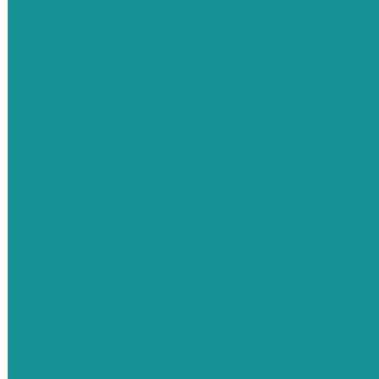


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VISUAL ART

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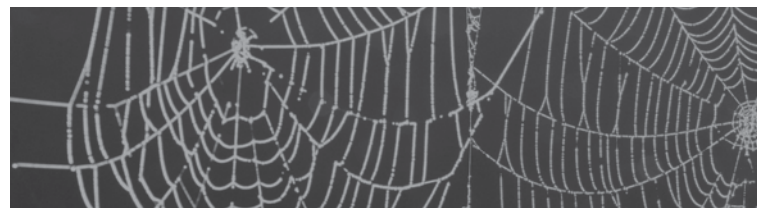
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The Human Touch

Volume 5 • 2012

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Preface

Volume 5 • 2012

Welcome to *The Human Touch* 2012 – the fifth volume of our 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.

In preparing to write this preface, I amused and amazed myself by searching for similar publications at medical schools and health sciences centers around the country, finding an impressive number of them. There are those with historical, anatomical or clinical titles such as *The Hippo* (short for Hippocrates not hippopotamus) from the University of Michigan Medical School; *Connective Tissue* from the University of Texas Health Science Center at San Antonio; and *Lifelines* from Dartmouth Medical School. There are others with more arcane or poetic titles such as *Blood and Thunder* from the University of Oklahoma College of Medicine; *Third Space* from Harvard Medical School; *Wild Onions* from Penn State University College of Medicine; and *Hippocrene* (not Hippocrates) from Washington University School of Medicine. And finally, there are a few like our own with titles that evoke an intimate connection and promise an aesthetic remedy for readers who spend some time within their pages such as *The Healing Muse* from SUNY Upstate Medical University.

All of these remarkable publications are edited by students and faculty on their respective campuses and represent the increasing importance and presence of the arts and humanities in healthcare education and practice. With this volume of *The Human Touch*, we not only celebrate the successful growth and development of our own Arts and Humanities in Healthcare Program at the Center for Bioethics and Humanities but also the near completion of our new home—the Fulginiti Pavilion. This unique space will enable us to realize our vision of the cultivation of human values, the celebration of human imagination, and the creation of healthy communities through excellence in humanities education and scholarship and arts production and presentation.

I am especially grateful to Dr. Henry Claman for his unwavering commitment to the arts and humanities at CU and his incredible generosity to our program. On behalf of the editorial board, I also want to thank and congratulate our 2012 Editors-in-Chief, Lyndsey Graber and Shawn Stone, who graduate from the School of Medicine in May. They leave behind many friends and colleagues who marvel at their serenity and organization.

Therese (Tess) Jones, PhD

Director, Arts and Humanities in Healthcare Program ☒

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This issue of The Human Touch – like all issues – represents a team effort. There are many people on the team to thank:

- Richard D. Krugman, Dean and Vice Chancellor, for his continuing support
- Dr. Tess Jones, for heading up and promoting The Arts and Humanities in Healthcare Program, which sponsors this and other efforts.
- The Editors-in-Chief, Lyndsey Graber and Shawn Stone, who somehow found the time and energy to bring a year-long effort to fruition, and for guiding the Editorial Board in its efforts.
- Members of the Editorial Board.
- Crystal Hatch of Slanted View Design for her ongoing creativity in making this issue a sparkling production.
- Bill Daley and the Light-Speed Color company for their printing and production expertise.

Many thanks to all!

Henry N. Claman, M.D. ✉



Contemplation [Alicia Patterson]

Autumn Reverie

Leslie Kelly Cabrera

Poring over treasures
I've gathered along the way
Wandering through my dearest season
Breathing in autumn, its dulcet offerings

The redolence of those transient moments
Chartreuse today, vermillion the next
A breathy secret in a receptive ear
The fluid impermanence of existing

How fall so bright and striking when
Red leaves rage against cold blue sky
The trees strain to maintain their modesty
But wicked white winter strips them there

And how I love this lesson lived
And so I pluck a fiery leaf
And place it in my pocket
With care so not to mar or mangle

Months have come and they have gone
And the leaf, she has curled and aged since
How dry and brittle and sad to see
A covetous endeavor to steal an instant

An acorn trio, so beautiful, had fallen
I snatched up, greedily, and brought them here
Have shrunken away from their little hats
And now lie wistfully beside themselves

A pinecone pair on a bright green branch
Piteous victims of a gusty wind
I happily adopted and took them home
Now sit, two old men--bare-boned, bald

How curious then, the irony seems
That the vibrant time which stirs my heart
Compels me to live, full, in an instant
But also leaves me mournful of the harvest

How profoundly I am taken
By this incongruous moment
That I fall backwards into myself
And reminisce of those—

The air that fed a wanting soul
The colors that conferred such gratitude
The revelation that gave me presence
And the simple act of marveling

Reveling in the sweet, sweet moment
That only I could know and keep
Tenuous strings bind heart and mind
Attachment to corporeal self subsides

In a manner most true,
A time and place for all things
All is fullest in its while
Time is fleeting, but life even more so ☒



Some clues, but not all the answers

A.T. Mango

Little Moishe loved to run in the sand. So, he was in luck because his village was surrounded by it. They had built a flimsy fence around the entire perimeter, around this agora, to keep out Palestinians, but their kibbutz was so small that nearly no one outside the village knew they existed.

Rebecca was engaged in constructive haggling at the market over the price of a pomegranate. Both parties knew the price in advance but went through this elaborate verbal dance to demonstrate wit, and because it was expected. And so, she didn't notice that Moishe had run away.

Moishe crawled under the fence and ran down the hill, not falling even once. Unrestrained freedom was a rare moment; at any second his mother's voice or hand would grab him, but for now he was exhilarated.

At the bottom of the hill was a pond which swelled and shrank according to occasional rains. Parked at the pond was a camel. Little Moishe headed straight for the water until the sight of the camel stopped him dead. He knew animals, did Moishe. He knew pets. A cat shared time equally between their house and that of their neighbor; they had the daytimes. Moishe knew if you pulled the cat's ears or slapped at him, he would hunch up, thicken his tail, sometimes slap back with a claw, and often simply walk away.

He adapted this style of play to the camel, trying to move its front foot, hitting at the foot, making noises that sounded like "foot, foot". Camels are generally placid. Even when you are cutting their neck for slaughter, there is a second or two before they struggle. Other animals, including people, object as soon as they feel the knife. But a camel waits until it feels blood rush from the wound before reacting. Maybe it's their little brain or something to do with their tolerance of thirst. I don't know.

But this camel was feisty. It didn't like the littlest thug fooling around with its leg, and kicked out, its foot catching Moishe on the forehead, knocking him into the air, where, twisting, he landed face-down in the pond. And drowned.



Meanwhile, Rebecca had become aware of Moishe's absence. After the briefest of calm moments, turning first her head, then her body, taking a few steps this way and that, calling "Moishe, Moishe" out loud but not in frenzy, she let her natural tendency towards hysteria take hold. Following her lead, a whole pack of mothers, aunts, daughters, sisters, and grandmothers took up the shouting: "Moishe, Moishe, Moishe."

Someone, a little girl, looked down the hill and saw a floating body. The girl stood still, her hand over her mouth. This immobility so contrasted with the general chaos that it was soon noticed. Adults wandered over and saw the body in the pond. They too stopped, many imitating the little girl's gesture, her-hand-over mouth tableau, while others groaned and cried. Rebecca saw that people at one end of the market were staring down the hill, and rushed over to see what's what.

Rebecca screamed and squeezed through the flimsy fence. She waded into the shallow pond to grab her son's body, carrying it out, nearly flinging it face up onto the ground, her shouts muted now, kissing the face, the eyes, crying silently.

When she noticed the abrasion on the forehead a whole series of thoughts came forth. He had run into the water, slipped on a rock, and drowned. It was an accident, just another mad act by a murderous God, one of His whims. Moishe died because she was a negligent mother, a monster. She ignored the camel. The camel wasn't there. But then she noticed the other body, the one lying on the other side of the camel. Osman.

Osman had been drunk the night before. After the party, he crawled onto his camel and immediately fell asleep. The camel wandered slowly towards Osman's home but found the pond instead. He shrugged Osman off, drank a little, and stood there till morning. Osman slept a very deep drunken sleep. His head lay in vomit, his hand still holding onto the bottle. He slept through Moishe's death. He slept through the cries in the village above and through Rebecca's groans right next to him.

Rebecca saw Osman. She saw his bottle. She looked at the mark on Moishe's forehead. Now she knew what had happened here. She ran over to Osman, grabbed the bottle, and started hitting him on his head, to kill him, to kill him by hitting his head, like he killed Moishe.

The bottle didn't break, and Osman never woke up. The hitting continued long after Osman was dead, until one of the women came down the hill to still Rebecca's arm. Rebecca's anger, her madness, had partially quelled her grief. But when the woman stopped her, the full measure of loss returned as before, and she resumed wailing, something she would do for the rest of her life.



Some clues, but not all the answers

A.T. Mango

Shlomo was a disappointment to his family. A good man, sure, but rather than continue the line of rabbis, the proper scholarly lineage, he had elected to become a hematologist, studying cells in blood which all of us have for protection, our common biology. Shlomo was shopping for his mother at the market; she was now too frail to leave her house except for the most important of holidays. He had finished his errands and was immersed in one of his books, making him one of the last to ken to what was afoot. He walked to the edge of the hill just as Rebecca was delivering the last few blows.

Shlomo bent under the fence and walked down the hill. He approached the tiny body and looked at the face. A mark on the forehead showed two indentations, as would be made by toenails. He went over to inspect the camel's feet and noted fresh blood at the tip of the left front one. Then he gazed at Rebecca, Osman, and the other woman. Rebecca was still holding the bottle by the neck, keening now, swaying from side to side, eyes closed, kneeling down not by her son's body but at the man's, whose head was now in bits and pieces.

What to do? Rebecca had killed an innocent. Should Shlomo report this and have her punished? The little boy was dead, a needless accident. The Arab was dead, a mindless murder. Would the mother's grief be at least partially assuaged by the presumptive retribution? By not punishing, by not pointing out what must really have happened, would this mute or promulgate age-old hatreds? What should a man who knew the names and properties of things swimming, floating inside each one of us do?

Next question, please. ☒

Cheeks

Alexander Rowan

With a loving kiss
Alight upon her rosy cheek
She blossomed

The cadence by which
Her heart kept time
Would beat to the day rhythms

Hearts emotion painted
Upon her cheeks
In perpetual blossom, until

Stepping to the days rhythm
A syncopated tune
Began to play, and

The fugacious red blossom
Of her cheeks
Withered with her pulse

The syncopated murmur
A pale silence
Her clandestine tune ☒



Curves [Oswald Pfenninger]

Now There is One

Fred Platt, MD

There were four of us, or five,
if you include the already dead
Earnest, our cadaver. There were
Bruce and Harvey and Al and
I making up a dissection team.
a long time ago.

Bruce died two years after graduation,
a victim of his own pharmacology
and a sudden mental illness
that I have still not forgiven.
Harvey grew old and finished his psychiatry
practice and raised his kids and grandkids
and toppled over three years ago in his
eighties. And Alex, I had not kept in touch
but we had dinner together, he and Thea, Connie
and I, in Seattle three or four years ago
and then yesterday, in the Stanford alumni
journal, there was his name, the only one
of our 1964 class to succumb this year.

And now there is one. Earnest, it goes without
saying, was dead already. But so are Bruce
and Harvey and Al. There's just me now.
Just one. ☒

Go Tell Her

Brianna Nicole Patti

"Go tell her."

I stood there in shock.

I'm sorry, what? You want me to do what exactly? You can't be serious. Please tell me you're not serious. Please please PLEASE get that little cocky I-just-freaked-out-the-medical-student smirk on your face so I know you're not serious.

He must have noticed my mouth was dangling dangerously close to the coffee-stained carpet.

"You got a problem with that?"

He's serious. Shit.

I meekly shook my head "no" before I even realized I was doing it. I've strangely gotten used to the fact that I now do everything that anyone with a long white coat asks me to do, even if I don't want to. It could be getting a cup of coffee, sugar no cream, and a sprinkled doughnut from the cafeteria at 6am for one of them when I would really rather change out of my plaster-riddled scrubs before rounds. It could be staying to hold the leg on a 4-hour case after I've already been up for 50 straight hours. Whatever. They say jump, and I don't even bother to ask how high anymore.

This is different. This has nothing to do with working until I drop or seeing how much demeaning crap I'll do before I snap. I am on very dangerous ground. I have no idea what to do.

I feel sick.

But I grab the chart like the good little peon that I am and make my way down the hallway towards her room. 4403. It's down at the end, one of the private rooms. How she got in that room, I'll never know. It's usually reserved for the socialites and big daddy bankers who donate millions of dollars a year as a tax break and show up when there's a good opportunity for a photo shoot with the leukemia kids. She's a 16-year-old single mom with no money, no family, nothing. Every time we wake her up on morning rounds, she's wide-eyed and terrified of us. We've gotten used to it.

She came in a week ago, beat to hell. Her boyfriend assaulted her in a back alley while he was drunk and high on meth. I say boyfriend, but he's more like



Storm Clouds [Kelly Tomlinson]

Go Tell Her

Brianna Nicole Patti

her pimp. She refused to go down on some guy as payment for his drug habit. He beat the crap out of her and left her in a puddle of ice water and motor oil to die. One of the dancers from the club came out for a smoke and found her. She called the ambulance after she finished her cigarette.

She got the whole “workup” when she came in. Fractured skull, fractured spine, fractured arms and legs. We’ve fixed what we could, left the rest to heal on its own. She did okay for a few hours. Then she started bleeding.

I went to see her. I hung fluids. She was still bleeding. Her heart rate went up. I hung blood. Her heart rate stayed up. She looked pale. I hung more blood. She kept bleeding. Her heart rate kept going up. I ran labs. The numbers said she was bleeding. I already knew that. Her blood pressure started going down. I hung more blood. I hung platelets. I hung plasma. I ran more labs. They still said she was bleeding. I called for help. No one answered their pagers. She kept bleeding. I stood there and watched as her rhythm strip changed. I hit the blue button on the wall and called for the crash cart. She kept bleeding. I pressed my fingers to her wrist. I couldn’t feel a pulse. She moaned. I looked her in the eyes. She stopped breathing. I looked around the room. No one was coming.

I honestly don’t remember running down the hall for the crash cart. I don’t remember sprinting back to her room. I don’t remember putting gloves on. I don’t remember putting the tube down her throat. I remember Dennis. He’s the nighttime janitor on the fourth floor. I shoved him against the wall as I was running to get the crash cart...I think. At least, that’s what he told me later. Apparently he ran back with me to her room. He did whatever I told him to do. I don’t remember talking to him. All I remember is him looming over her, thumping hard on her chest, asking me with his stare if he was doing it right. I hope I told him yes. I hope that was the right answer.

She survived. We transferred her to the ICU. She came out of it. We brought her back to the floor. She stopped bleeding. No one tried to figure out why she started. I guess they thought if we tried, she might start up again. I had a bad feeling. I went back and looked at her x-rays. I saw something. I asked about it. I was told to shut up. I asked again. I was told to go to hell. I kept pressing. I pressed with 30 people in the room, including the “big boys”. They ordered an MRI. I celebrated with a cup of coffee. The results came back. How the hell could I have even thought about celebrating? I’m such an insensitive prick.



I make it to her door. It’s closed. The curtains are drawn around her bed. She’s sleeping. I raise a hand to knock, but I can’t make myself bring my knuckles down on the glass. I just stand there. If she’s asleep, I can make myself believe that it’s better to leave her alone and not tell her and then I don’t have to do any of this.

How am I going to do this? How am I going to go in and tell her that what everyone has told her is “most likely nothing” is actually a big something? She’s going to have questions. I don’t have any answers. She’s my responsibility. Just suck it up and open the door. Open it!

I open the door and walk in the room. She’s sitting up in bed, staring blankly at the pink and beige wallpaper. Supposedly the combination is soothing. I don’t get it. I walk over to her bed. She doesn’t look at me.

“Miss Collins?”

She still doesn’t move.

“It’s your surgery team again. We got the results back from your MRI.”

She closes her eyes, inhales, and turns towards me. She’s aged 10 years in as many days.

“It’s bad, huh?”

She doesn’t open her eyes. I just stand there for a moment, then nod. Not that she can see me, but I think the silence was answer enough.

“Like months.”

I nod again.

“And there’s nothing you can do, right? I mean, to make it all go away?”

I shake my head...and then I remember she can’t see me.

“No, no there isn’t. But that doesn’t mean that we don’t have...”

Her arm shoots up off the bed, and she holds out her hand for me to stop. She opens her eyes and looks straight at me. Her eyes are a pale grey. The life drained out of them long before she ever showed up here.

I stand in silence at the foot of her bed, waiting. She doesn’t scream. She doesn’t cry. She doesn’t do anything. She just sits there staring at me.

“Thank you.”

It was soft, but I heard it.



Go Tell Her

Brianna Nicole Patti

"I'm sorry?"

She manages a meek smile.

"I said, Thank you."

"For what?"

"They told me, the nurses. They said you figured it all out. They said you made sure they didn't forget me."

I try to come up with something to say. I've got nothing. She keeps going.

"It's stupid, I know. Everybody's busy and you guys look after so many people. I shouldn't expect to be special in here. And I didn't until I heard the nurses talking about me and how somebody was trying to figure out why I went to the ICU. I asked who it was and they said it was you. You're the one who keeps coming back to check on me and talk to me and make sure I'm okay."

She turned to look out the window and took a deep breath.

"I'm gonna die. And soon. At sixteen. And I know it really hasn't hit me yet. But at least I can say there was one person who really gave a damn about me."

I bow my head a little and manage to squeak out a "you're welcome". I move toward the door to leave, and with my hand on the door I turn around.

"We're going to take good care of you, you know."

"No, you're gonna take good care of me, doc."

I stood dumbfounded in the hallway.

A sixteen-year-old girl with a death sentence just called me her doctor. She trusts me.

Holy crap... ☒



Women Carrying Supplies, Pokhara, Nepal [Sarah E. Rowan, MD]



Nick And Nora [Mark Earnest, MD, PhD]



Arches National Park, Utah [Anjali Dhurandhar, MD]



Painted Dogs of Zimbabwe [Jacob Gray, MD]



Lorax [Lisa Litzenberger]

Five Words about My Hometown

Anjali Dhurandhar, MD

Water: I stand at the edge of the river. I have stood here many times before. The thick brown currents swirl between rocks and discarded beer bottles. Rusty metal bridges span the mile from east to west bank. The muddy Mississippi, a river of refuse, full of the discarded, the unwanted—the nation's dumpster. It meanders through New Orleans—the city that care forgot. That is what New Orleans calls herself, as if the city and its inhabitants know that they must drink the waste of everyone else. The city has an inferiority complex. Is it derived from this river that runs its stench through her center?

Peace: Upon arriving in New Orleans, I feel joy at returning to this place of my birth, the place where I have spent most of my life. But after only a few hours, I feel restless. I feel as if I don't belong, but did I ever? Was I ever happy here? I return to my favorite spots—Jackson Square, filled with colorful paintings, children playing trumpets, jugglers tossing torches into the air, and beneath the oak trees, laying on my back, watching the squirrels chasing each other over the branches, the shapes of angels formed by clouds in the vast sky. But the restlessness returns, I cannot stay here. This is not my home anymore.

Earth: In the shade, the dirt is cool and moist. My hands support me as I sit. My fingers feel cold upon this damp earth. I write in my journal, resting upon my lap. The weeds grow tall and obscure my view of the pond. I watch the ducks splashing in the water and pecking at each other, fighting over scraps of bread. But these words are just a memory where I am now. The ground is frozen, snow muffles its surface. My feet can't even find the soil or the grass. Nature is dead here, hiding during these unfriendly days. I crave warmth. I want to return home, but I don't know where that is.

Sunshine: Golden rays upon my skin—warm and comforting. The sensation is like being in love, drowning in the warmth of the sunshine. The two feelings are so similar that sometimes I find them difficult to separate. During those sunny days of spring and summer, I fell in love time and time again. By a river, under trees, beneath blue skies, warm rays of sunshine blinding our eyes. We played on the swings, climbed the branches and rested on the grass. Smiling, giggling, joy, bliss.

Music: His plump fingers leap over the strings and thump low tones. A smile fixed upon his face as he holds his stand-up bass. Next to him, the saxophone swings up and down, dark glasses hide the musician's eyes. Then the squeals of the trumpet erupt. Each musician is smiling at his band mates, challenging them with more complex sequences, yet performing for the crowd before them. They wear pale three piece suits. Droplets of sweat creep over their foreheads. Their attire is excessive for the heat of this weather, but they play their part. And we play ours. ❧

The Traveler

Evelyn Brosnan

The stench of charred flesh still managed to reek through the antiseptic hospital air. Decked out in yellow isolation gown, cap and booties to prevent infection and feeling as inconspicuous as an Easter bunny in a parade, I paced in the burn unit hoping that nobody would mistake this garb for a surgeon's scrubs and query me. I would have to explain that I too was a visitor, here to aid my relative who survived the plane crash. Occupants in these beds had shared a common fate. Late at night in the midst of a hurricane, the jumbo jet, laden with fuel and passengers revved and raced down the runway. Shuddering against the winds, the plane lifted skyward and bellied into a construction crane, exploded in flames and scattered itself across the tarmac. Fuel tanks ruptured and spat, spraying lethal death sentences indiscriminately, soaking unsuspecting passengers in aircraft fuel and turning them into tinderboxes for the hungry flames. Half of them perished. The lucky ones made it here.

Inside, white coats moved about with purpose. My relative winced, shifting from side to side as the light cotton sheet scraped on a raw back. Prickly and itchy, the tissues eagerly awaited the new dose of salve and dressing. Experienced hands rendered me superfluous to the task. Stepping aside, an aberrant sound caught my attention. Unfamiliar noises flare an adrenaline surge in a nanosecond here. This sound seemed human, yet not human, a pitch higher than a moan, staccato but without the energy to be a shrill cry. Desolate and frail, it beckoned, pulling my feet out into the corridor and towards a nearby room. Standing at the door, my eyes settled on a lone figure swaddled in bandages that wound thickly round and round to outline a human form. Bone white and plush they wrapped the entity from head to toe and sank into the contours, the edges creating thin concentric lines. Abnormally round, it looked as if a soccer ball occupied the head. Two sunken black holes held the eye positions. A space that mimicked a mouth cut through the bandages below where a nose should be. The eerie sound seeped out from there. The invisible body appeared shriveled up and shrunken, yet all the limbs seemed to be intact. It was the skin that was missing. The form twitched and jerked in the bed, gyrating wickedly, uncontrollably. Stomach lurching, I rapidly scanned the room intent on switching off whatever callous machine choreographed



this ghoulish dance. But no external culprit emerged. Perplexed, I blinked enquiringly at the body in the bed. Suddenly, sickeningly, I understood: gallant traumatized muscles were making their last ditch efforts, doing their best to fight on. Knees buckling, I gripped the door jam for support as pure anguish oozed from what had once been a person. Now in the dimmed lights, only this electrified mummy remained.

Instinct tried to move me forward, to go towards the mummy in the hospital bed, yet I remained rooted to the spot. Fear did not hold me back; it was the shameful sensation of being purely a voyeur to someone's cruel and intimate end. My hands could do nothing for this person. My hands. I noticed my pale, pink hands. So nicely proportioned, the fleshy pink is peppered with the odd freckle here and there - sun kisses, as my mother called them. A slight chuckle attempts to form, seeing the way my little finger juts out at an angle determined to have its own unique look at the world. A myriad of blood vessels underneath this pale skin bear a slightly blue tinge, all of them noble carriers of a precious payload. Nourishing each finger, they feed the translucent nails that shine and curve into half moons at the cuticle in a beautifully healthy glow. Whorls and loops mark out fingerprints in a skin formation so uniquely mine that it can actually serve as identification. A tiny, thin white scar below my left thumb carries the memory of escapades at archery, when an arrow snapped and pierced my flesh instead of flying towards the target. I found myself pulling my sweater sleeves down over these hands in a vain attempt to hide them from showing up so normally, as if to mock the scorched body that lay in front of me.

Life, death and suffering are like three siblings. Life and death are different enough - life the vibrant one carrying the torch, blazing the trail, leaving the legacy. Death is the quiet one, waiting in the wings, powerful and merciful, a compassionate companion. But death and suffering are like identical twins often mistaken for each other. Suffering is the destructive evil one that swoops in out of the blue and stomps all over the lovely sandcastle that life has built with care, leaving it ravaged and disheveled. And death, like the ocean, can only wait and watch until the tidal rhythm brings it close enough to finally caress and smooth the ruin back into the sand.

I knew nothing about the person all alone on this voyage - male or female, Asian or Caucasian, young or old. Perhaps they led a simple life or maybe a prominent one. There were no indications of being rich or poor, a delight or a pest. Fleeting, a genie filled my mind and conjured up a different

The Traveler

Evelyn Brosnan



Better Days [Mark Earnest, MD, PhD]

finale, the one with a loving family surrounding the bedside, a warm cozy quilt, an air of ethereal peace and tranquility, soft angelic music, all the right words shared, the Hollywood ending that tells us how it should be done. Suffering twisted this plot perversely, spinning out a heartless, undignified final scene instead. Death, when she comes would be welcome and kind. The shrouded head moved, tilting towards me purposefully. Could someone in the midst of such horrendous affliction actually sense my presence? Such a simple move reached inside and rattled at my ribcage, a physical pain building in my chest as my heart grew bigger than I thought possible. That's a person over there and it matters. Escaping heaving ribs, my heart went where my feet could not. I let it go unhindered. Words carried on another dimension bathed the mummy and whispered, "I'm here. I know you are a person and I see that sliver of life that you still carry in this horrible mess. I know you are something more than this body, more than this pain, more than this grotesque spectacle that you have become. I stand witness to your plight, and I will not avert my eyes." How could it be? How could this connection, this merest thread be growing when life itself was slipping away? The room receded even more, the hospital bed fading into the periphery. For a precious moment, I too stepped beyond the obvious, beyond the surroundings, beyond the suffering, and there caught the faintest, sweetest glimmer of the essence of a person on their way home. Wispy and ephemeral, it touched me with a mysterious intimacy to cherish.

The white coats confirmed the course already set in motion ruefully explaining that such a deep assault on a body would likely bring a rapid passing. Reluctant feet carried me back into the fray, into the senseless chaotic world outside fraught with suffering that seems so random and cruel. A harsh cacophony of voices fighting aggressively for resources and assistance ebbed and flowed in the surrounding corridors. How do I find a willingness to be here myself and not wish to escape on the coat-tails of one who has earned their passage? Searching the air fruitlessly for any inkling of that essence, I softly murmured, "Whoever you were, wherever you've gone, you touched my heart and I am grateful." Perhaps that is the only meaning in suffering. ☒

The Thoracotomy

Jeff Druck, MD

"New patient, Room A, from triage" comes over the loudspeaker. I turn, walking toward the crisis room; I spot Becky, the charge nurse, walking the same way. "What is it, Becky?"

"Gunshot wound."

"Where?"

"From triage."

"No, where is the gunshot wound . . ." my question stops mid sentence as they bring the patient in, blood spilling onto the wheelchair. Obvious puncture wound to the upper left chest, some blood on the chair on the right from an unknown wound, and then he's on the gurney.

The resident arrives a step behind me, and our team goes into action. Clothes separate like Moses at the red sea, a tech has a blood pressure cuff on, another is searching for an IV, and I'm intent on that all important area, the groin. Is there a pulse?

No.

No spontaneous respirations; the intern is set to intubate. I look over at the senior resident, to see if they know what's coming. Her wide eyes, the half smile, and the 10 blade in her hand let me know she's ready. "Page surgery. Activation." We'll be done before it matters.

"Cut him." And it begins.

She cuts on his chest, first slice separating the skin, exposing his ribs, in a bizarre similarity to his clothes coming off. The second slice goes deep into the muscle, but not deep enough; she still hasn't entered his chest. Unsure, she looks again, cutting down, now entering the chest. She goes in, but too low; there will be more cutting with the scissors to do.

The scissors first cut down, aiming towards the bed, and then reverse direction, going up. The rib spreader goes in, and after the requisite cranks, lung pops into view.



"Find the heart". The rookie mistake, she tries to pull up on the inflated diaphragm. I push the lung back, and the heart falls into view. There's a puncture wound through the pericardium, but there's no blood coming out. This patient's course is run. No blood in the heart, the chance he makes it has dropped to near zero. I slow down; we'll focus on doing this right, so next time, we might make a difference.

"Incise the pericardium". The resident picks up the forceps, but can't get a purchase on it. I hand her the toothed pickups, and she can lift up. A nick with the scissors, and the pericardium is opened. Surgery arrives. As I give them the run down, she delivers the heart, and what used to be a normal right atrium comes into view.

"Pledgets! I need pledgets!" The surgery resident yells. Caught up in the moment, she thinks there's still a chance. I hand her a skin stapler; an old Ken Mattox trick. Sew on a beating heart in the heat of the moment, chances are you stick yourself. Staple it, no chance of getting hurt and you get to the same goal. Of course, this heart isn't beating, but maybe she'll remember for next time.

Atria stapled, but still no massive blood loss- why is the heart empty? We break out the Listsky knife and hammer, tapping across, chips of bone flying into the air. I change position and start the incision on the right; the surgery resident comes behind me, and I hand her the scalpel; she completes the incision, and the blood begins pouring out.

The surgery resident cuts the remaining fibrous tissue, and we lift the chest up. Clamshelled. Clots come falling out of the chest, landing on the floor with a bloody thump, like a wet towel smacking the wall. And now the real issue becomes obvious. The bullet, maybe the same one that hit the atrium, shredded the SVC. Non-survivable. Now we all know the truth. But we also have done the biggest procedure EM physicians can do, and I know the residents involved learned something today, something they will never forget.

Now the adrenaline hits me. I feel my own heart, pulsing in my neck. A smile plasters my face. I exult, proud of a successful procedure, a successful educational endeavor, a good day.

And as I am cheered, I step outside myself. Yes, a successful procedure, but not a good day. Here I am, happy about the death of another human being, cut short. Exulting in the ending of another. Excited, pleased in the loss of someone's brother, son, or husband.

And I am ashamed. ☒

Blood in

Lynne Yancey, MD

Sometimes I see a man about the age he would be now, and I wonder if it is him. He might be the manager of the mall telephone store where I go to get my cell phone fixed. The manager looks to be about his age. He wears grey pants, a dark red shirt, a yellow tie with small red diamonds. His wedding ring suggests pictures of his children in his wallet and a call to his wife when he leaves work to ask if he should stop at the grocery store on the way home.

Or he might be the customer in front of me in line, the one with two teardrops tattooed at the corner of his eye. Someone once told me that the teardrops symbolize each of your friends who have been murdered. Someone else said they stand for each person you have killed - or the number of years you spent in prison.

When we met, he was probably too young to fully realize how the events of that night had the power to shape his life.

He was 17, thin, with the standard issue baggy pants and high top tennis shoes. A stream of policemen poured into the resuscitation room and formed a dam at the doors as paramedics lifted him from the stretcher onto the hospital gurney. His eyes scanned the room, darting anxiously from face to face, then widened in horror as a nurse came toward him brandishing a pair of bandage scissors.

"Hey man, don't you cut my pants. Don't cut the pants, man!" Jim, the nurse, looked up with irritation.

"The pants already have blood and bullet holes in them. It doesn't matter if I cut them, they're already trashed."

"No way, these are brand new. Don't cut 'em!"

"Look, son, we need to find out where you're hurt. You've been shot, okay? We're trying to take care of you."

The boy opened his mouth to reply but then let out a sigh of defeat and dropped his head back onto the gurney. The fabric yielded to Jim's scissors with only a faint ripping sound. The boy closed his eyes as if to blot out the



flurry of activity around him as the team pulled off his shirt and shoes, attached cardiac monitor leads and hung bags of intravenous fluid.

"Damon? That's your name, right?" I squeezed gel onto the ultrasound probe and placed it on his abdomen.

"Yes, ma'm." His eyes were still closed.

"Where do you hurt, Damon?"

Suddenly his head shot off the gurney. This time his voice was pleading, desperate.

"Aw, jeezus, man, not the underwear! Please! There's women in here!"

This time I heard the irritation in my own voice. "You've been shot in the crotch. We need to examine you." Jim's scissors sliced through the boy's underwear, exposing his genitals. Damon squeezed his eyes shut tightly, as if someone had just sprayed cold water in his face.

His vital signs were stable. The medical crew went through the checklist: second IV placed, blood sent to the lab, xrays taken, wounds examined and carefully documented. As each task was completed, another member of the medical team drifted away. Inexorably, the police closed in on the gurney. A pudgy officer with a military regulation moustache posted himself at the end of the bed. Another officer, the tallest one, stepped to the head of the bed. He wore a jacket and baseball cap, with "Gang Bureau" emblazoned across both. His muscular shoulders looked almost as wide as the gurney. Damon cowered as the man loomed over him with an impassive face. "Damon? I'm Officer Kenton." He raised one eyebrow. "Looks like you're not having a very good evening, son."

The cops weren't buying his story, I could tell. Kenton asked him to tell it over and over again, hoping to catch him in a lie. Or at least in an inconsistency.

"So, Damon, you didn't see anything at all about the person who shot you? Nothing?"

"Naw, man, I told you, he was in the shadows."

"But you know it was a male? How do you know that?"

"Well, by his clothes. He was wearin' jeans and a jacket."

"What kind of clothes? What color?"

"Well, he...he was a Crip! Yeah, he—he was wearin' colors, man. Crip colors."



Blood in

Lynne Yancey, MD

"And you could see the colors? I thought he was in the shadows."

"Well—when he ran I saw 'em."

Kenton sighed and slowly shook his head.

The police circled like raptors. They trailed after Damon into the CT scanner, and back into the emergency department. The chubby officer posted himself again at the foot of the gurney.

Damon was fidgety. Finally, hesitantly, he spoke. "Ma'am? Can you help me?" I looked up to see his hands clenched on the rails of the gurney.

"Are you hurting? Do you want some pain medication?"

"No, ma'am. I just...I really need to use the restroom."

I lifted the empty plastic urine container that hung over the rail near his hand. "Here, use this. You can go right here in bed."

He looked at the police officer. "Can't I just go in to the restroom? You can have somebody guard the door." He looked pleadingly at me. "I just can't pee with someone watching me."

The officer crossed his arms.

"Please, ma'am, I know you said I didn't have to have that tube in my dick if I could give you a pee sample, and I really got to pee bad. I just can't go with someone watching me. Please?"

I looked at the young man, anxiety building in his face. A sudden flashback, to the time when I was sitting in a bathroom stall with a young Sergeant standing in front of me. Random urine drug screens were part of life in the military, but it never got any easier to urinate in front of a stranger.

I touched the officer's arm. "Officer, what if we just stepped around on the other side of the curtain?"



The officer's face registered exasperation. But after a moment, he rolled his eyes and stepped toward the door. Damon looked at me with gratitude. "Thank you, Ma'am." I followed the officer and pulled the curtain behind me.

I went to check on him again toward the end of my shift. By then the trauma surgeon and the urologist had come and gone. All the scans and labs had been done. There were bullet fragments in his thigh, but miraculously, no damage to any vital structures. Damon lay quietly on the gurney in the trauma bay. His blood pressure and heart rate had been stable since he arrived, and just as the police had lost interest, so had the ED staff. His nurse recorded another set of vital signs on the computer and went back to checking her email.

"Damon? How are you feeling?" I leaned on the rail of the gurney.

"I'm all right." He stared straight ahead at the stark white wall. My eyes followed his to the wall. For a tired moment, all the other tasks on my never ending to-do list faded into the blank white space in front of us. We sat in silence.

Then he spoke softly. "I'm really lucky."

I nodded. "Yeah. You could have been killed. Or you could have lost your testicle."

"No, I mean...I don't know. I'm...I'm...glad this happened."

I looked from the wall back to his face. "Why is that?"

He stared for another moment at the blank wall, seeing something in his mind's eye. Then he spoke. "Cause I shot myself in the balls."

It took me a moment. "Shot yourself?"

"Yeah."

"Why'd you shoot yourself in the balls?"

"Cause I don't know how to use that gun yet. I was pulling it outta my pocket when it went off." He watched the image in his mind's eye again. There was a tinge of disbelief in his voice. "I was gonna shoot somebody else."

I stared at the skinny boy on the gurney. For a brief moment, he looked back at me, as if to make sure he wasn't the only one amazed by his words. Finally he answered my unspoken question.



Blood in

Lynne Yancey, MD

"Blood in." He paused. "That's what we call it. It's what you got to do if—if you wanna be one of the boys."

He stared at the blank wall again. Then his eyelids sank closed. "Ain't that crazy?"

He inhaled and then let out a lingering sigh. Slowly he opened his eyes again.

Suddenly I wondered where his mother was. His father. His "boys."

I nodded slowly. "Yeah. Crazy."

From somewhere outside the room, a cardiac monitor slowly chimed. Together we stared at the blank, white wall.

The phone store manager smooths his tie and looks up. "I can help the next person over here." The man with the teardrop tattoos steps forward, pulling his phone from his pocket. He has something tattooed on his knuckles that I cannot see.

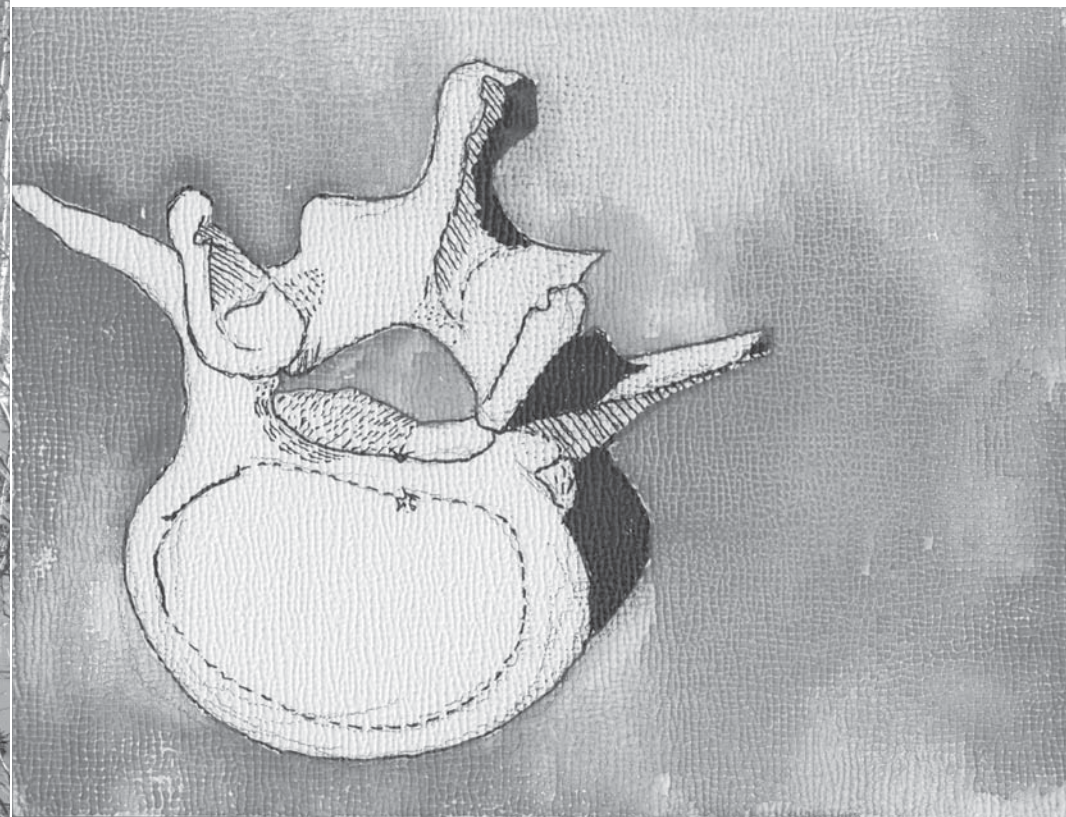
The manager smiles. "Welcome to Verizon, sir. How can I help you today?" ☒



Upside Down, 2005 [Sonya S. Erickson, MD]



Crystal Mills, Crystal City, Colorado [Trudy L. Boudreau]



Lumbar I [Nicole Durant]

The Mobius Strip

Suzanne Miller

"Come over here! Come. Over. Here!!" Her smoker's voice cracked with the strain of her emotion. I tried to block out her cries, the imploring of her arthritic hands. I was having a bad day—a bad couple of weeks, really—and the last thing I needed was to waste time extricating myself from an awkward conversation. After all, I was here to see my grandfather, not this strange woman with her fly away silver hair and relentless insistence. And, since this was an Alzheimer's care facility, I doubted she would remember me five minutes from now.

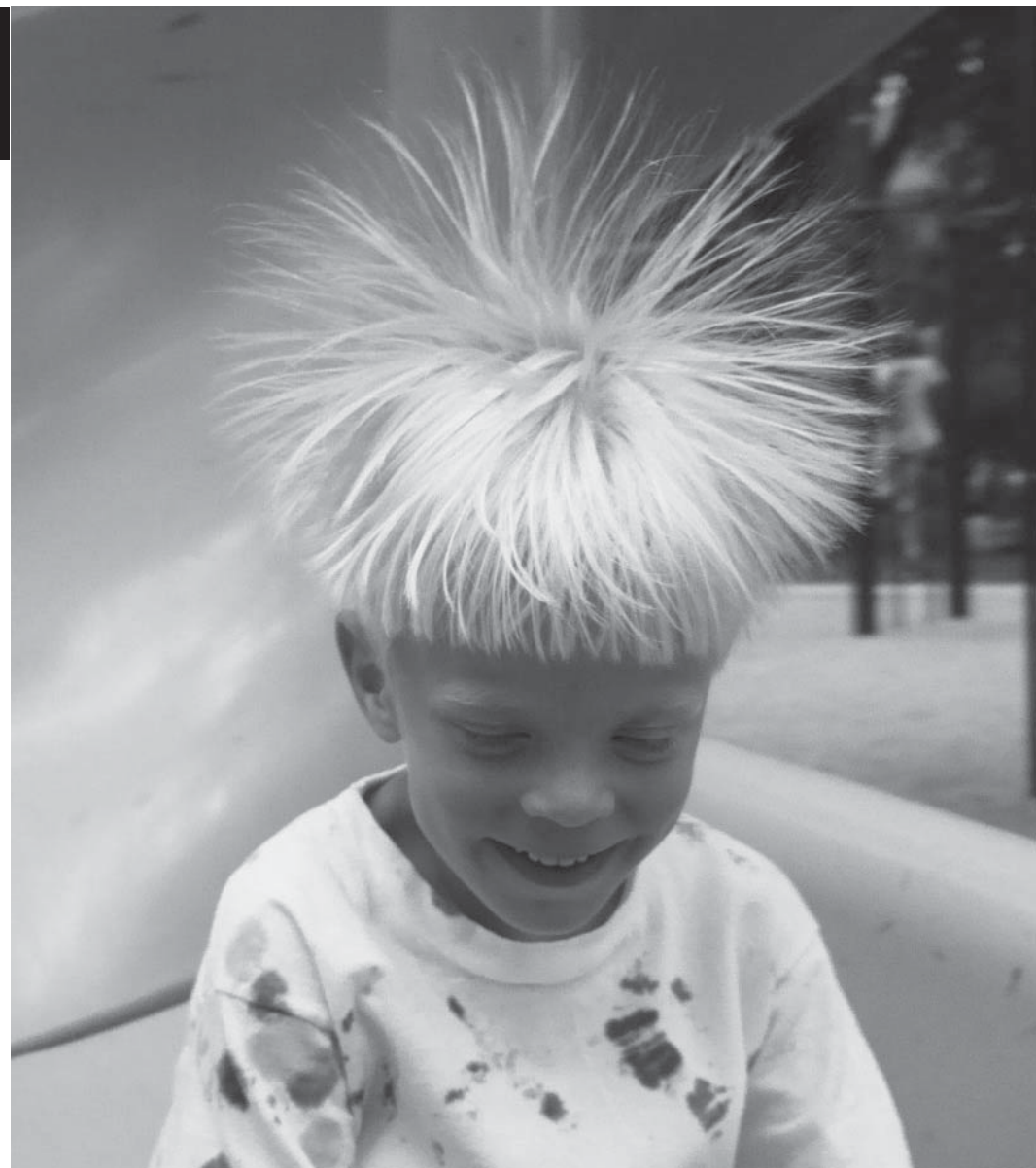
But she kept calling, and my grandfather could not be roused from his nap enough to interact with me. Eventually I gave up. Maybe I could temporarily placate her. I sat down beside her.

Her transformation was instantaneous. She glowed. "I have never had a little girl before, but I always wanted one. Maybe it's not too late." She laughed and I laughed with her. Happiness seeped out of her pores.

I walked into that facility generally upset with my life. But for the fifteen minutes I sat with the woman with the silver hair, my upset faded. For fifteen minutes I got to laugh at how funny the word "picnic" sounds. I got to marvel at the tables we could see in the courtyard outside of the nursing home. I got to forget about my personal failings. I got to be someone's little girl. And somehow, I knew that this gift of pausing for a few minutes would make life much better when it was time leave.

Looking back on my experience with the silver haired women, I see us as two sides of a Mobius strip. While she falls into the category society deems as "broken", and, as a physical therapy student, I should one day be able to help "fix" her and others like her, it seems to me this distinction is as meaningless as trying to distinguish between sides of a Mobius strip.

Accepting this idea is scary. It means that as the health care provider, I have no less to gain from therapy than a woman with mid-stage Alzheimer's - or any other patient. And as much as I hate to admit it, sometimes it's hard to accept that being able to walk and talk in clear sentences and remember what I had for breakfast doesn't make me less-fixable than my patient. But then again, this is the true beauty of being a health care provider. The real meaning of being a health care provider isn't in sitting back and accepting accolades for "fixing" someone. It isn't about prestige, or discovering new things. It's about those moments of human connection. It's about being part of the Mobius strip. ☒



Everyday Science, 2005 [Sonya S. Erickson, MD]

The Vigil

Brian Cristiano

0322

Dave was at the end of his life. The once carefree act of breathing had become a chore. Breathe. He commanded himself, willing his body to draw vital oxygen past worn out airways, congested with viscous phlegm, and into distended alveoli, exhausted by the endless strain of respiration. No. His body responded, affirming the inescapable fact that he was exhausted, broken and beyond repair. Morphine, dulled the pain of worn out intercostal muscles and mercifully lessened the relentless load of blood that his veins willed his tired heart to pump. The world around him was a haze, like he was in a bubble with everyone else looking in, unable to communicate.

It has been said that we begin to die the moment we are born. For Dave this was strangely apt. He was born premature in rural Nebraska on a blueberry farm. The mere fact that he survived infancy was remarkable but it would be those premature lungs that killed him so many years later. Nonetheless he quickly grew and thrived as a boy, defying his doctor's expectations. When he was eight, like many other children then and now, he developed a severe case of pharyngitis. His doctors and nurses did what they could, as they did for so many other children. They made him comfortable and tended to his needs allowing his young body to combat the infection. When he developed moderate arthralgia, rash, and mild sub sternal chest pain a few weeks later they took care of that too. Really, Dave's childhood was remarkably unremarkable. He was just another rural boy growing up during the depression. He had a good family, was taken care of when he was sick, and got a good education at the local public high school. Dave was even a skilled athlete and excelled at football and track. It's impossible to think that the inconsequential events of our childhood can seed the pathology of our ultimate convalescence. For Dave they did. On his deathbed this all seemed like a cruel plot. That even the manner of his birth somehow pre-ordained the manner of his death. That the disease of his youth would plague the final decades of his life. Does the universe conspire against us in such ways? Or is it merely a trick of our minds, an anthropomorphization of a dark infinite expanse of vacuum?

Heather was there, as she had always been, still a very shy, well-brought up and proper acting ex-sorority girl. When he met her he was a young navy vet at the University of Nebraska on the GI Bill and an athletic scholarship. He had regrets - that he had been so hard on her during these last couple of years; he hated being sick all the time and he took some of that out on her. He wanted to apologize now, but he didn't have to because she understood. She was a remarkably self-sacrificing woman.



Now she placed another 1.5 ml of morphine under his tongue, using a small syringe. Part of the dose rapidly traversed his sublingual mucosa - lingual vein, common trunk, internal jugular, brachiocephalic, SVC; one stop past his tired heart; whoosh through his pulmonary outflow tract to his congested lungs; back to a bloated left atrium, past a large clot that had developed there; squeezed between stenotic, thickened mitral valve leaflets, into another tired ventricle and out, up the carotid arteries where they found their happy targets. The burning sensation in his chest eased, he began to feel his respirations slow.

0358

His illness had robbed him of himself: Dave Corliss, Olympic pole-vaulter, first man to clear 15' (and he did it with a steel pole and no crash mat); Dave Corliss, track coach; Dave Corliss, avid skier; Dave Corliss, fisherman. Insidiously he found himself Dave Corliss, status post CABG; Dave Corliss; status post mitral valve repair; Dave Corliss, exacerbations of CHF; Dave Corliss, pneumonia; Dave Corliss 76 y/o M c/o SOB on E, PND c OP h/o rheum. Hdz, CABG, CHF, AF, COPD here for surgical ablation of AV node.

Then he became an invalid, barely able to walk down the street. It's not that he wanted to die it's just that life was so boring. All his friends were dead. About the only thing he really enjoyed anymore was going to his grandson's track meets, Chance was a talented pole-vaulter and easily won the CHASA State Championship last year. But going up to the Air Force Academy to watch him vault was such a hassle - he couldn't do it without two extra bottles of oxygen, and he always had to leave early. He couldn't even make it to his other grandson's medical school matriculation ceremony in the summer. The worst part of his disease wasn't the pain it caused him, it was the empty feeling it left him with, a void where he used to find fulfillment, discordance in the story of himself. It was like it killed his soul with slow poison leaving him an empty shell of someone he used to be.

Heart sounds are distant there is a harsh III/VI holosystolic murmur and a rumbling III/VI late diastolic murmur best heard at the apex. Bradycardia with regular rhythm interrupted by occasional PVCs.

0432

Some days he wondered what Shooty had thought about on the day that he died. What he was thinking as he cleaned out the garage, unfolded a tarp, loaded his shotgun put it under his chin, and flicked the safety off. High-Grade prostate cancer is a tough diagnosis to take. His mind drifted to the shotgun he kept downstairs in the closet near the laundry room. Illness had robbed him of autonomy, like he was being carted along by some invisible force no decisions to be made only placid complicity. The only decision he had left was when and how to die. Could suicide be the ultimate act of defiance? But he couldn't do that to Heather. Better to give those guns away.



The Vigil

Brian Cristiano

Breath sounds are diminished bilaterally with rhonchi throughout and diffuse rales. There is ptosis with slight lateral and inferior deviation of the left eye consistent with a focal deficit of the left, third cranial nerve and right facial drooping consistent with a separate focal deficit of the right facial nerve. Other cranial nerves appear to be intact. Pupils symmetric, 2mm bilaterally. GCS – 12. Respirations are labored.

0455

He stopped taking warfarin two months ago, and arranged for home hospice care. It was strange at first, he wasn't any sicker than he had been before. But in a way it felt good. He was strangely relieved by the acknowledgement that he was dying. As if by confronting this truth he had somehow deflated its evil power. The burden of fighting the disease was gone and had left him with a peculiar sort of energy that he didn't completely understand. For the first several weeks he felt better than he had in a long time. His family visited him frequently, and, even though most of them didn't really believe that he was dying, they said their goodbyes in one-way or another. Death took hold stealthily. One by one his arms grew suddenly tired. His breathing got more and more difficult. His legs swelled. Then a deep headache and a blur. Now he felt disconnected from the world, like he was suspended in a sphere of breathable liquid.

On the outside his body clung to life strained to breathe, gasped, and then died.

0514 ☒

Man Of Mystery

Jessica De Stigter

Rodney Reece is a true man of mystery, whose lilting, unselfconscious speech rushes forward in an aphasic sprint until you cut him off (though who would ever want to?), and whose gleamingly bald skull shines like the floors he cleaned in another lifetime, a who-knows-how-wide chasm away from now.

"Good morning, Mr. Reece," I would say to him every day for weeks as I crossed the threshold into his minute-by-minute reality.

And his reply, every morning, for weeks, "Hey, Lady!" Always said the same, as if stuck in time: joyful, not expectant of anything in particular from me, and, in that moment, happy. Every syllable was said with incredible conviction; Mr. Reece didn't understand others so well, so maybe he figured this enunciation on steroids would help others to understand him.

Always he would call me, "Lady" - his personalized greeting for me, since my name eluded him day after day. My name was slipping out of his brain, maybe through the hole where the bleed beneath his skull was drained all those years ago.

After our first few days together, I realized I had forgotten just what had caused his injury. Was it a car accident, or some sordid domestic abuse story? These details did not matter to me, or to Mr. Reece. He is here, now. He doesn't remember much; but what he does recall, he recalls with all his heart. His children and grandchildren. His old job. His Elise.

"Did you talk to my baby today? Now, now you know who I'm talking about, don't you? I'm talking about my baby, not about my daughter. I don't mean my daughter. When I say my baby, I mean Elise. That's my baby, that's my fiancée. I like it here, it's okay here, but I need to get home so that I can marry her. She needs me."

Mr. Reece, each day I saw him, broke my heart with his naive hope for what used to seem so reasonable.

Yes, Mr. Reece, I had talked to your baby. And yes, Mr. Reece, she is your fiancée. And Mr. Reece, I don't know how to tell you this, but she can't take you home. She says to me, "He was the love of my life," and I feel her torment and her ambivalence and it makes me cringe. Something in you today is still her Rodney, and I hear in her voice that she still sees it, but with all the stress and uncertainty



Man Of Mystery

Jessica De Stigter

coming at her from every other angle of her life, Mr. Reece, she cannot take you back home. Even though it's been years since the last seizure where your body shook and your eyes rolled and you scared your baby silly and made her cry, the fear of next time is more than your baby can take.

"Good morning, Mr. Reece." It begins as always. But when we get to the part where he's supposed to tell me he's doing fine before we move on to me poking him with pins and hitting him with hammers, Mr. Reece surprises me. Instead of "fine", I see fat tears sliding down his face and feel punched in the gut, fearing the worst. Elise is leaving, or the isolation of weeks in the hospital is gnawing away at him, or he is tired of being poked with pins or hit with hammers and just can't take it anymore.

What is wrong? Please, I beg of you, find the words to tell me.

"I can just tell," he says, smearing the tears across his face with spindly fingers, "that I'm getting better."

I keep my face neutral as my mind implodes, saying in a voice that must have been normal enough, "We think you're getting better, too."

This was true, and an understatement. The seizures we'd seen stampeding through his brain every few minutes had been mercifully bridled, and his jarred speech and halting thoughts subsided. Mr. Reece, with sincere, innocent hope that literally moved him to tears, surely did seem better than he had been when he first got to the hospital, and also better than you, and better than me.

Mr. Reece, my paradoxical friend, is a man of mystery and an open book. A life-threatening brain bleed ago in another life, my Mr. Reece may not have worn his emotions on his sleeve. He may not have been so kind, or unrelentingly positive, or eager to please. But my mind's Mr. Reece walked the halls of the community college like he owned them, merrily greeting the students who loved him, cleaning bathrooms and picking up trash with dignity and pride in his work. He treated his baby like a queen, and she loved him for that and for so much more.

Whether that Mr. Reece is real or fiction or something in between, I will never know; but he is real to me.



His transfer to long-term care finally on the horizon, Mr. Reece asks me hopefully and without shyness: "Where I'm going, will I still see you there? When I'm there, are you going to be taking care of me still? I would, I would like it if you were still the one who could take care of me."

I wished I was going to still be there to see him every day, but I was not, and I told him this. He understood and was clearly sad, but did not cry; and in this moment, Mr. Reece summed up himself up for me: he is a man with so much to weep for, but who cries with joy, and not with sorrow. A man who has lost so much but acknowledges what good he still sees, and looks forward to more to come. He hugged me goodbye and I hugged him back. And I thanked him, my man of mystery, for making the complex so clear. ✉

Alzheimer's Love Poem

Andrew Wallace

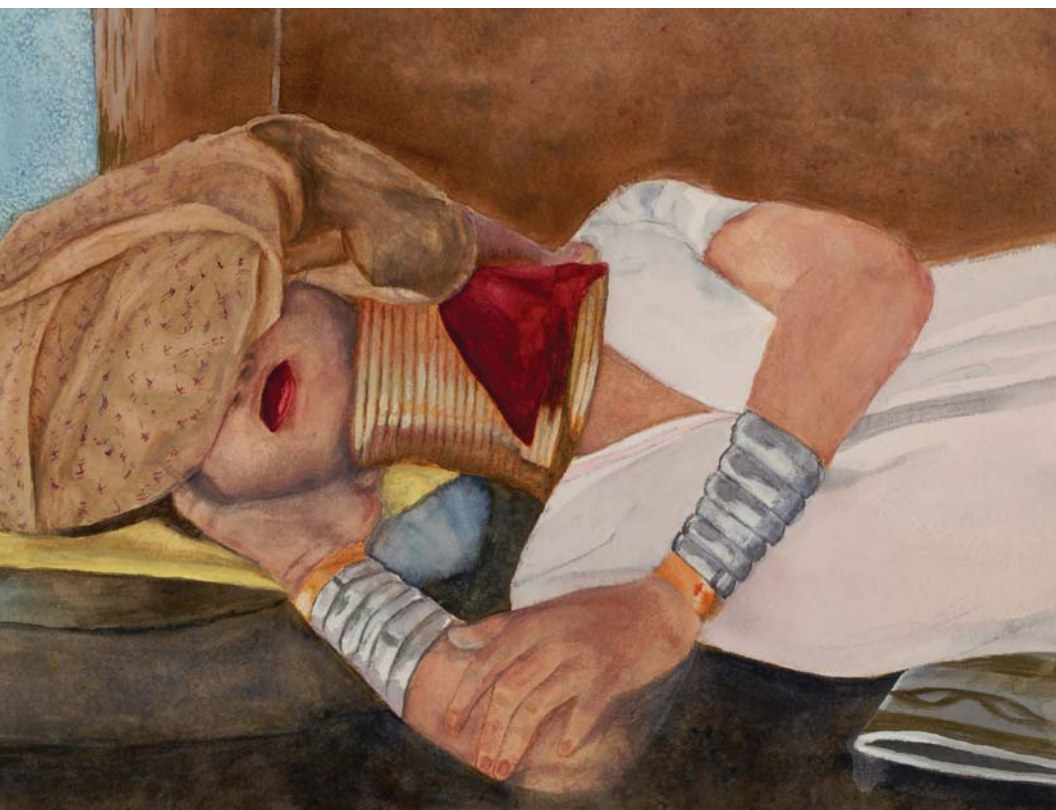
Can a poem be written
my Love
with less than words
to formulate
the confusion
that's tangling my head?

Should a poem be written
my Love
with less than words
to articulate
my agony
while struggling for breath?

May a poem be written
my Love
with less than words
to approximate
my adoration
while forgetting your name? ☒



Felted Wings [Shelley Durazo]



Malaise [Sally Preston, DMD]



Patient At Clinic, Neno District, Malawi [Robbie Flick]



Nighthorse Campbell through spring trees [Gamini Siriwardana]

Thoughts (While reading about chaos, technology and Meaningful Use)

Colleen Berding, BSN, RN, CRRN, MSCN

Everything, the author says is
 Life, chaos, and asystole.
 I wish
 You were here
 To explain
 The ups and downs,
 The ins and outs,
 The agony and the ecstasy
 Of fractals
 And Mandelbrot sets
 Amid the entropy
 Of all this
 Chaos,
 Scattered between the beauty of
 The electric lines
 On your EKG,
 As I adapt
 To controls and stimuli,
 That turned your P's and Q's
 To a flattened landscape,
 Without one single tree. ☒

The Turnip

Diane Brunson

The turnip arrived five minutes early for the first appointment of the day on Monday. 7:40 a.m. sharp. Actually, the turnip was nearly floating having consumed over 24 ounces of water on Sunday, and a full twelve ounces on the way this morning. It's supposed to help.

Right.

"We'll do your lab work first today." Damn. A new technician. Here we go.

"Right or left arm?" she asks. Really doesn't make any difference. The turnip has had mastectomies on both sides, one in 1984, the other in 2004. Probably fewer lymph nodes removed in 2004, so let's go with the left side.

With the stretchy, rubbery tourniquet in place, the poking begins.

"Make a fist." Not a good sign. She looks at my other arm. Definitely not a good sign.

It's always the same. Well, not always. Sometimes the turnip gets someone who is really good and the moon, sun, and stars come into alignment, and it works. Can't blame it on the two rounds of chemotherapy, although I'm sure it doesn't help.

The turnip has always been a turnip.

The turnip had to have an IV started for a C-section thirty years ago. Developed a little phlebitis and some poor resident tried to move it to the other arm. Looked like I'd been beat up in the back alley by the time that was over. Hysterectomy scheduled for 10 a.m. in 2005. Half an hour later the turnip is on the third surgical nurse trying to get the IV started. Probably threw the whole surgery schedule off that day.

Maybe the turnip is dead.

"Your color is good, so there's got to be blood in here somewhere," she says today trying to make light of the struggle we're both in.

"Nope. Nothing here. I'm so sorry. What about the back of your hand?"



Not the back of the hand. It hurts like hell and will really screw up my golf game this afternoon.

"OK. Well, we'll have you see the doctor and we'll try again afterwards. I'll get you some water to drink while you're waiting for him." Great. More water.

Blood pressure is 110/62. If it's this low after two attempts to get blood out the turnip, what was it before we started?! Maybe I should have skipped my blood pressure medication this morning.

The doctor asks, "Any headaches? Any back pain? Numbness? Tingling? Blurred vision?" No. I'm hoping today I'll be released from this oncology practice. It's been four and a half years....maybe it's close enough to the magical five.

"After five years, I follow my patients yearly after that." That didn't happen in 1984. At five years I got a hug and instructions to "go live!" I immediately thought of the U.S. healthcare system and reform debates going on. I wonder if following a patient until they're dead is evidenced-based. I'm getting cranky.

"Have you had your lab work done yet?"

"We tried."

"What do you mean you tried?" I show him the antecubital fossa of each arm. The left one has a bright yellow gauze wrap with ridiculous smiley faces all over it. The right one has the standard cotton ball with a three-inch strip of nondescript gauze tape. I keep requesting Looney Tunes band-aids, but they never have them. I guess I'll have to bring my own next time. What's wrong with trying to find a little pleasantries in this several-times-a-year battle? Why not have Looney Tunes band-aids for oncology patients?

He just looks at me. It is evident that he has no other way to ascertain whether I'm out-of-the-woods. Back to the lab, detouring at the restroom. My eyeballs are floating.

Another lab tech.

"Gotta go with the back of the hand. Although you don't have great veins here either." I'm surprised I haven't had a stroke. There goes my golf game this afternoon.



The Turnip

Diane Brunson

What about “turnip” don’t they get? The origin of the phrase, “can’t get blood from a turnip,” surfaces in Charles Dickens’ Our Mutual Friend written in 1864-65. It means one can’t get something from someone who is unable to give. Duh! I would love to cooperate. I have no idea what the hell to do differently, so I guess I am “unable to give.”

“You are really cold.” Aren’t all doctors’ offices cold? I haven’t had my morning coffee yet although I did take my thyroid this morning. “Go to the restroom and run your right hand under the hottest water you can stand for two minutes and come back.”

The hot water feels good actually. I vaguely remember now that a hot pack worked last time. Why didn’t I remember that this morning? Residual chemo-brain. I still have trouble remembering people’s names, especially when I’m tired, so why would I remember the hot pack? I remembered the water. I come back with one normal hand, one bright red lobster claw.

At what point can I say “no”? I remember my feeling of utter amazement after my hysterectomy when the nurse on the night shift reminded me that I could refuse the routine blood draw the next morning in the hospital. “You’re the patient. It’s your body. You can say ‘no’.”

Patient autonomy. Patient rights. Why is that hard to remember? Even though I’m a health professional, I still fall into the same doctor-patient relationship and jump when they say jump. I’m probably even worse than non-health professionals.... “do unto others as they would do unto you.” In this case, though, what would I gain by refusing? I would have no reason to call the doctor’s office in three days to hear that everything was fine. I seem to know that already, though. I really think I’ll know if something isn’t right. I found both breast lumps on my own; neither showed up on yearly mammograms. So why am I going through all of this to prove the cancer hasn’t returned? To protect the doctor? Keep his malpractice insurance rates down? I’m cranky. I do like to call and hear everything is fine. I’m caught in a medical do-loop.



Maybe one hundred years from now this archaic, invasive practice of drawing blood, not that far removed from blood-letting practices over a century ago, will be something of the past. Maybe doctors will use saliva or some sort of handheld device like the doctors on Star Trek use to diagnose without inflicting trauma. Maybe in my next life I won’t be quite as irritable.

Success! I get another cotton ball and gauze strip. Lovely fashion statement. Starting to bruise already. Maybe it’ll match the color of my golf bag.

“See you in six months!”

Maybe. Maybe I’ll say “no” if I can remember. ✕

Doc Montana

Greg Burfeind

E.L. was one of the first patients I took care of on my internal medicine rotation at Denver Health. My resident sent me downstairs to interview a newly admitted gentleman who had presented with worsening right hip pain that had recently impaired his ability to walk. A pelvic radiograph revealed metastatic lesions throughout the pelvis, and subsequent CT scans revealed metastatic lesions in the liver, lungs, and kidneys as well. I'll never forget the radiology report regarding the liver metastases: "too numerous to count." This sterile information was all I knew about this person as I entered his room, focused on asking all the right questions so I could give a complete report to my team. I met a squirrely, wiry 53 year-old in significant pain and distress. He kept repeating, "If you can just do something for the pain, doc" over and over again in a raspy voice. This was essentially his only request the whole time he was in the hospital. After I had finished conducting a history and physical, I realized my focus had completely shifted from collecting information with which I could impress my team to advocating for E.L. to receive the absolute best treatment for his condition.

I got to know E.L. well over the next several days and realized he was as tough as an old piece of well-worn leather, toughened by years of hard construction labor. He had never sought narcotic pain medications, so the fact that he was forced to use a wheelchair to get around said a lot about the amount of pain in his hip. He was the type of guy who would usually just grit his teeth and bear the pain, but this time it took high doses of opioids to even begin to take the edge off of his pain.

I quickly grew to enjoy my conversations with E.L.. His pleasant demeanor and positive outlook on life were contagious, especially considering his prognosis. Several patients I interacted with had far better prognoses accompanied by far more caustic attitudes. Every morning I saw E.L., he expressed such gratitude to our entire medical team, the entire hospital, really, that it was impossible to leave his room without a smile and a mildly inflated ego.

Sometimes he would be out of his room when I came calling, even in the very early morning hours. He always told me that he had taken his wheelchair downstairs to, "get some fresh air," which was his code for having a cigarette. At this point, if he wanted to smoke, I was not going to tell him otherwise.

A few days into his hospital stay, a liver biopsy revealed that the malignant cells were so poorly differentiated it was difficult to determine the site of the



primary tumor. When we delivered this news to him, he was unsurprised - taking the news with grace and blaming his years of smoking for the cancer. Questions about chemotherapy and radiation therapy soon followed, and the oncology service began to participate in his care. He eventually made the difficult decision to forgo both chemotherapy and radiation, choosing palliative care instead. He repeatedly told me he preferred to live his last months enjoying life without the burden of a chemo or radiation schedule and all their side effects. As long as his pain was controlled, he was content. I worked my hardest to ensure that this happened by helping set up hospice care in E.L.'s home.

E.L. was quite the talker, and I spent several afternoons with E.L. talking about nothing in particular. Occasionally he wanted to talk about his disease, but more often he preferred to gaze out the window at the mountains and reflect on the wonderful life he had been able to enjoy and how thankful he was for his friends and family. His favorite topic was his son, who owns a pizza parlor in a popular Denver neighborhood. He was so proud of his son, who had worked at the parlor for years until he saved enough money to buy the restaurant with a friend. Freely admitting his bias, E.L. urged me on several occasions to stop by his son's establishment, which he insisted had the best New York style pizza in town.

As we got to know each other, we discovered that we both have ties to Montana. When he found out I had grown up there, he took to calling me "Doc Montana." This was the first time anyone had addressed me as doctor, and I was hesitant to embrace it, but the lighthearted nature of it made it less awkward to accept. When E.L.'s family came into town from Iowa, he joyfully introduced me to them as "Doc Montana" as well. Ironically, the patient I knew most personally was the one who insisted on addressing me with a quasi-formal title.

I'm surprised how often I still think about E.L., hoping that he is either living relatively pain free or that he died comfortably. His attitude towards life, appreciating his blessings, not dwelling on his problems or falling into self-pity, is something we can all learn from. While he always expressed his thanks to the medical team, I often wondered what he was thanking us for - the diagnosis of terminal cancer? No, what he was thankful for was being treated like a human, for having someone to listen to him. More than that, he was thankful for conversation, for friends, for the space to reflect on life and process what his new diagnosis meant to him as a person, how it changed everything. As so often happens in medicine, I feel like E.L. had a far more profound impact on me than I did on him. I am thankful for the time I was able to spend with E.L., how he reminded me that life needs to be lived to the fullest, no matter what, to always have hope, and to appreciate and encourage the people around us. ☒

Ship at the Edge of the World

Allison Kimball

This wasn't the first time milk had dribbled out of his nose.
Last time, it had meant throat cancer and he had lived.
Yet this time he already suspected what the biopsy would mean:
that his ship was sailing toward a now fixed horizon.

Outside the VA, we sat on a bench and gazed into the past,
re-living too many injustices and tumultuous relationships.
With some relief, he recalled his cloudburst: Tammy.
She would be waiting for him beyond the edge of the world.

But oncology set him tossing in a storm of anger
and disbelief at the biopsy's diagnostic certainty.
He bubbled up at our team on rounds, demanding to leave.
Sitting in a hospital bed was no way to travel these last miles.

That evening, though, the waters calmed
and he sat starrng at his blankets.
In stillness, we witnessed with the gravity of the situation.
How could I help him navigate this uncharted course?

"Pray for me." How?
Silence.
"I've been a loner all my life and now I'm really alone."
Fortitude for him as his silhouette slips over the horizon.

I wish I had more to offer,
to be able to chaperone his soul more gracefully.
But the messages from his ship are beacons
that my ship is blown towards that same fate.

So I wonder, how will I feel taking the helm at the edge of the world? ☒

Taking it home

Colleen Berding, BSN, RN, CRRN, MSCN

I try not to,
But sometimes I take this job home with me,
No matter what.
I find evidence in my pockets:
Lube, q-tips, tongue depressors,
Luer-lock syringes,
That I didn't feel
In the nightly pat-down.
And there's often a weight
Outside of the pockets.
I long to soak,
Drown the angst that comes with me;
The tattered exchanges I had,
And didn't have, but thought about.
The things I missed--
In the laundry room, on the shelf, under the bed,
Sometimes pop up in my dreams,
At 4AM.
There is always restlessness,
And there are always patients.
And tomorrow I will go back,
Resolute,
To leave a little more behind. ☒

The Choice

George Young, MD

(for J.L. with ALS)

Eleven days
was all it took after he stopped
eating

and drinking. Vaseline
for his lips,
wintergreen swabs for his mouth,

crushed lorazepam
and liquid morphine dripped
under

his tongue.
No cooking in the house,
no food smells.

The best jazz on the Bose, windows
open, curtains billowing,
sunlight

in the room.
Goodbyes all around. Then down,
down the dark stairs. ☒

I Whistled At a Girl Today in Paris

Henry N. Claman, MD

I whistled at a girl today in Paris.

She was going by with her cello case, intent.

I did just a few bars of the Dvorak,

Familiar to her I was sure.



A rich and flowing melody –

She paused,

Turned,

Flicked out her cigarette,

Smiled

And went down into the Metro. ☒

If Cain Could Speak

Brian Stafford, MD, MPH

Father Ponderosa stands stately in the desert –
the tallest living being here.
Beneath his many needled branches grow two junipers,
one still thriving while the other lies wounded by lightning.
Half of that being is alive while the other sends scorched arms into the air.

Beneath this trinity lie dried berries, last season's pinecones,
brown needles, and oddly-shaped sap objects, some that look like chess pieces.
You can smell the tree better by sniffing the sap,
but you cannot tell from which tree it came.
The ants crawl in the sandy dirt and don't care about such questions.
A tiger-striped butterfly perches in the high limbs of the father.
A tiny jumping spider finds a dead bee near the base of the family,
but hops away unable to carry the weight.
The healthy juniper is sheltered by the higher branches of the pine.

I want to name the junipers Cain and Abel.
One favored by the father's arms,
One felled by a bolt from the grey-black sky.
The fallen still survives though wounded at its core,
its branches like a jagged crown of thorns piercing through the desert's brow.

"And what fate awaits you father?
And you, brother; for I once grew beneath the sheltering shoulders as well.
Who knows what wounds will become when given from above?
Which living being is more sacred?
The protecting father, the sheltered son,
or the wounded one who survives and thrives
with an open heart." ☒

A Knock at the Door

Jeannette Guerrasio, MD

He was always awake before I knocked
at the door, sitting in the hospital chair
beside his bed, alert and warmly smiling,
wearing a towel draped over his head.

I have slept in our hospital beds before
and worn the same towel draped on my head.
Silent acknowledgment, we both looked up
at the drafty vent above the bed.

He looked like an astronaut about to launch.
His wife feared for the weight he had lost.
His muscular body being consumed by the solitary
tumor tucked darkly deeply inside.

To preserve his love for everything around him,
they chose the knife over chemo.
Quick, swift and definitive
and his chances were great.

Transferred to the surgical team,
I visited the day after surgery.
He smiled up at me pain free, hopeful,
face framed in that familiar terry cloth.

9am the next morning, his wife found me
on the 12th floor, she ran towards me.
With arms open then embracing, thank you
for everything, you are so wonderful.

Three hours later, when I had a free minute
I knocked on his door and peered into his ICU room.
Empty and clean... he had died
hours before his wife had come to find me.

Despite the autopsy,
his cause of death remains unknown.
Despite a passing year,
his wife's hug remains no less a mystery. ☒

ICU

Alexander Rowan

Yesterday I cried But where are my tears? Soaked into the sheets And back in my cheeks	Awakened last night A dream? I am home. No -- these sheets can't lie So coarse and so firm	Tried to walk last night My legs can't support Any more than my Heart mind or kidneys
Incessant drone of The hallway circus Constant monitors Beeping beeping beep ...	Yesterday I saw Leafless aspen trees The sky is more blue Behind their branches	I'm scared tomorrow May not come for me It will for others When my story ends
I can't stand this smell Placid and sterile Faint gift shop tulips Reek of nothingness	I'm stuck in a cage This small skull of mine Ready to explode Or implode? Numbness	Perhaps tomorrow Tomorrow is new Better tomorrow Tomorrow will be



Nursing Home Address

William Reiquam, MD

Some think I have an address
yet I'm nowhere to be found.
This place is filled with bodies;
most feet don't touch the ground.

My chair with wheels keeps rolling
between the halls, no grace.
Objects block me here and there.
Confined I am in space.

An icon sort, a piece of art,
I move about impeded.
I have no address now, you see.
I'm assigned small space, as needed.

What if someone seeks to find me,
anyone who cares at all?
And says that this is where and who and
what I am, more than a memory to recall.

I search for faces that I know
and arms and legs and ears.
Without an address, a friend could miss me
though she'd known me for years.

I am so shrunken in my flesh,
myself draped o'er with skin.
Flamingo bones no longer bend
to fit the strains within.

How can it be I have such longings
yet find no peace nor quest.
Foolishly I thought I'd keep for life
my very own address. ☒

My One And Only Craniopharyngioma

George Young, MD

Jacklyn, who got down on her hands and knees
to see

the violets... Jacklyn, whose optic chiasm was
stretched, who wept

in my office when I told her that
her eyes

might not come back after the surgery...
Jacklyn, who

tonight stood at the podium and proudly read
her poems...

I salute with battering hands,
a cheer.

First published in Mediphors. ☒



Seeing Other Colors [Sara Warzecka]



Himba Tribe Girl [Oswald Pfenninger]



Sunset On The Rural Life - Interstate Diner in Watkins CO [Debra Currier-Miller]



1970 Oysters

Fred Platt, MD

Not so long ago, but
no oximeters, little help
for failing lungs,
she told me she had been
a librarian.

Strange, no smoking but
here she has chronic lung
disease, COPD, and is
dying.
Little to do,
so I lean over her and ask
"Is there anything you would
like?"

"Yes", she says, "maybe a couple
of fried oysters."
Aha!, I spring to action,
call the dietitian, who calls
several city restaurants, and one agrees
to deliver a plate that very day, so
she gets her oysters, and the next day

I bend over the bed and ask her again,
if there is anything I can do. "Yes,"
she answers, "maybe a little piece
of Sweet Potato Pie." ☒

Fishing

Emma L. Swingle, MD

In the crackling heat of a Montana July, I went fishing with twenty psychiatric patients. Images borrowed from *One Flew Over the Cuckoo's Nest* unfolded as I watched the troop shuffle out of vans in a conglomerate of second-hand fishing poles and comfortable cotton clothing. The patients congregated under lodge-pole pines, swapping old stories and off-color jokes in a snapshot of startling normalcy. This trip was the social highlight of the summer for many of these patients. I quickly learned that actually catching one of the comatose trout in the warm pond was of low priority for most of the patients. On the other hand, bumming cigarettes off of each other was something of an Olympic sport. My psychiatry rotation had demonstrated none of the lunacy I had expected in the mentally ill. My patients were neither dangerous nor intimidating. Instead, they struggled with internal illness that was compounded by the external chaos of dependence and financial poverty. Their stories tugged at my interest in the same way our baited hooks tugged at the interest of the lazy brook trout.

These patients presented as if the DSM-IV had vomited forth a slurry of psychiatric symptoms. Bert did not talk much, but I knew he was listening to something no one else could hear. "It's applause," he had told me a few days previously. "I hear applause with everything I do."

Chris had spent a few years as an evangelical minister. The job got complicated when he went from preaching the word of God to preaching that he was the Son of God.

Joanie was forty, tiny, round, and diagnosed with a personality disorder. She spent most of her time watching the Disney channel and painting ceramic figurines in marvelous acrylic shades.

Gilbert, who was fascinated by my battered Ford Taurus, was a mouth-breather diagnosed with bipolar disorder.

The rag-tag team marched around the lake in search of prime fishing holes in an odd parade. Other families at the lake watched with varying emotions as some of the patients laughed too loudly, their personal hygiene varied widely, and a few lurched and fidgeted – a side-effect of prolonged use of some antipsychotics. We settled into the shade. A few patients tossed lines into the tepid pond. Jerry started telling a story about hunting with his father the previous fall. It was the third time we had heard the story that day, prompting a mild confrontation with Chris. "You tol' us that one twice, man! You got any other stories?"

Diplomatic mental health workers quickly smoothed the situation over and suggested, "Jerry, why don't you tell us about how you went to the Dairy Queen with your caseworker last week?"

A patient dressed in an over-sized Mickey Mouse t-shirt crept along the perimeter of the lake. Jenna was a sweet, middle-aged woman made

soft and flabby by the medications that kept her moods stable. She blushed when I spoke to her and timidly offered me a cookie from our picnic.

"You'd never know that she lost her kids to the state," the social worker whispered to me.

The gentle person in front of me did not correspond with the image of an 'unfit mother.' I had naively assumed that compassion was supposed to be reserved for those who suffered innocently. I was struck by the realization that this woman labeled as 'unfit' also deserved compassion. As saddened as I was for Jenna's children, the real question became, "What happened in Jenna's life to make her an unfit mother?"

Several months later this notion was reinforced when I began taking care of injection drug users in a metropolitan hospital. I was startled because I liked so many of these patients. They were often the most receptive to care from a medical student. I began to pick out commonalities in their history, and I learned to view and treat them with a guarded respect. I did not expect to find that people labeled as 'distasteful' by society could elicit such feelings of empathy.

By the end of the afternoon, Chris had tripped and fallen into the lake and a trace of sunburn colored Jenna's sagging cheeks. We piled back into the vans and started the hour drive back to the city.

"Gilbert, please remember boundaries! We don't touch the med student," a social worker reminded the large gentleman sitting suspiciously close to me in the vehicle.

Gilbert moved a few microns from me, peered over his thick glasses and asked, "What kind of mileage does your Taurus get?"

The mountains faded and the urban landscape mushroomed into view through the windshield as patients laughed, argued, and napped. We stopped at a gas station and the attendant eyed our disheveled group with leering amusement. Perhaps Randle Patrick

McMurphy himself needled my consciousness as I wondered if, like Kesey's protagonist, I too might be part of the sane masquerading as the insane. I wanted this outsider to know that this was not a troop of loonies: that Joanie had sold three of her figurines at the fair; that Jerry served in Vietnam; and that Jenna loved to sing in the church choir. I wanted him to know that these patients taught me that humans may be deeply flawed, but rarely unworthy of compassion. These patients taught me that humanism is the act of caring for patients in their imperfect entirety.

Patients in all specialties are flawed. Some seek solace in forgetful liquor and opiates. Medications are taken inconsistently and home may be a sleeping bag stashed in an alley. Some talk to people who are not there and others are unwilling to talk. Patients cheat on their spouses and yell at their children. They eat food that comes with a side of french-fries. In medicine we frequently care for the misfits, the poor-all-around-decision-makers. Yet these imperfect individuals draw us into their lives. We gain insight into their struggles; we begin to care about their burdens. And sometimes, if we are lucky, we get to go fishing with them.

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Grief After Loss

George Ho, Jr., MD

The shock of sudden loss starts with disbelief followed by a desperate and immediate quest for answers. Details of what happened and how it happened, not to satisfy mere curiosity, but from hope in reversing what had happened. Maybe, just maybe, someone had gotten the story wrong and the person killed in the dormitory fire was not dead. Realization of what had really happened finally sank in and grief followed. Physically, I felt no pain. Just a sense of breathlessness like the wind knocked out of me. An inability to take in a full breath and at the same time unable to let out a deep sigh. An invisible band wrapped tightly around the chest causing a constriction with no relief. After some time, exhaustion set in, tears stopped, sobbing eased and I drifted into a coma-like sleep with flashes of wakefulness that I wished had been dreams. No, not dreams. Several people had died of asphyxiation from thick smoke of the fire that started in the basement of the apartment residence. One of the dead had been a college classmate in her junior year. We had known each other for almost three years and both had aspired to enter medical school and become doctors. The year was 1967, the college was Cornell, and the place was Ithaca, NY. We had no chance to say goodbye, no chance to express gratitude or regrets to each other. No opportunity to forgive or ask for forgiveness. And although we thought we loved each other (both 21 at the time), we were just beginning to know what love means and learn about loving relationships.

The next few days were a blur, drifting in and out of fitful sleep. I forgot if I ate or not. Or what I ate if I had eaten. I pinched myself often to be sure I was still alive. Disbelief mixed with dream-like reality and waves of deep sorrow and great loss followed by profound emptiness and inability to feel any emotions. A huge void was inside me, nothing but hollowness and despair that all is lost. I felt no anger. I did not ask why the tragedy happened or why had God allowed it to happen. My preoccupation had been how can I face tomorrow and how will my life go on.

Then the long ride in the back seat of the car from Ithaca to Philadelphia. The funeral and the return trip back to college. The obnoxious professor who denied my request for an extension on a paper or a test (I had forgotten which). Only the vivid memory of his cold-hearted rejection of my cry for help during my grief. How insensitive.

Graduation came and went a year or so later. I was accepted into medical school. Life continued and a new normal became the norm for me. The fear of another similar loss has kept me at arms length from entering new close relationships. Yet, I have craved the security and joy of recapturing a similar bond with another person. This dichotomy haunts me to this date.



Now 44 years later. I have been happily married for 41 years, blessed with three grown children, their spouses and six grand children. I have had the privilege of practicing and teaching medicine for nearly 40 years, and I am near retirement from this noble profession. Some memories of the tragedy in 1967 have faded, some have vanished, and some have remained as vivid as if they had happened yesterday. The loss I suffered so many years ago has been muted by time and blunted by life events that have since shaped me as I am now. I am certain I was forever changed by the loss. Today, in my relationships with those I love, I still feel like I am applying the brakes at the same time as I am stepping on the accelerator with my other foot. What would I have turned out to be had I not experienced this loss. There is no end to grief. ✕

Doctors Don't Cry

Molly Ainsman Fisher

It was a moment that I had dreaded. I had spent a lot of time thinking about the death of my first patient and hoping that it would never come. I was terrified of how I would deal with it, or even worse, not deal with it. I was scared that I would lose control in front of the family. I was scared that the team would look down upon me. I thought that my strong emotions were a weakness that had to be conquered. Doctors don't cry. They provide support for others.

Ms. B was a pleasant 84-year-old grandmother with metastatic lung cancer, who was hospitalized because of pain in her right hip. Since I was the medical student on her primary team, Ms. B and I had plenty of time to get to know each other. I would stop by in the afternoons to spend time with her family, listen to her stories, and laugh at her jokes. I learned about her caring relationship with her daughter, her persistent faith, her love for her 11-month-old great-grandson and her desire to attend her granddaughter's wedding - only one month away. We had several conversations about death and what it meant to her. I was surprised by how comfortable she was with it; however, I was not comfortable at all. I wanted her to get better and have more time with her family. My grandfather died shortly before my wedding, and it brought back my own feelings of sadness and loss. I did not want the same thing for her or her granddaughter. Every time we discussed her death, I would tear up, turn my head and try my hardest not to let her see me cry. Doctors don't cry. They have to be strong for others.

On hospital day three her MRI showed that 80% of her femur was tumor that had metastasized from her lung. She decided to have an operation to stabilize it so that she would be able to walk down the aisle at the wedding. During the procedure, her pain was not well controlled, and the doctors were forced to convert from spinal to general anesthesia. The surgery was successful, but the anesthesiologist was unable to extubate her, and she was transferred to the surgical intensive care unit (SICU).

I came to the hospital the next morning to find her in the SICU, intubated and distraught. She was frustrated by the ventilator - coughing but completely cognizant of what was going on around her. I was angry and upset. How had her story changed so quickly? It wasn't supposed to be like this. Why did it seem like things were spiraling out of control and there was nothing that I could do?

My team discussed Ms. B's options with her and her family. She had made her decision. She wrote a note saying that she wanted the ventilator to be removed, and she did not want it to be replaced if she was unable to breathe on her own. Her ventilator settings were relatively low and we hoped that she might be able to be successfully extubated.



The attending physician was incredible. He prepared our team, the family and the patient for what was to come. He explained to me that it was okay to be sad. I felt that he had given me permission to feel like a human being. Around noon, Ms. B was ready. She chose the song that she wanted to hear on her iPod, wrote a few last-minute notes to her family and was holding a prayer shawl that had been made by her prayer group. As I stood there watching the scene play out before me, I became incredibly overwhelmed and had to excuse myself. I found a private corner of the ICU, lost control and cried. I was so disappointed with myself for losing my composure. I told myself to "get it together." She was not my grandmother, and that was not my role. Doctors don't cry. They have to comfort others.

I took a deep breath and returned to the room. It was silent. Ms. B lay at the center, surrounded by her four children, several of her grandchildren and great-grandchildren, her minister, our medicine team, the palliative care team, the hospital chaplain and the respiratory therapist. Once the ventilator was removed, we all just stood around watching and waiting. We were waiting to see if she would breathe on her own. At first it was unclear. She cleared her throat and started to speak. She said that she was tired and ready to go to sleep. I watched her daughter become concerned. I watched her call her grandson over to tell him that she loved him. I watched the 13-year-old cry as he realized that he was saying goodbye. I watched the palliative care doctors exchange looks when they realized that they would need the morphine and atropine drops. I watched family members take turns saying their goodbyes. I watched her breathing become irregular. I watched my own eyes fill up with tears, and I watched Ms. B die.

I was not prepared for what had just happened. I don't know that I ever could have been. I thought that death was the evil beast that we must always try to defeat. We were to stare it in the face and do everything possible to win the fight. Ms. B taught me another lesson. Her death was peaceful. She had accepted that her time had come, was surrounded by people who loved her, and did not suffer. It was sad to see her family mourn, but it was not sad for Ms. B. She truly was at rest.

After Ms. B died, and the commotion in the room had settled down, Ms. B's daughter turned to our team and smiled. She had just lost her mother and was clearly overwhelmed by emotion. She stood up out of her chair, came over to our team and thanked us for deeply caring for her mother. She said that the emotion that we expressed that day meant so much to her and her family. She said that doctors were allowed to cry - it showed their care and support for others. ✕

Musings Of An Itinerant Philosopher

Kelly Tomlinson

A wise person once said, “a shallow life leaves no scars.” The philosopher certainly does enjoy living life to its fullest. Multiple sclerosis (MS) is just one of numerous scars for him. It’s not a bad scar and his course of MS is better than some, worse than others. We are all individuals and the course of MS is different for everyone. He has a lot to be thankful for.

Yes, he may have MS and his life has changed forever because of it, but other things have happened in his lifetime that also altered his course. He never thinks what could have been but rather what has been.

Yes, his fatigue at times is so overwhelming he sometimes wishes he could be like Rip Van Winkle and sleep for 20 years. But “alas, poor Yorick, he knows you well,” and it is just one of the many books the philosopher read while growing up.

Yes, some days his balance is off and he cannot walk a straight line. He fondly remembers the days when he used to spend a lot of time imbibing to be able to walk that way. Now he is able to do it without the hangover.

Yes, his legs are weak some days and they tire easily. Oh, he is so glad carrying an 80 pound pack up and down the Rocky Mountains or two-a-day football practices in the dog days of summer are just distant memories.

Yes, he lost his vision for a while but it came back. Now he has empathy for the person who has never seen a sunrise on the continental divide, bald eagles soaring majestically through the air or the color of aspen leaves on a crisp autumn day as he.

Yes, he sometimes has pins-and-needles sensations in his feet but he is grateful he doesn’t have to wade across an ice cold mountain stream or walk around in freezing snow all day to experience those feelings.

Yes, his bladder gives him problems at times. He now can relate to old men with prostate problems or young children who have accidents. This is just another reason for him to make lifestyle changes. It’s not the end of the world.

Yes, his muscle spasms at night are so bad at times it is as if he is running a marathon and he gets no sleep. It is just his body’s way of saying he did too much today. Those nights are gradually decreasing because he is starting to learn to listen to what his body is telling him.



Yes, he gives himself an injection once a week. He likes to call them his Saturday night shot nights, not the same as when he was younger though. He now understands what his friend with diabetes who gives himself five insulin injections a day goes through. It goes against good judgment to stick a needle into you, but if it slows down the course of the MS, then he will do it. Positive outlooks lead to positive outcomes.

Yes, sometimes he has trouble expressing himself or becomes forgetful. It is very frustrating at times for him. He has learned to use a note pad to write down things so he can remember them. He does not take offense with people who help him with his “tip of the tongue” syndrome when he is having that difficulty. This has made him so much more understanding of those with Alzheimer’s and little children just learning to communicate.

Yes, he has his good days and has his tough days. He never has bad days because every day he wakes up breathing is cause for celebration. And for those who believe he is courageous living with MS, he humbly realizes that “Courage does not always roar. Sometimes it is the quiet voice at the end of the day saying: try again tomorrow.”

First self-published as a Kindle e-book. ☒

On the inconvenience of being two things

Eddie Tsvankin

The kid looked like the inside of his mouth had exploded. I was reminded of Wile E. Coyote, in one of his schemes to catch the Roadrunner, somehow winding up with a mouthful of lit dynamite sticks, then holding up a comical sign (“UH-OH!”) and vanishing in an explosive plume. Peering past the kid’s lips with my pen light, I could barely make out teeth – his cheeks, lips and tongue had erupted in blisters the size of walnuts. Many of these had proceeded to burst open, spilling their purulent contents into his mouth and lending it a certain appalling putridity. The kid’s throat was too inflamed to swallow, he was running a fever, his eyes were swollen shut, his limbs were ablaze with itchy polka dots, and peeing hurt him so bad he cried. His chart said his birthday – his tenth – would be tomorrow. Mental note: remind the parents to cancel the clown.

The kid’s name was Dan. His parents (Monica and Allen) had to tell me his name, because his mouth hurt too much to talk. I introduced myself, but he couldn’t open his eyes to see me. I squeezed his hand so he could at least become acquainted with my touch, but he didn’t squeeze back. I also introduced myself to Monica and Allen, who almost certainly didn’t hear me. Their faces were masks of terror; every ounce of their conscious being was devoted to clutching at sanity.

I pulled them to the back of the room, to the couch by the window and sat with my back to Dan. Their story went something like this:

Two weeks ago: Dan gets pneumonia. Doctor prescribes medication, which gives Dan a rash. Parents, ignoring the advice of the same doctor, continue giving Dan his medication because it makes him feel better.

One week ago: Dan’s pneumonia abates. The rash does not.

Two days ago: Dan tells Monica his eyes itch and swallowing hurts. For the first time ever, he refuses dinner. Monica’s blood pressure ticks upward.

Today: Dan wakes up looking and feeling like Mötley Crüe’s hotel room. Parents panic and take Dan to the hospital, where they meet me, newly-minted third-year med student.



As the interview proceeded, I noted a peculiar detachment to Monica and Allen, lending a nebulousness to their account. And because I was furiously scribbling essential notes like patient’s mother denies hematochezia (and because I apparently have the emotional sensitivity of a chia pet) it took me much longer than necessary to pick up on phrases like the following:

Monica (on brink of tears): “We should have listened to the doctor!”

Allen (also on brink of tears): “Do you think the medication caused this?”

Monica (still on brink of tears): “Why didn’t we listen?”

Allen (not with words, but with his eyes): “If the next few words out of your mouth don’t in some way intimate that this isn’t our fault we will likely jump out the window behind us as soon as you turn to leave.”

Third-year med student (in my head): Ohhh.

The med student’s mind during a patient interview is a whirlwind of data: history, physical exam, systems review, allergies, neatly organized into problem lists. And for the rookie data-interpreter, it’s easy to overlook the necessity of actually contextualizing the data. It didn’t take a genius to figure out that Monica and Allen, just like any parents the hand of misfortune had directed to Children’s Hospital, were petrified, distressed and bewildered. And any human being with an ant’s nostril of sense would pick up on the numerous cues suggesting their feelings of responsibility for their child’s state. Furthermore, that same human being would feel an empathic drive to relieve the parents of that burden. Problem is, when you’ve spent your whole life being human and are just learning the third-year-med-student gig, it’s hard to simultaneously be both.

I stopped asking questions. I looked at Monica. I looked at Allen. And I told them it wasn’t their fault. I told them I knew they loved Dan, that they would never intentionally hurt him. I told them the hospital was not a place for finger-pointing, but a place for healing.

Monica bawled. Allen bawled. Behind me, Dan softly wept. And then the interview proceeded, except with ease, with fluidity. There was precision to the data I gathered – it ceased floating in a vacuum.

On the inconvenience of being two things

Eddie Tsvankin

Dan ended up with a diagnosis of Stevens-Johnson syndrome, an allergy-like reaction to a drug or infection that makes mucous membranes – mouth, nose, eyes, even urethra and rectum – slough off like melting ice cream. Ultimately, we never found out what caused it – could have been the antibiotic prescribed for his pneumonia, could have been the pneumonia itself, could have been bad luck. We put tubes in his arm to deliver fluids and immunosuppressive drugs. We put more tubes in his other arm, which he ate through. We gave him mouthwashes and salves for his eyes, and creams for his skin. When Dan's corneas peeled off we grafted amniotic membranes to his eyes (lending him a curiously buggy appearance), and he saw his medical student for the first time. We assembled Legos. We pieced together puzzles. When his vision improved, I cheerfully dominated him at video games. I talked to a more tranquil Monica and Allen about how she was a teacher and he an unemployed DJ and that they were perpetually shuttling back and forth between the hospital and their Westminster home to care for their other two children. I learned that Dan loved math and soccer, that his favorite place in the world was the zoo and that he was afraid of spiders. The family lived at the hospital for nearly three weeks, and, after most shifts, I lived in Dan's room with them.

A week after Dan skipped out of our unit – six pounds lighter, mouth and eyes still sore, but largely no worse for wear – I found myself discussing his case with an attending. “Five minutes after they walk out the door,” said the elder physician, “they won't remember how good a job you did. They won't remember how closely you monitored their potassium, or how your suturing technique prevented an infection. But they might remember how human you were.” And that's probably pretty close to the truth.

We all enter medical school human, and we emerge with the dubious title of Doctor, and somewhere in between we learn how to be both. It's a peculiar and arresting notion, particularly in light of the attention medical schools are now directing at cranking out more ‘humanistic’ physicians. Ultimately, as we gain finesse as doctors we become more nimble at escaping our embeddedness in the role. At some point, we resume being human. As for me, I just hope Dan's next birthday is nothing like his tenth. ✕

Standing Tall, Standing Still [Nikki Cimino]

A Celebration of Being “The Attending”

Jean Abbott, MD, MH

We live and die by pattern recognition in the ED.
Our shorthand gives us a quick picture.
We need these efficiencies in the ED,
even if we lose the patient in the process.

“Drug abuser”—got it!-- one of several that day.
She came to the ED with her mom.
Room 8: no other room available, even if she didn't deserve it.
20-something. Pleasant, neat, clean, diffident.
The assessment by the resident was straightforward
and reasonable.
Inappropriate ED visit.
Wants to see a neurologist.
Having “seizures.”
Can't remember, can't find words, muscles spasming.
Sigh, shrug.
What do you expect? YOU abused your body.
Not an emergency; not even any urgency.
Multiple ED visits “elsewhere”: overdoses on narcotics, admissions.
No toxidrome today. Says she's been clean for 3 months.
Of course without insurance, no access.
Why does she think we're different?
We have no special tricks either.

What difference does our messy layered academic scheme make?
How often can I cut through the stereotype and find the person?
Sometimes here I have a chance to be curious.
Not always – when it is too busy, I move 'em in and out too.
But it is a gift that the residents grant.
To sometimes be allowed to let your curiosity loose.
Each person, each story is different.

Tell me about these admissions.
The ICU? On the ventilator for a few days?
EEGs, a “too brief” psych admission?
What happened?
Not sure; “found down.” Not just once.



I'm in school now and I've been clean for 137 days.
But sometimes I just can't follow; the words aren't there, I can't speak right.
Mom in tears: she isn't who she used to be.
Her grandfather lives with us, and is disgusted.
He and my resident agree:
it is all in her head; once a drug abuser. . .

But wait: an MRI, the unthinkable gift of a junior consultant.
The evidence of the hypoxic hits.
Softly I get to share the information that may change the course for this one family:
It's almost like a TBI (we all know what they are these days).
Their gratitude shames me for our communal failure to care.
The gift of naming. The shift to be allowed to look forward.
The project for this woman becomes more clear.
Freed just a bit from the tyranny
of computerized recording of an unnecessary visit,
I rejoice in the few minutes I had to perhaps make a difference. ☒

A Trip To Oz

Jody Jones

I'm clearly not in Kansas anymore. My world feels forever changed - shattered and replaced by a Technicolor absurdity. The sun radiates a brilliant golden yellow, falsely warm and cheerful as I leave the doctor's office. The sky is a deep, bright lapis blue, unsullied by clouds, unlike my deceitful body. The grass so green it hurts, appearing to grow before my eyes, like the insidious tumor inside me. The trees flaunt their tiny details - the veining of individual leaves so vivid, delivering a life force of health that mocks me. With heightened intensity, the colors are an assault on my senses, a conspirator to the news of cancer.

So silly really ... a small imperfection, hidden within the skin of my hip. How long has it been there, dormant, subversive, lurking beneath the surface, waiting for a chance to flourish? The round, raised bump, sinister, slowly growing, biding its time. I've disregarded it, ignored it, allowing it to develop, mature, and gain strength of its own. Provoked by a backpack hip belt, it reveals its wrath; the subsequent bruising and increased size is undeniable. The Wicked Witch unleashed.

The primary care physician unimpressed; a simple cyst excised in the office. Not to worry ... sent for biopsy as a matter of protocol; sent home to wait. No word ... I assume the matter is resolved, nothing else to do. It requires no valor, no bravery to pretend everything is fine. It's easy to convince myself, a cowardly lion. It is not until I return for a separate issue, weeks later, that I hear the truth that will alter the colors of life: what plans have I made regarding the biopsy report? Plans?! Biopsy report?! Why?!

Cancer: rare - sending traitorous tendrils deep into tissue beneath - difficult to eradicate - requiring surgery - clear borders unknown - expected regrowth years later.

Why hasn't anyone notified me about this? I'm incredulous at this incompetency. Why so cavalier an attitude? His unspoken accusation faults me for not knowing. I blame this scarecrow of a doctor, his brain conferred by the mere presence of a diploma. Bombarded, fear is displaced by anger; shocked into sharp reality, a surreal Technicolor trance.



Back home (there's no place like it), my children return from school, their youth and beauty shining bright. What's wrong, Mom? I stagger at the thought of all the things I could miss in their lives: the challenges, achievements, heartaches, and triumphs. Somewhere, over the rainbow, children don't lose their mothers to cancer. It's unreal to think about dying; it's impossible not to.

I am off to see the wizard. Is he well trained? Is he skilled? Is he aware of what I stand to lose, what I may be leaving behind? Does he know how much I love, and am loved by others? Can I place my life in his hands? Or is he merely a man behind a curtain?

Where are my ruby slippers? ☒

A Stranger in Mourning

Sara Warzecka

This is death,
lying in front of me.
Arms spread,
palms up
- because I put it there
stretched in clenched reverence
toward the heavens.

This is the smell of death.
It makes my eyes water,
my nose run
involuntarily.
It is just a smell,
just a smell.
But I am not crying for death
and I am not crying for you.

This is the feel of death,
resting my elbows on your slimy cold shoulders.
My desire to hold your hand
cannot penetrate
the wet cloth it is wrapped in,
fingers sticking up like immovable rocks,
a monument of jagged spires,
and I fall on them from a thousand feet above
when I have the strength to touch them.

This is the immutability of death.
I cannot wish you back to life.
I cannot press the scalpel
hard enough to make you feel it
- not the way I do.

This is the inevitability of death.
It makes me question
the purpose of my own life,
my sadness, my joy,
my inconsequential movements



in the insignificant space I occupy
with your ominous body below me
like a void in which my own thoughts echo,
your hollow
interrogating my intentions.

This is death and this is life
and sometimes I feel I know neither.
Nor do I want to,
with what's left of you in front of me
and what I've taken from you to the side
in a bucket

growing colder than you knew you could
buried beneath the frosty words of self-protection
echoing off the walls,
sad jibes hiding scared feelings
- selfish but not unfeeling -
and they rest there with you,
the pieces I have taken from everyone else,
dead and alive,
what they have given to me
haunting me as well
next to you on the metal table
and the unthinkable task you set before me.

This is the touch of death,
my gloved hand on your bare skin.
I feel you watch me through your mummy-like shroud
enveloping your head and hiding your eyes.
Is it hate or is it curiosity
about this girl standing over you
wielding a scalpel with plastic fingertips
and wearing blue pajamas
as she begins to cut off your skin?
I do not ask you to forgive me
because I do not know
if I will forgive myself.
This is death defiled
offering itself to my inquiries
but my questions lie silent on my tongue,
fearful of what you may tell me.
What can you ask
when all questions lead to a dead end?
Your skeleton will be bare



A Stranger in Mourning

Sara Warzecka

without cover from wind or snow or rain,
or hate or love
which you can never feel again.

When your body is gone
who
- this time -
will feel its loss?

This is the gift of death
and I want no part of it
but I dare not turn away
lest death should creep upon me too
as a forgotten friend places a hand upon your shoulder
invoking a shiver along your back
both cold and calming.

This is your death
and I do not want it
and I will do everything I can
not to feel it
because
maybe
that is -not- what you wanted. ☒

RETIREMENT

Sherry Leonard, PhD

Over the years
I have become a house,
crowded with furniture
and memories.
The front door,
through which all professional life
came and went
is closing.

But the upstairs windows
are open,
the curtains moving
in a fertile breeze.
Thoughts and words like seeds
will float out and fall,
growing into
new and wonderful things. ☒

Apoptosis

Steven Robinson

My darling, death and decay are the
inevitable consequence of the world in which
we live and the forces of entropy wage
a slow but implacable battle on everything.

Yet our love defies
this and stands in direct opposition to
mortality or planned obsolescence.'

What we possess is resistant to environmental forces
and we are allowed to maintain an equilibrium
beyond this loss of function and foregone decay.

Ultimately we have two ways you and me
to face the heartbreak of this culture of death:
Either ignore the signals around us
and create out of the algebra of our love
a new being,
or go our separate ways like leaves
falling away from the tree.

You know we have powerful
repair mechanisms, my love, and
a distinct resistance to damage as it occurs.
And yet you are so fragile,
your morphology delicate and beautiful.

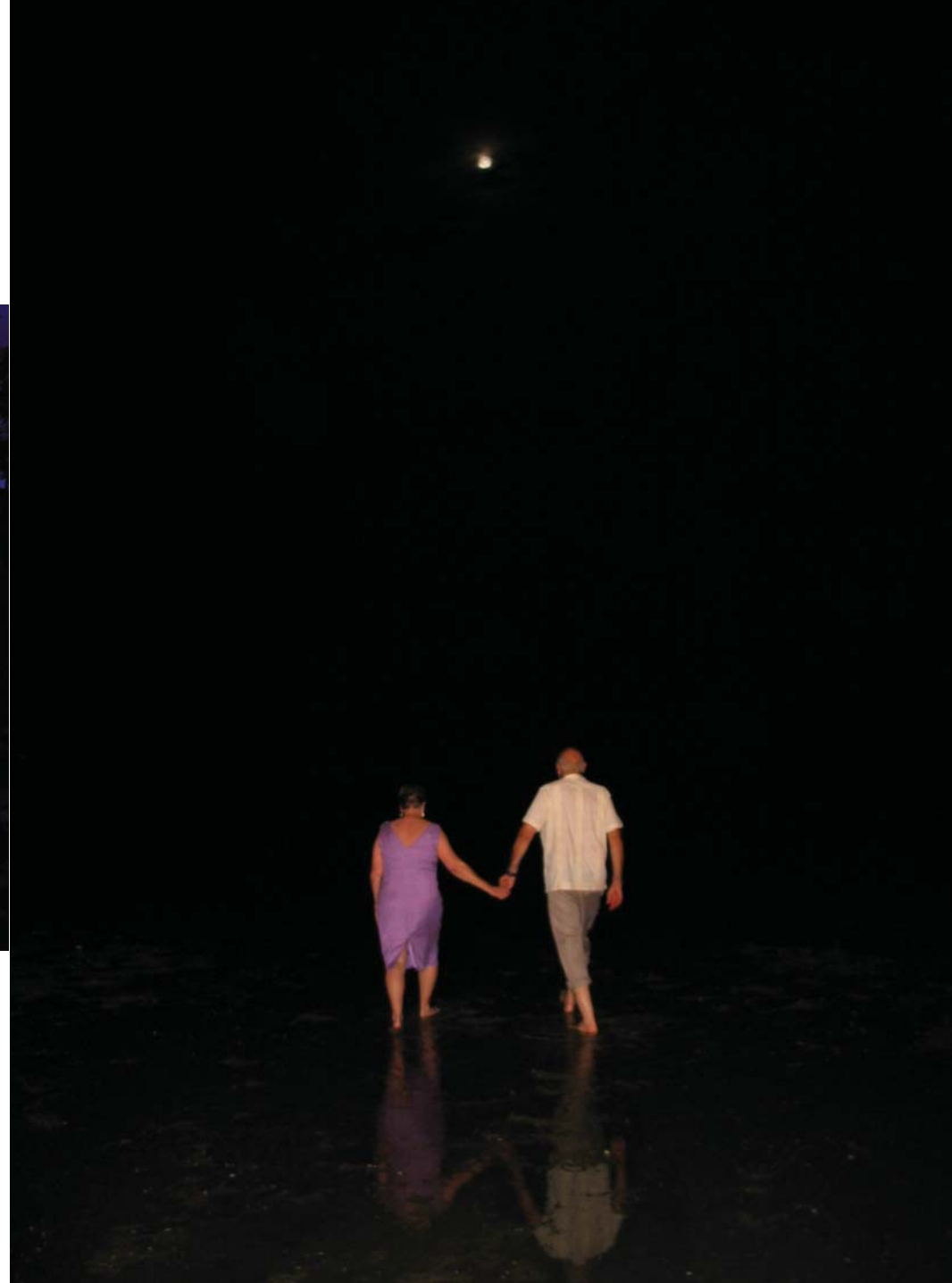
We are born perfect and new,
living, my love, for a year, a century,
then we die, but never is our love
abrogated or senescent;
forever our love lives
beyond apoptosis. ☒



Prayer Flags at ABC [Sarah E. Rowan, MD]



Denver Botanic Gardens [Nikki Cimino]



After the Wedding at Paraty [Michael Luckow, MS]



Eye Of The Predator [Shelley Durazo]

ELEGY

Henry N. Claman, MD

You couldn't have known that
160 miles away in the mountains
we were listening to the orchestra tuning up, and
the mezzo was waiting for the
opening bars of Mahler's Kindertotenlieder
- Songs on the Death of Children -
while you found the keys,
went up the stairs,
opened the door
and jumped off the roof.

The next time I saw you,
you were finally at peace.

But I am not ☒

the aphasia poems

Jacqueline Linton

aphasia, n.

Loss of speech, partial or total, or loss of power to understand written or spoken language, as a result of disorder of the cerebral speech centres.

June

I see your world in your eyes,
As I stumble through an introduction,
Laying waste to your native tongue.
You mirror fear and uncertainty back to me.
Before long, we greet one another with a smile.
You looking "mejor, poco y poco."
I never told you what was wrong,
Because we never knew.
Our goodbye fluent,
Hugs, tears, your sister's blessings on
My hands, my car, my family.
You with "Gracias"
Me with a bewildered "De nada."

July

Pelvic pain for 3 months,
I query the onset, palliative/provoking factors,
Quality, radiation, other symptoms, and timing.
Your eyes shift and your face reveals a
Glimpse of—grief.
I enquire about sexual history, masking my disbelief.
The words tumble out,
A landslide,
Misplaced atonement,
For not being able to say, "NO."

August

Every second struggling for the "right" words
Shamed out of my comfortable phrases.
"What does 2/2 mean? Is that texting slang?"
"When you say, 'the patient endorses,'
It sounds so unprofessional."



"If only your presentations were more polished."
Watching you painstakingly type notes
Sometimes for hours,
Self-conscious of my words, left tongue-tied.
My last day, receiving your "feedback".
I can't hold back,
A tear for every word that I didn't say.

September

At first there were no words,
Only machines:
Hemodialysis, ventilator, pulse ox.
As the cacophony receded,
There was writing.
Page after page of furious scribbling.
Finally, getting to tell us
What you really thought.
You confided in me,
"They think they know everything."
I replied, "Yeah, that's been going around."
We exchange mischievous smiles.

October

Intentional, precise words
Used to surround yourself in a protective screen
A decoy.
You feared your own voice,
Almost as much as you dreaded
Failure, disorder, imperfection, eating.
You revealed glimpses of the authentic you,
Fleeting and infrequent,
Making me promise not to tell the others.
We never said goodbye,
After all that we had shared,
I couldn't find the words.

November

Rising everyday
Has become a trial on me.
My soul lurches
Under the weight of a million words
And heavier still, silence.
I fight moving opposite
A rush hour crowd on an escalator.
Trying to shout over the din,
"I am a human being and I am alive!" ☒

Directing the Compass

Jeannette Guerrasio, MD

Exhausted, feet sore, eyes tired
I headed for the hospital garage
dreaming of a satiating dinner with my wife
 then melting into the couch by the fireplace
 curled up against the fuzzy warm creature,
 with that familiar smell of my dog.

Or, I could go back and see my sickest patient again.

I should go back and see John...

The right thing to do often lies
in direct conflict
with my depleted will and self-interests.

With some reluctance, I acknowledge
the professional code.
 the patient's needs before my own.

Sixty minutes later
having answered John's questions
and having updated his wife.
I once again head for the hospital garage.

Only this time,
I am rejuvenated and energized
 for having done the right thing
 knowing I can sleep easier, now reassured,
 Because John is starting to look better. ☒

Cries of Fear

Monique McCollum

I can still see her gnarled fingers,
feel the dry, warm skin.
She had the most delightful dimple
and a smile that would be infectious when
one of her grandchildren came in.

Her accent would cause strangers to linger
and ask questions, just to hear her talk.
She always had time to talk and share a story
or smile. There were no strangers in her life.

Hi, my baby. Come sit down. Come sit close
to Mem'e, she would say. She was more comfortable with
those she loved most close by.

To think of her spending those last days alone is
almost too much to bear. No one to sit close to her.
If I could make it better, I would. If I could have come, I would.
Perhaps she would have been less scared
and less anxious. We would have all felt better.

In the end, it's me that has to live with my regret.
Not you. You go home after your shift and forget we are here.
We never forget how scared she was. She yelled out
all day for us the nurses said. She was hoarse when I
finally got to talk to her on the phone. My heart hurt.

I will never forget her, her smile, her dimples,
her gnarled fingers,
her lovely accent and
her final cries of fear. ☒

But Not Forever

Brian Stafford, MD, MPH

In the middle of the sandy wash that lies beneath the immense rock swale that looks like elephant's skin sits a vibrant, spiny cactus, made of eighty green barbs with light brown tips and sharp teeth along the spines. The spines protect the heart of the cactus. Amongst the spines are delicate white hairs, four for each spine it appears. It thrives in the wash, collecting the rain water through its roots, and holding the liquid in its heart and spines. There are days when it is submerged by the flood of rainwater, anchored by its root. There are seasons when very little water comes through the wash and the spines protect the sacred liquid from creatures wishing to lap at the water at the core.

Attached to its base and lying in a downstream direction is its former self. No spines, no hairs, just the husk of the dried out heart. How does the cactus know when it is time to die? Does new potential push it off its main root? Do water vandals make it through the defenses and create a sacred wound? Or does it die in its own timing, sharing the water from its center with the lizards in the wash, allowing new life to spring from its heart? These are mysteries I do not understand. These are mysteries I do not understand.

The raven soars high above the land. The spines protect the heart, but not forever. The white hairs wither and blow away. And the heart dries up, but not forever. A new heart, deeper roots, succulent green spines, and soft white hairs sprout from the new soul that holds the source, continuing life in the middle of a dry, sandy wash below an immense rock swale that looks like elephant's skin. ☒

Lacey's Fight

Brittany Everson, RN, BSN

A small encounter of great and small,
Another patient down the same long hall.

But some moments are to be kept—
Little Lacey, just waiting for the next step.

Lacey is 10, with cancer that's spread,
From her lungs to her bones, no hair on her head.

The chemo's been rough and nobody can say
If it will even work at this point today.

She's losing weight, with sores in her throat,
I bring her a med to keep her afloat.

As I open the door with the med in my hand,
Her knowing eyes pierce me and I understand.

She feels little hope but presses on,
She is weary, tired, sad, and wan.

Her father is there next to her in the bed,
For hours he coaxes her and not a word is said.

He is patient and loving and never puts her down,
Lest she smile for a moment instead of a frown.

As I gaze into Lacey's tear-filled eyes,
She is churning in pain and they cry out, 'Why??'

'It's just one pill', I think to myself.
But what do I know about this sickness itself?

That as she swallows it burns and aches,
And the chemo causes her stomach to quake.

'Why?', she asks me with those soulful eyes,
'It's just another hurdle of my miserable time'.



Lacey's Fight

Brittany Everson, RN, BSN

I want to tell her father how brave she did,
I want to make sure Lacey knows how kind her father is.

I want to say, 'remember this when you walk down the aisle',
But Lacey might not ever get to be anything but a child.

Her sister went to Chuck-E-Cheese, she's on the phone with dad.
Her father tells her to still have fun, even though she's sad.

In the unspoken spaces he seems to say
He knows Lacey's life has begun to slip away.

Lacey is smart, sweet and pretty,
But her world has made her sick and dizzy.

It's all I can do to get her to smile,
But it brightens my heart and she lays down for a while.

The night has come and little Lacey sleeps.
Blankets wrap her tiny frame; it's all I can do not to weep.

Her head is balding with stringy hair,
But still it's warm against the cool night air.

Rest, sweet girl, and leave behind your pain.
Sleep deep little Lacey, for tomorrow you'll fight again.

I cannot exchange this encounter in time,
But Lacey's pain and strength are forever etched in my mind. ☒

The Foundations of Doctoring Faculty

Fred Platt, MD

Is aging. Several of us
are definitely OTH
(That's Over The Hill) and hair,
if any, is white.

We call ourselves
was-a-doctors.

Then we show up to listen
and teach, perhaps a touch of the
Hippocratic Oath, when we promised
to help our replacements on their way.

It's mostly an act of altruism
that research shows will produce
health benefits and reduced mortality
for us! Glory be!

See, there's a bunch of us. ☒

How to Spend the DASH

George Ho, Jr., MD

At birth, death is as certain in the future as you draw the first breath
With each passing day, you get closer to the end, but the when is not known
A DASH hyphenates the dates between birth and death
From the first breath to the last heartbeat, the length of the DASH is unknown

With each passing day, you get closer to the end, but the when is not known
The length of the DASH can be long or short, spend it carefully
From the first breath to the last heartbeat, the length of the DASH is unknown
The length of the DASH is often beyond our control, spend it wisely

The length of the DASH can be long or short, spend it carefully
How you spend the DASH determines its width and depth
The length of the DASH is often beyond our control, spend it wisely
How you spend the DASH determines its value and worth

How you spend the DASH determines its width and depth
The volume and contents of your DASH represent your legacy to your heirs
How you spend the DASH determines its value and worth
The worth and value of your DASH will be eulogized by your heirs

The volume and contents of your DASH represent your legacy to your heirs
Shape the DASH by making lasting memories and fill the DASH with love
The worth and value of your DASH will be eulogized by your heirs
Many meaningful memories of goodness, joy and caring, shared with the ones you love

Shape the DASH by making lasting memories and fill the DASH with love
Pack your DASH with happiness, gratitude, grace and forgiveness you have learned
Many meaningful memories of goodness, joy and caring, shared with the ones you love
Define your DASH with trust, reputation, contentment and security you have earned

Pack your DASH with happiness, gratitude, grace and forgiveness you have learned
So anticipate the unknowns and deposit the many meaningful memories
Define your DASH with trust, reputation, contentment and security you have earned
They linger and last, supplanting material possessions, these treasured memories



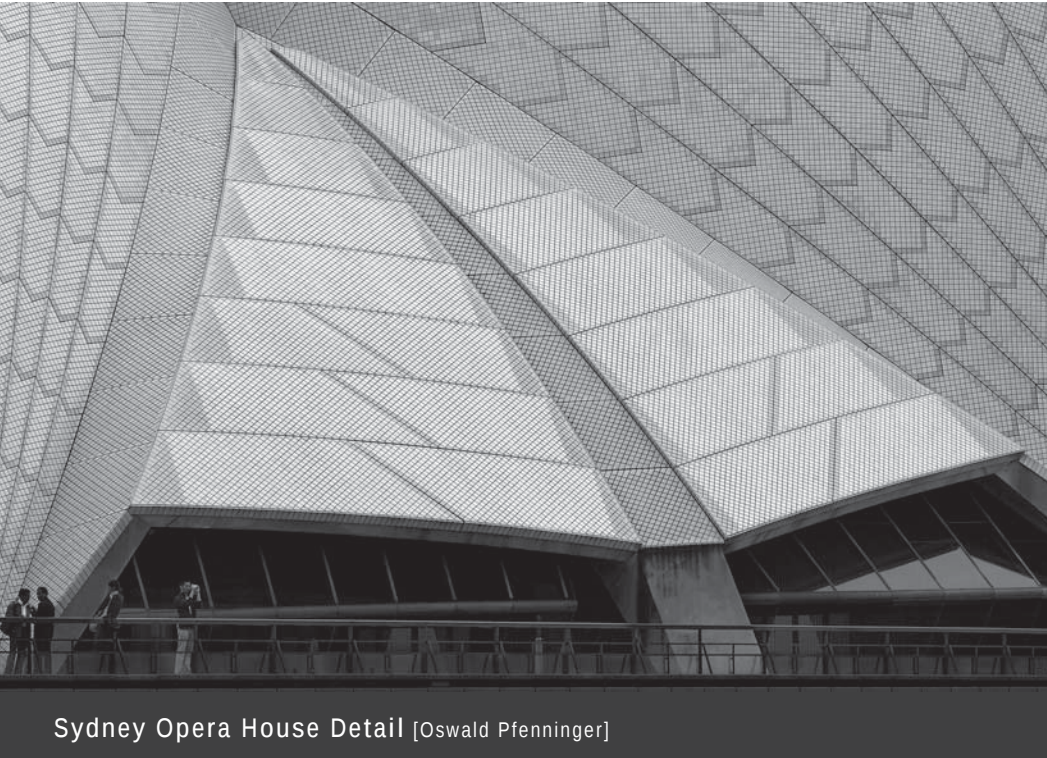
So anticipate the unknowns and deposit the many meaningful memories
Align your priorities and prepare for the inevitable with gratitude and grace
They linger and last, supplanting material possessions, these treasured memories
Keep what is worthwhile and wipe out what is superfluous without a trace

Align your priorities and prepare for the inevitable with gratitude and grace
A DASH hyphenates the dates between birth and death
Keep what is worthwhile and wipe out what is superfluous without a trace
At birth, death is as certain in the future as you draw the first breath

****Editor's note: A pantoum is "a series of quatrains rhyming abab in which the second rhyme of a quatrain recurs as the first in the succeeding quatrain, each quatrain introduces a new second rhyme (as bcbc, cdcd), and the initial rhyme of the series recurs as the second rhyme of the closing quatrain (xaxa)" (see: <http://www.merriam-webster.com/dictionary/pantoum>)* ☒

Dr. Marmeladov's Lecture

Steven Robinson



Sydney Opera House Detail [Oswald Pfenninger]

He's brought genetic losses on chromosome 1q and more genome-wide associations from KIDAAOO4O to TNN-haplotypes in his briefcase all the way from the East Coast. It's snowing outside and the Hensel Phelps Auditorium East is a quarter full. I wonder what he had for breakfast as the introduction is made and previous studies are recounted; he's here to mollify us with tales of the causal variants that contribute to this disorder and its interaction with flanking genes, neurotransmitter systems or metabolic pathways. The beauty and grace of 10 post-docs rabbiting away at the bench and in the blue glow of computers in twilight hours cranking out data consistent with the Minotaurs languishing in the trenches of the biomedico industrial empire. Dr. Marmeladov's discovery is roughly pronounced with a variant allele in Asians but a higher occurrence in cell lines and reaction-restriction fragment length polymorphism encouragement. He could hardly mean more as the grey hair in his beard attests and the significant higher occurrence of the phrase "and then" the urge to see him dance with his wife by the light of the moon. It is established beyond all doubt. ☒

3rd Year

Jacqueline Linton

My love of reading
Is gone—a dead space in my
Soul and it scares me.

Perfectionism:
Fishing until miserable
For the sake of casts.

When you meet someone
Just like you, in manners and
Opinion—Fear them.

Some places compel
Me to miss them, visiting
Rends open the wound.

Little is more crucial
To me than laughter, I feel
Sure it will sustain.

Some days I prefer
A wet nose and furry face
To a human embrace.

Where am I? Who am
I? Those questions increasingly
Clear and murky. ☒

Loving Her

Lawrence J. Hergott, MD

I once had a patient who,
for years
after his wife of many years
died,
went to her grave daily.

He didn't go there to visit her
and then get on with his day.
Visiting her was his day,
and he spent it sitting in a chair
near her,
or what was left of her,
in the ground
and in his heart.

He must have spoken to her
throughout the day -
would that be monologue or soliloquy?
I'm sure to him it was conversation.

Why did he do it?
I never asked,
perhaps assuming I understood.
Whatever his reason,
he described his days contentedly.

Clinical concerns aside,
loving you as I do
I was happy for him. ☒

Eighty-seven

Marc Ringel

Little by little
the light-boned
flighty
tachycardic
bird
has emerged from underneath
layers of muscle and subcutaneous fat
built over years
of living in the world
and now subliming into thin air.
She lightly touches down
alights on a branch
glances fleetingly
chirps incessantly
relaunches
flies in tight irregular circles
nervously scanning
near and far
for imagined threats
and for another perch on which to pause
momentarily. ☒

...And you received your last kiss

Rosa Rodriguez

Something in you dismissed the superstitious-
Beliefs of an afterlife tied to your body
You donated yourself based on the premonition
That your soul will stay with him always

This donation was not an easy choice

There is no amount of money that can add up to this value
You gave the greatest gift with your voice
“Let my body go – I will always have you”

Your love could not bear the thought of you not there
But as you always do, you made him understand
You touched his face and he asked “where?”
“In you – but I must extend my last healing hand”

Your passion for loving and healing never ceased
Your love kissed you forever – you donated your body- and released ☒

Tell Me

George Young, MD

Tell me the night silence
on the locked Alzheimer's ward is broken
by a yell from Room 206,

that an old man with flattened
nose and crumpled ears,
whose family moved away to Arizona,

whose doctor never comes
to visit, is standing
in the middle of that room, naked,

his freckled face a clenched fist,
urine and feces running
down his legs.

Then tell me that the fat one, twelve
years on the job,
working her second shift because

someone's car won't start,
comes with a pan
of warm water, a sponge and a towel;

how, back in bed, he
cries, You know--
I'm in the ring tomorrow with Killer;

how a tiny smile begins, how
her hand reaches out
to flick down his wild flame of hair.

Now tell me again
why you don't believe in angels.

First published in The Annals of Internal Medicine. ☒



Clouds [Mary Norbury-Glaser]



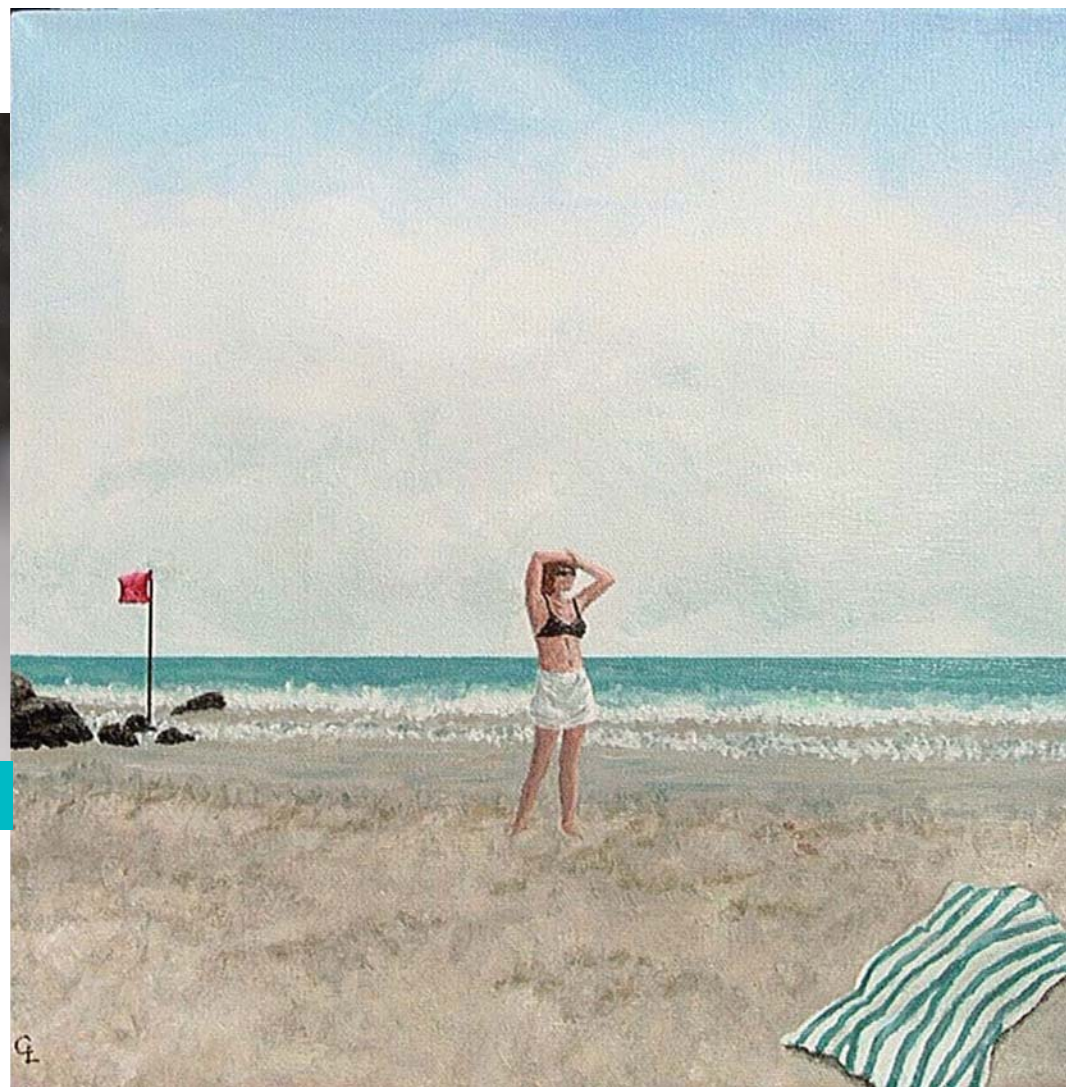
Zirikana's Intimate Moment [Sara Warzecka]



Thought Takes Flight [Lisa Litzenberger]



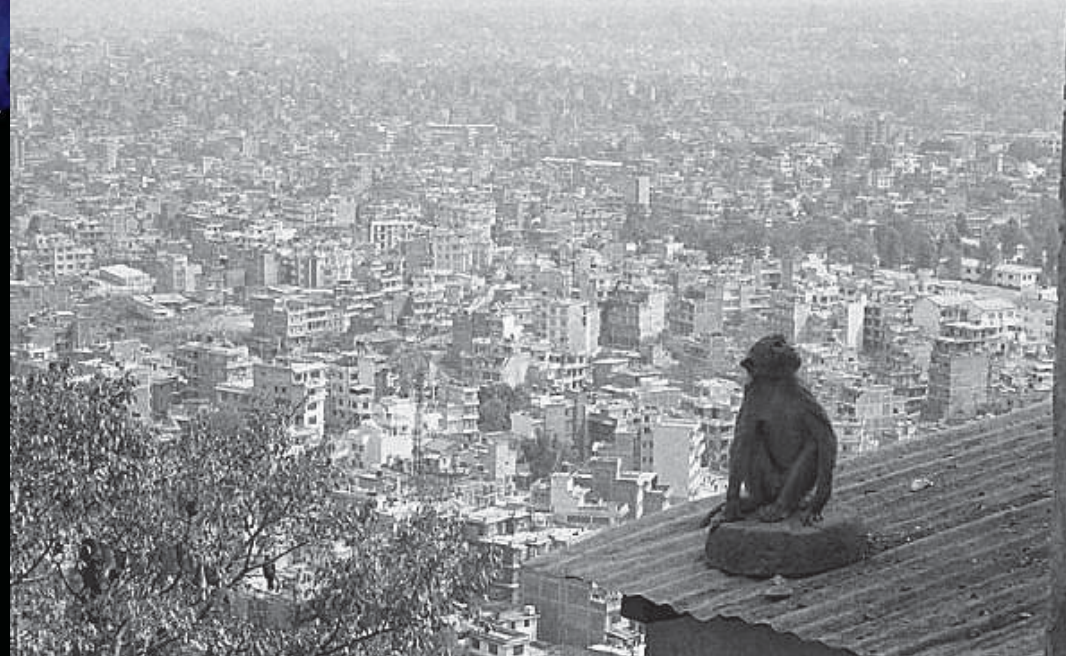
Snow Day [Mark Earnest, MD, PhD]



Some Like It...Coronado [Catherine Larkins]



Late Afternoon in Albuquerque, 2008 [Sonya S. Erickson, MD]



Monkey Overlooking Katmandu [Sarah E. Rowan, MD]

Biographies

For Writers & Artists

JEAN ABBOTT, MD, MH

Jean is a Professor Emerita in Emergency Medicine, having attended at UCH since 1985. For the past 15 years she has also been a faculty member of the Center for Bioethics and humanities, currently co-chairs the Hospital Ethics Committee and manages the Ethics Consult service.

COLLEEN BERDING, BSN, RN, CRRN, MSCN

Colleen Berding BSN RN CRRN MSCN is a wife, mother, and a twin. She is also the SCI telehealth nurse coordinator for the VA's St. Louis (MO) Spinal Cord Injury Center and in her spare time, a student in the College of Nursing's MS in Healthcare Informatics program.

TRUDY L. BOUDREAU

I have always had a love for the Colorado Mountains and the outdoors, jeeping, skiing, snowshoeing and camping. I have been doing photography since the age of 16 and have been hooked ever since. I have worked at the University of Colorado Denver for over 25 years as an Administrator.

NICOLE BRAUN

I am a nurse at UCH in the SICU, a CNS Grad Student at UCD, an avid fisherman, and a motorcycle enthusiast. This piece was taken at Rocky Mountain National Park in August of 2011.

EVELYN BROSANAN

Evelyn Brosnan grew up in Ireland and is a third year medical student. Prior to medical school she was an industrial chemist and vice-president of product management in the semiconductor industry. The events associated with this essay were life changing and a crucial influence on her decision to attend medical school.

DIANE BRUNSON

Diane Brunson is Director of Public Health at the School of Dental Medicine and past state dental director at the Colorado Department of Public Health and Environment. Diane is currently president of the American Association of Public Health Dentistry.

GREG BURFEIND

I am a 3rd year medical student from Missoula, Montana. My wife, Kelly, and I look forward to returning to our home state, where we plan to provide a broad scope of medical care in a small town.

LESLIE KELLY CABRERA

Leslie Cabrera is a PRA in OB/GYN. She graduated from Gonzaga University with a BS in biology and a minor in philosophy. She will attend medical school in the fall, but is currently enjoying her free time to write, read, dance, volunteer and knit.

NIKKI CIMINO

Nikki is a transplant from Baltimore who moved to Denver in August 2011. This is her first time living so far away from home. Nikki currently works as the Office Assistant for the Dean of the Colorado School of Public Health and is enrolled in UNC's Theatre Educator Intensive Masters program.

HENRY N. CLAMAN, MD

Dr. Claman is a Distinguished Professor of Medicine and Immunology and founder of the University of Colorado's 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.

BRIAN CRISTIANO

Brian is a second year medical student in the University of Colorado. The Vigil is based on his experience with a dying patient and is intended to explore the dichotomy of objective medical assessment and diagnosis with the human experience of caring for unique individuals at the end of life.

Biographies

For Writers & Artists

DEBRA CURRIER-MILLER

I work as a tech and am involved with the Exhibits at the Health Sciences Library. My inspiration for this body of work stemmed from my move to Bennett and the gorgeous sunsets. Also, I am motivated by the desire to document the icons of farming life in printed photographs.

JESSICA DE STIGTER

Jessica is currently a medical student, and with any luck will finally be Dr. De Stigter in 2013. Originally from the San Francisco area, Jessica studied Psychology and Theatre Arts at UC Santa Cruz. She plans to pursue a career in psychiatry.

ANJALI DHURANDHAR, MD

Anjali Dhurandhar is associate director of the Arts and Humanities in Healthcare program and an assistant professor in the Department of Medicine. She completed a fellowship in Medical Humanities with a focus on developing curriculum in writing and the visual arts. She edits Letters to a Third-Year Student.

JEFF DRUCK, MD

Dr. Druck is an associate professor in the Department of Emergency Medicine.

NICOLE DURANT

Nicole Durant, a recent graduate from the University of Colorado Denver with a dual emphasis BFA in Painting and Drawing, combines her love of visual art with science and biology. She is currently extending her scientific studies to apply for a Graduate Degree in Scientific Visualization.

SHELLEY DURAZO

I was born and raised in beautiful Santa Barbara, California where my inspiration and passion for photography blossomed. After graduating from UC Santa Barbara, I moved to Colorado for graduate school. The majestic scenery and changing landscape throughout the seasons fuels my passion for photography.

MARK EARNEST, MD, PHD

Mark Earnest is an internist, dad, and husband who likes to take his camera along for the ride. He has a makeshift studio in his home where he enjoys the photographic challenge of capturing the personalities of children and families in portraiture.

SONYA S. ERICKSON, MD

Sonya Erickson is a generalist in the Department of Obstetrics and Gynecology. She pooled her graduation gift money and purchased her first camera when she finished college. She has a different camera now. The first one used film; the new one doesn't.

BRITTANY EVERSON, RN, BSN

Brittany Everson is a pediatric RN at Children's Hospital Colorado. A Baylor University graduate, she now works with a broad range of patients, including kids with cancer. Brittany lives in Denver, CO with her husband and is working on a Family Nurse Practitioner degree from Colorado University in Denver.

ROBBIE FLICK

Robbie Flick is an MD student working with Partners In Health in Malawi. Facing oppressive disease burdens - primarily HIV, TB, and malaria - Malawians suffer the world's shortest life expectancy. His photo is from a PIH-supported antiretroviral therapy clinic providing lifesaving treatment to the poor in Malawi's most underserved district.

JACOB GRAY, MD

After completing my Infectious Disease fellowship I joined the University of Colorado Division of Infectious Disease. I am currently based in Harare working on our Medical Education Partnership Initiative program with the University of Zimbabwe College of Health Sciences.

Biographies

For Writers & Artists

JEANNETTE GUERRASIO, MD

Jeannette Guerrasio, MD is an Assistant Professor of Medicine in the Department of General Internal Medicine. While known on campus as the Physical Exam Teacher, The Remediator, and one of the hospitalists, she is also an author, poet and martial artist.

GEORGE HO, JR., MD

George Ho, Jr., is a family man with a wife, children and grandchildren; is a physician of nearly 40 years; and is soon to retire and devote more time to reading, writing, photography, volunteering and other interests to remain healthy physically, mentally and spiritually.

JODY JONES

Jody Jones is a second-year physical therapy student on a third-career path. She is proud to be an accomplished daughter, sister, mother, friend, partner, colleague, and health care advocate. Jody's inspiration comes from a passion for nature, the love of family, and life experience travelling the road not typically taken.

ALLISON KIMBALL

Allison is in her third year of medical school at the University of Colorado and finds joy in people, language, music and the world outside.

TOM KURT, MD, MPH

Tom Kurt, MD, MPH, now lives in Aspen and is a Visiting Professor of Medicine. Tom served as a resident and on the faculty at the old UCHSC in Denver before founding the poison center at Parkland Hospital/UTSW in Dallas on the model of the Rocky Mt Poison Center.

CATHERINE LARKINS

I have worked for CU for 11 years. I started painting four years ago, when given a set of paints. I discovered a creative side of me that I did not know I possessed. I think of myself as a Grandma Moses type – untrained and definitely in the folk art genre.

SHERRY LEONARD, PHD

Sherry Leonard, PhD is a Professor and Nancy Gary Chair in Children's Mental Disorder's Research in the Department of Psychiatry. Her laboratory studies the neurobiology of nicotine addiction in the mentally ill. Dr. Leonard will be retiring at the end of June, 2012, returning to outside interests in writing fiction and poetry.

JACQUELINE LINTON

Jacqueline Linton is a third year medical student. She received a BA in English from Washington and Lee University. Her interest include yoga, whitewater rafting, fly fishing, and playing with her dog, Lexi. She plans to pursue a career in general surgery.

LISA LITZENBERGER

Lisa is an Arts Professional for the University of Colorado and a member of the Administrative staff in the Department of Pathology at the Anschutz Medical Campus. Her favorite subjects are portraiture and landscape photography and image manipulation in Adobe Photoshop.

MICHAEL LUCKOW, MS

Mike Luckow is currently a first year student in the School of Medicine. Now 54 years old, he is the oldest student ever admitted. He lived in Japan five years, worked as a Japanese translator for over 20 years, and is now writing a book about Japanese izakaya cuisine.

A.T. MANGO

A.T. Mango is the pseudonym of a scientist who lives in the west. He has previously published stories in other issues of The Human Touch, the online mystery magazine thuglit.com, and in 2010, under another pseudonym, a collection of his stories.

Biographies

For Writers & Artists

SUZANNE MILLER

Suzanne Miller is a first year physical therapy student.

MARY NORBURY-GLASER

Mary Norbury-Glaser is a LAN Administrator at the Barbara Davis Center. She is an analogue photographer using mainly plastic, toy cameras and 35mm and 120mm film to capture images. Her photographs are untouched by image software.

ALICIA PATTERSON

Alicia Patterson is currently a student library assistant at the Anschutz Health Sciences Library and is a Sociology major at UCD's downtown campus. She enjoys taking photography classes and is considering making it her minor. Alicia takes great joy in photographing her family, to capture each moment of life.

BRIANNA NICOLE PATTI

A member of the medical school class of 2012, I aim to pursue a career in orthopaedic surgery. I spent my undergraduate years at Washington University in St. Louis and graduated Summa Cum Laude in 2008 with degrees in biology, honors by thesis, and Spanish language and literature.

OSWALD PFENNINGER

Oswald Pfenninger is a former employee of the University of Colorado medical campus where he worked for two different professors in the Departments of Biochemistry and Biophysics. Now in retirement, he and his wife are visiting many areas, experiencing and enjoying many cultures, and bringing home memories and photos of those places.

FREDERIC PLATT, MD

Clinical Professor of Medicine at the University of Colorado, semi-retired internist after 40 years of practicing medicine in Denver. I live with my wife, Constance, and spend a lot of time thinking and writing about the doctor-patient conversation, playing bridge, and feeling my age.

SALLY PRESTON, DMD

Dr. Preston is currently the Director of the Urgent Care/ Emergency Clinic at the University of Colorado School of Dental Medicine.

WILLIAM REIQUAM, MD

William Reiquam, M.D. is a clinical faculty member in the Pathology Department at CU Denver. He contributes short stories, poems and photographs to Fetishes, Medical Examiner and The Human Touch. He considers his work documentation of certain glues meant to console and unite us as patients and health care workers.

MARC RINGEL

Dr. Marc Ringel is a senior instructor in the Department of Family Medicine at the University of Colorado School of Medicine.

STEVEN ROBINSON

Steven Robinson is the Research Manager of the Skin Cancer Biorepository in the Division of Medical Oncology. He has had this position since 2004 and has been writing poetry since he can remember.

ROSA RODRIGUEZ

I moved to Colorado from Miami, FL in May 2011 to begin the MD/PhD program. I enjoy using art, music, and prose to express my emotions, whether joyful or sad. I believe that creating something tangible in moments of difficulty is an easy way to make any moment better.

Biographies

For Writers & Artists

ALEXANDER ROWAN

Alex is a member of Kirk Hansen's lab in the Department of Biochemistry here at Anschutz. In 2010, he graduated from CU Boulder where he studied English Literature and Biochemistry. An aspiring medical student, Alex hopes to one day combine his interest in the humanities and sciences into medicine.

SARAH E. ROWAN, MD

Sarah Rowan, MD is a fellow in the Division of Infectious Diseases at University of Colorado. She is currently researching the epidemiology of HIV in foreign-born populations in Colorado, and engagement in HIV care. Prior to fellowship, Sarah spent time in Nepal where she took the photos shown in this journal.

GAMINI SIRIWARDANA

I started oil painting as a hobby recently. Sometimes I wished I were an artist rather than a scientist. I am glad I am both now and I did not starve! The beauty in ones own backyard is often overlooked for the exotic. This is one of them.

BRIAN STAFFORD, MD, MPH

Brian works as an academic pediatrician and psychiatrist at Children's Hospital Colorado. He writes to remain soulful in the academic world. His clinical work and writing are meant to help individuals know that wounds are real, can become sacred, and are a path to soul.

EMMA L. SWINGLE, MD

Emma Swingle is originally from Bozeman, Montana and attended The University of Washington School of Medicine. She is currently in her third-year of residency at the University of Colorado Family Medicine program. This summer she will start a fellowship in geriatrics at Swedish Medical Center in Seattle, Washington.

KELLY TOMLINSON

Kelly is a health mentor in the REACH program. He was diagnosed with multiple sclerosis in 1988 and has led a fulfilling life even with the cloud of uncertainty surrounding the course of his disease. His belief in positive outlooks leading to positive outcomes has held true on his journey.

ANDREW WALLACE

Andrew Wallace does not play well with others. He spends most of his time in his basement taking online courses in biostatistics and environmental health for no reason. He drives a van for a living and sometimes writes short stories and poetry.

LYNNE YANCEY, MD

Lynne Yancey is an emergency physician and medical educator. She does her best writing late at night, when her kids are asleep, after a busy shift in the emergency department, over a bar of chocolate and a glass of red wine.

GEORGE YOUNG, MD

George Young practiced Internal Medicine and Rheumatology at the Boulder Medical Center for 32 years before retiring. He has published widely in literary journals and has published one book of poetry, Spinoza's Mouse, and one chapbook, Creating The Universe. Another chapbook, The Bird of Paradise, is due out this year.

Submissions for 2013 Edition

For The Human Touch

Please send your art, photography (including photographs of your artwork), poetry, and prose to TheHumanTouchJournal@gmail.com by **Monday, January 14th, 2013**.

Submissions will be reviewed by the editorial board following the submission deadline on January 14th, 2013. Final decisions will be made in March 2013.

Although it is suspected that 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 the author/artist, the title of the submission, mailing address, and email address. We also request a short biographical paragraph (no more than 50 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 constraints.
- 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/artist's responsibility.
- Any work that is significantly 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 14th, 2013** in order to be considered for the Spring 2013 publication.

The Human Touch is edited and produced by students, faculty and ancillary staff at the University of Colorado Anschutz Medical Campus. Questions should be emailed to TheHumanTouchJournal@gmail.com