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

Linda Stone, MD
Anna Soter, Ph.D.
E. Christopher Ellison, MD FACS
Medical Alumni Society
Medicine and the Arts at OSUCOM
Nepal: In the Mountains
Cindy Chang
OSUCOM 2nd Year Medical Student
Winner, Best Visual 2015
A Mind in Motion
Levi Geiger, RN
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Foreword from the Dean

Welcome to the 2014-2015 College of Medicine Ether Arts Magazine.

I am honored to be invited by the Ether Arts Board, to provide a foreward for this year's publication. Ether Arts is just one of the many ways The Ohio State University College of Medicine continues its rich history of integrating medicine and the arts. It is a tradition of which we should all be very proud.

While many medical schools provide some connection to the arts, Ohio State has a true commitment and has made it a priority to offer cultural experiences beyond the classroom. Our students and faculty are involved in the arts at Ohio State and throughout the community. Ether Arts is just one outstanding example of the talent and dedication to the arts that our faculty and students exhibit.

This year's magazine features works by members of the Ohio State community, Ohio State medical and health sciences students, physicians and nurses from the Wexner Medical Center and even family members.

In reviewing submissions to this year's issue, I was incredibly impressed by the creativity of our students and faculty. I thoroughly enjoyed this issue, and I hope you will as well.

Congratulations to the team of students who made this year's Ether Arts possible. Enjoy the diverse collection of material from a group of highly talented, well-rounded individuals.

Sincerely,

E. Christopher Ellison MD FACS
Interim Dean, College of Medicine
The Ohio State University
Dear Readers,

Thank you for supporting Ether Arts, the Literary and Visual Arts Magazine for The Ohio State University College of Medicine. Our team of editors hopes that you enjoy the wide array of works in this collection, from poetry and prose to photography and artwork. We believe this edition exemplifies not only the wonderful spirit of humanism and the arts within medicine, but also a creative collaboration between professional students, alumni, faculty, and physicians.

This year, Ether Arts received submissions from medical students, alumni, physicians, nurses, nursing students, and dental students. By inviting and publishing works from artists in various stages of learning and of different mindsets, we hope to demonstrate an understanding of life both within and outside the boundaries of medicine.

In addition to diverse submissions, our editorial team encompassed students from all classes at OSUCOM, providing a unique scope with which to review and build a magazine. Collaboration with the Hospital Poets program also enabled our staff to gain the insight of two seasoned and accomplished writers. We are proud to publish thirty-five pieces that underwent meticulous revision and editing before their presentation to you.

Of course, Ether Arts would not be possible without the hearty support of many others to whom we owe a debt of gratitude. The hard work and dedication of editors from years past provided a sturdy foundation and we would like to thank them for setting a superb example and showing continued support of Ether Arts with sound guidance and words of encouragement. We would also like to thank the Medical Alumni Society Enrichment Program and Medicine and the Arts for providing us with funding to publish the magazine. In addition, we would like to offer sincere thanks to Dr. Anna Soter, Professor Emerita at OSU, and Fred Andrle, Institute Associate at the OSU Humanities Institute, for their editorial guidance, Dr. Linda Stone, Special Assistant to the Dean for Humanism and the Arts, for her support throughout the editing and publishing process, and Dr. E. Christopher Ellison, Interim Dean of the College of Medicine, for supporting Ether Arts by providing a foreword for the publication.

Finally, we would like to thank our contributing authors, artists, and readers. Billy Collins wrote “…the trouble with poetry is / that it encourages the writing of more poetry…” One could say the same applies to prose and visual art! We hope that you enjoy the magazine and that it may inspire you to write, to draw, to photograph, or simply to pause and reflect.

Sincerely,

Jessica Rutsky
Editor-in-Chief
Poetry

Why Poetry Affects Us The Way It Can:
A Medicine and the Arts Perspective

Anna O. Soter, Ph.D.
Professor Emerita
College Of Education and Human Ecology/Medicine and the Arts

Poetry comes from a marriage of heart, mind, body, and soul in a way that enables us to move to a place other than that which we occupied before we heard or read it.

If you’ve come across a large poster or a flyer about Hospital Poets’ event over the past four years in one or other OSU Hospital venues, you may have wondered who on earth are these “Hospital Poets” and what’s a poetry reading doing in a medical complex. Or not – you may just have gone about your regular activities, noting and passing on because poetry never was one of your great passions. I founded The Hospital Poets (2011) with the visionary support of Dr. Linda Stone and the newly created Medicine and the Arts Board because I believe poetry is so very important in our daily lives, especially so, in places where illness and healing share a parallel existence. In this brief article, I’d like to share with readers some of the key reasons why poetry especially matters in such a setting.

A wild patience has taken me this far, writes Adrienne Rich, in the opening line of her poem, “Integrity.”

This line speaks to what led me to urge a place for poetry beyond classrooms, the streets, and our homes and into institutions where many of us who work, spend most of our days, detached from replenishment for the heart and body as well as the mind. There is much more to “healing” than “treatment” and all those who work in a medical center as well as those who come to it for “treatment,” can benefit from opportunities to tap into the kind of replenishment that poetry so readily offers. One day I imagine such institutions having poets reading via live video streaming, creating poetry corners where individuals can read aloud or silently from poetry collections that are available for browsing, and poets available for patient and staff requests. There are many of us in the Live Poets’ Society as I like to call it. So why is poetry so special among the literary genres?

Among its many qualities, poetry offers inspiration, replenishes energy as well as hope, and sustains our belief in the good and the meaningful in ways that little else is able to do. The genre invites a leap toward other possibilities, allows too, a leap to equivalents. Prose is wordy, whereas poetry is remarkably concise and enables us, through what are in essence, analogical moves, an avenue for expressing compactly what seems often impossible to do in other genres which usually require more detail and development. Poetry does allow for what 19th C poet, Samuel Taylor Coleridge defined as the “suspension of disbelief” – an outcome that allows readers to accept (because it’s in poetic form) something like these lines in a short poem I wrote to a friend following a thoroughly enjoyable wintry afternoon at her home:

Wood flares, heating hands draw
warmth, record the moment
this late wintry Sunday.

This snow-crusted afternoon
dog-love
fires the heart.

The poetic form embraces more than just the recording of an experience; rather, the genre embraces multiplicity of representation, and therefore, of meaning. It’s not that a poem has to bristle with metaphor and related figures of speech such as simile, and personification, but that just one such figure opens up an entirely alternate and parallel way of experiencing what is represented through that dual vision such as “the earth trembling” in the excerpt from Constance Everett’s poem below. The innate metaphoric quality of all language enables poets to also use even very plain vocabulary, and thus readily accessible poetry without the need to have dictionary in hand, and yet generate remarkable complexity as Mary Oliver, Naomi Shihab Nye, Eamon Grennan, Galway Kinnell, William Stafford have demonstrated time and again.

The magic of poetry lies in the matrix between form and content. This magic operates in indirect ways not

so much through words themselves but in their collusion with each other; through the poets tapping into the
how language itself sings and moves with the emotions, through how language encapsulates rhythm and sound,
and through how poetry makes meaning by figuratively representing experience of whatever kind, as is hopefully
evident in the following excerpt from Columbus poet, Connie Willett Everett’s poem, “Leaving Paradise:”

*Once young I saw a rocket
Launch near this coastal town, a small light on
Dark sea, earth trembling with possibility.*

Because modern poetry isn’t as hide-bound by conventions that constrain most prose (e.g., conventional
punctuation, regular syntactic patterns, logical or chronological progression, paragraphs and all that they entail
among the most constraining, and even titles), modern poets can present discrete but related images even in sin-
gle-lined stanzas and we in essence suspend disbelief and judgment because the genre itself invites such suspen-
sion in ways that prose does not.

Poets have always known the art as a powerful force in our lives for soul sustenance, for humor when dire-
ly in need of it, for thought-provoking challenges to the ways we habitually think and feel, as a means of activat-
ning our consciences, and as an avenue for giving hope and inspiration when nothing else seems able to do that. It
also provides us with the sheer pleasure of experiencing intuitively adept handling of language that in itself gives
intellectual and aesthetic pleasure, just as musicians and their compositions are able to do for the human ear,
mind, and heart. Kim Rosen (2012), names poetry’s capacity to affect us in these ways as related to the “shaman-
ic anatomy” of the form and notes that medical research confirms what many of us already know when we’ve
engaged with poetry in the above ways, namely that “brainwaves, breathing and pulse literally change when we
give voice to a poem.”

At the very least, poetry can do this because it is a genre that:

• stirs all the senses into alertness;
• utilizes the physiological aspects of language as a spoken medium that engages voice and voicing, and thus the physiological organs to produce it, and therefore, is intimately connected to the body through the mind and the heart; poets are, in essence, musicians who use the sounds of language as their notation system, and use the inherent rhythms buried in the stressed and unstressed syllables in words as their pauses, stops, and emphases in ways that bring the language off the page;
• presents us with parallels – mostly through its utilization of metaphor and related figures of speech – and it’s these parallels that intensify our experiencing of what is presented to us as image mingles with image;
• presents us with fresh angles on common human experiences and feelings related to those experiences;
• can, once we overcome our anxieties about poetry, offer sheer pleasure in how something is ex-
pressed.

Many of us either became fearful of poetry or lost any desire to know more because of the way it has been
and still is often (but not, thankfully always) taught in schools. That, however, is not the fault of teachers. Na-
tional and State Agencies create the Curricula that determine what is taught and how it’s to be taught. You know
the kind of thing I’m writing about here – a poem provided in a general literature text, a small set of questions
relating to what the subject matter might be about, the theme, and then the usual request to identify a metaphor
and/or simile or two, possibly an explanation as to what those metaphors/similes mean. There may also be some
request for our understanding and identification of various “poetic tools” such as onomatopoeia or alliteration,
but not much else. Saddled with that history, when we later encounter poetry, many of us are amazed to experi-
ence the kind of phenomenon that is so aptly captured by poet Terry Hermsen in the following lines:

*At first we are speechless, wedded
To stasis, though we jab at where we
Do not want to be.*

---

4 Kim Rosen, excerpt from *Spirituality & Health.* July/August 2012. Kim Rosen is the author of *Saved by a Poem: The Transformative
Power of Words,* and the co-creator of four CDs of spoken poetry and music. http://www.utne.com/mind-body/healing-power-of-poetry-zm0z12sozros.aspx#ixzz27iy2jt5b
But when we persist, we discover instead that

Then we are free
And the pages of the world open
As if we were – always – their center5

Teachers also receive little or no training in how to bring poetry alive in the literature classroom. If poetry is “studied,” in college literature courses, it is most often examined as an artefact – in essence, as a museum piece that remains a mystery in terms of its value and relevance to daily life. Legions of students have, therefore, been turned off poetry, sometimes for life, because of this aberrant treatment of poetry. We do great disservice to both poetry and students when “teaching” poetry in this way. Sadly, unless the relatively few students who continue to “study” it in college as part of a literature degree (though not a creative writing degree), often do so in ways that perpetuate the notion of poetry as a rarified creature that reveals its magic only to a few chosen initiates.

I will confess that despite a B.A. and an M.A. in English Literature, I didn’t see anything wrong or limiting with the above, with “appreciating” poetry as a literary art. At the time when I completed each of those degrees, poetry had not needed to become a lifeline, a source to go to when it was difficult to forge enthusiasm for the day that lay ahead, nor a deep fount of comfort when seemingly meaningless loss became part of my life experience. I simply loved it as an art. It took several significant personal events to result in my turning to poetry as a fount of rejuvenation, a source of healing, and ultimately, as a source that enriched and fostered a deeper understanding of life more than any other avenue had ever provided. That was quite a long journey, but once begun, poetry has never failed to replenish a sometimes weary heart, be a source of inspiration and provide a stimulus that generated profound transformation. If I were to be banished to a remote, uninhabited island and only allowed to request one thing (not a person) that would keep me company, it would be a book of poems including my favorite poets. It became what Rilke described, a space which drew me to:

Go within and scale the depths
Of your being from which your very life
Springs forth.6

and to notice that as Rilke wrote:

Everything beckons to us to perceive it,
Murmurs at every turn, “Remember me!”
A day we passed, too busy to receive it,
Will yet unlock us all its treasury.7

I have witnessed similar responses from participants I worked with in three years of monthly workshops for the JamesCare for Life Survivorship Program. They consistently affirmed in their evaluations that poetry does indeed possess these magical powers, that it does indeed move us into what Eric Weiner describes as a “thin place,” a concept that Sydney Schardt (Sanctuary for the Arts) used as a theme for an exhibition of visual arts and poetry at the JungHaus, March/April 2014.

“A thin place is a locale where the distance between heaven and earth collapses and we’re able to catch glimpses of the divine, or the transcendent, or the Infinite Whatever…. We are jolted out of old ways of seeing the World, and therein lies the transformative magic.

**Ode to the Common Cold**

When viruses come a-calling,  
It is hard to shut the door.  
They knock and knock their way in,  
Though having it is a bore.

You watch the viral cycle,  
Repeat itself again.  
You see the little critters,  
Make you miserable as sin.

So hard to know just what to do,  
When bugs begin to dance  
Upon your nasal membranes  
And don’t give you even a chance.

To defend yourself from throat pain  
To keep misery at bay,  
When viruses come a-calling  
It’s time to finish up the day.

Bring on the helpful fluids,  
Bring on the tissues, too.  
Bring on the loss of normalcy  
And be glad it’s not the flu.

— *Linda Stone, MD*
Would You Lie With Me And Just Forget

the world and time
and how the sun at its death
will burn us all and we will melt
together like crayons
in the backseat of a minivan
and how we are young
only once and how our concrete
gestures caused him to fly
ten stories to the pavement
and how we didn't cry for him
but for what we should have noticed
and the permanence
of our decisions
and the amount of alcohol
we drank and the memories
we couldn't kill enough
brain cells to erase cleanly
like sidewalk drawings
after thunderstorms
and the summer without rain
or clouds and the sweat
dripping from the ends of noses
we used to water the lilies.

— Sarah Horner
OSUCOM 1st Year Medical Student
Winner, Best Poetry 2015
Emma
Neha Nidhi
OSUCOM 1st Year Medical Student
The Feeling

A face stripped of color,
lit letters strewn across eerily empty eyes.

Lifeless waves crash against the computer screen with each subtle gesture
filling the room with knowledge and ignorance.
Thick syrupy dread oozes across hundreds in the room.

When I went to sit, it sat next to me
The feeling, that feeling! That out-of-order accompanist to every test.

I stare.
Suddenly spotted.

My stomach hits the floor as spit yo-yo’s in my throat.
My calls for help hoarse. It’s here. It’s HERE!

Its mouth opens and clenches closed clanking together like steel traps

I sink into the crowd, hiding, I am transparent, ghost-like.
A whisper tickles my ear, my heart trembles.

The door.
Must escape. Its breath steams from its nostrils stretching my hairs as my strides lengthen.
Wet dripping hands smash into my sides
i can’t b r e a t h e
i can’t breathe
it has me
i’m finished!

It consumes me. My eyes squeeze shut.
A final deep breath before my insides implode.
Breathe.

Breathe.

Breathe.

It’s gone. For now.
Swept away in the tides of relaxed respiration.

— Dave Drees
OSUCOM 1st Year Medical Student
They Come and They Go

For years and years they hadn’t spoken.
He was busy - living life –
She was busy - living life –
But here they were, two in a room.

The walls were plain
The blankets white
Her cheeks were red
His blanched pale.

How are you?
Oh, just fine.
Me, too of course…
And the family?
Yes, we’re all so proud
Oh?...er, um I meant ..
...Of course, our relative - the doctor!

He stood there, knees locked tight,
She lay there, knees locked tight.

Have they come to see you?
Oh my, oh yes!
And what did they say?
Oh they come... and they go....

First, the nurses - both good and bad
Then the doctors – both good and bad.
Of course there are the techs - they have their tasks,
As do the culinarians who bring the food,
And wait, oh yes, the students come too.

The bashful wiggle a toe or two,
Then a zealot with hammer and bag snags you,
The detective one probes – pen and paper in hand,
The doc stops by – advises just humor them my dear!

So… they came to see you too?
Oh my, oh yes!
And what did they say???
Oh… they come… and they go...

I wish they could make me thin
They say it’s just the shots
I wish I could use my legs
They say it’s hard to tell
I wish I could see the sun
They say the blinds are open
I wish I could see all their faces
They say the family’s come.

So… they came to see you?
Oh my, oh yes
And what did they say?
Oh… they come… and they go...

She lay still
Knees unlocked
He stood there still
Knees undone
Poetry

The walls were plain
The blankets gone
Her cheeks were white
His cheeks were stained

For years they hadn't spoken
He, busy - living life –
She, busy - living life –
But here they were, two in a room.

They come – and – they go.

— Francisco Magaña
OSUCOM 2nd Year Medical Student
Nursing U

You have worked very hard
Throughout all of the year.
You have given everything:
   Blood, sweat and tear.
You may not get praised
   For a job done so well.
You bring in your lunch,
   But when you’ll eat,
You make your way back
   Day in and day out.
Most times it’s a struggle,
You have compassion, warm touch,
   All virtues worthwhile,
   Who can tell.
   No doubt.
You do what you can to bring on a smile.
You do not get paid what you truly deserve.
You take care of others without regard for your life.
Nurse, Friend, Sister, Mother, Husband, Brother or Wife.
   Yet, you continue to serve
   And to serve and to serve.
   You have many roles:
   You are constantly busy
   There’s no time to be idle.
You are so important, so caring, so vital.
Please give to yourself often, even daily,
Just a little of that which you give others so freely.
For you and you alone have made someone whole.
Time here on Earth is limited, it’s true.
   Now, take care of yourself,
   Body, mind, and soul.
   You must not forget to take care of
   YOU!

— Wendy Rickerd
3rd Year Graduate CON Student
Family Nurse Practitioner (FNP)
The Waiting Room

We huddle around the prospect of news
for its warmth. It crackles with a glow
we circle, palms inward
to feel the promise of life.
We've been awake since 4:05am.
We soak in the updates
we touch each other
lightly on the shoulders, blink through tears
we taste later as we kiss cheeks –
our hope as palpable as our anxiety.
My brother – the only patient in the hospital to us,
reality antsy beneath our feet.
Jokes about selfies circulate,
someone tries to teach Grandma how to send a group text.
Steady as rain, the phone calls come from the OR every two hours.
I see only my fear –
slick on leather upholstery of couches
worn with trials of those who came before us.
The littlest one fidgets, complains
his maturity sapped by stress
as we haphazardly distract him
asking about his crush at school
who thankfully bears a name easily converted to a pun.
We cradle time in our hands as an infant
as if we could nurse it to completion.
We look back the next day and the lines
on the carpet are blurred, the infant
grown.
They bring us winding through corridors –
his crooked smile, his crass jokes
never so treasured –
his normal, our salvation.
Shma Yisrael Adonai Eloheinu Adonai Echad –
the heart monitors offer thanks to God.
We huddle around each other
crack jokes and circle a moment
drenched in relief and regularity.

— Jessica Rutsky
OSUCOM 2nd Year Medical Student
In Montgomery

When Adelaide whispered hymns into my pillow
That she would grow old and lovely
That we would dance the sweet hereafter
When Mother told me what my Pa had done
That the deacon was a winsome liar
That salvation works in slow rejoinder
When the townsmen swelled with pregnant laughter
That our songs might charm the dexterous flames
That the gates would swing with swift abandon
When morning broke and we shed those Dixie fables
Like children chasing after leaves in autumn
With miles and miles of elbow room

— Joe Dadabo
OSUCOM 4th Year Medical Student

Elderly is not End of Life
Adam Hinsey
OSUCOM 6th year MSTP student
Anniversary

He sits across from her, his cheekbones softened by shadows, his light eyes piercing the calm. She can't speak. Even the sound of knives against china threatens to rip through the still. Her eyes take in the table, composing a silent symphony of their life. The ivory candlesticks from their trip to Paris, an indulgence after her fellowship. The tacky table runner from his mom she begrudgingly keeps, a silent joke between them. The table itself, smooth mahogany scratched and scuffed from moves, rearrangements, and two children, bearing the weight of ten years. She looks at him, searching for words to bar the seeping silence as a chime cracks through the crystal glassware, screeching foreign tongues into the woodwork. “Dr. Lake speaking.” Yes. Ok. Be right there.” She stands, setting the room in motion, grabbing phone, coat, and shoes. His voice stops her at the door. “You’re leaving now.” She opens the door. “You knew what it would be like.”

— Jaspree K. Dhillon
OSUCOM 1st Year Medical Student

The Boy Who Didn’t Believe In Medicine

Let’s go out to the tundra and see who dies first you said to me, petulant that I should dare to contest your opinions. It was a tempting offer as you perched on the edge of my bed, incredulous and practically seething your words slick confidences through your teeth like tiny snakes.

A schism grew between us, my pillows turned to snow the great precipice dividing my accent rug in two – I wondered if I wanted to cross it. Was it my duty, as you stared from the other side radiating such insistent ignorance, to explain temperature homeostasis vaccines, even antibiotics?

I shot the truest arrow I knew and I could see, even so far away, your bemused surprise as it struck the dresser but stubbornly as a child’s silent tantrum you decided there was no room for my opinion and you slashed the rope I sent for you, laughed at my frustration and began to muse on your prowess as a man.

You hardly noticed I had left until your fingertips turned white, then blue, then black and across the world in my heated office I listened to someone else’s heart, a sharp contrast to the echo that should’ve warned me when I leaned close to your chest to hear a strange quiet sound that still I cannot understand.

— Jessica Rutsky
OSUCOM 2nd Year Medical Student
A Queer Christian’s Confession of Faith

I.
If I am the road to hell,  
at least give me credit for good intentions.

My fingers, blistered from peeling up pavement,  
ache to cobble stones  
in the opposite direction.

My scalded knees were built to bend  
at the dusty feet of sinners and saints,  
towel at my waist,  
not on this asphalt.

II.
The word “faggot” means kindling.  
Because when God’s wrath consumes the world,  
we will be the first to burn.

You are not wrong.  
I am already on fire -  
Igniting the fences  
around our common ground.

A refiner’s fire  
That no one will believe they are dross  
We are all gold.  
Not in part, but the whole.

Take off your sandals,  
This is holy ground.

III.
I will lay down my sword and shield  
if you meet me by the riverside.  
We have studied war long enough.

Now, turn to the final chapters  
of the book we both love,  
both follow.

This dim reflection is no longer justified  
when we can see face to face,  
know as we are known.

IV.
I am the earthquake  
cracking the prison at its foundations.

I am the dagger the jailer holds to his throat.

And I am the voice  
of the no-longer prisoner  
Calling out:

Lay your weapon down.  
We are still here.  
We are still here.

— Megan Cook  
OSUCOM 1st Year Medical Student
O Coward Conscience

(Dedicated to:
My dear Lady Disdain,
who is yet living)

She is 81, trapped by rubble.  
In your dreams, action is instant  
no decision to consider,  
no alternatives to evaluate.  
Red cape billowing behind,  
you fly off to rescue her.  

She is 81, won’t survive the year—  
Terminal lymphoma, worsened  
from dust and debris—won’t be leaving  
the hospital after that.  
You still fly to her; in fantasy,  
judgment is unnecessary.  

She is 81, sits in your office  
with a secondary arrhythmia.  
A defibrillator would offer months  
to be ravished by the cancer.  
Still, you can implant one. Easily.  
That’s not the point.  

She is 81. “Should” now matters.  
Your red cape replaced  
by the long, white coat.  
Your Hippocratic oath pressing,  
its application, ambiguous.  
Do you, “should” you cure her?  

But she is 81. You wish to be Superman.  
In movies, the heroes never ask.  

— Tanya Shah  
OSUCOM 1st Year Medical Student
The Life I Stole

When I threw your shoes out of the window and into the dumpster, you were in limbo back bent and balding from the chemo in some hospital bed in some town whose names I only vaguely remember. They were lost on the carnival rides that sent me sideways, head vibrating like the Liberty Bell did before it broke.

When I see you now, I stare at a single point on the wall behind your head for balance and let my eyes glaze over because though I wring my hands under the faucet each night, this damn spot remains fixed to my bones. I may have to amputate if it spreads further; sometimes you have to cut out the cancer. You, of all people, should understand.

— Sarah Horner
OSUCOM 1st Year Medical Student
What is Reality?
Is Something Nothing, or, Is Nothing Something?

We humans often guess at nature of the soul,
Ask if it’s really any part of the lasting, cosmic whole?
Or, mere, fleeting induction, caused by ion flow?
Are we like a bulb’s hot, bright light,
Briefly ginned up by electrons’ flight,
Along greasy, nervous system fibers, grey and white?
Are we more in life than matter,
Or fading phantoms behind Babel’s daily chatter?
Are we mind-and-body, or just the fragile latter?
Scientific scoffers claim they only will believe
The measured matter, and data, which some test retrieved,
But, can’t duplicate the initial premise, which their minds conceived.
Please, God, what is a soul? If I have one, where will it go?
Does it end, when my lungs, a last breath do blow?
I might ask Lazarus. He ought to know.
Alas, he’s no longer in our neighborhood.
Maybe, ask those, whose, CPR was good,
“What’s really out there?” Could survivors say with certitude?
Today, we know that matter is not everything.
Its atoms, their bitty-particles, built of bundled, humming strings.
Even heaviest metals made from sub-atomic, invisible, weightless things!
Einstein once said, Quantum physics, to him, seemed quite spooky.
Am I in two, or more, times and places? That’s really kooky!
I see-saw, I’m here-there, I come-I go! Hey, you all, please, looky!
Albert E. thought it all might be a grand illusion,
A space-time-energy-gravity collusion.
Souls made of string? One more thing compounding my confusion.

— Nick Kalvin MD
Alzheimer’s Disease

I am not sure where my mother went. She was here -
- and then she was gone.
I have looked for her in vacant eyes
And in the cupboards of my heart.

— Linda Stone MD

Do These Balloons Suture Fancy?
Courtney Yong
OSUCOM 3rd Year Medical Student
The pills were a yellowish color, with a severity that none of them had been expecting, like daffodils in August or weeks-old cheddar laid fallow on a warm day. Each was mostly plain, with a simple oval shape to it, the surface flattened on each side, with rounded edges and a slight contour running lengthwise. More often these things tended to be larger, with a less offensive hint of color and some random character etched on one side or another—maybe a shoddy try at Daffy Duck, or more often something less ambitious, perhaps a horseshoe or a four leaf clover. Regardless, there was none of that here. Aside from its color, there was little to distinguish the tiny pill each girl had cupped in her palm from any other. A multivitamin would have offered more character, and the promise of some nutritional value might have proven more enticing. None of them knew what to make of it, and their expressions said as much.

“It’s called Canary.”

It wasn’t immediately clear who had spoken. The lighting was dim and the music louder still, shielded as they were behind the stage, in a shallow corridor between the main bar and the adjacent lounge next door. Each looked down at their palm and then at one another. They tossed about furtive glances and mild shoulder shrugs for several seconds, as if waiting for someone to come up with a better idea.

“It’s supposed to make you sing.” The other girls turned, confident that they had seen Margot move her lips. “At least that’s what people are saying.”

They had reason to trust her, as Margot tended to know these things. She had proven herself a nimble adherent of city culture in the past and at the moment, the closest thing the other three had to an authority on the East Village drug scene.

“Which people?” A second girl, Liz, decided it was worth asking.

“I’m just wondering if these are gallery people? Or Tisch people? Or people in skinny jeans that you trailed on the R train?”

“Very funny,” she retorted.

“It’s a fair question,” Simone spoke up now, imbued by the apparent reticence of the other girls.

She sighed. “You guys, I get it. The pills are sketch, but I have it on good authority that the trip is incredible.” She paused, and then added, “This is the kind of thing we won’t be able to do in a few months.”

“You can’t do drugs after college? Or maybe New York is instituting a ban?”

Margot turned towards Liz, exasperated. “It’ll be different. There’ll be a new weight to it.”

None of them spoke for a moment, perhaps considering her argument, or more likely dazed somewhat from the wine they’d shared earlier. Between them there was no shortage of misadventures in their past and certainly they had each made many bad decisions on far less information. Still they hesitated. There was a spring-soaked nostalgia that had permeated the evening; a crude intrusion into what should have been a well-earned respite from a long semester. The threat/promise of graduation had given way in recent weeks to a sense that events were circling back on themselves, as if none of this was as new or compelling as they wanted it to be.

“Eleanor,” The other girls looked at her. “Thoughts?”

Eleanor hadn’t spoken yet, and she fidgeted at the attention. “I don’t get why we can’t just finish the brownies instead. There’s more than enough left in the batch.”

“Seriously, Eleanor?” Margot snapped, slightly offended at the suggestion. “Do you see anybody in here wearing flannel?”

They looked around. Admittedly, the bar had a distinctly anything-but-pot vibe. The music was a sly, staccato weave of bass and vocals, setting hips and torsos in an easy to and fro though sparing any urge to actually dance. The crowd was older mostly, with a large contingent of post-NYU, pre-Williamsburg twenty-somethings that hadn’t made it all the way home after the closing bell. The lighting was dim and the ambient noise louder than they might have liked, each girl straining
over the other to hear what was being said. The bar itself was cast in a plain oak finish, varnished in the ashen gloss of dried vodka and a sparing dust job, though livened slightly by the ebullient fellow taking orders behind the counter. There was a mound of curls atop his head that quite nearly bounced as he moved between his various stations. He was dressed in a tight-fitting pair of blue jeans that framed his figure rather goofily, blending legs and hips into a lanky amalgam of half-hearted élan, as if he had stumbled into something stylish and had proceeded to run quickly in the other direction. His t-shirt bore the name of a band far too popular for a place like this, and the chastity in his gaze made it clear that he had not made the choice ironically.

Most of the other men in the bar, dressed in various degrees of casual Friday attire, brandishing confident half-smiles and an assortment of outer-borough craft beers, blended more readily into the evening’s milieu. The women too were largely unexceptional. There was ambition in their myriad outfits, a certain vigor to their colorcoordinated cocktails and retrofitted jewelry, but the whole of it together was rather plain. It seemed they were all under the dictum of some devious arithmetic, as the harder each of them tried at something novel, the further they receded into the crowd.

Eleanor, like most of the others there, had convinced herself that she was the exception, that hers was a more hallowed aspiration, immune to the rote proclivities of the New York cliché. It had been three years and two months since she had last believed in God, yet still she remained convinced, however unknowingly, of her own privileged position in the universe. Eleanor knew little of the specifics, but even at her most vulnerable, it wasn’t at all a challenge to guess at the majesty in wait, if only time would allow it. Outsized visions of the future washed over her and she smiled softly, losing herself in the thought of things to come.

“What are you doing?”

“She was annoyed with Margot, but no more than was usual. Her gaze narrowed “Doing? I’m not doing anything, just trying to remember whose idea this was in the first place.”

Eleanor glanced around the room confidently, more than she had been all evening. For a moment she seemed to forget herself, embodying the manner of a far more confident woman. With an obstinate scowl in Margot’s direction, she finished her drink and then walked briskly towards the bar. The other three looked on as she traded comments with the bartender. It seemed a sparing conversation, at least from twenty feet away, although there was an easy rapport between the two. He had been smiling already, but his elation grew in measure as the exchange progressed. There were several light chuckles and a series of fitful glances, as well as a near miss of his hand against hers, all of it a piece with the awkward manner of most beginnings and endings. The two carried on like that for several minutes, the other girls watching attentively, with only marginal attempts to feign disinterest. At one point they must have traded names, as the girls heard out loud the name Eleanor and his lips moved as if to say Richard. Later on he appeared to reach for something, apparently a pen, and soon after Eleanor handed him a napkin onto which one or the other’s number had been scribbled.

At that, Eleanor turned and made her way back to the other girls. Again there was quiet, Margot, Liz, and Simone apparently reticent to speak for fear of scaring off details of the conversation that had just transpired. Eleanor was unmoved by their tactics, instead offering a terse appraisal of what was about to happen.

“I want to go on record.”

“Record?” The others said in unison.

There was an air of finality to her words, even before she had finished the thought, the effect of which she seemed well aware. It would be a deep, ephemeral beauty that took her next, one that would ease the passage from one minute to the next and imbue the totality of the evening with a gravity that had hitherto been lacking. The effect would be modest at first; indeed, a lightening of the blouse against her chest and a certain formless quality to others’ faces in the bar. Soon then the air would cool, and there would be a new freshness to the space. The scarcity of light, it’s shallow glow diverting, like a scoundrel after gold, would craft a mirage too brilliant to escape. Though she couldn’t see it then, this would prove a turning point. The sickly yellow pills, the man behind the bar, and the solicitous rhythm of the background music were but a prelude. Years from now, after the fevered emotions of the night had tempered, after the
marriage to Richard had soured and the son they shared had grown old and bitter; after she had left New York and long after she had stopped measuring herself by the books she’d read and the films she hadn’t liked; after her notion of adventure had sufficiently narrowed (e.g., sneaking carbs at lunch, sex on Tuesdays) and boredom ceased to be something she feared—Eleanor would ask herself over and over again, what had she been doing? What in the world had she been thinking?

But all of that was still to come, and the moment was nothing if not fleeting. She took a deep breath and then finished her thought.

“I think this is a mistake. I think that we’re going to regret it.”

Without awaiting a response, Eleanor placed the oblong yellow pill atop the back of her tongue and swallowed determinedly. The others followed suit without further discussion.
Rounds

Courtney Yong
OSUCOM 3rd Year Medical Student

It’s approaching 9 o’clock; the sun has been down for at least three hours now. I’m technically done with all of my responsibilities in the hospital, and I really should be heading home right about now; even my resident has told me to leave. I’ve got to be in again early tomorrow morning, hours before the sun comes up, and I wonder to myself – when was the last time I actually stood out in the sun? But there’s one final thing I have to do, one final person I have to visit.

My pager screeches and I check it anxiously, hoping, dreading it’s from him and it is. Tonight, he’s going to meet me on the tenth floor by the service elevators. I gather up my papers with all of my patients’ vitals and labs scrawled across them and shove them into the over-stuffed pockets of my short white coat.

The elevator comes at the touch of a button – there’s no one using these elevators at this hour – and I get in and press 10, which lights up yellow-orange. The elevator yanks upward and before long, the doors open to a dim, deserted hallway. Somehow, he always knows how to choose the emptiest places each night.

He’s waiting for me at the door to the staircase, dressed in his usual long black coat over a pristine black suit and tie. He wears glasses that mask any emotion that comes to his eyes, and his face somehow looks young and old at the same time. I wouldn’t be able to guess his age if I tried, and I don’t try. I already know all I need to know about him, and I don’t want to know how much he knows about me. He surveys me silently as I approach him from the elevators.

“Ready to round?” I ask.

“What have you got for me tonight?” is his reply. He starts toward the patient rooms and I quickly pull my papers from my pockets, ready to present the patients on my service.

“We’ve got someone for you in… 1089,” I say as I refer to my patient list.

He turns wordlessly toward the room and we stop in front of it.

“This patient was just admitted earlier today. Seventy nine year old male with a history of—”

“It’s cancer, isn’t it,” he says. He sighs.

“Um,” is all I can manage. “He’s… scheduled for surgery tomorrow morning.”

“It’s not going to help.” He looks down his nose at me.

“What will help?”

“What will your attending say?”

“If surgery doesn’t work? Chemo, radiation,” I stammer. “But—but his tumor should be resectable…”

“And yet you knew this patient was for me.” I look at my shoes and say, “He looks so sick.” My eyes snap back up to his. “But I only thought he might be for you. I didn’t know.”

“Well, all right,” he says. “So, then, is this one for me or not?”

My lips tighten into a line and he sighs.

“You want to bargain on this one, too?” he says.

“Why?”

“He’s a grandfather to two young children. Christmas is coming,” I reply. When he doesn’t answer, I narrow my eyes and say, “You didn’t see his wife cry this afternoon.”

He simply shrugs and says, “You don’t have enough time to save him. But how long do you want?”

“How long does he have?”

“You know I can’t tell you that,” he smiles coldly.

“Give me an estimate, then.”

“Before the new year,” he looks away.

“Then give him until after the new year,” I say.

“Good quality. Something he and his family can actually enjoy.”

“That will be three hours of your time.”

“Fine,” I say.

“Well, that was quick,” he smirks. “You’re getting less frugal.”

I ignore him and continue down the hall. He takes out a small, black leather notebook and jots something down while he follows me.

We pass two patients on my service – they’re on the mend, finally, after some haggling with my companion – and two more that weren’t ever for him in the first place. We come up to another room, one that we’ve been discussing for three nights in a row.

“Ah, yes,” he says and tucks his notebook and fountain pen away in his coat. “Quality of life was the issue with this one, wasn’t it?”

“She’s only twenty four,” I say. “I think quality of life would be an issue, since I assume she still has quite a lot of life left.”

“And how much time are you willing to give this one?”

“As much as it takes for her to have a normal life.”

“She won’t ever have a completely normal life af-
ter the surgery your attending did for her.”
“The surgery saved her life.”
“Only because of a few hours of your time. And your attending’s.”
He took time from my attending too? I push the thought out of my head and focus on the task at hand.
“Will ten hours give her as normal of a life as she can have?”
He pauses a moment, as if doing calculations in his head. I do a few calculations of my own – how much time do I have left to give?
“You’re feeling awfully generous tonight,” he says. “But I believe eight hours will do.”
“Done,” I say.
We move on. My service has a few more patients on this floor, but the last two patients relevant to him are in the Intensive Care Unit, so I head for the staircase. We descend in silence for the first few floors. Then:
“You don’t have much time left, you know,” he says. “You’re in your final year.”
“I know,” I answer simply. What happens when I graduate, when my time is up, is not something I want to think about right now.
“I gave you the terms. You accepted them,” he continues, and I wish he would just stay silent as he usually is. “You knew what you were getting into.”
“Did I really?” I ask in a tone that is somewhat harsher than I intend it to be. “Does anyone know what they’re getting into when they choose this profession? I look at my attending, and the residents, and I wonder, do they know what they’re up against? That they’re up against someone like you? Someone like me?”
We exit the stairwell and enter the ICU.
“You’re saving people. Right now, you and your team are on the same side. I’m the enemy.”
Was that sadness in his eyes, shrouded behind his silvery lenses?
“For now,” I say, and I’m thankful that we’re approaching the next patient room because I don’t think I can handle talking to him about this anymore.
We stop in front of the patient room. The doors are made of glass, so I can easily see the subject of our

Ranula
Bushra Aouthmany
OSU College of Dentistry 3rd Year Dental Student
discussion – a middle aged mother of three, and, according to her husband, a woman who loves to dance and whose favorite color is red – sedated, intubated, bedbound for nearly one month. I clear my throat and say, “This patient I’m determined to save.”

“As you are with all of them.”

I ignore him and say, “I know it’s nearly a hopeless cause, but I’m willing to do what it takes. How much to save her from you?”

“Ten, fifteen hours perhaps,” he says.

“And to get her out of the ICU?”

“Another ten.”

“And her quality of life?”

“All totaled, it will come to one day of your time.”

I do the calculations and come to one conclusion – twenty four hours of my life to save years of hers is worth it.

“Good. Starting tomorrow she’ll be on the road to recovery.”

He doesn’t say anything, but I know what he’s thinking.

We approach the final patient, and I hear him let out a shuddering breath. I know what that means.

“This one’s mine,” he says.

“How much time—”

“Don’t even bother. You don’t have enough.”

He walks into the room and I look away. When he comes out, the monitors begin shouting their alarms, and I know it will only be seconds until the nurses, then doctors, flood the room. We leave quickly.

“Well that’s it.” I look to him and he returns the gaze with an unreadable expression.

A moment later, I can feel the hours he strips away from me, like sharp needle sticks in my skin. He tucks them away for himself, as payment for the lives he won’t take tonight. Lives I technically saved, but I won’t give myself that much credit.

“You can’t save them all,” he says.

“I can try.”

He lets a beat of silence pass – whether in agreement or in pity, I’m not sure.

“See you tomorrow,” he says, and in two steps, he melts into shadows. It’s as if he were never there and never existed, but I know better; he’s gone to round with another of his successors.

My short white coat has turned just a slightly darker shade of gray since our negotiations, and for a fleeting moment, I wonder if it’s all worth it as I gather my things and leave the hospital. But the moment is fleeting and quickly replaced by an inexplicable feeling of satisfaction, of fulfillment. I know I’m running out of time with every deal I make, and yet I can’t stop myself from giving it away because I know it’s worth it for the patients to whom I’ve given it. And when I run out of time, when my contract is up, when I graduate and take time like the man shrouded in black, instead of give time like the residents and attendings shrouded in white, I like to think I’ll still be helping in my own twisted way. And somehow, I know that future students, residents, attendings will give their time away to patients, strangers, as willingly as I did. Because, strangely, we all come to the same conclusion – the time given away is not lost at all. It is time worthwhile.
Sack's Chocolate Problem

Christine Mwangi, age 9
Daughter of Prisca Kibe
OSUCOM 2nd Year Medical Student

Once there was a mouse named Sack. Sack loved to eat things made of chocolate. His family would be in awe when they sat down to eat paper and chocolate balls, or when they ate cookies with chocolate in them. Sack had an obsession with chocolate things. His family got very worried about him and went to the doctor’s office. So when they got there the family left the car, walked in, checked-in for the appointment, and waited. Then finally they were called in the doctor’s room. Doctor Clear asked why they had come. The mom said that Sack had developed a taste for chocolate but now it was a constant thing and he ate it all the time. Doctor Clear said that he should be exposed to many kinds of chocolate and then Sack would not like chocolate any more. So they went home and went in the house. The mice sat down for a snack in the living room. Mother gave everyone a tiny piece of bread to eat, everyone but Sack. Mother gave Sack a piece of dark chocolate. Sack asked why he didn’t get a piece of bread. All Mother said was “we didn’t have any more.” So Sack nibbled on his dark chocolate when everyone else munched on delicious whole wheat bread. At dinner Sack ate white chocolate while the remainder of the family ate nutella covered crackers. They all talked at the table through dinner, all but Sack. So the next day Father gave Sack milk chocolate. Then Sack yelled out that he didn’t want to eat chocolate any more. He wanted to eat what everyone else ate. So Father gave Sack a piece of bacon and an egg. Sack liked it. Mother called Doctor Clear and thanked him. Then they lived happily ever after.

The end.
Domestic Abuse
Yasaman Kazerooni
OSUCOM 1st Year Medical Student

- A girl your age shouldn’t be having so much belly problems!
Someone must be having too much candy...
Knuckles

Francisco Magaña
OSUCOM 2nd Year Medical Student

Sometimes, looking down at my hands, I think of all the things that they have done. There’s the scar from when I used a butcher knife to open an orange at the age of three. Then there is the birth mark that’s been on my left index finger as long as I can remember. Nowadays there is even a red band just a bit higher up, on my wrist, which counts my steps and tracks my sleep. Of course, there is also the constant reminder of my bad habits – a nail biter from birth, I’m honestly not sure that my nails can get much longer than the shame-inducing length they always seem to be. Then, there’s my knuckles. I don’t have any stories or anecdotes about my knuckles. But, maybe that’s okay – because when I happened upon someone else’s story about knuckles, I had room to remember it.

Sanitize in and sanitize out. That’s the one big rule everywhere in the hospital. After a while it becomes sort of a habit or second nature. And compliance is over 90%. I’ve been told that puts us into the top decile (a term I had to look up). That’s one of those many things that you learn working in quality. Another key thing I picked up was that this rule meant double in the ORs.

The area that leads up to the OR is its own beast entirely. The area is called the Pre-Operative Area (The Pre-Op for short) and the first group of nurses that I ever got to know man it. There was T behind the desk (She knew everything about every patient – when they arrived, where they were going, what kind of anesthesia they were having, if the doctor had been in yet). Then of course there were M and Z. It took me a while before I could tell them apart – they rotated charge and were always on top of things. Finally in the Pre-Op there were also a slew of orderlies, attendings, and residents everywhere that wasn’t otherwise occupied by a bed or a desk. Of course there were so many more but these were some of the many that stuck with me.

Stewart: “What’s your name and date of birth?”
MRN !@#$%^&*_ : “MRN !@#$%^&*_ and June86th, 200 years ago”

Stewart: “Random questions about the patient’s activities the previous day”
MRN !@#$%^&*_ “Answers that have been given over and over again”

Me: Hi, I’m Francisco with…

Stewart two minutes later: “Great – well, we’ll try to get things moving along and if you need anything let me know”

At that moment Stewart looked down as his eye caught glimpse something he missed earlier. She was wearing a wedding band – fairly common but not always allowed in the operating rooms. His face scrunched up, perplexed by his lapse, for a second at most before he continued on.

Stewart: “MRN !@#$%^&*_ we’re going to need to take that ring off.”
MRN !@#$%^&*_ “You can try. I’ve had it on for every surgery so far – it won’t come off”
Stewart: “Have you tried lotion? It just might do the trick”
MRN !@#$%^&*_ : “Okay, but it probably won’t work. The ring is a size 7 and the knuckle is a 13”

He returned within seconds and had a small bottle in hand. 5 minutes and 17 attempts later it was Deli Meat freshly cut two days prior on at the deli just down the street. The bread too came just as fancy – small batch and artisanal. Don’t forget the provolone – they don’t sell individually packaged slices of provolone.

As she rolled back, a male nurse, Stewart, swooped in within seconds. He was a pro, amazing, years in the Pre-Op meant he knew every question by heart and never once missed a beat. MRN !@#$%^&*_ smiled at him and she was a pro too. This was her 5th or maybe 6th surgery; who can remember these days.

MRN !@#$%^&*_ rolled into the Pre-Op around 11:15am. Which is about 15 minutes before I usually take my lunch. I was looking forward to that lunch – a lot like every lunch really.
clear that this ring wasn’t coming off.

Stewart: “Okay, well I’ll page the surgeon and ask if we can leave it on – I don’t want to have cut it off”

With that Stewart left and MRN !@#$%^&*_ looked to me with a smile on her face. It seemed like the smile of someone who knows something that Stewart had not yet figured out – MRN !@#$%^&*_ was going into this surgery this afternoon and she would be wearing that ring.

She held up her hands quickly and gave them a stare. They were wrinkled and rough, dotted with sunspots. These hands looked like they had seen a lifetime of work and happiness – ups and downs. These hands also looked like the downs were particularly painful. Each finger had a knuckle the size of a quarter sitting right in the middle and there was a slight slant to the entirety of the hand.

MRN !@#$%^&*_: “This is what happens when you have arthritis for years. That ring has been on that finger for fifty years. It’s seen three children, seven grandchildren, two car accidents and a heart attack or two. It didn’t come off for the first surgery and it won’t be coming off of this finger any time soon”

Lunch was great. The sandwich paired well with the conversations and laughs from the medical students I found in the cafeteria. Twenty minutes can too easily stretch on into forty-five minutes in these rare moments of relaxation and camaraderie.

On the way back from lunch I went through my stack of paperwork. I had to remember to check in with patient MRN !@#$%^&*_ I got back to the pre-op just they were preparing to take her back to the surgical theater. The OR charge nurse, Cindy, was talking quickly with everyone nearby.

Cindy: “Has she seen her attending? Did they mark the spot? What about her allergies?”
Stewart: Yes, yes, and of course they’re in the chart.”
Cindy: Okay. Great. Well, Mrs. MRN !@#$%^&*_ I’m Cindy and we’re going to be taking you back now - I’ll give you a moment with your husband.

As I peered into the room I caught a glimpse of the goodbye. Mr. MRN !@#$%^&*_ was at the bedside holding on to his wife’s misshapen hands. He was an average looking older man with no distinguishing features; he could easily be anyone’s grandfather or aging parent. Mr. MRN !@#$%^&*_ looked up at his wife with concern and love – in complete silence. It was the kind of intense stare that made me feel guilty. In that moment, I was a thief who, unbeknownst to them, stole a piece of their moment – possibly even their last. Every surgery carries risks and this one involved some particularly big ones – cutting the chest open, handling the heart, and a patient well past the prime of her life.

As they finally rolled away, the ring still right where it had been for the last five decades, she put on a strong face for Mr. MRN !@#$%^&*_ It was the face that had been made many times in the past, one that he was used to – but not one brought him any comfort. His face read with every conceivable emotion – love, concern, regret, fear, shame, doubt, and so on. It was as if this one look needed to express a lifetime worth of feelings. Her hands slipped away and he was still looking down at what used to be their interlocking fingers – now just his aged hands left to twirl each other in waiting. MRN !@#$%^&*_’s hands were not anatomically perfect. No one would ever put them in an ad with jewelry prominently displayed and certainly no young girl would ever look them over with envy in her eyes, but to him, for most of his entire life they were everything he ever wanted right down to the last oversized knuckle.
I am a Lucky Guy
Doug Hudoba
OSU College of Dentistry 4th Year Dental Student
On Science

Rebecca Anthony
OSUCOM 1st Year Medical Student

When I last saw you, I did not know; I only felt. I felt hopeless and I felt wistful and I felt scared as I held your hand and whispered that I loved you into your ear, your sleepy eyes looking at me without recognition. This lack of recall was always expected, but never fully comfortable. And so I would sit, tentatively holding your hand as the foreign sounds that echoed through the halls of your nursing home mixed distastefully with the scent of pureed food, my discomfort building until I had to leave you again. I’m sorry, but I did not know. I only felt.

This narrative I repeat steadfastly as I drive up to see you and say goodbye, having just finished my first semester as a medical student. Before I had been an unpredictable mess of emotions; I was a granddaughter working only on feeling and memory. But now—now I am on my way to being a medical professional. Now I am armed with knowledge. So I drive calmly, knowing that what I heard of you yesterday is consistent with my knowledge of the end of life. This is the last time I will see you, but I am comforted by the lack of surprise. The science does not lie, after all, and I have learned so much already. I start to brainstorm ways I can explain to my mother that what is happening to you is normal. Knowing will comfort her, too.

I miss you by twenty minutes and my anger surprises me. The rapidity with which tears leave my eyes overwhelms the tissues I grab at to try to stanch the flow. I should not be responding this way; I am of science! I know! The facts all line up: you had a degenerative illness, you exceeded your life expectancy, you stopped eating, and your body failed just as all other bodies do. And yet— I cry and deny and bargain. Instead of protecting me, my science abandons me as soon as I enter those uncomfortable halls. It is only with the ensuing hours of silence that I begin to acquiesce. I am not a new person, wholly altered by my new path. Knowledge cannot help me rationalize emotion to extinction. It can, however, allow me to transform it. You will be in my moment of silence before I knock on the door. You will be in my words as I explain to a granddaughter. You will be in my touch as I check a failing pulse.

I am learning. I am the person and the science.
There are secrets to the practice of medicine that you can't find in books, lectures, or even small group discussions. Sometimes, you never find those secrets at all unless you go into the heart of each patient and live there for a while. Then, maybe, you will begin to unlock the things that patients know and that they want us to learn.

What do patients want us to know and learn? What must we physicians pay attention to that is often neglected in favor of our technological orientation to treating the body? I can only take you where I have gone and your journey may be very different, but I hope this essay will go some way toward addressing those two questions asked above. It’s my hope too, that as you continue on your journey toward becoming a physician, whatever the specialization, you will also encounter patients like those I share with you in the two vignettes that follow, patients who can teach you what the textbooks and labs can’t.

I’ve been a family physician for many years, and during those years, I’ve sat with many patients, cried with some, and laughed with others. I believe in the power of hugs and the power of the human spirit. Those beliefs have helped me find a few keys here and there to unlocking some passages that have enabled me to learn where my patients were, and where they hoped to be. One of the secrets I refer to in first paragraph is that patients do not always begin their journey with us by sharing where they are in that first encounter. They are often in hiding, in the shadows of their lives, and we have to find them, understand them, and even love them before we can travel with them.

From the beginning, my patients have taught me many things, but their biggest gift has been to show me the power of love in the practice of Medicine. Medicine is a two-way street. Healing does not just happen on one side of that street, and if it does, then it is usually the patient who remains left out of the healing process. We all try to make sure that the patient is included in their healing, but it is important that both human beings involved in the patient–physician relationship find each other, and also find in each other, the capacity for caring, compassion, and love. An example of how this can happen is provided in the first vignette.

Vignette 1
One of my early patients was dying and all the surgeons and various specialists were not going to keep that from happening. While they continued to fret, she had moved on to what she needed to do before that final day. She wanted to say things to her family, she wanted to thank her dear physicians, and she wanted to make arrangements to move into a nursing home in the weeks ahead. I was a medical student at the time. What could I hope to offer? I did not know, but she did.

“Come sit with me this evening,” she said, “and let me have a moment with someone who’s outside my worried family and my fretting physicians. Let me, in that moment, think about and talk about yesterday, today, and tomorrow.” So, at the end of each day, I would make one last visit to her room which had turned out to be a sanctuary for both of us. Here, in the quiet of the early evening, as cars whipped by on the freeway and the lights of the evening pushed against the coming darkness, she would talk, hold hands, and share a hug.

When I hear that hugs do not have a place in the patient-physician relationship, I think of this dear lady who taught me early on, that not only do hugs have a place in the caring relationships that are central to good medical practice, they have a central place in that practice. The vignette that follows describes an example of how I learned the key to the second secret about being a caring and effective medical practitioner.

Vignette 2
Not too many years after I graduated from medical school when I was a young doctor in an old, established practice, I inherited a patient who lived in a nursing home. It was easy to forget that it was a nursing home because he was so in charge of his days, his schedule and his life, that his room was a constant hub of activity. The room reflected his energy and his continued zest for life. He always had a joke (or six) to share, and he didn’t bat an eye when his elderly male physician mysteriously and suddenly, changed into a young female physician, namely me!

During our initial meeting, he asked me a few questions, told me some things he felt I needed to know about his care, and from then on, we were a team. He loved to eat out (but complained about the rising prices); loved to attend events (but probably
could sing better than the singers and dance better than the dancers), and he loved making sure that those around him were having a good time. His fun was making sure that everyone else was having fun. Their happiness was his happiness. I still remember his face, his little gestures, none of his jokes, but most of all, his passion for life. Happiness is of our own making, and the making of our happiness occurs when we can make others happy. Except for politicians, he never had a bad word to say about anyone. To me, he was a role model “doctor,” and I try to be like him every single day.

From patients like these, I’ve learned to sit and listen. I’ve also learned that people are deserving of respect, and if I would only listen to their story, understand their journey, and love them for who they are, I would indeed respect them. When we talk about humanism in medicine, we talk about empathy, understanding, and hopefully, about love. Patients expect that we bring knowledge and skills into the patient-physician relationship, but what they look for most – even long for – is warmth, compassion, and the caring of one human being for another. It is not the books, nor the black bag that carry the secrets of excellence in medical practice. Rather, the key to those secrets is the human heart.

Nepali Life
Cindy Chang
OSUCOM 2nd Year Medical Student
A Year’s Worth of Unfortunate Proceedings

Danielle Peterson
OSUCOM 2nd Year Medical Student

“What you cannot see is that you have the personality of a nurse”

I stared at his blue suited, cold business smile of this religious leader. As I sat in his office, having been called in to talk with him after church, his words cut me.

“You see, I have a surgeon’s personality while you should have been a nurse. Women aren’t meant to be doctors”

As I sat stunned, my mind wandered back to a mere four months prior. I remember meeting this man for the first time. He had shaken my hand and invited me warmly.

“A medical student?” His voice was surprised. His wife nudged my arm encouragingly as she spoke, “Yes. She told her story during Relief Society. Tell him.”

“I was a theatre major. I took Organic Chemistry on a whim. I did really well and everything else fell into place.”

His countenance changed. He averted his eyes to look on something, anything but this moment.

His wife prodded on. “Isn’t that funny?” She smiled.

“What?” I asked.

She prodded her husband once more. He cleared his throat before speaking. “I wanted to go to medical school but I couldn’t pass Organic Chemistry. So I went into business instead.”

“Oh” I replied.

“You have to see a lot of patients to make enough money. I help physicians starting new—”

I flashed back to this moment, in his office. This man telling me how I couldn’t be what God has asked me to be because of my gender. This awkward conversation spilling out of his hate filled eyes. Women couldn’t be doctors in his mind.

“Do you understand?” He gruffed at me.

“Yes.” I replied.

“I’d like to meet again. After the break. To see how you are doing.”

“Fine.” I replied.

I left his office and I never returned. I started attending a different congregation.

A month later a seed was planted in my heart. One that would lie dormant until spring. It was planted by a cardio-thoracic surgeon who came to speak to us about teamwork. Her words shifted the already tenuous ground within me more.

“A mother and daughter are in a car accident. In critical condition, the girl is rushed to the hospital in an ambulance with her mother by her side. Several handoffs occur between multiple medical personnel. Each one trying to convey the girl’s information, including her allergy to latex. The last handoff before she is taken to the operating room is to a nurse. Her mother is not allowed in the operating room. Before the surgery begins, the surgeon dons latex gloves as the nurse from the last handoff watches from the corner.”

She turns to multiple people in the audience, “Should the nurse speak up? Would you?”

If lives depend on it, will you speak up Danielle?

Yes. Yes, I will.

The cold of Christmas thawed into a subzero polar vortex that canceled school. It canceled several days of school.

It was not until spring that this seed put forth roots.
It was an LG. We talked about politely disagreeing.

“The fact of the matter is, when it comes to certain situations at the limit of medical understanding, we don’t know what is right to do. We can only do our best. And there might be times when you know better than another physician in that situation. There are times when others are wrong and you need to have the courage to stand up and tell them. You need to politely disagree. Sometimes the patient’s life depends on it.”

I took my preceptors words to heart.

Summer bled into fall as research ended and GI/Renal block began. With the fall came a friend’s wedding plans. She prepared to get married in the temple. She was a convert. I talked with her and tried to build her up. Then I saw her face the day after she went through for her endowments. Her eyes and lips betrayed her feelings. This sagging sorrow drowning everyone within a few feet of her that dared look her way.

“How was it?” I falsely beamed. I wondered if she could see through my fabricated happiness.

“I didn’t like it” She replied quietly.

It was then my heart broke. Seeing it in her eyes and form it obliterated. The emptiness and sorrow consumed me, like a vortex that engulfed even my false pretenses of excitement. I asked myself why I was pretending it was okay, when I too had felt the same way.

I remembered the words all too clearly. The sexist language of the temple and its destructive treatment of women.

“Now we will place all sisters under covenant to obey their husbands”

“Sisters will now veil their faces”

“Men shall hereafter be priests unto the most high God. Women hereafter priestesses unto your husband”


Was I to worship men as men worship God? Was I to believe that men are Lords over women?

It was only a few weeks later that I was offered an opportunity to defend my friend and every other woman troubled by this but silenced by fear of hierarchy.

I was offered a calling as a temple laundry worker. One night an impression came so clearly to me as I kneeled in prayer that I could not reject it. I could neither reject that impression nor much later when it seemed like my spiritual life depended upon it. I knew it was from God.

I told them I could not accept the calling because the temple was sexist. It hurt so many women and though they would not stand up for themselves, I would stand up for them. I was called in to meet with the bishop of the other singles ward.

This man was different. He had a kind look in his face. He seemed to care about people, about women. I only remembered one moment when he interrupted a girl he didn’t agree with roughly with “Can you get to the point? Get to the point!” I had never seen anyone cut someone off during their comment like that, not during church at least. I guess I should have seen it as a foreshadow of his treatment of me. Like colors of unkindness peeping through underneath the several layers of carefully laid kindness. It didn’t take long for those layers to flake away.

I ended up in his office as well. This time, I brought a witness.

“Did you pray about it?” My voice didn’t seem like my own. It was stronger than mine, as though a warm golden power was joining it as I spoke.

“Yes I did.” He appeared flustered by the question.

“Did you go to the temple?” I wondered.

“Yes—“

“And? What did God say?” I felt so calm considering I was questioning someone I should have regarded as having authority over me.
“I didn’t get an answer… But the handbook says that I can consult my priesthood leader, so I did. And after talking to him he thinks you are being led by an evil spirit” His emphasis of “evil spirit” almost made me feel like we were children and he had tattled on me to some parental figure that agreed with him.

“But did the stake president pray about it?” I am particularly insistent.

“What is there to ‘pray’ about? You are obviously following an evil spirit for feeling this way.”

“I cannot deny what God has told me. I cannot deny my impressions.”

He called me the greatest insult he could have mustered up. “You are walking the thin line of apostasy”

*All this for telling the truth? For revealing that which hurt so many of the people I loved? All this hatred and backlash for standing up for what is right?*

I walked away from his office.

My impression when I was kneeling that day?

*If lives depend on it, will you speak up Danielle?*

Yes. I have. And I will continue to do so.

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*Shiro Fenrir*

*Nitin Egbert*

*OSUCOM 2nd Year Medical Student*
Thoughts on the Meaning of Humanism in Medicine

Mary Ryan
OSUCOM 3rd Year Medical Student

We are faced with quite a few challenges in medical education, not the least of which being learning to understand the language and phraseology. Anyone who has ever opened an anatomy textbook or even peeked at the endless possibilities afforded by ICD-10 realizes that nuances in naming can be extremely significant. Although unexpected, I also discovered this challenge when confronted with the phrase “humanism in medicine” (HiM). When I joined the group by that name at the start of M1, I was mostly interested in dusting off my clarinet in order to play in the College of Medicine orchestra (housed under the HiM banner). The various other activities encompassed by the HiM initiative also sounded like a fun way to get to know my classmates a little better. As I participated more and more in the successive months, I discovered just how vital HiM was to my own well-being as well as my classmates’. When questioned about the purpose of HiM by an interested student or a friend from outside the medical school, however, I found myself diverting immediately to a list of functions and activities. Their politely bemused expressions only reflected my own dissatisfaction with this approach. I realized I had no idea whatsoever what exactly humanism meant nor could I explain its significance in medicine. I decided to investigate further.

The Merriam-Webster Dictionary provides us with two definitions for humanism: 1) devotion to the humanities, 2) a doctrine or way of life centered on human interests or values.1 It may be simplest to begin with the humanities. The humanities, including such disciplines as philosophy, music, literature, and art, may be considered by some to be the exact opposite of the sciences, and therefore superfluous to medical education. It has become increasingly clear, however, that the humanities can not only enrich medical education, but are actually quite fundamental to the foundation of a good physician.2 It was the revered William Osler who “felt that no man could have a well stocked mind who fed it with scientific literature alone.”3 The fast-paced and fact-heavy world of medical education and medical practice cries out for the solace that can be offered by the humanities. Not only do they provide personal renewal, but they also “encourage introspection and a deeper understanding of how medicine operates within society.”4 I have witnessed such power in the capacity of an hour-long orchestra rehearsal to melt away the stress of an entire week’s worth of studying.

While numerous arguments have been made for the power of the humanities, I hesitate to limit the concept of humanism to simply those disciplines. Where does this leave those of us who are less inclined to play an instrument, take up painting, or even read fiction for pleasure? A broader view of humanism, one which is hinted at by the alternate definition, is necessary. In relation to medicine, I would argue that humanism could be broadly defined as the exploration of what it means to be human. Being human can be divided into two parts. One involves the physical self, the one most often recognized as being addressed by the medical field, and the other involves the spirit, or soul. To be human is to have a beating heart and contracting muscles. But to be human is also to love and to laugh and to be heard. The physician, then, who is intimately involved with both these realms, is the ultimate humanistic professional. If we are to uphold this noble notion, we must become clinically proficient, but we must also learn to address a patient’s spiritual needs. In order to do this, we must first confront our own spiritual territory. Many have found refuge for spiritual development in the humanities, but one need not feel limited to this. I have seen humanism outside the traditional confines of the humanities. I have heard it in conversations with classmates, and I have felt it in time taken for reflection. Humanism can be, and should be, whatever it is that allows you to recall yourself as a unique individual with planes of being outside scientific knowledge, so that you can be more in tune to the emotional needs of your patients. Erie Chapman writes that “…presence to art can teach us about presence to the needs of others among us who are in pain.”5 Perhaps we shy away from the

4 Fins, et al.
5 Chapman, Erie. Radical Loving Care. Nashville: Baptist Heal-
humanities not because they are so foreign to us, but because we are afraid. We are afraid of what we might learn from our patients, but even more importantly, what we might learn about ourselves in the process. So we hide behind our data and our charts and our clinical prowess. But we are in desperate need of a reprieve and a tool with which we may approach the spiritual realm. So let us embrace the humanities, or whatever you have chosen to define as your “humanism,” and allow them to take us, if only briefly, into Steinbeck’s “hour of the pearl – the interval between day and night when time stops and examines itself.”
