

JANUS

spring 2020

shape

JANUS

shape

Dear reader,

Welcome to Janus, the student-run narrative medicine journal at the University of Tennessee College of Medicine. Within our medical school campus exists a talented group of writers, poets, and artists whose work we are proud to share with you.

In this edition of Janus, we meditate on the theme of shape—how spaces and experiences have molded us into the medical students we are and the physicians we will become. Through non-fiction, poetry, and art, the authors illustrate formative moments in their lives and reflect thoughtfully on their personal growth. They allow us to empathize with them as they explore the depths of human emotion in their stories. Devastation by the loss of a loved one. Motivation after having witnessed human suffering. Gratitude toward those who donate their bodies to science. These vivid and compelling stories of “shape” offer an insightful window into our lived experiences as medical students.

What started off as a hobby for a small group of students has grown into a vibrant narrative medicine culture on campus. Thank you to our contributors who inspire us to reflect upon and share our own experiences. Thank you to the College of Medicine whose support makes this annual publication possible. Thank you to our mentors, especially Dr. Renate Rosenthal, who works hard behind the scenes and lets us take all the credit. And thank you to you, reader, for taking time to read our work.

Sincerely,



Anh Vo
Editor-in-Chief



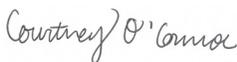
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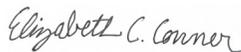
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For Our Donor

Penelope

Madeline Raudat

It's the first thing we are taught to do.

"Learn it.
Ask them how to pronounce it,
how to spell it.
Make the effort."

It's the first piece of information
personifying
our dossier of
signs and symptoms.

So of course when we met you,
pulling back your covering
with timid reverence,
we gave you a name.

Penelope.

It simply fit
the woman who would inspire
the formaldehyde tears,
the parental pride,
the careful confidence.

It was our attempt
at lending a name
to the woman who lent us
everything else.

Even years later,
as we visualize the
relationship of your spaces,
course of your nerves,
feel of your margins,
on the patients whose names
are given to us,

We will remember you.

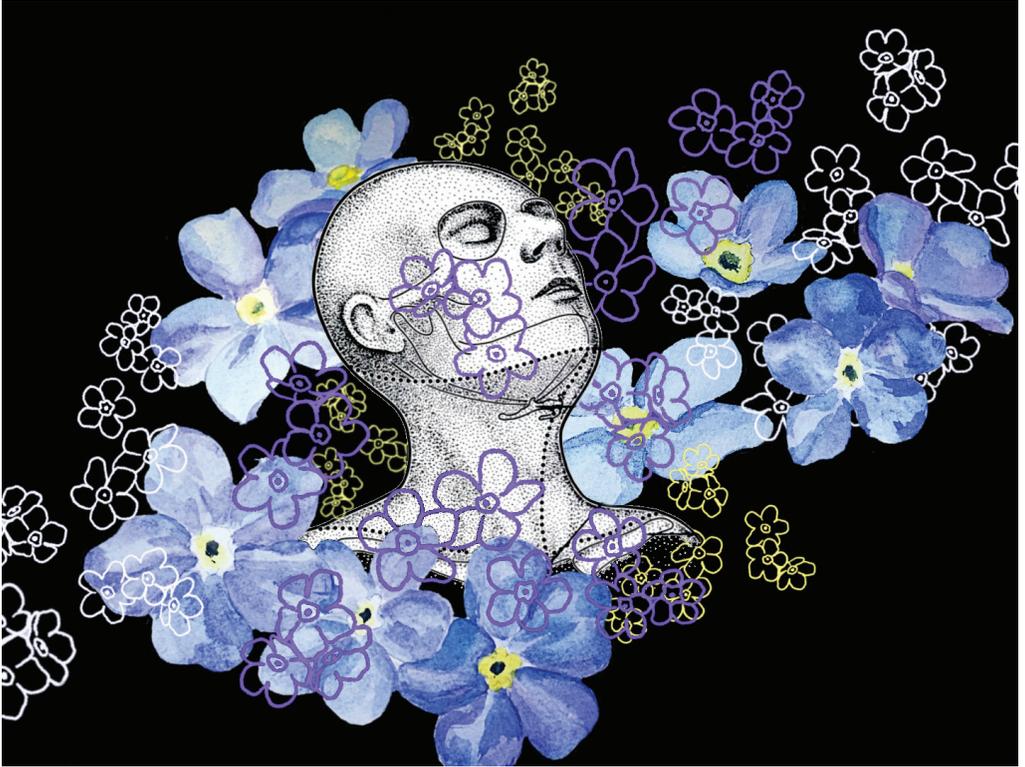
Who let us call you Penelope
So they can call us Doctor.

Every inch of you is part of an unknown
We know little of how you've grown
We do not know what made your heart pace
We do not know what made your mind race
We know little of what took your breath away
We do not know what your hands tried to convey
We do not know what adventures your legs took you on
These are tales of a life foregone

We have so much to discuss
Yes, you have your secrets
But we know the lessons you taught us

We felt the strength of your muscles
We were in awe of your magnificent heart
We marveled at your lungs and its tiny bubbles
And we picked your nerves and arteries apart

Nothing compares to the gift you gave us
All we can give you back is thanks
Thanks to a friend
Thanks to a teacher
Thanks to a human with a story



Watercolor and digital media

I sourced the central figure of the collage from our dissection manual to represent the medical knowledge that we gained from anatomy lab. The flowers, which are forget-me-nots, symbolize our endless appreciation for our donor and the lasting memories we all share from this time in our journey to becoming doctors.

A Note of Gratitude



Dear Donor,

108 Days ago, 5 young men came to your table, and with hands trembling and hearts racing they made the first incision into your back, seeking an understanding of Anatomy and Medicine at the beginning of their new journey.

At this you spoke no word.

92 Days ago, you allowed us to explore your Palms, from your Abductor Pollicis Brevis to your Flexor Digiti Minimi Brevis, from the Superficial Palmar Arterial Arch to the Median Nerve.

Thank you for allowing us to explore your hands.

The same hands with which you worked and cooked.

The same hands with held family and friends in times of joy and grief.

However, as we dissected to understand your Palms, **you never spoke a word.**

71 Days ago, you allowed us to explore your Feet, from your Flexor Digitorum Brevis to your Abductor Hallucis, from the Medial Plantar Nerve to the Lateral Plantar Artery.

Thank you for allowing us to explore your feet.

The same feet with which you learned to walk.

The same feet with which you must have walked millions of steps in the pursuit of goals large and small.

The same feet that supported you through it all.

However, as we dissected to understand your Feet, **you never spoke a word.**

59 Days ago, you allowed us to explore your Heart, from your Tricuspid to your Bicuspid Valves, from your Fossa Ovalis to your Sinus Venarum, from your Great Cardiac Vein to your Left Anterior Descending Artery.

Thank you for allowing us to explore your heart.

The same heart which raced in moments of ecstasy and fear alike.

The same heart which beat rhythmically through every moment except for those most important moments when you knew it skipped a beat.

The same heart that beat billions of times to carry you through each day - until it beat no more.

However, as we dissected to understand your Heart, **you never spoke a word.**

45 Days ago, you allowed us to explore your Abdomen, from the curvatures of your stomach to your Spleen, from your Mesenteries to your Ligaments and Ducts, from your Celiac Trunk to your Hepatic Portal Vein.

Thank you for allowing us to explore your abdomen.

The same Stomach which helped you digest from your first meal to your last meal.

The same Liver which helped you live through times of plenty and times of scarcity.

The same Spleen which processed blood continuously to protect you from that which sought to do you harm.

However, as we dissected to understand your Abdomen, **you never spoke a word.**

13 Days ago, you allowed us to explore your Larynx, from your Aryepiglottic Folds to your Thyroid Membrane, from your False to your True Vocal Folds.

Thank you for allowing us to explore your Larynx.

The same Larynx which you used to breathe countless times from your first breath to your last.

The same Larynx which you used to sing to express your joy, but also to speak to share your grief.

The same Larynx which you used to speak to share your daily thoughts, but also to whisper your most intimate secrets.

However, as we dissected to understand your Larynx, **you never spoke a word.**

But in the end, today, **though you never spoke a word**, as we sought sufficient words of gratitude for your sacrifice and contribution to our lives, **we don't think we ever could.**

Teacher

Abby Renée Ritter

there is a concept called cognitive dissonance
in which the mind realizes that the chasm between the beliefs of the soul
and the deeds of the hands has grown too wide
and it must build bridges from one rock face to the next
in order to hold the two pieces of your being together
so that you do not fall apart and crumble beneath the weight of your actions

Teacher, you made me into a network of frayed ropes and cracked wooden stories
strapped together and spanning one precipice to the other
my dispassionate hands reduce you to a machine
but the cliffs of my mind elevate you to a warrior
a ferocious champion whose last brave act was to instill within me this ruby of knowledge

Teacher, i know so little about you
age. gender. cause of death.
but with each incision, each piece of flesh i cut away,
my imagination adds chapters to your fabricated biography
and you, Teacher, you redesign the scaffolding of my mind with gifts of wisdom
together we build each other into women who never before existed

i invent a version of you, Teacher, from the clues you left behind
the tattoos across your body, immortal testaments to your mortal life
memorials of your faith, your humor, your loving family,
and those loud, graphic onomatopoeias
so out of place because the breath of a corpse will never again give sound to this ink

it is the more transient details that resurrect you in my fantasy
legs: freshly shaven just days before your death with a blade as sharp as mine
toes: still painted with cheerful polka dots, unchipped
eyebrows: perfectly shaped by a practiced hand
and warm freckles bursting across the cold skin of your cheeks

were you unexpectedly drafted, or did you adorn yourself for this battle?
with no way to know, i decide on the latter
in my mind is born a woman who stared into the darkness
but defiantly etched light into her own body with razors and polish and poise
Teacher, i thank you for this, as your brightness remains
glinting off my scalpel, reminding me of your humanity, and lighting my way

We are covered in pigment:
Dali used the edges—
Donnie Darko used "cellar door."
It takes only the right reflection
To find the color you were looking for:

And so many shades. Each might as well
Have its own name.

We were too busy dissecting
Where white ends and yellow begins,
As in "Tapioca and Pearles,"
When a mirror saw us both
And I saw myself in you.

And today the clouds were perfect fractals:
Salmon-peach-colored geodesic domes—
Buddhas made of heptagon tiles.
Having decided that the time for
Salvation had finally come, the
Clouds relaxed, supine,
Resting after a hard week of doing cloud-business.

Finally, I heard the rattlesnake in the distance bringing me back to sentience;
Pain finally reframed,
Gifting us knowledge borne for our mistakes, yet
Making
the past a
 little better
 than it
 used to be.

(And then you saw yourself in me.)

"There is no sun without shadow, and it is essential to know the night"

Albert Camus

As children, our skies are bright, sunny, and fairly cloudless. Excitement builds as we hear the bells of the ice cream truck ring out or lament about being called inside to finish our homework before we're ready. The skies become more clouded as we grow older, our responsibilities becoming less frivolous; starting our careers, growing our families, and watching our parents grow gray and wrinkled-- if we are so lucky. I remember my partially cloudy day in May as I hunkered down for a bit of studying. I received a video call, my mother's typically bright face twisted and her cheerful voice shaky. Clouds moved in and thunder filled the air as she told me that my father had passed away suddenly. My screams rang throughout the room here and in the hospital where she and my siblings sat. It wasn't until I saw the hurt in my younger brother's face that the raindrops stopped falling from my eyes, knowing that I needed to keep my storm at bay to make sure they made it through theirs.

Hurricane season approached as we made arrangements. Most days I felt as though I was swept into a vortex, trying to grasp on to small pieces of our old normal. I could see those bits and pieces at his service, in the soft and encouraging smiles of my friends (new and old) in the crowd, that provided me with a glimpse that we didn't have to weather this alone. In the eye of the storm, we celebrated birthdays, accomplishments, and holidays; his absence looming over us. Before the storm cleared, we escaped as a family, an emergency evacuation from the wreckage that was now our lives. Toes sinking into the sand, our skin welcoming the sun, the salty ocean air filling out lungs. Breathe in, hold it. One. Two. Three. Four. Exhale. It was the first time in months we could enjoy each other's company, without a mask and empty words to hide the pain.

Soon, we were forced to survey the damage. However, it isn't something that you must do alone. Family and friends provided relief aid with their time, prayers, laughter, and plenty of food; reminding us it was our turn to be taken care of. The aftermath of a storm, especially an unexpected one, can be jarring to take in. Slowly, you sift through the mess to find your prized possessions; childhood trinkets, photo albums, that special sweatshirt, the Bible written in your father's native tongue. All of them bring small glimpses of sunshine as you reminisce on a particularly cloudy day. Storms are a part of this life. They may come as a pop-up summer shower or as a category 5 hurricane. However, during the storm, we must hold on to the memories of the sunny days. The smell of the hot pavement after the rain, the tune of the ice cream truck, and the laughter of our loved ones because rainy days won't last forever.

I got the call on the penultimate day of my first year of medical school. It was from my dad. His father, my Papa, was dead. I did not watch my grandfather die, but I watched my family as they did. I watched them move him from home to the hospital to the nursing home, watched my father lose his father, and watched the rest of my family hold him up while I was stuck hundreds of miles away. My grandfather had small cell lung cancer that was caught early enough that they were able to scare it into remission, but the chemotherapy and radiation took what little mind my Papa had left after his traumatic brain injury ten years earlier.

Papa is not the patient I would have chosen to shape me. He was not kind, selfless, or open-minded. His determination only made him harder to take care of when the confusion set in. His former intelligence only reminded us of all he had lost. But he loved us, he was family, and he was what we were given. That meant we cared for him as he dwindled away.

Three months later, I would shout out the treatment for small cell lung cancer (his treatment) in class. I knew the average length of remission (twelve months, but he only made it to nine). I pretended I knew this from a text so I could speak of it objectively, factually, and separate from my grief. But my grief lingered and spoke truth: illness is subjective and personal. As much as I love the neat boxes of basic science, I know I cannot force people into those boxes.

People are complicated and wild, and every single one has a right to quality healthcare. I am thankful my grandfather's doctors put up with his many foibles and failures—some of which were his own fault, but others of which were due to his complicated medical history. We want to put people in neat categories: good or bad, right or wrong, compliant or the dreaded “noncompliant.” But it doesn't really matter where they fit. For us healthcare providers, it only matters that they are in need and that we can help.

If you had told me at the beginning of medical school that I was going to become a father during my 3rd year, then I most likely would have believed you. Getting accepted into the most difficult challenge of my life had been crazy and unbelievable enough, so why not make things even harder? My life forever changed the night I bewilderedly investigated an excited squeal of joy from my fiancée, Amanda, and was handed a positive pregnancy test. I was filled with disbelief, excitement, terror, and a sense of wonder about what was to come. It was suddenly no longer only about medical school - the one thing that had defined my entire existence for the last year and a half.

As the new year rang in, planning for 2019 rapidly changed. Rather than defining periods of time by different blocks & dedicated step studying, it became about trimesters, developmental months, and stretches of time between doctor's appointments. My focus changed to not only trying to do the best I could in school, but also enjoying all the extra time I had that would be gone when the baby arrived. I thought about clerkships by their relation to the arrival of baby: this one before, this one during, this one after... One at a time, they began passing by until it finally happened: I became a father.

While I had meticulously planned for the arrival of the baby, I didn't quite expect the punch that keeping a newborn alive during an internal medicine rotation would be. To summarize, it included dedicating averages of 10 to 12-hour days at the hospital, studying during slow periods where I wasn't resting my eyes, and getting up several times every night to feed and calm the baby. Then it was up at 5:45 AM to do it all over again. After several days, I was already so exhausted that I didn't think I could make it to the end of the week, let alone 2 months to the shelf exam, and beyond into remaining clerkships!

I realized that the only way I was going to survive was that I had to move one step at a time and do so efficiently. I began to prioritize my time during the day to complete my tasks as efficiently as possible. I established the system I use for pre-rounding in the present day so I could quickly start my notes before rounds and finish them quickly afterwards when I had the remaining information. Studying and questions were done during downtime so I could spend more time with my fiancée and little Elliana when I arrived home late that night. While she definitely put up a fight at first, Elliana quickly fell into an evening routine of dinner, bath time, and bedtime, which allowed me to have a quick nap before she woke back up for a midnight snack. As my sanity and energy returned and the days turned into weeks and months, I realized that this challenge had changed me and made me thrive where it seemed I was barely surviving. I had become more structured, disciplined, focused, and I was greatly surprised by how I was able to empathize more with my patients. I could sit and hold the hand of an anxious mother, whose precious daughter was about to enter surgery to repair a congenital variant by sharing the

moment as one parent to another. I could speak with the sick father trying to overcome his hospitalization to spend more time with his wife, children, and grandchildren. I found myself pushing to give better care because I knew these patients had families to return to. It made me reflect on how something seemingly unconnected to medicine, raising my first child, was making me a better human and future clinician.

When we think of being shaped, we recognize that it is a process that takes place over time. You can't bend too fast or you'll break. And even if you don't break, the finished product might not be as intended if the foundation was too hastily poured into the mold. The changes it took to survive raising my newborn during internal medicine and beyond continue to happen to this day. It's a continuing journey. But it's when I hold my beautiful daughter and she smiles at me that I see the force that has shaped me into the better learner, healer, and man that I am today. And my guess is that it will continue to shape me for the rest of my life.

Downstream

Elizabeth Crowder

Rivers have carved me the same way they carve the walls of a canyon.
A slow process, nearly invisible, that peels away layers and creates new forms.
What began as a teenager's hobby is now the defining experience of my life.
Rivers are living, breathing, dynamic organisms that sustain the world around them.
As their flows rise and fall with the changing weather, some try to predict their movements just to be humbled by their power.
We observe rivers from a distance but also have the unique opportunity to live within them, seeing landscapes only visible from the bows of our boats.
With each mile paddled, rivers reveal themselves, and these lessons take you downstream-deeper into the canyon.
And they brought me here, on this path, to medicine.

"Believe me, my young friend, there is nothing--absolutely nothing--half so much worth doing as messing about in boats."
--The Wind in the Willows

Elizabeth Crowder



charcoal

View of the Grand Canyon at Lee's Ferry

We met during our freshman year of college and promptly hit it off due to a shared disdain for 8 A.M. chemistry lab, along with an appreciation of dry wit and sarcastic sense of humor. We also shared a major and soon became study partners and close friends. It wasn't long until he became privy to my life's problems, and me to his.

It is these conversations which have taught me the real significance of words, and of one in particular –we. Before I even knew I was going to be a doctor, I was learning how to talk to patients.

You see, when I have a problem to solve or a decision to make, a dilemma as cosmically trivial as how to word an email or as personally monumental as choosing a medical school, my friend's response includes this key word.

So, what are we going to do?

I remember the first time I consciously registered this word choice. Suddenly, pressure was relieved. I was floored by this gesture and noticed that it shifted how I framed the issue in my mind. A burden that seconds ago was mine alone, that seemed so heavy I could almost physically feel it, was no longer something to be feared because it was now shared between the two of us.

We will figure it out.

Who knew it was as simple as that? It seemed revolutionary to me: that the way to communicate, instantaneously and unmistakably, that you are in someone's corner is to utilize a simple two-letter pronoun.

We will get through this.

As a doctor, I won't always know the right thing to say in a difficult situation. I will be uncertain as to which arrangement of measly mortal words will best convey my empathy, my sorrow, or my determination in the face of my patient's trial. But thanks to this friend of mine, I will know the right word to use so that they know they are not alone.

I have often heard people express their desire to die at home. They envision it as a peaceful death. One where they are surrounded by loved ones and slip away gently on their own terms. Or one where they retire for the night only to be found the next morning having passed on in their sleep. Last summer, I spent time with a forensic team, investigating death scenes and helping with autopsies. During that time, I saw the reality of how people die in their homes, and it made me reconsider what I hope for at the end of my life.

Laying on the floor of your family home with a hospital gown around your neck and a bruise on your chest from a failed CPR attempt.

Face down in your living room with messages still rolling in on your iPad. Family and friends wondering why you are not answering.

Curled up on a couch after a night of good times. Your friends did not notice you were not breathing until it was too late.

A family standing outside in the middle of the night wondering who to call to clean up the blood-soaked carpet of their late father's apartment after his suicide.

Dying at home means allowing outsiders to come into your personal space and see you at your most vulnerable. Places that used to hold happy memories become places marred by death. Those images are difficult to forget. To me, a physical place is not as important as having the opportunity to express my wishes and have a sense of control over what I want at the end of my life. And if I cannot have that, I hope whoever finds me will do their best to preserve my dignity.

January 5, 2020

To myself:

You should know what type of doctor you want to be by now. I'm not talking about this specialty or that specialty, those details will work themselves out in due time. I'm talking about the type of doctor you strive to be, something you work towards. It's a feat that can't be accomplished overnight, and just like anything worth being proud of, it takes years to perfect. Years of practicing certain habits that will allow you to command every situation your future profession may throw at you with the utmost aplomb. Handling complex patients, delivering life-altering news, and providing vital counseling are all acquired skills that will improve the closer you get to your goal. Don't worry about stumbling along the way, you will say very dumb things at very inopportune times, but you'll get over it. Not only will you get over it, but you'll also trump every doubt that gets thrown at you, by yourself or by others. Of course, this goes without saying, but you will need every last bit of help you can get. Do not underestimate the value of guidance from friends, mentors, or preceptors. Always keep your mind, and your eyes, open to learn from others. Note what they do well, or maybe not so well, because soon, others will be looking to you for that same guidance and you cannot afford to let them down.

Sure, all that sounds great, but you're probably wondering why you're receiving this letter and all this advice now - especially when there is a looming Board exam to worry about. You have to remember that what's contained in this letter is bigger than that exam, it marks the start of how you shape your future and how you shaped who we become. You took the first step in that journey when you decided that you wanted to be the right type of doctor, something worth putting your all into. It may have felt like a simple decision, why would anyone want to be the wrong type of anything? I can assure you, however, that this "simple" realization you've had, will turn out to be the most formative decision of your professional life. Everything we've discussed in this letter relied on you making that realization that you wanted to work toward something worth being proud of and there's no looking back now.

So, congrats, the hard part is over. You got our letter which proves you made the right decision at the right time. Listen to this advice and you'll turn out just fine. I can't tell you all that entails because that would spoil your fun of finding out as you live. Besides, you'll get here eventually. Enjoy the ride.

Your friend,



Dear child,

Because you were just a child – barely a teen. I saw the stuffed zebra in the plastic bag tucked away in a corner of the OR. Maybe you were beginning to think that you were too old for toys but turned to this beloved zebra as your mind slipped away.

And slipped away it did. Just as you were probably growing into your limbs, your brain experienced a moment of clumsiness itself. We're supposed to call it a "herniation," but isn't it nicer to say that it merely tripped and fell, trying to catch itself on the cords that held your mind and body together?

Maybe not.

I'm writing because I need to tell you I am so sorry. I am so sorry that your life was cut so quickly. I am sorry that a vaccine maybe could have prevented this. I am sorry that you won't be able to experience the highs and lows that were in your future. I am sorry for your family, who loved you so much and filled two bags with fuzzy pajamas and other tender things to comfort you in a cold hospital. I am sorry for the way that we grabbed parts of you and ran, but please understand that we were only trying to save the lives of others. We wanted to honor the choice that you and your family made by trying to make sure that it wasn't all in vain.

I'm sorry we couldn't all have looked you in the face and said, "Thank you for making this brave and difficult choice." You have the most beautiful curls, a deep auburn-brown that I can't stop picturing. I'm scared that those curls are going to haunt me – I'm also scared that they won't.

I don't want to forget you and I don't want to forget how you've made me feel. You have touched so many people at their very cores and not just those who are receiving the parts of you physically. I know that I have been changed but I can't quite articulate it. I feel it in the lump in my throat, the fullness in my chest, and the tears in my eyes.

I want to say thank you. Thank you for demonstrating what is best in humanity, our ability to show kindness to strangers, even in the face of unthinkable tragedy and pain. Thank you for choosing to write a happy ending to this tale- your life. Thank you for reminding me of one of the reasons why I chose to pursue medicine: to explore the humanity that connects us to one another.

Your life has brought light.
Radha

We arrived in the patient's room to find a young male lying in bed on his side, legs drawn up to his chest. He was in such discomfort that he had trouble telling me much more than his name. Not wanting to cause Rob more distress, I resorted to yes-no questions. I found out he had been experiencing severe abdominal pain for the past few hours. I instructed my partner to check vitals and told Rob that we would try to help him as best as we could. I asked if it was okay to examine him. Rob nodded his head, so I palpated his abdomen until coming upon the tender area. He felt warm, and I identified rebound tenderness in the lower right quadrant. Appendicitis ran through my differential, but I didn't want to risk alarming him until he was examined by a licensed provider. Our job as medical students is to not just diagnose problems, but, oftentimes, it's more important to provide relief and comfort to patients. Realizing the urgency of the situation, I paged the team and supplied oxygen to ease Rob's breathing. "Oh god, I feel like I'm gonna die," he whimpered. Seeing the fear in his eyes, I tried to console him by sitting next to him and giving him my hand; I reassured him that we would take good care of him and that doctor supervisors were en route.

Moments like these remind me why I took on the challenge of medical school and reaffirm my desire to be a physician: I love the challenge of handling unpredictable encounters with patients and the feeling of working with them to ease their suffering. My decision to pursue medicine has been a natural and gradual process, not a sudden revelation. By interacting with patients through volunteering at hospitals, shadowing as a college student, progressing through medical school, and travelling to Tanzania to serve on international medical trips, I have gained insight into the medical field on a personal, patient-oriented level. These experiences have helped me better understand both the physical and emotional aspects of treating patients. I have learned that if I can't heal patients directly, then I can at least prepare them to be healed by someone else more trained. And that's exactly what I wanted to do for Rob.

Waiting seemed to last an eternity because of Rob's misery and my own sense of helplessness. Though my hand ached from Rob's squeezing it so hard, I didn't dare let go. As a medical student and provider to the patient, I felt I wanted to remain strong to support Rob. Yet, I'd never led a call this serious, and there was nobody to reassure me that things would be alright. But I couldn't let my worry show. He was sick and weak; my partner and I were all he had. Since we couldn't make his pain go away, the most important thing to do was keep him as calm and comfortable as possible. Amidst his groans, I assured Rob that help would arrive soon and that we wouldn't leave him.

The attending arrived on-scene just as Rob was vomiting. Calmly, I explained the situation. My role now was to advocate for Rob, since he was in no shape to explain his case. What he needed was a companion to speak for him and lend a helping hand. While I'd learned about acting as an advocate during the first two years of medical school, I didn't fully grasp what it meant until I was in a position to serve in this capacity. For those fifteen minutes I was with Rob, my sole concern was his well-being and I felt happy to give him the one-on-one, undivided attention he deserved.

As we passed him off into the stretcher, Rob was able to grunt out a weak "thanks." That single word meant a lot, yet it still left me wishing I could have done more to help. Watching him suffer while in my care was disheartening. I wanted to go with him to the OR to ensure he got the best care and would be okay. However, I slowly realized that despite my limited ability to help him physically, what I had done for him - gain his trust and support him in his time of need - contributed to the healing power of medicine. It was important that my partner and I were there to keep Rob from being alone and vulnerable while waiting for transport. I knew the next step for me would be to continually develop the skills necessary to actually diagnose patients like Rob. This knowledge, combined with excellent patient interaction and my motivation to provide the best care possible, would enable me to help patients more effectively. Overall, whether it is a yearning to learn more about science or the sense of duty to care for others, I am motivated to pursue medicine with the hope that someday I too will be able to better many lives.

Elizabeth Crowder



water color and black ink

View of the rim of the Grand Canyon

I swept my hand across the wall, searching for the light switch.
The chief resident took the armchair, while the attending sat on the bed, next to the patient.
I stopped reaching when I realized that the switch was right next to the bed.
We had barely dipped into small talk before the attending touched the patient's shoulder and told him that we couldn't get in. The scar tissue was too tough.
Surgery is no longer an option. It's going to get harder and harder to eat.
As the patient's eyes began to well, I averted his gaze.
This is the moment everyone talks about—the reason why medicine isn't for them.
Because at its worst, it's darkness. It's shadow.
It's telling a 28-year-old man that his cancer is unresectable, and that he might not live to 29.

Nearly finished with my first year of clerkship, I have witnessed my fair share of difficult conversations. In the beginning, my heart would beat faster as my attending approached the bad news. I would struggle to render my mouth into an empathetic but respectful shape. I would avert my eyes.
Friends outside of healthcare would ask me how I handle it: the cadavers in first year, the sickness in third. And I'd chuckle as I tell them that all I do is offer the tissue box.
It was my attending who held the patient's hands, who met the patient's gaze, and who carried the patient's hope when he was ready to let it go.
At this point, I assured them, all I do is watch.
It's still tough, I admit. There is an incomparable heaviness in that of another's tragedy.
My eyes would dampen with an emotion I felt I had no right to have.
And my throat would tighten at the thought of when it would be my turn to bring the darkness.

But one day, I began to look up.
Another day, my eyes rose to meet those of a family member, and I smiled.
The change happens as subtly as eyes adjusting to light.
After all, to deal with medicine is to deal with life; it's not just light and dark.
Sometimes it's dusk; sometimes it's dawn.
Our role as doctors is to guide patients through the adjustment, and care for them when they stumble. To support them when they can't see.

The next day, I asked my patient how he was doing.
He nodded and smiled softly; he's doing ok.
His mom brought him Chik-fil-A yesterday, and he ate half of a sandwich.
He's planning to walk around with a nurse in the afternoon.
As I checked his colostomy bag, he turned on the lights for me.
Then he made a joke about farting. I told him that he better repeat it when the attending comes for morning rounds. He was laughing as I left the room.
I imagine him happy.

The winter months of the fourth-year of medical school ushers in a new phase in the transition from student to doctor. Senior students interview across the country with strangers who frequently ask the most introspective and personal questions one will have to answer in his or her life.

In one such interview, I uncovered a new meaning to what I have considered my most important and life-altering experience. Almost all interview questions seek the answer to the same question, "Who are you?" I always start with my father. My father carried a diagnosis of lupus as far back as I can remember. He was in and out the hospital constantly while he was alive. As a medical student, I can look back and see pretty clearly what was coming. During the last month of his life, he was constantly popping nitroglycerin tablets. At one point, he even collapsed in the grocery store grabbing his chest, popped a pill, and then finished shopping. It should not have been a surprise that only a couple weeks later he would have a massive heart attack, enter an unsustainable rhythm, and fail low quality CPR by his untrained wife and 12-year-old son. As a part of my own reaction to my grief, I poured myself into my schoolwork to escape. As I healed, grief turned to motivation to find meaning from this experience and for my life.

Everyone has an important reason for wanting to study and practice medicine. I know I am not the only person whose experience with a sick loved one brought them to medicine. However, during this recent interview, I found myself wondering what my life would have been like if he had survived. Who would I be if he had lived 5 or 10 more years? I wonder if life would still have brought me to medicine, and if so, with the same level of passion and dedication I carry with me now. While I could ask for nothing more than to have my father here to see me today, his death has given me a life of purpose and for that I could not be more thankful. From his suffering, I hope to bring others comfort.

I've yet to walk into an empty patient room. I don't mean all my patients have rooms full of visitors; rather, there is much more in a room than just a patient. The weight of the intangible is often as present as the patient sitting there. I'd be lying if I said I have walked into every room wearing the mantle of grace that ought to come with treading on another human's holy ground, but one encounter has led me henceforth to pause before knocking. This encounter wasn't a valiant "make-a-big-diagnosis" experience, rather a terrifying realization of how often I neglect to pause with my patients. It has induced in me a humility as I recognize how easy it is to miss the most important things.

She came in for a follow-up after hospital discharge. Brief glance at the chart - chest pain. "Did she have an MI?" Flip to assessment - no evidence of MI. Labs are within normal limits, numerous imaging studies show no pathology. I hear my attending sigh because we're behind and it's almost lunch. "Hurry up," I think, "there's nothing here." Then I walk into the room.

She doesn't look at me. "I was in the hospital," she says, "I had some chest pain. I've just been under a lot of stress recently."

Instantly in my mind, "I've seen the chart. Nothing is wrong with you." But then the smallest nudge: "Don't move on. There's something here." I glance at the clock, pause a moment, and say, "Tell me more about that." In brief, she told me in the past year her husband suffered a stroke, her mother died of a heart attack, her sister was murdered, and her father died two weeks after she placed him in a nursing home. The weight of the grief she carried impacted every facet of her life. Her remaining relationships became strained and she lost her job for appearing "distracted" at work. As she spoke, she wept, and I sat with her.

In that room, it didn't matter how much I had read the night before. What mattered was my sitting gently on the holy ground of this patient, respecting the weight that my behavior, at that moment (in this white coat), would carry with her. Ultimately, I walked out to my attending, who had been patiently waiting at his desk for me, and briefly presented the most important SOAP note I had yet to write. We missed lunch that day, but we got her set up with a counselor, antidepressants, and established return visits so that he could walk through this season with her.

I will not forget the experience I had sitting in her holy ground. I approach patient rooms today with more awareness of what may not be found in charts. As physicians, we must don a mantle of grace to step patiently into our patients' lives and dignify their suffering. The path forward is not paved with lab results and imaging studies, but with observation, awareness of our own knowledge gaps, and respect for the intangible in our patients' lives.

The Hospital Room



The lively chatter, keyboard clicks, and flurry of footsteps in the hallway all become background noise as I enter a patient's room. *"Good morning! My name is Anh. I'm a medical student, and I'll be taking care of you today. How are you?"*

The hospital room can be a disorienting space. It's sanitized and has no hints of its former occupant. Patients exchange their unique clothes for identical hospital gowns and uniform non-slip socks. The cream-colored walls always seem to complement the white sheets perfectly. The patient's bed is front and center. Nearby are a reclining armchair and a couch that converts to a small bed for loved ones who selflessly give up their uninterrupted sleep to stay with the patient. During the day, there's a steady stream of visits from healthcare professionals: nurses, students, doctors, physical therapists, occupational therapists, nutritionists, social workers, case managers, and chaplains. Once patients and families begin to recognize faces and establish some sort of routine, the staff changes, and it starts all over again.

Despite the impersonal setting, I've had deeply personal conversations in these rooms. I'm shaped by the stories my patients and their families have shared with me. As a medical student, I ask my patients personal questions about their health. *When was your last bowel movement? Did you see blood in your stools?* They patiently answer my questions. Then, they share with me much more. I stay and I don't interrupt. My patients are wonderful storytellers. With their words, they paint for me vivid snapshots of their lives outside the hospital.

For example, my "one-liner" to the team for Ms. Martha, a patient from my surgery rotation, might be "78-year-old female post-op day 4, status post Whipple procedure". I'd go on to report that she is feeling "fine" with 4 out of 10 pain, is passing flatus but no stools, and is tolerating her clear liquid diet without nausea or vomiting. I'd then share her vitals, labs, medications, and my targeted physical exam findings; and end with my assessment and plan. But I know my presentation on rounds doesn't do Ms. Martha justice - it doesn't come close. I like to imagine how I would talk about Ms. Martha to my friends in a social setting. I'd tell them about how Ms. Martha grew up poor in the foothills of the Appalachian Mountains and learned how to sew quilts from her mom; how she uses Campbell's Cream of Mushroom Soup to make her famous cornbread dressing for family gatherings; and how she loves spending weekends with her three granddaughters, all named after famous 1980s supermodels. I would learn more about Ms. Martha as I changed her blood-tinged dressings every morning.



In addition to asking questions and listening, I also silently observe my patients and their families and how they experience grief. I've seen parents of a toddler newly diagnosed with acute lymphoblastic leukemia who had just flown into town; they were exhausted and hadn't had time to grasp the diagnosis. I've cared for an elderly man with heart failure hospitalized for pneumonia who cheerfully told me that he was "ready to go when the Lord was ready to take [him]". He raised his outstretched arms to the ceiling as if he were giving God a big hug. His daughter and son-in-law quickly brought his hands back to his sides and said, "not yet, dad, not yet". I've seen families and loved ones cling to their cold coffees as they construct hypothetical scenarios depending on the patient's condition that day. Sometimes they pace about the room. I see the worry, stress, and anxiety in their eyes as they make phone calls to update other family members or to ask for time off from work.

Through it all, I see how hospitalization is never convenient for patients or their families. I try not to forget how jarring the experience is. I try to remember what it was like for me to be in the hospital with my mom after her second stroke requiring neurosurgery, or with my dad after his abdominal aortic aneurysm repair. How kind my parents' doctors were, how intently they listened, and how that made my parents and me feel listened to, cared for, and never alone. I try to emulate the empathy I've seen on bedside rounds as a medical student - of a doctor holding the hand of an aphasic patient connected to tubes in the ICU, or hugging a woman who just delivered a stillborn baby. I hope that my patients and their loved ones remember how much their medical team cared for them during such a disorienting time.

Before I leave for the day, I check in with my patients and ask if I can help with anything. Sometimes, I'm asked to bring back water, saltine crackers, or warm blankets. Other times, I just sit and listen. Within every one of these impersonal hospital rooms, there's a deeply personal story for the patient.

