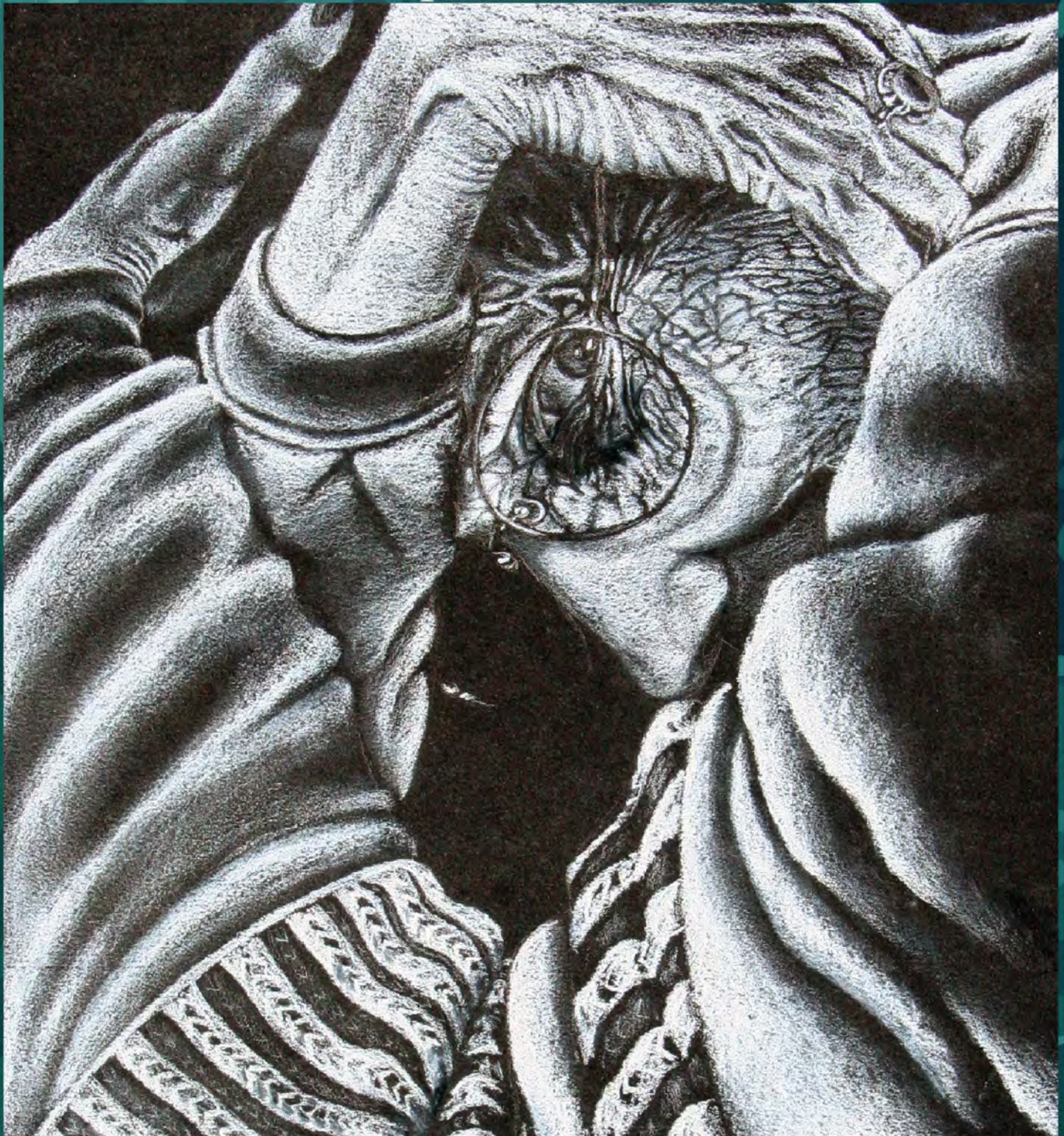


# The Human Condition

An Exploration of Art and Literature



Volume XXX | 2025  
UCSD School of Medicine



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Dear Readers,

It is with profound gratitude and a sense of milestone accomplishment that we welcome you to the 30th volume of *The Human Condition*. For two decades, these pages have served as both canvas and mirror—reflecting the raw, poignant, and transformative experiences of those who have chosen the path of medicine.

Narrative medicine stands at the sacred intersection of science and story. In a profession increasingly driven by metrics, efficiency, and technological advancement, we continue to assert that the human narrative remains central to the practice of healing. To cure sometimes, to relieve often, to comfort always—this ancient wisdom requires not just scientific acumen but the capacity to bear witness to suffering, joy, doubt, and triumph.

"जो नदी तुममे बहती ह", वही नदी मुझमे भी बहती ह"  
“Jo nadi tum mein behati hai, woh nadi mujhmein bhi behati hai.”

This proverb by the ancient poet, Kabir Das, translates to, "The river that flows in you, also flows in me." As we celebrate twenty years of publication, we honor those who have entrusted us with their stories. Their willingness to transform clinical encounters into narrative, to wrestle with the complexities of caregiving through prose and art, has created an archive of our shared humanity and interconnectedness that extends far beyond clinical notes or case reports.

This edition showcases voices from across the spectrum of medical training and practice. From the wide-eyed first-year medical student encountering mortality in the anatomy lab, to the seasoned attending physician reflecting on decades of practice, each contribution reminds us that medicine is fundamentally about connection—the delicate threads that bind healer to patient, teacher to student, human to human. Here's to the stories yet to be told, the wisdom yet to be shared, and the continued privilege of exploring the human condition together.

With deepest gratitude for your continued presence on this journey,

Carolyn Clark

Editor-in-Chief

Kanchi Mehta

Editor-in-Chief

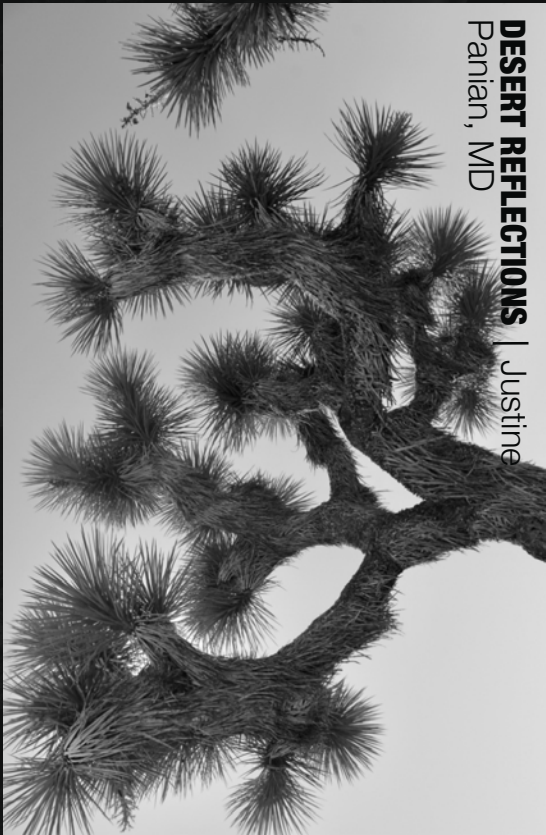
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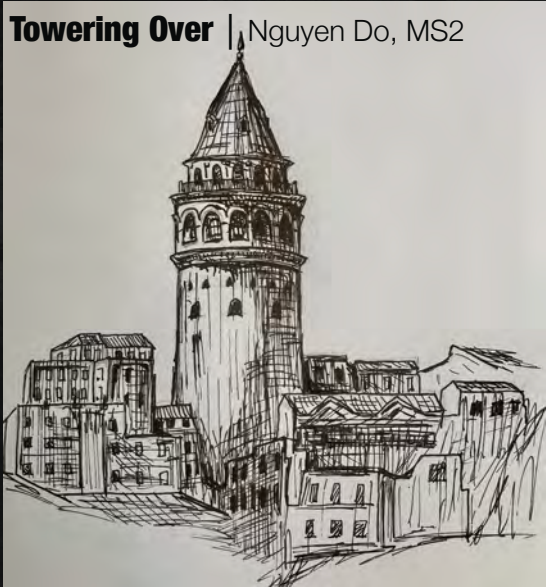
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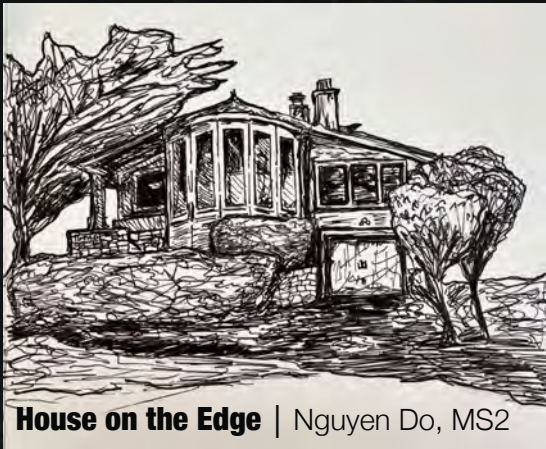




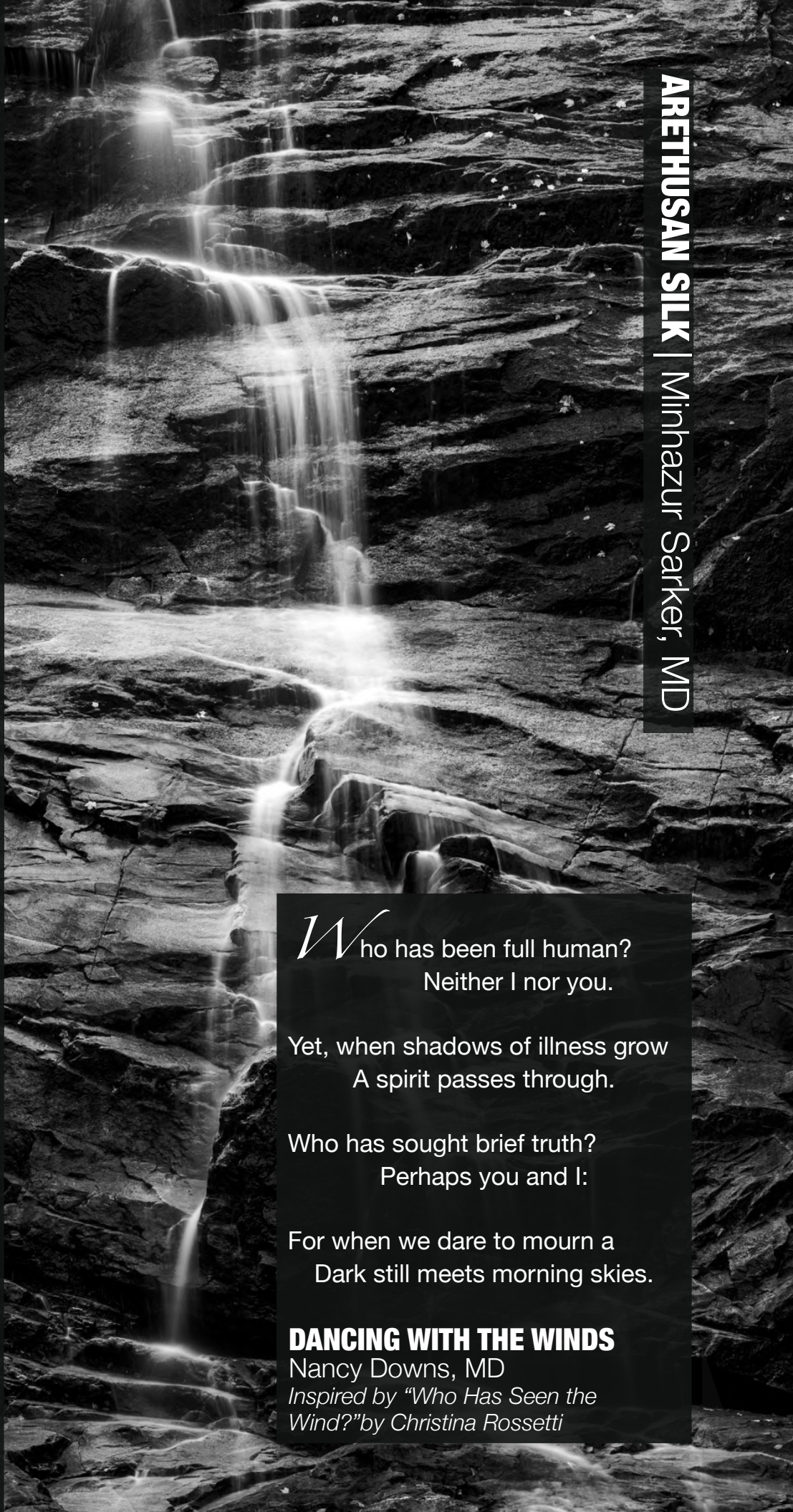
**DESERT REFLECTIONS** | Justine Panian, MD



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**House on the Edge** | Nguyen Do, MS2



**ARETHUSAN SILK** | Minhazur Sarker, MD

Who has been full human?  
Neither I nor you.

Yet, when shadows of illness grow  
A spirit passes through.

Who has sought brief truth?  
Perhaps you and I:

For when we dare to mourn a  
Dark still meets morning skies.

**DANCING WITH THE WINDS**  
Nancy Downs, MD  
*Inspired by "Who Has Seen the Wind?" by Christina Rossetti*

# THE NANCY MILLER CLUB

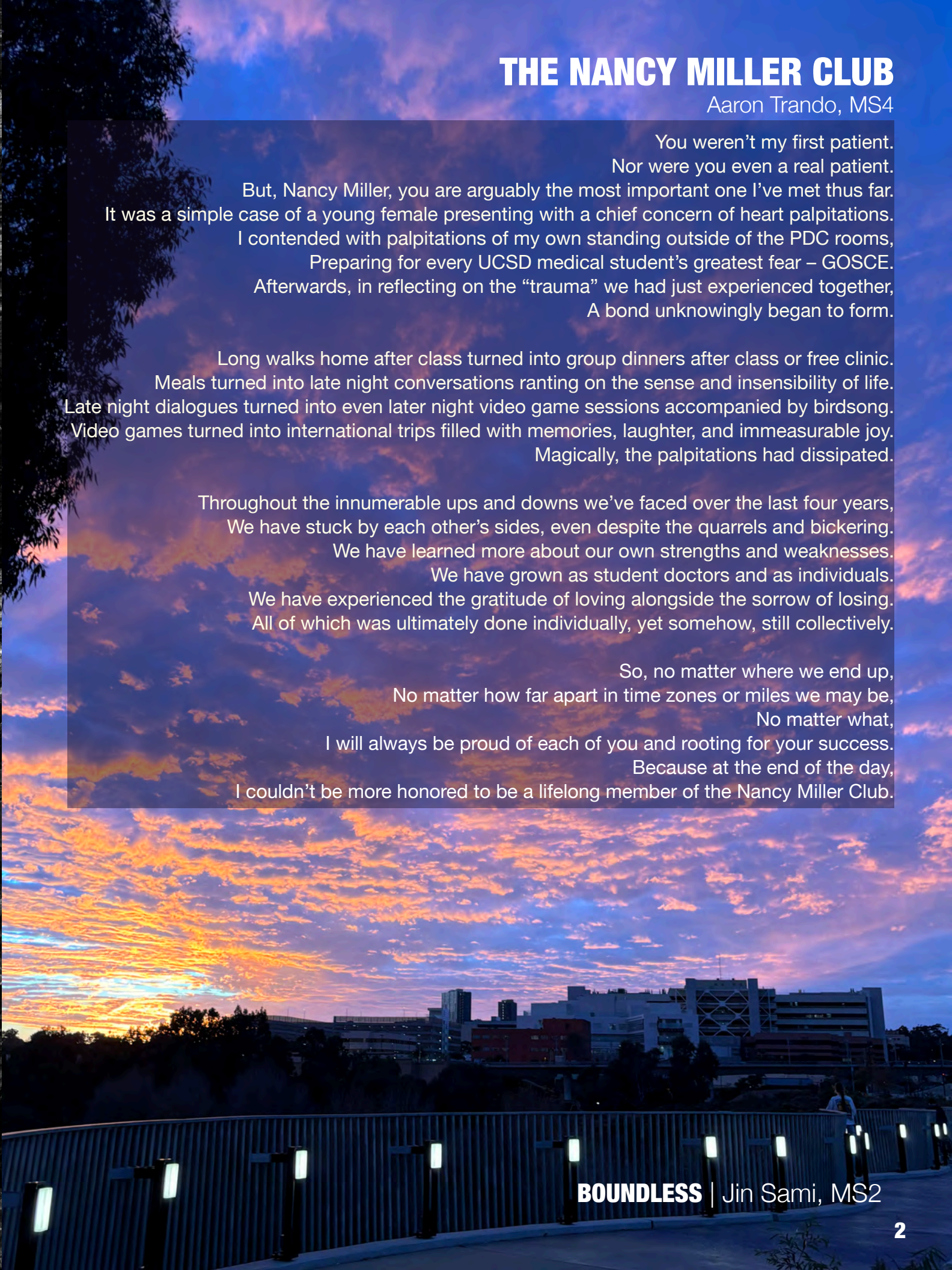
Aaron Trando, MS4

You weren't my first patient.  
Nor were you even a real patient.  
But, Nancy Miller, you are arguably the most important one I've met thus far.  
It was a simple case of a young female presenting with a chief concern of heart palpitations.  
I contended with palpitations of my own standing outside of the PDC rooms,  
Preparing for every UCSD medical student's greatest fear – GOSCE.  
Afterwards, in reflecting on the "trauma" we had just experienced together,  
A bond unknowingly began to form.

Long walks home after class turned into group dinners after class or free clinic.  
Meals turned into late night conversations ranting on the sense and insensibility of life.  
Late night dialogues turned into even later night video game sessions accompanied by birdsong.  
Video games turned into international trips filled with memories, laughter, and immeasurable joy.  
Magically, the palpitations had dissipated.

Throughout the innumerable ups and downs we've faced over the last four years,  
We have stuck by each other's sides, even despite the quarrels and bickering.  
We have learned more about our own strengths and weaknesses.  
We have grown as student doctors and as individuals.  
We have experienced the gratitude of loving alongside the sorrow of losing.  
All of which was ultimately done individually, yet somehow, still collectively.

So, no matter where we end up,  
No matter how far apart in time zones or miles we may be,  
No matter what,  
I will always be proud of each of you and rooting for your success.  
Because at the end of the day,  
I couldn't be more honored to be a lifelong member of the Nancy Miller Club.



**BOUNDLESS** | Jin Sami, MS2



STRADDLING TWO WORLDS: A MEDICAL TRAINEE'S REFLECTION ON LOSS

Helena Rockwell, MD

An Experience

I had walked into the ICU countless times before, but this time was different. This time, I wasn't a medical trainee. I was family. The usual chorus of alarms and monitors that I'd become accustomed to felt jarring, each sound amplifying the weight of the moment. As I stepped into the glass-walled room, the familiar hum of the ventilator filled the space.

He was there—my family member—but he wasn't. Eight minutes—480 seconds—without oxygen had taken him away in every way that mattered. The machines sustained his body, but the person we knew and loved was already gone.

I had made it just in time for the family meeting. I had expected my first experience in such a conversation to be from the other side of the table, as part of the medical team. Instead, I sat with my family, absorbing the reality of what had happened and what came next. He had made his wishes clear—no extraordinary measures, no prolonged suffering. And so, with love, we honored them.

The Colliding of Two Identities

In medical training, we are taught to analyze, problem-solve, and anticipate the next steps. We break down cases into pathophysiology, prognosis, and treatment plans. But in that ICU room, I found myself caught between two roles. One part of me instinctively thought like a clinician—assessing the situation, processing the prognosis, weighing the options. The other part of me was just...family. Grieving. Hoping for a different outcome. Facing the reality of loss.

At first, these two identities felt at odds. I wanted to understand, to think through the medical aspects. But I also wanted to silence that voice, to just be present, to allow myself to feel. It was then that I realized: being a good physician is not just about knowing the medicine— it's about knowing when to step back, when to listen, the value of placing yourself in another's shoes to try to understand their perspective, and how to embrace all the motions and emotions of, after all, being human.

And yet, honoring wishes isn't always simple. My family member had been clear, but many patients aren't. They leave no roadmap, no directives, no explicit conversations about what they would want in their final days. Families are left to make impossible choices, piecing together fragments of past conversations, values, and beliefs. Even when we think we know, doubt lingers—Are we making the right choice? Is this truly what they would have wanted?

But I've come to understand that certainty is a privilege we don't always get. What matters is that we try. We lean on love, on what we know of the person, on what they held dear. We do our best. And that effort—imperfect as it may feel—is meaningful beyond measure.

A Lesson In Compassion

We often equate helping with doing more—another test, another treatment, another attempt. But sometimes, helping means stepping back. It means recognizing that the best care is not always the most aggressive intervention, but perhaps, shifting focus and doing less.

That day reminded me that practicing medicine is not just about mastering knowledge; it's about navigating moments of profound humanity. It's about seeing patients not as cases, but as people—people with lives, values, and loved ones who will carry their memories forward.

Over a year later, this experience continues to shape me. It reminds me that while medicine teaches us how to diagnose and treat, it is just as important to learn how to comfort, support, and honor in any field of medicine. The ability to separate myself from the medicine is sometimes difficult, especially when decisions are unclear, but in those moments, I remember: knowledge makes us physicians, but compassion makes us healers. And trying our best to honor someone's life and values—however uncertain—is one of the most meaningful things we can do.



PRECLINICAL PREFLIGHT: PLASTIC VEINS, EMOTIONS, AND OXYGEN MASKS

Miranda Olson, MS1

Formaldehyde singes my nose. Stringent light reflects off metallic surfaces and white sheets. Still reverence looms as each individual is directed to a wheeled table. On that table, an amorphous form carves mountains and valleys beneath a starched cloth.

So far, so good. No blood. No guts. No bodies.

Pens click, and my breathing accelerates. Around me, whirring minds file through memories of class texts read in preparation for this moment. My lab partner fingers the sheet corner, anxious to get started. She's prepared. Excited.

As the sheet is suddenly flung back, I'm frozen between emotions like the inert face staring back at me. My whirring mental pages stop abruptly on a quote from the book Stiff, "For me, hands are hard... Because you're holding this disconnected hand, and it's holding you back." These words float in the dead space between my cadaver and me, propelling my eyes to settle on a pale palm. At that moment, I understood this surgeon's comment.

"I wasn't dissecting her. I was dissecting the memoir she left behind."

Lying there unmoving and absent of life, I can picture the hand as it had once been. A testament of a life. Wrinkles carved through the years. Hard earned callouses bridge fingertips to palm.

Touch creates connection. It's a primary form of communication. Even cold and stiff, her hands connect and communicate. Throughout the dissection, I fear that touching the cadaver will generate too much feeling.

As I separated natural tissue barriers and sawed sagittal slices through flesh and bone, this sense of intimacy with the cadaver dissipated. I felt the purest emotional reaction when we first came face-to-face and glove-to-hand. I wasn't dissecting her. I was dissecting the memoir she left behind.

RELATIONS

Amy Xue, MS2

The ocean breathes because the moon asks it to

The earth shifts because the ocean pleads so

The moon revolves because the earth cannot let go

To be, to exist means to build relations to be in the company of others

so when the ocean grows dim the moon can make it shine and sparkle

so when the earth needs a hug the ocean is there to hold her

And when the moon needs time alone Earth patiently waits for its light to return



Scan to continue reading

MILKY WAY OVER BAJA CALIFORNIA  
Ishan Saha, MS3.5



A VERY MS1 MYSTERY Joseph Bell, MS1

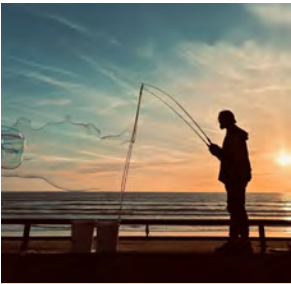
*Timely Warning: Burglary! The Costco snacks for MS1s were stolen in the middle of the night from the medical school offices! After thorough investigation, the only suspects identified are the five faculty members who were working late on campus last night. Campus police suspects that only the last professor on campus would have been able to steal the snacks, but even after questioning the professors individually, a timeline cannot be confidently established. Each of the five faculty members worked alone in their respective offices the entire night and is unsure exactly when they left relative to the others; there were no interactions between any of the professors. You, an eager MS1, decide to test your history-taking skills and interview the suspects. Perhaps you can use their statements to piece together the exact onset and duration of this crime rated 2/10 in severity...*

PAETYN | Sarah Schwab, MS2



**ANATOMIST BLEU:** I was in the lab, my office, preparing for the next anatomy class. I like to ground myself and meditate at regular intervals while working, and in the silence, I can usually hear the people in the two rooms directly to either side of me. At some point I heard someone leave, and right before I left, I heard the voices of Histologist White and Professor Purple. I didn’t hear any other sounds while I was in the lab. Before I left, I turned off the lights and locked the door to the anatomy lab. Thank you, and I hope that was clear.

WISHES | Sami Jin, MS2



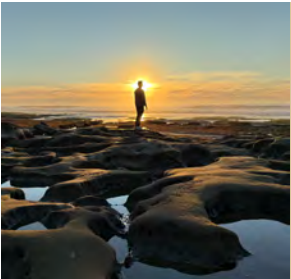
**PHARMACIST BRAUN:** I was practicing writing levomilnacipran with my left hand in mirror image to film my Braun’s Basics recorded lectures for the next block. I also had to print more of my flip cards; the Getty Museum wants to put the diagrams I draw on display, and now the cards keep running out for students. Unfortunately, I was listening to very loud classical music on my computer speakers the whole time, so I didn’t hear who else may have been around. When I left, at least three doors were open, and the recycling bin in the lobby was empty.

MONEYBAGS MCGEE Phil Schofield, MS2



**DIRECTOR GREEN:** I held office hours over zoom and explained creatinine clearance to fifteen anxious MS1s in a row. Luckily, I had Ollie, my preternaturally calm fourteen-year-old chihuahua, for company the whole time. For dinner, I had my favorite sandwich, a TBL (what do you mean, it’s actually called a BLT?). I don’t think I was the last one in the office; when I left with Ollie, I remember there were still lights under two doors, and one of them was still slightly ajar.

APOLLO | Kaitlyn Lew, MS2



**PROFESSOR YELLOW:** I had a busy day! I edited the Histo Sibs video lectures starring myself and Histologist White and must have listened to some of those clips a dozen times while splicing them together. However, I finished a bit earlier than expected, so I started working on a margarita machine (Stay tuned). I didn’t notice much about when I left. As soon as I got into the lobby, I started sneezing like crazy. Might have been allergies – I can’t be around dogs or cats. I might have forgotten to close my door or turn off my lights, now that I think about it.

SUNSET AT TORREY PINES GOLF COURSE | Paul Grossfeld, MD



**HISTOLOGIST WHITE:** England had a terrible day of cricket (ghastly defence, I tell you!) so out of frustration, I was folding up students’ failed histology quizzes into paper airplanes and throwing them around my room. Before I left, I know I remembered to close my window, lock my door, and toss the paper airplanes into the recycling bin. One other thing-- when I left, I remember smelling formaldehyde; perhaps the door to the anatomy lab was open.

Who was the last professor in the office?  
SEE BELOW FOR THE SOLUTION

ANSWER: Pharmacist Braun left first before Histologist White took off and recycled the paper airplanes on the way out. Anatomist Bleu heard White head out but also later heard White’s voice playing from Professor Yellow’s editing. Professor Yellow left after Bleu and sneezed because of Ollie, proof that Director Green was the last professor in the office. Director Green had noticed that both White and Yellow had left their lights on when Ollie, suddenly struck by surge in appetite utterly un-Chihuahuan in magnitude, dashed away and ate all the Costco snacks (which were luckily chocolate-free). After you finish your questioning of all the professors, Director Green finally has the time to go on a Costco run, and the snacks are quickly replaced, largely with none the wiser. All is well. You stop procrastinating and resume studying for renal with a clear mind, the satisfaction of a case solved, and a newfound fear of Chihuahuas.

HORSES (for Ted Heffernan)

Frederick Millard, MD

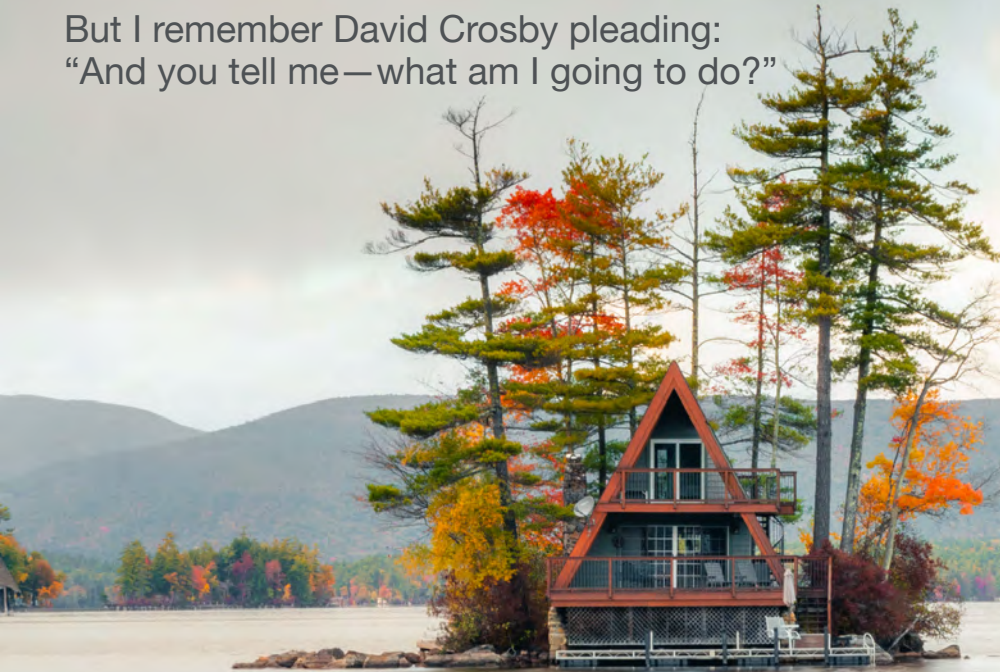
Somewhere along the line  
The realization arises  
That you have backed the wrong horse.

Furthermore,  
There is no Horse of Total Rightness.

In the acquiescence,  
Something rushes in to fill the gap.  
That something has a lot to say  
About every moment after.

I know so little of the ceasing of the strain.

But I remember David Crosby pleading:  
“And you tell me—what am I going to do?”



A-FRAME IN AUTUMN | Ishan Saha, MS3.5

Julia Kuck, PhD

I AM THE ONE WHO HONORS SHAMANS & HEALERS



CHILL TEMPLE CAT, MYANMAR | Alan Aung, MS4



SWISS ALPS Emma Rice, MS3



BOUQUET IN LIGHT Sabeeca Vadakkan, MS1





## DAD, WILL YOU PLEASE PLAY WITH ME

Arvin Wali, MD

Dad will you please play with me?  
And my baby brother too  
All the time we wait for you  
To throw us up in the air, wrestle, and laugh  
To show me the dinosaurs and the surgeries  
you did today

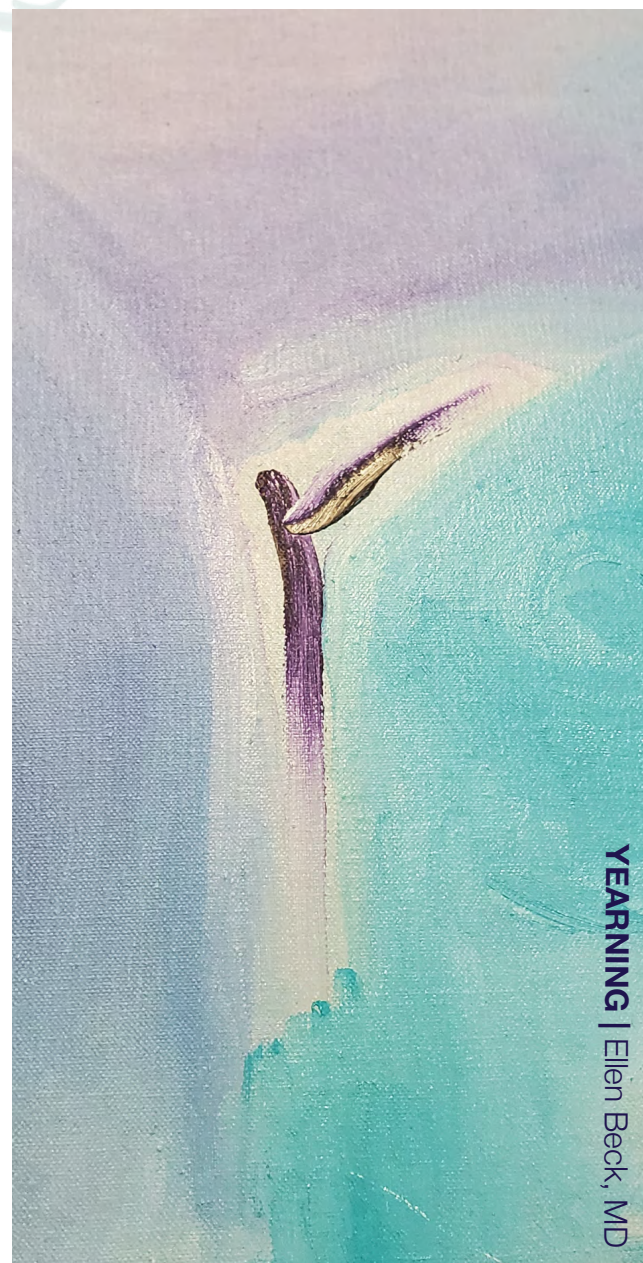
Dad will you please play with me?  
You said you must go  
Before I wake up  
And must come back after I'm asleep  
All the time we wait for you  
To throw us up in the air, wrestle, and laugh  
To show me the dinosaurs and the surgeries  
you did today

Son, will you please wait for me  
I'm coming home boys  
The day and night are done  
Wait for me- just a few more minutes  
So I can throw you up in the air, wrestle, and  
laugh  
To show you the dinosaurs and the surgeries  
we did today

Son will you please wait for me  
Just a little longer please  
The community needs the team and me  
To stave off the patient's death and disease  
For a few more days, months, or years  
To help others play with their loved ones and  
laugh

Son will you please wait for me  
I'm on my way home  
So I can throw you up in the air, wrestle, and  
laugh  
To show you the dinosaurs and the surgeries  
we did today

*Arvin Wali is Chief Resident for Neurosurgery. His wife Milli Desai is a chief resident in OBGYN. In their free time, they enjoy playing with their boys Arahana (4 years old) and Atharva (almost 2 years old) – especially throwing them in the air, wrestling, and laughing.*



YEARNING | Ellen Beck, MD



ARTWORK PETRIFIED | Veena Do, MS4

## WHAT DOES MEDICINE MEAN TO ME?

Miguel Woodham MD, PGY2 | Internal Medicine, UCSD

**I remember the first time I failed  
to save someone's life.**

I was a new intern working in the cardiac ICU, only two weeks into my career.

My patient needed a heart transplant, but he was a COVID denialist and would not get the required vaccinations to be eligible for a transplant. His wife was equally misinformed and supported his every decision.

Even though he was already bedridden and dependent on inotropic support and his other organ systems were starting to fail, he refused to accept the severity of his condition.

It was around 4 p.m. on July 14, 2023, when his nurse paged me: "Please come assess the patient, he appears sleepy." I was getting ready to admit a new patient in the emergency department, but something about the situation felt strange. When I went to see him, I found his wife and friend at his bedside. They expressed their concern that he was sleepier than normal. I tapped him forcefully on the left shoulder, his eyes opened for a few seconds.

His gaze appeared confused but not disoriented. I rubbed his sternum, which elicited a more pronounced reaction. He opened his eyes and said, "I'm okay Doc, just tired." I reviewed the EMR and noticed he just received his as-needed pain medications. I shrugged it off and went back down to the emergency department.

On my way down I could not help but think that something was off. Was it the medication? Is his heart getting worse and failing to adequately perfuse his brain? Could this be a stroke? A new infection leading to sepsis? Something was off, I knew it, I just did not know what. I could feel my heart pound, my palms sweat, and my mind could not focus.

I noticed his heart rate was elevated which was a change. I tapped him on the shoulder again. No response. I rubbed his sternum. No response. I rubbed his sternum again, but harder. Nothing. I found a pulse, but when I retracted his eyelids and shined a light on his eyeballs, I saw two severely dilated and fixed pupils that did not react to light. His arms were rigid and posturing backwards. My heart skipped a beat as I felt a chill, and a gut-wrenching pain. I had made a mistake and now this person – someone's husband, someone's father, someone's son, someone's friend – was having a stroke.

I ran and called a stroke code to the patient's room. I stopped his anticoagulation and called his nurse for assistance. I sent him to the CT scanner, and I remember watching with the neurologist as the patient was put in the scanner. Minutes felt like hours as we waited for the computer to render the images. When they were ready, I saw what I feared the most: His brain was being pushed by a pool of blood and the lower part of his brain had herniated out of his skull – an unsalvageable stroke.

**He would be pronounced dead later that night. No responsiveness.  
No heart sounds. No lung sounds. No brainstem reflexes.**



DAISY | Jean Wu, MS2



Nothing. He was 44.

I remember feeling an overwhelming sense of sadness, disappointment, and guilt. How could someone who gave me so much grief daily during his hospital stay affect me so much? Did I just rob someone of an opportunity at life?

I realized I had come face-to-face with my limitations as a physician and a human being. That set the tone for my medical career, and I vowed to never make the same mistake again.

I also remember  
the first time I  
saved a life

It was a few months later in October 2023. I was working in the general medicine wards at the VA Hospital. I was called down to the ED to assess a patient with a case of “mild pneumonia.” It became clear very quickly that this was not a “mild pneumonia.”

The patient’s face was pale, sweat was beading off his forehead, his heart rate was elevated, and his blood pressure was starting to drop. He was breathing fast on 6L and his cough sounded like someone who had smoked for decades. I admitted him to the hospital, quickly started him on antibiotics and fluids, and began an infectious workup. In the coming days, his condition continued to deteriorate despite the escalation of antibiotics and multiple IVF boluses.

His blood pressure was hard to maintain, and his oxygen status continued to worsen he now required 15L of oxygen via Salter cannula. His sputum culture came back positive for MRSA. I knew immediately this was going to get a lot worse before it got any better.



An empyema had formed in his left lung, requiring the insertion of a chest tube. After his chest tube was inserted, I checked in on him before leaving for the night. He was status quo. I told him I would see him tomorrow. He smiled and said between labored breaths “Have a good night, Dr.”

Scan to continue reading



URBAN GREENERY | Michelle Tenggara, MS2



BROKEN HEART SYNDROME  
Ishan Saha, MS3.5

Pumping, beating, suffocating.  
Each beat, cells are straining.  
Oxygen that’s lost in the tearing,  
Ischemia brought on by dating

With each heart break,  
Scars from each mistake,  
Create arrhythmias from the ache.  
I lose myself in each new “hello” that’s fake.

And while my heart keeps me alive,  
Its rhythm grows irregular and deprived.  
With each break, scar tissue heals the pain,  
But a hollow emptiness remains..

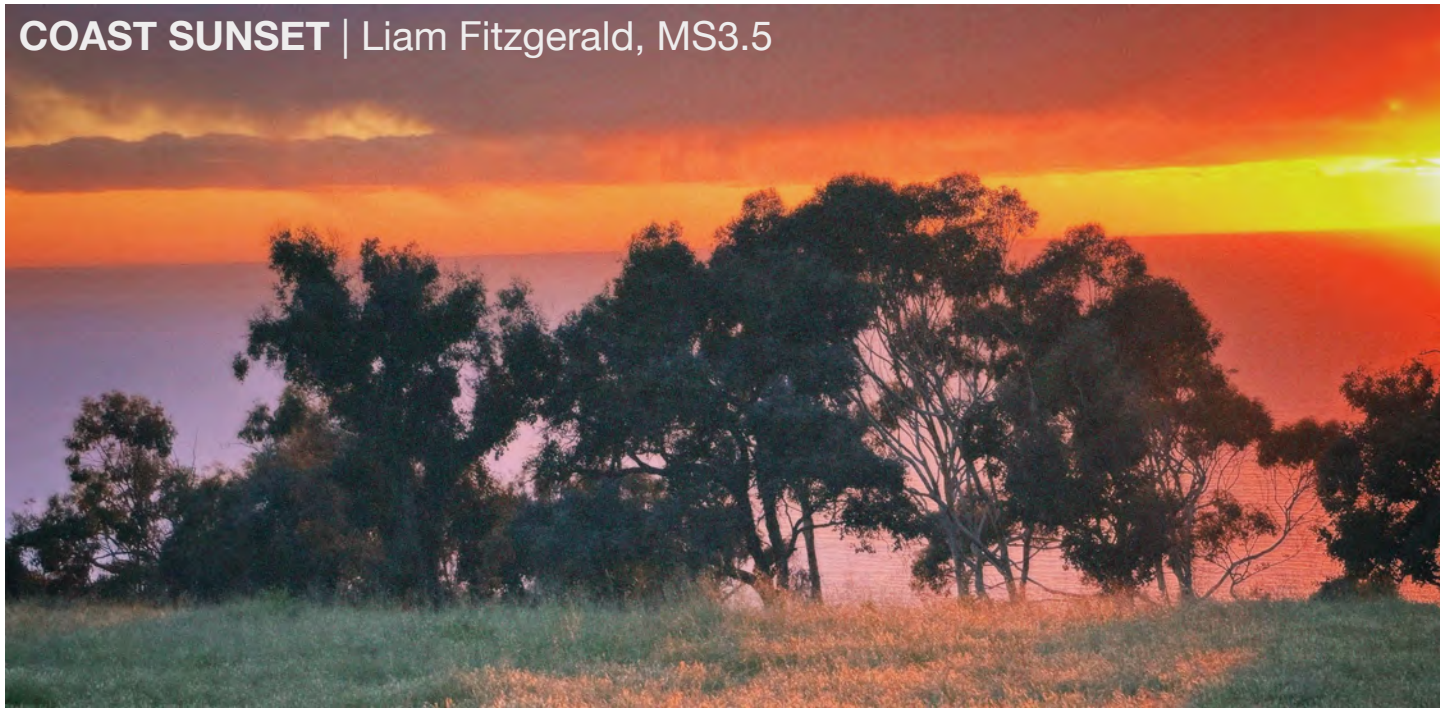
TORREY PINES | Amy Xue, MS2

SPRING IN YOSEMITE VALLEY  
Millie Kirchberg, MS4





**COAST SUNSET** | Liam Fitzgerald, MS3.5



**Just Another Wrist**  
Jackson Felkins, MS1

He fidgets with his student badge,  
hair, and glasses.  
His borrowed scrubs are too big, too blue; Eyes  
heavy with sleep, he approaches me slowly,  
Casually.

The others move with purpose, Wings on their  
feet, and electricity in their hands. For me, they  
have trained and toiled and stayed.  
As the poison enters my veins, I catch a glimpse:  
He is yawning.

It was six years ago when I first saw the  
glimmer of my granddaughter's eyes,  
And the warmth in her smile.  
But my wrists would not hold her.  
I could not hold her.

But today I am new; Today my  
beloved wrists return.  
And I shall be well pleased. The  
surgeon's hand descends upon mine,  
Like a dove.

Inert, I lie,  
Though my heart skips two beats.  
And once the gentle haze of anesthesia has lifted,  
My new wrists wave back to me,  
They are beautiful.

Then for a moment in time,  
Our glances meet.  
Unbothered, standing by,  
Checking his phone and  
tapping his feet.



**LIGHTSTREAMS SEA  
AND SKY** | Ellen Beck, MD



**MORNING** | Vaibhavi  
Patankar, MS1



**DOG IN RED SWEATER**  
Job Shiach, MS4

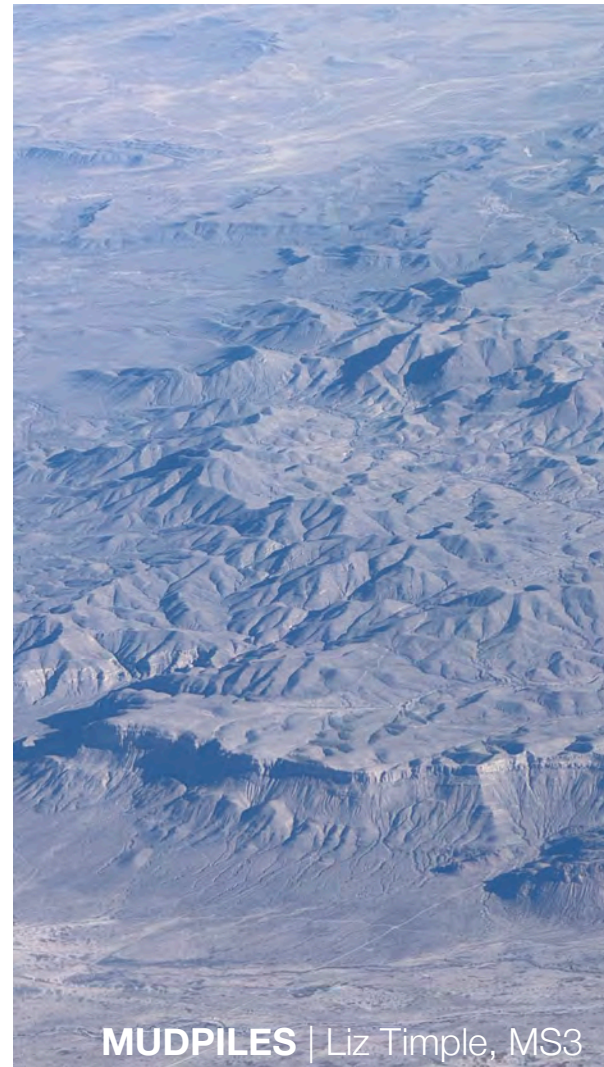


**UNDER A MOTHER'S  
WATCHFUL EYE** | Kanchi  
Mehta, MS4

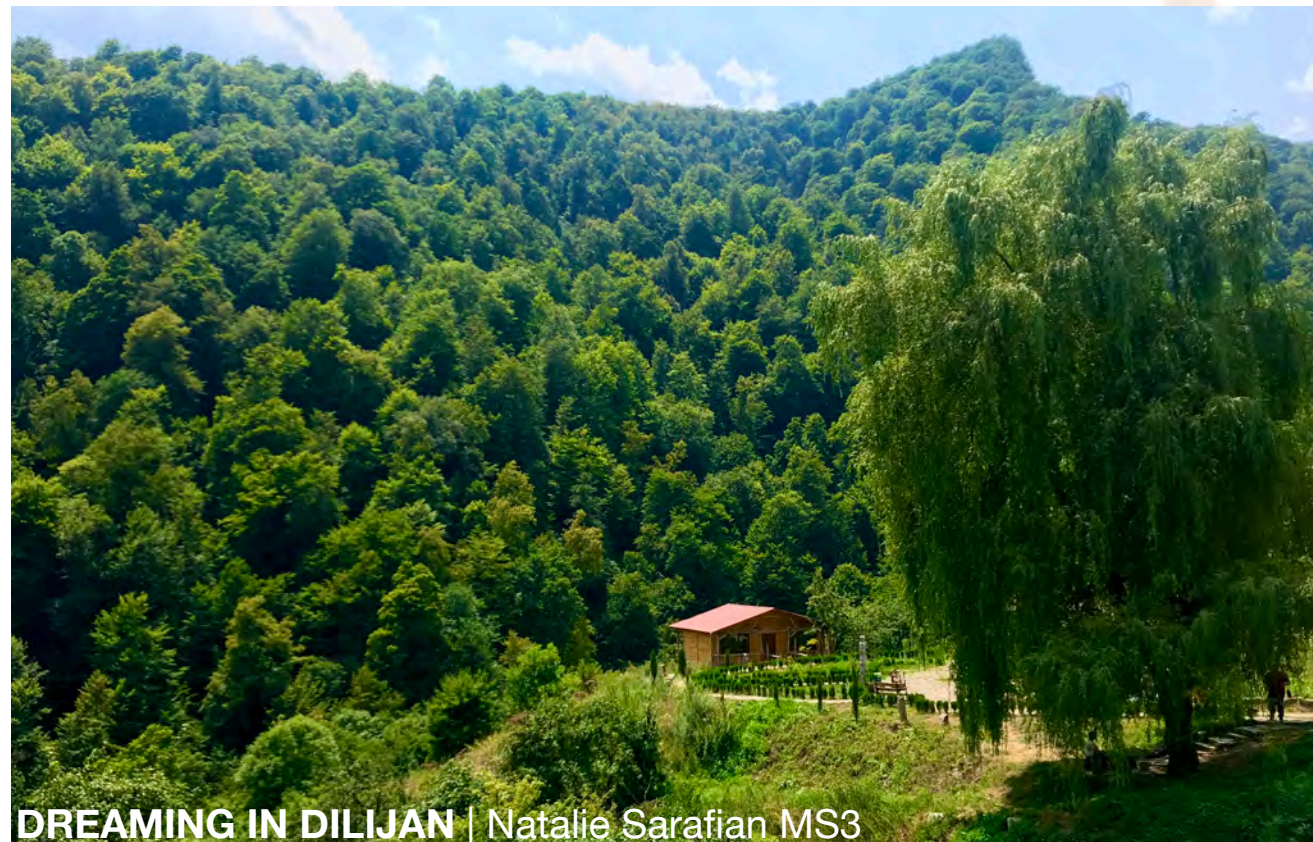




**SAFE** | Minhazur Sarker, MD



**MUDPILES** | Liz Timple, MS3



**DREAMING IN DILIJAN** | Natalie Sarafian MS3



## through the cracks

Letitia Mueller, MS3

a poem inspired by child and adolescent psychiatry experiences

### Trigger Warning: Suicidal Ideation

younger than I, curls hang in your face.  
skin unweathered,  
though if inside was brought out,  
stress would show scars across the forehead.  
deep, when your brother tells you he's hungry.  
shallow, when you miss the bus to school.

drowsy, pupils constricted.  
I wonder what looks could tell about  
inner state.

filters, fisheyes, facebook.  
tides of trend  
wash away to reveal

deep unease.

bizarre feverish images  
another one  
every forty seconds.

chilling statistics, but caring vanishes with levels of  
abstraction.  
numbing your face to endure the lacerations.  
who could blame you?

“young is naïve”, “innocent is inexperienced”.  
a truth, a falsehood.  
your openness is a gift:  
raw.  
with marked ease, you say:  
“when I go, I want it to be fentanyl”

## Dcsd. / M

Savannah Fakhouri, MS3

The chart says Dcsd. / M —  
letters that fall heavy,  
a line that cleaves the day in two.  
I read it again,  
as if repetition could unwrite it,  
as if he might still be there,  
waiting to tell me another story.

Each morning, I listened,  
an unwitting archivist of a stranger's joy.  
In the sterile hum of our days,  
his stories unfolded,  
binding stranger to friend.

Even in sickness, he filled the space  
with stories and optimism,  
as though daring the darkness to follow.  
Yet now, the room is empty,  
his laughter only a hollow echo.

He was my first patient death,  
a man who saw light in the smallest things—  
a warm meal before Thanksgiving,  
a private room with clean sheets  
the sound of his laughter carried through  
fluorescent halls.

No one could reach his family.  
No voices to call him home,  
no hands to hold as the silence settled in.

I wish I had been there,  
to sit by his side,  
a witness, a familiar face  
in those final, unshared moments.

It feels like a privilege now,  
to have known him at all—  
to be one of the last to hear his stories,  
to carry a piece of his life forward.

And though his journey has ended,  
his light lingers in the quiet.  
A reminder to cherish the small things:  
the warmth of a meal,  
the comfort of your own bed,  
the joy of a story told,  
the grace of being known.



## REFLECTIONS | Abigail Broughton, MS4

As I near the end of an episode on Netflix, I can hear students outside chanting, talking loudly, enjoying themselves. Their voices carry upwards, entering through the cracked window of my apartment's living room. Friday night. I close my laptop and walk to the bathroom to get ready for bed. I have rounds early tomorrow morning.

I brush my teeth with a hydroxyapatite toothpaste; my teeth have been sensitive and I want to prevent any further erosion. I carefully floss my teeth, a ritual I only began doing daily once I began medical school. I carefully pour some drops of my face toner onto my hands and firmly press it into my face with my hands, exactly replicating the product's online demonstration video. This Korean brand swears by its anti-aging properties. I pump some face cream into my hand, and gently rub some into my cheeks, my nose and chin, my forehead. I carefully place some around my eyes. I inspect my skin in the mirror. I've lost some color. I apply another layer of cream to my eyes. Finally, I take vaseline and generously smear my lips. A dermatologist had given us a lecture on the benefits of vaseline for the skin; I think of my mother's skin and contemplate smearing some around my eyes.

I remove my jaw splint from its hydrogen peroxide bath and place it over my upper teeth. My TMJ has worsened, my jaw locking painfully when I forget to wear it for even a night. My dentist said he sees a lot of medical students with jaw problems. "All that stress," he had said. I stare into the mirror looking for anything else I can fix, my gaze raking over my skin. The skin I so meticulously cater to, that I spend so much time trying to prevent from aging at all, desperate to petrify it in time like a fossil, forever dewy, bouncy, young. Full of life. Or at least, pumped full of things meant to give it the appearance of life.

As I stare at my reflection, examining the damage control I've done, I recognize a parallel in the treatment of my skin and my life: depriving them both of things they inherently require, but carefully placing bandaids over the bruises, creams

over the wrinkles. I think about where I am, how I got here, the choices that lie ahead. For so long, my work ethic defined me. I was known for working hard, for always studying, for not living. People praised me for it, and I learned to wear it like a badge of honor, my eyes gleaming with pride as my mother would proudly announce how hard I had been working, how little I had slept, that her daughter wanted to be a surgeon.

Now, my current "life" is entirely consumed by working in the hospital and coming home to study. Occasionally I will squeeze in a workout, sprinkle in an episode of a show, maybe throw in a quick weekend getaway after an exam, always careful not to drink too much or stay up too late before starting a new rotation Monday morning.

## "I think back on all the not-living I have done."

I think back on all the not-living I have done. The days, weeks, years spent sacrificing everything. What was it all for? The prestige? The respect? The title? The once-revered image of a surgeon now feels hollow, exhausting, and tainted. Is it selfish to desire happiness? To desire a life in which I can actually live? Are we expected to give endlessly, because sacrifice is noble? Because it is honorable? Haven't I sacrificed enough? How much is enough? Where does it end?

Some days, I struggle to remember why I chose this path, why I committed my life to something that has taken so much from me. What is the point of living if not to live?

As I stare back at the eyes in the mirror, I feel a pang of guilt. I survey the puffy skin around my eyes that passive aggressively threatens to bear deep wrinkles and dark circles as retribution. I did this to you, I say to the hollow eyes in the mirror. I thought I had a good reason. Now I don't know. My gaze shifts to my hair. How long before these wavy brown strands become fed up and

finally strip themselves of their color in defiant protest? I imagine them saying, "Look what you made us do. Was it worth it?"

I hesitantly meet her gaze again in the mirror, noticing the steady rise and fall of her chest in my periphery, the ever constant vessel that has withstood everything I've thrown at her. This body that frantically poured water on the fire as I stoked the flames, that tirelessly treaded water to keep my head above the surface as I swam straight towards the crashing waves.

I look into my eyes, our eyes, and make a promise.

I refuse to hurt you anymore.



**SELF PORTRAIT**  
Breanna Collins, MS2

## ASSORTED UNFINISHED THOUGHTS

Anonymous, MD

*We knew they would come.  
Conversations. Painfully  
here, uninvited*

*Without any mooring  
current parts past me, adrift.  
It all moves so fast.*

*"If..." It follows me  
like a disease, festering.  
It is all I know*

## medicine, medicine,

Alan Aung, MS4

medicine, medicine;  
always expected to do  
better and why shouldn't  
we be?

for one day all those we  
love could be like her  
death and disease  
become our cup of tea

but in our morning brew,  
ounces of empathy turn  
into pounds of emotions  
into tons too great for any  
vessel in the oceans  
teardrops burst suddenly  
from walls of apathy  
drops turn into waterfalls  
from which us in medicine  
can grow so tall

still we press on, to give  
more than we take,  
despite the fact that this  
contract is on track to  
break, but we keep on  
going on for love's sake

weary eyed interns keep  
life's lights dim delirious  
spirits force reality's veil  
thin pockets of laughter  
stave off the grim caffeine  
and dread, keep us up off  
bed

medicine, medicine; do  
better for him like you  
said, one day everyone  
you love could be. . .

## CHASING WATERFALLS | Ishan Saha, MS3.5





**CELEBRATION** | Janet Crow, MD

**ALWAYS CARRY BINOCULARS**  
Temiloluwa Adeyemo, MS1

There was once a man  
Who's life  
Went up  
Then down  
Then up again  
And down

The further time went on  
The less he knew what was going on  
He felt lost  
Back and forth  
And back and forth  
Doing all he could  
Maybe not doing all he should

He knew not what damage he caused  
To the path and to himself  
He finally came to the top of the hill  
Put on his binoculars  
And enjoyed the view

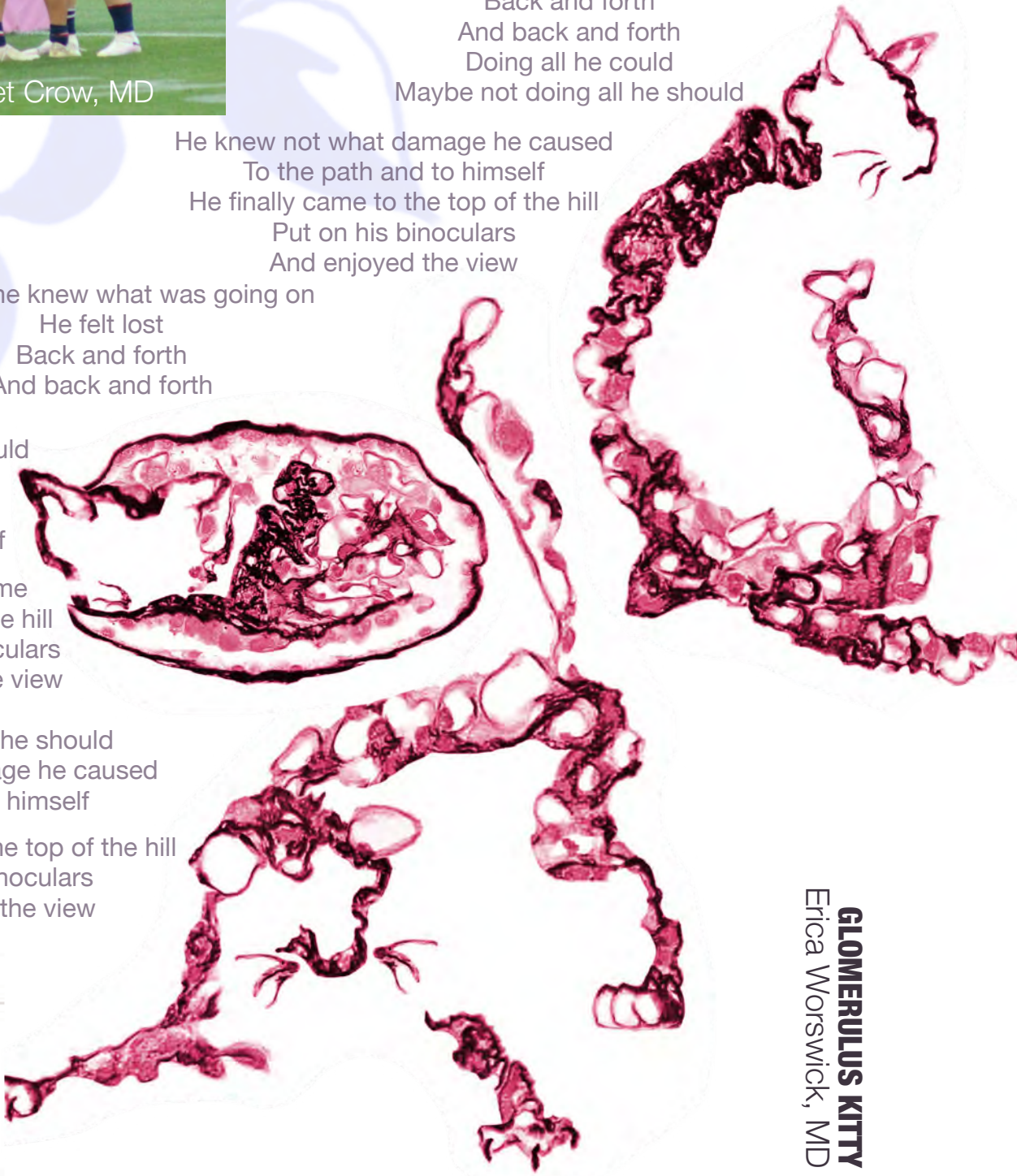
The less he knew what was going on  
He felt lost  
Back and forth  
And back and forth

Doing all he could  
Maybe not doing all he should  
He knew not  
What damage he caused  
To the path and to himself

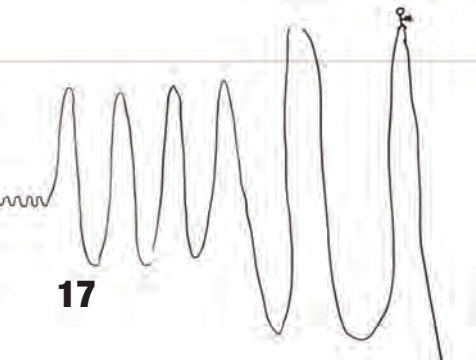
He finally came  
To the top of the hill  
Put on his binoculars  
And enjoyed the view

Maybe not doing all he should  
He knew not what damage he caused  
To the path and to himself

He finally came to the top of the hill  
Put on his binoculars  
And enjoyed the view



**GLOMERULUS KITTY**  
Erica Worswick, MD



**INTROSPECTION** | Dunay Bach, MS1



"It was my third week at the VA, and my last two weeks of my third year of medical school. My patient came in for shortness of breath - a chest x-ray showed fluid in his lungs, while an echo confirmed his dilated right atrium - a textbook case of a heart failure exacerbation. He started out as just another patient to round on, the myriad of trials and tribulations experienced during his life summarized into a list of diagnoses in my problem statement.

That was all he started out as.

With each morning rounding session, we grew closer. I found myself escaping to his room whenever I got the chance throughout my shifts, just to keep each other company and chat. We talked about the San Diego Padres, about his pets, a dog and a cockatoo, who were surely missing him. I learned about his many years serving as an engineer in the military, and his life story growing up in San Diego. He told me how he fell in love with his wife, and invited me to laugh alongside his many grandchildren and nieces and nephews (who flew in from all across the country to visit him) as they shared stories from their childhood being raised by him. I educated him and his family about his treatment plan daily, always giving them hope that we were trying all we could.

And yet, with each morning round session, another problem was added to the laundry list, and as was our duty, we did our best to come up with solutions. He developed pneumonia and so we gave him antibiotics. Pulmonary emboli embedded in his pulmonary arteries so he was started on IV heparin. Everything was going wrong but they still had a fix.

Until they no longer did."

On the CT scan, intended only to assess for clots, we found his lungs were coarse and diffusely fibrosed. He had severe interstitial lung disease, undiagnosed till now, and yet here he was, laughing, talking, joking, with nothing but 2L of oxygen in a nasal cannula to support him. And then came the shortness of breath again, but this time it didn't get better. Individually, the conditions were treatable, but together - pneumonia, pulmonary emboli, interstitial lung disease, heart failure - it became too much. His lungs struggled to ventilate and slowly day by day his carbon dioxide went up and up, from 48, to 65, to 82, to 107- and at the same time his bicarb did too, first to compensate, and then from contraction alkalosis due the diuretics that kept his lungs from drowning in edema.

"I wished I could pump the edema from his body like water from a well; I wanted to blow air into his lungs like a balloon"

Suddenly, but perhaps all along, he was dying. Every moment I had spent with him felt like water slipping through my fingers. After palliative confirmed his decision to transition to hospice, I went through my rounding motions. I did his physical exam and asked him how he was feeling. As I was leaving, I held his hand as he smiled and thanked me. He told me he loved our team for everything we did, I couldn't hold back my tears. It didn't feel like enough.

I wished I could pump the edema from his body like water from a well; I wanted to blow air into his lungs like a balloon and tear apart the scar tissues that stopped him from breathing; I wished I could hold his heart in my hands and squeeze it for him. But I couldn't, and we were out of solutions. He saw my tears and told me it would be okay, that he was ready to pass. And he was. All he wanted was the chance to go home and be with all that he loved for just a few days of peace and finally a relief from all his pain.

And so the transition was made.

Despite his increasing hypercapnic retention, we gave him all the oxygen he needed to breathe comfortably and prescribed dilaudid for his pain. It felt so wrong to let go at first, but that too, is our responsibility. As strange as it was, it was beautiful to be able to give him the option to leave this world in whatever way he wanted. I felt at peace knowing we would help him pass with dignity, surrounded by the company he deserved. It will be his 88th birthday in 15 days. Our team signed a card, and I wrote him a letter thanking him for the privilege of caring for him. He wrote me a letter too. He told me I would become an incredible doctor - I have never received a bigger compliment.

On his day of discharge, we talked about all the ice cream he would eat at home, he laughed as he thought of his pets waiting for him, and was so grateful for his family who was setting up for his return as we spoke. And then the transport van arrived to take him back and we said our goodbyes.

One more handshake.

One last hug.

One final "thank you," from both of us to each other.

KAUA | Tanya Jain, MS4

"...India's independence was announced with Sneha was 16. She was working in the convenience store when the streets became crowded with people shouting with joy. It wasn't until months later that they learned of the devastation of partition and the joy turned to mourning. Sneha secretly hoped the mourning would continue forever and marriages would never again be arranged, and she would never have to leave her home in the mountains, but when she was 18 her parents arranged

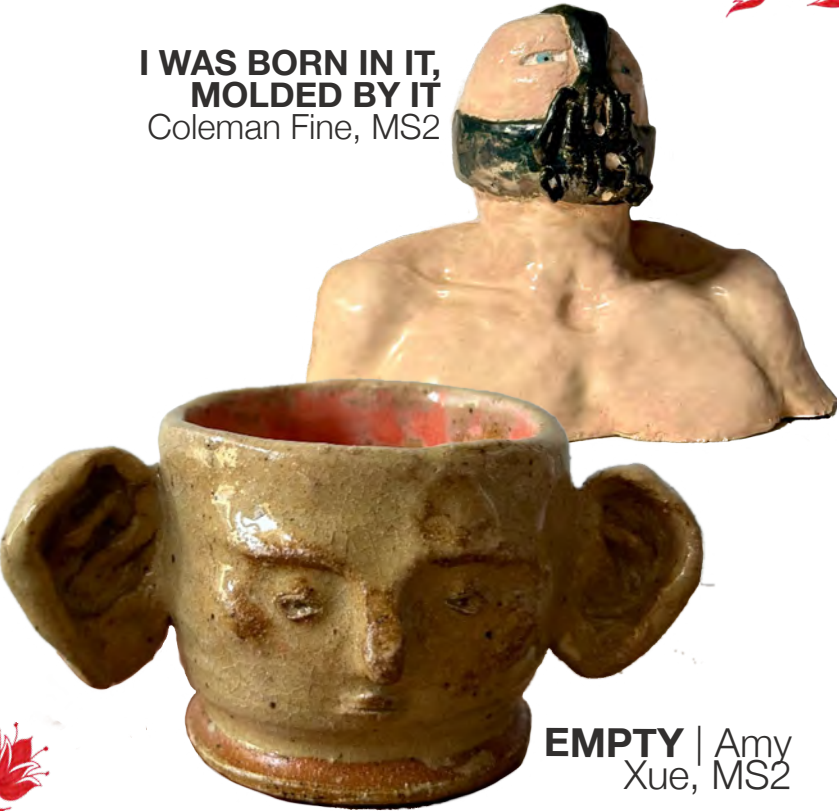
"She felt in that moment that all the power she had gained for herself... would be the reason why her life would be left in ruin."

her marriage with a young man studying to be an architect in Delhi. The wedding was set for 1 month after their families had chai together and she saw his nervous face. She was sent to cook and clean in a small house in Green Park near the main hospital in Delhi as her mother had been 18 years prior in Mussoorie. She would think about her childhood, about gazing at the customers in her family's convenience store high up in the Himalayas. Like her mother had, she became pregnant quickly and found herself thrust into domestic life earlier than she had hoped. She gave birth to a beautiful girl, the most beautiful the family had ever seen over the hundreds of generations, so much so that no one even wished she were a boy..."



scan to continue reading

I WAS BORN IN IT, MOLDED BY IT  
Coleman Fine, MS2



EMPTY | Amy Xue, MS2



CAPTURED | Dunay Bach, MS1



# ANATOMY OF REVERENCE

Samuel Fuentes, MS1

*A* moment of silence to apologize  
for what comes next.

Under cold fluorescence and colder air, the lab hums low—  
The cadaver waits— a silent teacher  
offering herself so we might learn  
the stories hidden beneath leathery skin.

Fingers hover, trembling  
at the precipice of first contact.

The scalpel cuts not just flesh  
but the illusion of detachment—  
each layer reminding us of the life  
that once animated this form:

a tendon tight like a violin string,  
a heart with chambers still holding echoes,  
a brain mapped with paths we'll never know.

But today, the drama unfolds differently:  
her chipped pink nail polish catches the light.  
Someone whispers, "She painted them recently."  
The lab gets colder.

Later, I dream of her,  
faceless but vivid in the dark.  
And so I carry her forward—  
each suture a promise,  
each breath a tribute.

MODEL 1 | Carolyn Clark, MS4

# THE LOVERS | Izzy Nakoud, MS1



# BEYOND THE CURE

Bridgette McCarty, MS 3.5

*They teach us how to heal and mend,  
to fight for life until the end.  
But not how hands, though skilled and true,  
must learn to hold when there's  
nothing to do.*

*No dose to give, no cure in sight,  
just fading breath in quiet night.  
A family waits, their world undone,  
grasping hope that's come and gone.*

*I stand beside them, heart weighed down,  
no hero's triumph, no renown.  
Just whispered words, a steady gaze,  
to guide them through these final days.*

*A father's tears, a daughter's plea,  
no lesson trained this into me.  
Yet here I stand, and here I stay,  
with nothing left—but not away.*

*For medicine is more than war,  
more than numbers, drugs, and lore.  
It's bearing grief, it's sharing pain,  
it's standing strong in loss's rain.*

*So when the fight is fought and done,  
and words feel weak, though meant for one,  
I'll hold the weight, I'll share the sorrow—  
for love remains beyond tomorrow.*



TURN ON THE LIGHT

April Butler, MD

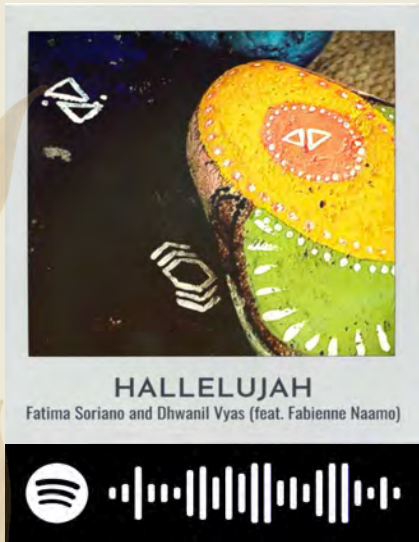
My stethoscope dances across my patients' chests,  
Heart beats in my ears.  
Around the bed, over tele wires I shuffle in practiced steps  
My eyes well-adjusted to the dark of the early morning.  
Replacing blankets back to cover shoulders,  
Soft hands as I close the door.  
Paperwork and notes,  
Pages and chats and tasks fill the day.  
Sunsets caught from tenth floor windows,  
A crew neck sweatshirt in my backpack for the inevitable chill  
of 2 AM.  
Sunrises and end of shifts celebrated over cups of cold coffee,  
And a bottle of water for the drive home.  
This became a comfortable routine.  
A full day in medicine.

Apart from this careful choreography,  
I have played many roles.  
My lips have formed the words of late-night calls,  
To family members unaware of their lives about to change.  
I have been the shoulder to cry on,  
Under fluorescent lights at midnight.

I have held happiness and sadness in my heart at the same time.  
Happiness, for a patient with a chance for a new life.  
Sadness, for the life lost by the other.  
One family member holding each of his hands,  
My voice, "14:26 time of death."  
My face will stay in their memories,  
And their sobs will stay in my ears.  
And that time on a clock will forever force me to pause.  
I've been like the sunflower,  
Standing tall in the sunshine and warmth of good news.  
And I've been solemn with teary eyes,  
Because even the clouds deserve the chance to reign sometimes.

The moments I loved most,  
Only happened when I zoomed out from the chart  
And started seeing big picture.  
Being present with my patients.  
I won't forget the magic of the heartbeats in my ears,  
Because I remember the devastation of my first time not hearing one.  
I celebrate the pulse felt beneath my fingertips,  
And remember the sacrifices made by those who give life to others.  
And when asked if I have a second to chat in the early morning,  
I now will pull up a chair,  
And turn on the light.

scan to listen



HALLELUJAH | Dhwanil Vyas, MD



SILENCE - A PATIENT'S PERSPECTIVE

Nelvish Lal, MS 3

My body craves for respite  
exhausted from how far I have pushed it,  
working indefinitely to fight against the illness that has overcome it.  
like trying to climb an escarpment that the heavens destined unsurmountable —  
I fall.

The noise inside me has grown too strong  
like an uncontrolled flame, it seeks to destroy everything within reach,  
I must find a way to dampen the noise  
Or I shall burn.

I need to return back home.  
But I do not remember the way; not anymore,  
for I haven't been home in years.

But I do remember the silence of home.  
It was not—as so many others perceive it to be—the absence of sound.  
Rather, it was the silence of the soul.

The silence that cloaked and protected me from all:

from death, from despair, from distance  
from worries of the past and the future.  
I step away from society, walking away from humanity.

To the place where no lights are seen, or music is heard;  
where no goals are set, where no destination is met.

Sitting atop the earth at the beginning of the day.  
Listening to the whispering wind as it touches my skin.  
Watching as the morning dew lies still, awaiting the sun.

Sit, listen, watch.  
The wounds, the callouses, the edges that have pierced my heart begins to anneal.

The sun recedes into the horizon,  
I get up and brush my pants.

RIISING SUN OVER JOSHUA TREE | Christian Bey, MS1





*It* began a long time ago,  
With wanting to hold sweet, wee  
memories.  
But it morphed into something  
much  
Bigger, Bolder, even Brilliant.  
It changed with therapy.  
I started by just learning to  
become aware of my feelings, I  
really had no idea how I felt.  
Amazing.  
Writing became an artful, honest  
pipeline to me.  
It happened gradually.  
I wrote about what was welling  
up inside of me,  
Trying to understand, trying to  
share.  
It felt good; actually, it felt  
awesome.  
It answered some intangible  
need:  
A way to communicate with  
bosom friends, A way to integrate

what I was learning in session, To  
hold onto the coaching, even build  
on it.  
It became a catalyst for change.  
Reading it aloud made it  
authentic, believable.  
It created a bridge for crossing  
over waters:  
Rugged rivers of raw pain,  
wonderful waves of joyous  
delight.  
But somewhere it transformed  
into something powerful.  
From a title alone, came a quiet,  
inner voice.  
I didn't know how I felt when I  
started each poem.  
I didn't know what I would write.  
I just began, in earnest.  
The act of writing forged me  
forward,  
Poems didn't turn out how I  
thought they would,  
They emerged, and in so doing, I  
was able to process my feelings.  
Over time, innumerable words,  
phrases, thesaurus entries,

I grew. I evolved. I sculpted myself  
into a new self.  
The desire to be happy, the core  
belief that  
Life should not be endured; rather  
it should have peak experiences.  
This allowed the poetry to let my  
inner feelings develop  
Chan canted a poem with sorrow,  
with tears.  
Writing turned it to joy, to seeing  
the other side.  
This is not just "positive thinking"  
Oh no, this is something that's  
goes beyond.  
'T'his is revolutionary! It's  
miraculous! It's prodigious!  
But the poetry has done even  
more.  
Writing raises me to another level  
of consciousness.  
When I write, I no longer hunger  
for more:  
More time, more closeness, more  
candv. more life.  
I can pause, be in this moment, be  
free, be full.



EIGHTFOLD SLOPE | Spencer Chau, MS2



WHITE HERON | Spencer Chau, MS2

MORNING COMMUTE | Ethan Schauer, MS1



DESCENDING DRAGON | Spencer Chau, MS2





**STAY WITH ME FOR ONE MORE DAY** | Mehdi Nojoumi, MS3

*We often focus so much on the sufferings of our patients that we forget about the sufferings of their loved ones around them. This is specially true in the face of hard diagnoses such as cancer. This poem is dedicated to all the loved ones who have been there to help us through hard times.*

I know the road has been hard, I know the poison through your veins hurt, but stay with me, just one more day

I know you miss feeling you, I know you are feeling blue, please stay with me for one more day

I know the journey has been rough, I know you want to say goodbye to life, but please stay with me for one more day

I know the future is black, I know you don't want to go back, but please stay with me for one more day

I know your mind says something and your heart something else, but please listen to my heart, stay with me for one more day

I know you want to go, I know you don't want to go, please stay with me for one more day

I know we don't know what's up ahead, I know you struggle in your head, please stay with me for one more day

I know you're exhausted, I know your heart is tired, but please stay with me for just one more day

And if one day is too much, please stay for one more hour, minute or second. I will be here with you through your stay

I know I can't feel your pain and it's selfish of me to ask, but please stay with me for one more day

I know you want to go, but I want you to stay, please stay with me for one more day



**ONE SUMMER DAY** | Jacqueline Loh, MS1



**TREE IN THE TSUKAMORI FOREST** | Jacqueline Loh, MS1



**WHITE HERON** | Spencer Chau, MS2



**WARM GLOW OF SUNRISE** | Dhwanil Vyas, MD



**OUR FRIENDS OF THE OCEAN**  
Mehdi Nojoumi, MS3



**KEENA K** | Mary O'Boyle, MD



## THE FLARE | Julie Çelebi, MD

Sometimes it's easier to keep pushing through  
to roll up the windows and hit the gas  
and maybe your tires are almost bald  
needle teetering on the empty line  
oil change way past due  
and there's a funny sound under the hood  
but if you hum just right it blends into the  
background music.

and then the battery dies  
and you're stuck with silence  
and stillness  
and it gets a little cold at night  
and you rummage in the back for a blanket  
and wait for a jump.  
but no one's coming  
you drove so far and left everyone behind  
the flashes through the window were a dizzying  
display  
and now, it's just darkness  
and you wonder how things got so worn

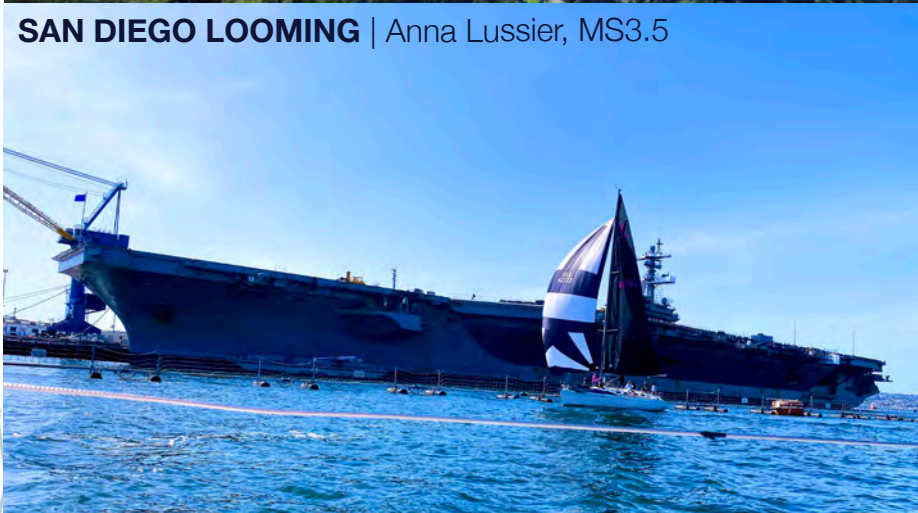
and you're tired, oh so tired.  
but you remember there's one flare in your trunk  
and you wonder if it's worth it  
and a tiny voice says yes  
and with a deep breath, you add a flame  
and suddenly, you're not alone in the cold anymore.  
you drive the speed limit now  
and you watch out for the check engine light  
and look out for stranded vehicles along the way  
these days  
cuz this baby's got some mileage  
and it's going the distance.

### VIEW FROM NEUSCHWANSTEIN

Gemmie Devera, MD



### SAN DIEGO LOOMING | Anna Lussier, MS3.5

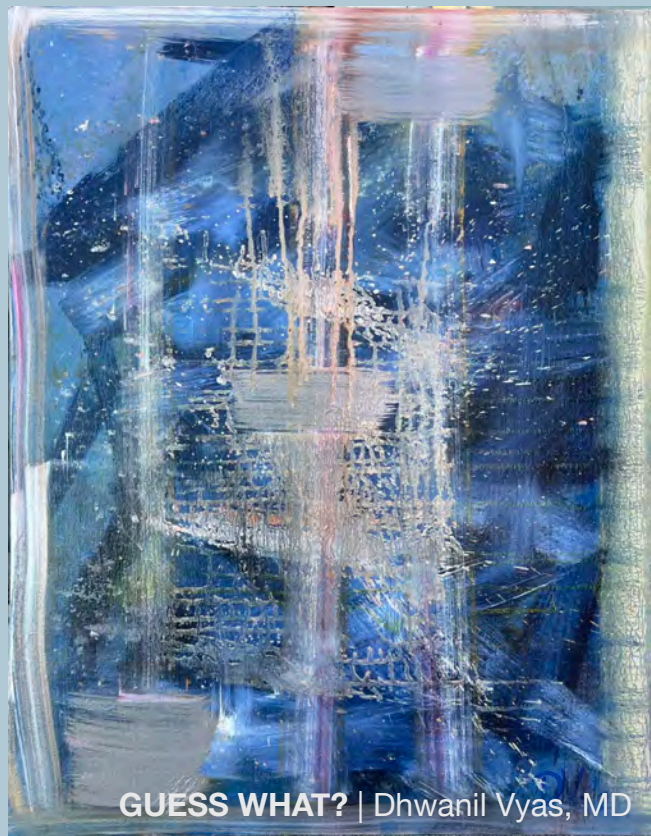


### EVEREST, NEPAL | Phoebe Stark, MD



### CERRO TORRE, ARGENTINA | Phoebe Stark, MD

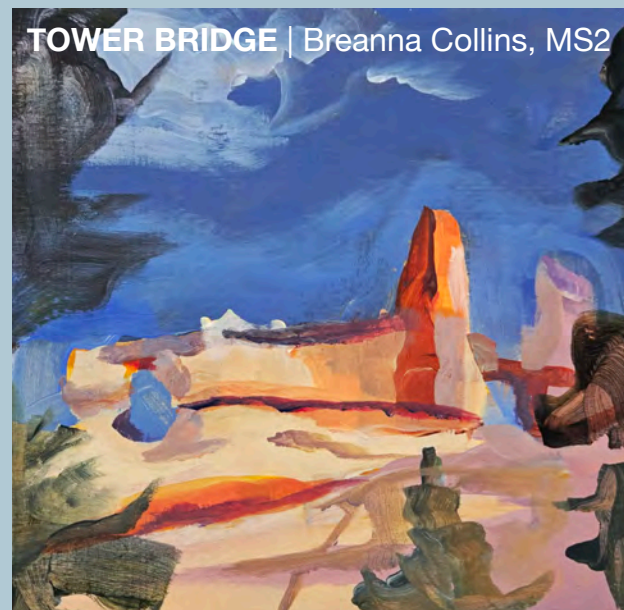




**GUESS WHAT?** | Dhwani Vyas, MD



**PROJECTION** | Julia Gleichman-Miller MD



**TOWER BRIDGE** | Breanna Collins, MS2



**PANIC ATTACK** | Dhwani Vyas, MD

**BRUNCH AT 30  
YEARS OLD**  
Fernando Albelo, MD

*Why must I fail  
before succeeding?  
Others graced with  
certainty  
of course and conviction  
while I am chastised  
by a mutinous  
conscience.*

*Why is a lifetime without  
not penance enough?  
Now mocked callously  
by the carefree and  
ring-clad  
after sins confided  
over coffee confessions.*

## THE OTHER ME

Una Srejjic, MD

I have in my room a mirror of my size,  
Which every morning observes me with surprise,  
That mirror of mine which so few have seen,  
Know not of its powers and why it is so keen.

When I get up all dreamy and sleepy,  
The mirror replies: "Girl you're making my image  
creepy!"  
When I get up all joyful and peppy,  
He still doesn't seem to be happy.

Nagging of this master was making me so sad,  
That the idea of making a deal with him didn't seem  
so bad.

Then, I decided not to have another conversation,  
Until the two of us had had a confrontation.

That night I decided to cheat,  
And not to show him my face unless it was sweet.

Before bedtime I told him goodbye,  
And quickly snuck a blanket over his eye.

Now, in the morning before I get dressed,  
I always make sure I look my best.

Then, I go to my master,  
Hoping that inspection will be faster.

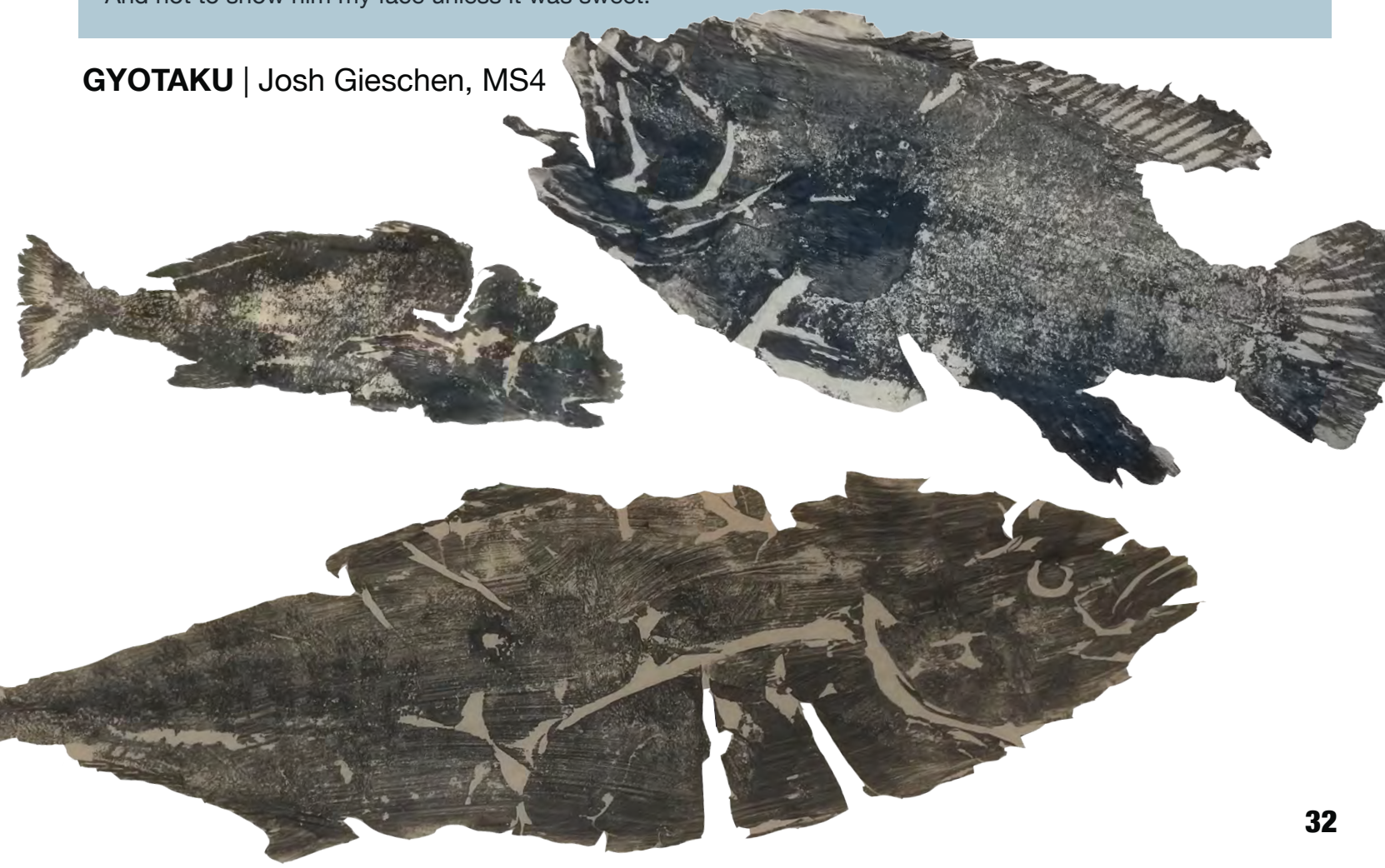
But it looks like I was totally wrong,  
Because what he really wanted, was me, to sing him a  
song:

"Oh, mighty mirror on the wall,  
Who is the fairest of us all?"

His answer was hard to believe,  
Because it dropped readily under his sleeve,

"Of Course, I Am!"

**GYOTAKU** | Josh Gieschen, MS4





## KENTUCKY | April Butler, MD

5 East B Pod, Room 12, by the window.  
The VA.  
4 PM, sun lightening up the room as it lowered on the horizon.  
I walk into the room of my patient.  
Well known to the VA, self-proclaims being admitted to every team  
Known in the chart to be “difficult,” but we’d grown to understand each other.  
Altered mental status and hyponatremia secondary to his heart failure,  
Waxing and waning mental status with frequent code greens.  
Each page I would silently curse under my breath,  
“It’s Mr. T again.”  
We felt that with his heart failure, challenging social situation, frequent readmissions and medical comorbidities that his

prognosis was poor.  
I advocated for family visitation privileges in a time when no visitors were allowed.  
Seeing the way Mr. T sat up straighter in his wheelchair when he saw his brother,  
And the way he asked to comb his hair and beard to look more presentable for him tugged at my heart strings.  
It took me back to a few years before.

My own dad, lying in bed, withered away to 80 pounds from ALS.  
He could only move his right arm, But he still made a point to comb his hair every single day.  
Like it was his last act of dignity that he could not give up to feel human.  
After Mr. T saw his brother, his mental status drastically

improved.  
He told me about his time in the Navy,  
And asked me where I was from. “Kentucky,” I say.  
I see his eyes light up. “Kentucky?” he asks, a hint of nostalgia in his voice.  
“I’ve always loved horses.”  
A few weeks later my attending reached out to let my team know Mr. T had peacefully passed.  
I still think the best medicine was the brightness he received from visits with his brother,  
And in return Mr. T gave me a little piece of home.  
Now every time I see 5 East B Pod Room 12 by the window  
I think about my dad, Kentucky, horses,  
And the little act of dignity and humanity found in combing hair.



TWO WORLDS | Minhaz Sarker, MD



CAKE | Cooper Haaland, MS4

## FRIENDSHIP

Nelvish Lal, MS3

*Some years ago, I walked into a horse ranch and found a spotted gypsy staring at me,  
He was barely a year old, but already taller than me with deep brown, inquisitive eyes.  
I decided to take him. And found him to be an intelligent, kind and beautiful boy.*

*Yet, he was still a child and needed a lot of care.  
For many hours of the day, he was my companion.  
For many stormy nights, I was his companion.*

*Many years ago, and miles away, men rode to death on stallions bred for war.*

*The knights favored the larger, steadfast drafts, while the archers preferred their lighter, more agile counterparts.  
But ultimately it was the intellect and bravery of the heart that truly mattered  
If you were to meet death on the battlefield, it would be better to greet him accompanied by a friend—a loyal companion.*

*In the 1850's during the perilous times of the American Civil War a thoroughbred unlike any other was born,  
Raised by a slave whose name was Jarret.  
And while many of the legendary horses of that time were technically owned by white folk; the ones who spent the most time with them—the caretakers, the grooms, the trainers—were the slaves.  
Lexington, with his exceptional conformation, large hindquarters, and tall stature, would go on to become America's fastest racehorse during his time, and sire the greatest number of champions till date.*

*Not so many years ago, my father grew up in a small mountain village in the Pacific Islands.  
He started working with horses when he was still a child using them to herd cattle, plow fields, cross rivers and trek up mountains. He still has the scars on him from the time he drove his horse into a raging river in order to save his younger brother who was drowning.*

*Now, as I return home, my beautiful boy has grown up.  
Strong and built like steel, he no longer needs my presence.  
The ground trembles when he gallops towards me, stopping barely feet from where I stand.  
His presence alone takes away my preoccupations of the past and future,  
Yet his past is difficult to forget, for his ancestors have helped shape so much of human history  
When I look upon him, he embodies the virtues that all men seek but rarely ever find:  
Of duty, of discipline, of self-sacrifice, and of loyalty until the end.*



