

FLORIDA STATE UNIVERSITY
COLLEGE OF MEDICINE
1115 WEST CALL STREET
TALLAHASSEE, FL 32306



**INSIDE THIS
ISSUE:**

Photography Jill Grayson	1
My Dying Wish Miranda Mack	1
Ted Dennis Saver, MD	2
Night Memories Carol Warren	3
Connected Lisa Cunningham	3
Dr. Bivens José Rodríguez, MD	4
This is Africa Shawn Shah	5
Don't Ask Benjamin Kaplan, MD, MPH	6
Pain from 0 to 10 Eva Bellon	6
A Memory Katie Love	6
Photography Karina Walker	6

Editors:

Katie Love
Lisa Cunningham
Eva Bellon
Ann Sheddan
Angela Green
Alicia Evans
Benjamin Kaplan,
MD, MPH
José Rodríguez, MD

HEAL

**HUMANISM EVOLVING
THROUGH ARTS
AND LITERATURE**

DECEMBER 2010



Photography by
Jill Grayson,
Class of 2014

My Dying Wish

Miranda Mack, Class of 2014

Despite the innumerable mistakes and mass of poor decisions,
Beyond the ways I mishandled situations or chose to run instead of handling them at all.
Not considering the sleepless nights and tears I cried over things I could not change.
Not regarding the times when I gave up and refused to face the pain...

In the midst of declarations to be "done" with people and situations that caused me to compromise, but turning back to them at the end of the day.
Although I was barren and never married, defeating a great part of my purpose as a woman...

In the midst of the failures that hovered over me as a full, dark rain cloud;
Forgetting that I was far from perfect and often the opposite of what I professed to be.
Blinded to my own beauty and sense of security.
Despite the promises broken by my life's unexpected end,
The way I swiftly eased away...

My dying wish is that my life, although it may not have served great purpose to me, could somehow have meant something for someone along the way.

Ted Dennis Saver, M.D.

This was a portion of Dennis Saver's address for the Gold Humanism Honor Society Induction during the Class of 2013's White Coat Ceremony

Some people bring cold rain to one's life, and others bring sunshine. Ted embodied the latter. He was already well into retirement when I met him, an unassuming gentleman living with his second wife in a mobile home senior community. He was well liked by his neighbors, and friendly to my office staff. He had hypertension for many years and chronic obstructive pulmonary disease despite having quit smoking thirty years prior. He shortly developed heart disease, and I helped him through an myocardial infarction and the congestive heart failure that followed. During several hospitalizations, consultants did not engender his trust. Somehow, within a year or two, Ted bonded to me as if we had had decades of relationship. Whenever Ted and his wife Betty came to the office for a new problem or adjustment of an old one, I would present therapeutic alternatives and options, but Ted would say, "Whatever you think best, doctor." And then he would do EXACTLY whatever I suggested.

Ted, I discovered, had been the comptroller for American Airlines by the time he retired, after having worked for American for thirty years. He was very modest about having been a very, very important fellow. He never spoke about it unless asked. Betty's daughter in Ohio was found to have breast cancer, and Ted spent a lot of time helping her. Later, when Ted was hospitalized for a colon resection for bowel cancer, both of Betty's daughters flew to Florida to return the kind of emotional support that he had in the past provided to them.

Attachment has its virtues and its drawbacks. Ted

and Betty worried about what might go wrong any time I went on vacation or to a conference. His health was precarious enough that sometimes I would return to indeed find him hospitalized by one of my call partners. Living will and advance directive discussions are part of my once-a-year list of questions at an annual exam. Ted and Betty always maintained that when their days were over, neither one wanted to linger beyond what time was reasonable. Technology, ventilators, and so forth were for the living, not the dying. While neither was ready to fold their cards, and they were devoted to being with each other, each articulated a very straightforward view about the end of life.

Over time, Ted's kidney function continued to worsen, and his creatinine eventually reached 6.0. He didn't feel that bad, but he didn't feel very good, and had no appetite. He needed hospitalization for fluid overload and pulmonary edema. We held a conference to review his circumstances. The decision was at hand: permanent dialysis, or no dialysis and death soon. This watershed decision was traumatic for Betty, who did not want to lose her husband, but neither did she want him to suffer. Ted reconsidered his prior choice, and saw nothing to warrant a change. He said "no" to dialysis.

The next days passed quietly, as Ted needed more oxygen and eventually morphine for his congestive heart failure and superimposed pneumonia. Close friends visited him briefly at regular intervals, and I talked with Betty daily for support and reassurance. Ted slipped into coma, then slipped away entirely, without visible suffering

"Some people bring cold rain to one's life, and others bring sunshine."

and in a very quiet and unassuming manner.

Betty grieved again, and handled the bad circumstances as well as anyone could. She went through Ted's clothes about a month after he died and donated them to charity. There were a bunch of suits, hardly worn, and crisp white shirts still in their wrappers. Later still, she brought me Ted's last gift. He had kept little of all the memorabilia from his thirty year career at American Airlines, but he had treasured a small dish with the company logo given him at retirement, and had used it to hold pocket change. Betty asked me to keep it, to remember Ted by.

With Ted gone, there was not a lot to tie Betty to Vero Beach. Her remaining daughter encouraged

Betty to move where she lived and could be of help. Betty realistically knew that her health would likely become more of a problem in the future, not less, and moving seemed the best option. My staff and I had a tearful goodbye with Betty and her daughter when the time came. Both were again grateful for the care I had provided and the relationship we had over a long span of time.

We got a couple brief letters in the next year, but I've not heard from Betty further. However, the memento American Airlines dish still sits atop my dresser, and Ted and Betty are still part of the family of my heart.

Used with permission, Copyright 2010 Dennis Saver, M.D.

Night Memories

Carol Warren, circulation

Wile away the hours
Spending time like rain.
Colliding pictures rushing
Will not come again.

Until you look at nothing
And see a painted sky.
Purple of the shadows
Once again will die.

Crouched upon life's doorstep
You find it closed tonight.
Do not look for comfort
With the dying of the light.

Sunset opens windows
Night comes creeping in.
Never curse the darkness
Wear it like a skin.

Let the memories clamor
Let them rip and tear.
They can not pierce the armor
Black armor that you wear.



Connected

Lisa A. Cunningham,
Class of 2013

Dr. Bivens

José E. Rodríguez, M.D.

I first met Dr. Bivens at Neighborhood Health Services (NHS) about a year ago. Dr. Bivens had been volunteering there for more than ten years, as our resident Dermatologist. Every month, Dr. Bivens spent a day at NHS treating rashes, taking biopsies, and reassuring our patients. As he was nearing the end of his tenure at NHS, the FSU College of Medicine published HEAL: Humanism Evolving through Arts and Literature. He obtained one of the earlier copies, but as we shared HEAL, he shared with me that he was an artist.

Dr Bivens went to medical school at the time of the Vietnam War. At that time, all medical doctors were drafted—and Dr. Bivens was no exception. Dr. Bivens served in a coastal town on the South China Sea. He speaks of Vietnam with gratitude, as it allowed him to go to a beautiful, albeit war torn country. He states that he was not at risk, but I have difficulty accepting that. He soon returned from Vietnam, finished his Dermatology Residency, and he set up shop in Tallahassee. When he first came here, he was the only Dermatologist in town. Over the years, he taught countless family medicine residents, many of who serve on our faculty today. One former resident told me, “His office was best run office

that I have ever seen.” After about thirty years of Dermatology practice, Dr. Bivens formally retired. He continued his dermatology practice into retirement, sharing his knowledge with patients and staff at NHS. It was during this time that Dr. Bivens returned to school to get a Masters in Fine Arts degree. He earned it in Art, from Florida State University.

One afternoon, I went to his stu-

some pictures of his work. It is brilliant, colorful and inspiring. It was very gripping to see, as many of the images pull the observer into another world.

So what is so important about a doctor who is also an artist? In many ways, it was his art that connected us on a new dimension. He is an example to all of us, as he worked to keep his creative side alive during a lifetime of medical ser-

vice. He is also an example to us as he volunteered for decades serving the poorest members of our community. It was also the Artists, Writers, Poets, Photographers in HEAL who connected us. I imagine that if it were not for HEAL, I never would have known Dr. Bivens was an artist. Or worse, I never would have gotten to know him as a person. This new connection with Dr. Bivens reminded me why HEAL is

important to all of us. We have an obligation to connect with our patients—and Art, like other creative expressions, is a bridge between us, a unifying factor that reminds us that we are all on the same team. I am grateful that Dr. Bivens shared his talent with me; in the future, I hope to learn more about this amazing physician and artist.



A collage of Dr. Bivens' paintings photographed and created by José E. Rodríguez, M.D.

dio. He had invited me to see some of his work and to pick up some donations for our clinic. While I was there, he allowed me to take

TIA: This is Africa

Shawn Shah, Class of 2013



As the vuvuzelas fell silent and the 2010 FIFA World Cup came to a close, a remarkable quality emerged among the Ghanians: pride. Ghana had exceeded all expectations in the World Cup, and carried the hope of Africa on its shoulders as it outlasted all of the other African nations. Perhaps even more extraordinary is the fact that the Ghanaian Black Stars, despite their heartbreaking defeat in the quarterfinals, have since been distinguished and celebrated as African heroes. However, the Ghana News Agency recently reported that the Ghanaian government expended an exorbitant fifteen million U.S. dollars to account for the national team's expenses as well as that of sending Ghanaian supporters to the World Cup. While soccer undoubtedly united the nation, could that money not have been more efficiently spent on more urgent and pressing societal issues?

I spent almost two weeks in Ghana this past July alongside nine other medical students from Florida State University and a team of physicians from the medical outreach organization, Hearts Afire. All in all, we were able to provide free medical care to over 2,000 Ghanians.

While incredibly humbled by the experience, I often found myself flustered by the Africans' acceptance of the way things transpire throughout the continent. I was reminded incessantly of the concept that 'This is Africa,' or "TIA" as the Africans liked to say (also popularized by the film *Blood Diamond*). 'This is Africa' also refers to a Ghana in which 12% of children die before the age of 5 (according to the World Health Organization). In fact, most are considered fortunate to make it out of childhood. This is the same Africa where Ghanians continue to die from infectious diseases such as malaria and schistosomiasis, despite available treatment. Not to mention, this is the Africa where the war against AIDS appears to be at a standstill, at best.

"TIA" can no longer serve as an excuse to remain complacent with the status quo.

One morning at a school site in Elmina, Ghana, I encountered a young yet weathered mother alongside her three children. The small room's oversized window allowed the pink glow of sunrise to illuminate and frame just how emaciated the woman had become. I told my translator to greet the woman by saying, "Good morning, I am here with the medical team. Are you having any pain?" The mother simply grinned and shook her head. She remained silent for the next

Photographs from the SIGH trip to Ghana



few seconds. Confused, I asked the translator to ask again. Moments later, tears speckled onto her discolored cheeks as she continued to remain silent. I was stunned. "I understand this must be incredibly difficult for you. I am here because I want to help you in any way that I can. I..." She did not let me finish my sentence before she began talking in her native tongue about the recent anxiety and bereavement she dealt with over the murder of her spouse. Moreover, she had quit eating to ration food to her three children. She had sent her body through a plethora of health issues unknowingly, but refrained from bringing that up as a medical issue as she just wanted someone to listen.

Ghana needs to enact change to lead the continent in becoming a progressive Africa of the 21st century. Investments in water and sanitation infrastructure alone will meet tremendous needs. I learned that the Africans want change but many do not have the financial means to attain it. What the Africans do possess is unbreakable hope, spirit, and pride. In fact, it was the Ghanians who showed me a simple lesson in compassion: listen in a way that fosters open communication. The end result will truly amaze you. While the government needs to be held accountable, the conversation simply needs to be started with, "I want to help you in any way that I can," rather than resorting to the trite pretext, "This is Africa."



'Don't Ask

Benjamin Kaplan, MD, MPH

Do not ask me if I know her age.
Do not ask me if I've read that page.
Do not ask me about the most common pathway.
Do not ask me because I really cannot say.

Ask me only about me,
I am a person, you will see
with hopes and dreams and love abound,
a human as a doctor you have found.



Pain from 0 to 10

Eva Bellon,
Class of 2013

It builds and you think you're fine
It builds and you say it's ok
It builds and you refuse to cry
It builds and you begin to fight
It builds and you remain still
It builds and you start to slip
It builds and you fall into shock
It builds and you forget who you are
It builds and you want nothing more
than nothingness

To Submit to HEAL email:

Katie Love: kml10e@med.fsu.edu

Eva Bellon: ejb04d@med.fsu.edu

Dr. José Rodríguez:

jose.rodriquez@med.fsu.edu

Thank you and we look forward to your excellent submissions.

Photographs from
Ecuador by Karina
Walker, Class of 2013



A Memory

Katie Love,
Class of 2014

"Hello Babushka." That was my mom's daily greeting for me. You see, a babushka is a type of head covering. Coming home for school, I would see her bald, fuzzy head propped on the couch and cover it with my hands—thus the nickname. It was a love gesture. She did it to me when I was a baby to help me sleep. Now, if someone touches my hair in the same way, I fall asleep immediately.

"Does it bother you if I do that?"

"No, I think it's relaxing. Like I'm your pet." Then she pats me on the head. It's funny how her voice sounds like mine now. Maybe I'm misremembering.

Examining her head, I comment: "It looks like you're starting to grow hair. I see stubbles."

"Oh good. Mary told me hair can grow back another color after chemo. No gray this time I hope." My mom's hair had started go-

ing gray in her thirties, which at the time seemed ancient. "How was your day?"

"It was fine. Algebra quiz went well." I'm already unloading my backpack on the wood floor with a loud thud. It's heavy and I have the straps low, so it's murdering my back. Back spasms were vogue at my middle school. "How are you feeling?" I'm concerned. She looks flushed today. I've never seen that before.

"I'm feeling okay," she claims, though we both know that's not entirely true. "Could you refill my water and replace the straw? I dropped it." She gestures to a green straw on the floor. I pick it up.

"Sure. Do you want anything else from the kitchen?"

"No thanks. Grab your snack and bring it in here. We can read for a while." We're working our way through *Harry Potter*. We started one day when I was home sick with the stomach flu since we were both tired of watching T.V. We alternated reading aloud, relinquishing when one of us was too nauseous to read any more. A few months later, we

are trudging our way through the third book. I had read all of them twice already, but I'm enjoying reading them again. It's become our thing.

I return with the food and water. "I love you," I say. I'm saying that often. We'd always been an affectionate mother daughter pair, but now I'm saying it territorially—like *please God, don't take her away. She means too much to me.*

After a brief remission, her ovarian cancer has returned. I know that's bad, but I don't know statistics. It's actually really bad. At this point though, there's just a vague fear. Some mornings I wake up with my heart pounding and my pillow blotted with tears. I avoid the thought of life without her in my waking moments, so I'm having nightmares about funerals and abandonment. *She'll get better*, we tell ourselves.

It's just me, my mom, and sister at home. Often my grandmother helps too, but this afternoon it's just me and my mom. "Where did we leave off?"

"I think I marked the page..."