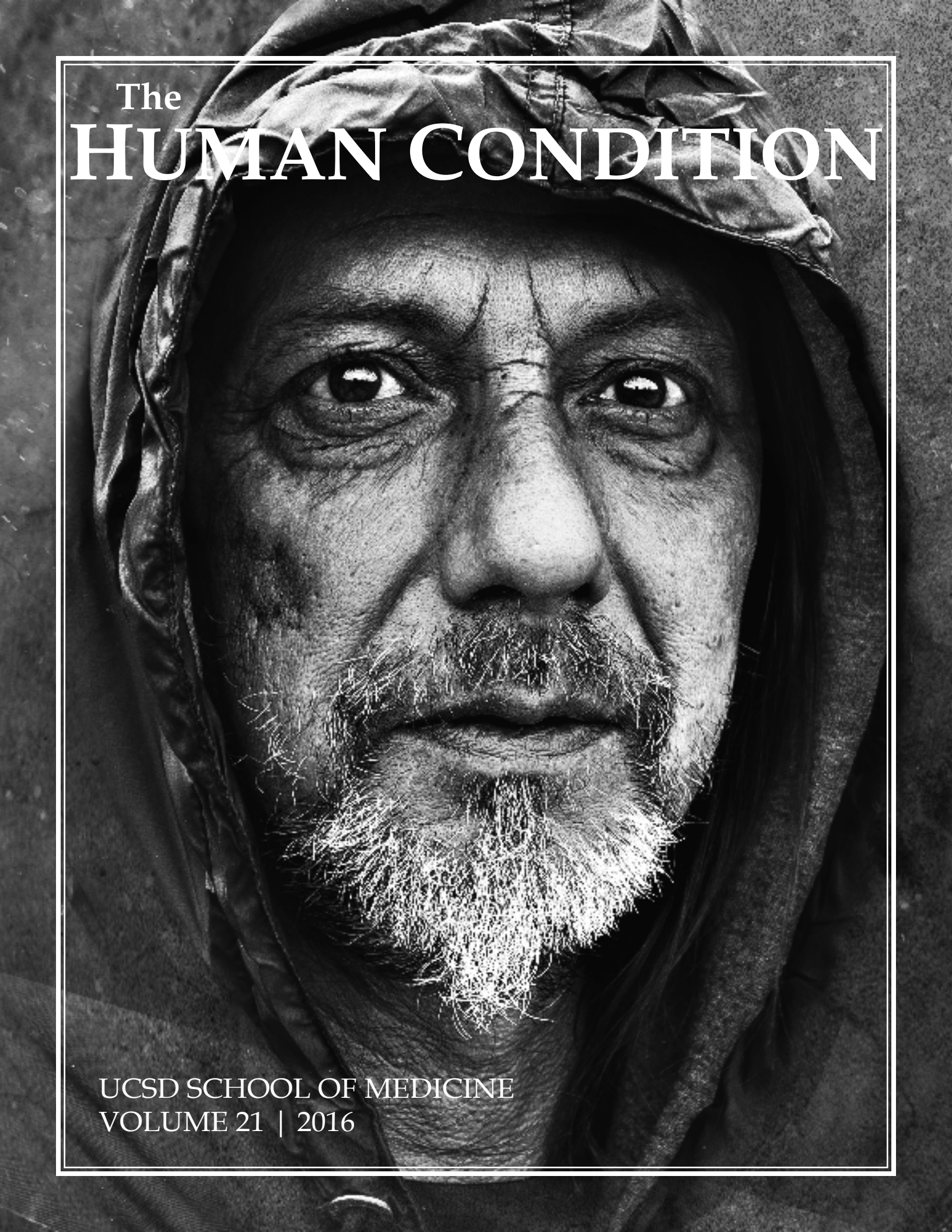

# The Human Condition

UCSD SCHOOL OF MEDICINE
VOLUME 21 | 2016

# THE HUMAN CONDITION

Volume 21 2016



# LETTER FROM THE EDITOR

On behalf of the editorial staff, it is my pleasure to present the twenty-first 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.

The sheer amount of artistic talent in our SOM community never ceases to amaze me. This year, we received an overwhelming number of excellent submissions, making the selection process both challenging and rewarding. I hope that you will find the selected pieces to be as compelling and as captivating as they were for us.

I would like to take this opportunity to acknowledge the editors and committee members for the countless hours spent putting this magazine together. I am incredibly grateful for all of your hard work. I would also like to thank the contributors for sharing their wonderful talents. None of this would have been possible without you. Thank you all!

I hope that you enjoy this publication as much as we enjoyed putting it together!

Sincerely,
Elizabeth Roderick
Editor-in-Chief

Back Row: Michelle Keyser, Natalie Fettinger, Sara Brenner, Sohini Kahn
Front Row: Jared Rosen, Catherine Shir, Elizabeth Roderick, Katie Dern, Boya Abudu, Chenxi Song, Hunter Bennett

**About the covers**:

Front Cover:
***Weathered***
Andrew Enslen, MS1
Colombus, OH; Bridge Homeless and Refugee Church
Nikon D810

Table of Contents:
***Where Do We Go***
Katrina Berzins, MS4
Ballpoint on paper

Back Cover:
***Timekeeping Ascetic***
Lindsey Youngquist, MS3
Kathmandu, Nepal

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***Beach Day***
Nicola Kronstadt, MS1
Oil on canvas

***Innocence***
Maryam Soltani, PGY2
100lb paper with graphic markers

***Twirl***, Eric Sorenson, MS4, Pen and ink on paper

## *My Pee Shoes*

Nishant Patel, MD

My pee shoes have been through the trenches
Through a multitude of fluids and stenches
The wife chides "take off those dirty dogs"
But is it wrong they're my favorite clogs?

My pee shoes resemble a battle shield
Catching all drops off the operative field
Nurses proclaim "boot covers please!"
I say it's cool, they were meant for feces

Red, white, yellow, brown
My pees shoes have seen it all go down
The stories these kicks could tell
I love them so, down to the last red blood cell.

Background:
***Expectations***
Gary Ma, MS4
Acrylic and sand on Canvas

***Untitled***, Andrew Enslen, MS1, The Mission in Natuvu Creek, Fiji, Sony Alpha 57

Top:
***Untitled***
Kellie Satterfield, MS3
Acrylic on canvas

Bottom:
***Teamwork***
Sarah Schneider, MS4
Caye Caulker Reef, Belize
Fuji Film FinePix XP60

# *The Things I Knows*

Elizabeth Roderick, MS4

Of elephants and lion kings,
Oh, please do not ask me
But I can tell you something
I know of rhinoplasty.

Let me tell you of my tale,
It starts with Dr. Green.
And forgive me if I begin to wail
Isn't this the worst you've seen?

He told me it'd go easily,
He'd done it all before.
He put me under peacefully
And went about his chore.

I awoke the next day,
Bandage on my hippocampus
And I heard the doctor say,
"Now, please don't make a fuss."

Nervously I lay
As he peeled them one by one
I wished myself far away.
My gods! Was he done?

Patiently, I bit my tongue.
Patiently, I did not gripe.
The bandages were flung,
My face felt zebra-striped.

I could not tell you what he saw,
But his look of horror confirmed it.
I slapped away his meaty paw
As he murmured, "Shit…"

I could tell by the doctor's frown
Something had gone wrong.
I just wanted it sanded down,
Now it's completely gone!

Now I suffer this doctor's gaffe,
Stuck in this museum.
With each tourist's hyena's laugh,
Wish I couldn't see 'em!

Stuck with mismatched misfits,
Punishment for what I chose.
We're all crumbling to bits,
But I just want my nose!

So should you want to go under the knife,
Recall my crocodile tears and dread—
Save yourself the pain and strife
And get your bust done instead!

---

*A poem inspired by a crumbling ancient Egyptian statue amidst African art in a museum in Rome, Italy.*

***Mozart en ligne et couleur***
Ni-Cheng Liang, MD
Acrylic paint with gel crayon and water color

***Breath of Life***
Oresta Tolmach, MS2
Acrylic on canvas

Left:
***Sunday Sitting***
Nicola Kronstadt, MS1
Charcoal on paper

Right:
***Flame***
Eric Sorenson, MS4
Graphite, pen and ink on paper

Opposite Page:
***Untitled***
Nicola Kronstadt, MS1
Oil on canvas

***Gone Fishing***, Chris Evans , MS4, Tejakula, Bali, Indonesia, Nikon D90

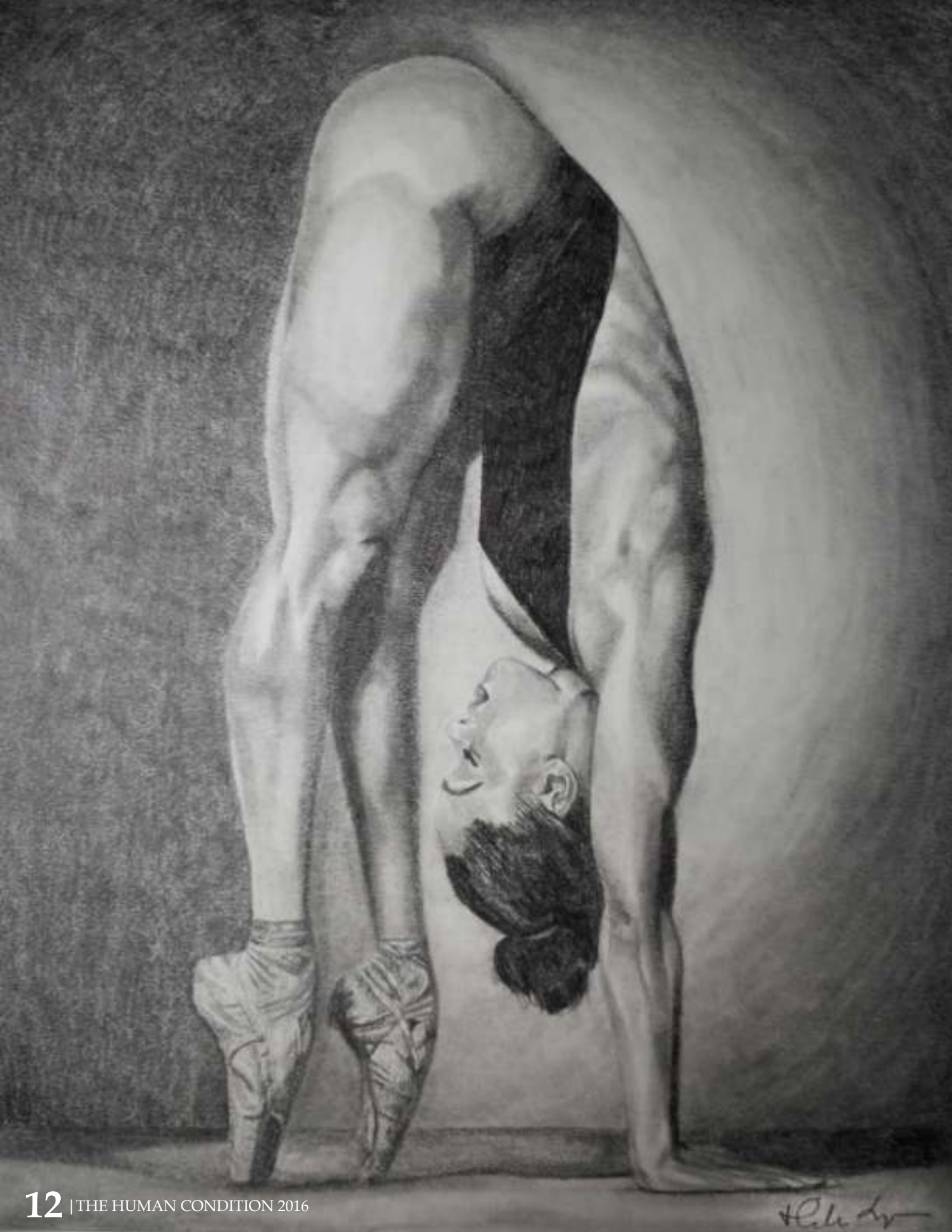
***They Are Falling***, Abdul Hassan, MS2, Joshua Tree, Canon 5D Mark II


***Untitled,*** Sara Brenner, MS1, Cape Town, South Africa

## *Untitled Spoken Word*

Marsha-Gail Davis, MS4

High Fructose Corn Syrup is straight up sugar crack
You and you and you all best believe that!
I saw you take that one liter soda off the rack
Put it right back
Because obesity will sneak up and attack
In the 1980s, crack plus black pushed an entire community back
That was wack
But in 2016, it's the same story, Jack
Minority communities running rampant with the Big Mac
Or the box with jumping Jack
Or a King who makes it your way like he's got ya back
But the BMI is so high you can't even see your back
Or your arteries are clogged with that nasty plaque
You might as well get ready for a potentially fatal heart attack
I can't even believe that
Then they put the blame on them because they can't make it around the track
And not on the multiple resources that they lack
This is so wack
I'm not taking what I said back
CDC got all the statistics in a stack
Piled so high, they are falling off the rack
And every year, they will continue to increase until we act
This is wack
No, I'm not smoking crack
Or throwing that liquor back
The only thing coming out of my mouth is fact
In 1977, McGovern tried his best to get us off this track
But all the lobbying food industries (junk, dairy, meat, salt and sugar).....that entire rat pack
Came out the woodwork and they all clapped back
For them the profit is gold and your life don't mean jack
My hand can't get to their faces fast enough to smack
I'm so over the effectiveness we lack
In "trying" to bring the nation's health back
With dietary guidelines that need a whole lotta feedback
With hospitals vending every type of snack
Children television advertising all kinds of junk and crap
Foods that glow in the dark and create dental plaque and never ever ever ever grow mold like that
This game needs a new quarterback
A totally new plan of attack
because to be quite honest
At this point, this is just BEYOND wack
And I am not about to just sit back
And watch lives unnecessarily fall through the cracks
I don't find it too hard to tell folk to tone down the fat back
And the oreo snack pack
But you got have the relationship and the tact
Or your patients will be out the door with their knapsack
And the American and global culture need a comeback
They need to have the desire to want to bring health back
We should be hunting down chronic disease like a wolfpack
I want folks to get their lives back
And if that means I might catch some flack
Come at me homie because research has got my back
Akesson et al 2012 in particular can tell you that
Most heart attacks disappear if the burger gets put back
Monetary and political interests need to fall the hell back
And the power of the people and their interests needs to come back
Mic drop
Now tell me can you handle that



# *The Violinmaker*

Catherine Shir, MS1

the
gnarled
wrinkled
hands
of the old violin
maker have seen
many years. Deft
fingers work the
metal
strand of
string
onto the
finger-
board.
With the
graceful
artistry
of a master
he inserts
each peg
into its
little wooden
niche
like the
jeweler
inserts his
sapphires
into the
gold clasps
of silver
bands.
The artist
stands up
to admire his
creation.
Using thin
metal tweezers,
he places a
browning
piece of paper
inside
the F-hole
and coheres
the two surfaces
together.
It is a mark
of his work.
He picks
the violin
up and
begins
to
play.

maple
wood spruce
fingerboard
f-hole bridge
piece chin rest
bass bow rosin
frog descendo
piano fortissimo
pianissimo gig
forte mezzo ff
pp accelerando
arpeggio alto
andantino
arioso ballo
chorale clef
moderato
chromatic
augmented
cadence etude
intermezzo finale
musicology octet
treble clef minor third
rubato sonatina solo
sotto voice up-bow
up-beat scale parallel
segue melody valse
position presto lyric
piano quartet quintet
nuance half-step
ostinato open
overdubbing
pitch

maple
wood spruce
fingerboard
f-hole bridge
piece chin rest
bass bow rosin
frog descendo
piano fortissimo
pianissimo gig
forte mezzo ff
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piano quartet quintet
nuance half-step
ostinato open
overdubbing
pitch

Top:
***Watercolor***
Kellie Satterfield, MS3
Watercolor on paper

Opposite Page:
***Folded Lines***
Michelle Keyser, MS1
Graphite on paper

# *Hide and Seek*

Melissa Zhao, MS3

It's been a month.
I still can't believe you are gone.
The birds are still singing your songs.
The trees are whispering your secrets.
Shhh!
Don't tell them. You say.

The sun is trying to kiss your lips.
The ocean waves come by and by
Hello! They wave.
How are you today, beautiful miss?
The flowers take a bow
The rain comes down from heaven
To embrace you
We love you,
You know.
But where did you go?

Shhh…
The trees whisper.

The dogs follow your trail of laughter
and sniff out your footsteps in the sand
Stop hiding,
They say.
Come out and play!

The moon opens her eyes
The stars twinkle in delight
Is that you moving in the shadows?
I think I see you! I think I do!
A stray cat hurries out of the bush
It's not her, it's me.
But I am looking for her too.

Where are you?
The wind echoes your voice.
Where are you?

A pause in the wind,
Everyone perks up their ears.
A sparkle in the darkness,
A gust of gentleness gliding through:

I'm here, stinkyhead.
You say.
I am the songs the birds are singing.
I am the secrets the trees are whispering.
I am the rays of the sun,
the waves of the ocean,
the flower's petals,
and the drops of rain in the storm.
I am the footsteps in the sand,
I am the shadows in the dark.
Boo!
Did I scare you?
I am the rustling wind that surrounds you,
Don't you worry, dear,

I am here.

---

For Annie and Maddy, two of the most beautiful girls I have ever known.

***Doodle***
Kellie Satterfield, MS3

***Woman in White***
Nicola Kronstadt, MS1
Oil on canvas

## *When you go*

Lisa J. Wastila, MD, FACP, NCMP

You know something about me
But I know more about you
Than I do about many friends
So when you go
I miss you
We have laughed and cried together
Over the years
Just like old friends do
In sickness and in health
Formed a bond
Broken only by death
I hate to see you go
You have added so much to my life
More than you will ever know
I taught you about your health
You taught me how to live
And die
With grace
I am a better doctor
A better person
For having known you
If you only knew
The secret tears I cry when you go
Tears of sadness
And of joy
We had such good times together
You are relieved of your suffering
But still I miss you
When you go

Above:
***The Hat***
Nicola Kronstadt, MS1

Left:
***Untitled***
Abdul Hassan, MS2
Canon 40D

## *And You Too, Will Follow*

Anonymous

It did not occur to me until some time later that you had been my very first patient. While the light from your eyes had long since passed, the fact still remains: you were the first.

The long hours with only the overhead lamps - their heat bolstering me against the constant chill of the formaldehyde-banishing air conditioners - were sacred.

I was protective, eager to be as delicate as possible, because even in your suspended animation I longed for you to be magnificent.

Oh, how you forgave me, when these bulky hands slipped - nicking vessels and tearing muscles. You never admonished, only guided.

I was an explorer in the most hallowed of realms, cautious against desecration of such marvels but driven to demarcate and delineate the very structures that tied you to the living.

It was inevitable; I took from you bit by bit. But alas, you took from me: my innocence above all else, and the silly notion that I, even with a lifetime of training, may ever halt this truth.

Your life and your story, for the ones who you had loved and loved you, may have ended when your heart made it so.

But for me, and for the countless patients who will place their lives within my hands, your fire will illuminate what remains unseen.

Top:
***Seed of the Soul***
Oresta Tolmach, MS2
Acrylic on Canvas

Bottom:
***Salton Sea***
Linh Truong, MS4

# *I've Got a Friend*

Anonymous

I've got a friend.
We met in the trenches
As it all came crashing down.
He vowed to never go away.

I've got a friend
Who always keeps me humble.
He reminds me of my flaws and scars.
And that nothing gold can stay.

I've got a friend.
He completes all my sentences.
I can't tell which words or thoughts are mine.
He always gets his say.

I've got a friend.
He wants me all to himself.
Confines me to beds and couches.
While the bright colors I love all fade.

My foul friend.
The third wheel in my love life.
Asserts his selfish wishes.
How could anyone remain?

This little friend.
Has only one Superior.
Whose kiss burns all the way down.
But he's back worse the next day.

I had a friend.
Despite his furious fighting,
I pushed him out of my life.
I'm scared to be without his shade.

Who am I without him?

Top:
***Navigating Uncertainty***
Gary Ma, MS4
Acrylic and sand on canvas

Bottom:
***Desideratum***
Jason Compton, MS1
Oil on canvas

# *A Few Good Men*

Jedidiah Schlung, MS4

*I cut off a good man's leg today.*
*Surgery.*

Mr. Carpenter, as I will call him, brought himself to our surgical service. When we walked into his room in the hospital we found a short, quiet Mexican man with neatly trimmed grey hair. He showed us his leg where an obvious deformity of the tibia was visible through the skin, accompanied by two small, slightly inflamed holes which looked to be mildly infected. He explained that he had sustained a shotgun blast to the leg in Mexico which never fully healed. He was left with moderate mobility and these two draining wounds which he managed as best he could with daily dressing changes.

He had been caring for them in this manner for 45 years.

He came to us because his leg had recently begun to hurt more. Due to the pain, he was having difficulty walking and completing his work as a carpenter. He also told us he had been feeling feverish for several weeks, causing him further concern.

We immediately ordered X-rays of the affected leg which showed a mangled, twisted tibia surrounded by small fragments of metal, mementos of the shotgun blast. The erosive, sclerotic appearance of chronically infected bone was immediately apparent, extending from his distal tibia to within 6 centimeters of his knee joint. Though we ordered MRIs of his affected leg to confirm, there was really never any doubt in the mind of our team as to the diagnosis. The question before us was simply what to do about it.

"Osteomyelitis," said a soft clinical voice in my head, "treat with full debridement of the affected tissue, along with an extended course of antibiotics with good bone penetration. Beware of long-standing infections which can transform into squamous cell carcinoma. Resection is potentially curative." I quickly realized that if we were to remove all infected tissue, this man would have no tibia left. We were clearly looking at an amputation.

This presented an obvious dilemma because Mr. Carpenter was an undocumented immigrant; he had no papers, no insurance, and certainly no ability to pay for a prosthetic and its associated long term care (orthopedic and military organizations commonly report costs in excess of $350,000 for prosthetic care over a lifetime). This left us in the unenviable position of offering to save Mr. Carpenter's life while at the same time effectively ending his career and livelihood.

When we presented the news to him he took it surprisingly calmly. He didn't rage, he didn't weep, he didn't panic. He simply informed us that he was willing to proceed with our recommendations: "If that is what you think is best doctor."

Top:
***Trauma Surgery***
Jason Compton, MS1
Oil on canvas

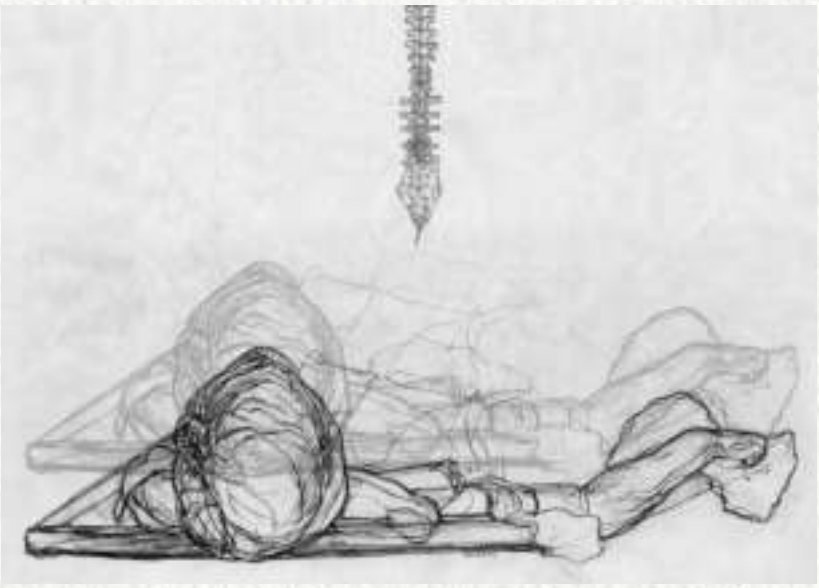
Bottom:
***Madness***
Maryam Soltani, PGY2
100lb paper with graphic markers

As I pondered this calm response over the next several days, I was struck with the magnitude of what we were proposing. "Don't you understand what this means?" I thought. "Don't you know we are destroying your career, we're taking away your ability to earn a living, to provide for your family, to live an independent life? How could you trust us so easily?" It left me with this lingering question: "Why do we have this man's trust?" What was it that allowed him to calmly accept our decision with full knowledge of the impact it would make on his life?
`

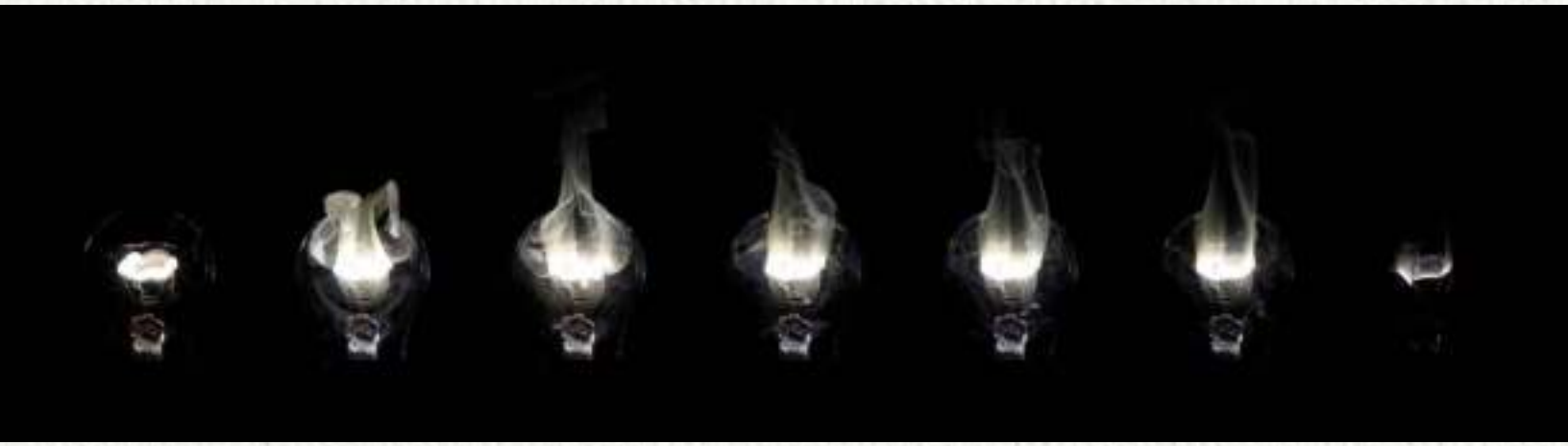
Yet this would not be the first case of a man being persuaded to follow a course of action which in any context but medical care would be nothing short of outrageous. History reveals to us that even 2500 years ago in the time of Hippocrates, trepanations - ancient surgeries in which a hole was bored through the skull to relieve intracranial pressure - were being performed (in fact, archeological evidence gives strong indication that such procedures may have been carried out as early as 6000 B.C.). What could prompt man to extend such trust in the face of tremendous adversity?

And as I pondered this question I realized that this is what it means to be a doctor. It means early mornings and later nights spent answering the relentless call of the hospital. It means missed birthdays, holidays, and celebrations with friends for there is always one more patient who needs care. It means joy when a treatment is successful and pain when another patients slips away. It means we are privileged to all the sins and passions and vices of mankind, but through it all, amidst the success, the failure, and the insistent, challenging load, we earn the trust of a few good men.

*I cut off a good man's leg today.*
*Surgery.*



***The Anatomy Lesson from the Laboratory***
Joyce Cutler-Shaw, Artist in Residence
Pen and ink on homemade Japanese paper
Photo: Phel Steinmetz



***Light and Death***
Abdul Hassan, MS2
Canon 40D

***Sierra Serenity***
Michael Vu, MS2
Nikon DSLR

# *Cut*

Jeff Cohen, MS1

The scalpel is a simple tool, elegant in its design, and a far cry from its chipped stone ancestor. It's really two parts consisting of a razor sharp blade and a shaft with a groove on one side where it attaches. Separate, they are useless for their intended purpose, but together, they form the crux of the whole operation. One could make a case for forceps, probe, and scissors. But none of these tools (important in their own right) can really compare. The scalpel gets things going.

With a soft touch, it will only penetrate the skin. It can trace delicate lines up and down the body, fine as gossamer thread, and barely visible to the eye. The skin is tough but is not impervious to the little blade. Arm, breast, neck, and leg all give way before it.

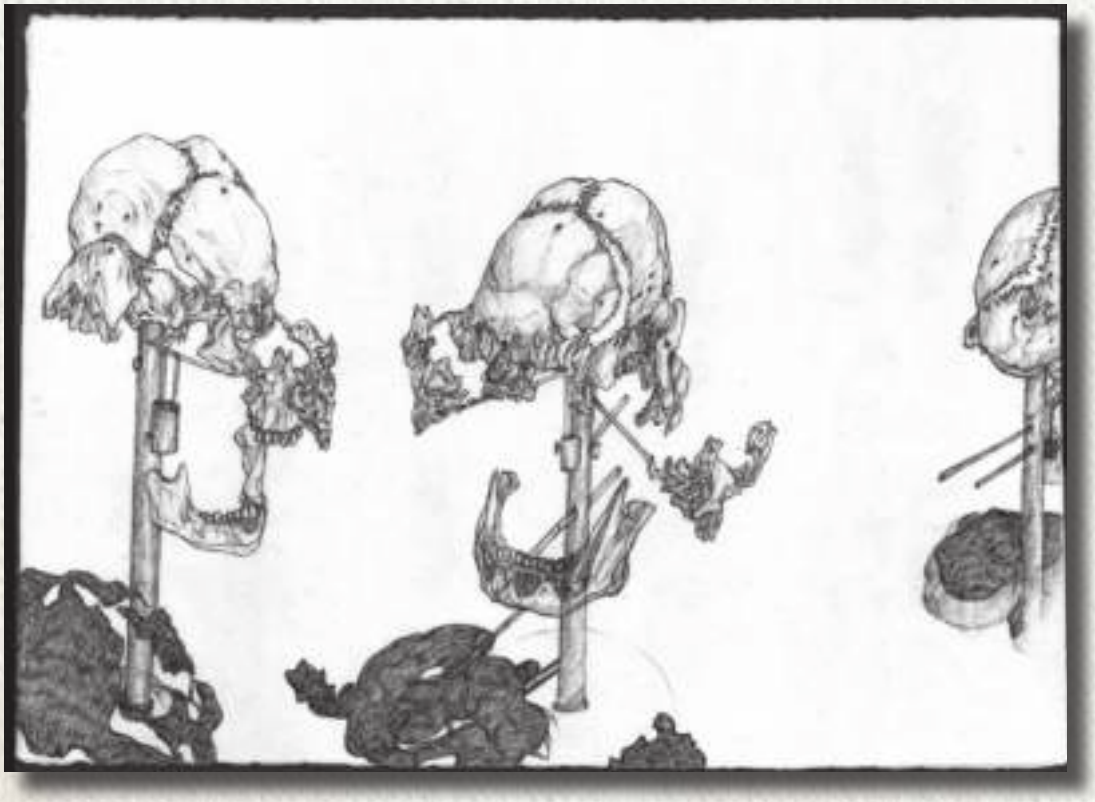
Press a little harder, and it will cut swathes through fat and fascia. The rich, yellow fat is revealed as it secretes its pent up juices and falls in tiny rivulets down the contours of the body and onto the metal table where it forms a stagnant pool. It slowly accumulates and drifts towards the feet, past the lip of the table, and through the drainage tube.

Real progress is being made now. The skin is removed from the thorax and the superficial musculature sees the light of day. It is interspersed with clumps of yellow and white, places where fat and tissue still cling amongst the valleys and troughs of muscle. The scalpel ignores these slight irregularities and moves on.

A taut, white cord comes into view. One side clings to a mound of muscle, while the other dives deep and is lost to view. Intrigued, the scalpel follows. It makes meticulous cuts with geometric precision and slowly reveals its quarry. The cord is clinging for dear life to bone. There's a brief lull in the action as the blade pauses, as a pilgrim might stand in awe before some long forgotten shrine. Like so many other things in its path, the scalpel cuts the cord and endless tension is released.

Cut a little deeper still, and the blade will find itself amongst arteries. These once great thoroughfares are silent now. A post-apocalyptic scene complete with millions of abandoned vehicles and twisted side streets. And of course, there is the site where it all stopped, where the cataclysm occurred that brought this living metropolis to an end. The scalpel slices through it and pauses momentarily, as if observing the damage. It is an ugly aberration amongst such perfect order. But it's what it was looking for this whole time.

"Hey, you found it!"



***Exploded Skull Triptych***
Joyce Cutler-Shaw, Artist in Residence
Pen and ink drawing on handmade Japanese paper

The scalpel is temporarily halted in its progression. The fingers that were so expertly clasping it loosen and tighten, flexing and extending repeatedly. A bead of sweat flows down his forehead and hangs tenuously from his nose before falling next to his beat up old Nikes.

"Get somebody over here, I think we figured it out. Clean it up a little bit, though, so they can see it." The student nods an affirmative without speaking and continues working.

A tall, lanky man in blue scrubs sidles over to the table. He pushes his glasses up his nose and peers over the shoulder of his student, who is busily digging through skin and vessels, ignoring the professor behind him.

"Well, well," he says, half chuckling, "Looks like an aneurysm to me. A big one too! I think you can call it a day, Otis. Otis? Hey, are you listening?"

He taps the vivisector on the shoulder which causes him to immediately stop. He sets down his scalpel, resting it on one of the legs.

"Yeah, sorry about that," he says while taking a few deep breaths, "I just got caught up."

"Well, take it easy, son. You should try to preserve some of these finer structures. Keep going like that and you'll cut clean through to the other side of the table." He picked up the forceps and edged the student out of the way. "I'll go ahead and reset."

"That'd be nice, doc," the cadaver says. She tilts her head to the side and lets out a vocal yawn.

The professor digs the forceps into her neck and gently twists them. He pulls out a small black bead, which he places in the palm of his gloved hand. Immediately, the cadaver's abdomen begins to seal itself up. Its skin becomes a swirling, pulsating mass that blends together with mangled nerves and arteries. Soon, it appears as if it had never been cut open.

"That's better…good job kid," she says, swinging her legs off the table to stand and stretch. "I was actually getting a bit stiff on that one. Hungry, too." Light blue shorts and a white t-shirt both seem to grow out of her skin and creep over her naked body until she's clothed.

"Go get some food and recharge, Mave; cafeteria's still open, I think. Next class is at 3."

Mave saunters to the end of the lab and out into the hall. She whistles while she walks. Today it's "Stairway to Heaven."

***Skeleton***
Maryam Soltani, PGY2
100 lb paper with fountain pen, black ink

***Breakfast***
Chris Evans, MS4
Mount Batur, Bali, Indonesia
Nikon D90

***Between These Two Lungs***
Nadine Patton, MS3
Acrylic on canvas board

***Mother and Newborn***
Yasmin Aghajan, MS2
Canon 5D Mark III

# *Untold Meaning*

Alicia A. DiGiammarino, MS3

I handed her the humongous gardening shears and watched as she snapped through each rib providing access to the silent heart of our cadaver. Abruptly, the fire alarm rang out cutting short the most physically taxing day of our year-long anatomy lab course. Once we had evacuated, firemen streamed into the building and I wondered if my labmates were also thinking about the horrific scene these men would encounter as they checked each room for stragglers. Garden tools rested on the half open chests of 24 lifeless bodies, globules of fat previously stripped away dripped into buckets below each lab table, and black plastic bags covered the faces of the anonymous men and women who had donated their bodies to medical education.

In elementary school I was deeply afraid of all things related to death and dying. At night I pulled my sheets up tight around my neck for fear that if there were any wrinkles left in it, it would look like a shroud and I would die in the night. I hated my bureau because it was big and rectangular and therefore looked exactly like a coffin. At Sunday school I could not drink from the water fountain because the water had certainly passed all the corpses in the graveyard on its way into the church. So, suddenly encountering dozens of pale, stiffened bodies, I thought to myself, "Um, remind me again, why did I decide to go to medical school?"

As the fire trucks pulled away and we readjusted to the pervasive smell of formaldehyde, I thought about how quickly I had accustomed myself to slicing and combing through the unfamiliar territory of the human body. I was so fascinated by each new discovery that I forgot to worry about the proximity of death. Sometimes by the time I had changed into my scrubs and arrived at the dissection table my lab partners had already started and were ready to drill me on the day's new terminology. "What's this?" Mara asked, using her forceps to gently lift a white string running from deep within the neck down to the diaphragm. "The phrenic nerve?" I offered hopefully.

Relentless quizzing was a necessary evil because we had four exams to pass in order to move on to second year. The instructors tagged various body parts with numbers and we went from body to body writing the names of the tagged elements on our numbered exam sheets. It was highly unsettling to visit other lab tables. Each cadaver smelled foreign; this man's cancerous liver made me wary, and his neighbor's larger than life heart was unnerving. Shouldn't someone formally introduce me to these people whose insides have been laid out before me? Without realizing it, I had developed a comfortable relationship with my own donor. I developed a relationship with a deceased woman who I knew nothing about beyond the elegance of her organs, the illnesses she endured during life, and the cause of her death.

My donor had passed by way of suicide. Throughout the year I tried not to make assumptions about the circumstances of her life and death but occasionally, as I walked out of the lab, my mind ran wild with questions. What had driven her to take her life after eight decades? Had she been lonely? In pain? Afraid? Or was it simply time to make that jump to the other side? We learned through the findings of our dissection that she had eaten within four hours of her death. What had she consumed? Did she make delicious molasses sugar cookies like my grandmother's? We also discovered that she had fallen hard on her side upon passing and had lain for several hours before being found. Who had found her? Were they terrified beyond imagination at the sight or had they known this was coming? Did they grieve her still?

At the end of the year my class put together a memorial service for over 200 relatives of the donors. It was here, not leaning over a body with a scalpel, that I came face-to-face with the scariest aspect of death: the enduring empty space created when you die and the immense grief of those who remain behind. During the ceremony I stood in back with a woman whose mother was a donor. "I thought I had moved on, but clearly not," she proclaimed, growing more distressed with each poem or piece of music my classmates had prepared to express appreciation to these loved ones. I listened and spoke what I hoped were consoling words. She told me I would make a great doctor and I remembered that I am in medical school to make the living more comfortable if only in small and temporary ways.

Afterward I spoke with two sisters who flew in from out of state just for the service. Their brother died while visiting San Diego and the family had been at a loss for what to do. For years, he had planned to donate his body to medicine but arrangements were only made to collect his body if he passed away in his hometown. They were grateful to the school for reacting compassionately and efficiently enough to grant him the honor of contributing to our education and the greater good of the world. "The donors are your first patients," our anatomy instructors emphasized over and over again, "learn as much as possible from them while you have the chance." Only then did I really grasp that our donors were patients who we could no longer save from death but to whose lives we had added untold meaning.

Background
***Battle of the Elements***
Kellie Satterfield, MS3
Acrylic on canvas

Opposite Page:
***Antelope Canyon***
Linda Wei, Mother of a MS4
Antelope Canyon, AZ
Canon 5D Mark III

Top:
***Torrey Pines Fisherman***
Elizabeth Roderick, MS4
San Diego, CA, Nikon D70

Right:
***Wood Carving***
Ian Jenkins, MD
6'x6'; Photo by: Greg Von Herzen

# *The Joy of Purpose*

Devesh Madhav Vashishtha, MS3

It was the middle of my third year of medical school. I was at Mercy Hospital on my adult medicine inpatient rotation. By my third week, the hospital was growing on me. Things that had at first seemed inefficient (the mixed paper chart system) or imposing (the religious decor) had now become endearing attributes of a system that was kind to its medical students. Mercy was Santa Claus personified as a hospital: old and slow at times, but loving and effective nevertheless.

My team had just finished rounds, and I was hoping to be assigned a new patient. I approached my resident, Erica, and asked her in the polite but firm voice that third year medical students eventually master, "Hi, Erica. Sorry to bother you but is there any chance that you might have a good patient for me to follow?"

She looked down at her patient list and raised an eyebrow. "Well, there is this 67-year-old woman status-post radical mastectomy of the right breast. She has pretty severe chronic right upper-extremity lymphedema. We think she has a superimposed cellulitis. It's her third time here in the past year...not very interesting but it's up to you."

I could always rely on Erica to put things bluntly. But I was desperately in need of patients to follow, and I had learned by that point that 'interesting' meant very different things to third-year residents and third-year medical students. "I think I'll go ahead with that patient," I said. "Could I have her last name and room number?"

Erica, already turning around to attend to her dozen other morning responsibilities, told me that it was Stewart, as I will call her here, and that she was in room 604. "Oh, and by the way—see if you can do an exam of her left breast. It'll provide us with helpful information in case the cancer is coming back."

I was never in a rush after rounds, so I took the stairs down to the ground floor and strode over to the cafeteria for my usual cup of decaf. I eventually made my way back up to the sixth floor. The door to Ms. Stewart's room was left slightly ajar so I knocked twice and stepped in. She was sharing a room with another patient and her bed was covered partially by a curtain. I stood behind the curtain and inquired, "Hello ma'am. I'm a medical student. Is it okay if I chat with you for a little bit?"

***Boulder, CO***, Sue Fledderjohn

The reply came back ringing with discomfort: "Yeah, sure. Come on in."

Ms. Stewart was lying on her left side, turned away from me. She was a large woman, and even from several feet away, the swelling of her right arm was unmistakable. It was engorged with multiple liters of fluid and the overlying skin had extensive induration. I came around to her side of the bed. "Hi, Ms. Stewart. It's nice to meet you."

"Nice to meet you too," she said in a pained baritone. Her face was tan, rugged and wrinkled, and the lines of age and worry had settled deep in her features like rivulets cut into stone. Her hair was short, white, and sparse: the result of repeated cycles of chemotherapy. Her eyes stood in deep contrast to the rest of her face; they shone with a childlike energy and curiosity. As I examined her, I could make out the red rash along the side and front of her right arm. The infectious disease specialists had already seen her and had drawn on her arm with a marker to define the extent of her infection. In subsequent days, I would watch the rash recede from its original boundaries.

***Nederland, CO***, Sue Fledderjohn

We looked at each other for a while and Ms. Stewart seemed to perk up. "So, you're a medical student, huh? Where are you from?" I was used to this question and although it normally annoyed me because it implied an outsider-ness associated with my race, I found it difficult to feel anything but compassion for this woman.

I answered patiently, "I was born in New York City but my parents are from India."

"India!" she exclaimed. "I love that country. I've been there before, you know. It's really hot but I love the movies. I love Bollywood movies! Have you seen any good ones recently?"

I laughed and racked my brains. This was not the response I had expected. "I saw this movie called Piku a while back. Have you seen that?"

"No, I haven't! Is it good? Does Hrithik Roshan act in it? He's great!" she said.

I thought for a moment. "No, I think it's Deepika Padukone and Amitabh Bacchan. It's a pretty entertaining movie." Piku was essentially a movie about old age and constipation.

"Well I haven't seen it," she replied. "But I definitely heard something about Deepika the other day. Did you know that she was dating some actor but then cheated on him with one of her producers a couple months ago? It was all over the papers."

I couldn't imagine which papers Ms. Stewart was getting her hands on that would give her access to the latest Bollywood gossip. While I was pleasantly surprised at this interest of hers, I was also realizing quickly that she was a talkative woman and that I had some other things to learn about her first.

"So, tell me about what brought you in here," I said.

As we chatted, she described her life starting thirty-something years ago, when she began working for the Postal Service. She enjoyed her work but what she looked forward to most was vacations, when she would travel the world with her friends. Her favorite place to go was Fiji, where she eventually became involved in regular charity work. She loved the Fijian people, she said. But her joys in work and in travel were not fated to last. Five years ago, she was diagnosed with breast cancer. She started a strict chemotherapy regimen. She lost her hair and her will to work. She took time off, and she had to stop traveling for a while. It had been sixteen months since the radical mastectomy of her right breast and although the cancer had not come back, the operation had resulted in terrible swelling of her right arm. She found it difficult to use her arm at all, and it became excruciatingly difficult for her to deliver mail. When she showered she couldn't lift her arm properly to clean under it, and dirt and bacteria would accumulate and cause her skin to get infected over and over again. She had taken to spending large swaths of time lying on her left side so that her right arm could drain properly. She watched movies and called friends to pass the time, but she was constantly nervous that something would happen to her: that the cancer would come back, or that her arm would get infected again.

As I absorbed her tragic story, an idea began to take root in my mind. Ms. Stewart would be in the hospital for at least several more days since she needed a course of systemic antibiotics to clear her infection. She seemed so lonely already, and I wanted to do something to help divert her anxious mind. I eventually took her leave and went about the hospital, finishing up my responsibilities for the morning. That evening, I went home and picked up an iPad from my bookshelf where it had been sitting unused for several months. I set it to charge overnight.

The following morning, I placed the iPad, along with a set of headphones, into my hospital bag. I walked briskly to hospital —I had a mission for the day. After rounds with my team, I skipped coffee and immediately went to see Ms. Stewart. "Good morning," she said softly as I strode into her room without knocking.

"Morning, Ms. Stewart!" I replied. "What's wrong?" I said.

"I had a rough night. I couldn't sleep well and this hospital is too loud." She then lowered her voice to a whisper. "That lady next to me—she kept moaning all night!"

I looked over at the other bed and saw an emaciated woman, sleeping fitfully and muttering under her breath. "Well, I'm sorry to hear that, Ms. Stewart," I said. I did a cursory examination of her right arm, and I was pleased to see that her infection was receding under antibiotic treatment. I remembered that I needed to examine her left breast but deferred this because I was excited to show her what I had brought. I looked at her, smiling, and said, "I have something special for you today." I went to my bag and pulled out the iPad and headphones. With Ms. Stewart watching my every movement, I was eventually able to pull up twenty Bollywood movies on my Netflix app.

She stared at the screen, her eyes bright and greedy. "This is great! Wow—do you have any Hrithik Roshan movies? I think I've seen this one here… and that one, too! Give it here, let me see…" After some discussion, we were able to pick a movie that she hadn't seen and that seemed suitable for her taste. She was a Bollywood traditionalist: there needed to be a hero, a heroine, several musical numbers and a tale of love deferred. I smiled, watching Ms. Stewart sit fully engrossed in the movie, with her short white hair sticking out from underneath my industry-size Sennheiser headphones. As I turned to go see my other patients, she shouted at me: "I can't hear it too well!" I maxed out the volume shouted back at her:

"I'll be back in a couple hours! Enjoy the movie!"

***Sunrise at Llano Seco Wildlife Refuge***
Chris Beck, MS4

Ms. Stewart's infection continued to recede over the next couple of days. She and I developed a routine each morning: I would stop by her room after rounds, give her my iPad and headphones, and return before lunch to ask her how the movie went. We would chat about how she was feeling and I would do my best to support and encourage her. For me, it was a golden opportunity as a medical student to play a consistent and positive role in patient care. As she and I became closer, I could see that Ms. Stewart was complaining less and that she required less attention from the overburdened nursing and medical staff. I was naturally surprised when I entered rounds one morning and Erica looked at me immediately, a casual smile about her lips: "We're trying to get Ms. Stewart out of the hospital. Let's stop the Bollywood movies, okay?" Erica went on to explain that since Ms. Stewart's infection was no longer visible, the infectious disease team had just given the go-ahead for her to be discharged on oral antibiotics. "It was nice of you to do that, really. But it's time we got her moving. Oh – and if you haven't done that breast exam yet, can you make sure you finish it before she leaves?"

For the rest of rounds, I imagined what Ms. Stewart would do after she left the hospital. She lived in a dark, dingy apartment with no help and she was horribly alone. The thought of sending her back there was painful. With a heavy heart, I left rounds and walked to the sixth floor.

***Sunset on Albatross***
Alyssa Hamlin, MS4
Acrylic on canvas

I entered her room without knocking. Ms. Stewart was sitting up, watching me expectantly. "What movie am I going to watch today?" I looked at her long and hard and lied, "I'm sorry, Ms. Stewart. I left the iPad at home. I know you were really looking forward to watching something. If it's okay with you, I wanted to chat with you for some time."

She hung her head, disappointed but still glad to have my company. "Okay, sure," she said. We talked for a while about how much she had improved at the hospital. When she had come in, a large portion of her right arm had been covered in a bright, red rash. Now, only trace streaks of color could be seen. Eventually, I brought up her discharge and she was predictably distressed. "What will I do if I fall and I can't get up? Who will be there to help me? These antibiotics are making me so dizzy!" I tried to explain to her that we would have an occupational therapist visiting her daily and that she would be able to follow-up with her doctor very soon. But she was adamant about staying in the hospital. Eventually, I had to leave her alone in the room, without my iPad and without any real reassurance that she would be safe at home. Although she was a nervous woman, she had every reason to be worried about going home. I thought to myself that if she were my own mother, I would have never let her go home alone. But I understood that the hospital could not serve as a board and care—it was a place where we took care of acutely sick people. When they were well enough to leave the hospital, it was our responsibility to send them home safely.

***Scripps Pier***
Kelly Fero, MS3
La Jolla, CA

Ms. Stewart really had no intention of leaving. She knew that the hospital was one place where she could depend on having twenty-four hour nursing and physician care. She eventually lodged a complaint with Medicare and was able to stay in the hospital for an extra day. On the morning of her last day at the hospital, I decided that it was time to finish my final responsibility with regards to Ms. Stewart's care. I walked into her room, and she greeted me with her eyes now nervous and resigned to her fate. "Hi there," she said.

"Hi, Ms. Stewart," I said back to her. "There's one last thing I wanted to do before you leave. If it's okay with you, I'd like to do a breast exam." She shrugged her shoulders and agreed to the exam. She removed the upper portion of her gown and lifted her left arm, exposing her breast and axilla. As I did the exam, I understood how comfortable we had come to be with one another. Once the exam was finished, she looked at me imploringly, her eyes filled with anxiety. "Is there any way that I can stay another day? I'm just trying to call the insurance line again but they won't answer." I did my best to console her and eventually bade her good bye. I could tell that she did not want me to leave. As I stepped out of her room, I could hear her speaking to another patient, "He's a nice person. They're not all that nice." I smiled, grateful that I was able to serve this woman during a difficult time. Her breast examination had been entirely normal, and I was happy to know that her cancer was still in remission. My heart ached, however, at the thought of sending Ms. Stewart home. I closed my eyes and said a short prayer for her well-being.

During my time as a third year medical student, I have come to understand that enjoying medical school, like much of life, comes down to a matter of attitude. It is true that in most settings, the medical student's role in providing care can feel quite limited. In Ms. Stewart's case, I was not consulted in decisions about which antibiotics were used, nor was I asked about when she should have been discharged from the hospital. However, there were certain aspects of her care that my supervising residents and physicians could not attend to because they were too busy or too concerned with medical issues. As I became closer to Ms. Stewart, I saw a single, aging woman who had defeated cancer. She was strong and curious about the world, and yet she felt overwhelmed and dependent on the medical system for her well-being and for her peace of mind. In many ways, she was the ideal patient for a medical student to see. She was somebody who benefited greatly from attention and from creative efforts to keep her entertained and distracted from the loneliness of the hospital. While Ms. Stewart's experience at the hospital was made better because of my presence, she also gave me meaning and purpose. I had newfound vitality in knowing that I really mattered to Ms. Stewart, that I could serve as a source of strength and companionship during her long and lonely hours at the hospital.

I have had a number of supervising residents make the distinction between 'good' and 'bad' medical student cases. In this way of thinking, cases that are 'good' consist of the most common illnesses that are seen in the hospital, such as chest pain, diabetes, and chronic lung disease. 'Bad' cases are those where the patient has an illness that is both uncommon and uninteresting. Such instances are considered even worse if the patient is needy and demanding. I take issue with this distinction because I think it can often be limiting for a medical student, whose role is uniquely suited to deal with demanding patients, and whose lack of clinical experience makes any illness interesting. I believe that medical students will benefit greatly from an educational system that recognizes their utility and also emphasizes the inherent value in all clinical encounters. There is no 'bad' or 'good' patient. There is only knowledge and the opportunity to make a difference in another human being's life. I think often of Ms. Stewart, of whether she has planned her next trip to Fiji. And I am grateful that I was given the opportunity to be involved in her care, to make her life easier, even for a short while.

***Siwa, Andrew Enslen, MS1, Fiji, Nikon D810***

Right:
***Reflections***
Elizabeth Roderick, MS4
San Francisco, CA
Nikon D70

Opposite page:
***Flute Player***
Boya Abudu, MS2
Pisac, Peru

***Wisdom***, Maryam Soltani, PGY2, 100lb paper with graphic markers

***Master of the Plains***
Sonja Halterman, MS4
Scratch-art

***Ancient Hawaiian Petroglyphs***
Elizabeth Roderick, MS4
Pu`u Loa, HI
Nikon D70

***Ruins***
Boya Abudu, MS2
Pisac, Peru

***Adventures of a MS4***
Sarah Schneider, MS4
Antelope Slot Canyon, Page, AZ

## *Glimpse*
Anonymous

Mountains across the pass
How long they have been
And still are
And will be

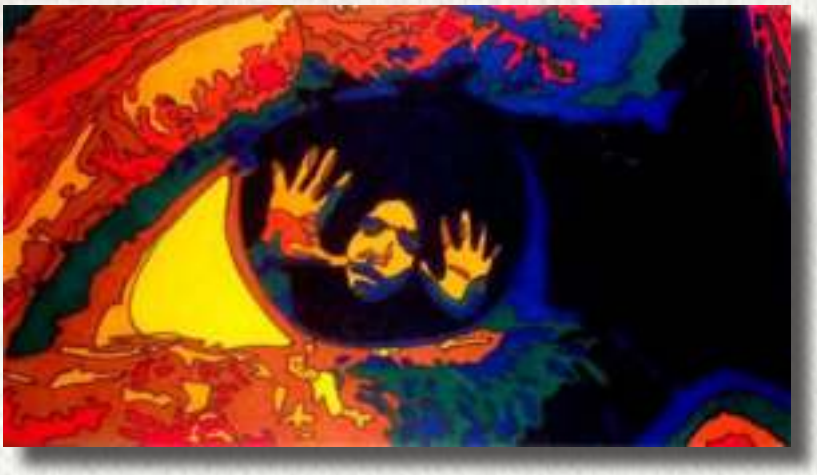
While I have gone far
And grown older since that day
They remain
Only gently brushed by time

How long it must have taken, then
To carve their bodies
From the Earth

How many of my bodies
Lay beneath theirs?

# *In the Cancer Treatment Waiting Room*

Steve Shepherd, Member of the UCSD Community



"If you're going to have bladder cancer," said the
urologist, "this is the kind to have."
Still I wouldn't recommend it.

Five days a week for nine weeks, I visit the cancer
treatment waiting room
    to wait for a barrage of radiation.
And with me, others.
    The woman with no arms.
    The man with one leg.
    The one with a hole in his cheek.
    Those with wheelchairs.
    With no hair.
    Or no sign at all.
Together, we wait.

Some look nervous.
Others, worn.
All have routines.
  We read. Knit. Talk. Talk too loud. Fidget. Give advice.
  "Three things I'm always thinking,"
          says the man with the water bottle next to him:
              "You've got to have an empty bowel,
              A full bladder,
              And no gas."
And he's right.

Knowing so, I can say when called,
"Yes, my bladder's full."
And wait,
      while walking down the hall
                to the changing room,
          into the Holy of Holies,
          past the thick, steel door,
                to lie still upon the altar,
                under the green laser cross-hairs,
                to watch the red BEAM ON light,
                and hear the great orbiting Cyclops hum,
                dispensing rads,
Before I can pee.

One day I meet the Chaldean.
"You know the Chaldeans? From Ur?"
From Genesis.
To the staff he brings dates. "Fresh. From Indio."
To me, he says he came thirty-five years ago from Baghdad,
    through Czechoslovakia, Damascus, and Kuwait,
    fleeing Saddam.
Now he's a church elder, has white hair, walks with a cane.

One Monday, he tells me, "I had a terrible weekend.
    Pain, you won't believe."
Then, leaning in close and whispering, "In the butt area."
Later I will believe.

On his last day he brings the staff baklava, "From Michigan."
He clangs the brass ship's bell and draws me into a bear hug.
"I hope it works," I say.
"God willing," he says
And steps out into the bright blue of a crisp fall day.

Leaving me and my bladder to wait.

---

*Steven Shepherd has been seen at the UCSD Adult Cystic Fibrosis Center continuously since 1977. He developed prostate cancer and was treated in 2015. His work last appeared in The Human Condition in 2012.*

Opposite Page Top:
***Eye***
Maryam Soltani, PGY2
100 lb paper graphic markers

Opposite Page Left:
***Bai Village Elder***
Eric Sorenson, MS4
Ballpoint pen, ink, and charcoal on paper

Right:
***Power and Resilience***
Lindsey Youngquist, MS3
Bara, Nepal

Below:
***The Old Man and Ha Long Bay***
Corey Cheung, MS1
Ha Long Bay, Vietnam
Nikon D7000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