

Stethos

Medical Humanities Journal of CCLCM

2012

Cleveland Clinic Lerner College of Medicine
of Case Western Reserve University





"Untitled 1"
by Bradley Gill
Class of 2012

Stethos

Medical Humanities Journal of CCLCM

Issue No 2
2012

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Front Cover Artwork
"Cluster Headache"
by Clark Madsen
Class of 2013

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Reading the second volume of *Stethos* makes me ponder, smile, feel sad, feel happy, and sometimes grit my teeth. That's the *raison d'être* of this remarkable effort. Today we risk becoming detached and disengaged from our purpose, patients, and colleagues while focusing on a harried existence driven by the pressure of professional demands and personal commitments. We must have grounding with deep roots in the human condition and *Stethos* helps fertilize this effort. This effort, entirely driven by tireless dedication of CCLCM students, helps me keep life's trivialities and more serious adventures in perspective. I hope it does the same for everyone taking the time to turn its pages.

Stethos is part of the Humanities in Medicine curriculum at CCLCM. It is a thread that runs through everything we do and then try to teach – Problem Based Learning cases, targeted subject Seminars, Foundations of Medicine exercises, and day-to-day interactions with patients, family, mentors and friends. I have often been asked “what, exactly, is this unusual curriculum?” Well, it is the “call and response” of our patients and our profession and every one of us. This is the theme our Humanities in Medicine thread is made of – stronger than cotton and more alluring than silk. A tapestry is created with multifaceted portraits of our own life and others. As Dr. Martin Kohn has pointed out, each of us, because of our condition of birth, has a flame burning in our soul that is humanism. Sometimes it is a bonfire while in others it is but a flickering ember. Our desire is to blow just a bit on the embers that, at the least, are in all of us, and to get a flash, while, perhaps, tempering the over exuberant when necessary. Channeling and profiting from this spirit is essential in our profession. Indeed, humanism, as one of my dictionaries points out, is the “doctrine emphasizing human needs and seeking solely rational ways of solving human problems.” The humanities, broadly defined as the visual and performing arts, literature, music, and exploring the wisdom of history, helps us understand the joys and plights of being a privileged member of the human condition, and so does *Stethos*. It also gives us insight into the evolution of knowledge and communities, particularly those that relates to our profession. Indeed, three of the “competencies” we want our graduate physicians to have include “personal development”, “professionalism”, and “reflective practice.” Insight into the call and response of our patients and profession is the foundation of these three competencies. Indeed, medicine is defined as an art as well as a science. Those who think that the art is trivial in comparison to the science are unenlightened, and, in my opinion, make for unprofessional physicians who are steeped in ignorance.

Not everyone enjoys all dimensions of the liberal arts and humanities. Personally, I am more interested in studying literature, history, and music than the performing arts (well, except for music – I used to play the tuba but some say that was painful to experience). Others enjoy theatre and dance arts more. It matters not what the focus is, but rather, having a focus and some passion. I find that the wide ranging contributions to *Stethos* help temper the heat of my day and give me insight. They call to me – and they help me respond to my patients, friends, colleagues, and family. Thank you *Stethos* for that.

Enjoy this issue of *Stethos*. Listen to the call – and then respond.

James B. Young, MD
Executive Dean of Cleveland Clinic
Lerner College of Medicine

Editor's Introduction

Welcome to the second volume of *Stethos*, the medical humanities journal at the Cleveland Clinic Lerner College of Medicine. This publication marks a critical step in the generation of a yearly journal dedicated to the arts and humanities at CCLCM. *Stethos* continues to showcase the varied talents of CCLCM's students with its inclusion of artwork, photography, poetry, and prose. This year, we have also expanded participation in the journal to faculty, and we have proudly featured several of their works. As continual learners, both students and faculty seek to learn from one another regarding the art of medicine; *Stethos* is now another avenue through which we may do so.

Once again within these pages, you will find "A Different View" in which poet Tom Kryss has contributed his talent to the journal. His poetry provides further insight into the struggles and barriers that confront the family of hospitalized patients. Also, they remind us that we will all be family members and patients at some point in life.

This year we unfortunately saw the passing of a much beloved member of CCLCM. *Stethos* seeks to honor Iva Dostanic through heartfelt works from peers and faculty who knew her well. Please join us in remembering Iva's contributions to CCLCM by reading the *In Memoriam* section featured at the end of the journal.

Thank you once again for participating in *Stethos* for the second year. May your journey through the second volume of *Stethos* be both stimulating and rewarding for, as editors, the process of its creation has been just that. And prepare your submissions for the next *Stethos*!

Best regards,
The Editors

Love poem to medicine (forgetting)

Naïve first love
Little by little
I grow accustomed to your Michaelis-Menten curves
And the way, at moments, you make my heart flutter
(palpitations)

Being nervous at the doctor's office
And my old notion of a stethoscope (as my
doctor's instrument)
Replaced with the feeling that I am now one of the
blind men examining the elephant

Kreb's Cycle, if I forget you
Remember
We will meet again, but there is no vengeance
but oblivion

Carefree night's sleep
Replaced by
The knowledge that I am relied on

The daughter of a dying man
And her necklace that says laugh
Death with a diagnosis

Medicine is my lover and my forgetting
In moments it is strong like the newborn baby's
first cry to mother
And in others, it is as weak as the rales of a
dying man

I remember
When I first laid my hand on a patient
As I listened to his heart
And he said "your hand is shaking"
And I thought, yes
And I wanted to say that it is not you
It is me
But I knew he already understood that I cared

*Inspired by Jorge Luis Borges, Pablo Neruda,
and my experiences in medical school*

Daniel Huck
Class of 2015



Gardens in the Community

Daniel Huck | Class of 2015

Do You Feel the Thrill?: Reflections on the Value of Humility in Medicine

I was “the man” - a senior resident in Internal Medicine at the Peter Bent Brigham Hospital, armed with a reasonable fund of knowledge, an ectopic brain in my pocket (a book of medical facts and pearls collected over years of training [and made arcane by the PDA]), 3 years of house officership racked with the rough and tumble of a competitive, hierarchical residency on which I now sat at the third year apex, the self-absorbed swaggering authority of seniority, and a flock of interns and medical students in tow. It was September of 1981 on the “F main” ward of the Brigham.

Rounding, we approached our patient, call her Mrs. Jones, a sweet middle-aged woman from West Roxbury, Massachusetts admitted with syncope and heart failure on the basis of critical aortic stenosis. My responsibility as a senior resident (and an additional opportunity for swagger) was to conduct bedside rounds and to instruct the students and junior trainees on key findings of the physical examination. On being asked by me, Mrs. Jones kindly agreed to be the subject of our bedside teaching rounds; indeed, at least my lack of humility then did not extend to overlooking these matters of propriety – asking permission, seeking consent, and informing her (or so I thought) about what was to occur. “We’ll be talking about aspects of your physical examination and using ‘doctor talk,’ but I am happy to translate if what I say confuses or in any way disturbs you,” I said to Mrs. Jones. She nodded in assent, acknowledging the cautionary remark and my invitation.

Approaching the “jugular” findings of the examination, I auscultated her lungs and heart and appreciated some rales at both bases, a loud systolic ejection murmur, perhaps 6 out of 6, and, on palpation of the precordium, its palpable correlate – a thrill of aortic stenosis. In fact, thrilled myself by appreciating an uncommon finding such as this, I gestured the flock of students and trainees to gather round and I invited each to listen and to palpate the precordium, each outstretched trainee’s hand placed flush and vertically over her sternum to palpate the finding while Mrs. Jones’ gown dropped down to her waist. Innocently (but with blatant myopia in retrospect), I asked one of the male students “Do you feel the thrill?,” only to find that my question to the medical student elicited obvious confusion, discomfort, and embarrassment by Mrs. Jones. In my myopia, many times since revisited and analyzed (including in this writing), I did not recognize that Mrs. Jones, unaware of the medical meaning of “thrill,” would construe my question about a thrill posed to a male medical student whose outstretched hand lay over her bared chest as highly inappropriate and approaching prurience. As I now reflect on this experience that happened almost 3 decades ago, it seems that I was so absorbed in jargon and in what I now regard as the swagger of training that I was then blind to common, everyday meanings and context – i.e., blind to the lay meaning of a “thrill” and its awkward use in this setting.

I imagine myself then at a sensitivity nadir, intoxicated by the exhaustion of training, the swagger of self-proclaimed authority as a senior resident, and a general lack of humility.

Now, almost 30 years older and, I hope, more self-aware and clinically maturing, I reflect on my mistake to ground myself and to remind myself about the value of humility in medicine and to the hazards of its oversight. Indeed, I believe that reflection on mistakes is a good thing when the focus is on lessons learned and how to avert going forward. Like many (I might argue most) doctors emerging from the travails of residency, I have since been on a journey back to regain the sensitivity and humanity that had lead me to a career in medicine and that ebbed, transiently I hope, during the immersion and exhaustion of training.

Since then, as part of thinking about the characteristics of doctors and of our training as factors that influence physicians’ leadership competencies and about doctors’ disposition to collaborate, I now see the episode with Mrs. Jones as an early manifestation of what I call “extrapolated authority.”(1) I would argue that extrapolated authority is one of four factors that can conspire against physicians’ disposition to collaborate (i.e., 1. Our training is long and hierarchical, 2. Physicians in training are judged on our individual rather than team-based performance, 3. We are taught to be deficit-based thinkers [thereby causing a focus on problems and allowing oversight of the “appreciative” possibilities of collaboration (2)], and 4. We are at risk for extrapolated authority). The concept of extrapolated authority regards doctors’ natural inclination to extend the authority that our patients confer to us because of clinical expertise and authority in helping them heal to other settings (e.g., driving on the highway, standing on line for a restaurant) to which this conferred clinical authority has no bearing or merit. To the extent that my being oblivious to the lay meaning of the word “thrill” reflected my inattention to Mrs. Jones’ perspective, I see the incident (and the swagger I felt) as an insidious example of early extrapolated authority. Mindful of the concept as I have since become, I have worked hard to curtail any sense of extrapolated authority. May my medical error, hopefully with only short-lived adverse effects for Mrs. Jones so many years ago, provide a similar opportunity for the benefits of self-reflection for others.

References

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James K. Stoller, MD, MS (ODA)
CCLCM Faculty
Chair of Education Institute

White coat pockets

Well-pressed white coats rest patiently on wire hangers,
Empty pockets, empty sleeves—pure white—awaiting
their owners.

First human contact, an eager first-year medical student,
Shaking slightly. Right arm. Left arm. Perfect fit.

First pocket contents: white-coat ceremony programs,
Slipped carefully to the bottom, pressed against loving
family members.

Hugs passed around, congratulations all around.
Tears of a proud mother, drip and quickly absorbed in
the white shoulder.

Program discarded, make way for the stethoscope,
A black tangle of tubing, not exactly sure how it fits.
The pocket plays tricks on its naïve owner,
Ejecting its contents with the most subtle twist or lean.

The pockets are now co-conspirators.
A notepad falls from one—a quick reach to the floor.
The other follows suit, throwing a reflex hammer on the
tile floor.
Clang, bounce, crash...blushing skin against the
white collar.

The pockets refilled, stuffed into submission,
It's getting crowded in here, bursting at the seams.
“Why don't you cram some of this reading elsewhere,
like up top?”
Because it doesn't fit there, not yet.

Dressed and ready to go, patients await.
Ambition, dreams, cures and connections at
my fingertips.
I stand to begin, the earbud gets caught,
I twist around but it's too late, I'm Littmann-tethered
to my chair

Why don't they make these pockets bigger?

White no longer, not quite so cleanly pressed,
Remnants of last week's inhaled turkey sandwich,
A mustard stain on the left arm.
A blue streak over the breast pocket,
I guess I forgot to close the pen first.

Pockets full, the coat's trademark sag.
Rocking back and forth against my thighs reminding
me what I don't know.
But reminding me of my tools, that give me
all-knowing potential,
With a read, a listen, and a tap.

At peak capacity, the pockets have had enough.
Time for their slow, ritual clean-up, note cards
in the trash.
Quick-review books shelved, cheat sheets tossed.
Sighs of relief from the pockets, letting go of tension.

Slowly, knowledge will be gained, no longer in need
of support,
I will only need my ears.
They will coil perfectly—wrap, wrap, tuck.
Nothing else competing for space, just my stethoscope.

Ben Abelson
Class of 2014

Emotional Healing

Nehaw Sarmey

Class of 2016

“So what happened today?” she called out, as she skipped across the ashen sidewalk to meet me at the table next to the small Afghani food stand, where I was somewhat comfortably seated. Roshina’s eyes eagerly searched my tired face, trying to uncover the turbulence of emotions and experiences that had transpired in the last twenty-fours. It was one of a string of late nights again, following another on-call duty at the Kandahar Role 3 Hospital where I had been stationed for the past month, and I found myself wanting to savor the coolness of this June night before heading back to my quarters for a rest. Only a couple of weeks earlier had I befriended Roshina, a vibrant sixteen year-old Afghani girl, while roaming the sprawling, rubble-strewn streets of Kandahar. She had been immediately intrigued to learn that despite being a female, I identified myself as a physician who was also serving in the US military. Since that first encounter, we had slowly been exchanging stories of our lives – I would describe to her the suffering and healing of medicine, while she would enlighten me on Afghani culture and how the civilians were dealing with the ongoing war.

Indeed, I had anticipated that Roshina would find me here tonight. My mind was swirling with images and words from what I had just experienced, and I felt as if I could only organize this torrent of emotions if I verbally shared it with another human being. Roshina promptly seated herself across from me, her warm smile and softly lit eyes nudging me to respond to her question. I briefly remembered how Roshina explained to me the other day that her name means “one who gives light” in the Pashto language. I gave a weary laugh and then began.

“Well, a lot happened, as usual. We had over twenty patients rushed into the hospital from the recent attacks. Some were soldiers, and others were civilians. All were innocent human beings who unnecessarily became victims. It still pinches me to witness the grotesqueness that man can inflict upon man – burned bodies, smashed limbs, blood pools, emotional shock. However, as the physician I must be strong-willed and take charge of the scene, so that I can immediately direct their physical and psychological care. I think the more one cares for other people – familiar or unfamiliar – the more one develops a purpose for his or her own being. Perhaps in my case, this has meant becoming a healer.

“Today, though, I must admit that I realized once again that we physicians are not the only healers at the scene. Around the early afternoon, one of our soldiers had just been airlifted to us after being badly wounded on the battlefield. He must have been just over twenty, yet here he was being ushered in with a bloody left leg, third-degree burns on his torso, and a battered but obviously scared face. I gathered together another doctor and two nurses as we quickly developed a plan of action for the soldier’s treatment. I remember it being the afternoon because I had held his arm to check his pulse and noticed his watch still intact, while another doctor was quickly examining his head and neck. As we began to wheel our soldier into the adjacent room,

however, he cried out loud in pain. I was getting a little nervous, but then my nurse momentarily stopped us and did something remarkable. She took the soldier’s right hand in her own gloved hand, leaned over to look him in the eyes, and smiled. It was a gentle smile, like one that a mother gives to her child when she needs to instill confidence in him and comfort him during his grave suffering. And then the nurse whispered to the soldier, ‘You were there for us. Now we are here for you. And we are going to make sure you make it through.’ Somehow, her soft words and reassuring face made sense to the soldier, and he nodded slightly as we brought him to the next room to begin treatment.”

I paused momentarily, and Roshina asked, “Well, did he make it then?”

“Oh yes, he did,” I reflected. “I have to thank my brilliant colleagues for their medical expertise and sheer perseverance. And by that I mean both the physicians and nurses. Honestly, without our teamwork and willingness to communicate with each other, I do not know what would have happened to our soldier patient. What I observed and felt in that room was a collective power to heal. And it was not just physical healing. While the nurses stayed with us to help perform various procedures, they also calmed down and distracted the patient – clearly, there was emotional healing at play, too. I am certain that this emotional aspect was not only useful but necessary for the soldier’s fight to stay alive. As a healthcare team, we not only saved an individual soldier, but through the nurse’s words, we also expressed to him that he deserved to live just as any other human being, and that we would do all that was possible not to forsake him. Truly, whether having the skills of a physician, nurse, or any other healthcare team member, we worked under a common purpose. And we relied on one another’s experiences to put together an effective solution for our patient.

“Certainly, many of the soldier’s wounds will be permanent. I doubt he will ever feel the exact same when he “fully” recovers. As medicine continues to have its inadequacies, humans can only do so much to reverse the effects of such a traumatic episode. Nonetheless, we also function so much better when working as a team. After some of the events today, I have to say that it is refreshing to be surrounded by individuals who carry such vitality and compassion. Even when we are running on three hours of sleep, in the middle of a country that is at war, and succumbing to frustration,” I smiled, “we somehow help each other to keep believing in the power to heal.”

I looked back at Roshina, and several seconds of silence passed as she mentally reviewed everything that I had observed and reflected. The night was getting darker, yet she was still wide awake. In a way, her own energy gave me comfort and confidence in the profession that I was privileged to practice. In a way, just as my colleagues had taught me something valuable that day, she too in the last two weeks had shown me the light and encouraged me to reflect.

The Full Meanings of Words

My mother in the ICU
with a tube down her throat.
I switch from doctor,
to family of the patient,
to the patient.
The family is the patient.

The doctor sends words
to my father
through the still air of the
waiting room,
but they are lost
in the gulch between,
a gulch of worry and fear.

The doc leaves and I translate
words like emergent, acute,
critical, intubation, operative.
I try to be gentle while
concealing the worst.
I try to save him the pain
of knowing the full meanings
of words.

Bryan Sisk
Class of 2013

What I Would Give to Be Her

Jonathan Rose
Class of 2016

What I would give to be her. The minute he arrives, we spring into action—competent with training, proven by experience—but no matter how many times you've seen it, the shock never wanes. The sight of muscle and bone exposed, things meant to be tucked away and protected, ripped from their inconspicuous work, and left to writhe in open air. His face was blown half off and his skin studded with shrapnel. I get to work soldering, suturing, dressing wounds, taking vitals and checking for signs of damage trapped beneath. Frantically, I work through my mental checklist—stabilize, assess, diagnose, treat—not so much a list of priority as a call to action. I bustle around his head, the plumber plugging holes trying to keep the flood at bay.

In the midst of my triage, I see him reach up and take her hand. She leans down close and stares at him, eyes exploding with persistence, a strength mine couldn't muster. Why did she get the glory—her face the message of comfort and support, her grip the insistence that everything would be okay? I am the one healing here. I am the one standing at the gates of death, staving off his inundation. I am the doctor. It should be my touch, my eyes that he looks into for reassurance. But it is not, and so I continue to work, the mechanic busy fixing. What I would give to be her—the face of his care.

It will be her that he remembers, years later, playing catch with his daughter in the backyard. It will be her face, the one that insisted he continue to fight. After all that had happened—hundreds of gun battles, bullets flying by his face, IEDs exploding alongside his convoy, taking his platoon one by one, until finally after 6 months of active duty, finding him on what was supposed to be a routine mission for supplies—it was her face that told him to keep fighting for his family back home, for the life he owed them.

He could have died that day. Any reasonable projection might have assumed he would. His miraculous survival could have been because of me and my intervention. I may have done something extraordinary that most others couldn't. But now years later, I knew that wasn't the case. That day in that room, he held her hand, he looked into her eyes, and together they fought. They fought a battle that pure medicine could not win. All the suturing and bandaging and medications could not win the war they waged that day. What I would give to be her and wield the power she possessed.

Away Rotation

Russ Stizlein
Class of 2012



Roots Grow Stronger

Often I find myself wishing
That every day would consist of clear skies,
That every child had a warm bed to sleep in,
That every tear had a shoulder to land on,
That every disease could be fought and be beaten.
But some days are cloudy and dreary,
Some children sleep on a cold floor,
Some tears are never shed or never caught,
And some bodies cannot stave the disease that overcomes them.
Yet the latter is as real as the former.
Life is gently rocked by breezes
Or jostled around by hurricanes.
A tree may lose some leaves in a storm
But its roots grow stronger nonetheless.
To grow we must seize both occasions,
And trust in the sanctity of it all.

Janine Bernardo
Class of 2015



Staring into the horizons, Salton Sea, CA

Huan Zhang
Class of 2016

My First Baby

Everyone held their breath.
We watched the monitor,
Waited for a contraction
So we could push with her.

And the pressure came to rise
I pulled her leg to chest
The conviction in her eyes,
Her hand held mine at rest.

“Push” shouted the doctor
“Push, Push, Push”
And I watched in horror
Fluid flowing with each push.

I looked at her sweaty brow
Strained by the debt of mothers,
Could such beauty be found
In the actions of others?

Nine months of waiting,
Nine months raising a child
All the while anticipating
What she’d look like in the wild.

“Push, Push, Push”
I echoed the doctor
Holding her hand tightly
As she pushed harder.

And the child came to us.
Crying in shock and startle.
My legs lost gravity,
My legs now a waddle

I wanted to laugh.
I wanted to cry.
I waddled smiling,
With a tear in each eye.

I smiled at the nurse.
She said “good job partner”.
Then I hugged a happy man,
I think he was the father.

Ozan Suer
Class of 2013

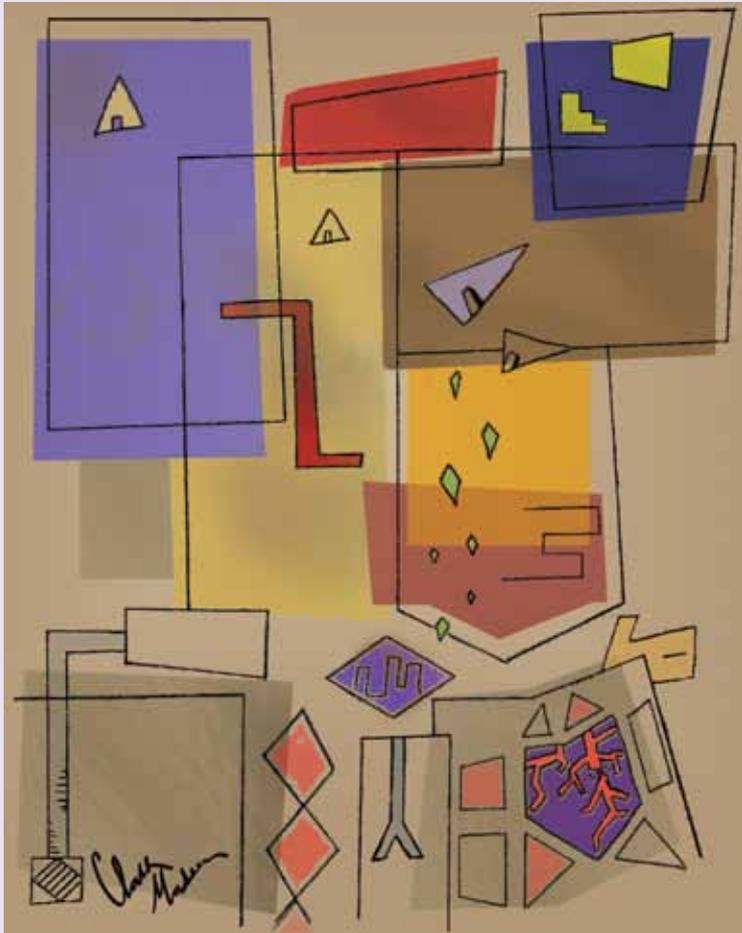
A Walk in the Woods

Late night shifts to
early morning.
Docs and nurses surround
the young patient
lying in bed.
His illness grows as
interventions dwindle.
They have all been tried.
“Do something!” the mother yells,
but there is nothing.
He is fading.
Through glazed eyes and dry mouth,
his raspy voice speaks.
“I’m walking in the woods,
And I’ve won...”
After this, he fades.
DNR means DNR.
As they watch him pass,
his mother wipes his pale face
with a tissue in her
shaking hand.
The doctor checks his pulse,
Long enough to be sure.
Then he calls it,
and there is silence.
After this comes paperwork and
Packing and cleaning and goodbyes and
Funerals and questions and life.
But for now, just quiet.
There is only this moment.
One-by-one the room empties
Until the mother is alone,
sobbing for her lost boy.
Then she too leaves, stealing
one last glance, one last memory
of her child, his face nearly alive.
She walks off the floor
whimpering and whispering
“My poor baby”.
The doctors and nurses
watch her go.
Some wipe their eyes,
but they all force smiles
as they proceed to the rooms
of other sick children.

Bryan Sisk
Class of 2013



Untitled 3
Brad Gill
Class of 2012



Comforting the Weary
Clark Madsen | Class of 2013

The Quiet Struggle

I struggle with depression:
Each morning battling with my body
to force it out of bed,
To be able to take the first dose
of my medication,
Ease the paralysis my depression exerts
on my mind and on my body.

I struggle with dependence:
Dependence on my medication
to get me through the day,
On my friends to help me remember
important things,
On my healthcare providers who keep searching
for medications to control my condition.

I struggle with anxiety:
Wondering if I will be able to maintain
my business much longer,
Keep paying off my mortgage,
Continue to take care of my parents full time.

I struggle with lack of control:
Lack of control over my impulses,
My thoughts, my body.
Burning up when it's 20 below, mind racing,
hands shaking, heart thumping urgently like it's
trying to escape.

Mostly it's a quiet struggle.
Just looking at me, you won't see anything
"different" or "strange."
But take some time to get to know me, and,
perhaps, you might come to see
That not everything really is
as it seems at first look.

Anonymous

*Balloons
(for Joel)*

My son's best friend, six years
in remission,
leaves the pre-prom party, comes to me,
puts a hand on my shoulder,
sits, says I look sad.
I tell him I'm fine,
cloak my deceit
in a throaty laugh,
ask why he's not
inside flirting.

Joel just shrugs, as if he has
a lifetime of time, says
he's spreading his wings, soaring
to Florida this fall for college.
His smile warms the cold Ohio spring,

refills my deflating middle age
with the lightness of possibility.

Then he's gone—
back to the party, worrying about
finals, graduation, prom night.

Three years later, his friends
gather in an early April drizzle, each
clinging to the string of a helium balloon.

Mine is red, my son's is green,
Joel's Mom's is blue.

When the eulogy ends, we let them go,
bleeding all color from Ohio
into a polka dot sky.
I guess I'll always see
those damn balloons

and his smile in my mind until
the sky dons a polka dot rainbow
for me.

I hug my son, afraid to let go,
afraid he'll float away.

John A. Vanek, MD
Physician, Poet and CCF alumnus
Previously published

Past Medical History

The white coat and stethoscope,
heavy with the burden
of expectations,
of expectant patients.
Walking through the hospital,
my first day of surgery,
wearing ceil blue scrubs
under my white coat.
This façade of the professional
belies my anxious ignorance,
hoping no one stops me
or yells for help.
The nightmare of a code blue
on day 1.
But a closer look shows
the sharp creases
in my never-worn scrubs
and the tinge of fear
hidden beneath my smile.

Bryan Sisk
Class of 2013

WE Are Patients
Heather Scoffone | *Class of 2013*
Previously published in Impact

Since first-year anatomy class, I have adapted the defensive coping mechanism of distancing myself from patients. In reality, I was distancing myself from my emotions, despite faculty's encouragement to think of the cadavers as people who have given us medical students a tremendous gift. As my education continued, I developed a false sense of immunity from being the victim of disease or injury for the rest of my life. Patients were "them", and I could never be one. And yet, I was constantly praised for my compassionate communication skills. While rotating through the Intensive Care Units (ICU), I enjoyed trying to piece together the complexity of the multitude of the clinical complications of the patients I saw, psychologically separating the person from the disease. My former specialty interests included anesthesiology, emergency medicine, and critical care.

Then, on approximately April 18 of my 4th year, I awoke in an unfamiliar place in New Jersey, unable to move the left side of my body. When I awoke, I asked my mother, who should have been 418 miles away but instead was in the same room, for an explanation. I was supposed to be in Bethesda, Maryland as part of the Clinical Research Training Program at the National Institutes of Health.

"You were in a very serious bicycle accident," she replied.

"What happened?" I asked, unable to remember even agreeing to go for a bike ride recently.

"You were going downhill, and fell off your bike. But you were wearing your helmet" she added. Eventually, I pieced the story together. On March 21, 2011, three days after accepting my fiancée's marriage proposal, I was traveling about 40 mph downhill on a road bicycle, and fell, while negotiating a curve in the Skyline Drive of Shenandoah National Park. This was part of a half-ironman training bike ride, and I was with my fiancée, who did not see me fall because I was too far ahead. The diagnoses of traumatic brain injury (TBI) / diffuse axonal injury (DAI), aspiration pneumonia (*Serratia marcescens*), and left-sided zygomatic and maxillary micro-fractures, as well as a complex clavicle fracture led to two weeks in the ICU at the University of Virginia Hospital, 1 week in a step-down unit, and 6 weeks of inpatient rehabilitation at Kessler Institute for Rehabilitation, during which my post-traumatic amnesia (PTA) ended. Fortunately for my relationship, I still remember the proposal.

This experience has taught me that medical students, in general, are very good patients. I was obedient, hard-working, goal-driven, and self-motivated. Once I became fully oriented, I resumed the responsibility of becoming my own advocate, much to my mother's relief. Every time a nurse handed me pills, I looked at them, and then asked about the ones I did not recognize, mainly for my own education. This was particularly reassuring to my parents, who do not have medical careers, but were aware of how often medication mistakes

can occur in a hospital setting. As soon as I no longer felt pain in my shoulder, I insisted on removing my fentanyl patch and switching to acetaminophen as needed, which I knew would help me win my tortuous battle with constipation. The inpatient therapists teased me for having conversations with the physician rounding, particularly about my medications and their dosages. I was unlike any patient they had ever treated. While being transported to see an orthopaedist, I was ecstatic that the winged-scapula / serratus anterior connection which I had memorized the semester prior (for a USMLE exam) surfaced in my memory. While I was struggling with the fine motor function of my left arm, I used the "trick" aspiring surgeons often use to acquire ambidexterity: moving a computer mouse with my left hand. When given an ankle foot orthosis (AFO) brace, I wore it religiously, to the extent that a physician asked if I wore it frequently to avoid pain, or because I was "just good at following directions".

However, I naively believed that being a patient would be easy. When I had an episode of epistaxis, I was thrilled at the prospect of discontinuing the horrific, painful heparin shots; until I remembered that the epistaxis was likely the result of the fluticasone propionate I was using for severe seasonal allergies, and heparin was probably saving my life, while I was confined to a wheelchair. While practicing walking independently next to my physical therapist, I sneezed and immediately lost my balance. I had to learn to shower, dress, and urinate with an audience of strangers, without losing my dignity. And I never knew just how long axillary hair could grow.

There were benefits to being an athlete, too. I am dedicated to exercise, as my training regimen for the half-ironman race involved training for two hours daily (something to fill my free time after work). My recovery has been relatively accelerated: at 3 months post-injury, I was walking without the assistance of a cane; by 4-months post-injury, I was slowly jogging, and had ceased using the AFO. At 5-months post-injury, I returned to swimming laps in a pool and to yoga, and at 7-months ran a 5-kilometer race in 41 minutes.

I have learned that not all aspects of a patient's experience are characterized in a textbook. For example, before the accident, I was plagued by common migraine headaches, and limited my intake of chocolate and red wine. However after reading my own hospital records from the ICU, which was very surreal and emotionally difficult, chocolate became comforting. Since then, I have enjoyed both chocolate and red wine, without the return of any signs of a migraine. Along the same lines, I used to be substantially affected by motion sickness. However, I can now ride in the front passenger seat of a vehicle and read a book.

In addition, I have learned that the burdens placed on a patient's family are tremendous. Fortunately, my own mother is an elementary school teacher, who had enough sick and vacation days saved to leave school on March 21, and continue to receive a salary through June until her summer vacation began. I needed an advocate during the times when I could not speak for myself. When I was not oriented enough to discuss a discrepancy with them, my mother was fully capable. Credit

card bills and rent were only paid during my hospital stay because my father assumed the responsibility of managing my finances.

And my mother now has at least as much medical knowledge as I do about TBI. She enjoys telling people that, after attending daily 5 am ICU rounds for 2 weeks, when the residents would list my laboratory values from the morning, she “began to know what those numbers meant!”

At 5 months post-injury, I returned as a part-time medical student volunteer in an urgent care clinic, while still continuing therapy and living at my parents' house. The first patient whom I evaluated was a man with a mild concussion; the day prior, he had slipped in his bathtub and hit his head. Seeing this man with a mild head injury, and having been treated for my own head injury by many physicians (sometimes alongside medical students), completely destroyed any invincibility beliefs I had acquired during my first year as a medical student. I am now one of “them”. WE are patients.

However, I would not be a reflective medical student if I did not learn something from this experience. Compassion is what patients (and families) will remember. When my parents were coming to terms with the fact that their daughter was a trauma victim who was experiencing autonomic instability and neural storming, a resident's worst-case scenario response to their question, “Will it ever end?” was painful.

“Well, it could be replaced with paralysis” he said. Please avoid destroying the sliver of hope for a remarkable recovery which may be held by the grieving family, despite what the medical data predict. I am not advocating giving a patient's family false hope, but there is a very fine line that we as physicians must walk. However, it is possible to walk that line elegantly. The statement from an attending physician that my return to medical school would be very difficult, and “realistically not tomorrow” gave my parents a small beacon of hope to which they clung.

Now, I will return to medical school for an extra semester, for a part-time elective in the field with which I am very familiar, physical medicine and rehabilitation, but from the “other side” of the stethoscope. I will graduate a year late, and spend the semester before I return to school taking an introductory Spanish course at a community college, continuing outpatient physical/occupational/speech therapy, completing my research thesis, volunteering in an urgent care center and learning to knit at my local Church, and living independently. In addition, I am completing my term as the national American Medical Association Medical Student Section (AMA-MSS) representative to the National Board of Medical Examiners Advisory Committee. A wedding will occur soon after my graduation; I am actively making plans. As a neuro-ophthalmologist wisely said, “Life is therapy.”

The Anonymous Gift

Growing up, we learn of the eight different levels of tzedakah, or giving,
each more admirable than the next.

Just a few weeks ago, as I sat atoning for my sins of the previous twelve months,
so that I might welcome in a new year with fresh perspective,

The rabbi begin his sermon with a reminder of these eight levels of giving, and encouraged us to
think of ways in which we might be more generous this coming year.

As he continued with the story of Sam Stone, a man who anonymously provided financial assistance
to unknown families in need during one of the worst winters of the Depression,

My thoughts turned to another group of anonymous givers:

Our silent teachers, always waiting patiently for us each Monday morning,
mouths closed, eyes hidden,
but bodies communicating more to us than words ever could.

Just like Sam Stone, each of you has reached out, anonymously, with a donation of your own –
the most precious thing that you could offer –

to unknown beneficiaries that you would never meet.

Your gift gives us a window into the secrets of the human body,
helps us to appreciate its complexities, its hidden treasures,
shapes our understanding so that we might aid others in the future

And for that I wanted to express my thanks.

Rachel Elkin
Class of 2016



Untitled 4
Brad Gill | *Class of 2012*

First Fall

I sit beneath my apple tree,
the one in my front yard
and as I rest wearily
I watch in awe before me.
One leaf falls.

A green promising pulse
is drying without support,
curling up, twirling down,
thrashing gently in resistance.
One leaf falls.

My patient is dying.
No medicine, no wish
has the strength to fight
against death's persistent push.
One leaf falls

Usually I hold my own.
I resist the risk of struggle
but the way it dangles down
slowly losing against gravity,
it kills me.

I am hyperventilating,
aware time is running out,
slipping against the winds.
Panicking I want to shout:
one leaf falls.

I am too weak to shout
too weak to rise and save
the little leaf that falls
down onto its grave.
One leaf falls.

I watch in awe before me.
The pain of a single leaf
warning of season's change;
many more leaves will fall.

But tonight,
One leaf falls.

Ozan Suer
Class of 2013

November's Wake

The old man sits by the window and watches
The sun set beneath the balding birches.
The frost wind stirs and fallen leaves gather,
Then like flames and ash they rise and scatter.

Fall has now fallen to the siege of winter.
Warmly he's dressed, but still he shivers.
Clouds come forth to steal the light;
Shadows they cast, dark as darkest night.

Yet he remains by the window watching,
Stoic as skulls and gravestones waiting.
As the last leaf leaves its ailing perch,
His green eyes close to the autumn's dirge.

Nicholas Tan
Class of 2015



Roughty Bridge

John Tetzlaff, MD
*CCLCM Faculty, Chairman,
Medical Student Promotions and Review Committee, CCLCM
Department of Anesthesiology*

Addiction Tanka

My last drag is so
long and deep, the tip glows red
as an angry eye,
the smoke sears hot and hurtful
like a love that never quits.

John A. Vanek, MD
Physician, Poet and CCF alumnus
Previously published



Grip
Mia Williams
Class of 2015

A Different View

To gain insights into the patient's perspective, we have invited a professional poet from the community to submit poetry relating to health and healing. The poetry in this section addresses what it is to be healed and be whole, providing us with a lens into the life of a patient. In future issues of Stethos, we will continue to invite poets/authors/artists from the community to offer their insights into the medical experience.

Tom Kryss was born in Cleveland, Ohio, in 1948, and attended high school in Garfield Heights. In the summer of 1966, before his departure for the Medill School of Journalism at Northwestern University, he came into contact with the bookseller James Lowell and the poet d.a. levy, and began to entertain the idea of self-publishing works of poetry. In 1967 he left Chicago to assist the defense fund efforts of Lowell and levy in Cleveland, who were under indictment by local authorities for the selling and dissemination of alleged obscene poetry. In 1968 the Cleveland author and publisher rjs and Kryss published, as it would turn out, the lone non-posthumous collection of the work of the poet d.a. levy.

After his return to Cleveland and marriage in 1970, he continued to print and make poetry books outside, or at the edge, of the publishing mainstream, illustrating them with his serigraphs and those of his wife, Carolyn. Under his Ghost, Cold Mountain, and Black Rabbit Press imprints (1966-2004) he set his hand to producing editions of the poetry of such authors as Kent Taylor, Douglas Blazek, Howard McCord, Al Purdy, and D.R. Wagner. His collection of rabbit drawings, Krulik Ksiega, was brought out by Cleveland authors and publishers Steve Ferguson and rjs under the Ayizan Press imprint in 1970, and was reprinted by the Thomas J. Dodd Research Center at the University of Connecticut in 2010. A decades-wide selection of his writing, The Search for the Reason Why, was published by Bottom Dog Press in 2006.

For thirty-three years he worked as a dispatcher in the central station of an alarm-monitoring company in Cleveland. His children, Lauren, Brendan, Grady, and Hilary, continue to live with their families near Ravenna, Ohio, where Kryss and his wife moved after his retirement in 2003. After a long illness, his wife passed away in the summer of 2010. The material presented in the current selection was written during the months of her illness and hospitalization, extending to about a year after her death.

THIEF OF SMILES

No one knows how the first smile came about
Nor even why it is indigenous to eyes and a mouth
Marceau the great mime was at a loss to explain

How hard it must have been for you to smile
With a tube down your throat
The best medicine inches away

Now your face is free to smile again
I try to think of something funny
What would Marceau do? Who knows!

When you place your fingers on my smile,
I wonder if you are trying to learn one all over again
Your faltering little steps have the cache of a theft

To and Fro

and I sit thinking,
amidst a battery of machines dedicated to saving the life,
thanking the nurses for their practiced hands at each delicate
adjustment, pulling my chair ever closer. Breathing is hard
work; I didn't realize that until now. It comes and goes
for so long, seemingly on its own, the invisible fencing
thrusts, gasps of surprise; at sleep it is its own reason
and the swimmer engulfed in the wave fights for it. Its manifestation
in mirrors and in windows has the character of stars set adrift
by a hand from inside. Which is the last is a form of roulette,
all wagers laid to the center, and the only thing I know is that
I will not know at the moment it comes; each breath has this
wonderful promise to it that need not come true. Treasure
each breath, I find myself thinking, make it count. Digress at
the peril of the world. Your peril. Mine Her pulling
into the lot of a gas station at midnight
and taking money out of her purse, writing the word "coffee" on a slip
of torn paper,
nudging a wad of bills into my hands, pointing at me.
Concern.

A small gesture, and at the time I thought
nothing of it. Breathing is magnificent
work. Everything else falls
into place if you're
breathing. It makes stars
possible

To Fly with Eagles

In a few days, finally, I'll catch a bus west to the other side of the continent. From Vancouver, British Columbia, I'll have to transfer, I am told, to a bus headed northeast to Mission, and from there some kind of cab service should be at disposal to travel the last miles to the mountain near a little place called Deroche. The cab driver, I imagine, will be asked to wait while I walk up as close to the mountain as I can get and distribute the ashes on the ground, in the wind. This much will be possible, I know - it won't need a miracle - because I made the phone calls months ago to the customs authorities, the Royal Canadian Mounted Police, and the Chamber of Commerce in Chilliwack where I was told, yes, you can get to the mountain from here, but to circumvent the long way around the river, it would be best to gain the mountain from Mission and, oh, by the way, how wonderful it is that you are doing this thing. I wrote it all down, not the last part, thanked everyone, and proceeded to memorize it although, with the passage of so much time, I have proceeded to forget a good deal of it. My daughter made me a pretty painted tin box to carry the ashes in, as, for obvious reasons, I didn't consider it right to present them in a plastic bag at the border; and, as I am led to understand from unimpeachable authorities, the unfolding of autumn will augment and accompany all the way there.

Shianne Eagleheart descends on Carolyn's hospital room like a one-woman spiritual med-vac team. In quiet, authoritarian tones she clears the space of medical personnel, asks that they remain outside, and sees to the closing of the door. During the ceremony she is about to perform, she cautions me, she herself will appear on the verge of collapse, of fainting, it may be a bit frightening, yet I am not to be concerned for her welfare. From a large purse she draws pieces of sage and arranges them near a wedding photograph on the night stand, sets a crystal in the palm of my hand, and turns to Carolyn who is lying in bed near the floor, turned to the wall, hooked by a tube in her throat to a respirator. Mrs. Eagleheart bends close to Carolyn, places a hand on her shoulder: "If you are in any way uncomfortable with my performance of the ceremony, let me know now." Carolyn's eyes blink. Immediately, Mrs. Eagleheart raises a Native American chant and sustains it for a period of time I am later unable to gage. Carolyn continues to stare at the wall, at the specks of blood and excrement splattered across it, but it's impossible for me to know what, if anything, she sees.

The ceremony is suddenly at an end. Mrs. Eagleheart opens her eyes and turns to me: "She is aware of more than you think she's aware of. Just now I had a vision of her, dressed in a white gown, flying in the clouds with eagles."

I am on the Greyhound, traveling northwest with Carolyn's ashes in a four-inch-square tin box jammed close to changes of clothing in a leather and cloth travel bag beside me on the seat near the window. As the high plains roll along in the distance, I occasionally unzip the top of the bag and search with my fingers for the feel of tin. It is not like the time I took one of her scented

woolen gloves from the drawer and ran it across the skin of my cheek. The edges of the box do not speak to me in any language I can understand. Taking in the enormity of the sky and the ancient hills, I realize that they have remained unchanged since I last passed through them more than four decades ago. Although much else has changed, although I have changed, in certain calculable ways, the vast lift and sweep of the land seems eternal, unfathomable.

For long hours there is little to do but to consider the work of the wind, the formation of clouds near the peaks of mountains, ragged wisps of mist churning, churning, at times breaking apart and deteriorating to near-nothingness and at other times joining forces with others of their kind to form larger entities of vapor and motion. I think of the human spirit and of the thousands upon thousands of Ponderosa pines growing fantastically tall and straight from tilted, crumbling soil. Along the winding highways there are, running beside them in places, fragmented remains of narrower, older roads that are no longer traveled; leaning, unreadable billboards. Despite my original promise that I would not distract, separate myself, from the world by writing it down, I find myself inveterately scribbling random code words and phrases on cash register receipts that can later be resuscitated, expanded, used as the platform and basis for improvisation. Sparrows. Dust. Gas station. Moon.

Ashes. Only two passengers are left on the bus. We slip over the Canadian border, at night, late at night, with the ashes bedside me and carry them in my bag into the customs checkpoint building. The usual questions receive strange, unusual answers as well as further questions inspired by the questions that are not asked. Do you want to see them? Do you want to see the death certificate? Not necessary. How long will you stay? Only so long as it takes to find this place I have never seen except in the tenacity of my thinking, this mountain that does not exist on any map that has been produced in my favor.

Our children told me she wanted the ashes strewn on the remote mountain that bears her family name. I asked them, "Where was I when she told you that?" Right there. Of course.

A priest I called in to give the last rites advised me: "And don't neglect to bury at least some of them in hallowed ground."

A voice inside me argues, "All ground is hallowed ground."

Shianne Eagleheart: "Just scatter them in a place where you experienced, together, a pleasant moment, some form of happiness."

In the sheltering darkness of a bus ploughing in the open night through Nebraska travelers' cell phones glitter, little lifelines cast into the omnivorous spaces, the distances which separate us and, oddly, sometimes nudge us together. Occasional disjointed phrases, heard out of context, fragments of conversations, float above the deep, steady roar of the engine which acts as ballast and understory and permeates even the dreams of those who

have nodded off. The woman in the seat behind you, in calm and achingly poignant tones, gently, matter-of-factly, excoriates an estranged lover or husband. For the moment the fault lies in her other half, not in herself, or the stars. There were certain things he could have done to save the relationship, she enumerates them in a free-association-like manner, doubtless they are hardwired into the circuitry. Eternal issues of money and children, the compulsion to carve out, establish, one's own space, to respect the space of the other as though it resided in one's own ribs, and yet, throughout, there remains the unspoken belief, the inference, that all might yet be set right. Yes, all very personal, dropped into the lap of the man seated ahead of her, who fumbles it like a bouquet of wedding flowers he did not necessarily intend to catch, let alone hold to his chest, and for the time being has no idea what to do with it.

On the sidewalks outside the bus station in Chicago an old man with a friendly smile had asked me for \$38.00, and I offered him \$20.00. He motioned me to the other side of the street and we sat on the steps of a vacant building as he explained, in detail, why the amount I had offered wouldn't help him. In turn, I opened my bag just enough to afford him a glimpse of the cargo I was carrying: I'm going to need that money myself to get to where I am going.. OK, then, can I have the twenty? opened my wallet, regarded the thin bills folded inside it, and told him, no, I was sorry, I knew that wouldn't do him any good, but I was sorry I couldn't let him have even the twenty. He looked at me in amazement.

Later, same sidewalk, a much younger guy, he gave me his name as Ricardo Varga, asked for the price of a bus ticket. He said he wanted to become a chef. I told him I had plenty of Carolyn's cook books, and his eyes lit up: "Yeah we can use those," he said, "We can go into business." He wrote down his name and address, and I gave him \$5.00.

The first guy saw this from across the street and approached me as I walked back to the station: "What story did he give you?" he asked, and scoffed when I related it. "Everyone has a story that is real to the person telling it."

I arrived, sleepless, after 2, 452 miles, countless Greyhound transfers and pullovers, and, it seems, 41 years, on a cold, wet, overcast morning. The cab driver was born in India. His name, he soon tells me, is Ken. I lay out the assignment: Drive me the last 15 miles to the place where no bus service goes, to the town of Deroche folded into the mountains, hard by the Chilliwack River. A single grocery. A scattering of 150 residents surrounded by mountains. Someone must know. We walk into a store, ask: nobody knows. Hundreds of mountains in the vicinity, barely visible, the shades of mountains stretching in the distance in all directions in the heavy mists, none of them with names painted on their broad sides, carved in great swaths in the timber. We head up a narrower road, dirt and gravel, past an ancient first settlers' cemetery. A man walking his dog advises us to continue driving until we reach a steep logger's trail winding up the side of a mountain. The

trail grows steeper and narrower the higher Ken drives, the cab stalls in the mud, tires spin fruitlessly. I get out and leave Ken behind, carrying the tin box in my hand, ahead of me, because every ounce of weight must be oriented, pushed, in a forward direction, just to gain the next step. I spin and slip and recover. Not even a third of the way up the mountain, although, who knows, its upper reaches are covered in mists, I walk off to the side of the trail, unscrew the lid of the box, and, with a series of thrusts that resemble the measured kicks of artillery, impress the ashes on the ferns and wet foliage and gravel, with each thrust silently calling her name.

Stain at the Base of the Wall

The surgeon with the hands of a pianist ignored it.
Longsuffering nurses cheerfully accepted it.
Physicians took note of it ("systematic failure")
The patient herself was oblivious.

The scrub woman could have left it alone,
but no..."How did that get there?...
doesn't matter, does it?... excuse me..."
(bumping into the visitor)
"Move your chair a little, okeh?..."

and foregoing the gloves, she bent
to that difficult area (location, location, location...),
making it accessible by moving the monitors...
kneeling sideways, between a rock and hard place,
addressing the wall...

rinsing her rag and ringing it out,
attacking, attacking, attacking

'Well, that's better...got most of it...'

Later, she passed in the hallway and turned back
to say she had paid another visit last night:
"I told her to care...I laid the thought in her ear..."

Those Left Behind

Writhing on satin sheets, she
rides one trouble too many
into the sunset, a blood-red rose
caged in a vase on the night stand.

On the table, a toppled bottle of Bordeaux
paints his portrait on the rug;
empty wine glasses count the days alone,
the reasons not to love.

She uncoils, awakes to a family
of shadows, expecting everything but
the dent in the mattress
where his body once lay,

the meteor crater reminding those left behind
of the day the earth moved,
the climate changed, his cologne
hanging in the air like dust after impact.

John A. Vanek, MD
Physician, Poet and CCF alumnus
Previously published



Image of the Real
Clark Madsen | *Class of 2013*

Scars

Running, worry-free, with only a single purpose in mind.
Chasing the red ball as it rolls away.
Down the stairs it bounces.
Peering into the darkness, venturing the descent,
footing lost, slipping,
down the stairs he bounces.
Crying with purpose refocused, forehead bleeding,
healed with a scar.

Gliding, guiding the puck, with a single purpose in mind.
Skating, cloaked with gold jersey,
slapping stick to ice,
across the frozen surface it slides assuredly toward the goal.
Balance lost in the moment, falling,
to join the ice, then sliding.
Whooping with triumph, cheek bleeding,
healed with a scar.

Cutting, preoccupied, with another purpose in mind.
Chopping the greens for the table,
recalling yesterdays banter and
wondering what went wrong.
Focus lost in the moment, slicing,
knife contacts the flesh.
Seeing the laceration before feeling, finger bleeding,
healed with a scar.

Standing, vainglorious in view of the mirror, with a past purpose
in mind.
Admiring the new lay of the blue over the shape,
restored back to youth.
Harder to maintain the former figure
with the flesh sagging, expanding,
feeling attractions, desires slipping.
Falling away under the knife, belly bleeding,
healed with a scar.

Lying, wincing, with a fixed purpose in mind.
Surviving to the next moment, beyond the pain,
yellowed skin and soul,
wondering what now.
The crushing pain, radiating,
then surgeon's scalpel fillets open and rebuilds the heart's
vessels.
Chest bleeding, life bleeding,
healed with a scar.

Mourning, alone, with lost purpose in mind.
The silence deafens the senses which have forgotten how to be.
Numbness cuts through and through again,
Departed and buried and left.
Passing days blur the sorrow and the loss,
and then the will to survive roots,
healed with a scar.

Richard Prayson, MD
CCLCM Faculty
Department of Anatomic Pathology



Untitled 5

Brad Gill
Class of 2012

Unspoken Words

Lips move, words spoken
He says everything is fine
His eyes betray him

His words mask
but his eyes say it all
You ask more questions
His answer remains the same

You reach out your hand
To provide comfort
And give a look of concern

His mask breaks down
But no words are exchanged
For sometimes it is the words not spoken
That make all the difference

Brian Lewis
Class of 2015

A Patient to Listen

Jonathan Rose

Class of 2016

She sat looking in our direction, though I knew she couldn't see us. The interpreter sat to the side facing her, waiting for her cue, but turned to glare at us over her shoulder as Amy spoke. I was sweating with discomfort. Amy couldn't see us, but her interpreter could. She could see everything: the exasperation on Dr. Green's face and the shock on mine. I was surprised not by the harshness of Amy's words, or the way she caustically contradicted Dr. Green, insulting his years of education and experience; I was astonished by how articulately she spoke—clear and sharp, with perfect pronunciation and all the proper intonations and pauses, a polished delivery that you wouldn't expect from someone with her impairment. When Dr. Green had said that we were seeing someone who was deaf-blind, I never imagined we'd be sitting here in exam room eleven, being scolded in perfect English.

The clarity of speech had taken me by surprise, but the real reason I sat mouth nearly agape was the coherence of her rebuke, and its depth of substance. Like on the back of her closed eye lids she was reading from a script—one carefully crafted well in advance, the message refined and edited. Dr. Green hadn't prepared me for such a formidable attack.

He had told me the basics: she had a rare genetic disorder, deafness since twelve, partial vision loss at sixteen, and after having a baby a year ago, loss of the rest of her sight along with temporary paralysis. She had recently regained some movement, but was now in severe pain. He had said that she might be upset, after riding the carousel of specialty consults, only to wind up right back here without a diagnosis or obvious path forward. I could tell by the way his single eyebrow furrowed as he told me her story—this particular case was getting to him. He was doing everything that he possibly could, but there seemed no plausible reason for her pain. Every test had been run, every pill given. What more was there to do?

Despite his frustration, Dr. Green tried. With genuine sincerity, he pleaded with the interpreter, "Tell her I am sorry, the tests have all come back negative. Tell her that I admire how brave she is. Her strength is an inspiration. I wish that I could help her, I really do." Her interpreter signed these words. Amy's hands rested on hers, dancing along in palpation, grappling for the meaning, as she squinted to understand.

Finally, her eyebrows sharpened, and she glared at him behind closed lids. She spoke with focused cadence, "What is there to be inspired by? I was given this body, and I can do nothing but live in it." She stopped rocking. "Yes, it has betrayed me, made me its foe, but there is nothing here to pity. I live a full life, with a son and family that love me, interests that stimulate me, and simple pleasures to sustain me. But right now, I am a person in pain, a patient who wants her doctor to listen."

As she continued, she began from the beginning. She told us how she lost her hearing in junior high, how her sight slowly deteriorated throughout high school but that its loss had ultimately halted, leaving her with a blurry gaze, still able to distinguish far off shapes and shadows, and in what was the best gift she ever received, left her the ability to read up close. She spoke of how she went to college, double majored in psychology and early childhood education, how she moved to Boston for work, and there, met her husband. I tried to imagine this man. He must be deaf too. I imagined them picnicking at the common, signing and laughing as the squirrels scampered by. She described how they had been happy together. She was fulfilled at work, they both had good jobs, and they were living the perfect life. They had everything that one could want, everything except for a child, one that they both wanted very badly. A child to love and to teach, something whole they could make together. Finally after two miscarriages, they had a beautiful baby boy, a healthy baby boy, one that she got to see take his first breath. And though she couldn't hear him, she watched as his tiny body quaked with sobs. She told us how she got to hold him and look down at his perfect face—the most beautiful thing she had ever seen, one of the last things she ever saw. She told us how shortly after delivery, with baby Shawn warming in the hospital nursery, she had awoken from a nap in darkness, her vision gone, and her body paralyzed. She told us how she lay there in silence screaming, unable to move, unable to communicate with the outside world.

As I thought of her lying there alone, blind and deaf, struggling to lift her hands so that she might touch someone, something, anything, I felt the knot well up in my throat. I choked it back. Absolutely not. Not here, not now. But the harder I fought it, the more it battled back, bubbling up, until streaks began to flow down my cheeks. I hated myself for it—for my weakness, for allowing myself to indulge in the sadness, for the selfishness

of wondering what I would do, for the fear of worrying that it could be me, for the arrogance of thinking it couldn't, for the relief that it wasn't, knowing I wouldn't live through it, knowing I wouldn't try, for the guilt of knowing I would probably never have to.

I hated myself most for the two emotions that I was left with when the tears had dried—the very two things for which she had reproached Dr. Green —suffocating pity and the admiration that inevitably followed. I entered medical school to learn physiology, histology, anatomy, pathology, to learn to treat, to learn to heal. As I stood there watching her rock, I wondered whether I was prepared for this, for what she asked of her doctor. I wondered whether I could accept that there was nothing to be done and simply be the face of comfort and understanding—the face she couldn't see, but knew was there to listen?

Room Seven

I walked past the open door
Of room seven,
Stopped when I heard the mother yell for help.
No panic, no fear- it had calm.
I'm not a nurse, I told her.
I know, she said,
But I need a bucket.

She hovered over her small, braided-hair girl,
A large, full woman
Adorned in pink pajamas,
Catching vomit that heaved from her daughter's insides.
The little one shook and gagged and expelled what she could.
And the matronly woman caught it
Like she were receiving communion.

I brought her a bucket,
And she released her handfuls into it.
I laid my white, large hand gently
On the girl's bony, little back.
No match in size nor color.
And she looked up at me still shaking,
With red, blood shot, teary eyes.

Her eyes asked, who are you?
why are you here?
Or maybe they wondered,
why am I?

Janine Bernardo
Class of 2015

Body as Burden

Nehaw Sarmey

Class of 2016

When one contemplates the term “disability,” it is usually the glaringly obvious conditions that immediately come to one’s mind – including blindness, deafness, confinement to a wheelchair due to paralysis or other inability to use one’s legs, and mental retardation. We tend to perceive the disabled population as a small minority in society, having acquired or been born with some unusual or unfortunate problem, which prevents them from living life to its “fullest” as compared to the non-disabled majority. However, as one encounters more diverse groups of people in the community and also patients in the clinic, it quickly becomes apparent that this construct of the term is too narrow and too harsh. More frequently, disability is not readily visible - yet despite this subtlety, disability can have varying degrees of consequence on an individual’s personal, social, and professional lives. As future physicians, we have not only the great responsibility of treating the medical concerns of our patients but also the rare privilege of learning about how these concerns fit within the bigger picture – the lives of the human beings whom we call our patients. Two examples of patient interactions in the clinic have allowed me to ponder further what all disability might entail and its implications on how we perceive the body.

Clearly, bodily illness can be a source of disability, and when multiple illnesses arise together, the disability is sharpened. Recently in clinic, I met an elderly woman who came in with significant pain. She was wheelchaired into the examination room by the nurse and carried a grim disposition. My conversation with her revealed a gamut of problems from hip/leg pain to bowel pain and constipation to recent knee surgery to COPD to chronic hypertension and diabetes. Struggling to keep up with the history of each condition, I finally resolved to asking, “So which of these concerns would you say has been the most bothersome for you lately?” Her response was simply, “Oh, my main problem is that I am always tired and have no energy to do anything.” Oddly enough, it was none of the specific, tangible medical issues that she previously listed but rather the general sensation of fatigue (which may be nonetheless the eventual result of those issues) that was getting in the way of her life. It was the fact that she had to sit in bed for hours each morning before mustering enough energy to get up, the fact that she could not play with her grandkids when they asked her to walk out to the backyard, the fact that she didn’t have strength enough to make her own food. In this sense, her “disability” was tiredness – such that even if she could tolerate or ignore her other conditions, the entirety of her body behaved like a heavy weight on her being. It was a “body burden” that persistently gnawed at every aspect and detail of her life.

This concept of “body burden” also came up earlier in the clinic when I met a young female musician, a professional cello player. After speaking to her and listening to my preceptor discuss with her that the shoulder pain affecting her in the last several months may be due to rotator cuff muscle injury, it became apparent that her medical condition could severely impair her ability to play the very instrument that she so passionately had been playing for almost her entire life. In this case, her body (or at least a part of her body) had become the obstacle between her and her professional life; it threatened to destroy a defining characteristic of her individuality. In a sense, the harmony that she had always striven to produce through her music was suddenly threatened by the dissonance presented by her “body burden”.

As patients in the clinic have helped me to continue to appreciate, disability manifests in multiple colors and shades. It can be short-term or long-term, local or systemic, intermittent or persistent – but most importantly, it can be exceedingly frustrating for the patient. It forces one to come to terms with what one’s body used to be able to do, could potentially do in the future, and what it has suddenly been limited to doing. Perhaps the most critical point from these individuals’ stories is the need to be mindful of how the patient characterizes his or her “disability” or limitations. Ultimately, we students are here to learn about how to treat the patient’s concerns, not what we ourselves might perceive these concerns to be.



Slip
Mia Williams
Class of 2015

We Get By
Anonymous

Every now and then I visit an old family friend who lives out east by the lake. I've known him for two years now and I haven't known the man without the Parkinson's. When I go over some weekends or evenings, we sit and watch the Browns lose, or he'll tell me about growing up in Cleveland way back when, or I even get to hear some stories from his two years serving in the Pacific during WWII. Now this old Italian salesman is living out his retirement in a nice, middle class, comfortable neighborhood with his wife and nearby children. If he doesn't hear from me in too long, he always calls and inquires. The messages sound similar- "It's Bill. I haven't heard from you. I'm worried. Call me." You see, he's been charged by my 90 year old aunt, who knew him decades ago, with taking care of me since I'm "far from home." And he does just that. He'll make sure I am doing well, and has invited me- a near stranger- into his home for every holiday.

Bill is the textbook Parkinson's patient, but I suppose many of them are: stooped posture, bradykinesia, masked-like expression, pill rolling tremor, slowed thought and speech, impaired initiation of movement. Learning about neurodegenerative diseases, I did think of him. Yet, I've seen him only outside of a clinical setting- in his home and thereabouts. And in doing so I've been able to learn about so much more than clinical aspects of medicine- he has, easily, taught me about life and dealing with what comes with it.

When I visit Bill, often times I become sad. He is expressionless- he doesn't smile, or laugh, or even cry. Sometimes I wonder what he is thinking in that head of his. Especially since he never makes any mention of his disease. He proudly talks about

his kids and grandkids, loves discussing his long 85-year-old history. I accept that Bill doesn't go around writing about how he felt, or discussing it with others. He was a tough, old Italian guy. He had this disease and he went on living with it.

Then one day I asked him how he was doing- just a casual discussion over the phone. And he mumbled an unexpected answer in his deep and wispy voice of his- "I'm tired," he said. That was all. It wasn't the tired of someone who had just finished a long and draining work day or the tired of someone who ran a marathon for the first time- no, it sounded like someone who was carrying something for a long and strenuous journey. And when he finally put it down to rest, he admitted to himself and someone else- someone who he hadn't known very long but trusted for some unknown reason- how much it took out of him, how much it took to keep going some days. Coming from him, who had never made mention of his disease, I was surprised that he had revealed this completely human, completely normal answer. And I didn't just hear it. I felt it. His words carried his exhaustion. They were heavy with it, years of being frozen, immobile. He had never opened up to me about his disease before. He had never shared any weakness or pain or sadness. He never had until just then- and I fumbled with what to say.

In response to him I could say nothing more than, "I know," although I did not know. I have felt the weight of school and work stressors. I have felt the pinge of lost friends and lost life. I have felt tired and scared. But I have never felt, firsthand, the burden of a degenerating disease that sees no cure and no end. And since I could provide him with no further answer, he gave me one of his own- "But I get by. That's all I can do. I get by."



Lake Emerald, Canada

Huan Zhang
Class of 2016

Iva Dosanic, In Memoriam

FOR IVA:

The fragility of life
is experienced daily
we step away touched
but rarely scarred or torn

until it's one of our own
not just one we love
but one who has our tools
who mirrors us in life

and then we cry in fear
it could become us
we bleed in regret
were the sacrifices for naught?

too many missed memories
neglected family and friends
we wonder if our passion is displaced
if the lesson's in misguided careers

eventually, we'll heal
and form a deeper scar
the true lesson eternalized in tissue
our learned empathy shared at a glance

future encounters blessed by her memory
it's the cornerstone of medicine only she could teach

Patricia Scripko, MD
Class of 2010

Iva Dostanic M.D.-A Remembrance

"I'm going to be a heart surgeon; can you suggest someone I can speak to in that department?" This paraphrases the first words spoken to me by Iva at our inaugural meeting of student and PA on a muggy summer day in July, 2006. I congratulated Iva on her decisiveness and resolve, cautioned that she had lots of time to choose a specialty (she said "thank you but I've made up my mind") and suggested she contact Dr. Michael Lauer, then a staff cardiologist, PA and wonderful mentor. Iva did as suggested and her career at CCLCM was launched.

Iva and I joked many times about this first meeting, particularly after she chose to become a pulmonologist like her mother, not just switching specialties but moving from the exciting and challenging world of cardiothoracic surgery to what she later judged to be a better "fit" for her in internal medicine.

All of us privileged to serve as PA's know the joy of witnessing the journey of brand new first year students---bright, excited, perhaps daunted at times---blossom into physician colleagues. Each of those journeys is unique, of course. How to describe my experience of our 5 years of reviewing evidence and portfolios, hearing about her research, and her first tentative steps in longitudinal clinic (yes, even Iva could be tentative at times, so open was she in owning her concerns about stepping into the role of student physician). Adjectives that come to mind are "excited," "passionate," "tireless", "committed," "humble," and "funny." Iva had an ironic view of human nature and told some hilarious jokes about the her own foibles and those of others, always respectfully, for Iva was incapable of harboring a harsh thought or feeling toward someone else and was always such a disciplined, honest self evaluator and so very generous to her friends, family, faculty, and patients.

I learned of Iva's illness during a regularly scheduled advisory meeting during her core rotation on Surgery. Almost off handedly, she mentioned that she had just had an operation and was "recovering nicely." I asked "how long do you plan to take leave from your surgery block?" "Leave?" she asked incredulously, "why would I take leave?" True to her extraordinary dedication to her patients and her medical education, I don't think taking time off (well, she did take off the time in the OR) had occurred to her. Mindful of my role as a PA to respect a student's decision making, I tried to give her "permission" to request a leave by speaking with the course director, but did not direct her to do so. In retrospect, I'm pleased I encouraged her to make her own decision. Iva notified me several days later that she had met with the course director and "they told me I should take a 2 week leave and make up my surgery rotation later, so that's what's I'm doing."

Periodically in routine meetings later, I might say to Iva: "I hope you're in good health, how's it going?" "Fine" was always the reply. Her academic performance was consistently outstanding so I left it at "I hope it stays that way" and off Iva would go to her next rotation.

Match Day, '11 came. Two of the advisees with whom I'd worked were graduating, Iva and Ellen Lee, who had become friends. Iva and her boyfriend Dan, a CWRU student, were hoping to jointly match at Yale---they did and the whoops of joy were heard above all the other whoops, and tears, on that very emotional day. Iva had been chosen, out of 100 applicants, for the single slot in Yale's research track internal medicine residency. What a happy day!

Graduation Day, '11 came two months later in May. A huge contingent of Iva's class, numerous faculty, Deans Young and Franco, Dean Davis from CWRU and countless others were all in attendance in Iva's hospital room at CCF, with her parents and with Dan. Her mother, Dr. Dragona Dostanic, hooded Iva, her proud father looking on, and Dr. Young presented her diploma. DOCTOR Iva Dostanic, in CWRU regalia, grinning from ear to ear, did not resemble a patient that day.

Iva and Dan settled into their apartment in New Haven and started their training, Iva in Internal Medicine, Dan in Emergency Medicine. Iva's Yale mentor Dr. Peter Aronson later described the two months Iva was able to spend in her laboratory as "more productive as a resident in two months than some faculty accomplish in a year."

Several days before her passing, Iva and her family decided to return to Iva's childhood home in Minnesota. On the day of her departure from New Haven, Dr. Aronson stopped by to wish her well. Now Dr. Iva Dostanic was unmistakably a patient. Dr. Aronson told me that despite her grave condition, Iva's beaming grin reappeared and the pace of her speech accelerated as she spoke of her research accomplishments and plans for the future. That was Iva, always passionate, her intellect sparkling, so strongly and unselfishly engaged with her family and her mentors as she prepared to go home.

Iva, we and I shall never forget you and your enrichment of our lives.

Poet Robert Frost wrote "Two roads diverged in a narrow wood, I took the one less traveled by, and that has made all the difference." Iva the pioneer, scientist, doctor and friend, YOU made all of the difference to us.

John G. Glazer, MD
CCLCM Faculty
Department of Psychiatry and Psychology

When I think of Iva

Brilliant, humble, loving. These are some words that come to mind when I think of Iva.

Iva was brilliant, not simply because of her skill as a diagnostician or as a researcher, though her skills are legendary. She was brilliant because she brought light to wherever she was—whether it was rubbing the shoulders of a stressed basic core coordinator or hugging a classmate or attending she hadn't seen in a while, Iva shined.

You can tell a lot about a person based on how they choose to spend their time when they know they might not have much left. And Iva was Iva until the end—funny, committed, giving. In the midst of her fight against ovarian cancer, Iva sent my mother flowers after a knee replacement and gave me a toy doctor kit for my daughter.

Iva learned to garden in those last months. She grew peppers, basil, and tomatoes. She couldn't figure out why the eggplant wouldn't grow even though it blossomed.

Once it was clear that she was tolerating the chemo, she headed off to New Haven to do research. She loved getting up and drinking coffee and walking to the lab. She loved getting on the elevator, hitting 4, and hearing the “ding” when she would arrive to her lab's floor.

Iva was a great friend. One of my first encounters with her was when we shared a mission to extricate a classmate from a bad situation. Iva was someone you wanted in a crisis; she was loyal to her friends.

I'll also never forget Iva's voice as she chased me through Whole Foods the day after her first chemo treatment. I was a woman on a mission to get avocados, and over the din of people drinking wine and chatting, I hadn't heard her, “Dr. Cobb, Dr. Cobb.” She finally caught up with me (three aisles later). One of the best gifts of my life was walking the path with her the last few months of her life.

I will miss talking with her, miss her appreciation of life and joyful nature, and on days like today when I am stumped, I will miss being able to consult her for help making a diagnosis.

Iva, you are a great person, a great friend, a great doctor, and a great researcher. Peace be with you now and always.

Kendalle Cobb, MD 1/10/12
CCLCM Faculty
Department of Family Medicine



Dr. Iva Dostanic with her parents, Dragana Dostanic, M.D. and Predrag Dostanic

IN MEMORY of IVA

This February 10th, it will be 6 years since we met. I will never forget your stories of courage, dear Iva. How you observed your mother's dedication, and humility in the hospital at Belgrade, how your father had led you and your mother out of Yugoslavia to save your lives, and how you persisted and succeeded in school in Vienna... each of these gave us a glimpse of your strength and your parents', but in no way allowed us to see the depth of your determination. You talked about how lucky you were to pursue your dream of becoming a scientist and later a physician. You laughed about your discovery that indeed you were a "lab rat" and were proud of it. Equally, you were passionate about your patients, helping your friends, and making sure you had attended to every detail of your student responsibilities. Generally, you blew them away with your presentations. When you were discouraged, others would rarely know it because you put their needs in front of your own.

Life gave you more challenges than many, but after each one you seemed to rebound. Personal disappointments when you realized you couldn't count on someone you had trusted or the tumor that you had to work around to complete graduation requirements did not stop you. We thought your determination could go on forever. None of us were ready to lose you and will find inspiration in thinking of you for the rest of our lives.

I remember the little blue, white and black beads that you brought me to ward off the evil spirits. I wish that I could have done the same for you. One day as you sat in my office, you paused and said "I have a choice to be happy for what ever time I have left or to give into grief. I choose to be happy." You did just that and gave us even more to admire in you. There is a small plaque you brought me of a beautiful castle in your homeland. You said it was one of the places you truly loved. I hope your spirit is flying freely without pain through castles and anywhere else in the universe you wish. We felt your love and will always treasure that. We will try to do our best every day just as you would have done.

Kathleen Franco, MD
Associate Dean of Admissions
Cleveland Clinic Lerner College of Medicine

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