FLORIDA STATE UNIVERSITY
COLLEGE OF MEDICINE

HEAL

Humanism Evolving through Arts and Literature

PROSE

POETRY

ARTWORK

DUNE LAKE
Wes Tindell, Class of 2018

HEAL
Humanism Evolving through Arts and Literature

Lead Editors
Thuy Nguyen
Alyssa Allem

Editorial Team
Gabby Cintron
Haley Parsley
Hema Chagarlamudi
Sophia Zhang
Shannon Lyons
Michael Tandlich
Liana Apolis
Shelby Hartwell

Faculty Clinician Editor
Suzanne Harrison, MD

Faculty Managing Editor
Tana Jean Welch, PhD

Layout
Instructional Design & Media Prodution

Support Provided by
The Jules B. Chapman and Annie Lou Chapman Private Foundation

HEAL is a place for medical students to share their growth and development, for faculty and staff to impart their knowledge gained from experience, and for members of the community to express how health and healing have impacted their lives.

We hope this work increases your appreciation for the art of medicine.

THE THING I COULDN'T SAY

Sana Azam, Class of 2021

I sat by your bed while you were sleeping.
The shrouding sheets felt cold for a June day
And stone hard despite how easily it
Sunk with you, shriveled, skeletal.

Maybe it was foggy that day—maybe my glasses
Clouded from epochal respiration—smoke—spirits?
A man coated in white, shadows trailing his feet
Iron clad in black. Time of death—3:44pm.

Gone. All in a final sigh of breath.
From the wracking seizures of your body
To your last wisp of air—deafening—
The room's air, heavy on my shoulders.

Hands burdening mine own, squeezing me,
Pulling me away from you—stolen.
I thought I could say farewell
When I sat by your coffin.

ST. MARK'S LIGHTHOUSE
Lisa Gardner,
Program Coordinator, Department of Family Medicine and Rural Health

THE MEDICINE OF BEING HUMAN

Eric M. Beyer, Class of 2018

As I began my third year as a medical student, I couldn't have been more excited to start seeing real patients with real problems—assuming the "doctor" role that all medical students long to experience. The countless lectures, endless hours of studying, and strenuous tests experienced in the first two years of my medical education gave me a sense of security that I would be fully prepared to conquer any disease or situation that life would throw my future patients. The doctoring and ethics courses taught me how to care for my simulated patients as my own with the compassion and respect that separates a good physician from a great one. However, it wouldn't be until I met my first patient on my OB-GYN rotation that I would experience an invaluable life lesson that would open both my mind and heart to the true meaning of being a physician.

As I got out of my car and slid my arms into my white coat, I felt much like a warrior stepping into battle. I was the warrior, the white coat my vest of armor, and the stethoscope my weapon to fight all my patients' problems. It had been a long several days of clinic in my assigned Obstetrics and Gynecology office and I had already learned an enormous amount about pregnancy and labor. By the end of the week, my preceptor and I both felt as though I was fully prepared to see my first patient by myself. As I sat in his office waiting anxiously for the next patient, I heard the office door open and the voice of a woman fill the room. It was such a pleasant voice, an upbeat voice; as she spoke to the receptionist I felt my anxiety slowly begin to slip away. It was a very comforting voice, one that could only come from the lips of an excited mother expecting her first child. The nurse showed the woman and her husband into one of the exam rooms and told her that I would be with them shortly.

The nurse handed the patient's chart to me with a smile as my preceptor said, "You're up kid." After entering the exam room, my patient and her husband greeted me with ear-to-ear grins. I introduced myself as a medical student and began to obtain a complete history from the patient. The excitement these two were experiencing was almost tangible. They were completing each other's sentences and talking over each other as they told me the story of their challenges getting pregnant. They had completed a round of in vitro fertilization. They expressed the lows of years of trying to get pregnant without success, and the high of finally hearing, "You're pregnant," from the nurse many weeks prior. The new mother told me how excited they were to begin setting up the nursery and telling all their friends and family members about the new addition to come. She lay on the exam table, holding her distended belly with one hand, while the other grasped the hand of her husband.

I continued to ask the questions I'd heard my preceptor ask so many times earlier that week. My patient and her husband appeared to almost be in euphoria, answering each question without any hint of concern. As I concluded my questions, I asked the patient and her spouse if they were ready to hear the sound of their little one's heartbeat. Their eyes locked and they squeezed each other's hand a bit tighter as I began to glide the lubricant-covered Doppler over the mother's belly. At first, I was having difficulty obtaining any sound other than that of the mother's own heart. I spent a considerable amount of time chatting with the couple as I covered the entirety of the mother's abdomen searching for signs of life. The couple's rambling quieted when they asked me why they couldn't hear the heartbeat. I let them know that it was surely due to my lack of experience, and that I would get my preceptor to assist me in finishing the exam.

My preceptor was in his office writing a note as I began to relay the history I just obtained. In the process of presenting to him, I informed him of my inability to locate the fetal heartbeat. He stopped typing and looked at me with a raised eyebrow. He asked if I had tried all the pointers he had shown me, as I had been very successful at finding the fetal heartbeat many times before. I responded that I had, but told him that I was sure he would have no problem and that it was most likely due to my own nerves. We both walked back into the exam room. The couple and my preceptor began chatting as he slid the Doppler around the woman's abdomen searching for the fetal heartbeat. After several minutes, everyone in the room gradually stopped speaking and the facial expressions of the couple began to show signs of genuine concern. My preceptor asked the nurse to locate the ultrasound machine as he tried to ease the concerned new parents, telling them the baby may be sleeping and would be easily awoken with some "poking by the ultrasound probe." He then continued to ask about the pregnancy in an attempt to distract the couple as he glided the ultrasound probe from left-to-right across the mother's abdomen.

> If there is only one thing that you learn on this rotation, remember that being human is the best gift any physician can give to his patients.

THE MEDICINE OF BEING HUMAN (CONTINUED)

At one point, he stopped both moving his hand and speaking. Seconds felt like hours as the mother, father, and I waited to hear what he was going to say next. He began by saying "Mr. and Mrs. X, I am very sorry to inform you that your baby's heart is not beating." I could feel the pain and sadness of the news as tears began to stream down their faces. It was as if a dagger had struck me in the heart. I felt as though I had let my patient and her husband down. As thoughts began to consume me, I could see my preceptor lay his hand on the woman's shoulder as he handed them both tissues. It was that day that I realized not every day of a physician's life has a storybook ending. It was that day that I would experience loss for the first time. It was that day that I would understand that as a future physician it was my duty to be there for my patients through the good times and the bad. My preceptor stayed with the couple for a while longer answering any questions and providing condolences for their loss. The couple thanked both of us. My preceptor hugged both the woman and her husband before exiting the exam room.

After we made it back to his office, he let out a large sigh, looked at me and could certainly see the concern and disappointment streamed across my face. He walked up to me and placed a hand on my shoulder. He said something that will forever resonate with me. He said, "Letting it get to you? You know what that is called? Being human." He continued, "Son, if there is only one thing that you learn on this rotation, remember that being human is the best gift any physician can give to his patients."

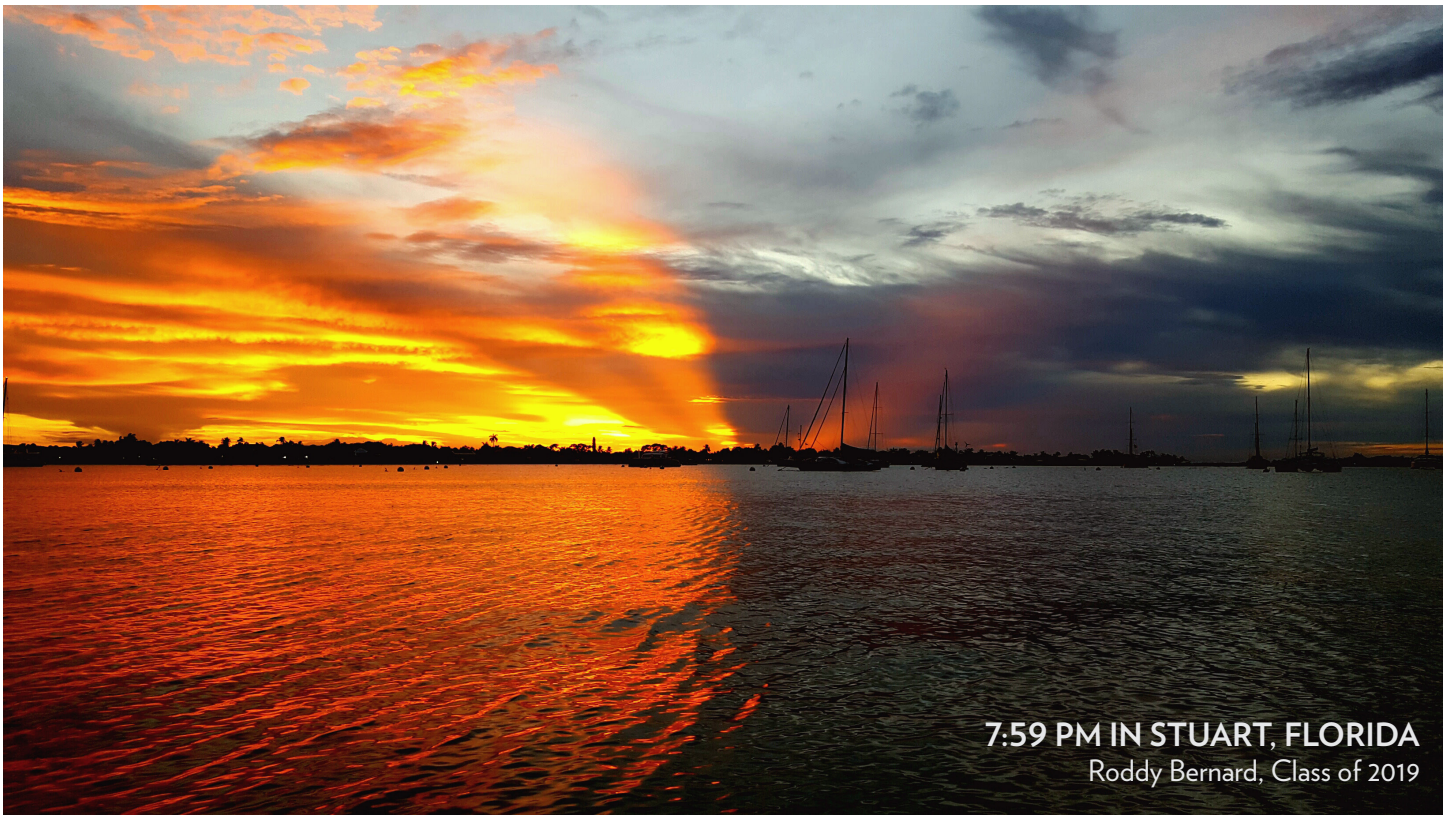
TALLAHASSEE CLOUDS
Roddy Bernard, Class of 2019

MELANCHOLY

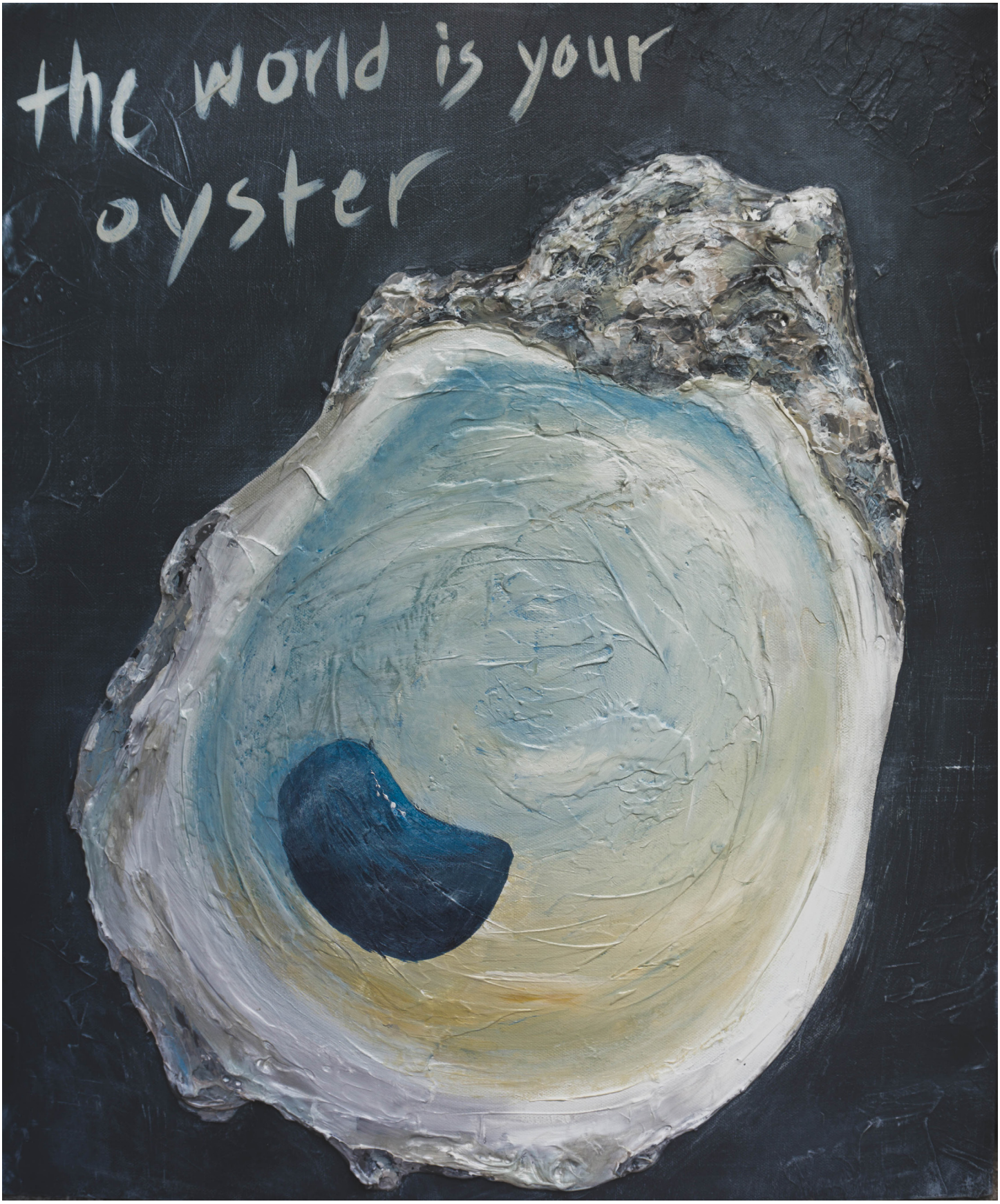
Mollika Hossain, Class of 2019

Vitality abandons me with the blink of an eye
And I become a generic statue, unrecognizable to self and others
Devoid of the charm and quirks
The silence haunts my mind and seeps into reality
Expressions become crafted from intentionally etched folds of skin
Still unable to conceal the cyclic but familiar vacancy that keeps revisiting
But, alas, I wait endlessly for winter to depart and hope for spring revival
Only to continue shape shifting from flowing warm current into a giant immovable iceberg
My heavy limbs frozen into a thick solid sink deep down
What floats is an impenetrable wall for those that sail in my direction

WINTER MOON
Lisa Gardner
Program Coordinator,
Department of Family Medicine and Rural Health



7:59 PM IN STUART, FLORIDA
Roddy Bernard, Class of 2019



OYSTER SHELL
Wes Tindell, Class of 2018

THIS BED IS NOT MY BED

Joseph Bernardo, Class of 2018

This bed is not my bed. These people are not my mom and dad. I look around the room, which is not my room, and don't see any of my toys. Instead, I see shapes with masks and long plastic gowns hurrying through the door. They say words like "intubation" and "ethanol" and I am scared. Some put cold circles on my front and back and I start crying. I can see their eyes saying sorry, and hear the same words muffled through their masks. But they don't stick around to play with me or read to me or help me find my parents. Just as quickly as they came in, they are gone. Soon after the activity and excitement of all the people wears off, I realize my stomach and throat hurt and I start to cry more, but nobody comes.

They leave the door open for me as I lie in bed. I recognize the eyes of some of the previously masked people as they walk by my open door and smile, but these people are not my mom or dad. There's a tube that goes in my arm and itches, but they taped it up so I would stop pulling at it. Sometimes people come in to attach things to it and it burns my arm. They call it "medicine" and tell me they're sorry. They seem like nice people, but if they were so nice why would they hurt me so much? My mom and dad are not there to tuck me in, and I cry myself to sleep.

The next day, more of the masked people come into my room with their cold circles, but I'm ready for it this time. One brings me an elephant that makes funny noises and I hug it. After everyone leaves, a man in a suit stands in the doorway with a nametag that says DCF. He talks to some of the people with the cold circles and they talk about how I got here. They say I sleep on a pullout bed in a hotel living room, and crawled out of it in the middle of the night and drank my dad's vodka he had left out. They say my dad found me in the middle of the night in a pool of my own vomit. They say nobody has been able to contact my mom who lives far away. The only people I see for the rest of the day give me more medicine, and I hug my elephant to make it hurt less. My stomach and throat still hurt. I can hear kids in other rooms crying, but I can't leave my room with the tube in my arm. I wonder what they did wrong to get here? I cry myself to sleep again.

I wake up early with my room full of the usual cold circle people. Soon after they leave, my dad shows up! He spends a little time with me, playing with my elephant and reading to me. My dad even brought me a little football from home! He spends most of his time talking to the DCF man. He leaves to go back to work and I don't see him for the rest of the day, but one of the cold circle people throws the football with me for a little bit and I laugh, because I usually play this with my dad. But this is only for a little while, and my room is empty until I go back to sleep. I don't cry as much this time, I am getting used to sleeping alone. I fall asleep hoping my dad will come tomorrow, I miss him.

I have gotten used to the mornings here, but afterwards I watch the door for my dad. I hold my football in case he comes to see me and wants to play, but he doesn't come. The people say they still can't contact my mom, and if she doesn't answer her phone soon I will go back to living with my dad. The DCF man doesn't seem very excited about that idea. My stomach and throat are feeling much better, and they take the tube out of my arm. Even though the tube isn't holding onto me anymore, they make me stay in my room and get mad at me if I try to leave. That night my dad comes to pick me up and take me home.

There are lots of the medicine givers who look mad at him, but they all say goodbye to me and rub my back and tell me how good of a boy I have been. If I was so good why did they hurt me and keep me here? As we leave I look into the other rooms where the crying has been coming from at night. They all look like me, trapped in bed by their arm tubes, some have their mom and dad and a few toys, but some don't have anything or anyone. I'm lucky my dad is here to rescue me from this scary place. The people here just want to hurt me. That night my dad tucks me in and I lie in my bed without having to worry about the cold circles or medicine people in the morning. For the first night in a while, I don't cry myself to sleep.

They leave the door open for me as I lie in bed. I recognize the eyes of some of the previously masked people as they walk by my open door and smile, but these people are not my mom or dad.

THE VIEW FROM YOKAHU TOWER
Roddy Bernard, Class of 2019

IT'S OKAY

Tatianna Pizzutto, Class of 2018

"It's okay," I hear my psychiatry preceptor reassure our patient. At the start of my rotation I believed it to be his mantra, perhaps his way of normalizing the diagnosed disorder or symptoms that plagued this patient causing psychosocial impairment. I thought it could be his way of formulating a treatment plan; as he listened and decided on medication trials that he confirmed would be "okay." Yet, today was different. I heard him again say, "it's okay," but this time to his peers and coworkers.

Dr. D represents every value of humanism in his practice, but today most especially. Our usual rounds took us through the floors of the inpatient psychiatric unit, greeting patients, social workers, nurses and the like. However, this morning we were stopped by another physician to collaborate on a mutual patient. The physician suggested that the long time alcoholic, opioid dependent, homeless patient who had originally expressed suicidality and a desire to be treated for his substance abuse, was, in fact, malingering and needed to be immediately discharged. He discussed potential detox facilities and treatment programs, seemingly helpful avenues. As I listened intently I heard compassion, useful options, and years of experience leading to his diagnosis of malingering. So I was surprised when I heard my mentor, Dr. D, diplomatically brush off these solutions and offer other suggestions for further work up. He explained, "I have worked with this patient previously and I believe he is in cognitive decline, perhaps we should order neuropsychology testing?" His well-seasoned colleague muttered a plan to pursue a secondary option and walked away determined to discharge this patient who so obviously fit the paradigm of a "drug seeking systems abuser." Stunned at the interaction, I assumed my inexperience caused me to miss the underlying discussion that had taken place.

Dr. D now turned to the full-time insurance advocate nurse. She cavalierly announced, "I would rather work hard to place our elderly demented patients without insurance in long term facilities than this patient, who is clearly attempting to manipulate the system!" None would blame her for this obvious statement, in fact, most other physicians, nurses, and insurance companies would wholeheartedly support her focused efforts. Instead I witnessed a rare moment in medicine, the physician leading his team by example, using his unique relationship with them to speak out against our personal biases. He smiled gently and noted, "It's okay, we love medicine to care for the patient, not the hospital's budget." She laughed and warmly responded, "You are a good man." This time, I heard the phrase, it's okay, for all its meaning. It was not to excuse his colleague for his indiscretion but rather to affirm that

though he was not satisfied with the circumstances of the moment, he would continue to exemplify excellence and push his peers towards the same.

As we walked away, Dr. D explained the idiosyncrasies of the case. It would be easier to assume this patient was malingering, but first we needed to check our biases and motivations, ensuring our common experiences and frustrations were not feeding our analysis. Each patient deserves objectivity and the opportunity to be supported, as most of them have never been before. This particular patient had desired to begin treatment, he no longer wanted to be dependent on opioids and substances, but had become agitated with the process and was currently in withdrawal, not making the rational decisions. He was demanding opioids because that is all he knew to ask for. With insight, patience, and true empathy, Dr. D recognized these nuances, held true to his integrity and respectfully suggested his peer alter his course of action. This patient needed to remain on site to complete detox and begin a Suboxone protocol for which he could sustain outside the clinic. However, this requires a significant amount of effort, time, empathy, and justifying treatment to the insurance company.

Both physicians provided appropriate suggestions and good medical care to the same patient. However, Dr. D demonstrated the qualities I hope to embody as a physician. He described years of practicing self-reflection and analyzing his motivations before and after each case, taking time to dissect his ability to be objective, remove his biases, and prescribe appropriate therapies. This skill set is invaluable to every physician in any specialty at any point in their career. In addition, he constantly demonstrated empathy. Imagining himself in the shoes of his patient, a patient finally at his breaking point, ready to make a change, but turned away by a system that assumes he is manipulative and unable to change, further feeding into his disordered belief that he can never amount to more than his current circumstance. Our system of healthcare needs empathetic physicians who care enough to improve the overall health of our patients, in word and deed. I am grateful to learn from an unassuming, perpetually intentional humanistic physician, and to share these experiences so more of us may be inspired to strive for these qualities.

Our system of healthcare needs empathetic physicians who care enough to improve the overall health of our patients, in word and deed.

OCCLUSION

Alexandra Nowakowski, PhD
Departments of Geriatrics and Behavioral Sciences and Social Medicine

People stare at the sky
one day every 40 years
and try not to get burned.
I remember when every day
was that same fight—
anything to avoid looking
directly.
Darkness edged in light.

My shadow split in two,
vibrating on broken ground
and the loose soil of trails
that I ran down, breathless.
When the light died
I scrubbed at dirt
packed deep in wounds.

For years there was no blood,
and then
everything
shattered.
Rays refracted on
broken glass, obscuring
which way might be up.

Teeth set against each other
like splintered mirrors,
like decaying papers,
things that crumble into dust.
I washed away the soil,
more surfaced on my skin.

I died in the small spaces
between memories and fears
over and over.
A player in a game
with no rulebook, or without one
for me.
When the light died
I would not shut my eyes
lest the edges of my shadows—
those shaking ashes—
crept back in.
But some wounds
cannot stay closed, and so
I became riddled with dust,
with glass,
with broken embers.

I burned
to cinders.
I am still finding
what remains.

Staring directly into fear
gives those shadows
fierce teeth,
the better me to rend.
I rip them from their sockets
as my own disintegrate,
as I hold others in my hand.

Words on my tongue
taste only of rubble.
I have been wrecked
and risen up,
climbing over shards
of splintered glass,
grasping at hot coals.
Feeling around in darkness
for the edges
of light that once shone.

I fear I am all sharpness now,
all corners.
Even broken clocks
are correct once or twice, and I
no longer know where days
begin and end.
I shut my eyes, douse myself
in driving rains that come
every afternoon.

I gasp for breath,
water running sideways.
I bite my lip; I bleed.
When darkness falls,
my shadows come together.
Sometimes I can even bear
to look.

A pile of broken things:
mirrors, molars, me.
I am rebuilt
piece by piece.
I am a freeway
8 years under construction
but maybe more,
a building never finished,
a monument in ruins.
I was always coming down.

Some of those black moments
faded like burns
on the surface of fabric.
Others singed clean through.
I fight my way back with needles,
stitching at shadows,
cutting at dusk.

One day I will hold things
in hand without them slipping
through the burned spaces,
the empty stretches,
the gaps in me.
Corporeality bites, but I am still
here, and two shadows
can come from single objects
still somehow, impossibly,
intact.

FOR CATHY

Lisa Gardner
Program Coordinator
Department of Family Medicine and Rural Health