



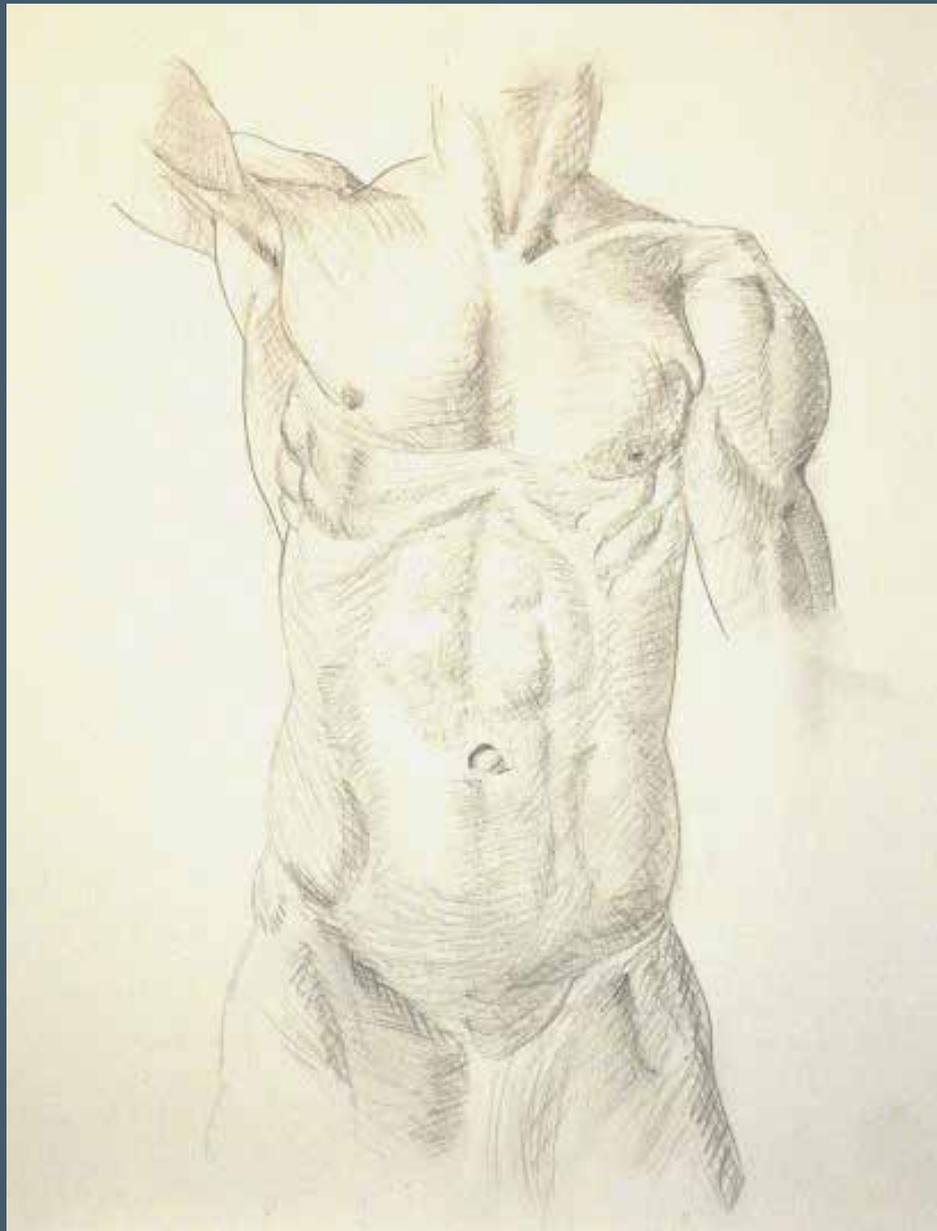
STETHOS



Medical Humanities Journal of CCLCM

Cleveland Clinic Lerner College of Medicine
of Case Western Reserve University

2014





“Untitled”
Mia Williams
Class of 2015



Issue No 4
2014

Editors-in-Chief: Rachel Elkin and Janine Bernardo
Co-Editors: Rebecca Achey, Elena Gonzalez, Riley Cooper-McCann, Nehaw Sarmey, and Bryan Sisk
Cleveland Clinic Lerner College of Medicine of Case Western Reserve University
Cleveland Clinic Lerner College of Medicine of Case Western Reserve University
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Front Cover Artwork
Man
Elena Gonzalez, CCLCM
Class of 2015

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Dean's Introduction

Rudyard Kipling quipped that if “history were told with stories, no one would forget”. But, strictly speaking, it is not just the study of history in a traditional sense that the adage applies to. Stories preserve life, culture, generations, people, patients, and the days, centuries and eons. Poems, prose, paintings, and pictures, a few things that the humanities are made of, decorate this fourth edition of **STETHOS**, capturing that point. It is not a passing afterthought that an important competency we ask our students (and even faculty and support staff) to master is contemplative thinking. Rattling rotely through the differential diagnosis of chest pain is pointless if you are to be a truly skilled, empathic, efficient and communicative caregiver. IBM's WATSON will be able to do that and trump your list every time. But WATSON will never be able to express empathy, caring, concern, commitment, love or, for that matter, anger, enmity, bitterness and hatred. Neither will we if the human elements of our spirit, the things making all but the sociopath emotable, are ignored while we learn the bones of the wrist or the Krebs cycle, or blast through a busy clinic simply focused on the workflow of our electronic medical record. That sometimes will happen, but, I hope, rarely - and when it does we will recognize it and change things.

And so this edition of **STETHOS** is more important than any other textbook you will touch or download or, perhaps, even read this year. It is another remarkable testament to our CCLCM students, faculty, administration, and friends who have showcased their artistic and creative talents, but more, their incredible insight, passion, and compassion. The preceding **STETHOS** troika was the same, and every year as a new edition emerges with the love and care and perseverance of the editors, I feel grateful. I am grateful and thankful to be a student again and learn. It is extraordinary. The words and images make you think and feel and wonder. The contributions here have become treasures for me.

And so YOU should read this edition of **STETHOS**. Believe it or not - it is more important than memorizing the names of wrist bones or the branches of arteries and veins moving through the “Golden Axilla” – yes it is. You can always find those lists on the internet. You may need to know “medical facts” like that at some point in your career but they will be useless without the human spirit placing them into the context and perspective of the sacred duties of a health care provider. THAT you can learn by reading this edition of **STETHOS**. In fact, I think we are going to add this to the required reading list!

James B. Young, MD

Professor of Medicine and Executive Dean
Cleveland Clinic Lerner College of Medicine of
Case Western Reserve University

Editor's Introduction

Welcome to the fourth issue of Stethos, the medical humanities journal of the Cleveland Clinic Lerner College of Medicine. The cover art for this year's issue represents a very literal visual rendering of our title Stethos, which comes from the Greek word for chest. The amount of vulnerability and personal “bearing of chests” seen in this issue is remarkable and we are proud to be able to serve as a safe space that supports such honest and meaningful reflections.

This year's “A Different View” section features several pieces from Shaker Heights native John Fox. He shares with us how, as a young patient struggling with neurofibromatosis, he turned to poetry to be able to bear witness to and make sense of his experiences. These early experiences in turn were key in shaping his future career as a poetry therapist.

Thank you for your interest in Stethos. Whether you skim through a few pieces or read the journal cover-to-cover, we believe you will find meaning within its pages. And, as always, we welcome your submissions for our next edition!

Warm regards,
The Editors

A Doctor's Palette

Daniel London, CCLCM
Class of 2015

The “art of medicine” is a phrase often used when referring to the aspects of medicine that do not directly relate to the physiology, pathophysiology, pharmacology, and the other sciences that we spend years trying to master. I have wondered, though, should the “everything else” of medicine be neatly packaged into this silo of art? And should this packaging be neatly prepared and presented in the context of an entire discipline that has, at least in popular connotation, been at the opposite spectrum of medicine?

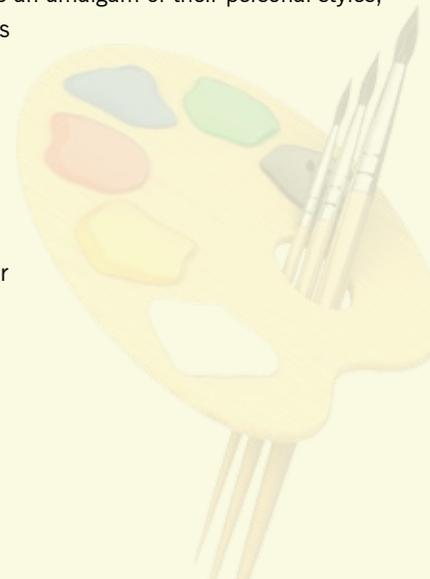
This is a notion with which I struggle. Personally, I view these other components of providing care to be more of the psychology of medicine and the necessity of working with our patients and their perspectives to achieve better health. With this outlook, I have internally chided the concept of the “art of medicine” as being simplistic and flat, as it ignores the contours and inherent multi-layered nature of people. However, my outlook was altered when I was struck by a way in which this analogy of art and medicine connects. The “art of medicine” can be the personalization of practice that is crafted by years of apprenticeship not unlike those of master artisans, where a lineage of training can be traced by the colors, techniques, and style employed in the final product.

For me, this connection was made last summer, when I toured the Uffizi Gallery, the amazing art house of the Medici family that is located in Florence, Italy. Much focus on the tour was placed on the masterpieces housed within its walls – works by Botticelli, Michelangelo, Raphael, and others. The tour guide placed added emphasis on contrasting their pieces, and how their interpretation of the physical world, as re-created on canvas and wood, differed so much. But what struck me most was a passing, off-handed comment the guide made towards the end of the tour about a piece crafted by a lesser-known artist that hung between a Michelangelo and a Raphael. Supposedly, this artist trained with both masters whose work flanked his own, and even to my untrained eye, what was apparent was the melding of styles that this artist employed to create his work. He took the structure of Michelangelo and the bright colors of Raphael to create his vision, which was beautiful, yet distinct in its own right.

As medical students, we undergo the same maturation and melding process that artists do. While, we have our own baseline personalities and styles that serve as our foundation in interacting with patients both verbally and non-verbally, we are undoubtedly influenced by those we “apprentice under,” a process that seemingly lasts forever. Unconsciously, this process happens to all of us. As an example, I had the opportunity to work with two clinicians almost daily for a year, and by four months, I was repeating their exact words and taking on their mannerisms in my own independent interactions with patients. When a friend jokingly chided me for my mimicry, of which I was not even cognizant, I began to reflect on the entire process.

If patients are our patrons, and we as physicians are the artists commissioned to work with them to create beauty on the blank canvas that is their health, we enter medical school wholly unequipped to put anything resembling “art” on the canvas. But with time, experience, and exposure to our own masters, our artisanal palettes explode with color choices and our techniques widen. Soon, we become equipped to approach our patients in a variety of ways that most effectively caters to achieving a masterpiece of health. Yet the influence of our mentors – our masters – never quite leaves.

Now when I observe patient encounters with residents and attendings, I pay particular attention to their style, their techniques in interacting with patients and families, and decide whether they are painting with a particular color that is missing from my palette, utilizing a technique that I have yet to master, and determine if that is something I wish to add to my repertoire. We become an amalgam of their personal styles, selectively choosing pieces we feel complement ourselves. Now with each decision becoming a conscious choice, I am becoming that much stronger of an artist, and hopefully that much better of a clinician.



Heart #2

Julian DeBaker, CCLCM | Class of 2017

Telemetry

Nicholas Tan, CCLCM
Class of 2015

I lie in bed with wires dangling
And leads fixed on my chest.
The pillow's soft and the music soothing
But still they afford no rest.
A monitor hangs above me
With three lines across the screen.
They dance about like fireflies,
Their tracings swift and clean.

Jagged cliffs and wounded gorges
Fill the three lines' tapestry.
But within this crevassed picture
Too lie parts of my history.
Up the peaks and in the troughs,

'Midst the chaos and the lulls;
These mark the milestones I have crossed,
Both the victories and the trials.

My heart tries to keep up
With the metronome of time
As the three lines pen their weavings,
Past and present intertwined.
Yet the finale they narrate
Is becoming ever clear –
When the hills fall, the valleys fill,
And the waves disappear.

That day... that day is drawing near.

SOAP²

Bryan Sisk, MD, CCLCM | *Class of 2013*

The SOAP note: Subjective, Objective, Assessment and Plan, a succinct and emotionless condensation of a patient's pains and worries into a set of specific, terse words. Each word has a unique meaning and purpose, a little packet of health information creating a physician's Morse code. With each phrase holding so much specific meaning, physicians tend to be quite protective of this writing system, scolding medical trainees for misusing words or writing with flowery language. *Dyspnea* is not the same as *labored breathing*. *Fatigued* is an inconvenience, whereas *lethargic* is a medical emergency. *Obtunded* is a fairly meaningless term somewhere on the spectrum of *confusion*, and should be avoided. But most of all, brevity is supreme. Bullet points are even better than complete sentences. This system of heavy terms creates a zip-file for our medical language that is subsequently decompressed in the minds of doctors. By the end of medical school, students are writing notes like computer programmers, thoroughly trained to leave out everything superfluous with a minimalist form of grammar. Yet the compression can be squeezed further.

Acronyms can take these medical super-words and fold them origami-style into tight, neat abbreviations that carry the pain and discomfort of patients: *SOB, CRF, CHF, NIV/C/D, BRBPR, BPH, GERD, DNR*. These encoded units of letters bespeckle the pages of clinical notes, protecting physicians from the curious eyes of patients. Once these words and abbreviations are mastered, they can be bent to the sharp frame of the SOAP note, creating a kernel of succinct and vital information to support transitions in the fractured care of modern medicine.

Yet, something is invariably lost in this process. The SOAP note tends to deliver the patient's complaints, exam findings, and the medical plan, but not the conditions surrounding the medical problems, the context of the patient's life beyond acronyms. While it is true that "Mr. Barnett" is a 68 y/o M pt w/ h/o COPD, CRF, CHF and 80 packyr hx of smoking who c/o exacerbation of SOB at night x 2 wks, this reduction loses much of the context. For example, it does not tell us that Mr. Barnett grew up in a low-income black neighborhood, where his father worked himself nearly to death to provide opportunities for his children. Young Mr. Barnett was the only child on his block who had a musical instrument, a violin that his father had purchased third-hand. He took to the instrument immediately, envisioning a career and life built from the notes created by the small instrument. Yet, being a black man in Jim Crow America did not provide many opportunities, so he saved just enough for a passport and a ticket to escape to Europe. He traveled as a vagabond musician across Europe for nearly ten years, looking for stability but only finding small gigs here and there to pay for food, wine and cigarettes. Over time, the traveling life began

to wear on him, and he was poorer and more tired by the day. Then he heard the news that his father had died from lung cancer, the final nudge that sent him back across the ocean to his home country. He threw his cigarettes away before the trip, but only made it three days before scrounging money for a fresh pack.

After moving back from overseas, he packed his violin away, ready to move on to the next part of his life. He took a blue-collar job that calloused his fingers in a different way, and quickly afterward got married and started a family. He was able to give up the violin, but never cigarettes. Now he has gotten to the point in life where he sees the end coming and he just wants to be comfortable during the time he has left. When he lies down at night and the fluid rapidly soaks his lungs, a panic fills his chest. He pushes himself up from his four pillows and coughs up a pink froth. The only thing that calms him is sitting in his recliner and smoking a cigarette.

Granted, it is more efficient as a healthcare provider to see Mr. Burnett as a 68 y/o M pt w/ *nightly SOB*, but this captures the patient's symptoms without capturing the patient's story. A fond mentor of mine recently tried bucking the trend of the traditional SOAP note by adding an addendum that provided a more personal view into the patient's history, similar to the story above. He then dared me to do the same for some of my patients in the future, not every day, but occasionally. He dared me to take a few minutes to collect a broader view of the patient's life and to transpose it in the chart as part of his medical story.

Certainly the busy life of medicine would preclude us from adding this personal section to every history and physical, but even the occasional addition of the patient's broader story to the SOAP note would provide a rich source of humanity to this mechanistic and algorithmic side of medicine. It could serve as a prompt to better know patients, giving them personhood in the archives of their medical files. In the words of my mentor, asking healthcare providers to do this once a month could "help to keep the empathy pilot light on."

As the dare was passed to me, now I pass it further. Take five extra minutes, at least once, to fill out the extra "P" at the end of the SOAP note, the "Personal" section. Show your patients and your colleagues that your empathy continues to burn un-snuffed. Use SOAP² to wash away the veil of reductionism in medicine, exposing the true patient beyond the signs and symptoms. And if you like what you find, then pass the dare along.

*This piece was published previously in *The Living Hand*

To a Place of Recent Memory

Janine Bernardo, CCLCM | *Class of 2015*

a day after finishing my surgery rotation
and leaving the OR for a time unsure
i stopped by "macys" on my way home
on the eve of my "mother's" birthday to send a message
already known
behind the make-up counter was a crafted face of a woman
unfamiliar to me
as she carefully wrapped a bottle of perfume
I asked the question she was waiting to answer
oh I'm fine, surgery three weeks ago, I'm back on my feet,
recovering well
and she and I were transported.

in a moment we were in a cold windowless room of metal
and fluid and string
and the metronome above the hum kept me from dreaming
of sleep and breakfast and the abstract I hadn't submitted
the smokey clouds of singe-filled flesh
the smell of sterility and saline and serum
the crisp air seeking the warmth of the shining lights
my quickened pulse matching hers
and the star of it all sleeping peacefully, how I envied her in
that second
no place for the weary but a shelter for the worn
that relief of breaking down and building up
coming undone to become complete
the gargle of suctioned awakening and scatter to next
jobs undone
she was returned to the awakened and I to the
"macys" counter



Solitude

Elena Gonzalez, CCLCM | *Class of 2015*

All about April

Kendalle Cobb, MD, CCLCM | *Faculty*

This death is very different. When I saw the e-mail from Natalie, I knew that someone had died. I hoped that it was a former patient who had lived a full life, but in my gut, I sensed that it was my good friend April. By the time I reached Natalie the next afternoon, my instinct was confirmed; April was two weeks shy of her 43rd birthday.

It is one thing to intellectually know that people who have a certain body mass index have associated health conditions and tend to die at younger ages. It is still sad when they do, and it is even more startling that I, who tend to fixate on my own body and weight, was blind to the weight and health of my dear friend.

Upon learning of her death, I joined Facebook, something April had encouraged me to do the last time I saw her over two years ago. I wanted to feel like I was just a keystroke away from people who I had not thought about in years. In the process, I went to April's page and read the many entries, including the one from the afternoon of her death, of her inability to breathe. I read of her knee and ankle problems, her acid reflux, her asthma, her sleep apnea, and I realized what a difficult path she had.

I felt some guilt. After all, we would go out to lunch daily in spite of the fact that she had had bariatric surgery before I knew her. By the time I met her, she was again overweight. Food is such a huge part of American culture. After I moved to Ohio, she had a second surgery, as her pouch had stretched. When I last saw her, she shared with me the fact that she had been hospitalized several times with small bowel obstructions from adhesions.

I know that April's experience with bariatric surgery affects my counseling of patients who are considering it. If patients use food to comfort themselves when life is chaotic, I am hesitant to refer them for surgery.

You might wonder how I could have missed the fact that April was suffering from weight-related health problems. After all, I am a board-certified family physician, licensed in two states. Though we got together and ate, here are the things that I know about April.

- She was funny, and we were equals, though I was a doctor and she was a medical assistant. April and I would rib each other. She would let me know if my sweaters were becoming frayed and needed to be retired. I would warn her about the potential dangers of online dating, something she reminded me of years later when I met my own husband online.
- April would do anything for a friend. She was with me to shop for my wedding dress. She hosted my Southern California bridal shower. At the end of residency, as I was trying to tie up loose ends, I asked her to call my various patients who had yet to come in for repeat bloodwork. Even after she called the house of someone who had died, she continued to make phone calls for me.

- April was a single mom to a lovely daughter. Their family grew when April met her husband online. In 2003, a little over a year after they married, they lost their home in the San Bernardino fires. Fortunately, she had given me a disc of all of their wedding pictures, so I did what I could to help restore what had been lost in the fire.
- April is one of those friends whom I seldom saw, but when I did, it was as if no time had passed. I am so glad that I saw her a few years ago when I was in Southern California on vacation. At the time of her death, she was taking classes to become an RN.

So, given that I know that intense experiences can have a lasting effect on my decision-making, I reflected on how April's death might affect my patient care. I did not want to become a callous doctor who is distant and arrogant with the many patients who struggle with their weight and come to me for care.

In remembering April, as I see a patient, I will share the path, knowing that each patient has joys and challenges, friends and families. Any of us has the capacity to go on auto-pilot, to neglect ourselves, even as we care for others. I will create a space in which patients realize that they are cared for, not in spite of their weight but because of who they are as people, and if they choose to try to address their health issues, I will be there to encourage them and to help them break down what seems like an overwhelming task into tiny doable steps. I will choose not to judge my patients because there is much I will never know about their lives, about their diseases.

I am grateful that there are people who are pursuing discoveries every day to uncover the whys and the hows behind all of the many diseases that we do not understand. Obesity is one of them. I believe that, like so many diseases that we have not yet found a way to successfully prevent or treat, we have a tendency to blame those who endure the condition. I can be angry or sad, just as I am when a patient dies from scleroderma or pancreatic cancer or so many other horrible diseases, but the losses hurt the same whether I judge or whether I am compassionate.

I trust that one of the many physician-investigators who graduate from the Cleveland Clinic Lerner College of Medicine (or their students) will discover so much of what is still unknown. In the meantime, I still believe with all that I know that each patient deserves compassion and respect. They can go anywhere for judgment and blame. They come to the doctor's office for healing and wholeness. May I always remember that distinction.

Untitled

Erica Magelky, CCLCM | *Class of 2018*

July 2013

I wished I could talk to her. I had so many questions. What will I do with my life? How do I even begin to choose a career path? And how do I manage to cram a million facts into my head without losing sight of why I wanted to do this in the first place? My mom had gone through this; surely she would have had some useful advice. Despite the memory problems that developed during her time in the hospital, she had been beyond thrilled when I called and told her I had been accepted into medical school. Before the hospitalization, before the second bone marrow transplant, before the cancer diagnosis, she had been an endocrinologist, and it's hard to beat the one-two punch of motherly advice from someone who actually knows what this is like. When my own interests turned towards medicine in college, she was supportive without putting any undue pressure on me. She gave me encouragement when the marathon-like application process started to wear me down. So it was almost impossible for me to understand how I could have ended up here, about to begin medical school, and not be able to call her and tell her everything. I wouldn't be here without her, but now she's gone.

March 2013

I was at work when I got the call. I knew what was coming.

My mom had finally made it out of the hospital and been discharged to a neurorecovery facility, but after weeks of little improvement, she started to get more and more sick. She called me a handful of times, sounding confused and scared, asking me to come pick her up and take her home. Each time, I had to choke back my own fears while I patiently explained that no, I'm in Boston and you're in Houston, and I can't come pick you up. I continued to get updates from a close friend of hers who was able to visit almost every day, but things had taken a turn for the worse. My uncle had gotten on a plane in Salt Lake City and gone down to Texas, and over the course of the next week it became increasingly clear that she wasn't going to make it.

I had been named healthcare proxy along with my uncle, which made things scarier. My mom and I had discussed it when she was first diagnosed, and it made perfect sense: aside from her, I was the person in the family with the most exposure to medicine. The papers had been signed and witnessed just in case, but I had been expecting them to kick in twenty to thirty years later. When her prognosis got truly bleak, my uncle and I talked at length, and we eventually decided to stop treatment and move her home under hospice care. For months, all she had wanted to do was go home. Early on, the medical outlook was still very good, and we all thought that it was only a matter of time before she would get better and be discharged. So when it came time to start making end-of-life decisions, I had no doubt

in my mind that she would have wanted to die at home. I got the call when I was at work. I somehow wound up sitting on a step-stool in the office supply room, searching for the words that would make everything alright. I tried and failed to keep the tears out of my voice. My uncle was on the other end of the line, holding the phone up on speaker so that my mom could hear. She had been at home for two days. The hospice nurse had told my uncle that it wouldn't be very much longer. I couldn't say goodbye. I told her I loved her.

Strangely, I slept well that night. It helps to have someone to hold you while you cry and a cat to curl up against your legs. Somehow, pets always know. In bed the next morning, I checked my email on my phone. There it was: she was gone.

December 2012

It was my first visit home. As I drove the twenty-odd miles to the Texas Medical Center, I practiced for my interview, trying to find a succinct and intelligent way to describe my undergraduate research. I had yet to see my mom, but first I had an admissions committee to impress. It was strange to be interviewing at UT Houston, my mom's alma mater, when she was lying in a hospital just a few buildings away.

The day went by in a blur of handshakes, name tags, familiar interview questions, and peppy tour guides. When it was over, I walked down the street to the hospital. My sister had arrived the day before, and it was our first trip to see our mom since she had been admitted. We took the elevator to the eighth floor and walked through the automated glass doors to the hand-washing station, before entering the unit for bone marrow transplant patients. We found the right room, and I pushed open the door. My mom's face lit up. She recognized her daughters.

September 2012

I was at brunch with friends, enjoying my usual eggs benedict. I had finally finished the secondary applications, and I was trying to relax a bit before the anxiety set in waiting for interview invitations. My uncle called, and I stepped outside and answered my phone. Only a few weeks after my mom's transplant, one of her friends had found her unconscious at home. She called an ambulance, and then my uncle. No one knew what was going on yet, but nothing could be done until my mom got to the hospital. I went back inside the restaurant and tried to relax, but I spent the whole time thinking about whether I had enough money or time off from work to book a one-way flight to Houston. After several more phone calls, I decided not to get on a plane just yet. The doctors were optimistic, and my uncle would be there to visit and make any medical decisions. We would wait and see.

Untitled cont.

June 2012

“So yeah, I’m planning on applying to about twenty schools, and hopefully I’ll get enough interviews to have a shot at getting in somewhere. It’s a lot of money, though. So when do you check into the hospital?”

“Next Thursday. I should be there for two or three weeks, and then once I’m discharged, it’ll be the same routine as last time.”

My mom had always been a foodie, so not being able to eat certain foods was even worse than having to wear a protective mask outside the house or run errands early in the morning to avoid contact with lots of people. As much as I wanted to

fly home and help out for a few weeks, I couldn’t afford to at the beginning of what I knew would be a long and expensive application season. I had applied to medical school as a senior in college, so I was familiar with the process. In a way, we were both facing familiar enemies. My mom was gearing up for a second bone marrow transplant for her leukemia. Hopefully this one would stick.

“Alright honey, I’ve got to go now. I love you.”

“I love you too.”



Prayers Answered/Unanswered
Mia Williams, CCLCM | *Class of 2015*

From Varied Vantages

Richard Prayson, MD, CCLCM | *Faculty*

Afar, across the scape’s expanse,
ascending up to meet azure,
as Atlas shouldering the heavens,
peaked megaliths, erect and bent, and draped in white,
cascading down to reach
and disappear from visage -
a painted vista, captured.

Afloat, on waters carried toward,
where white reaches out to touch the sea,
towering, blended with blue’s light reflected.
The alabaster titan moves above,
fractures and crashes to melt with liquid self,
echoing sounds that moan the loss.

Aloft, soaring above peaked crests
white mottled with Earth carpets the below,
creviced, cracked,
Her boulders trapped.
Stretched and reaching,
ice clings to wrap and embrace,
to pose between the shadows cast.

Atop, the blackened white is trod upon,
its chilled caress clutches, reaching up,
hardened and frozen still to touch,
shimmering lit and burning cold.
Suspended below sky and above world,
and in the distance, where the gaze started afar.



Climbing Out of Cusco
Rita Schlanger, MD, CCLCM | *Class of 2014*

Amare, lingua in gena!

Stephen Raithel, CCLCM | *Class of 2018*

To her, with the proportioned philtrum,
I sing this ode. She hooks me; my laryngeal
Love recurrent about my arching, aching aorta.
The stethos to my scope, the Kussmaul in my breathing.
Her nystagmus jitters and shakes out the
Flat affect from my obtunded heart.
Lungs clear to auscultation, by my god my megaly,
These tremors I cannot abide.
Mirror of my mind, echolalia in my soul,
If this love lies unrequited,
Sedate me now, or split my own S2 I shall!

Back-to-Back

Daniel London, CCLCM | *Class of 2015*

They must come in to clinic together,
Their appointments are one after another.
But a similar time is all these two have in common.

One is struggling mightily.
After tearing his nerve, he struggles with the pain,
And muscles that simply will not respond.
He cannot afford the tests or medications we offer.
He is depressed, his glucose is over 400,
Yet no doctor will see him because he has no insurance.
He is here with his girlfriend, who is struggling along with him,
And all they hope for are options and the possibility of a better day.

Two has a problem – weakness in her hand.
She flew in from Florida and received the alphabet soup:
X-ray, MRI, NCS, and EMG.
She is accompanied by her friend who is the chief of neurosurgery.

We offer her a plan of care, which she accepts.
For follow-ups she will fly in from out-of-state, no problems there.

As she readies to leave, she tells us how great we've been,
How efficient our system is with all these tests,
And her being able to see 3 doctors in a day.

One and Two happen to leave together,
And all I think is how different they are,
With their care going into two opposite directions.
They started back-to-back as fellow patients,
But they really couldn't be further apart.



Three Musketeers

Vishnu Ganesan, CCLCM | *Class of 2017*

The Names I am Known By

Matthew Greer, CCLCM | *Class of 2017*

“Just knock on the door, walk in and introduce yourself to Mr. K ___”

“O...ok.”

I knock, and my sweaty palms struggle with the exam room door.

“Hello...sir, my name is Matt; I'm a student...medical student.”

I jumped through so many hoops to get into medical school: research, tests, volunteering, and more. So why did I feel so nervous? I did it all so I would be prepared to talk to, serve, and help patients. Why, when I saw my first patient, did I barely get my name right, completely forget his, and have no idea how to identify myself? Why does this white coat feel so awkward? I have learned to identify myself in many roles through my life, but never has a new role felt so different or so foreign.

Except for maybe once before, when a nametag came in the mail addressed to Elder Greer. I wanted to be a missionary; I knew I would wear a white shirt, tie, and black name tag every day for two years. I knew I would introduce myself as Elder Greer and serve with all my strength. I believed in that cause, I thought I had no doubts in my desire to serve, but there the nametag sat on my desk. How could I put that on and go out in public, sit on an airplane, clearly identified to all as different, set apart from normal life and normal society. Did I not really believe what I said I did? Was that why I kept the nametag hidden beneath my suit coat?

“Student doctor” was how I thought I would introduce myself. I want to be a doctor; I want to put on a white coat, talk to patients, and do all I can to heal them. But that “student doctor”

title made me feel like I was once again staring at that nametag sitting on my desk, six years ago. Maybe I could hide it under something as well, just a little self-identifier no one else has to see or know about. Why did it feel so awkward to say student doctor? Why did I change my mind when introducing myself?

Two years after I quietly hid that black name tag underneath my suit coat I looked at myself in the mirror and Elder Greer looked back at me. I didn't notice the nametag, it was part of me, and had been with me though the highs and the lows, the slums and the mansions, the tears and the laughter. Matt Greer was a stranger and a distant memory. It was time, however, to remove the name tag. As I pulled it off and set it back on the desk, I felt the tug of love and beautiful memories. If only Elder Greer could go back and show the insecure teenager what joy he would find from putting on the nametag. Maybe then he would wear his nametag proudly for all to see.

Dr. Greer exists somewhere in the future. His white coat is a little more worn and ragged than mine, his hair a little thinner, his eyes a little wiser. Perhaps many in his life don't even know who Matt Greer is. I wish he could come tell me what awaits me, the joys and the challenges I will face in that white coat. Maybe then, I would see myself as a student doctor and wear my white coat to proudly show who I want to be.

Delivering Bad News

Jonathan Rose, CCLCM | *Class of 2016*

“Do you know where I could find Dr. Smith?” Pause. “My name is Jonathan Rose, a 3rd year medical student.”

“He’s in with a patient. Are you with us for the afternoon?”

“Yes”

“Oh, I’m afraid we’re still finishing up with morning patients. He’ll be with you as soon as he can.”

I pulled my iPhone out of my back pocket. 12:53. Well this is not starting well.

45 minutes later Dr. Smith came back up from a quick lunch and we were ready to start seeing the afternoon patients. “We are running a bit behind today, so I think the best thing to do would be to have you follow me in with each patient and you can see how things are done. Then when we come out you can ask me any questions that you have. Okay?”

“Yeah, that sounds great!” But before I could finish, the door to Room 5 was opened and he was starting through. I hurried after him. Once we were both inside, I shut the door behind me. I was immediately struck by the size of the room. Or lack thereof. We stood all the way against the exam table, so as to not step on the toes of our patient and her mother seated in front of us.

“So Shante, you went to the ER this morning with abdominal pain, correct?” Looking somewhat confused, she nodded. Thirty-seven year old African American female. Huddled next to her mom with locked arms, she looked fourteen.

“And they did a scan downstairs in the ER and found a mass. We need to schedule you for surgery and figure out where to go from there.”

Her mother spoke up, “My mama had cancer on her uterus. Is that what this is?”

“I can’t tell right now. Did they show you the scan downstairs?” The girl shook her head and her mother replied, “No they didn’t. Sent us right up here.” Dr. Smith crossed over to the desk and punched his code into the keyboard. It looked so strange, a man of his size sitting on such a tiny stool, with back hunched, leaned over the computer. He looked like one of those circus bears on TV that sit perched on a miniature wooden chair, waiting to do tricks. He got opened her electronic file and pulled up the CT scan taken early this morning.

“See this is your uterus, two ovaries next to it. These are loops of bowel and up here is your liver. As you can see the mass is large and covering many of these structures. So no way to tell where it originated. While I have this open, I’ll have you sign the consent form. This just says that during surgery, we will remove as much of the mass as possible and take out whatever structures have been fully infiltrated. That might mean your uterus, ovaries, portions of bowel...” He scribbled his name on the electronic signing pad and then slid it towards the edge of the desk for her. “Now why don’t you hop up here on the table so I can examine you.” He gloved, lifted her gown. I stood beside the table looking down at her, and watched as she winced.

“Yeah, I can feel the mass inside there.” He stared at the wall, constructing the anatomy in his head as he went. “Okay all done.” He de-gloved, tossed it in the trash. I attempted to not be visibly relieved that it was over. She quickly scurried back to the seat against the wall.

“Now how you gonna do the surgery without hurting the baby?” her mom asked.

“What baby?”

“Her baby,” she said insistently, “She’s pregnant, ain’t she?”

“Oh no. She’s not pregnant. That’s just fluid collecting in the abdomen. From the mass.”

“Oh.” She paused, suspiciously. “Are you sure? Cause when my mama had me, they never knew for a long while, cause she was big lady and nobody could tell.”

He squinted quizzically at her. “No, I’m sure. They did a pregnancy test down in the ER. “Okay, they will schedule you for surgery at the front desk. I imagine it will be within the next week or so.” He gave what I would find out later in the afternoon was a truly caring smile and said, “Don’t worry, we are going to take good care of you.” And he walked out of the room. I followed behind, trying to look down as the girl cried on her mother’s arm. Just about through the door, I turned and said, “It was nice meeting you. Good luck in surgery.” I cringed as the words left my mouth, and quickly scampered from the room.

He met me outside the door, and he could tell from the confused look on my face, I had no idea what had just happened. “I would say based on her age, it is probably ovarian cancer. The extent of the spread is dramatic, obvious peritoneal carcinomatosis with ascites. It’s really sad. We’ll do the best we can, though. Alright let’s head in and see the next one.”

I paused.

“Would it be alright if I filled out a log on the that patient. Then I will meet up with you for the next one.”

“Yeah, that sounds good.” And he was off—through the door of Room 7. I watched as the door shut behind him, then went back into Room 5. I closed the door quietly behind me and turned to face both women, who looked surprised. I walked over to the stool and sat down, wheeling it closer to Shante.

“Would it be alright if I talk with you a little more?” Silence. I went on. “I know this is a very scary time for you, Shante. We have given you a whole lot of weighty news. I want to know

what you are thinking about all of this and see if there are any questions that I can answer for you.”

She continued to stare at me. Her mom started, “Well yeah, I’m still not sure what happened. We came in a few hours ago cause she had a little belly ache and now she’s heading off to surgery. Is it for sure cancer?” Shante’s look let me know she had the same question.

“As Dr. Smith said, we won’t know exactly until the surgery, but as you saw on the scan, there is a growth in your belly that is causing the pain that you first came to us with.” I paused and let her absorb this. She started crying again. I sat in silence with her and her mom for the next several minutes.

“I will be happy to stay with you as long as you need and answer any questions I can, but I want to check in with you and get an idea of how you are processing this. What you are feeling right now?”

But instead, I followed him into Room 7 and shut the door behind me.



Tesselate
Daniel London, CCLCM | *Class of 2015*

Trapped

Anonymous

Trapped
in the prison of your mind
overwhelmed by all of the voices talking
and unable to distinguish reality from fantasy
so you just sit there and stare at us blankly
when we come to see you each morning on rounds.
Then one day you enter the conference room smiling and happy
the voices have quieted down
and you are interacting meaningfully with others
things are looking up.
But just hours later we find you lost again
lost to the voices.
I guess you were just on probation.

My Second Home Looks Different to Me Now . . .

Christine Moravec, PhD, CCLCM | *Faculty*

I lost my mom this year
At the Cleveland Clinic
The place that previously had seemed like home
The place that claimed so many of my waking hours
For the past 29 years
The place that gave meaning to my life's work
The place that gave me colleagues who became friends
Friends who became more than friends
Dreams that came true
And didn't
Mom so proud through all of it

The Cleveland Clinic
A place that felt like home, every day and every hour
Until my mom died here
And now
I try not to walk by that unit
I hope not to meet those who treated her
As kind and competent as they were, as grateful as I am
Different memories now
Everywhere I look, there are painful memories
Of those three horrible days and two endless nights in January
And how much I miss calling my mom every night on the
way home

Thoughts in the Wake of the 2013 Boston Marathon

Jonathan Rose, CCLCM | *Class of 2016*

4/15/2013

Watching the horrible scene unfurl from the pages of my facebook newsfeed and The Atlantic's updates, tucked away in a Cleveland coffee shop, my heart breaks for those back in Boston. Marathon Monday was always my favorite day of the year, a day that overflows with the unrivaled camaraderie of a city that is not frequently known for its warmth. This one day of the year the entire city drops everything, puts all the progress and innovation on hold, to cheer on the hopes and pursuits of those few who make Heart-Break Hill their goal. Marathon Monday is the day that Bostonians show their true character. Businessmen, college students, politicians, academics, and store-clerks alike, all come out to stand next to each on the street corner and cheer for complete strangers, to share cups of water and words of support. It's impossible not to be moved by the pride in their eyes—both the runners and crowd alike. Marathon Monday, Patriot's Day, is a day unlike any other, a monument to the strength, dedication, and unrelentlessness of the human spirit. It has always been a day to honor those who don't run from a seemingly insurmountable challenge, but rather towards it. And that's exactly what happened today, when dozens of responders ran towards the disaster instead of away from it to help those in need. Today my heart aches for the victims and their families, for a city whose innocence was shattered. You are in our thoughts and prayers. Boston, you're my home.

4/16/2013

I used to be a "runner," briefly after college. It was something to focus on, obsess over in the void of textbooks closed. Something to achieve and be congratulated for, something tangible that could be added and tallied. That's why you start at least, but that's not why you keep going. Something ignites, deep within, out on the road alone, connected to your most primitive ability—the ability to run, as the entire race of man has done before. But like life has a tendency of doing, it got in the way, new hills to climb and other things to obsess over. Running fell to the wayside and only done sporadically to keep the pounds and rolls at bay.

I ran today. Was it out of support, solidarity? For the nostalgia of innocence now gone? Maybe. But mostly it was because I just don't know what else to do. We have no answers, no explanations or justification for the lives lost. I want to feel in control again, to just forget and remember simpler times. So for now, I'll just run.



Untitled

Jonathan Rose, CCLCM | *Class of 2016*

A Blood Sample

Stephen Raithe, CCLCM | *Class of 2018*

He said his blood was dappled
With the shiny specks of memory,
With smooth skipping stones out by the river,
Currents whirling, frothing, rising mist.
That his blood still brimmed with smoke and cheer
Just as he smelled it on his father's jacket,
Brought home from the pubs
He sang at in his ruddy youth.

He told me I don't need to take a sample,
That he'd share it while he could.

And as I pulled back on the plunger,
I gasped and watched the glinting
Flakes within his blood beguile and gleam:
The fishing trips, his sister's wedding,
The hillock where he kissed his first.
But some flakes out amidst the dancers,
Tinged more darkly, sang more slowly,
Spun, but somber as they moved.
They were dark suits, lilacs, (which
His mother loved) hushing mutters, friends,
Who bowed their heads and hugged.
They were ink on parchment, dusty postage,
Salty droplets dried upon a letter
He would later set ablaze.

I too feel thrum the waters in my own sanguine world.
I too feel sharp the glint and soot that would be heard.

In a quiet room, dimly lit, hushing looming ever,
He said his blood was dappled:
He'd share it while he could.



Sulphur

Nicholas Szoko, CCLCM | *Class of 2017*

March 21, 2014

Those Gone and Those Who Stay

Kathleen Franco, MD, CCLCM | Faculty

July 9, 2009 Thursday evening, David is gone and I decide to take the dogs out for a walk. Calling home to Laura, Ohio, where I grew up, I reach Ginger on my cell phone. Ginger has helped care for my parents over the past couple of years so they could stay in their own home. I ask her how Mother is doing. “She’s been in bed, sleeping quite a bit and not talking much, but she is taking fluids by mouth and her vitals seem fine. Maybe if you could talk to her, it would perk her up. Let her know what is going on with you in Cleveland.”

“Hi Mother, this is Kathy calling to see how you’re doing? I love you lots! Are you having much pain today?” “Ginger tells me you have been very tired and it’s hard to talk.” “I want to talk to you about coming to visit.”

“This is orientation week so I have 32 new students. I’m on call Saturday and Sunday and greet the students’ parents on Sunday for a white coat ceremony. David is gone so I have dog duty and am taking them for a walk. David will be home next week and we want to know if we can visit you the following weekend. Will that be okay?” No answer. “Mother, will it be okay if we visit then?” No answer. “Mother are you afraid that it will be too late?” She says, “I don’t know.” “Carol (my sister) and I will talk and I will call your nurse. I will be back in touch.”

Friday the hospice nurse saw mother and said her vitals were strong and she felt the plan to come the following weekend was fine. She said to “stick with a plan” and if anything changed she would call me. Carol concurred.

On Saturday when I was getting ready to go into the hospital to start rounds, I heard outside the house “Coooo... cooo.” There were two calls and then it stopped. That’s unusual, as I didn’t remember hearing doves in the 17 years we’ve lived here. We have wood peckers, owls, crows, sparrows and all sorts of birds that live in the woods, but I don’t recall hearing doves at the house. Sunday, I heard the dove again and began to think about my first exposure to doves.

When I was three and a half years old, my Grandfather Lyons died. My sister was born in April and I was sent to spend most of the late spring and summer with Grandma. Mother could take care of Carol and Grandma could take care of me and not feel so lonely. We all got lots of attention and could have Sunday dinners together. Grandma taught me to make dolls out of hollyhocks, animals of marshmallows, and button necklaces. She and I picked out flannel for my new Jammies she made for me and she gave me five cents to buy a creamsicle at the little corner grocery almost every day. One of my favorite memories was to go outside with her and listen for the doves. They lived in the church belfry next door. She could go outside and call them perfectly “Coooo, coo, coo” and they would answer her “Coooo, coo, coo.” I didn’t see them very often, but I certainly heard them.

It dawned on me now that Grandma was trying to let me know she was there through the dove’s call. She was letting me know she was there with God ready for mother. “You have had your mother a long time (61 years) and she loves you dearly, but now it is time for her to come with me.” I understood the end was near. Carol called me about 5:30 p.m. on Monday at the end of the workday. “I think it’s time for you to come home. I am going to call Robin (our brother) at Hilton Head.” I told her I would reach David as we had driven the same car to the hospital. I would take him home and leave as soon as I could. About 7 p.m. I called Carol and she said mother was better. “Why don’t you wait and come tomorrow? It’s always been hard for the three of us to drive in the dark. Mother would want you to be safe.” “Are you sure?” “Yes, just come to Laura in the morning.” “Are you absolutely sure ?” “Yes, I’ll call you if I think otherwise.”

In the morning, I left at 7:00 a.m. after the dogs were back inside and David left for the office. On the way Carol called me, “Where are you?” “I just passed the second exit for Springfield and I’m probably about 35-40 minutes away.” “Okay, just keep coming.”

When I arrived Carol and the hospice chaplain were singing in Mother’s bedroom. The nurse was leaving and Dad was in the living room. He was anxious and didn’t want to be in Mother’s bedroom where they had slept so many years together. Entering the room, the chaplain asked if I wanted time alone with Mother? “Yes, thank you.” Carol said her breathing was calm and regular during their singing. Her eyes were shut and she hadn’t talked at all today. I sat down closely to the head of her bed on a big stack of pillows.

“Mother, it’s Kathy, I’m here. I want to thank you for everything you have done for us. You have always been an inspiration to Carol, Robin, me, and all the grandchildren. You taught us love, faith, and compassion for others. You taught us what is right and to never give up. I know that anything good I have ever done or will do comes from God and from you. I will try to live my life with the values you taught to us. We all love you and are grateful for the time we have had with you. I want to tell you a story about what happened Saturday and Sunday. I believe Grandma came to visit me. When I was getting ready to leave the house, both days I heard a dove. The first day I didn’t understand, I just thought how unusual it was. The second day, it dawned on me it was Grandma. She was telling me that we needed to understand she and God wanted to take you back with them. It was time for us to let go and know you would be at peace.

I was singing to her, I’ll pray for you, and you pray for me, until we meet again. I’ll think of you and you think of me, until we meet again. The Lord up in Heaven will keep us together, whether it’s rainy or sunshiny weather.....so I’ll pray for you and you pray for me, until we meet again.”

Mother took one very deep breath when I stopped singing. It was her last. At first I wasn’t sure; I watched, I put my ear to her mouth and onto her chest. I could hear nothing. She had no pulse and was gone. Carol said, “She waited for you. You were the oldest, her first child.”

We grieved together and all said something about Mother the next weekend at the grave site, why she was so special and what she had meant to us.

Two weeks later on the morning of her memorial service, we were all getting ready. Caretaker Paula asked me to please go in with Daddy. He missed her so much and was crying inconsolably. As I walked into the room, two doves were sitting on the small fence around the deck. One flew off and the other jumped off the fence and walked halfway to the glass door. It tilted his head looking at Daddy and me. With my arms around him, I said “Mother is here. That bird is here to tell us we will be all right. She loves us. God and Mother will always be with us.” And we left for church.

About John Fox:

John Fox is a poet and certified poetry therapist. He is adjunct associate professor at the California Institute of Integral Studies in San Francisco, CA. He teaches at John F. Kennedy University in Berkeley, CA, Sofia University in Palo Alto, CA and Holy Names University in Oakland, CA. John is author of *Poetic Medicine: The Healing Art of Poem-making* and is featured in the PBS documentary *Healing Words: Poetry and Medicine*. He presents at medical schools and hospitals throughout the United States. He has presented in Ireland, England, Israel, Kuwait and South Korea. John served as President of The National Association for Poetry Therapy from 2003-2005. John is President of The Institute for Poetic Medicine. Find out more about his work at www.poeticmedicine.org.

**POETRY'S PLACE IN MY HEALING AND WORK:
Living Spirals of Life**

I have lived a 30-year career in bringing poetry as healer into hospital settings for patients, their families and for those professionals who provide care, including many medical students. I've done this throughout the United States and in hospitals abroad.

I can't assert that this is true for others but it appears for me, on personal and professional levels, life experience occurs in the form of spirals that circle above one another. There is an intimate, evolving, widening process that brings me to a different place within myself, even within the same outward place. I am living through those widening spirals, making new choices, I am also changed, I grow -- *and* I can still be in relationship with that original place -- a place, which in itself, also changes.

So it is how I feel about the Cleveland Clinic and the inclusion of my poems in *Stethos*.

I was born with neurofibromatosis, a genetic disorder, affecting my right leg below the knee. The NF manifested as what is called *segmental NF* and so no other part of my body was affected and this was a lucky break. A problem was first discovered when my parents lived in Lorain, OH sometime just past my 4th birthday in 1959.

I crossed The Cleveland Clinic's threshold in late 1959. I was not yet five years old. I was brought to see orthopedist Dr. James I. Kendrick. (Kendrick was the chair of the orthopedic department from 1954-1970.) I went in and out of the hospital many times during those ten years and he was my surgeon until his retirement.

I remember Dr. Kendrick as a silver-haired gentleman who expressed genuine kindness. Sitting on a black stool with wheels, he was always hiking it forward to look at my troubled shin and ankle, provide treatment, aspirate hemorrhaged blood from the shin area. I knew, but not well, that Dr. Kendrick had his own troubles -- something painful with his spine and back.

There are more stories than I have room for but I remember one -- my mom was adamant I not play tackle football at Woodbury Jr. High School. Determined to not be different and loving competition, I was as adamant that I be able to play. My nature was to be relentless and finally my exasperated mother, thinking I would get some sense knocked into me, said we'd go to see Dr. Kendrick and get his decision. From her point of view, the response should be a no-brainer! However, when we presented our respective cases, it was my side (with some caveats) Dr. Kendrick came down on. Looking back, I wish I had treated my mother better and been less stubborn. Yet there was a sense of solidarity I felt with my doctor and that made a difference in my feeling more like a whole person who could take on life.

I remember staying on the 7th floor pediatric wing that overlooked Euclid Avenue. Mrs. Coffey was a nurse who brought the juice cart around after dinner. Miss Kerr was the red-haired head nurse. I remember a few roommates -- Barry, also with red-hair and Herman, who introduced me to Superman comics. My parents would bring in the much sought-after treat of McDonald's hamburgers, french fries and milkshake from one of the original Golden Arches on Kinsman.

It was frightening too for a five-year-old. When visiting hours were over, my parents followed the rules. They left. The room was dark. I had not been consulted about this arbitrary arrangement. I freaked out at their departure -- two or three times climbing out of the crib with its very high rails. To keep me in, a net was put over my bed. As an adult, I can see the intention was safety, but for me, at least for a time, hospital became a prison.

At about twelve and thirteen, still a patient of Dr. Kendrick, I began to write poetry. I wrote poems so the paper could hold the weight of this experience. I remember describing the loneliness of lying alone in the bed on that 7th floor, looking out over the empty parking lot, with the line: *"deserted blacktop, street light starred..."*

During junior and senior year in high school it had become increasingly clear that my right leg would have to be amputated

below the knee-clear to *everyone* but me! I went into the hospital at the end of my senior year, the summer of 1973, thinking I was going to have one of the "usual" clean up surgeries I had grown use to. I was told that afternoon in my hospital room that the plan was to amputate my right leg below the knee. I refused the operation.

And so I left for my freshman year at Boston University and spent that year going over the harrowing decision to lose my leg that I had fought so hard for. By May of 1974, it was gone.

I wrote *In the Hospital Waiting Room* during this time prior to the amputation. What I noticed was how children in the waiting room, these particular children, did not seem to be weighted down by the "reality" that other adults felt. Adults with whom I had begun to include myself. These children had a different way of seeing. I was struggling to find my meaningful place amidst all of this. I had grown up looking at X-rays. Light was needed to see those bones. I had to write the poem to get at that epiphany.

I returned to university committed to going on as if nothing had much happened. However, two months into my return, I developed a contusion on my stump that made it impossible to use my prosthetic leg for at least a few months. I was confronted with the terrifying reality of having to go out into the world on crutches with my trousers pinned behind my knee. *Even to This* is my response.

In that spiraling I spoke of, Cleveland Clinic returned to my life. After graduation with a degree in English and Creative Writing from Bard College in 1978, not sure of what I'd do next, I got a job as a phlebotomist! This time I, who knew so well what being a patient felt like, was now in service to people. This was a forerunner of work I would be doing in visiting hospitals for my career in the uses of poetry as healer. I worked at the Clinic for about a year and a half and moved to California.

Five years later in 1985 I began to work at El Camino Hospital as an intern with Joy Shieman, a pioneer in the field of poetry therapy. From there, my career path was set.

Cleveland Clinic returned to my life and awareness at other times, especially around the deaths of both of my parents. My dad was in the Clinic and my mother was there just before going into Kiethley Hospice. I remember a poignant interaction with Dr. Kathleen Franco about whether to provide a feeding tube for Mom -- which my mother refused. Dr. Franco had honored her decision. Mom wrote a prose poem about faith that

I gave to her immediately after their encounter. Later I heard from Dr. Franco: she appreciated this meeting with my mother and was moved by her faith reflection.

Two years ago in December of 2012, in yet another spiral, as a guest of Bahareh Amidi, I was working in Abu Dhabi, United Arab Emirates. I had the opportunity, at the invitation of Dr. Iva Fattorini, to speak to people in the newly burgeoning Cleveland Clinic there about poetry as healer/arts-in-medicine. Then just this winter I made a presentation to people in clinical pastoral education at Hueston Woods Retreat in southern Ohio and in attendance was Rev. Amy Greene who is Director of Spiritual Care at Cleveland Clinic. Plans are afoot to bring me to the Clinic to work with chaplains and others on learning to use poetry as a healing art...those spirals! In closing this essay, I remember and also emulate Dr. Kendrick's kindness.

In The Hospital Waiting Room

*"There was a child went forth every day,
And the first object he looked upon, that object
he became.
And that object became part of him for the day
or a certain part of the day,
Or for many years or stretching cycles of years."
Walt Whitman*

The people are seated in the chairs, lined in the halls and waiting: some looking at *Time*, most somber: save two little girls, patient and singing -- one's embroidering, a singing embroidery!

Waiting for nothing, skipping along past the people, past office partitions that are not there for these little children, so much like garden-walkers!

Whitman, I go forth, yet, shall I become pictures of my bones? X-rayed through this dense sea, this film shows me the heavy anchor that I seem to be. This goes deepest.

Behind the picture is light!

Even to This

What my thoughts have troubled about
all through the night after night!

It's so very scary

sometimes

I feel

would rather

what's the worst that could happen?
because it just hurts too much

or having had enough of my own self-hatred
against myself, lonely is

nowhere else to go —
time to stop feeling sorry
for myself,

time to open my heart
even to this
and call to God.

There is An Origin

For each true poem born there is an origin:
Blessed ignorance of words that turn
To splendid fire, as stars in space will yearn
To find on earth their upstretched twin.



Pansy Orchids

Janine Bernardo, CCLCM

Class of 2015

Days of Rain

“Open me up to feel due words”
Phillip Booth
from *Hope*

I want the losing it all
as when it rains hard.
I want letting it all loose;
to open myself
to the only true opener
of my freer falling feeling.

I want that dense drape of
drenched space to drop
into the entire air,
the atmosphere, the ache, fall
there, drawn, down, drowned
into the lowest ground

of the great and good grieving,
soaked into that low place
of kind green grass
and further then,
into the darker grit that gathers it,
the one who finally gets it:

who becomes exactly what it is,
the one who lets grieving sound out
again, returns it, yet now, wholly held,
to this singular heart-of-mine
that might, may, must
grow greater through love's loss.

*This poems was written after the death
of a beloved sister, Holly Fox*

When Someone Deeply Listens to You

When someone deeply listens to you
it is like holding out a dented cup
you've had since childhood
and watching it fill up with
cold, fresh water.

When it balances on top of the brim,
you are understood.
When it overflows and touches your skin,
you are loved.

When someone deeply listens to you
the room where you stay
starts a new life
and the place where you wrote
your first poem
begins to glow in your mind's eye.
It is as if gold has been discovered!

When someone deeply listens to you
your bare feet are on the earth
and a beloved land that seemed distant
is now at home within you.

Consider What Happens

Consider what happens
upon hearing a poem
that moves you. The nod
of your head, tucking
your chin close
to your chest, as if
stopping to rest, as if you could cry now
in the middle of a long journey.
Here, whatever you regret having forgotten
even with your aching tiredness
(which you cannot forget) all of a sudden
turns to a surprisingly vibrant sky
as your eyes widen ever-so-slightly
in a recognition that shimmers
under your skin, wells-up
into a calm line-of-sight
that is your own and goes on
almost forever.
Astonished, you walk outside breathing
and slowly stroll in the fresh air
suddenly aware that back in your house
someone new, a stranger you like,
has arrived.

She Wasn't There

Bryan Sisk, MD, CCLCM
Class of 2013

The blind staring eyes.
The smell of softened roast beef.
The strange silence between us.

I smile, avoiding the eyes,
watching her attempt to eat,
dipping the fork but
missing the meat
and potatoes.
Unknowing,
the empty fork goes to her mouth.
Lips smack from habit.

She finally looks up,
smiles like she used to,
thanks me for helping her
when she fell the other night.
I smile and nod,
gracefully accept,
though I know I wasn't there.

Just like she wasn't there.

Sonnet Snow White: Paradoxical Winter

Chinedu Anyaeji, CCLCM | *Class of 2017*

When the summer is gone and out of sight
and autumn's leaves to the dead past have float
When I wake to see earth covered in white
and I walk the streets in my huge trench coat
When I go to bed wrapped in sheets too thick
and the sun has fled and the clouds are gray
When I strain to smile cause my mood is weak
and I feel the pangs of the stone cold day
Then I think much of the tropical heat
And I mourn the loss of childhood so warm
But when in my old car, I took a seat
Saw trees with snow leaves, winter's white pale form
 Though the skies were bland, but earth so pearly
 Snowflakes in the air, patterns so curly
 Smiles on my lips as I went about my duty
Never had I seen such winter's perfect beauty



Lake Erie in Winter

Janine Bernardo, CCLCM | *Class of 2015*

To Our Nurses

Rachel Elkin, CCLCM | *Class of 2016*

We were caring for a newborn infant – their first child. But during a time that should have been filled with joy and wonder, distress and anxiety prevailed as frightful words like seizures, stroke, and heart defects filled our conversations. We tried our best to be fully present with the family, as a source of information whenever possible but always as a source of comfort. Perhaps none carried out this latter function better than one of the nurses caring for our little patient. Her shift came at a difficult time, when tests were still pending and not enough information was known to be able to provide definitive answers to the questions that were troubling the patient's family. During the hours in the middle of the day when the patient's family members had to tend to other commitments, leaving the patient's mother alone in the room, this nurse took the time to sit with her, to listen to and validate her concerns, and to answer her questions as best as she could. I happened to walk by in the hallway as that nurse was holding the visibly emotional

mother in a supportive embrace – clearly the mother had felt comfortable enough to open up to her child's nurse. Speaking later to the nurse, I was impressed with how she was able to allow herself to really “be there” with the patient's mother, and to be able to support and affirm the difficult experience that the family was undergoing, without losing her center or becoming overly emotional.

To that nurse – thank you for your thoughtful and caring service to that patient and his family. And thank you for showing me how to walk the line between providing compassionate and empathetic care to patients and their families and losing oneself in the caregiver role. You taught me a lesson that day that I won't soon forget.

The Unit Assistant

Stephen Raithe, CCLCM | *Class of 2018*

You shuffle, back stooped, down the hallway,
Wading through the sanitized hush, your cotton blues
Swishing slowly, you push a rickety cart of pillboxes,
Stocking these steel racks, glimpsing the operating theater.
I'm told your step once was swifter, that you pitched
Under floodlights, bleachers of fans: Strike-Out King
They said, eulogizing the surety of your grip,
Your silent nod, lucid gaze, the strength you stood on, needing to.
We, who in the air's unparted stillness now know you,
Know now more of our own need for healing.
It is we who are the belated, and belatedly I have come
to understand
What you told me, tersely, hand shaking but unblinking:
“Remember how long you're here.”

Sketches in Lessons Learned: All Tangled Up

Cynthia S. Kubu, PhD, CCLCM | Faculty

I. Alzheimer disease is initially characterized by prominent memory impairments and preserved social niceties. Insight into the apparent cognitive changes may be limited. Declines in other cognitive abilities follow. It is the most common form of dementia and there is no known cure. The underlying neuropathology includes characteristic neurofibrillary plaques and tangles.

II. He enters the room in his worn Lee jeans with an old stain on the knee and a Browns' sweatshirt tightly stretched across his belly. He takes the chair. She follows and sits at the love seat with the too deep cushion, so that the toes in her scuffed tennis shoes point down barely touching the floor.

"So, please tell me why are you here today?"

"Well, I'm just...." He looks at his wife who is studiously staring straight ahead at the bookshelf. "I'm just, well, I can't..... People think...." Another glance toward the love seat. "Oh, I don't know." Finally, with a huge sigh, he admits, "I'm just all tangled up."

He forgets major surgeries and recent hospitalizations. He adds that his memory is not as good as when he was young, but it's "ok" for his age. He leaves with the technician to start the IQ and memory testing. His scores will be compared to those of other men his age and education. Alzheimer disease is at the top of the differential list.

His wife turns and looks me directly in the eye, "Is this Oldtimers disease?" Her feet are now on the floor as she leans forward to confront me. She continues, "I just need to know if he has Oldtimers. If he doesn't, then I'm divorcing him. He's always been a mean sonofabitch and I want out. He has made my life hell. If he has it, I don't know what I will do. I can't leave him alone, even though he deserves it. I'm friggin' stuck!"

III. The couple enters my office. He is in a white shirt and tie while she wears a beautiful wool sweater and slacks. There is an old-fashioned courtliness and grace to their presentation. They are older. Both attained advanced degrees when such a thing was relatively rare. Their nine-year-old grandson is with them. The little boy looks with big eyes around and swings his legs on the love seat. We proceed.

She cannot remember one of her grand-daughter's names. The young boy laughs, "Grandma! Quit bein' silly!"

She chuckles. "Shush now. Don't distract me."

She cannot remember her last job or the headlines in the paper.

Later, I chat with her husband and the grandson. We are both careful with our words as the young boy is pretending not to listen but is clearly anxious.

"I'm concerned about the difficulties that your wife had telling

her story. That is very unusual."

He nods. He knows all of this.

He goes on. "I understand what you are saying. I respect what you are saying. I am grateful for your honesty and compassion. But, when we are together, we talk. We talk about politics and the news. She can reason it all out. It is like it used to be with our conversations."

IV. The three of them enter my office laughing. Mother. Daughter. Son-in-law. My job for today is to review the test results and discuss the diagnosis of dementia. The couple nods from the love seat while the mother looks to them for cues. The son-in-law turns to her and says "Well, Mom, now you have a good excuse for when you forget! I have no excuse at all!" Laughter. Her daughter adds, "Good thing we all have each other. Together, we should be able to remember everything." The mother settles comfortably in her chair and smiles toward the love seat holding her family.

V. Mother and daughter enter my office. J Crew sweater sets size extra small with size 4 pants. Immaculately groomed hair. Well modulated voices. Purses on the laps. Perfect posture. Knees together. Ankles crossed.

"So, please tell me what brings you to see me today?"

Her eyes glance down as she brushes imaginary lint from her precisely pressed pants. A vacant look up. "I don't know. My daughter is worried, but I'm fine. She shouldn't be taking time off from her job and the baby to worry about me." No recall of her husband's occupation. No memory that she was an executive assistant at Key Bank for 10 years. Smiling. Smoothing, smoothing out the nonexistent wrinkle on her pants.

We continue with the interview. Afterwards, I accompany her down the hall to complete the memory tests and other measures.

I re-enter the office. The daughter is on the edge of the love seat, she pushes her hand through her hair exposing dark roots. Her voice catches, "I just want my mother back! I want to call her and say 'Adam went potty in the potty chair today!' and hear her say, 'That's wonderful! I'm so proud of you!' Instead, I hear 'That's nice. How was your day today?' And, then she asks the same questions over and over again. She's just an empty shell. I want her back. It's not fair and I miss her!!!"

VI. All three of them enter my office. Husband. Lean and lanky dressed in an old windbreaker and khaki pants with oversized plastic aviator style glasses perched on his nose. Wife. Petite in knit pants with a sweater and tennis shoes. Gray curls flattened in the back. Daughter. An East side suburban mom with jeans and a Northface.

The mother takes the chair but her toes still dangle. Her husband and daughter take the love seat. Their legs are longer and planted on the floor.

"Can you please tell me why you are here today?"

"Well, my doctor told me to come."

"Yes, you have a very good doctor. Tell me, do you have any concerns regarding your memory?"

Her eyes turn to the love seat, "Charlie?"

"It's ok honey. Just tell her about your memory."

"Well, I know I'm forgetting. But.... that's just part of getting old. Everybody forgets now and then." She glances back at the love seat. He smiles and she turns to me with a faint smile.

We continue with pleasantries. She thinks that George Bush is still president and her knowledge of Hillary is limited to the twentieth century and consists of cookies, healthcare and Monica. ("She should have left him.")

She leaves to complete the memory testing. The husband and daughter engage in a careful, well-rehearsed dance.

"Now, everybody has trouble with the bills now and then."

"But, Dad, you know that she was having trouble balancing the checkbook years ago and you still haven't found that money she took out of the joint account."

"We have plenty of money. She's just worn out. When you get to be her age, you will understand."

"Dad, she left the stove on. You need to be safe."

"I can take care of her. She's my beautiful girl. Don't worry."

"But what about your heart? It's just too much for you. You don't understand."

He pulls an old manila folder out of a canvas briefcase worn at the corners so you can see the cording. He carefully removes a yellowed clipping with a picture of John Glenn protected in a plastic sleeve and hands it to me. His daughter looks up begging me for something. I'm not sure what.

He asks, "Do you know who he is?"

I glance at the daughter. Turn my full attention to him. "Yes, isn't that John Glenn?"

"It is. I worked at NASA for over 40 years. I helped put him in space."

VII. My patients teach me that we are all tangled up. We are so much more than our failing protoplasm. Our past and current relationships define us. Both the lifelong love stories and the seemingly fleeting encounters in the exam room.

I am not just a voyeur into my patients' lives. I enter into a relationship with them when I share my expertise. In my most honest moments, I am most effective when I am simply and fully present with their love, frustrations, and fears. Without flinching. My life is tangled with theirs as their lives are entangled with others'. They tell me, "I appreciate your compassion."

"This is difficult, but we will get through it. Thank you for being here."

"You have been so kind, thank you for your honesty."

Warm hugs and tears as they leave my office. As if I am an old family friend they will never see again.

Perhaps I am.

VIII. Tangled relationships. Tangled brains. Tangled lives.

The tangled brains are out of our control; but the relationships are ours--to make, nurture, and treasure. It is up to us. We are entangled with one another. Our actions largely determine the nature of those knots and the quality of our lives--both present and future.

As I leave at the end of the day, I wonder who will be in the love seat when I am all tangled up? Will there be a grand love story? Will my children be there? My friends? My soul mate? Will my doctor be present and caring and sit with me unafraid as I face the next stage of my life?

My patients remind me daily of these important lessons. All I have to do is heed them. As best I can.



Her
Di Yan, CCLCM
Class of 2018

"The Yellow Wallpaper" by Charlotte Perkins Gilman was born out of the author's own experience a patient subjected to the "rest cure" that was popularly prescribed for mentally ill women in the 19th century. Although medicine as a field has since improved its treatment of women and the mentally ill, the potential to marginalize the voices of such patient populations still exists. Inspired by Gilman, I wanted to create an allegorical work that focuses on the perspective of the female patient in medicine- a piece that centers not on the yellow paper, but on Her.

Encouragement for Caregivers

Noble Jones, CCLCM | Class of 2018

Life is unpredictable, unexplainable, and oftentimes unbearable. It is uncertain each day, when we wake up, what events lie ahead of us, what unfortunate circumstance will force our life to cross paths with that of our patients. In some cases, we are well equipped to take on those events. On those days, we are strong, empowered, emboldened, and fearless. We are ready to take charge and seize the day. Even those who are most humble still feel a sense of accomplishment and worthiness.

Then, there are those other days... those days we are quite the opposite. On those days we are ill-equipped to face the day. The challenges and obstacles make us feel small, inadequate and maybe incompetent... as if we do more harm than good. We quickly forget how many people we have helped or the untold scores of people who are waiting for us to help them in the future. It is on those days, if we are not careful, that we will be driven into a dark place... a place of weakness, fear, and hopelessness. As a caregiver, we cannot afford to succumb to darkness on those days. It does not mean that we have to conquer every obstacle in our path. However, it does require us to take on those "ill-equipped" days with the same ferocity,

passion and fearlessness as the "well-equipped" days. Even on those "ill-equipped" days we can still learn and be strengthened and reinforced.

Someone once told me that wisdom comes from good experience and good experience comes from bad situations. Our future patients depend on us to gain that wisdom from those bad situations. One patient's misfortunate circumstance can teach us lessons to help countless others. So, we must be realistic about our station in life as a physician, nurse, medical student, tech, counselor, administrator, etc... We do not give or take away life and we do not cause the circumstances that bring those patients into our lives. Even with this lack of control, it is our duty to usher them along in their journey, applying lessons learned from the past to help them now. It is our duty to be the reassuring hand that they hold at the most vulnerable time in their lives. It is our duty to provide comfort, understanding and hope. As a caregiver, to be that glimmer of hope is a privilege, even when in the end, the patient's unfortunate circumstances may extend beyond our capability to provide healing.

A Poem for Dorothy

The Rehab Classroom, CCHS Shaker Campus

So sorry to hear about your KNEE,
But what is, oh, so fu-KNEE...
Actually, rather uncan-KNEE,
Because now, both work in harmo-KNEE.

You must have had an epipha-KNEE,
That you'll no longer walk like a gran-KNEE,
Perhaps your new knee is pho-KNEE,
But, you're a walking testimon-KNEE.

Though therapy will be ago-KNEE,
And will drive you nuts and za-KNEE,
You will no longer walk like a nin-KNEE,
And continually fall on your fan-KNEE!



Bambino

Rita Schlanger, CCLCM | Class of 2014

The Doctor Circa 1891

Stephen Raithe, CCLCM | Class of 2018

Here the nameless father stood attendant,
Hand rooted to his wife's weeping frame,
Appealing to the doctor, chin in hand,
Who brooded over their unconscious daughter.
She and the doctor sit center stage
Where incandescent lights betray them, show us
Empty mortars, tinctures drained, her body
Luminescent, fading, his puzzled brow.

What now of me? Will I be as the doctor:
Firmly present, simply? If I could only fix
That father's pained, connecting touch.
Could I, gaping mouth, alone myself, truly
Let not this family feel their own abandonment?
I wonder. And left unknowing, hope.

“Humans are so prone to mistakes. Wouldn’t it be better if a patient could just type his symptoms into a computer and get a printout with the diagnosis and treatment?” I remember this argument vividly from my first year of medical school, sitting across the table from a tech-savvy classmate. I responded that patients would want something more: a human face to empathize with, a hand to shake. Obviously doctors need to be human to have humanity. “We could just program empathy into the algorithm. We could even create a human face to make the patients happy. It would be the same thing as a human doctor, only better.” I remember scoffing at the idea. Little did I know this argument would resurface a few years later, when the advent of a new technology would begin to challenge the necessity of physicians.

At the beginning of last year, IBM’s Watson Computer entered medical school. The same supercomputer that reigned as champion on Jeopardy began working with medical students and reading case histories and medical texts. This is all part of an experiment to see whether a computer can be trained to become a master diagnostician, setting up a John Henry-esque showdown between human doctors and computer algorithms for primacy in healthcare. The news of this supercomputer preparing to take medicine by storm has forced me to revisit the argument from my first year of medical school: What makes a “good” physician, and why do we need anything more than a computer screen?

In searching for this answer, perhaps the first question to ask should be, “What is so appealing about a computer-doctor?” With the development of more and more complex laboratory and imaging studies, physicians are able to look into every crevice of the body, detecting the smallest abnormalities. This deluge of information can create a false sense of omniscience and unreal expectations of physicians. While it is understandable that patients would hope for robotic proficiency and perfection, especially when experiencing suffering and fear, such high hopes are sure to be disappointed. A “good” physician must be technically competent as a baseline, but he will have errors in judgment and missed diagnoses throughout his career. With technologies continuing to develop at a rapid clip, doctors will eventually lose ground to computers. If Watson can answer the most abstract questions about Shakespearian drama or world geography on Jeopardy, it is likely a matter of time before it can learn to diagnose appendicitis from clinical symptoms and lab values. A smart physician will not make diagnostics a battleground for the profession.

An equally important role of the physician, however, lies in the times after these diagnoses are made, when patients are in need of continued support. This support begins with listening. The doctor’s role is not only to decode the patient’s history and calculate a differential, but to truly listen to the story told through spoken words as well as tearful eyes and trembling fingers. Early in my medical career, I saw how easily one can regress from listening to merely calculating, especially in the midst of a hectic schedule. To be frank, medicine is simpler when the patient is merely a list of symptoms rather than a person with thoughts, motives and needs. Yet, a physician must have an understanding of the patient as a person in order to guide him towards the best medical decision for *him*. While Watson can provide calculations of risks and prognoses with strict confidence intervals, it cannot help a patient decide whether an extra month of life is worth the side effects of another round of chemotherapy. The “good” physician can take these sterile numbers and translate them into human choices.

Beyond words and numbers, the “good” physician has other things to offer. Oftentimes, merely being present can have a lasting effect. I still remember one early morning in the hospital while I was on a pediatric oncology rotation. As I walked past the room of a young patient who had just passed away, a physician emerged into the hallway. His eyes were red from having spent the night at the bedside with the family, waiting for the patient to reach her final hour. This tired doctor had given this patient and her family the gift of “being there” when words could not suffice. Wheeling a computer into this dying patient’s room, no matter how well programmed, could never fulfill this intimate role of humanity.

As medicine trends towards further complexity and unruly data, self-reflection will play a vital role for physicians, by helping them adapt to the rapidly changing landscape of their profession. After only a few moments inside a hospital, it becomes clear just how much modern medicine depends on technology. Watson is just the next step in this progression, a newer and smarter technology. However, something more than Watson is needed to *care* for the patient: empathy, compassion, the very things that make us human. In the face of these challenges, if physicians will strive to sustain and grow the humanity in medicine, then technologies such as Watson will serve as a supplement, not a replacement for future doctors. And hopefully these new tools will not discourage physicians, but rather strengthen their practice while pushing them to answer the question, “What can I offer that Watson cannot?”

Fragmented

Daniel London, CCLCM | *Class of 2015*

“Stick them up,”
Is what the doctor imagines the patient saying
As he is driven by some unconceivable urge.

When the robbery is foiled
By the police officer’s bullet,
The doctor envisions the bone shattering.

Now the x-ray is in front of him,
But it is shrouded by the patient’s history.
He sees the bony fragments from the fractured phalanx
Planning how they can be put back in place.
Deciding between plates, wires, and doing nothing is the debate
in his head.
Yet all he hears is ‘rule number three’: “elegant surgery for
elegant people,”
And a criminal certainly isn’t elegant.

But why is this conversation even happening?
What happened to the oath he took,
To treat all patients the same?
Had he become so jaded so fast?
What is actually fragmented,
The patient’s finger or the doctor’s ethic?

Ready to Fall

Mia Williams, CCLCM | *Class of 2015*



The Problem of Thinking Too Much: Experiences of A Medical Student in Uganda

Daniel Huck, CCLCM | Class of 2015

Last summer, I first learned about the problem of thinking too much. For part of this past year, I have been traveling to Kampala, Uganda for my research thesis and masters of public health work. Along with my Ugandan collaborators, we invited Ugandans suffering from rheumatic heart disease (RHD) to focus groups to discuss their experiences receiving penicillin injections to treat the disease. Participants described how the disease made them feel: “suffocated,” “weak,” “sweating,” “painful,” “heart beating very fast,” “panting like a dog,” “pitied,” “hurting,” “dizzy,” “heavy.” They had a multitude of ideas about what had caused their disease, including the mystical -- family spirits; the bizarre -- using a nail to lick acid from a battery as a child; and the tragic -- exposure in their mother’s womb to the bomb blasts and tear gas during the war times. But one idea came up over and over: thinking too much.

Known in Zimbabwe as *Kufungisisa* (a term of the Shona people), thinking too much is a common disease attribution in sub-Saharan Africa.¹ It is listed in the latest Diagnostic and Statistical Manual of Mental Disorders (DSM-V) under “Glossary of Cultural Concepts of Distress.” *Kufungisisa* is a problem in Zimbabwe that is associated with a wide variety of discomforts, both physical and psychic. Many sufferers of *Kufungisisa* complain of pressure on their heart, much like that which is experienced by the aforementioned rheumatic heart disease patients. Studies have shown that those who suffer from *Kufungisisa* have higher rates of anxiety, depression, and distress although many may not use such Western medical terminology to describe how they feel.¹ In the case of the sufferers of RHD in Uganda, I suspect disease may cause *Kufungisisa* and *Kufungisisa* may cause further disease.

When I heard about the problem of thinking too much, I could relate. Although being a medical student may worsen this, I suspect that even if I were not in medicine, I would still overthink. I agonize over every big decision, and usually the little ones. In the era of evidence-based medicine, where we strive to consciously base every clinical decision on the best available evidence, the amount of information to think about overwhelms me. During our summative portfolio process at CCLCM, we think about how we have been thinking as part of an essay on meeting reflective practice competencies. As beginning clinicians, there have been many patient quandaries where despite a lot of thinking we are unable to do much more than make the patient feel better. But is this type of thinking the same as what the Ugandans I work with were suffering from? There is a wide gulf between my experiences in life and theirs. Most of my study participants make less than a US dollar a day



and have access to many more traditional healers than medical practitioners. They speak different languages than mine and they suffer from a disease that is almost nonexistent in the country in which I was born. And is thinking too much a problem? The scientific evidence is not entirely clear, although it seems that it depends on what you are thinking about and how you think.

Can thinking too much explain why RHD patients and my fellow medical students, residents, nurses and attending physicians are at higher risk of non-psychotic mental illness? I suspect it is not quite so simple, but on the other hand the Ugandans with RHD had remarkable insight. Although I initially was dismissive towards their theories about how thinking too much causes RHD, I see now that *Kufungisisa* may be an equally important component of their disease as is the calcification of their valves and the inflammation of their joints. After all, as a clinician I can define their disease. Only they can define their suffering.

[1] Patel V, Simunyu E, Gwanzura F. Kufungisisa (thinking too much): a Shona idiom for non-psychotic mental illness. Cent Afr J Med. 1995;41(7):209-15.



Cloud Rays

Daniel London, CCLCM | Class of 2015

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