



THE AL

HUMANISM EVOLVING THROUGH
ARTS AND LITERATURE

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Two PE Insomnia

Eva Bellon, Class of 2013

How silly to be scared to fall asleep. Yet here I sit again- completely exhausted but awake. There is something so strange about almost dying: your body stops feeling like it belongs to you. It defies you and no longer listens to your demands.

For instance, take the simple act of breathing. We do it so carelessly. You all take it for granted, I know I did. When your body revolts from breathing, because it hurts too much to take in even the slightest bit of air, it changes you. I now have an irrational fear of not breathing. Well, I suppose it is not irrational. Most days I still wake up and it feels like someone is sitting on my chest. You know how hard it is to concentrate on things with someone sitting on your chest? I have a memory of that first night in the ICU and the nurse calmly waking me up (he was an angel by the way) telling me it was important to put the oxygen on me now. If he wasn't so calm I would have gone into complete panic. I knew that the pain and strain on my lungs was so extreme that my body no longer wanted to breathe. I had to consciously decide to let air in. Thus began my fear of not breathing in my sleep.

I can't even begin to describe the fear and calm of death. Yes calm. Panic and calm meet at a place called death. Or maybe it was just unconsciousness. I almost landed there once. The calm scared me more than any emotion I could ever express. For a split second amongst all my horrible pain, I was calm about not breathing. It hurt less and that is all that I wanted in the world. They teach us to ask patients on a scale of 0-10, 0 being no pain and 10 being the worst pain you could imagine, where does your pain rank? What rank do you give when you can no longer comprehend what the numbers mean? What number do you give when it is worse than anything you could ever imagine and all you wish for is something that will end it? All you want to do is slip into unconsciousness to escape, but then you don't and they ask you for a number because you are conscious. It was a 12, no a 20. There isn't a number that can express that feeling.

Everyone is worried about me catching up in

medical school. Don't get me wrong I know it is important and I want more than anything to catch up, to feel normal again. It is hard to force emotions about class. The normal me would be losing it by now to be this far behind on the Monday of exam week. I am so emotionally spent that I don't have the energy left to be anxious about something like a block exam. Here is what I know: How about endocrine physiology, how about Cortisol? Yeah, I get cortisol- my body is under so much stress that my high cortisol levels have begun to affect my hippocampus. How do I know? Because I can watch a lecture three times and feel like I have never heard it.

So when I am asked how I'm doing, how do I respond? I can breathe without reminding myself to now. I can actually rank my pain 0-10 (it is about



a 3 right now). I have grown to despise the clots left in my lungs. They are part of my life for at least another month or two. And after that? Scar tissue? Who knows? All I pray is that my heart goes back to normal like they say it will. All I pray is that this Coumadin, that I have grown to love and hate all at the same time, does its job. Thin my blood to save my life and all the while making me freeze, get exhausted, feel like I'm going to faint from time to time, and

bleed at the drop of a hat. It will be my bittersweet knight on a white horse for at least another 6 months.

But, I am alive.

Now THAT is something that everyone takes for granted far too much.

I am alive.

God has a plan for me and if you say it's not so - look at my CT. You know how many people have told me I am lucky to be alive? Thirty percent of people die during the first hour of a pulmonary embolism. I had two and walked around with them for two and half days. The doctor that took the Echo of my heart and looked at my chart said "how are you not on a ventilator and unconscious?" So I let him know, "Because somebody up there is looking out for me".

So ask me again how I am doing, how am I holding up?

I am alive.

Faith

Carol Warren, Circulation

I watch.

You are here for an interview.
Your nerves are as tight as your smiles,
Your life hangs in the balance.
I try to help you relax.
I smile at you.

I watch.

It's your first day.
You are really here.
You have your whole life in front of you.
You shine with the passion of compassion.
You are so proud of your white coat.
I smile with you.

I watch.

You come to study,
Your intensity is amazing.
You put in long hours
And then go play in the courtyard.
You smile.

I watch.

Two years go by so swiftly.
You are nervous about you next campus
But, anxious to be there.
Third year is fun, or so you've heard.
We smile goodbye.

I watch.

From a distance
And an occasional email
I know you are progressing.
You are growing.
I am not surprised.
I smile to myself

I watch.

You don a green robe.
You have changed so much
It is difficult to recognize the applicant
I met so long ago.
You have grown into your white coat.
You are a doctor.
I watched it happen,
And I smile.



Blue Mountains, Palm Trees, and Cool Breeze

Roxanne Samuels , Class of 2013

Whatever Happened to Lenny?

Paul McLeod MD, Pensacola Regional Campus Dean

Lenny was twenty-six when we met. His first visit to my family practice was typical for a “healthy” young man. Four days of low grade fever with cough and congestion had been enough and he was ready for a quick cure. For Lenny, the need for health care services was simply an annoying detour from his normal routine, nothing to be taken too seriously. During the visit, I noticed both his elevated blood pressure and the pack of cigarettes in his shirt pocket. While writing a prescription (the cure), I cautioned him about the dangers of both. Lenny went about his life apparently unimpressed and unchanged. I went to the next room to focus on another of my patients with symptomatic heart disease. This was the patient that really needed me—the one for which I had been

trained.

The next several years provided a plethora of missed opportunities for both Lenny and me. Monday morning “flu” from his weekends of binge drinking required a note from “the doctor.” His weight soared and his activity level spiraled downward. Episodes of marital discord waxed and waned with his beer can count and, despite three medications, his blood pressure was never under control. The physical and psychosocial deterioration was slow but progressive. By his mid-thirties Lenny had become victim to the onslaught of chronic, uncontrolled disease. He looked tired. He looked defeated. He looked as if he had vaulted into old age. With each visit my concern for him grew.

The reality of what I witnessed over ten years with this one pa-

tient left its mark. Lenny methodically exhausted the amazing reserves his young and healthy body had provided. The lengthy insidious period of organ failure lead to an unconscious acceptance by both Lenny and me. His fate had become veiled in the deception that all was well. There were few if any symptoms or abnormal findings. Visits to my office were sporadic at best and driven by acute symptoms. The interventions that Lenny needed did not occur.

Whatever happened to Lenny? The answer came one evening with a call from the Emergency Room. Lenny had collapsed in the kitchen just before dinner as his wife and two young children looked on. Instantly, an artery in his brain and the rest of his life were torn apart.

Lenny survived the bleed but not the disability that would follow. Permanent loss of left-sided function. Permanent loss of employment. Permanent dependence on others. Permanent loss of self esteem.

I often reflect on the fate of Lenny, as well as others in my practice that did not

change their behavior or get the services that would prevent complications and lead to better outcomes. Services like early intervention and control for chronic disease, preventive care, cancer screening, or immunizations. Lenny and I are both victims of a haunting question, What might have happened if.....?

Oh well, Mrs. Westerman is in room 2. She has diabetic nephropathy and ischemic cardiomyopathy. She has come to the right place. I am just the one who can help her.

His fate had become veiled in the deception that all was well.

Pictures From Ecuador



Photo by Niteshkumar Patel



Photo by Deepak Suresh



Photo by Niteshkumar Patel

Christmas Carol

Carol Warren, Circulation

Once upon a time, that's how all stories, even true ones, should start.

Once upon a time there was a preacher man who had a beautiful wife. He loved his wife very much and she loved him as much as he loved her. After several years of marriage, although they were very happy together, they wanted to complete their family with a child, a child to love and care for. They wanted to share the riches of their lives, their capacity to love, their compassion for the world, and their love of God. They prayed diligently for a baby. But no baby came.

Although no baby came, they were faithful to God and continued to do his work. They continued to pray for a child, if not one of their own, then one who needed them. For them, giving to a child was important even if it was not theirs biologically. God knew their need and waited until the time was right. In his infinite wisdom all things work together for

good. There would be a child who needed them as much as they needed a child.

In a world where some children are not wanted it is a miracle for a homeless child to be matched with loving parents. Adoption is a blessing to both the parent and the child. There can be nothing more precious than to be wanted. It gives a child a sense of security deeper than any other, a sense of self that comes from knowing its parents made plans and chose to accept it into their family. It proves their need for a child.

After several years of waiting they contacted an adoption agency. They said they would like to adopt a little girl that was fostered with a lady from their church. The agency explained that it was rather unusual to request a specific child. They were told they would be put on a list and informed when their application had been approved; paper work must be filled out, forms signed, backgrounds checked and more. Time passed. They waited and prayed. More time passed. Finally the agency approved their application. Still they waited.

Late in December the call came.

There was a baby available, did they want

it? They asked if it was the little girl they had requested. The agency told them it was a baby that needed a home and if they really wanted a baby it would not matter. They prayed and asked God if this was the baby they were supposed to have.

On December 22, 1950 they brought home a baby girl just 11 months old. She was the baby they had seen and wanted. Their hearts were full of joy as Christmas music filled the air. Because of the season and the joy filling their hearts they named her Carol, meaning a song of joy. Because they prayed and God answered; they gave her a second name, Faith, because she was a product of their faith.

They believed God had given them the ultimate Christmas present. They were wrong. I was that child and God did not give them a present, he gave me one. He gave me the most loving and kind parents in the world. Thank you God for looking down on the world and seeing the need of one small child and filling it without being asked.

How great is a God who sees our needs before we recognize them.

Shirley

Curtis Stine, MD

Doctor, I've got this cough.
Can you prescribe something for me?
Help me feel better.

Doctor, that medicine you gave me didn't work.
What do you hear in my chest? Pneumonia? Do you really think I need a chest X-ray?
Just give me an antibiotic.

Doctor, your nurse said you wanted to see me.
My X-ray was abnormal? What do you think I have?
Tell me I don't have cancer.

Doctor, I can't believe it.
How could I have cancer? Are you sure?
Where did it come from? How did I get it?
Tell me I'll be OK.

Doctor, I'm so confused.
How am I going to tell my husband? My kids? Our friends? The people at work?
You'll talk to him, please.

Doctor, I want to see a surgeon.
You don't think surgery would help?
What's an oncologist?
Get me an appointment as soon as possible.

Doctor, the oncologist wants to treat me with drugs.
What do you think? What would you do?
I'm going to beat this thing.

Doctor, my hair is falling out.
That means the drugs are working, right?
Tell me I'm going to get better.

Doctor, I'm losing weight.
Is that a bad sign? I'm not giving up.
Tell me what other treatments are available.

I don't want to go to the hospital.
Who are these hospice people? Can't you just see me at home?
I've got so many things to tell my husband; so many things to tell the kids.
Help me, won't you?

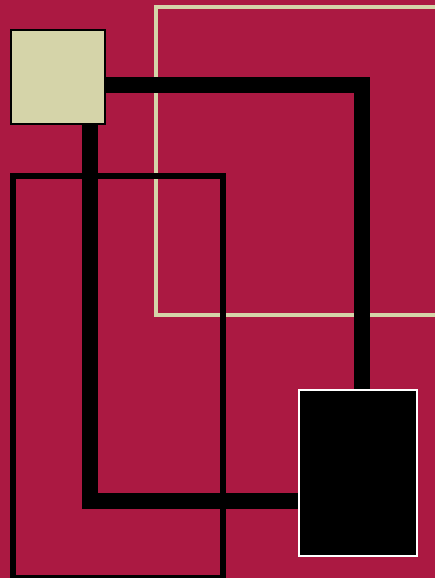
Doctor, I'm so lonely.
Where are my friends? Where is my family?
Just stay a bit longer. You're one of the few who haven't deserted me.

Doctor, I'm having problems breathing.
Please, don't let me smother.

Doctor, I'm in a lot of pain.
Please, make this pain go away.

Doctor, I'm so tired.
Please, I just want to sleep.

Good friend, I'm dying. We both know it.
Please, just hold my hand. Please?



The Battle of Perspectives

Shaun-Pierre Hall
Class of 2013

It is amazing how one situation can look entirely dissimilar when given differing perspectives. As far as serving in an underserved population where the patients have no insurance and they desire free or small expenses for treatment, the outlooks are usually opposed between the doctors and the patients. This paper will be based on my brief encounter with a free hospital in Jamaica, a 3rd world country, and how the view of the doctors versus that of the patient can certainly elicit the 'outside audience's' understanding when given both scenarios.

As a patient coming to the hospital for the first time, you are hit with the reality that you are among the hundreds of ill people without medical insurance in the country. This is initially brought to your attention by the extremely long line that you have to join. A line so long that it curves out to the street corner, but despite your serious aches and pains this process cannot be deterred. You see the faces of the people in the lines and some appear much worse than you, while others seem to have lost their way. You see the helplessness, the desire for a better means of obtaining the medical attention needed, but acknowledge the monetary hindrances that prevent fulfillment of these dreams. You feel the sun pelt down on your skin as you wait and wait and wait only to be given a thick amount of paperwork to fill out before someone is able to see you. You are shouted at if you try to ask a question for clarification, and the other patients are so caught up in their own demise that it seems as though it is you against the 'system' of the entire hospital. However, as you have filled out the forms and are then taken in for interview, the gravity of your situation is realized and you are immediately admitted and a number of tests are ordered. Finally, you feel as though some progress is being made and you patiently await the results.

A few days go by and you can barely speak with the nurses who fly

by your bedside in a hurry to something more pending in another place. There always seems to be something more pending in another place. As your health deteriorates and your strength likewise diminishes, you become conscious of the fact that if you get to see the doctor twice a week, that it is a great gain. The nurses might stop by if they notice that you have been lying in your own urine for a few hours and the smell has become distinct. No time, no time to visit and talk to the patients. No time to stop and encourage the patient. No time to explain in detail the prognosis and the plan of action to be taken. You realize that people around you are dying or just giving up and going home and even though you would rather be in the comfort of your own house you really want to know what is happening with your body. As your shouting for help decreases, and your ability to eat and breathe on your own ceases, you wish you were financially able to obtain a better plan of care. However, the best medical treatment is not a 'right' in this hospital, it is a waning desire. Soon, you have accepted the fact that there is nothing more you that you can do. Time cannot heal in this situation and loneliness certainly does not help and so as you take your last few breaths, you reflect on your life before this and you hope and you pray that somewhere out there you were able to make a positive impact and give all your attention to someone who desperately needed it.

From a physician's perspective, you wonder how you will ever be able to attend to all these people and give them the best care you were trained to give. How can you possibly empathize with each person's story and still find the time to explain in detail the course of their illness and the plan of care. You are among the few doctors working here and you realize each day as you are given your patient load that it will be impossible to see them all, reach them all, and still maintain a level of

sanity that is needed to continue throughout the day. As you walk around you see helpless faces and deteriorated bodies lying motionless awaiting your help and healing. Voices call out to you from all of the rooms, each seeming to need your help more than the others. Which do you answer? You develop a schedule and make your daily rounds, trying to see as many patients as you can, and for as brief periods as possible so that you can squeeze the board meetings, the family calls, the paperwork, the assessment of lab results, and the time to breathe into a single day. Of course you realize that some patients will not get the attention and care that they so rightly deserve and long for.

You realize that this one patient whose body was a lot stronger and whose voice was a lot louder a few weeks ago has not been heard in a while. You go over to her bedside and you see her life quickly passing by and still there is no diagnosis. You order a few more tests to be done so that she can be helped, but the lab is overwhelmed and the dates given for testing are much later than you think she can hold out. You speed up the process and even though the tests are done earlier due to your influence, the results are nothing definitive and so another approach has to be taken. You think, 'whenever I get a chance, possibly next week, I will try again and see what can be done for her, while, of course attending to the other fifty patients that are also calling my name'. However, you never get back to her in time, as she could not hold out any longer. She lay there with a different form than when you first saw her, a face that is emaciated, a smile that has faded, and a breath that has been taken away. As you start to reflect on what could have been done differently, your attention is quickly commanded by a nurse shouting that a patient has gone into cardiac arrest and you are needed. One more day...one more life that you were not able to save, but still you must go on and do all that you can do to save the rest.

Opened Eyes

Jason A. Boothe
Class of 2013

She passed me with a gaze that I couldn't resist.
I extended my hand and held hers gently
As blood dripped from her finger tips.
The aroma of death was strangely present in the air
It carried the voices of millions screaming, "Beware!"
As if her eyes painted pictures, I was drawn by her stare
I came closer and she whispered in my ear.
Remind me of your name again, she said.
I said my name is Victim, and it's nice to meet you.
She said softly, my name is AIDS and I'm happy to be with you.

AIDS, that's an interesting name, I said.
Tell me, just what is it that you do?
She said never mind that
it's complicated
And it would probably kill you.
I said I just want to know you
Because to me you're so beautiful.

Well simply put, she said
I destroy lives.
As she said this, the sun fell
And darkness obstructed my view
She continued.....
I make no compromise.
I kill children, husbands, and wives.
I feast on the lies
Told by selfish people
Whether woman or man.
And you can't prevent me with just Latex
Even if you think you can.

I'm tougher than a diamond,
I've left whole continents desolate and barely surviving.
I prey on the innocent
And I never sleep.
I reside in the darkness, waiting for lustful souls
Creep up on those who do not acknowledge me,
And even those that think
They are stronger than me will one day see.

Telling me these things, she refreshed my memory.
I said, haven't I seen you before,
Maybe at a movie, maybe at a store?
As a matter of fact I'm sure,
No...wait...wait; I'm positive.
Over half of my friends already have you in their system
And every 30 seconds you kill another person.
I wonder, do you miss them?

Why should I, she said?
After all I caused their death in the second place.
Furthermore, I am kin to the angel that has fallen from grace
So you wouldn't recognize me
Even if you saw my face.

While I pondered her words and waited for more
She handed me an envelope.
On the back she wrote: THE CURE.
Inside there were no instructions, no chemical formulas
All I found was a mirror.
In it I saw myself larger than I was before.
About the meaning of it all, I told her I wasn't sure.
She said you must go now; there is a lot of work you must do
Because it's not just your friends I am with,
I am with you too.

As she said this, she slowly disappeared
Shocked, I felt myself gasp for air.
Swiftly, I sat up in my bed
And when I opened my eyes and looked to my left,
I saw my wife staring at me
as if I were dead.
Honey, are you okay, she screamed!
And I just shook my head
I have something to tell you,
What is it she said.....

The Eye

Roxanne Samuels

Class of 2013

