

THE HUMAN TOUCH



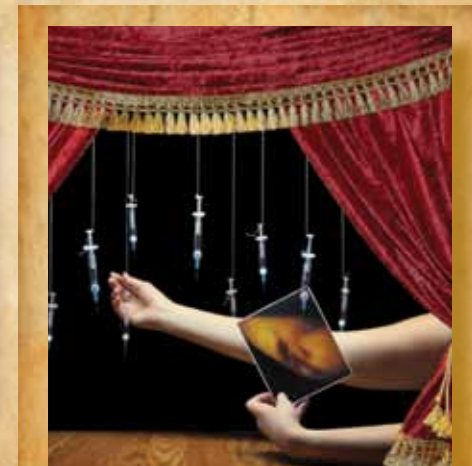
# THE HUMAN TOUCH

JOURNAL OF POETRY, PROSE & PHOTOGRAPHY

UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

ART DOES NOT  
REPRODUCE  
WHAT IS VISIBLE;  
IT MAKES THINGS  
VISIBLE.  
- PAUL KLEE

2010 :: VOLUME 3





# *The Human Touch*

JOURNAL OF POETRY, PROSE & PHOTOGRAPHS

UNIVERSITY OF COLORADO  
ANSCHUTZ MEDICAL CAMPUS

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*2010*

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# *The Human Touch*

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**VOLUME 3 • 2010**

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# *Preface*

## **VOLUME 3 • 2010**

You have opened *The Human Touch* 2010 – volume 3 in this series. This is an annual anthology of prose, poetry, graphic art and photography, contributed by the students, staff, faculty, alumni and friends of The University of Colorado, Anschutz Medical Campus (AMC).

This journal is a product of our medical humanities program, which is about nine years old, and is now renamed **THE ARTS AND HUMANITIES IN HEALTHCARE PROGRAM**. It is now under the very capable leadership of Therese (“Tess”) Jones, Ph.D., a recognized scholar in the field.

**THE HUMAN TOUCH** has been created by the tireless efforts of Lauren May, a fourth year medical student, and her editorial colleagues Michele Loi, Shinjiro Kamaya, Jennifer Cooper, Laura Katers, Lynne Fox, Anjali Dhurandhar, Christina Crumpecker, and Shawn Stone.

**THE HUMAN TOUCH** is designed to emphasize the “humanistic aspects” of health and disease, medicine and the arts, and the human condition.

Henry N. Claman, M.D.

# *Acknowledgements...*

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Acknowledgments...

Dr. Henry Claman for his unwavering dedication, enthusiasm, and commitment to creating a Humanities program on our campus.

Chancellor M. Roy Wilson and Dean and Vice-Chancellor Richard D. Krugman for their support of the Arts and Humanities.

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Crystal Hatch for once again designing such a creative and striking layout.

Bill Daley and company of Light-Speed Color, LLC for their terrific work assembling and printing the journal.

We would especially like to thank all of the previous editors of *The Human Touch* 2008 and 2009, along with the superb editorial staff that contributed to this edition.

Thank You!

2010

# *A student's journey in delivering bad news*

JENNIFER BISHOP

My pager goes off, my eyes snap open and I lift my head off my desk in the workroom. Blurry eyed I dial the extension. It's the usual one liner from my residents, "Go see Mr. L, a seventy-three year old gentleman complaining of chest pain." I think to myself, "Great its 10:30pm and I am exhausted and it's another rule out MI." I gather my heavy coat, pockets overflowing, and embarrassingly note the stained collar from days of hard work and no laundry. I tuck it under and hope nobody notices. What day is it? I stumble down to bed five in the ED on tired feet with my stethoscope hanging around my neck which aches from supporting a tired and heavy head. I pause and take a deep breath. Remember Jen, this is someone's Grandpa. I pull the curtain back and with a gentle smile introduce myself to a teary eyed daughter. Looking back now, I won't forget those eyes. They remind me too much of my aunt.

Mr. L looks at me with a big bright smile and asks, "Who is the pretty lady?" I look behind me not thinking that he could have meant me in my dirty scrubs. He laughs to himself and reaches for his daughter's hand and closes his eyes on the bed. "Oh Daddy, such a jokester," she laughs, but there is uneasiness in her voice. I begin to ask questions to Mr. L and quickly realize that his dementia prohibits him from articulating his feelings. His daughter takes control. I have a feeling this is how things work in this family. Not much different from my own family actually.

I hear the story. A guilty daughter explains she did not want to upset the family vacation. She just felt like the pain was his usual complaint and did not think anything of it. He always says his chest and back hurt, but the doctors had dismissed it within the milieu of his dementia. If you look at Mr. L, he is happy as can be with his hand in his daughter's. I move on to the Past Medical History and find out he had some prostate problem but she says it was taken care of. After the battery of questions, I let her know we are going to do a full work-up for a heart attack, and a chest x-ray for pneumonia and admit him to the hospital to observe overnight. She is scared. I can see the fear in her eyes. "Please don't worry Christy, he is in the right place," I assure her. Her shoulders relax as if a heavy weight has just been lifted.

The next morning I review the labs. No EKG changes, no bump in troponins. I look at the chest x-ray. Right lower lobe pneumonia, but then I stop in my tracks. "Potential spinal lesion, spinal series needed for more information." Wait?! The history pops into my mind; something with his prostate, he always complains of pain in his chest and back. We order a PSA. In the meantime, we tell the family, we need more films and we just want to be sure we cover our *basis*. We start antibiotics and I pray it is not what I think it might be. Mr. L has a fitful night in the hospital without his wife by his side.

His wife, Becky, is sweet with her smiles, but has large bags under her eyes from the relentless task of caring for an ailing husband. When asked, she is adamant that it is a privilege, but there is no hiding her exhaustion. Before I get a moment with Becky, the family piles into the room, crawling on top of one another. Christy takes control as lead and walks me through the

# *A student's journey in delivering bad news*

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## **CONTINUED...**

series of questions. Becky just smiles graciously and says its best to just defer to the kids. I exit the room and back to the computer. I open the labs, and there it is. Even though I was preparing myself for the past two days, I still have a lump in my throat that feels like its pressing on my esophagus. I cannot swallow. PSA 212, it is clear: metastatic prostate cancer in an already poorly functional patient. The prognosis is grave. I page my resident and deliver the news. He speaks with our attending and we decide to plan a family meeting.

I have spent the last three days with this family, but I feel like I have known them for years. They are just one of those families who love on everyone around them. I assured Christy everything was going to be all right, and now my team has identified me as the lead to deliver the news. How can I do this? What do I say?

The family cannot come in until six-thirty, and I have a birthday party for my best friend at seven. I go home to shower and dress for my party before returning for the meeting. My mind is racing as I'm driving home. I keep thinking of Christy's eyes and how they remind me of my aunt. I make a game plan: deliver the news, provide options, maintain hope. I hop in the shower and let the tears fall as I wash the soap off my face. I wonder what about this family makes things so difficult. I apply double mascara. It's a trick I play on myself to keep me from

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OLD MAN :: FARRAH JOBLING

# *A student's journey in delivering bad news*

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## **CONTINUED...**

crying, and jump back in my car and back to the hospital.

I enter the room at the hospital and everyone has their eyes on me. It feels like Mr. L's son is peering into my heart, searching for any sign of what is to come. I plan my words carefully, I set my pace slowly, I deliver the news and then I wait. It seems like a millennium when I pause. I finally get the courage to look at Christy and I watch her crumble, just like I had imagined. First her eyes glaze over in tears, and then I see the determination in her face as she tries to hold it together. I see her gulp like she is trying to swallow the devastation, to keep it from making its way up to her eyes so that the tears won't tumble down her cheeks. She is a fighter, I can tell. But then, the pressure in her chest is just too great, and the tears begin to stream down her face. Her eyes are pleading with mine, "Please just take it back and tell me things are going to be okay." But the truth is, they won't. This family has been changed. I try not to give too much information. I assure them that Mr. L is safe to go home. The family can spend time thinking and then return to see the oncologist and make a plan. We sit together, and they cry. Mr. L just lies quietly in bed with the same smile on his face and an occasional concerned glance toward his daughter. We hug and I leave the room.



My heart is heavy; I hold back tears. I rush to my car and glance at my watch, seven forty-five, I'm late. I turn on the music loud in my car and head toward the restaurant. If the music is loud enough, maybe I won't have to think about the weight that has been placed on Mr. L and his family. I feel the lump building in my throat. Double mascara works; it gives me the strength to hold back the tears from falling and streaking my face. I park and jump out of the car and into the restaurant. All my best college friends are at the bar. Everyone's smiling. They hand me a margarita and cheers to celebrate the birthday girl. I take a sip, plaster a smile on my face and try to forget what just happened. Kimmy turns to me and says. "You're late—busy day?" I just shrug, and smile, "Yeah no big deal—sorry birthday girl." She turns to chatter with another friend at the bar. No use explaining, it would just ruin the mood. I take another drink and turn to a friend to compliment her sassy new haircut. The truth is, it is a big deal, but who wants to hear about cancer on a Friday night out on the town. ○○○

2010

# *Assignment*

COLLEEN BERDING

Here's how the story goes;  
At least on my side of the fence.  
You are assigned to me at the beginning—  
Name, room, diagnosis.  
You have a story,  
On paper...that H&P.  
It's supposed to tell me everything medically significant about you,  
But sometimes it doesn't.  
It tells me your leg is gone,  
Or it tells me your heart is weak.  
It tells a story of your family—the mother who died of a stroke,  
The father who's still climbing hills at 80;  
The siblings who never see you.  
It's a story I have to remember,  
My map to taking care of you...at least, to start.  
Sometimes, the map starts in Topeka and you're already  
In Kansas City.  
I come in to see you, girded with my information,  
Ready to greet the person I've only met on paper.  
  
In time, you stay with us.  
You are a "usual suspect";  
A character I've seen before;  
Over, over and over again.

I learn your habits:

"One third cup of ice, please."

"Cover my arm."

"Would you open my candy?"

I know you as more than a diagnosis on paper.

You are at times neurotic.

Persnickety.

Downright funny.

Eventually, you go home

And I just might see you—

On the street or when you come back to say hello.

I remember your face,

Even if your name comes slowly.

You talk to me and I remember more...

That ice, that arm, that candy.

And I know you're not a "paper patient" anymore.

You're real. ○○○

# *Can we name her?*

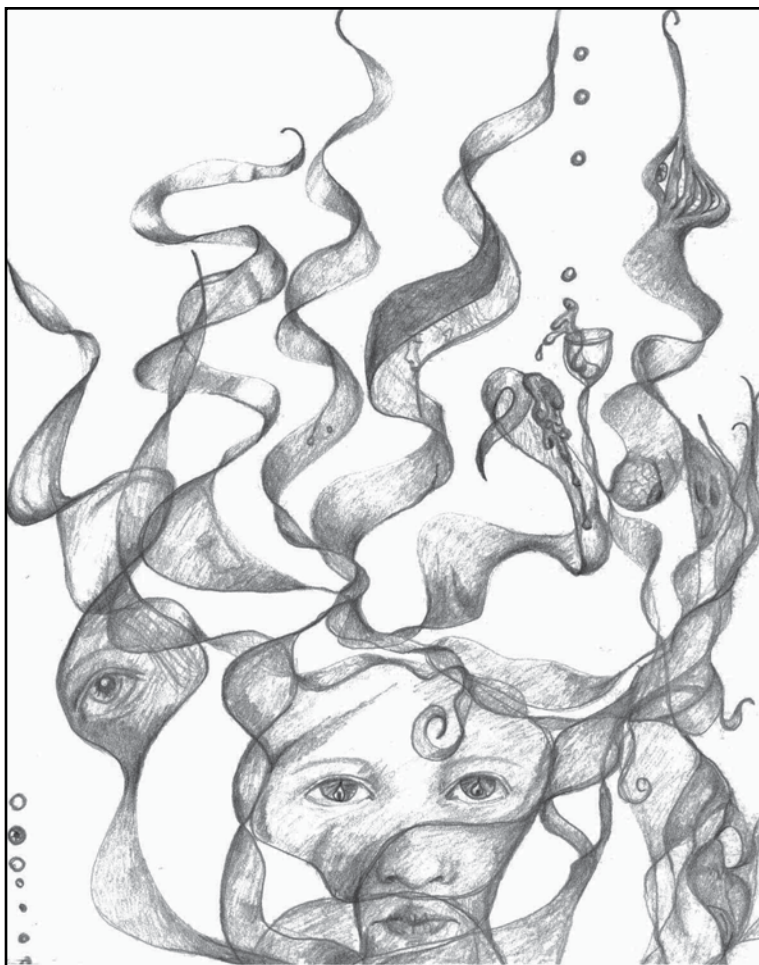
LISA GILL

The induction of labor had carried on for forty-eight hours when I sat at board rounds. My intern was nowhere in sight, and someone let me know that the lengthy labor was at an end and Mrs. T was ready to push. I remember running down the hall, feeling strongly this was where I was supposed to be. My first vaginal delivery.

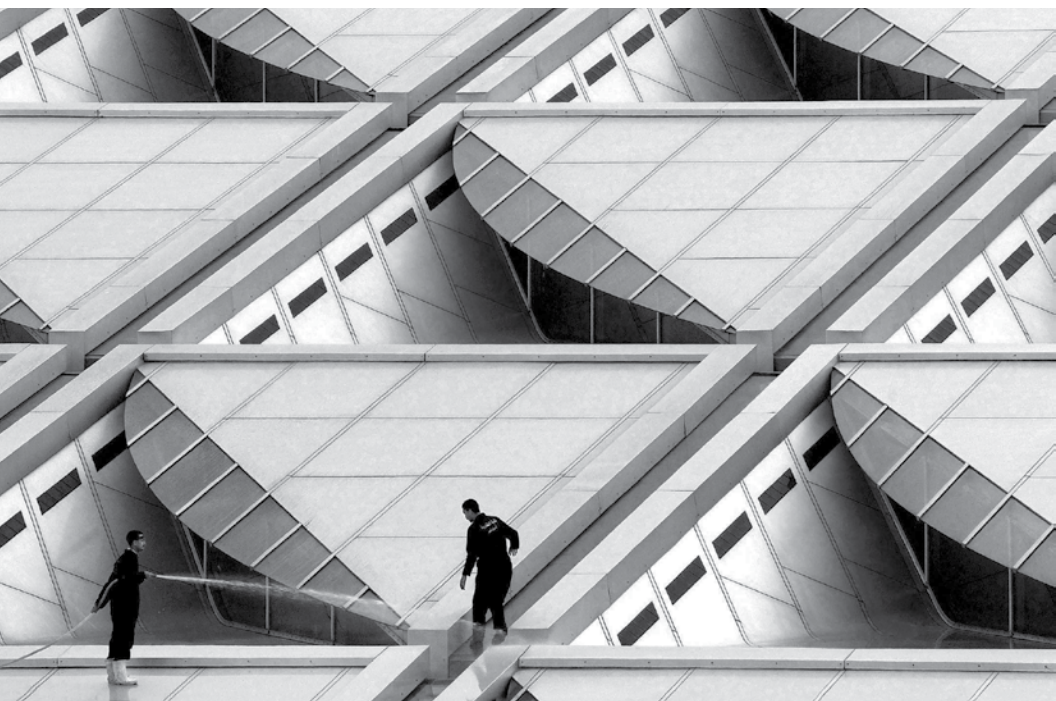
But it wasn't to be a normal delivery. Mrs. T had come in two days ago to triage at thirty-two weeks. Her ultrasound showed a baby with severe hydrops, edema so bad that waiting much longer to deliver would only make the delivery more difficult. The baby had little chance of survival regardless of how long the pregnancy was allowed to continue. The parents, who spoke only Vietnamese, spoke with the fellow for hours before the understanding started to show. Their child would not live; mom's health was at risk if delivery was postponed. They would induce. And so for two days they would walk the halls, without pain relief, to deliver their first child, a daughter.

When I reached their room my intern calmly asked if I really wanted to be there. I agreed that I did. I had been taking care of this family since they came in, and I wouldn't feel right if I left them now. I gowned and gloved, and for some time only myself and the intern were there. Slowly, as rounds were finished and the baby was imminent, the room filled to capacity. Every OB

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**ALGAE :: ANJALI DHURANDHAR**



**LIBRARY ROOF, ALEXANDRIA, EGYPT :: OSWALD PFENNINGER**

# *Can we name her?*

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## **CONTINUED...**

resident, attending, student, pediatric fellow, found their way into the room. Fetal hydrops is not common; this is quite a learning experience.

The delivery was nothing like what I had expected. When she was born there was no crying, not from the baby. She was hurried to the pediatricians. I saw her only briefly, but for weeks to come I saw her again and again whenever I closed my eyes. My first baby. The saddest thing I'd ever seen.

I couldn't keep the tears out of my eyes as the pediatricians intubated and compressed; trying desperately to keep fluid out of her lungs. They tried to make a miracle.

Twenty minutes later, though, it was clear that there wouldn't be a miracle today. She hadn't made it. She was swaddled and wrapped as any other infant headed for the nursery. She was brought to mom and dad, who waited to hold her just once. Quietly, everyone wept. The pediatricians quietly left the room, holding each other for support. I stayed with my intern as the placenta delivered and the lacerations were repaired. We stayed as the family cried together, trying to stay quiet and small, to give them their moment together, as alone as they could have it.

## *Can we name her?*

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### **CONTINUED...**

Out of their quiet moment, as the instruments were being put away and the drapes taken down, came a question. The English was broken, but the question was clear: "Can we name her?"

"Of course," my intern said, "I think that you should."

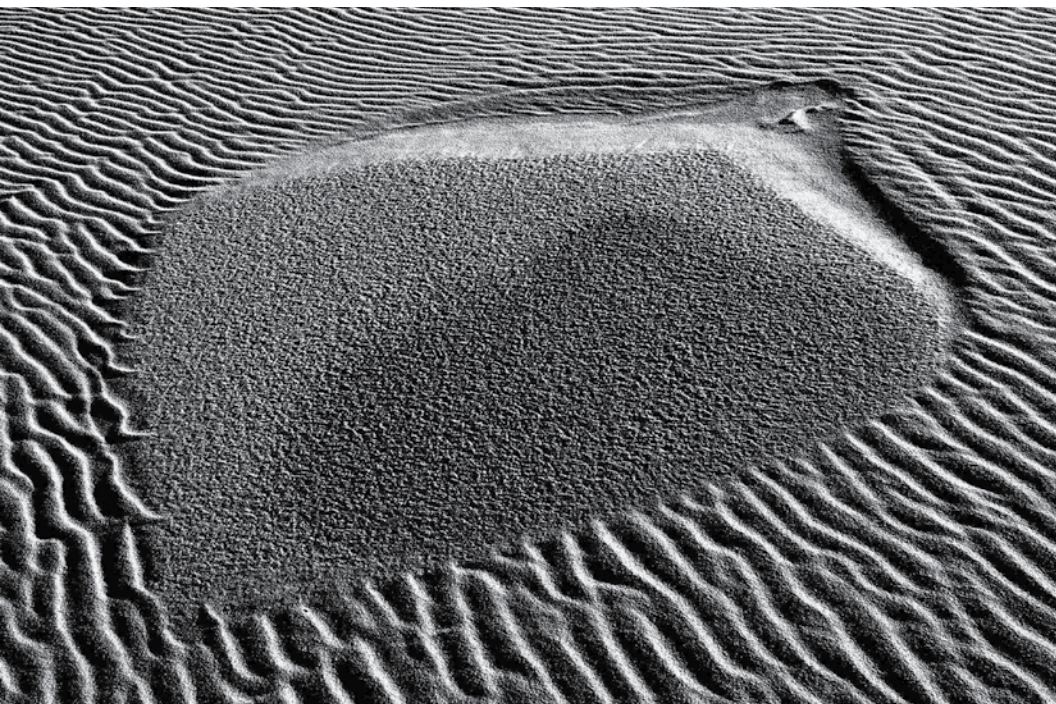
I felt like a voyeur watching this tender moment. My mask still covered my face and it was as if I was watching from behind a two-way mirror. Such a small comfort, but one the family needed so desperately. I couldn't imagine a time when a physician could have made more of a difference than she did for that family. In such a terrible moment there was so much compassion.

In the week to come, so many happy deliveries came through that floor. And every happy delivery confirmed just how great this career could be. But I'll never forget that day when I learned what it was to be truly needed. From surviving the lowest low I could imagine, I found new meaning in my future work, and I'll be forever grateful for the lesson.

I never found out her name. But, somehow, knowing she has one makes me feel better. I know this moment changed me forever. At that moment I knew what I would do with my life.

○○○





SAND DUNE DETAIL :: OSWALD PFENNINGER

# *Chest pains*

JAMES S. WILK

She woke from fitful sleep with pain  
deep between breastbone and backbone,

as if a balloon stretched and groaned inside,  
filled with the tears of mistresses the world over;

breathless and gripped, as if his arms still wound  
python-like around her ribs, making love.

The ambulance doors splayed apart and delivered  
her headfirst to Immaculate Heart of Mary Hospital,

where she was gowned and wired, taped,  
and thumped, auscultated and X-rayed,

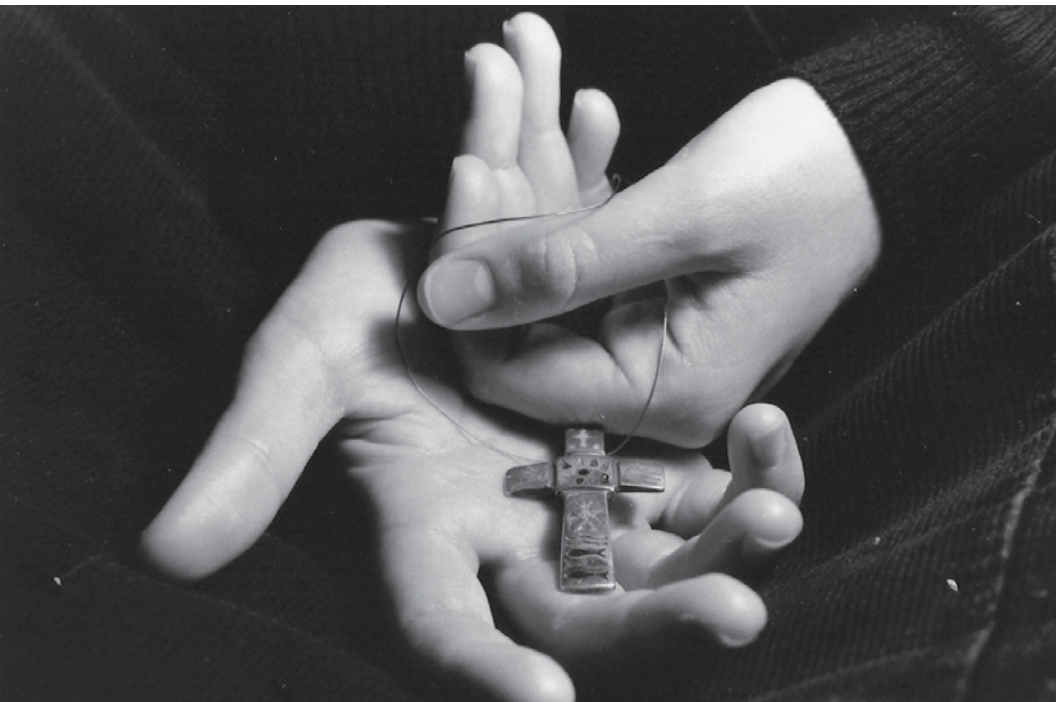
until after two days they sent her out the door,  
carrying only the diagnosis of hiatal hernia.

It was common, the intern said, for the hole  
in the diaphragm to get stretched open

and that her pain arose from this rend in the diaphragm,  
that structure Hippocrates calls the phren,

a word that Homer uses four hundred times  
to mean soul, spirit, heart and mind. ○○○

*This poem first appeared in The Oak Bend Review*



EMBRACING FAITH :: ELIZABETH HARMON

# *Don't drop the baby*

JEUNESSE GRENOBLE

10:30pm. Returning to the Pediatric workroom after checking on a patient, there was suddenly a heightened sense of energy in the room. The resident hung up the phone, catching my eye as I walked in. She pulled an extra pair of green scrubs out of her bag. "Here, put these on," she said. "They need extra hands upstairs—thirty-three week twins are about to be born." I rushed off to change and then joined the resident and intern to hurry up the stairs. As we walked, the resident briskly explained what was about to take place. Should we have to do chest compressions, it was "push, push, push, breathe... push, push, push, breathe." Then there was something about intubation, tapping out the heartbeat, at what pressure the oxygen should be set, Apgar scores... I glanced at the intern, hoping she was more prepared than I was, hoping she knew what the resident was actually talking about. "Can you catch the baby?" the resident suddenly asked me. "They will put a drape over your arms to catch it. Do whatever you have to do to keep it in your arms. These babies can be slippery, so if you have to grab a leg or a head or whatever, just do what you need to do not to drop it." She looked at me. "Don't Drop the Baby." Giddy and terrified at the importance of my task, I nodded agreement. I would catch it.

At the door to the OR, we pulled on booties over our shoes, as if we might go moonwalking. We tucked our hair under

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A WALK THROUGH THE OAK FOREST :: GAMINI SIRIWARDANA



LEATHER TANNERIES :: JENNIFER WITT

# *Fez, Morocco*





SCHOOL OF DENTISTRY SUNSET :: DAVID WEIL



SNOW IN IDAHO :: LAUREN MAY



# *Don't drop the baby*

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## **CONTINUED . . .**

netted caps, and tied yellow masks, complete with clear plastic eye covers, around our heads. Blue latex gloves were the final touch. We entered the OR, covered head to toe, as if ready for combat. White lights and white walls peered down on a Betadine—yellowed abdomen. The soon-to-be mother lay on the operating table, belly up, covered with sterile drapes from the waist down. Nurses and physicians, all dressed in the standard blue and green, bustled around the room arranging equipment, drapes, and surgical instruments. The mother's head disappeared behind a sterile blue drape strung between IV poles. I hurried out of the way to allow the entrance of the operating team. Freshly scrubbed in, they held bare forearms at perfect 45-degree angles, water dripping cleanly off their elbows without contaminating their hands. Someone handed them each a sterile towel and began the careful process of tying them into their papery blue sterile gowns.

Moments later a nurse asked, "Who is catching Baby B?" I realized I was that person. I held out my arms as the nurse carefully covered my arms and chest in a sterile blue drape that fastened around my neck. She motioned for me to stand to one side of the operating table. I stood with my arms in front of me, like a pilgrim holding an offering, silent and humbled by the profundity of what was unfolding before me. I stood there,

# *Don't drop the baby*

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## **CONTINUED...**

praying that I was up to the task, praying that I would not drop the baby. Suddenly, the nurse motioned me forward; there was a pause in the surgical bustling at the table; the doctor turned, and into my arms went a tiny, reddish-blue baby, squirming and crying and covered in bits of white, like a lint-covered shirt pulled from the drier. A jelly white cord protruded from his abdomen. For a moment, the universe stood still. Then, as quickly, and as carefully as I could, I walked the six steps from the operating table to the warming bed and placed the baby under the lamps. The pediatricians took over, rubbing and stimulating the baby to ensure normal perfusion. I stood there in awe. I had just received a baby, in its first shocking moments of life. What did life have in store for this baby? I looked at him on the table, crying and turning a reassuring shade of pink, no chest compressions required. My stomach began to un-knot, and I thought to myself, I did it. I didn't drop the baby. ○○○

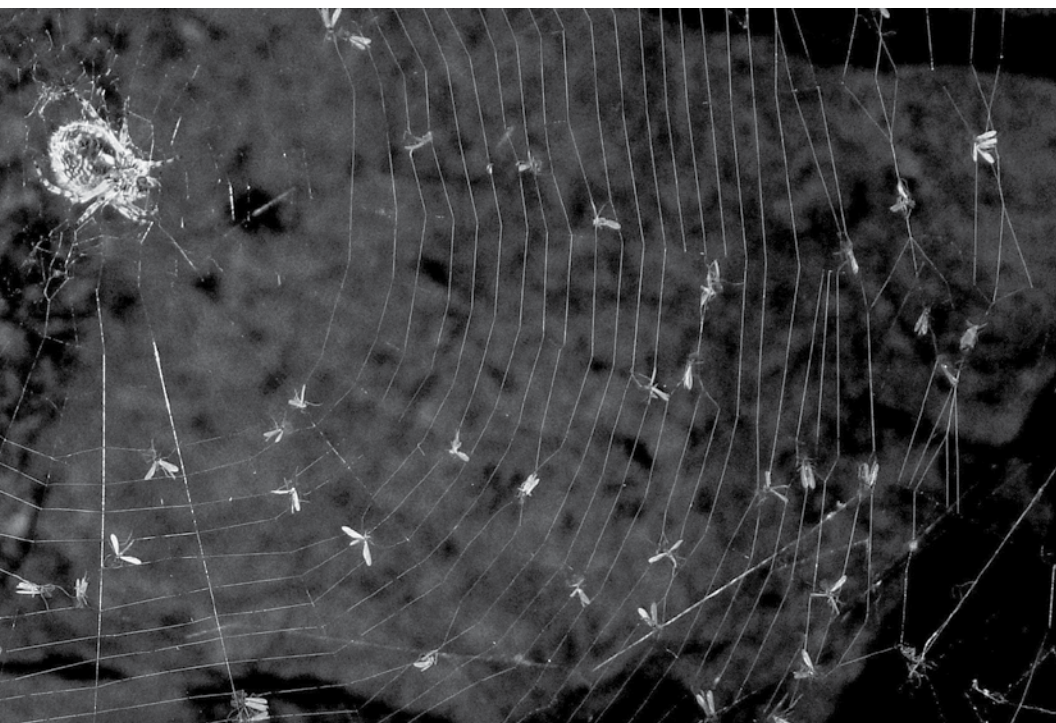
# *Doorstep drama*

LEN WHEELER

She was hitting me playfully about the head and shoulders with a folded newspaper. Its publication date was the month of May, 1950. Her name was Pam, and I felt certain she wanted me to kiss her. It was a vibrant spring evening, warm, cricket-enhanced, with gentle leaf movement provided by a soft, intermittent breeze. We were standing close together on her front doorstep after a movie. I was in the 11th grade, with a recently acquired driver's license. But I had never acquired the excitement of the kind of kiss for which I hungered.

Two previous dates had ended without receiving obvious "yes" signals. Adding to the difficulty, her parents' rules included a frequent ritual for that era: submission to a formal living room lookover, a let-us-see-who-our-daughter-will-be-out-with-tonight appraisal. Indeed, my mother had even home schooled me in our domestic boot camp in the ways of a gentleman: "Look them in the eye, Len, shake hands firmly, make small talk, and if you really want to win them over, ask them when they expect you to be home!" During their inspection, I felt more like a men's store mannequin than a real life human specimen. I wondered: was my hair combed right? I knew my fly was zipped. Was there dirt on my neck her father was looking at? He repeatedly tapped his unlit cigarette on the glass-covered coffee table during the drill. Rarely did he manage any smiles, forced or otherwise. During the ordeal, Pam grimaced and rolled her eyes upward. Eventually,

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CHARLOTTE :: JESSICA WARMACK

# *Doorstep drama*

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## CONTINUED...

the small talk ended with an overly cheerful ending from her mother: "Have a good time!" and we finally escaped.

However, her parents had devised a satanic obstruction to my evening's scheme: a firm rule Pam later disclosed with some embarrassment—she was forbidden to invite me in after our return.

Thus on the way home I had tinkered with an alternative strategy: I might try, "Why don't we stop here and take in the view?", feigning deeply flawed, see-through innocence. I would not mention that gauche word *park*. Alas, the plot would never come to fruition due to my ongoing, exasperating shyness.

So we arrived at her home on time, and stood on the front porch where there were thin but sturdy metal railings on both sides of the two-step brick landing to prevent an evening-ending descent over the edge, should the action progress to overly eager entwinement.

This spot was not, however, conducive for any such accomplishment: her noxious parents had turned on a powerful overhead floodlight. I wondered: had they taken it from a local Boston Harbor lighthouse?

I was intensely nervous and distracted... maybe her parents were looking out a nearby window! When were those occasional

# *Doorstep drama*

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## **CONTINUED...**

cars going to stop coming down this otherwise quiet, suburban, tree-lined street, surely all with their high beams searchingly on? Was this morphing into the Massachusetts Turnpike? One teen-occupied convertible had even slowed, tapped the horn and cheered as they drove slowly past: had they detected my blush? In addition, nature provided pesky squadrons of moths, attracted by the stunning brightness of the home's come-hither ocean beacon. Had they been trained by Pam's parents to hinder eager youth pushing boundaries for new thrills?

My awkwardness scale crept ever higher. It was hard to concentrate on our hesitant, disjointed conversation. Multiple preoccupations flooded me. What if I lean on the doorbell by mistake? Which way do you bend your head at the crucial moment? When do I close my eyes? Is my breath OK? Do I smell bad? What if I miss her lips and kiss her nostrils?

Thankfully, Pam's friendly, inviting newspaper taps kept coming, as well as a profusion of other unmistakable indicators...

At last the mutual mission was accomplished. My aim was right, our arms encircled, our lips met, followed by titanic smiles.

Triumphant, boundlessly happy, I drove home, wondering: Who kissed whom?

Not that it mattered. ○○○

# *Home phone*

CHRISTINA CRUMPECKER

My father calls my mother on his cell phone, wanting to know what's for dinner. He is standing in the front yard and she is at the kitchen sink, waving and smiling through the window. My parents have made the leap to cell phones, skipping several technological revolutions, right from the 1950s-era, rotary-dial phone, the size and weight of a bowling ball, that still sits on its haunches in the living room. When my sister and I were growing up, this phone was just old, but now it's vintage and we argue about who should inherit it. My father shoves the phone into a corner and tells us to stay away from his antiques. My father's cell phone is small enough to conceal in his palm and has a screen and buttons so tiny that he has to find his reading glasses to make a call. This is a man who would not trouble the doctor on Sunday to see about his broken leg, now pacing a grocery aisle, dialing my mother, shouting into the phone about tangelos and clementines. This is a man who ran his own business for years, who disciplined two unruly daughters, now sliding the phone across the breakfast table for my consultation. He has somehow activated a ringtone of jungle noises that sounds positively pornographic and cannot undo the damage. He twists a napkin in his hands, rough, hard-laboring hands with fingers so calloused I wonder how he dials. He tells me he has to push the buttons with the tip of his pen or a paperclip. My father's shoulders slump. He moves eggs and cantaloupe rind around on

# *Home phone*

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## **CONTINUED...**

his plate, frowning a little. I slide the phone back to him and go to the living room, circling my fingers around the numbers on the old phone. When my father's cell rings, it is with the jangle of an old telephone bell, a ringtone called "Old-Fashioned." My father answers, laughing, tells me it sounds just like a real phone. We chat for a few minutes, pretending like we are more than a few feet away. Okay, my father says, I'm hanging up now. He asks, softly, will I call him again? ○○○



# *Maintaining optimism*

SARA WARZECKA

I look down into the bloody cavity that was this woman's abdomen.

"Only positive attitudes are allowed in the OR," she had told me before they laid her down into fitful slumber.

I am probably the only person in the operating room naïve enough to still be positive as her liters of ascites roll over the blue towels to crumble like a breaking wave over my feet. Her omentum fills the whole of her abdomen. It looked something like a cross between an alien pimple and a mass of octopus tentacles – slimy, vibrant, and alive. And it was mesmerizing. They called it an omental cake.

I don't know why so much pathological anatomy is named after food, but I can only assume that it is because it is found when surgeons have been standing, baking and roasting in their own juices under the brilliantly false OR lights – when the surgeons have been there for hours and find themselves starving. But I am not hungry and I cannot imagine cake as I stare into this woman's abdomen. We of Gyn-Oncology are here to "debulk" her massive tumor and remove the ovary that we assume was the source.

Her surgeon whistles and it takes me a moment to discern the noise from the numerous beeps and clicks of machinery whirring around us. "We're not going to be able to get most of this. So let's just take what we can," he says.

# *Maintaining optimism*

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## **CONTINUED...**

I had felt her belly before the surgery while she was unconscious—felt the distension and the textbook fluid wave from the pressure of my fingers washing across her stomach. I had stuck my greased and gloved fingers in her vagina and with the other hand felt on her abdomen. It was hard to feel the difference between what would turn out to be her omental cake and what was her grapefruit sized ovary. More food that this poor woman would never be able to digest.

“Sara, tell me her risk factors for ovarian cancer,” the surgeon demands as he runs his hands inside and along the edges of her abdominal cavity.

I stumble, suddenly feeling very small in the large white room as I stood between the patient’s legs draped in blue with the surgeon to my left and the resident to my right. I had only had the chance to introduce myself to the patient a minute or two before she was swept away to surgery and I had not known about her earlier in the day. I will not know her full story until the next day.

Impatiently, he answers his own question, “She has a female partner so she has never been pregnant and has also never used OCPs. She has never had a break in ovulation, so her ovaries have been in overdrive.”

I didn't know that—any of it. I had looked right at the woman her age in the pre-op area next to her parents and assumed that this woman was her sister. I suddenly feel very sad that I had not done a better job of showing support for the both of them. I feel overwhelmed as I realized that her body is punishing her for lifestyle choices that I imagine had already caused much hardship.

I continue to stare at the cake as the resident holds up an edge and the surgeon begins to cut and ligate. Suddenly there is pressure and my hand is being pulled.

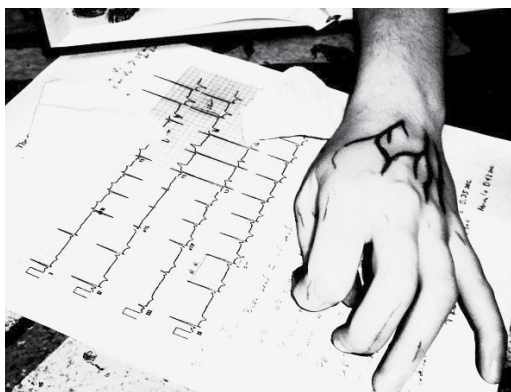
"Hold here," he says and places my hand firmly on the edge of the omentum.

"No, don't pull. The superior aspect is connected to the spleen and if you pull too hard you could detach it." I always find it interesting the pronouns used in medicine. The patient. The spleen. The omental cake. The cake. Never any possessives. I'm sure the patient would prefer it was not her cancer but we cannot wish it away by dissociation.

I stare into her abdominal cavity—sorting through the dots of metastasis on her intestines as I hold firm pressure on the omentum, feeling the rubbery cancer underneath my fingers. Waiting for the pimple-like lesions to pop, the corral-like tentacles to shoot out ink, I continue to hold pressure. I continue to stay positive. Her tumor is everywhere. Only positive attitudes allowed in the OR. I have to stay positive.

Despite the layers of sterile blue gown draped over me that wrap around and around until I am restricted and choking on my

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**THE HAND AT WORK :: LEIGH CLANTON**

# *Maintaining optimism*

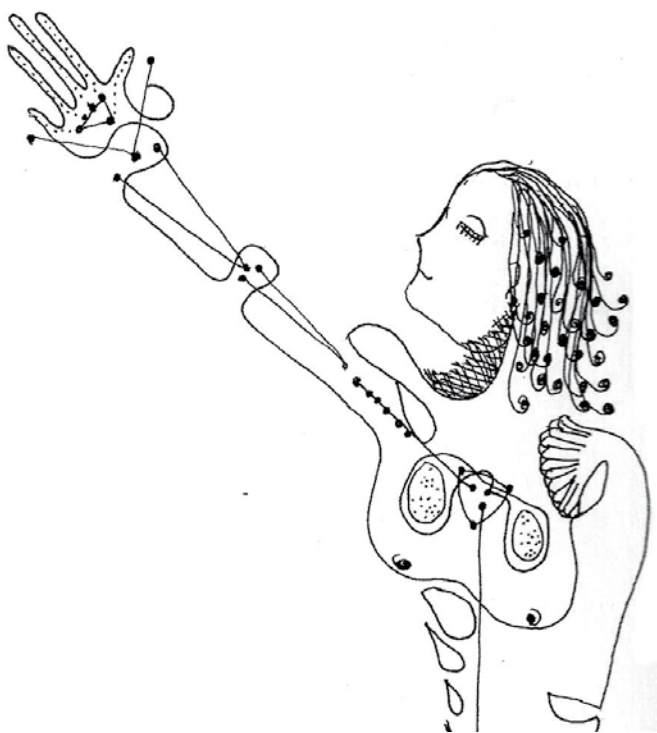
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## **CONTINUED...**

own sweat, there are only two layers of latex between my fingertips and her quickly congealing blood. I glance down at my hands through the plastic mask covering my face. I roll the dark red gelatin between my thumb and index finger. Trying slowly to squash the lifeless plasma, it squirms out from the space between my fingers to drop onto the towels below me. I hold the bucket that the surgeon and resident are continuously throwing blood clots into without aim. I must move quickly to keep up with the amount of blood being thrown at me. The three pairs of hands that started off white and sterile are now soiled.

"I know she thought this would be a curative surgery but that's just not possible with such extensive involvement." But we knew that from her CT scan and I wonder why the surgeon hadn't told her with more honesty that her tumor was too far spread – that her prognosis would not be good no matter what he managed to cut out. Without that knowledge, she had managed to stay positive. I hope that perhaps her surgeon had not wished to rob her of the positivity. Perhaps, if this woman will end up dying no matter what we do – as all people (whether patients or not) must eventually do – perhaps it is not our place to take that last bit of hope away from her. If her body is able to stay strong and fight harder because she willed it so, because she was so positive before surgery, I should have no reason to work against that or against her.

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DRAWING 4 :: LYDIA HOOPER

# *Maintaining optimism*

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## **CONTINUED...**

The chief resident for our service walks in, as she often does to check on us, looks around, and peers over my sterile shoulder into the surgical field. She says, "Wow, that looks really awful," and following a short silence, proceeds to walk out the door again. I find it interesting that the qualifier "really" is necessary, as if the word "awful" isn't bad enough alone. But both words hang ominously in the air, circling over the operating table, and looking down on the patient they have been attached to.

Now all OB-GYNs seem to be especially superstitious, no matter their individual form of practice, and the surgeon across the table from me is no exception. He curses his resident and voices loudly the opinion that she had better come back to undo her bad karma. She had better have something positive to say.

I have heard of studies that looked at the effects of intra-operative conversation on recovery. Negative discussions were associated with longer hospital stays and longer recovery. Beneath the layers of anesthesia, I wonder if she can hear what we are saying.

You just have to stay positive for me. Only positive attitudes are allowed in the OR.

"That's my only job," I told her, awkwardly smiling, not certain at that moment if I believed it or not.

# *Maintaining optimism*

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## **CONTINUED...**

Here before me lies a woman who must have been fighting her whole life, now paralyzed, unable to speak or move or breathe for herself. When she can no longer fight, we must do so for her. Facing this belly full of cake, I have no choice because she has none. And so, continuing my staring contest with that enormous cake with all its engorged veins and pustules, I pour my positive thoughts into this source of so much destructive energy. I push against it with every ounce of positive energy the hospital and all its sadness has yet to beat out of me. Planting my feet firm against that coldly sterile floor, I brace myself to throw every optimistic thought in my head into her abdomen until I feel the fight is as much hers as mine.

I stay positive when they can't extubate her and she has to spend Thanksgiving in the SICU; when during her intubation I can only ask her partner how she is doing and the only communication we have is her eyes telling me she is giving up; when they tell her they aren't expecting her to be able to tolerate any food because of the extensive cancer on her bowels; when we find out she has an exceedingly rare tumor most of the doctors have never seen before...

And when she leaves the hospital up and walking two weeks later and tells me she will fight with every last breath, I believe her.

○○○



# *Not my best moment*

DAVID TARULLO

I don't mean to paint the VA patient population in broad strokes, but I was admittedly surprised when I called my patient back and he turned out to be younger than I was. I'll call him Saul. One of the jobs of my clinic was to set veterans up with primary care, and Saul had just been discharged from his second term in Iraq and was trying to reassemble some semblance of a normal life. Medically he had nothing wrong with him, and the physical exam turned up no surprises. Because Saul was new to the VA system, the template had blanks for social information as well, and as a dutiful student doctor, I launch right into these.

"Do you drink alcohol?" I say, while still typing in the results from the physical exam: WNL, WNL, WNL.

Nothing right away. And so I look at him, my hands still typing. "Yesssss." That last S more of a sigh than anything else. Now I stop typing.

"Uh, how much do you drink?" My memory dredges up some tidbit about how you should overstate things like this, in order to make the patient feel like they can be honest with you. "Like, a six-pack per day?" This seems like a lot of alcohol to me, at least.

"More like, um... a case of beers every night." I don't drink

# *"Not my best moment"*

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## CONTINUED...

beer, so I don't know how many beers are in one case, but I assume it's more than six. Saul saves me from saying anything naïve, however, because he adds "And that's before I go out drinking with my friends."

Pre-drink drinks? But instead, I say "So, how much total each day, do you think?" I try to concoct the right facial expression, a strange mixture of detached empathy combined with fraternal curiosity with no trace of condescension or preachiness. A guy like Saul might respond to that kind of face, right?

"Well, probably..." up until this point, Saul had not met my eye, but here he glances up and sees me looking at him. He must not have liked what he saw, because he quickly looked away and backpedaled. "You know what...? Um, actually, I don't go out drinking with friends."

Hm. "So you drink a case of beer each night home alone?"

Saul must have realized that this doesn't sound good either. "Well, most nights I get drunk alone, but two or three nights I do go out to the bar with my buddies afterwards."

"Why do you drink so much?" This last question not premeditated.

"Man, you'd drink too if you had seen...." Saul makes

fleeting eye contact with me again, shrugs, and then: "Whatever dude. I just really like beer."

Well, no, Saul didn't just really like beer. And over the next forty-five minutes – one of the benefits of being a medical student, it gives me an excuse to take longer – we managed to put together the story of what was really going on. Not only was Saul doing his best to murder his liver with ethanol, but he had just gotten pulled over for drunk driving a couple of towns away over a week before, with no memory of how he got there. He wasn't doing drugs, at least as far as he told me. Two or three times each week, he'd take home girls he met at the bar, have drunken sex with them, and never see them again.

"Do you use protection? Condoms?" I am not trying to artificially cobble together appropriate facial expressions anymore. Saul seems to answer with reticence no matter what I do.

"Seriously? I don't even remember how I get home; I don't even really know what happens. I just count them as my conquests."

"Any other risky sexual practices? Sex for money, unprotected sex with other men?" Mildly proud of myself now for asking tough questions. But, if I had previously thought that nothing I could say could make Saul trust me less, the look he shoots me now lets me know how wrong I was. Proudness evaporates. What to do next? Forget the smooth segue, VA note template to the rescue.

"Okay, um, this next part asks about symptoms of Post Traumatic Stress Disorder?" Did I really just read that straight off the template?

# *Not my best moment*

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## **CONTINUED...**

"No way, I don't have that stuff. There's no way."

"Well, uh, there's just a few questions here I need to ask anyway..." What happened to the hip young student doctor? Who is this stuttering novice? And where are all the nice old guys who just come in for their doxazosin refills? "...uh, do you ever feel stressed out, like you can't handle things?"

Silence for a beat. "I handle things fine."

"Do you ever have nightmares that wake you up, or that seem to happen during the day?"

"Not since I started drinking."

Now the silence is on my end.

A few more questions, a few more silences, and a few more barely mumbled answers. "PATIENT MEETS CRITERIA FOR PTSD," the computer tells me in blinking all capitals.

"They have some programs available to help guys in your situation to, uh, deal with these things. We could set something up?"

"No. Don't set anything up. If I need to talk to anyone, I'll talk to my buddies, they were there with me and they know what I'm talking about."

"The same buddies that take you out drinking?"

"Could we finish up here? My friend's waiting outside to drive me to my court date."

There's not much else to report on after this. The attending comes in, does some lecturing to the both of us, sets up mental health visits anyway, and then they both leave. I can't help but feel like Saul had been failed somehow, mostly by me. Or had he? Despite my ineptitude, at the end of the day, it seems like he ended up sharing more than he might have otherwise. That's something, at least. I pull up the next patient's record on the computer. BPH. Perfect. ○○○

# *Once upon a time...*

DIANNA UNITT

Once upon a time, my grandmother had an abnormal mammogram. She was 86; she died at 87.

Once upon a time, my mother had an abnormal mammogram. She was 54; she died at 57.

Once upon a time, I had an abnormal mammogram. I was 54...

My husband, my sons, my grandchildren, my grandmother and my mother—all reasons for my decision. There will be no more tests, no more biopsies, no more agonizing—waiting for results; no more choices to face, no more choices to make. No more anxiety about my fate.

I take control of my destiny and eliminate the source. Bilateral mastectomies. So much fear and pain and discomfort. So many drainage tubes and incisions. Then I realized that the image facing me in the mirror is me and is real.

But then it was all over.

Once upon a time, I had an abnormal mammogram. I was 54; I will be alive at 57. ○○○

# *Patient teaches the art of medicine*

LAURA STURGESS

Mrs. Palmer was a sixty-five year old woman with hypertension, hypercholesterolemia, and obesity who had more to teach me than about her chronic disease. During medical students' education, we see thousands of patients, all who become our teachers. Every single one has something unique to teach, the challenge is recognizing each lesson and appreciating it. Medical school is so focused on mastering clinical knowledge that often we forget about the Art of Medicine. The patients, not the attending, provide us with the most valuable lessons in this discipline.

Mrs. Palmer consistently forgot to take her medications. Her hypertension was uncontrolled and her last lipid panel was not at goal. Her weight was steadily increasing, despite many attempts at weight loss. During the interview, she wavered between being nervous and borderline rude, while apologetically explaining that she disliked doctors. She shared that her parents were alive into their nineties and had never had heart disease, diabetes, or cancer.

As students, we have assignments for each clerkship. This assignment was to calculate the patient's cardiovascular risk and then provide counseling on improvement of cardiovascular health through lifestyle changes. This patient was a perfect candidate for my counseling. She had multiple risk factors for cardiovascular disease, informed me of her dislike for taking

# *Patient teaches the art of medicine*

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## **CONTINUED...**

medications, and wanted to lose weight. She agreed to discuss her heart health with me. I entered the room with my handouts and a pedometer, and was determined to change this woman's life.

Mrs. Palmer answered my questions, but did not seem enthusiastic about implementing changes to "decrease her risk of dying from heart attack, stroke, or heart failure." Her 10/10 importance and confidence scales were around eight, suggesting she was sufficiently motivated and ready to make a change. But Mrs. Palmer was complacent. She seemed at peace with her chronic diseases. I knew she was unlikely to make any lifestyle modifications or to start taking her medications regularly. I tried to use many of the motivational techniques that I had learned in medical school. Mrs. Palmer contributed little to our conversation. After twenty minutes, I felt defeated. Only when I mentioned, "staying alive well into your nineties..." did Mrs. Palmer come to life.

Mrs. Palmer explained that her biggest fear was staying alive into old age. I was puzzled. She continued to explain that both her parents were suffering from advanced Alzheimer's disease. She knew about the genetic link with Alzheimer's and she lived every day afraid that she would follow them. In fact, she hoped she would die of *anything* else. She wished for heart disease, stroke, and cancer, anything except dementia.

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DESCENSION, ASCENSION :: LAURA KATERS

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CYCLING TO WORK :: LARRY ALLEN

2010







# *Patient teaches the art of medicine*

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## **CONTINUED...**

I had spent that past twenty minutes saying, "You can live longer and maintain a better quality of life, by decreasing your risk of cardiovascular disease," and Mrs. Palmer was hearing "You can live until you are ninety, get dementia, move into a nursing home, go broke, and become a burden to your children."

Mrs. Palmer taught me an important lesson. Our priorities do not always align with our patients' priorities. In fact, they probably do not. This is difficult because our patients are not always forthright about their priorities at first. Sometimes they are not even aware of their priorities, just as physicians are often not aware of their own. The Art of Medicine allows us to examine our own priorities and to encourage our patients to share theirs with us. Only when our priorities are aligned, can we make the most substantial impact on health. ○○○

# *Practicing in pop's memory*

ALICIA OBERLE

My grandpa, Pop, was my favorite person. I always knew that when he passed away it would be a very hard time for me. While Pop was never really sick, I worried about him every time I traveled abroad for several months, yet he was always there when I came home. Pop passed away this past fall. I was home, not abroad, and starting my second week of medical school. His illness and the care he received, as well as my emotions, made the beginning of medical school a complete blur with a few moments of clarity that oddly stick out.

A week before school started I took Pop to the ED because he had been feeling weak. He stayed overnight and was released the next day after the doctor decided it was a bleeding ulcer. Two days later, we were back in the ED after Pop fainted from continually losing blood. As scary as it was, I remember being so thankful that it happened that week and not the next when I would start school. I was able to be there with him, spend time with him, and make sure he was ok. I was sure he would be ok, hopeful that he would get better.

Once school started I had mixed feelings about being there. I was excited to be starting medical school, make new friends, but my thoughts were mostly with Pop who was now an inpatient in the hospital. I felt my worry and distraction were not making for a great first impression on my new classmates and my time away from school left little time to bond with them.

I remember being upset with one of his nurses. I had asked her for some of Pop's lab values to get a better idea of his condition. After working at the hospital lab as a medical technologist I had a good understanding of a patient's lab work. The nurse seemed skeptical about giving me this information, asking why I would know anything about that, implying I looked a little young to know much about medicine. I was offended. I was a medical student, a trained technologist, and the nurse lacked confidence in me.

That same day I caught myself criticizing one of Pop's doctors to my family. I had named him Doogie Howser because he looked so young himself and seemed unsure of himself and his position. My large family easily intimidated him. I was initially frustrated by how he provided care and he became a source of humor for my family each time he left the room. It was kind of ironic that I was offended by the nurse thinking I was too young, but yet I had no problem applying the same stereotype to the doctor in the room. Now that I've seen patients on my own and had them question my age and skill, I feel guilty for having judged the doctor. I'm sure I've been the source of laughter for many of my patient's families, and I sympathize with Dr. Doogie Howser—patient and family interviews can be difficult!

Pop was so proud of me for going to medical school. I brought him my white coat after the ceremony since he couldn't attend. He had complete confidence in me. So did the rest of my family, which was great until they kept asking for medical advice surrounding Pop's care. I was confident that one day I would be a good doctor, but that day was not during week two of medical school. I really didn't know anything. I was uncomfortable to be

## *Practicing in pop's memory*

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### CONTINUED...

asked what should be done, to have such weight in the decision making process, when really I had yet to learn anything. I did not want to be responsible. I wanted to be a family member not a health care provider. I wanted to cry, not to make decisions.

I came to respect Dr. Doogie Howser, mostly because he respected Pop. Pop knew it was his time to go; he didn't want to fight a losing battle. Doogie respected this and did not press him into chemo treatments and long hospital stays. He did not cave under the pressure of some of my family members demanding more treatment. Because he respected Pop's wish and because Pop had my utmost respect, Dr. Doogie now also had my respect—as both a family member and a future physician.

When my mom called me at school to say I should come to the hospice as soon as I could, I started to cry. I hate crying in front of anyone, especially people I don't know, but I couldn't help it. I really did not want to be known as the girl crying in the bathroom. I told one of my classmates when I hardly knew that I was leaving and likely would not be at our first dissection lab in the morning. I couldn't believe that I was crying at school to a girl I hardly knew. How was I ever going to make friends?

Pop passed away that afternoon, less than an hour after I got there. It was strangely comforting to be with him and to have so much of my family there. We laughed almost as much as we cried.



I missed our first anatomy lab dissection the next morning—an event that everyone was so excited about, that I had been looking forward to as well. Now I wasn't sure how I felt about it. Was I allowed to still be excited? Had my circumstances changed my perception of dissection? Would I be able to handle facing a dead body everyday for the next ten weeks?

My first day in the dissection lab was still exciting; I am a science nerd at heart. I was relieved to find the cadaver's face and hands still covered. We only had to focus on the man's legs—I could do that. The next day though someone had unwrapped our body's hands—this I found upsetting. When I went to Pop's funeral the next day and saw the unnatural positioning of his hands in the casket all I could think of were my cadaver's hands and how unnatural they looked. Dissection became a little too personal.

Throughout dissection lab I wavered between excitement and being absolutely overwhelmed by emotion. It would hit me hard every so often—like when they brought in a special body for joint dissection whose face wasn't covered. The old man's wrinkles, gray chin stubble, and face shape were enough to remind me of my Pop and I could hardly bear to stand in the room long enough to study.

One day I had to hold our cadaver's hands so a classmate could have a better angle for dissection. The hands had already proven a challenge for me, so to have to hold them seemed nearly impossible. I held Pop's hand as he passed away just a few weeks before and this seemed too close for comfort—but I wanted to be a team player and not let my group down. I had already had to miss lab for the funeral and I wanted to prove

## *Practicing in pop's memory*

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### CONTINUED...

I was as competent as my classmates. As I held the cadaver's hands I found myself talking to the cadaver in my head. I knew other people had named their .cadavers, made up stories for them, and talked to them sometimes but I was surprised to find myself talking to this man. I was asking this man to let Pop know how strong I was being, how I was still doing good in school, and how this experience would one day make me a better doctor. I thought maybe Pop and the man my cadaver had been might have met up in heaven and were watching over me as I worked. Kind of a crazy idea, but also kind of comforting.

The anatomy lab was an emotionally draining experience. I cried almost every day in my car driving home from school. Yet every day was a day of discovery and challenge, a reminder that a career in medicine would be rewarding. I sometimes think that Pop's death was well timed; it showed me I could balance school and my family time and that I could still recognize that life outside of school was just as important as the grades I got in school. Pop always put his family as a priority and he had taught me to do the same. His illness made me question the kind of doctor I wanted to be, how I would earn my patient's trust and respect and how I would balance my time within my work. Looking back on those first ten weeks of school, most of it remains a blur but the moments that stand out to me I now recognize as important for a reason, for the lesson learned at the time. ○○○

# *The anthropology of little league baseball*

JEFFREY FRANKLIN

The styles of neophyte umpires alone merit  
A monograph from a small distinguished press,

This one's elaborate Kung-Fu-inflected step  
Twist, plunge, and recoil—"YROUT!"—

With the sound of wind punched out of bagpipes, or  
The stately, vulnerable posturing of last week's ump

As he dropped from the waist to sweep home plate  
With the same six precisely parallel brusque strokes.

A field-seasoned prof with a team of grad interns  
Might well forego that sub-Saharan nomadic tribe

To lurk these stands, scribbling notes, convening  
Each evening over the beverage favored by locals

To discuss the genres and signatures of spitting  
Among rural American ten-year-old boys—girls

Now too—back pockets bulging with pouches  
Of shredded pink bubblegum "chew." They might devise

A special calligraphy to note the choreography  
Of sliding, the balletics of snag and tag, and especially

# *The anthropology of little league baseball*

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## CONTINUED...

The beautiful contortions of pitchers' windups: the little  
Prayer over the ball, the shock-corded limbs

Arcanely folded, unsprung with unlikely grace.  
One intern adept in confessional interviews,

Practiced in native dialect and vernacular, will sit  
Among the parents, the grandparents, the step-parents,

And ask, "So, which one's yours?", which, he knows,  
Will unfold stories of fathers, the early victories

That ease the world's disregard, the healing rites  
Of eternal seasonal return, the allegiance we pledge

To sportsmanship, as long as we're winning, team spirit  
Plus the free agent slinging greased-lightning sliders.

One whimsical ethnographer may linger  
In stands emptied of all but wrappers and cups

And witness the invisible cloud that hovers  
Above the arc-lit diamond, the collective.

Night-cherished fantasy of playing in the Majors,  
Which only a few seasons can sustain. ○○○

2010

# *The human touch*

DIANNA UNITT

After any major surgical procedure, patients are subjected to a flurry of touches—nurses constantly checking vitals, adjusting instruments and clothing; surgeons checking incisions, poking and prodding.

But, of all those who touched me during my two postoperative days in the hospital, I remember only one—a third year medical student doing her surgical rotation. On my first post-op morning, she was there—before the surgeons, attendings, and residents doing rounds. She stood at the end of my bed. Before she picked up her stethoscope, before checking my blood pressure, pulse, meds, and incisions, she reached down and ever so gently touched my toes. With a soft smile and a soothing voice, she said good morning and asked how I was feeling. The next morning—the same thing—the tender, comforting touch on my toes.

With that ever so brief contact—that human touch - she made me feel like a person—not a patient. At that moment, my healing was not from pain medications dripping from the IV tower or the pills I was given, but from the tender touch of a medical student.

I saw her on campus a few times after that. I made a point to thank her, and spoke to her once about that kind gesture and how much it meant to me. I told her, along with all the knowledge

passed on to her from professors and teachers throughout medical school, to remember the importance of knowing the difference between a medical touch and a human one.

On a warm May morning, I watched from across the courtyard as she received her diploma and graduated from medical school. I know she will go on to become a fine physician. I hope as the years go by she will never become complacent with the day-to-day routine of patient care. I hope she will always heal with a compassionate and comforting human touch. ○○○

# *Time to go*

BETH HARMON

Broken.

Like my old John Deere tractor. It would break down every year just in time for plowing in the spring. Just when I needed it. I could always figure out what was up, though. It kind of became a ritual. End of March I'd get out my old work boots and enough flannel shirts to convince Margi that I wouldn't be coming back in the evening with pneumonia. Grab my hat and keys off the hook by the kitchen door and head out to the barn. Most of those flannel shirts would end up in the corner of the barn since I'd spend the rest of the day trying to figure out why the tractor wouldn't start this time. Kind of enjoyed the challenge of keeping up with her though, because I always figured out what was wrong. Could always fix it.

Until 1993. Finally let that old tractor go when I couldn't do anything for her anymore. Sure do miss her though. Twenty-three years riding over the fields together. By the end I was the only one who could handle her, knew how to coax her into cooperation. But it was time...

(All the machines around me start beeping again. Different rhythms, different pitches. Drives me crazy. The nurses run in. One raises the head of my bed and the other straps an oxygen mask on my face. The beeping stops. Thank goodness.)



...Time for Margi to let me go now, too. In fact, that time is probably long overdue. But she won't. Sixty-three years together and she still thinks she can sweet-talk my ailing body into submission. She did that the last three times I was in the hospital; her and that pacemaker they stuck in me. Hurts like hell when that thing goes off. I didn't want it, but she did. Keeps holding on.

I'm broken. Been that way for a while now. Only this time it's different. This time I can't be fixed. The doctors have sort of hinted around it. Each one putting off the inevitable, tip-toeing around that ominous word "terminal." Hoping that whichever of their colleagues walks into my room next will acknowledge the elephant in the room. But I know it. Deep down in that place where God tells me things, where I just know something so clearly that I couldn't have come up with it on my own. I know that my old sack of a body has given up, has finally abandoned me. But Margi doesn't see that. I want to give in, to stop pretending to fight something I know I can't beat. But she doesn't.

Not sure how me sticking around is helping Margi now. I can't do that much for her anymore. Who am I fooling? Can't do anything for her. Can't protect her, certainly can't provide for her now that my biggest accomplishment is managing to speak for thirty seconds together without gasping, coughing, or falling asleep. I just want her to be okay with being alone before I go. Each time I manage a gasping breath she prays that there will be another one. Each time I choke on my own saliva I pray she can find her strength outside of me. Because I know that I can't be there for her anymore.

## *Time to go*

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### **CONTINUED...**

She doesn't see it. She still thinks of me as that hotshot she married three days after I got back from the war. I was pretty cocky then. Thought I could do anything because a young man usually can. Hadn't experienced anything to tell me otherwise. Even when my buddies fell beside me when we were under fire, I never got hit. Never was unable to complete my mission, never got trapped. Somehow managed to escape the depression and craziness, too...

(The nurse is changing my catheter bag. What kind of a man can't even relieve himself on his own? She says something about blood in my urine. Sounds concerned.)

...I didn't know what it felt like to have my body refuse to cooperate. To be unable to command the aches and pains away. To feel as exhausted after walking the dog around the block as I did taking Iwo Jima back in 1945 when I wouldn't sleep for three days straight. And now I have nothing to show for my exhaustion. Nothing has been accomplished when I have to sit down on my way to the bathroom because my chest hurts so bad and I can't breathe.

I'm feeling more lightheaded. Brain's all blurry. Like the static on our old TV that never worked unless I stood there holding the antennas in just the right spot. It's hard to think. Getting harder to cough now, too.

She stands up. Squeezes my hand and pecks me on my left cheek right next to my eye. That's her spot. Has been since we first met in high school. I'd know those lips were hers even if I couldn't see. Don't even have to open my eyes, so I don't. Takes too much energy, energy I don't have anymore. I try to squeeze her hand back to reassure her, but I can't do that either.

She whispers, "I love you, honey. I always have," and I hear her shuffling gait as she slowly, hesitantly leaves the room. Margi's left for the first time since they dragged me in here yesterday. Or was it last week? I don't know. Don't know much right now, other than the pain in my back and the feeling that my lungs are being invaded. Thick stuff, that won't leave even when I cough like the devil. And I've been doing that a lot. I know that I can't really breathe, but I've kept trying. For her.

But maybe she sees it now. She got up. When I started wheezing she didn't grip my hand and start reciting Hail Marys. That woman could rival an auctioneer with how fast she can whip through those now. But she didn't. She stood up. And she left. She's never left me before, because I don't think she could. Sixty-three years together and she can't separate my pain from hers, my existence from hers. But she just did. Because she let me wheeze on my own.

A gift.

Maybe I can stop coughing now, stop trying to breathe. Can let my body do what it's been dead set on doing since they dragged me in here.

# *Time to go*

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## **CONTINUED...**

So tired, but I think I can sleep now.

I can go. I think she'll be okay.

She'll be okay...

(The beeping starts up again, but I'm okay, too.) ○○○



LLAMAS :: EMILY KEWLEY

# *Llamas*



ARNARSTAPI, ICELAND :: MICHAEL KAPPY

*Arnarstapi*

# *We'll call her Emily*

LEN WHEELER

After forty-eight years, I still obsess about the day I deliberately ended the life of an eleven-year-old girl. It was multiple years later that the dam of this self imposed, bottled up subject finally started to break loose. Was it right? Was it wrong? My internal conflict remained high until 2002, when I finally discussed this supercharged topic with a close friend and colleague, who at long last started my journey towards resolution. "It's more common than you think, Len," he told me, as I tried to choke back sudden tears.

My internship took place at the University of Rochester in upstate New York. It was 1960 and I was on the pediatric rotation. One exacting new aspect on this service involved carefully monitored drug dosage and IV fluid calculations, all done in longhand on paper, usually by interns. We would check each other's figures for an error, often multiple times, for a mistake could be chillingly serious. My patients were frequently too young to communicate, and screamed piercingly when I awkwardly attempted to start an IV, after searching desperately for a usable, tiny vein. However, the older children were generally a pleasure-interactive, funny, and frequently less concerned about their illness than were their parents. Despite the frequency of having to ask for help, I gradually learned a modicum of "take charge" confidence.

Continued on pg 81



PETRIFIED FOREST, ARIZONA :: MICHAEL KAPPY

*Arizona*



# *We'll call her Emily*

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## **CONTINUED...**

Coming onto a new ward, after the “hand-off” process, we were expected to quickly become fully acquainted with the care of the patients we assumed. The intern leaving this particular pediatric ward ran quickly through the details of the patients I was to take over until he came to the end of his list. He then paused. His voice lost confidence, and went abruptly softer. I thought “Uh oh...” took a deep breath, and become fully focused on what followed. He continued, shaking his head slowly. “This last one is really sad. It’s tough, taking care of her...” His gaze finally came upward from his notes, looking squarely at me with an uncharacteristically pained expression.

Emily—we’ll call her—had suddenly become my patient. It was a turnstile moment for me, with no turning back, no undoing of the events that followed.

She was eleven years old, with inoperable brain cancer. She had gradually lapsed into a coma, became unresponsive to the frequent turning she received to avoid bedsores. She barely grimaced when a new IV was started. Since total nutrition by intravenous feeding was then unavailable, she had lost considerable weight. I never heard her speak. She was prepubescent, with light brown hair, blue eyes, of Irish descent.

She was one of six children born to an adoring Catholic family, all coping with this gigantic tragedy as best they could.

# *We'll call her Emily*

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## **CONTINUED . . .**

Their medical insurance was long gone, the family's delicate finances having been plunged hopelessly into heavy debt. Empathy enveloped the family whenever they came in to visit, the parents accompanied by their healthy children. These visits left many staffers tearing.

The family would circle around Emily, and each gently touch her, taking an arm, a leg, even her back, but especially they stroked her hair and face. They would murmur softly, earnestly, with poignant tenderness. "Can you hear us, Sweetheart?" "You look lovely this evening." And many: "We love you, Emily", with abundant tears as proof—she was evidently a family favorite. Because of my own sadness trying to deal with this tragedy, I marred this setting by devising numerous excuses not to appear during visiting hours. Nevertheless, I was their primary medical contact, and they would ask me—an often floundering, inarticulate, eyes lowered intern—the same two questions repeatedly, almost reverently. "Do you think she's suffering?" And, "How long do you think it will be?"

I was new at this task of helping a family with the oncoming death of a child. I'd reply, "No, I doubt she's feeling any real pain." (Although I thought: she could be having huge headaches, what with the pressure of her ever-expanding cancer.) "To try to answer your second question, I really don't

know how long she'll last..." But added: "She's a tough one, though, lasting this long!" (As I thought: a weak consolation in view of how she's wearing down both your spirit and finances every single day she extends her life). Hospice was as yet unborn, and written Do Not Resuscitate orders were unknown until over ten years later, but last rites had been given at the family's request.

Emily had seizures due to her cancer that were generally controlled by regularly administered intravenous Phenobarbital. During the time of Emily's final descent, I was responsible for giving this drug, which came in large 50 cc bottles. To my knowledge, there was no regular accounting by the nursing staff for amounts used—when one bottle ran out, another was ordered. The amounts to be given were somewhat flexible, for if she had any breakthrough seizures not controlled by her regularly scheduled doses, the milligram dose would climb.

I have no recollection of when the frightening thought protruded into consciousness, there to stay: could I end the life of a child? At no point in my training had I been exposed to any formal medical ethics discussions, but any overt euthanasia was clearly prohibited.

I even went to the medical library to look up what constituted fatal Phenobarbital doses, and worried: do patients become tolerant to the drug, as in morphine dosing, if they receive ever-increasing amounts over time, therefore needing ever higher doses?

In addition, I fought another heavy concern: a fear of being discovered. What if one of the nurses carefully monitored each

# *We'll call her Emily*

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## **CONTINUED...**

dose, and had strong convictions against any such intervention? If exposed, I doubted I could ever convince a jury I'd made a simple calculation error.

I faced a plethora of uncertainties.

At this point, I was sleeping even more poorly than usual as the insistent, in-my-head discussion circled repeatedly. With whom could I possibly trust to talk over such a forbidden subject? I even withheld any such discussion with my wife, thinking if this act became public, she would be under suspicion by dint of inherent complicity. I thus inadvertently distanced her, increasing my mounting sense of isolation by speaking to no one about this, despite its mounting claim on my daily routine. I became distracted, less able to carry out my other assigned tasks.

Nevertheless, the impulse grew steadily stronger, urged forward by my compelling wish to alleviate stunningly heavy suffering.

Retrieving exact details of the final IV dose are shrouded in uncertainty. Were my hands shaking while I pulled back on the syringe plunger? Would the size of the dose be alarmingly obvious, even to a casual observer? Did my averted eye contact and minimal interaction arouse suspicion? Did I leave the area

far too abruptly?

As I hazily recall, the last dose was given late at night, after which I returned to the intern sleeping quarters to wait for the anticipated call, still wide awake, eyes open in the darkness, sad and scared.

A short time later, I received the call, telling me of Emily's death.

By the time I returned, her IVs were disconnected, her thin body straightened, and hair combed a final time by the staff, which were now quietly, but openly in tears. I doubt if I interacted well with the family when they returned one last time. I'm certain I couldn't muster any appropriate positive statements, such as: "What a wonderful family you are! You all deserve high praise for the powerful love you were able to show... It was an honor to care for her... She'll be in my memory forever."

And ever. ○○○○

# Healing

SHAWN STONE

can you \_\_\_ me?

at \_\_\_ on sunday the \_\_\_ preached and some people came forward to be \_\_\_ and \_\_\_ put oil on them and then \_\_\_ for them and maybe they were \_\_\_ and maybe they weren't (i don't know) but i heard the \_\_\_ say that it's wrong to think that if you have enough faith you'll be \_\_\_ or that \_\_\_ desires everyone to be healthy wealthy and american and \_\_\_ read from the \_\_\_ about how all these \_\_\_ people that lived a long time ago were sawn in two and killed and cast out and mocked and flogged and destitute and mistreated and \_\_\_ asked if they had those things happen to them because they didn't have enough faith or if it was because maybe sometimes \_\_\_ chooses not to \_\_\_ us and not to make us wealthy and have everything we want in this world and then \_\_\_ asked what it meant to die to ourselves and allow \_\_\_ to work 'cause maybe that means that we follow and sometimes things are hard but we're following and wanting to see \_\_\_ care for those around us and speak into their lives and care for them when they hurt and maybe that means we hurt right now for some reason and it did hurt when the people came forward to be \_\_\_ (i actually cried) because they need \_\_\_ and maybe \_\_\_ will \_\_\_ them and maybe \_\_\_ wouldn't but it was beautiful seeing the question asked. ○○○

# *A letter to William Carlos Williams*

GEORGE YOUNG

We know, Doctor Williams, you and I,  
as we go  
from patient one to next, thumb  
the rumpled charts, cough  
nervously and look away from worried eyes,  
what  
we will see--

what is, is, and it is  
just this: the  
truth  
of blood and flesh we wrestle with:  
sheer, brute, singular,  
wounded--

ourselves. ○○○

# *Ice and fire*

GEORGE YOUNG

Paul Klee contracted progressive systemic sclerosis (scleroderma) in 1935.

A man is slowly turning into an ice bird,  
into a hard glossy thing  
with a beak.

He sits in a wheelchair  
in the winter coldlight of a sanitarium, his claws  
gripping a brush,

painting the picture of his own death.  
Switzerland, 1940.

Back in Germany,  
before he became a bird, he painted a bird, delicate  
and blue, in the "Twittering Machine."

Now his brush strokes are thick,  
his colors somber.

He doesn't see himself  
as a bird but as a stick man.



As he paints,  
the tips of his fingers are turning white, aching  
as if dipped in ice water.

His skin, his  
joints, the very scaffolding of his lungs are freezing.

So  
he paints the background  
of his "Death and Fire" in deep shades  
of red and orange—

at the center, a gleaming white skull  
with the word "Tod" (death in German)  
forming its features—

a stick man approaching bravely  
to stab the skull—

and above it all,  
shining on the misshapen skull, shining  
on the stick man too,

the hot yellow globe of sun. ○○○

# *The blossoming*

GEORGE YOUNG

Genevieve

in my office, ancient, her fat chart in my hands....  
psoriasis, arthritis, Crohn's disease, two husbands (long gone)  
and now  
small cell carcinoma of the lung.

"How  
was the chemo?" I ask.

She has on red  
high heels, a full white dress,  
a green silk scarf tied carefully around her neck,  
just a hint  
of perfume, and on her head  
a huge straw hat with a scarlet feather....

to hide her baldness.

Everything  
becomes clearer when I stand beside  
this one flower. ○○○

# *The face of evil*

GEORGE YOUNG

Perhaps it was the howls  
from the kennels, or the merciless insomnia  
that grips men of thought, but that night Louis Pasteur had a  
frightful  
dream that his little patient, Joseph Meister, was dying.

He knew the symptoms, having witnessed them as a boy in  
Arbois.

The snapping jaws, foam-flecked, the slobbering bite.  
Then the clumsy attempt at treatment,  
cauterization at the smithy with a red-hot iron, screams,  
the smell of burning flesh.

And inevitable, later, the faint tingling in the cicatrix,  
the suffocation at the very sight of water,  
the paralysis, the coma and death, always the death.

He woke to the wind scratching at the window like a dog.

But hadn't he been careful?... trephining the skulls  
of dogs, inoculating infected tissue under their scarlet brain-caps;  
the transfer to rabbits, their spinal cords  
hanging in flasks, shriveling, like tiny criminals on the gallows;  
then turning the evil

# *The face of evil*

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## **CONTINUED...**

back on itself by injecting it into infected dogs... who lived!

Light finally came, that lion, to the grounds of Villeneuve l'Etang.

And that day, July 6 1885, Joseph, age nine, hands, legs, thighs purple with bites from a rabid dog, would become the first to receive the injections of the rabbit spinal cord into the skin of his abdomen, crying at first, then submitting quietly under the watchful eyes of "dear Monsieur Pasteur."

What do we do in the face of evil?

Consider the exact arc that curved from Arbois to Paris.

And consider this...

fifty-five years later, on June 14, 1940, a sad day for the "City of Light," the knock of a rifle-butt on a gate, and the gatekeeper who would commit suicide to avoid opening Pasteur's burial crypt to the Nazis.

That gatekeeper's name was Joseph Meister. ○○○

# *At body worlds*

JAMES WILK

The cadaver  
was mullioned  
and inglenooked,

crisscrossed  
by a dozen  
saw-cuts,

the anatomical  
sections displayed  
by pulling them out

like the drawers  
of an armoire—

a box of intestine

here; there  
a little bit of  
heart and soul. ○○○

*This poem first appeared in Pirene's Fountain*

2010

# *Born in the caul*

## A SHORT STORY ABOUT BECOMING A MOTHER

I was born en caul; I came into the world with my amniotic sac still around me. They say that babies born en caul are special, and will never drown at sea. But I don't like boats and I am terrified of the ocean. So, the reason I will never drown at sea is that I will never go to sea.

When I was sick, I had a terrible dream that I was floating in the ocean. It was dark and green and cold all around me. I wasn't scared. I was floating in that frigid water, completely numb. If not for that dream, who knows how long it would have taken me to realize I was sick? When I woke the next morning, I knew I was in trouble.

How ironic that my own birth was supposed to protect me from drowning, and the closest I ever came was soon after your birth. I want to tell you about my struggle at sea, and about how you saved me.

I was hardly paying attention to the softball game your dad was playing. I was sitting in the bleachers with friends, telling them how much I loved your happy kicks in my belly. They were suggesting names for you, our little girl.

Then your dad got hurt. He ran into a fence in the outfield, injured his spleen, and bled into his belly. We started the

## *Born in the caul*

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### **CONTINUED...**

evening at the softball field and ended in the intensive care unit. The days following his injury were stressful and scary. Fortunately, he recovered without any treatment except watchful waiting in the ICU.

They had seen the injury on an image called a CT scan. The surgeon wanted to repeat the image before he would clear your dad to start playing sports again.

Sometimes it happens that way: an event in your life may feel like the end, but is actually the beginning. I couldn't have known that our course was set for very rough waters. When your dad went to the hospital for the second CT scan, just before you were born, we thought the worst news might be that he couldn't play softball for another month. We didn't know what we were in for.

Let me start by telling you that you were perfect. I have been in the room for the birth of many babies, but your birthday was my favorite.

On the day you decided to be born, we were so excited to finally meet you. We had been waiting a long time to hold you. Just when we thought it was time, we had a scare. You were stuck, and the doctor had to help you out. It was a very tense few minutes, everyone holding their breath, hoping so hard for you to come out healthy and safe. The doctor did a great job, though, and then you were finally here in all your glory.



I swear for the first few hours of your life, I could not take my eyes off you. I could have looked at your tiny hands and lips and soft, smooth cheeks forever, until I lost myself there. Even though I hadn't slept the night before, I wasn't tired. I was so high on my love for you.

That's what the first few days of your life were like for your mom and dad. We would sit together and feed you, or play with your little feet, or watch you sleep. You slept a lot and you laughed and smiled and cooed in your sleep. We felt so blessed to have such a beautiful, healthy family. We had been waiting so long to hold you. You were perfect.

Loving a baby is hard work. It makes you feel like you are wearing your heart on the outside. Maybe it's because your heart has to break in order to be capable of loving someone so infinitely. It feels good, but can be scary at the same time.

The second CT scan showed the spleen had healed, but it also had something much more frightening on it, something that looked like a tumor. In order to be sure what kind of tumor, another test had to be done. This one would take a picture from a camera placed inside your dad's stomach. You were only ten days old on the day of that test. It was stressful unhappy day, with only one exception.

While we were waiting for the doctor, you and daddy fell asleep together. He was lying on the hospital bed and you were lying on his chest. You two were so peaceful, a little island of serenity in the busy chaos of that hospital.

## *Born in the caul*

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### **CONTINUED...**

When the doctor came with the results of the test, it was clear he was not the kind of doctor who is good at sharing bad news.

Sharing bad news is never easy, but there are things you can do to make it less painful: sitting down, speaking softly and calmly, giving the listener plenty of time to absorb the blow and more time for them to ask questions. This doctor did none of those things. He didn't even wait until the pain medication had worn off. Your father hardly remembers his visit, but I cannot forget.

He hardly came into the room, he spoke quickly, and it was clear he was in a hurry. He said that the tests had found a tumor, which was probably cancer, but he didn't know yet what kind of cancer, or how it should be treated. He said that he would call us when he knew for sure. Then he left, just as abruptly as he had given this terrible news.

I hugged your dad and started crying. We stood like that for a long time, not really believing, not sure what to do next.

For the next few days, I was a mess. I felt so scared for you and for us. So quickly, in the span of just one day, we had gone from new baby bliss to dreading the worst. It's hard not to let your mind wander around in the darkness, and I just couldn't imagine you and I facing our world alone.

The doctor finally called us back a week later. The tumor was a very low-grade cancer, and had been caught early. That was the good news. The bad news was that it had to be surgically removed, and quickly, before it had a chance to grow.

We spent a lot of time fretting about where to have the surgery. The tumor was rare. We had to travel quite far to find someone who had operated on this kind of tumor. We decided on a place that was close to your grandparents, so we would have help while your dad recovered.

Babies do not like to travel. You liked our house and our routine, and when we changed the routine it made you anxious. The first day away from home, you cried longer and louder than you had ever cried before. I can only imagine it was because you missed your own house and your own bed. Also, I think you could tell that everyone was scared about daddy's surgery.

In the end, the surgery went very well. The surgeon was able to remove the tumor and thought that daddy would be just fine. Right after the surgery, daddy was sore and very tired. He couldn't pick you up at all for about two weeks, which was hard on both of you.

Understandably, you had a hard time with all these changes in your life. You didn't sleep much, and sometimes you would cry and nothing would calm you.

This is the hardest part of the story for me to tell, but maybe the most important. While all of this was happening, but especially when we weren't sleeping well, I got sick, too. It

## *Born in the caul*

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### **CONTINUED...**

was a perfect storm: your father's illness, the traveling, and my unhappy baby. Together, they were too much for me to weather.

I felt very scared, especially when I was with you and no one else was around. I had lost my confidence in my ability to take care of you. You cried a lot and slept so little, which I thought was my fault. I became very focused on all the things I couldn't control instead of just enjoying our time together. It was so hard for me to see the big picture. I was just trying to stay afloat.

I can't tell you what this illness, post-partum depression, feels like for everyone. I can only tell you what it felt like for me.

I couldn't concentrate on anything. I felt like my brain was wearing a wet towel. It was hard for me to make decisions, hard for me to remember things, hard to do simple things like cooking or cleaning. All my thoughts were covered in a thick fog.

I felt physically sick a lot of the time. I had a lot of headaches and stomachaches.

The worst part was that I felt tired all the time. I never wanted to do anything fun. I didn't want to walk the dog, I didn't want to play games or watch movies with your dad. For a while, I didn't even have fun with you. I still played with you, read books to you, and sang songs to you. But I didn't enjoy them as much as before.

I feel so sad when I think about all that time I wasted not having fun with you.

I felt so lonely. I didn't want to tell anyone how bad I felt, not even your father, because I was ashamed.

Then I had the dream, and it scared me. I knew I needed help.

I wrote to a good friend who is also a wonderful mother, and found out she had been through a similar, rocky transition into motherhood. She helped me recognize how sick I was, and from there I was able to ask for help. I was able to talk to your father about it, which was easier than I thought it would be. Turns out, he already knew I was sick. It made us both feel better to bring it out into the light.

It took me a long time to recognize the thick, cold water that had surrounded me. Maybe it started out as a self-preservation thing, a numbing salve. It became a barrier, though. It kept everyone at a distance.

I wanted to tell you this story because you are the reason I wanted to be well. I didn't want a barrier between me and you, even if swimming without it made me feel vulnerable, like wearing my heart on the outside.

I want to be fully present for all the time I have with you, because you are the best, most amazing thing that's ever happened to me. The superstition about my birth didn't make my life special or protect me. You did.

Today, I got you laughing from deep in your belly. All I had to

## *Born in the caul*

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### **CONTINUED...**

do was close my eyes, wait a few seconds, and then open them and say, "Boo!" You would squeal with delight and laugh for a few seconds. Then you would wait in anticipation for me to do it again.

Each time you laughed, I could feel it all the way down to my very dry toes. ○○○

# *Door card*

JAMES WILK

When the door card is placed on a hospital room door, it subtly alerts staff that a death has occurred. The picture of the leaf and teardrop serves as a visual reminder of the need for sensitivity when entering the room...

—From the Gundersen Lutheran Medical Foundation's catalog of perinatal bereavement materials

A falling leaf just before  
denting the dark pond's surface  
casts a jagged shadow on the water.

The leaf's veiny arms, still  
verdant and waxy, curl  
in a halted, upward embrace

like a tiny stygian boat, ferrying  
a single droplet to wherever  
it is that grief goes.

Waves ripple  
everywhere, jostling  
even the water striders. ○○○

*This poem first appeared in Touch: The Journal of Healing.*

# *Eulogy for a friend*

BLAKE HYDE

Always patient, never short.  
Trusting, thrifty, talented, and wise.

Hands, working at the kitchen table. Hands, holding safe as we cross the street. Hands, light the fire by our side. Hands, pat a shoulder when you make him proud.

Back-yard knick-knacks and the smell from the autumn burning barrel make us a childhood memory.

Unassuming. Unpretentious. Rocking, by the fire.  
Dates, events, scores, and meaning. Age acts as no match for your wit.

Passionate. Patriotic. Yet never one to boast.  
In a tilted "WW II Vet" hat with a young man's grin you pick the winning horse.

Loving husband, gentle grandfather.  
And yet, even in the final chapter, hope.  
Is hope at death the sign of a life well-lived?

Hands, weathered by 87 seasons.  
Hands, reached out to squeeze a goodbye.  
Hands, crossed, at long last – at peaceful rest. ○○○













INFILTRATION :: TANYA GELSTER

# *Infiltration*

# *Family tales*

HENRY CLAMAN

Yes,  
I'd love to see the pictures, if you have them with you.  
Good! They're very cute,  
And that little one looks just like you.  
You are right to be proud of them.  
It's a shame their parents live so far away,  
But that gives you an excuse to travel.

Do I?

No, I don't

No.

○○○

# *To stand up to turning to dust for flesh*

RAZA YASEEN

to stand up to turning to dust for flesh  
detachment from self is a must for flesh

cleopatra the carnal diplomat  
used to gain political trust for flesh

break its spirit and make it lose its mind  
inform bone that it's been formed just for flesh

deprived of her entire body i will  
gratify myself by her bust for flesh

god why isn't man created out of stone  
protests fruitlessly my disgust for flesh

we are equally guilty of desire  
whether we yearn for soul or lust for flesh

○○○

# *For Sylvia*

JENNIFER WITT

I remember  
the typewriter in the kitchen  
and the constant clack  
that embraced the silence,  
warmed the drafty rooms,  
brought up swifts of ginger and chamomile.

Then the clatter would quit  
and with a ring,  
slam, stuck back staring at a blank line.  
And I knew to stay away,  
let your page stare back.

I remember the storm  
that would stir in the gray  
behind your eyes, as you'd lean over  
to tuck me in  
sit on the edge, and look down  
like you saw me for the first time.

And the nights,  
words and letters refused to comfort  
Smashing dishes, glass  
the true fury of your storm

# *For Sylvia*

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## **CONTINUED...**

barely quieted into his wet  
chest, calmed.

Until the afternoon stopped, skidded,  
flour tipped over onto the counter  
silence seeping through the house,  
I saw you for the first time.

Cheek pressed against oven glass,  
I remember that I was late  
from school. And I wonder what if  
and why you didn't see me. ○○○



# *Foreign body ingestion*

CONSTANCE BOYLE

*(World News Report)*

At five months the baby's  
belly swells like a football.

He shrieks and writhes.  
Doctors pump his stomach.

The infant regurgitates  
an eight inch rubber snake.

A week later he returns  
to the ED.

Radiograph and scope reveal balls,  
buttons, jacks.

Items clank and rumble from  
esophagus to gut.

On visit three doctors extract  
thimbles, hat pins.

A tiny hammer. Later  
the baby returns.

# *Foreign body ingestion*

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## **CONTINUED...**

He's downed nickels  
and other silver coins

from the change tray.  
By visit eleven spools

of thread unravel  
his bowels.

X-rays show  
an enlarged oral cavity,

doctors at a loss  
to explain which came first. ○○○

2010

# *La Llorona*

JAMES WILK

*Colorado Mental Health Institute*

At first she said nothing,  
but then for a week  
she shed her words,

which flowed in cramped  
spurts like the lochia  
which came no more,

telling how everyone—  
the Garcias next door,  
her sister, Mrs. Aragon

across the hall, me  
and the pharmacist—  
called her La Llorona

and that we were all wrong,  
that she was not La Llorona—  
that she did not drown him,

that she would never cry  
because she did the will of God,  
whose voice came to her

from that burning bush—  
a thrift-store oscillating fan—  
and commanded her to slit

four-week-old Isaac's throat,  
that you'd be crazy not  
to do the will of God,

but that she didn't slice the neck;  
that she wrapped it with the power  
cord of the oscillating voice,

and that she tried to obey,  
but she and Jesus  
had shed enough blood. ○○○

*This poem first appeared in James S. Wilk, The Seven-Year Night: Poems of the Medical Training Experience. Boston. Big Table Publishing. 2010.*

# *Little things*

CHRISTINA CRUMPECKER

He gives you seaglass, a smooth green oval that fits neatly in the palm of your hand. You don't know why, or what to do with it, but say "thank you" like you were brought up to say and slide it into the pocket of your white coat. You fuss with his sheets, untangle the lines and wires that always wind around his right arm. He smiles, silent and sallow.

Every day you dig in your coat pocket, feeling for vending machine change or a pen or that scrap you wrote the vitals on. Your fingers settle on that cool glass, wonder briefly what it is, remember, move on. Every day the man who gave it thins and yellows. You listen to his heart, press the skin of his feet. He points to your pocket, huffs out a short harsh breath, smiling when you produce the round treasure tucked in your hand, nodding as you put it back. You do not know what this exchange means, only that it is somehow important. It has become part of your daily routine, important as any lab result.

When his family comes for a visit, you open your fingers, the green warm and snug in your palm. Was he a fisherman? An artist? His daughter makes a face: What would he want with that dirty old thing? He hasn't opened his eyes for two days, his thick breathing now playing backup to the monitors' high-pitched beeps and staccato alarms that never seem to stop going off. Your fingers slide into your pockets.

You don't know it, won't believe it yet, but you will come to collect and carry treasures of your own, an odd mix of river stones and hurts, worries and braided wheatgrass to fill your heart and pockets. Joys and pawprints and scraps and yarn. You will lay out the bits and pieces, arranging them into shapes and patterns, categorize them into sense and structure. You will hold up the little things you have collected, string them like beads, stretch them over the yards and years and miles between, saying: take this from me. To a lover, a parent, a doctor, a stranger, gentle and fumbling, extended, saying: make me yours, make me real, make me count.

If you were a better writer, you'd write a better ending to this story. You'd write a better beginning. If you were a better doctor, maybe you could have saved this man's life. Maybe you'd have a story to tell. You wish to say that you've carried that seaglass since, that his gift has given you strength, that you've found the meaning. Something to settle on, remember, move on. But the truth is this: it was one more weight in your pocket, one more thing to lose.

You meant to write a story of seaglass and meaning, memory and hope. But the truth is this: it's the story of some trinket you hold between your lips and the soft of your hands, a tiny thing that glitters and burns in the hollow dark. You hold it up to your eyes and the force of your breath and it is such a small thing, dulled with fingerprints and a patina of worry and longing. You press it gently into outstretched palms, curl your fingers firmly over the hand of another, say make it shine, make it shine, make it shine. ○○○

2010



# *Who's crazy?*

PAUL DARBY

*(Eulogy for John Breaux)*

It was the improvised shrine in the foyer that got to me,  
Not the thousands of people packed in the church,  
Spilling into the plaza where the dazed  
Wandered in confusion at such a spectacle.  
Though it had to be registering somewhere in my brain,  
That no one had been buried like this in our community before,  
Or would likely be again.  
He wasn't a politician or a beautiful child, whose life was  
caught short,  
In some tragic bathtub accident,  
Or at the hands of a sexual monster,  
We could denounce today as not one of ours.

Blood-speckled parka, greasy bicycle, the bowling ball, all on display.  
These totems remind me of  
The church-bound, candle-lit and marbleized figurines of my youth.  
Mourners touch these objects as if sacred,  
Or not at all, too stunned to approach.  
A traditional-looking Hispanic couple,  
Speak in low tones to their raven-haired daughter,  
A veritable angel with eyes opened wide in wonder,  
Saying he was a saint sent to teach us a lesson we were too  
slow to learn.

## *Who's crazy?*

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### **CONTINUED...**

That is why he had to stay so long and work so hard, Mom told her,  
Because we just couldn't get the message he was acting out  
every day in a passion play,  
In front of our rushed and more glamorous lives.

For nine years he rode his bicycle around two communities from  
dawn until dusk,  
Moving shopping carts and newspapers to their proper places,  
greeting us,  
Picking up trash and fishing empty pop cans and bottles from  
public disposals,  
A one man recycling center doing the thankless tasks no one  
else would do.  
Several stores offered to pay a salary but he refused.

Small kids gave him a name and it stuck – Biker Jesus!  
Not just because of the beard and dirty countenance,  
But because he behaved most like the person  
They had heard about in our churches and read about in their  
bibles.

He could be frightening, always rushing up like he knew you.

He mumbled odd phrases,  
And wrote on the ground in chalk about God,  
Speeding along on two wheels not unlike  
The broom-mounted witch, chasing after Dorothy.  
He never seemed to watch the traffic patterns,  
And always waved when he saw you.  
Your first impression might be that he was crazy as a loon.  
Indeed he was a non-medicated, brain-disordered man.

One time, late at night, after a big snow,  
I waved from my car, going in the opposite direction and he  
waved back.  
I was nervous having done so, thinking he's going to crash on  
the slick ice,  
And I will be responsible for hurting our town's best servant.  
I was sure he would die someday, hit by a motorist during  
inclement weather.

Instead, it was a warm, sunny day, bright, blue sky, a few  
clouds,  
The rest of the details – well...  
It was not how he died that mattered,  
Or the irony of the person responsible being disturbed of sorts,  
But he was picking up our trash when it happened.

I found out when my youngest daughter,  
Texted the message, Oh! No! Jesus is dead.  
The hollowness in my gut was sudden.  
In the days that followed, on the blogs,  
Everyone seemed to have a story, from the elementary aged to  
the dithered old.

## *Who's crazy?*

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### **CONTINUED...**

How could he have been in so many places, touched so many lives,  
In just nine years time?

Who and what had we lost?

His family from California came to bury a mentally ill nobody,  
And got what must have been the greatest shock of their lives.  
Citizens paid for his funeral and erected memorials at all the  
stores he frequented.

A procession, miles long spirited away our most important visitor  
to the cemetery.

The police and firemen carried him proudly to his grave.

Who could imagine that so many little gestures of grace would  
have such an impact?

If you can come again in another disguise John,  
Maybe more of us will be awake and recognize you sooner.  
Lights on, doors and hearts open, with hands unclenched,  
We might wave with a smile if we see you coming,  
Although I suspect you would prefer us to treat each other this way.  
The healing medication you administered,  
Was what we needed to be better. ○○○

# GAIL WALDSTEIN

she  
crossed borders hair-breaths  
apart                      practiced pathology in

# *My partner from Palestine*

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## CONTINUED...

Jerusalem's Palestinian hospital                      first woman  
on staff                      later chief  
even then she was  
strip-searched at crossings                      everyday  
three years we share                      lunch, gossip, henna  
maybe it was my cancer                      weakened me  
that year of tests and fear                      she was  
pregnant                      all modesty, her maternity  
disregarded  
as if she'd imbibed bombs                      ○○○

# GAIL WALDSTEIN

this now                      emerald memories  
the envy of every surgical resident  
he ever taught      all he had, almost had  
sew                              his hands writhe yet with

**CONTINUED...**

he circulated ○○○



# *Prescriber's plea*

KELLY RAMSEY

This pill, your savior, take it with faith!  
Our labs have tried it, sanctified by our saints,  
it bears the sign of intelligent design.  
Behold the compound from the sky, through which  
we heal with science divine. Repent your ways,  
three times a day, gaze upon the capsule  
and pray.

Bask in healing as enzymes are changed,  
A medical will glares, strikes down in shame  
bacterial demons, parasitic fiends! With this  
we mold your heart of flesh, purge beasts both small  
and obscene.

My patient, why doubt? Kindly believe:  
We wield power empirically holy, and  
trust only what we see. Yet I cower in  
my abode, this deceptively white robe,  
dreading resistance I cannot combat  
or foresee.

He now goes to approach the pharmacy  
on bended knees. Does he follow me  
merely to be deceived? Lend me faith to see

# *Prescriber's plea*

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## **CONTINUED...**

how this chemical contraption can possibly  
transform him, to make him pure  
and free.

O Drug,  
I prescribed in line with your precepts,  
precisely as you ordained.  
I stand in the temple of your treatment  
and I entreat you for your aid.  
My patient's life lies in your hands – for  
you give and you take it away. ○○○

2010

# *Relics*

JACQUELINE LINTON

Armed with scissors and probe,  
cleaning, cutting, searching, striving  
uncovering and removing,  
carefully trying to boil it down  
to the essence, the vital  
structures in a panoply of tissue  
which were all necessary at one time  
necessary no longer, I cast off what  
once was precious: skin, salivary glands,  
connective tissue. Balancing  
an attempt to boil down and simplify  
with a tendency to take too much—  
nerves and arteries, the body's verbs,  
are severed.

These are the relics of pulse, movement, life.

Armed with pencil and paper,  
writing, erasing, searching, striving  
uncovering and condensing  
trying to boil it down, compact  
thoughts, memories to their essential

meaning. Nouns, verbs, adjectives  
engulf me competing for my attention,  
striving to be heard—my unsteady,  
untrained hand casts off what  
seems unimportant irrelevant.  
Choosing from language, what is critical,  
poetic, out of seemingly infinite choices,

These, the genesis of pulse, movement, life. ○○○

# *The medical school haikus*

JACQUELINE LINTON

Truth subtly says,  
There are shades of gray, endings  
That might have been truth.

Does love ever die?  
If so, does it go the way  
Of the body or soul?

Sophie, why did you  
Refuse to eat, fail to thrive?  
I get no answer.

Medical student  
Humour—non-transferable,  
No cash value.

Arch of aorta  
Splendid entrance to kingdom—  
Mediastinum.

Hello, Buck's fascia  
Who would really want to name  
You after himself?

Glamorous recto—  
Uterine pouch, Douglas you  
Must be oh so proud!

With you I will lord  
Over the other mammals,  
Opponens pollicis.    ○ ○ ○

# *Sinking feelings*

FREDERIC PLATT

"My friend," she says  
"thinks it might be West Nile."  
Uh-huh. So what sort of symptoms?  
My usual question. But then,  
"What got me worried,"  
she tells me, "was the sinking."  
I see, I say, not seeing at all,  
we all have those feelings from time to time.  
"No," she says, "I was really sinking.  
See, I swim three times a week,  
usually half a mile,"  
she says with pride.  
Quite a swim for 85 years, I say,  
"Yes, and I hadn't been feeling well  
for a week but this Friday  
I went swimming. And I sank."  
Sank? "Yes, I couldn't float. I sank."  
Uh huh! That's really sinking.  
"Yes," she says, happy that this time  
I finally understand.  
But why?  
Well, why comes later, when I find  
all those old signs,



the pectoriloquy  
and egophony  
and dullness and  
even bronchial breath sounds.  
in short,  
a big pleural effusion.  
I see. I do see.  
She lost her buoyancy.  
She sinks. ○○○

# *The four of us*

FREDERIC PLATT

sit there in the hospital room.

My patient talks with an intern,  
while I sit in the corner, listening  
as if uninvolved.

The fourth fellow, my patient's  
unseen roommate, lies in his own bed  
behind the curtain that pretends  
to give us privacy. To shield  
our secrets.

The conversation moves along  
until Dr. Youth asks my suffering patient,  
"Just how bad was your chest pain, anyway?"  
We all expect the usual answer, "Pretty bad"  
or "Not so bad" or maybe a number like  
six out of ten, but no,  
the voice that answers comes from the other side  
of the curtain, and it firmly proclaims,

"Your chest pain was the worst chest pain,  
I have ever seen." ○○○

# *Interview technique*

FREDERIC PLATT

"Last Thursday, when you was away"

(I was right here)

"They took me to the emergency room  
at Saint Otherplace and  
here's what they did to me."

She hands me fourth or fifth copies of  
No-Carbon-Required chicken scratches  
and beams as I try to decipher a bill,  
a list of laboratory tests but no results  
and some sort of document wherein  
she relinquished all rights and  
forgave all trespasses.

"What sort of trouble were you having?"

I foolishly enquire.

"Not my heart, they said you'd know.

They said I should tell you they did these tests.

You'd know."

Oh sure, I know,  
nothing.

"What sort of symptoms were you having?"

She looks blank.

# *Interview technique*

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## **CONTINUED...**

"You know, how were you feeling bad?"

"Yeah, real bad, that's how –  
real bad."

"And now?"

We could start again.

"Now? Now?" she says,

"I'm fine. How come you asked?"

"Well, good then."

I'm out.

Daylight just around the bend. ○○○

# *Smirk*

JEFFREY DRUCK

"I'll never drink again!"

From the heaving college student  
Returning last night's tequila  
In overly aggressive fashion

"Every day to the fullest"

States the CEO father of two  
Reassessing life  
After a near fatal car crash

"He is dead to me!"

Screams the battered wife  
Bruises not the only reminders  
Of prior experiences

"I'll always use protection . . ."

With a positive pregnancy test  
Only four months before  
Another elective abortion

"I won't let cynicism show"

Another day in the ER  
With people at their worst  
Making promises that won't be kept ○○○

# *The autopsy of David Tihokahana Lance Corporal, U.S.M.C 1947-1990*

J A M E S   W I L K

Of course that's why he drank. Who wouldn't drink  
if every swig of whiskey washed away  
the taste of blood and mud, the acrid stink  
of twenty sweaty grunts, the strobe-like spray  
of M-16's and AK's hacking through  
the Khe Sanh jungle like a million lead  
machetes in the night, slashing bamboo  
and bone alike? The lucky ones were dead,  
he'd say. Autopsy proved why he, too, died:  
cirrhosis and hepatic carcinoma.  
We kept his liver in formaldehyde  
and shipped his body back to Arizona,  
semper fidelis to the Corps and nation,  
to lie forgotten on the Reservation. ○○○

*This poem first appeared in The Raintown Review*

# *These bones are old*

AUSTIN BUTTERFIELD

It was the fourth week of my first rotation, and I was finally finding my place at the OB/GYN clinic at Denver Health. I had just finished talking with my favorite attending about the best way to approach telling a married woman that she had an STI when the chief resident called across the work station. "Austin, I have a new mission for you."

She held out the manila-colored chart, but for some reason a devilish smile flashed across her face. For a split second, I felt like Ethan Hunt from Mission Impossible.

"We cannot figure out why this lady is here. You should." My face must not have hidden my surprise. "Just go talk to her. It will be good practice for you, and we'll discuss after you're done."

I looked at the chart as I was walking to the room, grasping for any clue of how to approach this mystery. I read the name, and I thought the team was playing a joke on me. "Ima Goodfellow" was written in bold across the top. I chuckled as I thought of Bart Simpson's prank calling Moe the Bartender.

I knocked on the door and walked in to find an adorable elderly woman sitting peacefully. Her large bifocal glasses could not hide the kindness in her eyes. The lines around her mouth and eyes were permanent reminders of how much

## *These bones are old*

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### **CONTINUED...**

she had smiled. Holding her hand was young woman from the nursing home. I introduced myself and shook their hands politely. Not knowing how else to start, I invited Ima to just tell me about herself. "Chil', these bones are 82-years-ol'." The accent was undeniable. The softness at the end of syllables and the pleasant, flowing tone of the vowels...she was from North Carolina, just like my grandmother.

She talked for several minutes about her friends at the home and about her childhood adventures, but nothing seemed to point in the direction of why she was at our clinic.

"Thank you so much for sharing that. Can you tell me what brings you in to see us today?" I asked trying to move the visit forward.

"Well, I've no idea. They tol' me that I was goin' to the doctor this mornin' when I was eatin' my oatmeal. I'd rather had grits though." She looked at the caregiver with one raised eyebrow. I smiled again. The more she spoke the more she became my grandma. I looked to the caregiver to see if she could help.

She shook her head. "It's my first day as sitter."

Not discouraged, I decided to take a full history to search for



clues. I marched through the standard format. She had high blood pressure and no surgeries. Her sister had "the suga" and her dad died of a heart attack. Ima never drank and had quit smoking seven years ago just before entering the nursing home. She was only taking a few medications and a multivitamin. After I asked about her allergies, it hit me. We were in the OB/GYN clinic. How was I going to ask my grandmother all about her sexual history? A brief moment of panic set in before I took the plunge.

"Ima, I'd like to ask you a few questions that might sound a little strange." I prefaced the conversation, trying to lessen the awkwardness for both of us. "Are you sexually active currently?"

"Oh heavens no, chil'. Not for the seven years I've been in the home. I'd like to be, but none of the men there are my type. I like my men younger and stronger. If you know of somebody, that'd be lovely."

I blushed, but her laugh was infectious as she nudged and winked at the sitter. This was clearly not awkward for her, and her honesty and humor made me forget that this was supposed to be uncomfortable. Ima was a little, elderly woman, but she had a powerful gift for putting people at ease.

We talked about everything—smells, dryness, discharge, pain, past partners, deliveries—everything. Even with all this information though, I could not find any cause for her to be sitting across from me in this setting.

"Can you think of any reason that you might have been sent to see us today?" I hoped that something had jarred her memory.

## *These bones are old*

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### **CONTINUED...**

"Well, I supposed to get some results." She said frankly.

"Results for what?"

"My lung cancer."

My heart sank. The words echoed in my head. How could she have left that out earlier? I could feel my face betraying my emotions again.

"Why do you look so surprised, chil'? I tol' you earlier that I smoked fifty-five years. They even have commercials 'bout it. We see 'em on the TV all the time. Smokin' causes the lung cancer." Her smirk said so much, inviting me to join her in acceptance. We finished our chat in good spirits, and I told her that I was going to find out where she would be able to get her results. One call to the oncology clinic made everything clear.

I escorted the pair to the lobby, and I apologized for the confusion. "Chil', you made an ol' woman laugh today. You should never say you're sorry for somethin' wonderful as that."

The sitter pushed Ima's wheelchair in the direction of the oncology clinic. "Honey, I liked that doctor. He was kinda cute. We should go visit him again. And don't think I forgot 'bout my grits..."

Her voice trailed off as they got further, but her words and spirit would stay with me. She exemplified one of the beauties of medicine—our relationships are reciprocal. Our expectations of the roles of patient and physician are not fixed. Often they will be the ones to give insight when we have none, to give us comfort when we are in need, and to remind us that sometimes the best treatment a patient can give their doctor is a conversation.

The real “Ima Goodfellow” continued to be a vibrant, feisty, and inspirational woman who made everyone around her laugh until she passed away four months after this story happened.

○○○

# *Where we lay down*

JEFFREY FRANKLIN

*For Henry*

We slept that summer on the second-story porch,  
Our cots within arm's reach, and talked of school  
Or a trick we'd played on Charlotte. Our voices dropped  
As the watery half-light drew itself back out  
Through the cut-paper layerings of leaves.

When the chorus of trees began to whine and pitch,  
The leaves singing the song of distances,  
And someone took the sky and shook it out  
With sparks like mother shook from white laundry,  
The rain beat through the screen, and we leapt up,

Scooting the cots to center floor, jumped back  
In the damp sheets, shivering though it was hot.  
The next flash fixed us in a marble frieze.  
Years later, waking in the receding tug of dream,  
You'll hear again the runoff falling from the eaves

In rivulets, drops, then slower heavier drops,  
And find the line of pock marks in the dirt,  
And lift your head to see the slice of roof  
Against the sky's blue invitation, which you  
Accepted, and know that Charlotte truly is dead

And so somehow still too young to join us  
In the darkening air. Recall for me then what  
I always meant to say before it began  
When the leaves dropped and turned at once in a hush:  
If this storm will take me, I will give it my arms and rise up.

○○○

# *Advice to a son coming of age*

JEFFREY FRANKLIN

There will be times, at times you do not choose,  
when she'll go quiet and then begin to cry  
for reasons only she might satisfy,  
and you will be dumbfounded, without a clue,  
and not a little afraid. If you presume  
yourself the cause or, worse, the paragon,  
then you will be the knight who saved the dragon.  
You're no savior; she's no sacred tomb.

But if you can control, instead of her,  
yourself, bridling the male imperative  
to answer or else to act, and only stay  
by her, breathing with her, listening slower,  
and neither apologize nor try to fix it,  
then you can heal the future, come what may. ○○○

# *The difficult patient*

SARAH STALLER

Welcome to midwestern America. Everyone in this office is obese! All the way from the front office staff, to the nurses, to all the dinosaur doctors here. How can we possibly convince our patients to take care of themselves? And now here we sit, having lunch, and I'm ready to vomit. Dr. H is scarfing down a corned beef sandwich and french fries, and half of it is stuck to his face. I can't eat, because I have to be ready at any moment to perform the Heimlich or break out the shock paddles when he keels over from an MI. For the last three hours a booger has been hanging off of his nose. I keep hoping that all the hand waving he's doing about evidence based medicine will dislodge it. He comes close when he talks about how statins are useless, and twenty years ago his cholesterol was perfectly acceptable at 200. I keep wondering, where am I? Is this the twilight zone, or maybe some grotesque comedy? Are all outpatient pediatricians like this? Because if so, I will stay in the cradle of big city academic medicine forever to avoid this fate.

After lunch, we head for the first patient's chart. Emily is an eight year old with Angelman Syndrome and recurrent UTIs. The nurses did a urine dip before we entered the room, and it's basically negative with trace protein and +1 nitrites. Her mom tells us that her teachers have noticed a green discharge in her diaper at school. It tends to go away with a course of

# *The difficult patient*

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## **CONTINUED...**

antibiotics and returns shortly thereafter. Mom wonders why this keeps happening. She hasn't noticed anything at home. In the mean time, Emily is careening around the room, smiling and laughing. She's got long blond hair, a petite body, and a steady but lurching gait. She explores the exam table, the drawers, the door knob, and then returns to give her mother a hug. Dr. H decides that she needs another antibiotic. He writes the script, gives his good wishes, and out the door we go. All of this occurs in less than five minutes.

I stand there, puzzled. UTI plus green discharge plus antibiotics equals huh? I wonder, don't we want to do a physical exam? Shouldn't we look for green diaper discharge? I ask, "In this case, do you worry about sexual abuse?"

Dr. H says, "Oh, not until she's older."

And off we go to the next room.

What? Wait just a moment, I scream to myself. And there I stand at a cross-roads. Do I say something more? Can I poke my head into the room and say, "Oh, by the way, are you concerned about sexual abuse?" Can I go behind my preceptor's back, in his private practice, and do something without his permission? What will happen to me if I do? He is



one of my two evaluators in this block, and what if I want to be a pediatrician? He doesn't seem to like me anyway, because I have a hard time hiding my disgust for him.... But what should I do? What about Emily?

And then, the moment is gone. He has the next chart in hand. He hands it to me, saying, "This should be a good one for you, something you can handle."

I am angry. I am powerless. Mostly I am angry. I am angry at Dr. H, for whatever blinders he wears, for his carelessness. I feel voiceless, and lost. I am supposed to be a voice for my patients. Especially when they cannot speak for themselves, like Emily. I have failed.

As a third year medical student, I fight for attention, and standing room at rounds, and computers, and meal tickets. I try to be friendly, and professional, and prompt, and cheery, and informed, and well-spoken. I am learning to fight for my patients, and Emily shows me that I am clueless. She will be with me always. Especially the next time I need her most, when it's time to stand up for someone besides myself. ○○○

# *The powerpoint prayer*

HENRY CLAMAN

Creator of circuits, Lord of the laptop,  
Spirit of Microsoft on high, hear me.  
Not for myself do I plead,  
but for those already sitting in their seats,  
    looking furtively at their watches,  
    waiting for some new or old information,  
    yea, perhaps even some new data.  
Comfort me with fly-ins,  
Stay me with fade-outs.  
Free me from the iron law of Murphy  
    (who is sitting in the second row, I believe).  
Arrange the thingamabob, also the whatchamacallit,  
So that, when I scroll down the screen,  
And then press my finger on that crucial key  
    (which key?)  
the damn thing will actually start! ○○○

*This poem appeared in THE PHAROS OF ALPHA OMEGA  
ALPHA, Summer, 2004, page 12*

# *Not waiting*

A . T . M A N G O

## TIPPY DISAPPEARS

He wasn't disgusting when he was younger. Tippy was Sheila's dog; everyone acknowledged that. Even Harris became at least mildly fond of him, and Harris hated dogs. Poodles are bred to be affectionate, and Tippy's delight at the most miniscule of Harris's attentions gradually overcame the natural antipathy.

But Tippy didn't age well. He became a source of weird smells, corporeally and from deposits scattered around the house. His farts were skunk-like, powerful blasts amazing in their intensity given that they emanated from such a small source. He drooled over his green teeth, and peed, shat, and puked wherever he happened to find himself. He would then tread through the waste pool, spreading the wealth.

The kids, now in college, ignored him or made jokes about him with their friends. Only Sheila still loved him, but even she was grossed out when Tippy ate nuggets nestled in the kitty litter. Harris resumed his dislike of dogs, now adding "disgust" to his description of dogs as poop, bark, and bite machines. Tippy's senses had dulled. He could barely see, hear, or sniff. Sometimes when he was outside, he got lost and it took him ages to find his way back home. Most of the family wanted him euthanized, but Sheila was against it. And so they endured.

## *Not waiting*

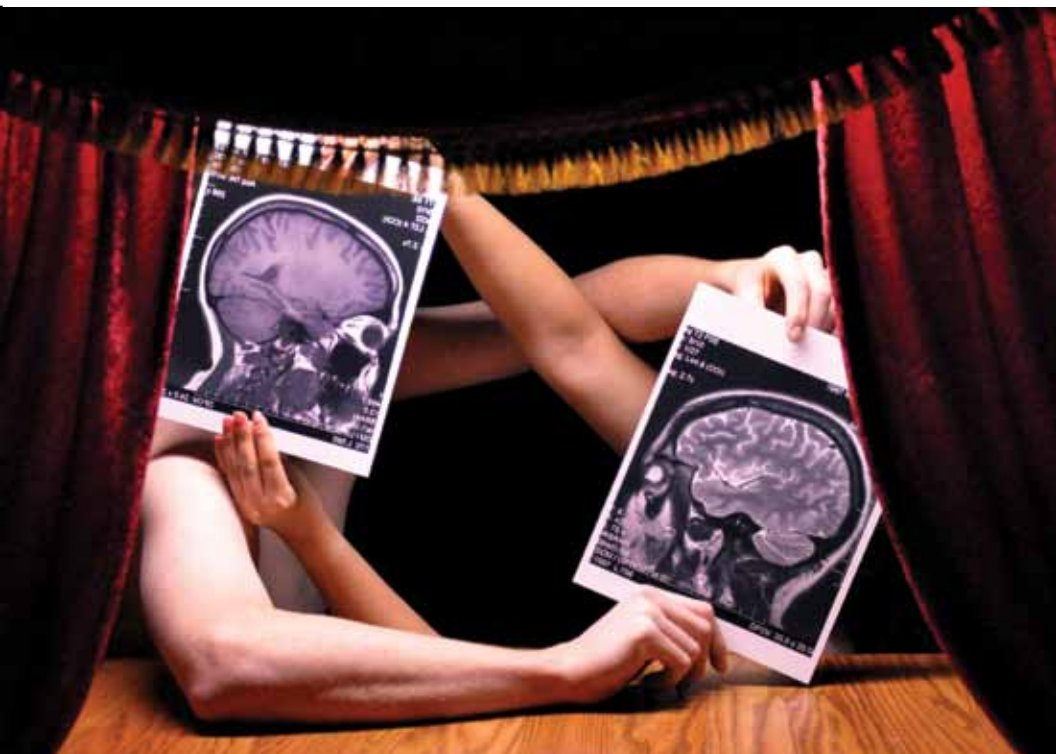
### **CONTINUED...**

Harris's family lived a few blocks from a busy California expressway. Tippy never went near there; the noise and sight of fast-moving traffic scared him. But one night, his senses befuddled and mind grown dim, he wandered in that direction. He waddled up the ramp and tried to pierce the nearly continuous wall of rush hour traffic.

The first truck that hit him, killed him, and he did not consciously experience his body's disintegration. Tippy went from three dimensions to two, which is not compatible with life. All hollow cavities—chest, abdomen, jaw—converted into tattered flat plates. Body fluids adhered to tire treads and sprayed up against under-carriages. Bits of bones and tissue intermingled with the gravel and dirt on the side of the road. Very soon, all that was left of Tippy was a torn pelt, with remnants of his little body distributed over miles.

Not simply dead, Tippy had disappeared. Only the driver of the first truck realized he had struck a dog. Erasure of his morphology by violent impacts had reduced Tippy to disparate molecules. Thus, no one informed the grieving family, or, more accurately, grieving Sheila. Tippy's absence was praised as a miracle by Harris, who had to restrain his joy in Sheila's presence. Tippy's exit from Harris's life literally caused him to do a soft shoe around the house when Sheila wasn't around.

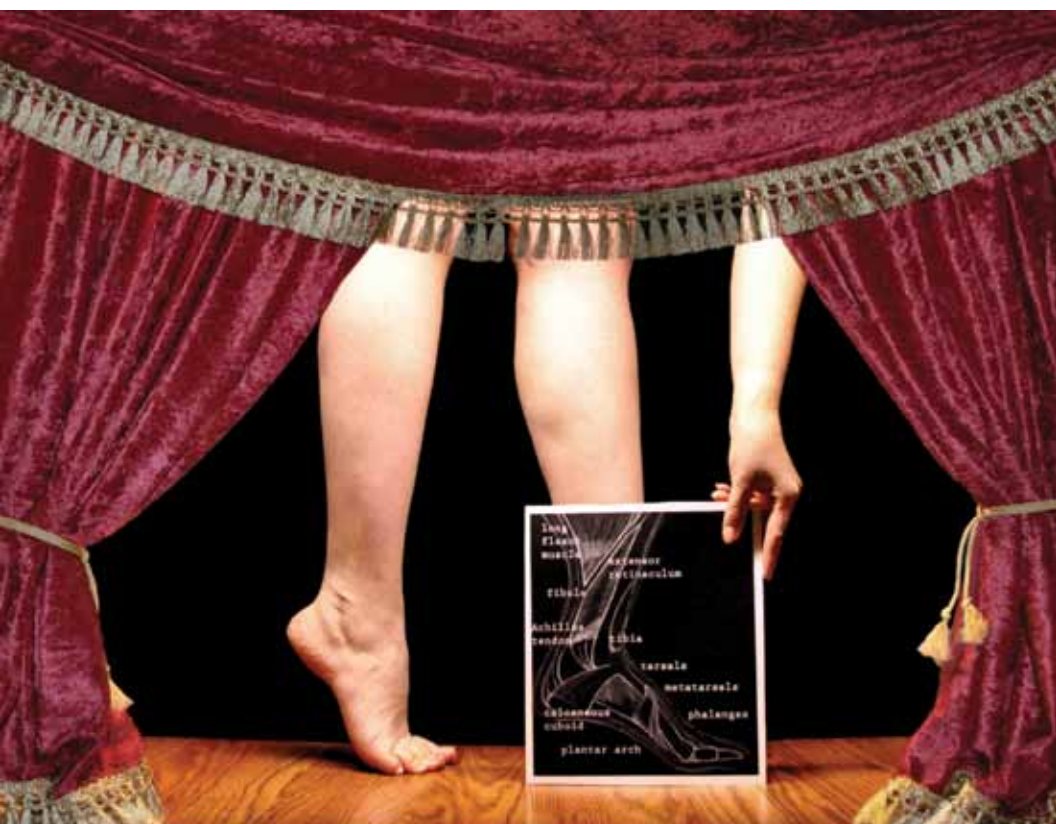
Continued on pg 160



LOVE :: TANYA GELSTER

*Love*





PARESTHESIA :: TANYA GELSTER

# *Paresthesia*

# *Not waiting*

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## CONTINUED...

Everyone adapted to Tippy's gone-gone. Doors were left open. Fresh air coming through the windows cleared away sour smells, and friends noted the absence of a heretofore characteristic fetidness. Everyone was pleased, though Sheila occasionally recalled Tippy's sweetness and became wistful.

### THE WAITING ROOM

Harris never went to doctors. He distrusted them. It's different when you're a kid. You need your shots and prescriptions for kid infections, whooping cough, measles, mumps, all like that. Adolescents were invulnerable except for sports injuries. Adults took care of themselves, didn't need yearly check-ups. Wait till you're old to start doing that. Fifty-two; that's not old. You only went to a doctor when something was serious. A lot of the time, they made you better, but people died and sometimes they made you sicker before you died.

But he couldn't put this off. Unaccounted for weight loss. It had been happening pretty steadily. Sheila noticed it first, then his friends and colleagues. They told him he was looking great and wished they could do it too. But he hadn't changed anything. Sheila noticed his appetite wasn't as good as it used to be. He had often overeaten, so maybe this was a good thing. Twenty pounds over a few months; more than 10% of him gone.



His belt now fastened at the last hole. His clothes felt loose.

He had looked up weight loss in a popular doctor book they had around the house and shivered when he read about occult cancer. Weight loss was often the first symptom of a cancer you didn't know you had. That's when he made the appointment.

They called him in to see Dr. Roybal just minutes after he took a seat in the waiting room. The others looked envious at how short a time he had to wait, but he didn't feel so lucky.

## EMULATING TIPPY

A few weeks later, Harris stood on a bridge over the expressway. It was raining slightly, but he gripped the wet rusty railing with both hands, looking down at the cars. He guessed that Tippy had wandered onto this road and was run over. They had posted missing dog signs, but no one came forward. Tippy becoming part of the landscape seemed likely.

Even though it was dark, traffic was thick in both directions. There was a liveliness to the scene. People going places, from here to there. Sure, the vast majority were merely coming home from work, but some might be having an adventure, a road trip, a rendezvous. He wouldn't be doing any of these things again.

They had done blood tests, urine tests, fecal tests. Took x-rays, MRI's. Performed endoscopies and colonoscopies, peering into the inroads and outflows of Harris's digestive tract. Doc called Harris into his office when he had the results. Yes, it was cancer. Yes, it was one of the really bad kinds. Yes, it had

## *Not waiting*

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### **CONTINUED...**

spread. More parts of his body had bits of the colonizing tumor than the number of parts that remained free. Surgery wouldn't do any good, too much to resect. Amazing there were no other symptoms, no pain, nausea, weakness, problems caused when the function of invaded organs was disrupted. But all this would happen, and soon. Then death; all coming, all at once.

Harris should give him a call when the pain began. He'd probably feel it first in his stomach, but there might be intense headaches too. Harris should let him know if he was interested in enrolling in a clinical trial. Palliative treatment would be called for, and he should then consider entering a hospice so he could at least be comfortable at the end. The doc wished there was something more he could do, but realistically, there wasn't. He was truly sorry to bear such bad news. Mr. Harris should make preparations, put things in order.

Of course Harris would tell Sheila when she got home from work that night. Then the two of them would begin to make plans. But first he had come up here. Question was, did he want to enter doc's description of Hell or skip the whole thing. Harris would feel good for a while, and then the shit would hit the fan, and he'd feel indescribably lousy. Then he would die. He didn't really want this to happen. Did he have a choice?

If Tippy had indeed walked onto the expressway, he would have been killed instantly and then disappear. Was this something Harris should consider? The smart thing, the correct thing, was to enjoy the time he had remaining when he still felt good, and then, perhaps, do something so he wouldn't have to endure the shit. Or, he could do something right now, something sudden and dramatic, possibly a bit premature but better than waiting for the first twinge. First symptom might be more than a twinge, a horrendous pain that would overwhelm him. He didn't want to watch Sheila's face when this happened.

He could do a Tippy right now and avoid all that. Would he be squandering his last few good days, or would these be too fearful to contemplate, spending most of the 'good' moments examining every creak and groan. Is this it? Does it begin now? Have I begun to die?

He had been pretty good at the high jump when he was a kid in school. His last gesture would be to fly. He stretched his arms alongside his head as if diving into a pool. During his few moments in the air, he had no regrets. As with Tippy, a truck hit him first. ○○○

2010

# *Watching*

JOHN ARMSTRONG

I am watching you

I'm learning about

The person

I want to be ○○○

# *Submission*

## FOR THE HUMAN TOUCH

Please send your art, photography (including photographs of your artwork), poetry, and prose to [TheHumanTouchJournal@gmail.com](mailto:TheHumanTouchJournal@gmail.com) by January 17th, 2011.

Submissions will be reviewed by the editorial board following the submission deadline on January 17th, 2011. Final decisions will be made by March, 2011.

Though some aspect of health care will provide the subject for many entries, submissions on all topics are encouraged.

### **Submission Guidelines:**

Up to three works may be submitted by each author or artist.

Each work must be submitted as a separate electronic file.

All submissions should include the name of artist, the title of the submission, mailing address, and email address. We also request a short biographical paragraph (no more than fifty words), though it is not required.

Poetry and prose submissions should not exceed 1,500 words.

Visual artists should submit work in a digital format (preferably a JPEG). If scanned, please ensure that the resolution is 300 dpi or greater. We also request that you do not send files greater than 30 MB. Please note that it is not possible for all visual media to be printed in color due to budget restraints.

Previously published work will be considered, but a citation is required in order to recognize the original publication. Proper acknowledgement and citation is the author's responsibility.

Any work that is edited or altered will be returned to the author for approval prior to publication.

No work will be accepted that compromises the privacy of patients or health care providers. Names and identifying characteristics or details should be altered prior to submission.

Submissions must be received by January 17th, 2011 in order to be considered for the Spring 2011 publication.

The Human Touch Journal is edited and produced by students at the University of Colorado Anschutz Medical Campus.

Questions can be emailed to [TheHumanTouchJournal@gmail.com](mailto:TheHumanTouchJournal@gmail.com).

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# *Biographies*

## FOR WRITERS & ARTISTS

### **LARRY ALLEN**

Larry is an Assistant Professor in Heart Failure and Cardiac Transplantation at Anschutz Medical Center. Larry grew up in Morrison but has gained an appreciation for living on the East side of town, regularly taking in the sunrises and sunsets while biking to and from work.

### **COLLEEN BERDING, RN BSN CRRN MSCN**

Colleen is currently a student in the MS in Health Care Informatics program in the College of Nursing at the University of Colorado at Denver. Colleen is a staff nurse for the VA in St. Louis, MO at the Jefferson Barracks division SCI (Spinal Cord Injury/Dysfunction) unit, which is one of the VA's national SCI centers.

### **JENNIFER BISHOP**

Jennifer is a third year medical student who wrote this piece during her first rotation on inpatient medicine. She has an interest in pursuing primary care as a career and hopes to never forget that medicine is a privilege in which we get to witness the resilience of the human spirit.

### **CONSTANCE E. BOYLE**

Constance was born in Jersey City and resides in Arvada, CO. She completed an MFA in Creative Writing at Goddard College in 1994 and writes poetry and short story. Her chapbook,



Double Exposure, was published in 2005. She was a primary care provider (PA) in community health for 27 years, 18 of those serving adolescents at the Lincoln School-Based Health Center.

### **HENRY N. CLAMAN, MD**

Dr. Claman is a Distinguished Professor of Medicine and Immunology, and founder of the UC effort in medical humanities. He received the 2009 Bonfils-Stanton Award in Science/Medicine for his discovery of T cell-B cell collaboration. He is the author of *Jewish Images in the Christian Church*, an analysis of medieval art.

### **CHRISTINA CRUMPECKER**

Christi is a third-year medical student at the UC Denver School of Medicine and has been writing essays, short stories and poems since grade school. She is a sister, daughter, godmother, best friend, paramedic, and proud “parent” of two four-legged fur babies. Christi hopes to practice family medicine, focusing on healthcare for underserved and vulnerable populations.

### **PAUL DARBY**

Paul is the Family Therapy Supervisor for an adolescent-based program affiliated with Addiction Research and Treatment Services. He maintains a private practice treating victims of trauma and is involved in veteran affairs issues.

### **ANJALI DHURANDHAR**

Anjali Dhurandhar is an assistant professor in the department of Medicine and provides primary care to the underserved. She studied studio art in college and after residency, completed a fellowship in Medical Humanities with a focus on imaginative and reflective writing. She enjoys teaching and participating in all forms of the creative arts.

# Biographies

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## CONTINUED...

### JEFF DRUCK, MD

Dr. Druck is the Assistant Head for Education in the Department of Emergency Medicine, the Associate Residency Director for the Denver Health Residency in Emergency Medicine, and an Associate Director for the Integrated clinicians course.

### JEFF FRANKLIN

Jeff is an Associate Professor of English at the UCD downtown campus. His poems have appeared in many national journals. His first collection, *For the Lost Boys*, was published by Ghost Road Press in 2006. His scholarly books are *Serious Play: The Cultural Form of the Nineteenth-Century Realist Novel* (University of Pennsylvania Press, 1999) and *The Lotus and the Lion: Buddhism and the British Empire* (Cornell University Press, 2008).

### TANYA GELSTER

Tanya is a student at the University of Colorado Denver. She has been passionate about photography since a young age and is currently pursuing a bachelor's degree of fine arts with an emphasis in photography.

### BETH HARMON

Beth, a second year physician assistant student, is excited about pursuing a career caring for geriatric patients. She feels

honored when caring for those who have so much wisdom to offer and has found both writing and photography to be meaningful ways to process the emotions associated with terminal illness and mortality.

### **BLAKE HYDE**

Blake is a third year medical student at The University of Colorado, School of Medicine. He is currently hoping to pursue a career in Otolaryngology. Outside of medicine, he enjoys sports, almost any outside activity, and spending time with his wife, Kathryn, and their great dane, Gracie.

### **MICHAEL S. KAPPY, MD, PHD**

Dr. Kappy is Chief of Pediatric Endocrinology at The Children's Hospital. Over the past 40 years, he has also helped establish general healthcare programs for indigent and rural populations, including urban clinics in Anacostia, D.C. and Commerce City, CO, rural southwestern Colorado and a broad endocrine outreach clinic network in Colorado and Montana. He is a sometime photographer.

### **LAURA KATERS**

Laura Katers is a substance abuse and addictions counselor and also volunteers at the University Hospital. She enjoys photography for both the therapeutic value of composing images, and also for the unique story an image conveys. She has a MS degree in physiology but is pursuing a future as a PA, with intentions of working in Integrative Medicine. Both of her photographs were taken while on a pilgrimage to Peru.

# *Biographies*

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## **CONTINUED...**

### **JACQUELINE LINTON**

Jacqueline is a first-year medical student from Lakewood, CO. She graduated from Washington and Lee University in June 2009 with a B.A. in English.

### **LISA LITZENBERGER**

Lisa works as an Arts Professional in the Department of Pathology, University of Colorado Denver on the Anschutz Medical Campus. Lisa attended the Art Institute of Colorado where she studied commercial photography. Her favorite subjects are portraiture, landscape photography and image manipulation in Adobe Photoshop.

### **A.T. MANGO**

A.T. Mango is the pseudonym of a scientist who lives in the west. He has previously published stories in *The Human Touch* and the online crime magazine, Thuglit.com. A collection of his stories, written under yet another pseudonym, will be published in early 2010.

### **TYLER MARSH**

Tyler began producing art at an early age. Tyler's photo-realistic style was shaped and honed under the tutelage of Joan Hitchens. Tyler continues to produce commission pieces as well as large-scale public displays outside of his graduate studies. Tyler's ongoing projects can be seen online at <http://phauxshow.com/tyler-marsh>

## **LAUREN MAY**

Lauren is a fourth-year medical student. She will be an OBGYN resident at the University of Colorado in June.

## **ALICIA OBERLE**

Alicia is now a second-year medical student at the University of Colorado School of Medicine in the class of 2012.

## **OSWALD PFENNINGER**

Oswald is a former employee of the University of Colorado Medical Center where he worked as a biochemist for two different professors in the Department of Biochemistry and Biophysics. In retirement he and his wife are visiting many areas, experiencing and enjoying many cultures, and bringing home memories and photos of these places.

## **FRED PLATT**

Fred is a Clinical Professor of Medicine and recently retired from a forty-year practice of general internal medicine in Denver. He teaches medical communication to practicing clinicians and to students, including our Foundations of Doctoring Curriculum. He has written several books and many articles about communication and created our very own ILS model of the clinical interview.

## **KELLY RAMSEY**

Kelly, a native of North Carolina, is a third-year medical student. He sometimes uses poetry to express the paradoxical nature of medicine he is experiencing.

# *Biographies*

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## **CONTINUED...**

### **GAMINI SIRIWARDANA**

Although a researcher by profession, Gamini always had a desire for oil painting and started painting as a hobby four years ago. Gamini was inspired to do this painting after a hike in New Hampshire during the fall of 2009.

### **SARAH STALLER**

Sarah is a fourth-year medical student who loves taking care of patients, exploring mountain trails, cooking up big meals for friends, and soaking up the Colorado sunshine.

### **LAURA STURGESS**

Laura is a third-year medical student. She grew up in Phoenix, Arizona and attended Colorado State University for her undergraduate degree. Her clinical interests include preventive care, motivational interviewing, and chronic disease management.

### **DAVID TARULLO**

David will be starting a residency in Emergency Medicine (somewhere!) in 2011. He is especially interested in global health, and the challenges refugees face when immigrating to this country. Outside the hospital, he spends his time doodling in the margins of his textbooks and unwinding with his wife and daughter.

### **GAIL WALDSTEIN, MD**

Pediatric pathologist 35 years. Her work appears in *Nimrod*, *High Plains Literary Review*, *New Letters*, *The MacGuffin*, *Bayou*, *The Iowa Review*. Fellow: Colorado Council for Arts, 2001; Helene Wurlitzer Foundation, 2002; Associate, Rocky Mountain Women's Institute 1997/98. Her memoir *To Quit this Calling; Firsthand Tales of a Pediatric Pathologist* published Ghost Road Press, 2006. Poetry chapbook *AfterImage* published PlanB Press, 2006.

### **DAVID M. WEIL**

David is the Educational Technology Manager for the CU Physical Therapy Program. He has a BA in Photography from Columbia College Chicago, and moved to Colorado ten years ago.

### **LEN WHEELER, MD**

Dr. Wheeler went to Columbia Med School '59, to Univ. Rochester for internship, a year of Pediatrics here with Henry Kempe, before doing a Medical Residency here also. Into practice in '68 on the West side of Denver for some 33 years, and he is thoroughly enjoying helping MS I and II students in their communication classes there.

# Biographies

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## CONTINUED...

### JAMES WILK

James is a graduate of the C.U. medical school (1992) and practices internal medicine at Rose Medical Center. His work has appeared in a variety of literary journals. He is the author of two poetry chapbooks, *Shoulders, Fibs, and Lies* (Pudding House, 2008) and *The Seven-Year Night: Poems of the Medical Training Experience* (Big Table, 2010), and his poems appear in the anthology, *A Conversation Between Patients and Their Caregivers*, ed. Paula Zimlicki and Dagan Coppock, (forthcoming).

### RAZA YASEEN

Raza Yaseen maintains The Tree of Voice, a blog of ghazals ([thetreeofvoice.blogspot.com](http://thetreeofvoice.blogspot.com)).

### GEORGE YOUNG

George practiced Internal Medicine and Rheumatology at the Boulder Medical Center for 32 years before retiring. His publishing credits include poems in many literary and medical journals, poems in three anthologies of physician-poets, and one book of poems: *Spinoza's Mouse*. See website: [drgeorgeyoung.com](http://drgeorgeyoung.com).