

*volume 3*



# *Heal*

**Humanism Evolving Through Arts and Literature**

*The Florida State University  
College of Medicine*



## Volume 3

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# The *HEAL* Story

By José E. Rodríguez M.D.

This edition marks the conclusion of the third year of the *HEAL* publication. *HEAL* was born in desperation. I had been an observer and participant in medical education for about 10 years when I began to feel a little burnt out. Not that I did not love teaching—I do. Nor did I hate seeing patients—I live for it. But I had been exposed to a darker side of what was a beautiful and inspiring career. A wise mentor had told me, “José, our career is sick. It is your job to ‘heal’ the career.” I had the idea of starting a creative writing group with the students, to try and direct their energies toward creativity and self-expression. I thought that if they shared their stories, they would grow closer to others. I hoped that it would help them respect and love those who were different from them and needed their help.

I began working with students on their “narratives.” I felt invigorated doing this work, and I wanted to share that emotion with the students and colleagues. I mentioned this project in a small group that I was fortunate to facilitate, and the magic began. Jordan Rogers, then a first year student, came to my office to speak about this “writing project.” Here is her story of what happened next:

“I had always dreamed of writing something that mattered to people, something that told the story of caring for patients from the perspective of people across the spectrum of medicine. Teaming up with Amanda Percy, who was a classmate of mine, we all came to the same conclusion: we needed to pursue making our ideas into a reality. Amanda came up with the name *HEAL*: *Humanism Evolving through Arts and Literature*, and worked tirelessly to make *HEAL* happen. . . . The amazing tales of patients, families, and even colleagues that unfurled through the creation of *HEAL* has and continues to be an astounding and wonderful part of my medical career.”

As the idea took hold, it became clear that we should put the creations of the students, faculty and staff into an annual publication. We applied for a grant from the Arnold P. Gold Foundation to publish two e-newsletters and 200 copies of a journal. They gave us a modest sum, and students began to send in stories, artwork, pictures, and poems. Zach Folzenlogen agreed to be the art director for the project, and soon after, Lisa Granville, through her Reynolds Grant, as well as the Department of Geriatrics and the Dean of the College of Medicine, all came together to fund 1000 copies of the first journal. That was more than we ever dreamed possible.

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Kristopher R. Shannon

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From those humble beginnings, we have watched *HEAL* grow. More faculty members, staff, students and patients, have contributed their work. *HEAL* is now featured online, and all publications can be found at <[www.med.fsu.edu/page=heal.html](http://www.med.fsu.edu/page=heal.html)>. *HEAL* has also received generous funding from the Department of Medical Humanities and Social Sciences for the past two years.

Those first students who embraced *HEAL* are about to graduate. I will be forever grateful for their energy and their courage to dream. We hope that *HEAL* gives you the joy that it has given us. Please share *HEAL* with your friends, your family, your patients, classmates, and peers. Enjoy the art, poetry, photography, and prose. As you experience its beauty, remember the beauty of sharing in the problems and the solutions of others. Remember the privilege of connecting with patients and embrace the joy that it can bring. Thank you for your support of this publication. May the joy of *HEAL* permeate through your life and bring you healing as you work to heal others.

This third edition features work from many local and international artists. The works featured here and in other *HEAL* volumes are available for purchase from the individual artists. For their contact information, and for other inquiries, please email the editors at [heal@med.fsu.edu](mailto:heal@med.fsu.edu).

## The Unexpected Ride

By Carlos Leon

Medical school is a journey with its ups and its downs  
 Friends become family, smiles may turn into frowns  
 Ultimately it's a battle that everyone is ready to win  
 And here is a little story about how it begins  
 In undergrad, the preparation starts with many things to be done  
 This includes getting good grades, volunteering, and limiting fun  
 Then comes applications, personal statements, and interview invites  
 For many this includes researching affordable flights  
 Next is the MCAT, which for many is rough  
 But nobody ever said medical school was easy, right? It's supposed to be tough  
 Some students will have many offers, others will have none  
 And just like that a new medical school semester will have begun  
 The first two years is full of lectures and books  
 Students will never forget all the hard work it took  
 There is so much information the student may not know where to start  
 But becoming a great doctor requires hard work, determination, and a good heart  
 After the boards, the excitement begins  
 Wearing our white coats together, we start to blend in  
 Into the hospitals we all go  
 Awaiting our patients whose histories are unknown  
 The relationships we build ultimately sharpen our craft  
 Some experiences will make us cry, some will make us laugh  
 We quickly learn that diseases are no longer just words in a book  
 Sadly, they represent our patients and the lives that they took  
 The last two years reality sinks in  
 Tough residents and attendings will thicken our skin  
 It's amazing how fast time really goes by  
 I'm halfway through medical school in the blink of an eye  
 What lies next I'm really not sure  
 But whatever it may be I'm ready to endure  
 As future physicians we are privileged indeed  
 To serve our society and patients in need



# Better

By Anonymous

I had my first introduction to Alcoholics Anonymous when I was about twelve years old when my grandparents took me there for special events. My second encounter was in 1986. I was in the County Jail on charges for Assault and Battery on a Law Enforcement Officer. I was working for three attorneys at the time and had to call them and ask them to bail me out, which they did. I ended up doing some time on probation and hated every minute of it, but I was compliant and did what I had to do. I had to get that behind me so I could resume my drinking. After another short stint in the County Jail, I learned what not to do to stay out of the legal system. After several relapses and trips to Detox and the Psych Unit, I attempted to get sober again. I would last a year, or even three, but I always ended up drinking again. I thought I could handle it still.

The idea of living without drinking was incomprehensible. Drinking was never optional. The blackouts continued. The erratic and compulsive behaviors continued. I lost my family, friends, dog, home, job, vehicle, my judgment, self-respect, and most of my mind. During my last relapse ten years ago, I fell hard and ended up in a 12-hour blackout in the Emergency Room with a toxic level of alcohol in my blood. My son found me on the porch and called 911 thinking I was dead. That was my last experiment with alcohol. There was a law enforcement officer there, whom I later called to thank. After some inquiry, I learned that he smoked cigars. I wanted to go buy him one for being there to care about a drunk like me.

Soon after, I once again reluctantly went back to those ‘damned old meetings.’ A significant part of my recovery has been my first-born child, a son. When he was two-and-a-half years old, he had a febrile grand mal seizure in my arms on the way to the hospital. He underwent two brain surgeries. Thirteen years later, he has not had a seizure since. This same child also survived two major automobile accidents, one in which his nose went through the windshield while I was driving. My parents had to take him and raise him for years (after they had already raised their own five children and were looking forward to spending time together) at a time when I was too sick, too sorry, and unable to do so. If it were not for them, he would not be the man he is today. Despite the incredible challenges my son has faced and overcome, he is attending college and preparing for a career in Graphic Design. Upon graduation, he is planning to relocate to Savannah, Georgia.

My family also has forgiven me and welcomed me back into the fold and I was able to make peace with my dad before he passed away in May of last year. I am honoring him this day by having the courage to begin to tell my story. My recovery story is never complete without mentioning my PopPop. My grandmother told me he used to walk the floor with a bottle in his hand and cry because he could not quit drinking. He passed away with 33 years of sobriety through Alcoholics Anonymous. And he was one of two men who brought AA into the Philadelphia prisons. After I sobered up after his funeral, I felt so bad and knew that he would have been disappointed with me. He would have told me to keep on going, to never give up the desire to be sober.

I know now, I can never make up for the past. I have a sponsor. I go to those ‘damned old meetings’ even when I don’t feel like it. I go to my doctor’s appointments—for both medical and mental health. I take my medicine. I work on following my program to the best of my ability. I am willing to do whatever is necessary to maintain what I have been so freely given. I once heard a practicing alcoholic say that people that go to ‘those meetings’ are a bunch of losers. I thought, “Yeah, we are a bunch of losers. We have lost the bondage of alcohol.” I have a wonderful life today. I have my freedom and some stability. I live on five acres of land which I share with the deer, red fox, and other magnificent creatures and have been there for almost five years now. I have a garden which is my therapy and provides me with a lot of personal satisfaction. I am no longer full of fear and anxiety. I have some peace of mind today. I have good relationships with my family and friends and I have gained the admiration and respect of those professionals who have helped me so much along my way. I can give love and receive it.

The process of recovery has been long and sometimes very difficult and painful. I have deep gratitude for those dedicated souls who work with suffering alcoholics and addicts like me. Without their help, I really don’t think I would have made it. Recovery is about meaningful relationships, satisfying work, good health, good spirits, and play. I have them all. I could not begin to have a better life until I got sober and I could not stay sober without building a better life. It takes time, patience, and hard work. It is possible, but it’s a process and it’s a miracle.

# I Was Strong

By Collin Tully

I thought I was strong.  
I thought I would be able tell someone they were going to die.  
I thought I could provide relief.  
I thought I was strong.  
I told a mother she had cancer.  
I told her there was nothing we could do surgically.  
I thought I was strong.  
I told her the reaction was normal.  
I told her we were here to help.  
I thought I was strong.  
I was the only person to see her until the next day.  
I was asked if it could be anything else.  
I told her again.  
Everything is pointing to cancer.  
Everything she was feeling was normal.  
I thought I was strong.  
I was asked what I would do.  
I had dreamed about these discussions.  
I thought I could help more than others.  
I thought I was strong.  
I told her this can be a difficult thing, a difficult time.  
She said it was.  
She told me, it must be difficult for you too.  
She said she saw it in my eyes the day before.  
I thought I was strong.  
She appreciated my lack of strength.

# Away

By Eric Heppner

Float me away  
For far southern shores  
Dressed in white cotton  
On a boat without oars  
Bear me away  
To where it never grows cold  
To the air that is balmy  
And the wind that is bold  
Let’s go away  
To where the high heat is soothing  
Where the dry sand conforms  
And the palm fronds are moving  
Stay away, far away  
With the sound of the waves  
Away from the noises  
To calm lulling lathes  
Slip away, slip away  
Without a thought in the mind  
To that place far away  
Where living is kind

Angie Elkins M.T.







S. Abraham Cachago

## You Shouldn't

By Wendi Adelson J.D.

It wasn't supposed to be like this. At 17, it shouldn't be that only once a week, on Tuesdays—your day off from washing dishes in the Chinese restaurant—you have free time to play soccer. You should have been playing soccer every day, and going to school, which you loved, to take more math classes, which you also loved. You shouldn't have had to carry that heavy machete, and spend your days and nights and weekends working for your step-father, clearing the brush by his tienda, while he hit you instead of your mother and little sister, because that is the bargain you worked out. You shouldn't have lost your little brother, 6-months-old at the time—only one year younger than you—to your father's violence, before you even got the chance to really know him. You shouldn't have had to walk and take buses and trains to get from the north of Guatemala to the U.S. to escape a gang that wanted you to kill with them. You shouldn't have had to spend three months in a place for unaccompanied immigrant minors in Texas before they located your aunt and cousin in Tallahassee, but you did. You found me, and together, we have found a way to get you a green card, so that the next time you find a job, it will be from an employer who has to pay you a decent wage. And you could even go back to school, or travel, if you had the kind of money that would make either or both happen. I can't replace your past, thick with violence, not enough soccer, but I can give you better options for the future. I am your immigration attorney; you are a shining example of kindness, perseverance, fidelity and integrity in the face of overwhelming obstacles. Thank you.

## Praise to Fear

By Eric Heppner

I once feared loneliness, so I kissed a girl.  
For fear of being trapped, I left her.  
I feared dying young, so I ran round the world.  
Then I feared dying old, so I did it on a motorcycle.  
I feared being forgotten, so I wrote a book.  
I feared being remembered, so I kept it to myself.  
I feared fearing things, so I found myself.  
Then I feared fearing nothing, so I found God.

Heal





Luis Bolaños

## Glorified Pill Pusher

By Anonymous

An apple a day keeps the doctor away,  
Or is it an ACE-I and a statin that keep the doctor at bay?

Each day we work to preserve the health of others,  
But I wonder why each doesn't help himself?

We take on the responsibility that others do not.  
We have the easy answers that so many have sought.

The frustration mounts as they ask for yet another med,  
The alternative of which will leave them dead.

Is this really why I went to school for so many years?  
To watch people disrespect their health with so little fears?

Though its frustrating, I won't give up. I'll see it through.  
Otherwise, who would be around to tell them what's best to do?

And so each day we continue to push a pill  
While practicing compassion as a cure for lack of motivation and will.



Jill Grayson

## The Value of Medicine

By Guimy Alexis

What is the value of a physician? Or more importantly, how can their value be measured? Why does society see these individuals as essential, their purpose as altruistic?

Is it because of their intelligence? No. Albeit, in order to become a physician, one must be exceptional, this quality alone is insufficient to justify their value.

Is it due to performance? Potential is useless without results, right? No. What about the caliber of their education? It must be due to their class rank, specialty, prestige in the medical community, new medical innovations? No. No. And, no.

Their value is rooted in their relentless attempts to preserve life. Society recognizes the value of life, because all life is valuable.

A physician's worth is ingrained in this unyielding pursuit to treat, if not cure, disease that will ultimately end the lives of their patients. Irrespective of whom that individual is, his or her life is worth saving. Life is valuable and so are those who devote their lives to its preservation.



# Returning to Kings County Hospital

By Arthur Ginsberg M.D.

The compassionate gaze  
on Sir William Osler’s face  
follows me from the cupola of his library.  
In these sprawling wards, on beds

sheathed in coarse linen,  
I learned to interrogate the heart,  
to know the opening and closing  
valves, hold an ear to the lungs

for rales and rhonchi, the signature  
sounds of a drowning chest, to palpate  
with my fingertip, a knobby liver  
beneath the ribs, hard as a hickory gall.

To spelunk the body’s caves  
by headlamp and touch, to see beyond  
the eye’s pinhole, serpentine rivers running  
and the ivory cable carrying the world

into the brain’s rutted ridges.  
On that journey I became a warrior  
armed with Asclepias’ staff, bound  
by Hippocrate’s oath, the serpent growing

new skin entwined around my feet.  
I took with me to New York:  
the prying ear of a stethoscope,  
a white jacket and name tag, the child

inside me who died on the fever’s  
battlefield. I carried my ashes in an urn,  
and joined one-hundred and ten interns  
in the contagious corridors of the old

Kings County Hospital that stands  
in Brooklyn’s blazing desert. Graffiti crawls  
its walls like kelp, and the wagons arrive  
screaming with their cargo of wounded men.

Once, my feet scuffed these wards,  
my hands measured blood pressure  
and pulse, compressed the flailing chests  
until the flat-lines sang no more.

On Flatbush Avenue the sick pile up  
on steel gurneys stacked like boxcars  
in a stockyard. We are cattle,  
they cry. Help us to die. And I press

against the nursery glass,  
drinking in the puckered, red faces  
inhaling life, the bubbles on tiny lips.  
A lifetime ago, I drove through Brownsville,

a graveyard of fractured walls,  
pitted asphalt and shattered windows.  
I ran red lights, looked away  
from dark figures warming their hands

over can fires. Their faces vibrate  
before my eyes, black as coal miners  
pulled from a pit. Misery gathers  
this world’s dead weight on their backs.

Each night, more babies with cigarette  
burns, the elderly, gaunt and cold.  
The Lindens’ leaves on the boulevard  
have turned from gold to red.

My mother arrived in a hard snow  
to scour my room in the dentist’s office  
where I lived, and brought freshly  
laundered clothes. In this wasteland

she shone like a beacon, left a spotless  
windowsill, this tidied room,  
the orchestral bedsprings, anatomy books,  
a goose necked lamp and vitamin pills.

No sleek, black monument honors the dead  
on Flatbush Avenue where the old men  
in the park are fed by the pigeons.  
You forget you work in a place

where human life has no meaning,  
the hopes of the hopeless are launched  
and cast adrift. Lowell said,  
the elected who promise to care,

come here bright as dimes,  
and die disheveled and soft.  
In the autumn I wander Kings County’s  
corridors again, searching for Miss Sardi,

the Sicilian nurse who tested my mettle,  
blocked my exit from intensive care,  
with mellifluous voice demanding the name  
and dose of a drug for Pedro Martinez,

a dying man assigned to me on my first day.  
I relive a chorus of respirators sucking air, red  
diaphragms rising and falling in glass cylinders.  
The usual, I blurted out, bolting through the door.

An orderly informs me that she passed away.  
From the deck of the Staten Island ferry,  
my life leans toward a kinder season,  
Ellis Island fading in the mist.







Angie Elkins M.T.

# Lost in the Jungle

By Jessica Gondela

I made the trip to Peru as a first year medical student with a glimmer in my eye and a stethoscope around my neck. I'll never forget stepping off the boat into a landscape that was only recognizable because it had palm trees similar to those in Florida, my home state. Few physicians land themselves an opportunity in the middle of the Amazon jungle; and even fewer make the trip not knowing a soul, boarding a boat with a bunch of strangers. But these same strangers also gain the same sense of gratification as I do helping the most underserved patients they can find in the world.

I stepped off the boat with the amazement and excitement that a child has when he or she arrives in Disneyland. Surprise caught me when a small three-year-old child grasped my hand and smiled shyly, asking me in her native Spanish dialect, "Who are you and why are you here visiting my village?" I smiled back at her warmly and said, "I am Jessica, and we are here to help you and your village with their health." Later that day I had the privilege of examining her with one of the physicians, and we gave her medications to clear her of an uncomfortable intestinal parasite that she likely had suffered from most of her life.

Working with patients not only in the international arena, but also in the middle of the jungle, is not an easy task. We set up a make-shift table with donated medications and had only the stethoscopes around our necks and the basic medical tools that we brought from the United States, along

with one portable ultrasound machine. It was truly the most "MacGyver" styles of medicine I have seen yet. We had to be the most resourceful physicians we could be, given the poverty of tools available. A startling example of this was a young mother who brought in her infant who was in respiratory distress. The baby exhibited all of the classic signs and symptoms we were taught in medical school—nasal flaring, costal retractions and the horrifying gasping and choking noises (which I will never ever forget)—except we were in the middle of the Amazon and nothing was available to save the child in the village. We quickly rushed her onto the boat and used a nebulizer treatment one of the physicians had thankfully brought to stabilize the infant. It was a powerful moment for all of us, medical and non-medical professionals alike.

The acute medicine we performed in the middle of the Amazon reminded me of the deep excitement that I cherish and hold on to as I progress through the grueling yet incredible years of medical training. As young, budding physicians-in-training, we keep these memories in our pocket for the challenging days in our careers as a reminder of the reasons that we chose this path. I know this is the only field I could ever envision myself in, and if you ever catch me daydreaming during a long day in the hospital, it is simply my eyes drifting overseas with longing for another international medical jungle adventure.

## Chances and Changes

By Katie Relihan

Hey Daddo,  
I just talked to you yesterday  
...you said I love you Katez  
...you said you were going to get two stents placed today  
...you said there were not going to be any complications  
...you said you would be done by 10 AM and would not  
have to stay  
...you said you would quit smoking and change your ways

Now  
...I am looking at you  
...I am asking myself why  
...I am wondering if you will be there in the future, will you  
be there next week or even tomorrow  
...I detest you for telling Mom, Michael and I to let you die

You are undergoing quadruple bypass surgery at 59, oxygen  
saturation of 93%, and ejection fraction of 37%  
...what am I to think if not the worst?  
...you made it out of surgery and are in a medical coma  
...you don't look the way I remember you one bit  
...you should have quit smoking earlier, you should have  
changed, it is all your fault

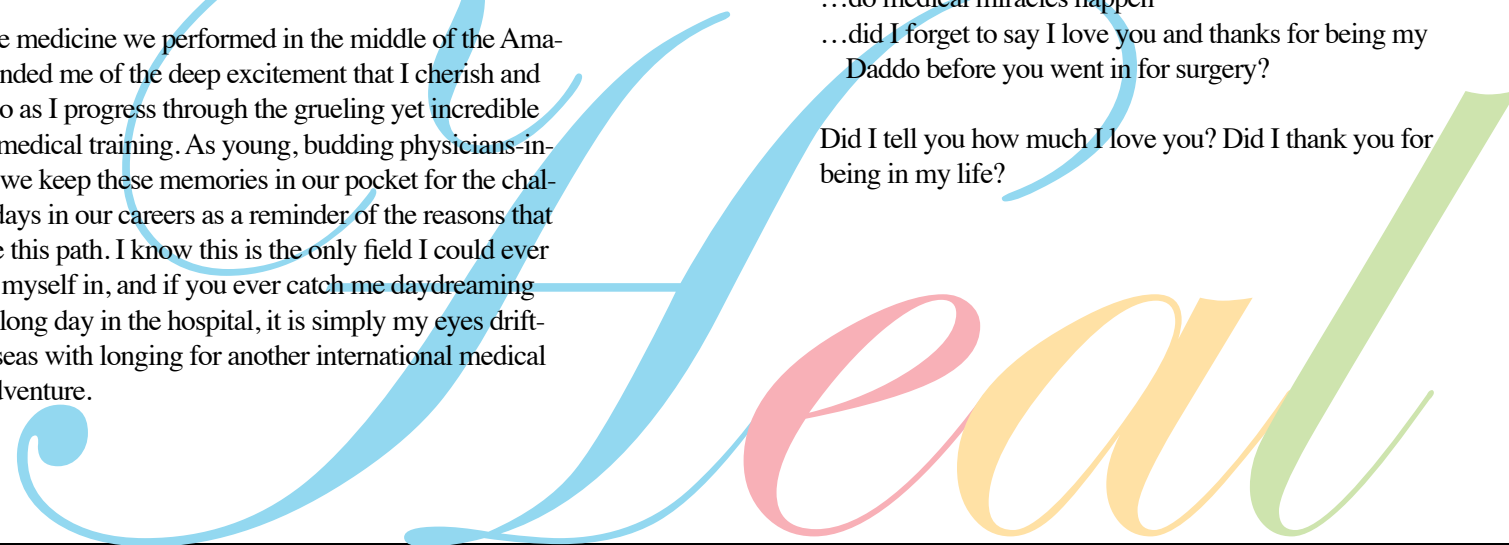
Why?  
...am I crying  
...am I this upset  
...am I this angry  
...can I not keep myself together  
...am I so glad you are still alive and I can see your smile  
...do medical miracles happen  
...did I forget to say I love you and thanks for being my  
Daddo before you went in for surgery?

Did I tell you how much I love you? Did I thank you for  
being in my life?

## In the Window

By Carol Warren

Who is the girl in the window  
Looking at the rain  
Or the reflection of tears  
Running down the glass?  
Reflecting the wishes of others  
Is walking a tightrope  
Between who I am  
And who I seem.  
You want me to be me  
But you only see the me  
You want me to be.  
Ring around the rosy  
The circle twists,  
The chain of ME's  
All fall down.  
Which one is the one you love?  
Who is the girl in the window  
Looking at the rain  
Or the reflection of tears  
Running down the glass?







Genoveva Arteta de Espinoza

# Laughter is the Best Medicine

By Brittany Warren

The room smells of death  
Will she open her eyes now  
Time to call the priest

From a young age we are told that laughter is the best medicine. As training physicians, we soon discover that laughter falls short of treating every ailment. We spend two years in the classroom dedicating ourselves to the understanding of the human body and the diseases that plague it. Part of that training includes learning the drugs that will help cure those diseases. At what point did we learn about laughter in Pharmacology? A once bright eyed and eager to learn medical student can be quickly silenced as death strolls into their patient's room and takes them for its own. Wait, the books never told me how to handle that.

We spend so much time figuring out what's best for the

patient often forgetting about ourselves. What's that old adage though? Laughter is the best medicine? This may be one of the most important lessons I will learn while in medical school. Sickness and death take patients hostage everyday on the wards. In order to keep from internalizing your feelings one must learn to make light of the situation. You learn to do everything in your power to help a patient, to keep them breathing, to keep their eyes open, but sometimes your best is not good enough. This is when your patient has one foot out the door and your attending jokingly tells the resident to, "Call the priest." A joke? Now? When this first happened to me I sat there wondering how making a joke could ever be appropriate. Now, not only was the imminent death of the patient eating away at me, but so was the one liner. As my patient's face haunted my thoughts, my emotions began to overcome me. "You need to be stronger," I told myself, it was only my first day on the floor after all. At that point I thought of the one liner and a hint of a smile slowly etched itself across my face. It was then that I realized that the joke was not at the expense of the patient, but rather as a form of self-preservation for the attending.

It was hard lesson to learn and I am sure that it is a lesson with many layers that I will continue to grow from, but it was that day that I learned that perhaps laughter can be the best medicine.





# The Little Girl Cried

By Oretha Jones M.S.N., A.R.N.P.

I walked through the door being the best me  
At least I hoped that's all she could see  
She started talking, I began to defend  
Because the goal is to not let her in

She asked hard questions  
And I would respond  
Still yearning to feel the heat of the sun  
That little girl is buried so deep you see  
The heat of the sun is new to me

She is waiting to see the little girl within  
The one with my life I must defend  
She wants to know why the little girl hides  
It's because the little girl is afraid to cry

Why would the little girl cry and hide  
And not allow the sun deep inside  
She is waiting for her father's guide  
For him to lift her up by his side

He'd twirl her around, they'd have great fun  
Then he'd lift her face up to the sun

I told her what I wanted to say  
When and if I make it to that day  
I saw my pain in her eyes  
And she saw the little girl cry

My father's love was not shown to me  
The more I asked the more he denied  
The more he denied the more I'd hide

I thought another man could come find me  
But my father's love is the only key

I talked to her as if she was him  
I asked what I'd done and when  
He made me feel as if I was born of sin  
I looked too deeply into his eyes  
The more I talked the more I cried  
Cathartic is the word she said  
Exorcism is the word in my head

Loneliness, hate, shame, and doubt  
Were all the demons we cast out

The little girl hidden deep inside  
Now understands that she is her guide  
There is not a man who holds the key  
The love I need I found within me

The little girl is gone and a woman is here  
No longer hiding in shame and fear  
For far too long I chose to hide  
That all ended when I cried



Yaowaree Leavell



## Comfort

By Eva Bellon

Love is never saying hello  
Goodbyes that don't exist  
An entanglement of souls  
Picking up where I left off  
Knowing your answers  
Finding ours together  
Love is having nothing to hide  
Thoughts that connect  
Circles of emotions  
A glimpse of one mind  
An understanding  
Love is breathing in  
Extensions of our being  
Creating a space inside  
A gentle ease into time

## On Earthly Adventures

By Sharon Winters M.D.

So if we have a desire to climb a mountain or sail a sea and we give up our home and family and friends to pursue our adventure saying to ourselves, "If I don't go now, I may never go and I want to go," what is the action to us? For if we believe in the resurrection and in eternity, then it doesn't matter if we go now or not, for it will be there for us to do or it will not be important to do; and if we don't believe in the resurrection, then whether we do it or not, we will die and it won't matter then if dead is dead... And if we don't believe in the resurrection, then why are we here on earth? If we are only here by chance, then nothing matters, not us, or those we love, or those we hate, or the things we have—unless we believe that because we are here by chance, we should make the most of the pleasures we find in our treasures, as we can take none with us when we die. So, grace and peace to us who believe. And faith, hope, and love are our past, present, and future.



# House on Bear Paw Lane

Tiffanie Walker

As I am writing, I have realized that the turmoil of emotions that I have described coming about from anticipating an upcoming celebration is a constant in my day to day life. Somehow, I have learned to live with it and push it aside in order to get through the day. Special occasions, holidays and milestones tend to amplify the feelings that are always present to the point that it is hard not to be overcome by them. Each day with William is an absolute blessing. At the same time, each moment tears at my heart because I know I will never have enough time with him on earth with me. A Mom “fixes” things, and this is something that I cannot “fix.” It is heartbreaking.  
-Oralea M.

As I drove up to the gate to punch in the entrance code, I thought about the nice neighborhood with beautiful houses. The gate opened, and I drove around trying to find the address on Bear Paw Lane. I also thought the streets had cute names. I turned into the driveway and scoped out the house for a few seconds. It was very well landscaped with a three car garage and beautiful flowers everywhere. Any unknowing stranger would think that the family who lives in this house must really put a lot of work into it and be well off. Little would they know that the family living in this house has suffered for so many years with a heavy heart that no regular person could ever fathom.

On my first visit to William’s house, I was greeted at the door by a friendly woman with a warm smile on her face. She introduced herself to me as William’s mother, Oralea. She was so glad to have another medical student caring for her son. I immediately noticed her accent and asked her where she was from. She stated that she and her husband were both from Quebec, Canada, but had been living in the states for 13 years. As I walked through their house, just taking it all in, my senses were working overtime. I could hear an unfamiliar loud noise coming from the back. I could smell bleach throughout the house like someone had just finished cleaning. I could see a little munchkin crawling on the ground. He was William’s 11-month-old brother. I continued on to the family room in the back of the house where I saw something unlike anything I had ever seen before. There was

a hospital bed in the middle of the family room and in it lay a small boy in the post-ictal state. Before I realized I was staring at him, William’s mom said, “Let me tell you about my angel.”

I soon learned that William had a rare lysosomal storage disease that was diagnosed when he was 13-months-old. Oralea first began to notice that something just wasn’t right when he was 9-months-old and began losing some of his previously achieved developmental milestones. He was taken to the pediatrician who initially thought that maybe he was just developmentally delayed, but when things got worse he was sent to many specialists. Finally, right after his first birthday, his parents got the dreaded call from a geneticist at Miami

Children’s Hospital who stated, “We found out what is wrong with your son; how soon can you come in?”

William was put into hospice care at the tender age of two; when I met him he had recently celebrated his fifth birthday. As we sat down and went through the entire history and circumstances around his diagnosis, William’s mom constantly had to run by his bedside or tend to his 11-month-old brother. Observing her suctioning, repositioning, or running behind an 11-month-old, I immediately thought to myself, “How does she do it all by herself every day?” When we

finished the discussion, I was hesitant to do a physical exam. I was used to 5-year-olds asking me if they could hold my stethoscope or if they were going to get any shots today. Some of those kids were even excited to tell me about their best friends in kindergarten. I was not used to a 5-year-old that would never be able to do any of those things.

As I began my physical with the help of my attending guiding me through it, I saw before me a young boy who barely had his eyes open. I thought to myself, “Can he hear me? Can he see me? Does he feel me touching him?” All these thoughts bombarded my head, and I spaced out for a few seconds. However, I was immediately brought back to reality as William began to make a loud moan, shake for a brief moment, and then pass out. I jumped back and immediately looked to his mother for any reaction. There was none. His

mother nonchalantly stated that it was one of his seizures, one of 10 to 15 that he had per day. She was not worried; however, witnessing my first seizure was terrifying—that it was in a 5-year-old made it even worse.

I followed William throughout the year with weekly updates on a blog that his mother had created for parents of children with similar diseases. I felt her pain and could feel her tears of sadness when she blogged about the first day back to school from summer break. That day would have been the start of kindergarten for William, so his mother blogged, “How I wish I could see William with his little uniform and Spongebob backpack on, walking in and meeting his teacher for the first time.” She was saddened that he could not attend but rejoiced in the fact that he was still here with her fighting his disease. Throughout the year, we had a few scares from serious upper respiratory infections to aspiration pneumonia. Some of these scares were intense to the point where we thought William probably would not make it through. William amazed us each time and had continued to fight.

On my last visit with William, I again pulled up to his house and embraced the beautiful landscaping I saw before me. Oralea greeted me at the door, and we sat at the kitchen table to go over everything that had happened this year. My attending and I had discussed a new program in the area known as the Prescribed Pediatric Extended Care (PPEC) program. PPEC was a non-residential health care center designed for children with terminal or medically-complex illnesses that require continuous therapeutic or skilled nursing supervision. We were going to talk with Oralea about the program as a means for her to have some form of respite care for William during the day. Oralea to me was a machine that never needed a tune up. She was with William throughout the entire day and only received help at night when a hospice nurse would give her time off during the night to sleep. She had learned to live with William’s illness and saw him as a blessing that has only made her into a stronger person.



Yaowaree Leavell

As we began the discussion about the PPEC program, Oralea immediately began to cry. I sat and waited for a moment, and I could feel the tears welling up in my own eyes. I was sort of shocked that this discussion made her so emotional since I had never seen her cry before. After we comforted her, we discussed why this made her so emotional. Oralea explained that she knew William did not have much time left; she could feel it. She wanted to be with her angel all the time because if the moment ever came when he would take his last breath on earth, she would never be able to forgive herself if she were not there. At that point I knew Oralea understood the extent of William’s disease and she was preparing herself for “the moment.”

Oralea stated that she spent all of her life looking for meaning and purpose, and she finally found it when she had her first child, William’s older sister. She knew that life at that point would be all about her family. When William was diagnosed with GM1, her meaning and purpose in life made even more sense to her. I was taken aback by William and Oralea. They have touched me in ways that no other patient has thus far.

Last Friday, Oralea made an update on William’s blog: “Tomorrow, William will be 5 years, 10-months-old! I can’t believe it! It is also hard to believe that his 6th birthday is approaching. I am starting to

think about how to celebrate his big day with cautious hope that he will be here to celebrate it with us. William has been doing really good lately, but from past experiences, we know all too well that things can turn on a dime and change so very quickly. It is hard for me to plan 24 hours ahead let alone 2 months. Yet here I am thinking of the best way to honor my beautiful son and the milestone he is about to reach—one that we never thought we would be able to see...”





Verónica Andrade  
Jaramillo M.D.

# My Best Friend

Cathaley Nobles

Hey girl, or hey boy,  
That was the standard greeting  
Depending on your gender,  
No matter your age.

He couldn't read, couldn't write;  
He was a sheer mathematician.  
He may have not always remembered your name;  
He never forgot your face, where he knew you from,  
or whose son or daughter you were.  
He never forgot dates that bills were due,  
He never missed a doctor appointment,  
And he never, ever forgot how much money you owed him.

He no longer drove, but owned four vehicles.  
We went everywhere together, mostly to Publix.  
He stopped eating meat years ago, before my time;  
We made a grape and banana run every other day.  
We always took the same route, drove past the same sights,  
repeated the same words at the same spots. For example: I have a bad habit  
of not coming to a complete stop at stop signs. He would say "Read that  
sign." I would say "S-T-O-P," and he would just say, "Well, then."

A couple of years ago he had a pacemaker implanted.  
Every 6 months he had follow-ups at the health center in Quincy.  
I drove the usual 45 mph, the usual route in the usual time.  
The nurses fussed over the 5'5", 128-pound patient.

Once I followed him to the back as he shuffled along in his bedroom slippers.  
When I came to, his heart specialist was beating me in my chest and a bunch  
of people stood over me, including my best friend. Well, as he would say,  
"To make a long story short," I had had a heart attack.

He died in January 2011.  
He would have been 100-years-old in August 2011.  
He was not religious, but he lived the way God wanted!

He and I had countless adventures—some larger than others—but each day  
with him was a gift from God. I miss my best Friend.



Verónica Andrade Jaramillo M.D.

## Doctor

By Stacey Farren

It is amazing how you see so many of us patients,  
backgrounds none alike;

You stop your world for us; with such careful strife;  
These walls in which we meet—are the barest of them all

But with your knowledge they feel golden and flourish;  
like a mountain is tall

You listen, you search, you take us all in—  
you accumulate and answer, that helps our healing begin

No you're not God—but God did choose you—  
to use your mind and body to help others get through

The days must get long, the hours too—  
but for our good fortune you do what you do.

So thank you, for I am only one patient; one voice you see  
But you met me in my worst condition ... You believed in me.

Each time I arrive here; I remember where I've been  
So Doctor, thank you for caring within.

## Shaken

By Tiffany Vollmer M.D.

You blonde haired, blue-eyed angel baby—  
Where are your doll eyes?  
And the rest of your blue iris, shaded in  
Large dark unresponsive pupils—  
Like an eclipse hiding blue sky forever.

Blink, twitch, move your small finger.  
I wait for something more than the  
Machine that moves air through you—  
And for a moment, or two,  
I have no breath.

Your impassive face is peaceful,  
My heart is taken—  
That which you no longer need  
Will go on to save the lives of other babies  
All because you were shaken.







# Trapped!

From *This is Our Story*  
By Wendi Adelson J.D.

I'm so embarrassed that I was really jealous at first. I even remember a few nights when I woke up and saw that Ana wasn't sleeping next to me. I looked at the clock on the wall and waited 10 minutes for her to come back from the bathroom. When she didn't come back, I explored the house to find her. I didn't want to wake the Cuencas, so I tiptoed as quietly as possible. After checking a few doors, I entered Martin's room. He had Ana in his bed, and she sounded like the stray dogs in our old neighborhood, when the mean little boys would corner them and pelt them with rocks. I called her name, and she told me to go away.

I waited up for her, and heard her when she crawled into bed. Our sleeping bags were pressed next to each other, but I moved mine closer to the wall. She had already made such a large space between us, putting Martin in the middle. I felt betrayed.

I can see now why that was silly, but I didn't understand then. I didn't know that she didn't want to be with him. I only started to figure it out later that night, early in the morning, actually, when Ana went to take a shower, and Martin came to my bed, took out his switchblade, and held it tight against my neck.

"One word about Ana and I will slit your throat." He pulled so hard on my long, jet-black hair that a few strands came loose and a little blood appeared at the scalp, and then he let go with one last tug, and I curled into a ball, too stunned to cry, too scared to move.

I was too scared even to talk to Ana about it. I didn't know what to do. I spent the next few days in a daze, going through the motions of work and sleep without feeling truly awake. I had thought that Ana was a virgin, like me. We were only thirteen and fourteen, and we had been told to save ourselves for marriage. It is a sin to have sex before

marriage and Ana was not a sinner. She was a good girl from Jujuy, like me.

Ana never told me about everything that happened with Martin, and we spoke less and less every day. Several months passed; I lost track. I wondered if maybe she blamed me for helping her win the contest that brought her to the United States. It didn't seem like such a great prize now.

I woke up when she left our room every night for Martin, and on the nights that she did not leave herself, he came to get her, roughly grabbing her by the arm, and dragging her

with him. I would wake up when Ana came back in, too, and she would crumble into bed. I knew something was wrong, but I was scared to talk to her about anything anymore. I felt so lonely in that house, and the loneliness sat there like a sneaky cat in the room at night, when Ana wasn't there to be my friend and confidant any more.

A few months later, Ana got sick while we were making breakfast. I told her that maybe she wouldn't have to work if she felt bad. She

asked Señora Cuenca when she got up, but she refused. She told us that we weren't paid to be sick. Ana asked her, "Are we getting paid?" I remember that moment perfectly, painfully. Señora Cuenca slapped Ana in the mouth, and told her that we are costing her a good bit of money, and that we are paid every day as we work off our debt. Señora Cuenca said that every day with our eating lots of food, and using the electricity and the shower, we were costing her more money.

One night, when we were getting ready for bed, I saw Ana's naked body as she slipped into her nightgown. She was always thin, and her arms and legs were thinner than ever. Her belly, on the other hand, curved outward like she had swallowed a pumpkin. How I missed those pumpkin empanadas, straight from the oven, so much tastier than the fried ones

*"One word about Ana  
and I will slit your throat."  
He pulled so hard on my  
long, jet-black hair that a  
few strands came loose  
and a little blood  
appeared at the scalp...*



Maria preferred. Her stomach looked just like one of those delicious treats, and I almost went to her then. She was pregnant, I had no idea how far along. She saw me looking then, and immediately turned away.

"Ana," I said, unable to form the words to say anything more.

"Don't, Rosa, you'll just make it worse." She spoke to the floor when she did speak, always this way now. I hadn't heard her laugh in longer than I could remember.

We laid down in silence, snuggled in our sleeping bags, palms touching each other, and we both wept quietly. I cried for many reasons. I missed mami and even Maria. I missed school and our friends and my home and everything. Touch-

ing her hand I realized how much I had been missing Ana.

The door opened a crack and we sped apart, knowing it was Martin and not wanting him to see us interact. She groaned to her feet and I heard her steps on the floor as she walked toward his room. Just like that, she was gone.

I fell asleep and at some point I remember hearing a muffled scream, but I could have been dreaming. At 5 AM that morning, just like every other day, I woke up to our alarm.

Ana didn't get up.

I called her name. I nudged her. I coaxed her into the day. That didn't work. I knelt down next to her and squeezed her hand. It was cold.





Jessica Gondela



# Babycatching in Cartagena

By Diana Janopaul

As a midwifery student, I had the opportunity to travel with three other students to Cartagena, Colombia to spend ten days in a maternity clinic delivering babies. Harmony, Jen, and Cindy comprised the team from The Florida School of Traditional Midwifery. We rotated through eleven-hour shifts, day and night, covering 22 hours every day. We labored with the women, caught babies, did newborn exams and postpartum checks, and then returned to our preceptor's home to eat, shower, and sleep.

We each delivered more than 25 babies in those ten days. We saw women giving birth in conditions that would be considered horrifying here—no sheets on the beds, families not allowed in, no support at all. We watched medical students, interns and residents utilize practices that, to us, are outdated and unnecessary. We saw these same caregivers make do with limited, or non-existent, supplies such as electricity and Chux pads. I witnessed unforgettable situations and met women who experienced impossible pain with bravery.

One of these women was Rosa, a dark-skinned beauty, very young and sweet. She was being induced for pre-eclampsia, even though she had not one sign or symptom of being pre-eclamptic. Her labor was long and hard, and the doctors were beginning to talk of a C-section. She was the last woman laboring at the end of our first shift. Harmony went to her, put her arms around her and began to dance. They swayed together and Harmony began to sing.

Woman am I.

Spirit am I.

I am the infinite within my soul.

I have no beginning and I have no end.

All this I am.

I joined in, putting my arms around them both. We sang to her and swayed our hips in time. It was such a victory to welcome that beautiful baby into the world, not long before our first shift ended.

Maria, a small woman of Native American descent, was laboring with her fourth baby. She was the “old woman” on the ward, giving encouragement to the younger girls around her. After many hours of slow, painful labor, the doctor decided to perform a C-section. The section couldn't happen, however, until her family was located outside the clinic so

that they could pay for the surgery. She was hysterical from the pain and cold—operating rooms are kept at near-arctic temperatures. She was especially mortified that she was naked—there were no such things as hospital gowns there—and the cloth they had tried to cover her with kept slipping off. I will never forget holding her in my arms while the anesthesiologist, finally, administered the epidural. She looked up and kissed me on the forehead and said, “Gracias.” I kissed her back, through the surgical mask I was wearing. “De nada.”

One day I found Harmony crying in the dank, cramped bathroom the laboring women used. She said that she couldn't take the disregard for the women or the brutal exams performed on the women. I had gone to comfort her, but somehow ended up crying as well. We heard a knock on the door and I opened it to find Manuel, our favorite intern. I tried to explain to him that for us birth is not just a medical procedure, but rather, a sacred event, that, as midwives, we have tender hearts that... “Break easily,” he finished my statement. He told us that he also has a soft heart that was often broken there, that he didn't like the way the women were treated, but that he had to work within the system there to achieve his goal of becoming a doctor. We ended up in a group hug in that dingy little bathroom.

Our last day, we delivered the baby of a seventeen-year-old

young lady named Tanya. Tanya's last name was “Valiente,” which means “brave” in Spanish. And brave she was. She would grab Harmony's long braid and pull her head back with each contraction, then kiss her and apologize afterwards! During the hardest part of her labor, she began to beg—not for pain relief, which was not even an option in the clinic—but for a “gaseosa”—a soda. At first, I tried to convince her that water was a much better choice, but as I watched that young girl make her journey into womanhood, I decided that she darn well deserved a soda. I sent someone to buy her an orange drink, which she sipped out of a plastic bag with a straw. It was soon after her last sip that her little boy was born. He was tiny like his mama and born with a clubbed foot. We covered them both in flowers that we had brought in for our last day—marigolds for healing.

Even telling you all of these things doesn't convey the intensity of the experience. After we returned, I craved being with Harmony, Cindy and Jen, because they alone could understand the way I was feeling. Harmony and I still can't sing our song together without crying.

Woman am I.

Spirit am I.

I am the infinite within my soul.

I have no beginning and I have no end.

All this I am.



# Breathe

By Ángela Guzmán

I'm sitting in a room struggling to breathe  
 Anxiety building  
 Self-perpetuating thoughts of failure and weakness grab hold of my mind forcing me to  
 Stop dead in my tracks  
 I can't breathe. . .  
 Using a paper bag. . . I. . .  
 Breathe in. . . and out. . . and then in again. . .  
 Hoping that the gases exchange and facilitate the restoration of blood to my core. . .  
 Somewhere in my brain  
 I convinced myself that I'm not supposed to be here... yet I long to be nowhere else  
 Breathe  
 In confidence so that it may radiate from your skin  
 Breathe  
 In acceptance of self-limitations and self-affirmations of success  
 Breathe. . .  
 In self-love and let it pulsate through your veins  
 Breathe. . .  
 Don't forget to. . . Breathe. . .  
 Every time that you struggle to stand  
 Just. . .  
 Breathe in and walk again. . .  
 So now I breathe  
 Life back into self  
 I breathe. . .  
 Longevity and mental prosperity  
 Elevating thee. . .  
 I breathe and speak life back into your broken vessel  
 Now you are ready to return to the sea again. . .  
 So. . .  
 Just. . .  
 Breathe. . .  
 And be encouraged. . .



Pablo Rodríguez

## Progress Note

By Elena Reyes Ph.D.

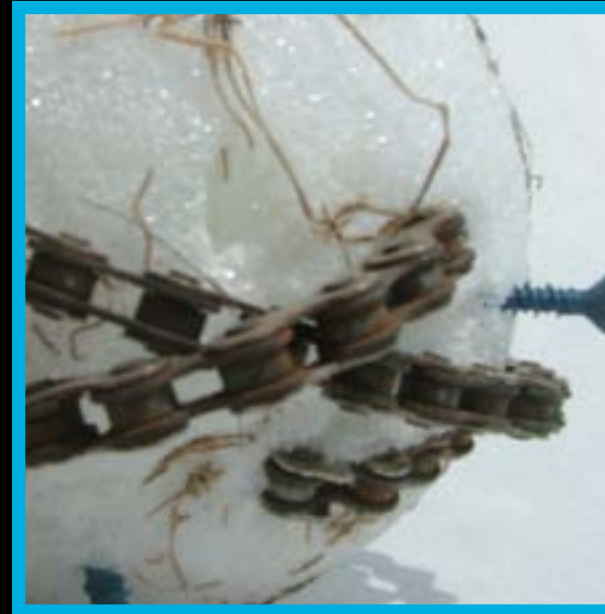
You can hardly talk,  
 eyes cast down,  
 tears streaming down your cheeks...  
 Silently

The pain so deep,  
 the history of abuse so long  
 that the memories torment you...  
 Silently

You walk to the edge of the dock,  
 you think about your son,  
 a hand taps your shoulder; you turn back...  
 Silently

You are not ready yet  
 but you have to leave,  
 you shyly smile good-bye looking hopefully down the road  
 Silently

I watch you go,  
 proud of you...afraid for you,  
 sending a prayer on your behalf,  
 Silently



Camilo Fernández Salvador





Eva Bellon

Eva Bellon

# Daytona Beach Coaching

By Andrew Cooke M.D.

My story is about the coaching of two brothers, 12-year-old Zeb and 13-year-old Elija, who were raised in foster care. These were children, though I didn't know it initially, whose mother was addicted to crack and father was incarcerated. They were raised by various people and bounced around together from one foster parent to another. I met them while they were living with their 40-year-old grandmother who worked full time as an administrative assistant.

On the first day of practice Mrs. Smith dropped her boys off and told me that if I were to encounter any problems I should tell her immediately so that she could correct them. I semi-heeded her words and focused my attention, as I always do,

on producing fundamentally sound baseball players. The brothers were like most of the players on my Daytona Beach team, inexperienced and unwilling to put forth the work necessary to become a good baseball player. I worked intensely with them, both on the fundamentals and on the physical fitness necessary to be an athlete.

Quickly I realized that the older brother, Elija, was unwilling to put forth the effort to excel in athletics. When I told the team to run, he would walk. When I lined the team up for ground balls, he would stand on the sidelines and watch. I found that all my motivational coaching techniques failed: he simply wouldn't work. He consistently would say, "Coach, I don't want to run, I just want to play baseball." After over a month of failed discipline I utilized a resource I never had before, his grandmother. This was the biggest mistake I've made as a coach.

Elija's grandmother immediately left work and drove to the ball field. I met her outside the dugout with Elija, waiting for the magic pill that would transform my obstinate ballplayer into the all-star I needed. Instead, the lecture I heard put me to shame as a coach. She spent over five minutes telling my player how he was worthless and would never measure up. She said that he was no better than his drug dealing father and his addicted mother. His only retort was, "Grandma, one day I will be better than you ever could." At which point she stuck her index finger in his chest and said, "I hope you get

to my level one day."

I watched this all in stunned silence. I realized that my player had more on his plate than just baseball and life itself was tough enough. I called practice and pulled Elija aside. I asked him if everything was alright. His response was short and curt, "Coach, if Grandma ever touches me like that I'm going to go to jail." I wish I had stopped and talked with him, I wish I had the courage to pull him aside and see what he meant by that. Instead, I let it go and my simple unawareness would haunt me.

The next week I called Elija's Grandma, to tell her what time practice started. She told me that Zeb would be at practice; however, Elija would be unable to make it. Over the weekend he had gotten in a fight with her and gone to jail. Elija had given her a black eye and a fat lip. I dropped the phone when I heard her words. If only I had acted, if only I had talked with him, maybe things would be different. I returned to reality and asked how long he would be in jail. She told me only a week and he would be ready for the game next week.

I spent the next week both nervous and anxious. "How could I have let my player hurt a woman like he did?" I had to act so that this would never happen again. When Elija returned for the game on Saturday, I did the only thing I could think. I took Elija outside of the park and across the street,

away from all the players and the fans. I told him, "Elija, if you want to punch someone, punch me, because I'm at fault, not your grandma." His response was, "Coach, you didn't do anything wrong. I'm not gonna hit you." I told him "You felt strong enough to hit a woman, why not punch me?" At which point he took a weak swing and said "I can't hit you, Coach." I pushed him and said, "You already did. The second you hit your grandma and got in trouble, you not only punched me harder than you ever could, you hit every one on your team. As both a baseball coach and a man, I will never allow violence towards women and you are a strong enough person to know that it's never acceptable." With watery eyes he took another weak swing and started to cry. "Coach, I'm sorry. I won't do it again." We left together, with tears in both our eyes, and returned to the team.

The game started without a hitch and my team was down by about two runs. During the second inning Zeb hit my second baseman, who happened to be a girl, in the shoulder. Elija immediately hit him back and told his brother, "Man, you don't hit women, no matter what they do to you." Unfortunately we lost that game, but I felt proud that my ballplayer had learned a lesson in life that maybe he will take with him. Though my coaching experience in Daytona Beach didn't have the same rewards as it did in Tallahassee, I will take my experiences and learn from my mistakes, just as my ball players did.





# The Departed

(A Poem for the Cadavers)

By Georgia Christakis

Don't look for me in there,  
For I've been a long time gone.  
The doors are locked, the shutters sealed  
And there's no one at home.

This is an empty house.  
See the shattered window pane;  
It's a shell of what it used to be,  
An empty picture frame.

You can come in seeking shelter,  
But I am not inside.  
You will find the hallways empty,  
And the cupboards bare and dry.

You see now but a skeleton  
Of where life once was lived.  
The hearth and parlor fireplace  
Have no more warmth to give.

But it is not all lifeless!  
Weeds will soon burst through the floor,  
And what once was bare and empty  
Shall become a home once more.

So come in, explore each corner,  
And inspect each subtle crack.  
Through your thoughtful explorations,  
You may one day bring life back.

# “¡En la sombra!”

By Ann Sheddan

As someone who speaks “un poco español,” traveling to a country where very little where very little English is spoken was quite intimidating at first. However, even with the language barriers, I found I was able to communicate “mucho con los niños de Nicaragua.” For some reason, the children understood what I was saying, and spoke slowly enough so that I could understand them. My theory: the kids were used to hearing their baby siblings learning to speak and I probably sounded similar... más o menos.

At one of our clinics, I was working “crowd control” outdoors, and I was trying to have the kids move into the shade to play a game. It was stifling hot. I'm practically albino, and I didn't know how much more SPF 50 my skin could absorb on top of all of the sweat. I was trying my best. I didn't know the actual word for “shade,” so I described it as best I could: “Donde el sol no es. Aquí.” Blank stares. The kids looked up, saw the sun, looked at each other and smiled like I was losing it. I kept going, trying to motion and act out “shade.” Really fun, try it. Finally a little girl who appeared to be about 9-years-old bellowed:

“¡EN LA SOMBRA!”

All of the kids ran into the shade and laughed. “¡Muchas gracias!” The little girl just gave a knowing smile and started playing the game with us. It was amazing to witness and participate in communication without sharing a language. I learned that even though my Spanish was full of errors, the children and the adults appreciated the fact that I was trying my best to speak the language.



Beatriz  
Maciá



# Reflections on Ecuador

By Antony Nguyen

Since this was my first medical service trip, I truly didn't know what to expect before going. Should I practice physical exam techniques? What should I bring? Would it be ok if I hardly knew Spanish? Did I even know enough to make any positive difference at all? Once on the trip, all the uncertainties gave way to excitement and to just enjoying the moment. The trip turned out to be a once-in-a-lifetime educational experience and adventure.

## The Hospital and Clinics in Quito:

The differences between the hospital and clinic were obvious just from the outside of the buildings that housed them. From blocks away, approaching the huge majestic building, one could tell it was a hospital. Directly across the street was a small unimposing building that blended in with the surrounding houses and store fronts seamlessly. Even as I stood right in front, I could not tell it was a medical clinic without being told so. On the inside, the gleaming and spacious hallways of the hospital contrasted starkly with the dark and narrow spaces of the clinic. The Hospital Metropolitano in some ways was not unlike any hospital found in the U.S., except in Ecuador they only provide services specifically for patients who can pay or have insurance. At the clinic just across the street, with the relatively measly infrastructure and lack of resources, they do an amazing job with what they have to provide much needed help to the poor and underserved population with no insurance. It was my first time being in and learning about clinics like this. I found it interesting that physicians who work at the clinic are volunteers, taking time out of their own private practices to come here for hours each week to give back to their community. From their practices, the volunteer physicians bring sample medicines provided by pharmaceutical companies to stock the clinic pharmacy and to give out to the clinic patients that need them.

In the clinic, we also learned about the "medical brigades," which are groups of volunteer health professionals (doctors, nurses, dentists, etc.) that go into remote jungle villages several times a year to provide services to the poorest of the poor. But it's not a medical mission where a foreign doctor working with a translator comes to provide one-time medical care to patients during a short trip. The heroes of the medical brigades are local: they live and work in nearby communities, so they are able to go several times a year and bring

sustainable health-care solutions and preventative health education to the people who need it the most. In another part of town, we had the opportunity to shadow physicians at the "Hospital San Jose Obrero," a clinic founded and run by nuns to help the poor. Like at the other clinic, the physicians here are volunteers. In our short time there, we saw patients with varying issues such as diabetes, GI issues, throat problems, and dizziness. For the newly diagnosed diabetes patient, one of the prescriptions the physician wrote was for her diet, detailing all the things she couldn't eat or drink (i.e. soda, white potatoes, rice, bread, honey), which according to the patient, was everything that she eats!

In the upstairs storage/conference room of this clinic, there was a stockpile of drugs they were not allowed to use because the drugs had expired. By law, expired drugs cannot be given to patients even though (this I learned from Dr. Rodriguez) technically many of the drugs are still perfectly fine since sample drugs have shorter expiration dates—a trick the pharmaceutical companies play to get doctors to buy the drugs instead of continuing to use the samples. It costs money to properly dispose of the drugs, so they sit there day after day, useless and taking up space. What a waste of precious drugs that could

help people! Still, the doctors and nuns come every day and do what they can with what they have. This clinic had various areas, including an emergency room and a pathology lab; something one would expect in a hospital, but unusual in a clinic. Operating solely on donations and volunteers, I'm still amazed they are able to not only keep the place running, but also provide quality care to the patients. Interestingly, they had an area for acupuncture, embracing what many, at least in the U.S., would consider alternative medicine. Apparently acupuncture helps cure, at least temporarily, sinus congestion, according to the one brave person in our group willing to have needles inserted into his body.

## Riobamba:

The home visits in Riobamba were an eye opener. It touched me to see not only the physical manifestation of the kids' illnesses, but the poverty of their family and their living conditions. By going to their homes, we gave attention and brought a little help to these mostly forgotten patients who we would not have otherwise seen. There was a malnourished boy with a bone deformity in his arm and learning difficulty. His problems were not severe enough to receive



help from the government, even though his family lived in a small shack with no electricity or running water and unsanitary dirt floors. His mother was so thankful we came that day to provide her son a little care and some donations, repeating "muchas gracias" with tears in her eyes. Still, as we left I felt guilty for not being able to do and give more.

I was really impressed with the school/juvenile detention center, where teenage boys who had been arrested for things like theft, assault, and even rape were being rehabilitated. It was surprising at first, hearing the serious nature of some of the crimes. Initially, I wondered why they weren't locked up behind bars with their freedom taken away like it should be. But as I found out more about the how the place is run, and after I met and talked with the boys, I became a little bit more understanding. I learned most of them were previously homeless, involved in gangs, and simply had to do what they did to survive. It was refreshing to see those boys being taught discipline, team building, and practical trade skills to prepare them to live and succeed on their own in society. It was such a simple idea, and I think far more effective in the long run than throwing money into building facilities and security to lockup and punish troubled youths, which more often than not makes them worse.

## Pacto:

Pacto is a very small town that's not even on most maps. It took four bus rides just to get there. But it was in the villages outside of Pacto where I had my most memorable and rewarding experience in Ecuador. The whole operation that day was really something. With only two pickup trucks,

three doctors, one dentist, nurses, FSU med students, and some medicine and equipment, we were able to make an impact in the lives of many children in only a few short hours. We set up an assembly line of sorts, doing medical checkups and physicals of all the kids in that village. One person was stationed at the front to get the name and age, another to get the weight and height, another to get the temperature, another to measure blood pressure, and several to do physicals and fetch medicines. It was great working together in a team like that, each person playing a pivotal role. We were incredibly efficient, bringing smiles to the kids, and making a small difference to their well-being. It goes to show you don't need high tech equipment; you don't need a great abundance of knowledge; you don't need an office; what you need is just a little compassion and effort to do what you can with what you have to care for and help others.

This trip was a wonderful medical learning experience, but it also helped me to grow and see the world in a different perspective. I feel fortunate for the opportunity to better know my classmates and professor; learn about the history, culture, and health care of Ecuador; open my eyes wider to the plight of the underserved; and simply for the opportunity to be of service to others. The thing I'm most grateful for is a renewed desire to give back to the community and help those that need it the most even back home in the U.S. I still need to work on my Spanish, but at least now I have a better idea of what a medical service trip is about and I can hardly wait to go on another one!





# Trust Your Instincts

By Laura Davis

“How are you feeling?”

“I’m nervous. Really nervous.”

“Why?”

“I’ve never done this before. This is a real patient. I’ve never been the one with the answers.”

“Lucky for you, they don’t know that. There is nothing to worry about. You will be great. Just follow your instincts. They won’t lead you wrong and if you have any questions, ask. Have fun, and don’t worry about the checklist.”

When I think back to my first day of preceptorship—twelve weeks into my medical school education—so many vivid memories flash in my mind’s eye. I remember standing in front of the full-length mirror at home wondering whether it was appropriate to wear my new, shiny red stethoscope. I remember timing myself to see just how fast I could get through the checklist of pertinent information about history of present illness and social history. I remember wondering

if the patient wouldn’t want to see me. In short, I was terrified.

It was a great honor of mine, on that very day, to have an amazing preceptor. “Doc” was the cool preceptor. He was boisterous, full of laughter and not afraid to speak his mind, but was always truly concerned about every person he encountered. He treated everyone the same, whether they were a colleague, student, President of the university, or the patient who managed to get to the office without any money or shoes. I had already known Doc for over a year because he had mentored me during my post-baccalaureate research. I respected him, not only for his gentleness to patients, but because of his true passion and concern for others. This concern was not based on their socioeconomic status or length of their white coat, but because they were members of the human race.

With Doc’s instructions ringing in my ear, I entered the examination room for the first time. I saw an African American man in his mid-twenties, returning to the clinic for test results from his previous visit. I ran through the appropriate questions of my checklist and attempted to frantically scribble down every single thing the patient told me. And then it was over. It was time for me to present the patient to Doc. His first question to me was, “How do YOU feel it went?” I remember taking a deep breath and saying, “Today I saw... what?” He repeated again with a chuckle, “How do YOU



feel it went?” I was shocked. He did not want me to ramble back the information I had received from the patient, he wanted to know how I was doing. He was concerned for me.

As my first year in medical school progressed, I used the words of Doc continuously. I followed my instincts when something seemed awkward in a patient’s presentation. I asked questions whenever there was something I didn’t know or understand. As many times as I could, I thought about how I felt after seeing the mother of three who had just been told she had stage IV ovarian cancer, or how I felt seeing an obese man who had dropped his blood pressure and weight by simply eliminating carbonated drinks from his diet. I took time to reflect on not only what I was doing but what medicine was doing to me—and it was changing my life.

The summer after my first year I participated in a medical service-learning trip. One of the most powerful experiences of the trip was when we visited a special school for people with physical disabilities. I must admit, I was a little uncomfortable. Not only was I with extremely handicapped people, but I didn’t speak their language. I did not know what to say or do, and I felt ill-equipped to be there. Doc’s advice rang in my ears: “Just follow your instincts. They won’t lead you wrong.” All I knew to do was smile. So, I smiled at the students and put a warm hand on their shoulders. I remember looking across the room at my fellow classmates,

standing in awe at what I saw. Some students were fluently engrossed in dialogue with our new friends. Others were just as uncomfortable as I was, but our fearless leader on the trip was in the corner of the room, with his own children around him, involving them in the experience and letting them learn what it meant to be accepting and loving towards others. He was teaching them by his own example, and it was a beautiful scene.

That night, as I reflected on the day’s activities, I realized the importance of having instructors that live the life they teach and the powerful truth that it takes more than memorizing a checklist or knowing how to do a physical exam to be a good doctor. Anyone can learn the motions and, just as our simulated patients, “act” like a doctor. Learning to be a physician is more than a curtain call; rather, it is a reflection of each of the experiences I have had that led me here. As I continue in my medical career, I will forever strive to practice medicine while remaining true to myself. I want to keep medicine fun and be passionate, even when I am defeated and exhausted. There are many, many things I have learned in medical school, but the most important lessons I’ve learned weren’t from books or small groups. The most important lessons have come from watching how my professors and preceptors live the lives they are claiming to live. They lead lives of integrity, not because they are required to professionally, but because it is a vital characteristic in their make-up, not as physicians, but as human beings.



# Poems

By Eva Bellon

**7.0 1/12/10**

There are children screaming tonight  
While their mothers stare into nothingness.  
No phones will ring to disturb them.  
No lights on any horizon.  
A city  
Covered in dust  
Will try to pull itself from the darkness  
For all the world to see.  
Line up the fallen so there can be sleep.  
Line up the hurt so they can wait.  
Wait for help,  
Wait for death,  
Wait for the next trembling moment.

## **Haiti will survive.**

Hopelessness  
Another familiar emotion  
In a sea of poverty  
The world will finally see  
It begins to understand

Will you pray for them  
In some way try to help  
Let the world keep on spinning  
Let the world come crashing down

Sift through the tears  
Under the rubble  
Reside silenced dreams  
Voices cry out  
In an instant we band together  
Visions of hope can be found  
Even in darkness we see can see the light

Yaowaree Leavell



José E. Rodríguez M.D.





Yaowaree Leavell

# Rosa Parks

By Samuel Williams

The year was 1955  
And the south was divided by segregation;  
The civil rights movement was very much alive  
And it was in need of some vigorous stimulation.

The momentous event occurred in Montgomery, Alabama  
And no one could imagine its true magnitude;  
The actions of one little lady who was caught up in a system  
That was both wicked and rude.

Rosa parks was as tired as tired can be.  
She was hurting from her head to her feet,  
Yet she would change our nation's history  
For refusing to give up her bus seat.

For refusing she was put in a cell,  
Fingerprinted and put in jail.  
Still those who gathered to pay her bail  
Knew she had rung the right alarm bell.

Rosa parks didn't want confrontation,  
All she wanted was some old fashioned respect.  
But when she got the nation's attention  
She stood firm and stuck out her neck.

The civil rights movement would last much longer,  
But Rosa's stance helped broaden the fight.  
Thanks to one little tired lady  
Who sat down because she knew she was right.

# On Call

By Sarah Mike

Light flits through the curtain, and I catch a glimpse of  
all that I have lost.

Standing at this window, I watch them passing by,  
those twenty-somethings with their perfect families,  
well slept eyes, hair neatly braided with not a drop of  
silver to be found.

I see their wedding rings, their baby carriages, their  
smiles, and their freshly pressed suits.

Down the long corridor where the florescent sun never  
sleeps and where the only constant on the menu is  
morphine, a mirror shows me all that I have gained.  
Even in this 36th hour, I am free. Hair a mess,  
wrinkled coat, lack of sleep—this is the stuff of my  
dreams.

There is one more patient to see, one last note to write,  
one last order, and thankfully many more long nights  
of this calling.

# True Love

By Angela Guzmán

Dear Lover. . .  
I apologize for neglecting to tell you that you are the inspiration  
behind the sun rise each morning  
Gently encouraging it to set sweetly at night  
Leaving for me a trail of hues to illuminate my path back to you  
It seems this seed of love has grown slowly  
Carefully  
Contemplating which season to blossom  
Only to retreat again into the solitude of the soil's womb  
Leaving fragrant petals for us to cherish until it blooms again  
Our passive encounters of divine origins  
Led us blindly down two pebble trails that merged into one path  
We named it Love  
In honor of those who blazed the trail before  
Bequeathing clues secretly hidden beneath each pebble  
Encircling our names into the barks of trees  
My hand guided by yours  
It seems. . .  
That again I neglected to tell you that your touch excites my  
heart to beat  
Faster then slower  
Simultaneously  
I withdraw instinctively  
But you patiently guide your fingers through mine  
Drawing me near  
Eyes interlocked. . . all doubts disappear  
I forget to breathe  
You inflate my lungs for me  
As we float down this path that many have partaken  
Declaring our destiny  
Etching our names into history  
As two people who unknowingly  
Ascended into the land of purity  
Choosing to live amongst the stars with those  
Who were blessed to find true love



Luis Bolaños

# Service Learning

By José E. Rodríguez M.D.

*For Nicaragua*

Hundreds of patients  
Essential primary care  
Million-pede

Pool dueling monkeys  
Tortillas and beans  
Running

Mis-priced missed flights  
Direct to miami  
Welcome home



# Tears

By Sharon Winters M.D.

Tears—salty, irritation, flowing, cleansing

Associated with  
Weeping, sorrow, grief.  
A broken heart, a prophetic knowledge.  
Falling Tears—destruction, rejection.  
Tears of empathy, of sympathy, of compassion.  
Tears—self-centered or God-centered.  
Tears—caring, loving, devotion.  
Tears—loss, suffering, rebellion  
Tears—move us towards action:  
hope, satisfaction, restoration,  
Rejoice!

## Fire on the Beach

By Eric Heppner

How you relight this fire of mine  
from long dead ashes in a pit of sand.  
The darkness gone in a conflagration divine  
with thoughts of you that defy command.  
This beacon light guides ships to harbor  
and draws home part of me long lost.  
This fire to me is the stone marker  
of when life became worth its cost.  
The flames dance to the unheard song.  
The ember recites an ancient verse.  
With perfect tongue I would not sing along  
but let flame weave its heavenly curse.  
We sit by this fire and stare at the sea,  
and just for this moment endure eternity.

## Oh, Those Smiling Eyes

By Carol Warren

I look at the pictures you send back.  
You in your scrubs,  
Practicing your art.  
You look like my son, my daughter.  
Smiling eyes. Oh, those smiling eyes.  
Eyes of compassion  
Seeing pain  
You are able to fix —  
Happy because your dream is coming true.

I look at the pictures you send back  
Of the children in the places you doctor  
And they look like my little boys—  
The tousled hair, the smiling eyes,  
Oh, those smiling eyes.  
Eyes of innocence  
Happy because you are there.  
Yes, caring for their needs,  
But really happy because YOU are there.

I look at the pictures you send back.  
I know we have made a difference.  
You are becoming something more  
And we are privileged to share.  
Smiling eyes. Oh, my smiling eyes  
Reflect my pride in you  
In me  
In us.

Heal



Michael Dender



# “How Do I Love Thee?...”

Inspired by Love and Elizabeth Barrett Browning's 43rd Sonnet

By Jimmy Moss M.D.

how do i love thee?...  
allow me to count the ways,  
one..... two..... three  
hundred and sixty-five days  
i sit adjacent from my thoughts.  
thoughts of you and i  
sitting closer, in love...  
so i can trace it when we walk  
i got...  
places for us to talk,  
if you feel like conversating.  
and even though “conversate”  
is not a word...  
when i'm with you,  
that's all i hear: not a word,  
just silence.  
and possibly the sound of  
me tapping on your door,  
bringing you...the  
bluest of violets...  
and the reddest of roses,  
with cards attached that say  
just how much i love you  
because how i love you  
is brilliant...  
and without reasoning,  
or excuses...  
it just happens.  
a sudden occurrence, like...  
listening to soft music  
on the calmest of evenings,  
and just clapping...  
no words,  
no..... significant  
gestures, just us both  
being involved...  
trying to appreciate our true value.  
us...investing time into

each other...until what we have  
appreciates, and accrues value  
and interests—  
my... interests... are compounded,  
when i put my interests  
in you.  
and this is more than me  
telling sky and moon  
how much i love you...this is  
me, submerging all my affection,  
and sensible senses  
in you.  
i'm so convinced that what we have  
is lovely...  
that i've filled out our  
census, then moved  
all unguided emotions  
towards directions  
opposite of our divinity.  
this... idea, poetic fragment,  
scattered throughout time  
and a motionless infinity...  
has become affiliated with my all;  
so, i give you my life—  
all things peaceful,  
and all that's left...  
all that's me, and  
all that's configured within  
the confines of all my depth—  
because how i love you,  
is beyond numbers...  
outside of time... and far  
from breath.  
thus... even when this life...  
escapes our paths... i shall but  
love you better...  
after death.

## Gone in an Instant

By Chetan Patel

One day you're here. One day you're not. Life is a weird thing. Sometimes good things happen to people who don't deserve it, and sometimes bad things happen to good people undeservingly. Last year, during my surgery rotation, a patient left an everlasting impact on me. She was an extremely pleasant Spanish-speaking 37-year-old female. She had just given birth to a beautiful baby boy 2 weeks prior and had a cholecystectomy the week after for symptoms of acute cholecystitis. She was discharged home. She returned again a week later with continued right upper quadrant tenderness and nausea. Uncertain of the etiology of her continued pain since we just removed her gall bladder, we admitted her to the floor. We eventually discovered a diagnosis from the pathology of her gall bladder from the original surgery. Although rare in a young woman like herself, she was diagnosed with invasive gall bladder carcinoma.

I learned so much from this woman even though we had difficulty communicating. No matter how much pain she was in, she would still greet me with a great big smile every morning at 4:45 AM. She was happy with whatever she had. She wasn't picky and never kept nagging for things. She would trust us with our job, and she would do what she could to help us out. She was very content with life. She used to smile so proudly anytime we asked her about her baby. She would puff her cheeks out to demonstrate the baby boy's chubby cheeks. It was always a pleasure to be with her.

Even after we told her of her grim diagnosis, she was still the same person every day thereafter. I'm not sure if she totally understood what was going on or the severity of her diagnosis; however, we did get someone to translate to her in Spanish. Nevertheless, she was always smiling and happy to see us. She just wanted to get home to her little boy. Unfortunately, there were very few, if any, effective treatment options.

I've come to realize this past year that there are some patients that just click with you. You automatically develop a close, wonderful relationship with certain people: these are the people you will never forget about. One day you will use that patient as an example when teaching or talking with someone. I really developed a close bond with this woman. Perhaps it was because I come from a foreign background myself and know how communication can be a great barrier. Also, there tends to be a different sort of doctor-patient relationship in places other than the U.S. Many foreign patients put doctors on a pedestal. They have almost a godly

respect for doctors and believe they can do no wrong. Obviously, none of that is true, and it was definitely not a reason to develop a closer bond with her. Our bond was something similar to a mother-son bond. I just wanted to help her in any way possible. I just wanted to be there for her. I would visit her several times a day just to be sure that she was doing okay.

Given the communication barrier, I knew I needed another way of gathering information from her. I wanted to know more about her family history and childhood and exposures and so forth. Being pretty tech-savvy, I thought I could find an iPhone app to help me communicate with her. Of course I knew some general terms like “dolor” for pain. So I finally found a great app that would definitely make our communication much more effective and meaningful. I was so excited to get to rounds the next morning to find out more about her history and symptoms and to get to know her better. She was supposed to go for a stent placement the previous evening. I went to her room, only to find her missing.

My patient was dead. She had coded on the table in the procedure room. I didn't know what to do at that point. I just sat down for a bit. I didn't get to say goodbye. She didn't get to say goodbye to her baby. She never got to play with her baby in her own home. Her husband is going to have to raise the boy on his own. The family did not even want to do an autopsy to find out cause of death. We thought about the case for many days. We presented her at a morbidity and mortality conference. We traced our steps. This woman was never on any medication or intervention for DVT prophylaxis. The thought of invasive gall bladder carcinoma totally penetrated our minds not leaving any room to think about normal preventative medicine. How the thought of DVT prophylaxis never crossed anyone's mind—including myself, attendings, residents, and nurses—I will never know. We don't even know if the reason she coded was because of a massive saddle embolus, but it is surely high on our differential. No matter what the patient's age, I will never forget about simple hospital prevention such as DVT prophylaxis in any of my patients. I hope that the poor woman's life wasn't taken for us to learn a lesson like that.

I learned so much from this Spanish-speaking 37-year-old. You don't know when life will end for you. Live life one day at a time, like it's your last, with an optimistic attitude and hope for a wonderful future. I will remember her forever. I will always remember to smile, and will never take life for granted. My worst day ever is probably someone else's best day ever. I will always be optimistic even in the worst of situations and never run out of hope, and I will never ever forget about DVT prophylaxis.



# Quiet Moment, Dignified Voice

By Jennifer Packing-Ebuen

He stares at nothing. His eyes are clouded with cataracts, but I know he is in there. His mouth hangs open slightly, his membranes dry, and his lips covered with petroleum jelly.

“Mister Williams?” I lean forward slightly and speak a little closer to his ear. “Mister Williams? I’m going to check your belly, okay? I’ll be gentle, just tell me if anything hurts.”

I know what will happen, but I have to complete my exam. I inspect his incision, and I watch his face carefully when I gently palpate his right abdomen—no reaction. However, as soon as I reach the left lower quadrant even the slightest pressure causes him to twitch in pain. I move closer to his ear.

“Mister Williams, I know that the left side still is tender, but is it any better than yesterday?”

He stares at nothing. He does not react. But I know for sure he is in there.

I check my watch and I realize that I still have four more patients to see before the day begins, so I lean forward again.

“Mister Williams, I have to go, but I want you to talk to me today, I don’t care what you have to say to me, I just want to hear your voice. I’ll see you later.”

He does not respond, I wasn’t expecting him to, but I still frown as I turn off the lights and walk out, taking a squirt of the foam antiseptic out in the dark hallway.

“This state is terrible,” says a voice behind the nurse’s desk.

“I’m sorry, what?” I walk over to see who is talking.

“This state does not know how to let people die. It’s a crime what we put people through here,” one of the more experienced nurses shakes her head.

I nod slowly without commenting and start to put my exam notes into the chart. Then I walk off toward the elevator trying to keep moving forward and finish rounds, but all I can think about is how I found the mass that was so hard it felt like a rock in his belly.

♦ ♦ ♦

He was a working man who had reached his eighties the hard way. He had survived four different kinds of cancer: prostate, parotid, head and neck, and colon. He had been married for 60 years and had four kids who were all middle-aged and successful. He was quiet and beloved. He was

transferred to the hospital with a GI bleed of unknown origin. All of his scans were inconclusive, and he was still losing blood. He was cranky, tired, and frustrated beyond belief. After all he had been through he did not understand why the doctors could not figure out what was wrong.

I doubt that my exam was what changed everything for him, but it still felt like I played a role. My attending arrived and pressed where I pointed on Mr. Williams’ belly, the

next thing I knew we were informing the family.

“When are you going to operate?” said Mrs. Williams.

“Right NOW,” said my attending.

And within minutes of opening the abdomen, the size of the primary tumor and extent of the metastases made it clear that this was a palliative procedure only. The mass had invaded his small intestine and his colon causing his GI bleed. It was not possible to remove all of it.

After the surgery, Mr. Williams stopped talking. Later that day I saw he was not talking to his wife or the attending. The only people he would respond to were the nurses.

I felt guilty that it had taken so long for him to get a definitive diagnosis, and that he had to go through a surgery to get the news that he was going to die soon. I hoped his pain had improved, but he was refusing to tell me if he was feeling any improvement in his pain level.

I did not get a chance to try to talk to him again until the next morning. I decided not to do my exam and instead I stood next to the bed and looked into his cloudy eyes.

“Mister Williams, it’s okay that you won’t talk. But based on our discussion when I first met you, I know you have an opinion about what is happening. I don’t know if you think no one will listen because your family is not doing much listening right now, but please, talk to my attending. Tell him what you want. Let him make sure your wishes are understood. Okay?”

He looked at me and said, “I don’t want—nothin’—more.”

I nodded and said, “I know you haven’t been talking to many of the doctors. Is this why you are not talking to them?”

He nodded.

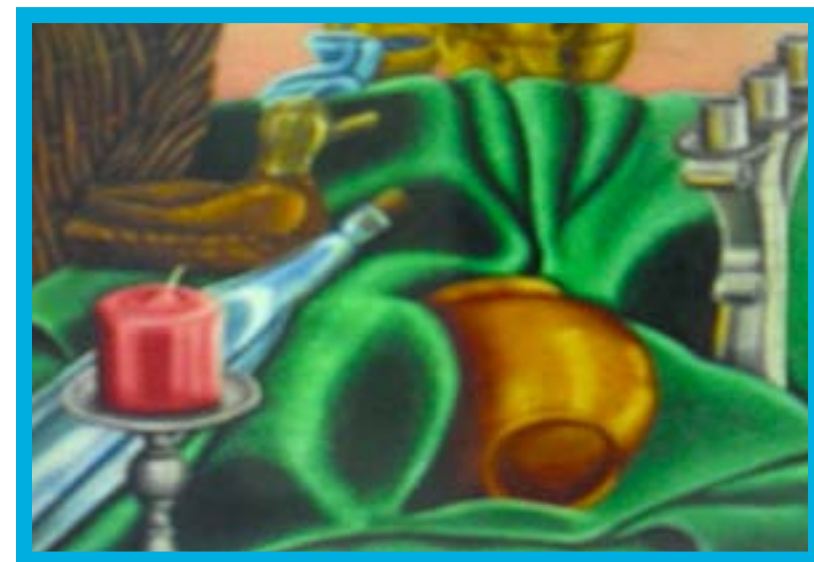
I asked, “Have you told anyone else that you don’t want any more treatment?”

He shook his head no.

I said, “I need you to tell the doctors exactly that. Your family is still asking for more surgery. Just try to tell them what you want.”

It took a couple more days, but finally he had a DNR order and soon he was being discharged to Hospice care. I really doubt that my little conversation with him was the tipping point. But the morning I saw the DNR and Hospice treatment plan in his chart I nodded to myself.

Every patient has a life story, some are more impressive than others, but it’s far more important that we treat every person with the dignity they deserve, no matter how many or few achievements they have. I was glad that a man who had lived his life with good character and pride would be able to die with the same dignity.



Jill Grayson



# The Heart in My White Coat

Natasha Demehri, Class of 2012  
3rd place in the Arnold P. Gold  
Foundation Humanism in  
Medicine Essay Contest  
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“S is in a coma. Florida Hospital—Ginsberg Tower. Help.” My mouth dropped, my heart began to race, and my mind went blank. It was my first day of my Internal Medicine Rotation and my first day on ER-call. I was rounding on patients as my phone vibrated, but needless to say that text message was not an ER consult from my resident team, it was a text notifying me that my close friend had gone into a coma. My attending asked if I was okay as I stumbled to the nearest chair, but I couldn’t speak. I showed him the text message and he immediately excused me to see my friend. Shaking, breathing heavy, and thoughts racing, I finally made it to the 8th floor of Ginsberg Tower. The place that I frequented for months during my surgery rotations had suddenly become an unfamiliar nightmare. As I stepped slowly off the elevator and toward the waiting room, trying to compose myself, I saw S’s entire family gathered in shock. The smell of salty tears filled the air, and his family stared blankly out the window. As they noticed me, they smiled almost with a sigh of relief that I had arrived; at that moment I realized I was no longer seen as S’s friend but as a third-year medical student. The responsibility that I carried in my white coat was far greater than I had expected.

Slowly, S’s mother sat me down and began telling me the story. It was well known that S was an insulin-dependent Type I Diabetic, always managing his sugar very well, yet something, somewhere, somehow went terribly wrong. That morning, Valentine’s Day, S’s mother woke up to her six- and seven-year-old daughters crying as they found S lying unconscious, unresponsive, and not breathing on his bedroom floor. He was supposed to drive them to elementary school that morning. The paramedics arrived to rush him to the hospital, as his blood sugar was 628, far above the normal limit. As I instinctively created a list of differential diagnoses in my head, his mother held my hand and led me into S’s hospital room. The silence was deafening. I have felt empowered by working on several surgery rotations from transplant to trauma, felt helpless as I watched my

mother recover from being severely burned in a fire, and felt humbled by treating patients in every ICU from the SICU to the NICU, but nothing in my medical school training prepared me for this moment. Seeing my friend lying in bed with his eyes fixed open in a blank stare, no reflexes, and no autonomic control, my heart sank deeper and deeper. Inside I knew that everyone was watching me; I was the “medical student in the white coat,” no longer S’s friend. Maintaining my composure was critical, but on the inside my world was crumbling.

That evening I had the opportunity to meet the physician that will forever hold a place in my heart. He was the neurologist, Dr. X, who was following my friend’s case. After S’s family had left the room, Dr. X came to round on S that evening, and he immediately noticed me. I had seen him on rounds in the hospital before, but this encounter was different. Dr. X took a seat next to me on S’s bedside couch without saying a word. He placed his hand on my shoulder above my medical school patch, and said nothing. Immediately I began to tear up, almost instinctively, and I removed my glasses and looked down in silence. He stood and examined the patient, checked his respirator and fluids, and returned to my side on the couch. He then broke the silence, “Right now you are this family’s medical connection. You are the student, the doctor, and the nurse. But, to S, you are his friend and always will be. And to you, S is not your patient and never will be. Keep your faith, keep your hope, and maintain your ethical boundaries, for these three things will help you realize the emotional strength it takes to become the great doctor you will be.” He stood up, shook my hand, and left the room like a gust of wind. “I will see you tomorrow.”

The week slowly progressed and I returned day after day, but S’s condition had not improved. I remembered Dr. X’s advice and held strong as I comforted S’s family and my friends. It was difficult not to read his chart and know the answers to the instinctual questions of a medical student following a patient, but I knew this was necessary. As Dr. X said, I had to maintain my ethical boundaries, for it was my place to support S and his family, not to be his doctor.

Each day Dr. X would wait until 6pm to round on S in order to ensure that I would be there after work. He could sense my eagerness as I craved the answers to each question that jumped to my consciousness, but he kept me focused on S’s recovery. He would bring in an article each day on the benefits of human touch and voice on recovery from coma, motivating me to be there for S, mind, body, and soul. All I

had to do was “step away” from my white coat.

Thursday evening I made my way back to Ginsberg Tower, but something was different. I walked to the waiting room and the neurologist was speaking to S’s family as they sobbed tearfully. Before I could listen I stepped out and walked to S’s room with my heart beating strong. This time, I did as he said and “stepped away” from my white coat, hanging it on the door as I entered the room. Holding S’s cold hands tightly, I watched his respirator inflate his lungs with a perfect rhythm, and soon I found myself breathing to the same beat—inhale, exhale, inhale, exhale. I felt the tears come down my face as Dr. X walked in the room, and at that moment he told me the two words I dreaded most: “brain dead.”

I shook my head tearfully as he escorted me to the couch where we sat the first day I met him. He explained that the hyperosmolar coma left S in a state that was now irreversible, something I thought about several times but refused to admit to myself. Then he said, “A dying man needs to die,

as a sleeping man needs to sleep, and there comes a time when it is wrong, as well as useless, to resist.” He walked to the door, pulled my white coat off the hook, and handed it to me. “This coat will forever define your profession, but your heart will forever define your person. Keep your heart in your white coat, always. Remember this moment every single time you have a patient, and you will fight the fight for them.”

Friday morning, 8:15AM, S was disconnected from his life-support. I never thought the first patient I would lose would be my friend. The truth is that the practice of medicine is inexplicable; from the outside looking in you can’t understand it, and from the inside looking out you can’t explain it. Though those we are closest with will always touch us, our true character is defined by how we treat those who can do nothing for us. As doctors we must face the worst in the world with the best in our hearts.

My white coat is ready.



José E. Rodríguez M.D.



# A Change in Perspective

By Katie Love

When asked by friends, loved ones, and strangers how my trip to Managua, Nicaragua was, my answer was unequivocally, “It was amazing.” My doctor raised her eyebrows at this news, “Even with the GI infection?”

“Oh yes,” I responded. “We basically didn’t have AC for all ten days either.” The incredible part definitely was not the condition of the toilets—or, more accurately, holes—we used at clinic, nor was it the swarms of mosquitoes and flies that dive-bombed our PB and J’s. What made this trip amazing was that it changed my perspective of the world.

To be honest, I hadn’t done much research on Nicaragua before going on the SIGH (Students Interested in Global Health) trip. If I had, I would have known that Nicaragua is the second poorest country in the Western hemisphere—the only poorer country is Haiti. I hadn’t expected the poverty we encountered. On our first full day, we went to “La Chureca,” which translates as “the Dump.” And it is just that, a garbage dump. The horrifying part is that people live there. Children live there. On our bus tour through the area, we saw a girl walking around the muddy street—if you could call it a street—barefoot. I found the saddest aspect of the situation in the Dump to be the fact that missionary groups routinely buy or build homes for families living there, and the families immediately must sell their houses and move back to the Dump. To me that indicates a serious problem with the economic and social structure in Nicaragua. Elizabeth, our hostess in Nicaragua, explained that people do this because they can make a daily wage at the Dump by sorting recyclables. Elsewhere in the country, payday is only two times per month, and the salary is not much.

We did clinic in three different villages: Los Cedros, Los Romeros, and Monte Fresco. About one hundred people from the community lined up to be seen. Many of the patients were clearly not sick, but they complained of general symptoms, such as headaches, fevers or a cold, so that they could have medications like Tylenol or cough drops available for when they really were ill. They were always grateful for any medication we provided. We did not have prescrip-

tion pain medications, but a man with severe back pain from a herniated disk was extremely glad to get Ibuprofen. His attitude contrasted greatly with the patients I had already encountered in my preceptorship. In the United States, a patient with that amount of pain likely would have laughed at the suggestion of Ibuprofen and then would have demanded something much stronger.

The patients evidently had a large amount of respect for health care providers. They came to our clinics, which were often outside, dressed very nicely even by American standards. They did not shuffle into the office in pajamas or sweatpants; instead, they wore some of their best clothes. Many girls, for example, wore beautiful floral dresses, which probably also functioned as their Easter dresses.

My favorite day of the trip was going out to the community for home visits. Women who were leaders in the church at Los Cedros took us in groups to see people whom they knew were sick, or had a chronic illness, but could not make the trip to clinic. Sometimes the people would invite us into their homes, and we saw how they lived. Again, their gratitude was very evident: when we left, some women even hugged or kissed us goodbye.

There was clear disparity in the community’s wealth. We went to one home that had tile flooring and a porch, while other homes had dirt floors and aluminum walls. One man met us in the street while we were doing home visits. He was having severe abdominal pain and vomiting, and a portion of his abdomen was distended. We indicated that we needed to perform an abdominal exam and that we needed a place for him to lie down. He said that we could go to his home, so we followed him as he hurried ahead to straighten his bed. We eventually saw that his house consisted of aluminum walls, a dirt floor, and two pieces of furniture—a neat bed and a desk. Even riding around in our bus, we could see the poverty in Nicaragua. Trash littered the roads. Unneutered, underfed dogs roamed around. The bumpy roads were severely in need of pavement. An interesting sight in Managua was that, even in June, Christmas decorations were up, a remnant



of a Christmas celebration two and a half years prior. The government did not even have money to pay workers to take down Christmas decorations. Still, the lights were turned on every night.

My heart truly goes out to the people of Nicaragua who live in poverty. Since returning from the trip, I have found myself extremely grateful for the basics; forget luxuries like a television or computer. I will never complain about being hot again. I have readily accessible air conditioning in my apartment and in my car—I can deal with Florida heat. I have all the water I could ever want, and it’s clean. I have an apartment with insulated walls, carpet, and furniture. I eat three meals a day minimum. Now, when I think I’m having a bad day, I remind myself of these things. I also feel extremely fortunate that I have been blessed with so many wonderful educational opportunities. I might flatter myself by thinking I’ve gotten this far solely because of the effort I put into getting to medical school, but I would never have



made it to medical school if my parents had pulled me out of school when I was ten years old to work because we didn’t have enough food.

In addition to gratitude, I also feel a renewed responsibility to help people who weren’t born into the luxury that I was. The unfortunate part about medical mission trips is that the volunteers only treat the symptoms of the real problems a country is facing. As someone who has chosen a career in healing, that frustrates me. Social and economic issues cause poverty. Providing people with basic medical care is like putting a small Band-Aid over a cut that has already progressed to a systemic infection. Nevertheless, I want to continue doing outreach to third world countries, because even if I’m not changing the problems, I am helping to alleviate suffering. And the gratitude of the people we saw showed me that even if we can’t generate the radical change I would like to see, we are making a positive impact.





Angel Spencer

# The First Delivery

By Caitlin Dunham

Welcome, Baby

I felt you before I saw you. A firm roundness, rough beneath my gloved fingers, pressing just to the edge of my palm, your mother's cervix a whisper of satin ribbon about your head. "Eight centimeters?" I can't keep the anxious rise out of my voice. It's only my second day. "Nine," came the crisp voice at my shoulder. "She's almost ready." P, the midwife, stands there: her words cheerful, her manner calm, her presence kind but firm for me and for your mother. It's not clear which of us is comforted more.

A sigh comes from behind the sheets as I withdraw my hand. Your mother's blood stains my fingertips. Her ordeal is far from over. Her hands and lips quiver with fatigue and anesthesia. "Your first?" I ask. She whispers in the affirmative. "Mine, too." I give her my gentlest smile, but she cannot see it with her eyes squeezed shut.

It's not long before I can see you. A tight curl: black, silken, sodden. You're bobbing like a cork, more of your scalp visible with each push before retreating again. Trickle of fluid, pink and orange, join the growing pool in the padding. I can see the whites of your father's eyes across the bed.

"What size gloves?" asks M, the lovely Irish nurse. She's fetched me from the call room, where I'd watched your tracings on the monitor above my bunk. I'm gowning, heart racing, sweat gathering at my hairline. You will make your appearance soon.

"I can't! I CAN'T!" Your mother is shrieking. "You CAN!" says M. "You MUST! Your baby will not come out unless you PUSH!" P is humming to herself as I arrive by her side. "It's all right, dear. You'll do just fine; just put your hands there and I'll help you." It's not clear whether she's talking to me or to your mother. She grasps her thighs. I grasp your head. One last push! Your head emerges. You wear your cord as a necklace. My heart stops, or has time slowed? Am I trapped with you between heartbeats? P's knowing fingers slip your necklace off. I breathe again, and now, so do you. You are in my arms. P suction your mouth and nose. You cry. Your mother and father cry. I cry.

Your skin is gray and blue. I've seen it before: the lividity of death. Our color is the same as we enter and exit the world, it seems. Soon you are pink as a fingernail; your silken curls less sodden. Eight and nine according to M. Your mother thanks Jesus. I thank P. Your father doesn't speak at all, but smiles through his camera at you.

You are at your mother's breast. Your father strokes her hair and your feet. I slip away, skin prickling with receding adrenaline. The lullaby plays on the PA system.

Welcome, baby girl.



# The Poignant Platypus and Other Misadventures in Online Dating

By Andrew Lane

So, it had come to this, had it? The realization of what he was about to do had come down upon the platypus hard. Here he was at two years old, the peak of development for his species, and the platypus was alone. He couldn't comprehend where he had gone wrong. The platypus had done everything he was supposed to do his entire life.

He was an adept fisher, his coat was thicker, fuller than most, and his tail, his tail rippled with muscle. He was an amalgamation of the best features of several animals. All of their strengths, none of their weaknesses, with venom thrown in for good measure! His species laid eggs! Sure it was a bit unnerving to witness firsthand, but an effective ice breaker nonetheless at any social get-together. He had seen the way the beavers' wives eyed his thick coat.

The blasted beavers! Don't get him started on the damn beavers. Despite their ignorance and audible mouth breathing—a consequence of that ridiculous overbite no doubt—even the beavers were all married. They were happy and the platypus hated them for it all the more.

Sure, he had been in love. He had his fair share of romantic escapades. He doesn't want your pity. He had paddled beneath the full moon with ducks. He had swooned a swan. He had even fathered a litter of illegitimate children with another platypus while her husband was away on business. Her husband was always away on "business." This business was usually down in the other river across the railroad tracks.

The humans had built the railroad dividing the once united river, both literally and figuratively, which left each side spiteful of the other. It was a well-known fact that the other side of the river was for loose females and even looser morals. As far as the platypus was concerned, anyone going over to that side of the river deserved to be cuckolded.

There was also that drunken night with a peacock, but that isn't really an appropriate story, for this forum or any situation really. But yes, the rumors about peacocks, they are all true.

However, as always, these rolls on the hay, at the nearby farm, had to come to an end. The husband would return, the parent's would disapprove, a pregnancy scare would erupt, the list went on. These events all led to his present state. Disgusted, he turned to the last frontier that he could think of for love: online dating. He closed the shutters and sat with his back to them—just in case a stiff breeze should blow them open, revealing to a pedestrian his present state of shame. Chai in hand, he sank heavily into his chair and set about the task, also at hand, the other hand.

He needed a tagline. This appeared to be some sort of a marquee, a catchphrase if you will, that would beckon females to him through their computer screens. But what one sentence summed up his being? How to describe the depths of his soul, his longing to be held by the mother of his children? "Well off, thick coat, large burrow. Equal opportunity employer, if you know what I mean." Well, this is like advertising he thought to himself, they would discover the other things after they got to know him. This witty introduction pleased the platypus.

He still continued to check over his shoulder, just in case his cleaning mouse had decided to start her shift seven hours early. He could imagine her there, sitting in the shadows, basking in his humiliation: she would no doubt request a raise as payment for her silence. He calmed when he remembered she was still just a mouse. No one would notice if she went missing. He could always get another one. They were constantly coming over across from the Borders. The humans had built a built one along with the railroad and the mice found the woods behind it an ideal home. They all looked alike anyway, no one would notice.

The hours passed as the platypus sat typing and then re-typing what he hoped would be the right combination of words to express himself. The scotch began to appear after the third revision of his hobbies. He kept the empty glasses stacked next to the laptop to track his progress. Should he include his fondness for collecting human coins he found while swimming for food? He thought it would show his keenness for

aesthetic beauty. After all, he wasn't just swimming, he was hunting for art and the world was his museum! But would this give the wrong impression? After all, a beaver would certainly never admit to collecting shiny baubles. There was still a buzz in the community from that year the platypus had rented a room to that loose-lipped weasel. The platypus thought this over deeply and repeated the mantra he always used when these thoughts came up: nothing happened, more scotch. He decided a general statement about his appreciation of the arts would be best. Satisfied with his penmanship he poured another glass.

The hazel color of his cocktail reminded him of another summer. His first true love was a house cat from the nearby human neighborhood. Oh, she was amazing! Almond shaped green eyes, a beautiful black coat, and a silver tongue that could silence a mockingbird. An intriguing specimen no doubt! This brought back all the hushed mutterings and sneers from the judging eyes as they strolled along the banks of the river. Yes, she is a black cat. "What of it?" He would scream, white with rage! He scolded himself for succumbing to these racist thoughts.

But what if she really was bad luck? While he was on a date with her, the tide actually rose so high it washed away his burrow! And the whole nine lives thing? He was open minded but, come on, reincarnation? "My goodness!" He looked around to make sure there were no black cats in the room who might have overheard his careless mutterings. He decided to proclaim out loud that it "was her personality," just in case.

It was now approaching 2 AM or was it 4 AM? It was becoming hard to tell after all of those scotches. No matter, his masterpiece was near completeness. Before him were several categories of 1000 characters or less describing his greatest attributes, his triumphs, his legacy. Now, it was time to submit. With one click his humiliation would be made public. Would the dawn bring forth his future wife or would an acquittance find him and snicker at the depths to which he had fallen? Would the others smile at him as he swam by in the river, relieved at knowing their lives were pathetic, but at least they didn't have to resort to online dating? The platypus didn't care anymore. He had come this far and was not about to turn back now. The platypus finished the last of his scotch, closed his eyes, and clicked. It seemed that in the end his fate would be determined by a mouse after all.



Andrew Lane



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# *Please help support the **Heal** project*

The mission of the FSU College of Medicine is to educate and develop exemplary physicians who practice patient-centered health care, discover and advance knowledge, and are responsive to community needs, especially through service to elder, rural, minority, and underserved populations.

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