

UCSD SCHOOL OF MEDICINE
VOLUME XXII



THE HUMAN CONDITION

AN EXPLORATION IN ART AND LITERATURE

THE HUMAN CONDITION STAFF 2017

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LETTER FROM THE EDITOR

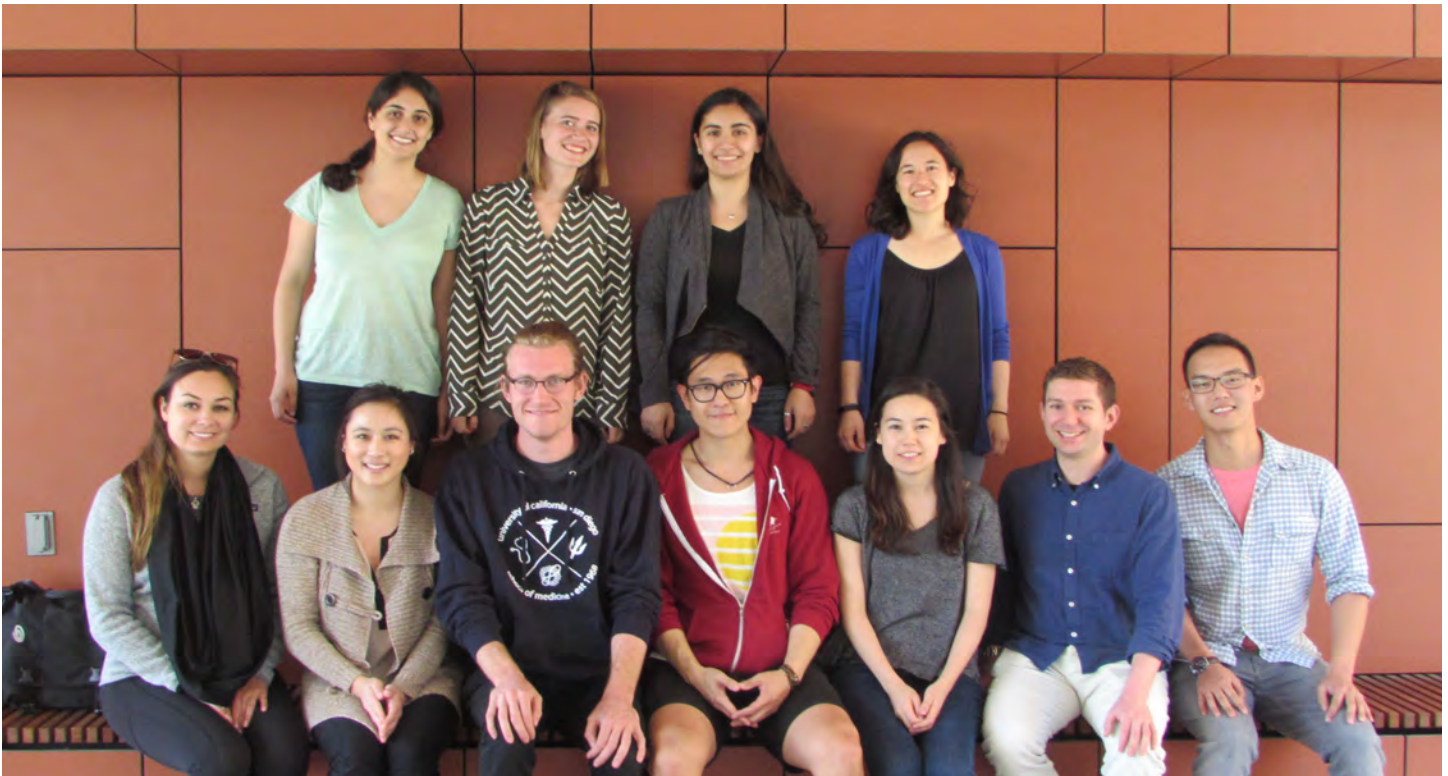
Dear Readers,

On behalf of the editorial staff, it is my pleasure to present the twenty-second edition of *The Human Condition*. *The Human Condition* is an annual art and literary magazine that showcases the creative endeavors of medical students, residents, faculty, and other members of the UCSD community. Touching on topics both within and outside of medicine, we strive to promote the artistic and humanistic ventures that make our community so unique. This year, we received a wide variety of submissions that made the selection process difficult but enjoyable. We hope you enjoy the selections as much as we all have.

I would like to acknowledge the editorial staff for all the hard work they have put towards working on this magazine, as well as the contributors for sharing their talents with us. This publication would not have been possible without your efforts. Thank you all for your wonderful dedication.

Sincerely,

Tiffany Loh, MS4



Back (from left to right): Amy Guzdar, Elizabeth DeVore, Jessica Pourian, Sara Brenner

Front (from left to right): Ashley Ott, Tiffany Loh, Micah Fry, J.S. Xie, Torrey Czech, Jared Rosen, Andrew Park

TABLE OF CONTENTS

COVER ART

UNTITLED - Jason Compton	Front Cover
THE MIND: CHAOS & BALANCE - Lindsey Youngquist	Back Cover

PROSE

LESSONS FROM MY FATHER'S LIVER TRANSPLANT - Lillia Cherkasskiy	6
ACCLIMATIZING: A REFLECTION - Greg Poore	15
A STRETCH OF NOWHERE - Anonymous	23
A MOST SERIOUS CASE OF PALPITATIONS - Andrew Park	25
THE BUTTERFLY ROOM - Luke Burns	31

POETRY

ON THE BUS - Jeff Bernstein	4
WHEN YOU GO - E.B. DeVore	12
SUMMER INDOORS - Micah Fry	19
LIFE'S A BUNCH OF ZINNIAS - Sohini Khan	20
NEAP TIDE - Micah Fry	22

ART AND PHOTOGRAPHY

Lindsey Youngquist	3, 4, 13, 14
Paige Ruiz	3, 22
Joanna Coker	5, 9
Stephanie Powell	7, 8, 15, 33, 34
Sara Brenner	9, 30
Ashley Ott	10
Micah Fry	11
Nicola Natsis	11
Bridget MacDonald	11, 20, 32
Daniel Wang	12
Michael Vu	17, 18
TC Robbins	19
Vidya Mahavadi	21, 26
J.S. Xie	23
Sohini Khan	24
Elli Novatcheva	28
Melissa Zhao	29

LINDSEY YOUNGQUIST, MS4
LAKE ATITLAN, GUATEMALA



PAIGE RUIZ, MS1
BELLA TEMPESTA ("BEAUTIFUL STORM")



ON THE BUS

JEFF BERNSTEIN, MS1

Every day I see a man
When I am on the bus
And he's beside the road

While traveling home
I'm tired, stressed
In white coat or jeans
Carrying notes

His clothes never change
He has a beard
And a cart

My head throbs
Transporter physiology
Auscultation
Proximal and distal
He's eating from a paper cup
Underneath a ledge

Staying out of the rain
At home, I study for hours
Then curl up on the couch
I think he sleeps under a tarp
On the ground

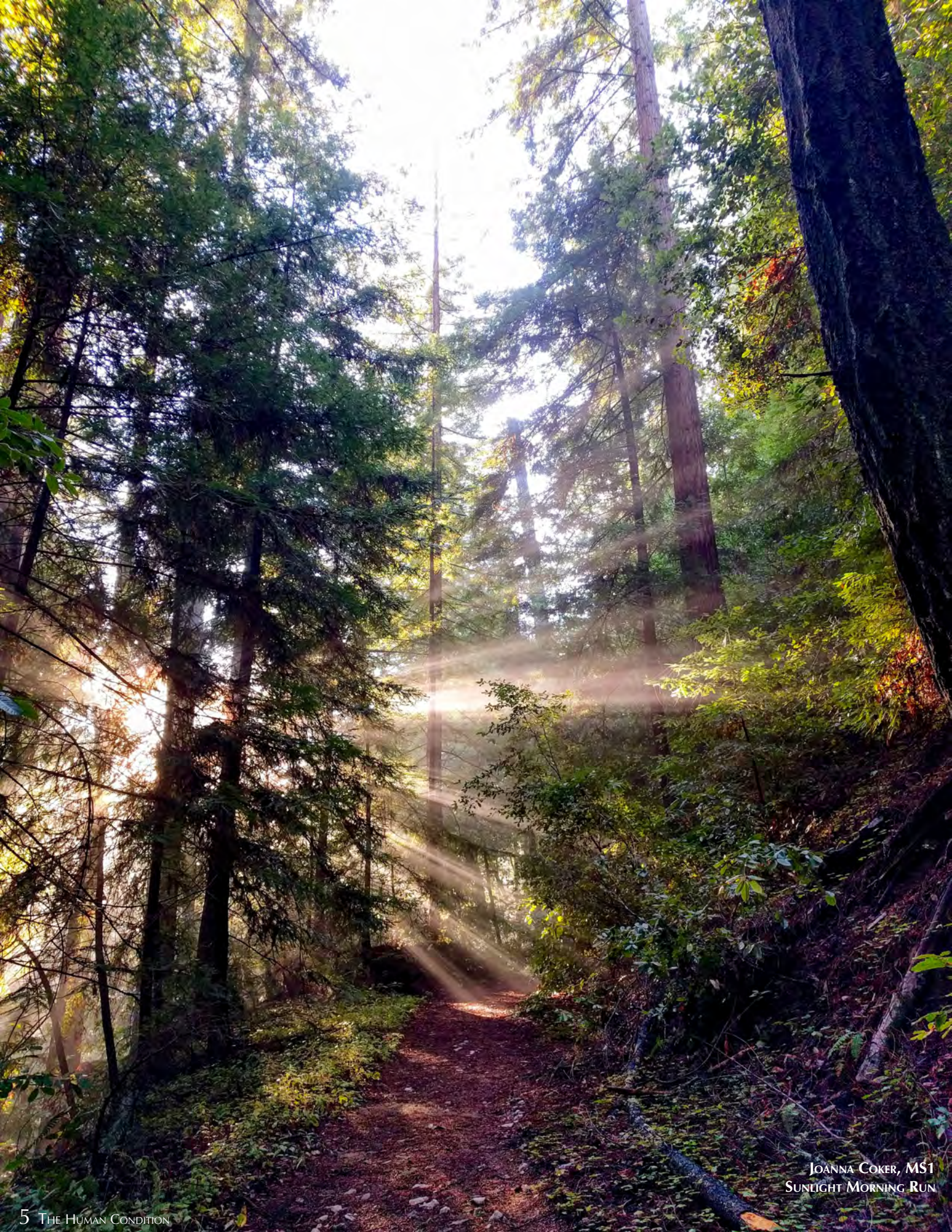
We both dream
We breathe the same air
And in the morning we both go by
The red, glowing sign that reads,
"Emergency Department"
It is there for both of us.

When people ask me
How I'm liking school
I tend to beam and nod

Stress is a choice
That some are not lucky enough to make



LINDSEY YOUNGQUIST, MS4
THE PRESERVED MEMORY OF THE UNIVERSE



JOANNA COKER, MS1
SUNLIGHT MORNING RUN

LESSONS FROM MY FATHER'S LIVER TRANSPLANT

LILLIA CHERKASSKIY, MS3

My father got his liver transplant on the day of my late grandfather's birthday.

"See," said my grandmother. "You should go to synagogue more."

"Um," I said. I didn't really "see" but I chose not to argue with her.

My father has been sick for as long as I can remember. One of my earliest memories was of visiting him in the hospital when I was four. I remember asking my mom if I could put toys in the hole in his stomach--I thought maybe that would make him feel better. In the week before the transplant, my father and I talked about this memory and many others while we waited to find out if someone would die, so that he could live. We also talked about my 11 year old little brother and my 18 year old little sister, each of whom has their own set of heart breaking "father-in-the-hospital" memories. We talked through hourly blood draws that obliterated any chance of sleep, physical therapy sessions in which my father was unable to lift himself off the bed without assistance, and through daily visits with six doctors who would often disagree about what should be done.

"Should anything be done?" my father would ask. I would go to the bathroom so he wouldn't see me cry.

Sometimes family members would pull me aside and ask me questions.

"Should he get that CT angio-thing? What could happen if he didn't get it?"

"Will his strength come back after the transplant?" "What are his chances?" I would answer them based on what I had learned so far in three years of medical school. It turns out that I have learned a surprising amount of relevant information. Clear answers would form through the fog that bogged down the rest of my thoughts, which were steeped in the constant refrain "he is dying." I would see relief on their faces, sometimes understanding, and sometimes envy that I comprehended what was happening.

Once, one of my father's wounds re-opened and started gushing blood. I put on a new dressing and applied pressure while we waited for the nurse to arrive. My uncle later pulled me aside to thank me and tell me he was proud of me. I remembered then that in my application to medical school, I had written that my motivation to be a doctor was personal. I had spent years watching from the sidelines as family members battled illnesses, feeling that I could do nothing to help. That was not true anymore.

The moment my stepmother texted me that my father was in the operating room finally getting his liver transplant, I had just arrived at my primary care clinic for the afternoon.. I took several deep breaths and then for the next 10 hours, every action became deliberate, even those that had been automatic for years. I had to remind myself to knock on the patient's door, wash my hands, and introduce myself. I scribbled out OLD CARTs on my notepad to remind myself of what had long ago become second nature. It was as if I had regressed to being a kid again, paralyzed by fear, waiting to find out the result of yet another one of my dad's surgeries.

When I finished presenting my patients for the afternoon, my preceptor remarked that I did an excellent job that day. I was shocked. I had felt paralyzed by fear but my medical training had made it possible for me to keep working and helping patients. This must be why we work 14 hour days six days a week plus overnight call. When it becomes nearly impossible to work, for whatever reason, we are trained well enough so that we can keep working. I am certainly thankful that my father's doctors had this training and that I get to experience it.

Today, four weeks after the transplant, my father is going home from the hospital. I am sitting at my home, 3,000 miles away, awake at 3 am, trying to figure out what I have learned from this experience that would be worth sharing with others. Maybe the "what" doesn't matter as much as the act of sharing a sensitive human experience.

Or maybe I should go to synagogue more.





SARA BRENNER, MS2
MANGROVES



JOANNA COKER, MS1
THE PATH LESS TRAVELED



ASHLEY OTT, MS1
GREEN



ASHLEY OTT, MS1



MICAH FRY, MS1
FERAL



NICOLA NATSIS, MS2
COLD SHOULDER



BRIDGET MACDONALD, MS1
CUY MEDIO ESCAPADO



WHEN YOU GO

E.B. DEVORE, MS1

Come as you go, your mouth askew
Thin lipped and hushed or making noise
I know the lilting of your voice
The sound of parting, leaving you

I slog through thick, gelatinous time
A scar of struggle in my wake
Avoid the easier paths to take
To meet you on the other side

You did not come as we'd agreed
Or not the you I used to know
I know now what it means to go
To love, to lack, to lose, to leave



DANIEL WANG, MS1
A CAMBODIAN PATIENT



LINDSEY YOUNGQUIST, MS4
WATER IS LIFE, STAND WITH STANDING ROCK



ACCLIMATIZING: A REFLECTION

GREG POORE, MS1

(All names have been changed to protect patient anonymity)

“Check the albumin and creatinine results,” the Free Clinic mentor and 1st year UCSD resident told me. It had been two weeks since my first day of medical school and my mind was already a flurry, full of enthusiasm but tinged with anxiety. “Sure!” I replied, as I quickly grabbed my phone to google what albumin and creatinine actually were and what they would mean in the context of our patient, Señora Burgos. For my very first patient, this was a memorable (and slightly horrifying) experience, no simpler than recovering from a melanoma resection complexed with chronic diabetes, hyperthyroidism, and periodic headaches. Oh, and my patient and I would be speaking in entirely different languages through a translator. All I hoped was that I would not end up giving the resident and the supervising attending headaches as well.

As I reflect upon this experience, I am reminded of how much growth has occurred since those first few weeks of medical school. Each thing in that encounter was new, foreign, and overwhelming. Rather

quickly, I learned to become comfortable with what I had previously considered very uncomfortable – not knowing everything. And for all the things that I really needed to know and did not, there was time, Google, and plenty of wise and patient mentors to help me. Thus, the first brushstroke of medicine as an art was made and I found myself well on my way to learn.

It was during my last two Free Clinic visits that another special brushstroke happened. The patient I saw one week was the same as the next, and for the latter, I was playing double-duty as a medical student and social resource agent. Señor Lopez came into the clinic for a routine follow-up of his diabetes, which had been severely uncontrolled for over a year; he also presented with signs of intermittent abdominal pain, lower back pain, and insomnia. Besides the abdominal pain, which was difficult to replicate and localize, the primary assessment and plan appeared to be straightforward: increase his insulin dosage, limit his carbohydrate intake, and motivate healthier lifestyle practices. However, this was only the tip of the iceberg. In the last 30 seconds of our interview, Señor Lopez mentioned that



STEPHANIE POWELL, MD
SCULPTURE OF NATURE

he thought he had an infection between his buttocks and had been embarrassed to say so in front of the female pharmacist who had been working with us. During the subsequent physical exam, we found out that the suspected infection was indeed an indurated perianal abscess and was the most important health consideration to take care of that day. After we prescribed him relevant antibiotics, he was given a priority follow-up appointment during the next week.

In a surprising way, Señor Lopez taught me that the “routineness” of a given visit should not bias my expectation of its conclusion. In our case, the quality of his health significantly depended on those last 30 seconds of discussion and held many more immediate consequences than his diabetes, if left untreated. Moreover, I learned firsthand just how much the patient’s comfort with and trust in their provider could affect the quality of care. If he had not entrusted us with that sensitive, even embarrassing, information, the appropriate care could never have been given, causing eventual grief on both sides of the doctor-patient relationship.

When I received notice that I was assigned to Señor Lopez the following week for clinical and social work, I never expected that there would be another part of the iceberg to unveil. Medically-speaking, he was doing better: the infected perianal abscess was healing and the raised insulin dose was resulting in lower fasting blood glucose sugars. In fact, my mentor and I were so encouraged by the progress that we nearly forgot to ask the social workshop questions altogether. Nonetheless, with almost everyone else gone from the clinic, we sat down together to go over which social resources he would need. The conversation quickly turned bittersweet. Señor Lopez had recently lost his job as a cook, causing him to default on his last month’s rent and putting him at-risk of losing his housing along with his wife. He had been searching steadfastly for work ever since, but each restaurant had followed his inquiries with a request for citizenship papers, which he did not have. Socially, he was struggling: no children with whom to talk, no nearby family from whom to receive help, and few close friends that were willing to bear his burdens alongside him. Were it not for Free Clinic, he would not be able to receive healthcare, but even this required 1.5 hours

of bus rides in each direction.

By the end of the interview, I was at a loss for words and my heart ached. I had been so focused on trying to treat his infection and manage his diseases that I had lost sight of the person right in front of me. I had professed to be practicing medicine but was guilty of practicing physiology and pharmacology instead. After thanking him for his willingness to share so much, I liaised with the social worker to lay out a plan. As I soon discovered, though, being undocumented makes nearly everything harder. Jobs are scarce and often fleeting; available and affordable housing is near impossible to come by; and there are no official organizations to help you along the way. The heaviness of the reality began to set in when I realized how much I wanted to do for Señor Lopez and how little I could actually accomplish.

My final resolve was to focus on what was attainable: a small amount (\$20) of gift cards for food, a list of local churches that provide free meals every day of the week, and a “211” reference card for finding emergency shelter if he and his wife did lose their apartment. I then helped him brainstorm new ways to seek out quick work, from joining his wife and cleaning homes to creating tear-off sheets with job-descriptions and posting them at his local church. The sincerity of his response to these items was heart-warming in light of the challenges he faced. I loved being able to offer support amid his circumstances but internally wrestled with the thought if it was enough to make a lasting difference.

Perhaps most significantly, this last experience leads me to my final conclusion at this stage in my medical school career. Patients are people, with as many feelings, aspirations, and goals as they have symptoms, medications, and disease. They are people who want to be seen for who they are, not in terms of a label I place on them. And though my time and efforts may not solve every condition or circumstance, I am obligated to try, and to try again as the opportunities arise.

If medicine was to become my art, then these brushstrokes formed the foundation of my canvas: ever learning, never assuming, and always feeling.

MICHAEL VU, MS3
HOME SWEET HOME





SUMMER INDOORS

MICAH FRY, MS1

This summer
we did not pick the blackberries
from the path behind the pool.

We did not tread
the dappled, graveled ground
as we aspired to do.

Our skins stayed white and mute—
No, not brown with dust, nor red with the sun—
white and mute.

We fought and ate and
wrung each other's anguishes in outstretched hands
and we slept and sucked and sang.

All the while blackberries ripened and rotted
amid the susurrus of crying children
and splashing water.

TC ROBBINS, MS4
SUNGAZER





LIFE'S A BUNCH OF ZINNIAS

SOHINI KHAN, MS2

It starts off with a plain packet of seeds
Each no bigger than an average lentil
Deposited gently among layers of hearty soil
Positioned to receive sunlight from every day's every angle

Weeks pass on as small tendrils poke through
Then come small buds after months of awaited toil
As leaves sprout, so do snails that threaten to eat all
And just a few survive to finally blossom
And when they do, they're one's personal rainbow
Even a scrawny patch of pink and orange zinnias

Life seems no different when it comes to ideas
Plans and ambitions, dreams and aspirations,
And so we wait for those little seeds we'd planted back when
To one day prevail and capture life's full spectrum



NEAP TIDE

MICAH FRY, MS1

All years elapse
as the water laps
and the shore, beaten,
relinquishes its shape.

The hour's new freedoms will fade
might return—diminished.
And the concept of rhythm,
a figure of speech.

Not a whole lot will come of it.

To be immersed
in the sea as it breathes
gusty breaths—
This cannot be relegated:
to words, or to memory.

Still.

Not a whole lot will come of it.



PAIGE RUIZ, MS1
ELECTRIC BEACH

A STRETCH OF NOWHERE

ANONYMOUS

He didn't mean it, and neither did she.

"I'm sorry," he said.

Jane sniffed, looking out as wheat fields passed in rows of dizzying symmetry.

John looked ahead, both hands on the wheel and out of her reach.

A strawberry field approached, and for a moment Jane wanted to ask John to pull over, but she knew he wouldn't. His face was stone and it was 300 miles to Killington.

They would fight again today. And tomorrow. And the next.

Until then, a truce, with 299 miles to go.

"It's okay," she said.

She didn't mean it, and neither did he.

J.S. XIE, MS1
EURUS





A MOST SERIOUS CASE OF PALPITATIONS

ANDREW PARK, MS1

Empty as it was, Dr. Shelbie Modkins looked both ways before crossing main street, hop-stepping the slush piles along the curb. It was winter, her feet were damp, and she was late: her clinic was another four blocks away, and already Phyllis, her assistant, had begun paging reminders and administrative banalities that made her head spin. Juggling a bagel and coffee in one hand and her phone in the other, Shelbie thumbed a response as she walked past the old Christmas decorations strung along the street. She tried not to think of the slew of patients waiting in her clinic or the lab supplies that needed to be restocked. For the briefest moment, she tried not to think of anything at all.

It hadn't even been a year since she returned. The town was old and arthritic; everyone she knew had grown up and moved away, or, like her parents, moved on. But she returned anyway, hard set on serving this community to open the only semblance of a hospital that offered services to all who came, no questions asked. And no one ever asked. Her patients were hardworking people who greeted strangers on the street, attended Sunday mass, and drank Coke out of glass bottles. She started the clinic fresh out of residency, when the leaves were green and bobbed lazily in the summer wind. Back then, everything was so colorful and new. But summer faded away. Her patients' problems did not. Now, winter was blanched of novelty and muddled with the daily routine of work, the horizon the color of concrete.

"Shelbie!"

Turning around in the direction of the voice, she saw again the man she had walked past without a second thought. He was average in appearance, his face vaguely familiar as her mind struggled to clear the dust and piece together its semblance. And soon she remembered.

It was Ben. Ben...What's-his-face, an old friend from high school.

"What have you been up to?" Shelbie asked. And before he could answer she knew. He always

loved to work with his hands while his mind pondered. She had studied with him on Friday nights. While she labored over enzyme tables and molecular pathways, he entertained himself with things rarely thought: how ants slept for instance, or whether coffee-flavored water qualified as decaf coffee. His head was always far up in the clouds, Shelbie's weighted demeanor barely anchored him down. He had become the hopeless dreamer he always was.

"Not much," he said. "You?"

A lot of things, really. There was the clinic, which took up most of her time, and then there was getting by, which took everything else.

Ben smiled. "Finally living the dream?"

"Uh huh. And trying to see what lies under it."

Ben laughed, his eyes lined with crow's feet. "We should catch up sometime. It's been forever."

"Yeah, sure." Shelbie felt her phone vibrate; she was definitely going to be late. "Let's."

"Does Tuesday work for you?"

It didn't.

"How about Friday?"

Nope.

"Next week?"

Busy.

Well, he said, it had been a while since his last checkup, and with her being the only physician in town, how about he stop by for a clinical visit?

"Sure," she said. "Clinic is down the street. Bring a book. Bring two."



Ben came by the busiest hour of the day. By the time Phyllis shepherded him from the waiting room, Shelbie had already managed seven patients: managed to make four children cry, managed two cases of worsening heart failure, and—barely—managed to secede from a heated vaccination debate with a recalcitrant parent. She was spent.

By the time she saw Ben on the examining table, she was almost glad to see him. He looked healthy, unassuming, and manageable.

What was he here for? she asked. A bug, he said. Some kind of virus, maybe. He'd had it for years as far back as when they were in school. And Shelbie nodded, listening to his lungs and heart, so focused on the exam that she failed to see his face redden throughout their interaction.

On exam, she noted something unusual. "You have palpitations."

"What's that?"

"It's where your heart flutters back and forth."

"Sounds kind of romantic."

"Could be kind of serious."

She ignored the quip and finished the rest of the exam. He was diaphoretic—a bead of sweat licked his brow as he gave a weak smile—and his heart was racing. Blood pressure was markedly elevated.

"Ben, do you have any chest pain?"

"Umm, no."

And it became apparent, from his exam, his history, and that he did have a bug; he had caught something for which there was no cure.

"I'm sorry, Ben. But the answer is no."

"Why not?"

"I just don't have time for things like that right now. And I don't date patients."

Shelbie wrote him a prescription for ibuprofen, re-

ferred him to the cardiologist three towns over, and discharged him from the clinic.

In bed that night, she couldn't sleep. Turning from side to the other, she thought about the conversation earlier that day. She had done the right thing. She was between two roles. As a physician, it was her responsibility to aid him to the extent of her capacity. But as a person, she was tired, and overworked, and worryingly behind on her laundry. She simply did not have the time.

Ben came back to the clinic a few days later, stating that the cardiologist had found nothing wrong, no evidence of palpitations on exam. But he did have some abdominal pain and wanted it to get checked out, and he had looked it up in a medical website, and he had some ideas as to what it might be, and since he was in town and all, can she possibly see it?

"I'm booked," Shelbie said. "You'll have to wait."

So he did.

Once in the room, she motioned for him to sit as she examined him quickly. Belly was soft, no tenderness, no hint of discomfort. Aside from his palpitations, he was completely unremarkable.

"What about the stuff I looked up online?" He was struggling to keep from breaking into a grin. "I could have something serious, you know."

Shelbie thought about the charts that remained unfinished.

"I'm absolutely positive that your abdominal pain has nothing to do with what you looked up." "Why not?"

Shelbie sighed. "Because uterine prolapse only occurs in women."

The patient did not have any abdominal pain on exam, she wrote in his note that night. Fidgeting uncomfortably in her seat, she wished she could say the same for herself. His visits were becoming more frequent, and he was becoming a pain in her rear.



In January he visited the clinic, listed his New Year's resolution to lose weight, gain confidence, exercise regularly and, by the way, felt quite certain that he may have diabetes.

"Ben, how the hell do you even pay for these visits?"

"PPO."

Shaking her head, she wrenched his hand, prepped his finger, and poked him with the glucose needle using a tad more force than necessary. Ow, he said. Good, she thought. His blood sugar was normal, and there was no sweetness in her voice when she discharged him home.

"He really is a nice man," said Phyllis, as she handed the discharge paperwork for Shelbie to sign.

"Uh huh." Shelbie skimmed the file before scrawling with her pen. "It would be nice if he actually came in with something worth addressing, instead of just wasting my time."

"It's not so bad, having him around." Phyllis smiled. "You should see the way he talks to everyone in the waiting room. Makes anybody feel like a somebody."

Ben returned in February, one hand grasping a box of chocolates, the other clasping his head.

"It's the lights, I swear, they keep causing these migraines, and I'd like to see what it could be."

Shelbie raised an eyebrow. Without a word, she slipped the ophthalmoscope off the wall, motioned for him to sit on the examination table. He plopped happily, the white cellophane crackling beneath him.

Optic nerves were unremarkable. His blue eyes were normal.

No evidence of papilledema. With a tinge of green, like chamomile tea.

No scleral icterus. They stared at her the whole time, and she felt small.

Patient was discharged home in good condition, palpitations notably unchanged.

Unremarkable.

Her fingers ached from typing his note. It was the last chart of the day, making it the hardest to finish. And yet, there was something bearable about this visit. The chocolates, she had to admit, were good.

Dr. Shelbie fell ill on the last day of winter. She denied it, nobly, but when her nose kept running, and one of her patients repeatedly offered her tissues, she realized that she had to throw in the towel and go home. The clinic would, sadly have to wait. She called in sick, told Phyllis to cancel all her appointments for the next day, including—she paused—including Ben's. And she felt slightly guilty, a small measure of sadness, even, like when she lost her second favorite sock in the dryer. She lay on the couch under the blankets, watching something on the television, wondering who was the likely sick culprit (one of the children, likely, it was always the children), when the doorbell rang. Hobbling off the couch, blanket wrapped around her, Shelbie answered.

red the door. There stood Ben, with a thermos in one hand, a bouquet of roses in the other.

"I heard you were sick."

Shelbie coughed, sneezed twice, and nodded her red-rimmed nose.

Ben smiled a smile that reached his eyes. "And who treats the only doctor in town when she gets sick?" Before she could speak, Ben cleared his throat.

"I found another physician elsewhere, and will no longer bother you at your clinic. So you don't have to worry about that. At least let me serve you some soup."

Shelbie sniffed, nodded, saw the red roses set against the white snow.

And, it being the last day of winter and all, her heart had finally thawed, and she let him in, and she nestled into the couch as he poured soup from the thermos and found a vase to set the bouquet. He brought her the soup on the tray, and she rested her head on his shoulder, could feel his heart beating with palpitations. He really ought to get that checked, she thought, drifting to sleep on his arm.

That was two years ago. Ben's palpitations have ceased on their own, and his blood pressure was now at a manageable 128/82, with no need for medications. As a physician, Dr. Shelbie was satisfied with these results.

As his wife, she couldn't be happier.





THE BUTTERFLY ROOM

LUKE BURNS, MS3

It took me a while to figure out the secret language of the hospital. As a third-year medical student fumbling through this unfamiliar world for the first time, I was expected early on to develop my own fluency of all its coded symbols. They're everywhere, if you know where to look. Yellow socks on patients at risk for falls. Code Blues on the PA system that send everyone bolting for the stairs. Short white coats for doctors-in-training, Mickey Mouse scrubs on the nurses who don't mind answering questions and coffee stains on the residents who do.

Eventually, I built up a reliable encyclopedia of these symbols, but occasionally I would still encounter something bizarre and unfamiliar. This happened early one morning as I stood outside a room with the strangest symbol I had seen so far.

It was a butterfly, a black silhouette on a creased A4 page that must have been stuck on and struck stripped off a dozen hospital doors before this one. Because I already knew why I was standing outside this door, because I had followed the medical intern to this room with an expectation of what would lie within, I could puzzle out the meaning of the butterfly.

My intern—at the end of her first year of residency—was visibly anxious. As I had followed her up the stairs from the physician's workroom to the 11th floor she had spoken to me only once, and quietly.

"Just don't say anything, please."

I'd seen dead bodies before. In my first year of medical school, I'd spent four months slowly dissecting a cadaver, memorizing the inner workings of the human body by peeling and cutting and sliding it apart. Though I eventually grew accustomed to the fleshgore and formaldehyde, a constant low-level thrum of tension accompanied every minute I spent in that basement lab. It was only as the year progressed, as our subjects were gently disassembled and absolved of any remaining humanity that I could begin to distance myself from the task at hand. Only by individually examining the many

simple parts of this complex machine could I begin to forget the person who made up their sum.

The intern went into the room first and I followed, clutching the bundle of blank forms we would later fill out to confirm the death of a patient who had been under our care. The room was dark, it was still early morning, and I could barely make out the body. It was a woman, blue and dead. Beside her sat a man, texting. We entered quietly and he looked up for a moment, blinking, then bent back to his screen. The room felt empty, its inhabitants disconnected and unaware of each other, like unmoored ghosts haunting the same quiet space. I stood at the foot of the bed, watching the intern perform her state-mandated rituals, lifting eyelids and listening for a heartbeat that nobody expected. The thought of touching the corpse horrified me, made me dig my hands deeper into the pockets of my white coat. It wasn't real. It was just a specimen. A case study.

Amid this silence the man suddenly stood, speaking loudly into his phone.

"Yeah. Yeah, I am. She just passed. Yep. Yes. Thank you."

He sniffed once, loudly, as he ended the call and my intern, as if acknowledging this man's presence for the first time, reached out to touch his arm. The connection shocked him. Perhaps he'd thought he was the only living person in the room. He began to weepcry, and reached out to touch his wife's shoulder, the intern resting a hand on his back. For a moment all three bodies were connected, a constellation illuminated by the light from the iPhone on the nightstand. I stood awkwardly at the foot of the bed, clutching my blank forms, unsure where to rest my eyes. Eventually the man grew overwhelmed and collapsed across his wife. His face rested on her neck, his weight on hers. Great silent sobs shook the bed. The intern lifted her hand, offered a platitude and we moved toward the door.

They had trained us in the first two years of medical school in the art of the patient interview. We had been taught the best way to detect the symptoms of



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pneumonia, to assess the hemodynamic status of the body's vasculature. We had mastered the neurological exam, had memorized the warning signs of depression, the subtleties of draping a gown to best preserve a patient's modesty.

And here again, now, in the Butterfly Room, a lesson; more insight into what was to be expected of us as physicians, ferrying patients and their families between life and death, muttering the right words and handling the paperwork so that others would not be distracted from their grieving. As the intern and I excused ourselves from the room and back down to our office, I wondered to myself what the price would be for absorbing so much grief.

When I had some free time that afternoon I looked up the record of the dead woman: her name, her job, her age when she had died and the disease that had killed her. She had been brought in that evening by her husband for 'comfort care,' to dwindle out her last remaining heartbeats under a gentle canopy of opiates. Her life appeared to me in reverse, starting with death and scrolling back through to the beginning as I traced her disease to its origin as a single blip on a cloudy x-ray. I had never seen her live, so for me she could not die. Instead, sitting in a crowded hospital workroom, reading from a

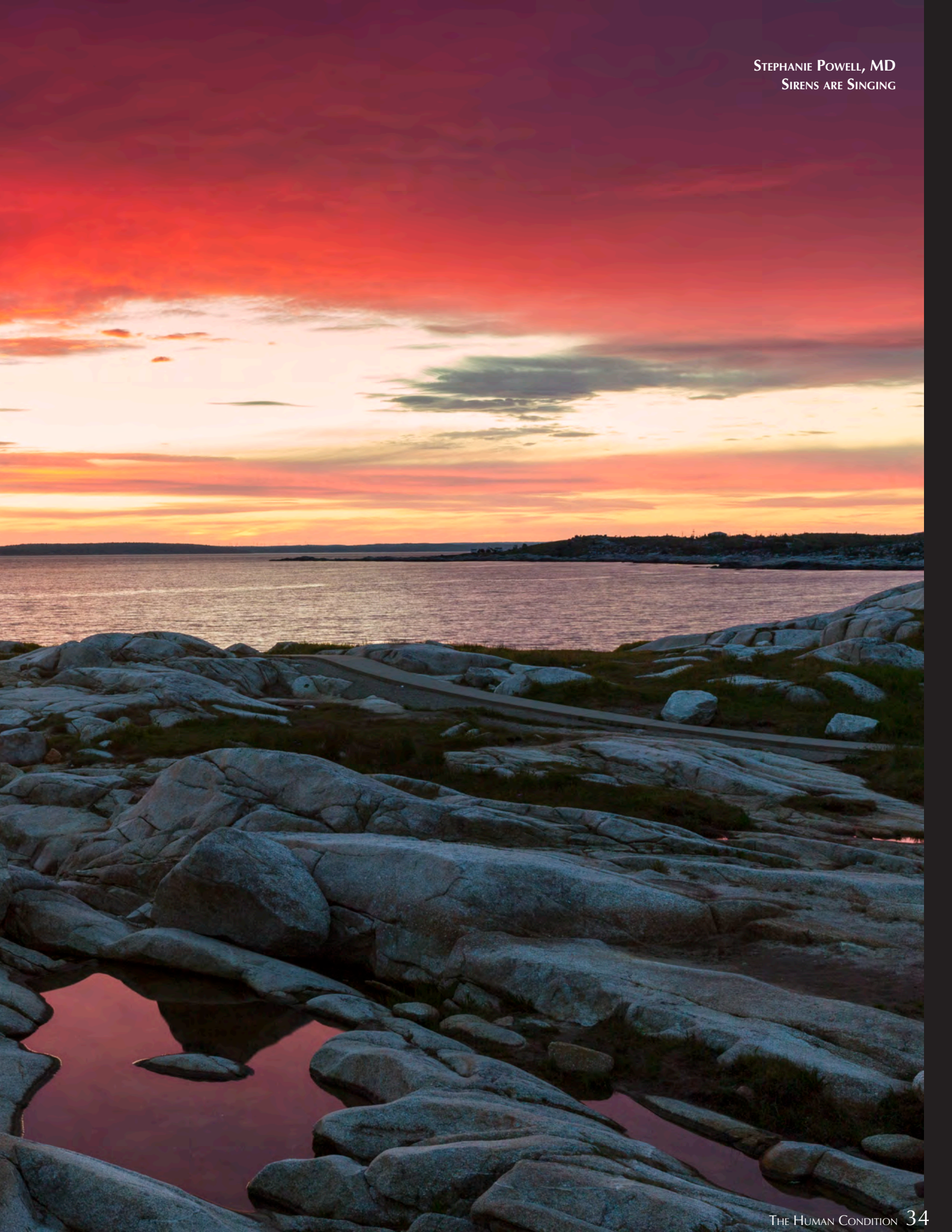
computer screen the name, the job, the suffering of a woman who had seemed so lifeless before, a part of her was reborn. As I scraped together what fragments of her life I could from the numerous notes chronicling her decline, I began to understand why the man had collapsed across her body this morning in his grief. Scraps of her life reemerged. It was something I would see so many times during my rotation in the hospital, daughters rubbing the calves of fathers left bloated and swollen by cancer, husbands changing dressings on the bed sores of demented, gurgling wives. The short glimpses of love I witnessed on each of these encounters indicated a grief too broad, too subterranean, ever to turn up whole in a medical record or board exam.

Back in the echoey stairwell, as we descended from the Butterfly Room that morning, I had hoped my intern might slip a comforting arm around my shoulder, might give me a long-winded speech on the responsibilities of the modern-day physician and declare how, despite the sadness and pain, our efforts were noble and satisfying and worth it in the end.

"Hurry up and get that death note signed," she said. "We have so much more work to do."



STEPHANIE POWELL, MD
SIRENS ARE SINGING





Lindsay Youngquist
02/2017