



HUMANISM IN MEDICINE

VOL.02

COMMUNITY: DISCOVERING WHAT CONNECTS US

NYITCOM Chapter of the Gold Humanism Honor Society

LETTER FROM THE EDITORS

MEDICINE IS ULTIMATELY A COMMUNITY. IT HAS ITS OWN LANGUAGE AND VERBIAGE. IT HAS ITS OWN NORMS. THERE'S A SPECIFIC WAY OF THINKING AND DOING THINGS, ON THE PROVIDER SIDE OF THINGS. THE TASK OF THE GOOD PHYSICIAN, AND A GOOD CARE TEAM, IS TO MAKE PATIENTS FEEL A SENSE OF COMMUNITY AND CARE WHILE TRANSLATING MEDICINE TO THEM. TO US, HOW PHYSICIANS AND PROVIDERS INTERFACE WITH PATIENT CARE EMBODIES THE VALUE OF HUMANISM, WHICH IS THE GLUE HOLDING ANY SAFE COMMUNITY TOGETHER.

PATIENTS LET US IN WHILE THEIR MOST VULNERABLE MOMENTS, HOURS, AND DAYS ARE HAPPENING TO THEM. HOW DO WE MAKE PATIENTS FEEL SAFE IN OUR MEDICAL COMMUNITY? TO WHAT EXTENT CAN WE MAKE ANY PATIENT FEEL AT HOME IN A SPACE THAT IS COMPLETELY NEW – LIKE THE HOSPITAL. OUR PATIENTS ARE PEOPLE, FIRST, AND WHAT IS HAPPENING TO THEM DOES NOT DEFINE THEM. THEY ARE NOT WALKING DIAGNOSES THAT ARE GETTING MEDICINE. THEY ARE WHOLE BEINGS EXPERIENCING THEIR DIAGNOSES AND ASSOCIATED SEQUELAE.

WE ARE ALL HUMAN AND SHARE A COMMON FRAGILITY MADE UP OF MOMENTS OF SHARED VULNERABILITY. THESE HAPPEN IN OUR DAILY ENCOUNTERS WITH EACH OTHER, AS PART OF THE MEDICAL TEAM, AND WITH OUR PATIENTS AND THEIR FAMILIES.

OUR THEME THIS YEAR, FOR VOLUME 02 OF THE HUMANISM IN MEDICINE NEWSLETTER SERIES, IS COMMUNITY. THE SCOPE IS DISCUSSING WHAT ACTUALLY CONNECTS US. THE PIECES WE HAVE INCLUDED DISCUSS PATIENT INTERACTIONS, OBSERVATIONS OF THE PERFORMANCE OF MEDICINE, AND ANECDOTES ABOUT MOMENTS AND PATIENTS THAT HAVE FUNDAMENTALLY CHANGED US AS TRAINEES. BY IDENTIFYING OUR DIFFERENCES, AND EMBRACING THEM, WE SEE PAST THE CREATED DIVISION AND FOSTER A SENSE OF MUTUAL EMPATHY, WHICH THEN TURNS INTO ADVOCACY AND SUPPORT. THE GIFT OF MEDICINE.

OUR EDITORIAL DECISIONS ARE CENTERED AROUND THE BLOOMING OF THE SPRING SEASON. IT IS A GIFT TO SEE NEW LIFE, NEW WAYS OF THINKING AND DOING THINGS, AND HONORING THE WAYS COMMUNITY BLOOMS IN OUR HOSPITALS AND OUR CLINICS. IT IS OUR HOPE THAT ALL OF THE WORK IN THIS NEWSLETTER SPEAKS FOR ITSELF, WITH NO EMBELLISHMENT NEEDED. THE DECISION TO OMIT AN "ABOUT THE AUTHORS" WAS PURPOSEFUL SO THE READERS CAN ENGAGE WITH THE PIECES AS THEY ARE.

THANK YOU TO EVERYONE WHO CAME TOGETHER AND SHARED THEIR VULNERABILITY BECAUSE THE PRODUCT IS INDEED ONE THAT REFLECTS COMMUNITY - AND HOW WE COME TO DISCOVER ALL THAT ACTUALLY CONNECTS US.

NICOLE RAKHMANOVA
KARAN MALIK
PUNEET GILL

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MENTAL-REALITIES

Evelyn Menkes, Essay/Prose

“Oh, you’re gonna remember this one,” my manager called out to me as I scurried out to the waiting area to swab my 49th nose, 98th nostril of the day. Classically referred to as the “Covid Factory of New York City,” it was rare for my job to feel anything other than mundane and tedious, a conveyor belt wrapping around the corner of a busy street in the middle of Lower Manhattan. This was the only time it was possible to make an exception to the rule of Social Distancing as the sardines in a can anxiously awaited the fate of their weekly rapid test. I ushered my patient back to the room, running my usual monologue of presenting myself as the medical scribe, and introducing the swab as “a minor tickle.” She laughed on cue and confirmed her date of birth and name, Amy.

Having a favorite patient is almost as sacrilegious as having a favorite child, but Amy quickly proved to me why my manager was right. During peak COVID season it was rare to see anybody dressed in anything other than pajamas they haven’t changed since the pandemic was announced. Although she was well into her sixties, Amy looked like she had just stepped out from Breakfast at Tiffany’s, with a regal purple trench coat and chic leather gloves. The line that curved around the block was her red carpet and the check-in kiosk was her autograph pad. She wore sunglasses in the middle of February, and her hair was perfectly blown out with symmetrical ringlet curls underneath her cashmere beret. I expected her to run out before I was even able to put her swab back into the container, catching her limousine back to her comfortable penthouse on 5th Avenue. Instead, she continued to sit in the Lysol covered seat, observing me as I jotted down her vitals.

“So how are you really, Evelyn?” she asked. I was surprised she remembered my name. I could tell she was genuinely curious, not for the sake of formality, but for the sake of connection. “What are you doing with this in-between period,” she clarified, referring to the limbo of the pandemic, “Where do you think you will be five years from now?” Unsure whether I wanted to be her when I grew up or if I simply wanted her to adopt me, I did know I wanted to impress Amy. I started rambling about how I recently graduated college and am looking forward to embarking on my journey to medical school soon, hopefully graduating as a psychiatrist.



MENTAL-REALITIES

Evelyn Menkes, Essay/Prose

"We need to learn to understand our minds!" Amy fervently declared, getting more comfortable in her seat, although her rapid test had already come back negative minutes ago. "We must learn to make decisions based on the history of what makes us feel good and what doesn't make us feel good. And we've been programmed to do things the way society teaches us, but we really must trust ourselves, our intuition and our bodies and just listen."

Skeptical about the point that was being made, I slowly nodded. Amy continued to explain that she works with veterans who suffer from PTSD and how one of the biggest lessons she learned throughout her job is that sometimes we don't need to recondition an old soldier to enjoy listening to fireworks again. "If a soldier has trauma with guns, why do we have to re-expose him to like fireworks? He shouldn't have to engage in a situation that doesn't make him feel good. That's not being very nice to himself, now, is it?"

"So is every decision we make based on being nice to ourselves?" I challenged Amy.

"Not necessarily," she responded. "But it should be for the sake of making our reality a little bit easier."

Making our reality a little bit easier. I pondered on that seemingly impossible idea. Reality hasn't been easy for a while now- death rates were rising; families were avoiding each other and very little was in anybody's control. In fact, the only thing that we might've had control over were the thoughts in our head.

"Everything is mental," Amy continued. "Which is so funny because there's such a stigma with the word mental. But if we really think about it... aren't our entire lives mental? Your reality is your own mental, and my reality is my mental."



MENTAL-REALITIES

Evelyn Menkes, Essay/Prose

And my job is to make it easier, I thought to myself, in awe of how a ten-minute interaction with a patient taught me more about how to connect with someone than any of my pre-med courses did.

We continued to exchange stories of what our current mental-realities looked like. Amy's new passion project was baking peach cobbles, she was learning YouTube Pilates, and she was trying to control her romantic feelings towards her best friend of forty years. My new passion project was getting 8 hours of sleep per night, I was learning what 6 feet of distance looked like and I was trying to control my romantic feelings towards the captain of my school's basketball team. Amy and I thanked each other for sharing our mental-realities as she went back to her home made baking school.

I looked at the board to grab my next patient and saw that he was one of our frequent flyers; Thomas- a kind, friendly, but perpetually confused homeless man with a history of schizophrenia, bipolar I, drug abuse and borderline personality disorder. I brought him back and asked him what his chief complaint was. "I have a rash on my right buttock, and I might have frostbite from living in the subway. But everything is loud, and I don't like what I'm hearing. I don't know what's real and what is not."

"I understand," I responded, committed to applying Amy's teachings to every patient and person I will interact with, "tell me more. How can I make your reality a little bit easier?"

HELPING CULTIVATE TOMORROW'S SCIENTISTS

Dena Dianati, Watercolor



These watercolor paintings are interpretations of photos taken during NOD sessions (National Outreach for Diversity, SOMA program). They show medical students and K-12 students from the Jonesboro communities. These represent the theme of “community in medicine” by displaying how the NYITCOM students engage with each other and local students in teaching them about STEM/STEM fields. It shows the collaborative and interconnected network among medical students in promoting health education in efforts to strengthen the medical community.



LYING TO SAVE THE WORLD

Nicole Rakhmanova, Essay/Prose

Physicians-to-be are taught that honesty is the best policy. In western medicine, we say that ethically, patients need to be told the truth about their conditions and their prognosis so we can proceed with a proper course of action. But in many cases, telling a patient the truth is not as straightforward as it seems.

Is it wrong to tell a patient in palliative care that "everything is going to be okay," something we are taught to never say if we cannot promise it will prove to be true? What if the patient views death as something that is normal, and even "okay"?

Eventually, all physicians grapple with these difficult decisions. But what tips the scale regarding that balance between honesty and comfort? The truth is we need to connect with each individual patient by adaptation. We use our better judgment, yes, but we do so by keeping in mind what that patient wants.

In April of 2020, I had to say goodbye to my father forever. When my mother stopped me before we entered the room and told me to lie to my dying father, I was taken aback for a moment. This went against everything I had learned about patient care. We cannot tell a patient they are going to be okay if they are not. How could I lie to my father and tell him he's coming off the ventilator soon and coming home? I had always believed that we needed to communicate the truth. But this began to make sense to me when she explained that he would want to feel our comfort. My father knew he had several pre-existing health conditions. When first admitted to the hospital due to COVID-19, he told us he felt that he was going to die as his organs were failing. For months before, his health had declined and attempts to manage it were unsuccessful.



LYING TO SAVE THE WORLD

Nicole Rakhmanova, Essay/Prose

There was no "getting better" or "healing" or "recovering" for him anymore. On our end, we knew we were entering the room to say goodbye. My mother knew telling him the truth would make him anxious and worrisome instead of at peace before his death. She knew he would prefer to pass unknowingly, as someone does in their sleep. And this is where our oath to "do no harm" is especially important. Telling him he was about to die would cause him serious distress instead of peace. In the state his body was in, any sort of distress would cause him more pain.

So we lied.

His edematous face could not mask his gentle and vulnerable nature that day. I hoped our words would bring him peace in his last dying breaths.

Sometimes we have to choose between conflicting moral principles. In that moment, beneficence was more important than honesty.

Is honesty the best policy for a child about to pass away in the Emergency Room after being hit by a car? Or for someone like my father? When connecting with future patients, I will always defer to honesty delivered in an empathetic way. But I must remember that I promise to connect with each individual patient, and that entails communicating with them in a way that will not harm them.

What connects us in these moments where we have to make difficult decisions is our humanity. The human condition is what allows us to grieve, to celebrate, and to feel. It's what allows us to connect on unbelievable levels. Maybe there is no distinct answer to our ethical questions.

THE HEART THAT CONNECTS US ALL

Julia Edwin Jeyakumar; Resin, organic material (flowers)



Resin, with its fluid and dynamic qualities, offers a unique way to preserve cherished memories for a lifetime. My decision to use this medium is deeply rooted in my experiences growing up in an immigrant family, especially as the eldest daughter. There were countless beautiful moments and challenges where I wish I could encapsulate and preserve forever- like the my favorite childhood candy wrappings (eclairs, or bounty). Furthermore, the fluidity of Resin allowed me to “lose” that sense of control I tried to maintain during medical school(Basically exposure therapy for Type A) resulting each artwork being unique. Resin, with its preserving and unique qualities, became the ideal medium for me to relax, and cherish my community and roots.

THE HEART THAT CONNECTS US ALL

Anatomical Resin Heart with Purple Flowers

This art form allows me to connect and admire the beauty of meaningful elements, such as flowers given to me by someone I love. The top purple flowers are what my mother bought for me. These floral elements harmonize with memories of jasmine flowers I wore in my hair during Indian events in my childhood. And the leftover lavender reminds me of my little sister's favorite restaurant back home. After we ate our bellies full at Gold Corral we would walk to our car, on the way there was a patch of lavender and sunflowers that me and my sister walked to get to the other side. The fact that I was able to remember these moments during the challenges my family faced brought me relief and happiness. In essence, Resin Art became a vessel for encapsulating not just memories, but the profound connections and emotions tied to them. It's a medium through which I express the intricate tapestry of my experiences, weaving together the threads of family, love, and the journey into the field of medicine.

Resin art, and others, have the capabilities to join communities together through memories and bonds encapsulated in them. When art evokes an emotion, its effects can be transcending, and anything that the person wishes to be. For instance, recently, my mother generously donated the first heart-shaped piece I crafted to a dear friend of hers. While I questioned the choice, because I felt I had made mistakes with that piece, her response was moving. She explained that when her friend saw it, she was instantly reminded of her daughter's heart surgeries and the inherent beauty of her child. It became a sentiment of the challenges her family has faced. In essence, Resin Art served as a conduit, weaving together various aspects of my identity, past and present, including my profound connection to the field of medicine, which I grow to love more each day.



A TOUCH

Taylor B. Nason, Julia Edwin Jeyakumar, Jasmine Stewart; Photograph



It's the simple things that connect us.

"My goodness, why is it so cold in this place? You would think they'd want their patients to be comfortable and cozy before they get taken back to the OR to be knocked out and displayed under the bright lights. I'm starving, I'm tired, but most of all I just want all this mess to be done with! I was just a silly old lady a week ago with a lil' twinge in my side and now here I am 'bout to get this nasty sucker taken out. What even is a gallbladder?!? And here comes Mrs. Surgeon. Here coming to tell me what's wrong (again), how it is going to be fixed, and that I don't have to worry because although this is my first time, this "ain't her first rodeo". But what's this, a touch? It's unexpected. But, comforting strangely enough coming from a complete stranger.

I zoom in on her badge and pay attention to the reassurance and calmness of her voice. I've forgotten why I'm here...oh yeah! That dang gallbladder, the surgery. I zone back in just in time to hear the typical "Any questions for me?". I'm not fearful to ask, I just don't have any. Weird I swear I did before.... the touch. Before she reached out, lessened the gap, and connected us. Like I said, I've never met this woman before in my life, but for those few minutes, I felt a sense of community flowing from her to me. Before I know it, I'm in OR 2 looking toward the ceiling drifting to sleep. The last thing I remember is another hand paired with a voice from the nurse saying, "Don't worry Jean, we got you, we'll see you soon."



HEARTBEAT

Layla Elkoulily, Poem

Thank you for teaching me
what it means to hear a heartbeat
that isn't your own.

Just a word of warning,
my stethoscope is
a little bit cold.

My hands carry lessons from faculty and peers.
Alongside the memory of practicing on friends
just as they practiced on me.

"I'm going to perform a cardiac exam."
My heart beats loudly in my ears,
And I like to think it's preparing me for what I'm about to hear.

Through the stress of our classes and exams,
shared moments of community warm their way into our hearts.
A knowing glance, a supportive smile, a hug when you needed it most.

Just as you reassure your patient that they are not alone,
know you also have the medical care team's support.
Medicine is more than rounds, diagnosing, treating, and charting.

Medicine reminds us of our humanity.
People are more than a set of symptoms,
more than a simple statistic.

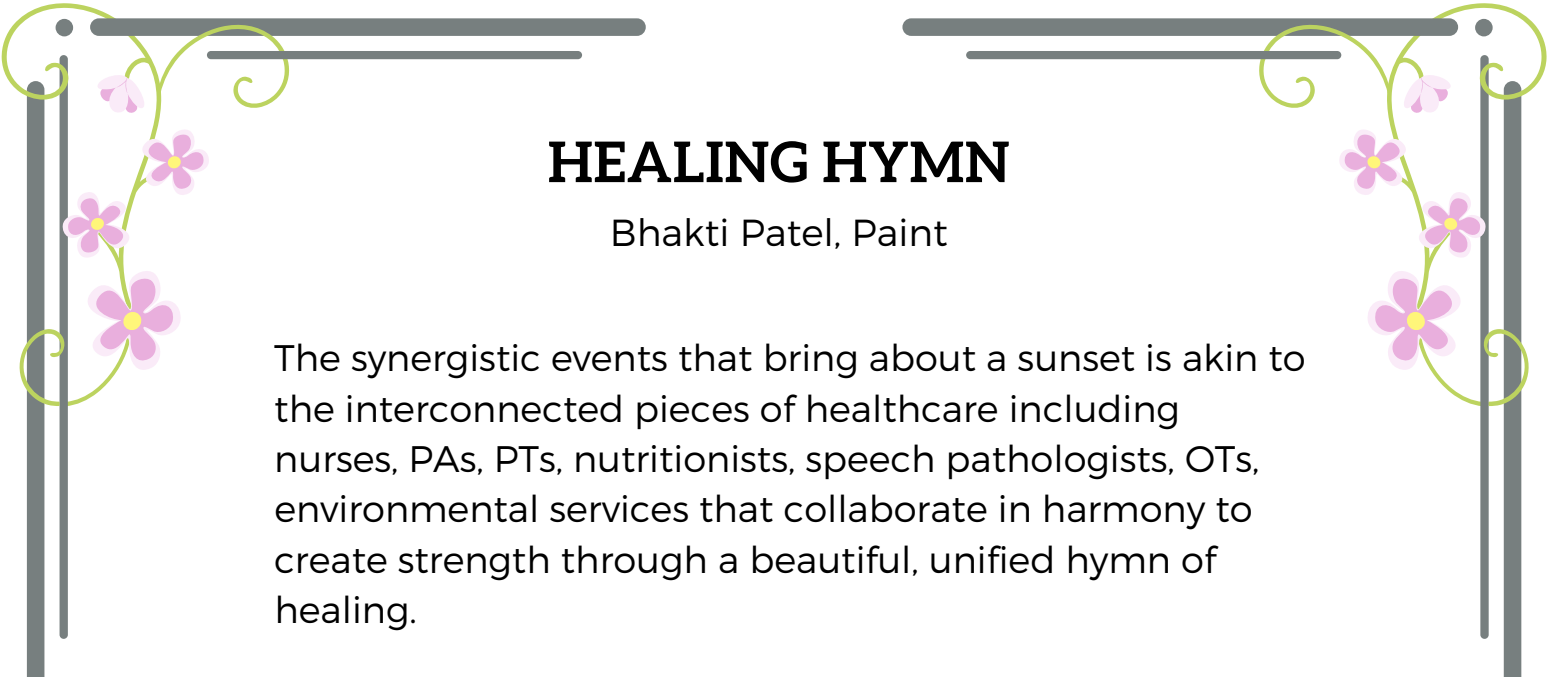
Each heart beating a tale of its own.
Together we work through the trials and triumphs,
For they are ties that bind us together.

HEALING HYMN

Bhakti Patel, Paint



The cascade of events that must transpire to bring about a sunset is a reflection of the beauty of unity. A sunset elicits feelings of reflection and appreciation in our own lives while simultaneously encouraging us to persevere forward. My family's personal connection to sunsets involves our regular walks on Long Island beaches that go back to some of my first memories ever. After a string of sudden unfortunate events, my family continued to observe sunsets, but from the window of an ICU room where they developed a new meaning for our family.



HEALING HYMN

Bhakti Patel, Paint

The synergistic events that bring about a sunset is akin to the interconnected pieces of healthcare including nurses, PAs, PTs, nutritionists, speech pathologists, OTs, environmental services that collaborate in harmony to create strength through a beautiful, unified hymn of healing.

Shortly after a sunset I'll never forget, that hymn orchestrated by my mom's care team brought us to a pivotal moment in our lives: my mom received the lungs of a gracious donor. And when that hymn brought us back to the beach, the sunsets witnessed my mom's transformative journey in learning to walk again. The sunset brought us strength as those few footsteps on the sand developed into strolls along the shoreline.

TO AGE

Thomas Ciccolella, Photograph



I think of the patients I have lost over the years, with the life of their loved ones bringing warmth and body to their spirit - I feel their hands over mine as I enter the next exam room. I think about my grandmother who was taken by cancer when her eldest grandchild was only in middle school. I think of the young patients who lost their hair, their appetite, their youthful skin, and eventually their life. I think of the hospital supervisor who called me to help the overwhelmed ICU nurses with post-mortem care during the pandemic. I think about how it felt more like "bagging bodies" than post-mortem care. I think of the 5-year-old beside me in kindergarten who cried into the teachers lap as the fire-drill alarms reminded them of air raids. I think of the children I see on social media as history repeats itself. I think of the untold stories of strangers with whom I sit on the subway.

I think of the privilege it is to age. I hope to age.



WITHIN THE BETWEENS

Akila A. Goel, Poem

There was the abyss, and then it was filled
With filaments and fibers and fractals bouncing off each other
Yielding a shift in the tides, a palpable thrill
A yearning, a reaching, a searching for a new answer

This too is a small magic, carried safely in clasped hands
An oath not just applied the moment of something to do
But held closely, within the between spaces in the times of sand
By those who saw a desert and said "I will water you"

Even though it was thought that we could be stopped
By the echoes of a hill too preposterous to climb
And leads pointing to a height meaning it's all for naught
No matter, we have elevators and tunnels and shooting stars in mind

We'll be days and knights, sitting around the round table
Sharing losses and loves, and every hope you can fathom
With paper planes and paper cranes and shifting the impossible
Reaching across the seas, bridges to be built over any chasm

There is the summit, and over it is the stars
We scale it with the rope uniting elestial and ordinary
Sun rays and smiles and balances beaming from afar
A palm to heart promise professed holding us through history



CAN I GRIEVE TOO?

Aya Agha, Essay/Prose

I started my Internal Medicine rotation with a now familiar feeling of excitement, nausea, unease, and pride. It's a weird amalgamation of feelings, that I realize now I will never get used to. It is a particularly humbling experience in the few moments you have to get acclimated when starting a new clerkship. "It will be old hat," I told myself as I decided to take the stairs to Six South before reminding myself I should be confident before meeting my new preceptor. I had already finished my psychiatry, family medicine, and OBGYN rotations and I had not only survived them but had done well. The interesting thing about medical clerkships is that each day, week, rotation, and patient is different. There is no "getting the hang of it" in medicine as I surmise there is in other careers because there is no predictability in dealing with the intricacies of the human body.

I gained more confidence in myself as the week progressed. I started communicating more freely with the patients, getting to know their personalities, their hopes and dreams, and the grievances of daily life they were looking forward to getting back to after discharge. I like this part of medicine, the part that allows me to become reacquainted with the personhood of the patient staring back at me.

I started following a patient I will never forget. She was vibrant; she had this incredible life story that deserved to be spoken about, and the least interesting thing about her was that she also had Marfan Syndrome. She was witty and she was excited to let me learn from her. She proudly showed me the battle scars on her chest that showed she had won the battle with her mitral valve prolapse and she let me listen to the success of the procedure when there was no murmur to be heard. She told me of the travels she took and the loves that she lost, and she became my favorite part of prerounds. She was admitted because she had respiratory syncytial virus and her oxygen saturation was low. She was doing relatively well. I wondered if I particularly enjoyed her because I felt more comfortable in the fact that she was doing okay in comparison to the other patients on the unit.



CAN I GRIEVE TOO?

Aya Agha, Essay/Prose

I had the honor of talking to her multiple times a day for the two weeks I was on that service. I felt proud to get to know her. I was excited to be a part of her discharge team and took special care to help personally arrange her future planning with the social workers so that we could get her acceptance into a subacute rehabilitation center that would allow her to get stronger before returning home. On the last day, I sat with her a little bit longer than usual and we spoke about how proud she should be of herself for getting better here- in the land of mysterious respiratory pandemics and Medicaid. I felt a pang of melancholy that quickly dissipated when I realized that she wasn't going to be there when I returned to the floors after the weekend because she had gotten better. I reminded myself this was the point.

When I made my way up the stairs on Monday to find my new team, I was met with the familiar face of my current favorite resident as I turned the corner around the elevators, and I could tell something had gone wrong. She touched my shoulder in a way that she had probably mastered through her own time in medicine and learning how to share bad news.

She told me that my patient with Marfan Syndrome had passed away while awaiting transfer to her rehabilitation center. I was in disbelief, and I was certain that the resident was wrong. My patient was healthy when I left her. She was planning the holiday cookies she would make. She was worried about traveling in the snow. She was a person with plans, and we had made her better.

Why did she die? It was a question that I felt uncomfortable asking her but needed to know because the failure of medicine didn't make sense to me. She explained that sometimes this just happens. She offered that we didn't entirely know, but that she probably had a coronary event, and it would have happened even if she had not been in the hospital. The entire conversation made me feel weak in my knees. My patient didn't have anyone visiting her while she was at the hospital. She was without loved ones, something I now identify as my biggest fear: ending up in a place in my life where I don't have loved ones next to me hoping I get better.



CAN I GRIEVE TOO?

Aya Agha, Essay/Prose

I don't know how to grieve her. How can I rationalize to myself or anyone that I can feel my heart breaking for a pseudo-stranger? I find myself wondering if I could grieve too. Is there space in this field of medicine for feeling sadness when the greys prevail in a field that we pretend is black and white? I wondered if we had done something wrong. Something very uncomfortable to realize about medicine is that often, there are unanswered questions. We still don't know about many things in medicine that we may never know. Are we doing more harm than good in patients with confounding health issues when we decide to admit them to a hospital ridden with germs? I don't think we know.

It is the greatest honor to get to spend my life working in a career built to make people well again. I think often about the trust that people will put in me and the teams I get to be a part of. While probably more difficult than just sticking to CBC results, I hope that I never lose my interest in the humanity of medicine and the patients.

THE COMMUNITY OF ASCLEPIUS

Samira Fazli, Acrylic paint



THE COMMUNITY OF ASCLEPIUS

Samira Fazli, Acrylic paint

The Rod of Asclepius symbolizes the healing and medicine that we learn as Doctors of Osteopathic Medicine. In this piece, the worn, aged rod represents the foundation and strength of medicine that has been practiced for millenia. The snake symbolizes our community of medicine. The varying colors of the snake's scales symbolize the diversity among everyone that makes up healthcare today. The blending of the colors on the scales symbolizes the teamwork required in medicine to keep ourselves and patients strong. Similarly, the overlap of the scales on a snake protects it from harm, just as we vow to "do no harm" to the ones we care for. This piece, to me, is the essence of a "community in healthcare". We wrap ourselves around the timeless foundational medical practices and knowledge, all the while flowering new ideas as a community, working together to blend ideas that have withstood thousands of years with the evolving mindsets of the times, such as acceptance, understanding, empathy, kindness, and respect.

My artistic journey began with my father, who enjoyed sketching and helping my sisters and me with our school projects. He and my mother instilled in us a passion for curiosity and trying new things, along with an appreciation for beauty in the world around us. In this painting, I experimented with new techniques, employing thicker paints for the scales and paint pens for intricate flowers – while not new techniques these are a large step from my usual painting styles. This piece is a tribute to my parents, who have inspired me with their compassion and kindness, pushing me to strive for excellence as a physician and contribute meaningfully to our community both with my mind and my heart.



CONNECTION

Jyoti Bhattarai, Poetry

the touch of a hand, in a lover's embrace,
In the lines on a face, in a familiar place,
Finding echoes of our shared story,
In the triumphs of glory, in the depths of worry.

Through languages spoken and unspoken; through barriers broken,
In the heart's language, in words unspoken,
We always find the thread that binds us tight,
In the dance of day, in the cloak of night.

From ancient caves to towering spires,
In the flicker of candles, in electric fires,
We seek connections we yearn to belong,
In the chorus of voices, in the silence of song.

In the tapestry of time, mankind weaves,
Bound by threads unseen, yet deeply believed.
Across oceans vast, through deserts dry,
In the whispering winds, under azure sky.

Through laughter and tears, joy and strife,
We walk the path of this fleeting life.
Bound by dreams, by hopes, by fears,
Humanity's journey through the years.

Mankind, a tapestry woven in time's grand design,
Connected by love, by spirit divine.
In the intricate weave of our shared quest,
Lies the beauty of what connects us best.





THE PIECES OF OUR HEARTS WE LEFT IN THE DOMINICAN REPUBLIC (AND THE PEOPLE THAT HOLD THEM)

Megan Frederick, Akila Goel, Averi Walker, Angelica Maiers;
Essay/Prose

“Un-moments”: rare situations where time stretches enough to stand still. This summer’s global health trip to the Dominican Republic had many memories, some being “un-moments.”

Day one of the clinic was set up in a church. Exam rooms were separated by hanging bed sheets, and a makeshift pharmacy was on a folding table. My team—students, mentor Dr. Smith*, and our translator, John*—kept busy with patients all morning.

Around noon, we saw a pregnant woman in need of care. John translated from Creole, relaying the life of a Haitian refugee: 5-months pregnant with a young daughter in tow. She experienced preeclampsia in her first pregnancy, and today represented the first medical care for this pregnancy. We did an ultrasound and had the wondrous moment of telling the patient that her baby was developing healthily. The patient was afraid to go to a hospital due to their unofficial status. Thankfully, one of her neighbors convinced her that her children needed to be seen. As John translated this message, his calm, collected demeanor gave way to tears. He excused himself, and we found ourselves alone with the patient, sharing a moment of mutual uncertainty. Dr. Smith tried to explain things with miming and common Spanish words while I held the patient’s hand. John soon returned with a resigned look on his face. Our team worked together to ease the patient, explaining the importance of prenatal vitamins, blood pressure monitoring, and regular doctor visits. We gave her the number for our foundation’s clinic, but we had no way to ensure someone could follow her pregnancy.

When she left, John explained that this was the third Haitian mother he had seen in a similar case that day alone. The lack of healthcare access for Haitian refugees was a systemic problem, and he assured us that even though it didn’t feel like it, we did all we could with what we had. Still, I will always wonder what happened to her, and must settle for the fact that I will never know.



THE PIECES OF OUR HEARTS WE LEFT IN THE DOMINICAN REPUBLIC (AND THE PEOPLE THAT HOLD THEM)

Megan Frederick, Akila Goel, Averi Walker, Angelica Maiers;
Essay/Prose

Another day, we performed home healthcare visits in a rural community. We visited a man with Parkinson's. His hands tremored as he spoke with us, asking why his symptoms persisted. He explained that his insurance did not cover the medication and the monthly government stipend did not cover it, so he was taking half of the prescribed dose. I took his vitals and the Dominican doctor explained that he was a candidate for public insurance with broader medication coverage. That is when we found out he had no one to take him to his appointments. With our limited supply, all we could give him were anti-parasitics and some vitamins. When I returned to the hostel, I still felt a sense of incompleteness as we were unable to offer him complete care. Still, I had hope that he would apply for new insurance and receive follow up clinic visits.

Another clinic day was spent in a rearranged schoolroom; during this session, I was partnered with two students, a translator, and a Dominican doctor. The afternoon was carrying on well, and John was checking in on us when he casually made the joke, "No one is waiting, now it's time for the doctor to be the patient!" Everyone laughed, knowing this could be a fun interaction.

The Dominican doctor switched sides of the room, sat where patients would sit, and asked us to begin. For the next minute, the language barrier had us thinking the physician was joking. I asked to listen to their heart, and the physician said, "That's fine. But my heart hurts. It's broken." As time slowed, I was hit by the realization that they were serious. From the look in their eyes, I was able to tell that there was something seriously troubling them. With a glance, I realized my classmates came to the same conclusion. Like clockwork, I decided to take the lead, and my classmates Jane* and Mary* filled in the gaps. I took a history, finding that the physician had a deteriorating mental health status and suicidal ideations.



THE PIECES OF OUR HEARTS WE LEFT IN THE DOMINICAN REPUBLIC (AND THE PEOPLE THAT HOLD THEM)

Megan Frederick, Akila Goel, Averi Walker, Angelica Maiers;
Essay/Prose

During this time, our translator kept being pulled out of the room to help with others, making communication difficult. Jane was the best at Spanish among us, and she was translating as quickly as she could. I used multiple non-verbal cues to help convey the weight and meaning of my words. The conversation was chaotic, slow, and charged: a mixture of cross-cultural and language barriers. After a point, it felt like I got through. We started seeing patients again, conflicted by the desire to support the physician and the need to see more patients. Afterwards, Jane and I spoke with John. We thought he was aware of the situation, but he was startlingly surprised. He told us he would look into it, but even with this reassurance, I felt uneasy, and asked my peers to discuss what happened with Dr. Smith and John together. When we debriefed, Dr. Smith said, "Thank goodness the physician had you students there. It must have been a huge cry for help." Later, John told us that the doctor was being helped. He was grateful that we shared the situation, and said that the doctor stated that I was a "force." This made me feel at peace.

On our last night in Santo Domingo, the medical director told us, "You will leave a piece of your hearts here." Thinking about the hundreds of people we connected with, I thought of the lasting impact on our lives. From the pregnant Haitian woman, to the gentleman with Parkinson's, to the colleague struggling with mental health, I knew that there was more work to be done. Providing holistic care in a setting where some services were lacking was an eye-opening challenge, and I still feel the weight of that responsibility. I think that is why I wish we could have done more for our patients, because I knew that there was more to offer.

UNREASONABLE ORCHIDS

Karan Malik, Poetry

there's a family overflowing with prayers

the grandmother who stopped eating
the grandson whose understanding
resonates in those clamoring psalms
a dream reveals the futility of prayers here

there's a cancer-family materializing the prayers

the grandfather who quietly exponentiated
graduating from within the stomach gut
his son who went to a new world through the portal seas
so many non-self rafts in the self-liver

there's a family of stubborn orchids preying sunlight

unlike the unreasonable orchids
always inundated by the winter months
these growths are resilient. great betrayers.
reflowering now as a bouquet of non-self roses

i'm praying for the hospital to be our family

doctors take the dial in gentleness
generously. infusing knowledge.
they are pregnant with hope
and my soft body is a mirror

the family of my body stares back in prayer

and i'm left with love letters to very unreasonable orchids
who seldom respond but they breathe my air
now they're dancing behind my heart
scattered in my lungs where there is no sun



THE HOSPITAL ODYSSEY

Jennifer Guo, Poem

On the floor and in the wards,
In the corridor and behind office doors,
Workers travel back and forth
In hues diverse and disparate

The internists float calm and steady
On navy ships, helm at the ready
Set course to dock at ports aplenty
Their knowledge deep and unforgetting

On land the surgeons band in green
Like blades of grass and metal sheen
The steadiest hands, the rooms most clean
The sharpest tongues before caffeine

Up the hill a purple palace
A hidden wonderland made by Alice
Through twisting gyri only psychiatrists
Can seek and treat internal malice

A warm orange cottage sits one town over
And houses the honorable family doctor
Who watches as the folks grow older
And bears their health above his shoulders

In gentle pink they greet new life
And prioritize the mother and wife
The daughters, the womb, the uteri
Are purviews under Ob/Gyn

The little ones, the new additions
Need their very own physicians
With sunlight yellow dispositions
They brave the patient pediatricians

THE HOSPITAL ODYSSEY

Jennifer Guo, Poem

Though borders quiet, the village inevitably
Must brace themselves for imminent emergencies
IVs, EKGs, CPR and stat CTs
The red cross flags behind a black scrub infantry

And we can't forget the important company
Who sail and journey beside us equally
Dentists, nurses, NPs, OTs,
PTs, PAs, MTs, pharmacy

So many colors, so many professionals,
But our struggles are often quite universal
We fight the same foes, both new and the old
We know who last slept well a fortnight ago

It takes a village, it takes a community,
But I say it definitely takes more (unions) unity
To raise an action into maturity
And bury a policy into obscurity

We champion our patients, let's champion ourselves
Uplift our cohorts and trainees as well
Through trials we've weathered and stories to tell
A tapestry woven from white coats passed down.

MY CHILDHOOD ADDICTION TO WESTERN FAST FOOD

Wint Khant Khine, 1.5 feet by 2 feet drawing paper
with PrismaColor Pencils



MY CHILDHOOD ADDICTION TO WESTERN FAST FOOD

Wint Khant Khine, 1.5 feet by 2 feet drawing paper
with PrismaColor Pencils

My narrative medicine artwork focuses on my addiction to Western fast food as a child growing up in Burma. The abstract artwork illustrates how food, culture, community, and education are intertwined. The eight animals depicted in this artwork are: tiger, lion, rat, guinea pig, dragon, eagle and two elephants, one with tusks and one without tusks. These animals are the Burmese zodiac signs and correspond to the days of the week.

Monday: tiger; Tuesday: lion; Wednesday before noon: elephant with tusks; Wednesday afternoon: elephant without tusks; Thursday: rat; Friday: guinea pig; Saturday: dragon; Sunday: garuda, which is a Burmese mythical bird (known as the eagle in the Western culture).

Growing up in Myanmar, a southeast Asian country, my parents often brought back fast food and snacks from neighboring countries such as Thailand and Hong Kong, which have well-known Western restaurants such as KFC and McDonalds, for me to try. I became addicted to these delights and craved them.

The chief form of art incorporated into my piece is cubism, and its elements can be seen integrated throughout in the geometric shapes of my creation. Objects were curated to appear fragmented and are depicted on a flat plane without any cast shadows.

Fast food is shown more abstractly; hot dogs are embedded within the tree trunks, pizza is in the form of a Ferris wheel supported by two ice cream cones, the rocket has waffle patterns, and burgers can be seen being consumed by Pac Man and an eagle. To illustrate the Western theme, I drew the eagle instead of the Burmese garuda creature to represent Sunday. In addition, the foliage of the tree is in the shape of a Western cowboy hat, and a Pac Man doubles as the Sun. The rocket rushing to the top of the composition represents the lengths to which my family traveled to satisfy my cravings.

Lastly, the double helix fish, the test tube resting against the tree trunk, and the atomic models scattered throughout my artwork portray science education and how my passion for science was instrumental in overcoming my unhealthy diet.

GROWTH

Acrylic on Canvas, Adil Ansari



LOOK WITHIN

Acrylic on Canvas, Adil Ansari



GROWTH

As I navigate my journey in the field of medicine, the concept of community has become a guiding force, shaping the way I approach patients and our shared experiences in the clinical setting. Community in medicine, to me, extends far beyond the boundaries of physical setting, rather, it encompasses the interconnectedness of individuals, shared goals, and a collective commitment to healing and well-being. This artwork explores the sensorial nature of medicine, emphasizing the need for direct human interaction. Within this intimate setting, the stories of the patients and healthcare providers are intertwined, encouraging trust and shared responsibility. Whether it be in clinical experiences with patients or working with fellow colleagues, a sense of community fosters a commitment to promoting health equity and addressing systemic issues that affect the well-being of entire populations. Community in medicine can not only be a source of support, but a catalyst for growth. The collaborative nature of healthcare encourages the sharing of best practices, the exploration of innovative approaches, and the collective effort to address challenges. Embracing the interconnectedness of our experiences within healthcare fosters an environment of growth and contributes to the advancement of medicine.



LOOK WITHIN

As I navigate my journey in the field of medicine, the concept of community has become a guiding force, shaping the way I approach patients and our shared experiences in the clinical setting. Community in medicine, to me, extends far beyond the boundaries of physical setting, rather, it encompasses the interconnectedness of individuals, shared goals, and a collective commitment to healing and well-being. This artwork explores the intimate space that medicine can create as patients approach providers for their knowledge in hopes of finding a solution. This emphasis of human interaction intertwines the experiences of the patient and the providers within the shared space of medicine. Whether it be in clinical experiences with patients or working with fellow colleagues, a sense of community fosters a commitment to promoting health equity and addressing systemic issues that affect the well-being of entire populations. Community in medicine can not only be a source of support, but a catalyst for growth. The collaborative nature of healthcare encourages the sharing of best practices, the exploration of innovative approaches, and the collective effort to address challenges. Embracing the interconnectedness of our experiences within healthcare fosters an environment of growth and contributes to the advancement of medicine.



IS THE BIOPSY WORTH IT?

Scott Landman, Essay/Prose

In my fourth-year internal medicine sub-internship, I found myself at the intersection of complex medical decisions, intricate patient needs, and the collaborative efforts of the healthcare team. The patient, a 45-year-old woman with many health challenges, became a focal point for discussions on the role of physicians and care providers in the team, guided by the oath of "do no harm" as a pivotal force in building a supportive community.

In week three of my sub-internship, I encountered a 45-year-old woman with a past medical history of end-stage renal disease (ESRD) on hemodialysis, a thrombosed left upper extremity arteriovenous graft (AVG), ligated right arteriovenous fistula (AVF) due to steal syndrome, type 2 diabetes mellitus (DM2), Charcot foot, idiopathic progressive polyneuropathy, and calciphylaxis. She presented to the hospital after a fall, revealing an acute right cerebellar cerebrovascular accident (CVA). Her course was further complicated by COVID-19, vaginal bleeding, melena, anemia, and the discovery of right lower extremity peripheral arterial disease (PAD).

The patient's assessment and relevant plan are outlined next.

1. **Acute Right Cerebellar CVA and Polyneuropathy:** The patient's complex neurological issues included an acute right cerebellar infarct and axonal/demyelinating polyneuropathy, possibly secondary to COVID-19. Challenges in obtaining an MRI of the spine led to the decision for intravenous immunoglobulin (IVIG) for presumed polyneuropathy. Longitudinal monitoring for occult arrhythmia was emphasized, considering the potential cardioembolic origin of the CVA. Plastic surgery consultation for muscle and nerve biopsy was initially canceled due to concerns for non-healing wounds but was later reconsidered for its potential benefits.

2. **ESRD on Hemodialysis:** The patient was on hemodialysis (HD) with specific orders related to hypertension, hypervolemia, and intradialytic hypotension. Emphasis on maintaining fluid balance with midodrine use pre-HD and intra-HD.

3. **Chronic Pain, Wounds, and Fall History:** Addressed acute on chronic lower back pain, multiple draining wounds, and chronic pain with wound care and medication management.



IS THE BIOPSY WORTH IT?

Scott Landman, Essay/Prose

4. **Respiratory Issues and Anemia:** Management of acute hypoxemic respiratory failure secondary to recurrent pneumonia included antibiotic courses, oxygen supplementation, and incentive spirometry. Addressed acute blood loss anemia with transfusions and interventions for vaginal bleeding.

5. **Endocrine and Cardiovascular Management:** Tackled subclinical hypothyroidism, DM2 with hypoglycemia, and PAD with a comprehensive plan involving sliding-scale insulin and other glycemic control.

6. **Psychological and Metabolic Health:** Managed depression with psychiatric consultation and addressed metabolic bone disease (MBD) and calciphylaxis with sodium thiosulfate, cinacalcet, and renevela.

Navigating through the patient's intricate medical history, the healthcare team faced decisions that required medical expertise and a profound understanding of the patient's goals and desires. The oath of "do no harm" echoed in every discussion, steering us away from interventions that could compromise the patient's well-being.

Considering a muscle and nerve biopsy, a decision with potential risks and financial implications, brought forth the delicate balance between seeking a diagnosis and ensuring the patient's overall health. This juncture highlighted the collaborative nature of healthcare, where hospitalists, neurologists, plastic surgeons, and rheumatologists engaged in open communication to align medical interventions with the patient's aspirations.

The commitment to patient-centered care became evident in the emphasis on understanding and respecting the patient's wishes. The patient's desire to transition from the dissatisfying hospital environment to long-term care rehabilitation underscored the importance of building a community that supports the patient's unique needs. As a care team, we recognized the significance of creating an empathetic space where the patient's voice was heard and decisions were made collaboratively.



IS THE BIOPSY WORTH IT?

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The oath of "do no harm" guided discussions on potential procedures, ensuring that each intervention weighed the benefits against potential risks. The patient's complex medical history posed challenges that required medical expertise and a holistic understanding of her goals, emphasizing the interconnected roles of physicians and care providers in fostering a community centered around the patient's well-being.

Reflecting on this experience, I carry forward the lessons learned about the profound impact of collaborative decision-making, grounded in the oath of "do no harm." It reinforces my commitment to advocate for patients' goals, recognizing that actual community building in medicine involves a shared dedication to prioritizing the patient's well-being above all. This experience has shaped my perspective on the vital role of physicians and care providers in nurturing a compassionate and supportive healthcare community.

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