“Wherever the art of Medicine is loved, there is also a love of Humanity.”
---Hippocrates
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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, PhD
Katie Cunin, MD
K. Craig Kent, MD
Medical Alumni Society
Medicine and the Arts
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From the Editor

Dear Readers,

Thank you very much for picking up this year’s edition of Ether Arts Magazine! Ether Arts is the Literary and Visual Arts publication for the Ohio State University of College of Medicine. Our mission is to encourage our OSUCOM community members to continue their passions for writing and the arts and to explore the intersections between medicine and the humanities.

This year, we are proud to publish forty-two pieces from twenty-three different authors, a record number of pieces for our magazine. All submissions underwent meticulous revision and editing before their presentation to you. Submissions are included from students in all years in the medical school and we hope that the broad array of pieces reflects and embodies the diversity of our class in both talent and experience.

Ether Arts would not be possible without the generosity and support of many others to whom we owe a debt of gratitude. We would like to thank the editors from past years for creating the framework for the magazine and their continued guidance and encouragement. We would also like to thank the Medical Alumni Society Enrichment Program and Medicine and the Arts for generously providing us funding to publish the magazine. In addition, we would like to offer sincere thanks to Dr. Anna Soter, Professor Emerita at OSU for her editorial guidance and mentorship. We would also like to recognize, Dr. Linda Stone, Special Assistant to the Dean for Humanism and the Arts, for her support throughout the editing and publishing process, and Dr. K. Craig Kent, Dean of the College of Medicine, for supporting Ether Arts by providing his first foreword for the publication. We would like to thank our contributing authors and artists for enriching the OSUCOM atmosphere with their talent.

Finally, we would like to thank you - our readers - for supporting humanism and the arts. Our team of editors hopes that you enjoy the wide array of works in this collection, from poetry and prose to photography and artwork.

“The journey of a lifetime starts with the turning of a page.” Indeed, it is our hope that by reading this magazine, you will have a greater understanding of the authors and artists who offer glimpses into their journey by sharing their personal narratives.

Best wishes,

Preeta Gupta
Editor-in-Chief
Foreword from the Dean

Welcome to the 2016-2017 College of Medicine Ether Arts Magazine.

I am honored to be invited by the Ether Arts Board to provide a forward for this year’s publication. I am proud of the College’s commitment to the arts, and of our students’ creativity and leadership in showcasing the unique talents of their peers and our faculty.

Integrating medicine and the arts is a tradition of which we all should be proud. While many medical schools provide some connection to the arts, Ohio State has a true commitment, making cultural experiences outside the classroom a priority.

Ether Arts allows us to explore artistically what it means to be a medical professional and a patient. From poetry and prose to visual art, these works celebrate the dynamic moments in medicine and reinforce our need to strive for understanding the human condition.

This year’s issue includes impressive works by members of the Ohio State community, Ohio State medical and health sciences students, Wexner Medical Center physicians, and alumni, many of whom are involved in the arts at Ohio State and the local community.

The fourteen poetry and eight prose selections include a variety of artistic explorations—from the physical realm (Preeta Gupta’s “Invasion of the Plaques”) and cultural context (Linda Stone’s “Finding Nemo”), to short glimpses (Anne Owen’s “Third Year Haiku”) and personal reflection (Adriana Giuliani’s “What I Should Have Said”). Eighteen stunning visual art pieces, among them Hayley Leonard’s “Bees,” Mia Gamage’s “Abstract Girl,” and Michelle Knopp’s “Ocean Arch,” complete the collection.

Congratulations to our talented team of students who made this year’s Ether Arts possible. I know you will enjoy this diverse collection of voices and art that celebrates arts in the medicine at Ohio State.

Sincerely,

K. Craig Kent, MD
Dean, College of Medicine
Vice President for Health Sciences
Leslie H. and Abigail S. Wexner Dean’s Chair in Medicine
The Ohio State University
Introduction

I am methodical; forgive my logic.
I am trading in my sleep for books.
I am bookended by apologies;
I am sorry I am not sorry.
I am repetitive – mind a merry-go-round.
I am circular in my hips and glasses.
I am mirrored in my breakfast tea.
I am teetering between now and later.
I am latent until the time is right.
I am wronged by those I trust to lie.
I am lying face first on the concrete.
I am socked by superfluous negativity.
I am positively charged by a changing world.

— Sarah Horner
OSUCOM 3rd Year Medical Student
A Medical Student’s Third Year in Haiku

**Ob/Gyn**
Black tufts of hair crown  
a heroic perineum  
Don’t drop the baby!

**Colorectal Surgery**
Hemorrhoids are normal  
vascular cushions good for  
keeping your poop in

**General Surgery**
I spy creeping fat  
Your bowels are misbehaving  
We diagnose Crohn’s

**Pulmonology**
Nodule on x-ray  
Ohio, Land of Fungus  
Histoplasmosis

**Internal Medicine**
Polypharmacy  
Search the Beers criteria  
Not that kind of beer

**Cardiology**
Lub dub lub dub lub  
Dub lub dub lub dub lub dub  
Lub dub lub dub lub

**Neurology**
If I remembered  
my neuroanatomy  
this would go better

**Psychiatry**
Cigarette ash falls  
he burns his face, left then right  
Can’t stop -- OCD

**Pediatrics**
Face beet red, clenched teeth  
Sorry for making you cry  
Strep swab positive

**Family Medicine**
The air “tastes better”  
after the cardiac stent  
He can’t stop smiling

**Emergency Medicine**
We were the same age  
I heard your family wailing  
after your heart stopped

— Anne Owens  
OSUCOM 3rd Year Medical Student
**Congenital Cytomegalovirus:**
Blueberry muffin babies

**Gallbladder Cholesterolosis:**
Roasted red pepper with teriyaki sauce and sesame seeds

**Seminoma:**
Fried eggs, blue potato, purple cabbage, bacon, and vegetable dye

Cynthia Schwartz
OSUCOM 3rd Year Medical Student
On a Minnesota Afternoon in August

It could be any lake, but it isn’t, and really,
it can only happen on the shores of this particular lake
in northern Minnesota, where the light
mutes the jaggedness of this time,
the lake’s calm measuring yours—

those years professing a crown
you no longer need if you ever did —
those students, those colleagues, with whom
you held your own,
your knowing sidereal grace,
your tempered kindnesses,
fed each day by a loving wife, family,
your dogs determined to last you out —
fear has fled where it cannot roost,
you call to us as the loons do,
nudging us to the lake’s open waters,
you circling our peripheries.

Someone flings, casually, a flat blue stone,
that skips its tune across the stillness—
an old child’s game that draws your quiet smile,
paling leaves drift to the forest floor,
begin the autumnal cycle,
Lady’s Slipper petals spiral droplets —
the earth, and you, quiver quiet attention.

The loons hoot to gather chicks,
chorus retreat
from grassy banks,
afternoon stillness restored.

— Anna Soter, PhD
Jesus in the OR

Maya Armstrong
OSUCOM 3rd Year Medical Student

He was on the operating table with his arms spread wide and tied, crucifix-like, but the hole in
his side came from a bullet, not a spear. He was young – twenty-two, but the softening effects
of the anesthesia made him look more like a child. His face was smooth and attractive and
marked with a coarse tattoo. The story of his arrival at the hospital was somewhat unclear. It
was not by ambulance. He was left in a car out front, and someone alerted security. It seemed
unlikely that he drove himself there, but he was the only one in the car when the security
guards arrived. He could have died there, alone in a beaten up Chevy.

The surgeons were very good and very professional, but also somewhat jaded. Their objectives
were to stop the bleeding and repair his intestines. The bullet left several holes, but the damage
wouldn’t likely prove fatal. As they clamped and sutured, they talked about having him
transferred to another hospital. Ours was a children’s hospital, and although they wouldn’t
turn him away (couldn’t ethically do such a thing), they weren’t interested in keeping him
either, suggesting that his gang affiliation had the potential to put other patients in danger.
Besides, “He’ll be back,” they said. Not to our hospital but to an ED somewhere – or a morgue.

Maybe they were right, but as I looked at this kid – because that’s what he seemed to me really:
just a kid – I watched over him, not exactly like a mother might watch her sleeping child, but I
did wonder about him and his story and what brought him to this place in his life: unconscious
on a cold steel table with a bullet in his belly.

Some might say that we all make our own choices for good or bad. We reap what we sow. I
believe that’s partially true. But I also know that we are not all dealt equal hands in this life.
And the reasons for our choices are not only complicated but often are unconscious. And so
often, sadly, those reasons seem to revolve around pain and how to minimize it.

Most of us don’t like pain, so we find different ways to avoid it. And I’m not just talking
physical pain but all the messy, poorly defined pain. The insidious stuff. The garbage that gets
buried down deep. That’s usually the worst, because you forget what you’re dealing with.
It just becomes a persistent gnawing... an ache... a loss, but of what, one cannot be sure. Of
dreams perhaps?

What were this kid’s dreams? Had they gotten buried deep in the “wrong side of town?” Had
they been beaten out of him as a child? What did he think was possible? Did he feel like the
author of his own tale or like a pawn in someone else’s?

I don’t believe in Jesus in the same way that most Christians do, but I do believe in love and
its embodiment – in actions if not in flesh. I remember a sermon in which the priest related a
story about a town somewhere in earthquake country. It may have been true or, more likely, it
may have been a parable of sorts. But it went something like this: In the center of town, there
was a beloved statue of Jesus with arms outstretched, but whose hands had fallen off during a
recent quake. As the townspeople gathered to discuss how to repair the statue, someone made
the suggestion that they leave the broken statue as it was – as a reminder that *they themselves* were the hands of Jesus.

Some of my roles as a (future) physician are unique to the healthcare profession, but some are simply the natural extension of a compassionate life: Helping others. Believing in their potential. Respecting their paths and experiences. Because to be seen, to be valued, to be loved… to have someone believe in you… to trust that you can make a difference: These are things that most of us med students take for granted, yet these are things that many of our patients may never know. I believe that my job is not simply to suture wounds and manage asthma and diabetes – but to do so in ways that allow my patients to know that they are seen, valued, respected, and, most importantly, loved.

---

*Natural Love*  

Michelle Knopp  
OSUCOM 3rd Year Medical Student
Asteroid of Our Ambition

Ebullient hope intermixed with quiet desperation,
The combined forces of man and divine intervention.
What can we do to overcome our consternation?
Move forward as a nation,
Build positive relations,
Break down the walls between generations,
Renew the practice of communal felicitations.
From where comes all this fear and trepidation?
Let’s all celebrate the gift of life, let us redress,
Be one and happy for each other’s success,
Be mindful and empathetic to others who regress,
And suffer the cruel blows that lie in the shadows,
Waiting to bite at you like a shark in the shallows.
Some say nature is nature
And only the strong can survive,
With this logic in hand how long will we thrive?
Before the best of us also fall
Like dinosaurs of old.
The asteroid of our ambition.

— Varun Rawal
OSUCOM 2nd Year Medical Student
Living with It

I didn’t remember falling asleep
when I woke, just the machinery
hum of my dog’s dream-breathing and the
imaginary steel trap clenching
my jaw, tension seeping from
deeep in my mandible
to the surrounding connective tissue
radiating tentacles down my neck –
nerve root highways, I’d imagine.
The doctor says it’s stress
but I don’t much trust
the doc these days, what with him
throwing around treatments like hand grenades
and consults like candy in a parade.
Plus, I’m pretty sure if everything
the damn doctor said was true,
I’d be dead already.
I throw my half-zombie feet over
the side of the bed, loathing the cold
air as it bites them, emerge wrapped
and wasted under the quilt
someone’s grandmother knit me
and down my pill regimen like the soldier I am –
pop pop pop swallow pop pop swallow.
Even water tastes like medicine now.
The steel trap rears its god-forsaken head
to encircle me whole this time
and the dog throws me a concerned glance.
I pop an extra pill
(don’t worry,
the trusty doc said I could)
put on my I’m-okay face
head downstairs
make coffee
live my morning
because at this point –
that’s half the battle.

— Jessica Rutsky
OSUCOM 4th Year Medical Student
electromagnetic requiem

one day
we will have gone.

the moon will have forgotten
pulling on the tides
and the Earth burned dry
and devoured,

but we flared
quick and bright
our thoughts broadcast
expanding, bearing outward

silent explorers
ghosts in the dark
until the sleeping stars encounter
our fossil selves
and are haunted

— Allison LaRocco
OSUCOM 1st Year Medical Student

Peruvian Night Sky

Cindy Chang
OSUCOM 4th Year Medical Student
Grapes

Yasaman Kazerooni
OSUCOM 3rd Year Medical Student

She held her half-eaten grape in her small wounded hands, and kept staring at me as I walked into her room. She had been admitted to our service for non-accidental trauma confirmed earlier that day. Her parents had lost visiting privileges. She had no other visitors.

I started talking to her and asked about the big unicorn on her bed, but she appeared disconnected from her toys. She kept on staring at me while holding her half-eaten grape. I’d come to keep her company but now it felt like I was scaring her out of eating her meal. So I kept quiet, sitting next to her bed on the floor and started watching “Toy Story.” A minute later I asked her if she wanted me to turn up her TV.

Silent stare.

Can you blink if you want it louder?

Blink.

Yes! I’d gotten her to communicate with me.

I turned up her TV, placed the remote next to her unbroken arm, and settled back in my spot. It took about four or five minutes of us silently watching “Toy Story” before she took another bite of her half-eaten grape. Then another bite, and another grape. I silently kept staring at the screen but deep down I was dancing with joy. I had won a tiny fraction of her trust, which had previously been relentlessly wasted on the wrong people. We watched Toy Story together for a few more minutes, then I stood up.

Goodbye.

Silent stare.

Can you blink if you want the door open?

Stare.

Can you blink if you want it closed?

Blink.

I closed the door and left the room. I left her, my saddest and loneliest patient, in her dark empty room. I left her with her loss and unforgiving pain. Her room was dark with all the curtains shut, and so was her past. Curtains sewn shut, not to be opened again. The words “going home today to foster parents who have taken care of her before” most likely meant a future as bright as the TV screen in a very dark room.
Night Watch

It’s unsettling, running against your body’s clock, winding back hands that tick in the deepest confines of your spine so that you rise with the foolhardy moon, set with the unrelenting sun.

Death never sleeps and why should you, not when there are fears to conquer hearts to beat against a cold stethoscope, bright lights to shine in young eyes when the dark of night has sapped every parent of reason and patience.

You are the first line, the brave and ever-changing chosen who answer the call of the stories that will come to fruition only for the night watch, see how they tread with tired smiles, weary legs, steady hearts.

— Jessica Rutsky
OSUCOM 4th Year Medical Student
Stone

Diana Shao
OSUCOM 1st Year Medical Student
How To Go Home

Adriana Giuliani
OSUCOM 2nd Year Medical Student

I pull out onto Worthington Street. Take a right on King Avenue. Hook onto I-70, look west and drive, my cat in the seat beside me, for what becomes hundreds of miles, markers ticking off each one that passes. The flat terrain blends to a green-yellow paste beyond my windows. It is a patchwork of wood and farmstead. The patterns of the quilt repeat themselves, into something that is either homey and quaint or antique and overused. The cat mews dejectedly in his cage while the radio spews glomerular filtration rates to the beats of Becky G. I let time pass. When I finally roll under the great blue archway, bidding goodbyes to Ohio, time is spinning fast.

I blink and I’m coming around Indianapolis. Its blue canals are shrinking, its towers crumbling as I pull into a Speedway. The ostriches have escaped again. Little boys and girls zoom past in go-karts, pursuing the birds down the interstate.

Past Lebanon, I swing over onto 52. My GPS passive-aggressively suggests I move back on track, but by now I know these roads better than she. I shut her off and it’s just me, my cat, and my memory. The cat is less than helpful. I search for the white house that tells me when to turn left. There is a new “for-sale” sign stamped into its lawn. Its innards are spilled out on display: plaid couches, golden lamps, moth-eaten romances, cardboard games. I wonder what will happen if it isn’t bought. If it will remain, alone, an outpost of my hometown. Or if it will be torn down. I catch the turn and tip onto the rolling backroads.

As we cross into the city, my cat transforms from brown to gray. He is a color-changing cat, a chameleon. Always a tabby, of course. I got him special from a girl who lived in a trailer park. She is a cat whisperer. They come to her, one by one, to ask for homes. I’ve had him for three lives now. He steps lithely through the cracks of his cage and up onto the dashboard and, with a lick of his paw, reverses time’s sprint.

I pass my high school. It has annexed some territory. It has spread its classrooms where there was once parking and laid concrete where there were once towering old trees. There is an electric sign now, too, buzzing excitedly about all the events and rivalries of the week. The graveyard, though, and the field of cows - those still survive.

The same road dips into the forest, winds around backwards, dips out, and arises again next to the red brick of my middle school. My elementary school, snugly beside. The elephant tree trumpets excitedly as I go past, spewing twigs and dying leaves. It guards the library, where my best friend sits and reads. She’s been there for eleven years now, been there since she died. She signs her name in the front pages of her favorites - Pride and Prejudice, Anne of Green Gables, a complete collection of Sherlock Holmes. She passes them on, full of ideas to infect the next child.

There should be an apple orchard here. The university’s agriculture department owned it and gave apples to me when I was a child. Any type of apple I could imagine, there was a tree for me. Then the university’s forestry department took it over. They cut it all down. They called it learning.

The flower shop just over there is older than the dirt it sells. You have to cross the cobblestone bridge three times just to arrive. Once forward and twice backwards. But at least there aren’t trolls, not anymore. The flowers there are not special in color or form. None have names. Instead, they each have meanings. For meaning, you pay a special price. They don’t bother with cash or cards. You pay with the memory of fireworks, the secret location of your onion garden, the tone of your grandmother’s chiding. They take these treasures and give you a flower brimming with hope. Not the same thing as luck, but it works in a pinch.
The flower shop just over there is older than the dirt it sells. You have to cross the cobblestone bridge three times just to arrive. Once forward and twice backwards. But at least there aren’t trolls, not anymore. The flowers there are not special in color nor form. None have names. Instead, they each have meanings. For meaning, you pay a special price. They don’t bother with cash or cards. You pay with the memory of fireworks, the secret location of your onion garden, the tone of your grandmother’s chiding. They take these treasures and give you a flower brimming with hope. Not the same thing as luck, but it works in a pinch.

There used to be a hill up ahead, where cows grazed. These cows, these ones didn’t survive. Well, I suppose I don’t know what happened, but they’re gone now, and so is the hill. It was flattened out to make room for a road. The cows didn’t come back.

I pass through the tunnel and six new colors enter the world. Six new colors, but six shades darker under the trees. We are in the Wood, now. It creeps at the edges of each house, digging at their foundations. It swallows pets and steals children, calling them deep into its bowels. The pets never choose to return; the children do, sometimes. Our mothers enticed us back with declarations of love, promises of mac and cheese, and scheduled soccer practices. They scrubbed the dirt from our shorts, picked burrs out of our hair, and stole the whetting stones from our hands. They shooed away the bone-critters at our feet. We had built them, bone by bone, limb by limb, and bound them together with mud. And the chipmunks, the bats, the opossums, the robins - they came alive.

I pass a dead-end lane where we used to walk the dog. We would let him free, sprinting through soybeans. But the dog is dead and buried. He stays in the Wood.

My neighborhood was built upon a Native American burial ground. I don’t know how they died. But they are in the trees. They are the ones that have known me since I was born, and know me still. The ones that make it safe for me now. A peddler waves as I pass. She is the one that comes in the fall to rent ghosts from her van. I used to have one named Aunt Betsy. A much better conversationalist than any imaginary friend. The peddler is parked in front of the cherry red house, where the lunch lady will give you a chocolate for a dime and a spell for a wink. A few doors down is my neighbor. He keeps Egypt in his pocket. If you’re lucky, he’ll roll it out and wrap you in it until you hear cranes splashing in the river and scales tipping to a feather. His wife collects mummified cats in carvings of wood and marble and jade. They watch you from corners, never purring. Their nine lives spent.

But they’re gone now. She died on Christmas Eve. He moved into a nursing home. Three families have lived in that house since - well, years ago.

And… here. It’s always a little further than I left it. Even as I get out of my car, I feel it inching away from me. My marbled tabby takes one step through space and already waits for me on the doorstep. The magnolia gently pushes me forward. Even my shadow has left, impatiently leading the way. Wide strokes across the sky turn it black. The dandelion fairies peer out from behind hostas, curious. Our dog watches with them, never straying from the edge of that Wood. The air has grown heavy and my legs move slowly, pushing against the weight of time. I move more and more slowly. But even slow, I arrive. I push my forefinger to the innards of the broken doorbell. It may not make a sound, but it’s always heard. Those silent chimes communicate your intent. I’m here, they announce. I’m back. Splintered rainbows shine through the windows. My mother answers the door. Golden curls cradle a radiant face. Ocean eyes still set with joy.

I’m home.
**Sea Shanty**

The shopkeeper keeps by this smallish café a bowl for the dogs on the porch in the back, where patrons pat and tie their dogs on leashes by the water bowl.

Amid chatters and clinks at this seaside café one leash lies apart and runs straight to the sun: a tug for red and two for blue; a third and now the sun sublimes.

Then showered in moonbeams the partiers play, their shadows engulfed in the easterly winds: the ones with songs and wispy foam through which the pairs of dancers roam.

— *Austen Smith*
OSUCOM 2nd Year Medical Student

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**A Tunnel Beyond**

Michelle Knopp
OSUCOM 3rd Year Medical Student
Violins of Hope

Etched in wispy cracks are years of play and desperation clinging to strings like dust settling in a quiet room. Ghost-like, they rest oddly fulfilled in their glass home sharing secrets not of sound sparking remembrance long after the hands they knew so well have gone. If only they could be unwound like a reel of film to recount fragile moments of music surrounded by hate, of death at last consumed by hope.

— Jessica Rutsky
OSUCOM 4th Year Medical Student

*Note: The “violins of hope” are an exhibit of instruments that were played by Jewish prisoners during the Holocaust, such as in the Auschwitz Men’s Orchestra, restored by Amnon Weinstein.

Paris
Hayley Leonard
OSUCOM 2nd Year Medical Student
M

David Chen
OSUCOM 1st Year Medical Student

I will never forget saying goodbye to her for the very last time.

It’s terrifying, speaking with someone who is dying with absolute certainty, knowing that this is
the final conversation you will ever have with them. Yet it’s something that virtually everyone
will do at some point in their lives - with parents, spouses, siblings, friends. In my case, it was
with a patient I cared for during my time as a nurse’s aide at a small community hospital.

M was a young woman in her 30s who was first admitted to the oncology floor where I worked
with a collapsed lung, for which the surgeon had placed a chest tube. Between the soporific
effect of the narcotics, additional pain from movement, and managing a seemingly endless number of
tubes and machines, it is nearly impossible for someone with a chest tube to move around
independently. It was under these circumstances that I first met M on the day of her admission,
when she put on her call light to request to use the restroom.

At this point, I had perhaps six months of experience on the floor. I could measure vital signs
with the best of my peers. I had toileted and bathed no small number of very sick patients. But a
young female patient, used to complete independence, suddenly needing major assistance just
to get out of bed and sit on a commode? That was something new, and for all the confidence I
attempted to project, I’m certain that my nervousness was quite obvious. But the other staff was
occupied, and M consented to my assistance. Okay, I’ll admit right now that the transfer was
nowhere near my finest. As a matter of fact, it was rather awkward. But it worked, and it laid a
foundation of trust.

I continued to work with M throughout that first admission and the admissions to come over the
next six months. I was present on the day that she was diagnosed with metastatic cancer. I met
her husband and two young children. I teased her about the number of pillows she had
accumulated in her room and she gave me a hard time for waking her up for morning vitals. One
evening, near the end of my shift, she returned from a major surgery, frightened and in pain.
When I learned that her husband was working and couldn’t be present, I sat on her bedside for
the last fifteen minutes of my shift, just holding her hand until she fell asleep. She continued to be
troubled by recurrent collapsed lungs and, in a fit of defiance, we named her two chest tubes Fric
and Frac. She later permitted me to assist with their removal. Throughout it all M proved herself
to be the strongest woman I’ve ever met, never once losing her sarcastic wit or determination.

I was at her side the day that we transferred her to the university hospital for experimental
treatment.

Some time later I learned that M had been readmitted to the hospital and was likely to be dis-
charged home with hospice care that day, so I found time to stop by her room and see her. As I
walked into her room I was struck by several things at once. Chemotherapy had taken her long
hair and much of her physical strength, diminishing her already petite frame. She looked weak
and exhausted. Yet the one thing I noticed above and despite all else was her spirit, unfazed, as
bright and as strong as ever.
And this brings us back to that original dilemma: What do you say to someone whom you are seeing for the last time, someone whom you have worked with very closely for a long time, whose basic needs and activities have frequently required your assistance? Small talk feels hollow, reassurances desperate. M and I? We remembered. We remembered our awkward first meeting and how far we had come since that strange encounter. We remembered our conversations, jokes, milestones. We remembered the Christmas that she had been able to spend at home with her family, and the New Year in our company at the hospital.

Then the ambulance drivers arrived to take her home. I packed up her few belongings, helped her to the stretcher. We laughed at her Tinkerbell pajamas, so familiar to me by that point. I hugged her goodbye, seeing her tears and not bothering to fight back my own. And that was it. M returned to her home and I returned to my other patients. That was the last time I saw her.

Years of education have conditioned me to hunt for themes, theses, central ideas. So, what was the point of the story? It is highly likely that if M had been more compliant with her regular medical screenings, they could have found the cancer at an earlier, more treatable stage. Is it a story, then, about preventive medicine? Economically, M and her family were in a terrible place and I know that she was unable to fill her prescriptions at least once. Does that make it a story about the socioeconomics of healthcare?

I could say that M inspired my desire to be a physician, and to educate my community, in the hopes that I can one day save even a single person from going through what she and her family had to experience - and it would be true. But that wouldn’t be the whole story, because I remember M not for what she could have done, or what she inspired, but rather for who she was. Because at its heart I see it as a story about a patient, a friend, a fellow human whom I cared for, and cared about. And at its heart I think that’s also the story of medicine. Our technologies and knowledge change constantly, often bewilderingly, but Medicine - capital M Medicine, that thing that we doctors and nurses practice every day - is no more and no less than humans caring for other humans.

Author’s Note:
I realized, in the process of editing this piece for publication, that it has now been two years, almost to the day, since I spoke to M for the last time. Two years since I watched the ambulance drivers wheel her out of her room and through the double doors. Two years since I went home, sat down, and wrote (mostly for myself) the first draft of this piece. It’s a bit of a surreal feeling.

The thing that frightens me the most about medical school isn’t the workload, or the tests, or the debt (though, let’s be honest, they do all command a healthy level of fear). What I worry about is becoming inured to stories like M’s, to becoming so overwhelmed that I withdraw from them.

Over winter break I went home and had the opportunity to eat lunch with some of the nurses that I had worked with in the hospital. As we ate our burgers and talked about the many changes since I had left, someone happened to bring M up. It wasn’t much - just a passing reference to her situation and a similar one in their own family - but in that moment, those of us that had known her looked at each other and exchanged something. A connection, of sorts, through this woman whose journey we’d had the privilege of participating in, from start to end.

Goodbye, M. Thank you.
Salkantay Mountain

Machu Picchu

Cindy Chang
OSUCOM 4th Year Medical Student
Night

Translucent insects
Serve as meals for the sly owls
Concealed within trees.

Twinkling stars offer
The bright light that warms the earth,
Guides the lost back home.

The moon claims the throne
Administering light with
Grace, love, and beauty.

— Varun Rawal
OSUCOM 2nd Year Medical Student

Bees

Hayley Leonard
OSUCOM 2nd Year Medical Student
**Invasion of the Plaques**

“You’re very pretty”  
My heart warms. My smile widens.  
It’s a pleasure to meet you, I say  
We begin our examination

Patients really can be sweet  
Taking the time to think of the little things in life  
But do they feed themselves?  
Can she remember the year?  
Can she recognize her daughter? Herself?

Five minutes later:  
“You’re so pretty”  
My smile freezes  
And falters…  
Can she follow my finger?  
Will she know her name today?  
Have you considered a nursing home for her care?

“You’re pretty”  
The beta amyloid plaques are beginning to invade  
Colonizing cognition  
leaving anguish  
Demolishing the spirit  
leaving apathy  
Engulfing the memory  
Chewing it up and spitting out a mangled version of the remains  
Leaving Alzheimer’s

She’s losing the battle…  
A lethargic takeover of the mind, the soul, the family  
Shattered hearts, cracked brains, tangled words, lost gazes  
The smallest glimmers of hope  
The occasional recollection  
After some meditation  
Or a new medication  
“You’re so-”  
I can’t hear it again  
“I’m afraid the progression is severe”

A person(ality) no more

My mother tells me a story on the phone  
“I forget her name,” she says  
Sounding older, unsure, and a little confused  
Don’t forget her. Don’t forget you. Don’t forget me.

Remembering can be torture, tenuous- really- at best  
And while it’s not always pleasant to remember  
It is always worse to forget…

— Preeta Gupta  
OSUCOM 2nd Year Medical Student
Abstract Girl

Eyes Cloak

Mia Gamage
OSUCOM 2nd Year Medical Student
**Finding (and Saving) Nemo**

*Linda C. Stone, MD*

We watched as the little clown fish dashed into an exciting and dangerous world looking rather fearless at first and then facing the reality of an unknown world.

Kind of like going to medical school.

It looked exciting at the time and even noble but how do you prepare yourself for the onslaught of information, for the landslide of tests, for the fathomless knowledge base needed for diagnosis and treatment? How do you begin to know the depth you will dive into for your own personal transformation from your personal life into your professional life? The first thing you learn is that you can’t know before you sign on to four years of medical school, at least three years of residency and possibly fellowship and goodness knows what else the medical training gods have in mind. All of this before you even begin your practice.

No wonder so many of us began to wall off our emotions so that we might survive the very long days, the even longer nights and the emotional turmoil of those we serve. No wonder that rates of depression and suicide climb not only in medical school but also throughout training and practice. I doubt if any of us have survived without the wounds that we keep hidden and the loss of bits and pieces of who we are. But I believe that not only can we reclaim who we are; we can also create an environment in medical school that battles the hidden curriculum and that saves all our Nemos from an uncertain and dangerous future.

We can begin by recognizing our own vulnerabilities. We can honestly talk about the challenges we faced throughout medical training and practice. Discuss it with our colleagues and especially with our medical students. We all need to know we are not alone. We need to acknowledge the tears we have shed, the tough exterior we thought we had to have and the incessant ability to delay any sort of gratification. Who needs a vacation, weekends with family, hugs and support and love? We do, you and I.

We should recognize that our medical students are adult learners. They have left high school and even college behind them. They need to be treated like the adults that they are. They need to hear from us that we do understand what they are feeling and what they are going through. Becoming a physician is exciting but it is also one of the most difficult challenges we face, intellectually, physically, emotionally, and spiritually, and it challenges everything we know about ourselves. They need to know that we recognize that and that we are part of their support and their help.

We need to talk about our own support systems. We need to openly recognize our family, our friends, our colleagues, and the well from which we find our inner strength. We need to identify those around us who lack support systems so that we may help them create some, possibly beginning with us. The student that moves from many miles away and arrives in medical school facing a new city, no friends, no family and no life anchors; they need to find a way to build their support system. They can’t wait until they don’t pass a test or suffer from an illness to discover this need for help.
We need to talk about the things that feed our souls whether it is music or painting or singing or dancing or hitting a baseball. Then we need to ask those around us what feeds their souls, what makes their life full and what keeps them from being a statistic in the depression and suicide studies? Medical students often arrive at our door with the idea that they need to give up the things that are fun in life to pursue their dreams. We need to stand and say that dreams only come true if you keep alive the person that you are. If you play the trumpet, then keep playing and if you sing in the shower then keep singing. We need to support anyone and any program that helps medical students stay healthy. We need to remind students, colleagues and anyone else we run into that taking care of ourselves helps you take better care of your patients and your profession.

Maybe, most of all, we need to love ourselves, love our profession and love those we work with so much that we don’t hesitate to tell them so with a smile, a hug and the warmth of our presence. Maybe it is love that we need most of all. Maybe that is how we find and save the Nemos and the Dorys of the world.

Unique Uniformity

Michelle Knopp
OSUCOM 3rd Year Medical Student
The Turn of the Breath

At the turn of the breath,
my heart stops
for her.
I marvel that
she looks so peaceful,
dying there
without
the flush of
pain upon her cheeks
or her small
moans
for mercy.
In this boundless quiet,
my ears yearn
for more.
But the last
wind echoes from her lips,
coming to the
pause.

Then
her chest
begins to rise again.
Air enters,
gently
offers a moment
of something like hope—
but maybe is only
respite.
My heart starts
as I watch her sleep.
Each pump fills
a hole
that had been
carved in this night’s
endless vigil.
Awake,
I stay to wait
for the turn of the breath.

— Adriana Giuliani
OSUCOM 2nd Year Medical Student
Bird

Jaguar

Hayley Leonard
OSUCOM 2nd Year Medical Student
The Cure

Danielle Peterson
OSUCOM 4th Year Medical Student

The cold tile floor starkly contrasted the warm blood dripping down my leg. Each beat of my heart pounded against my ribs with such force and speed that I was sure it would explode. I hobbled for my life down the hallway. As I reached the pathology lab, I slammed the door behind me, bolting it into place. The room was dark. I felt grateful for the blue glow from the blood bank refrigerator as I fumbled to find a light switch. My red notebook was resting on the desk. I limped over and grabbed it. As I leafed through its pages, my legs began to give out from under me. I slowly slumped to the ground. I was safe, for now. As I caught my breath, my mind wandered back to last November, when this all started...

I sat outside his office nervously. The MDSR application deadline was quickly drawing close and I still didn’t have a project. I thumbed nervously through the various papers I found about reprogramming T-cells and rehearsed my ideas in my head. “Hopefully I don’t sound like an idiot.” Dr. Ferdinand was internationally known for his cancer research. I was floored when he responded to my email about doing research in his lab. The door opened and a tall man with deep set eyes greeted me.

“Leonora? Pleasure to meet you. Come on in!” He shook my hand firmly and I followed him into his office. “So, you are looking to do a research project over the summer?”

“Yes, I’ve done some reading.” I stumbled, pulling out my papers.

“Perfect! I love the enthusiasm. I have just the project for you. We’ve discovered a new chemotherapy agent that is showing remarkable results. The plan is to start clinical trials next year. You mentioned something about a scholarship. Do you have some paperwork you need me to fill out or something?”

“What exactly does the drug do?” I asked, handing him the papers.

“It is a protein-based compound that is transported into cancer cells and causes apoptosis. In normal cells, it promotes growth and regeneration. It is astounding. Essentially protein-based healing.”

The deep throbbing of my leg snapped me back to present. The pant leg of my scrubs was soaked with blood. I pulled it back to reveal a 10 cm superficial laceration cutting across the skin of my left calf. Great. Pulling myself from the floor, I hobbled over to the cabinets and pulled out a laceration kit. I drew up the lidocaine. “Okay Nora, just a bee sting and some burning.” I reassured myself aloud. I could feel a sharp twinge as I stabbed the needle into my wound; definitely not a bee sting. The lidocaine was hot and burned as it infiltrated my subcutaneous tissue. I felt a little woozy. Damn. I can’t remember the upper limit dose for lidocaine toxicity. Looking down at the needle I realized that they probably standardized the kit.

My heart raced and I struggled to breathe. “Why do I feel so exhausted?” I wondered as I closed the laceration with simple interrupted suture. A smile crept across my face as I admired my handiwork. “Yes, I agree Dr. YouTube. The suture knots are cut to the perfect length. No, thank you sir. You’ve been the perfect mentor. Always there when I need it and at twice the speed.” I wrapped it with Kerlix and ace wrap to help achieve hemostasis. “Can’t believe I came back for that stupid notebook.”. My mind once again wandered back to my research.

“Ms. Garcia? Hi my name is Leonora. I’m a medical student working with Dr. Ferdinand. He wanted me to come talk to you about our research study on chemotherapy. Now, I understand you have ovarian cancer?”

I could feel my vision tunneling. Something’s not right. I felt dizzy and my heart was racing.
The petite woman nodded. “I was just diagnosed—” she began, her eyes brimming with tears. I grabbed a box of tissues and offered it to her. “I can see it is having an effect on you. Anyone in your situation would feel this way.” I put my hand on her shoulder. “I know Dr. Ferdinand has already discussed the risks and benefits of the drug with you, but he asked me to come back with the consent form for you to sign. Are you still interested in pursuing this treatment option?” She nodded. I handed her the pen and form. As her bony fingers trembled to put the pen on paper, I asked, “Now one of the most common side effect we see is anemia. Would you consent to receiving blood if needed? Most, if not all of our patients have required at least one transfusion. Do you have any religious objections?” She shook her head. “Then can I have you initial here that you will accept blood products?”

As I slipped my bloody scrub pant back over my leg, the realization hit me. What if I was anemic from blood loss? I couldn’t help but laugh. At least I was in the best place for that. The pathology lab of the hospital was equipped with a large walk in blood bank refrigerator. I hobbled over to massive four by ten foot structure and pulled on the metal door. It slowly creaked open revealing large bolting device just inside the door. Was this an emergency bomb shelter during the cold war? I wondered. Hundreds of plastics bags filled with dark, maroon liquid hung in perfect little rows. I stared at them incredulously. I didn’t know my blood type!

Ms. Garcia’s voice trembled, “What if my body rejects the blood?”

“I am glad you brought up that point. For this study all patients will only be receiving what we call ‘O Negative’ blood, it is the universal donor. Have you heard of it?”

“Yes. The blood cells are naked—”

“Um, kind of... because the O negative cells don’t have any antigens on their surface you won’t make antibodies against them—”

“So they are naked.” She smiled wryly.

“Sure. The blood cells are naked.”

“Naked blood cells it is,” I thought grabbing a bag. I scanned over the front wondering when blood expired. The numbers ‘04-02-1513’ were in bold in the right hand corner. My heart stopped for a moment as I wondered how they would have blood from 1513! Embarrassment set in as I realized I had just read the IRB study number. The date was listed on the bottom. It didn’t expire for a few months. I hobbled out of the freezer and placed the blood in an incubator. The search for needles and tubing led me to the supply closet. After finding the needed equipment, I stopped shortly as my eyes passed over a haunting sight: the yellow-topped vials.

“Are you ready to be free of cancer?” Dr. Ferdinand exclaimed. “Oh yes, Doctor,” Ms. Garcia responded, looking at her husband who nodded, and reached for her hand. Dr. Ferdinand smiled at the couple and pulled a yellow-topped vial from his pocket. He then proceeded to draw up and inject the chemotherapy into her port. “You may develop a bit of discoloration around the injection site. That is just bruising. It will go away with time.”

The timer on the incubation shrilled through the air loudly. I ran to lab counter and shut it off as quickly as I could. My fingers fumbled to press the off button. Once the alarm was silenced, I listened anxiously. Did they hear that? I didn’t have time to find out. I taped the blood bag to the wall. “Okay Nora, a bigger bee sting this time.” I whispered. I felt the warmth of the blood as it entered my veins.

“Dr. Ferdinand’s office. This is Leonora speaking.”

“Hi Leonora? It’s Katherine Garcia.”

“Hi Ms. Garcia! How are you doing?”
“Not good....I haven’t been feeling well.”

“What kind of symptoms are you experiencing?”

“Well, I feel so tired all the time. I don’t have any energy to do anything. I used to love walking my dog Starfish but I can’t get out of bed. My head hurts, too.”

“Okay. Any nausea or vomiting?” I asked.

“No.”

“Does your heart race? Do you feel light-headed?”

“Yes. I looked online and it says that cancer can cause this. Do you think the chemo isn’t working for me? Like maybe it works for other people, but not my cancer? Should I go forward with the radiation therapy? I am just so worried. I want to be around for my grandchildren.” She started to cry into the phone.

“Those are excellent questions. You have only had one cycle of the chemotherapy. Our preliminary data shows improvement after three cycles. From what you are describing, it seems to me that you might have anemia or low red blood cells. Why don’t you come in the office and we will evaluate you further? You might need a blood transfusion.”

“So you don’t think my cancer is getting worse?”

“We will be sure to evaluate that when you come in today. What time works best for you?”

Well at least now I can tell Ms. Garcia that we are transfusion sisters. Or at least I could have told her. I fought back my tears. The drug had been so successful.

“This is Seth Kartinoff with the Columbus Nightly News. Cancer has finally met its match. A miraculous new drug called Provia is curing cancer. The compound was discovered by Dr. Lawrence Ferdinand and his research lab. Joining me tonight is Dr. Ferdinand to discuss just exactly this miracle drug works. Dr. Ferdinand, these are exciting times, are they not?”

“They really are, Seth. Thank you for having me.”

“Thank you for joining us. Now Dr. Ferdinand, tell us more about Provia.”

“Essentially is a protein-based compound. In the lab we work under a series of conditions to refold and shape the protein. In its new configuration, it binds to receptors on the surface of cancer cells. It then is endocytosed, or ‘taken inside the cell,’ where it works to destroy it. Apoptosis.”

“But what about normal cells? Any side effect on those?”

“Actually yes, but good side effects. The protein can distinguish healthy versus cancer cells based on its conformation. Inside normal cells, it activates healing cascade signaling and the regeneration of telomeres--”

“What does that mean?”

“Decreased cell senescence--”

“I’m sorry Doctor. Can you translate for our viewers?”

“Cells don’t die. They are regenerated and restored. Compared to cheek swabs prior to chemotherapy, these cells appear to be what you would find in a toddler.”
“Like the Fountain of Youth!”

“Exactly. It has had tremendous applications for all health problems. One patient, previously diagnosed with heart disease and lung cancer, is now training for a marathon just after 4 cycles of Provia. It is literally a miracle drug.”

“But the drug does have its complications. It affects people’s blood?”

“Yes. The one side effect is severe anemia. All of our patients receiving Provia have had to undergo blood transfusions. But after the cycles of the drug stop, the need for transfusion goes away as well.”

“That truly is remarkable Doctor. That is all the time we have but I think I say this on behalf of all people when I say, thank you for your discovery.”

I stopped suddenly as I heard footsteps down the hall. Panic overcame me as I rushed to turn off the lights and hide. They were coming. Sneaking beneath the lab sink, I held my breath and listened to them move down the hall. They passed by the pathology door slowly, searching. One woman at the end of the group stopped to glance in. I could see the glass fog from her flaring nostrils. She stared for a while before continuing. I relaxed, letting go of the breath I had been holding. I know what they are after.

Once I was sure they had passed, I headed back for the supply closet. I collected the horrible little yellow-topped vials and went to pour them down the drain. I stopped. Wait. I can’t pour this down the drain. I grabbed a garbage can instead and filled it with absorbent powder. Then I proceeded to pour out all the Provia vials, taking care not to let it splash on me.

As I destroyed the last of it, I couldn’t help but wonder what happened to Ms. Garcia. Grabbing my notebook I sat down at one of the computers and pulled up her chart in EPIC. There were a series of telephone calls in the notes tab.

October 20th, 1:16 pm- Patient called reporting that her symptoms of fatigue and “heart racing” have improved but the bruise around her port site has gotten worse. She was counseled that bruising is normal and will continue until the completion of her fourth cycle of chemo in November.

December 2nd, 10:26 am- Patient called reporting symptoms of anemia again. Scripts for outpatient labs written.

December 16th, 2:34 pm- Patient called concerned, reported symptoms of forgetfulness, confusion, hair loss and difficulty ambulating. She reports this feels different from anemia symptoms. Rash getting worse and spreading over body. Appointment made for the 17th.

January 1st, 8:00 am- Patient’s husband called, left voicemail with answering service. He reports Ms. Garcia is behaving strangely. She sits in her armchair all day without moving. He reports patient is not responding to any external stimuli and has been this way for several days. He reports he is concerned because she hasn’t eaten. Recommend immediate hospitalization. Nurse called husband’s home phone number but no answer. Will try again later today.

That was the last of it. Ms. Garcia never made it to the hospital. My eyes welled with tears as I thought back to the day I realized what was happening, the day we all realized it was the beginning of the end for humankind.

Good evening, this is Seth Kartinoff with the Columbus Nightly News. This is an emergency announcement. The city of Columbus is on lockdown. Cancer survivors are reportedly attacking their loved ones. If your loved one has been treated for cancer and starts demonstrating any of the following symptoms please bring them to the Franklin County detention office for containment: confusion, hair loss, difficulty walking or speaking, staring spells, sitting or standing in one position for hours on end, refusal to talk or respond to external stimuli. Please. We are urging you. Your loved ones will be taken care of. Do not delay. Law enforcement and medical professionals are doing their best to contain this plague and ensure the safety of the population.
I grabbed my notebook. I had the evidence I needed to prove Dr. Ferdinand was behind all of this.

As I got up from the computer, I almost tripped on a small object on the ground. Down at my feet was a single yellow-topped vial filled with the deadly Provia. Curiosity got the best of me and I prepared the sample for MALDI-TOF. Within minutes I had my answer.

“Sucrose detected.” What? How could it just be sugar water? Did Dr. Ferdinand switch out the vials?

Moments later, a scream filled the hallway. “They know I’m here.” Suddenly the mob of bodies had returned to the door. Within seconds they had broken through the window and started to work on the door lock. Grabbing the fire extinguisher off the wall, I sprayed the crowd, delaying their progress. Mutilated hands groped through the broken glass with unearthly groans emanating from broken jaws. Nothing visually compared with the smell of rotting flesh that permeated the air with its pungence. I fought back the urge to vomit.

I smacked a hand back from the door handle with the butt of the fire extinguisher. Figuring the door would not hold much longer, I searched for an escape route. Dread overcame me as I realized this door was the only entrance and the only exit. Suddenly a hand grabbed at my calf. I kicked it away but the cold, slimy fingers wrapped tightly around my Kerlix dressing. I couldn’t break free. I pulled out my trauma shears and cut the dressing, my pant leg and a few of my attacker’s fingers off. The creature screamed in pain.

The whole group became more fierce in response to the sounds of their wounded compadre. As the pathology door began to buckle, I rushed into the blood bank storage freezer and bolted the steel door behind me.

I couldn’t figure it out. How could it be sugar water? Did he destroy the evidence before I had a chance to get to it?

The thought crossed my mind that I should probably redress my wound. When I glanced at my leg, I felt as though time stopped around me. The laceration was completely healed. Nothing was left but my sutures poking out and a deep purple colored bruise. Oh no. Every patient in the study developed anemia and required transfusion. Realizing my fate, I looked down at my hands. I took an oath to do no harm. There was only one way I could ensure that.

The frantic screams and scratching at the refrigerator door ensured me they were hungry. I slowly walked to the bolt. I remembered the look on Ms. Garcia’s face when the chemo first started working.

“I’m healed, Leonora! I went on a weekend trip with my husband and visited my grandchildren. I’ve never been so happy in my life.”

I am so sorry, Ms. Garcia. I slid the bolt back and opened the door.
Bucket of Eyeballs

Mia Gamage
OSUCOM 2nd Year Medical Student
Safe Space

She used to stack the cereal boxes outside the cupboard in a methodical manner uncharacteristic of a three-year-old. She made just enough room so that she too could fit inside. Sometimes she’d take a toy, something to keep her company, sometimes it was just her – shut inside the cupboard.

Now grown, she stacks the boxes outside the cupboard haphazardly. She pours herself into the cupboard, but she no longer fits. She approaches the counter and returns to sit on the edge of reason. She takes the butcher knife in her hand and amputates her legs just below the knee. Shaking, she places them methodically outside the cupboard. She made just enough room, slid inside, and closed the door.

— Sarah Horner
OSUCOM 3rd Year Medical Student
The Art of Recognizing Death

Leslie Pillow
OSUCOM 3rd Year Medical Student

It seems a simple thing that doesn’t even need to be taught especially for medical students, right?

Death can be defined in many ways, cardiac arrest or simply enough the absence of life. According to any of those definitions my mother died on March 22, 2014. But for me she died December 12, 2014. It took me almost nine months to recognize death.

I was the normal medical student in the spring of my first year of medical school pushing through a grueling Neuro block when the call came. My mom had been hospitalized again. She had been in and out of the hospital numerous times leading up to that day but this time was different. The doctor called needing my consent to do an emergency surgical intervention. I dropped everything and rushed home. Thinking back now I can’t recall when I left school or how long I was gone and I have no idea when I even made it back. When I got home I knew this was not another “routine” hospitalization to stabilize her and send her back home. Her ejection fraction had been steadily dropping but now it was so low that there was barely enough blood perfusing her body.

She was no longer in heart failure; her heart had failed.

It had reached the end of its ability to do what nature intended; it was no longer able to sustain life on its own. And as many of us know when we reach the end of our body’s capabilities we have two options: to set it free of our demands or intervene. And intervention in this day and age has extensive possibilities that are steadily growing each day. But as numerous as these interventions are, they are not always desired and that was the case for my mother.

One of the last conversations I remember having with my mother was her asking me if she was doing the right thing; she needed assurance that she wasn’t making a mistake. Many people, even some in my family, saw her refusing intervention as giving up. They forgot the twenty-year battle she had waged with her body and soul to get her to that point. They forgot the twenty years of ten pills a day, hundreds of days spent in the ER and a lifetime of pain. I saw it as an answer to her prayers, God telling her that it was time to come home now.

I looked at her and said, “What do you want to do, Mama?”

“Les,” she said, “I wanna go home.”

So that was what I did. I signed a DNR, and took my mother home knowing even then I was welcoming death to follow us there. But it still took me nine months to recognize that it came and left in a flash.

When I was younger and my mom couldn’t sleep I used to read to her. I read her poems, short stories, goofy things, sad things-- really anything that was available. It became our tradition for years. I would sit on the floor by her bed reading until her eyes closed and I could tell she was asleep; then read a bit longer. When she was in hospice, I remember vividly recalling one of the
poems we had read, and debated the meaning of endlessly. Dylan Thomas’ “Do Not Go Gentle Into That Good Night”:

“Do not go gentle into that good night,
...Rage,
rage
against the dying of the light.”

It was like a terrible song that gets stuck in your head; the more you ignore it the stronger it becomes. For a while I raged. The part of me who only wanted her mother and cared less about the consequences of extending a painful life, raged against the dying of her mother’s light. I wanted so badly to gather the dying embers of the life I saw fading and keep them going.

I called the funeral home to pick up my mother on the night of March 22nd. Sometime after that, on a day my mind has refused to remember, we had a memorial service for her. Around that same time, my mind and soul decided to go on vacation, as one last act of defiance or defense when faced with a terrible but irrefutable truth. We’ve all seen it right? That dramatic scene in the movie where the person stands still as everyone bustles around them. It is the most vivid and accurate picture that I can paint. I was still moving forward and yet stuck. I carried on surviving but not living; doing but experiencing nothing. I felt no pain, no joy, no hope yet no despair. Until I was jarred awake and reminded that no one is allowed to hide from death forever. Nine months later, on my birthday no less, death made me recognize its face.

On the morning of my birthday December 12, 2014, I made the mistake of eating meat. A mistake for me because I have Eosinophilic Esophagitis; basically, the foods I eat sometimes cause inflammation in my esophagus and become lodged there. So I spent my birthday with food in my throat in the ER. This culminated in them putting me under to take it out. Unfortunately, I didn’t react well to the anesthesia. It affected my breathing and took awhile for me to wake up. As the anesthesia wore off, I kept opening my eyes trying to wake up, and saw no one beside me – this, this is when I recognized death. But perhaps I should go back a few years...

When I was twenty years old, I had to have a tonsillectomy. It was a pretty routine tonsillectomy but in this instant as well, I reacted badly to the anesthesia and it took awhile to wake up. As I went in and out of consciousness I remember my mother standing at the end of the bed and every time I opened my eyes she said,

“It’s ok, Leslie, I’m here.”

So on December 12, 2014 as I came in out of consciousness, death came into focus more and more. I kept opening my eyes hoping the scene would change but it didn’t, it couldn’t. With every raise of my eyelids, I could no longer deny death its recognition. I knew without a doubt if not for death she would have been there. If not for the absence of life, the cessation of her heart, the extinguishment of her light she would have been right beside me telling me,

“It’s ok, Leslie, I’m here.”

She was my beacon, my light not only in waking from anesthesia but also in my everyday life. Her voice started and ended my day. It was her hugging me as if I had been away a thousand years that brought me home. Without her light mine dimmed considerably for a short while.
Lying in that hospital bed I felt so keenly the lack of her light in me. So perhaps this is the basis in the art of recognizing death.

Maybe the art of recognizing death is seen in the dying of the light. Not necessarily the dying of the light in those who we lose, but the dying of their light in us. Our lives in this world are so inexplicably intertwined. We meet people and engrave ourselves in their hearts; shining our lights on theirs and receiving light from them in return. In times of struggle when our lights dim and flicker, loved ones gather around shining their lights even brighter giving us the strength to keep moving forward. They hold us up ensuring that though we may waver, our lights are never extinguished completely.

So perhaps this is why I stood still, to give my light time to be strong in the absence of hers. Her light was the basis on which I learned to build my own. That nothingness in which I dwelled for months, call it depression...absolutely, coping...maybe, reigniting the fire...definitely. Maybe I stood still to allow my light time to remember how to burn bright on its own. It should be no question then why soulmates who were married for 50 years die so closely together. They have shined and nurtured each others' lights for so long, took turns being the one shining and the one needing the light. It's no wonder then why when one light is extinguished, the other cannot keep burning for too long on its own.

And knowing this, how much we affect the light in others and they in us; is it really so hard to understand why we

RAGE AGAINST THE DYING OF THE

lights...
New Year

Is this a beginning or an end?
Complete chaos.
Fireworks explode above the crowd.
An eruption of joy.
Cheers pierce the wall of silence.
The ball drops.
Midnight.

One, two, three, four, five.
The countdown begins.
The clock’s hands turn.
Only a few seconds remain.

Thoughts remain poignant.
The people of the world
united in anticipation,
their eyes transfixed on time.

Emotion flows through people like sparks through water.
The air,
electric with anxiety.

Snow layers the ground.
Chill floods the air.
All cars have disappeared.
The roads, instead,
filled with the bodies of energized souls.
Night sky ablaze with lights.
A million sleepless people walk the streets.

— Varun Rawal
OSUCOM 2nd Year Medical Student
Colors of the Night Sky

Michelle Knopp
OSUCOM 3rd Year Medical Student
What I Should Have Said

Adriana Giuliani
OSUCOM 2nd Year Medical Student

I.

“When I get out of here, I’ll kill you,” reads the note my mother fished from the trash bin. I had asked her where the notes had gone. “I threw them away,” she had answered casually, realizing her mistake as her mouth wrapped around the words.

The words are scrawled in red ink, capital letters drooping off the lines. There are blank spaces where there should be solid strokes, where the pen bounced up and down off the page.

She picks the notes out, three in all, and pockets them carefully.

The note had been meant for the nurse, the redheaded one with a decent sense of humor. The others were gibberish, single words that somehow filled in a conversation punctuated by intubation.

She slips them into the plastic sleeves of a photo album.

II.

“This is shit,” he says bluntly, gripping the hands of two men: one grown, the other - my brother - barely eighteen. We nod in resigned agreement.

“Just let me go,” he beseeches the rest of us. As if we could let him go, so simply as that.

The best we can do is leave the room when he needs to vomit or move his bowels. Whatever water left in his wasted frame is either being expelled as waste or plunged down to his calves, fat with edema.

A green light brightens and my sister’s hand shoots out to press its button. Gatsby’s green light, heralding false hope in the form of morphine. In another fifteen minutes, she will reach up to do it again. And again. And again.

“I love you guys,” he whispers. “So much.”

This is shit.

III.

“I’ve seen things you people wouldn’t believe,” began the eulogy he wrote for himself. He had based it on a monologue from “Blade Runner,” one of his favorite movies.

I scavenge through old photos, stealing, collecting, scanning them through sleepless nights. I watch the same face transform in these pictures, see it chubby and bright, see it grow full and wrinkled, see it waste away. I harvest videos of wedding vows, toddlers in playhouses, Formula One races, and foosball in Italian chalets.

My mother tours meeting halls and chooses pastries. My sister builds a pamphlet and prints off photos the size of posters. My brother spins in the wheelchair left by hospice and tries to forget.
Ether Arts

“I watched gamma beams glittering in the darkness at Mayo. All these moments will be lost in time, like tears in rain,” it ends.

Time to die.

IV.

“Vai amore mio / e non ti voltare,” declared the poem he wrote when I was thirteen. Wrote it when the cancer came back the first time.

I found it in the archives he had left behind. One poem for each child, when we were still children.

“La mia Adriana,” he titled it.

My Adriana.

I hold on to the essence of the poem, bleeding the letters into my skin. Trying to inject my veins with the stanzas, recapturing their intent. To reclaim that time with my father, those fine-threaded moments of an unbroken family. To feel safe within the realms of my childhood.

I lament time lost, lugging the past on my shoulders. An onerous pack of regrets and wishes. What I could have done.

What I should have said.

But the words themselves push me forward:

Go my love /

and don’t turn back.