



HEAL

Humanism Evolving through Arts and Literature

September 2011 Newsletter

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Gone in an Instant Chetan Patel, Class of 2012

One day you're here. One day you're not. Life is a weird thing. Sometimes good things happen to people that 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 ago 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 her diagnosis from the pathology of her gall bladder from the original surgery. It was such a rare diagnosis in a young woman like herself. She was diagnosed with an invasive gall bladder carcinoma.

I learned so much from this woman even though we had difficulty communicating. No matter how much pain she would be 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 with her 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 in 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. I don't know if it was because I come from a foreign background and I 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 think of doctors as being god-like 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



Painting by Luis Bolaños

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 got to rounds and I went to her room to find her missing.

My patient was dead. She had coded on the table in the procedure room.

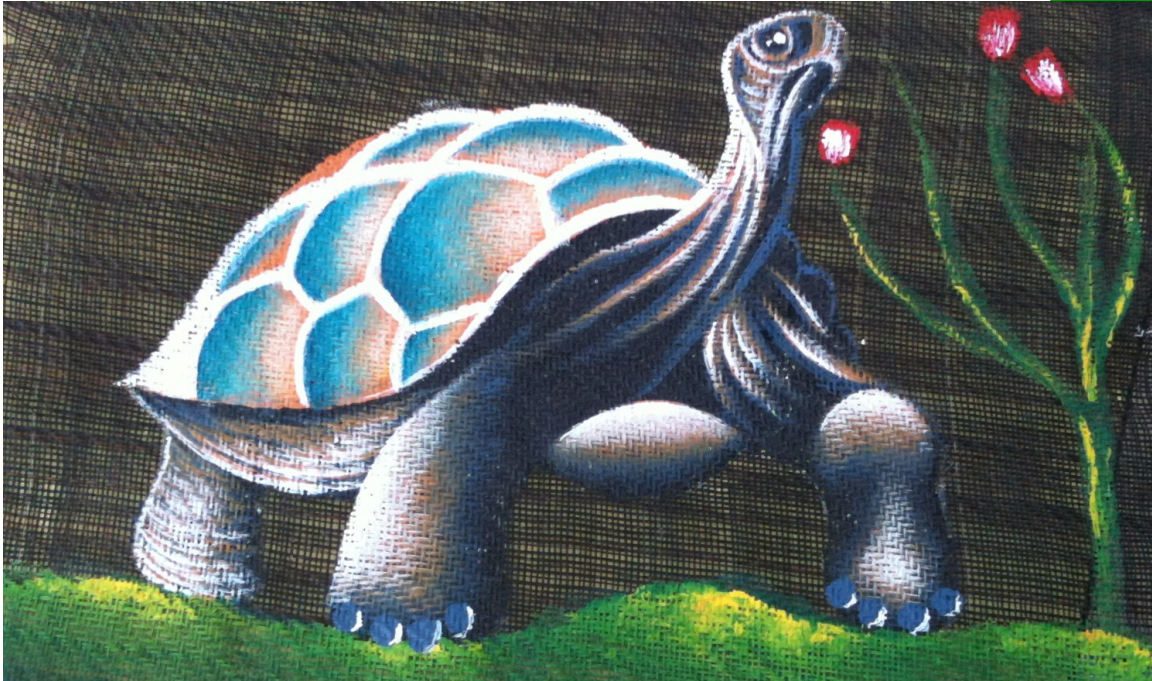
I didn't know what to do at that point. I just sat down for a bit. I didn't get to say goodbye. She didn't get to say goodbye to her baby. She never got to play with her baby in her own home. Her husband is going to have to raise the boy on his own. The family did not even want to do an autopsy to find out cause of death. We thought about the case for many days. We presented her at 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 me, attendings, residents, and nurses, I will never know. We don't even know that 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've learned so much from this Spanish-speaking 37 year old. You don't know when life will end for you. Live life a day at a time, like it's your last, with an optimistic attitude and hopes for a wonderful future. I will remember her forever. I will always remember to smile, 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.

Galapagos Tortoise

*Painting on
horse hair*

S. Abraham
Cachago



Quiet Moment, Dignified Voice

Jennifer Packing-Ebuen, Class of 2012

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 my exam was the only thing that turned Mr. Williams' situation around, but when my attending pressed where I pointed on Mr. Williams' belly, we immediately informed the family it was time to operate.

"When are you going to operate?" said Mrs. Williams.

"Right, NOW," said my attending.

Continued...

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.



Drawing by Genoveva Arteta de Guarderas

Reflections from Ecuador

Tony Nguyen, Class of 2014

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 know Spanish? Do 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.

Tour of 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 can 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 were in stark contrast to the dark and narrow spaces of the clinic. The Hospital Metropolitano in some ways was not unlike any hospital found in the U.S. The main difference is that in Ecuador they tell you they 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 professional (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 to use 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 pathology lab, something one would expect in a hospital, but unusual in a clinic. Operating solely on donations and volunteers, I'm still amazed at the fact that they are able to not just keep the place running but to provide quality care to the patients. The most interestingly thing to me was they had an area for acupuncture, embracing what many, at least in the U.S.,



Photographs by Kim Hoang, Class of 2014

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, not severe enough to receive help from the government, living in a small shack with no electricity or runny water on unsanitary dirt floors. His mother was so thankful we came that day to provide her son a little care and some donations, repeatedly saying *muchas gracias* with tears in her eyes, which didn't ease my guilt as we left for not being able to do and give more.

I was really impressed with the school and juvenile detention center, where teenage boys who had been in arrested for things like theft, assault, and even rape were being rehabilitated. It was surprising at first, hearing the serious nature of the 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, met and talked to the boys, I became a little bit more understanding, and 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.,

Pactos:

Pactos 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 Pactos 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 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 and culture and health care of Ecuador, open my eyes wider to the plight of the underserved, and simply 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!



Untitled

Wendi Adelson, J.D.

It wasn't supposed to be like this. At 17, it shouldn't be that the only day you get to play soccer is on Tuesday, your one day off from washing dishes in the Chinese restaurant. 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 (something you don't know anything about) 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.

**Photographs by Eva Bellon,
Class of 2013**



Wonder

Sharon Winters, M.D.

And wonder if we quit caring for the living things.
And wonder if we focused on the trivia and not on the person.
And wonder if the petty details keep us from the important things.
Like people.



Away

Eric Heppner, Class of 2014

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

Photographs by Eva Bellon,
Class of 2013

A Better Life

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 smoke 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 when 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 Graphics and upon graduation, is planning to relocate to Savannah, Georgia.

My family also has forgiven me and welcomed me back in 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, 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, painful process.

I have a deep gratitude to those dedicated souls that work with suffering alcoholics and addicts like me. For 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.



Lost in the Jungle of Medicine

Jessica Gondela, Class of 2012

Few physicians land themselves an opportunity in the middle of the Amazon jungle. Even fewer make the trip not knowing a soul and head on a boat with a bunch of strangers who also carry the same sense of gratification in helping the most underserved patients they can find in the world. I'll never forget stepping off the boat into a landscape that was only recognizable because it had palm trees similar to those we had in Florida.

I stepped into Peru with the same sense of pure 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 up at me 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 for most of her life.

Working with patients not only in the international arena but 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 had brought back from the United States along with one portable ultrasound machine. So it was truly the most "MacGyver" styles of medicine I have seen yet in the sense that we had to be the most resourceful physicians we could be given the poverty of tools we had available. A startling example of this that I'll never forget was a young mother who brought in her month old infant who was in respiratory distress. All of the classic signs and symptoms we were taught

in medical school—nasal flaring, costal retractions and the horrifying gasping and choking noises—I will never ever forget. The only difference was we were in the middle of the Amazon, and nothing was available to save her 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 knew that this was the only field I could ever envision myself in the future, and if you ever catch me day-dreaming on a long day in the hospital, it is simply my eyes drifting overseas with a longing for another international medical jungle adventure.



Photographs by Jessica Gondela, Class of 2012

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