

“How Do I Love Thee?...”

Inspired by Love and Elizabeth Barrett Browning's 43rd Sonnet

By Jimmy Moss M.D.

how do i love thee?...
allow me to count the ways,
one..... two..... three
hundred and sixty-five days
i sit adjacent from my thoughts.
thoughts of you and i
sitting closer, in love...
so i can trace it when we walk
i got...
places for us to talk,
if you feel like conversating.
and even though “conversate”
is not a word...
when i'm with you,
that's all i hear: not a word,
just silence.
and possibly the sound of
me tapping on your door,
bringing you...the
bluest of violets...
and the reddest of roses,
with cards attached that say
just how much i love you
because how i love you
is brilliant...
and without reasoning,
or excuses...
it just happens.
a sudden occurrence, like...
listening to soft music
on the calmest of evenings,
and just clapping...
no words,
no..... significant
gestures, just us both
being involved...
trying to appreciate our true value.
us...investing time into

each other...until what we have
appreciates, and accrues value
and interests—
my... interests... are compounded,
when i put my interests
in you.
and this is more than me
telling sky and moon
how much i love you...this is
me, submerging all my affection,
and sensible senses
in you.
i'm so convinced that what we have
is lovely...
that i've filled out our
census, then moved
all unguided emotions
towards directions
opposite of our divinity.
this... idea, poetic fragment,
scattered throughout time
and a motionless infinity...
has become affiliated with my all;
so, i give you my life—
all things peaceful,
and all that's left...
all that's me, and
all that's configured within
the confines of all my depth—
because how i love you,
is beyond numbers...
outside of time... and far
from breath.
thus... even when this life...
escapes our paths... i shall but
love you better...
after death.

Gone in an Instant

By Chetan Patel

One day you're here. One day you're not. Life is a weird thing. Sometimes good things happen to people who don't deserve it, and sometimes bad things happen to good people undeservingly. Last year, during my surgery rotation, a patient left an everlasting impact on me. She was an extremely pleasant Spanish-speaking 37-year-old female. She had just given birth to a beautiful baby boy 2 weeks prior and had a cholecystectomy the week after for symptoms of acute cholecystitis. She was discharged home. She returned again a week later with continued right upper quadrant tenderness and nausea. Uncertain of the etiology of her continued pain since we just removed her gall bladder, we admitted her to the floor. We eventually discovered a diagnosis from the pathology of her gall bladder from the original surgery. Although rare in a young woman like herself, she was diagnosed with invasive gall bladder carcinoma.

I learned so much from this woman even though we had difficulty communicating. No matter how much pain she was in, she would still greet me with a great big smile every morning at 4:45 AM. She was happy with whatever she had. She wasn't picky and never kept nagging for things. She would trust us with our job, and she would do what she could to help us out. She was very content with life. She used to smile so proudly anytime we asked her about her baby. She would puff her cheeks out to demonstrate the baby boy's chubby cheeks. It was always a pleasure to be with her.

Even after we told her of her grim diagnosis, she was still the same person every day thereafter. I'm not sure if she totally understood what was going on or the severity of her diagnosis; however, we did get someone to translate to her in Spanish. Nevertheless, she was always smiling and happy to see us. She just wanted to get home to her little boy. Unfortunately, there were very few, if any, effective treatment options.

I've come to realize this past year that there are some patients that just click with you. You automatically develop a close, wonderful relationship with certain people: these are the people you will never forget about. One day you will use that patient as an example when teaching or talking with someone. I really developed a close bond with this woman. Perhaps it was because I come from a foreign background myself and know how communication can be a great barrier. Also, there tends to be a different sort of doctor-patient relationship in places other than the U.S. Many foreign patients put doctors on a pedestal. They have almost a godly

respect for doctors and believe they can do no wrong. Obviously, none of that is true, and it was definitely not a reason to develop a closer bond with her. Our bond was something similar to a mother-son bond. I just wanted to help her in any way possible. I just wanted to be there for her. I would visit her several times a day just to be sure that she was doing okay.

Given the communication barrier, I knew I needed another way of gathering information from her. I wanted to know more about her family history and childhood and exposures and so forth. Being pretty tech-savvy, I thought I could find an iPhone app to help me communicate with her. Of course I knew some general terms like “dolor” for pain. So I finally found a great app that would definitely make our communication much more effective and meaningful. I was so excited to get to rounds the next morning to find out more about her history and symptoms and to get to know her better. She was supposed to go for a stent placement the previous evening. I went to her room, only to find her missing.

My patient was dead. She had coded on the table in the procedure room. I didn't know what to do at that point. I just sat down for a bit. I didn't get to say goodbye. She didn't get to say goodbye to her baby. She never got to play with her baby in her own home. Her husband is going to have to raise the boy on his own. The family did not even want to do an autopsy to find out cause of death. We thought about the case for many days. We presented her at a morbidity and mortality conference. We traced our steps. This woman was never on any medication or intervention for DVT prophylaxis. The thought of invasive gall bladder carcinoma totally penetrated our minds not leaving any room to think about normal preventative medicine. How the thought of DVT prophylaxis never crossed anyone's mind—including myself, attendings, residents, and nurses—I will never know. We don't even know if the reason she coded was because of a massive saddle embolus, but it is surely high on our differential. No matter what the patient's age, I will never forget about simple hospital prevention such as DVT prophylaxis in any of my patients. I hope that the poor woman's life wasn't taken for us to learn a lesson like that.

I learned so much from this Spanish-speaking 37-year-old. You don't know when life will end for you. Live life one day at a time, like it's your last, with an optimistic attitude and hope for a wonderful future. I will remember her forever. I will always remember to smile, and will never take life for granted. My worst day ever is probably someone else's best day ever. I will always be optimistic even in the worst of situations and never run out of hope, and I will never ever forget about DVT prophylaxis.