When Nobody is Looking...
Tabula rasa, Latin for “blank slate,” is Vanderbilt School of Medicine’s journal for medical humanities. Tabula Rasa is dedicated to the idea that the mediums of pixels, paint, pen, and paper lend individuals the means with which to explore the nature of humanity and enhance their medical experience. The journal is published annually, and we invite submissions of original short stories, poetry, essays, interviews, artwork, and photographs from medical students, residents, faculty members, alumni, patients, and members of the Nashville community.
LETTER FROM THE EDITOR

“Our character is what we do when we think no one is looking.”
-- H. Jackson Brown, Jr.

Medicine is replete with tales of silent triumphs and untold failures, of personal joys and sorrows. Healthcare professionals, patients, and their friends and families deal with challenges that demand unrecognized courage and character. This edition of *Tabula Rasa: Vanderbilt Journal of Medical Humanities* aims to explore stories of coping and motivation that pervade the world of medicine. It is our desire to have individuals from all facets of that world give a voice to the previously voiceless, or a face to the formerly invisible, through artistic media.

The past year has been yet another period of profound growth for the journal. We received an unprecedented number of submissions from both the Vanderbilt and Nashville communities.

In addition, the interest and support provided by Vanderbilt School of Medicine alumni has been extraordinary.

The Tabula Rasa editorial board is extremely grateful for the enthusiasm expressed toward the publication. The journal has become a unique forum for individuals to develop and explore concepts related to the interaction between medicine and society. I encourage anyone with an interest in the field of medical humanities to submit their work to future editions of our journal.

Finally, I would like to express my sincere gratitude to the dedicated members of the editorial board that have worked diligently and with great care to produce our current issue. Their determination to contact faculty, students, alumni, patients, and community members has been instrumental in soliciting the inspiring submissions that have been selected for this edition.

Neil Issar
Editor-in-Chief
*Tabula Rasa*

Please visit the *Tabula Rasa* website for past issues, unabridged writings, and additional poetry, prose, and works of art. The pieces displayed in this print edition represent only a small selection of the works submitted to the editorial staff for review.

www.mc.vanderbilt.edu/tabularasa
“What creature had taken hold to ensnare her heart...”

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I am 49 years old. My four sisters range in age from 10-18 years my senior.

The youngest sister, Carrie, was diagnosed with breast cancer in late 2005. Before receiving this diagnosis, she had been misdiagnosed (or went undiagnosed) by two physicians in the Southern Illinois area where she lived. Shortly thereafter, she made the decision to seek treatment at the Sarah Cannon Cancer Center in Nashville where her providers discovered that she was already in the late stages of the disease. At the same time that Carrie was receiving treatment, our elder sister, Pearl, who resides in Metropolis, IL, found a lump on her breast. Carrie impressed upon her that she needed to get immediate medical attention to determine her status and to possibly avoid what she was going through. Pearl was diagnosed that same month and immediately started treatment. Back in Nashville, the clinical trial in which Carrie was participating failed to arrest the spread of her cancer. When her doctors decided that there was no more they could do for her, she was released to home care in April 2006. She died two weeks later at the home of her daughter in Paducah, KY. Miraculously, a year after Carrie’s passing, in 2007, Pearl got the news that she was cancer free.

About two years before Carrie was diagnosed, the third sister by age, Edith, had been diagnosed with sarcoidosis—a rare syndrome that weakens the immune system through the build-up of cancer-like granuloma in various organs of the body. In February 2011, Edith passed away due to lung hemorrhaging caused by severe scarring of her lung tissue from many years of sarcoidosis damage.

In late August of 2011, Pearl was diagnosed with Stage 4 Lung Cancer. She immediately began treatment. This time around, her prognosis was that, at best, she might survive for another eight months.
The following month, our second eldest sister, Doris, who lived in my hometown of Cairo, IL, was rushed to emergency at the nearest hospital, about thirty miles away, with severe pain in her abdomen. Her bladder had ruptured. She received treatment and was sent home with a colostomy bag about two weeks later. What I didn’t know at the time was that she was also sent home with a diagnosis of cancer. I visited her at home for a day in October—still not knowing her prognosis. In early November, she succumbed to the cancer and died peacefully at the nursing home across the street from her house.

As of this writing, Pearl continues her chemotherapy. Her cancer levels have dropped each month since October. She is still not promised a complete recovery and is comfortable with that. But my family and I feel blessed to be so comfortable with the idea that she will continue to beat the heredity odds and remain with us for the foreseeable near future.
The Joy of Breathing
Marla Faith

Marla Faith is a visual artist and poet who teaches AP art history and studio art at Harpeth Hall School, where she is also director of The Marnie Sheridan Gallery. http://www.marlafaith.com
Daddy’s Talk
Gwen Moore

Ours was a family that was in church every time the doors were opened. Our monthly weekends at a mountain cabin were no exception. There was a tiny band of people who were meeting on Sunday mornings in a real estate office in Anza, a settlement in the high desert the other side of the mountain. A Pepperdine faculty member, Wade Ruby, had something to do with that real estate office, so he must have told us the folks in Anza needed encouragement. Dutifully, we drove down there each month and helped them hold a church service. Sometimes there were more of us than there were of the locals. The a cappella singing could get pretty rough at times.

Daddy never called what he did preaching. He called it “giving a talk.” He was good at it. He was a thinker, and had some useful ideas about the scriptures we would study. His favorite “talk” (which he gave many times throughout my childhood) was about a carved stone rosette. He and my mom were among the first civilians allowed into post-War Germany, where they assisted with relief work. My dad handled the missionary finances and oversaw several church building construction projects. Near an old cathedral, they found a broken piece of carved stone lying on the ground. It must have fallen during the many bombings of World War II. My father made a point of walking all around the cathedral to see from whence this fragment might have fallen. He couldn’t spy anything like it within eyesight. He realized then that the workman who carved that rosette had labored for God’s eyes alone. He encouraged us all to have that kind of integrity in our work and our lives.

Last year my brother told me the story was apocryphal, that Daddy had heard it from some other source and personalized it. I prefer my childhood faith that such a moment did happen to my father, because I saw the principle lived out in his life.

Growing up in L.A. and having lived in Texas, Arkansas, Connecticut, Germany, and Israel, Gwen has made her home longest in Nashville. At the moment, she is most excited about working toward completion of an M.Div. from Vanderbilt Divinity School, one class at a time.
Inner Medicine
Candy Paull

Quantum, fractal, incremental
The small decisions, the little things
The space between heartbeats
The interstices between thoughts
One tiny choice
A turning point “yes!” when life calls
Sensing the Healer within
The pulse of life in the dark unseen
Baby steps moving the body
By the spirit
Natural forces conspire
Human hands join together to help
What seemed to be dead end
Loss, sickness, fear, tragedy

Candy Paull has been working at Vanderbilt since last fall, doing administrative work in the Plastic Surgery and Psychology Departments and on the Peabody campus. She loves being part of the Vanderbilt community.
Dancer
Vimvara Vachathit

This is supposed to represent “freedom and the will to chase after your dreams as the natural state of man which may be taken away from a patient with a debilitating disease that may just creep up on them or be chronic in nature”

Vimvara is from Thailand and is currently a junior majoring in Biology at Villanova University.
The Diagnosis
Shellie Richards

What brings you in tonight?
I can't walk. Something's wrong with my left side.
She can't walk, my husband repeated.
When did you start slurring your words?
Slurring?
About 2 am, my husband interjects.

That is how it began. Within minutes I had two IVs, an EKG, an EEG, and a chest x-ray…
right there in my bed. I couldn't feel or move my left side. I was numb and paralyzed. I cannot
recall a stranger experience than looking at my limbs and thinking “move” and nothing…
nothing happens.

A cat scan of my brain revealed a large white blemish, and a subsequent MRI produced 7
beautifully colored photos.

Back in my room appeared seven kids. Residents. No way they were touching me. One female
presented herself as Dr. So-n-So.

Hi Mrs. Richards.
You’re not touching me.
We need to get some spinal fluid.

You’re not touching me.
I don’t think you understand. You –
You’re not touching me.
I don’t think you understand. We don’t know what this spot on your brain is.

I surveyed them. They were kids, all furiously taking notes. I wondered how their brains were
working. And what exactly were they scribbling on their clipboards?

“Patient is resisting.”

I’d been in the ER for nearly 12 hours. No diagnosis. And no phone calls. Of course, I couldn’t
say my name or dial a phone. My husband called our family. In 15 years of marriage, I’d seen my husband cry once. I hardly recognized the man who stood sobbing at my bedside, unable to say where we were and why.

The kids came back. The alpha-female was MIA.
Cake.

Hi Mrs. Richards.
They stood smiling cheerfully, all furiously taking notes. Already? I hadn’t said anything.
You’re not touching me.
There. I’d spoken.

The smiles drained from their faces along with the youthful optimism that embodies residents. I'd hated being the bad guy. Really I did.

Some time later, they took me to a room in the Neurology Unit. The kids came back. They had Dr. So-n-so with them, the alpha-female. Again.

You’re not touching me. I slurred.

But a little Ativan in my IV changed all that and Dr. Cohen prepared me for a spinal tap. Daniel Cohen was a dead ringer for JFK Jr. JFK Jr. prepared to do my spinal tap. JFK Jr. was a spinal tap virgin. This was his first ever. I didn’t care. I had Ativan.

JFK Jr. did all right and the spinal fluid confirmed antibodies consistent with Multiple Sclerosis.

I spent a week in the Neurology unit.

I had lots of visitors, though I don’t really remember them. My boss came. An image of my brain was hanging on the light board.

Notice how large it is? Does it upset you that mine is so much larger than yours?

My boss has a PhD in Chemistry from MIT. I can’t recall if he laughed, but I like to think he did.
When I got home, things were...well, interesting. If I held a glass in my left hand, I had to look at it, otherwise I’d drop it. Walking was slow and dangerous. My husband had to help me in and out of the bathtub. I couldn’t fix my hair. I couldn’t fix my daughter’s hair.

I suffered from a lack of proprioception – that is, not knowing where my limbs are in space. Without proprioception, hitting the snooze button on your alarm clock without looking wouldn’t be possible. Proprioception is important. I know this because I found out what it was dancing around my kitchen.... “I’m tough like Muhammad Ali, float like a butterfly, sting like a bee”...swinging my fists wildly, with everything I had, I punched myself in the face. Not one of my better moments.

It took six months to properly walk again, type, brush my hair and teeth. Still, now and again, words fly out of my mouth and I’ve no idea where they come from...they just come out. Kind of like my writing I suppose.

This is the story of how I was diagnosed with Multiple Sclerosis. On August 16, 2008. Four years after a neurologist ruled it out, seven kids found it.

Shellie Richards’ work has previously appeared in the Belmont Literary Journal and Bartleby Snopes; Winner, story of the month, Bartleby Snopes. She lives in Nashville with her husband and three children. She works at Vanderbilt University where she edits scientific papers for publication and is currently finishing an M.A. in English (Writing) while working on her first novel.
When Heroes are Human

Steven Busby

Why is it that we somehow think of Firefighters, Emergency Medical Workers, Doctors, Nurses, Social Workers, and many other types of health care providers as being clad in some type of emotional flak jackets? We view them as impervious to the type of emotional and psychological discomfort, if not horror, that would face those not prepared for the types of scenes and circumstances they encounter daily. But, can you really be “prepared?” What do they feel? Do we want to know? Are we simply more comfortable just assuming they are somehow stronger than the rest of us, because not doing so would bring them crashing down from the pedestal on which we place them?

As a seasoned paramedic, ICU and ER nurse and nurse practitioner, I have experienced and dealt with various emotional traumas. What struck me was how vividly the memories of those times would return to me while conducting recent research. While interviewing field-level emergency workers, the “human factor” concept of emergency health care provision emerged. My “scientific objectivity” kept me from reacting to, or commenting on those feelings. However, I found that my past experiences did not truly have a home...a place to rest, until these heroes “became human” to me. Maybe not sharing these experiences often enough, or in enough detail is part of our collective problem. Hearing their stories was like putting on an old, well-worn jacket re-discovered in the back of a dark closet. It was actually comforting.

I am sharing just a very few of those actual comments as exemplars, using pseudonyms. The written word cannot capture the pained expressions, the teary eye, and the stuttered communication that comes with the recollection of intense feelings. Rather than the emotional detachment of a research report, this essay intends to allow, if not conjure the raw emotion, and by acknowledging that, appreciate the humanness of these heroes.
(Dawn, a flight nurse…two infants left in a super-heated car, one died, and one critical): “and Mom was there and I remember thinking how awful that was to have to roll that baby by her and her seeing me doing compressions and bagging (CPR) that baby.”

(John): “he's still talking….he's got a bullet in his chest…in my mind, we wasn’t moving quick enough.”

Darrell: “We all have raw emotions….you have to learn how to deal with it… ‘cause it will hurt you.”

(Jane, not providing hands-on care when she saw people hurt): “it required some retraint…to direct the troops and not get personally involved.”

(Various people. Emotional detachment is necessary during the scene): “you cry about it after the call”, “clicked into a mode”, “flip a switch”, “you try to block it out”, “the closer you are to the actual scene, the less you are in charge.”

Dealing with it: “some go and drown themselves in alcohol”, “go work out in the gym for a couple of hours to release the emotion.”

Why do we (and they) allow these struggles to occur “when nobody is looking?” It takes a hero to do these jobs AND to listen, share, express pain and heal each other.
Prayer
Nishma Sachedina

This is photo of prayer beads--a tasbih. I sometimes forget my faith, but when exceptional joy, tragedy, panic, or bliss surface, prayer brings with it acceptance, strength, calm, and humility.

Nishma is a Florida girl who heads home every chance she gets. After 18 years in sunny South Florida, Nishma headed across the country to attend Stanford University where she studied biology and gained an interest in feminist studies. She grew up in a moderately religious family with a strong appreciation for her Shia Imami Ismaili Muslim community. The photo featured is reflection of the faith that she grew up with and the peace she finds in prayer.
To Heal
Lewis Lefkowitz

*When one is despondent:*

A voice in a cavern
with no echo

A gift given
with no thanks

A reaching to touch
with no feeling of having touched

*When one is healed:*

A soft echo
to a shout of anger

A song of thanksgiving from another
for just being human

A touch
without having reached out

Dr. Lefkowitz is Professor Emeritus of Preventive Medicine at the Vanderbilt University School of Medicine.
When approaching Death
Laurie Lackland

When approaching Death,
Bring emptiness.
Words fall into the void,
Attempts at empathy are futile.
Have you been there?
Explanations are hollow.
Predictions are meaningless.
What can you bring to a mystery?
Even your empty cup
Holds too much.

Night Shift
Laurie Lackland

Working the night shift
in a hospice house means
counting breaths,
watching the sky fall down in white,
feeling the gravity increase between
3 and 5 a.m.
Heavy. It’s all heavy.
The breaths, the snow, my bones.
Everything comes down to
silence
and hope for a
long rest.

Laurie Lackland is a VU graduate student in the School of Nursing. She will graduate in August 2012, and will become an Adult Nurse Practitioner with a Palliative Care focus. Both poems were written to help process some of her experiences as a nurse in hospice and palliative care.
Good People and a Rule of Surgery
Jake McClure

The first week of general surgery clerkship I was introduced to some “Rules of Surgery”. For example, “All bleeding stops eventually,” and, “Everyone doesn’t need to die with an incision.” There’s also, “Eat when you can, sleep when you can, and don’t mess with the pancreas”. However, for this story, that maxim would be violated.

Boarded for this particular afternoon was a pancreaticoduodenectomy (the Whipple procedure), a must-see operation if given the opportunity. However, the night before I was on call and had stayed in-house to help the intern with overnight consults. If I were to scrub for the case, I would be sacrificing precious post-call sleep, but I reasoned it was worth it.

There was an as-usual progression to the day. Patients were pre-op’ed, operations proceeded smoothly and team morale was high, which continued with our next patient: a pleasant, 50 year-old gentleman with a half-glass-full optimism at baseline. His story began with a pancreatic mass incidentally found on CT that was unfortunately diagnosed as pancreatic adenocarcinoma, the 4th most common cause of cancer-related death.

But, as I soon realized, his prognosis was not much of a setback. He was asymptomatic and confident that, by undergoing an operation, his experienced surgeon could improve his prognosis. In pre-op holding, after the attending surgeon and chief resident detailed the anticipated procedure with the patient, I stayed behind for small talk since this was my first time meeting him. We bonded over a common hobby—golf. And, in his last round, I learned that he finished with eagle - birdie—quite the feat for a golfer of any skill level.

Meanwhile in the OR, the plan was clear: based on CT, the mass was resectable and confined to the head of the pancreas with no evidence of local organ invasion. After brief dissection, the surgeon began his abdominal exploration highlighting the first lesson of the case, “Any time you enter the abdomen, always inspect the liver.” Following his own teaching, he placed his left hand along the right lobe of the liver. However, he discovered the unexpected—three chalk-colored, firm nodules about 1-2mm in diameter. From gross inspection, the surgeon confidently suspected the worst: liver metastases from his pancreatic lesion, a detour which would change both the patient’s staging diagnosis and operative management. The morale in OR #17 took a U-turn. For presumed stage IV cancer, the only management option was
closure of the abdomen while awaiting histological diagnosis from pathology.

As the saying goes, “Hindsight is 20/20.” Had metastasis been discovered pre-op, this unlucky gentleman would have made a decision regarding adjuvant chemoradiation, and more importantly, been spared an abdominal dissection through the muscles utilized in his golf swing. But, in retrospect, these metastases were just small enough to escape detection on CT. One moment there’s a pre-operative, optimistic plan that disease is locally confined, and surgical resection would significantly increase his 5-year survival from the expected, non-operative 1-4% to 15-25%. Resection and adjuvant treatment offered a median survival of 20-22 months. However, this metastatic U-turn drastically reduced his prognosis to a expected survival of 6 months.

Midway through closure, the surgical pathologist returned with a succinct declaration, “Adenocarcinoma of the pancreas with metastases to the liver.” Here, I learned yet another maxim as the surgeon regretfully pointed out, “Why it is, I don’t know, but unfortunately, bad things happen to good people.”

Post-op, the patient was appropriately loaded with questions pertaining to treatment and prognosis. Regarding prognosis, I answered factually without false hope. But personally, I was hopeful that he would be a statistical outlier enough to squeeze in several more rounds of golf. After his discharge, I wished him the best and hoped he would one day finish another round of golf with eagle – birdie.

Jake is a third year medical student from the suburbs of Chattanooga, TN. Though never really considering himself a writer by any stretch of the imagination, he was impacted enough by this surgical experience of one patient’s unwavering optimism despite the reality of a grave prognosis that he felt compelled to share it as a narrative.
Amputated Thanks
Chelsea Samson

When nobody is looking...our nation’s courageous wounded warriors fight through their injuries with silent resolve. They do not seek the celebrity or thanks they so deserve for their service. Inspired by generations of military service members in my family, I depict the dual support provided to veterans by the public (represented here by the signature on a cast) and medical practitioners (symbolized by the bracing hand locked in place where a limb once stood). The strong geometric scaffolding of the bandage indicates a strength that stems from a place beyond bone and tissue, not lost even after physical insult.

Chelsea Samson is a first year medical student from Baltimore, MD. She received her Bachelor of Engineering degree from Vanderbilt University.
Ars Medica
Kelly Bouquet

As simple and as complicated as a relationship:
this art,
this language of snakes entwined
that I interpret,
vested in authority by white vestments.

Trained to forget
to remember
what is humane,
I belong only
in the space
between worlds,
where voice and touch
are weightless and crushing.

Like a mother,
I have no name,
foreign and familiar
like God.
So this is life laid bare
in selfish and sacrificial sinews,
grotesque and beautiful contortions
in a macabre dance of yes.

This is the paradox:
we live to die
and die to live
and still we love life
and still we fear death,
unaware of the tragicomedy of our existence,
until we learn the art.

Kelly Bouquet is a first year medical student at Vanderbilt who relies on reading, writing, and salsa dancing to keep herself afloat in the seas of biochemistry and anatomy. Her inspiration for "Ars Medica" was the great tradition of ars poetica: poets' metalanguage about the art of writing. "Ars Medica" was born of an attempt by this doctor-in-training to describe the art of practicing medicine.
If Only
Blythe Corbett

I wish I were a dictionary, lying on your shelf
Then I would know every word to tell you about myself
I could tell you every origin, syllable and what it means
The root, the thought of everything and every way I feel and think
If only, If only

I wish I were your yellow handbag, you carry with you everywhere
Then I could be with you always, going here and running there
I could be in that place alone, with all your special stuff
Your makeup, keys, your money and me... Would it be enough?
If only, If only

If only I had the answers, I would find them all for you
If only I had the reasons, I would understand me too

I wish I were your satin pillow, you cry to every night
Then I would wipe away your tears and tell you everything's alright
I could sing you a little lullaby, like you used to do for me
The one I never sang along, but heard in every dream
If only, If only

If only I had the answers, I would find them all for you
If only I had the reasons, I would understand me too

If only, If only, If only, If only

To listen to the lyrics of Blythe Corbett’s “If Only” put to the music of singer-songwriter and autism parent advocate Tammy Vice, please visit medschool.vanderbilt.edu/tabularasa

Autism is a neurodevelopmental disorder marked by challenges in reciprocal social interaction, which can be isolating for those affected and their families. “If Only” was written by Dr. Blythe Corbett, Assistant Professor of Psychiatry, from the perspective of a child with autism reflecting from a place of longing to communicate with his mother. More broadly speaking, “If Only” speaks to the yearning for understanding and connection many of us contemplate in our private moments.
My mind was delightfully focused on myriad ideas for new, sneaky ways to add vegetables to baked goods and other foods. Nose deep in a Better Living magazine, I was completely oblivious to any of the other patients in the clinic waiting room. Dreams of cauliflower macaroni and cheese were interrupted by the nearby conversation of a medical assistant with another patient.

- Dr. – has an opening at 9:30 today
  I can’t do today…

The medical assistant walked out of the room and closed the door. I’d just gotten back to my recipes when an exasperated cry erupted from the other side of the room.

I just don’t feel well, and I just started chemo.

Now fully disengaged from the article, I picked my head up to see the speaker put her head down. With her head in her hands, my eyes zoned in on her head. Her head appeared to be a barren wasteland of a place where hair used to be. The remaining scraps of hair were haphazardly strewn leaving her scalp fully exposed to my wondering eyes.

She sat up and began to speak to the patients around her. As she spoke with gruff words, I looked at her mouth rimmed by thin, dry lips. Inside the mouth there were black spaces where teeth used to be, and the ones that remained seem to precariously hang, as if dangling by string waiting for a quick assault to allow them the dignity to fall.

She spoke about missing work to go to doctors’ visits, and I examined her skin mottled with red wine spots set atop a matte finish the color of a dingy white shirt.

She spoke of losing her job, and I looked at her clothes that didn’t quite fit. They were too big like they were bought to fit a older version of herself. Like they were meant to hide the large mass I noticed protruding from her abdomen.

She spoke of how sick she’d been, and I listened trying to remember all the chemotherapeutic agents I’d just learned about and their side effects.

She spoke, and I learned all the adverse effects she suffered from during her entire battle with cancer.

She spoke, and I learned.
Ghosts
Doug Hester

When nobody is looking
I am haunted by ghosts of
airways gone bad
and blood that would not stop
and cardiac arrests /we know/
and guilt that fetters my memory to mistakes.

Some days, a spectral claw reaches from a vial of phenylephrine
digs into my wrist
whisks me two-hundred and eighty miles away /you can't escape/
to remind me of a medication error.

Some nights, a patient in pre-op unknowingly quotes the dead
imitates last rites I have given.
Shades of the past sear my soul
as the words echo inside
/can you prevent it this time?/

They intrude at such inopportune times
never letting me forget.
Flogging the failures
flaunting the faces of family members weeping.

These phantoms are just feelings /you hope/ that prefer
the shadows in my sub-consciousness
to the sofa of my shrink.

I seem healthy somedays but I hear the wraiths
calling /we know/ to chase me again.
The wrath and shame wash me yet stains remain.

And even when it’s over
after Medicine
will my guilt be enough to atone the ghosts
/to give us peace when you have none/
when nobody is looking?

Dr. Doug Hester is Assistant Professor of
Anesthesiology at Vanderbilt University
Medical Center.
My hands press against your chest
Like magnets to a cooling refrigerator.
In this cyclone of organized chaos,
You are the still center,
Silent.
Pulseless, my thrusts give you motion.
Pale, you give me color.
And although meant for you,
The epinephrine,
I feel.

In this surreal moment
I mourn the emptiness you became,
But I remain,
Rejoicing
Yet apologetic for my vitality.
Starring at pure the contrast
Between me and you,
I contemplate the dichotomous,
But perplexingly continuous,
Nature of life and death.

“This work was inspired by my first experience with witnessing a patient die. The contrast created between the dying patient and the animated medical personnel that were attempting to revive him was striking. This experience made me think about the mysterious transition between being dead and alive, and the troubling ambivalence that results from being alive among death.”
As a new nurse, the gaze of the experienced nurses around me shaped my sense of myself. I struggled to see what they saw and develop the vision and insight of an experienced nurse. But each nurse eventually has to see for herself who and what she is and where she belongs.

On my first job it felt like everyone was looking all the time. My preceptor’s sharp eyes saw every mistake I made. Tonight we have a patient on an insulin drip and I am testing his blood sugar every hour on the hour. My hands shake under her gaze. “No, the blood goes at the end of the strip not the top”. I nod, bite my tongue, try to stop shaking. I know where the blood goes, but talking back to your preceptor isn’t the way to make a good impression, at least I don’t think so at the time.

One night there’s a travel nurse working next to me. She’s struggling with a difficult patient in respiratory distress. Next door her other patient is confused and restless in bed. Somehow her A-line has half-fallen out. There’s enough blood that it’s dripped off the bed onto the floor. I grab the patient’s wrist with one hand, a dressing with another. Carefully, carefully I slide the A-line back into place. Good. No more bleeding. I clean her up, redress the site, wipe the blood off the floor. It’s like it never happened. No one’s watching now. I don’t tell anyone what I’ve done.

The eyes in ICU see blood pressure, oxygen saturation, cardiac output. Seeing this, my shaking doesn’t go away, not on the inside. I move to psychiatric nursing where the eyes see pain, grief, hope, and joy. Late at night I walk the halls, looking into my patients’ rooms and watching them breathe like a mother watching her children. I read the anorexic teenager stories while tucking her into bed. Ten minutes from now she’ll be screaming at me in incandescent fury when I don’t let her eat garbage. But right now she’s vulnerable and needs the comfort of a story. I listen while a middle aged man tells me how all his affairs are in order, that he has provided for his son and has no more responsibilities to take care of. I listen while a young woman tells me how many times she’s been raped and how the birth of her daughter saved her life. I let them tell the stories they need to tell. Sometimes I just give them a cup of tea. Nobody’s watching. Everyone knows. And it’s all right.

Toby Sawyer is a WHNP (women’s health nurse practitioner) student at Vanderbilt School of Nursing. She has been a nurse for three years prior to returning to school with experience in ICU and psychiatry. She plans to continue to a PhD with research interest in women’s body image issues.
Inside Passage to Alaska

Amy Fleming

During my second trip to the Inside Passage in Alaska I was determined to capture some amazing photos. My first adventure in Alaska produced many great snapshots, but I was confident I could improve. I had borrowed a wonderful camera and spent hours focused on the digital screen, waiting for the perfect whale fluke or puffin flight. I have many wonderful images from the visit, but my favorite is this reflection, shot in a spontaneous moment where I wasn’t looking for the perfect photograph.
When No One’s Looking: Self Portrait

Virginia Fleming

Dr. Amy Fleming and Virginia, her daughter, both submitted their interpretations of this year’s theme: “When Nobody is Looking...”

Dr. Amy Fleming is Assistant Professor of Pediatrics and Director of Gabbe Advisory College at Vanderbilt University School of Medicine.

Virginia is 8 years old and loves art, particularly painting. When asked what she would paint for the theme “when nobody is looking” she was immediately off to get started. The result is a self portrait—sneaking Hershey’s kisses.
Burn slowly
Monita Soni

Very little is needed to make a happy life. - Marcus Aurelius

Simmer on low heat like a pot of soup.
Stretch your limbs to the warm hearth
Tarry some over tea and poetry
Trace a mother’s gaze over a sleeping babe
Curl up in the heart of a lotus
Awaken to the symphony of dew-drops
Hold a belly full of laughter
Carefully watch every tear
As it trickles over pine needles
Distill the tangerine splash of a sunset
Spend a moment or two life times---playing
Bite deep into the red heart of a ripe guava
Let life’s juices trickle down your chin
and soak your bosom
Relax in the stillness of a warm embrace
Lean a little, lean some more and watch
The shadows lengthen over clear water
Walk the dark woods alone
Count all wild flowers on your fingers
Rise with the June bugs on grassy meadows
To wish upon the even star
Cup your hands to hold the wisdom
Scatter songs on the shore
Roll like a happy baby
Wait your turn in a winding line
To touch the Three Waters as they mingle
Press your ear to the tip of Kanya Kumari
And melt into the primal sound

OOOOOOOOOMMMMMMMMMMMMM

Monita Soni, MD, grew up in Mumbai. A pathologist with her own diagnostic laboratory (Prime Path PC) in Decatur, Alabama, Monita enjoys writing short stories and poems. She is the current President of the Huntsville Literary Association. She is a regular at the Sundial Writer’s Corner on WLRH and thrives in the arts community in Huntsville. She is inspired by twentieth century poets and ancient Sufi poets. Her life and writing style is a pleasing hybrid of eastern and western cultures.
You May Now Meet Your Anatomical Donor
Lucy Boyce Kennedy

“You may now meet your anatomical donor.”

Some moments stick. In the back of your head, like a ghost that always haunts you or like an angel that always guides you. This is the moment that sticks:

“You may now meet your anatomical donor.” I couldn’t see my own face, but what sticks is the fear on our faces, in our eyes. I blame this fear on the mystery of the table. Because it’s like opening a jack-in-the-box, when you don’t quite know when you will see it or what it will look like or what you will do when you see it. The moment that sticks is the moment one split-second before we opened the table, as we stood uncomfortably in our starched-stiff new scrubs, arms crossed, and wondered who would move first.

Other moments stick too. One week later, we hammered and chiseled and sawed for what felt like days to remove enough backbone to see the spinal cord. At night, I dreamed that I was eternally hacking open bones of steel; I smelled the formalin; I felt the cold slimy muscle and the jagged knife-like edges of broken bone. This moment, the laminectomy, as we slammed the hammers into our cadaver so hard that he bounced up and down on the table, as we peeled off segments of broken bone and mangled flesh, is still the one that haunts me the most.

The moments that stick are moments when I am floored by the realization that I am cutting open a dead human body.

But I am embarrassed to admit that, usually, consciously or subconsciously, I forget exactly what I am doing. Dissection should be one of the most intimate moments of my life: everything in my cadaver’s body is open to me and is literally opened by me. Instead, dissection is often a hybrid between a scavenger hunt and the Amazing Race, Grant’s Dissector Edition.

Am I losing my empathy? In George Eliot’s Middlemarch, Casaubon becomes empathetic when his death becomes imminent: “when the commonplace ‘we must all die transforms itself suddenly into the acute consciousness ‘I must die.’” To be empathetic means to be like Casaubon in this moment. To be empathetic means to realize that I may lie on that dissecting table myself one day, as students complain that flipping my dismembered body over is the most disgusting thing they have ever done.

I do not know whether I am losing my empathy. What I do know is that my cadaver sticks in my head always. If I want to, and sometimes if I don’t want to, I can see him, feel him, hear the sound of his various parts being cut. I believe that when we die, our body doesn’t matter anymore, and our soul floats away. I think sometimes that my cadaver’s soul is the good angel, sitting on my shoulder, watching me wield the scalpel and ingraining certain moments so permanently into my consciousness that I am transformed for the better.

Lucy Boyce Kennedy is a first-year medical student from Kensington, Maryland. She graduated from Duke in 2011 with degrees in Chemistry and French. In her spare time, she loves family, friends, dogs, running, swimming, Dragon and Sevier Parks, country music, and 19th century French and British literature. She thanks her parents for teaching her not to start every sentence with I and her siblings for being her partners in crime.
Juxtaposed
Rachel Apple

It is Monday, the ninth day of July
    It is a nameless day, blurred from the night prior
It’s the beginning of my career
    It’s the end of her world as she knows it
Rounds are passing quickly as we move throughout the ward
    Time is standing still as she sits on the couch in her husband’s hospital room
Acute hemorrhagic shock we whisper outside the door
    He was fine yesterday, she thinks to herself

There is nothing more to do. He will die today.

Our worlds collide in a wave of grief and unbelief
    We can’t give up on this patient!
        You can’t stop helping my husband!
    He was fine yesterday, didn’t you hear?
        How could this happen?

And then there is silence
Only footsteps are heard as we continue walking room to room

For me, tomorrow will be Tuesday
    For her, nothing will ever be the same

Rachel Apple is a fourth-year medical student planning to pursue a career in Med-Peds. She is a Nashville native and has enjoyed being in her hometown during medical school after spending her undergraduate years in Princeton, NJ. Rachel is thankful for her wonderful husband, her loving family, and the amazing opportunity she has had to attend Vanderbilt for medical school. She hopes that she will be able to bless the lives of others through her career in medicine.
Home
Anonymous

When no one is looking, she sets down her shopping bag inside the front door. She bends down slowly to untie her shoes, the ones with the rounded platforms to help her walk. She kicks them off, and leaves them by the stairs. Her dogs knock over their gate and scramble to greet her, licking her hands and begging for treats. She never bothered to train them not to beg, and when no one is looking she rewards their affections with slices of chicken from her lunch. When no one is looking, she walks slowly to the kitchen table. She rubs her aching muscles, pours herself a cup of herbal tea, and savors the late afternoon sun, letting the healing warmth wash over her, through her. She watches the sun shine, throws a ball to the dogs and watches them wrestle for it. The little black one always wins. When no one is looking, she gives him an extra treat, because he is such a good boy. She scratches behind his ears. He barks his thanks, and then returns to the yard. She watches the hot air balloons take off and land in the field beyond the canyon behind her house. When no one is watching, she goes to the garage and puts on her helmet. She opens the garage door, squinting as her eyes adjust to the flood of sunlight entering the cool, dark space. When no one is looking, she wheels her pink beach cruiser onto the sidewalk, and pedals slowly down the block. The sun is low in the sky, casting beams of warmth between the cool stucco walls of the large, Spanish-roofed houses with their ornate wrought iron balconies, packed closely together like important businessmen in a crowded subway car. She rounds the block and reaches the house of her cruel neighbor, he of the omnipresent scowl, the impatient glance, the frivolous complaints to the neighborhood association. When no one is looking, she pedals a bit faster as she passes his cold shadow. Home again, she feeds the dogs their dinner, reminding them to chew slowly and share nicely. She returns their food to the refrigerator, and her hands emerge with the kit. They know to keep a respectful distance now, but the little black one stays nearby, head tilted sideways, ears erect, nervous. When no one is looking, she draws precisely one milliliter of colorless, syrupy liquid from a vial, piercing the self-healing membrane with the needle, flicking the syringe to dislodge the bubbles and checking the meniscus. When no one is looking, she finds a bit of fat to pinch; there is not much to choose from on her slender frame. Like the kind nurse taught her, she pinches hard enough to make the flesh turn pale and numb. When no one is looking, she pierces her skin, draws the plunger back to ensure that she is not in a vein, wincing in pain as the burning medicine floods in, stretching the fibers aside and bathing the interstices with a fire. The needle out, a barely noticeable globe of blood remains, gleaming beneath the monochrome glow of the sustainable compact fluorescent bulbs like a tiny garnet set in alabaster. She places a small round adhesive bandage over the wound and rubs the ache away as the burn smolders and fades. She turns on her new tablet computer, the screen casting a cold light. When no one is looking, she reads, alternating between peer-reviewed scientific articles, homeopathic testimonials, and advertisements. She takes notes.

When no one is looking, she lets herself cry.
The First
Brian Cash

The screech of a power drill chewing through bone reverberated in my ears
Motionless body upon dingy carpet
The cool, clammy skin of his chest
This was no training dummy

A half hour passed, although it seemed like just seconds
Time of death pronounced
Tears flowing from the formerly stoic family
This was the first for me

There is no prescription for how to deal with death
Perhaps with some experience
It will be easier down the road
This was the first for me

How will it be easier? Why will it be easier?

Should it be easier?

I hope it never gets easier

Brian Cash is a first-year medical student at Vanderbilt. He is from Birmingham, MI and attended The University of Notre Dame for undergrad. This poem was written about a sad yet formative experience he had while working as an EMT in Budapest, Hungary.
The Doctor

Brenda Butka

When I come home from death
this bloody rosary says itself, ruby
bead by ruby bead: helpless, the poor man’s
hematocrit, creatinine,
his chest X-ray, the details
of his hot wire of pain—
from here, doc, to here, it’s killing me.

I have divided him up, memorized
each piece, stared them in the eye, those cells
like crazy axes chopping their way
through the red forest around his heart.
Together we have chosen some tubes, and not others,
some oblivion, but not too much.

I recite these things, when I
come home from death, my round
of rosaries, looking for something
to do, to undo, or to leave undone.
Tonight there is no mistake in that bright room, curtained
in a dark smell, where I left him
gasping among his bowls of blood.

There was the tree. I went to know,
trafficked in information, red, ripe,
longing to be picked. I took all I could,
crammed it on my string—
it’s a long rosary, but
I say it all again, coaxing absolution
for whatever sly complicity we share
with that blank snake that is the end of things.

My children shriek happily into my arms
when I come home from death,
as I will again, again.

Brenda Butka lives with her husband, one dog, four
cats, a dozen cows, a few koi, at least two tractors, a
pickup truck, and, often, a great blue heron at Sulphur Creek Farm in Nashville’s Bells Bend area. Dr. Butka is a Vanderbilt pulmonologist.
In medicine, the most intense moments are rarely captured by anything other than our memories. These peaks and valleys of emotions come and go in a flash, but they stay with us as stirring snapshots, affecting us for a lifetime. These images reflect victories: a difficult or high-risk operation that ends in success, an embrace from a relieved family member, the smile on a first-time mother’s face when holding her child. They also represent defeats: the delivery of tragic news to an unsuspecting family, grieving with coworkers over the loss of a colleague, a disastrous outcome of a routine procedure. When nobody is looking, medical practitioners constantly struggle with the risk/reward of personalization of these powerful events.

Dr. Oliver Gunter is a faculty surgeon in the Division of Trauma and Surgical Critical Care, and is currently Director of Emergency General Surgery. Constantly proving that it is better to be lucky than good, this image was captured through a window in the medical center during an electrical storm in the spring of 2011.
The Extra
Carmen Rodriguez

And at my core, I wonder
I wonder if most of this is just extra
Layers added on top of the basics
That possibly we have a misdirected purpose
Which is now found in busyness
I yearn for days of simplicity
Which will never come

What will all this mean
At the end of a life?
Will the extra be worth it
Or will we wish we had lived simply
Enjoying the moment
Embracing relationships
Doing less
And
Being more

Carmen Rodriguez is a second year medical student. She is interested in the relational aspect of medicine and learning how to focus on the patient as a whole person.
The Patient’s Wife
April Christensen

The cool liquid swirls from the container into her palm. Briefly, she rubs her hands together, then lowers them to the feet in front of her. Messages the soles, the tops. Gently caressing. Her face filled with concern, the evidence of love.

The owner of those feet lay on the bed, white sheets pulled up to his shoulders and eyes half-closed. Arthritic hands reaching subconsciously toward missing shoulder joints. He was, even on the verge of sleep, immersed in pain.

By this time, he had been waiting rehab placement for days, had been in the hospital nearly a month. In the busyness of morning rounds, the team had ceased the in-depth discussions. We had settled for a simple report of nothing new, a quick peak at the patient. A few doors down, we had a patient spiking fevers every couple hours, another with a precipitous decline in cardiac ejection fraction from the thirties to the teens.

We came back in the afternoons, individually. Resident, intern, medical student. We spent time talking with the patient, or more often, his wife. Attempting to answer her questions, true, but not to allay her fears. In private, the team agreed on that which the wife feared: that he would probably never return home.

I returned in the afternoons simply to talk. She always used my name in conversation, a fact for which I was always amazed. I had started growing accustomed to being referred to as “the medical student”; but over and over, she intentionally spoke my name, always with a gentle emphasis.

She had been a nurse for several decades. Sometimes she spoke in-depth of her husband’s condition, asking questions, and wondering aloud what could be done. Other times she would ask about the medical school education. Always, she would state her excitement that women were entering the work force. At the end of our discussions, she would wish me the best.

I think when I initially started visiting in the afternoons, it was with the hope that I had something to offer this couple. Comfort perhaps, a listening ear, perhaps simply a presence to know that they were not alone. To the patient, an elderly man who appeared that he wanted simply to remain comfortable, to die in peace. To his wife, a woman faced with losing her true mate, determined that he should return home.

Now, as I watch her hands moving softly and deftly over the rough toes, the hardened soles, the feet turned permanently downward, I realize the truth. In a year that is often filled with confusion, at times with a sense of inadequacy, it was she who cheered and encouraged me.

April Christensen is a third year medical student from Parker, South Dakota, who completed her English degree at the University of Nebraska. Through writing, she explores the emotions and conviction that influence our perception of the world and ultimately our interactions.
Intersection
Michele Luhm Vigor

I see you dying, I want to say.
You’re feeling much better

My fingers probe your guts, searching
I love horses, you say

Once, when you felt more alive, I want to ask,
what was it like?

My hands won’t listen, they plead with your heart
you’re distracted, won’t listen

Thank you for sharing your story, I say
wanting to tell you, I have children too

Head down, straining, I pull a heavy cart across your field,
measuring the blight creeping across your land

Head up, my eyes bright with tears,
I hope you see another harvest

I hope you get, at least,
what you need this day

Let’s gather kindling, tell stories
I want to build a fire together, stay up all night, keep vigil

Can you see me dying, you ask,
eyes bright with tears

I see you alive

Michele Luhm Vigor is a second-year medical student at Vanderbilt. Originally from Minnesota, Michele spent several years traveling the country, trading stories with all manner of people. In her first two years as a Vanderbilt medical student, she has witnessed her first deaths, shocking and unexpected, deaths from trauma instead of illness and old age. This poem is an expression of her arrival at a crossroads of identity, where stories seem to tangle: learning to be a physician, yet reluctant to leave the role of lay-person and that permission to be raw in expression. For loss of life and loss of innocence, grief now waits for private and stolen moments when nobody is looking.
A Dignified Acquiescence
Laura Wasielewski

He sits alone, pensively staring into the monochromatic world he once knew.
One of the sparse quiet moments he receives in this place.

The complete nature of his being, now challenged in every way.
That inevitable feeling, vulnerability, immerses him in this moment.

A wistful inventory of memories leisurely plays through his mind,
He inaudibly laughs at the ironic sensation of wanderlust that presently hijacks him.

He reluctantly accepts the terminality that has wrecked his once sturdy body.
Even so, he can’t help but despise the doleful eyes of all who gaze upon him.

His febrile hands pacify his own lineage that surrounds him now.
Words and sentiments become unnecessary.

In a voyeuristic manner, I look upon his inescapable aura of goodness.
Observing for furtive signs of anger for this seemingly unjust end.

There are none, none at all.
Nothing but gratitude, veracity, and perhaps, his complete and final dignified acquiescence.

Laura Wasielewski is originally from Temperance, Michigan, and she attended Lipscomb University for her undergraduate education, where she received a degree in dietetics and went on to become a Registered Dietitian. Laura is currently in her pre-specialty year of the Nurse-Practitioner bridge program and will be specializing in adult health.
Lavation
Melissa Decapua

Melissa DeCapua is from Isle of Palms, SC. She is a graduate student at Vanderbilt studying to be a Psychiatric Nurse Practitioner. She enjoys long walks on Broadway, neuroscience, running, and rock n’ roll.
Death comes to us all.

But I’d prefer if it didn’t come to me or my loved ones today.

As an emergency medicine physician, I know the universal nature of death and illness more intimately than most. I’ve stood by while patients died peacefully, and I’ve fought, with my team, to the bitter end to stave off death. And every time I know in my gut that the patient could be my child, my husband, my grandparent.

In the macabre humor typical in EM, I used to joke that my kids would have to be “mostly dead” before I would take them into the ED. Yeah, it’s not so funny in real life. My son was about 15 months old when he developed what was initially run-of-the-mill diarrhea. He wasn’t vomiting, and he kept taking po, but on day four his diarrhea worsened. I’d left him at home with my husband while I ran to work for some meetings, but when I got home it was clear that Luke wasn’t doing well. He was listless and pale. He looked wrong. I hesitated for a split second before instructing my husband to get his car while I bundled Luke into his car seat and I drove very quickly to the ED.

Our nurse was able to draw labs, which were sent, but the IVs kept blowing. Three hours and an IV therapy nurse later, the ED nurse and I shared a look—over the limp, barely responsive body of my child—silently communicating the treatment algorithm: either we were going to successfully obtain IV access in the next 10 minutes or so-help-me I was going to be putting an interosseous needle in my own child’s tibia. Fortunately, one of the pediatric fellows was able to place an IV in his external jugular vein (thank you, Brian!) – and it was at about this time that labs finally started trickling back. Funny thing: horribly abnormal labs are rerun, so the really important, abnormal lab results aren’t available for even longer periods of time. Try a bicarb less than 8, sodium of 154, and a pH of 6.95. That really is the stuff of nightmares.

So how do I cope with the tragedy and illness that I see multiple times on every shift I work? How do I deal with the uncertainty, with the risk, with the sometimes rude and occasionally personally offensive patients and their families? That’s a really good question. I’ve been on both sides of the equation. I’d like to think that I do understand some perspective from every side. But the reality is that some days really are very difficult. We do become immune to some things—we have to or we would not be able to function as a true advocate for our patients—but we cannot forget the humanity behind our patients. It’s a fine line to walk, and a difficult one, requiring an ever-changing balance. But if I ever find myself immune to the tragedy around me, if I ever lose site of the humanity in my patients, I will know it will be time leave the emergency department.
Fisherman
Sharmeela Saha

I know you have many dreams.
It kills me to know you are so tired.
I can not explain to you why this has happened,
I can only tell you the medicine behind it.

We asked you what you were tired of-
You said you were tired of fighting the tumor.
I didn’t see any marks on your wrists.

At first you said you did not want to be intubated.
But you begged for a heart machine.
We had to tell you that you could not be saved.

It pains me to think you don’t want anything
Done anymore. You must feel as defeated as I do.
Maybe if we had known eachother sooner.

I talked to them about making sure you don’t
Feel hungry. I hope you get another chance
To experience twenty-five.

Sharmeela is currently a Nephrology Fellow at Vanderbilt. She is from Columbus, Ohio and completed a bachelor's degree in International Studies and Biology at Washington University in St. Louis. She went to medical school at the University of Cincinnati and did her internal medicine residency at University Hospital Case Medical Center. Sharmeela believes writing to be an extraordinary outlet to help cope with the emotional trials of being a physician, and she plans on continuing to write poetry and fiction throughout her life.
medical degree: three degrees
Irène Mathieu

I.

you’ve got a name
someone gave you once
more than likely you
have three, one for
the people who drink
wine with you, one for
the people who lay
in the dark with you
at any point in your life,
and one that you will
add Dr. to like a fifth
limb, those letters will
dangle awkwardly from
the center of your chest
or maybe grow straight
out of your right thigh,
but eventually you will
train them not to interfere
when you sit or lean
down to take a sip or
explain to someone
who you are.

II.

it’s true about the spirits. they said in class to watch out for those invisible gargoyles crouched in
exam rooms all across america. you’ll be in your white coat, polishing a stethoscope with alcohol
and your smile with anxiety and one of them will shift just a little, sigh maybe, and voom! it’ll fling
you forward on your face. DON’T hit the patient’s knee on your way down; it’s probably what she
came about in the first place.
III.

it’s those some days
where there you are on the
plane of understanding
skidding like a frictionless
shortstop to home base
and the cells the receptors
the blood it’s all so close
to your brain you could
taste the iron if only you
stuck out your tongue
just half an inch but it
would be better much
more delicious to abandon
that expanse that flat field
and to fall up into the
space of color song feel
where you have to lose
all the definitions and
let the words speak
for themselves.

they are alive, you know.

there is no school you
can go to where they
will teach you how to
diagnose them. they
should be treated always
with love, 500mg, once
in the morning and once
before bed.

Irène Mathieu is a second-year medical student with interests in global
public health, activist medicine, and primary care. Irène has been writing
ever since she was able to talk, and her published work can be found in
The Lindenwood Review, The Caribbean Writer, Muzzle Magazine, Dam-
selHy Press, Magnapoets, Haven Magazine, OVS Magazine, Sole Literary
Journal, Protest Poems, qarrtsiluni, and 34th Parallel. Irène’s photog-
raphy and a painting have also appeared in print, in 34th Parallel, The
Meadowland Review, and Hinchas de Poesia. In 2011 she was nominated
for the Pushcart Prize.
I shaved my legs today, when no one was looking.
I do not know why.
I have not had hair on my legs for six months since I started Chemotherapy.
Maybe I missed using the shaving cream
or maybe it was the two stubborn hairs that would not let go!
It did feel good to do something normal.

I laughed at myself today, when no one was looking.
I put a wig on and tried to style it.
The comb got stuck, and it jerked the wig off!

I stood there in front of the mirror and laughed at my shiny bald head!

I pondered on a dream I had today, when no one was looking.
I dreamed I had long hair and I was brushing it.
It felt so good!
I miss brushing my hair.

I read a verse in the Bible today, when no one was looking.
It was the verse about God knowing the number of hairs on my head.
I guess he will not have to count too far for the hairs on my head!
I smiled!

I cried today, when no one was looking.
My friend lost her battle with cancer.
She was the one who shaved my head when my hair started falling out.
She understood because she was bald too!
We had a connection, not just the cancer,
her granddaughter is my granddaughter too!

I had peace today, when I thought no one was looking.
My Heavenly Father had been looking all along!

Kathy Hill is an Electronic Banking Specialist from Knoxville,TN. She has been married to her best friend, for thirty one years. She has three grown children that she loves very much and one granddaughter that is the light of her life! She is currently undergoing treatment for a rare form of Sarcoma cancer at Vanderbilt Medical Center. She is very grateful for all the support and prayers from her family and friends!
Journal 9/9/11
Cathy Kelly

I am at peace. I don’t mind having cancer. I don’t mind that I might die. I find it slightly inconvenient I have no energy and the bathroom is an event to be planned, anticipated, and celebrated. I hate when my body betrays my mind. I hurt everywhere and have for three weeks. My body will have rapid heart rates, then I can’t breathe, then my chest hurts so bad I can’t sleep, then I cough up blood, or my freakin legs twitch so bad they wake me up or my hysterectomy incision is hurting, or best, my newly laid intestines can’t figure out the food path and I feel each nodule of food, each gas bubble, voicing its opinion. WAIT a minute guys! WE ARE ZEN, we are a freakin team. There is no he said she said. What is this we man stuff????!!

And so I lay here and just hurt for three weeks. Something new and exciting each day. It’s a roller coaster in the dark baby so STAY LOOSE, and don’t bring any loose articles. And don’t plan for the next bend. AND keep smiling... get ready......here it comes....too crazy. I visualized tumors (these extremely fast growing little buggers invading and taking over) in my lungs, and like round up, turning brown and dying...but that just seemed like...well.... like...... death. So I have a new visual. Light beams bursting forth from my chest (wasn’t that in ET or the one with Dreyfuss...my memory has gone the chemo way...or was it Cocoon??) turning my lungs pink and healthy. Cindy says like Cinderella...bibbidy bobbidy boo!! And when I’m in misery lying on my bed, trying to get my feeble body to just think about agreeing with my healthier mind and quit hurting, I can visualize light beams bursting forth from my chest all the way to Heaven. And they can make me healthy, or Jesus can take me then, sometimes I don’t care. But you have to admit, it’s a great visual. And I’m all about the light of God, or what we’ve been given to know about God. Life, the Earth, is an evolving thing. Physics, Light, God, Goodness, the absence of Light, Jesus is the Light. Heavy stuff. Or Light stuff.

Cathy Kelly is a mother of two talented daughters. She loves to travel, with Africa and Egypt on her most recent list of adventures. She was diagnosed with uterine cancer which had metastasized to her lungs and finished an intensive chemo regime at the end of December. One of the gifts cancer bestowed upon her was that she slowed down, decided to get her masters in English at Belmont, and do something she truly enjoys.
Swamp Life
Lori Anne Parker-Danley
The Shape of Takotsubo
Lori Anne Parker-Danley

One afternoon she watched as the terrible storms descended, unable to climb to the sky with her ladder and pull the clouds back together or seal the leaking shut. After several days, her heart answered by opening until it was too feeble to carry her body, and she fell to the ground. And now, after being rescued, after entering the hospital for the second time in less than a week, after being carried and swaddled tight in white sheets soaked heavy in the torrential rain, machines bleeped and dripped, chanted their anonymous steady promises throughout the room, and the doctor waded through rancid water to listen once again to the body nested in her own.

What creature had taken hold to ensnare her heart in what seemed like an instant, inflating her left ventricle with its unexpected breath into the softness of a “u” instead of the efficient angles of a “v”? she asked him after he showed her the image.

Takotsubo's Syndrome, he told her, his mouth stretching the word like an extended tentacle. Meaning the shape of an octopus trap.

A visitor then—for how long?

It happens sometimes; but don't worry; in most cases it goes away.

She watched them inside her: a billion worms twisting thick from a conical, glowing body, the suction-cupped arms of a violet octopus thrashing, swimming, drumming in wild, terrified protest—to the rain, the thunder, the interrogation of the clouds mocking her with their windy chorus of whys, whys, whys—as thump, swoooosh, thump, swoooosh, thump, swoooosh slapped the tentacles, and she saw the fallen ladder.

In the field under the grass, the creatures slunk and hid from the storm. There, they remained, nestled together until it was safe.

And lying in her drenched bed she remembered and began scouring for remnants, for a needle, a thread, a stapler, a roll of tape—something, anything—to patch up the sky. She turned from the octopus, because maybe there was a way to do it, pushed the sheets from her body, and began digging into the mattress, ripping it open with her bare hands, clawing the white stuffing away from the coils bit by bit, plundering past the bleeps and drips for the day before the rain. But she found nothing, dug until she made a hole straight through to the floor, was laughed at by the sanitized tiles, and returned bloody-armed and empty-handed as the storms continued, the water levels rose, and she began to float. Eye to eye with the octopus in its unexpected chamber.

Two years ago, at the age of 38, Lori Anne Parker-Danley had two heart attacks and an emergency bypass. They were caused by a rare condition called spontaneous coronary artery dissection (SCAD). The works published here were a result of that time and the processing of her near-death event.
Humor *a deux*
Alyson Knop

It’s an oft-repeated cliche that a good sense of humor helps one to cope with any sort of hardship. But in this case, it’s a cliche worth repeating. Those of us with chronic illnesses learn fairly quickly that our jokes and smiles put others at ease, while complaining gets old fast for anyone around us. Of course, complaining is necessary—if you have a chronic illness and never do it, you are likely already dead. But a sense of humor and positive attitude can do wonders for one’s public interactions; you smile, others smile back, and you feel better.

What I’ve learned is harder, but perhaps more necessary, is to practice a sense of humor in private, at those times when one can let one’s guard down. At such times, pain—and fear about what the pain might mean—can quickly gnaw at one’s spirit and isolate one in a shroud of loneliness. But humor helps to put pain and fear into perspective; there is nothing so dire in life that someone, somewhere, cannot make a joke out of it.

To help me learn this, I’ve had my right-hand man of humor—my husband. Actually, his sense of humor was part of what first attracted me to him. But I never consciously thought, “Oh, this guy will help me to deal with my illness.” I soon found out just how much he would help.

A month after we were married, I had my first hip replacement. Robby and I were both nervous about it in our own ways. I had to make several trips to the bathroom before they called me back to the surgery prep room, and while I was in the OR, Robby worked compulsively at his computer. Knowing my love for cats was equalled only by his, he picked me out a stuffed-animal kitty. After the surgery, our nerves were gone. I was feeling groggy and very nauseous (but at least I had a stuffed kitty on my stomach), and Robby was near ecstatic. “I just saw your surgeon,” he said, “and he told me that your new hip is made out of titanium.” My physicist-husband then pulled a magnet out of his backpack (yes, he always carries a magnet, as well as a copy of the U.S. Constitution—go figure that one out) and held it against my heavily bandaged leg. “Oh, darn, I guess the magnet isn’t strong enough,” he lamented when the thing wouldn’t stick to me. I admit that I was more bemused than amused, but at least I briefly forgot about my nausea.
With my subsequent joint replacements, Robby has been prepared. “Tell your surgeon that he needs to give you a new joint with, at minimum, a radio transmitter, if not a full-on grenade launcher,” he always insists. I tell him I would find it painful to have missiles coming out of my body, and he just sighs.

I’m learning to adopt a more humor-based look on life when I’m by myself, when worries are most apt to consume me. As I anticipate an ankle and a knee replacement this coming year, I think about asking the surgeon to include a satellite TV receiver with the package. Far more practical than a grenade-launcher.
Healing
Victoria Boone

Victoria Boone holds a Masters Degree in Museum administration from the University of Oklahoma and a Bachelors of Fine Arts from the University of Alabama. Victoria started BOONE VISUAL ARTS (BVA) in May 1997. She continues to be involved with the arts in Tennessee and the Southeast.
Magnanimity
Jonathan Shaub

Time has engulfed me
I feel the magnanimity of each awakening

I apparently wrote this short poem as I wandered in and out of consciousness. They mentioned it in the hospital two months later and I had no memory of it. I read it and I instantly remembered its meaning. I’m not sure if I actually remember writing it, or I’ve reconstructed a picture of myself in a hospital bed, reaching out to scrawl on a yellow legal pad as my family stood by, anticipating communication of any kind.

But it still makes me shudder. I remember why I wrote it, but I never knew those feelings made it into words. I can hardly look at the sheet of yellow paper now, the letters barely legible, slanting all over the page, littered with meandering lines of inattention and lost concentration. Dotted with inkblots of sudden sleep or instant fatigue. Both the wild meanderings and the inabilities to move make me shudder still today in memory of those moments.

I am tempted to write that I existed only in one tense, something akin to the goal of the Buddhist monk. But the inverse is the truth. only one tense existed in me. I wasn’t close to achieving the pinnacle of enlightenment, but lost in space-time. Engulfed.

Magnanimity. From Latin magnus meaning large or great. The noun form of “magnanimous,” which Webster defines as “showing or suggesting nobility of feeling and generosity of mind.” Webster defines “magnanimity” as “the quality of being magnanimous: loftiness of spirit enabling one to bear trouble calmly, to disdain meanness and pettiness, and to display a noble generosity.” I had only fleeting moments of consciousness, surrounded and engulfed by blackness. Not only was each moment infinite, it was noble. The contrast of consciousness, no matter how painful, to the darkness was to me the contrast of “loftiness of spirit” to “meanness and pettiness.” I have no measurement of the time I was awake or the number of hours I was unconscious in between. I only remember how large, how expansive each awakening felt. How magnanimous.

Jonathan Shaub graduated from Vanderbilt University with a minor in English and creative writing and completed his M.A. in English at Belmont University. This piece is dedicated to his grandfather, Joseph C. Ross, who helped found the emergency department and LifeFlight program at Vanderbilt as an Associate Vice Chancellor.
A doctor possessed of the writer's art will be the better consoled
to anyone rolling in agony;
conversely, a writer who understands the life of the body;
its powers and pains,
it fluids and functions,
it blessings and banes,
has a great advantage over him who knows nothing of such things.

THOMAS MANN, 1939