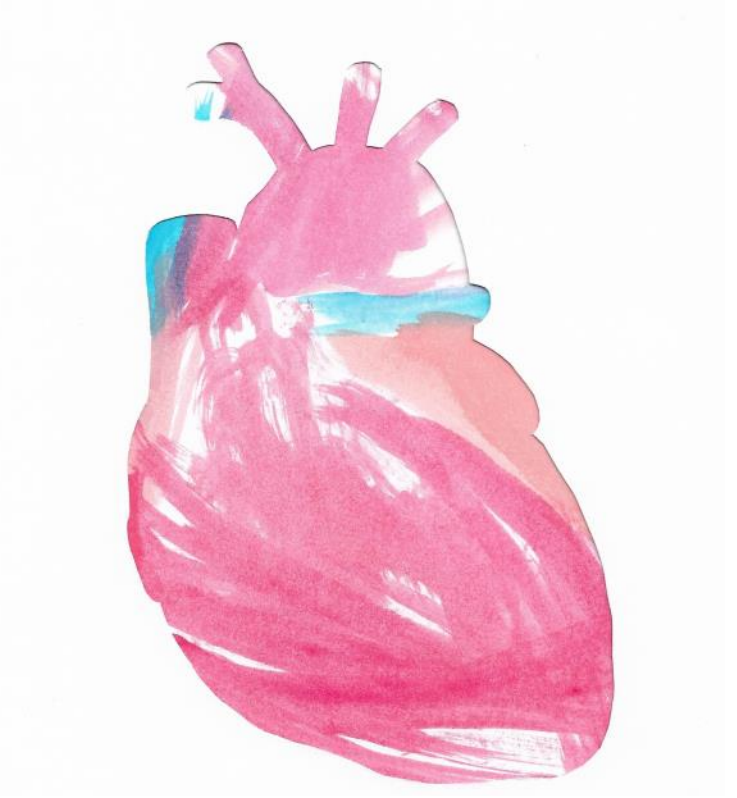
AUSCULT

2019

(E:'SKALT), V. [AD. L. AUSCULTARE TO HEAR WITH ATTENTION, LISTEN TO…]



Thoracic Window
Derek Kent

AUSCULT

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Dedicated To

The Artists and Writers who have shared their gifts of creativity and to the patients, families, friends, and readers who inspire their work.

Acknowledgements

To Janalle Goosby and Jenny Brooks, for their media expertise in providing an online avenue for publication.

To editor emeritus Richard L. Holloway PhD, and to the student editors and physician faculty who have worked on previous editions of AUSCULT, this work has been made possible by their legacy.

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2019

Student and Faculty Editors

Joseph Hodapp, Class of 2019

Kyle Murray, Class of 2020

Kimberly Tyler, Class of 2020

Alexandra Cohn, Class of 2022

Jessica Sachs, Class of 2022

Bruce H. Campbell, MD

Medical Humanities Interest Group

Medical College of Wisconsin

8701 Watertown Plank Road

Milwaukee, WI 53226

The MCW Medical Humanities Program was founded in 2006 and is dedicated to professionalism, communication, empathy and reflection through education in literature, medical history, the visual and performing arts and the social sciences.

EDITORS' NOTE

We believe the humanities are the bedrock of human connection. By engaging in the arts we choose to step, if just for a moment, into another world—a world dreamed by the artist who captured it. Each of the pieces we have chosen for this collection depicts parts of our shared human experience. We are all the same, and yet we are all different. It is in this paradox that the arts allow us to stoke our curiosity and spark our dormant imaginations—reinvigorating our powers of empathy and reinforcing our connection to others. We are proud to bring you the 2019 edition of *Auscult*. Enjoy!

Student Editors:

Joseph Hodapp, Class of 2019

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Call for Submissions:

We invite your feedback and submissions for the 2020 edition of AUSCULT. Please complete the submission form on the MCW website at https://www.mcw.edu/education/auscult or email us at asucult.journal@gmail.com!

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VISUAL ARTS

FALL COLORS IN THE MIDWEST

EVAN YANG

A SOUTHERN BLEND

CASSANDRA WRIGHT

I am a mocha child

Made with two percent milk and a Sumatra coffee blend.

I see the world through greenish brown lenses

Asked by some if I view the world in vivid color.

The slight curl of my hair when wet and the

Straightness of it when dry, tells of my known and

Unknown heritage.

My existence comes to be

In a time of racial inequality.

Against all norms, I am conceived.

I bloomed in the hot Arkansas sun where

Baked red clay dirt was good enough to eat. (And we did eat it on occasion)

Turtles snapped along the ditches and

Muscadine vines grew wild all around.

Old yella dog and I played endless games of chase
Along the gravel road---never too close,
On the land dotted with the only house and church for miles.
Head stones and burial beds of those I knew and some I did not
Decorated the backyard like dandelions.

"Whose child is that running wild?"
Was often asked by strangers as they
Passed through town on the gravel road.
"Oh that would be Clabba Girl's child
Her daddy nobody knows."

Waiting to be Seen
Olivia Davies

TO HARNESS THE AUTOBAHN

ZOE MORGAN

"We've got a manic one," the nurse warned us in passing. "She's on a whole 'nother level." My ears perked up – this was something I had been looking forward to seeing. Would she be pacing, speaking gibberish, angry and violent? I prepared for the unexpected.

"Go talk to her, if you want," came the voice from behind me. The fellow, years beyond me in training and no longer thrilled by the prospect of a complicated case. We had been stymied in reaching the patient's father by the eternal voicemail tone, which tied our hands in calling any other source of information. She was a minor, after all. "Wish me luck," I muttered as I left the room to meet Mikaila.

"Neptune is like a goddess to me. I love her so much. She's going to be so mad at me." "Neptune is married to Thatch you see, and they take care of me. My dad hates me so that's why I need Neptune. She is just the sweetest and I yelled at her this morning and oh no, she hates me now, I'm the worst person, how will she forgive me? I miss her so much, tell her to come and get me." She spoke with unbridled intensity and at top speed, her words tumbling over themselves.

The attending physician and I stared at each other. Neptune? She sounded like a fairy godmother invented by a desperate soul. We would have to wait and see.

Truthfully, I had never seen so much passion in anyone. Mikaila delved into a tirade connecting global warming to war, to universal suffering, to the tide that would end humanity. Her fears for the universe interlaced with her inner anxiety, forming an impenetrable web. She rocked in her chair, pressing the tips of her fingers into the palm of the other hand in a desperate, clinging massage. "I'm healthy," she stated. "I don't know why I'm here. I've been doing great taking care of myself. I do yoga, I eat healthy, and I have my massaging to ground myself. My hands take away the pain." Her fingernails dug into her thighs.

The wild eyes intensified. Panic, as perfectly befit her perspective – she was being held against her will. Her thoughts were alien, untraceable. Tangential, to be precise. A nightmare come to fruition. As language roots us to our humanity, so was she surpassing us in her flight through the universe, with an understanding that was incompatible with our earthly tether. She could not have both, and we could not join her in the clouds. I resigned myself to the wall between us.

Time passed, and connections were made. Mikaila adjusted to inpatient life, improving ever so slightly as her inner hurricane began to quiet. Neptune turned out to be a fake name for a real person, who cared deeply for this girl and reassured her of such. She no longer had the panicked look of hunted prey, though her mania remained. A plan had been set, but we needed her assent. Assent for pills which would alter her mind and her reality, with which she recognized no irregularities. Tricky, tricky. How to get past the suspicion of a captive, to earn the goodwill of a frightened teenager?

"Come chat with me." She came obligingly, having resigned herself to fall back on her well-developed role as a model student for her time as a prisoner. There is safety in being predictable. We grabbed two chairs in the one sunny corner of the room, locked beyond the glass from the other patients. We chatted about nothing, about yoga and her interests – or at least, we tried to. Her calmer manner kept her thoughts more tangible than metaphysical, but she remained distracted and tangential. Finally, we got to the point. "Mikaila," I took a deep breath. "I know you want to get out of here. I want that, too. But…you're not making sense." I looked into her eyes as I said it. She considered me, fighting between her subjective logic and external evidence. A smart girl, struck with bad luck. I needed to gain her trust. She gazed into my eyes, looking for something to grasp.

Instinct took over. Stupid, reckless instinct. Vulnerability I reserve for the most sensitive of situations, with the most trusted of people. Something about her wrenched that part of me into the open, before I had a chance to think. For a heartbeat or an hour, she drew me into her intensity. Somehow, she was in tune with an emotional spectrum outside of worldly comprehension. Something inside of me took a plunge. A tidal wave crashed over me, opening the dark depth of emotion that nobody else has ever seemed to struggle with. Those floodgates that haunt me at my weakest, yet are inextricable from my ego. I am at their mercy. She saw the sincerity, the empathy, the raw determination to keep her human. She saw me, as few have been allowed to. She saw me, and it seared me like the blaze of a log collapsing in a bonfire.

I broke off the moment as it threatened to overwhelm me. I blinked back tears that had appeared out of nowhere, unbeckoned and unwelcome. I was supposed to be strong, be helping, be healing. She was my patient. This was not supposed to happen. Slowly, she looked up at me. “I can see your soul,” she said. “I trust you.” “So you’ll try the medicines?” “I trust you,” she repeated.

What we exchanged that day, I’m still not sure of. Wordless communication with a touch of the extraordinary. But I took a piece of her with me from that shared moment in stillness. And I learned an invaluable lesson: my limits. Deep in the recesses of my mind was a tool of unparalleled worth for a healer. Not just a window to another’s world, but an instinctual highway with a formidable draw; an autobahn deprived of constraints of speed or reason. It afforded me success, but the toll it could take was immense. Untethered, it would demolish me. Control was crucial.

Not all limits are meant to be broken. Sometimes that is the more valuable lesson one can get. The pain – a strange, longing pain of deepest emotion – will threaten to overcome me as long as the stories of suffering continue. With time, I will build a window. A bay window full of sun, with a cushioned bench, perhaps. From there, I can safely meet those who gift me their trust. I will learn to protect and shield that small, treasured part of my soul. I will harness it with caution. A healer I am, and must remain.

Peace Among the Chaos
Santiago Rolon

DREAMER

OLIVIA DAVIES

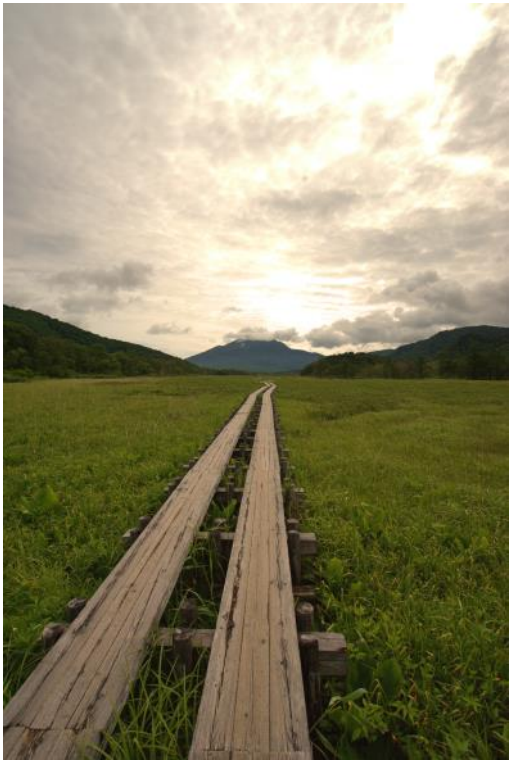
look at you, dreamer, scared to speak up,
look at you as you smile and whisper and walk,
look at you as you listen and ponder and balk,

"hey dreamer," they'll say,
hey dreamer… you stray

but what ifs and what nows,
but then this and no hows,

"hey dreamer," they'll say,

do you look the other way?



Walk the Plank
Josh Thiel

CORNUCOPIA OF PAIN

LISHU HE

From the rickety bones of my lower back…my corrupted combustible appendix…and anaerobically challenged lungs…where was it not…that my body's pain did not emanate from as a child? As if spawned by a Greek tragedy, I wondered had I been afflicted by the higher beings for the sins I unconsciously caused mankind by my birth…or was I being challenged by a test from the same to command forward the strength of my determination to succeed…in preparation for future leadership?

For most of my childhood I faced excruciating pains,

from my bones to my lungs and even suffered from uncooperative veins.

There was the pricking, the prodding,

and sitting in a patient's chair---sickly nodding.

Then the mystical hypnotic drip…

of a mysterious intravenous and concomitant EKG blip.

For many days…and many years of my life,

in the hospital sat the helpless, the tearing… conflicted by medical strife.

What could we do, we all thought to ourselves,

If it all ended tomorrow would we be going to heaven, Hades…or somewhere else.

After all, we were medical patients donned in hospital

frocks of despair,

Surrounded by a mixture of sanitized scent and the smell of death around us everywhere.

Crushing my tears of pain with my eyes closed,

I prayed to a God I did not know.

I also prayed for the patients around me,

So that they may be healed…and be returned to their loving families.

But year-after-year due to death the hospital was increasingly empty,

filled with the crying…as I looked on with heartfelt pity.

I had lived…I had survived…

But pyrrhically failed,

because my prayers did not keep the other lives from being curtailed.

From our pain, suffering…helplessness I saw my destiny,

My beginning, my second birth…and a spiritual epiphany….

I have faith in human beings' ability to survive earthly afflictions,

I believe we were put on this earth with the same ten fingers and limbs…

regardless of our differences.

When it comes to healing the afflicted of the world, there is one incontrovertible fact…

There can never be too many prayers or positive thinking to aid in this quest.

Whether it is a symbiosis of prayer and medicine or of positive thoughts and medicine,

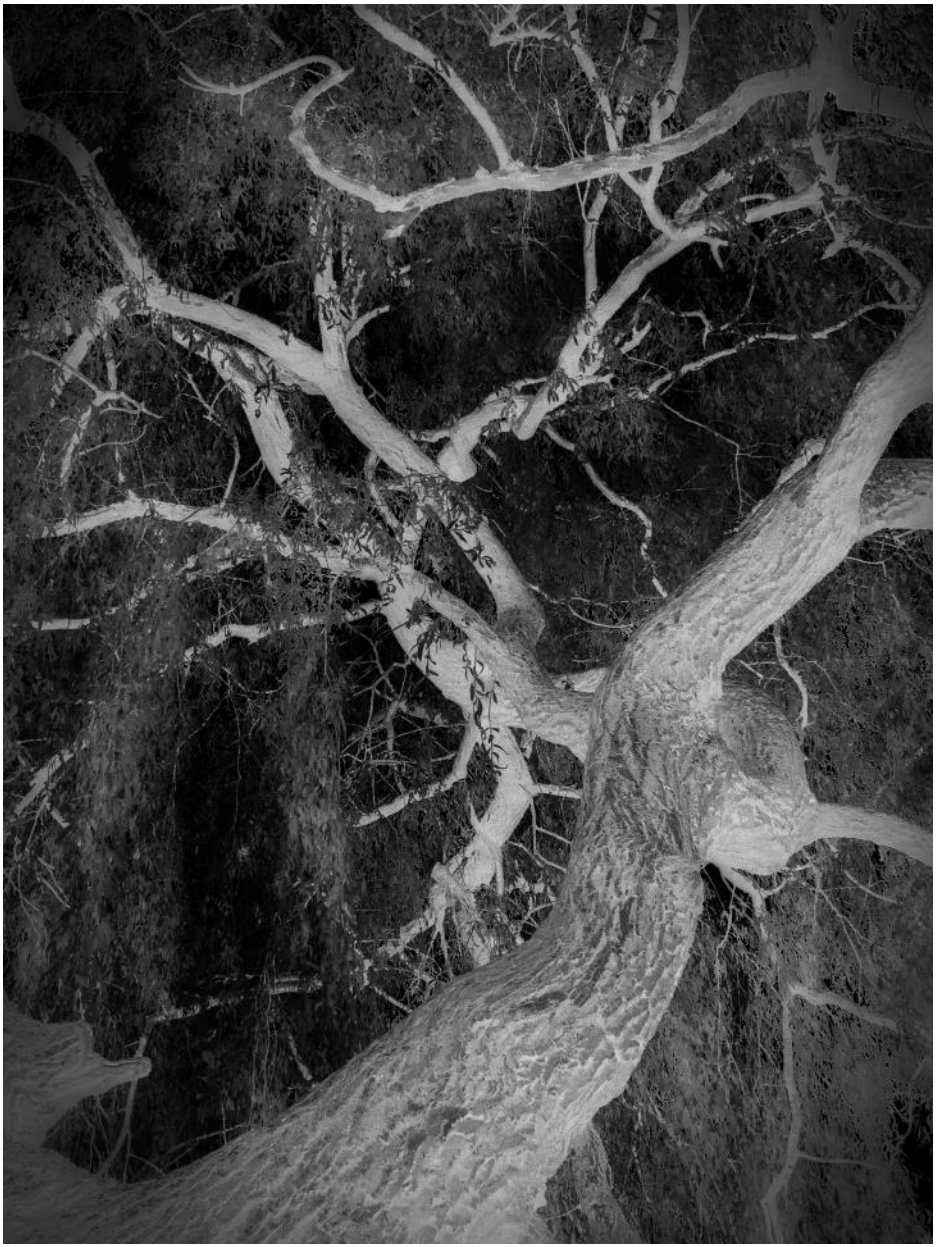
after faith, hard work must be done to bring to this darkness of human suffering

the light of healing and good riddance of this cornucopia of pain…

that I know all too well within…

PULMONARY ANGIOGRAM OF A TREE

AMIN BEMANIAN



WHAT YOU LEARN AT MORNING REPORT CAN SAVE YOUR LIFE

WILLIAM BERGER

Even old for 82
She came into my ICU
Sons say, "Doc, a word or two?"
    Then: "What happens to her, happens to you!"

No shock or awe or fast thinking to do
This situation - turns out - was not new
"Morning Report" taught me what to do
"Training" - just another word for pre-thought-through

Not in textbooks, boards, or journals
Yet, we need to know such kernels
Without a place for Medical Legends
How could we manage such situations?

IN MEMORIAM

MANAR MOHAMMAD

There are not many people who can say
they have held someone's heart in their hands
and imagined the life they led
when it was beating.

The first day we met them
was like the opening of a book.
With each day that passed,
each new part discovered,
the lines that made up their story unraveled.

I wished so many times to know more about our body donor
because while we spent 8 hours a week with her
I become enthralled with her potential.
When each class session ended,
the capacity to know her remained endless.
Bodies like landscapes,
beckoning us to explore.
I often caught myself wondering
how the shape of her face transformed when she smiled at her loved ones,
or if she prefered strawberries over bananas.
Sometimes, if I thought too hard,
I wondered
if she thought this long about someone who had passed
like I thought of her each time I saw her.

The folds of their skin
told the tales of the battles their body had fought.
The crevices of their hands
exposed the work they'd spent their life doing.
Were they a painter?
A sculptor?
Did they enjoy gardening, digging deep into the roots of nature, perhaps in search of themselves? Or were they a writer, letting the ink of their pens become one with their skin, leaving temporary tattoos on their hands like remnants of the stories they composed?
I followed the pattern of the gyri of their brain and traced the memories they held, wondering, even hoping,
that within these spaces had lived memories decorated with smiles and joy more than they had contained anything else.

You see,
we came here to learn patient care
We came for more than just the study of science
We came to understand the art of human living,
surviving,
thriving,
to trace a person's journey,
the lines that make up their story
through the understanding of their body.

There are not many people who can say
they have held someone's heart in their hands
and touched their personhood,
so much so that when we bid them farewell,
I only wished I could tell them,
thank them,
for their sacrifice,
for teaching me what I need to know,
for sharing their story
in a way that no one else in my life ever has or ever will,
for shaping us,
in a way that nothing else in our lives ever will.

Oneness
Alhaji Camara

PLAY

FRANCIS TONGPALAD

1985-2019

JASMINE DOWELL

"How old are you?"

That answer stops my heart every time.
Our common year of birth foreshadows a shared inevitable fate,
Which, with just one twist, could reverse our current states.

The veil is drawn;
It is my face I look upon In this bed in this ED,
Wrenched with agony,
Staring up at me,
Searching for hope
In the whiteness of my coat.

When illness or trauma claims
Someone younger: it's a shame
Someone older: it is, too
Someone your age: Then it's YOU.

So you do everything, everything, you can do.

Her pain is my own.
I feel it in my bones.
It radiates to my heart.

My legs are paralyzed.
I wipe my own eyes,
Baffled at a face as young as mine
Who has just run out of Time.

I reflect—
How can I expect
To restore anyone to health
When I cannot save myself?

SHE WOULDN'T RULE ANYTHING OUT

JOANNE NELSON

Samantha's regression began several months ago. Gently enough. There was additional clumsiness—spilled milk, dropped phones, that kind of thing. She tripped and stumbled over her growing feet and needed reminders to tie her shoes. One day she talked of nothing but a friend's promise to buy her a *Little Mermaid* keychain for her birthday. In general, Samantha acted more like a tall three-year-old than someone about to turn fifteen.

A cloak of moodiness settled over her. She'd gaze into the distance and look startled when we called her name, put her head down on the table, complain she was tired. She sighed frequently. Then some sassiness, some good old-fashioned back talk ("I just told you!" "Nobody does it that way." "Why do you always say that?"), appeared at the dinner table. Next, in the blink of an eye, our fine times with this easy child came to a halt. She closed up her face, squinted her eyes, and refused to respond to questions with more than one syllable.

Puberty was upon us.

I wanted to put yellow caution tape around the house, warn visitors to stay away. I considered renting my own apartment. The irony of her starting puberty as I became menopausal was marginally humorous to me; oddly, it was not at all comical to my husband.

"I don't think I can do this," he moaned one night after a particularly tense meal punctuated by Samantha's desire to text during supper and my loud insistence on conversation.

"How long can it last?" Was the most hopeful reply I could give.

Alexandra, our other daughter, had gone off to college earlier in the year. She now lived in a dorm two hours from home. Alexandra had been a challenging teen: she'd told lies about where she was going, hung out with questionable characters, and let her grades drop into the summer school range. I was ready for peace and quiet, not another go-round through the drama of adolescence with all its raised voices and demands for equity.

We muddled through. Mostly I remained imperturbable and saint-like in my patience with Samantha—although occasionally I lost it and hollered, "I'm not putting up with this crap!" I caught myself humming *The Rolling Stones'* "Mother's Little Helper" with a frightening frequency and eyed the liquor aisle of the Piggly Wiggly longingly as I shuffled past with my cart load of family food.

One blessed morning before school, Samantha announced there was blood in her underwear.

Praise be.

Before I left for work, I searched the house for maxi pads—I hadn't been using those products much, and the college kid tended to abscond with any items left unsecured. I found a total of three after rummaging through travel bags and searching underneath a car seat.

Handing the pads to her, I tried to recall what I had said to Samantha's sister about all of this. I asked, "Does anything feel odd?"

"Odd? Odd like what?"

"Like cramps or your head hurting?"

"Well, I have been kinda moody lately."

Ah. My moment to rise up with a sympathetic hug of a statement, or blow it all with sarcasm. I opted for putting my coat on while mumbling, "I'll say." Then I added, "At least we know you're not psychotic."

Samantha turned and replied pleasantly, "I wouldn't rule anything out."

We left for work and school. Despite my worry about cramps, feminine hygiene products, and hormone-induced psychosis, everything went fine. At home the crankiness eased up by a moderate percentage.

Then the silliness started. I don't mean just a little immaturity. I mean a full out return to toddlerhood. There was a constant need for attention, help requested in all areas, even her communication style changed. Samantha's voice became louder. She called me "Mommy." She repeated it frequently. "Mommy, will you take me out for breakfast?"

"No."

"Mommy, will you make me pancakes?"

"No."

Pause.

"Mommy?"

"Now what?"

"Will you take me out for breakfast?"

I wanted to be kind. I wanted to appreciate her gentle unfolding to the glories of womanhood. Oh, how much nicer this was than the constant challenge my eldest presented! I wanted to enjoy how sweetly she said "Mommy." Mostly I wanted to smack her.

I complained to my husband. He laughed the day I told him Samantha had reverted to asking "Why" questions. Not the expected adolescent demand, "Why can't I?" but more a replay of the toddler classics:

"Why is that car parked outside?"

"The neighbors have company."

"Why are we having spaghetti for supper?"

"Because."

"Why do they have company?"

My husband chuckled, but I watched his irritation grow with her incessant absentmindedness and dinnertime spills.

We had assumed—quite happily—that we were well past the days of such attentive parenting. Our good intentions about calmly enjoying this colt of a daughter began to fade. I became frustrated with the way she rubbed my head every time she walked past and found myself encouraging sleep-overs at the homes of friends.

One night at supper, Samantha knocked her silverware to the floor while reaching for an orange slice from the bowl on the table. My husband and I rolled our eyes at each other. I gave him my exasperated look, and he raised his brows and tightened his lips. Samantha reached down to get the cutlery away from the dogs. All was quiet for a moment before she straightened up and turned to look at us with laughter in her eyes and a big orange peel quarter smile in her mouth.

Her dad and I laughed then, not even caring that the dogs had wandered off with our flatware. We laughed and remembered how fortunate our complaints were, how lucky we were to have this goofy kid taking us down the hormonal path once again.

Powder Hound
Josh Thiel

THE OTHER SIDE

KRISHNA ACHARYA

As I prepare for morning rounds in the neonatal intensive care unit, my mind is a jumble of information about at least two dozen babies, and already I am making a checklist of tasks that I must do for the day, reminding myself that I must be efficient. I think of the families who will most certainly be present for rounds, and what I need to update them about. This will take longer, I know, and sometimes I even wish I could avoid them altogether.

I make my rounds differently when a baby's parents are present. When no one besides the medical team is present for rounds, my rounds are faster. I talk differently with the medical team than I do with parents and families. My conversation centers on medical details: vital signs, labs, daily plans, and moving on to the next patient, the next plan. I am often more honest, sometimes brutally so.

"This baby is going to die," I will say out loud, or "What the hell are we doing here?" when things aren't working.

Usually, the bedside nurse acts as spokesperson for the baby, sometimes challenging medical plans, keeping me in line: "Are you really going to increase his feeds when he just threw up right now?"

But when families are present, I find myself entering the other side of the conversation. Not the one about vital signs and labs, but the one about wellness and illness, worries and hopes. "Is my baby going to be okay?" "Is she in pain?" "When can I hold her?" The other side of the conversation is sometimes straightforward, and sometimes hard. It is hard when I know a parent seems difficult or irrational, if I am delivering bad news, or simply when I don't have a fix for their child's problem. After all, what good am I as a doctor if I can't fix things?

When families are absent, the child is identified by their illness, as if that is their only defining trait. But when the family is present, the patient assumes a personhood: they have likes and dislikes, good days and bad days, nurses who scold them for wanting to be held all day long, and allegiance to football teams. Now, their illness becomes a subsidiary, and the child emerges. But just as the patient becomes a person, I find myself becoming one, too.

With the medical team, it is sufficient for me to discuss the diagnosis and prognosis, to brandish statistics and evidence, to have a plan and march on to the next patient. But with families, I must discuss certainties and uncertainties, and share my own fears and hopes. Sometimes I do this well. Sometimes, I fail miserably.

On the other side of the conversation, I learn from families about forbearance. I learn that what is important to them is often not what I have deemed to be medically important. I learn that they have fears about things I shrug off, but are not worried when I tell them something truly fearful, such as the possibility of their child having a severe disability. I learn that they value hope and prayer more than my clinical judgment, and that is probably a good thing. As one mom astutely points out to me, "You may be the expert in babies, but this is my baby and I know him best."

She is right. On the other side of the conversation, I also learn the importance of being wrong about my predictions, and the importance of acknowledging I am wrong. It takes me years to learn this, because I was taught that doctors must not make mistakes. The alternative to saying something and being wrong about it must be to say nothing at all, right?

No. I learn to give parents certainty when I feel certain about an outcome, to share my instincts and experience with them. So, to the tearful father of the fat, healthy baby who has a low blood sugar level and needs an intravenous line, I say, "I am sorry your baby needs to be poked, but I promise you, he is going to be all right." I realize the smallness of my role in the care of the child.

Often, I find myself feeling superfluous among the sea of health care providers, asking myself, "What exactly are you contributing here?" But in such moments of despondency, a parent will say, "Thank you so much for all that you did for him," validating my meagre presence. On the other side, I sometimes imagine my own child, and what I would do if he were in a hospital bed for months on end. I imagine the possibility of blood draws and painful procedures, of being told bad things could happen, of being powerless to stop them from happening.

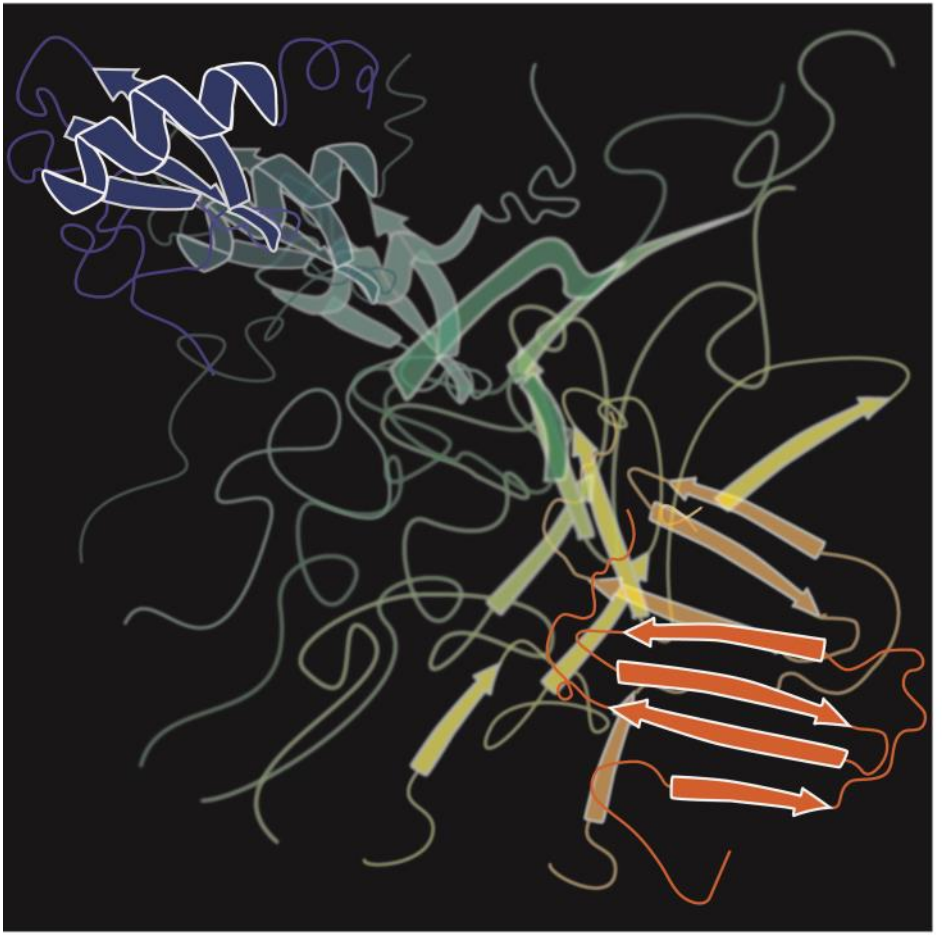
*But just as the **patient** becomes a **person**, I find **myself** becoming one, too.*

I also find moments of humor, on the other side. To one mother, I ramble on and on and on about how sick her baby's lungs are, why they are so sick, what we are doing to make them less sick, that I worry we will not ever be able to get her off the ventilator, as sick as her lungs are, only to have her ask me, "Yes, but what are you going to do about her diaper rash?"

I learn that there is value for me in entering the other side of the conversation. There are small rewards, such as when a parent tells me, "We will really miss the way you explained things to us," or when a family silently looks at me when they are asked to make a life altering decision for their child. But there are bigger ones, too: When I take the time to learn what families worry about, I feel I am more effective as a doctor. I learn that parents and doctors worry about different things, and if I ignore their perspective, I am ineffective at treating the child, no matter how well thought out my medical plans are. So, as I move on to the next patient, the next family, I challenge myself to engage in the other side of the conversation.

DYNAMIC

ACACIA DISHMAN



EDELWEISS

KELSEY PORADA

It wasn't until I saw them folded
over her calmly embalmed body
that I realized I had my Babcia's hands.
Sharp pointed joints, long nailbeds,
piano-playing fingers without the skill.

When she was a little girl in Nazi-occupied Poland,
a soldier's German shepherd bit through her hand.
But rather than being deemed unsuitable for labor
and shipped out to a camp to be injected with phenol,
or gassed or gunned down or experimented on,
the soldier crouched down to her level,
and tended gently to her wound.

Still, there are old world resentments of German invasion,
transgenerational wounds that I've had to carry
transAtlantically, deep-seated in my suitcase.

So if I hadn't heard that story,
I don't know that I'd love you the way I do.

Because I have a horrible taste toward *your* Germany
with its bratwurst and its Martin Luther,
its sauerkraut and its swastikas.
I grew up reading too many books about Nazis
and placing myself among the undesirables.

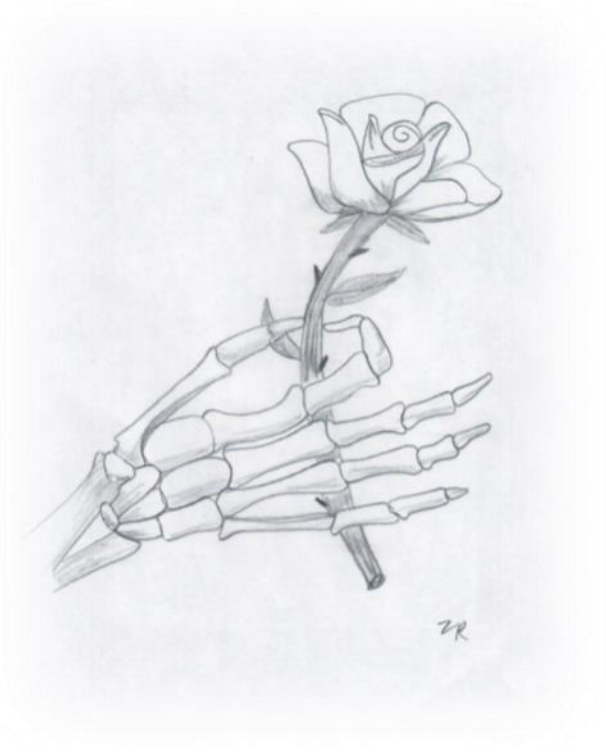
You take me out to the Chicago Brauhaus
in the Bavarian district of town
to eat their meatloaf and streusel and listen to their folk band,
with their swiss alphorn and accordion, their cow bells and yodels.

I don't belong here, among the small noses
and I'm on a date with you, but I miss my grandparents
and our ż and ę and ą's.

When the geezer in lederhausen
starts singing *Edelweiss… Edelweiss*
Every morning you greet me…
it makes me cry,
because the trumpet is so beautiful,
it breaks my heart for Poland.

You know my nervous habit:
I'm anxious and I won't stop clawing at the psoriasis
that's plagued my hands since the time I got caught
shoplifting from Kohl's in sixth grade.

So you take my hands into your own,
scoop up some cream cheese with your butter knife,
spread it like salve all over my palms
and slap them together,
and tend to my wounds,
German soldier.



For the Love of Medicine
Zoe Retzlaff

"I'M JUST SO F'ING TIRED"

WASIF OSMANI

To whom it may concern (that means you):

Overcoming adversity, hardships, tough times-- life, If I may be so simplistic-- can be deemed the ultimate struggle. The purpose of which we all hopefully come to realize at some point or another through our experiences, depending on how we come out on the other end, sets the pace at which we choose to live our lives. The pivotal word here being hopefully. The struggles medical students, budding professionals, go through are not obvious to those on the outside. Exams, responsibilities, patients, personal lives, family situations, personal health, future career, **boards**. This juggling act we perform daily takes its toll; whether we realize it or not, we tend to internalize or even externalize the pressures that we face.

Wellness. As students of medicine, we understand the idea of taking care of oneself. We understand that we need to eat well. We understand that we need to sleep well. We understand that we need to exercise. We understand that lifestyle modifications we recommend to patients, we should do as well. But when did it become so hard to take our own advice? As future physicians, why are we always willing to sacrifice our own health first for the sake of future satisfaction? Short term suffering for future reward and admiration. The cult of medicine breeds an ideology where self-sacrifice is common, unyielding and expected of all its disciples. It seems as if whatever the price may be, we must pay it to receive what we were promised.

But this is common knowledge. We have all heard of these common tropes before, we have been told, even warned of the struggles we will face, but the solution is always look to the future to what you will one day attain. But at what cost, fellow disciple? When will we say stop? Can we ever? Can the ends justify the means? As followers of this cult mentality, the cycle seems unbreakable, so how can we really do wellness? How can we justify prescribing health to our patients when we so easily sacrifice our own?

Maybe these thoughts are negligible in the grand scheme of it all. Maybe these thoughts I wrestle with when I get a moment's respite from the demands of medical school are completely benign. Benign like certain tumors we learn of, benign like the general fatigue many patients complain of, benign like deciding what to get for lunch while on campus. The irony of thinking it all to be benign dulls us to the responses of our body telling us to take a break, telling us to take time off from staring at a screen for 10 hours straight. By then it may be too late for wellness to have an effect, to change what has become a permanent part of your career and life.

The experience of medicine, of learning the discipline, is a continuous struggle. Overcoming this struggle seems like a Sisyphean task, but one that promises endless rewards. Maybe taking a moment to realize this reality, realizing that this struggle is present, is a form of wellness. Identifying the problem is always the first step, or so they say. But where do we go from there?

Yours truly,
A fellow disciple

"YOU'RE TIRED BUT NOT ALONE"

WASIF OSMANI

Dear Disciple of Medicine:

I have read your missive and, quite frankly, it strikes me as a bit odd. This conundrum you find yourself in is not any different than what many of my own colleagues seem to struggle with. However, we do not necessarily engage in discussion about why we feel a certain way, nor why certain situations seem to punish us more than others. Perhaps it's folly. Perhaps a mistake. Perhaps a temporary freedom we grant ourselves, trying to stretch it out more each and every time we face something that frightens us. Yes, I did say frighten. Did you think you're the only one who is afraid?

Do you remember that moment as a child, when, for the first time in your life, you were left all alone with no one there to help you and to take you by the hand and lead you toward home? Do you remember that time, feeling lost and betrayed by those who were meant to be there standing by your side? Do you feel that fear again? That fear is ever present now, always lurking, hiding like a malignancy that has yet to wreak its fated havoc. We hide it well. We ignore it to the best of our abilities because a life lived in fear has no purpose. In this world of medicine, that fear is present whenever we make a decision regarding another human being's life. Being scared, frightened, terrified, numb--these descriptors are not adequate in describing that moment when choices must be made. But we must make them and stand by them. Why? What other choice do we have in this profession? Did I not state earlier that to live in fear is a life not worth living?

Assuming the care of another human being other than yourself demands dedication, a life of service, one many are not ready to endure initially. However, the incredulity, the determination of human spirit, is fascinating. The lengths to which we go for the sake of fellow human beings at the expense of our own, baffles me. As for your question, 'where do we go from there,' that I do not know. What I do know is the fear you have, the fear of failure, of not being good enough, of not sacrificing enough, of not being empathetic enough, you must learn that we all have those same fears. But we, those who have made it, have not given in. We are all fighting that fear every day, but the masks we put on, we just wear them a little less tightly than you do.

Yours truly,
A former disciple

UNINVITED

JAVIER MORA

As you brought a son to the world
was the shadow of a malignant occupant
clouding rays of hope and
dreams to come in your fleeting journey of
motherhood.

Unconcerned
was his father to be the rock, a mockery
of a man choosing to toil and be
seduced by empty riches and
vacuous lifestyles, promising everything
and nothing.

Unlikely
that you will see your son take his first
steps, the interpreter relays, but this news
was already understood by your telepathy,
your sixth sense.

Un día mas
You plead for one more day.

But for what?

Unwelcome in this country, unsigned
custody forms, unplanned surgeries,
unrepentant husband, untimely catastrophes.

Because in un día mas, I saw your son
walk and you embraced him with an
unceasing love,
the beginning of your life that will not go
undocumented.

ANATOMY THEATER OF THE ARCHIGINNASIO, BOLOGNA

TARA MATHER

THE BODY IS TIMED

ASHLEIGH SANCHEZ

We did not decide to be, we just were.
Out of intention, fate, or circumstance,
from nothing: Something. A life to occur.
An outcome of the past, now present chance.
What is to come of this body we get?
Do the bones grow solid, sturdy and strong?
Do they hold up a muscled silhouette?
Do the lungs breath in? Does the heart beat on?
Do we keep the body safe from damage?
Do we work the body physically?
Do we do our best to own and manage
a body that will not always be?

They say the body is led by the mind.
Use the mind wisely. The body is timed.

SECRET SUFFERING

ASHLEIGH SANCHEZ

You made the rules, but were never too strict.
Saturdays at Grandma's were an escape!
The Wizard of Oz on VHS tape.
Lunch was a sandwich with Lay's Classic chips.
Riding along in the back of your Buick.
Scooping dog chows to the dish in the crate.
Sipping warm Fresca while for you I'd wait.
You were just Grandma, with me your sidekick.
There was much more than I could have known then,
Something secret behind a closed door.
Years of black growth hidden with laughter.
Grandpa said, "Goodbye, Sweetheart," then "Amen."
From present to past in three weeks or four.
The memory of you from that point after.

RED SKY AT NIGHT, SAILOR'S DELIGHT

MARLENE MELZER-LANGE

LAURINDA IN THE LAKE

CARLA CLARK

at dusk, laurinda's mother came onto the porch
calling her name, the reply was a breeze slightly northeast
an old fisherman thought he heard an object hit the water
scratched his head, pedestrians questioned couldn't recall
whether a child was seen alone, a small paper bag
with empty candy wrappers and laurinda's fingerprints
was found on rocks in a tree shaded area, branches
twisted and bent from the weight of laurinda's body floated like water lilies covered in oil

neighbors could hear laurinda's mother voice
echoing from house walls when the police dropped off
a plastic bag containing clothes after laurinda's body
surfaced like a mannequin in a department store dumpster.
laurinda's mother stepped onto the porch after
returning from the morgue, fingernails scratching into

THE MIND OF SANTIAGO

CARLA CLARK

When Santiago dreams at night, his face
concealed, tanned, bare chested, a machine gun
strapped on his shoulder in the fields.
He found dead soldiers with open eyes,
a loss of direction before stepping on
a buried mine or a hidden sniper.

The soldier's facial expressions ranged from shock
to pleasant surprise, others found face down in mud
unless he turned them over to snatch off dog tags
the identity would remain a mystery.

Santiago wakes up in a sweat, touching himself
to check for attached limbs, he rises to his feet
unable to deny his connection to men left behind
and protestors that waited upon return.

THE REASON

ZOE RETZLAFF

Maybe it is always like this.
A wave that suffocates you
But pulls away just as you lose
Consciousness.

There are days I feel nothing
Others, everything.
A spectrum, infinite.

I feel my heart will never be large enough.
How to carry on?

Maybe it is always like this.
But when I seek it out again, I find it.

There you are.
The reason.

PSYCHIATRY IN 55-WORD SHORT STORIES

SAM HALL

Psychosis
Sitting in his bed, disheveled, our patient stares at his hands.
'There's three people in my head. An old man, a child, and … another.'

'That must be very confusing.'
'What are those people saying?'

He looks up, eyes scanning.
His gaze returns down to his hands.

More silence.
We haven't gained his trust yet.

Mania
'I know why I'm here, I was walking downtown and they brought me.'

'It sounds like…'

'You know what, I'm happy they're in heaven, sometimes that makes me sad, but right now I feel great, I'm like the energizer bunny!'

Half an hour later,
with unasked and unanswered questions.

'May I speak with your husband?'

Depression
'I'm trapped. I can't see a way out. I'd be better off dead. I obsess over how.'
'It must be terrible to feel that way.'

What more to say?
Empty platitudes?
Offer advice?
Just wait, you'll see… Things will get better with time?

We can't fix him in a day.
Better to listen, not talk.

OCD
'He's in the shower for hours.'
'We'll talk to him, try to work out a plan.'

'We don't want to set limits, just try not to get mad.'
'You have to understand. If interrupted I start over.'

He's right, we don't live in his world, but it's easy to see.
OCD and diarrhea don't mix.

Dementia
His once jolly eyes glared menacingly.
'The food here is shit!'
'I'm sorry sir, we'll try to do better next time.'

Our team walks away.

Like being trapped in a maze, his thoughts wander, lost in time.
'I wonder, what's going on in his mind?'
Not much. Maybe frustration.
Terrifying to imagine, but likely true.

Borderline Personality Disorder
She inserted a wire into her umbilicus.
Now post-op today. No organs were injured.
This isn't the first time. Cutting. Burning.
A chart full of admissions.

'This is how I cope.
I want to feel control.
But maybe things could be different?'

She'll be discharged today.
She says she wants change.

Several days later,
Re-admission.

Anorexia
'My weight's not a problem.
I run, that's why I'm thin.'

50 miles weekly, she's over -raining for a half.

The family chimes in,
'She counts calories all day.'
'She obsesses over food.'
'Do you know why they're worried?'
'Your heart rate was too low.'

We ask the family to step out of the room.

PTSD
'I have nightmares of war, like they happened yesterday.'

Vietnam, burning flesh, he's lucky to live.

'We can't change the past, just try to get you through today.'
'We'll start a medication, but effects may take some time.'

His life was altered in an instant, not re-built in a day.
For now we titrate, wait.

HOME

MOHAMMAD MANAR

We drove through
mountains over mountains
sharing their survival,
standing hand in hand,
watching us
as we went from the rumbling road of resistance
to the smooth road of colonization.
I leaned my head against the window,
where I could rest my head
but not my heart,
as we left the hospital another time.

I could still feel Zaina's weight in my arms
hours after her mom released her from
the warm confines of her chest
and poured her love into my arms,
leaning over and kissing her sleepy forehead,
leaving behind the tear that betrayed
her strength.
I held her in closely
and looked up at her mother,
a young woman like so many here,
who didn't look very different from myself.
We were both caring for children
with ailments
that consumed our minds,
tugged at our hearts.
But her love poured so greatly into my arms,
as though she was sharing her most prized possession
with a friend she trusted.
I watched her take a deep breath,
wipe the other tear that found a way down her young face.
I held little Zaina closer
and said in my native tongue,
"Don't be afraid;
Be strong for her,"
But that had been my mistake,
because mothers don't need to be told to be strong.
And that is when I learned we were different,
That while I was helping a team
with more doing,
carrying this life to the O.R.,
Her mother
spent more time being,
being her shelter,
being her home,
being the love she needed
when awakening at night.

So I held Zaina closer to my chest,
tried to give her another shelter,
tried to offer whatever love
I held within.
"I promise to take care of her,"
I said to her mother,
as she crossed her arms in front of her,
filling the emptiness in her chest,
that Zaina left in her absence.
I felt that void,
when I put Zaina down,
released her from my arms
onto the OR table,
felt my chest lose an inhabitant,
lose its warmth.
I made a mental promise
to bring her back home,
to fill her mother's void.

As we rode home that night,
my head resting against the window,
watching how the mountains held each other,
their attempt to fill the void
their inhabitants left in their absence decades ago,
I thought of Zaina
as I called her mother into the recovery room a few hours ago,
and how her arms engulfed her crying child,
being her shelter,
her home,
that we all had aimed to bring her back to.

IMPOSTER SYNDROME

ZACH SELZLER

Hiking up a mountain with a backpack too heavy,
he tripped.
Trying to find his balance, he stumbled
and began tumbling down the mountain.

Tumbling until he finally fell
into a deep dark pit at the bottom of the mountain.
A pit of doubt and fear and uncertainty
that had grown from years and years of trying
to live up to expectations
and unrealistic ideas of perfection.

Words he never spoke aloud before
spilled out of the backpack and echoed in the pit:
"You do not belong here."
"You are not enough."
"Whatever you do, it will never be enough."
"You are not worthy of this role bestowed upon you."

The words crushed him one by one until
they covered the top of the pit,
and he was completely buried in his insecurities.
"Not again," he sighed.

But this time something felt different.

Finally armed with the tools of his own self-worth,
he climbed
until a small crack of light broke through
growing brighter and brighter the further he climbed.
Soon new words chipped away
every doubt and insecurity on his back,
and he began feeling lighter and lighter as he climbed.

Finally he was again at the surface
with the dust of old words still falling off his skin.
He was now ready to face the mountain
with a spirit not of perfection,
but of faith and humility and self-love.

New words echoed in his mind as he stood up:
"Every chip, every crack, every fault
in the armor on your back that you wear so heavily
does not crush you
but merely compresses and polishes and molds you
into the toughest of stones.

Stones that can handle this, the highest calling.
The big and beautiful and difficult role of alleviating
suffering and preserving human life."

As he walked away from the rubble,
one final thought echoed:

"Yes, you are beaten
and battered
and bruised.

But not broken.

So get up
and climb the mountain again."

CASTLE IN THE SUN

JOSH THIEL

MEDICAL TERMINOLOGY (IS SOMETIMES LEARNED THE HARD WAY)

ANONYMOUS

Working in a medical school or healthcare setting, one quickly picks up medical terminology, almost like learning a second language. In high school, I worked as an Interlibrary Loan (ILL) clerk at a medical school library; I became an unwitting student of medical terminology. Photocopying articles from medical journals exposed me to a vast and seemingly unlimited combination of medical terms. For example, the word myocarditis--which could be taken apart to its prefix (myo), root (card), and suffix (itis)--means inflammation of the heart muscle. Using my newfound medical vocabulary, along with the context of the words around it, I became eager to decipher the illegibly handwritten words on ILL requests. Much to my surprise, I realized I was becoming a word nerd. Later I took a job as an assistant in a busy researcher-clinician's office, where my knowledge of medical terminology quickly broadened to include neuroradiological terms used in manuscripts, chapters, and NIH grant submissions. Eventually my work returned me to the medical school setting, but this time in a research department, where I was exposed to foreign words and phrases while assisting scientists engaged in research in areas as diverse as neurological diseases, drug addiction, and cancer.

Due to a strong family history of breast cancer, over the years I have been closely followed by my doctors. And because I'm curious, I often sought to find out how likely it would be that I, too, might someday receive a cancer diagnosis. Genetic counseling determined that I had a 35.2% risk of acquiring cancer in my lifetime, compared with an average woman's risk of 10.8%. So, with the dark cloud of odds like that hanging over my head, when I received the phone call telling me the dreaded words, "you have cancer," it felt more like a confirmation than a surprise.

That day while at work, I was asked by the scientist I support to prepare some graphics illustrating how cancer cells spread. Always one to enjoy the challenge of creating figures, I took on this task with a mixture of fascination and fear. As I worked, I knew that my own traitor cells were conspiring against me, quietly spreading and multiplying, while I anxiously awaited the test results that would determine my treatment plan.

The day I was diagnosed was also the day I was plunged into the role of The Patient, and as such, I became a hapless student of cancer-related medical terminology. My brain quickly became inundated with phrases concerning my **testing** (mammogram, MRI, ultrasound, ultrasound-guided core needle biopsy, low compression mammogram, echocardiogram, bone scan, CT, lab work, genetic testing), my **diagnosis** (aggressive, invasive ductal carcinoma, triple negative breast cancer, tumor, lymph node involvement, grade 3, stage 2, high risk of recurrence/relapse/metastasis), my **care team** (medical oncologist, surgical oncologist, nurse practitioner, radiation oncologist, plastic surgeon, physical therapist, podiatrist, oncology pharmacist, dietician, triage nurses), my aggressive (*that* word again) **treatment plan** (neoadjuvant chemotherapy, surgery vs. lumpectomy, incomplete response to chemotherapy, clinical trials, physical therapy, radiation therapy, port, oral chemotherapy, reconstruction), possible and sometimes inevitable **side effects** (peripheral neuropathy, lymphedema, alopecia, cognitive impairment/chemo brain, fatigue, depression, neutropenia, koilonychia, bone pain, mucositis, cardiotoxicity, thrush, hand-foot syndrome, dysphagia), and **adverse events/allergic reactions** (rash, nausea, diarrhea, shortness of breath, tingling, heaviness in chest, hypersensitivity, fever). Drug and chemical names (anthracyclines [doxorubicin or Adriamycin®], taxanes [paclitaxel or Taxol®], docetaxel [Taxotere®], Neulasta®, antineoplastic/cytotoxic cyclophosphamide [Cytoxan®], capecitabine [Xeloda®], Tramadol, antihistamines, steroids) became not only familiar, but pronounceable! I acquired a newfound appreciation for "big pharma," and at home, one whole drawer of my vanity was devoted to storing every conceivable lotion, potion, ointment, and pill (Pepcid®, Claritin®, anti-nausea pills, Nystatin®, eye drops) to bring me relief from my many side effects. Throughout my cancer treatment, I continued working as much as possible, navigating FMLA and health insurance, each with its own lingo (short-term disability, intermittent leave, fitness for duty, deductibles, co-pays, out-of-pocket expenses, eligible expense).

While most of these terms were not new to me, once they started *applying* to me and my condition, I realized I wanted and *needed* to delve in and understand them thoroughly.

Messages containing inspirational quotes were often sent to me by ever-supportive friends and family. These words and phrases (hope, believe, warrior, kick cancer's ass, miracles happen, you've got this, anything is possible, you may have cancer but cancer doesn't have you, let your faith be bigger than your fear, stay strong) lifted my spirits immeasurably. Such simple words meant so much and were therapeutic to me. When I was suffering through the worst of my treatment-induced fatigue, I would often feel myself slipping into a dark place. But pondering these inspirational words as I forced myself to take a nap would help me drift into a restorative sleep, and I'd wake up wondering how I could have felt so low just hours earlier. People often told me that my courage, bravery, grace, strength, and positive attitude were inspiring! The love and genuine concern that surrounded me, sometimes from complete strangers, became increasingly apparent. I met people who had traveled this road before and who wanted to be supportive in any way they could. I learned that with cancer came many **gifts** (empathy, humility, awareness, mindfulness, being present, gratitude).

That fateful day when I received my cancer diagnosis over my cell phone, I happened to be visiting my 92-year-old dad at a rehabilitation facility where he was recovering from pneumonia. Most nights after work I would visit with him on my way home, and I discovered that stepping outside myself and being present for him brought me real calm within my own personal storm. My husband and I began to truly appreciate every little thing, e.g., celebrating a week with no medical appointments (!), and to practice simple gratitude for the blessings we had previously taken for granted. Every day that I feel normal is a great day! We came to refer to my cancer diagnosis as "a speed bump" that we just had to get over.

Another breast cancer survivor advised me early on that I needed to put my faith in my care team, to "sit in the back seat and let them drive." Maybe because I'd previously worked in a medical library, in a clinical setting, and then for a cancer researcher, now that I was The Patient, I was intensely curious about my condition. PubMed and several reputable internet resources were bookmarked on my laptop, and I often forwarded articles or questions to my care team to get their thoughts. While I completely trust my doctors, I know that everybody's cancer is unique, and I was compelled to thoroughly understand *my* cancer.

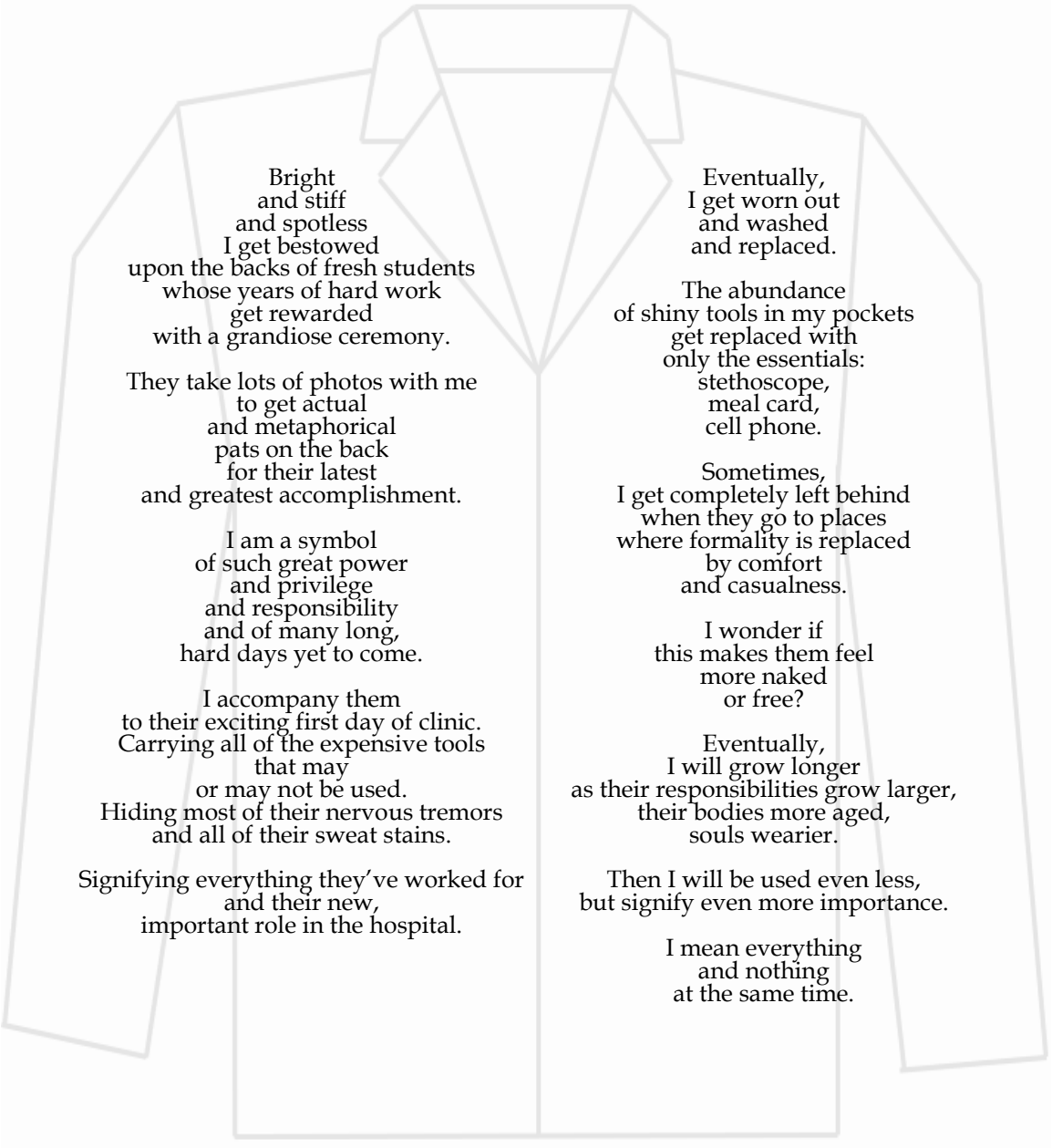
As for my **prognosis**, statistics from breastcancer.org indicate that the five-year survival rate for triple negative breast cancer is around 77% vs. 93% for other breast cancer types. Although I'm not out of the woods yet, I know that tomorrow isn't promised to anyone. We all get one shot at life and we need to make it count. Hopefully, sharing some of the things I learned (even the hard way) will help to smooth someone else's path.

A cancer diagnosis can be overwhelming with everything one must quickly learn. Of all the words in my continuously growing cancer-related vocabulary, one word became my biggest focus. I visualized each treatment or drug as a stepping stone on which I had to tread, and that each inspirational word or quote was pushing me toward an endpoint in the distance--through a deep, dark tunnel toward a bright, gleaming light. And like a magnet, this one word was pulling me forward: survivorship. My goal was to survive, and all I had learned would help me to get there. Exactly 800 days have passed since my diagnosis. I had, and continue to have, tremendous faith in my care team, but I too play an important role in that team. Just like travelers to a foreign land should learn some of the language and lingo in order to navigate their journey, I needed to be able to communicate intelligently with my care providers.

As luck would have it, sometimes medical terminology must be learned the hard way. But knowledge is empowerment. Becoming your own best advocate will help you feel like you are back in the driver's seat.

THE SACRED GARMENT

ZACH SELZLER



Bright
and stiff
and spotless
I get bestowed
upon the backs of fresh students
whose years of hard work
get rewarded
with a grandiose ceremony.

They take lots of photos with me
to get actual
and metaphorical
pats on the back
for their latest
and greatest accomplishment.

I am a symbol
of such great power
and privilege
and responsibility
and of many long,
hard days yet to come.

I accompany them
to their exciting first day of clinic.
Carrying all of the expensive tools
that may
or may not be used.
Hiding most of their nervous tremors
and all of their sweat stains.

Signifying everything they've worked for
and their new,
important role in the hospital.

Eventually,
I get worn out
and washed
and replaced.

The abundance
of shiny tools in my pockets
get replaced with
only the essentials:
stethoscope,
meal card,
cell phone.

Sometimes,
I get completely left behind
when they go to places
where formality is replaced
by comfort
and casualness.

I wonder if
this makes them feel
more naked
or free?

Eventually,
I will grow longer
as their responsibilities grow larger,
their bodies more aged,
souls wearier.

Then I will be used even less,
but signify even more importance.

I mean everything
and nothing
at the same time.

ROUTINE INTIMACY

SOPHIA LINDEKUGEL

It was my third week seeing patients as a third-year medical student. Wrapping up a patient encounter I asked, "Do you have any other questions or anything else I can help you with?" stopping after to wonder if I had done this effectively. This pause created a little space in the room. Small. But big enough to allow the man in bed before me to answer a quiet, "…actually yes."

"Would you close the door?" he asked me.

I'll admit as I walked to close the door I felt a twinge of vulnerability. The door had only been open ajar, we had just been discussing the duration of antibiotic course. What necessitated sealing off those 3 inches?

Returning to his bedside, he spoke quietly again. "Someone came in last night and touched me." I stood there a bit puzzled. "It was still dark outside," he added, his eyes earnest and emphatic as though this would provide some clarity for me. Perhaps his catheter was changed, I wondered. "Ok. Could you tell me a little bit more about what happened?"

This time he spoke all at once., "It was down there…she touched my butt… I don't know what she was doing or who she was…the nurses usually wear the scrub tops but she was wearing a white coat…but it didn't look like yours and I couldn't see a logo… I don't think she works here… I think she just came in… and she just rolled me over and pulled down my pants… and she had a brush or something… and she rubbed my butt and then she just left..."

As I was listening, it hit me: the rectal swabs done by the lab…or was it infectious disease group? I had seen this result pop up on a few other patients' charts I had been following but, honestly, I hadn't thought much of it. My focus has been sifting through which labs to report in morning rounds.

He began to speak again, "I'm not here for anything down there, I don't understand why she would do that to me."

What followed was a brief but important conversation for both of us. He was a middle aged, African American, quadriplegic man in the hospital for 3 days with pneumonia. He had a suprapubic catheter and daily bowel regimen that involved a series of laxatives and a daily suppository. He was bedbound and required a home nurse for most of his activities of daily living including dressing, bathing, and eating. His daughter was getting married in two weeks and was hoping we could also find an upright wheelchair of sorts so he could escort her down the aisle. This man, so dependent on others, and seemingly so used to

intimate cares done by others, felt taken advantage of and uncomfortable when a hospital lab employee took a rectal swab without providing sufficient identification and information.

This was the 3rd time I had been in his room that morning. I had been in to check during pre-rounds, during our group rounds, and, again, now as we finalized his discharge. In the meantime, his nurse had been in several times, an intern, a resident, and my attending had also been in to see him. I easily must have been the 10th person in to see him that morning.

I pulled up the lab order form and read out the associated time of collection and results and verified the collector was employed by the hospital. I shared what I knew about the study and that I could find someone to come in a tell him more specific information about it if he had questions. I did my best to answer his questions and, in the end, he seemed reassured and thanked me for my time.

I have thought a great deal about his vulnerability since I met him and the vulnerability of our patients. To be essentially paralyzed and lay there in the dark believing someone came in your hospital room and touched you. How tentative and private he was in asking about this. How upsetting this must have been. I wondered if he had tried to ask someone else. And I wondered what he might have believed about his hospital stay and what he might have feared in future hospital stays if he hadn't asked. I have thought now about the other patients on whose charts I saw this appear. A frail, middle aged, Hmong-speaking woman. I wondered if she felt the same fear when rectally swabbed at 3:00 am. I remembered she was shy and was not likely to indicate she did not understand English if the lab tech had offered an explanation.

*But I hope as I move forward in my clinical years not to lose my understanding of the **vulnerability of another's body** and the knowledge that this is **not routine for the patient.***

My first weeks waking up patients and doing a physical exam, I felt deeply intrusive. My first months, really. Lifting up a gown to see their surgical sites, pushing aside fabric to make way for my stethoscope. Our job requires us to listen to and touch the innards of another. To be allowed to do this, to be expected to do this, it all seems very intimate to me. I think sometimes it's to our benefit to remember the strangeness of the whole arrangement. I had a urology resident comment, "really, after a month it just becomes another hole," while teaching me to perform a rectal exam. Indeed, the novelty of examination gives way to routine, and with this comes technique and expertise. But I hope as I move forward in my clinical years not to lose my understanding of the vulnerability of another's body and the knowledge that this is not routine for the patient. And whatever made this man feel comfortable asking me his question, I hope I hold onto and bring into every encounter I have, even as this becomes routine for me.

POLARITY

ALHAJI CAMARA

"THE GLITCH" – A SEIZURE POEM FOR KIDS

NICK MEYERS

Our bodies are amazing,
So many parts include:
Ears to help you hear the birds,
A mouth to help you chew.

Eyes to help you see these words,
A stomach to hold your food,
Bones that make you big and strong,
& muscles to help you move.

Your brain is like a muscle too,
But plays a part in all you do.
Where is it, you ask, my buckaroo?
It's in your head, I thought you knew.

It's like a computer with apps and games,
Lots of jobs to try and name—
Too many things but I'll give it a go—
Thoughts, and feelings, and memories, you know?

To dance, and speak, and read, and write;
To joke, and laugh, or feel a fright;
To dream and wish with all your might;
Your brain assists, just out of sight.

Sometimes, if you so approve,
Your brain helps make your muscles move,
And with some practice, can help improve
Your aim, or skills, or dancing groove.

But just like sometimes muscles hurt,
They cramp, or spaz, or twitch,
Your brain is like a muscle too—
Sometimes it can glitch.

For some this glitch has little tell,
You'd hardly even know it.
For others it's quite big & bold,
They just can't help but show it.

This glitch can start extremely small,
Causing just a part to wiggle,
But sometimes their whole body joins—
Arms, legs, and eyes a-jiggle.

We call these things a seizure,
But remember all you've learned,
A brain glitch is like a muscle twitch,
No need to be too concerned.

Seizures can be a frightening sight,
For those who aren't in-the-know,
But if you recall these simple steps,
You can help and take it slow:

Step One, for our friend in need,
is to make him completely safe,
Help lay him down without things around to bonk,
or bite, or scrape.

Step Two is find a grown-up near,
and tell them what's going on,
So they can help our wiggly friend
until his jiggles are all gone.

And last not least, remember,
when the wiggles go away,
He'll need a friend to comfort him,
and remind him it's okay.

So you've learned about our bodies,
And all that they contain.
And now you know what seizures are –
a wiggly glitch within the brain.

Best yet, you now can help our friends,
When others might be too afraid:
To ease them down with an adult around,
And let them know that it's okay.

So thank you, my buckaroo,
For being a super friend,
The world will be a better place,
Because you've read this 'till the end.

AN EIGHTH OF AN INCH

HARRISON GLICKLICH

I'm hoping he won't have a limp, so I'm already kinda peeved by the time I see his silhouette up against the frosted-glass door. Serves him right.

"Here. It's pretty light," but Jake won't let me hand over the corrugated box, on account of the limp. Instead he just pivots on his left foot and slides his right in a narrow arc, retreating into the grey bungalow.

In the sunken living room he sags into a maroon loveseat and offers no help while I gape and try to find a spot for the box full of his desk stuff. The room's immaculate except for a smell coming off a faded recliner with a pillow for a seat. Frankly it's cruel that they were making me do it, schlep out to Paterson just so I could tell everyone at work how fucked-up he looked. I'm sure Rudy rigged it when he had us draw straws, I've heard him talking about it. And I used to like Jake too. Still, I kinda want to know why he did it.

"So…"

"…"

"Seeya…" I'm almost all the way turned around when I hear,

"Do you see that step there?"

"Sure."

"How high would you say it is?"

"…I dunno, maybe half a foot?"

"The rise on that stair is 7 inches. That's of an inch higher than the mandated maximum forresidential stairs."

"Okay…" I don't think he's had a conversation in a while.

"So, that is quite high, is it not?"

"Sure, I guess…"

"Do you know why it's so high?"
"…"

"I know exactly why. It's part of a deterministic process. If you had a look yourself you would discover that the nosing on this step was improperly selected: It measures 1 inches, though the mandated maximum is exactly 1.00. The nosing was installed by John Trombino, an independent contractor, in the summer of 1992, shortly after Mother moved here. She had wanted a recessed living room in the American style. Though he currently works for Coventry Additions and Remodeling LLC, John told me that starting in late 1991 he had begun buying his lumber wholesale from Cerbo Lumber in Parsippany instead of using pre-cut boards, a cost-cutting measure he employed during his divorce proceedings."

"Wait, you called him up? Why?"

"Yes. I'm getting to that. An apprentice was assigned to do much of the shaping, and some of this was done with a 1989 equivalent of the Martin T60C sliding table saw. According to the records maintained by the Wood Machinery Manufacturers of America, this machine could cut with a precision of only ±0.0517 inches. That's a 95% confidence interval, which means the 0.125 inch deviation is almost exactly 3 standard deviations above from the mean: 0.03%, so it was bound to happen eventually."

"So it's true what they say about idle hands…"

"None of that smirking. That inch is pivotal. Absolutely crucial. You're an analyst so you might understand."

"So it's, like, harder to step into the kitchen?"

"Exactly, well, not exactly, but you'll see what I am getting at. For Mother that inch might as well be 8 feet. It's a Boolean process; I wrote my thesis on a similar subject."

"You mean she fell?"

"Not quite. One day I get home and she's in the recliner watching Death in Paradise on PBS, though she's usually in bed after Doc Martin. 'It's a good episode,' she says."

"That's a good show, the paradise one."

"Except she hates it. Well, maybe she's just tired. But then Mother starts watching TV from all the way in the kitchen with the volume maxed out, 'It's like I'm in a movie theatre.' I discover she had been hiring a lady to clean the house when I was at work. She wasn't even taking showers. Well, you can imagine what happens next. After the scans came back they told me, 'Thank goodness, you came in when you did.' A few days later, a fraction of an inch shorter and it would have been…"

"So Trombino's apprentice saved her life?"

"Well…"

"Deterministically speaking?"

"Well, that is not the end of it. For a condition like hers one can only hope for palliative care. Mother should have known that, and yet she was surprised when they didn't offer a definitive cure. She had always been rational, especially in her parenting, but now she'll try anything. She takes cheongsimhwan. In the morning she needs 2 hop of renshen and 1 hop of yeongji, and in the evening it's 1 hop of renshen with 2 hop of yeongji. She needs to be bathed after midnight due to her tae-eum constitution, with cupping afterward if the moon is hidden. It's ridiculous, this 'alternative' stuff. And you know, she told me many times that everyone from before can go to hell for what they did to her. It's like she's not herself. You know she only spoke English in the house…"

"So you were exhausted."

"Well one thing always leads to another. It is precisely because Mr. Trombino failed to maintain his marriage through the end of 1992 that I dozed off on I-80 and the issue with the accounts was uncovered."

"I dunno about that."

"Maybe that was a bit facetious. All I am saying is that if Trombino had maintained his professional standards she could have gone in her sleep. It would have been better for her."

"For her?"

"You know what I mean. The way it is now with her knowing…"

"…"

"I can't stand the way she looks at me."

"…" I look away.

"Maybe that's why I did it. Who knows. Either way, what happened before doesn't matter."

"Are you okay?"

"I'm perfectly fine. Better than fine, even. Maybe not a couple weeks ago, but something miraculous happened. There's something I'd like to show you. Out of all of them, I think you'll be able to appreciate it."

"You don't have to give me anything, really."

"Who's talking about a gift?" Jake emerges from the loveseat and half-lopes to an armoire in the kitchen. He stands on a chair, balancing on his tippy toes, and retrieves from above something I can't see at this angle. When he brings it over to the coffee table I can tell the makeshift cushioning was salvaged from an old mattress pad. From the look of him I know I should say something.

"What is it?" Next to the box on the coffee table he unwraps a spiral notebook bursting with loose graph paper and some sort of novelty souvenir. It's just a white coffee mug with two mirror images of Mickey Mouse on each side of the handle. Mickey looks mischievous. Pictured at an oblique angle he stands on his left foot and conceals his hands behind his back. Ovoid ears protrude from the top of his head in a cartoon facsimile of rodent anatomy. I wonder if he's getting into the copyright infringement business. Seems risky.

"I want you to grasp the handle, then let it go, close your eyes, and put your fingertips right here." He indicates Mickey's ears. Why not.

I know he's messing with me, but then I feel warmth like I'm up against an old-fashioned radiator. The surface of the mug gets slippery and I can feel it moving against my fingertips, but not like you think. The motion isn't smooth. It keeps coming in microscopic jolts like it's trying to go somewhere all at once but can't make up its mind. I sense the handle pressing against my palm where before it was empty.

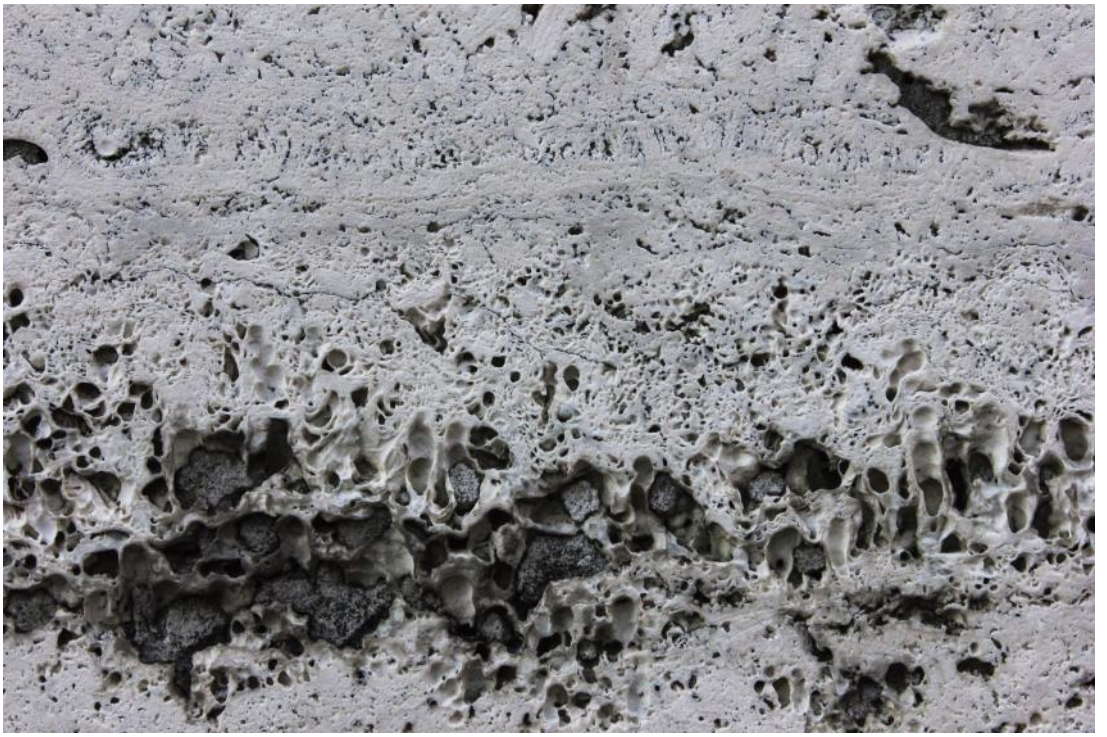
"You can feel it, right? Open your eyes. Wherever you touch it first, it always comes back to that point. I think it intrinsically knows how to reset itself. And it works every time: any condition, any environment, even upside down if you wait long enough. Coffee and tea too, though not English breakfast... I have extensive notes, of course. The only downside is you can't look while it's happening."

"Why not?"

"Well, I can't reveal everything, but the process is occult. Not even I fully comprehend it. It can neither be replicated nor explained by Maxwell's equations and that is precisely what makes it so important. When I have completed my analysis I'm sure academia will take an interest."

"Good for you…" It's all coming out of nowhere, and now that I think about it…

"Yes, it really is 'good for me.' It's an enormous boon to have found it, particularly since nothing like this has ever been described before. Just when I thought things were… Anyway, look, I'm going to be frank with you. I know you didn't drive out here for my sake, but whatever you say I know they won't believe a word of it. Let them gloat all they like, but things are going to be even better for me, better than before by a long shot."



Vulnerability
Alhaji Camara

EMPATH

SETH HEITHAUS

I recently read "What About Me" by Dr. Amy Cohen, posted on January 4th, 2019 on the Pulse website (pulsevoices.org), and felt an undercurrent of familiar anxieties. Dr. Cohen is an attending physician and writes about her experience weaning a terminally ill patient off of oxygen. She writes about suppressing her emotional response as she watches him die over the course of 30 minutes with his family at the bedside. Later that day she closes the door to her office, shuts off the light and cries alone on the floor. She reflects on the way that medical training teaches us to suppress such responses and act like robots, and wonders why we are trained not to show emotion with patients. She then pulls herself together, reminding herself that this is day one of seven days "on." She points out that she has missed an opportunity for self-compassion, but also that there will be thousands of other chances.

Undoubtedly it is a skill in life to recognize the power of framing your own situation; however, it is implicit in this piece that doctors must turn internally to find compassion. I am reminded of another article I once read by a physician in which the author mentioned that she lost little pieces of herself when she would lose a patient or witness severe pain, then go home and watch TV with her husband without ever talking about it.

Where does this sense in the medical community of having to deal with everything internally come from? Is the emotional toll so overwhelming that it would be too difficult to discuss? Is it the perception that processing our emotions is a waste of time, especially in a system that places a high value on efficiency ? Is it a commitment to the long-standing ideal of a doctor who makes decisions alone, dispassionately, and above all objectively, and therefore would be rendered incompetent if he felt emotion?

I think one possibility is that we become desensitized to the daily pain and suffering we witness in medical training, but we are never taught how to talk about this phenomenon. Multiple doctors I have worked with have hinted at the toll of this process, offhandedly saying such things as "I lost a piece of myself in medical school," "life never gets as good as it was before medical school" and even "we doctors are weird. We're not really people anymore."

We are evaluated on our ability to show empathy (e.g. objective standardized clinical exams), but what if we stop feeling empathy? I think in some ways medical school selects for

people who can keep going once this happens. Medical school selects master memorizers, but appropriate synonyms for "memorizer" would be "mimicker" or "chameleon." I sometimes worry that in spending so much time absorbing what we need to know and showing a professional façade, while suppressing our own feelings, we eventually forget how to feel those feelings. Do we regain that ability after medical school? After residency? I think we medical students are afraid the answer is "no" so we don't ask, and there is no clear space to discuss such questions in medical school curriculum anyway.

In writing about showing versus feeling empathy, it occurs to me that that is actually the distinction between empathy and sympathy, as I understand it: empathy means objectively understanding someone else's situation, while sympathy means sharing their emotional response to that situation. Upon googling "difference between sympathy and empathy," I came across this passage1 in an article on the Merriam-Webster dictionary website:

"A major difference between sympathy and empathy is how long each has been around. Compared to sympathy, which first appeared in English in the 16th century, empathy is a relatively new coinage, one originating from a relatively young science: psychology.

By empathy, one organism is aware at once that another organism is aware of an object. An animal reacting to his reaction would come under this definition. Yet altogether the definition marks off a class of mental events that are normally human, and it serves for the human being to differentiate the conscious from the unconscious.
—Edwin G. Boring, The Psychological Review, Vol. 44, No. 6, November 1937

Empathy can be contrasted with sympathy in terms of a kind of remove or emotional distance:
The act or capacity of entering into or sharing the feelings of another is known as sympathy. Empathy, on the other hand, not only is an identification of sorts but also connotes an awareness of one's separateness from the observed. One of the most difficult tasks put upon man is reflective commitment to another's problem while maintaining his own identity.
—Journal of the American Medical Association, 24 May 1958"

The 1937 psychology definition effectively says "empathy is meta-consciousness, thinking about the consciousness of others, and this is fundamentally human." But it does not address the emotion issue as it discusses in the terms of "animals" and "awareness." The 1958 JAMA definition considers emotion, acknowledging that empathy differs from sympathy in its

"separateness from the observed." It goes further than that, though; it points out a danger in feeling the experience of the observed. Per the last line of the quote, "maintaining [one's] own identity" during "reflective commitment to another's problem" is "one of the most difficult tasks put upon man." This only follows if we believe that the "identity" of the ideal doctor is rational, objective, unflinching. "Reflective commitment to another's problem" is going to include considering and possibly feeling their emotions. If emotions endanger objectivity, then empathy, or rather the threat of slipping into sympathy, is dangerous. The message here, published in a major medical journal, is that sympathy is a threat to the paramount virtue of objectivity in medicine.

I think we need to remember that this word empathy is a construct of psychology. These quotes suggest it was first used to describe an animal objectively considering another animal, then coopted by medicine to describe the doctor considering a suffering person.

Watching someone die inevitably reminds us, to some extent, that we too will die. We are lying to ourselves if we believe that the difference between empathy and sympathy is rigid and real, that there is no middle ground between feeling nothing in the face of someone else's experience and feeling the full emotional force of that experience. We need to find space to debrief the pain we see in medicine, because doctors are human. Being human, we will have an emotional response to what our patients and their families endure. At least, I really hope so.

THE END

Zach Selzler

I'm so tired.

I accepted my fate long ago.
The problem is,
my family has not.
They're holding on
to some invisible thread of hope
coming from nowhere
but their minds.

I'm so tired.

They're calling other "experts"
asking for other "options"
pleading with my providers
for anything that will delay
the end of me.

I'm so tired.

I've been holding on for so long
that my surgery scar
has almost healed.
But my organs have betrayed me
and the tumor is still there.

I'm so tired.

One day,
to my family's delight
and to my dismay,
the doctor offers
a last resort.
A hail Mary.
One final surgery.

I'm so tired.

SIMU

RICHARD L. HOLLOWAY, PHD

My Mother was about to turn ninety. I visited her in Buffalo, anticipating the arrival of other family members who would join us for a modest celebration. Days before the celebration, she asked, "Can we visit the cemetery?" "Of course," I replied. My Uncle, her brother, had recently been buried there and it would be good to go visit. The December sky was gray and featureless, plump snowflakes drifting down toward our faces. Snowflakes in western New York are engorged by their trip above four of the five Great Lakes, sucking moisture for hundreds of miles. We stood in mud formed by a fresh wet snow and the recent burial at the front of the family plot, motionless, speechless, tears forming in our eyes. I drew her close to me as we gazed at the names: Cornelia, Sammy, Lawrence, and Simu, who passed away many years ago.

His passing ripped the extended family into fibers of self-interest—the absence of his influence let old wounds be torn at and latent resentments flourish. What a legacy of sorts: without the patriarch, the family split apart. Even though we would get together as in the past, there was something profoundly absent. He was a powerful force. But maybe there was a different kind of adhesion he offered us from the grave, a devotion of lessons learned over many years. One thing I know for certain: his spirit lives within me, and within my family.

Simu A. Muresan, my mother's father, was rarely called by that formal name. Upon emigrating from Romania to the U.S. in the early twentieth century, he began referring to himself as "Sam," either an American approximation of his Romanian name or a reference to his initials, "S.A.M." In my heart's recollection, he remains Simu, which strikes me as a more dignified and ethnically- authentic name that captures the essence of the man. He was, simply put, my hero. I idolize him still, more than fifty years after his death. He had such an impact; it's hard for me to believe the relatively short time we had together.

Simu grew up in a tiny village (so small it was referred to as a "commune") in west central Romania located in the Transylvanian Alps, or the western Carpathians, just south of the Mures river, from which his family derived their name, Muresan. He spoke of these areas with derision, wondering why anyone would wish to live in such a hell-hole. Conversely, he offered nothing but reverence for the United States, the land of opportunity in which he had become a successful tavern owner. He had fought for the allies in World War I, and be-

-came an army cook, taking this skill set to a gritty mill town in western New York where he opened "Sam's Tavern." Escaping Romania for limitless possibilities in America stoked a fire of ambition that he leveraged to create a successful business. He had no time, he thought, to muse over the "Old Country." His goal was to raise a family with all the advantages he never had.

At only 5'2", he was still an imposing figure, his head attached to his shoulders without any suggestion of a neck, and strong, with legs like tree trunks. He always wore suit and tie with a fedora perched on top of his head, unless he was simply sitting around the house, when he wore pants with suspenders slung by his sides and a spaghetti-strap ribbed cotton undershirt, ready for the addition of dress shirt, tie and jacket at a moment's notice. I knew him best from the time after he had retired, when he could spend a fair amount of that time at his home, having sold the tavern and the land under it to an enterprising developer at a substantial profit. Every afternoon, he would take a one-hour nap at the direction of his physician, so we were all directed to do so as well, if we were visiting. A heart ailment, probably the result of rheumatic fever years earlier, had led him to be cautious. It was a constant reminder of the biggest loss his family had endured, the death of his son Simu Jr. ("Sammy") at age twelve, also to rheumatic fever. Simu loved Sammy beyond imagination, and there were no bad memories ever to be shared, just wonderful recollections seen through a gauze-covered lens. Sammy was perfect in Simu's eyes. The loss painted the family's backstory, haunting it for decades: Simu's wife, my grandmother Cornelia, had a locket with Sammy's picture that went with her to the grave. Few spoke of Sammy in Simu's presence, knowing it was his kryptonite. It was as if an invisible deity lived among them, if silently. The loss also served to bolster Simu's resolve to keep family bonds strong, by whatever means necessary. He had lost one child, and wasn't about to lose any more, not even through emotional distance. Family had become his mission statement.

The U.S. has rarely had a more enthusiastic adoptive citizen, though he faced trials early on. The influx of so many immigrants in the late nineteenth and early twentieth century had created hierarchies of visiting nationalities. Romanians, if thought of at all, were certainly a bottom-rung eastern European group to be tolerated and often bullied by more established groups. As a young entrepreneur, Simu opened his tavern to the contempt of his superior fellow immigrants, who had been well-established long before the arrival of the "bohunks," resenting their incursion into the labor market and society in general. It was during the first month of his tavern ownership that Simu experienced discrimination firsthand. Awaiting delivery of flour, he paced anxiously for the delivery truck to arrive. As it finally made its

way to the back of the tavern, Simu noticed the driver had already been consuming adult beverages for some time, and it was only noon. The strapping delivery man, easily a foot taller than the stocky Simu, offered an insult as he deliberately dropped the sack of flour to the alleyway, ripping the bag and dumping the contents. The two immigrants squared off. This story became a part of family lore. In the repeated telling of the tale, I can remember my Grandmother Cornelia hooting and snorting with laughter and joyously animating the tale with boxing pantomime as she said, "…and Sam had to jump up off his feet just to reach him! POW! He popped him hard! That Irishman never bothered him again!" Simu would sit quietly pleased, absorbing the admiration the story offered—a story of survival and resilience.

He further safeguarded the comfort of his family by locating in a predominantly Romanian neighborhood (yes, there were such places!) but required his children to speak English at home so they might become "truly American" and avoid ridicule at school. My mother, his oldest child, learned these lessons well, becoming a school teacher and an English language perfectionist. She, too, sought to achieve as much as she could to please her father. She not only spoke English, she coached her siblings to their disdain and Simu's delight. English prevailed in nearly every context: the only times the "English only" rule might be violated was when there was some juicy family gossip to be shared among the adults. After a huge Thanksgiving dinner, the Muresan women would gather in the kitchen, shoes lined along the baseboard, washing dishes. Suddenly, not a word of English would be uttered—only Romanian—save for the telltale use of a word like "divorce" that juvenile ears, like satellite dishes, could overhear. Simu would gently scold, but only after the best parts of the stories had been told.

His commitment to family was truly impressive. He was the glue of a three-generation system that stretched from western New York to Michigan, where my cousins lived. But it was expected that all twenty or so members of this extended family would gather for Thanksgiving, Christmas and Easter—mad melees of festivity and dysfunction. At the center, holding it together year after year was my Grandfather Simu. He demanded that we get along even when we didn't, demanded respect for one another, and most importantly, offered and demanded love. In the eastern European tradition, male and female relatives hugged and kissed lavishly. It wasn't until I went off to college that I discovered not all families were as generous with their affections. And Simu could hold us on his lap for hours, watching pro wrestling. He loved Bobo Brazil, an early TV wrestling star, known for his signature move, the "Coco Butt" which involved inflicting head trauma on his opponent. How I loved those moments on his lap, with the occasional foray onto the floor for an impromptu wrestling match, including a toned-down version of a Coco Butt to our endless amusement. He also had his own move,

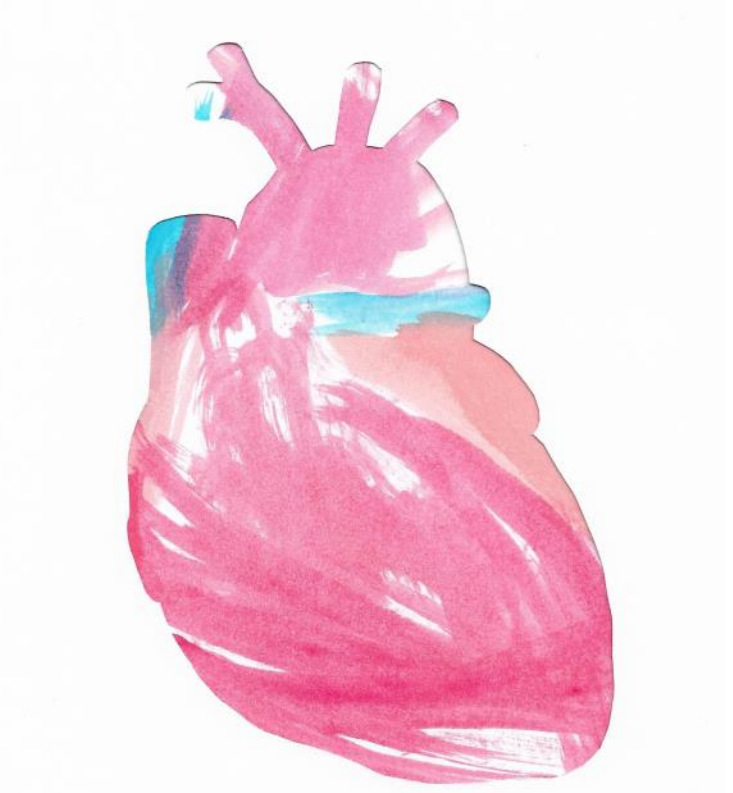
the "Woolly," which involved holding me in a headlock while he scrubbed his fist over my crew cut, inflicting more hilarity than pain as he cried out in his thick Romanian accent, "Woolly, woolly, woolly!!!" as we howled in hysterics.

Spending the weekend with Grandpa and Grandma was a special treat; Simu loved freshly ground coffee in the morning, and I would awake to the sound of the gentle squeaking crank of the wall-mounted coffee grinder's handle and the wonderful aroma of that coffee in my room. He'd drink his coffee with milk and sugar, always making sure he spilled some in the saucer so he could soak it up with his toast. Even as a boy, he made sure I had a weak brew of the same concoction, to my delight. I even remember watching him get ready for the day: he used a straight razor to shave, sharpening it first with a leather strop he kept hanging from the bathroom door. That strop would also serve as a deterrent for bad behavior. One stern look from him while he held the strop in a slightly menacing manner was enough to assure excellent conduct for many hours.

His presence in the family was strong until the very end. My mother and her sister were notorious for scrapping with each other, nearly incessantly. Simu had little tolerance for any of this, demanding that the sisters "stick together!" In the very last week of his life, he visited my Mother (I was home from school sick so I witnessed the entire event) to admonish her for her treatment of her sister. With regularity, I could hear him shout, "You kids need to stick together!" His instinct for survival and resilience never died, though his body did just days later.

I was only fifteen years old when we learned that Simu had suffered a major heart attack, kneeling while praying during an Advent Service at his church, just across the street from the family home; the hospital was on another corner, adjacent to their home. The attending nurse dispassionately reported to our stunned family, "He was dead on arrival." Life as we knew it stopped. The patriarch, the force of nature who gathered the reins of an unruly family, had passed. His funeral was the saddest I believe I have ever been as a child. I remember every detail, but there's a part of me that wishes I could forget. I stood at the coffin, looking at his face, so kind an image that I truly expected him to smile and speak to me. I continued to stare and couldn't leave his side. My brother finally moved me away, and escorted me into the funeral parlor's coat closet, where I heaved deep unrelenting sobs of grief. I refused to believe he had left us. In many ways, he hasn't. "Stick together" became a family motto later on, though once the patriarch had passed on, the family began to crumble.

His spirit lives within me, and most certainly within my son, whom we have always referred to as an old soul, resilient and determined as he faces many health challenges. I am certain that the origin of that old soul is Simu, still vibrant in his presence in my own family, a family he never met, but who knows his memory well. Several days ago, my son offered up pictures of Simu's hometown of Ohaba, images he had found online. Ohaba is breathtaking in its natural beauty, set along a plateau with gorgeous postcard views of the mountains. But there are also pictures of an impoverished community struggling to survive. This is the place he disparaged and rejected, leaving it to build a better life for his family in the United States. My son offered that he had left that place so he could build a family that would someday have the privilege of being able to be grateful for the beauty of those postcard views in a way not afforded to him.



Thoracic Window
Derek Kent

THE SENTENCE

KRISTEN WINSOR

The brightness was drowning out the darkness. White light at the end of the tunnel. Must be heaven, Bee mused. Eyelids slowly peeled open, allowing the fluorescence to clear enough to reveal individual lightbulbs. Electricity in the afterlife? Her senses continued to return, and the throbbing dragged her back to solid ground. An iron bite of blood ran down her throat. She squeezed her eyes tight before she dared to look down at her hands. Skin sloughed from the many sores marring the dark skin on both arms. Though her fingers wiggled appropriately when she asked them to, a confusing, searing pain forced her to cease. She placed her head back on the pillow, gasping for air. These minor efforts had exhausted her. She could not piece together why she was here, but the IV in her arm and the tell-tale beeping of machines indicated she must be in a hospital. In her blurred vision she saw a figure passing her door. Help! Her stomach dropped as she realized her mouth had not opened as she had intended. They could not hear her. Terror and pain dragged her back to unconsciousness.

"…I'm the medical student who will take care of you now that you're out of the ICU." The student's voice jolted Bee back awake. Electric shocks prevented Bee from turning fully to the new voice. The student was short and walked throughout the room without nervousness. Her voice was louder than Bee expected. Even as she talked, the student's lips curled upwards at the edges containing a smile. Bee wondered how it was possible they could both exist in the same universe: this girl with the wide smile and her, Bee, in agony and unable to speak. As the student bounced out of the room, promising to return later, Bee couldn't help but think of a fountain at her elementary school that was turned off every night. However, there was always some water that snuck through the cracks continuing to bubble over. Like that student. Perhaps some people viewed this as endearing, but Bee had little patience for joy.

The student fulfilled her promise, returning several times a day to force Bee into consciousness, always with an animated "It's nice to see you!" She had found herself referring to the student as Enthusiasm. Though Bee could still not speak, her awareness had continued to clear. This was a double-edged sword; for one she was recognizing her providers. The older doctors and the nurses seemed to change a lot, but Enthusiasm woke her up every morning. On the other side, being more awake made her more aware of the pain. Skin peeled off with the slightest pressure, and the lightest touch felt as if she had been branded. The smell of blood in her room got stronger each hour. She couldn't even keep track of where it was coming from. The medical student had mentioned low counts allowing the bleeding; all Bee cared about was the addition of more machines into her room. More catheters. More beeping.

A week had passed. While the student's smile had not dimmed, Enthusiasm's voice had softened over that time. Bee was convinced it was due to the glares she had thrown at the student. Words might still escape her, but Bee still had her mother's death stare. It was time for a dressing change, the nurse and student were discussing in the corner. Bee knew they had been exchanged before, but she hadn't been this alert during one yet. The nurse warned her since she was awake, this would be quite painful. A look of apprehension rested on the nurse's face.

For the first time, Bee was scared.

The nurse slowly peeled away the first bandage before moving to the rest, and Bee wanted to scream. Dark brown skin was tarnished by areas of bright yellow fat surrounded by blood. Her skin was disappearing. The initial shock was overcome by a wave of nausea when the electricity running through her limbs hit her. If she could, she would be bent over retching, but she was unable to pull away. As the nurse advised they needed to roll her onto her side, she finally was able to vocalize as screams ripped from her throat.

Her eyes snapped to the person supplying pressure to her shoulders. It was Enthusiasm. The student didn't look so enthusiastic now. Blood had drained from her face, and Bee could see pity both in the depths of her eyes and within the pinched skin between her brows. Bee was determined she could see something else in the girl. As the nurse lay her down, she identified the emotion. It was pain.

This didn't make her feel any better. What made this girl feel like she could relate to her? To feel her pain? Angry bile bubbled up in her throat. An animalistic desire to scream more took over. So, she did. The throbbing and frustration bubbled over like that fountain outside her school that couldn't be contained. She felt a surge of pleasure as a passing CNA glanced into her room with discomfort. At least she was being heard.

The fountain died down enough to allow for quiet when no one was in the room, which Bee realized was more often than not. She had gained enough lucidity to realize her family hadn't been here more than a few minutes every few days. That didn't shock Bee. What shocked her was that Enthusiasm was still making good on her original promise, arriving each morning to jolt Bee out of her sleep. After numerous dressing changes—one in which Bee vomited onto the student's chest before blacking out—the student still showed up.

It had to have been weeks, since she had lost count of the number of bandage changes. It was hard to keep track when it happened multiple times each day. Over these weeks, Bee had continued to note a change in the student. Bee was now able to say yes or no, and Enthusiasm's voice was quieter as she took inventory of Bee's pain. The student always crouched down to Bee's level so Bee didn't have to use extra energy to lift her head. After that particular dressing change involving the student's messy scrubs, she walked into the room with slumped shoulders. Bee was unsure if she should feel guilty for tainting the student or to feel hopeful that perhaps this meant Enthusiasm was beginning to hear her.

One morning, there was an extra voice in the room Bee didn't recognize. She opened one of her eyelids to see two grey-haired doctors at the foot of her bed. She heard her name, but the men were not looking at her. With indignation, she realized they were discussing how to continue caring for her. Neither ever looked at her, or even addressed her. How dare they. She felt that anger bubbling in her stomach again, and she was tempted to scream at them purely for the shock. As one adjusted to silence a pager, Bee saw Enthusiasm hiding in the corner. She wasn't bouncing on her toes, and she wasn't smiling. Instead, she was shifting uncomfortably, biting her lip. Enthusiasm finally peaked a glance at Bee, but when their eyes locked her usual smile did not reach her lips. Guilt fell on the student's face, and her eyes darted away from Bee's as if it was too painful to maintain gaze. As the medical team left the room, the student continued to avoid eye contact and only managed a mumbled "I'm sorry," as she exited the room faster than ever.

This betrayal stung. The doctors changed, but Enthusiasm was always there. She knew where Bee's wounds were and the places on her stomach that were tender to even minor brushing. Though Enthusiasm clearly didn't enjoy the role, she had been present for every dressing change, supporting Bee if she blacked out. Bee had become accustomed to focusing on the pressure the student provided to her shoulders to distract herself. Enthusiasm had stayed late many nights waiting for Bee's sister to visit so she could explain the case. This is why the student's silence had shocked Bee. It's not like she disagreed with what the doctors had said. Bee knew this hospital room was her personal purgatory. Yes, her processing had improved, and she was now able to stammer out short sentences. But her pain had not changed, with a new electric shock torturing her every few minutes. Her blood counts were still impossible to control, and there were days she felt like she was drowning from the iron in her throat.

It didn't take any internal debate to know she wasn't afraid of death anymore. She was afraid of more days like this. Not long ago, this thought would have terrified Bee. She had never been comfortable with discussing death. A chuckle escaped her bleeding lips. How foolish she had been, considering death as the ultimate fate to be feared. Looking down, she saw bright crimson blood staining fresh white bandages. She closed her eyes and took list of the agonies she was experiencing throughout her body. No, there are far worse things. As the next dose of painkillers began to send her to sleep, she determined she would save up her words for the next time she saw Enthusiasm.

The routine started like normal. Bee focused on working up her energy, preparing herself for the statement she needed to connect. After the student finished her cursory exam, Bee had worked up enough to whisper, "I would like to die." There was no energy to explain more, to back up this conclusion she had come to during 4 weeks in this hell. She glared at Enthusiasm, daring her to contradict her. Instead, she saw tears clouding the student's eyes. Through the electricity, she felt her hand being squeezed tightly. "I understand." Enthusiasm's face hardened and a flash of determination settled into her eyes. The student's shoulders squared, and her jaw clenched, as if preparing for a fight.

Bee traced the medical student's retreating footsteps, then looked down at the hand Enthusiasm had grabbed. She could almost see the imprint of the student's hand and all she had tried to tell Bee in that moment: agreement and peace. A sob escaped her at the relief of having an ally. And Bee knew she had not only been heard, but she had been seen. For the first time, she drifted off to sleep on her own without help from pain or medications. She was unsure if she would wake up this time, but found comfort that if she did, Enthusiasm would be there.

NOT A SIMULATION:
A STORY FOR CARE PROVIDERS

JUDY RADTKE, STAR CENTER MANAGER (2006-2019)

When I began working as a simulation specialist in MCW's STAR Center in February 2006, I soon learned simulation-based medical education sometimes incorporates high-drama by design. Nothing like a code scenario to get trainees' adrenaline pumping. The objective, of course, is well-prepared teams and individuals. Stress and discomfort are semi-intentional byproducts for the learners. Those of us pushing the buttons are insulated from the emotional impact. From time-to-time I did step out from behind the glass to play a role in a scenario. For example. the grieving wife informed that her husband did not survive the code. But this was "theater." Having some stage experience I did a passable job – the tears flowed, the residents searched for the right "breaking bad news" words – I did my job.

That was medical education simulation…and then there is life.

My husband of 40 years, John went from excellent health to unexplainable critical illness within a few weeks in Fall 2015. He was admitted to Froedtert December 4th. During a month long stay in Froedtert his care team tried to find out why he was so sick. He was seen by emergency medicine, nephrology, endocrinology, rheumatology, pulmonary medicine, heme onc, ophthalmology, hepatology/GI, neurology, cardiology, PM&R, pathology and probably others I am forgetting. With gallows humor he and I said the only specialties that didn't see him were Peds and OBGYN. He had a bone marrow biopsy, liver biopsy, bronchoscopy, X-rays, echocardiogram, bone scans, MRI, CT scans, daily blood work. One-by-one starting with Multiple Myeloma, diagnoses were considered and then ruled out.

John was discharged home on January 7th very debilitated and still without a diagnosis. The healthcare team's plan was PT and OT in our home, and outpatient appointments multiple times a week with consultant providers who would continue to try to figure out the root cause of his illness and address it.

On February 3rd, 2016, he ran out of time. About 8am, as I was helping him get ready for a day that included 2 appointments, he started struggling to breathe. I called 911. As I was on the phone he slumped in his chair. I had been with my dad a few years earlier when he died an anticipated death. I saw the life go out of my dad's eyes. I knew what it looked like. And now I saw that absence - that void - in my husband's eyes. Except he wasn't supposed to die. He didn't have a terminal diagnosis. He didn't have any diagnosis.

And as John's life energy voided his body, my emotions, thoughts, and actions became disassociated. I was back in the scenario again. But that isn't a mannequin on the floor; it is my beloved husband. And it is me who pulled him out of his chair onto the floor, checking for breathing and pulse, doing chest compressions.

The dissociation is difficult to describe. As my best friend and spouse of 40+ years lay on the floor – the worst, most horrifying, and unexpected moment of my life – emotionally dissociated thoughts race through my head: "How are my compressions?" "Am I doing it at the right rate – 'staying alive, staying alive'?" "Am I pushing hard enough? "Too hard?" "I've lost him." "No, no, this isn't happening – this isn't real." "I'll check his pulse again." "He has a pulse and I just missed it…right? Please right?!" "Where are the paramedics?" "Is that sirens – no not yet…when will they ever get here?" "Oh God, the door is locked – how are they going to get in?" "I'll need to leave John – need to stop compressions to open the door – but I can't leave him."

At some point (6 or 7 minutes that seem like 1,000 years) the paramedics arrive. I leave John long enough to run to the door. They move tables and chairs aside and start bringing in equipment and prepping John –checking for vitals, placing IVs, putting on defibrillation pads, trying to intubate – having trouble. They say, "a lot of blood is coming up." Somebody says, "He's in PEA." A paramedic takes me to the side, puts an arm around me and asks questions to get a history. I give some irrelevant info about his hospital stay…why did I say that…I know better…I know the kind of information they want…focus, Judy…focus! At some point they pack him up into the van. They ask if I want to ride with them. Initially I say, "no I'll drive, so I can get myself back home." No…wait, wait ...what the hell am I thinking…of course I want to go with them… John's in there…and going home…there is no "going home" after this. "Focus…focus." In the emergency vehicle he goes into vfib, so they shock once, twice… I don't know. As we drive out of the neighborhood sirens blaring they say they are going to Elmbrook. I say, "But his doctors are at Froedert." The paramedic sitting next to me gently says "Well that is about 9 minutes farther away, but if you want to go there..." "No – of course – go to Elmbrook" – focus…focus.

We get to Elmbrook, but they don't transfer him immediately. They shock him again. Once in the emergency bay the team gets efficiently to work. Paramedics making report to Elmbrook ER team. Monitors, rounds of epi…alternating shock. Eventually it is time to call. I know it without anyone having to tell me. When the ER doc leading the team approaches me, I know what is coming. I don't protest. I don't cry. I nod. I know. I am numb. I say the things I'm supposed to say: "I know you did everything you could for him".

That's what happened. At least that's what I think happened. Most is a blur recreated from bits and pieces of memory. I don't remember if the paramedic who had an arm around me in our kitchen was a woman or man. I don't remember sirens. When I read the autopsy, I saw John had an IO inserted – don't remember that, but I was there and saw it. He had broken ribs, no doubt from the compression thumper EMS put on him. It was weeks later I remembered that. How do you forget something like that?

Turns out per autopsy he had a massive PE. But the root cause of his illness has never been determined.

Nothing in my work as a simulation specialist could have prepared me for the painful reality. A reality I had attempted to simulate in the sim lab. But pain gives perspective and my situation gives opportunity. And so, I introduce to you the providers who truly walked this difficult journey with us and to whom I will be forever grateful:

One week into John's hospital stay a physician sat at John's bedside, took his hand, looked us both in the eye and said: "I know you have been through so much – tell me what you know."

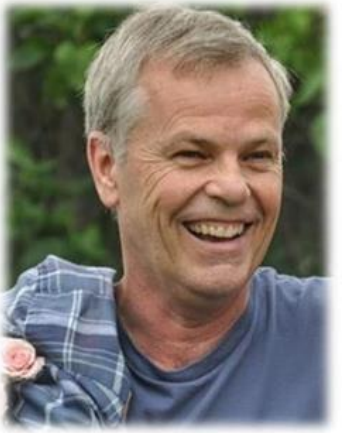
A resident called the hospital room at 10pm and said: "I really apologize for calling so late, but I have been researching a syndrome that seems to fit your husband's symptoms and I just wanted you to know I'd be sharing with my attending first thing in the morning."

ER staff after John was pronounced, took care of him with the utmost respect and dignity. As they cleaned him up, taking off the monitors, disconnecting IVs and positioning him, they talked gently and softly to him: "Mr. Radtke we are going to move you to this side now so we can take care of you." "Mr. Radtke, we are going to adjust your head now." I cannot tell you how much the tenderness they treated him with means to me.

One person looked for and found an opportunity for me to have a final bonding with my beloved one. After John was cleaned up, but before I was ready to leave him, she said: "Would you like to be close with him?" So, I laid across his body, my head on his chest and she wrapped his arm around my back as if he was holding me one last time. I will forever be grateful for that moment.

The caregivers who we connected with the most were three trainees: an endocrinology fellow, a rheumatology resident, and a third-year medical student. They were with us throughout the 2-month painful journey and stayed in touch weeks after John died. They tenaciously kept looking for answers, talking together and spending hours combing through journals. They kept us in the loop as much as possible. Perhaps because of the relative freedom in their schedule, they had opportunity their attendings didn't. Perhaps it was because their vocation is still fresh. Whatever the reason, their care made a difference in an extraordinary way.

And so, I say especially to new providers, do not underestimate your ability to make a profound difference in people's lives. Take whatever wisdom you gain from experiences like these to inform the rest of your life as a doctor.



Dedicated to John Radtke
June 8, 1952 – February 3, 2016

CONTRIBUTORS

Krishna Acharya – **The Other Side**
Dr. Krishna Acharya is an Assistant Professor in the Division of Neonatology, Department of Pediatrics. She completed medical school training in India, followed by a pediatrics residency in Little Rock, AR, and then a neonatology fellowship at MCW. In addition, she has a Master's in Public Health degree from University of Alabama at Birmingham. Her research interests are in understanding the epidemiology and outcomes of infants with congenital anomalies, and counseling provided thereof. In her spare time, she enjoys spending time with her family, reading, writing, and the outdoors.

William Berger – **What you Learn at Morning Report can Save Your Life**
Dr. Berger is a Gastroenterologist presently serving at the VA. His experience at five different Med Schools has given him some appreciation of core issues in Medicine not in the text books. Such issues came up often at Morning Report in his residency. It was a "Hidden Curriculum" thing discussed daily over donuts and coffee among the six ward residents, a Chief, and the Chair. The combined experience and wisdom along with the opportunity to discuss it with peers was invaluable. A physical threat to a physician is an irreparable breech of the physician-patient relationship. The only solution is a new physician and "daylight." Without walking this path vicariously before, he would have had no idea what to do in the moment. Another example of why you can't learn or practice Medicine alone.

Amin Bemanian – **Pulmonary Angiogram of a Tree**
Amin Bemanian is an M3 MD/PhD student who uses photography as an escape from the clinic and research. Maybe it is due to the number of chest X-rays and angiograms he has seen over the past six months but looking up at a tree from its trunk reminded him of the tortuous vessels that are so important for keeping us alive. Trees are like the bronchioles and alveoli of the earth, performing gas exchange to give the rest of life the oxygen it so badly needs.

Alhaji Camara – **Polarity, Vulnerability, Oneness**
Photography has been a creative outlet and meditative practice for Alhaji for the past six years. His macrophotography subject matter features nature in its most unaltered states, a practice he began when he found himself escaping to forests to collect himself to keep up with challenges he faced in life. Alhaji took photography classes at Milwaukee Institute of Art and Design and Marquette University, and was previously a photographer for the Milwaukee Neighborhood News Service and Milwaukee Stories. He is a fourth-year medical student at MCW-Milwaukee.

Carla Clark – **The Mind of Santiago, Laurinda in the Lake**
Carla Clark is a UWM graduate in English-Creative writing and she enjoys photography.

Olivia Davies – **Dreamer, Drive By, Waiting to be Seen**
Olivia is currently taking a one-year hiatus away from school between her M2 and M3 years to pursue dermatology research with the Pediatric Dermatology Department at the Medical College of Wisconsin. She writes often to reflect on feelings she picks up on in others, or in herself.

Acacia Dishman – **Dynamic**
Acacia (Caci) Dishman is a fourth-year MD-PhD student at MCW who is currently studying Biochemistry in the Volkman lab. Acacia is originally from Michigan and did her bachelor's at the University of Michigan. Her research interests include protein folding, NMR, and immunology. When not in the lab, Caci enjoys running, cycling, and traveling.

Jasmine Dowell – **1985-2019**
Jasmine Dowell is a native of Chicago who received medical training in Chicago and Philadelphia before joining the PICU faculty at MCW/CHW.

Harrison Glicklich – **An Eighth of an Inch**
Harrison Glicklich is a medical student from Pennsylvania with an amateur interest in dialectics. "Don't ask if I'm embarrassed."

Sam Hall – **Psychiatry in 55-Word Short Stories**
Sam Hall is a fourth-year medical student at MCW in Milwaukee. He will be starting his psychiatry residency at MCW this year. Prior to medical school, Sam earned a BS in psychology from UW-Madison and worked at the NIH on clinical drug trials for alcohol use disorder. Outside of medicine, Sam enjoys running and rock climbing. He will be married to his fiancée, Nadia, in June. He has two golden retrievers, Hefe and Kona.

Lishu He – **Cornucopia of Pain**
Lishu is a first- year PhD student in the Interdisciplinary Program in Biomedical Sciences. She was born and raised in China but led an unconventional route of education that eventually landed her in Massachusetts and New York before MCW. Creative writing wasn't a big part of her life until she was forced to start writing for her college's liberal arts core. This piece was written during her recovery from a benign tumor removal to help cope with the anxiety, and it turned out surprisingly okay. Outside of school, Lishu enjoys reading, kickboxing, and hunting for good restaurants and coffee shops.

Seth Heithaus – **Empath**

Seth Heithaus is a third-year student at MCW – Central Wisconsin who just finished his core clinical rotations in Antigo, WI. He earned a B.A. in chemistry from Grinnell College. In the year after college, he volunteered at the Bread of Healing Clinic in Milwaukee through the Lutheran Volunteer Corps and subsequently spent time working to enroll people in insurance through the Affordable Care Act. He spends at least a healthy amount of time running and also enjoys cooking, tennis, and scheming.

Richard Holloway – **SIMU**

Richard L. Holloway, PhD is Professor and Associate Chair of Family and Community Medicine, and Associate Dean for Student Affairs Emeritus at MCW. He was the Founding Editor and Publisher of the current *Auscult*, and former advisor to the Gold Humanism Honor Society. He served as faculty advisor to the Medical Humanities Interest Group from its founding in 1997 until 2019. He has authored and published well over one hundred papers, many of which are personal narratives. He will retire from the MCW faculty in May of 2019. His family refers to it as "Graduation."

Derek J. Kent – **Thoracic Window**

Derek J. Kent strives to be a good husband to an incredible wife, a good father to three young, energetic sons and a good second-year medical student at Medical College of Wisconsin. He enjoys reading fiction, long-distance running and creating through music and art. He is originally from Marysville, Washington and completed his undergraduate studies at Brigham Young University-Idaho.

Sophia Lindekugel – **Routine Intimacy**

Sophia Lindekugel is a third year medical student at the Medical College of Wisconsin. She attended Wellesley College where she fell in love with philosophy and bioethics. She enjoys yoga, Saturday trips to the farmers market, and baking. After graduating medical school, Sophia would like to pursue a career in OBGYN.

Tara L. Mather – **Anatomy Theatre of the Archiginnasio, Bologna**

Tara is a first-year medical student originally from Denver, Colorado. In 2016 she graduated from the University of Denver with degrees in Biology and German. She studied abroad at the University of Heidelberg in Germany. Outside of studying medicine, she is interested in art and travel. During her last trip to Europe, Tara was lucky enough to catch some glimpses into medical history such as the 18th century anatomy theatre in Bologna.

Marlene Melzer-Lange – **Red Sky at Night, Sailor's Delight**

Marlene Melzer-Lange, MD is a pediatric emergency medicine physician at Children's Hospital of Wisconsin and Professor of Pediatrics at MCW. Her academic interests include violence and injury prevention, intervention with victims of crime, and adolescents in the emergency department. She is a Milwaukee native, is married, has two children and four grandchildren. She believes every child deserves a safe, happy childhood.

Nicholas Meyers – **Glitch**

Nick Meyers is a fourth-year medical student who will be returning home to Seattle, Washington this summer as he pursues his residency in Pediatric Neurology. In his spare time, you'll find Nick and his wife re-binging *The Office*, becoming trapped in escape rooms, or enjoying long hours of tedious board games with friends. "The Glitch" was the product of an exceptional M4 elective course, "The Art of Medicine through Humanities," which Nick recommends to any and all medical students interested in exploring the spectrum of creative outlets that medical professionals can use to help stay sane.

Manar Mohammad – **Home, In Memoriam**

Manar Mohammad is an second-year medical student from Kenosha, WI. Her poetry is heavily influenced by her experiences living abroad and the stories of those she was privileged to serve during her medical mission trips. She is a strong believer that medicine serves as a universal language, capable of bridging gaps between people of various backgrounds. She hopes to practice medicine while simultaneously using language as a way to connect to people from different cultures and backgrounds.

Javier Mora – **Uninvited**

Javier Mora is a medical student at the Medical College of Wisconsin. He was born and raised in Milwaukee by immigrant parents. Javier decided to pursue medicine after seeing firsthand the importance of having a bilingual provider that understands Latino and immigrant families when accessing medical care.

Zoe Morgan – **Autobahn**

Zoe Morgan is a third-year medical student originally from Minnesota. She attended UW-Madison for undergrad and then spent time doing research in NYC, where she is itching to return. She is just beginning to play with writing in all her free time during clerkships. She is still uncertain about the future but loves the fire she sees in teenagers. Her cats are her biggest supporters, followed closely by her husband.

Joanne Nelson – **She Wouldn't Rule Anything Out**

Joanne Nelson's writing appears in anthologies and literary journals such as the museum of americana, Midwestern Gothic, and Redivider. She is the 2017 winner of The Peninsula Pulse's Hal Prize in nonfiction. Nelson lives in Hartland, Wisconsin where she develops and leads community writing programs and maintains a psychotherapy practice. She holds an MFA from the Bennington Writing Seminars, an MSSW from the University of Wisconsin-Madison, and is a certified meditation instructor. She also participates in MCW's *Moving Pens* writers group. Additional information is available at wakeupthewriterwithin.com.

Wasif Osmani – **"I'm just so f-ing tired", "You're tired, but not alone"**

Wasif Osmani is a second-year medical student in the combined MD/PhD program. He graduated from Loyola University Chicago with a BS in Molecular Biology with a minor in Neuroscience. He plans on conducting neuroscience research for his PhD, while working on projects centered around medical school curriculum development. He enjoys reading fiction, studying for STEP, contemplating life's miracles and exercising.

Kelsey Porada – **Edelweiss**

Kelsey Porada is a clinical research coordinator in Pediatrics serving faculty in the divisions of Child Advocacy and Hospital Medicine. She holds a Master's degree in Clinical Mental Health Counseling and a graduate certificate in Trauma Effective Leadership. She is a first-generation Polish-American and is interested in the role transgenerational trauma plays in epigenetics and family trajectories. During WW2, her paternal grandparents were members of the Polish underground resistance army, while her maternal grandparents were imprisoned in Soviet labor camps. Her last name translates from Polish to "counsel" or "advice" and as her dziadziu says, "Poradas are helpers."

Judy Radtke – **Not a Simulation: A Story for Care Providers**

For thirteen years, from February 2006 to February 2019, Judy Radtke worked in MCW's STAR Center supporting simulation-based medical education. Initially hired as the MCW's sole Simulation Specialist to run "Stan" the hi-fidelity patient simulator, Judy assumed the STAR Center Manager role in 2010. Her circuitous path to that very unique job started with a MS in Speech Therapy and included a stint as the first Education Manager at Sharon Lynne Wilson Center for the Arts in Brookfield. Stage experience in community theater provided other requisite skills needed to create the stage for learning via simulation.

Zoe Retzlaff – **The Reason, For the Love of Medicine**

Zoe Retzlaff is a first-year student at MCW, who is a bookworm that occasionally dabbles in poetry and drawing. For this piece, she wanted to incorporate some technical knowledge of anatomy with a more philosophical reflection of her love for medicine. She hopes to pursue orthopedics.

Santiago Rolon – **Peace among the Chaos**

I am originally from Bolivia. I hadn't been home since medical school started. I took this picture to remind myself that I can always find peace within a storm. It's easy to lose the big picture when life and school are thrown at you at an ever-increasing speed. This photograph superimposes organized chaos and peace in a single frame. Medical practice will always be a form of organized chaos, much like the long exposure of the moving car lights. However, one can always find peace amidst the turmoil; just take a look and observe the surrounding mountains, scenery, and sunset.

AshLeigh Sanchez – **Secret Suffering, The Body is Timed**

AshLeigh Sanchez, MA, is the Communication & Administration Support Specialist for the Office of Research at the Medical College of Wisconsin. She attended graduate school at Mount Mary University and is also an Adjunct Instructor of Communications for Bryant & Stratton College. She enjoys classic movies, reading novels, and creative writing, particularly formal poetry and short fiction.

Zach Selzler – **Imposter Syndrome, Sacred Garment, The End**

Originally from North Dakota, Zach Selzler is a graduating fourth-year medical student who will begin his residency in OBGYN at the University of Nevada Las Vegas this summer. In his spare time, he is a voracious reader and loves to hike outdoors.

Josh Thiel – **Walk the Plank, Powder Hound, Castle in the Sun**

Josh Thiel is a third-year medical student from Everett, Washington. He grew up skiing Stevens Pass, and the mountains have been his second home ever since. He now loves many outdoor activities and can often be found outside or hiking with his dog, Waski. Remember, there's no friends on a powder day!

Francis Tongpalad – **Play**

Francis is a medical student who enjoys storytelling. Through his images he hopes to share a part of his world with the viewer. Adverse Childhood Experiences (also known as ACEs) highlight the need for children to grow up in safe and enriching spaces. These images serve as a brief window into this daily experience.

Kristen Winsor – **The Sentence**

Kristen Winsor grew up in Waukesha, Wisconsin and went to Marquette University for her undergraduate degree before attending MCW. The impact her patients have had on her during her clinical training has inspired her to return to her writing roots. She will be attending the University of North Carolina for Psychiatry residency this upcoming year, and plans to continue writing throughout her career.

Cassandra Wright – **A Southern Blend**

Cassandra Wright has worked for MCW for twenty five years mainly in the Department of Psychiatry and Behavioral Medicine. She received an MA in English with a Creative Writing emphasis in 2011. She enjoys writing fiction, memoir, and an occasional poem when she can make herself sit and write.

Evan Yang – **Fall Colors in the Midwest**

Evan Yang is a second-year medical student, from Los Angeles, who enjoys photography. During his free time, he enjoys traveling to explore new places in the Milwaukee area and scout out hidden photography spots.

Anonymous – **Medical Terminology**

STUDENT EDITORS

Joseph Hodapp

Joe is a fourth-year medical student from Duluth, MN. His interest in storytelling began as a fourth -grader in Cottenham, England, in a land of castles, knights, dragons, and dungeons. He enjoys writing short stories and fiction, and participates regularly in MCW's writing group— *Moving Pens*. He believes in the importance of the arts as an outlet for human emotion, expression, and connection, and intends to continue writing throughout his career.

Kim Tyler

Kim is a third-year medical student who is originally from Indianapolis, IN. She graduated from Purdue University in 2013 (Boiler Up!) and also has a Master's in Chemistry from UW-Madison. She enjoys reading, writing, running, and drinking a lot of very black coffee. She plans on pursuing a career in palliative care.

Kyle Murray

Kyle Murray is a third-year medical student at MCW who has a background in the humanities and creative writing, having attended Indiana University to study English Language and Literature. Originally from around Louisville, KY, Kyle grew up writing short horror and science fiction stories and continues to foster a passion for writing and literature. In addition to serving as a co-editor of *Auscult,* he is the Managing Editor of *in-House,* an online peer-reviewed publication for residents and fellows. Kyle hopes to pursue a career in Hematology/Oncology, or whatever specialty happens to spark his interest.

Alexandra Cohn

Alexandra is a first-year medical student, originally from Madison, WI. She enjoys reading P.G. Wodehouse novels, translating Ancient Greek, and visiting the Art Institute of Chicago. Alexandra is excited to work with the Auscult team to promote a wider appreciation of the humanities at the Medical College of Wisconsin.

Jessica Sachs

Jess is a first-year medical student originally from Baltimore, Maryland. She graduated from Brown University in 2015 where she studied Psychology. She is passionate about medical humanities and integrating art and creativity into everyday life. She enjoys facetiming her dog, Mocha, stalking celebrities on twitter, and putting a lot of cream into her coffee.

FACULTY EDITOR

Bruce H. Campbell, MD

Bruce is an otolaryngologist, a head and neck cancer surgeon, and a faculty member in the Medical Humanities Program. He has a passion for Narrative Medicine and has published essays, fiction, and poetry in the *Journal of the American Medical Association (JAMA)*, *Journal of Clinical Oncology*, *Narrative Inquiry in Bioethics*, *The Examined Life Journal*, *Auscult*, and *Creative Wisconsin*. He blogs at *Reflections in a Head Mirror* (www.froedtert.com/reflections).

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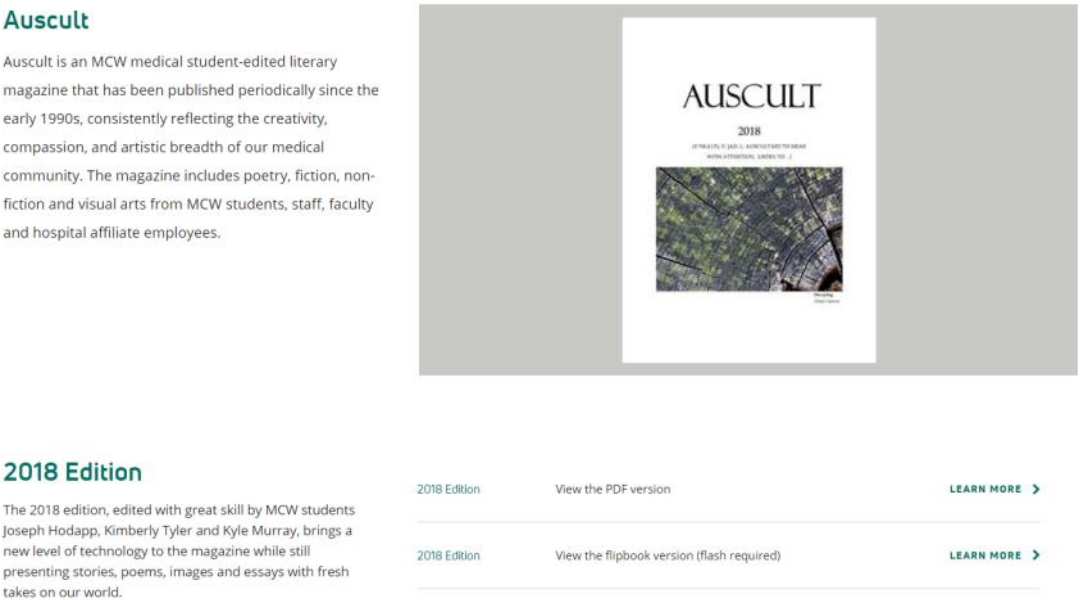
Thank you for viewing the 2019 edition of *Auscult:* MCW's Literary & Arts Journal. We invite your feedback and questions at asucult.journal@gmail.com!

For submissions to the 2020 edition of AUSCULT, please complete the submission form on the MCW website at https://www.mcw.edu/education/auscult and keep an eye on your emails for future opportunities to contribute to our medical humanities community!



Medical Humanities Interest Group

Medical College of Wisconsin

Milwaukee, Wisconsin