

HEAL

Humanism Evolving through Arts and Literature



FLORIDA STATE UNIVERSITY
COLLEGE OF MEDICINE

volume fourteen • 2024



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LETTER

from the Editor

Remembering Daniel Van Durme, MD

Most medical educators would agree that ongoing self-reflection is vital to one's growth and personal wellbeing, as well as the delivery of quality patient-centered care. That is why I am so proud of HEAL—as a venue for students, providers, and patients to share their discoveries, it is an excellent example of the value of self-reflection.

Volume 14 is no exception. The narratives written by students and residents relay a plethora of lessons learned: there is always so much more to the patient aside from what their mood and appearance tells us (24); making assumptions and passing judgment can have devastating repercussions (42), sometimes just being there—sitting with the patient and their pain—is the most valuable treatment (36), failure can be a life-changing learning experience (4), and the struggle and pain of practicing medicine is eclipsed by the joy of helping others (17).

Given the devastating loss of Dr. Dan Van Durme this past year, I am especially happy to see so many reflections of medical humanism. A long-time advocate and supporter of HEAL, he would've been proud of these student voices. Dr. Van Durme, known to all as “DVD,” exuded humanism in healthcare from every fiber of his being. His energy and passion for helping others was an unfaltering inspiration to our entire College of Medicine community. As a physician, DVD truly cared for the whole person, and he passed this skill on to thousands of future physicians. Two pieces in this issue—a lyric essay by Dr. Alexandra Nowakowski and a poem by Dr. Ken Brummel-Smith, colleagues DVD mentored—speak to the positive force that was Daniel Van Durme (8, 10).

A man of many talents and passions, including a love of family, woodworking, gardening, and brewing his own beer, DVD was also an avid photographer. He submitted many photos to HEAL over the years, including one right before he passed entitled “Orchid Tree” (11), adding his unique perspective to Volume 14.

Art gives us hope by opening the scope of imagined possibilities. In this volume of HEAL I find hope particularly embodied in drawings by Dr. Ramiz Kseri (14) and by Dr. Rosanne Leger (7).

While we have lost a dear friend and colleague, we still look to the future with hope, knowing the seeds he planted among students and faculty will continue to bloom, shaping generations to come.

Please enjoy Volume 14 of HEAL, and may you find comfort, awareness, and healing in the pages that follow.

Warmly,
Tana Jean Welch, PhD



On the Cover

ON THE LOOKOUT

Anna LaTray

Anna LaTray is a third-year medical student at Florida International University Herbert Wertheim College of Medicine. She is looking forward to utilizing her artistic talents in her future practice as a child and adolescent psychiatrist.

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STILL HERE:

My Experience Repeating a Year of Medical School

*Marthena Phan
Herbert Wertheim College of Medicine
Florida International University*

On a hot and humid July afternoon, the white coat ceremony for the class of 2025 at the Herbert Wertheim College of Medicine was in full swing. Not even the threat of a giant thunderstorm, which happened often during the summer in Miami, could dampen the excitement of 150 aspiring physicians and their families. As I walked onstage, slipped into my brand-new white coat, and accepted the coveted “medical student” title I had spent years working for, I thought about why I was embarking on this journey: my family of Vietnam War refugees, my brother who has autism, and my father who suddenly passed away five years ago after dedicating his entire adult life to securing his family’s safety and happiness. I was excited but also aware that medical school is not for the faint at heart. However, I still felt ready for the challenge because after all, I had made it this far. What could possibly go wrong?

Finally, it seemed like things were improving. I was not only doing better academically, but also fully immersing myself in student life by participating in simulations, presenting at conferences, and even performing with the school band at our annual med prom. But underneath the surface, history was repeating itself as I began to fall behind once again, which culminated in a panic attack during a simulation session where it seemed like everyone in my group except me knew everything. I ultimately failed the block by just 1%.

After being notified of this course failure, I continued going to school as if everything were normal while trying to convince the promotions committee to let me continue with my cohort for a second time. I then contracted COVID and had to recover at home while also waiting for a decision and studying for an upcoming midterm. However, the day before I was scheduled to return to school, I was given the devastating news that I would have to start medical school over from the very beginning. I took a leave of absence for the rest of the semester and within hours of receiving the decision, I was no longer an actively enrolled medical student.

After being told that I would have to repeat first year, I felt ashamed, alone, and like I had let everyone in my life down. I

was angry at myself for allowing myself to hit rock bottom. I repeatedly questioned why I was even on this grueling journey. I learned who my real friends were as word and speculation spread about my sudden vanishment. Not only did I start to believe that I would never become a doctor, but I did not know what the future held for me or even who I was anymore. At times, I wanted to simply disappear.

With time, support from my loved ones and upperclassmen who had gone through the same or similar experiences, therapy, and reflection on all my mistakes and whether medicine was still the right path for me, I accepted my fate and started to prepare for my return to medical school. I self-studied for the upcoming block and researched how other medical students who repeated a year overcame their challenges and achieved success in their programs. Before I knew it, summer break was over, and it was time for me to join the class of 2026.

When I first returned to medical school, I was afraid of judgment from both my old and new classmates. Fortunately, I had a few friends in the same situation which helped me feel less alone, and most of my peers were ultimately very accepting and supportive. I created a consistent study plan that allowed me to master the material, prioritized my well-being, and adopted a growth mindset. I also learned how to set clear boundaries with my mother about when I needed to step away from being a daughter and caregiver to study for my classes.

Within a few weeks, I was consistently doing well on quizzes and exams, and by the end of the year, I not only passed, but excelled in all my classes!

Remediating first year, albeit daunting, allowed me to regain confidence in my ability to succeed in medical school, build a stronger knowledge foundation, enjoy more of what I am learning, and rediscover my love for medicine and why I am on this journey. I now feel like I am thriving instead of just surviving, and that I do belong here after all.

I have also realized that in the class of 2025, I was settling. I thought that I was only capable of barely passing my classes and that I did not have to try to excel in medical school, but rather just get through it. As a result, I was not properly learning the material nor living up to my full potential. Now in the class of 2026, I am no longer just scraping by – I have rediscovered that I am truly capable of being great.

Although my medical school journey has been tumultuous, I wholeheartedly believe that everything transpired the way it did for a reason. Today, I am more confident, resilient, compassionate, and prepared to face any additional challenges that may arise throughout my career. I am also committed to sharing my story so that I can help other medical students going through the same experience and reduce the stigma surrounding academic failure in medical education. More than ever, I am sure that I will achieve my dream of becoming Dr. Phan.

Whenever I have a moment of doubt, I remind myself that:

I am strong.

I am going to be okay.

I am making my loved ones proud.

I am going to be a great physician.

But most importantly, I am still here.

Marthena Phan is a second-year medical student at Florida International University Herbert Wertheim College of Medicine in Miami pursuing a career in pediatric neurology. In her spare time, Marthena enjoys writing, swimming, rollerblading, biking, performing in a band as a singer and guitarist, spending time with family and friends, and exploring Miami. This essay previously appeared on KevinMD.

A VIEW FROM THE TOP OF MOUNT LECONTE

*Cameron Gerhold
Class of 2025*

Cameron Gerhold is a third-year medical student at FSU College of Medicine. She is passionate about photography and plans to continue this hobby as she hikes around the country with her dad.



JOURNEY OF THAT BLACK DOCTOR

Romario Gibson

In the midst of poverty and strife,
a young black boy dreamed of a better life.
He dreamed of saving lives, making a change,
of being a doctor helping his community at a wider range.

He had no role models, no one to show him the way,
or help him find a place for his head to lay.
Yet still he persisted and he resisted
determined to make his dream what he insisted.

He worked hard and studied late,
pushing through challenges and forcing himself through a closed gate.
And as the days grew longer, he grew stronger,
more resilient and so magnanimous the nay-sayers could never be unanimous.

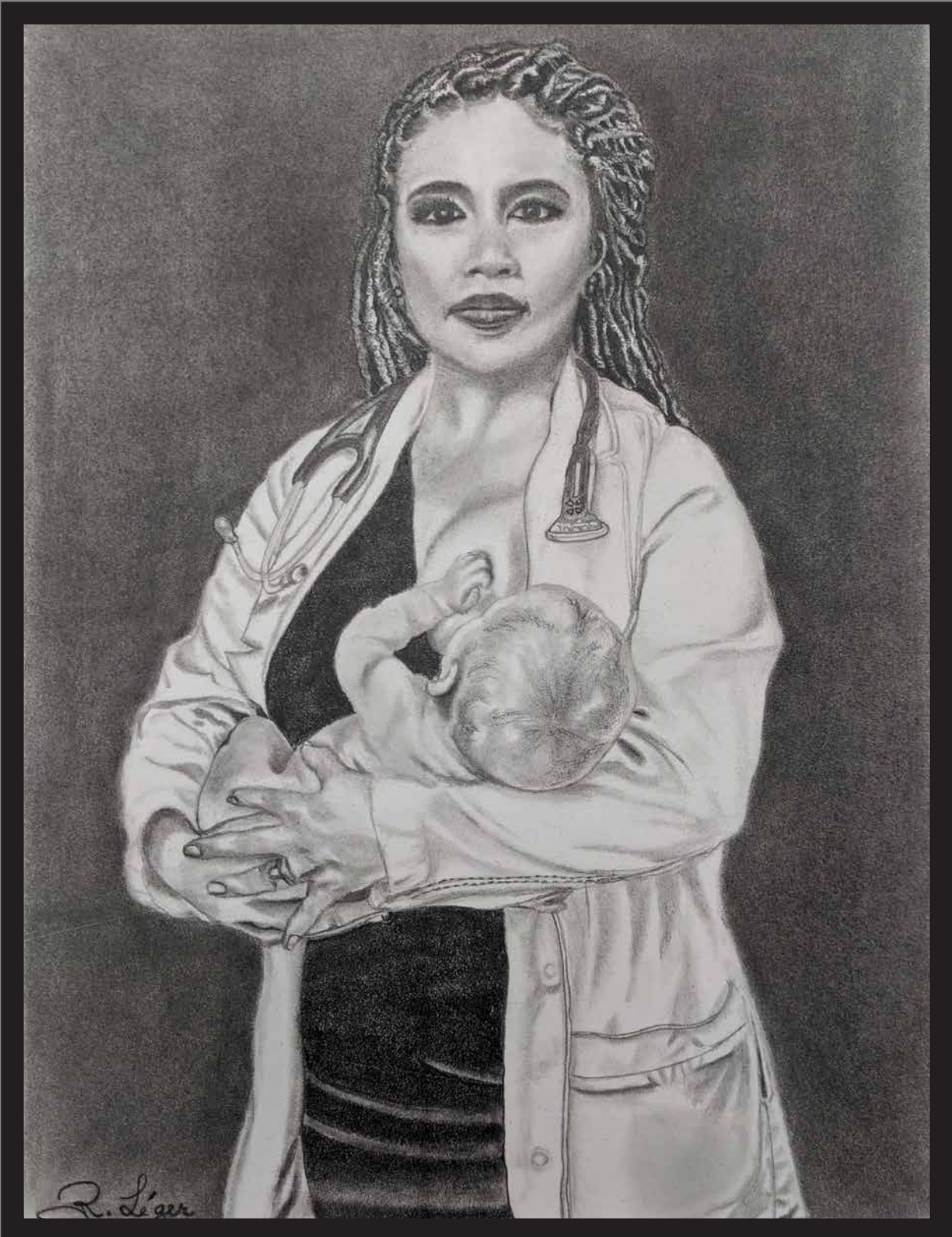
And then one day, he became a doctor,
a healer, a savior, a shining light. My god, he was so bright.
He worked tirelessly to save black lives,
to build up his community, inspiring others, in multiples and hives.

And through all the trials and tribulations,
he never lost sight of his dreams.
He knew he had a purpose, a mission, a calling
so that he could never allow himself to stumble or be kept stalling.

And as he became well known and respected,
he knew that his journey was not in vain.
For he had inspired a generation, and given hope to those in pain
much like his past self, screaming angrily in the rain.

So here's to the black medical student, now black doctor
who dreamed of doing good, saving folks and having a better life.
Now that he's a doctor, please I beg, may he deal with no more strife.
And may his spirit inspire us all, forcing us up and over a wall,
bcuz his legends, have now become so tall.

Romario Gibson is a fourth-year medical student at SUNY Upstate in Syracuse, NY, and originally hails from Kingston, Jamaica. After relocating to Queens, NY, he discovered his passion for both medicine and poetry, and now seeks to blend the two as he contributes to both fields.



PHYSICIAN WARRIOR

Rosanne Leger, MD

Dr. Leger graduated from Meharry Medical College in Nashville, TN, and did her Family Medicine residency at Halifax Health Medical Center in Daytona Beach, FL. Dr. Leger works as a hospitalist and in her free time enjoys exercising, drawing, painting and spending time with her family.

AWAKE

for DVD

Alexandra “Xan” C.H. Nowakowski, PhD, MPH
Department of Geriatrics
Department of Behavioral Sciences and Social Medicine

I couldn’t go to your funeral. Indoors at a church packed to the gills. My own to try; I’d wait.

Sleepless I watched the sun rise over my street, exploding the sky in vivid hues. Lay down as the light climbed higher. Fought through first breaths on waking, wishing I were still unconscious. That it didn’t hurt to let the world back in. Wishing you were still there.

You advocated for people like me. Made sure we didn’t become ghosts before our time.

Funerals are for the living—a group that I still count myself inscrutably among. I couldn’t go to yours. I wore colorful jewelry and fed my birds and remembered my favorite sage wisdoms among your many words.

I surveyed my native spider populations. Bright colors seemed the order of the day: three orchard orb weavers making a happy home in pineapple plants. A tiny spiny one, industrious and nimble, working busily. Yellow sac spider beneath a feeder shield had moved on. Impermanence abounds; some legacies endure it.

I couldn’t go to your funeral. I knew I would see you again. For weeks after you died, I lost someone every 36 hours. You stayed away while I figured out how to pry my mouth back open and let the pain escape.

Ventilated, I feared you were not free—you couldn’t roam the world spreading energy and purpose and affirmation. I worried you were locked inside. I’ve fought my way out of enough hospital rooms to know that feeling.

I once told you of spending my own time in intensive care. Dragging my IV pole and heart monitor all over the ward helping fellow patients with basic tasks. How the nurses eventually gave up and started giving me jobs. You just grinned and said *How’s that for person-centered medicine?*

You knew the healing power of purpose. You’re everywhere now, still radiating that light wherever you go.

You only came to see me after I finally managed to cry. When I could sleep deeply again, you appeared in my dreams as if you’d been there all along. Suddenly we were driving on the outskirts

of North Tampa, which gave you to all of us and now welcomes you back.

I’m not far from you, of course. Looking back east I could see the interstate curving toward Lakeland and my own home. Where I’ve found my own happiness—and peace with missing people.

The sky to the west blazed a brilliant sunset. When I turned around, a glowing sunrise greeted me from the horizon.

You’re not surprised, you said.

It’s always mourning somewhere. A question of perspective, then.

Our very first conversation in your old office. Gone 13 years, a lifetime, a moment ago. Window looking out over the courtyard. Periodicals stacked neatly; clippings of cheerful news. We talked about finding reasons—why things can happen when others say they cannot. Figuring out how to say *yes* amid a chorus of *no* voices. Making change by creating the conditions for progress.

We drove on back roads past familiar landmarks. Orange signs saying *Road Work Ahead*. Just like always.

You knew the value of saying *not yet* while building a foundation for that eventual *yes* answer. Built scale models in your mind of each stage of work. Invited people inside to explore, to imagine and discover. Collaboration as adventure to the edge of a colorful map.

You never missed an opportunity to learn in kind.

We visited a cavernous hall, all dim lighting and dark woods. Inside we found my parents’ old back yard from New Jersey styled as the Garden of Eden. Fruit trees ringed the perimeter, insights drooping from their branches. People from bygone times assembled long tables with books and oddments salvaged from the basement. Old friends offered plates of cut fruit. I couldn’t hold the edges and I couldn’t taste a thing.

Funerals are for the living. I couldn’t go to yours; now I was attending mine.

Knowing I was dead tasted bitter and sweet. I couldn’t touch and others couldn’t hear. Yet they felt my presence, just as I felt yours.

I could smell the upholstery cleaner in the rental car. And I knew I would stay dead only while dreaming, to live again on waking. Just like I've done too many times before.

Your body returns to the earth and your spirit lives freely in all who treasure you.

You taught us to see the sun rising as we accepted it setting. To turn with intent toward the change we wanted to see. To travel familiar roads with new eyes. You're still teaching us every single day.

We left my funeral—odd to put that in a sentence. I could feel the seats of the car beneath my bones. Salt lingered on the air; I wondered where we would travel next.

Just keep going until you run out of road you advised.

I couldn't argue. We would arrive together and enjoy the journey there. You prioritized fun, small joys often lost with age and experience. It made you an incredible teacher.

Even in death, you remind us of joy. How medicine needs space for happiness and cheer. How endings offer new beginnings of their own.

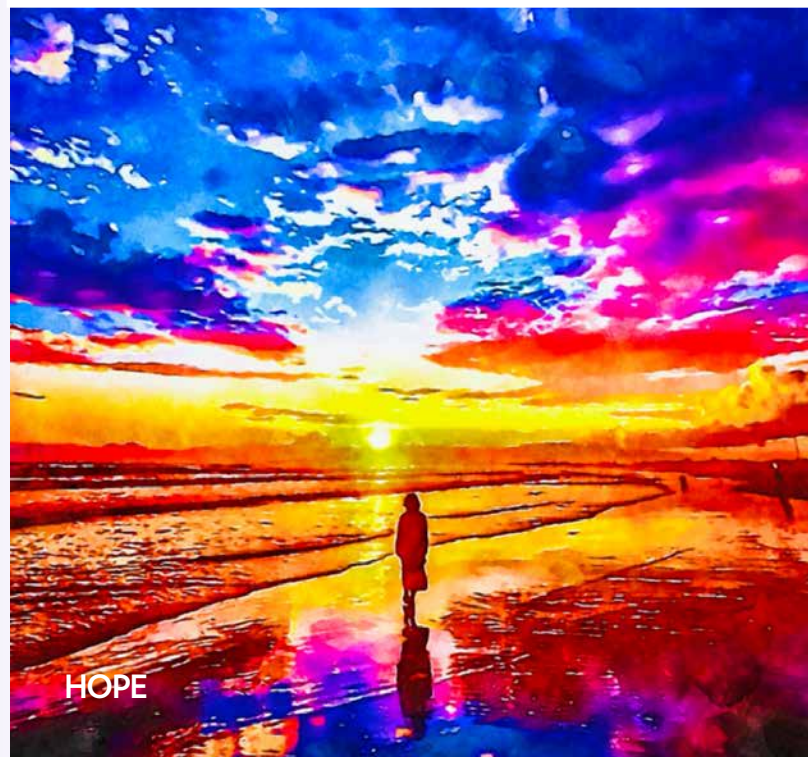
I'll see you again I said.

You grinned, bright as the midday sky. *Of course you will.*

I watched the gray concrete roadway narrowing toward the horizon until that little white car disappeared entirely. You drove into the sunset; I walked into the sunrise. Each of us heading back for home.

Dr. Nowakowski is an associate professor in the Department of Geriatrics and the Department of Behavioral Sciences and Social Medicine.

Art Left:
Claire Ellis
FSU Autism Institute



A FANATIC FOR LIFE

Ken Brummel-Smith, MD

Professor Emeritus, Department of Geriatrics

Dan was a force.
Loud, booming voice,
A big man, with a big presence
Ever emphatic in his speaking.
His spirit in a room was always felt.

He loved to teach.
Loved it, maybe more than anything else,
Except, perhaps, his wife.
When with a student
He was always focused,
Attentive to the nth degree.

He spoke in a characteristic manner.
Sentences would always end with an emphasis on the last word.
Diction tight, even a little chopped,
The sound of the letters accentuated
To highlight his point.

He treasured the science of medicine.
An ardent proponent of depending on evidence,
Yet also an adept storyteller.
He loved the opportunity to demonstrate his teaching
Through a story of a past patient, student or resident.

And always a mentor.
Bringing students to his back yard,
Big barbecues under the pine trees,
Shepherding students to Mexico or Panama,
Fostering a young faculty member's growth,
Advising deans, department chairs, state and national organization leaders.

He and I shared similar roles
In the structure of a medical school.
But he taught me,
At the ripe age of 68,
How to tie my shoes
In a new way.



ORCHID TREE—VIETNAM

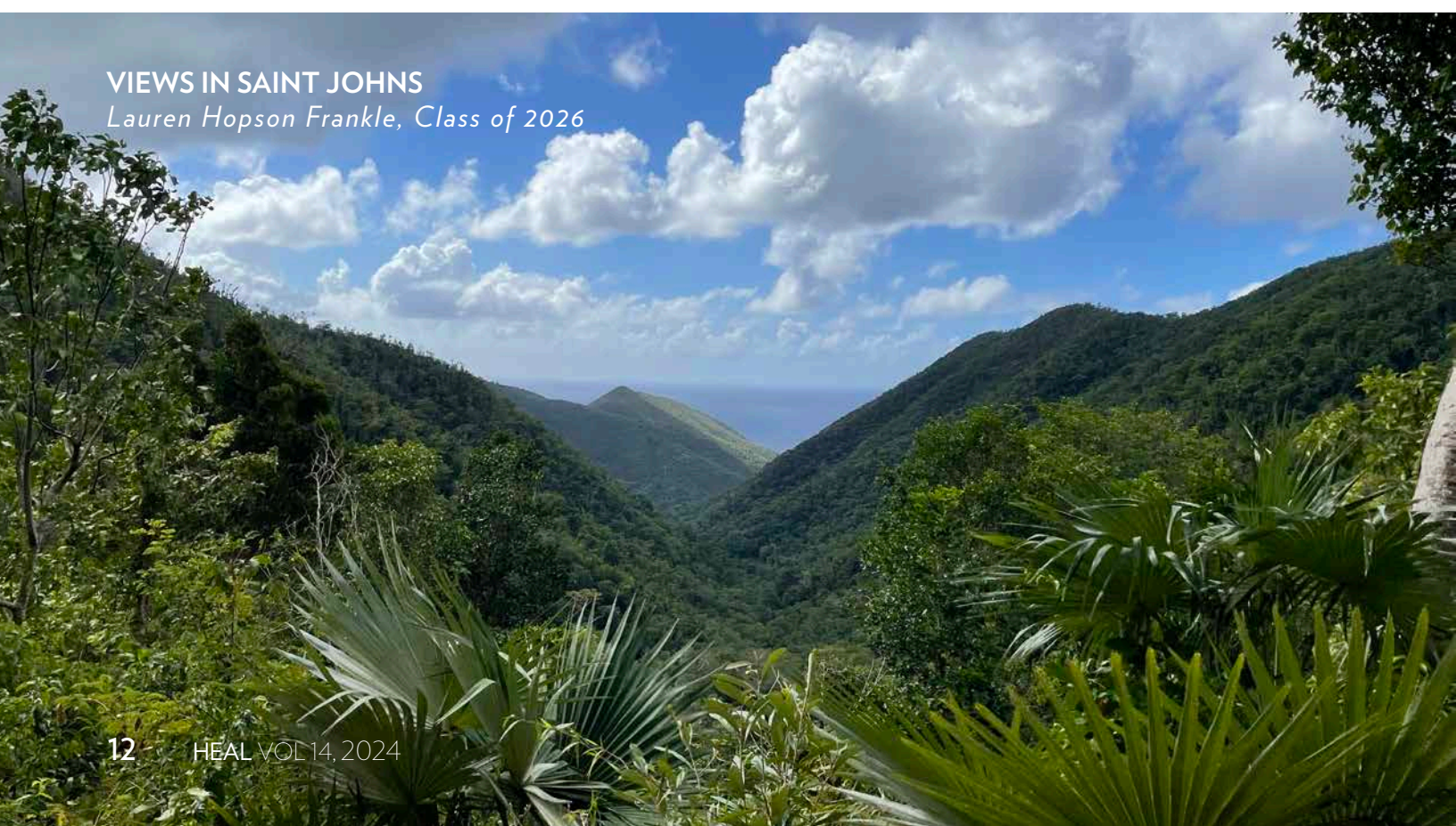
Daniel Van Durme, MD

Dr. Daniel Van Durme joined the FSU College of Medicine in 2004 as Chair of the Department of Family Medicine and Rural Health. In 2018, he became the college's Senior Associate Dean for Clinical and Community Affairs. Dr. Van Durme passed away in May of 2023 due to injuries sustained in a motorcycle accident. As a leader in Family Medicine, his absence is felt in many areas of the College of Medicine, Florida State University, the Tallahassee community, Florida, and around the world. His involvement in medical education, patient care, organized medicine, global health and other activities was vast and far-reaching. He is dearly missed by his College of Medicine family and so many others.



SPRING IN ASHEVILLE

Emily Gansert, Class of 2024

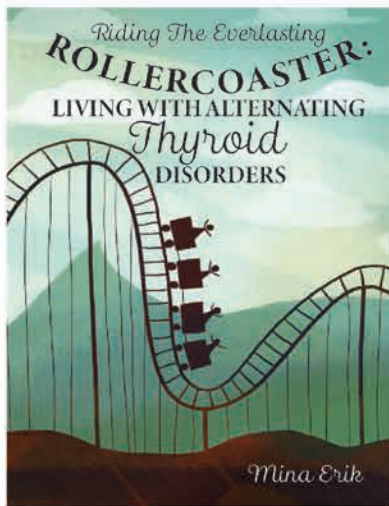


VIEWS IN SAINT JOHNS

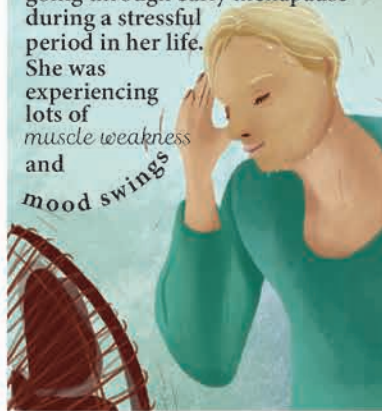
Lauren Hopson Frankle, Class of 2026

RIDING THE EVERLASTING ROLLERCOASTER: LIVING WITH ALTERNATING THYROID DISORDERS

MINA ERIK



once upon a time...
there was a woman who was going through early menopause during a stressful period in her life. She was experiencing lots of muscle weakness and mood swings



All women in her maternal side had a type of thyroid problem, so she couldn't help but wonder:

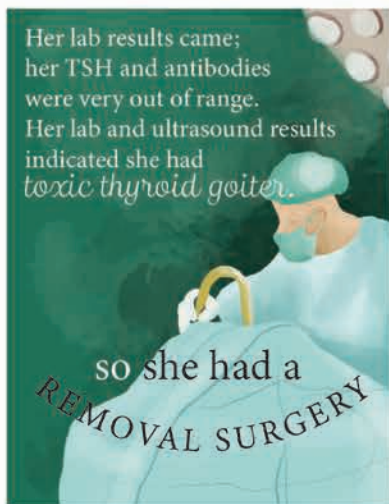
is this really just my menopause?

or is this my thyroid gland's turn to decide to stop working properly? And then she decided to go to an endocrinologist, who asked her for blood tests for T3, T4, and TSH.



Her lab results came; her TSH and antibodies were very out of range. Her lab and ultrasound results indicated she had toxic thyroid goiter.

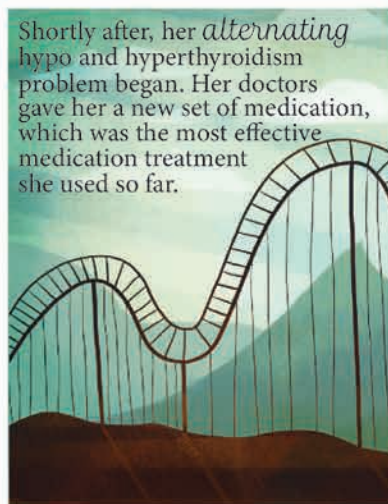
so she had a REMOVAL SURGERY



After her surgery, she began using medication.



Shortly after, her alternating hypo and hyperthyroidism problem began. Her doctors gave her a new set of medication, which was the most effective medication treatment she used so far.



Her thyroid lab values were mostly under control...

...except for the few times she didn't take her medications properly.



3 years after her diagnosis with goiter and hypo/hyper thyroidism, she bought a 3 acre land in an agricultural village and moved there. This was a big turning point for her as it reduced most of the distress in her life.



Right now, she still experiences symptoms like visible shaky hands/legs, which makes her upset when she's with other people. Her calcium levels are also very high and led to a dysfunction in her parathyroid glands. She's working with a dietician to get her calcium levels under control.

If her latest imaging and lab results indicate her calcium is still very high, she will need to have a surgery to get her parathyroid glands removed.



Mina Erik is a second year nursing major at Ramapo College of New Jersey. She enjoys practicing different forms of art in her free time such as calligraphy, painting, and digital illustration.

FUTURE HOPE
Ramiz Kseri, MD

Artist's Statement: "I remember seeing this picture from The New York Times shot by Sarahbeth Maney and immediately knew I had to draw it. It just felt like hope... like future! This is Leila Jackson on the first day of the Supreme Court confirmation hearings for her mother, Judge Ketanji Brown Jackson. This was created on the app Procreate using an iPad Pro with Apple Pencil."

Dr. Kseri is a board-certified internist and pediatrician with a passion for portrait drawing.



THE GIRL IN BED 3

Sarah Smith, DO

Still haunts me.

Maybe because then, she
was the same age as me.

Maybe because when
I lifted the sheet,

I watched her hair
cascade over the edge

and remember her lips,
the shade of lavender.

And snow-white skin,
like crystalline.

Maybe because she was gone
before we even met.

And a paramedic observed,
“We don’t usually see ‘em this young.”

And I thought, couldn’t he at least utter a
“Life’s not fair?”

Dr. Smith is a board-certified family physician, author, and mother of two. She has been published in Kevin MD, Intima Journal of Narrative Medicine, Pulse - Voices From the Heart of Medicine, and Sheila-Na-Gig online. She holds a Bachelor of Arts from the University of Notre Dame and a Doctor of Osteopathic Medicine from Ohio University. She lives in Tampa, Florida.

Written for a loved one with Parkinson’s Disease

RAINBOW

Elizabeth Ruelke, Class of 2026

Red button necklaces you made for me
Orange creamsicles in the summer
Yellow orchids, your favorite
Green butterfly chrysalis in the garden
Blue taffeta Sunday dresses
Purple playdough on the table

You’ve given me rainbow memories

White exam room
Black films
White forms to sign
Black shoes shuffling
White everywhere on the PET scan
Black tears and white knuckles

No masses can take you from me

Purple is the color of your Royalty
Blue is the color of your Loyalty
Green is the color of your Growth
Yellow is the color of your Warmth
Orange is the color of your Energy
Red is the color of your Love

You’re my Rainbow that no clouds can cover
I love you, Mom

Elizabeth Ruelke is a second-year medical student at FSU College of Medicine. In her spare time, Liz enjoys writing, baking & cooking, hot yoga, checking out new trails with her Border Collie, Jada, and spending time with friends and loved ones.

ESPERABAMOS EN EL LADO

Elise Solazzo

Estábamos al lado de la carretera donde esperábamos a los bomberos para que liberaran a nuestro paciente del coche accidentado. Fingimos que no mirábamos a un hombre morir.

Los SEM, como grupo, son maravillosos en esto, y fuimos trabajadores del SEM buenos y entrenados. No sé exactamente el origen de esta cultura, pero tenemos mil dichos agudos que significan lo mismo: cálmate, especialmente cuando el paciente de verdad está enfermo.

“No es su emergencia.”

“Espacio es suave, suave es rápido.”

“Lo primero que hay que hacer en un paro cardíaco es tomarse el propio pulso.”

Repito, hay mil dichos, pero ninguno de ellos advierte cómo se siente. Ninguno de ellos te prepara para el día en el que te quedas de pie, al lado de la persona moribunda. Pensar que reíste con tus amigos cuando un hombre estaba muriendo, porque uno nunca se puede preparar para este día. Si levantas el ánimo con palabras jocosas a quienes dan gritos ahogados al escuchar esto, no son risas verdaderas. Tus bromas son sofocadas, como las piernas de tu paciente debajo de los pedales. Aún cuando el tripulante de la ambulancia hace ruido y habla de forma escandalosa, en verdad habla solamente en susurros, especialmente cuando camiones pasan a toda velocidad. Entonces, ¿que más se puede hacer? ¿Llorar? No, esa no es una alternativa. Eres profesional y tienes un trabajo que hacer. Hay que fingir estar más que normal para trabajar, si quieres alguna esperanza en salvar al hombre que todavía está atrapado en el coche y a quien todavía no le has visto la cara; el hombre a quien miras muriendo mientras ríes.

Elise Solazzo is a first-year medical student at the Icahn School of Medicine at Mount Sinai. Prior to starting medical school, she spent four years as an EMT based on the South Coast of Massachusetts.

ON ECMO and Ubers

Hannah Decker, MD

It had been a long week. Our attending smiled wanly as we made evening rounds in the intensive care nursery, saying to nobody in particular, “If we are going to put this baby on ECMO, it would be ideal if it wasn’t in between the hours of midnight and 4 AM.”

It only took me a few years of residency to learn that hoping to sleep through the night is dangerous – the more strongly you yearn for uninterrupted sleep, the nearer the certainty it won’t happen. So, I was unsurprised when my phone buzzed me awake that night with a text message. “We are going to proceed with ECMO shortly if you want to come.” I splashed some water on my face and changed out of my pajamas. Despite knowing how dangerous it is to drive while tired, the convenience of taking my own car to the hospital was hard to shake. But, it was the first rotation of a new academic year and I had promised my husband I would be more cautious. I called an Uber, watching instructional videos of ECMO cannulation while I waited for it to arrive. Already dreading rounds the next morning, I tried my best to get a few more minutes of rest en route, but I was unsettled thinking of the baby and his family.

To be honest, I was unsettled by much of my pediatric surgery rotation. If I truly stopped to think about the situation of many of these families who lived in the hospital, caregiving for seriously ill children, it brought me to my knees. During the days, I tried to avoid this line of thinking, hustling to take care of our large census of children. But at night, my patients’ names and faces swam through my mind. A teenager with a nasogastric tube in for weeks, calmly doing homework in the hospital armchair. A mother, eyes welling up: “Do you really have to do the surgery tomorrow? It’s my birthday and I just don’t want anything bad to happen.” A young girl in the pediatric intensive care unit, swollen with steroids, whose skin shredded like wet Kleenex when we placed a central line. A baby who swallowed something not meant to be swallowed. Her grandmother’s face when we told her it meant an emergent operation. A precocious teenager with metastatic disease who wanted to become a doctor like me. A usually stoic fourteen year-old, immunosuppressed from treatment for cancer, crying big, salty tears after we completed a bedside incision and drainage – from the pain, or perhaps from the unfairness of it all. I have a fourteen year-old brother. He is usually stoic, too.

When I arrived that night, the neonatal intensive care unit was swarming with activity. Each team member was diligently doing their job, in the middle of the night, to give this little one a shot on what can only be described as a very challenging first day in this world.

Our team proceeded with cannulation under the heat lamps of the NICU. Even with loupes on, the beating anatomy seemed impossibly small. Finally, the circuit was connected. The team began to breathe a little easier and, eventually, dissipate. Weary, I called an Uber home. As the car started, I began to doze off. A few minutes into the ride, I was awoken by a question. “Do you work in the children’s hospital?”

I explained that I was a surgical resident working there for the month.

“Do you know any of the pediatric perfusion nurses?”

I was startled by the question, having just spent all night closely working with them. “Yes, I know some of them. Why?”

He looked at me in the rearview mirror and the words tumbled out as we drove through the sleeping streets. As it turns out, a long time ago, his infant son had been on ECMO for many days. The perfusion nurses were a constant accompaniment at the bedside. He had gotten to know them as they carefully watched and troubleshot the machine keeping his son alive – and in turn, they had grown to love his son. He smiled as he told me how they had burned a CD of music that the family loved and played it for his son so that he could feel at home, even when his parents couldn’t be there.

The man grew quiet, as if deciding to tell me more. “My son died fourteen years ago this month. Every year, for fourteen years, something happens during this season that makes me think of him – remember him. This year, it is you, getting in my car.”

He thanked me for learning how to take care of sick children. I thanked him for sharing the story of his son with me. Soon, the ride was over. I slowly made my way up my stairs and into my bed.

The next morning back in the NICU, I relayed his words to the perfusion nurses. They remembered him. They had loved, and subsequently mourned, his son all those years ago. His name and face swam in their head, too. They told me their stories over the soft whirring of this ECMO circuit, for this baby, loved by these parents.

These kinds of moments are the ones we carry. The ones when the universe reminds us – even though it is a struggle, and we are exhausted, and our patients break our hearts – why we do what we do. For the life in front of us now. For the faces and names that swim in our heads. For the families of those faces and names who remember.

Dr. Decker is a fourth-year general surgery resident at UCSF interested in improving surgical care for vulnerable populations and embracing humanism in surgery.

STRESS

Lauren Hopson Frankle
Class of 2026

CLINICAL ROTATIONS

Davin Evanson, Drexel University College of Medicine

Clinical rotations, a time of great despair
Endless hours spent on wards and in the clinic
Yet through the exhaustion and the constant care
We learn the art of healing, and begin it

We see the sick and injured, face to face
We hold their hands and offer words of hope
We witness life's most precious moments, its highs and lows
We learn to treat the body and the soul

We toil through grueling shifts and sleepless nights
But through it all, our passion for medicine grows
We are the future doctors, ready for the fight
To heal the sick and ease the suffering, wherever it goes

So bring on the clinical rotations, let us learn
For we are the ones who will heal and make a difference, in our turn

Davin Evanson is a fourth-year medical student at Drexel University College of Medicine. After learning that his great-grandfather wrote poems, Davin found a passion in expressing his medical experiences through poetry.

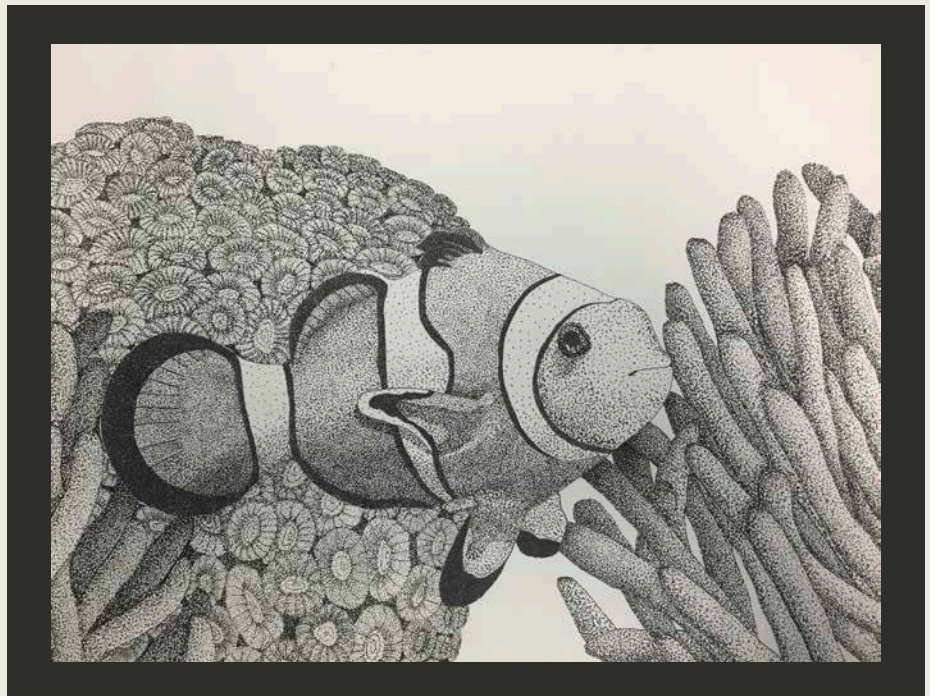
LEFT AFTER CANCER

Alexandra "Xan" C.H. Nowakowski, PhD, MPH, Department of Geriatrics, Department of Behavioral Sciences and Social Medicine

More left hands than right
preserved amid dirt and grass.
I wonder if one of theirs
knew loss so young
like this. I run my tongue
over porcelain teeth—a fused
trinity, a reunited front that I use
to smile at the world.
I think about friends long gone, and those
dangling in the balance,
swinging from strands
of silver wigs. We grow old before we ever
get to be young. In sunlight
blue extruded veins latticing
the backs of my hands—left and right—
all but disappear.
I sweep downy hairs from the nape
of my neck, muse
another hundred times today
about cutting it off preemptively—
a loss foretold and calculated,
one more thing it cannot take.

UNDER THE SEA

*Lauren Hopson Frankle
Class of 2026*



TRAUMA NIGHTS

Hanna Lateef, Class of 2024

An urgent message is transmitted
in between the static:

“Gun shot wound to the head.
Trauma bay, five minutes.”

We don our gowns and circle the bed.
I hold my breath until
the stretcher rolls in.
I wonder how he’s breathing still.

Our movements are choreographed and
highly standardized, despite
how rarely we see someone in his state
look so alive.

With renewed hope
I perform a prescribed role
but suddenly the formation breaks
and I find myself closer to his face.

He looks my age
maybe younger
can’t tell
his eyes are swollen shut
covered with
Wait! I saw his mouth stir
maybe not
was it a reflex?
his leg twitched
did he say something?
was it someone
telling me to
move?

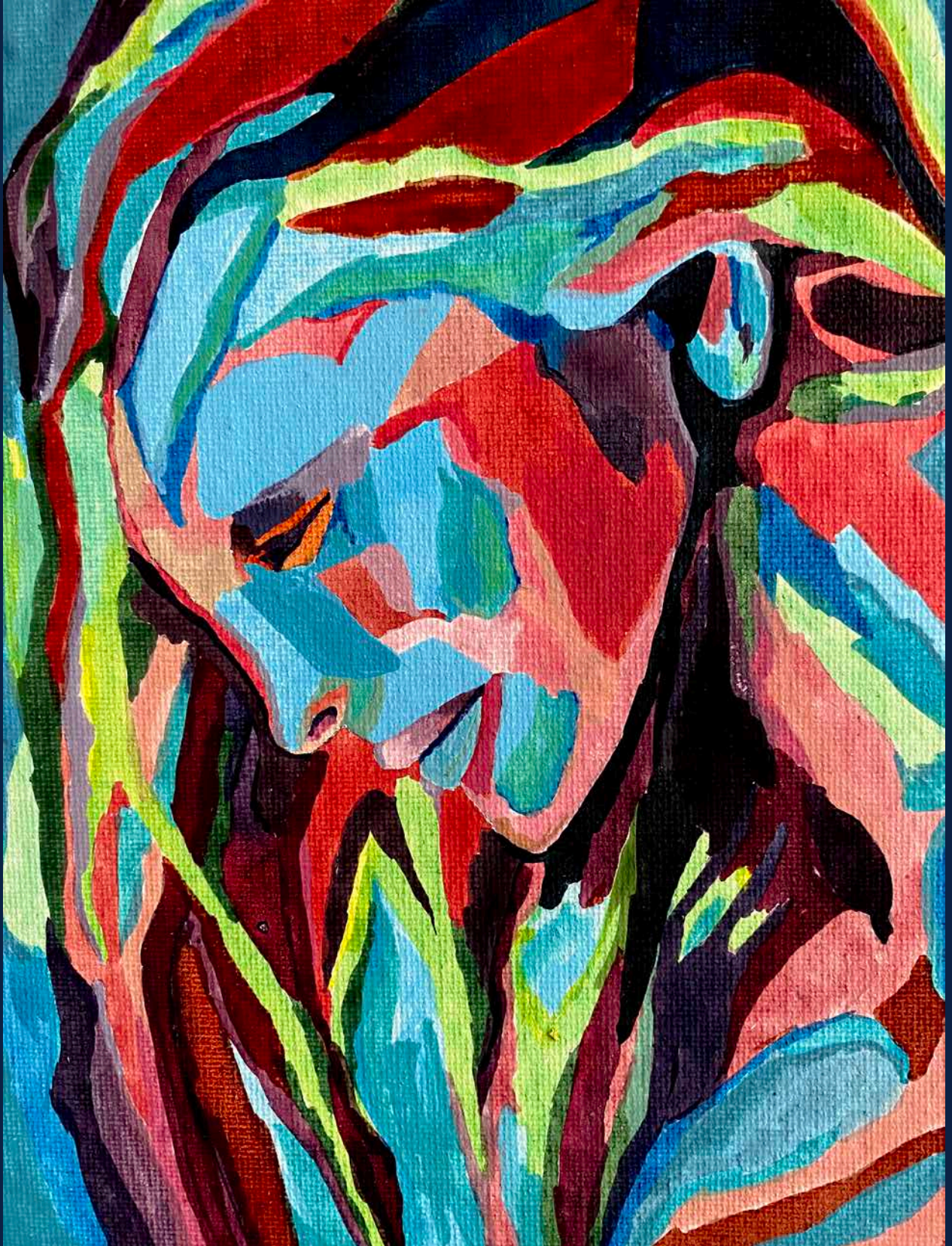
When the dust settles
we return to our stations,
defeated.
But I’m stopped and
given one more task.

I approach with dread
the side of his head
that I hadn’t surveyed as yet
and I find parts of him
that used to think and feel
revealed to the world.
So with needle and thread
I make him look whole enough
for the people he loved.

My back was turned but
I still heard his dad’s voice shake
when he spoke his name.
The radio buzzes again.

There are some lows I can’t escape,
but nights are long
so I can’t break
secretly, I wait for dawn
to wash away my ache.

Hanna Lateef is a fourth-year medical student at the FSU College of Medicine in Orlando, and she is currently applying to general surgery residency. She is a former HEAL editor and continues to foster her love of poetry, literature, and art.



LOSS IN COLOR
Hanna Lateef, Class of 2024

THE 9TH ANNUAL HUMANISM IN MEDICINE ESSAY CONTEST

Sponsored by the Florida State University College of Medicine Chapman Chapter of the Gold Humanism Honor Society, in partnership with *HEAL: Humanism Evolving through Arts and Literature*.

This year's essay contest prompt: *Throughout our careers in medicine, we are exposed to various ideologies and mental frameworks. Describe a time when you were witness to a new perspective or idea, and how this has shaped your view of medicine.*

1ST PLACE



Franziska Leutsch, Class of 2024

It's 6 am on a chilly Monday morning. I watch the sky begin to pinken through the small, austere windows of the resident's workroom. The second-year night pediatrics resident is giving morning sign-out to the team, going down the list of the complex patients on the floor at a seemingly breakneck speed. Hastily scribbling notes on topics I need to read up on later, I struggle to keep up, a feeling every medical student on their first day of a new rotation knows well.

"No changes with her, continue morphine escalation," the night resident says, already on to the next patient. The day shift chief resident interjects and looks at me pointedly, "This will be a good one for you to present on rounds." I nod and place a star next to her name: 3-day-old Baby A with NAS, admitted to the floor for severe opioid withdrawal.

When sign-out is finished, the intern lets me know I should start pre-rounding on my patient. "My patient," a phrase I'd never heard before. I'm not sure if I will ever feel like she is *my* patient, but I resolve to do the best I can for her.

A quick chart review shows me that Baby A is in the throes of withdrawal. She is inconsolable, feeding poorly, and has been started on escalating morphine, despite being barely 72 hours-old. Her vitals show me she is in pain, with intermittent tachycardia and tachypnea. Beginning to paint a mental picture of her clinical state, I quietly slip out of the workroom, ready to meet my first patient.

As I enter, my eyes taking a second to adjust to the dim lighting, I see a newborn swaddled in a generic hospital blanket, uncomfortably squirming and sporadically letting out small wails. I carefully unwrap her for my physical exam, noticing significant hypertonicity. After I am done, I gently swaddle her again to give her some relief.

Making my way back to the workroom, my heart aches for this little baby, going through a bad withdrawal in a sterile hospital room. Not yet adjusted to the novelty that she is my patient, I am determined to be her support throughout the next two weeks.

I present Baby A on rounds, along with my plan to continue morphine escalation every 12 hours, and a head ultrasound to rule out intracranial pathologies. The team agrees, and thus goes my first day with my first patient.

Over the next week, gradually, the reference to Baby A as “my patient” feels less incongruent. The phrase becomes less foreign to me, and slowly I begin to embody it. Baby A continues to need morphine escalation for her symptoms, and her feeding difficulties continue. Every day before pre-rounding, I look up her I&Os and weight and check her suck reflex, hoping that she is managing to feed herself better. When she continues to have inadequate PO intake, baby A requires an NG tube which I help place. Every day on rounds I present the plan to Baby A’s grandmother when present. I spend time in her room between patients, holding her and rocking her to let her know that she is not alone. I realize that for Baby A, medical management is as important as the touch of someone who cares about her.

During team switching at the end of the first week, the previous resident says, “Oh, that’s her patient, she knows all about that baby.” My heart swells as I realize the team firmly considers Baby A to be my patient. I repeat the words to myself. *My patient*. What a vast responsibility, yet gift at the same time.

Finally, over the weekend, Baby A begins to stabilize. Her hypertonicity and inability to be consoled start to lessen, and the morphine dose is stabilized. During the next week, she continues to improve and begins a morphine wean. I spend as much time with her as possible, knowing that my stretch on inpatient pediatrics is drawing to a close. On my last day on the wards, I go to say goodbye to my patient and her grandmother.

I hold little Baby A for the last time. She looks at me quietly with her big blue peaceful eyes, saying so much without ever uttering a word. I quietly pray over her, wishing her a good life full of bountiful joy and everything she desires. I thank her for being in my life, although shortly, and promise her I will always remember her and the lessons of compassion, empathy, patience, and the value of kindness that she taught me.

Her grandmother comes in. “Thank you, doctor,” she replies, “you have been taking such good care of A.” Automatically I remind her that I am just a medical student. She stops me and earnestly says, “To me you are her doctor. You have done so much for her, when she is grown up I will tell her about the young doctor who spent so much time making sure she felt safe.”

I nearly tear up. This is the first time I have heard those words. It means so much to me to even be involved in Baby A’s care, much less be recognized for it. As I leave Baby A’s room, I take one last look at her sleeping calmly in her bassinet, trying to memorize the way the shadows fall on her face. To all my future patients, I resolve to approach and treat them in the same comprehensive, caring, and empathetic way that I first learned with Baby A.

“I said goodbye to my patient,” I tell the team. The first time I have said “my patient” and believed it while understanding the responsibility and privilege that it holds. The first, but not the last time. As I leave the rotation, I look forward to the incredible honor of a lifetime of saying “my patient.” Thank you, Baby A.



MOOD III *Chaitali Hambire*

Dr. Hambire is a certified specialist in Pediatric and Preventive Dentistry. She has been a passionate practitioner and teacher of pediatric dentistry for over 15 years.

On Being a Patient

Parastou “Mandy” Shahzeidi, Class of 2024

It was the first day of my inpatient internal medicine rotation and I felt as excited as ever to be in the hospital, participating in rounds. “How’s your day going?” I asked automatically, and in a cheery tone, as I entered my first patient’s room.

“How do you think it’s going? I’m in the hospital,” the patient snarled dismissively. I stood there, a deer in the headlights, completely caught off guard. While I figured that her intentions were not to be rude or malicious, I’d be lying if I said I didn’t think about moving away slowly and never looking back. Instead, I considered what it would be like if it were me laying in that hospital bed. My heart immediately sank as I thought about the implications of my seemingly innocuous question.

From her perspective, I pictured being in an unfamiliar environment, constantly bombarded by unfamiliar faces spewing out medical jargon, leaving me more confused than before. Never knowing when the next needle stick was coming. To me, they were colleagues, but to her, vampires out to retrieve her blood at all hours of the night. Understandably, it wasn’t going great, who wants to be in the hospital? She was simply stating the obvious, something that I had failed to consider as a stranger looking in from the outside. Of course, my exaggerated dark fantasy isn’t the experience for every patient — I’d like to think it never is — but I suspect that that would be wishful thinking.

I am privileged to work in a profession where we are provided the medical knowledge to treat any physical issue to the best of our ability. However, amidst a prevalent “I can fix it” attitude, it’s possible to lose the empathy and emotional connection that differentiates us from a computer going through a protocol or algorithm. As hospital staff, we are expected to leave that room and go on with our lives, on to the next patient, each new conversation further detaching us from the previous, until we go home to our families and fully disconnect for the night. And when we come in the next day, well rested from a good night’s sleep in our own bed, we can fall into the trap of assuming everyone else has decompressed as well.

But what about this patient who has been stuck in her hospital bed that entire time? I thought about the monotonous hours upon hours she has spent in that barren room, without much to keep herself occupied aside from her own thoughts and situation. Could she

have been ruminating on something said to her, or an ambiguous test result from the previous day, as I walked in? Should she really be expected to greet me with a smile and enthusiasm while fear and uncertainty linger in the air? These were sobering questions that I pondered, but ones that humbled me enough to stay in that room.

I pulled up a chair next to the patient’s bed and took a moment to really look at her. In that instant, I realized that there’s so much to learn about a patient aside from what they say; her appearance, antsy body language, irritable tone, poor eye contact. To me, what makes truly empathetic physicians is their ability to read the situation and adjust ways of communicating to best fit what the patient needs in that moment.

It became clear that this patient was distressed and unhappy; maybe it had less to do with the illness that got her here and more with the baggage that comes along with being in the hospital. I got on her eye-level, gave her my undivided attention and said, “Let’s forget about the medical stuff for a minute. What else is bothering you today?” She immediately looked up at me with a surprised expression. “Well, since you asked, I’m worried about my dogs at home, my family is driving me crazy asking how I’m doing every 5 minutes even though I feel fine, I’m bored as ever in this room and I’m stressed just thinking about how big of a hospital bill I’m going to get once this is all said and done.” We looked at each other silently for a moment and I said, “You forgot that the food here is terrible.” To my surprise, she broke out into a smile.

From then on, her demeanor and our interactions underwent a complete transformation. While we used humor as a defense mechanism, it also opened the door to having serious conversations about the psychosocial issues she was going through. I learned a lot from this patient. The chief complaint on her chart read ‘chest pain,’ but there was so much more to the patient than that.

While it constitutes my workplace, the hospital is inherently an unappealing place to be in a patient role. By giving patients an invitation to speak their mind beyond the medical aspect of their care, we can make this scary place a little less uncomfortable; whether that’s with an extra pillow, sneaking a diet coke from the doctor’s lounge, a little humor, or just being a body to vent to.



SOL CRANE DANCE

Kathleen Wilcox

Kathleen Wilcox is a contemporary enamel artist with a studio in Tallahassee, Florida. Her award-winning enamel wall pieces are exhibited and sold in juried exhibitions, art museums and galleries.

Preferring the TRUTH

Jessica Laenger, Class of 2024

Equipped with my stethoscope and a diagnosis of “altered mental status,” I hurried to the Emergency Department to evaluate one of my first patients on my internal medicine rotation. I knocked on the patient’s bay door and entered to find a slight, middle-aged woman with sun-bronzed skin and buzzed hair, resting soundly in the fetal position with oxygen flowing and IVs adrip. She did not stir as I walked in and called her name, her chest continuing its rhythmic expansion-contraction cycle as if of its own accord.

I mustered through an initial interview which was severely limited by the patient’s lethargy. Her responses to my questions alternated between “I don’t know” and the deep inhale and exhale of sleep. By the end of the interview, I had gathered that the patient was tired and exasperated and that she had recently used methamphetamines. Following my initial interview, in nearly comedic, textbook-style fashion, my attending was able to elicit a much richer history than my own. By that time, several tests and images had returned, the patient had been admitted, and we started her on antibiotics for sepsis secondary to pneumonia.

I rounded on this patient daily, and it was rewarding to see the glow of life in her brown eyes brighten with each visit. Each day I heard parts of her story—she did not have a stable living environment, her fiancé had passed away suddenly last year, she was no longer in contact with her children, and she was dealing with chronic pain due to a motorcycle accident. My heart broke for all this woman was bearing, and it made me even more intent on caring for her with tenderness and compassion.

Heeding this patient’s every wish seemed like the easiest way to communicate to her that I cared for her (though I would not generally endorse this approach). This proved to be a difficult task as each day the patient’s concerns only increased. For each issue that was resolved, two new ones seemed to arise, and there were several instances that led us to question the patient’s reliability as a historian. It was around the fifth day of this patient’s stay that I began to experience some compassion fatigue (and became somewhat scandalized at myself for this lack of charity). The

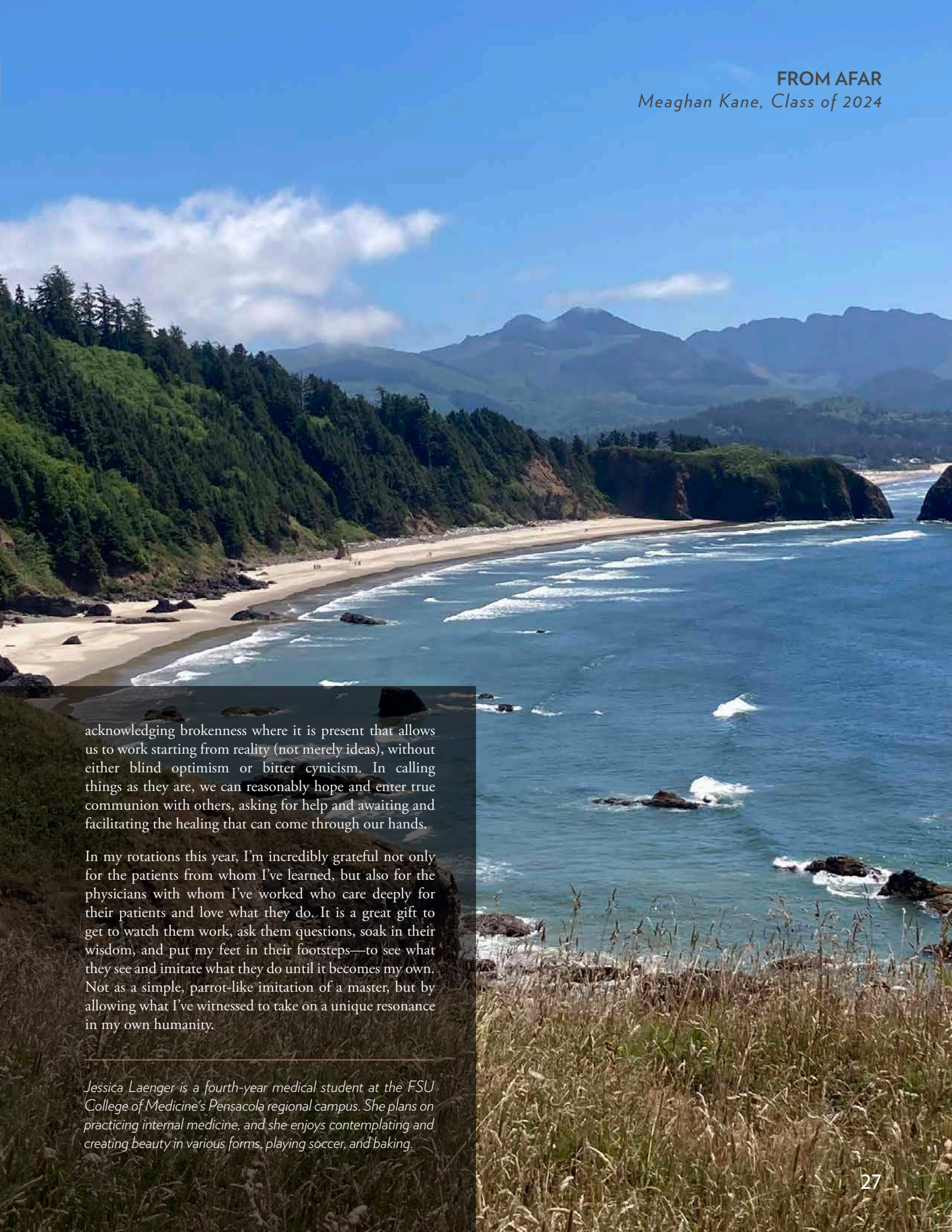
enthusiasm, authenticity, and compassion that had flowed so freely from my heart in the first days of this patient’s stay had seemed to evaporate, but my desire to accompany this patient and communicate that she was cared for remained.

The following day, full of questions about how to care for patients in charity and truth, especially when it felt forced, I rounded on her with my attending. The

patient said she was not feeling any better, complaining of neck, back, and chest pain, and she was concerned that something serious was going on. We explained that we were heartened by the progress she was showing according to the trends of her test results, but we understood her concerns and would get her some additional pain medication. After we walked out of the room, my attending said something along the lines of, “The patients that you think may be fibbing or exaggerating are the patients for whom you have to go above and beyond so as to not miss something.” My jaw dropped. This was revolutionary to me.

You tell any seasoned clinician this and they say, “Well, of course!” but this was a totally new proposal to me, one that helped me breathe again. No longer did I have to white-knuckle myself into feigning affection for each patient I saw. It was ok to have an instinctive reaction and to acknowledge this. In fact, it was important to recognize my reactions, when my heart leapt or sank, because it was in acknowledging that I didn’t have an automatic affection for this patient that I was better able to care for her, by running that extra test or doing a curbside consult to ensure that nothing was missed. This was done with humility and a desire that my affection grow for this patient as for every person, aware that in that moment, I could only ensure that this patient received the best care through the help of additional medical tests and other colleagues.

Through my experience of caring for this patient, I saw again how vital it is to always call things as they are, even when I wish things were different. As my good friend says, we must prefer the truth of what is in front of us, whether a circumstance, a patient, or ourselves, to our own ideas or our attachment to our ideas about these things. I’ve come to see that I don’t need to be embarrassed about the brokenness that I see, in myself or others, because it isn’t up to me to save everyone. This recognition that I am not in control frees me from feeling suffocated by a sense of total responsibility for everything on one hand and from feeling a need to say everything is fine (whether it is or not), to remain the regal Queen of the World in total control, on the other. It’s in



acknowledging brokenness where it is present that allows us to work starting from reality (not merely ideas), without either blind optimism or bitter cynicism. In calling things as they are, we can reasonably hope and enter true communion with others, asking for help and awaiting and facilitating the healing that can come through our hands.

In my rotations this year, I'm incredibly grateful not only for the patients from whom I've learned, but also for the physicians with whom I've worked who care deeply for their patients and love what they do. It is a great gift to get to watch them work, ask them questions, soak in their wisdom, and put my feet in their footsteps—to see what they see and imitate what they do until it becomes my own. Not as a simple, parrot-like imitation of a master, but by allowing what I've witnessed to take on a unique resonance in my own humanity.

Jessica Laenger is a fourth-year medical student at the FSU College of Medicine's Pensacola regional campus. She plans on practicing internal medicine, and she enjoys contemplating and creating beauty in various forms, playing soccer, and baking.

SAD LEAD

Nuala O'Connor

Every morning I wake up hoping that, by some alchemy, my shoulders and neck will not scream, and my knees won't be fire-balloons on rusted hinges. I hope fatigue, doominess, and the pinging, clenched gut will have evaporated. I've christened my collection of symptoms "Sad Lead" because I feel leaden, and I'm so, so sad.

Sad Lead began with a trip to China in 2016. A short story conference brought me to Shanghai's tai chi ladies, flowing to Tannoy music in Changfeng Park. To sweet-faced belugas in the aquarium. To giant statues of Chairman Mao among grey high-rise after grey high-rise. To a swagger of cranes, auguring prosperity. To a pink ice-cream in Changfeng Park. To vast, empty shopping centres beside shanty towns. To the cryptic poetry of commercial signage: "If memory is dessert, then story is also a journey"; "Cheerway easy go!"

My love of short fiction brought me to all of it. Most fatefully to that pink ice-cream. Then to diarrhoea. Sweats. Vomiting. Confinement to my hotel bed. To missing the conference. Hot-cold-hot. To looping Japanese karaoke on the TV. Delirium. To fainting in the airport loo. Head injury. Endless flight. Ginger ale from an air-steward angel. Home. To GP and hospital. Infection: *helicobacter pylori*.

To treatment.

Still sick.

Treatment.

Still sick.

Treatment.

Still sick.

To Sad Lead.

SAD LEAD CACOPHONY

NECK PAIN FATIGUE WEIRD POO
SLOW BRAIN DODGY STOMACH
ANXIETY/LOW MOOD HEAVINESS
BLEAKNESS HEART FLUTTER
FLICKERS/ABSENCES MASTALGIA
LEG-HIP-ARM-KNEE-SHOULDER PAIN
WEIRD SCALP HEADACHES BRAIN FOG
PAIN-PAIN-PAIN CLUMSINESS
NECK CLICKS

A year passes. Two. Another.

I tell my husband, “I feel like a narky corpse.”

New doctors. My diagnosis – after three years – is fibromyalgia, triggered by that Shanghai *helicobacter pylori*. That Changfeng ice-cream.

The verdict is hesitantly given. “A *touch* of fibromyalgia,” the rheumatologist says. “Also perimenopause. Also depression.”

A horrid comingle. But where does one begin and the other end? (And, by the way, a fucking *touch*?!?)

Oh, doctors. Don’t talk to me about doctors.

Fibromyalgia is a joyless, ever-present, prismic garment, complex and invisible. On meeting me, you wouldn’t know my shoulders are cloaked in glassy pain, or that my knees blaze. While we talk, I’m battling a cluster headache, and am distracted by an odd *pit-pat-pit-pat* in my heart. You may notice fatigue etched into my skin – I’ve most likely suffered the all-night, elastic twang of disturbed sleep. My stomach fizzes with discontent.

In the middle of a bad spell – a “fibro flare” – all my symptoms wrap tighter around me, body and mind. Flares resemble jetlag, or extreme hangovers: aches, brain-mush, depression, and crushing tiredness. Motivation – for anything – is low.

Though I may be smiling – perhaps even working or performing – I’m likely feeling a bit hopeless. Because I hate that fibromyalgia smothers and owns me and, still, I must carry on. I’m embarrassed by it, and embarrassed to admit that. I’m angry, too, because fibro will upset my life for as long as I live.

The Covid-19 pandemic aggravated flares – fibromyalgia loves a nice lump of stress to feed off. But the lockdowns brought a physical slowing that meant rest and that, in its turn, brought retreat, quiet contentment. Joy with a backdrop of torment is joy, nonetheless.

My father died during the pandemic and, after the funeral, my pain levels were high. On the drive home, I embarked on an I-resent-fibromyalgia’s-existence-in-my-life rant.

“I want to be able to put on my bra without wincing. Carry a shoulder bag! Tie my hair up. Drive in comfort. Walk for as long as I want to walk, not just until my limbs can’t take it. I miss decent cake! I want to feel light, bouncy, flooded with hope. *Normal*. I’m craving arms that swing-swung easily; legs that bend; food that doesn’t cause stomach ructions...”

I sobbed and cried.

I fight the anxious outlook Sad Lead promotes, try not to get stuck in the gloom groove. I avoid certain foods. I opt for an alcohol-free life. I attend a chiropractor. A counsellor. I exercise, no matter if my limbs scream. And I write; thank the stars that I can write.

I retreat early to bed and recite the mantra from ee cummings that lingers about me always, as balm and soporific: “over my sleeping self float flaming symbols of hope.” I chant this on the edge of sleep, and conjure hovering, bright, hopeful symbols: a virus-free world; a happy gathering of my beloved; and pain flitting up and away from me, feather-light and fading.

Nuala O’Connor lives in Galway, Ireland. Her novel NORA (New Island), about Nora Barnacle and James Joyce, was listed as a Top 10 Historical Novel in The New York Times. Her sixth novel SEABORNE, about Irish-born pirate Anne Bonny, will be published in April 2024 by New Island. www.nualaoconnor.com



MOOD I
Chaitali Hambire

LA CONFIANZA DEL DOCTOR

Miguel Rodriguez, MD

Dicen que la vulnerabilidad de los hombres es preciosa,
que sus egos son altos, pero se paran encima de bloques inestables.
¿Y qué piensan sobre la confianza del doctor?

¿Amo a mis profesores,
pero como encuentra uno la confianza del doctor?

Una genio me dice:
“Ponte la bata blanca, córtate el pelo, ten tono de voz más profundo.”
¡Perfecto! Ya lo hacemos, y si ayuda, pero no cambia la inseguridad interna.

Uno que sabe algo, pero no se puede recordar todo.
¿Qué le da el poder para darle instrucciones a una abuela con mucha más vida, muchos más
desafíos, a confiar en la opinión de un residente de medicina familiar de 32 años?

Pero ahí encontramos el secreto:
El Doctor de Confianza es el que escucha,
no el que se lo sabe.
El doctor de confianza aprende sobre medicina a través del paciente,
no se critica al no saber la respuesta.

La medicina cambia con nuevos medicamentos y nueva tecnología, pero los principios son antiguos:
Amar,
Escuchar,
Ayudar,
Y estudiar para toda la vida.

Dr. Rodriguez is a Family Medicine resident at Loma Linda University Hospital. He has struggled with confidence but continues to grow into a doctor for the people and for social change.



ADAPTATION OF FRAGONARD'S SWING

Felix Balak, Class of 2027

Felix Balak is a first-year medical student at the FSU College of Medicine and an editor of HEAL. As an artist and a medical student, he is enthusiastic about promoting the message of healing and medicine through art.

PARALLEL & PERPENDICULAR

Elizabeth Ruelke, Class of 2026

Time and Age aren't enemies
Rather Time goes on for Infinity
Age changes everything and nothing
Time is never bluffing

Time is ceaseless and endless
Yet Age is not dreamless or purposeless
Time moves without waiting
Age arrives while waiting

Time is sanitary
Age is mired in exposure
Time is an echoes Library
Age is a crossing over

Time is a clock, tick tock
Age is an action, knock knock
Time is unbending
Age has an ending

Age is an elevator
Time is the actuator
Age can bring sweetness
Time can be tasteless

Age yields mentalese
Time is unending centuries
Age is an Antonym
Time is a Synonym

Take your Time
Receive your Age
Never-ending chime
At every new stage

While Age is weathered
To Time it is tethered
While Time is measured
Age is the good Shepherd



WITH EVERY STEP
Grant Banfill and Jeri Reisman

Grant Banfill is a fourth-year medical student at the University of Florida pursuing a career in Anesthesiology. Photo taken in collaboration with Jeri Reisman, dear friend and lover of her pets, Eris and Mushu.



GRIEVING THE LOSS OF MY DOCTOR

Chester Freeman

Approximately five years ago, my primary care physician retired. He was the best doc ever! He was the type of person who was very attentive to my needs and listened to me as long as I needed to talk, regardless of time. When I was diagnosed with bladder cancer, working together with my oncologist, he was my greatest advocate and source of support.

When he diagnosed me with type-2 diabetes, I was really angry and depressed. I'll never forget what he told me. He said, "Chester, look at it this way, for 65 years you were not a diabetic. Think about all those years. And realize you were the only child, your father was diabetic, and it ran in his family, so genetics were not on your side. But you held it at bay for 65 years. Isn't that wonderful!" When I thought about what he said, I began to feel better. My anger dissipated and my tears went away. His response to me was brilliant!

When I was discharged from the hospital after my cancer surgery, he was the first person to call me at home to see how I was doing. To me that was the mark of an exceptional doctor. I think one reason we got along so well is because we were the same age.

As he approached his retirement, he told me his plans about a year before his retirement date to give me time to prepare for that day. He intuitively knew I'd need that much time to be ready for his departure. When he retired, I sent a glowing letter to the hospital administrator praising him and I also sent a personal thank you letter to him.

After he left the medical complex, my oncologist retired too! For a period of time, I had temporary doctors every six months because the hospital couldn't find permanent replacements. It was a very difficult time for me.

Over the past three years, I finally settled in with a new doctor. He was a young man who had just completed his residency. I felt good about him because I believed a young doctor would have been exposed to the latest medical advancements. And the fact that he specialized in diabetes also made him the perfect choice as primary care physician. Additionally, I felt a connection with him because he is Egyptian. I've always been fascinated by ancient Egyptian history and archeological discoveries and couldn't wait to talk with him about that. We hit it off right away. He worked with me to get my A1C down and collaborated with my oncologist to support me.

Recently, I went in for my yearly physical and at the end of the exam, he told me he would be leaving. My first response was, "Oh, no!" When I asked him why he was leaving, he said he was moving to be closer to his family. I told him I could certainly understand that. Tears welled up in my eyes, but I held them back. I thanked him for helping me and wished him well. He extended his hand to me and said, "Chester, it has been my honor to be your doctor." I held onto his hand for a few moments and then we said goodbye.

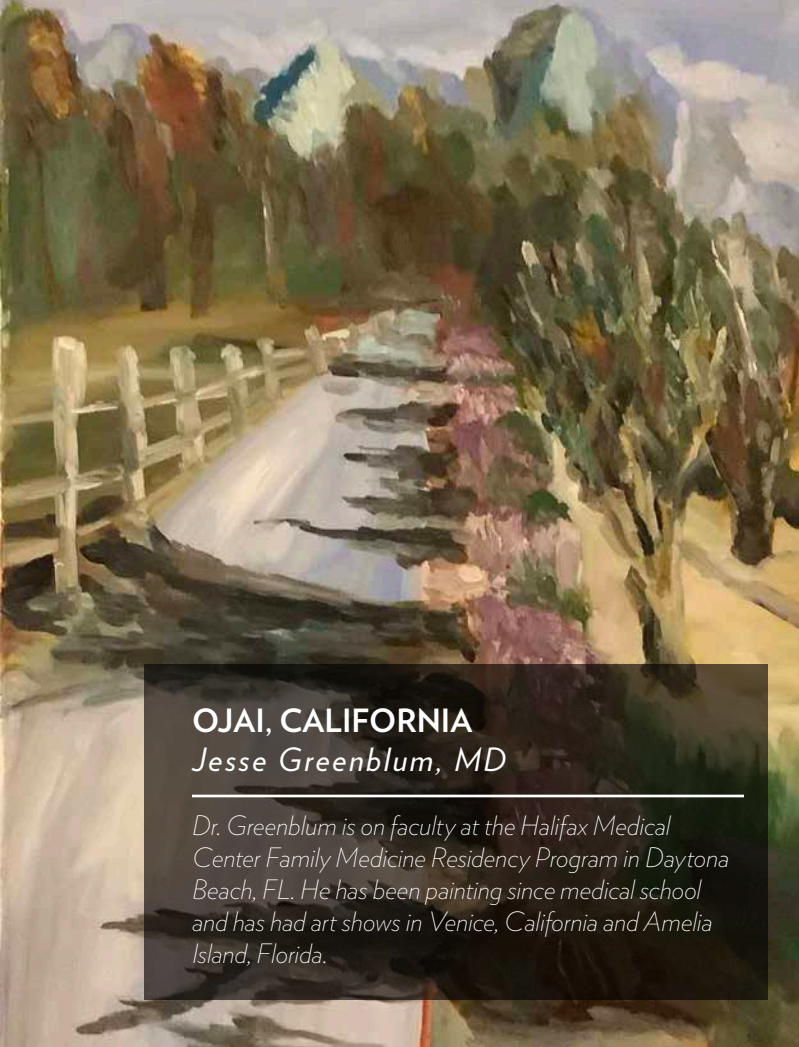
When I got to my car in the parking lot, the flood gate of tears broke open. I couldn't contain myself. I felt as if I had lost my best friend. I was in shock. I felt tired when I got home, like I'd been hit by a ton of bricks, and after dinner I went to bed early. When I woke up the next morning, I realized I was grieving the loss of my doctor. Tears were still streaming down my cheeks.

This loss was emotional for me. I don't know if the medical staff are aware of what happens to a patient like me when a doctor leaves their practice. I felt a deep sadness and frustration because now I had to start the process of looking for a doctor all over again. That process is exhausting!

It takes time to find a doctor who is accepting new patients when many doctors are not. It takes time to feel comfortable with a new doctor, and that always causes some anxiety. It takes time to trust a new doctor. It takes time to open up to a new doctor. None of this is easy. I was truly heartbroken because I had established a bond of friendship and trust that was coming to an end.

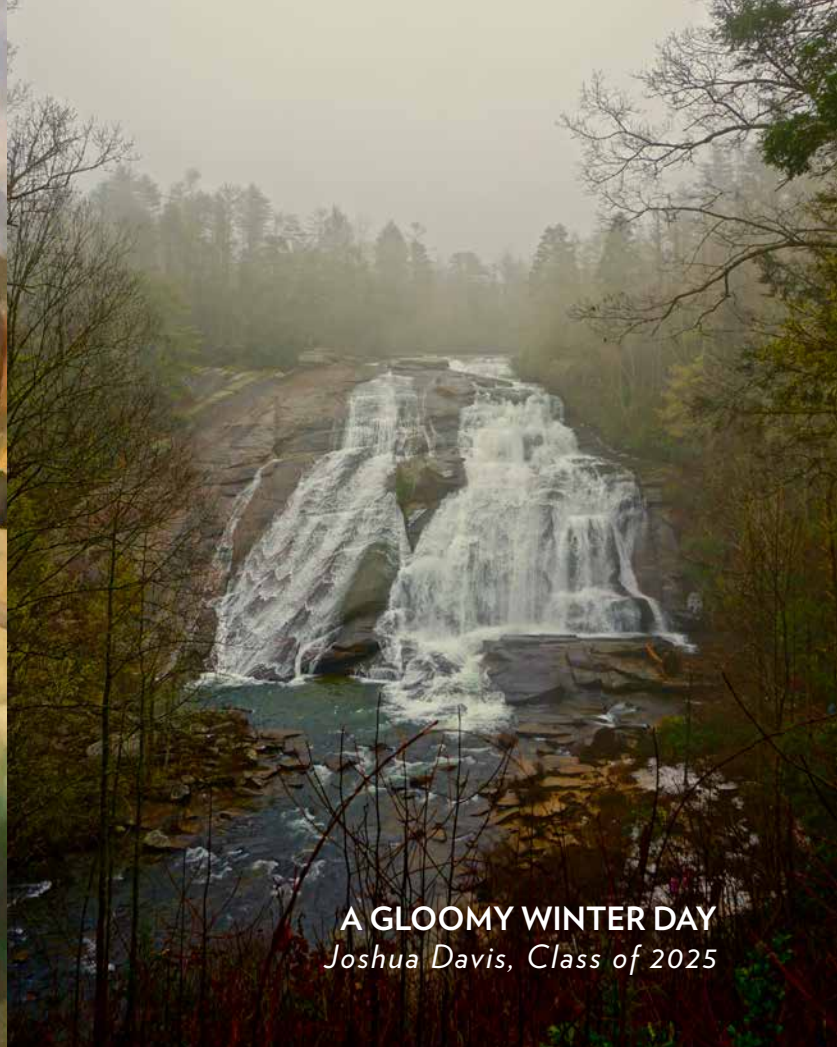
Before I left the office, I made an appointment to follow up on my medical care. I've been temporarily passed on to another doctor and oncologist and will meet them in six months. At least, this gives me time to grieve the loss of my former doctors and prepare myself for meeting new healthcare providers. Hopefully, in time, everything will sort itself out. I'm confident it will. I know I must remain positive in all things because that's the only way to process the loss and get through this grief.

Chester Freeman is a retired college and hospital chaplain (Amherst College and Hartford Hospital), a freelance writer, and the author of a children's book, Runaway Bear (Pelican Publishing, 1993).



OJAI, CALIFORNIA
Jesse Greenblum, MD

Dr. Greenblum is on faculty at the Halifax Medical Center Family Medicine Residency Program in Daytona Beach, FL. He has been painting since medical school and has had art shows in Venice, California and Amelia Island, Florida.



A GLOOMY WINTER DAY
Joshua Davis, Class of 2025



A SEA OF WINTER GREEN
Joshua Davis, Class of 2025

CAUGHT RED-HANDED

Maggie Li, MD

Try your best to take a history. I'll meet you there in a few minutes, my resident says. No problem. I'll bet I can think of a joke just cheesier than the hospital caf's pizza that'll get a chuckle – something to appease my gnawing need to make a patient feel a little more at ease. By the way, I'm now good acquaintances with the PMHx, FMHx, and SocHx, and if there's time, sure, I'll blunder my way through an MSK exam, no problem.

Except within a minute of walking into the room of this “pelvic fracture direct admit” I realize: there is a problem. She rouses slowly at my calling but doesn't seem to recall at all what brought her in, what hurts, her name, or where she is.

Okay, what about this: I try again, in Mandarin.

She gasps softly. Her eyes become crescents as she beams in recognition of her native tongue. There's hope on the horizon! But that hope is quickly shrouded as she nods in answer to my open questions. She gestures vaguely to the wall, the ceiling. Yet her gaze steadily returns to my face and that smile of recognition does not fade. Still, so much for building rapport if I don't understand what she's telling me, and if she ends up feeling ignored. That would be a problem.

I've watched my preceptor countless times reach out and rest his hand on a patient's shoulder. I think it's his way of saying, *I'm for you, we're on the same team.* And then he'd say, let's hear your questions. There's something so collaborative about that.

But here's the problem: I am not my preceptor. A decade of experience separates us – plus, my hands and brain are wholly untrained. My surgical skillset includes the following: retracting, occasionally impactor-whacking (yes, I've felt the elastic recoil of the bone). I can also clumsily staple with both hands, cut sutures, and help push the patient bed almost home.

Hear me out, unlike my preceptor, I cannot offer her the partnership or gift of a new knee or new hip. I cannot offer her a new lease on life. If anything, her x-rays will be offered as a teaching point tonight: my resident has promised to let me figure out the type of pelvic fracture and try my hand at summoning a management plan.

That's my problem. I stand in this room with 2 weeks of insight on the wonders that ortho can do, but I can't even do what was asked of me: a simple history. But hey, maybe now is the time to try to emulate the greats.

So, I brush her hair out of her face, place my hand on her shoulder and ask, *are you comfortable – do you have any questions right now?* Eyes fixed, blank stare. I try again. *I'm here. You're safe.* Her smile widens. *What can I do to help?*

She stirs. Slowly, she reveals two red wool-covered hands. The same kind of fingerless gloves my grandfather made the winter I immigrated here. She holds them out to me and continues to reach. I offer my hand and she cradles it so tightly and with such conviction. I'm embarrassed, but she doesn't seem to mind at all the “Tile vs. Young-Burgess Classification” I've scrawled on my palm.

She wanders into sleep with my hand in hers and I think of the rule at Disneyworld, where the employees who dress up as Disney characters are instructed to not be the first to let go of a hug that a child initiates because you never know how much the kiddo might've needed it. Now, I'm no Disney Princess, but I think: how painful it must be to sustain a pelvic fracture so severe it landed her here, a decent drive away from her family's place. How lonely it must be to have an inability to communicate and to find it increasingly difficult to make sense of the world she's in. So, I hold on.

My resident returns. I'm caught red-handed. Literally. I have no history. She did gesture to her name written on the wall and nodded when I asked if she was in her 80s, but that's all. No further history. No worries, my resident replies. *Will you translate?* I oblige. *Can you wiggle your toes?* She can. *Does this hurt?* She moans.

The resident puts the family on the phone. We gather our history. 85-year-old with severe dementia, unwitnessed fall, likely several hours down before she was found. I am gladder than ever that I did not hesitate to hold her and tell her she's safe. My resident beautifully explains risks, benefits, alternatives, and gains SDM consent for her surgery. I broadly translate what's taking place

into the patient's ear, unclear how much she really understands. But if there's a chance this means she won't be completely surprised when she's wheeled away for surgery in a day, I'll take it.

One last hand on her shoulder, then I set her gloved hands back beneath her blankets. *We'll take good care of you. You're safe.* Gloved hands re-emerge as she waves, and we walk away. There is both a heaviness and a joy inside.

Tonight, I couldn't take a history. But I learned I don't need an FRCSC to participate in a patient's healing. And maybe surgery is more than the cuts we make or percutaneous screws we use.

Tonight, it looks like speaking the words of this patient's motherland and holding her outstretched, red-gloved hands. Will I do that? *Absolutely, no problem.*

Dr. Li is a first-year resident in anesthesiology at the University of Toronto. She loves terrible puns, beautiful stories, creating music, embroidery, and has yet to lose a game of Anomia (which her friends and family now facetiously refer to as 'Anemia').

THESE RITUALS WE PLAY

Matt Johnson



Matt Johnson is a fourth-year medical student at the University of Florida interested in treating pediatric cancers. His artistic interests include the intersection of arts and medicine, color theory with natural elements, and hope in medicine.

As part of our internal medicine rotation we were tasked with reflecting on our experience caring for patients on the wards. Many students chose to write wonderful stories about their experiences through the literary arts, but words don't come as easy for me. I prefer the visual arts - something that can be altered by interpretation and isn't so rigid in its meaning. Here I depict the morning ritual my patient and I shared at the end of my prerounds. Our daily handshake, a simple enough thing, is something rarely encountered in healthcare these days. In the wake of a global pandemic a simple connection through the shaking of two hands can be refreshing. When one is bold enough, to embrace another commands respect, connectivity, and honor (when aided by a generous lathering of hand sanitizer). I enjoy the branch-like line work in this piece and the communication between both forms. There is a dueling tension over who is lifting the other up throughout this piece that evolves with my mood and on how I orient the piece horizontally or vertically.

LATISSIMUS DORSI FLAP RECONSTRUCTION

Amy Haddad

At T-9 on the vertebral line, the tracks of a scar run through a tunnel, round a left-hand bend
on its route to the station stop on my chest.

The massage therapist flips down the sheet
to expose my back then asks, “Is it okay to touch
you there?” She lights her finger on the scar, so I know
where “there” is. I reassure her with anatomical
jargon, *the latissimus dorsi flap tunnels through
the axilla, inserts between the serratus major and
pectoralis major muscles.* The Latin comforts her.
Face down, I cannot see her fear, but feel her ease
up on the pressure on my left side.

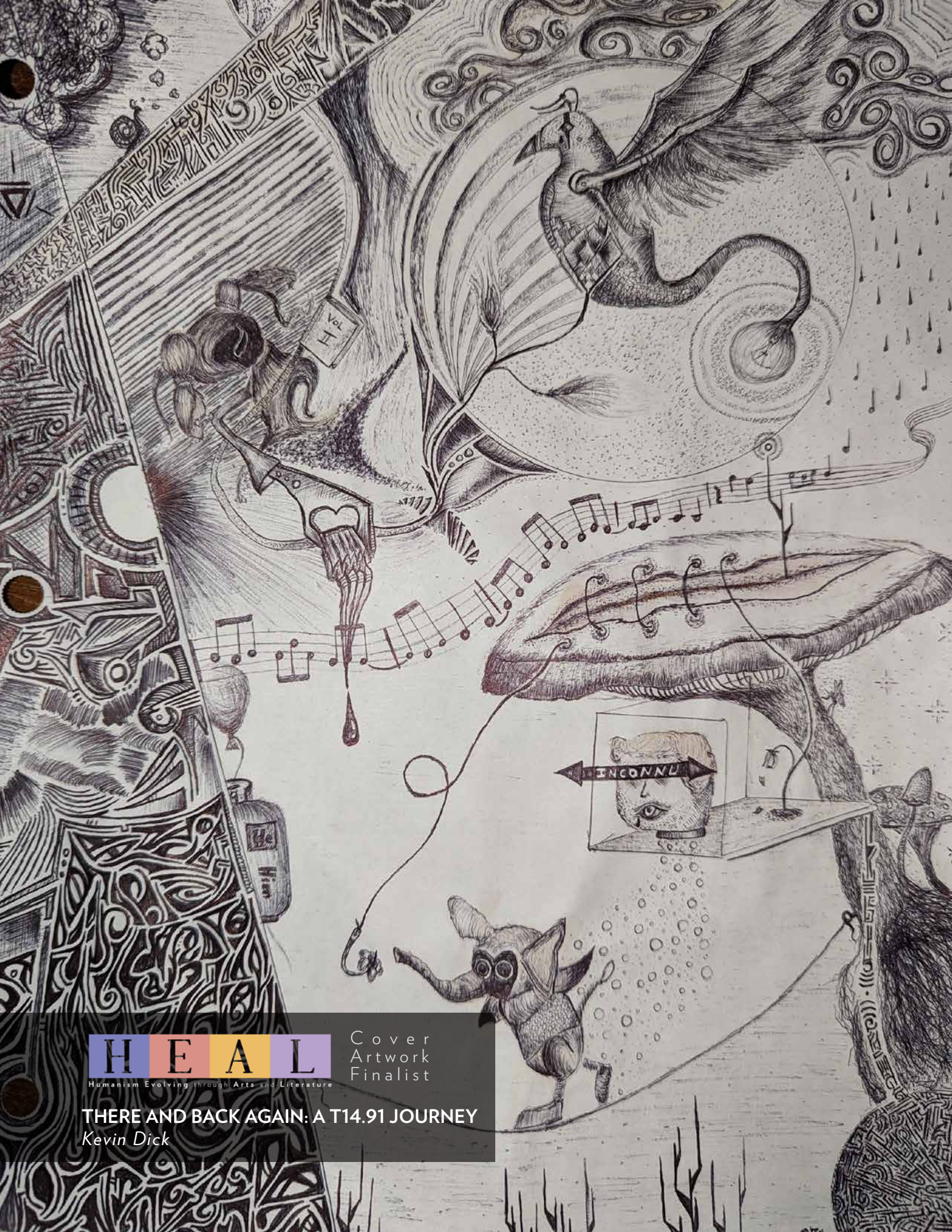
At T-9 on the vertebral line, the tracks of a scar run through a tunnel, round a left-hand bend
on its route to the station stop on my chest.

The cross ties that kept the track intact
were stainless steel staples shot
through every half-inch. Even though
a site of high tension, the tissue tracks hold,
grow crooked with time, still vibrate
when a sneeze shudders through the walls
of the tunnel all the way to the end
of the line.

At T-9 on the vertebral line, the tracks of a scar run through a tunnel, round a left-hand bend
on its route to the station stop on my chest.

In a fitting room when I need help zipping up a dress,
a salesclerk obliges but I sense the pause in the zip
when she sees the scar. Her face appears
over my shoulder in the three-way mirror
a mix of pity, disgust, and a dash of curiosity.
She doesn't ask any questions, just zips up the dress,
and pats me twice on my shoulder.

Amy Haddad is a poet, nurse and educator whose work has appeared in The Annals of Internal Medicine, The Bellevue Literary Review, and Oberon Poetry Magazine. Her first poetry collection, An Otherwise Healthy Woman, was published by Backwaters Press in 2022.



H E A L
Humanism Evolving through Arts and Literature

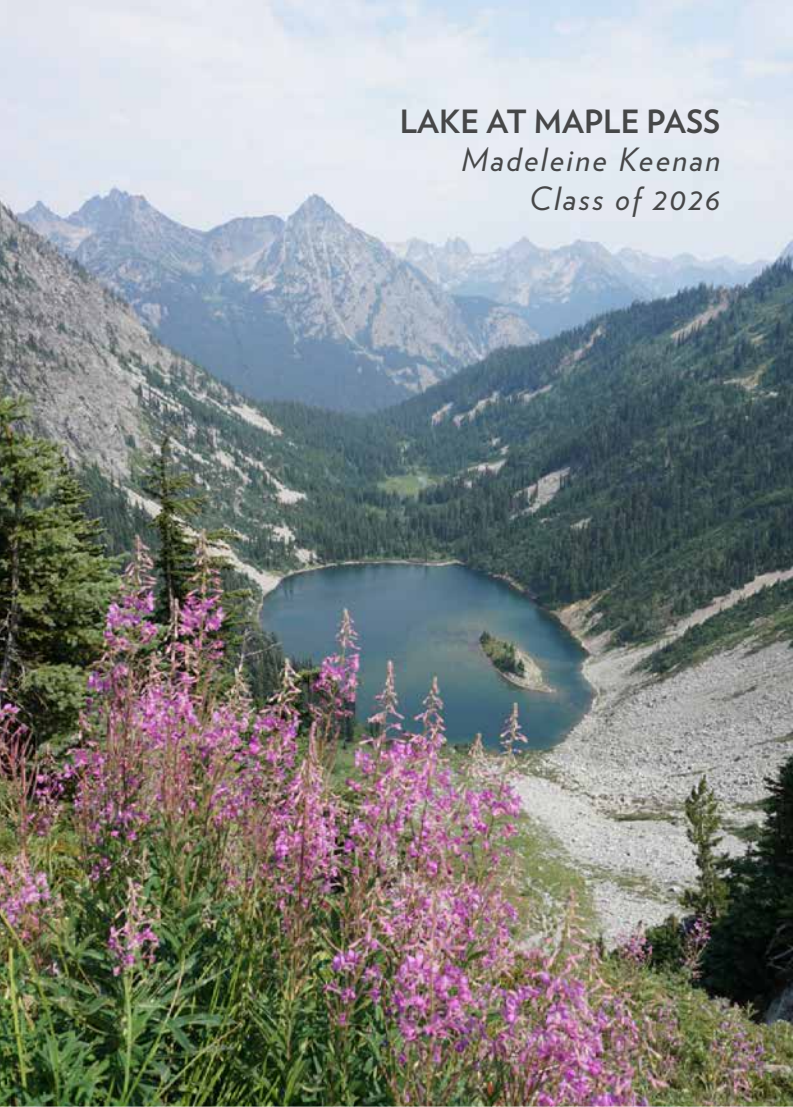
Cover
Artwork
Finalist

THERE AND BACK AGAIN: A T14.91 JOURNEY
Kevin Dick

LAKE AT MAPLE PASS

Madeleine Keenan

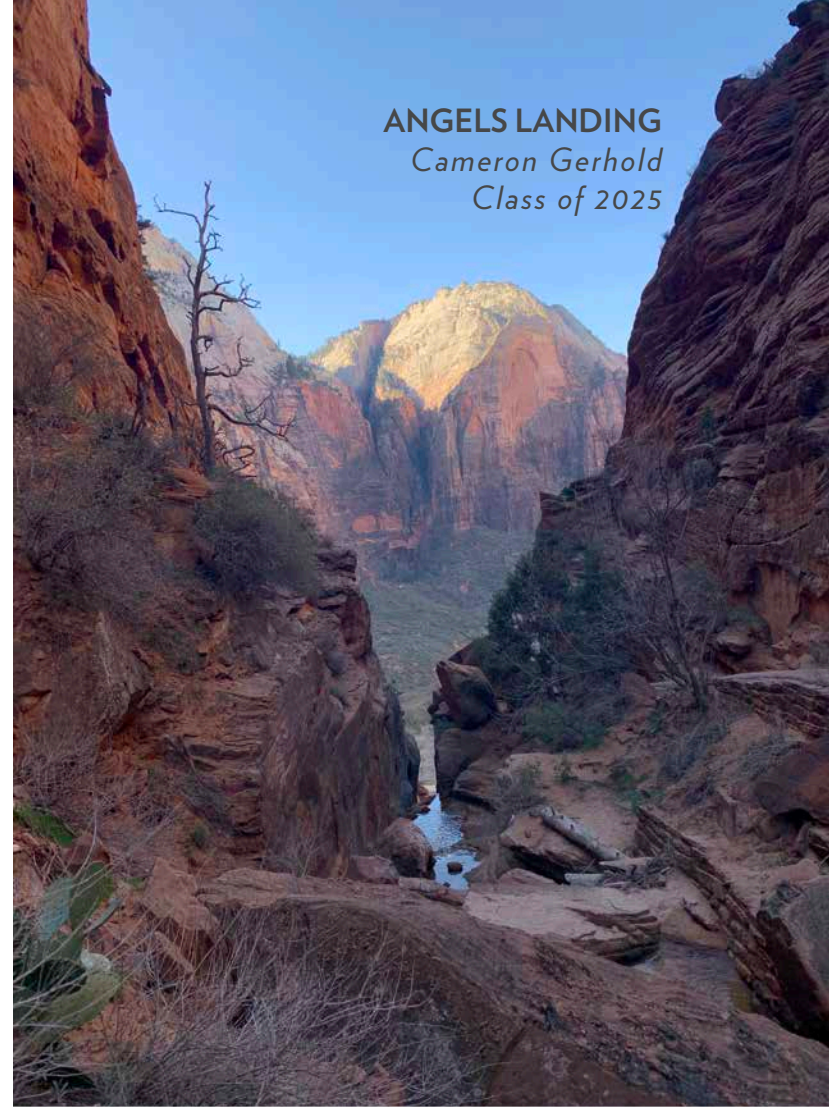
Class of 2026



ANGELS LANDING

Cameron Gerhold

Class of 2025



BOATS BY THE DOCK

Carter Mulvihill

Carter Mulvihill graduated in May of 2023 from Belmont University in Nashville, TN. She is now a Neuro ICU nurse working in Washington DC. She plans to continue her education to become a nurse practitioner.



ST. AUGUSTINE INTERCOASTAL

Emily Gansert, Class of 2024

Emily Gansert is a first-generation college graduate and medical student who grew up in New Smyrna Beach, Florida. She enjoys traveling, photography, cooking and spending time outdoors when she is not studying.



It Just Takes

ONE

Sheyla Moliner, Class of 2024

It was my third day rotating at a specialty care center that predominately assisted low-income individuals with a diagnosis of HIV and AIDS when I met J.T., a 29-year-old female with HIV. Before meeting her I previously interviewed 40 to 60-year-old individuals at the clinic who had acknowledged their diagnosis and chose to live a fulfilling and thriving life while being compliant with their antiretroviral medications. A few patients even brought along their partners and shared their experiences while laughing and smiling. With just a few of these encounters, I began to perceive the diagnosis of HIV as less of a debilitating lifelong disease and more of a chronic illness that can be managed and accepted. However, J.T. was different.

This was my first encounter with J.T., and before going into her room I noticed that we had no record of her care in the Electronic Health Record system. She was a new patient and I was tasked with collecting her history. I walked into the room expecting her to be like every other patient I saw, compliant with her antiviral medications and unperturbed about her diagnosis. When I walked into the room and introduced myself, she made limited eye contact with me, looked down, and said “Good morning.” I asked her what brought her to the clinic today, and she said quietly, “To get care.” Before I could continue she commented on my shoes. I took this opportunity to connect with her on our similar shoe taste, and she began to smile and make eye contact with me. We were both fans of Jordan 6 Rings, but quickly and painfully noticed that they were not comfortable shoes to wear to work and so I gave her some suggestions on comfortable shoes, and for a moment, we connected.

As our conversation about shoes began to fade out, I asked her about any medical conditions, and again she looked down and hesitantly told me she had HIV and high cholesterol. I pointed out that we did not have her information in our system and asked who she saw for care. She told me she had not followed up with anyone since she was 21-years-old. I was surprised, and to be completely honest, biased thoughts filled my mind. I assumed she did not care about herself or others: Was she sexually active? Using protection? I asked her why she hadn’t seen anyone for HIV management, and our following conversation was one of the most impactful encounters I’ve had with a patient.

J.T. confessed she was infected with HIV when she was 18-years-old. The man she decided to have sex with was the first person she’d ever been sexual with. After a few meet-ups, she never heard from him again, she wondered if she did something wrong or if he was ok. It was almost a year later when she found out he was arrested for infecting multiple women with HIV; she later found out she was one of those women. The moment she found out she was angry, filled with rage. However, that rage turned into

confusion, hopelessness, and embarrassment. She never told her family or friends about her diagnosis, but she did follow up with a clinic in New York for treatment. She mentioned the doctors and nurses in the clinic always spoke to her with a condensing tone. She felt as if she was judged for her choices every time she walked into the clinic. One nurse even said, “Well, these are the consequences of poor decisions.” These words stuck with her, and the moment she ran out of medications, rather than choose to go back to that clinic, she chose to give up because “the world already gave up on her.”

During the next few years, she did not work. Instead, she lived with her mom where she spent most days just lying in bed. She gained a significant amount of weight and had no desire to exercise or eat healthfully. She stated she had lost trust in everyone and everything. I was curious and asked why she decided to come in today. She smiled and said she moved to Florida two years ago and began working in a women’s shelter. She wanted to protect these women and make sure they had someone to trust. If she was going to continue being there for them, she would have to take care of herself—“So, here I am,” she said. She was ready to begin treatment with antiretrovirals and even change her lifestyle to lose weight.

Before meeting J.T., I quickly developed a mindset of how every patient I met at the clinic would be. When she did not fit into this assumption, my thoughts began to fill with biases, the same biases we as medical students learn can negatively impact a patient’s care. However, the more we talked, even as we connected about our shoe taste, every bias I held washed away. In front of me sat a 29-year-old woman who had lost trust in humanity and the medical system because of her experiences. She was discouraged and gave up on her health and herself because when she first sought help, she was blamed and judged for an occurrence that was out of her control.

As medical students, doctors, and people, we forget how one experience can shape every other experience a person has. One negative experience, one judgmental remark, or one look of disappointment can be the one domino that causes all dominos to fall. It takes a person so much courage to present to a healthcare member and be open about their most vulnerable tribulations. When patients do open up about their fears and worries, they are doing so because they want to trust that we will do what we can to optimally meet their emotional, mental, and physical healthcare needs. The relationship we create with our patients starts on the first day, with the first smile, and the first words. I want to thank J.T. for opening up to me during our first encounter and sharing her story. Most importantly, I want to thank J.T. for teaching me about how every moment in the patient-physician relationship matters.

WHAT Knitting MEANS TO ME

*Debra A. Allan Danforth, DNP, APRN, FAANP
Director, Clinical Learning Center*

I first started knitting as a result of a leadership course I took about 10 years ago. We were trying to find something that would help with work-life balance since work was all I seemed to do. So I started out making scarves at the end of each class, then I was told to knit during class. To my amazement, knitting helped me relax and pay more attention to what was being presented. Knitting also taught my brain that I didn't need to come up with a solution for everything discussed or presented to me—that it was okay to just listen.

After the leadership course I continued my knitting practice—knitting at least 30 minutes after work every night. I made hats for the homeless, continued making scarves for everyone, and then branched out to blankets, boo boo bunnies, and prayer shawls. While completing my doctoral degree, my faculty continued to encourage me to knit during class because they knew it would help me stay focused. Most recently, knitting helped me maintain my mental health while taking care of my mom on Hospice. It was very therapeutic. During this time I had a knitting box sent to me every month. Each box contained a new project—something I had never knitted before. This forced me to branch out and learn how to do different projects from fingerless gloves to several shawls. This was the best therapy I could have received.

So when you see me around, I'll likely have a project connected to my backpack, or you will see me in a conference or meeting knitting away. It's great for work-life balance.

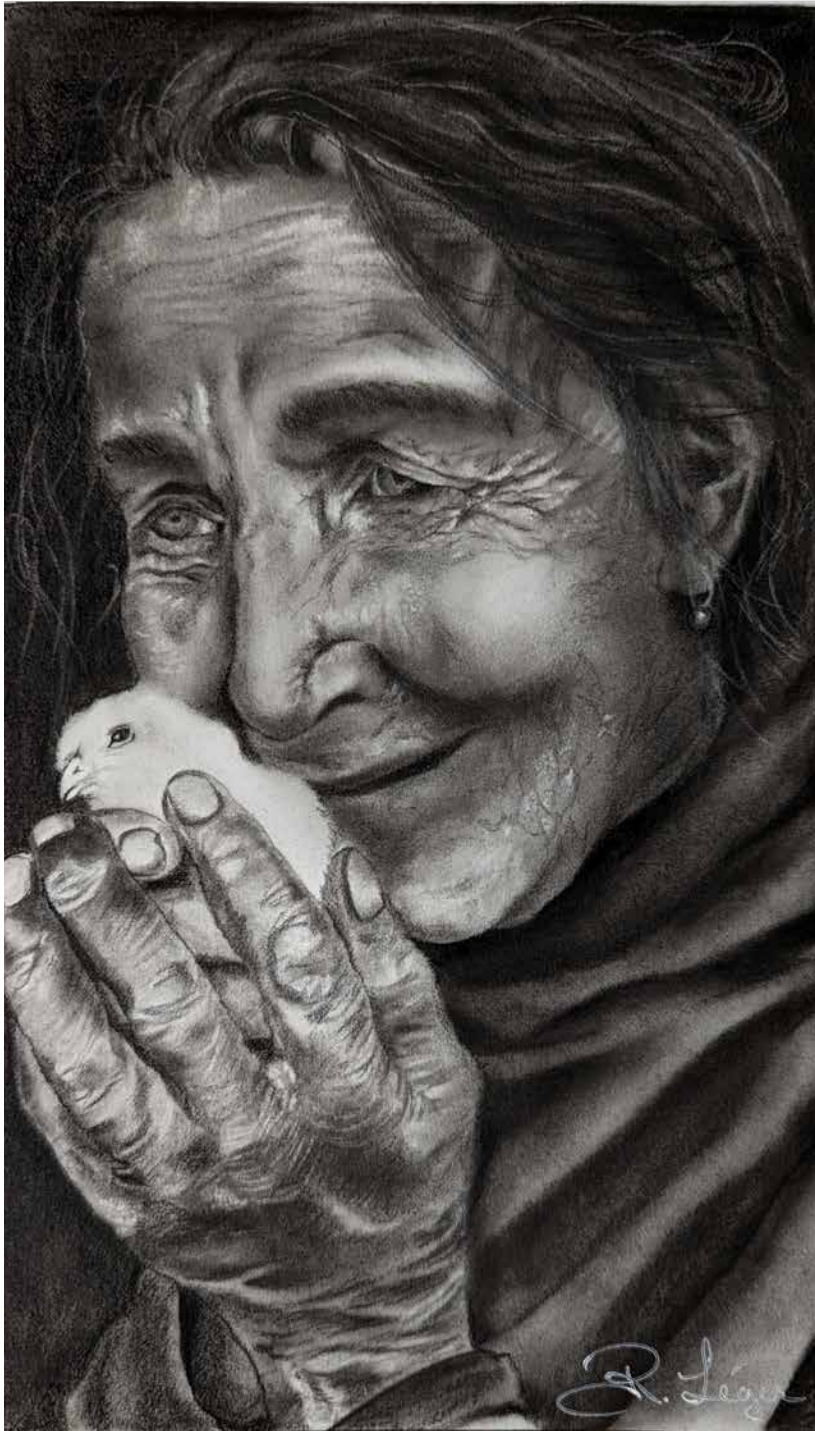
Dr. Danforth is a Professor and the Director of Clinical Learning Center and Preceptorship at FSU College of Medicine. She is an Adult Nurse Practitioner, an adjunct Associate Professor at Florida Agricultural and Mechanical University (FAMU), College of Pharmacy, and courtesy faculty at the FSU College of Nursing.



CARE

Sean Gabany, Class of 2025

Care for our patients,
but not for ourselves.
Care about their background
as you forsake your own.
Learn to abandon everything to talk to them.
Follow the algorithm
even if that means discarding
the piece of yourself
that connects with them.
Show them humanity and *treat the human* you're told,
as you are treated with none, stripped of it, to fit this mold.
Tell your patient it's ok to cry,
but don't shed your own tears.
See the best in your patients, despite everything.
Be reminded of your worst, despite everything.
Understand that sometimes people have a bad day,
but don't dare think that's an excuse for you.
If you really cared, you'd be better.
Do you have any idea what they've been through, what they could be
going through?
I don't care what you've been through, what you've been going through.
"You need to take care of yourself to be at your best."
This isn't about you, I don't care about your mess.
If you aren't good enough for them, people may die
If you aren't good enough for you, then only you'll die.
We spend all of our lives caring for others just to quietly die
since there is no room to care for ourselves.
If we truly care for our patients and want the best for our craft,
then it is time we care for ourselves and all who walk on our path.



HOPE FOR UKRAINE

Rosanne Leger

GREY MATTER

Elizabeth Ruelke, Class of 2026

Am I losing my mind
Something undefined
Words are ghosts
Unwilling hosts
Forgotten people
No longer equal

Am I losing my mind
Last will signed
Rage and tears
Future of fears
Broken body
Thoughts are boggy

Am I losing my mind
Past enshrined
This damn temper
Goes with the tremor
Involuntary possession
Fast forward regression

Am I losing my mind
So poorly timed
So much life to live
Unwilling captive
Another medication
With reservation

Am I losing my mind
Focus on being kind
To those I love
Time: a flighty dove
Enjoy my time
Before I join the offline



BOUNDLESS
Michael Mathelier

Purpose

Salma Elsheikh
Class of 2025

“I just don’t feel well. I have no energy or mental focus. I’ve been to so many doctors and no one can figure out what’s wrong with me. Every test that comes back normal makes it feel less likely that I’ll ever find an answer.” As a 3rd-year medical student, this was one of the scariest things a patient could say to me. If all those other doctors with many years of experience can’t figure it out, how can I? Was I just going to be another name on the long list of people that couldn’t help this patient?

I was doing my rotation at an endocrinology outpatient clinic when I came across Mr. B. He had gone to every doctor he could think of and ended up at our clinic due to a family history of a sibling with hyperparathyroidism. But after all the bloodwork and scans came back normal, we had to come up with something else. Being a med student, I usually go in first to gather a history and present it to my preceptor before we go in together, but this time was different. I was with another patient while my preceptor went in to talk to Mr. B, but when I came out to present my patient, my preceptor asked me if I’d be interested in talking to him. “No one has been able to give him an answer as to what’s wrong with him so far and he was curious if you had any ideas. Just go talk to him, no pressure, and see if you can come up with anything,” my preceptor said as she gave me a pat on the back. “Me? Why would the patient want to talk to me? If my preceptor couldn’t give him an answer, what could I possibly contribute?” I thought as I walked towards the room.

Up until that moment, I’d been really struggling, and only a few people in my life were aware of what I was going through. My third year had not been going as planned and most days I was questioning my purpose in life, something I was once so sure of. “Am I smart enough? Am I capable enough? Am I strong enough to keep going and finally get through this rough patch to reach my

Michael Mathelier completed his third year of medical school at the University of Florida COM, and is presently in a 1-year Master of Public Health program before earning his medical degree. His passions include photography, health fair planning, and preventative medicine.

goal?” These were only some of the questions constantly running through my mind almost every waking moment, except when I was with patients. Despite all of my struggles, shortcomings, and self-doubt, my patients and preceptor saw something in me that I failed to see in myself. Over the year, many of the patients I’d seen felt compelled to tell my preceptor how good of a job I did, they had worked with other med students before and I was one of the finest, and best of all, my preceptor wouldn’t skip a beat on agreeing. I just couldn’t understand what they saw in me, but I wish I could tell them how much those kind words meant to me, how on the days I feel the most worthless, their words are what get me out of bed, knowing I did something right and made the slightest difference in this world.

I took a deep breath and walked in. I introduced myself to Mr. B as I took a seat. “My preceptor gave me a quick summary, but I want to hear it from you, so just start at the beginning and tell me what’s going on,” I said. He was my last patient of the day and my preceptor felt that I’d seen enough thyroid and diabetes cases; she told us to take our time, and so we did. He told me about all the different doctors he went to, all the tests they’ve done so far, everything they thought it was but ended up not being, and after 3-4 years of going through this, he feels like he may never find an answer. He told me that he’s a retired pharmacist and has been doing his own research, looking for anything he thinks might help to mention to a doctor. So of course, I asked, “Do you have any ideas?” and he did. It took us two tries to reach a very plausible cause, he had brought it up to his PCP before but there were more plausible causes, so it was further down on the differential list at the time. I was doing research as we were speaking, trying to figure out a diagnosis only to find the perfect fit, symptomology, timeline, cause, etc. “I’m a med student, Mr. B, so I can’t formally diagnose you, but I will talk to my preceptor, and print out some information to take to your PCP to see if she agrees. Don’t lose hope just yet,” I said with a smile as I left the room. When I came back to the room with my preceptor, I could see that Mr. B looked just the slightest bit more relieved and relaxed. We hadn’t given him a final answer, but we gave him hope for one, a validation of what he’s been through—what he felt was real and we were not going to give up on him just yet.

There’s so much to learn in medicine, and in so little time, that some things may not seem as important, but interactions like these are what remind us of their value. We may be the experts on medicine, but patients are the experts on their own bodies and if we don’t include and value their opinions and reasons for seeking care just as much as our own we may end up doing more harm than good. Patients are in an extremely vulnerable position when seeking our help, it may not be life-threatening, or be anything at all to us, but if a patient made their way to you it is because they felt it was important enough to seek help. Sometimes validation and/or reassurance can make a world of a difference. If someone who has more experience than you can’t figure out the answer to a question, it doesn’t mean you won’t be able to either. Quality healthcare requires teamwork because each member, including the patient, will provide a different perspective that helps us reach the final answer. Lastly, people who believe in you do so for a reason.

My struggles are far from over, and some days it will still be hard to get myself out of bed, but Mr. B reminded me of my purpose that day and I am forever grateful to him for giving me a chance to make a difference in his life.



ABANDONED SUGAR MILL

Justin Frankle

Justin Frankle is a graduate of the University of Maryland currently working as a Software Engineer for L3Harris.

The Transfiguration

Janet Cincotta, MD

Impotent: how you feel when a patient under your care is dying, and medical science has nothing more to offer. When you've tried everything, and nothing has worked. You feel like a failure, so "not God," as is sometimes still expected of physicians. It haunts you, especially when the patient is a child, or someone you know, or your own parent.

My father, for example, died a perfectly modern medical death, and there was nothing I could do about it. Post-operative complications of failed vascular surgery compounded by chronic lung disease took him down even though he was surrounded by life support paraphernalia of every description. Even though he was attended 24/7 by bright, dedicated doctors and nurses throughout the entire ordeal.

In the end, he died alone in the Intensive Care Unit because people were too busy to notice when he took his last breath. If the alarms hadn't called them to attention, no one would have known. He died alone while I frittered the moment away with my mother in the visitors' lounge where we'd gone for a cup of coffee. No one came to get us. No one drew us to his bedside in time to say one last good-bye. And by the time we were summoned, it was too late.

The truth is that doctors come to expect this kind of thing. Family members do not. Right from the start medical students are warned about it, and then they are trained to deal with it. For me, the seeds of indoctrination were sown on the very first day of medical school when the dean of the College of Medicine stepped up to the podium, and one hundred eager students, terraced like rice paddies on a hillside, snapped to attention.

He congratulated us on our academic achievement and our noble aspirations. He spoke about tradition and honor. He went on and on about dedication, self-sacrifice, excellence, courage, and the ethics of exhausting work. But the bottom line was, "Do no harm." And in the next breath he declared in no uncertain terms, "The day will come when a patient under your care will suffer or die because of something you did, or something you failed to do, and it will be your fault. You will have no one to blame but yourself for having been careless or hurried or ignorant or, God forbid, arrogant or indifferent. You will bear the burden of guilt for the rest of your life. You will never get over it."

He surveyed the blank expressions arrayed in front of him, and then he went on. "If for a moment you doubt what I am saying, you are invited right here and now to gather up your belongings and leave. Go. Depart."

He paused, stepped away from the microphone, and waited. He scanned our fresh young faces row by row as if he knew exactly

who among us would be unable to bear it when—not if, but when—a patient died under our care. I remember locking eyes with the man as if he were able to judge strength of character and depth of devotion by the size of one's pupils. He was waiting for the fainthearted among us stand up so everyone could get a good look at what it meant to be a coward. He might just as well have asked those of us who had dropped acid over the weekend or those of us who preferred unprotected sex to stand up in front of everyone so we could hang our heads in shame as we shuffled out the door. But no one left. A few of us shifted nervously in our seats, but who would admit it?

When he stepped back up to the microphone, he sounded incredulous. "No one?" He paused. "Then God help you." And with that he doffed his glasses, picked up his notes, and left.

One hundred fledgling medical students responded with stunned silence. Then someone in the back row chuckled, as if to say, "What the hell was that?"

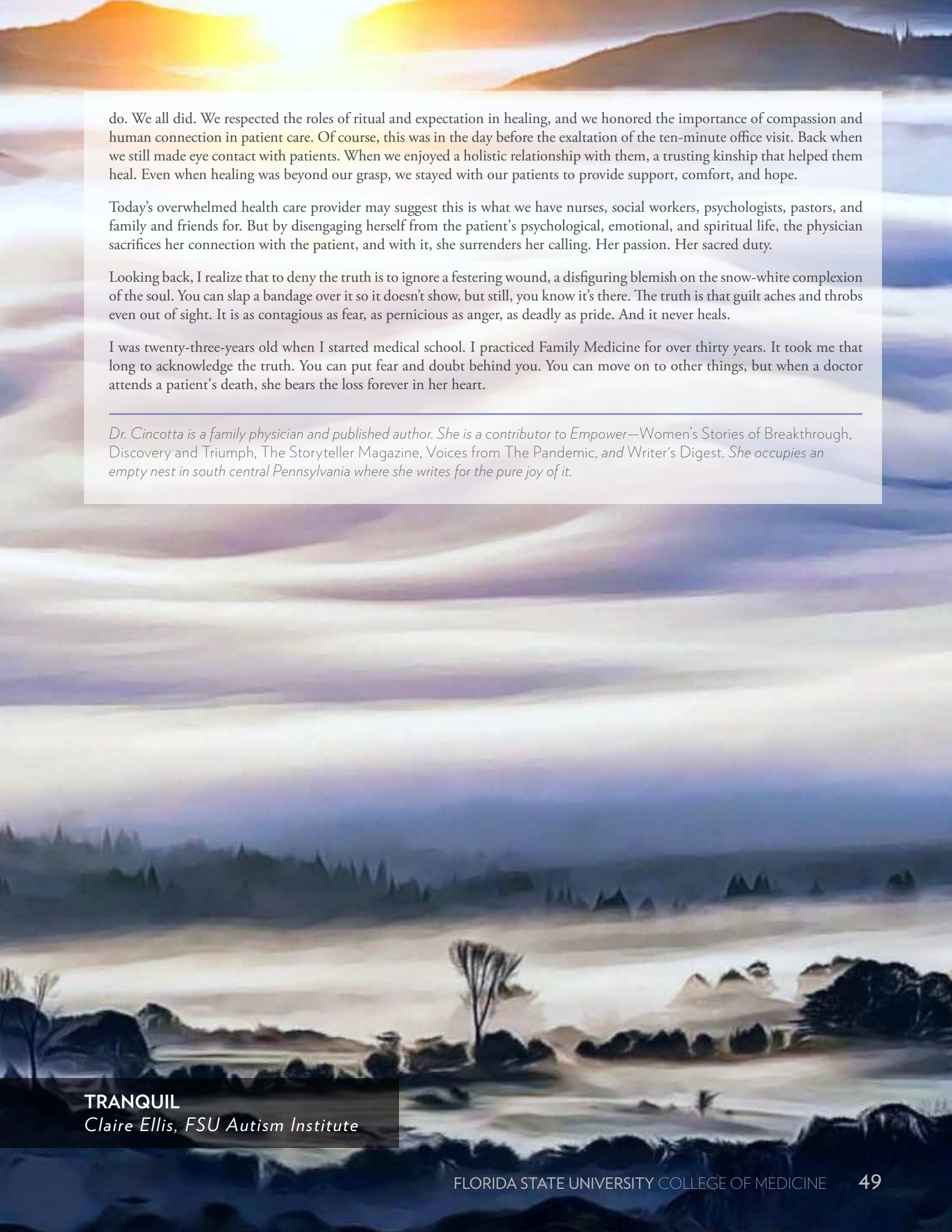
That, we would learn, was the power of prophecy. It was inevitable that patients—even children who were critically ill or injured—would die under our care, in the emergency room or on the operating table or in the intensive care unit. Despite our best efforts, patients would slip away from us. We were warned to expect it, and we were taught how to deal with it.

In medical school, when a patient died, we learned to tell ourselves there was nothing we could have done to prevent it. We were not to blame. It was the incubus of exhaustion, the sophistry of the gods at work. Put it out of your mind, we were told. Better yet, pretend it never happened. We were told to move on. We had work to do. Hope to instill. Trust to inspire. Destiny to ordain.

For four years the men of medicine took hammer and chisel to us until compassion fell away like dross—a smoldering pile of words that longed to be spoken, of hands that begged to be held, of tears that never fell. And out of it we emerged transfigured—tireless, dispassionate, infallible. Or so we were led to believe.

Over the years, though, experience taught me otherwise. When I knew a patient was dying, I learned to stay at the bedside. To check for a pulse myself. To place my stethoscope on the patient's chest and listen for a heartbeat even though the monitors had already gone silent. I met with the patient's family and explained what had happened. I did my best to answer their questions.

I didn't make up excuses. I didn't turn the situation over to the nurses, or the hospital chaplain, or to someone from social services. I finished the job. I believed in the healing power of the physician's presence and the importance of her touch, and I still



do. We all did. We respected the roles of ritual and expectation in healing, and we honored the importance of compassion and human connection in patient care. Of course, this was in the day before the exaltation of the ten-minute office visit. Back when we still made eye contact with patients. When we enjoyed a holistic relationship with them, a trusting kinship that helped them heal. Even when healing was beyond our grasp, we stayed with our patients to provide support, comfort, and hope.

Today's overwhelmed health care provider may suggest this is what we have nurses, social workers, psychologists, pastors, and family and friends for. But by disengaging herself from the patient's psychological, emotional, and spiritual life, the physician sacrifices her connection with the patient, and with it, she surrenders her calling. Her passion. Her sacred duty.

Looking back, I realize that to deny the truth is to ignore a festering wound, a disfiguring blemish on the snow-white complexion of the soul. You can slap a bandage over it so it doesn't show, but still, you know it's there. The truth is that guilt aches and throbs even out of sight. It is as contagious as fear, as pernicious as anger, as deadly as pride. And it never heals.

I was twenty-three-years old when I started medical school. I practiced Family Medicine for over thirty years. It took me that long to acknowledge the truth. You can put fear and doubt behind you. You can move on to other things, but when a doctor attends a patient's death, she bears the loss forever in her heart.

Dr. Cincotta is a family physician and published author. She is a contributor to Empower—Women's Stories of Breakthrough, Discovery and Triumph, The Storyteller Magazine, Voices from The Pandemic, and Writer's Digest. She occupies an empty nest in south central Pennsylvania where she writes for the pure joy of it.

TRANQUIL
Claire Ellis, FSU Autism Institute

OCCUPATIONAL THERAPY

Kristin LaFollette, PhD

Occupational therapy taught me to see myself in others—

When the man with the cast on his left arm came for an appointment, a familiar pain tenderized my bones. At fourteen, my left wrist caught in some railing on a playground and the epiphyseal plates separated like an open mouth. We were on a fieldtrip and while we waited for the bus, my science teacher told me to plunge my arm into a blue cooler of soft drinks. On the ride home, a friend said, *If you have to get a cast, you should choose pink.*

Three years after the left arm, my right arm was in a cast
and I understood how animal-like we are. How human.

Like my father, the man with the cast had a fractured neck, his head held in place by a vast apparatus. In the hospital following my father's accident, the doctor said

broken
and
cervical

and we pictured a ripe fig, split
after falling from a tree.

The man with the cast told me about his own accident in the snow:
How his neck had compressed with the force of his body moving head-first
against an unmoving object.
How his brain had risen with traumatic injury.

Because of my father, I knew the depth of these wounds, a calculus in the lowest parts of the body that can't be reached
or scraped away. I knew these lingering wounds so well that I could have pointed them out on x-rays or scans,

but only if I could have willed myself to look at them—

Dr. LaFollette is the author of Hematology (winner of the 2021 Harbor Editions Laureate Prize) and Body Parts (winner of the 2017 GFT Press Chapbook Prize). She received her Ph.D. from Bowling Green State University and is a professor at the University of Southern Indiana. Learn more about her work at kristinlafollette.com. This poem previously appeared in the literary journal Tendon.



SUTURED
Logan Franks, Class of 2026

DAYTONA DAYS
Nick Thomas, Class of 2024



CABO ARCH
Lauren Hopson Frankle, Class of 2026



SUNRISE SOON

Alexandra “Xan” C.H. Nowakowski, PhD, MPH, Department of Geriatrics, Department of Behavioral Sciences and Social Medicine

I wrote myself
a note
reminding me
to write a poem.

A lifetime of reading
scrawled prescriptions
did not prepare me
for this.

A lifetime of incipient
death
prepared me well for this,
and yet.

I tapped out a title
as daybreak
touched my window
and wrote:

Poem about staying up all night not being able to sleep with racing thoughts about Uncle Jim’s death and the inevitability of having to process my dad’s death someday unless I die first—worse, and either way there won’t be a cryptic message from him saying to call when I can—and seeing the “sunrise soon” notification pop up in the computer system tray at 6:22 am while feeling like the sun won’t actually come up the same way again now that the darkness has begun to descend.

As in all things
I only realized
the note was the poem
after the fact.

NOTHING GETS

Scott W. Graf, MD

“Beth?... Beth?”

Chloe stepped out on to the hospital roof, leaving the door ajar behind her. Her high heels clattered against the concrete as she made her way through the maze of vents and air conditioning units.

“Beth? It’s me, Chloe. Are you here?”

She knocked her hip against a chimney stack and stumbled, crying out in pain. Her hands sought the injury. There was no blood but her white coat was now smeared black. She heard a noise. It was faint but there were words and tears within it.

Limping slightly, Chloe emerged into a clearing at the north-east corner of the rooftop. At its far end stood another young woman, also wearing a white coat and with a stethoscope around her neck. She had her back turned and was looking out away from the hospital, towards the parklands and suburbs below. Her feet were close up against the low wall that ran along the building’s edge, the only barrier that stood between her and an eight-story drop.

Chloe stopped short. “Beth?” she said more softly.

“Nothing gets crossed out,” said the woman. Her hands were by her sides.

Chloe inched a little closer. “Beth? It’s me, Chloe.”

“Nothing gets crossed out,” repeated the woman.

Chloe slowly took a few more steps forward, knocking aside empty beer cans with her feet. The woman standing at the building’s edge turned her head. Her eyes were swollen and red. Her cheeks were wet.

Chloe stopped. “What do you mean, Beth?” she asked.

“Every morning,” the woman said after a pause, “after the ward round, I make these to-do lists... the jobs that need to get done.” Her voice sounded vague. “But nothing ever gets crossed out.”

“Oh, Beth,” said Chloe. She moved, scattering more cans.

The woman screamed “Don’t come any closer.”

Chloe recoiled. The woman’s hands went to her face. Her shoulders heaved beneath her white coat.

Chloe looked down at her feet. There were empty beer cans scattered about the ground, along with plastic cups, pieces of paper and empty junk food wrappers; even a few discarded stethoscopes. It was the spot where the interns and residents met, every Friday at the end of their shift, to talk and debrief, to eat and to drink and generally just enjoy being young and busy. Chloe knew it well; she had been there many times. But Beth had not. Chloe had never seen her there or asked her to go. Looking up at the figure standing at the edge, Chloe wondered now whether she should have.

CROSSED OUT

“What’s happened, Beth?” she asked.

“I was smart, wasn’t I?” said the woman. Her eyes were on the ground below.

“Smart?”

“At medical school.”

“Yeah, sure. Didn’t you win a couple of awards or something?”

“Three.”

“Yeah, three. That’s right. I remember. And weren’t you close to the top of the class?”

“I came second,” the woman answered quickly. “Only Lucy Wong beat me.”

Chloe sniggered. “Yeah, well, no shame in that.”

Beth turned her head slightly.

“Then why can’t I do this?” she said.

The day was grey and cold and the air felt damp. A gust of wind blew across the rooftop, scattering cans and rubbish. Their long white coats fluttered. Beth swayed a little. She placed her hands in her pockets and closed her eyes.

“Can you come away from the edge?” said Chloe. She forced a casual laugh. “You’re making me nervous.”

Neither of the young women moved. Tears began to roll down Beth’s cheeks.

“What’s happened, Beth?” Chloe said softly.

“I’ve failed.”

“Failed? What do you mean?”

“The rotation. Dr Montebello failed me. He said I’m the worst intern he’s ever seen.”

Chloe kicked aside a beer can. “What a bastard,” she said. Why were some people so careless with fragile things, she thought. That’s how accidents happened.

She looked up at the small white figure that stood there alone against the grey horizon. In all the time she had known it, these last three months, it had been constantly moving, yet going nowhere. Now it was still and this made her nervous.

“No, he’s right. I can’t do it,” said Beth. “Everyday... after the ward round, I make these lists, you know, to-do lists but... I don’t know. Nothing gets crossed out.” She rubbed her eyes with her white sleeves. “The pager going off, the patients, the nurses, checking all of the bloods, admissions, discharges, I just can’t... I don’t know, think or breathe.”

She spoke quickly and harshly. “Sometimes, I just go sit on the toilet and close the door, to...” Beth began to cry quietly again.

Chloe fingered the stethoscope around her neck. “It’s the first rotation Beth, our first ever job as doctors, and starting on Orthopedics is tough.”

“Then why can you do it and I can’t?” Beth hissed.

When Chloe didn’t reply, Beth placed a foot up on to the edge.

“Beth, come away from there, please?” Chloe took a step forward.

“I said, don’t come any closer,” shrieked Beth.

Another gust of cold wind blew across the rooftop. Chloe shivered beneath her white coat. The afternoon was getting late. Evening was now not far away.

“You know,” said Beth, “being clever was all I had. At school, I was nobody. Girls like you never talked to me, or the boys. Even when I was dux, no one cared, they only smirked. I could hear the things they said. But being clever, and getting into medicine, becoming a doctor, that was something... gave me something, even it was only for myself.”

Chloe did not reply.

Beth took her hands from her pockets and climbed up on to the wall. She stood on the building’s edge. The wind blew. She swayed slightly then steadied herself with her feet.

Chloe watched the white sneakers scrape against the bricks. They were cheap and ugly. She remembered what she had thought when she’d first seen them three months ago. The silent and knowing look she had given the other girls when she’d been paired with Beth for her first intern rotation. She felt ashamed.

Beth looked back at Chloe and then closed her eyes. Her tears had stopped. Her body seemed to soften.

“Beth, no. It’s not worth it,” whispered Chloe.

“It is to me,” said Beth. Her eyes turned to the horizon, far away. Her body leaned forward but her feet did not follow. She rocked gently, back and forth, as if trying to will herself to move, to force her feet up and off the ground.

“Beth,” cried Chloe. “Come down, please.” She held her crossed arms tightly to her chest. “Let’s go inside, where it’s warm, and we can talk...together.”

Beth took a step backwards from the edge but did not climb down.

Chloe quickly continued. “Have you talked to Dr. Thomas? She’ll be able to help. Can you do the rest of the year and still pass?”

“Yes,” replied Beth, “but I’ll have to do an extra term next year to make up for it.”

“Well, that’s not so bad, is it? At least you’ll be able to finish your internship.”

“Yes, but I’d have to pass all the other rotations.” Beth turned to look back at Chloe. “And what if I can’t?”

The two young women looked at each other in silence.

“Well, then I guess you can’t,” said Chloe at last.

Beth gasped. “But then I’ve failed. It’s all been for nothing... I’ll be nothing.” She started to cry.

Chloe closed her eyes. She should have seen this coming, they all should have. But could she have done any more? No, she told herself, she couldn't have. It had been her first rotation too, her first job as a doctor and it had been hard enough keeping her own head above water. But still, Beth had struggled from day one and as the weeks went by, had not improved. She remained paralysed by stress and anxiety and Chloe knew she had done nothing to help her.

Chloe screwed her eyes tighter shut. She also knew that Beth had made her look good by comparison and that a secret, deeper and darker part of her had taken pleasure in this. For the first time in her life, she felt ugly.

Chloe opened her eyes.

"No, you won't" she said. "You're Beth Arnold, remember." She took a step closer. Her voice was now loud and clear. "Dux of your school. Medical student. Winner of three academic prizes. Second to top of your graduating class. Doctor. You did that, all of it. Nothing or nobody can take it away from you. And no matter what happens, none of it gets crossed out."

Beth stopped crying. She stood on the edge of the rooftop watching Chloe intently.'

"Nothing gets crossed out?" she whispered.

Chloe moved closer. "Let's go inside Beth, I'm cold." She held out her hand.

Beth took it and stepped down.

"Nothing gets crossed out?" she repeated.

"No, nothing," said Chloe.

Dr. Graf is a rheumatologist and writer living and practicing in Adelaide, South Australia.

ROSEMARY: HELP IS HARMFUL WITHOUT CONSENT

Arwyn Hill

Arwyn Hill is a saxophonist and music education major at the FSU College of Music. Their work was inspired by experiences during the pandemic.






SUNSET IN THE TETONS
Madeleine Keenan, Class of 2026

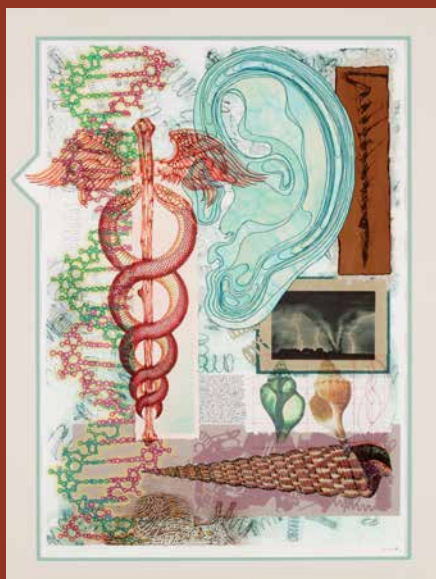


SANTA LUCÍA, FRANCISCO MORAZÁN, HONDURAS
Benjamin Linkous, Class of 2026

Ben Linkous is a second-year medical student at the FSU College of Medicine. His passions include backpacking, camping, and exploring the outdoors with his friends and family.



PORT OF HVAR
Madeleine Keenan, Class of 2026



On the Back Cover

HELIX

Teresa Reaver

Teresa Reaver received an early education in the arts with a focus on the mechanical and technical skills of draftsmanship, metals fabrication and constructive design. Each of her pieces offers a history, a memory, or a story which unfolds through its material composition and attention to detail.

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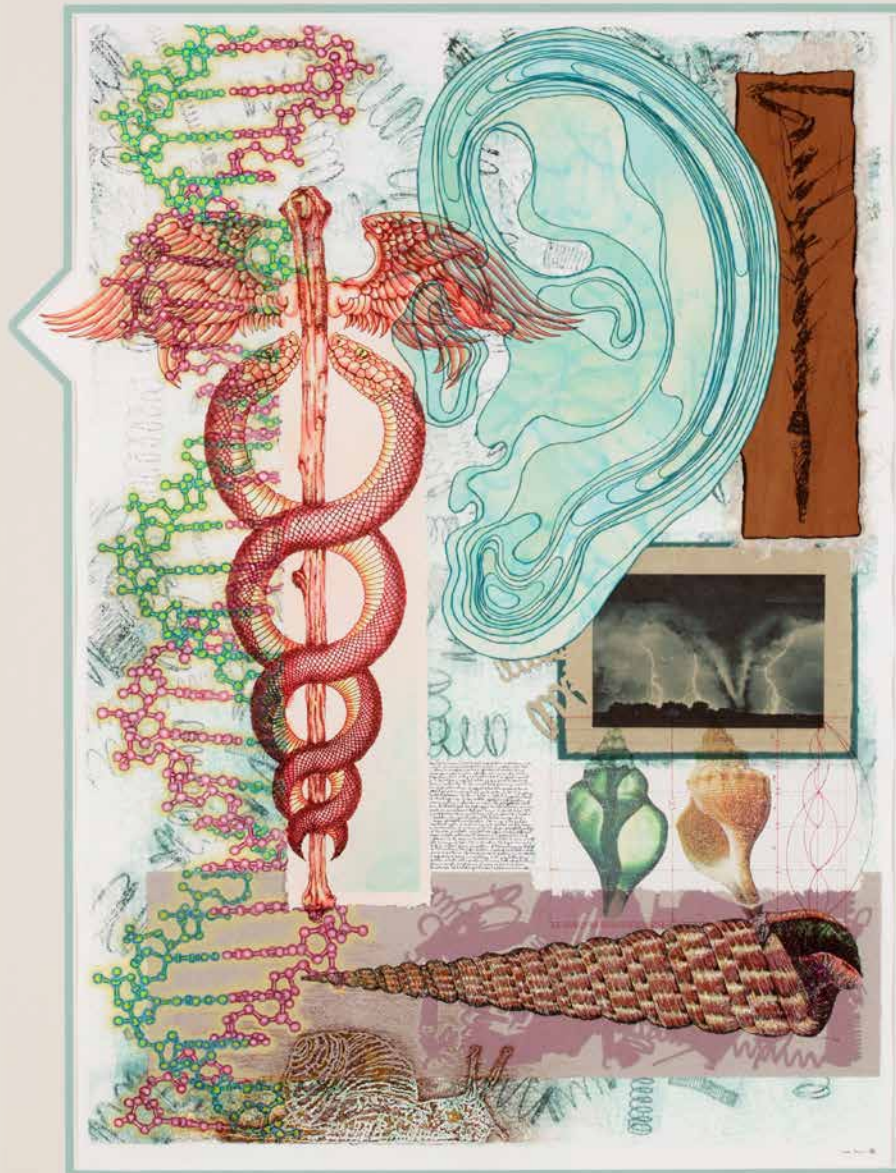
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