visit, hugging me around my middle—"!! LOVE! you." His tired, sick mom smiled wanly. Mr. Schmidt, bald, fat, masculine, cruel, truly borderline—"You're going to be the best doctor ever." He had told my favorite nurse, "Fuck off, BITCH." Fuck! I forgot to pre-round on one of my patients. He reminded me of Santa Claus. Old demented, deaf Santa Claus who never seemed to care whether his gown covered his hairy penis. Yelling at his deaf ears was one of the hardest things I did every morning—"HOW ARE YOU DOING SIR I PROMISE WE WILL TAKE CARE OF YOU HERE IS YOUR FOOD"—make sure you do your neuro exam on him before food comes, because he will not listen to you when he's eating, says neuro-mom/resident. Little three-year old Alma Rodriguez was so quiet in her suffering, plump tears rolling down her padded cheeks—you can tell from the window she belonged to Dr. Burns and Dr. Tremoulet, her large, Pixar red eyes perfectly ringed in white. Alma waved at me and cried at me at the same time. Mr. Wallens cried too, his wife next to him, we handed him tissues as we told him that it's natural for him to cry—Parkinson's makes you more emotional. There was beautiful Helena, young vibrant sunshine, with a five-star view of the 8 East Freeway and rolling golf courses beyond, her lungs bulletted with septic emboli from her heroin. There she was when we rounded on her, in her Grecian leisure, smiling from the clouds of her pillows. And I was just so damn jealous of the fact that she was lying down. I was exhausted too, when Mrs. Diabetic-Goleta cried and wanted to hug us all, and her amputated speech heaping praises on our team was too long, too jading. But I was so proud of myself, talking to the family, I remembered the word "*pa derosos*" in translating the power of the meropenem against their Grandma's post-hysterectomy's sepsis. Mr. Despart, he dove into swimming pools of liquor, and his drunk face melting into a Picasso monster, cackling. We branded his forehead, the smoke whispered *malingere*, the disgust was mutual. Max, 12 years old, Swedish, thin, kind, but his face red like little Alma's eyes, his mom was shy in asking our nine-person team to visit him later—his budding adolescence hard to ignore in the morning. I can't imagine his pre-teen embarrassment, my resident said, for the better or worse, kids have a hard time hiding things like shame, joy, fear. 88-year-old Mr. Franklin, tangential and circumstantial, was manic when he sent me his thank-you note and careful photocopies of pictures from his youthful stories, the note completely illegible in its pressured speech but I could see how handsome he was in his football uniform when he played for the Navy in 1943, he was so tall and proud. Mr. Fourier with his hair wildly disheveled, you could smell the homeless schizophrenia in his strabismic eyes, he told me, "I've always been a happy-go-lucky guy. If the roof falls down, I'll just build another roof," his sunflower hair bursting in all directions. Kind of like when young 93-year-old Vivienne laughed, a deep belly laugh, in my worn, anxious face when I told her we might have to increase her lisinopril again—"Don't tell the girls at bridge—they'll want bigger pills too."

WHO CARES ABOUT TARAWA?

by Albert E. Breland Jr., MD

Many years ago they called it “seeing the elephant.” The term has lost much of its meaning, and few today understand what it referred to. But in the days of heavy artillery barrages and frontal assaults there was no question among those who had been there that they had seen the elephant, a ferocious beast of smoke and fire that could crush and obliterate anyone in the way with a single footstep.

Today I went to visit a gentleman I had met only once before, an older veteran with four tours in Vietnam who retired as a first sergeant from the Army. He was in a coma and could not recognize me. He was a long-term renal dialysis patient who had had a coronary occlusion, then a cardiac arrest. His heart restarted but his brain didn't and there was no real expectation he would regain consciousness. Afterwards I felt ineffably saddened. The sergeant had been at Phan Thiet when I was at Tay Ninh. Our tours in-country overlapped, and it only remains to be seen how closely our tours in life will.

There is a brotherhood that transcends race, creed, sex, economic status, and age; the only requirement to join is that you were sent to fight for your country, saw combat, experienced the immense fear that accompanies your first glimpse of the elephant, and survived to tell tales to bored acquaintances who had the misfortune or poor judgment to ask what you



Swiss Alps by Frances Wu, MS I. Near Lauterbrunnen, Switzerland. Canon EOS Rebel T2i. Taken on the way to Gimmelwald, a small town in the Berner Oberland.

did during the war. It doesn't matter which war, any one you were in will do; what does matter is that others tried to kill you and failed. Winston Churchill, who saw combat during the Boer War, once said there is nothing more exhilarating than to be shot at and missed. That may be true at the time, but in later years it's the memories, not the exhilaration, that count. It is true, as many have said before, that the experience of combat, once you're past the fear stage, leads to an amazing heightened sensibility so that the sky is bluer, grass greener, and life far more precious than ever before.

There are few experiences that allow for such intense living in the present. No future, even if you still have one, or past, no matter what it contained, is of the slightest importance during combat: there is only now.

And what the old veterans miss is the comfortable associations of others who saw the elephant with them and who speak the same language. It's not that they want to talk about combat experiences or debate military tactics, but just to sit quietly with someone who understands and remembers.

Tarawa was a little 300-acre tract of sandy island in the Gilbert group that was needed for an airbase. In 1943 elements of the 2nd and 8th Marines were ordered to capture Tarawa from 7000 enemy defenders. Unfortunately there was a miscalculation of tides, the landing vessels hung up on a reef they couldn't cross, and the marines had to wade 800 yards to the beach in water up to their chests, under fire. They did it for God, Mother, Country, the Corps, and the need not to let down those on either side, not necessarily in that order. They took the island in three days, leaving behind 3300 casualties. The war was won but today most students in high school or college have no idea where Tarawa is, much less what happened there.

Just as most today know nothing of Flanders except that there is a poem about it, and few have heard of the Somme, Soissons, Belleau

Wood, or Chateau Thierry; or Vierville, the Falaise gap, the Ardennes, or Geilenkirchen; or the Pusan perimeter, Inchon, or Chosen reservoir; or Dak To, the Iron Triangle, Tay Ninh, or the A Shau Valley.

But does it matter? Only to those who remember, and they're fading fast. There are almost no WWI veterans left today, and the WWII vets are dying off at the rate of over 1000 per day in this country. The last of the Comanche code talkers, who did for communications in the European theater what the Navajo code talkers did in the South Pacific, was honored recently in Washington, DC. The news didn't even make NPR, much less prime time television.

What does matter is that others tried to kill you and failed. ”

But the brotherhood is timeless. Combat veterans, regardless of nationality, all know each other. There is an aura, a look, a distant gaze as if the individual had been to some faraway uncharted land and was surprised at being returned unharmed, a 1000-yard stare as it was called in later wars, that distinguishes them. They may seem commonplace in many respects but they are not. They have seen the elephant and lived to think about it. That makes them different.

In the '60s there was a saying that people must like wars because they keep giving them. It's only people who've never been there who like

After You are Gone

Flailing is useless
Against the wall of silent, unmoving wind.
Floating above your worn chair I only know by touch now,
And the old lamp, long burned out,
I'm stuck, semi-suffocating in the electric dark.

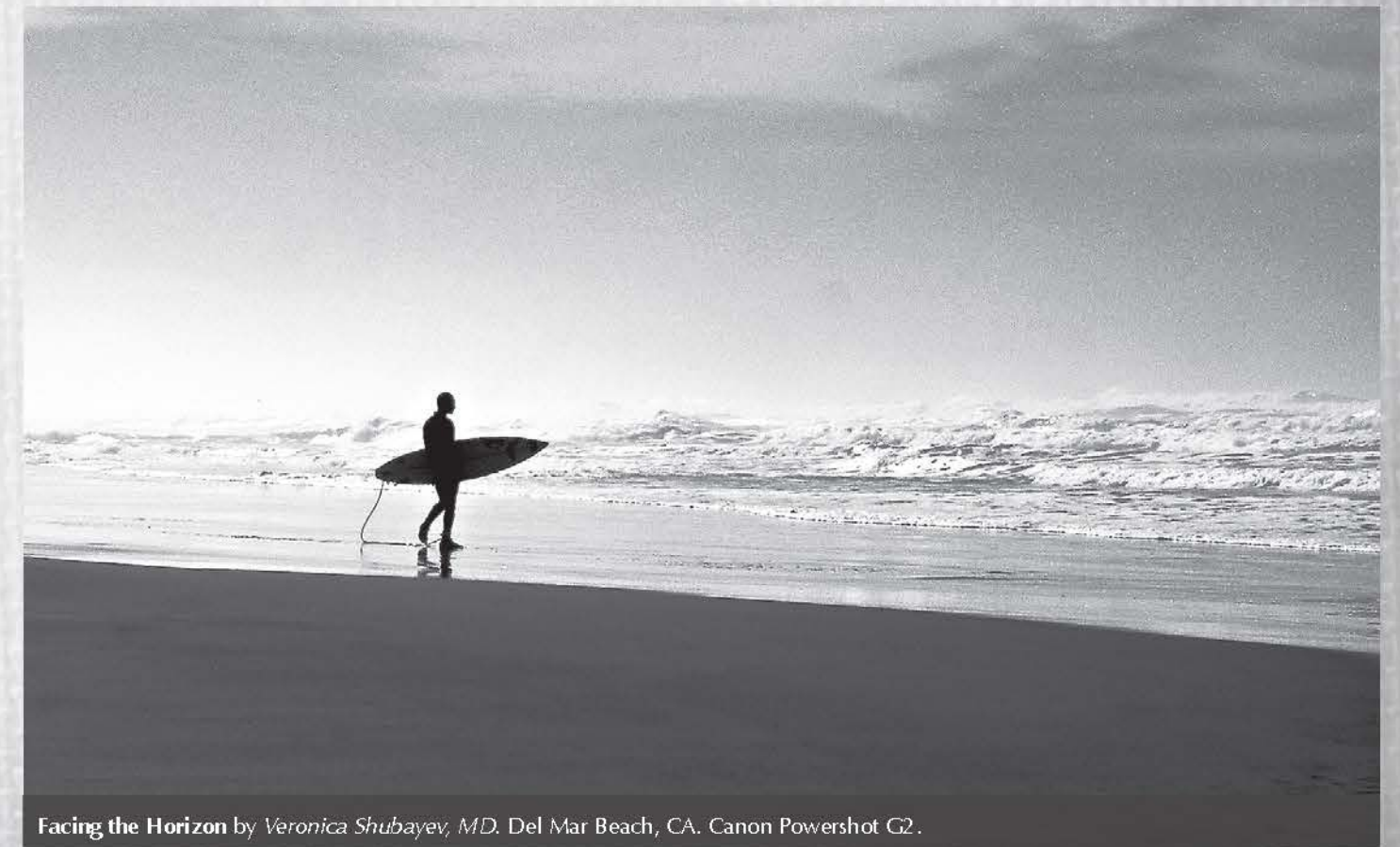
Dead dear ones soundlessly fill the room;
Their urgent pleas:
Get ready!
The doorbell is ringing and no one can stop
What's on the other side.

I know your bones are old,
Leached so clean by sorrow and its acid sting
But down the stairs,
Music plays, glasses clink, poetry is recited.
And you, floating free now—
Effortlessly,
Dancing,
from one to another, are laughing.

—Denise Lin, MD

the notion of combat. The sergeant understood this, as does every physician, nurse, and medic who has tried to put young soldiers back together after a battle. It is crucial that we, as citizens and members of the healthcare profession, ensure our leaders pause to remember, and weigh carefully, all the individual and collective costs before allowing the drums to beat again.

Inner Peace by Keith Wong, MS II. Vinh, Vietnam. iPhone 4S. The USNS Mercy reflects serenely on the fair winds and following seas at dusk to contain the coming storm at dawn.



Facing the Horizon by Veronica Shubayev, MD. Del Mar Beach, CA. Canon Powershot G2.

The End of Joy Division by *John Torous, MD*. At the abandoned railway grade of the Northern Nevada Railroad outside of Cherry Creek, Nevada. Sony Cybershot DSC-RX100. The band Joy Division held their last concert in Cherry Creek.



Rainy Sunday

A rainy Sunday; such an oxymoron.
In the park, a young woman walks
With her husband and children.
She, so proud, walking with her shiny scalp
For all the world to see.
No wig or scarf to protect her from the rain,
Her husband bravely shielding her with his hat.

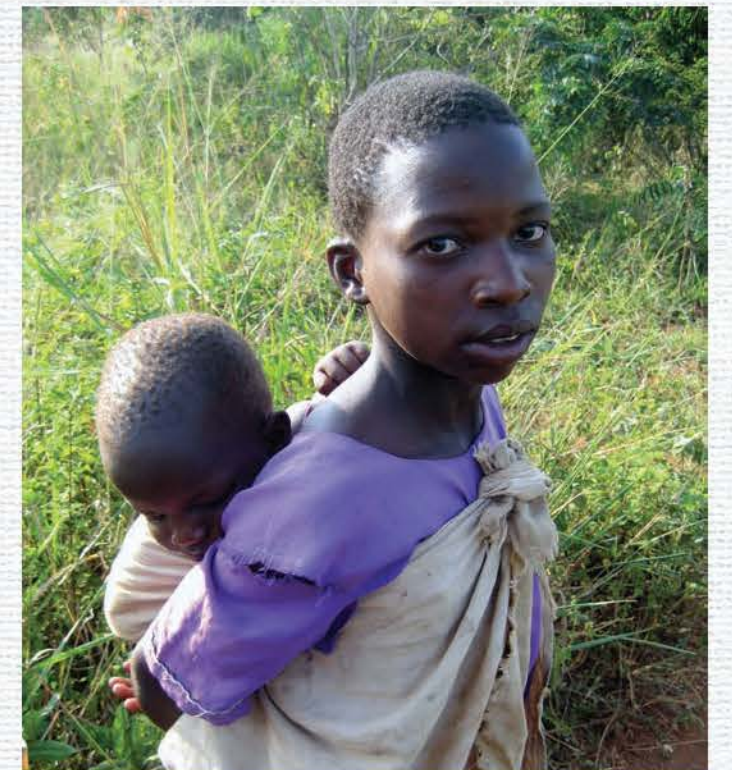
Suddenly she stumbles and falls.
Not hurt, just deathly afraid, afraid of...
Hush, don't mention it with the children here.
They, playing among themselves, don't see,
Asking about the rides if the weather clears.
For them, the roller coaster no longer holds amusement.
They wonder if the sun will shine again today.

—Neil J. Farber, MD, FACP



Sunrise Run by *Praveena Selvaduray, MS III*. Balboa Park, San Diego, CA. iPhone 4. In San Diego, ocean view sunsets get a lot of attention, but if you're awake for them, sunrises can be just as amazing.

Simple Pleasures by *Christopher Evans, MS I*. Puerto Viejo, Costa Rica. Nikon D90. Simple ingredients from a local bakery in this Rasta-Caribbean inspired coastal town. The only thing more relaxing than the food itself is the people who make it.



Siblings by *Olga Aminifard, MS II*. Uganda. Canon Vixia HF100 HD. My son and I were impressed with the way siblings care for each other in Uganda—the older willingly carrying the younger on their backs most of the day.

