Ether Arts

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MISSION STATEMENT

Ether Arts is the literary and visual arts magazine of the Ohio State University's College of Medicine. We are committed to the publication of artistic works by Ohio State medical students and alumni, as well as students and staff outside of the College of Medicine. We seek to demonstrate the artistic abilities of students and staff alike both inside the realm of medicine and outside of it. We hope to initiate artistic discussion within the community, allowing the exploration of what it means to be a medical professional and what it means to be a patient, blurring pre-conceived notions of what it means to be either.

SPECIAL THANKS

Medical Alumni Society
Dr. Linda Stone
Dr. Charles Lockwood
Project Professionalism at OSUCOM
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Foreword from the Dean
From the editors

Dear Readers,

Thank you for supporting Ether Arts, the Literary and Visual Arts Magazine for The Ohio State University College of Medicine. All of our editors hope that you will enjoy the wide range of talent that is present in this edition. We believe that this edition will not only display the dedication to humanism that is present at OSUCOM, but it will also provide a glimpse into the lives of the medical students, physicians, and faculty who learn and thrive here.

This year, the College of Medicine is celebrating its Centennial Anniversary. In order to honor that celebration, Ether Arts sent out a special call for submissions with a loose theme of “A Day in the Life of...” a medical student, a physician, a patient, and more. We asked for submissions that reflected the lives of the College of Medicine community, and our contributors certainly delivered. The majority of submissions we received were from medical students of all years, but we also received submissions from physicians both at the Ohio State University Wexner Medical Center as well as Nationwide Children's Hospital, as well as from the larger OSU community.

Not only did we have a diverse population of contributors, but we also had a diverse array of subjects that were addressed. Our contributors interpreted the theme in numerous ways. We learned about medical students’ and physicians’ everyday lives, successes and hardships. The submissions covered everything from the excitement of the first few days of medical school to the everyday realities of being a physician. We learned about the shared hopes and dreams of medical professionals, and we have seen that in a few decades, indeed, even in a century, those hopes and dreams, trials and tribulations, have not changed all that much. Within this edition of Ether Arts lies a depth of personal emotion that is rarely revealed in the medical profession, and that we hope you will greatly appreciate.

Of course, Ether Arts could not be possible without the support of many others in the community, and to them we owe great gratitude. This year's publication has only been possible because of the hard work of last year’s editors and staff to transform Ether Arts from a small, online publication into a physical magazine, and we would like to take this opportunity to thank them for their hard work. We would also like to thank the Medicine and the Arts Board for their continuing support and funding. We also owe our appreciation to the Medical Alumni Society Enrichment Program and Project Professionalism for providing us with additional funding for publication. In addition, we would like to especially thank Dr. Linda Stone, Special Assistant to the Dean for Humanism and the Arts, for her support throughout the editing and publishing process, and Dr. Charles Lockwood, Dean of the College of Medicine, for supporting Ether Arts by providing a foreword for the publication.

Finally, we would like to thank the contributing authors and artists, and of course, our readers. We hope that, by indulging in this publication, you will gain some insight into a Day in the Life of the community at The Ohio State University College of Medicine.

Sincerely,

Courtney Yong          Daniel Bercik
Sam

Bonnie Gifford, MD
OSUCOM Class of 1979

Sam solemnly regarded his swollen, weeping legs. He judged them “’bout the same.” His sister, sitting silently nearby, nodded.

I had been doing locum tenens (a fancy Latin term for substitute doctoring) at a small clinic in rural West Virginia. The patient flow was unending, the ten-hour office days plus nursing home coverage were tiring, and I missed seeing the sun. When a home health nurse called, requesting a house call, I happily volunteered.

I drove a short distance on a one lane road, finding the described driveway. The farm was past dilapidated, the fences falling, the barn in tatters, the fields overgrown with thistle and garlic mustard. The once-white two-story house, now graying with its sagging porch, skewed shutters, and fading facade, begged for some attention. I parked near the abandoned garden and found the back door. A muffled voice responded to my knock, and I followed it into a close, cluttered room.

The stench of cat urine almost overwhelmed me, but I managed a smile at the elderly man, seated in a worn recliner beside a small hospital bed and portable commode. Despite his infirmity, Sam was dignified, composed, and he courteously gestured for me to sit in a chair beside him. I surreptitiously looked around the room and counted eight cats, perched or wandering at various levels. I suspected there were more hidden in the numerous dark recesses.

Sam had congestive heart failure, a condition in which the heart’s muscle is so weakened that it can no longer adequately pump blood. Fluid backs up into the legs and the internal organs, resulting in swelling and shortness of breath. It can be a cruel death, a slow drowning in one’s own secretions. Medications can retard the decline, but the failure usually progresses relentlessly.

Sam’s condition was not new, but the home health nurse was, and she was understandably appalled when she first viewed his lower extremities: massive, immobile, so engorged with fluid that the skin had cracked open, emitting clear serous drainage that dripped onto towels placed strategically on the floor. I, too, was taken aback upon seeing them, but Sam’s matter of fact assessment was strangely reassuring. At least, per his own and his sister’s views, he wasn’t any worse than usual.

I went through the ritual of carefully examining him, already knowing there was nothing more medically that could be done for him. While his lungs were surprisingly, mercifully clear, his heart rhythm was ominously irregular. We reviewed his diet and drugs. He proudly presented his daily log of his weight, which had remained the same for several weeks. Sam knew “a pint is a pound,” that excess fluid resulted in weight gain and a stable weight indicated a stable condition. I congratulated him on his self-care, and acknowledged his sister’s substantial contribution. They each flushed with the compliments.

The medical formalities over, I accepted their offer of tea. An aerial photograph of the farm in its heyday was prominently displayed over the mantle. The neatly-kept white buildings with red metal roofs, the rich green meadows, the obvious vigor of the livestock all were striking, given the farm’s current state.

My appreciative comment about the photograph brought a light to Sam’s eyes. He spoke at length about the joys of farming with horses, the hard work and satisfaction, the bargaining with Mother Nature, the financial challenges. Most of all his missed the horses, regretting the modernization to noisy and inanimate tractors and diesel engines.

A purring tabby jumped onto Sam’s lap, abruptly changing the topic of conversation. Sam’s cats were his children, as he and his deceased wife had none of their own. Each cat was unique in its color and lineage, and Sam had a story to tell about every one of them. They were his entertainment and comfort, his link to the past when their feline ancestors roamed the haylofts and storage sheds, earning their keep with rodent control. Stroking the smooth fur, Sam’s calmness deepened. There was no fear or suffering in him. His face radiated an acceptance that transcended the physical.

Sam had become sleepy, and more patients awaited the office. He expressed gratitude for my visit and we said our farewells. I offered to return at any time.

A few days later the home health nurse phoned again, saying that Sam was gaining weight and his diuretic no longer seemed effective. I suggested doubling the dose, and asked if he wanted another house call. He graciously declined. I inquired about Hospice care which, ever the self-sufficient farmer, he firmly refused. The following week, his sister called to tell us that Sam had died, peacefully, in his sleep. She spoke of his life, well lived. I will remember his dignified death.
Concentric Lacunae
Danielle Peterson
OSUCOM 1st year Medical Student
Small Gestures

Linda C. Stone, MD
Winner, Best Non-Fiction 2014

A long silver chain with a small silver heart arrived at the hospital while I was an intern. It had been a difficult year and the tiny package and letter had been delivered without fanfare from a distant land.

The package ‘with a heart’ and the letter were the expressions of thanks from a patient who had been visiting from South America and suffered a heart attack. She had been my patient on the cardiac service. She spoke very little English and English was all I spoke. We each communicated the best we could. She was always cooperative and grateful for whatever we could do and we hated to see her leave but glad to see her so well. Her great gift to us had been the person that she was, always working with us to be well.

Then the package and the words of thanks arrived. I wrote a thank you note at the time, but had yet to understand the profound impact her gesture would have on my life as a physician. Here was a gentle soul we had taken care of in a dire situation, but not so different from many others we would serve. Yet she touched each of us as, one human being to another, and then took the time to let us know that she, too, had found strength in the encounter.

I began to wear the heart, especially on days I found difficult. Days when the care we provided would not be enough to meet the challenge of the disease; days when the depth of a patient's depression or the peaks of their anxiety was almost more than could be handled; or times when the loss of a patient was unavoidable; or when the hours stretched to 40 without sleep; or when the needs of a patient overshadowed the needs of the family or the self...then I would put on the heart.

It came to be the bond of caring between doctor and patient. It came to represent a hope in times of despair and strength in a time of weakness. It was one human being reaching out to another to briefly reaffirm all that is good within us.

As I passed into my second and third years of residency, I began to recognize the faces of young doctors who had survived on too little sleep, too little food and not enough caring. I realized more and more how important it was to me that she reached across the barriers of language and miles to tell me I was needed and appreciated.

From that little heart, several of us began to give other silver hearts on long chains to those coming through the trials of medical training and then to those around us who believe in the unseen bond that weaves us together in life's fabric.

A small gift of love, which began with one woman reaching out to thank another, became a link among us. This heart would remind us we are one in a community that survives, if all survive; but suffers at the loss of even one. It reminds us we are not alone.
White Coat
Nic Brennecke
OSUCOM 2nd year Medical Student
Background Thoughts
Jacqueline Severt
OSUCOM 1st year Medical Student
James

Bonnie Gifford, MD
OSUCOM Class of 1979

Author’s Note: I am the medical director at a state prison. This piece is part of work in progress entitled “Prison Presence” which explores the interconnections of my medical practice and spiritual journey. The “eternal now” refers to Eckhart Tolle’s book “The Power of Now” which the reader is encouraged to consult.

James could have been chosen out of a casting call line up for an old gangster movie: pock-marked face, furry black eyebrows, constant brooding frown, stocky shoulders, rigid back and a “don’t you mess with me” build and strut.

I was rechecking him after a minor infection, noticed he seemed a bit down and asked if anything was going on. His eyes softened and filled with tears. His shoulders slumped, his back sagged, and he began to sob deep, body-wrenching sobs.

The story came between the gasps for air. He’d learned last night his girlfriend had dumped him to take up with his best friend. He loved her so much. He couldn’t see her, couldn’t touch her, it sucked to be here. I sat silently, alternately handing him tissues and patting his hand, accepting his experience.

I hid my stunned reaction. I’d seen men cry before - in grief over a death, in joy at a birth - but never over losing a woman. How had I not been aware that of course they did?

Prison is a place where weaknesses, whether physical or emotional, attract bullies like winged scavengers to skunk carrion. Our tiny patient room is one of the few havens where offenders can find a momentary respite from the alpha male hierarchy struggle that pervades incarcerated life.

I focused on my breathing and my mind cleared. No thought or judgement, only the eternal now. Peace filled the room.

There was a shift in his demeanor, and a calmness came over him. The weeping slowly abated. We breathed together in the stillness.

He looked at me with curiosity. “It’s always now, isn’t it?” I said. He seemed a bit puzzled, but nodded in agreement.

I suggested he splash his face with cold water and, after doing so, he settled back into the exam room chair. We small-talked a few more minutes, then I asked if he felt ready to head back into the fray.

He nodded, the familiar gangsta scowl and posture reappeared, and we exited the exam room together. As we encountered the inquisitive eyes of the offenders waiting to see me, I provided verbal cover for his red, swollen visage, loudly instructing him to submit another health service request if his allergy symptoms didn’t improve.

I never saw him in the medical department after that. But each time I spotted him in the mess hall or center yard, I was rewarded with an ever so fleeting break in the tough-guy persona, not quite a smile, but a flicker of recognition and gratitude.
Orientation

Courtney Yong
OSUCOM 2nd year Medical Student

I guess I just didn’t know what to expect on my first day. And it wasn’t even my first day, really. It was orientation.

Orientation started crazy early on Monday morning. By crazy early, I mean 8:00 am, but to a student fresh out of undergrad, 8:00 is pretty freaking early. So I woke up at the God-forsaken hour of 6:30 to make sure I got to school on-time. You wouldn’t want to make a bad impression on the first day by being even a few minutes late.

When I look at the building now, two years in, it doesn’t really hold any special meaning anymore. I guess that’s how it is when you’ve been in one place for a long time. But on that Monday morning at 7:45, through my bleary eyes, the building looked like something fresh out of a dream. Actually, come to think of it, it was fresh out of a dream. My dream. I’d been waiting for this moment for a long time. I’d worked so hard to get to this point. And here I was, stepping over the threshold. Clichéd as it sounded, it seemed that this was the beginning of the rest of my life.

A cluster of people gathered in the lobby, eating breakfast finger foods and making awkward introductory conversation, and I quickly joined them. The next fifteen minutes flew by in a blur of new people, and soon we were corralled into the nearby lecture hall. The hall quickly filled up with buzzing, bursting students. We settled in and quieted down as someone stepped to the front of the room.

The man wore the distinctive white cloak from his shoulders to his knees. It was pristine and flowed as he walked. I couldn’t help but imagine myself shrouded in white one day, and it took all I had to suppress a grin. I could see my new classmates swallowing back their grins, too.

We all knew this man, or at least we all knew his face – the Director of Admissions. He had welcomed each and every one of us to our interviews during the application process. Now, he stood before us and welcomed us to the school. He talked about what we should expect for the next few days during orientation week, and as he did so, upper class students with short white cloaks that came only to their hips filed through the hall and began to pass out velvety pouches. We opened the gifts, and now our grins could not be contained.

I pulled the thin, metal rod from the pouch. It was about the length of my forearm and had a black, rubbery grip at the end. I looked at my fellow students unwrapping the same rod, only with different colored grips. Some had red, purple, blue, and many others had black, like me. I remembered we had to indicate a color for our equipment on the orientation materials, and I gazed fondly at the wand in front of me.

The upper class students gathered at the front with the Director of Admissions, and soon had all of our attention. They were preparing for a demonstration of what was to come.

Two upper class students, a male and a female, stepped forward to begin the demonstrations. The whole room quickly fell silent.

The male student raised his arm and held it out, palm up. The female student pulled her wand from her cloak and cleared her throat. She pointed the tip of the chrome wand at the middle of his forearm, about a hand length up from his wrist, and flicked it gently as she said, “Brachioradialis.”

A little spark of light burst from the tip of her wand and the boy’s arm twitched, once, turning his palm inward; the spell had elicited the brachioradialis reflex in the forearm. We were captivated.

The girl repeated the gesture, except now the tip of her wand was at the crux of the boy’s elbow. This time, the spell was “Biceps brachii.” His arm flexed quickly and relaxed.

Two other students had also stepped forward. The first pair continued showing off the deep tendon reflexes, while these two started in on infectious diseases.

“Pseudomonas aeruginosa!” one of the students exclaimed, and the other immediately countered with “Piperacillin tazobactam!” Two flashes of light shot from their wands and clashed in midair in a burst of energy, then quickly fizzled out. They repeated the duel, this time with the second student shouting “Clostridium difficile!” and the first student defending with “Vancomycin!” I wondered briefly what would have happened had the students not countered with the appropriate counterspell, but my attention was quickly diverted once more.

The first two students had finished the reflexes, but they weren’t done with their demonstration. The male student performed the spells this time, pointing his wand at a specific place on the female student’s back and said “Auscultate.” Immediately, the sound of
the female student’s breathing echoed throughout the lecture hall. The male student repeated the spell on the female student’s chest, and her heartbeat reverberated against the walls.

The heartbeats faded as the Director of Admissions stepped forward, stopping the display of medicalchemy. He welcomed one last person to the front of the room.

The newcomer also had a long white cloak, indicating that he was a full-fledged medicalchemist. However, it was clear from the reaction of the other students and faculty in the room that this was no ordinary professor. He had small round spectacles perched on his nose, through which he regarded the room warmly.

“Let me introduce you to the Dean of the College of Medicalchemy,” the Director of Admissions said, and we all applauded.

The Dean smiled warmly and cleared his throat.

“I know you’ve already been welcomed to our school, but please let me welcome you again,” said the Dean. “Our upper class students have shown you just a small example of what you will soon be learning here at the College of Medicalchemy. One day, you may be the ones demonstrating the medicalchemy you’ve learned to future incoming students.

You have a long, yet exciting road ahead of you. I remember when I was in your position. I was just starting out. I was nervous, scared. I didn’t know what to expect.

“Well, let me tell you what to expect. You will soon experience things that other people not in our profession will never know. You will learn about others, and you will learn about yourself in more ways than one. You will grow and mature. I bet you all expect that. But let me tell you something that I didn’t realize until a few years in. You will expand your vocabulary by at least two fold!”

At this we laughed.

“You will work hard and have fantastic experiences. I cannot wait to see the medicalchemists you will become. So let me once again welcome you. I hope you enjoy your time here. Good luck, and I’ll see you and your families tonight at the White Cloak Ceremony!”

We burst into applause again. I could hear the excited murmurs of my classmates, could see people holding up their new wands with inexperienced, yet eager hands. I couldn’t help but feel an unexpected thrill. I could see myself far in the future, cloaked in white with my wand, casting spells that would save patients’ lives. It seemed surreal. It was my dream. It still is, and, spell by spell, I strive for it every day.
**Untitled**  
Tasneem Khalid  
OSUCOM 1st year Medical Student
A Day in the Life

Francisco Magana
OSUCOM 1st year Medical Student

6:00 AM. Tuesday morning comes sooner than he expects every week. You see, Tuesday is the day after the weekly quiz. Tuesday is the day, after the night that follows the weekly quiz. Tuesday is the day that he wakes up and realizes that Monday was a long time ago and it’s probably time to buckle down for the week ahead.

6:35 AM. The alarm was going off for a full five minutes before he reached for it and even then he was doing that for the benefit of those in the room that shared a wall. It took a while but he got out of bed and made into that haze of a shower.

Soap, Shampoo, lather, Condi– wait did I shampoo? Shampoo, Rinse

12:15 AM (the night before) Thankfully, even in his stupor he managed to perform the pre-bed ritual the night before.


7:05 AM Looking down at his medicine cabinet he stared at the names on the bottles – ibuprophen, zantac, acetaminophen, omeprazole. The dull ache he woke up with hadn’t subsided yet. “What was it that they mentioned last week? 4mg of acetaminophen was bad for your liver” – especially combined with Monday night’s festivities. He reached for the ibuprophen.

10:00 AM The lecture today is about inflammation, or was it healing, or are these the same thing? He listens to the doctor for key words and phrases that may be on the exam.

I want you to know. This is key. A good physician will……

12:00 PM Lecture has been finished for about an hour and it’s time for lunch. He had an apple, an orange, one handful of nuts, and liter of water in his Nalgene. They told him two weeks ago about nutrition and this was the closest approximation to a healthy diet he could afford. With lunch over and no meetings it’s time to put that resolution to practice – buckle down again.

Setup at the library. Get the music started. Go.

3:00 PM His computer screen has been occupied by the likes of Reddit, Wikipedia, and (even though he won’t admit it to his friends) pictures of cats in Halloween costumes, for nearly 20 minutes. Meanwhile, his travel mug has been empty for hours and drinking water can only go so far. It’s time for a walk. The library opens to an outdoor oasis that makes the library feel like one of those olde timey prisons you see in period pieces about the great revolutions (you know the kind – dark, dingy, thick metal bars from floor to ceiling, and of course that one window looking out on the free world). He walks past the seated people - some of them smoke, some of them are on their lunch breaks, a few are clearly dealing with the sort of thing one deals with at a hospital when hope seems to be fading – he makes it to the fountain and feels the sun warming his skin. “So much vitamin D is being produced right now, cholecalciferol if memory serves.” Time to head back in.

Smoking people are gone – is that symbolic?

7:00 PM Dinner time, aka decision time. There’s still so much to be done. There are 3 options. He can head home and make something nutritious. He can wander over to the garage and buy the same disappointing Chinese food that he always has. Or, he can wait it out – maybe the hunger will pass.

Coffee is food. Granola is definitely food. Water is in a lot foods and therefore food?

11:45 PM The library is now closing. He’s heard those words too many times in his life, but that is not what’s running through his head. “What kind of university library closes?” Today is Tuesday, on Tuesdays the bus runs until 1am, which means he won’t have to make the 25 minute walk in the dark alone tonight.
6:00 AM Friday morning. All of his life Friday morning was an exciting morning. Friday morning meant the beginning of the weekend – the beginning of shenanigans and deep rest. Now Friday morning looks an awful lot like Tuesday, Thursday, or even Sunday morning – just another day to spend in the library. It's been just 5 hours since he turned in for the night.

6:45 AM. The alarm is getting set later and later every week. At the beginning it was all so exciting that waking up was a piece of cake. Now – a full-fledged medical student – didn't need to be 20 minutes early to class – or physically present for that matter. Except, today was Friday. Friday was a mandatory day – ugh.

Start Coffee, Lights, shower, dress, make lunch, coffee – ah the new water

7:11 AM He scrambles to gather supplies - Tablet, PC, stethoscope, lunch, extra coffee. Crap, it's Friday, time to redress – tie, khakis, white coat. If he hurries he can make the bus that's always 4 minutes late – like clockwork (bad clockwork).

Vroom……..

7:16 AM He misses the bus. Time to start on the walk. 22 minutes on a good day, 27 on a bad day. Today, wasn't a good day.

Spotify open. Headphones plugged in. Music blaring. This is bliss.

8:00 AM He got his normal seat – left column, fourth row, aisle seat -it feels a bit like high school. His friends surround him and no one is awake yet. Time to sign in. Mandatory events had sign in sheets.

Laptop open. PowerPoint downloaded. Reddit queued up for the inevitable “FYI” moments.

8:15 AM The lecturer this morning was a clinician. Most clinicians didn't have a good bearing on what he knew or didn't know. That’s why most of these lectures would be filled with “background information” or things you “won't be tested on because it’s beyond you” (which meant guaranteed to be on the test but from another lecturer).

Blue background. Cute baby pics. Sad baby pics. This is kind of interesting.

8:30 AM He’s closed all the other applications. His notes are steadily filling up. He really wants to know what’s going to happen to these cute kids.

I hope they make it, please say they make it.

8:45 AM The lecturer says there's a surprise at the back of the hall. He hopes it's doughnuts – there's really nothing better than free food. He turns back to see those two cute kids, standing there, in 3D. It's not doughnuts but it's a close second.

Stories abound. Hands raise. Smiles spread. These kids know how to work a crowd.

Noon The lecture is over. That was….different, in a good way. He packs his things up – laptop, tablet, mouse. He's off the library, but now there's something changed about his demeanor. He looks at ease, excited…happy.

Laptop open. Music started. Notes loaded. Time to work. For these kids, and all the future kids

5:45 PM The library is now closing. On Fridays the Library closes early. Even today, the sound of these words sting. Don't they know that Monday morning there will be a quiz? That quiz will be worth 3% of the grade. Statistically that’s like – 3%

Bzzzz Bzzzz………Bzzzz Bzzzz…….

6:15 PM His cell phone is nearly leaping out of his pocket. "What's the plan? What are we doing tonight? Come on, everyone needs some time to relax. Alright, alright just dinner and one drink." 5 orders of wings. 3 Board games 2 Bottles of wine. 1 group of friends

9:30 PM He plays the two cards in his hand. – These card are sure to win the round. Conversation is peppered with comments about the past week, but focused
on everything else. “Did you see the new...? How could not like this book...? Are you kidding me, Xbox one? Alright now your turn, what’s your most embarrassing...?”

Shuffle Shuffle. Campus is charming at night. A few more blocks. That’s it. Home.

12:45 AM He is back at home. He thinks to himself. “Days like today – those kids, that lecture, these friends - are reminders that it’s not that bad. Its friends like these that make it all doable. Trench warfare bonds like nothing else.” He falls into bed – two days until the quiz.

At A Moment’s Notice
Nic Miller
OSUCOM 1st year Medical Student
Flannel would have been fine. A modest striped pattern also would have sufficed, as would a more traditional white or blue solid. In truth, even polka dots might have been preferable to what he had selected. Richard was indeed having a difficult time envisioning a pair of boxer shorts that could have proven more discomfiting for the occasion. Of the many options that had awaited in his dresser this morning, most of which were still neatly folded in the top drawer alongside a stack of crinkled notebooks and several unstamped envelopes half-heartedly addressed to his son in Minnesota, he had undoubtedly made a poor decision.

He gazed disparagingly at his lap, lamenting the varied cartoonish faces smiling back at him. He grew rather indignant as he stared at them, upset perhaps that farm animals should ever be so happy. Cows certainly did not have teeth that large, nor had he ever seen a hen look quite so genial. The dancing goat was too ridiculous for comment, as was the tilted swagger of the sunglass-wearing pig. It seemed rather disingenuous, he thought to himself—a strangely festive mood for such harried creatures.

Richard forced himself to look away. He peered warily towards the sink, distracted in part by the paper crinking beneath him as he strained to straighten his back and relax his shoulders. The drooping figure he saw in the mirror above belied the tense, jittering sensation patent throughout much of his body. His hands were pressed firmly against the edge of the table as if to defend against the mischief gravity apparently had planned and his legs were fixed in a rather anxious knot beneath him. His gaze had steadily widened since entering the room, even as the weight of his eyelids grew ever more apparent. His skin bore a whitish hue, what little color that remained seemingly muted beneath the cold light of the exam room. The graying hair dispersed across his chest and the burgeoning rotundity of his midsection gave accent to what had become in recent months a rather striking portrait of exhaustion. Richard looked tired, and it was becoming increasingly difficult to hide that fact.

In many ways his reflection seemed rather foreign, as if Richard had been away for a very long time and was only just now having a chance to stop in and assess the situation. Nights spent drunk on cheap wine and cigarettes had proven increasingly apt distraction of late. Eleanor had not called since February, although they had exchanged emails since then and she was at least aware of the situation. He could scarcely even guess what little Christopher knew of him, and his present condition left him doubtful that any new ground would soon be broken in that regard. His agent too had seemingly abandoned him, selling herself over to the rising tide of Teen/Fantasy/Vampire/Sex genre novels (Trampasy, as most publishers were calling it) and all of their various permutations. Richard himself had not written a word in months, and worse still, he lacked any desire to do so.

He tried to smile, if only to prove to himself that he still could. It was remarkably convincing, his lips stretching easily into the folds of his cheeks and his chin protruding slightly, as if Richard had restored a more natural position to the various features of his face. He held the pose for a minute or two, liking it far more than he had intended. The moment passed rather strangely, as if time had suddenly reversed course, moving serenely backwards now along a wave of gentle nostalgia. The slow tick of his wristwatch quieted as vague familiarities crept over him and echoed about the quiet room. Stunning debut! A promising new talent! No less inscrutable now than they had been years before, the words endured assuredly in the familiar creases of his smile. Richard allowed them to linger, if only from inertia, awash in their leering memory. And at that moment it hit him—that a literary critic somewhere, likely more than one, was scribbling away the same tired platitudes about another poor young writer. His heart pounded at the thought of it. The havoc of their praise, the reckless inflation of ego—did they not realize what they were doing? What they had already done? His hands began to tremble slightly and a new line of sweat traced itself across his brow. An imagined stone cratered over his chest and he found it hard to breath, gasping awkwardly through his puerile grin. This happened nearly every time he smiled, in one form or another, and still it always took him by surprise.

Just then the door to the room opened and without flourish, time had once again set itself forward. The fervor quickly dissipated as the physician entered and Richard allowed himself a quiet reprieve, hiding as much as possible his passing excitement.

***

“Care to elaborate on your point?” Dr. Stratford
started, venturing to break the quiet.

Richard peered at him warily. The doctor was a tall, slim African American gentleman whose face, though boyish, was not without distinction, what wrinkles he did have evincing the wisdom of a much older man. His hair was greying in all the right places and his accessories, a pair of slate spectacles and a brown-leathered wristwatch, were a smart match for the rest of the ensemble. That he was fully clothed, in a fitted blue shirt and tie with stone-colored slacks, only enhanced the distance Richard felt from him.

“My point?”

“We were talking earlier. It sounded like you had more to say.”

Richard had absolutely nothing to say, and that was precisely the problem. He looked away from the doctor and glanced around the room. The walls, which had been painted a deliberate shade of white, were adorned with two framed prints. The first, and the one that Richard much preferred, contained a set of three overlapping squares each of varying size and juxtaposed against the outline of a large purple oval. A series of straight orange lines bisected the various shapes, traversing quite nearly from one edge of the frame to the other. It was far from beautiful, and had Richard known the first thing about art, he likely would have found it coarse. Still its ambiguities were enticing, the lack of obvious form and composition inviting the viewer’s own haphazard construal of meaning. Richard, staring hard, found no trouble filling in the gaps. His anxieties were less apposite to the various contours of the second image. Tall, scraggly blades of grass in myriad shades of green stretched across the image. From behind, the horizon rose formidably in textured violets and blues, with traces of sunlight filtering through in subtle golden streaks. Several darkened figures were hinted in the distance, their parcelled shadows idling softly near the periphery. Rarely had an image ever made him feel so small, though he could scarcely begin to say why.

Looking back at Dr. Stratford now, he answered coolly. “It was nothing important, really. Nothing at all that would be interesting.”

“Oh I doubt that very much.”

“I’m not sure I understand.”

“Come on Richard, I know what you do.” The doctor began to tap his foot gently against the floor and his voice rose slightly. Richard looked confused. “What do you mean?”

“You make a living saying interesting things.”

Richard looked taken aback, never before having it put so succinctly. “It’s a small living,” was all that he could think to remark.

Dr. Stratford flashed a smile in Richard’s direction, as if to quell the tension. “We know each other well enough at this point. Are you afraid that I’ll be offended?”

He didn’t answer, and again the doctor prodded. “Really, I’m interested in what you have to say.”

“It doesn’t just happen,” he snapped. “It isn’t some party trick that can be mustered on a whim.”

Now it was the doctor who looked unsettled. “I didn’t mean to upset you, Richard.”

“It’s incredibly rare—to be able to say something interesting.”

“I understand that,” he hesitated, “I’m sorry.”

It wasn’t apparent that Richard had heard him, as he continued unabated. “And it’s nearly impossible to say something new. The closest that you’ll probably get is to land a sentiment that’s rote or quaint or GODHELPME cliché, but to say it in such a fanciful and curious way that people take notice anyway. That’s what writing is. It’s window dressing. It’s a disappointment dressed up so well that people can’t figure the difference.”

Dr. Stratford was unimpressed, and couldn’t help but respond. “That isn’t a phenomenon limited to writing, Richard. Pretense is a feature of all professional life.” He paused and offered another gruff smile. “Some are better at it than others.”

“But it’s only writers who are forced to dwell on the issue.”

“I’m not sure that’s true.”

Richard continued, the conversation far adrift now from where either man had intended. “Unless you’re the guy who scribbled horses at Chauvet, then you’re not an original. Everything is derivative. And the farther along time marches, the worse it gets. There’s a reason that Kerouac drank himself to death at 47. There’s a reason that Hemingway shot himself and Hart Crane jumped off of a fucking boat. Success is good timing and a good smile, and every smart writer knows it. There’s nothing in the world that will convince you of your talent, “ he paused, “And the artifice will haunt you.”

Dr. Stratford sighed quietly to himself. “Plenty of people have called me brilliant too, Richard. Very rarely have I deserved it.”

“‘It’s a wretched thing, to have insight. But what’s worse is the hell you go through in acquiring it. “
I spent years toiling away on work that I thought mattered. I put everything aside—my wife, my son, my health—because I thought that in the end the work would mean something. I spent years trying to capture a perspective, to pin it down and put words to it. And do you know what happened? I came out on the other end and realized that my experience wasn’t any different than the next guy’s. It’s all exactly the same, just a tired variation on the same theme. Just a new iteration of human suffering.”

“Sounds like medical training,” the doctor said, quietly and mostly to himself.

Richard didn’t respond, allowing a fretful silence to settle over the room. The doctor rolled his stool towards the exam table and placed his hand guardedly over a thin manila folder. “We should get back to the visit.”

Richard nodded, embarrassed at his outburst. “Your results are back,” he paused, perhaps unintentionally, and then continued, “They’re negative.” Richard made a try at moving his lips, but for the first time in several minutes he found himself unable to speak.

“The pathology report returned this morning. They conferred with the previous finding—you’re in the clear.”

“What?”

Dr. Stratford repeated himself in the same measured tone. “The results are back. They’re negative.” Richard looked as if might cry. “Are you sure?” The doctor went on speaking for some time after that, explaining that the initial screen had been a false positive, that these things happened from time to time and this this was in fact a good thing, unaware that Richard had ceased to hear much of what he was saying. The sun had risen higher in the hour since Richard had arrived and light was peering coyly through the slatted blinds. Richard steadied himself on the table. The to-do list that he had been keeping (1. Fix Everything 2. Laundry) seemed now impossibly long. And again suddenly he could not help but notice his shorts, the mirthful flamingo and gossiping sheep making the moment all the more difficult to bear. He glanced around the room, as if searching, before settling his gaze over towards the left wall. He stared intently at the prints once more, his expression vacant, marveling perhaps at the grass’s height.

***

“Hi. Sorry to bother you with this. I went to the doctor again this morning and, umm— It’s Richard, by the way. I went to the doctor,” Richard paused, his voice faltering slightly, “And I know that we had said this didn’t change anything, the arrangements being what they were, but, well—I need to see him. This isn’t working for me anymore and I need to see Chris—”

Before Richard could finish the thought, his phone began to vibrate with an incoming call. He pulled it away from his ear and peered at the screen (Eleanor Barrett – Accept or Reject?). Without a thought he dragged the red icon to the left and pitched the phone down against the passenger’s seat, abandoning his stammering voicemail. He placed both hands firmly on the steering wheel and pressed his foot determinedly against the gas pedal. Had the car been turned on and the gears in drive the vehicle would have flung forward through the guardrail and tumbled out of the hospital garage and down towards the ground six stories below. Fortunately for Richard, the keys were resting securely in the cup holder at his side.

He paused for a moment and looked outward. The fog had mostly lifted and a slow breeze was coming in from the West. For the end of August, the afternoon was prettier than it had any right to be. The air was crisp, hearty even. A sanguine glow filtered in through the windshield and filled the car like a cup of water half full to the brim already. In the distance there were several seagulls cresting over a nearby hilltop, the sun glinting modestly against the overlying foliage and the bay visible still further beyond the wharf. It was rare to catch a view this clear from downtown. Framed through the garage’s cement overhang above and the dashboard below, the fortuitous sweep of the scene was mostly lost on Richard. The expansiveness of the bay, the relentless stretch of the landscape beyond where his eyes could take him—in an odd way he found it confining, claustrophobic even. The ceaseless retreat of grey and blue backward into the horizon felt to him like lurid immersion, as though Richard was being absorbed back into a world of which he had thought himself escaped. And no matter its fragile elegance, its potential for beauty and revision, it was a world he no longer wanted any part of.

He hadn’t planned to call Eleanor just then, but he also wasn’t sorry that he had. She deserved to know, and he had a right to tell her. This game of pretend that they’d both been playing had grown tiresome and Richard was glad to think it might soon be over. He still maintained that she’d started it, that it was she who had forced the idea of a separation in the first place,
but Richard had no doubt been complicit for a very long time. He had convinced himself that he could love Christopher from a distance; that school photos each December and some photocopied artwork were enough. He had believed Eleanor when she’d said she cared for him still, that if it weren’t for the drinking and the moods perhaps things might have turned out differently. And for many months now Richard had clung to the idea that someday he would make it right, if only he hadn’t gotten sick.

Richard wasn’t sure which was more impressive; that he’d been able to craft such a plausible narrative, or that he’d succeeded in believing it. Visions of pages, barren and in want of ink, danced indecently before him. The novel that had started his career and the many failed attempts that had led to it, scattershot but with an earnestness that came so easily at first, seemed now cold posterity to a life that’d come and gone. Richard felt like a ghost of sorts, lingering in mixed regard between the living and the dead. It was an unsettling thought, and it seemed to take him by surprise. A tear pooled in the corner of each eye. There was just the one at first, but before long it was many and there was little use in holding back. He sat there alone in the car, heaving indelicate sobs like a child in angry protest of a misbegotten bedtime. He gripped the steering wheel with both hands and tried to brace himself. Failing that, Richard reached below on his left side and reclined the seat so that he was staring out at the landscape once more. Supine and with his body stiffened, the tears eased somewhat and stalled out over his cheeks, basking in the languid glow of his good news.
The Heart Patient

Again we lay hands on her, noting some pain,
which matches no pattern or type we recall.
Again we lay hands on, in comfort, in vain.

For years her disease, whether vessel or brain,
has afflicted her friends, involuting them all.
Again we lay hands on her, noting some pain.

Here, in our place, once she worked and helped train;
here, melancholy, we shrug at her gall.
Again we lay hands on, in comfort, in vain.

Insisting we snake one more wire through a vein,
she curses and turns a smooth face to the wall.
Again we lay hands on her, noting some pain.

Impassioned and lonesome, with a tenth stent to gain,
she urges, she begs. Her pain is her all.
Again we lay hands on, in comfort, in vain.

No name for her ache, no named cure to obtain,
for hurt without sickness, for wants turned this small,
again we lay hands on her, noting some pain,
again we lay hands on, in comfort, in vain.

-- Peter Robinson
OSUCOM 3rd Year Medical Student
Winner, Best Poetry 2014
Twice Farewelled

I put my fingers on
your damp-cool brow
now at rest, gesture a
goodbye kiss
as you lie cooler still, dressed
for your final formal farewell.

You had slipped us by
nine years before, your mind
in retreat, your body left behind.

On this sunny summer afternoon,
we rescue stories about you,
stories for you,
laugh, salute the memories,
you twice gone.

-- Anna Soter, Ph.D.
Professor Emerita

The poem was written in remembrance of Norman Lettvin,
father of Daniel S. Lettvin, M.D., grandfather of my son,
Benjamin J. Soter Lettvin. Norman first manifested Alzheimer's disease in his late 50s.
Sandstone & Tile
Nate Cass
OSUCOM 4th year Medical Student
To Know

Red and blue shirts slide and swing, each belonging to a different back pack strewn on the sidelines.

Taggers catching and small hands interlocking then falling into ashes.

Bird's beautiful melodies being ignored.

A yellow bus full of laughter unloads a single file rainbow which spreads into an anxious sea.

In effort to be first in line for even the tiniest drop of the stomach, the daffodils are trampled.

A fall and a scrape whose pain only lasts until the thought of swinging through the air returns.

Songs sung in circles, numbers drawn on the ground, rocks thrown and they hop along.

The sun beats down with all its might but no one notices.

Running after papers as they flutter like butterflies across the ground.

Awake to the chase but unaware of its essence.

I sit, I watch, I wonder…

Is it better to know or not?

-- Charron Johnson
OSUCOM 4th Year Medical Student
Formaldehyde

I catch fleeting whiffs at random times
of that preservative substance most sublime
And wonder if ever, or never, I’ll find
the source of the odor in this nose of mine.

I’ve scrubbed myself down and all of my clothes
But still this slight odor persists in my nose
And with each vain effort, I’ve come to loathe the lingering odor
that stays in my nose.

I tried double and triple and quadruple gloves
And every day I wash my pair of scrubs
But the smell of cadavers I just cannot rub
No matter how much time I spend in the tub!

But I guess I can take it, it’s part of the ride
They gave up their bodies so we’d look inside
And the fact we can study kind people who’ve died
Is thanks to the wonders of formaldehyde.

-- Nitin Egbert
OSUCOM 1st Year Medical Student
Capturing the Moment
Cindy Chang
OSUCOM 1st year Medical Student
The Elephant I Can’t Forget

So there’s this massive elephant in the room. The elephant is pretty much always grumpy, pretty much always hungry, and wants everything you have to give and then some – every second wind at the end of the 5k plus the third and fourth. The elephant doesn’t sleep when you sleep – it’s always there, sitting not so quietly in the corner to remind you if you peek your eyes open that you have responsibilities. It is yours after all.
You battled the masses to make it yours and now sometimes you wonder why you wanted to. Your elephant is much more demanding than you ever expected, after all. And so you scratch the elephant’s ear and pat the elephant’s head as you pull the covers over your library-worn body and try to pretend the elephant is just a dream – after all, that’s what it was when you started.

-- Jessica Rutsky
OSUCOM 1st Year Medical Student
At the Edge of Suffering

It is hard to ignore when the future is clear
To establish a level of hope when it is not really there.
Yet what value is it to act from logic?
When what has happened defies man's understanding.
Isn't that what religion is for to deal with the unknown the Unthinkable?
Speaking automatic phrases giving chances in numbers like the stock market as if there is certainty.
All the time your brain wanting to scream this is horrible, seeing your loved ones, your future in their eyes.
Magical thinking coming from your lips like you're Merlin.
So what is one to do?
Don't get involved, don't care so much, this is just a job, give up control.
Wishing you were not given this power to see their fate, their destiny.
And yet you stand in awe at the sacrifices in the name of love, so powerful it transforms all who come in contact.
Understanding that if there is meaning to life, it is created in those moments when one gives up one's comfort unselfishly.
And sometimes there are miracles, giving you faith in what you do.
Joy, resurrection, hope all there in the face of what seemed impossible.
A cure.
You go home and hold your children, thank God they are safe and you have been given another day.
For you know there is no escape at the edge of suffering.

-- Eric Kraut, MD
The Arthur G. James and Richard J. Solove Cancer Hospital and Research Institute
Untitled 2
Christopher Bazzoli
OSUCOM 4th year Medical Student
Brothers

I sit down, recounting today’s lectures,
I entertain my sister with drawings of cats,
My parents with musings on immunology,
“He’s making us proud.”

I stand up, recalling yesterday’s hurt,
My sister nears catatonia as we ascend the floors,
My father mutters bitterly about lies and robbery,
“He’s made us pay.”

Here.

I am opposite my brother, Separated by
a smudged sheet of glass, As we wear
our respective uniforms.

I meet his glazed eyes and begin the exchange:

Nutritional data – Getting enough to eat
Healthy exercise regimens – Thousands of push-ups
Discussing the Filioque – Talkin’ ‘bout Jesus
Encouragement to seek help – smirks and “okays”

Hope I can reach him, Wish I could treat him,
Know I will be able to meet him in only --

Guards. Time’s
up.Awkward
waves. Pained
smiles.
I-I-I-love-you's.

Gone.

I step out, remembering tomorrow’s hope, My
family wonders what catastrophe awaits,
Above the moans, I muster at last, expectantly,
“He’ll make us pray.”

-- Mark Wells
OSUCOM 1st Year Medical Student
Helpless

Soon after awakening

My sister called in a panic

Dad is sick

Taken to the emergency room last night

Now intubated

Transferred to a community hospital

Fear and anger enter my mind

Why wasn't he taken to University Hospital

He has been sick for years

All his doctors are at University

No one called me until now

But why

I jump in the car

A 3 hour drive

The trees go by like a blur

The clouds are gray

The sky is gloomy

My heart is heavy

I remember his voice

His powerful hands

What can I do

I take care of patients like him everyday

Our team saves patients like him

Even sicker
Upon arrival
He is on a ventilator
My family is there
Fear in their eyes
I want him transferred to University right away
We have a room
We have to wait for air travel
My family leaves
To make the long drive
Hopeful to waiting on him there
I stay behind Alone
with him Waiting on
the transfer I talk with
him
I see signs of decline
The helicopter is here
But a new pilot is needed
One that is rested
The wait is concerning
Nothing I can do
The transport team is warm and sincere
I tell them funny stories about him
The new pilot has arrived
They have him ready for transfer
I leave to make the long drive
I kiss him on his forehead
I whisper I love you
I will see you in a few hours
I run to my car
No memory of how I got there
It’s now dark
Headlights everywhere
Walking to the car
I hear the helicopter
Hope runs through me
While racing as fast as I can
I need to slow down
I pray
All these obstacles
I just want him there
My phone rings
Transport nurse is on line
My heart rises to my throat
She hates to say
I need you to turn around
Tears fall from my eyes
His heart stopped
They say he cannot survive
I tell them to continue until I arrive
I rush to the door
No one there

I run to every room

I find him

His body lifeless on the table

I sit alone

Head in my hands

Sobbing

Helpless

-- Don Hayes, Jr., MD
Untitled (Bob Marley)
Meghan Beddow
OSUCOM 3rd year Medical Student
The Heart of the Storm

The heart of the storm,
it's dark and it's scary.
The wind howls around;
a shelter there's nary.

I'm soaking and cold,
I cannot go home;
The tinder I hold,
cannot keep me warm.
I know I've been told,
not to stay out this long,
less I be so bold,
as to weather the storm.

I'm already soggy
and I'm already here,
so I look to the sky
and find nothing to fear.
There's beauty in weather,
if stormy or clear,
And I feel the cold rainfall
wash down my warm tears.

The heart of these storms,
it's crisp and it's merry
and with open arms
it isn't so scary.

-- Nitin Egbert
OSUCOM 1st Year Medical Student
Into the Unknown

Welcome to medicine.
The time is now.
To jump off the proverbial cliff
Into the terrible unknown.

Much to learn along the way,
And still more gaps in knowledge to be uncovered.
Uncertainty –
It becomes a way of life.
Uncertain expectations. Uncertain future. Uncertain assurances.
Seeking knowledge,
Only to fall short of understanding.

What do we really seek?
Even that lies uncertain,
Amid an endless barrage of challenges,
Each one uniquely difficult.

But there is a grand power in this adversity
A power to strengthen.
A power to enliven.
A power to bind souls together –
Companions on the journey.

Perhaps that is all we really need
And all it really means:
To make the great sacrifice,
But ultimately to receive the great reward
Alongside our fellow travelers.

So come,
Take my hand in the darkness
Make the leap…
Into the beautiful unknown.

-- Mary Ryan
OSUCOM 2nd Year Medical Student
Untitled 2 (Henna 1)
Zeenath Ameen
OSUCOM 1st year Medical Student
Rural Morning
Nic Miller
OSUCOM 1st year Medical Student
When we started medical school, they told us we’d be doctors soon

I haven’t written in what seems like forever
but forever is just a week
when all you can’t do
is breathe,
forget about the outside world
and just hone in, zone in,
write like a rapper so it seems more dapper
but wait.
This is medicine, certainly
not a joke
’cause let’s face it we’re broke
and broken down, shoulders down,
and hit the grindstone with the knowledge
we didn’t glean in books from college
and now I’m the only thing
between you and septicemia
looking back to old lives and old notes
I’m praying to the gods I’d forgotten and re-wrote
just to be the one not to fuck up
and make you die, then wonder why
I tried to do this in the first place
’cause as of now I’m in last place
behind the gunners in the first row
and the runners of the real show
I’m trembling in my white coat,
hope you can’t see my tremor or my stammer
in my hello-how-are-you glamour
I’m just drifting always missing
the point.
Medicine isn’t about me, it’s about you.

-- Jessica Rutsky
OSUCOM 1st Year Medical Student
THE ANSWER

I do not know
We dread this
We are supposed to be
  Sources of knowledge
  Pillars of comfort
  Beacons of truth

And so we fear
  Four simple words.... I do not know
Because of course we know
  Weeks, Days, Months, Years
  We practiced, We prepared
  Still it we wonder how they fared
  Because we ignored our biggest fear

I didn't know
  In that moment, that pressure
  I wanted to help
  You looked to me
  Unfailing in trust
  And rather than look stupid
  I pretended to know

And you left, no questioning, no doubting. Because I am the doctor. I don my white coat like an irrefutable confirmation of expertise. Yet while I am proficient I am not infallible.

Yet, I could have waited.
Providing all the answers
Only works when you have all the answers
I do not have all the answers

I only have the questions.
You.
You.
You.
My patient.
You are the source of the answers.
Not I.
I extract them from you.
From my questions.
The real question is: am I willing to let you share them with me?

-- Danielle Peterson
OSUCOM 1st Year Medical Student
Imagine
Cindy Chang
OSUCOM 1st year Medical Student
A SIMPLE GIFT

3 a.m.
It’s a long shift
With patients upset that their requests are unfulfilled

But why
Is this night any different from the usual –
The interminable cry for help

Do you think Florence Nightingale
Dealt with the same misery
Walked the same path
Gave herself unselfishly to the sick

Once
I was unfettered with past demands
Joyful to be a nurse
Appreciative of opportunities to help another human being
Even my anxiety was different –
More of the fear of making a mistake,
Less about the fear of being used up

Then
An epiphany
An awakening
A sign from somewhere

Was it the universe speaking –
Or my own internal voice
Reminding me what I was doing
Sharing that very human experience
Of being ill

Just by caring
By being gentle
By listening –
I could make a difference
I could relieve someone’s suffering

Someone’s
Mother or Daughter or Father or Son –
Confronting their fate

A kind word
A gentle hand
An open ear
A simple gift

-- Eric Kraut, MD
Reflection
Nic Brennecke
OSUCOM 2nd year Medical Student
The Coffee and the Cancer

I am wired
My earbuds fit comfortably on either side of my
Ever-expanding medical faculties, drinking in this
Knowledge of histology while my lips partake of the
Smooth jolt of iced coffee.

I am unplugged
My refill slips nicely into my greedy hands –
I turn toward the slides, when the barista inquires
What I study, and if I may comment on her mother’s
Recent diagnosis of cancer.

I am between
My object, her subject vs. her object, my subject --
Heady words and heavy grief collide and metastasize
Throughout my fragile frame, challenging me to balance
The coffee and the cancer.

I am speechless
My thoughts are shared in brief, and I set down
Pride for recognition of how little I have experienced
To live out a profession more concerned with
These questions than my answers.

-- Mark Wells
OSUCOM 1st Year Medical Student
A Certain Uncertainty

A Lamentation
mournful tears
wails of despair
The Painter strokes with comfort.

Life
lackluster gray
blemishing shadows
The Painter strokes with mercy.

Discretion
love’s verdict
bright and pleasing
The Painter strokes with justice.

Omniscient
every color
every shadow
The Painter strokes with assertion.

Uncertainty
blind heartache
subtle comfort
Only the Painter strokes with peace.

Faith
unknowing confidence
fulfilled prophecy
The Painter always has the ultimate stroke.

-- Darwin Smith
OSUCOM 3rd Year Medical Student