



the
human
condition

an exploration of art and literature

UCSD School of Medicine | Volume 19 • 2014



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Editorial Staff

Dear Readers,

On behalf of the editorial staff, it is my pleasure to present the nineteenth edition of The Human Condition. As an annual art and literary magazine, The Human Condition exhibits the extraordinary talent of members of the UCSD School of Medicine community and encourages expression in a diversity of artistic and humanistic areas. This year, we received an overwhelming number of excellent submissions, rendering the selection process extremely difficult but rewarding and meaningful. I hope that you will find our selected pieces to be as captivating and compelling as they were for us.

This year's issue of The Human Condition is particularly unique because we received submissions that represent a wide spectrum of experiences and images from around the world. I hope that you enjoy these breathtaking pieces and the diverse talents that the SOM community offers.

Lastly, I would like to acknowledge and thank all editors and committee members for their hard work and dedication in producing this magazine. Your countless hours spent polishing this issue are invaluable and greatly appreciated. I would also like to thank all contributors for sharing their marvelous gifts and their cooperation with us in the editing process.

Enjoy, and have a splendid 2014!

Sincerely,

Stephanie Feldstein
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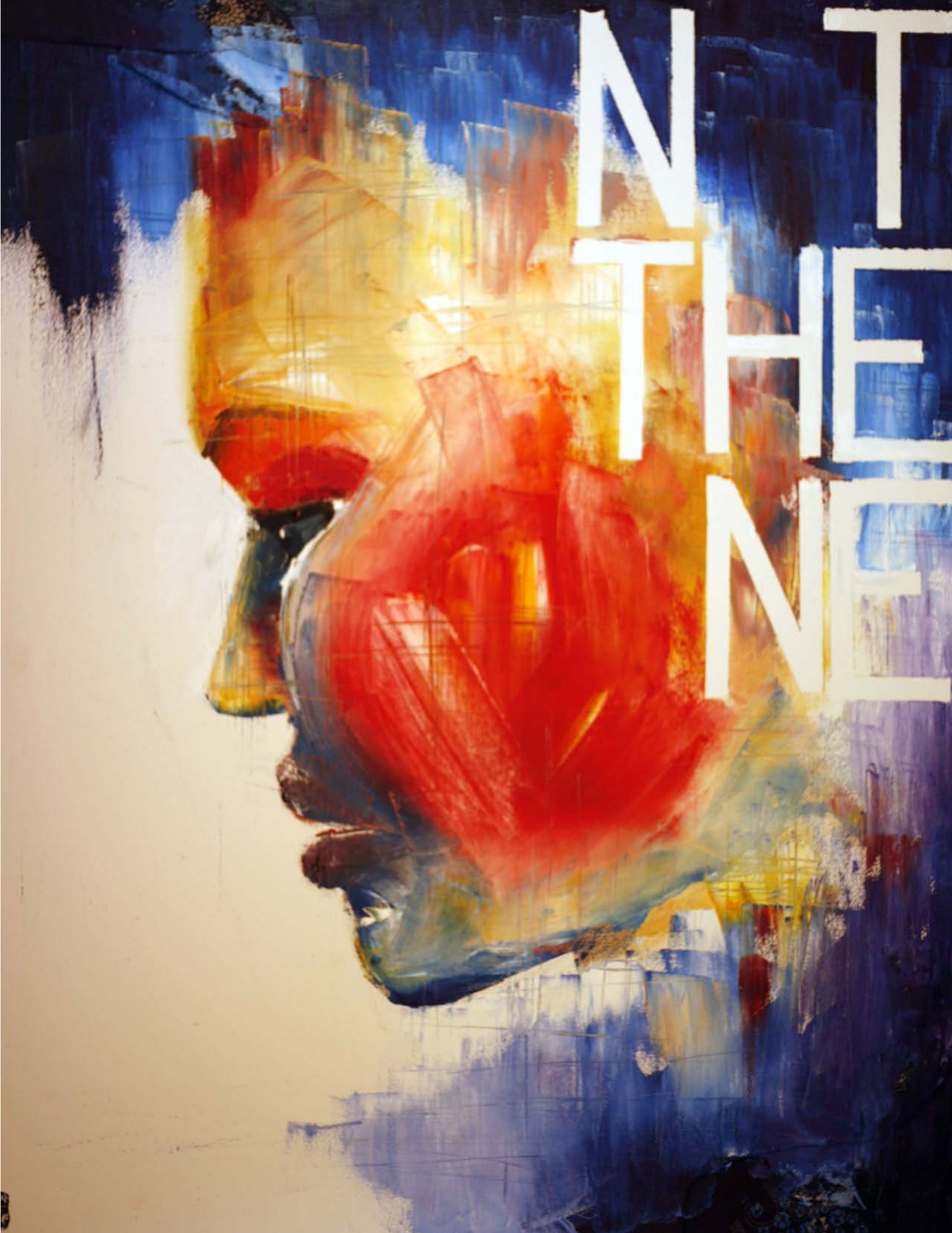
Cover image: *In Love*.
Andrei Fodoreanu, M.D.
Nikon D5100. Mirrored
from the original.



Namaste.

Lindsey Youngquist, MS1.
Watercolor on paper.

I'm the hero in this story, not the one who needs to be saved.
Denise Yu, MS2. Acrylic on canvas.



Copenhagen, Nyhavn.

Ethan Mathews, MS4. Watercolor on paper.

V e r m i f o r m

Like a crescent moon, in the darkest of nights
I am suspended in the midst of gray clouds
filled with loneliness I wait.

I hope to shine bright,
bright enough to be noticed.

In the depths of the dark sea, I quietly wait
as you marvel over greater spectacles
and leave me undiscovered
in the hands of fate

I wait for the moment to cause tumultuous waves
That swallow you whole
into the depths of pain and misery
—what I have been feeling all along

And only then you will notice me.

Like a desperate lover, I hold on to your every move
What used to be us now begs to be you

If this is my life, I writhe for my freedom
For you will never value my existence
For you will never acknowledge my true worth.

Without me, you will never be whole
You may not understand why now
But sooner or later the truth will be told.

Sakiba Khan, MS2.





Allen Mattson

Sometimes, you can see cancer coming. What I mean is that when we sign up for that mammogram, or that PSA blood test, there has to be some tiny little part of us that says, “Ok, this time it’s my turn. This time I’m the one who’s going to get the call.” Sometimes the cancer sneaks up on us—that nagging little cough that makes us want to—suddenly and belatedly—quit smoking. Or that little bit of blood in the stool that we’d rather think is a hemorrhoid, or that lump in the neck that doesn’t go away even when our doctor treats us for the strep throat that we know we don’t have. But sometimes, as it happened to my patients yesterday, that cancer hits us like a freight train. Just flattens us and leaves us in fragments, speechless in surprise and terror. And when that train hits, we know in an instant that life will never be the same again.

I had two of the freight train kind of patients yesterday. The first was a man in his 70’s, previously healthy, an avid stamp

collector. One day in August, he suddenly had difficulty finding his words. A CT scan done without contrast dye showed no stroke or bleed in his brain, and he was sent home from the emergency room. His wife persisted with the primary care doctor—“My husband is just not right!” she said, and last month an MRI was ordered which revealed a large, ugly-looking brain tumor, and the patient was taken to surgery. The pathology returned as glioblastoma multiforme, the most aggressive type of brain cancer. He was seen in the outpatient oncology clinic by a young neuro-oncologist, just out of his training. By the time the patient came to me, every shred of hope was gone. The man, still having difficulty with his speech, told me that the doctor said that at most, he would live a year, if he chose treatment; a few months if he did not. He said that the doctor told him that the tumor would spread like a spider web over his brain, and that he would lose all function. The patient cried when he told me this.

LIKE A FREIGHT TRAIN

The second patient was a very fit man in his early sixties, a retired school teacher who had surfed and been a lifeguard all his life. In July, he had a surfing accident (his wife said, “Can you believe it? He surfed some of the greatest waves in the world and he wiped out in two feet of water here at home.”) He broke his collarbone in three places, which required surgery to repair. His pain got worse, however, and he started to have back pain. Spine films showed a compression fracture, also thought to be related to the accident. As this tan, fit, athletic man began to seek more and more narcotics for his pain, an MRI of the spine was obtained, which showed the bones to be brittle and riddled with tumors. Yesterday the biopsy of his sacroiliac area came back positive for multiple myeloma, a disease of plasma cells in the bone marrow which destroys the bones that cultivate it. In an instant, this nice couple’s dreams of a happy retirement were shattered.

When we first moved to the West Coast, I was offered two very different jobs. In one practice, I was to be the person who rotated through six different outpatient facilities,

covering the regular doctor’s vacations. I would see the patients for consultation, and perhaps treatment planning, but would never see them through their treatment or in follow up. The other job was a hospital based practice where I would be the director of the department and have longitudinal care of the patients. I chose the second, of course, because being the linear, task-oriented person that I am, I could not conceive of not seeing each patient through from start to finish to follow up.

I see things differently now, twenty years later. I have a calling in life. I want to be there when that freight train hits. I know I can put the pieces back together, and I know that when that shattered patient leaves my office, for the first time in hours, or days, he will be able to notice the sun shining in our Southern California sky, and taste a faint flavor of salt on the warm breeze flowing from the Pacific. In turn, I will have the deep satisfaction of knowing that I did something good that particular day. And that, actually, is quite enough. ∴

by Mary Ann Rose, M.D.



Unruffled. Carolyn Barber, M.D. Canon EOS Rebel SL1.



Spirit of Africa. Kellie Satterfield, MS1. Acrylic on Canvas.

Motherlode

James Hagood, M.D.

“Shh...”

I gave my team a conspiratorial look as I slowly pushed open the door. “Father and son BiPAP, as I live and breathe, God be my witness.” Our eyes adjusted to the darkness, over which moved a soft hissing noise. Gabe lay frog-legged on the bed, the sheets swirled into a rope, entwined loosely over his outrageously swollen legs sticking akimbo out of the huge diaper. A large clear mask and light blue headgear straps covered up most of his misshapen-enough-already face, his eyes which never completely closed bulging out and making him look like some kind of fighter pilot from another world. A little strand of drool fluttered in the rush of air blowing out of the side of the mask with every cycle of the machine. Just beyond him in the dim light lay Roy, impossibly balanced on the narrow cot that folded out of a bedside chair. He was a mountain covered by a sheet, and at one end his grizzled head was partially obscured by an identical mask and headgear. No obscuring those eyebrows, though, or better yet that eyebrow, a black hedge that even in this ridiculous scene remained menacing. The machines hissed and sighed, each at a slightly different pace, the bulk of father and son rising and falling slightly. Every now and again they would be in perfect unison, like two carpenters hammering nails.

The awed students were all earnestness and questions as I slowly closed the door: “How often does this happen?” “Is this a familial process?” Honestly, how irksome! Why couldn’t they just accept it and go along for the ride? Somehow I had managed to get an identical trio of them this rotation: wide-eyed, clean-cut boys in starched white coats with nary a trace of guile. Sometimes I was tempted to make up wild stuff on rounds to test their gullibility. Really there was no need—reality was bizarre enough.

Gabe suffered from a congenital disorder that affected his heart and lymphatic vessels, causing fluid to back up in his arms and legs and in and around his lungs. He also had sleep apnea, as did Roy. He would come in to the hospital when the fluid affected his breathing or when he got pneumonia. He was nervous around needles, like any child, but he had a resigned air about him as if he had accepted this suffering as his lot in life. He didn’t say much, but occasionally would heave a heavy sigh that communicated volumes. He seemed wise beyond his fourteen years. Roy was a diesel mechanic and sometime preacher who saw the world as his mission field and Gabe as an important link to it. If Gabe was in the hospital, it was because the hospital was where he was needed. He could often be seen talking with parents in the smoking area, his eyes burning beneath the hedge of eyebrow as he listened with limitless patience. At times he would mumble prayers, his huge hand gently on a shoulder as another parent bowed his head. I loved “regional originals,” and these guys were the living end. God, how I loved to see them.

But it was time to act, and quickly. “Gentlemen, we have a mission.” Three eager clean-cut heads turned as I approached the nurses’ station. They parted to the sides as I sat in a chair and wheeled quickly to the terminal. My fingers clicked quickly on the keys and the CT scan popped up on the screen. I tapped the grey ring encircling the lungs. “What do we have here?”

“Uh, empyema?”

I raised an eyebrow archly.

“I mean, pleural effusion!”

“Why
is Mr. Fields’
second statement more
accurate?”

“Because...we can’t characterize the effusion until we’ve
tapped it?”

“Precisely. What are we talking, here, gentlemen?”

“Thoracentesis!” two of them piped up with earnest
pleasure.

I smiled broadly. The technical and logistical challenge,
the ritual, the theatre of it all! I started drawing on a folded
paper towel at once, the students looking on earnestly.
While they painstakingly assembled the necessary
kits, tubes and bottles, following my instructions and a
“cookbook” pocket clinical manual, I obtained informed
consent.

“Howzat scan look, doc?” Roy bore down on me with the
burning eyes.

“You and I both know there’s a
lot o’ fluid in there, Ray.”

A shadow of panic and pain
flickered across his eyes. He
glanced sidewise at Gabe,
whose shoulders were
shrugging slightly with each
breath, his mouth gasping almost imperceptibly. The
burning intensity cooled to flinty determination.

“We been here before doc; you do what you know to do.”

He moved slowly over to Gabe, put a gentle paw on
the wispy blond hair and both closed their eyes, Ray
mumbling in what I imagined was a language not his own.

All
was
assembled in the
treatment room. The paper lid had
been peeled back from the blue plastic tray of
the thoracentesis kit, the various valves, coils of tubing,
syringes and vials laid out on sterile white drapes. Gabe
was seated slumped over a pillow on a bedside table,
snoring slightly with the sedation. Roy hovered over
him, murmuring gently. On the other side, the students
lined up like choir boys in white coats. The oximeter beat
steady time to his heart rate, a little faster than I’d like. I
assembled the parts of the kit dexterously, using the muscle
memory of repetition. With my thumbnail, through the
glove, I made a small x on the skin as I had been instructed.
I painted on the Betadine, its amber stain spreading on
the smooth pure skin, white as ivory. I unfolded the paper
drape, and laid it gently over Gabe’s back, leaving only a
circle.

“I smiled broadly. The
technical and logistical
challenge, the ritual, the
theatre of it all!”

“Here’s a pinch, Gabe-o.”
I raised a wheal with the
lidocaine, then infiltrated deep,
all the way to the bone, and
Gabe groaned softly.

“Thank, you, Jesus,” from Roy.

With a scalpel I pierced the circle of flesh, and a bit of
blood and clear edema fluid flowed down onto the drape.

“Lamb of God, have mercy.”

I raised the long catheter, its guide needle protruding like
the tip of a spear. An easy slide through my incision, then

The
great hairy

paws were raised as

an unknown language rose from

the depths of his rumbling voice. Now the

the faces to my right registered genuine panic. I knew we had
familiar to finish or quit. I started moving the catheter back and
resistance of flesh, forth, changing the angle each time, trusting in my own
then the hard stop of bone. I stand knowledge that there must be a large pool just beyond my
at the door and knock. The white-coated ranks reach. Gabe moaned, Roy groaned and I struggled on, but I
on tiptoe, and Roy swaying gently, eyes closed. I went up began to know it was time to abandon hope.

above the rib and pushed through that last familiar layer, felt
the gentle pop and sudden give on the plunger. Then fluid
bubbled into the syringe, opalescent and almost glowing.

“Jesus, thank you.”

Then a catch. The plunger pulled back, too many bubbles.
I changed the angle a bit and advanced, but still the
resistance. A faint flush of sweat flashed on my forehead.
I eased up a bit on the plunger, felt through the drapes for
landmarks.

“All up in pockets, like back last year, ain’t it doc?” Roy
had seen everything, and knew the limitations of our
bodies. “Yep, just need to get the right spot.”

I breathed deeply and advanced again, still just getting
small bubbles and resistance. I kept going, hit another
layer of resistance and a few dark crimson drops in the
hub showed me I was at the lung. Gabe groaned and
shifted. One of the acolytes raised an eyebrow and glanced
sideways at his compatriots. Now I felt big beads of
sweat on my brow, and all the failed attempts of my early
training came bearing down. Guess you should have gotten
an ultrasound, Bubba. The CT can miss septations, as
you’ve taught many times. The students looked genuinely
disappointed and I felt myself an unworthy guide.

Ray’s mumbling intensified, and his swaying quickened.

Suddenly that hairy paw appeared on Gabe’s golden head
along with a powerful hand on my own, and Roy seemed to
tower over us all. “Lord JESUS, help him find that pocket!”
Three pairs of eyes started out of their sockets.

Almost imperceptibly, release. The plunger slid back,
sixty cc’s of warm liquid filled the syringe. The oximeter’s
insistent beeping began to slow, as did my own pulse. My
forehead cooled as if a gentle breath blew over it. I went
back to what I felt I had always known, withdrawing the
spearlike needle and leaving the catheter in place, turning
the stopcock to empty the syringe into the soft plastic
bag and then again to refill the barrel. The student’s faces
relaxed and opened as they saw at last what they had
anticipated. Ray was back to murmuring gently. 240 cc’s in
all, give or take a few. The rest was a quick reversal of the
steps, wiping off the iodine stain, a steri-strip or two and
two crossed bandages. Ray wheeled Gabe back to their
lair, still murmuring softly.

I snapped one glove into the other and fired the soft latex
mass across the room like a slingshot into the garbage, and
then beamed at the choir. The three stood still, shocked
clean and empty. Afraid to disappoint, one of them
swallowed and started to speak. “Um...”

I raised my hand. “Shh...Some things you just have to
accept.” ∴

The Gift of the Magi

Mary Ann Rose, M.D.

When I was young, one of my favorite stories was O. Henry's "The Gift of the Magi." Originally published in 1905, the short story became standard fare in public school reading classes and I doubt that there are any of you out there who have not read it. But just in case—the story is about a young couple, poor and deeply in love. At Christmas, they have no money to buy each other gifts. She cuts off her long golden hair, her prized possession, to buy him a watch chain for his own treasure, the pocket watch his grandfather left him. He sells the watch to buy ornamental combs for her beautiful tresses. In a classic example of cosmic irony, the two are bereft of everything except their enduring love for one another.

Yesterday, an eighty-five-year-old man was crying in my office. A month ago, he completed a grueling seven weeks of treatment for head and neck cancer. Otherwise healthy, he endured the side effects of treatment with great equanimity—the loss of taste, the sore throat, the dry mouth, the hoarseness, the skin reaction, the fatigue and the weight loss associated with treatment. His reward is great—he is free of disease and very likely to remain so. He drove himself to every treatment, clearly motivated to complete his therapy despite his advanced age. I never had to cajole him into continuing and finishing the treatment—he was clear that he was doing this for his wife of sixty three years, and for his family. He wanted more time, and more healthy time, with them.

When I saw him in follow up, I asked him how his post treatment time had been. Many times for radiation therapy patients, the week or weeks following treatment are even more difficult than the treatments themselves—the side effects may worsen before they improve. So I was not surprised when he said, "It's been TERRIBLE." I patted his arm and said, "Tell me about it." He replied, "Right after I finished, my wife was hospitalized and now she is in kidney failure. She started dialysis on Wednesday." Somewhat surprised that an eighty-five-year-old woman would choose to go on dialysis, I asked him, "Do they expect her kidney function to improve?" He said, "No, the doctors said there is no chance of improvement. The hospital doctor said that under no circumstances would he recommend dialysis for her. But the kidney doctor said it was her choice—to have dialysis and live, or to be made comfortable and die. She chose to live, for me." And then he wept.

We can all be cynics or pragmatists if we choose. We can talk about the escalating cost of healthcare and the wisdom or folly of treating eighty-five-year-olds with intensity modulated radiation therapy and daily image guidance and their wives with hemodialysis. But what I saw yesterday was an affirmation of enduring love, in two elderly people, who gave one another a gift not unlike "The Gift of the Magi"—the gift of sacrificing the self to continue to live. It's hard to be cynical about that. ∴



Connection. Lindsey Youngquist, MS1. Watercolor on paper.



What's Left. Sherise Epstein, MS1. Oil on canvas.

Untitled. Sherise Epstein, MS1. Oil on MDF board.

Who knows but what the words we speak today
May start the motion of a gentle wave
That rolls and swells across a sea of time
To break in sparkling splendor o'er
The shores of some unknown and distant mind?

The old pensioner sat and stared at the fire. At least he was warm, more than many of those living in this godforsaken countryside could say. He pulled the worn coat tighter around his neck and wondered briefly if the boy would come today. It was damp in the old hut. The weather had been overcast and drizzly for days, and soon winter would be here. He doubted he would survive another bad one. Croup had laid him up for weeks last year, and now he was showing early signs of dropsy. It was becoming harder to get up in the mornings.

But then what was the use of getting up? He didn't do anything except go from one day to the next, and after the excitement of his life, it didn't make much sense to just keep existing. No real purpose to it all. None of his old compadres were left anyway, and there was no reason to think anything was going to get better. Maybe just as well if he didn't make it to spring, so long as he didn't have to linger. Death was no problem; he'd lived close enough to it all his life anyway. But disabled, stumbling after his food, not able to get out or take care of himself, those were the things he feared.

He stood for a moment getting his balance before dipping a long ladle into the almost tasteless gruel. He sliced off a generous piece of bread, silently thanking the widow who shared it with him. He'd avoided abject poverty only by the miracle of his annual pension. Governments were never overly generous with old soldiers, even those who had spent an entire lifetime in their majesty's service. He hoped things would be better for future generations, though with a cynical understanding of governments common to retirees the world over he doubted it.



The Pensioner

by Albert E. Breland, Jr. M.D.

But he had seen some things, by the Holy Rood! He'd traveled the world, known the clamor and terror of cavalry charges, fought with the best, lived a soldier's life among the greatest fighters the world had ever known. And the women, Oh God, the women, in every country on the continent!

He muttered over the gruel. It really was pretty bad. With all his travels he'd never learned to cook. He sat back down by the fire, wishing he had a glass of that good wine they'd found in France one year, and began to doze.

A pounding on the door wakened him. Without waiting an invitation the youngster came pushing in out of the cold. He dropped a sack casually on the floor, sniffed the gruel, tore off a piece of bread, and complained the fire was too low.

"Learn some manners, waif", grumbled the old man.

"I know manners. Why should I waste 'em here—we're friends, no?"

"Friends are where ye need manners the most—that's how they stay friends. With enemies ye need 'em e'en more, at least 'til the fightin' starts. But you're too young for such manly thoughts. What did ye learn at the tutor's place?"

The boy didn't answer immediately as he rewrapped a loose legging and swallowed a barely chewed bite of bread. "Nay did we learn aught. Old Blessing is as empty-headed as a donkey."

"Young laggard. No respect for yer elders. I'll have a word with yer parents, I will."

"Tell me another story, old man. I learn more from you than I do from that empty-headed teacher".

The pensioner thought for a minute, grumbling to himself and wondering if it was worth the effort to fill this wastrel's head with another tale of long forgotten glory, forgotten at least by the world but fresh as a morning sunrise to the old man. It seemed a shame to take all the tales untold to his grave, though what good would ever come of imparting them to this flighty young sprig he couldn't imagine.

In the end, he agreed to one more story. Casting back, he thought of a tale he'd heard while the Company was on one of its forays into Italia. He didn't recall all the names but he knew that as he got into the story, enough would come back to make it interesting. So he began slowly, describing the countryside and, as he was prone to do, rambling a little before finally engaging the main events of that long ago tragedy. And what a tale he told: of wealthy and warring families, impetuous and hot-headed youths, the splendor of young love, dangerous liaisons and nocturnal trysts, intrigue and convoluted plotting, potions of good and evil, and finally the tragedy that so often springs from youthful passion.

When he was done, the pensioner sat quietly for some minutes staring at the fire. Like so many of the old stories, he had told it mainly to himself, the youth just an incidental audience. The boy bestirred himself and asked, "Was it true? Did it really happen like that?"

"What's that, what's that? Did it happen? Well, what does it matter to you, young twig? Ye'll nay recall it half way to yer home—but yes, it happened, I was told it happened just like that though I'd not swear to it on my own."

"Thanks, old man. I must be along ere mother worry. What was the girl's name again?"

"Not sure, but I think it was Juliet. Good to see ye again, young Will, for all yer lack of manners. Take a care on the road for it's gettin' dark, and my regards to the rest of the Shakespeare family." ∴



Untitled. Greg Kennedy, MS3. Nikon D50.



Discovery At Dawn. Heather Chen, MS2. Acrylic on canvas.



Time to Lay Still

I refuse to let you see me,
Not like this, not right now.
For too long I've been plagued,
Not by illness nor by pain
But by an effervescent fright
That in all your glory, shining bright
You will leave me and my side.

And now as you approach me
With a halo round your eye,
I see mercy in your heart.
Yet, it is not darkness that I fear,
Rather it's Judgment's dull scythe
That brings me to a knee and
Evokes a shallow cry.

For the present cannot outrun the past.
Smoke followed while I drowned in sorrow.
Tempers flared as I burnt my temple.
I grazed on cows and laid on grass until I,
Until I no longer felt sorry for the life I borrowed.

Now as I watch silently,
You glide the gurney one last time
To its final resting place. A white room
Where metal shimmers and latex burns.
You touch my arm and reassure me that
It will only last a minute, but a minute is too long.
Time waits for Nothing, and so do I.

Yash Khandwala, MS1

Izzy

Izzy lives life physical
No concepts or abstractions
He tilts his muzzle quizzical
When a scene arrests his actions

Izzy lives life natural
He scratches where he itches
He eats until his belly's full
He dreams in yelps and twitches

Izzy lives life innocent
A state without offenses
An exaggerated world of scent
A cacophony of senses

Izzy lives for company
I'm safety in his sight
He wags his tail and runs to me
A bond of mutual delight

I took you from that shelter
Though even then I knew
To this calmness from that welter
As they say: who rescued who?

Daniel J. Bressler, M.D.



Bedouin

by Sherise Epstein, MS1





Takeoffs and Landings. Nadine Patton, MS2. Acrylic on canvas.



Colors of Peru. Kellie Satterfield, MS1. Canon PowerShot SX210 IS.



Untitled. Heather Patton, M.D. Glazed ceramic.



The New Doctor. Ken Nakanote, MS1. Acrylic on canvas.

A Stranger's Funeral Reception

by Sherise Epstein, MS1

The family is eating crackers, so I suppose it's all okay
Yes, the polka dot skirt made a joke, so, mothers, sons, brothers—
lovers, grieve not! There are saltines.

Indeed,
when gravity falls and walls
crumble—no-one will care. Two angelfish
will kiss—and no one will see. We'll consume
ourselves with books and be still in love
less bedrooms, wrapped in wool so when the
train howls next door, we won't hear it. Only
the blind man's golden will perk his ears and
mourn the sigh of an aging cricket.

But when I look out the window here
and that horse in the pasture there
looks back at me
those onyx eyes will stare through the façade, and
the canary will burst forth from the salt
splintered Antarctic sea—and maybe
it will sweep away the memories
that never were. And now never
will be. Never can be.

But when that horse herself
shakes the snow from her mane and lies
beneath the weeping willow, what
then?

I think—I'll remove my shoes
so that when her left knee
and then her right kiss the earth
my soles will catch the reverberation.
So when she lies there

I can be there
To place my hand on her chest
close my eyes
and feel the dimming
of seven thousand
lights of an era.

Untitled. Vernoica Shubayev, M.D. Canon EOS 5D MkII.



I know I've been ignoring you, like a patient after rounds
But when I see your smooth gait, my dopamine abounds

With jaw-dropping beauty, you're the antidote to my trismus
If you had an identical twin, I would surely get strabismus

With such curves in your corneas, and iliac crests too
My airway feels constricted like an small child with croup

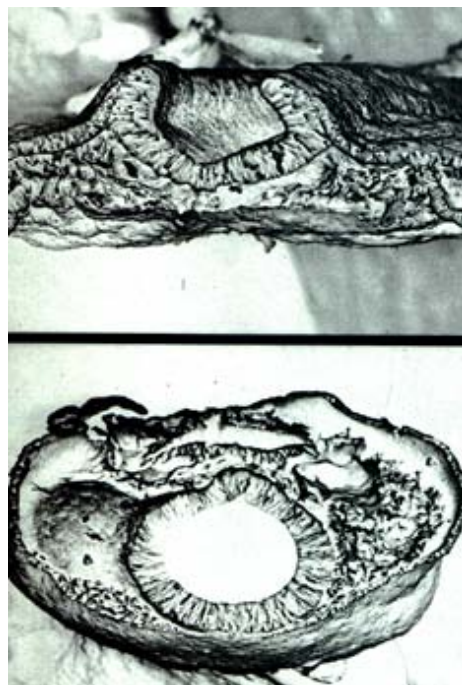
Like a 2nd grader in public with selective mutism
I see your epicanthal folds and my sentences lose their rhythm

We won't need a JAMA article to make our love historic
The world will know us by our affect, stable and euphoric

I don't want you like a peptide hormone; I want you like a steroid
So let the truth flow painfully, like a sphincter on a hemorrhoid

You know I don't drive a fancy car or get paid like my attending
But please don't leave me hanging like a CBC that's pending

And if it's me you want, please know I have a pre-existing condition
That as time goes on we'll stick together until I'm your geriatrician.



Neural Ballet by Jaime Pineda, Ph.D.

A plate, a groove, an elongated tube.

Its outer and middle beginnings

Polarized from end to end.

Evolving rapidly,

Smooth to wrinkled look.

The form-function script unfolding

Symmetrically, unsymmetrically.

Migrating sentinels from Protean zones.

Actively trampling ancestors

To roost in highest layers of thought.

It is a beginning.

Then, tentacles emerge and cross the silent gap,

Beyond the guideposts and chemical affinities,

Seeking partners,

Searching, seeking contact.

Until the many freedoms collapse into one.

The networks form,

They touch,

They withdraw.

Responding to activity

In an incessant creative dance.





T E N M I N U T E S

“What are you still doing here?” is the way medical students usually find out that we can go home at the end of the day.

Next comes ritualistic begging to stay: “Are you sure you don’t need anything?” The answer is that they never need us, all day they never need us. They are kind enough not to admit it, because they have been where we are.

My co-student and I stop before going home to visit the on-call room to see our friends. We exchange hugs. They deliver sad news of shared patients, watching carefully as I sink into the couch with my face in my hands: it hits me squarely in the gut that I know the face behind the HIPPA-compliant story being told. They respectfully look away and we all sit in the kind of loving silence that laps like ocean waves at my feet.

Eventually, I get restless and stride purposefully to the doorway, reaching up for the familiar pull-up bar—a constant in my athletic youth—and relish the burn in my arms as I force a slow ascent. My feet hit the floor after just three, and they wearily carry me to the computer station. I let my arms fall around my boyfriend’s shoulders as he finishes a discharge note, neither of us talking, just listening to the students chattering around us about how exciting it was to ride the trauma chopper and give some man his new liver transplant.

For ten minutes I stand there like that, hunched over with my arms heavy around his shoulders, surrounded by the gamut of human emotions in my fellow classmates. Pain, rage, and helplessness are ever-present, but relief and joy and freedom assert their presence softly in the form of our quiet jokes and hiccupy laughter. Usually, my mind is home to either a relentless fog of sleep deprivation or a focused denial of the day’s emotional lows. Both evaporate during those ten minutes, replaced by the atmospheric equivalent of a warm hand in mine.

I walk home with my co-student and we laugh about the weight we’ve gained and how I can only do three pull-ups at a time now instead of eight and how he gets tired after running only three miles and how it’s a gentle reminder to take better care of one another.

We are, simultaneously, the bottom of the totem pole and the lucky chosen few. ∴

Kavya Rao, MS3.



Old Soul. Katherine Blair, MS4. Canon EOS Rebel T1i.



A Child's Eyes. Bonnie Eklund, NP. Nikon D90.



Love and Hope. Michael Lam, MS4. Canon EOS 30D.

Morning by Sherise Epstein, MS1

Your fingers find the mustard flower
You pluck it
 and it falls to the highway lines
Like lead.

The smooth egg has turned
to obsidian
 bloated fish.

Atropos has unsteady hands—A twitch
 and you taste the ferric toll

And your life has already been lived.

two-week follow-up

by Kavya Rao, MS3

her eyes danced with delight as she said hello to him.
his wrinkled kindly around the corners.
where have i seen you before? i must have seen you at the grocery store. you were
my check-out man,
she said,
to the man who spent four years in medicine and six in surgery and
twelve hours awake that day alone
and without taking a second to consider whether
his actions were proper,
ethical,
allowed, even,
he crawled into her mind and confirmed that he had indeed bagged her oranges,
taken the moldy one out.

INCIDENTAL FINDING

Andrew C. Krakowski, M.D.

25 days young

With no past medical history to speak

Presents with irritability

And shortness of breath.

Heavy, labored breathing noted on exam.

Doting mom and frantic dad

Come to the E.R. looking for help.

They love their son more than life itself.

Want to give their new prince the world.

A love so strong it hurts.

“Our son is sick, Doc.

He’s been cranky of late,

Has had trouble breathing.

We just want our baby to be healthy.

We just want what’s best for him.

Please, do everything necessary.”

Quick social history reveals

Dad lost his job last week.

Mom’s still too weak to work.

Money’s tight.

Things aren’t going quite as they planned.

Lots of pressure.

Honey, Baby’s crying...

Great expectations.

Love, Baby needs to be held...

Tensions building.

Sugar, Baby’s up again...

Everyone needs a little rest.

Sweetie, Baby won’t go to sleep...

A hug might help.

Can’t hurt, right?

Strong hands, stronger resolve.

Willing to do anything

To stop Baby’s crying.

Maybe then things can go back to normal.

Chest x-ray reveals what conversation could not.

Tiny ribs so, so delicate

Yielding to a parent’s loving hand.

Radiology called it an “incidental finding.”

Denial helps protect fragile egos

From having to speak the unspeakable,

All at the expense of the most vulnerable.

“So what did you find, doc?”

The right people get notified,

What’s best for Baby already decided.

At the parent’s own request,

“Everything necessary” gets done for the child.

Though the crying has stopped,

No one can sleep tonight.

Dedicated to Baby L.

The first patient I ever saw as a pediatrician.

July 3, 2003



the enchilada

by Kavya Rao, MS3

Papa always told me,
Compartmentalize.
Master your emotions.
CHOOSE not to think about Mama yellin' ri' now
You have a book report to finish.

It never worked, back then.

He would be so proud if he saw me now.

I put it together like beads on a string,
Tachy plus sweat,
Minus full breaths,
A PE in front of me and I was holding his back,
My hands steady
His skin sweaty
I was holding his back,
He kept ripping off his oxygen mask.

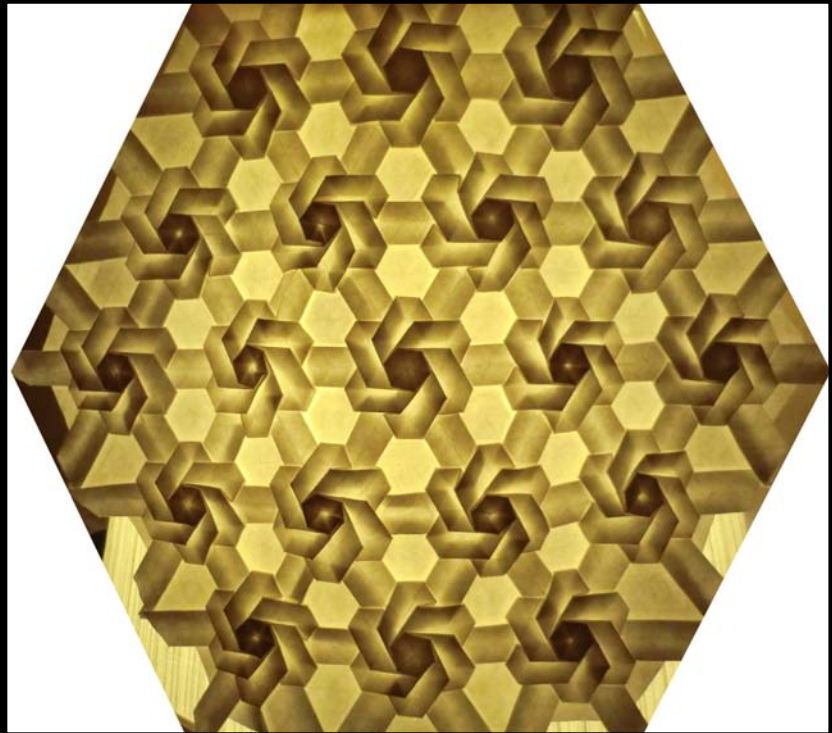
We stayed with him that night until his family came round,
Explaining tiredly that he changed his mind about his DNR status,
That he asked for the tube.

Reason dictates that I should have felt something visceral.
I should have wanted to scream,
Or cry
Or punch something.
He was dying before my eyes.

I was thinking instead about a microwaveable enchilada in my fridge.
How this man was putting more hours between me, and it.

Papa always told me,
Compartmentalize.

I grew up too fast, and did.



Daisy Chains

by Jeff Tsao, MS1

Single sheet of lokta paper.

Brooklyn Bridge

by Jeremy Hogan, M.D. Canon EOS 30D.

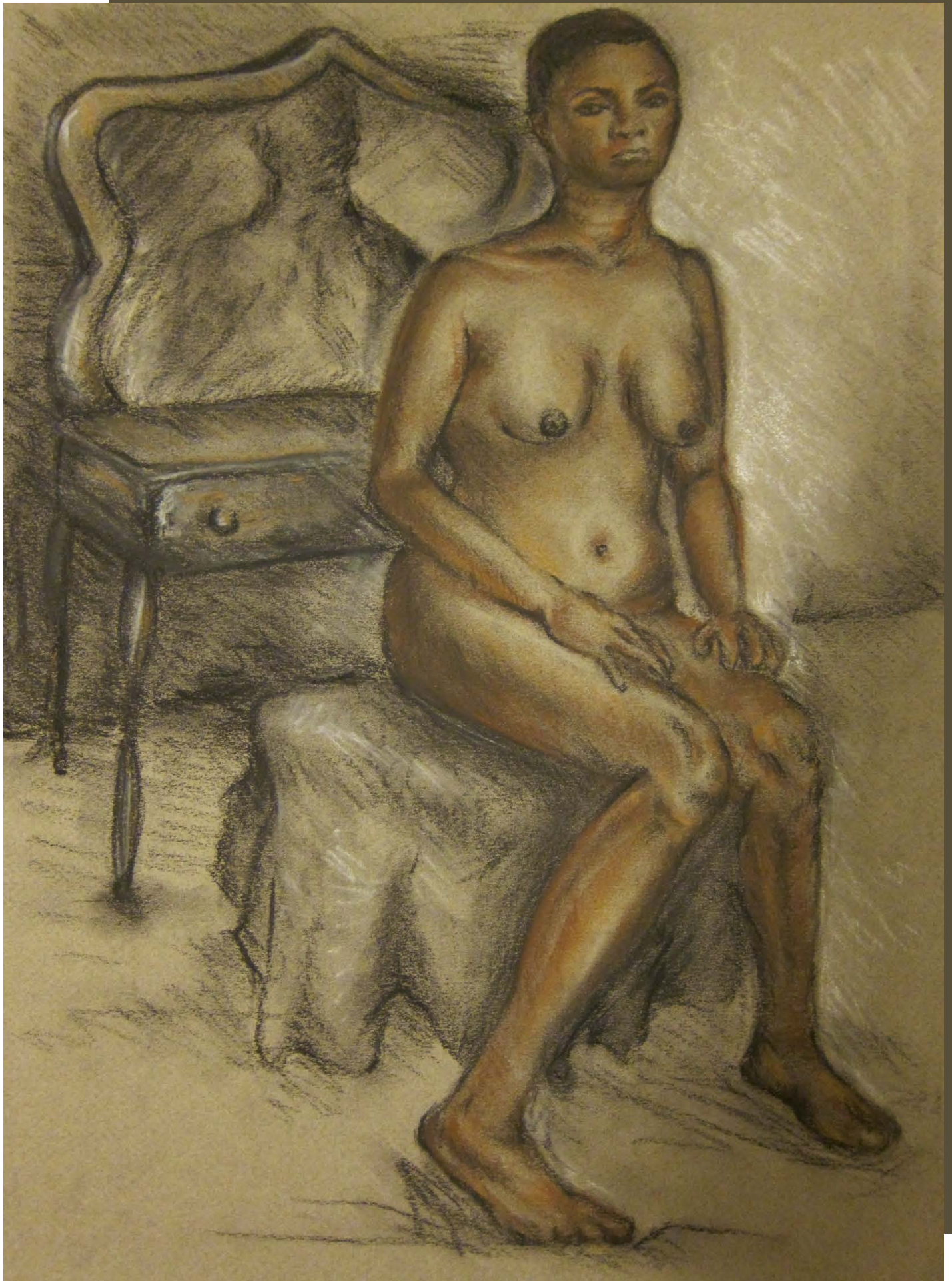


Salton Sea

by James Hagood, M.D. iPhone 5.



Crete by Elizabeth Roderick, MS2. Nikon D70.



Untitled. Julie Lee, MS1. Charcoal and conté crayon on paper.

I blame trying to become a doctor on a pig I once knew. A fetal pig, to be exact.

It was my first taste of dissection and I was eight, and the experience planted the seed of *Physician* into my brain. And along the way, with prerequisites and recommendations and MCATs and interviews, I still wanted to become a doctor, but I had moved far away from that eight-year-old girl with a scalpel in her hand and a pig on her dissection tray.

It wasn't until the first moments of crowding into the anatomy lab, with the bright lights and the stark white walls and the blast of formaldehyde rushing into my lungs, that I remembered that girl again. Remembered what it was like to want to explore and understand and *learn*. The memory was almost visceral in its potency, like it was hidden in the smell of the formaldehyde.

The next few months, my group and I spent time discovering the human body from the outside in. It was a long and arduous expedition with many early mornings and sidetracks along the way, and it was easier, at first, to get through the journey by thinking of our medium only as Cadaver 16. It was scientific and methodical and distant. It was safe and easy. Just the exploration of organ systems and the body.

And just like it happens when you visit a foreign land, our language changed. We went to Zanzibar by motor car. We stopped looking up or down and instead learned it was superior or inferior. Things were no longer behind or in front, above or below, or even near and far. The very directions of the universe had changed. I no longer opened the fridge—I laterally rotated the external door and went to the lateral most aspect of the superior most shelf, reaching for the water that was anterior to the mayo, posterior-medial to the juice that was lying just

inferior to the sriracha.

We learned a whole new language, learned to puzzle out the world with rhymes and mnemonics, learned to see our patients from the outside in. And that was in addition to all the Latin.

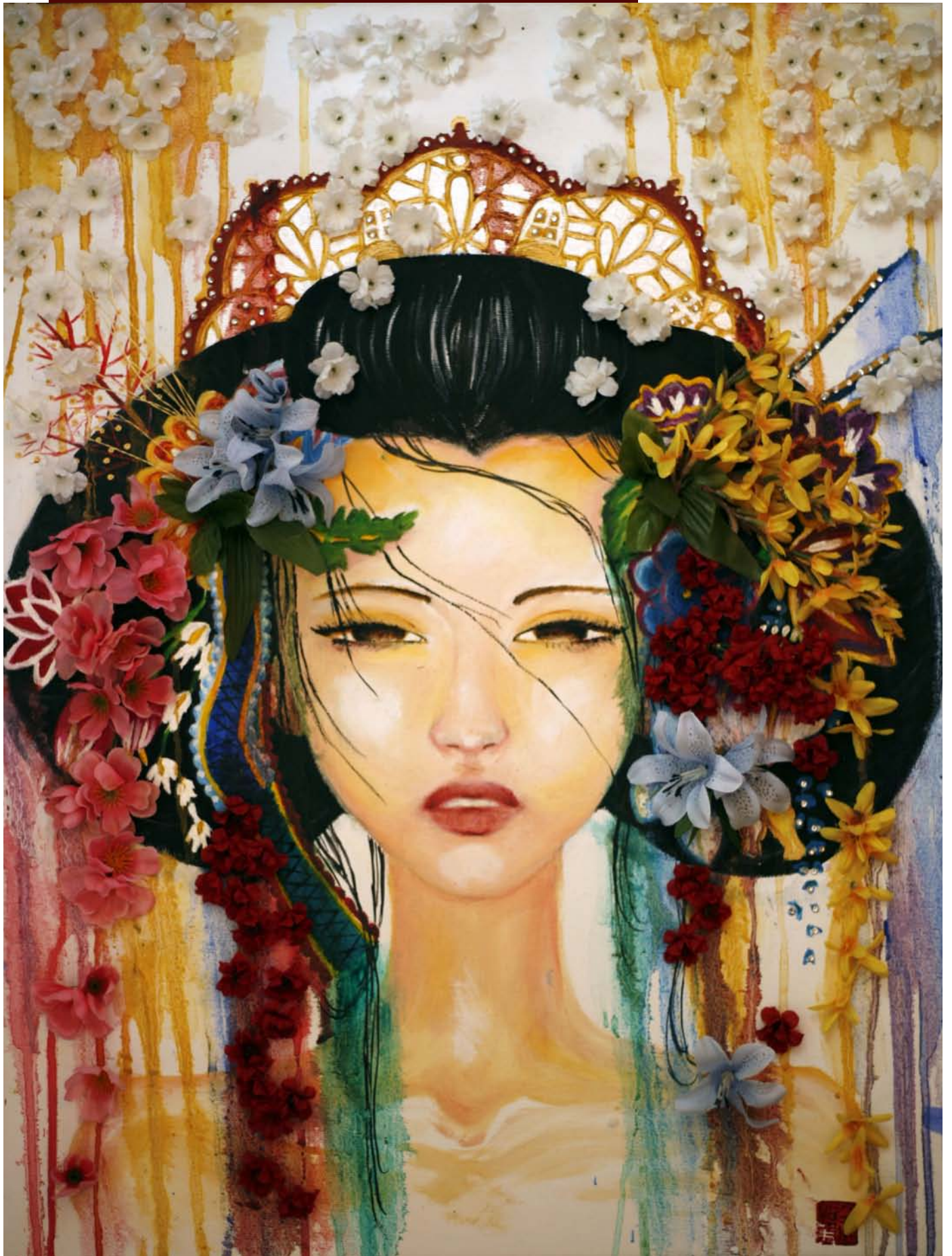
Eventually it was strange—the things that reminded me that we'd been working with a person all along, someone who'd had a life we knew nothing about, someone who was there to demonstrate just how immediately mortal we were. The strangest things that reminded me we were all fragile and brief—a glimpse of fingernails and toes, ears and the fuzz of hair. I learned we were all just a collection of oddities and lovingly-put-back-together-broken-pieces. Strange things like snuff boxes and extensors. It was odd to see this collection of reminders and still be distant and unattached and eventually I stopped seeing the cadaver as our Body and as a person who still wanted to be a teacher to students in a real and immediate sense, despite no words and despite the end.

I did not know his name, so I called him Barnabas. Barnabas was my teacher, but more than that he was an exponential gift, from one man to five future physicians to hundreds of patients to the multitudes that make up their family and friends. He gave us access to the wonder that is a human life and challenged us to discover all the intricate parts working together to make one man.

He was my anatomy teacher, and each system we learned, each part of a whole, heart and lungs and bones and sinew, was simply a new lesson he taught me each time, from the outside in. So thank you, Barnabas—from the girl who forgot about her pig. ∴

Anatomy

by Nadine Patton, MS2



History Repeats Itself. Denise Yu, MS2. Multimedia/oil on canvas.
“Tears don’t put out fires.” —Chinese proverb

Why I don't go to funerals

for Nick

Some things are just so damned hard to write about. People often ask me, “Why do you have so many animals?” The current count is four dogs, two horses and a cat. I used to say, “Because it’s good for my children to learn responsibility. Having a dog, whose life is so much shorter than our own, teaches them about love, and about death. They get to PRACTICE parenthood, before it’s for real.” The fact is, now my kids are grown. My animals are for me. They teach me about love, and acceptance, and courage, and stoicism and yes, about death. But how can one ever prepare for the death of a child? It shakes a person to the very core of his soul. I don’t practice pediatric radiation oncology. I am just not constitutionally suited for it.

So it was with remarkable dread two years ago that I faced a consultation regarding the role of radiation therapy in a 25-year-old man, who was the favorite nephew of one of my medical oncology colleagues. This young man had been a student at college when he suddenly lost sight in one eye. Initially he was misdiagnosed as having had a retinal detachment. Sadly, that was the result, and not the cause, of the problem. The real problem was that he had a malignant melanoma, a very aggressive skin cancer that sometimes arises from the back part of the eye. By the time he was properly diagnosed, the disease had taken away all chance of preserving sight, and the eye was removed. It was an extraordinarily difficult choice for a young man to make—his eye, or his life, but he chose life. Or so he thought.

By the time I was asked to see him, about six months later, he had a different problem. The cancer had spread to his spine, and he was in excruciating pain. He had been on chemotherapy, which had not halted the progression of the disease. Although melanomas are not thought to be very responsive to radiation, it was felt to be the last resort to try to get the pain under control. What I remember about that first meeting was his incredible demeanor, his grace under pressure, his forbearance, and his calmness. Here was a young man who already knew that he was going to die. If he was angry, I certainly couldn’t tell. This young man had decided to fight. And fight he did.

Fortunately, his spinal tumor responded to radiation and his pain abated. Despite the brief respite, his disease progressed—in his liver, his lungs, his bones and his skin, inexorably, site after site. His doctors tried experimental protocols, vaccines, immunotherapy, every conceivable treatment available. And each successive treatment failed—one after another after another.

The last time I was asked to see him, it was for pain resulting from a massively enlarged liver, loaded with cancer. My staff bent over backwards to make sure that he could be seen, planned, and treated all in one session. In a radiation therapy department, this requires the coordination of at least 7 or 8 people, from the secretary, to my nurse and me, to my physicists, and finally to my therapists on the linear accelerator. Everyone wanted to help this boy. Despite his discomfort, and the shortness of breath caused by the liver constricting his lung capacity, he apologized for inconveniencing so many people. We treated him at the end of the day. I was surprised in the end that we were able to treat him at all, since it was so difficult for him to lie down and to be still, despite the fact that he had lost the use of his legs a few weeks earlier and was confined to a wheelchair. The plan was to give him a single palliative treatment of radiation, then return him to hospice care. But it was far too difficult for me to say goodbye. Instead I said, “if you’re better next week, come back and we can give you another treatment.” I did not say goodbye. I never said goodbye.

That last treatment was Thursday, October 27. He died on Halloween, October 31, nearly a year ago. His uncle, my colleague, was kind enough to tell me that the last treatment helped him, even if only psychologically. Until the day he died, he talked about coming back to see his friends in radiation therapy, and me. He passed peacefully, surrounded by his friends and family.

Doctors are notoriously awful about dealing with death and dying. The experts say it is because we do not like to admit defeat, and we do not like to face our own mortality. As a group, we detest funerals, and we do not typically go to the funerals of our patients, particularly in the field of cancer medicine. The day came when this young man’s memorial service was held, in a beautiful garden at a public park, on a lovely fall day. There was not an open chair in the garden. Every single physician who had cared for this boy was there, and every last one of us was crying. Sometimes, we just cannot run away.

When I was 16 years old, and in high school, my history class was shown 16 mm footage of the liberation of the Nazi death camps by American soldiers at the end of World War II. I saw the hollow eyes, and the starved bodies of the survivors, too numb to even react. And bodies of the dead, piled beside the road. I remember that grainy black and white footage like it was yesterday. Because that was the day I began to question the existence of God.

I know that when people die, the survivors say, “He went to a better place.” Or “This has served a higher purpose.” But really, what do you say when a child dies a hideous death from cancer? If there is a higher purpose, I would really truly like to have it explained to me. My friends and acquaintances say to me frequently, “Isn’t it SO hard to do what you do?” Most of the time, it is not. But sometimes it is. This was the one that was the hardest of all. ∴

Mary Ann Rose, M.D.



