

# Narrateur

REFLECTIONS ON CARING



HOFSTRA NORTH SHORE-LIJ  
SCHOOL OF MEDICINE  
ART & LITERARY REVIEW

ISSUE TWO 2013

# Narrateur

REFLECTIONS ON CARING

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### On Experience

The second edition of *Narrateur: Reflections on Caring* is a celebration in creativity and self-expression. We are now training one hundred medical students and creating generations of doctors who understand the importance of the patient's story – and their own. The literary journal is open to staff and students of the North Shore-LIJ Health System, the Hofstra North Shore-LIJ School of Medicine and Hofstra University, and you will see that the contributors include people from diverse professions, as well as students. They are caretakers who have thought deeply about their experiences, and they offer you, the reader, stories of survival; stories of triumph; photographs of courage; poems of healing; canvases that offer up beauty and pain. The journal is filled with words, photos and artwork expressing how we think, feel and care as doctors, nurses, social workers, teachers, scientists, healthcare workers and students. It is about experiences that offer growth and insight and better patient care. We hope that you enjoy this second edition, and we hope you will consider offering up your own submission for the next issue.

LAWRENCE G. SMITH, MD, MACP  
Dean, Hofstra North Shore-LIJ School of Medicine  
Executive Vice President & Physician-in-Chief, North Shore-LIJ Health System

### From the Editor-in-Chief

There is something so exciting about that first submission. Those of us entrusted to put out this unique literary journal are excited as the number of submissions grows over time. Sometimes, we get nervous that there won't be enough stories and photos and art to fill a journal, but then it happens. There are more than enough, and we begin the process of selecting the submissions that are the most powerful expressions of who we are as caretakers. This journal is dedicated to the patients who become our best teachers, and to the medical students who will ultimately bring art and science to their practice of medicine.

JAMIE TALAN, MPH

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## Oaxaca

ANKUR PARIKH

*Ankur Parikh, MD, is a radiologist in the North Shore-LIJ Health System.*

NARRATEUR

## On Arlene's Bed

The leaded door closes with five chimes; then there is a pause followed by a loud buzz from the linear accelerator. At the sound of the closing door, I enter into a Zen-like state. Most medical students will have the chance to see in-depth the Department of Radiation Medicine with its huge, heavy doors marked with the international symbol for radioactivity. The signs on some doors scream: HIGH RADIATION AREA. Most students will remain on the “safe side” of the warnings.

I am one of the hopefully few med students behind these solid doors who is staring down the business end of a piece of equipment designed to give you a whole lot of the stuff your parents told you always to avoid. I am tethered to the table and alone, awaiting simulation, which involves lying breathlessly still for a protracted period of time on an uncomfortable bed with a bunch of lasers shining about. I transmute this place into my personal Shangri-La where I can be alone with my thoughts, ephemeral and scattered. Suddenly, my thoughts are all I’ve got to pass the time, and of course, my thoughts are thick with life at the medical school.

One aspect of medical school has always frightened me. Not the enormous amount of work, not the patient interactions, not the licensing boards – no, the single thing that made me seriously question whether I could survive the adventure of becoming a doctor was gross anatomy lab. Those words foster different emotions and reactions in different people, but at the Hofstra North Shore-LIJ School of Medicine there is no gross anatomy lab; instead, we have a structure lab. Though this may seem like a trivial distinction, the differences are tremendous and of paramount importance to me, and my ability to make it through the first year of medical school.

An outstanding aspect of the structure piece of the curriculum is its integration of anatomy with other key areas of medicine, such as radiology, hands-on ultrasound, and observation. On our first day in the lab during the first week of medical school, we practiced our powers of observation and dealt with the sights and smells that many were seeing and smelling for the first time. Each group's exercise was to thoroughly examine one anatomical donor to see what story he or she could tell, for example: occupation, chronic

medical problems, past surgeries, and cause of death. We then visited other stations, and that is when I met Arlene\*, a 48-year-old woman.

The first thing that struck me was how young she was in comparison with the other anatomical donors, making the cause of her death more of a pesky question for me in my observation. There was something else, though. She looked almost otherworldly. The only clue that we gained from inspection was the strange drawings in weird patterns on her abdominal area.

Now that I am lying here immobilized on a CT bed, I feel markers moving, creating similar strange drawings in weird patterns, but in a different place on my body. My experience in the structure lab has been so profound that my first thought is: “Is this Arlene's bed?”

\* The female patient's name was changed.

*Branson Sparks is a second-year medical student at the Hofstra North Shore-LIJ School of Medicine and has a diverse array of interests and hobbies, including the weather and amateur radio.*



## Love Birds

RAISA YEGER-ARBITMAN

*Raisa Yeger-Arbitman, MD, is a pediatrician in Forest Hills.*

## Impact

Where the hell are my keys, he muttered as he braced himself against his car, digging through his pants pockets. He pulled his hand out of his pants, reached into his jacket, and felt metal. He opened his hand and looked down at the keys in his palm. With his left hand resting on the hood to help him walk upright, Mark fumbled around to the driver's side. He held the keys close to his face to find the button to unlock the doors. The lock popped up and he felt around for the handle.

He dropped heavily into the leather seat and swung his feet in. He slammed the door shut, closed his eyes, and put his head back against the headrest. Head spinning, vomit inching up in his throat, Mark quickly reopened his eyes wide and blinked hard. He looked around on the floor of the passenger's seat for a bottle of water, then rested his face against the steering wheel and began to pray. Hail Mary, full of grace . . .

He tried closing his eyes again but his world was still spinning. The nausea wasn't going away this time. He quickly opened the door and spilled his insides on the ground. He looked down at the bubbling mess on the dirt and decided to get out of the car. He looked over toward the bar and thought about going back inside to wait for a while, but then he checked his watch. He sat back down and closed the door. The engine came to life as he turned the key in the ignition.

The idling car sat in the lot for a good five minutes with Mark staring straight ahead. His head was pounding as he put the car in drive, took his foot off the brake, and touched the gas pedal. He left the dirt lot.

The night was clear – the moon was a brilliant white and the stars beamed intensely as the cold December air fogged the windshield. The leafless trees on the sides of the road created a canopy and the unlit road began to twist and turn. Freshly plowed snow, already brown with dirt and oil, was piled up on the sides of the road. The lights from the passing cars seemed blinding.

The car came to a sharp bend in the road and Mark gripped the steering wheel tighter, his palms dry and cracked from the cold weather. The car began to fishtail as he jerked the steering wheel

sharply to the left, and he felt the bumps of the shoulder beneath his suspension. As the car began to spin, Mark jammed his foot on the brake and the car came to an abrupt stop sideways in the middle of the road.

He sat there for a minute, the motor gently humming. He was confused by what had just taken place. He put the car in reverse, parked on the shoulder, and sat staring at the green lights of the dashboard. Frank Sinatra droned quietly on the radio, and Mark thought about calling his wife. Then he looked around. He knew exactly where he was. His street was maybe two more miles down the winding back road.

He checked his mirrors, turned around to look out the back window for cars coming behind him, put the car in reverse, and pressed on the gas. He turned his head back around to look out the windshield and realized that he hadn't turned the wheel enough; he was heading toward a snow bank. Quickly wrenching the wheel, Mark was suddenly staring into a set of headlights coming straight for him. He let go of his steering wheel and watched as the lights came nearer still – there was no way to avoid the oncoming impact of metal on metal. He briefly glimpsed the face of the woman in the other car. Then the world went silent.

The airbag pressed against Mark's face. He was still strapped into the driver's seat. Slowly opening his eyes, he looked through the shattered windshield at the ground littered with glass and metal lit up by his amber headlights. Mark pushed the airbag to the side and stumbled out of his car. He quickly glanced at the other vehicle. The little green Toyota sedan's front end was pushed in, a mass of bent metal. Smoke was billowing out of the engine. Both headlights were smashed and the windshield was cracked in a circular fashion on the driver's side.

Mark wobbled to the front of his car. The other driver didn't get out. Mark's Buick was mangled, but the two headlights still seared the cold night sky. He ran his hands across his face to check for blood. There was none. He was fine. He looked back down at his car. The silver grille was bent inward, the bumper looked as if it was about to fall off, the wheels were turned very sharply to the

left, and the front axle appeared to be bent, too.

The night was quiet except for the low rumble of Mark's engine. He sat down hard in front of his car and buried his face in his hands. There was no movement from the other car.

After he'd been sitting on the cold, wet asphalt, dozing, for several minutes, a car pulled off the road. The young driver quickly pushed his car door wide and stepped out. His slicked-back hair shone in the moonlight and he was dressed in a suit that matched his hair. His tie was off and the top button of his white-collared shirt was unbuttoned. The guy must have come from a Christmas party of his own, Mark thought as he hazily watched him pull out his cell phone.

"What happened, man? Are you okay?" the young driver yelled over to Mark as he moved toward the crushed metal of other car. "Did you call 911 yet?" Mark watched numbly as the young man opened the door to the other car and immediately took a step back, his head snapping away from the woman.

Mark got up and limped over toward the little green Toyota, alcohol still fresh on his breath. He walked around to the driver's side and looked in as the young man walked briskly away, yelling into his phone.

Mark stared in at a rather large middle-aged woman with curly brown hair. Her face was covered in blood. It was slightly turned to the left and settled on the steering wheel.

Her half open eyes were glazed over, her mouth partially open and her crooked bottom teeth exposed. Her hands still rested on the steering wheel, and blood dripped onto her white blouse. He looked up at the windshield – there was a bloody, round web of cracks directly in front of the woman's head. The airbag hadn't deployed.

Mark turned around and looked toward the young man, hoping for an explanation. There was none. The woman was dead. The faint sound of sirens could be heard through the trees.

*Daniel Bulanowski is a second-year student at the Hofstra North Shore-LIJ School of Medicine.*

## Brain Science

I wish I could share with you  
my electric brain  
as it dances like sparks  
jumping excitedly off a lit fuse;

I wish you could know  
as I know  
the flowing of ions and charge,  
the purposeful placement of molecules;

I wish you could feel  
each screaming synapse  
as it sings a soprano melody  
over a dissonant chorus of trillions;

And most of all I wish you could see  
with your eyes  
the countless flashes each second  
that show that you are alive.

*Daniel Ohngemach is a second-year student at the Hofstra North Shore-LIJ School of Medicine.*



## Forgetting to Remember

I find myself walking in a sea of purple shirts. Fathers with children hoisted up on their shoulders. Mothers and sisters and brothers together, all smiles and laughter. I hear the clicking of hundreds of cameras as memories are captured. And I see heads held high.

It's a brisk November morning in Washington. That's what the weatherman called it, anyway. I think it's freezing. My steps slow as I become entranced by the sight of my own breath. Today is filled with little distractions – little nothings that keep my mind from remembering why I walk. It's a happy day, yet the pain seeps through.

I remember when my grandmother began to forget.

The sink was overflowing in her bathroom, water cascading over the countertop and spilling to the floor. My eyes couldn't believe it. This was awesome – thanks, Grandma! This sure beat out playing with a worn Raggedy Ann doll or leafing through an old issue of *Reader's Digest*. I laughed and laughed and splashed around in my impromptu waterfest . . . but my delight was short lived. Grandma rushed in and shut the water off, cursing her absent-mindedness. I walked out and climbed onto the couch, waiting to be punished, while she mopped up. But the scolding never came. Not from her, not from my parents. The rest of the afternoon was quiet.

A cold wind snaps me back to reality. I readjust my hat and put on my gray hoodie – one less purple shirt in the crowd. I walk past an older man, alone and seemingly immune to the cold. He's braved worse than this, I'm sure. His silver eyes are dreary and low. He must be remembering someone, too.

"Luke!" I look ahead at my mom as she waves me up. "Come on, slowpoke, get in for a picture!" I put on my smile and jog to catch up. My mom and sisters are standing beside my aunt and cousins, all waiting for me. We ham it up as some crazy cat lady takes our picture on my sister's phone. Another distraction. And, because one picture is never enough, because someone blinked or a smile wasn't magazine-ready, because we're mostly girls, we stand ready for another try.

The flash of the light brings me back to sunny days spent by

the pond at my grandparents' house. Bread crumbs drift atop the murky water as fish nip at them. "Grandpa, can I have a piece of bread?" my little sister asks. She's four and dressed like a watermelon, not a care in the world. He smiles and tears her a piece from the fresh loaf. Rather than breaking it up and feeding it to the fish, she stuffs her chubby cheeks, snacking instead.

My grandma overlooks us from her porch on the hill. She doesn't talk much any more, and when she does, it's distant – as if she doesn't know me. She's a shadow of what she once was. Her eyes drift from the pond to the sun as if some answer lies in the warmth. My mom tells me it's Alzheimer's.

We pack the van and start the long drive home, Grandma and Grandpa disappearing in the rear-view mirror. I wait until we're down the block, away from cars and neighbors and nosy ears. "Is Grandma gonna get better?" My mom doesn't speak right away. It's all the answer I need.

And now, in what feels like another life, I walk for her down the streets of Washington, DC.

The finish line finally comes into view up ahead with its purple and white balloons enticing me forward. And, for the first time today, this walk begins to feel like a race. A race for me to win – to beat out Alzheimer's once and for all. It's as if every step taken is a step closer to helping Grandma.

A wave of emotion cascades over me. I know I'm not alone as I see the same look in others' eyes. Memories of Grandma wash over me until I feel her standing beside me, hand on my shoulder. We're going to cross the finish line together, she and I, with our family.

And now I feel the warmth of the days at the pond and the rush of the water from Grandma's sink. I remember the smell of her perfume and the sound of her voice, her turquoise ring and her quiet smile. The little things. The best things.

I forgot to remember you, Grandma.

We cross the finish line together, celebrations all around us. I hear cheers of congratulations echoing from the speakers. We're all handed pinwheels as flurries of confetti litter the air. I know

Alzheimer's wasn't cured today, but it no longer defines the memory of my grandma.

Her name was Florence Hurley. She loved golf and monarch butterflies and going to Sandy Pond in the summers. But she loved her family most of all. And we loved her.

*Luke Verrillo is a junior at Hofstra University, majoring in English publishing studies and literature with a minor in marketing.*



## Subliminal Bliss

PRISCILLA SAMUEL

*Priscilla Samuel, NP, is corporate director of advanced practice nursing at the North Shore-LIJ Health System.*

NARRATEUR

## Intravenous Drips

The drop abruptly manifests in the empty chamber, and, inexorably growing until pregnant with its own weight, it falls into the small pool below, extends in a continuous saline stream through tubing, arcs under adhesive, courses through the catheter into my vein, and becomes part of me: I am fluid. I am what is in between intravenous and bladder catheters. I watch the IV, drop by dripping drop. The sunlight streams through the hospital window, and rainbow-tinted diamonds flash in the IV bag.

Intravenous fluid drips into my roommate's arm. Exhausted by breathing, we are rendered mute by disease. My eyes close. His grandson whines for soda. My son brings coffee cups to my bedside and drinks with respectful slurps. Our families await the death of our silent partnership.

IVs drip in the other rooms on my floor. IVs gurgle fluid on all the floors of this hospital. IVs flow on through all of the hospitals in this country. IVs are gushing throughout the medical universe. Every moment, tiny drops emerge, expand, and tremble off into lines, into veins, into bodies.

My son will one day require this parenteral communion. Saline drops form in my eyes. I cannot hear my roommate's grandson crying. We are repositories of fluid and sunlight – all to be drained in turn.

*Bruce Hirsch, MD, is an infectious disease specialist at LIJ Medical Center and North Shore University Hospital.*

## The Cane

It sits in the corner of my room, comfortable in its place among pokers and keepers of ash. It was comfortable outside of this room, outside of the house, and in the world of x-rays and doctors. Of course, they knew him, as I did, when he only needed his own two legs to get by. His doctor knew him before he knew and before the oncologist cobbled together the words in his head – paragraphs and short stories that he'd written solidly but altered a bit for the individual propped on the paper-lined table.

He was 55, the guy I loved, when he learned that cancer cells were growing madly in his body. In short order, his feet went numb and he took on a slight limp to shift the inner pins and needles pressing skin. He was not a complainer. He took the news of stage 4 lung cancer quickly, like swallowing bad medicine. Hold your nose and the taste will be gone in a minute. Of course, he knew better.

The cancer cells were marching through his body, taking over the whole state.

It was in the kitchen, with my sons at the table, that the idea of the cane took root. My father had died a few years earlier. He had been collecting canes in all wooden and brass splendors since I was a child. He loved to grab a cane with its cool, hard handle and walk for miles along beaches or up and down grassy hills or even around his sprawling lawn, kicking up leaves. After he received a replacement set of knees, new canes were about as common as shoes.

Let's find a cane for you, one of my boys said.

We now live in the house where I grew up. The boys went on a treasure hunt for their grandfather's wooden sticks. In closets, in attics, nothing turned up. We made a game of it. They finally found one lone cane hanging in the garage with tools and ladders. It had seen better decades. The handle was missing and the foot of the cane had witnessed too much earth.

My sons grabbed black electrical tape and triumphantly brought it back to the kitchen. They methodically wrapped the thick tape around the handle and found a champagne cap to finish off the end. They taped the bottom, too.

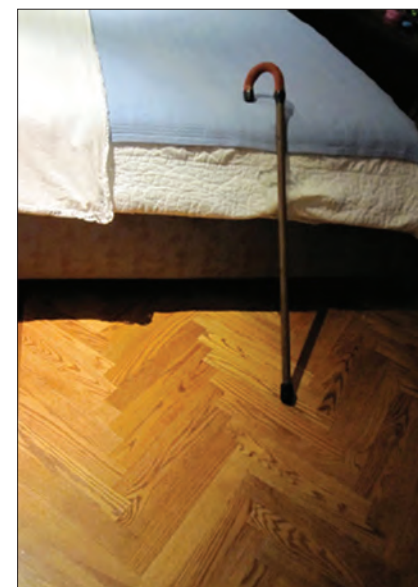
When it was done, my partner did a soft shoe. He laughed and

danced around the table, welcoming this rather eye-catching accessory. As the numbness intensified, the cane took on the life of a guide dog. At night it would hang out with a line of shoes at the foot of the stairs. Sometimes, it would fall to the floor by the side of the bed and we'd find it nestled beneath my dog.

We shared days and months with the cane, and when the news got worse, he had something tangible to hold him up, to march forward. The way he handled the cane was the way he embraced the life he had had before lung cancer and the five months he carved out after the diagnosis.

There was no beauty to the cane, but he thought it fantastic.

After he died, it was the cane I wanted most. In my grief, I would look up and find it sitting in the corner of my room, spilling out memories, conjuring up a dance or two, making my numbness evaporate.



*M.B. Nelkin, MS, RD, MA, is a clinical assistant professor of bioethics at the Hofstra North Shore-LIJ School of Medicine.*



**Flowing Stream**

ADAM COOPER

*Adam Cooper is chief medical photographer in the North Shore-LIJ Health System.*

### The Caretaker

No priest told the black tabby  
to sit and listen to the old woman.  
That his company would ease her loneliness.

No doctor told the black tabby  
to knead the old woman's upper arms.  
That the massage might lessen the tremors.

No social worker told the black tabby  
to wait by the door for the old woman to come home.  
That his presence gave her a reason to return.

No visiting nurse told the black tabby  
to let the old woman pet him.  
That his purring would ease her anxieties.

No one told the black tabby  
to care for the old woman  
More than her children.

### The Caretakers' Dilemma

We buy Mother a new bed.  
It stands too high.  
She sits on the edge,  
Her feet barely touch the floor.  
"I can't get in."  
Box spring removed,  
Bed lowered.  
Mother sits comfortably,  
Then sinks like a marshmallow in hot chocolate.  
"I can't get up."  
Now what?

*Frances Avnet is executive secretary at the Maurice A. Deane School of Law at Hofstra University. Her poetry has been published in The Art Scene and Creations.*

### Walking for Beginners

The walker stands folded within itself,  
Waiting to be put to use.

It unfolds, presents itself to me.  
I scoot to the edge  
with everything but anticipation.  
Arms strapped to padded armrests.  
Hands become gray handles.

I am helped to my full height  
Step inside the metal.  
My legs feel surprisingly strong and  
ready for this task.  
I push the walker forward and fill the space left behind.

I hear my sister's voice in my head when she borrows my sneakers,  
"I'm going to put some steps in these for you."

Suddenly, my legs have had enough of this walking business.

I am caught and brought back to my chair.  
The only thing bruised is my dignity.

The walker stands folded within itself,  
waiting to be put to use.

*Margie Suarez is working toward a graduate degree in creative writing at Hofstra University.*

## Mincing Brain

It is just a bit of white and red mush  
 Now  
 Once it belonged to you  
 And you had no idea  
 Until it hit home and changed things  
 Forever  
 Now  
 It seems so innocent, this inert bunch of cells  
 That grew like weed  
 In your brain  
 Until finally your eyes closed  
 And your family kissed you  
 And shared those parting words  
 Now  
 This piece of you has come to me  
 To study and make sense  
 Of a life now gone  
 What's the secret? I ask, while reducing it  
 To this formless emulsion  
 It may look like another anonymous number, a grade III  
 A grade IV, a bloody sample  
 Now  
 I find myself  
 A stranger meeting you in death  
 Choking the cells into giving up an answer.

*Maria Ruggieri, PhD, is a scientist at the Feinstein Institute for Medical Research.*

## You Come to Me

You come to me lost,  
 In search of an answer  
 In search of hope.  
 You hang onto my every word,  
 You hang onto my every movement,  
 my every gesture.

You look to me for guidance  
 You look to me for comfort.  
 With the stroke of a pen,  
 I offer you that hope,  
 I offer you that guidance.  
 With a gentle touch  
 I offer you understanding,  
 I am powerful

You come to me when all else fails  
 You come to me when no one else cares.  
 But alas, I have nothing to offer,  
 Save a prayer and a tear,  
 I am powerless

*Sandy Balwan, MD, is site director, North Shore-LIJ Internal Medicine Residency Program.*

## Mandated Report

“May I speak to you?”

No response.

“Jimmy, I really would like to talk to you.”

No response.

Frustrated at doing an evaluation at midnight, I proceed to speak to Jimmy’s parents. Jimmy is a six-year-old boy who had come in with a triage chief complaint of “hallucinations, psychosis.”

“Oh, he doesn’t want to talk right now. Perhaps he is too tired. He has been through a lot,” his parents say.

“Well, tell me about what’s going on.”

Jimmy’s parents tell me that he has been very ill. For the past 10 days, he has been progressively getting worse. Jimmy is aggressive at home – punching, kicking, biting, and unresponsive to verbal redirection. They also say he has not been responding to medications prescribed for agitation. There have been no prior hospitalizations, and he had been taking low-dose antipsychotic medication as prescribed by his outpatient psychiatrist.

Jimmy’s parents have already been to a nearby emergency room once in the past week, and they feel strongly that Jimmy must be admitted as a psychiatry inpatient.

While this discussion is going on, Jimmy keeps his head down as though he is asleep.

I thank the parents for providing the background, tell them I will speak to supervisors about the case, and assure them that I will be back to discuss the disposition and plan.

As I walk through the emergency room I realize that I have left a folder in the pediatric ER area. When I get there I’m approached by the parents, who say, “Jimmy is up and would like to talk to you!”

I would prefer to move on to discussing the case with my supervisors and complete the admission, but as an eager psychiatry resident with an interest in child and adolescent psychiatry, I never pass up the opportunity to speak directly to a child.

I walk into the room, and what happens next is striking.

Jimmy is sitting up on the hospital bed, with his legs swing-

ing from the side of the bed that had its rail down. The fluorescent lights are slightly dim, but everything in the room is clearly visible. After I walk in, Jimmy’s parents walk out.

I close the door and am alone with Jimmy for the first time.

Jimmy lifts up his right pant leg, exposing a reddish blue bruise about 4 x 4cm. He says, “My daddy did this to me.”

My heart sinks. I experience a stomach flutter. Taking a deep breath, I listen as Jimmy describes what may be the excessive use of force in response to his own actions. He also says that he has been hearing the voice of a man who tells him to hurt his parents. Although he does not want to hurt them, he has great difficulty resisting the urge.

When I finish talking with Jimmy, I inform his parents that a report must be made to Child Protective Services. They are devastated. “We should have never come here.”

I reassure them that while an investigation will be done, this does not necessarily mean Jimmy will be taken away from them. Rather, it means that the agency will ensure that services will be in place to help them take optimal care of their son.

The night ends with me falling asleep on the phone as I hold waiting to speak with Child Protective Services.

This was a case that matured me as a physician and psychiatrist. After hearing many times that I was a mandated reporter for suspected or alleged child abuse, the role finally came to life. I was able to exercise this duty as a physician, although it was very nerve wracking and intense. Later, I came to realize that it was the best clinical decision for the patient at that time.

*Akeem Marsh, MD, is a first-year fellow in the Division of Child and Adolescent Psychiatry in the Department of Psychiatry at The Zucker Hillside Hospital, and vice chairman for the Residents and Fellows Forum.*

## Death Above the Bed

Broken  
he lay  
mountain man  
in caged bed  
consoling us with winks  
between each  
guttural groan

Prone  
he loomed huge  
and took death on  
in a cool white room.  
Two sumo wrestlers battled  
above the bed.

Sullen  
we attended him  
wiping each profusion  
of sweat  
Questions  
we were meaning to ask  
uttered at last

Fast into the night  
the warriors thrashed  
and we in vigil  
took turns  
beseeching him  
to hold his ground

Resignation  
surrendered him.  
"I cannot make it,"  
he said  
Truth embracing truth  
and we  
could only  
let him go

*Dee Shapiro, MS,  
is an adjunct pro-  
fessor at SUNY Em-  
pire State College.*

## Her Yoke

A fleshy face, sepia toned, with a cherubic grin, lay partially hidden behind dangling chestnut curls. A faint buccula rested comfortably above the faded hospital gown. Her neck was misshapen and carried an unnatural contour. Amina sat upright, like Vermeer's magnum opus, awaiting my premeditated questions. Imaging illuminated the extent of the illness. Underneath her skin, neoplasia stealthily snaked around her trachea. Indolent tendrils had been migrating into her thorax while disease wedged itself in between bronchus and lung. A cancerous clench made breathing require effort, decades too soon; this is why Amina knew she had to come to the hospital.

A prior diagnosis of follicular thyroid cancer had gone unchecked. The first few days were awash in interrogation and inquiry. Jargon floated throughout our discussions and fell downward into the charts. *Debulking* was a sanitized version of scraping, making us feel less Cro-Magnon about treatment. *Tracheal stents* and *radiation* were other words that peppered a steady stream of judgments and suspicions. Why did she wait so long? Who does this? Why did she think it would just go away? What did she expect? *Immigrant* and *poor* were cast about to mask what they were really feeling: disappointment, disenchantment, pity. There was no subtext to dissect from palpable commentary, just raw critique.

Amina answered. Questions unearthed five years of assumed absenteeism. She alluded to being pummeled by the words of her first husband and his family. They intimated that if she had cancer she would not be able to conceive and that was unthinkable. On one occasion, she was traumatized by a gynecologist who turned out to be a close friend of her former in-laws. This experience sparked a lack of faith in the medical community and an absence of trust in each interaction with her physicians. "Just tell me if they are lying," she would say. She hated half-truths. She was crushed, first by the oppressive weight of her husband and then by her cancer.

*Gene A. DeCastro, MD, is an internal medicine intern in the North Shore-LIJ Health System.*



## Numbers

I sliced the back of my hand open on a shard of glass, and through the splatter of blood I could see my tendons dancing. I got myself to the emergency room and sat there with my hand wrapped tightly, red ribbons of blood soaking white gauze. Nearby, a man not much older than I stood by a desk with a puzzled, sad look on his face.

A triage nurse was taking the requisite medical information to enter him into the hospital system. She was looking for a number, anything that could identify him beyond his name. She pressed him: “What is your medical record number? Any ID? What’s your insurance code? Social security? Everyone has a number,” she said, her frustration rising with every word. He stared at her blankly, worried, tired.

He was at a loss. Whatever brought him to the ER wasn’t obvious to the onlooker. But his pain from her prodding was palpable, like a quickened heartbeat. I felt like telling her to move beyond that point in the electronic form and ask what she could do for him; just to see him as a man who has an emergency; a man who is in pain, afraid, and in need of help. A man. Not a requisite string of numbers.

The exchange faded into background music as I started thinking about the numbers that I carried around to represent me. I had a student ID. I had a social security number. I probably had a string of numbers from my parents’ medical insurance policy.

Maybe the triage nurse was right. Maybe each of us is just a string of numbers coursing through the arteries of the hospital system. My thoughts broke off as I heard my name called. My name. I was not yet a number in their system.

Now, as a first-year medical student, I am charged with taking care of people on my ambulance runs and in the clinic. I have learned that the electronic medical record will be standard fare by 2014, and the reasons – greater continuity, less time and waste, better care for patients who see a number of health professionals in the system – make sense. But it does make me wonder whether we are losing the faces of patients and their stories when they become strings of digits.

I had been asked to record a short entry for the patients I see on my runs and rotations. There were no names; just two numbers that represent their age, a single letter to remind me of their gender, their medical problem of the moment, and what I offered them in the way of medical care. It went like this: 42, M, chest pain, and on and on down the page.

After months without much insight, I remembered the puzzled, sad man at Mount Auburn Hospital in Cambridge, Massachusetts, the man without a number, and I decided to take my medical note taking in new directions. With deference to HIPAA, I added a fun fact about my patients. It went like this: 42, M, chest pain, buys and remodels homes. Or the woman who told me that her granddaughter’s horse just died. She hated that horse, I wrote. She had a hard time consoling her granddaughter.

My painting represents my conflict with the numbers that follow us through life like names. I conjured up the image of this man from so many years ago, the man struggling to find a string of numbers that would make the triage nurse move on to the more important stuff of the day.



*Benny Chen is a first-year medical student at the Hofstra North Shore-LIJ School of Medicine, a terrible driver, and a competitive burrito-eating champion. He hails from California, calls Brooklyn home, and is inseparable from his bicycle, Colonel Mustard.*



## Sunset

SCOTT ELBERGER

NARRATEUR

*Scott Elberger, MD, is an emergency medicine physician at Southside Hospital and the Bethpage Urgent Care Center. He also travels to Central America to deliver volunteer medical care.*

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## Winter Storm

MARIA RUGGIERI

NARRATEUR

*Maria Ruggieri, PhD, is a scientist at the Feinstein Institute for Medical Research.*

## The Last Wish

Defining moments often take us completely by surprise.

The elevator was crowded. The door opened to a metal stretcher and an attendant with eyes turned down and an immediate job at hand: get the patient to the emergency room. He pushed the stretcher forward and the human sea parted to accommodate his cargo. The stretcher held a semiconscious woman in her late 90s. I knew this woman; she was a patient at the long-term care facility and I had recently evaluated her for participation in a clinical study.

She was not a good candidate. During the evaluation, we had a detailed conversation about her condition and expectations. I learned a lot about her in the few minutes at her bedside. She was three years shy of 100 and she had stage 4 cancer. She was pleasant and offered up a smile that was as steady as the pain she said she was experiencing. “I’ve been blessed,” she told me. “I was there for the birth of my great-grandchildren. I’ve had a good life. I just want to close my eyes and say hello to God.” When I left her bedside that day, I squeezed her hand and said a silent prayer that her end would be as peaceful and quick as she wished.

As I looked down at her tired face, her words haunted me. I wondered why it was that we were transferring this woman to a busy emergency room. Wouldn’t she be more comfortable in her own bed, on pain medication, surrounded by staff she knows and family that loves her? I winced at the thought of her dying surrounded by strangers and a staff too busy to know that all she wanted was to meet her God.

The next day I learned that she had been transferred for heart failure treatment and that she did, in fact, die on the metal stretcher in an emergency room hallway waiting for a bed.

This woman, who knew no peace at the end, deserved better. I will not let her misery go unheard. I have vowed to apply my skills as a researcher to find better ways to help people like her die in accordance with their wishes.

*Renee Pekmezaris, PhD, is vice president for community health and health services research in the Department of Population Health at the North Shore-LIJ Health System and associate professor of medicine at the Hofstra North Shore-LIJ School of Medicine.*

## My Friend Joan

Thirty years ago, our boys were toddlers and I asked whether they could have a play date. You said yes, but you got quiet for a split second and then added: “But I don’t need any new friends.” Still, as our boys’ friendship grew, so did ours.

Together, we brought four other children into the world. Our youngest daughters were born in the same year. Our family bonds strengthened. I came to know that you spoke from your heart, no matter what.

You were private, with a large dose of sarcastic. You were a creature of habits: You liked the same cars, the same vacations, healthy foods – often the same ones day after day. Your clothing tastes were not altered by time. Neither were your friendships. I began calling your habits “Joanisms.”

I am glad I was one of your habits.

Ten years ago you told me about a twitch in your leg. You donned a leg brace that you hoped would cure it. The doctor’s proclamation was that you had multiple sclerosis. We never imagined it would get worse or the symptoms would wax and wane in all measures of severity. The disease kicked you down the road, but the weakness of your limbs was no match for the strength of your mind. It explained some of the “Joanisms” to the outside world.

You had your way of doing things. Only organic chicken nuggets, and one must not eat more than three at a sitting. Only one friend could be driven home from school. Play dates were capped at two kids. The rules were tough and fair, like you. You took care of your disease in the same spirit.

Our children are now grown. We buried you in winter. The lessons you taught them are palpable in the way they are holding each other solid against their grief. They know love. Now, they will understand loss. The first lessons you taught me had something to do with perseverance and personal space. I remain the friend you thought you never needed.

*Alice Fornari, EdD, RD, is the director of faculty development for the North Shore-LIJ Health System and associate dean for educational skills development and associate professor of science education and population health at the Hofstra North Shore-LIJ School of Medicine.*

NARRATEUR



## Orange Burst

CAROLYN C. SNIPE

*Carolyn C. Snipe, MA, is director of graduate medical education and assistant professor of science education at the Hofstra North Shore-LIJ School of Medicine.*

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## The Life

*“Lifestyle changes can help ease headache pain. Here are 9 tips:”*

*–WebMD.com/migraines*

No spelling bees  
or slumber parties or  
pigtails pulled tight,  
no first kiss (because  
no exception to curfew),  
no adrenaline  
from violin recitals,  
though that turns into  
no rock concerts, and  
no sex on the beach  
with a cup of red wine.  
Just this poem.

*Mia Herman is pursuing an MFA degree at Hofstra University.*

## Knowledge

The leaf  
on the thinnest branch  
of the smallest tree.  
The ripple in the brook  
that you can barely see.  
The period in a simple sentence  
from the last page of the forgotten book.  
This is all that you can see  
of the tiniest star in the darkest hour.

*Jorge D. Nieves, MD, completed his general pediatrics residency at Schneider Children's Hospital (now the Steven and Alexandra Cohen Children's Medical Center) in 1996 and is in private practice at Forest Hills Pediatrics.*

## Diabetic

We were alone on a sheet of pink  
orchids. A carpet stained with lemonade,  
sprinkled with ice cream droppings and surgical tape.  
The stench of something rotting amongst  
sunlight as the mirror reflected our faces  
like a movie-screen projection of forbidden pornography.  
Not that Didymus was in the room that day,  
but just because the serenity prayer hung  
over the headboard and a cheap crucifix over the door.  
That foot, so pale – a muskmelon with cotton  
pulled tight around it. Those miniature cliffs of flesh  
that plummeted down into the cavernous, absent heel  
as the camera zoomed in for a close-up. Subtitles crawled  
along in bold white font: “Put your finger here....Stop doubting and  
believe.”

*Joseph Chilman teaches English at Molloy College in Rockville Centre and is a graduate student at Hofstra.*

## Jack Tanner

He was one of my first clinic patients. I inherited him from a recently graduated third-year resident, whose off-service note – barely legible – described Jack Tanner’s most recent non-Q-wave myocardial infarction in May 1980, his second in 12 months. On that admission, cardiac catheterization had revealed diffuse coronary disease not amenable to revascularization, and a left ventricular ejection fraction depressed to 35 percent.

At the get-acquainted encounter, his wife, Joan, did almost all the talking. She told me that Jack’s health problems started when his first heart attack came out of the blue six months after he retired as a post office clerk. She made sure that Jack took the beta-blocker and nitrate pills prescribed on his last Manhattan VA hospital discharge, as well as daily aspirin.

She thought the medications were working, since Jack now needed a sublingual nitroglycerine pill only twice a day, on each leg of his two-block morning stroll to and from the train station to retrieve the *Daily News*. Jack nodded, acknowledging with a faint trace of County Cork brogue that he didn’t walk every day since the prospect of angina sometimes scared him. Joan jumped in: “It’s better than getting chest pain like you used to after walking 20 steps! Dr. Smith, now I go to the store with him. We both need the exercise.” Jack didn’t disagree.

I wrote a prescription for a fresh supply of sublingual nitro, reminding him to go to the VA emergency room if an anginal episode didn’t resolve after three successive tablets over 15 minutes – and to get a refill if he no longer felt burning or head discomfort when the nitro dissolved under his tongue. I also prescribed the new 24-hour transdermal nitroglycerine patch, which we thought had helped calm the chest pain.

On Jack’s next clinic visit, Joan said that things were much the same, and we didn’t change anything. The next time I saw Jack, he was in a CCU bed. He had come in on a night when I wasn’t on call, so he was on my fellow intern Steve’s medical service. I stopped at Jack’s bedside to say hello and departed with my usual encouragement, “Hang in there.”

Steve told me that Jack had had another non-Q-wave MI,

although the bump in CPK, SGOT, and LDH was kind of small – Jack’s typical pattern, according to prior charts. Steve said he was giving Jack an appointment to see me in clinic in a couple of weeks.

On that visit, Joan said the chest pain now happened only on the initial uphill part of the walk to buy the paper. Jack tried to ask a question about a piece of news he’d seen about VA benefits. Joan overrode him: “Let’s not get excited about that; we’ve enough to worry about.” He just said, “Damn.”

Jack was soon back in the hospital after an episode of chest pain that outlasted three head-splitting pills under the tongue. This time he came in when I was on call, and he stayed on my service. His enzymes didn’t rise, but we made changes in medications and got his heart rate down to 48 before we discharged him. However, he continued the pattern of readmissions every one to two months.

Jack bought himself a lifetime course of digoxin and anticoagulation with Coumadin when an episode of rapid atrial fibrillation didn’t respond to DC cardioversion. Afraid he’d fall and hit his head and bleed, Joan wouldn’t let Jack walk to the store any more. She wangled car service for Jack’s frequent phlebotomy and clinic visits out of the social worker, so he could avoid the long subway ride from Queens.

Joan never missed one of Jack’s visits – except once, toward the end of my internship. She had developed severe vomiting, abdominal pain, and dizziness, and ended up in a neighborhood hospital herself. The doctors told Jack she’d been dehydrated from a viral gastroenteritis.

The day before Joan was going to be discharged, Jack came alone to his scheduled visit. It was the first time I’d ever seen him in the clinic without his wife. He wore his usual long, worried Irish face, murmuring in low tones about Joan’s illness, and about how empty the house was without her.

I asked him how life had been before he started to have heart attacks. What sorts of things did he like to do with his free time after he retired, or even before? When his neighborhood friends got together on weekend nights, he said, he liked to sit around with them

and play poker and drink a few beers. When he couldn't do that, he liked to sit alone in his family room and listen to music.

I asked what was stopping him from doing those things now. He looked at me surprised, and said he'd been told that alcohol and cigarettes were bad for his heart. And he always felt too tired to listen to music. I asked him if he didn't think music might perk him up a bit, and I suggested that an occasional game of poker might not hurt. Maybe he could take some non-alcoholic beers with him.

I didn't see Jack in clinic again for three months. I thought maybe he'd been hospitalized while I was rotating on the TB service up the street at Bellevue and maybe nobody thought to tell me. No, Jack told me, he'd been just fine. When Joan came home from the hospital, he made her stay in bed for a couple of days while he took care of her. He told her that since he'd done just fine traveling to the last VA clinic visit without her, he was resuming his morning walks to get the paper, and didn't need her company.

When Joan insisted she accompany him on his clinic visits to me, he got angry and said that if she came, he wouldn't go – and so the three-month stalemate began. Jack dusted off his stereo, got out the big Koss headphones, and started to listen to music again – Frank Sinatra, Johnny Mathis, that sort of thing. One night he decided to join his friends for poker. The guys kidded him about the O'Doul's Amber he brought with him; he got his revenge when he went home with the money they'd staked.

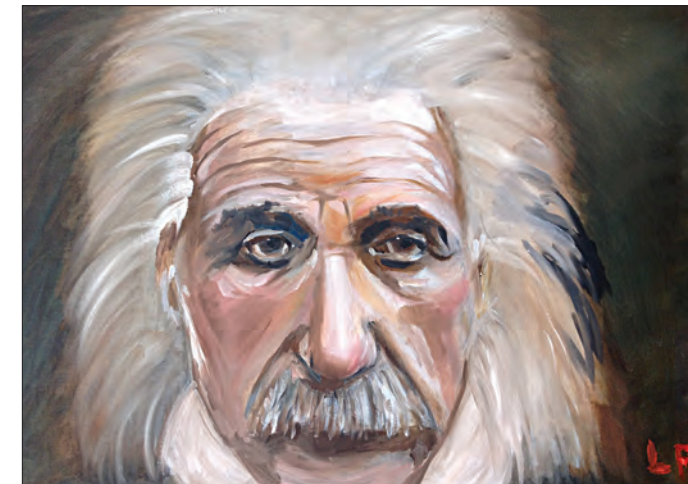
"So, is Joan out in the waiting room?" I asked. "Hell, no," he said. "I came by subway – took it easy on the stairs. I don't need her to come; it's a waste of her time." I told Jack I was glad he was listening to music again, indicated that his labs looked good, and renewed his medications.

Jack did land in the hospital again with chest pain a couple of months later, and a gentle rise in cardiac enzymes attested to another small MI. The team added the new miracle anti-anginal nifedipine, a calcium channel blocker taken three times a day, to his lengthening drug regimen. Jack continued returning to see me in clinic alone, and I enjoyed his stories about the new albums he'd bought and the occasional poker game he'd won. My only contacts with Joan were by phone, responding to her occasional worried messages, or telling her Jack's blood tests were just right.

Jack's coronary problems didn't end, but the rate of atherosclerotic nibbling at his myocardium and ejection fraction definitely decelerated. Hospital admissions at the VA slowed to two or three a year. He kept coming to clinic alone, each time with a good story to tell, like the news clipping he showed me about the woman in Brooklyn who knocked off her husband by telling him the doctor had phoned to double his heart pills.

When I finished my residency, I wrote a long off-service note to help the new intern who would pick up Jack's care. Afterwards, I'd get an occasional phone message or note from Jack or Joan at the crosstown clinic where I treated veterans with service-connected disabilities, telling about a hospitalization or a medication change or a new grandchild. The last communication was a "thank you" card from Joan, telling me how glad she was that Jack had died at home, his face serene, his headphones on, and "Ol' Blue Eyes Is Back" circling the turntable.

*Frederick Smith, MD, is an attending and director of the Bioethics Service at the North Shore-LIJ Health System.*



## Uncle Albert

LORRAINE FUGAZZI

*Lorraine Fugazzi, MBA, is associate vice president of medical education and research at Staten Island University Hospital.*



## Grand Canyon

ALAN SLOYER

NARRATEUR

*Alan Sloyer, MD, is a gastroenterologist and attending at North Shore University Hospital, Glen Cove Hospital, and St. Francis Hospital.*

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## Thistles in Heaven

I can remember accompanying my dad on his tours of the yard – trimming, pulling weeds, puttering about. I can still see him standing back to look at how it all fit together – the grass, the walk, the shrubs and the tree trunks – admiring his work and searching for further imperfections. He always had things to teach me during these times; sometimes practical, sometimes artistic, and sometimes simply a way of looking at things that helped to make a difference.

Once in late summer when the evening was warm, we walked together out to the “big front” yard, beyond the cars parked at the base of our large, horseshoe-shaped driveway. We used the “big front” for playing baseball and flying kites and model airplanes, and the ground had become worn and uneven; Dad had allowed it to stay that way, unattended by his artful eye. It was his concession to the kids, letting us have our ragged space without too much adult interference.

The carpet of grass was now a dirty August brown and was studded with dandelions and thistles. That evening I trudged barefoot by his side as he popped dandelions out of the ground with a long, hooked blade attached to a rake handle, stopping with him now and then to check the steady progression of changing colors as the sun dipped ever lower in the west. He didn’t pause to admire his own work that evening, but instead kept looking at the heavens as he rested on the rake handle, not wanting me to miss a single shade of pink or a single flare of deepening orange cloud.

We saw the last bright button of sun swallowed up by the far and dark horizon, and as the colors faded and the evening turned to summer night we both knew the signal had been given. It was time to go back to the house. But as I followed his crunching footsteps homeward, my bare feet stumbled into a pile of dried-up thistles that neither of us could see lurking there in the grayness of early dark.

“Oww, ohh, ooo, oww!” I cried as I hopped out of the pile, dancing from foot to foot, with each step causing more and sharper pain. “I hate thistles, Dad! They hurt!” I cried, “I can’t even walk any more...I hate them!” and I began to whimper like the seven-

year-old that I was.

Dad put down his rake handle and carried me back to the house. He sat me on the cement steps of the front porch, still warm from the August sun, turned on the floodlight, and went into the house, returning moments later with a Coke and a pair of tweezers. I sat on those steps, drinking my Coke, still whining pathetically as he plucked thorn after thorn from my thistle-bound feet.

As he worked away, leaning back every now and then to study my foot, I looked again to the west where the sun had disappeared and found bright Venus in the place Dad had once taught me to look. It gave me comfort to find it there, where it should be, growing stronger and sparkling in the dry summer night.

“Dad,” I said, turning back to Earth, “will there be thistles in heaven?”

He leaned back to regard my foot again, then looked up at the stars, considering my question.

“You know, Bill, God likes thistles – just as he likes sunsets and stars and little boys... just as he likes everything he made,” he said. “So I think there will be thistles in heaven. But if you stop and think about it, I think you’ll see that there will be one important difference.” He pointed toward Venus with his tweezers, then back to my throbbing foot. “When you step on a thistle in heaven, it won’t hurt.”

I sipped my Coke and looked back up at the stars. By now the summer triangle had made its appearance, and I tried to remember the constellations and the stories behind Deneb, Altair, and Vega as Dad had told them to me the first time he showed me these stars. I didn’t even notice the plucking of thorns that went on and on. I thought instead about how nice it would be to step on thistles up there among the stars, stamping and tramping away as if I were playing in a mud puddle, knowing that it wouldn’t hurt.

We learn so much from our parents, from stars and sunsets to trimming and weeding, but the most important thing we learn from them most of us don’t understand until much later in life, sometimes even after they are gone. They never stop teaching this to us, although they may never know the nature of the lesson. What our

parents teach us most of all is how to be teachers ourselves.

I hope that some day I have the wisdom to seize a single moment and change pain into wonder, transform frustration into comfort and security, the way my dad did on that warm summer night so long ago. That will be the true test of whether I learned what my dad had to teach me. And if my own sons or daughters or the students who join me on my daily travels can learn the same thing, I will have repaid him in the very best way possible. If only I can be open enough to keep learning, I just might be as good a teacher as my dad, and so might those who come after me.

With a little luck, generations of curious seven-year-olds, long into the future, will have the opportunity to tag along, to learn about weeds and sunsets and stars, and to smile at the prospect of stepping on thistles in heaven.

*William Rennie, MD, is associate professor of emergency medicine and science education at the Hofstra North Shore-LIJ School of Medicine and co-director of the structure course.*

## Old Thurston

I can remember clearly how it used to be in Thurston a lifetime ago – because it is still here.

Oh, things have changed, of course. The peaceful little farm community where I was born and raised – and still live – is now the bedroom suburb of a major metropolitan center. The winding country road is a main arterial, with sidewalks, stop signs, and city buses. The fields that once grew corn and wheat and alfalfa have sprouted planned unit developments; and barns and silos have given way to rows of look-alike houses, 7-11 markets, and video game stores. If I had come back today after an absence of 50 years, I wouldn't know where I was.

And yet, old Thurston still lives if you know where to look. In that shadowland of memory that exists almost like another dimension, it makes its presence felt as surely as the world of reality. There are places where that impingement of the past is even

stronger: a section of the old road that follows a bend in Cedar Creek through the dappled shadow patterns of an old cottonwood tree just as it did long ago; the old Grange Hall, with its rounded Quonset roof, which was designed by my grandfather nearly a century ago and is still the social center for the old-time grangers who meet to eat and march through their rituals every week. In places like these, the past presses in on the bubble of the present in which I am contained, like the point of a pin on a balloon, ready to break through that thin dividing film and envelop me again.

Once in a while I walk out in my back yard and step into that Thurston of 70 years ago. In the west, the apricot glow of sunset dips behind the last remaining tall firs of the old Baugh grove, and twilight settles gently over the valley like a filmy gray coverlet. The evening breeze begins to stir, bringing with it the faint smells of earth and fresh-cut grass and honeysuckle. The time machine of memory faintly hums its magic song, and old Thurston lives again.

Somewhere, in that world that was, old Fred Russell sits on the front porch of Uncle Bun's general store, lighting his pipe and blowing a great cloud of Union Leader smoke out into the evening air. Across the road, Sime Putnam, 80 years old but tough as toenails, gazes up at the moon and looks forward to another 'coon hunt up in the hills with his dogs. On up the road, Rena Edmiston gets ready to teach her Sunday School class tomorrow morning. Harry Baugh, heading to the store for a bottle of pop, pulls the muffler cut-out switch in his 1926 Essex and lets it roar as he hits 35 miles per hour on the straight stretch. And somewhere, out in the deepening darkness, old Bert Mathews steps out of his chicken house and uncorks a resounding sneeze that echoes across the valley and down through the corridors of time.

*Gordon Rennie, the father of William Rennie and the subject of "Thistles in Heaven," wrote this piece five years ago, as an introduction to what he hoped would be a memoir of the people and events of a small farm community in Oregon that shaped his life. This writing was discovered shortly after Gordon Rennie developed Alzheimer's disease.*



**Failure to Thrive**  
GARY DEUTSCH

*Gary Deutsch, MD, is the chief resident in the North Shore-LIJ Health System's Department of General Surgery.*

## The Nursing Home

The smells of sterile rooms and bleach-eroded floors stuck to my clothes like sweat. I spent the last two years in this perpetual near-gagging state. It became familiar, like the people I hugged, strangers once and soon again. I was mayor of this weird little village on the perimeter of a garbage dump. It was where my father had come to die.

Pity was the most pervasive emotion in the place. I arrived armed with food, as if shoving it down any throat – especially my dad’s – would somehow make it all the more palatable. It was a goddamn nursing home, a place where no one ever wants to be. Certainly I was at the top of the food chain. But I showed up as often as the staff, wiped my dad’s face, and talked meaningless circles around him. By the time he ended up at the NH I had already buried my mother – and I hadn’t even made it out of my 20s.

Even on my mother’s worst day I never knew the look of pity. But here in the NH, pity was everywhere. In every bed that held a patient tethered to the bedrails. In the moans of patients slumped in wheelchairs along every stinking corridor. In the fear on the wrinkled, sickly faces. Pity that young girl with the father who is uncontrollable and loud and strange and deranged. Pity that young girl with the father who doesn’t even know his daughter, his mind ravaged by Alzheimer’s. Pity the girl. Pity the girl.

It wasn’t just the life he had now at the NH, but the wreck he had left behind. There were stacks of unpaid bills that morphed into creepy debt collectors. There were my siblings who laughed his dementia away and handed me the reins, even though I am the baby of the family. What made matters worse is that he didn’t remember that my mom had died and kept asking for her. He didn’t remember me, the one holding the bag, but he knew enough to understand who wasn’t there.

The NH was always threatening to throw my dad out. He was nasty when he didn’t get his way. I knew this going in. When he did live at home, he’d throw things, start fires, and wake me up in the middle of the night screaming. Life was a series of problems, sirens on every corner. I was in the shower once when he stole the keys to his light blue Saturn. As I stood transfixed under the hot

water, my calm was shattered by a loud bang. I ran out front in my robe. It was February.

He had already locked himself in. He was hunched over the steering wheel, trying desperately to find the ignition.

“Come on, Dad, get out of the car, please, for me? For me... Billi. Get out of the car.”

Silence. My mind turned to food, of course. “Dad, I made a coconut custard pie and a fresh pot of Folger’s. Why don’t you come in with me and have a cup?”

Silence. My fantasy – taking a crowbar and bashing in the windshield – was not realistic. Instead, I lied. I pulled up the image of my mother, and said that she was on the phone and needed him. It was shameless. I was guilt-ridden. But it worked. The door clicked open and he followed me inside. He cried when he got to the phone and there was the standard drone of nothingness.

I lost my mother and my father the same year.

I took care of him for a year at home and then let the staff at the NH take over for the next two. My father died in August. On the day that I was summoned to his bedside, the blood had already drained from his body. He was white as the sheets, but the anger had just about left his body. He looked peaceful. I stood over him, in shock. His anger became mine. It choked me. I was mad in all ways of the word. I threw myself at the poor guy’s body and apologized for everything I had ever done, ever. There were little transgressions, frustration over a long Medicaid application, missed visits. And larger violations, like resenting my role as caretaker.

I was even angry that he looked so peaceful. And it was that moment, as nurses stood over me like angels, that this man’s spirit finally moved on and I looked closely to see the guy who was there at my recitals, in the kitchen making me pancakes, in the living room laughing a normal fatherly laugh. It was my dad, after all.

*Billi Vernillo, MA, is director of grants management at the Hofstra North Shore-LIJ School of Medicine.*

## The Flat Green Rock

He had freckles, a thick head of curly red hair, a small, wiry frame. His eyes were flecked brown and almost too small. His name was Mike and he was 45 the year he died.

Mike came into my life – or I came into his – a year after a diagnosis of lung cancer. By the time I stood at his bedside the cancer had traveled throughout his body and he had already signed the paper that was placed into his thick medical chart: Do Not Resuscitate.

He had serious trouble breathing. His healthcare team wanted to refer him to hospice. Since this latest hospitalization, he was not sleeping well – plagued by the decision on where to spend his final days. Would he die in the comfort of his home or should he go to a hospice unit?

It seemed that he could not get comfortable in the bed. His plea to the nurse, “Please, get me a longer oxygen tube so I can stand up,” was high-pitched and angry.

I moved in toward the bed, mindful that he wanted out of it. “I am a holistic nurse practitioner,” I said. “Your doctor asked me to work with you. I do light touch massage, reflexology, and imagery that often help people become more comfortable.”

“You can’t touch me,” he said, his voice a tight string on a violin. “I’m too ticklish and it is my nature to be too anxious to ever relax. Everyone at work laughed at me because I am a jumpy guy. My co-workers would take turns scaring me, jumping out from behind corners. I would jump four feet and, of course, everyone had a good laugh.”

I smiled, taking his concerns to heart. I told him about foot reflexology and integrative imagery, and he agreed to give it a try. I took some lotion in my hands, rubbed it warm, and took his feet in my hands. He relaxed into the mattress, almost purring like a cat. “I can’t believe I am not ticklish.”

I talked him through progressive relaxation, asking him to imagine a wave of energy starting at the top of his head and slowly moving down his body. I slowed down at every body part, taking more time to linger over his heart and lungs. After he was relaxed, I asked him to imagine himself in a place where he could be at ease

and completely comfortable, a place full of natural beauty.

His words came out in a slow and steady stream. He was lying on a large, smooth, flat green rock next to a river. His body was warmed by the sun burning its image in the rock, heating his bones. He described hearing the sound of the water as it flowed next to him . . . the smell of the pine trees . . . being one with nature . . . the clean air . . . a bird singing overhead . . . the warm rock under him. As he described this special place, his whole demeanor changed, his breathing slowed, and his face took on a glow, even though it was covered with an oxygen mask.

After I brought him back to the hospital room, we talked about the imagery experience. “I was back in college,” his story began. “My roommate and I were canoeing. It was early spring. Our canoe overturned and we were flung into cold water. I thought we were going to die. We climbed ashore, took off most of the wet clothes, and lay down on a warm, flat rock until the sun had warmed us and dried our clothes.” He said rocks by water have since provided comfort to him. “My wife and I often go to the ocean and just sit on the jetty when we need special time together, and now the kids are a part of that experience, too.”

He started to cry. He said that the hardest part of his situation was trying to decide whether to go home or to hospice. He planned to meet with his wife and the hospice coordinator later that day. He thanked me for the experience. “Please tell the nurse practitioner and the doctor that the reflexology worked!” he said.

I followed up with Mike the next day. I found him standing in his room. “Debbie, I have the best news for you.” My heart stopped for a minute. Could his condition have greatly improved overnight?

He was excited. “Guess what? I have a bed at hospice today, and it’s right down the block from where my daughter works so she can easily visit each day.” He continued, almost in one breath, “I had such a good visit with my wife last night and we made the decision together.” Then he opened up his hand and said, “And look, the nurse practitioner gave me this.”

In his hand was a beautiful flat green rock. “This was her fa-

vorite paperweight, and she gave it to me after she heard my story from you. There is something about this rock. Just holding it helps me breathe easier.

“I really have to thank you, because everything is working out okay,” he said. We hugged. I left his room without documenting our exchange, but I knew that something special had occurred. I felt it strongly in the sting of my own tears. The presence, techniques, and reflection had made a difference in Mike’s experience of his world.

Sharing his reflection touched each of the staff in a special way, starting with the gift of a precious paperweight to the patient from the NP. While the recovery we hoped for didn’t occur, this transition and his ability to make the decision with his wife were small miracles.

Years later, Mike’s memory, his smile and strength, often come alive when I pass by a jetty or a flat green rock. I smile. With heartfelt gratitude, I wipe a tear from my eye.

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## Tranquility

EDMUND MILLER

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## A Half-Century Between

The patient was a decade older than I was. She was a wife and a mother. I was a medical student called to her bedside. I was doing a palliative care rotation. She was staring at death. I was studying to be a healer. It had only been a few months since doctors had told her that she had breast cancer. But it got worse.

It had spread to her liver. At first glance, her stomach looked as though she were about to deliver her second child. She was perplexed as to what was occurring. Here, I said, put your hand here. I gently told her that her abdomen was swollen because the cancer had spread.

*I am going to beat this thing, she said. I am going to live. I have faith that G-d will help me through this.*

I coaxed her to a place between denial and acceptance. And over the next few weeks this young woman began her journey to the palliative care unit. I would stand guard. I would offer education and solace and a healthy dose of reality. Her cancer was virulent. She was going to die, and she slowly began to do the things she had not yet done. Like tell her daughter and use her time well.

I was there when she told her 12-year-old daughter. This little innocent soul knew, of course. She said she had overheard Mom talking about it on the phone when she first got sick. I explained what cancer was in a tone like that a parent must use in speaking to his or her child, delicate yet direct. She was a kid, one who hides from emotion. Within minutes she was drawn into another room at the hospital and offered toys, crayons, and paper, welcome distractions.

Through my rotation, I kept feeding her knowledge, which I thought was the best medicine we could offer. It was, in fact, the only medicine. Three days after I was off to my next rotation, my patient died.

Two years earlier, my grandfather had died of cancer. My grandfather lived a half a century longer than my patient. By the time his lungs were filled with tumors, he was already calling me “doctor.” My family and I flew down to the hospital and a month later to the hospice center, where he wanted to go to die.

Unlike my patient, there was no denial in his eyes. He had prepared everything. He’d always said that he never wanted to live in pain. He didn’t. When I arrived at his bedside, I took my medical ed-

ucation to heart and began comforting the sick and the living around me: my family. This was my first dose of palliative care medicine. I kissed my grandfather on the cheeks and the forehead and said my good-bye. I loved the guy.

My grandfather spent his life teaching. His final lesson to me was this: *Smile, don’t always be so serious. Have an impact, just as you have had in the past two weeks here with our family. Never lose your sensitivity. And always, he said, always love medicine.*

*Evan Diamond is in his fourth year of medical school at Ross University. He rotated through the Palliative Care Unit at North Shore University Hospital.*



## Ephemeral Rainbow

ANDREW W. MENZIN

*Andrew W. Menzin, MD, is the vice chairman for academic affairs in the Department of Obstetrics and Gynecology at North Shore University Hospital and LIJ Medical Center. He is also associate chief of gynecologic oncology in the North Shore-LIJ Health System. He is a society master in the medical school.*

## My Brother's Sunglasses

He is squinting in the photograph, the one  
from Little League that looks like a baseball card.

He holds a bat in a Mattingly stance, official  
in a Dodgers uniform. But those eyes of his,

those barely open eyes look painful. They are welled up  
and stubbornly closed. That year, he could never keep

them open. Even with practice and staring games,  
the sunlight was too bright for him. He needed

special sunglasses like the ones old people wear,  
the kind small boys look funny in. His were black

with bright yellow frames. He hated them, and  
didn't want to go outside that summer.

That was the summer I kept him company, both of us  
wearing sunglasses. That was the summer we found out

he had small tumors behind his eyes.  
Twenty years later, I still wear glasses for him.

*Mary D. Coleman, MA, is assistant director in the Office of Parent and Family Programs at Hofstra University. She is now pursuing a third master's degree, an MFA in creative writing at Hofstra University.*

## For Marian

There is nothing here  
on this leavened earth  
more precious to us  
than love unlasting.  
nothing we suffer  
thirst for more, or seek,  
in darkness or light;  
that found, stares like  
a rare, unwelcome  
stranger in a crowd,  
demanding of us  
abject attention.  
and we give, vassals  
to this unending  
allegiance, gladly.  
for all the sorrow  
of the losing  
and the waiting,  
we would not, not love  
for all we have, and  
for all we have not –  
this grieving hunger  
is like an old wound  
become a new limb.

*Timothy B Sullivan, MD, is vice chair and the director of postgraduate education in the Department of Psychiatry and Behavioral Sciences at Staten Island University Hospital.*





### Red Poppy Bouquet

JOLANTA BARBARA NORELLI

NARRATEUR



### Memory of Butterflies

JOLANTA BARBARA NORELLI

*Jolanta Barbara Norelli is a first-year MD/PhD student at the North Shore-LIJ School of Medicine, and founder of the Art and Medicine Club. Her paintings have been featured in galleries in Brooklyn and Upstate New York.*

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## The Christmas Jacket

It started when I was in medical school, almost 40 years ago. My father would pick me up from school for Christmas break. Instead of going directly home, we would detour to Rockefeller Center. See the tree. Walk along Fifth Avenue. Look at the windows, and laugh at the prices. Over the years, the tradition has endured, although the cast has changed. Dad's gone. My children now make up the band.

We usually start with a long lunch at the Sea Grill under the twinkling lights of the tree while skaters fall, rise, and dust themselves off. After our feast, we begin the walk. Our daughters come to a screeching halt in front of Cole Haan or Henri Bendel or Bergdorf Goodman. This year was no different.

As we passed Bergdorf Goodman, Frankie stopped in his tracks. There in its corner window was a red velour smoking jacket. The type that you imagine Hugh Hefner would wear; with a plush texture, quilted satin lapel, and covered buttons. A young man's dream of urbanity and sophistication. A Christmas jacket that is totally impractical, and equally awesome. Something that he has hinted about for years, but we could never find. Now, two days before Christmas, here it was staring right back at him.

"Dad, do you see this?"

"I sure do. Let's go in and see if they have your size."

"Are you kidding me? It's got to be a fortune. No, it's got to be too much."

"Let's go inside and see."

With that, Frankie, Jill, and I made our way to the second floor where a sign boasted "Formal Wear." With any luck, I would find fancy butterfly-collared shirts and a red smoking jacket just like the one in the window.

"May I help you?" asked the young man behind the register.

"Yes," I said, as Frankie withdrew behind me. "We're interested in the red smoking jacket in the window."

"Oh, I am afraid that is the last one. They're hard to come by. The few we had literally flew off the racks."

"How about the one in the window? What size is it?" I asked.

"It's a 40 long."

"That's my size!" exclaimed Frankie.

"But I am afraid even that is on hold," the salesman said. "A gentleman came in today and asked us to hold it for him. He said he would be back on Christmas Eve to try it on. It's the only time that we can get it out of the window."

An expression of grave disappointment came over Frankie's face.

"By the way," I said, "just how much is that jacket?"

"Believe it or not, it's a great sale. More than 70 percent off. It was originally \$1900, but it is marked down to \$650," said the clerk. He announced the price adjustment with pride, as if he were the bestower of such good fortune.

I gathered myself up and approached the savior of the formal wear down payment.

"Listen, if for some reason this guy comes on Christmas Eve and decides that the jacket just doesn't work for him, would you call me and I'll come right down to the store? I live in Manhasset and it will take about an hour to get here."

"Absolutely. I don't think it will happen, but if it does I will call you."

I gave the guy my cell phone number and guided my deflated troops into the elevator.

For the next 36 hours my mind wandered back to the red jacket in the window. I went to several other stores on the Miracle Mile in Manhasset. Ralph Lauren, Hermès, and a bunch of other stores whose names I can barely pronounce. No luck. There was one that almost made the grade, a purple smoking jacket. More British gentleman than the one at Bergdorf. Pretty, but no cigar, as my father would say.

So with Christmas just hours away I was not even close to securing a special gift for Frankie. I called the Ralph Lauren store and asked a salesperson named Bill to hold the purple jacket for me. I still had some shopping to do and it was already 2:00 p.m.

I drove to Roosevelt Field for some last-minute pondering over possible gifts when suddenly I realized that I was only about a mile from the one person who will always have a special place in my

heart at Christmastime – my Dad. Just east of all the stores filled with lights and music on Old Country Road, there is an isolated bit of greenery called the Cemetery of the Holy Rood. Before I knew it, my car was making its way down the rows of small granite headstones to the place where he rests.

When I got there, my eyes were flooded with fury. There was his copper-colored headstone totally naked against the backdrop of seasonal decorations. Not a flower, not a wreath, not a sign of Christmas adorned his resting place, unlike every other grave in this predominantly Italian cemetery. I felt empowered to find something for Dad's grave. Something that would bring Christmas to him, even if he couldn't see it. So there I went, speeding past the "5 miles per hour" signs of the cemetery like some schoolboy with his father's car, looking for a florist that would still be open on Christmas Eve. Not far from the cemetery, about a block past its Gothic-looking church, I found a florist still open. I parked my car illegally at the curb, and I went in. The clerks were already cleaning up, getting ready for closing and the holiday.

"Sorry to disturb you," I said to a middle-aged woman busy sweeping the floor. "Do you have anything I can put on a grave site?"

"How much do you want to spend?"

"I want something very nice. Do you have anything?"

"I have a grave blanket left. It's made of balsam tree branches and decorated with poinsettia leaves, but it's \$100."

"Perfect," I said. I slapped a hundred-dollar bill into her hand and she helped carry the blanket to my car. It looked like a flat Christmas tree with ribbons, but no lights. I made my way back to the cemetery. I decided to tune my satellite radio to the Frank Sinatra channel. Dad always played Sinatra when we were putting up our tree.

As I removed the blanket from the back seat of my car, the music from the radio filled the air. With no tools to help anchor the blanket to the grave, I used my hands to bend the braces into the ground. Hands covered with dirt, I looked down at the Christmas blanket covering the grave site. First, I felt elated at having gotten something for Dad on Christmas. Then, I felt so terribly alone. Tears began to well. I couldn't really wipe my face because of the

dirt on my hands, so the tears kept rolling down my cheeks.

After a few minutes, it was time to leave Dad and return to my last-minute chores. As I was making my way out of the graveyard, the song that began to play made me almost stop my car in its tracks. I knew from the first bar what the song was. It was the classic "The Twelve Days of Christmas," but there was something very different. Something that in all my 58 years I had never heard before. Instead of the usual refrain, "On the first day of Christmas my true love gave to me..." it played "On the first day of Christmas my father gave to me..."

"What! Am I hearing right?" I yelled as I approached the exit.

My cell phone rang.

"Mr. Arena, this is Mark from Bergdorf. The jacket is yours. Do you still want it?"

"Yes, Mark, of course. Yes. I will be there within the hour."

It's 4:15. We close at 5:30."

"I'll be there!"

The song continued to play. The refrain seemed louder and louder on each verse: "...my father gave to me..."

My tears were now coursing down my cheeks. As improbable as it was, it seemed that Dad indeed had given this gift to me, a gift for my son. I called my sister, Jody, to tell her the story. She was silent at the other end of the line. I called my wife, Kasey, and told her that I was on my way to the city to pick up the jacket. I told her that I would be home soon.

"Are you sure you want to buck all that traffic, Frank?" she said with much disbelief.

"I'll be fine. I'll be home by 6:30. I have to do this."

I made my way to the LIE. I saw a sea of cars and felt my chances of getting into the city slip right away. I had a thought. I could try to switch over to the Grand Central Parkway. Big mistake. I took the service road to the Cross Island Parkway. Bigger mistake.

I eventually made it back to the Grand Central right before the airport. Horrible mistake. Each minute felt like an hour. My chances of making it to Bergdorf were fading as quickly as Christmas was approaching.

I gambled. Right before LaGuardia Airport, just past the pas-

senger terminals, there was a sign for cargo transports. I figured on Christmas Eve there might be light commercial traffic. If I got off there, perhaps I could bypass all the traffic and jump back onto the parkway right before the bridge.

It was 4:50 p.m. Now or never.

I took my chances. At the cargo exit, I made my move, “The Twelve Days of Christmas” ringing in my head.

No traffic!

There had been an accident right before the Brooklyn-Queens Expressway exit. I was bypassing all of the mess, just as I had hoped. I would be able to get back on the parkway before the Triborough Bridge and right after the clog. I breezed over the bridge and made it down the FDR without a problem.

5:05 p.m.

I took the 53rd Street exit. Bergdorf was on Fifth Avenue and 58th Street. In New York City, it could take five minutes or 50 minutes to get crosstown.

It took 10 minutes.

But the hardest part of the journey was still ahead of me: parking!

5:15 p.m.

As I came down Fifth Avenue, cars and people mingled in the cool December frost. Signs everywhere proclaimed: “No parking, no standing, no stopping.”

What could I do? I had to take a chance.

On 58th Street, I made a left off Fifth and parked my car right in front of Bergdorf. As I got out of the car, as if magically beamed up in front of me, was one of New York’s Finest. “What are you doing?” asked the giant in blue, wearing earmuffs on a shock of black hair.

“Officer, I’ve driven all the way from Manhasset to get a special gift that they were holding for me. The store is going to close in about 10 minutes. Could I please get it and come right out? If you have to give me a ticket, that’s okay, but please let me get this gift for my son.”

I was waiting for the bark. What I didn’t expect was this:

“Put on your blinkers. I’ll watch your car, but be quick.”

I thanked him and ran into the store. Up to the second floor and

into the formal wear department.

“Mr. Arena, I have it all wrapped up for you. I had a feeling you might be late. It’s funny that my other client didn’t take this, as I had thought. He seemed to really like it, but he mumbled something about how he had just changed his mind. Very odd, but it’s yours now.”

I left Bergdorf with a large silver box under my arms. There was my official policeman watching my car.

“Thank you, officer.”

“Merry Christmas. I hope he likes it,” he said, and within seconds he had disappeared into the mass of people. The clock had just struck 5:30 p.m.

On Christmas morning, the silver box was the last gift under the tree to be unwrapped. I told the story to Frankie while his brothers sat there in awe.

“That Granddad has some real power!” our son Willie said. The jacket fit Frankie perfectly.

## Close Reading and the Care of Patients

Here in the hospital, I say,  
that is not my body, not my body.  
I am not here for the doctors  
to read like a recipe.  
– Anne Sexton

### I

A man stands in a darkened room in a museum. This is a cinematic installation. A black-and-white film is projected on a large, translucent screen. The action has been slowed and there is no sound. One can walk all around this screen, observe the figures moving one way from the “front” and in reverse on the opposite side. It is not clear whether there is a favored perspective. The film’s progress has been so attenuated that each frame is seen distinctly. The familiar has become unfamiliar in a way that invites close inspection, disorientation intensifying perception.

The viewer learns that the film is Hitchcock’s “Psycho” slowed so as to last for exactly twenty-four hours. (The reader, of course, learns all this in synchrony with the fictitious viewer, because this scene, inspired by an actual installation, is recorded in Don DeLillo’s novel *Point Omega*.)

At a point in time, our narrator registers the contrast between the sensory experience of the gallery installation and the events taking place just beyond the entrance to this darkened space, in the museum shop, which is full of light and museum-goers selecting posters, swiping credit cards, and creating a continuous murmur of conversation.

### II

Is there in this post-modernist tract a metaphor for the experience of “close reading”? And what has this to do with the care of patients? The detailed analysis of a text – which could be a painting or a symphony but is most often a written text – begins with pausing to take in, assimilate, and deeply understand what is happening.

There is a transaction with the text, a give and take. We question the author. Why this setting, this voice, this reference? We look for the rhythms of speech, for emotion or its absence, for what is said and what is left unsaid. Attentive play intensifies perception. The close reading of a text involves the observer so closely as to make the reading itself a creative act.

### III

Close reading is the cornerstone of narrative medicine, which in the words of Columbia internist Rita Charon invites the caregiver to “metabolize” the stories of patients, entering into a relationship that is deeply respectful of lived experience and cognizant of the need for special attention to the details of the patient’s account.

As though  
an oil painting. We attend  
to the arrangement of figures  
on the canvas  
the artist’s use of  
light and note  
the brushstrokes  
sharp color  
and flat  
black

### IV

Close reading is the cornerstone of narrative medicine. This statement has various meanings. It describes literally the interest that leaders in this movement have expressed in the use of literature to serve as a practice space for caregivers committed to developing their powers of perception.

We enter into the short story, for example, attentive to the details that make authentic literature worth this effort. Who is the narrator here? Do we trust him? Why the use of this unexpected word and not another? Students may do this work in solitude, but it is

much enriched when shared. The individual perspectives of readers complement and synergize. There are many moments of “aha!”

The literal practice of close reading, we can hope, will promote the “close reading” of the patient’s story. This is subversive work. The traditional training of physicians emphasizes the skill of distilling from the patient’s account the “facts” of the case . . . the duration, location, quality, and radiation of the pain . . . the height of the fever . . . what exacerbates the cough.

The intern who cannot do this, who speaks on rounds instead about the patient who woke up one morning with a lump in her breast and how she asked her best friend what it meant and how she waited two months to see a doctor but drank an herbal mixture at the urging of the woman behind the counter . . . this intern will be sharply rebuked by the senior resident.

That is not how the story is told. Just tell the important stuff. The intern learns, as his more proficient colleagues learned in medical school, to edit.

This editing promotes, on one hand, the reasoning that leads to clinical diagnoses. On the other hand, “left on the cutting room floor” are the qualia of experience.

The word *patient* comes from the Latin for *suffering*. It is, after all, within the narratives of patients that we find understanding, not merely of the patient’s disease, but of his or her dis-ease. In doing so we may achieve something more than technical expertise at medical science. Approaching the patient with narrative sensibility and humility in the face of what we cannot fully understand, and with gratitude for the opportunity to collaborate in the making of meaning, we can hope to experience and share the intimate act of one skilled but imperfect person caring for other suffering persons.

*Michael B Grosso, MD, is the medical director at Huntington Hospital and assistant professor of pediatrics at the Hofstra North Shore-LIJ School of Medicine.*

## Father and Son

A father holds a tree branch from which hangs an intravenous bag to provide liquid nourishment to his son. This picture was taken in rural China, where I traveled in 2010 to study Chinese health-care reform. On my trip, the camera became my vehicle for chronicling the creativity of the human spirit – from a father employing a branch as an IV pole to a worker hauling a busload of goods with a bicycle. I have experienced the same determination elsewhere. While volunteering in a clinic in Santiago, Chile, I marveled at the wheelchair manufactured from four wheels attached to a plastic beach chair. Our own community is not immune to impediments to healthcare, some of which are exacerbated by human failings, while others are driven by nature.

Now, as a medical student, I rode in an ambulance shortly after Superstorm Sandy. The mother of a three-year-old blind girl with a dangerous cyst in her brain had found herself with no electricity at home, no gasoline in the car, and no other means to reach the hospital for a scheduled surgery. An ambulance, a beach chair, a branch – it is inspiring to witness the ingenuity of people all over the world in helping to provide for each other and in doing the best they can with what they have.



*Sarah Bayefsky is a first-year student at the Hofstra North Shore-LIJ School of Medicine.*

## Where It Rained Today

The day began with bare feet  
in sandals,  
refusing autumn's arrival –  
its grey heaven misting my dog's fur,  
the cold sneaking inside the collar  
of my field jacket.  
We dodged mud puddles to complete  
the morning walk.

The hard rain came later when at work.  
I could see slices of water falling  
in front of the trees  
and dark clouds beyond them  
letting go of  
what the earth needs to drink.  
Then, sometime, past noon,  
the wet walks along the road  
and the leaves turning gold  
lit up. The sky turned blue.

I visited 713, bed by the window,  
arriving just as his hands held  
beads and a card with the image of a saint.  
He asked for a moment. I waited.  
Then he called, and I found a place  
to sit on the sill.

He told his story  
of fidelity to his body,  
his family, his clients, his God and  
how it did not make sense  
to have fevers and crazy  
white cells screaming leukemia.  
His heart spoke so that tears  
came with the words  
and his fingers fumbled with the beads.

A tissue replaced the rosary,  
and after the questions were  
offered to the grey of unknowing,  
he accepted my prayer  
that God would persist  
with a greater presence than that  
of these wild cells,  
that the family would have  
what they need,  
that healing might come  
in a great way.

We looked at each other,  
and I saw a white hope  
shine from within his lips,  
his teeth lit  
against his skin.

*Rev. Kimberli Lile is a chaplain on the Hematology and Stem Cell Transplant Units of North Shore University Hospital. This poem reflects an October day in the year 2012.*

## Misconception

When I was a child I wished I had cancer.

I was about six when I realized that all the other children in the hematology/oncology center were different. The majority of them walked around hairless, had tubes attached to their chests, and pushed mobile IV units. They were pale and appeared weak. I was yellow and simply tired.

The parents of the other children acted strange, too. They read Bibles, held rosary beads, and often cried. They spoke words of comfort to one another that I never heard whispered in my mother's direction. My mother would just sit there quietly doing crossword puzzles and occasionally smiling at me from behind her CVS-brand glasses – 2.0 to be exact – while I made crafts beside the other children.

The other children walked around the clinic confidently. They were accustomed to the center and knew their way around it. Their names and pictures were displayed on all four walls and their handprints were imprinted on the ceiling in paint. Collages from trips they took were exhibited on a fold-up poster board in the front of the room. I couldn't comprehend why no one had ever asked to take my picture or why I wasn't included in other ways.

The volunteers treated me differently, too. They would regularly forget my name, Jenette becoming Jeanie, Jennifer, or Jessica. Worse, they had nicknames for the other kids. When they used them I always felt like an outcast.

It wasn't until I turned eight that I understood that while I only had to be seen once every six months, almost all the other children needed to be seen daily or weekly.

"But why?" I would ask. "Why are they here all the time?"

"Because they are *sick*."

When I was a little girl, my desire to emulate these other children was intense. I would pretend I was one of them and would walk through the halls of the hospital whispering to myself, imagining that I was speaking to a nurse who hadn't seen me on her day off.

For a while I attempted to catch their disease. When they would cough I would quickly walk toward them and try to breathe in

the contaminated air. After they finished using a crayon, I would immediately pick it up in hopes their germs would transfer to my fingers.

My hematologist would remind me that I was the only one in the hospital with my disorder – pyridimine 5 nucleotidase deficiency. It sounded much worse than cancer. "Don't you remember we had to send your blood to UCLA to diagnose you?" She would say, "Your anemia causes extreme fatigue." "Your anemia causes an enlargement of the spleen." "Your anemia can cause liver problems." "Your anemia can cause heart problems."

While cancer didn't seem so glamorous anymore, I was obsessed with the bravery of the patients.

On one particular quest for blood, my nurse gave up after multiple attempts and asked me to lie on a bed. Next to me was a little girl of about three. We smiled at each other and she continuously squeaked a "hi" at me. Her demeanor was delightful and I enjoyed her company.

After many greetings the girl was approached by an army of doctors and nurses. One doctor said, "Okay, Emily, we're going to lay you down so we can find your port." I looked at my mother, who told me, "It's something cancer patients have placed in their chests. It's another way for them to get medicine."

Emily looked at me while they opened her hospital gown and searched around her chest. She smiled. I smiled back. Yet I couldn't help but focus on the doctors. As they poked and prodded her chest, she screamed. She screamed. Not like a frightened three-year-old, but like a 47-year-old woman who had just lost her husband. Like my mother. I started to cry.

With that, one of the nurses yanked the curtain closed. The girl continued to scream. When my nurse approached me to pick away at the thin vein in my arm my mother asked her what had happened. She explained that part of the port had broken off and doctors believed it to be lost in the girl's chest cavity. I looked over at the curtain and listened to her screams. I pitied her greatly, but I envied her courage.

At 13, I had surgery to remove both my spleen and my gall



bladder. When my hematologist explained that I would need to remain on intravenous for several days, I was elated. Not realizing that I would be unable to attend school, I pictured myself displaying courage to my friends and peers as I pushed around a mobile IV unit.

The splenectomy awarded me frequent visits to the hospital. I was told that I must be admitted at a temperature of 100 degrees, which occurred often. There was the time I was misdiagnosed with a urinary tract infection. The week that I learned the flu shot was only effective against last year's strain. A few days here and there due to viruses. Once because of swallowing bacteria in a pool after an underwater tea party with my brother. And so on . . .

Always in the hospital for different reasons.

Always pretending I was a cancer patient.

Years later, after a night of studying in London, I was convinced I was suffering from an awful hangover. My throat burned with traces of last night's sour mix, my body felt hot to the touch, and there was an insistent throbbing against both temples. I threw up that morning, something I hadn't done since freshman year, and I tried to recollect the evening and how many drinks I had consumed. Eventually, I decided to ignore my alcohol withdrawal and push through with the class tour of the British Museum.

After a four-hour tour of statues, paintings, belly flops, and hot flashes, the final steps down the stairs were my last endeavor. I felt so unbearably weak that I fell and started to black out – only a very different kind of blackout than that caused by a night of heavy drinking. I had a fever, not a hangover.

At a health clinic I learned that my temperature was more than four degrees above the hospitalization point. I was sent to the London University Hospital. When I arrived at the emergency room, accompanied by my friends, a receptionist asked if I had cancer.

“Cancer!”

Apparently by checking the box labeled “hematology/oncology,” I sent up a red flag.

After a myriad of tests and an absurd amount of paperwork, I was admitted and brought to a hospital room. When I had settled in bed with an IV apparatus next to me, a man entered the room. He put stockings on my legs to prevent blood clots and gave me a key

to the locker that was drilled into the floor. He told me to keep my belongings in it as a lot of theft occurred in the middle of the night.

Shortly after he left, the nurse told me that my friends also had to leave. Although I was 20, I had never stayed overnight in a hospital without my mother, who not only provided a sense of security, but also served as my memory when I forgot to tell the doctor of my Wolff-Parkinson-White syndrome, my allergy to sulfa drugs, or any other underlying medical condition.

I was terrified to be alone.

That night as I lay in the hospital bed with my international cellphone attached to my chest and the strap of my clutch hooked around the band of my underwear, I called my mother as frequently as possible.

“Did you tell them you are allergic to penicillin, too?”

“Yes.”

“What about the mitral valve prolapse? Did you tell them about that?”

“I think so.”

“You *think* so?”

The next day a nurse asked me to give myself a throat culture. She left the pencil-length swab and Petri dish. She returned quickly, but only to give me a light stick. She said, “Have you given yourself the throat culture yet?”

I shook my head.

“Please do that now, and then be sure to check your pupils.”

“What do you mean?”

“We need to know whether your pupils are dilated. Use this pen.” She handed the light to me and left. I thought she'd return with a mirror and possibly some instruction, but she didn't.

I started to cry, shoved the swab as far down my throat as I could, and attempted to count how many seconds I could look into the light without blinking.

Later, I was told I was scheduled to have my tonsils removed the following day.

I called my mother, told her, and cried.

Like my hospital in America, London Hospital is a teaching hospital, which meant that with such a rare disorder, I was battered with questions and frequently examined by timid pretend-doctors.

I told one of the student doctors that I had cancer. I wanted to feel the reaction of the med student and see whether he would treat me differently. He barely reacted. I suppose this is what they're trained to do.

I realized then that the doctors didn't treat cancer patients any differently than they probably would have treated me. The reason the volunteers at my hematology/oncology clinic had created such strong bonds with some patients was because they were frequent visitors.

I would soon be joined by my mother, who flew from the States to be with me. The nurses allowed her to sleep in the chair next to my bed. She had my name crossed off the tonsillectomy list. And she relayed all the appropriate information to the doctor concerning my health.

I no longer needed to think of cancer.

*Jenette Savage, an English instructor at Lackawanna College, received her MFA in literary nonfiction at Hofstra University in 2012.*

NARRATEUR



## Identity

CRYSTAL KYAW

*Crystal Kyaw is a second-year student at the Hofstra North Shore-LIJ School of Medicine.*

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## Amazing Race

*In memory of Deacon Lorraine Ann Cusick (1949-2012)*

“Five into three-fifty seventy times,” you rapidly intoned, barely audibly  
As I purchased my month’s supply of “penny candy.”  
*Amazing grace, how sweet the sound* of your voice in my ear,  
Saving me, math *wretch*, that scared freshman day in the Hofstra bookstore.  
And I knew in that instant I was neither *lost, nor blind, but found*,  
Set free, my Canadian friend, that day your grace began.

“Girls should not be doctors,” family wisdom pouring forth,  
“Good thing you’re on scholarship,” more welcome words...  
Grace *taught my heart to fear, precious grace, once I believed*  
You, my financial aid counselor, lover of outdoors and beasts of the field.  
Riding wildly on your beloved horse, Beaver, and on your Yamaha  
(divine intervention indeed),  
Ensuring my books, food, two part-time jobs and of course, perspective –  
The “what-doesn’t-kill-you-makes-you stronger,”  
“everything-is-for-a-blessing” variety.

*Dangers, toils and snares:* your constancy shone  
Through thirty-six on, twelve off, four years’ training past med school  
(five years, thanks to the nurse who ran into my head with her car).  
After you finished law school, the downtrodden lined up  
for a bit of your legal brilliance,  
Sage counsel. You never turned anyone away: they often paid with smiles,  
blessings, and once in chickens.  
Your *grace brought us safe* and far, and *led us home*.

In practice, with your vigilance, I grew and flourished  
from overconfident and underexperienced  
To deeply caring and listening well, as you became  
Deacon Lorraine at last, a lifelong dream fulfilled.  
*The Lord has promised good to me, His word my hope secures.*  
They lined up for you still, same dreams, same counsel, different means,  
*His shield and portion* were yours, *as life endures*.

Your presence, *bright shining as the sun*  
Lifted me higher at every healing task, board and council,  
*Singing G-d’s praises* into my soul, countless days,  
infinite and transcendent.  
Your earthly work sprouted wings, Deacon, as advanced,  
inoperable malignancy  
Claimed your body with lightning speed –  
you moving ever higher toward Divine light  
Clinical limitations painfully obvious  
(physician’s loving care blessedly abundant).

“*Amazing Race* to the finish,” you chimed toward the end,  
Lighting our way without complaint,  
neither slumbering nor sleeping through pain.  
“Lots of movement, not much depth,” you said of your trajectory,  
whispered true, yet –  
Sowing far and wide, beautifully accomplished,  
leaving us to deepen, to reap.  
We were *blind*, thanks to you now we can *see*.  
*How sweet the sound that saved us*, all of us,  
Deacon, *how sweet the sound* of your voice in my ear.

*Jill M. Rabin, MD, is professor of obstetrics and gynecology at the Hofstra North Shore-LIJ School of Medicine and chief of ambulatory care and head of urogynecology for the North Shore-LIJ Health System.*



## Nigerian Mother Grinding Millet

JEANNE VASILAKIS

NARRATEUR

*Jeanne Vasilakis, NP, is a pediatric nurse practitioner in the Division of Adolescent Medicine at Cohen Children's Medical Center. This watercolor was inspired by a colleague's photograph during her study in Nigeria.*

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## The Courtroom

In medical school, I took a course called Law and Medicine. My professors, Leonard Glantz and George Annas, drew me into case after case. I was mesmerized. Ten years later, I was sworn into court, accused of having a hand – *the* hand – in the death of a patient.

The patient at the heart of the case was a man in his late 40s with a long list of medical problems that came to a head in 1998. His wife found him collapsed on the bed. He was unable to move. An ambulance was called, and within minutes of his arrival at the emergency room, a CT scan revealed a brain bleed. A neurosurgeon was called to his bedside. The surgeon said that it was risky to enter his brain. The patient's blood pressure was too high. It was decided that he should be admitted to the intensive care unit, where doctors would keep a steady eye on his blood pressure and make sure the brain bleed did not get worse.

I was in charge at the ICU. For the next five hours, this man was my patient.

The patient was overweight and had significant hypertension and idiopathic thrombocytopenia (ITP), an abnormally low platelet count of undetermined origin. In the ICU, he was put on a respirator to protect his airway and sedated to keep his blood pressure down. A stroke scale confirmed what we could see from a clinical assessment. The patient was doing almost as well as could be expected. The scale goes from 3 to 15. He was two points shy of the high score that would provide the best outcome.

I woke my patient up every hour to check his neurological signs. Between 2:00 and 3:00 in the afternoon, his bleed expanded spontaneously and he went into cardiac arrest. The bells alarmed and CPR was started within seconds. They got him back quickly and another CT scan showed the advancing bleed. We called the neurosurgeon back and the patient was taken down to surgery to remove the clot.

For the next three weeks, he was a patient on the neurosurgical unit. I never saw the man again.

Eighteen months later, I was handed a subpoena. The patient had died two weeks and two days after surgery. A CT scan repeated

two weeks after surgery had shown the original clot resolved. Now, his wife was suing for medical malpractice and I was on the hit list. I hired an attorney, and the two of us sat down with an investigator from the insurance company to discuss the case. The neurosurgeon was pointing his finger at ICU. *We should have done this. We didn't do this.*

I blew. Besides calling the neurosurgeon lazy, I also said that I wished that I had never accepted the man as my patient.

The investigator took copious notes, which were inadvertently faxed over to the attorney for the plaintiff, the patient's wife.

In 2003, I would get my day – or six weeks – in court. I was being sued for malpractice. Neither the neurosurgeon nor anyone else who treated the patient during his hospital stay would be called on to answer for the patient's care.

My testimony given three years earlier could not be entered into evidence, but the plaintiff's attorney asked the judge whether he could read the document to the jury. The judge agreed. A physician witness for the defense went through a long list of things I had done wrong. On cross, the physician agreed that the care I delivered was good. Another plaintiff expert admitted that there was nothing to show that my actions caused the patient to die.

The judge ended up dismissing the case. My lawyer didn't even get to call witnesses.

Walking out of the courtroom, the plaintiff's attorney reached out his hand. *Sorry I had to do that to you*, he said. I slipped my hand into his. Two weeks later, he filed an appeal. It took another two years before the New York State Court of Appeals ruled in my favor. Again.

This experience unnerved me. I uphold my oath to heal my patients, to do the right thing and deliver the best care I know how. I was taught not to look over my shoulder, but since this case I have never stopped. I think about what I write in the medical record and what I say. And even though I am a doctor, and practice medicine, sadly I now have to think like a lawyer, too.

*Alan Multz, MD, is a professor of medicine at the Hofstra North Shore-LIJ School of Medicine and a physician at Nassau University Medical Center.*

## Letters Never Sent

Dear Nurse S \_\_\_\_\_,

Hard for me to believe that you're having a bad day. The floor is filled with patients in one state of cancer or another; filled with pairs of family members whispering and shaking their heads; filled with solitary figures silently crying. You might be having a hard day but to say having a bad day, I don't think so.

*Be nice to my nurses*, Jerry says as I come back to the room after ranting at the nurses' station. I protest. How can I be nice when I come in to find him naked and falling out of bed, obviously in the midst of a severe insulin reaction? *Be nice to my nurses. They're all I have when you're not here.*

Nurses, be nice to my Jerry.

Please take care, Gloria

Dear Dr. A \_\_\_\_\_,

You told me you were the best doctor in the best hospital. You told me no other treatment could work. You told me the surgery would ensure a longer life. Didn't I want to grow old with Jerry? Didn't I want Jerry to see Caitlin grow into a woman? You told me I worry too much, dismissing my concerns and requests. You told me to be patient. You told me Jerry would get better. You told me to trust. I'm telling you, Jerry is sicker than you think.

Regretfully, Gloria

Dear \_\_\_\_\_ Pharmacy,

Please be advised that I am requesting the transfer of all of Gerald Wilson's prescriptions to the following big box store pharmacy. I've come into your pharmacy almost daily for the past eight months. No one knows my name. No one gives a smile. No one asks how Jerry is doing. No one asks how I'm doing. It's a sad day when the greeter at Costco is friendlier and more supportive than my neighborhood pharmacy.

Sincerely, Gloria

Dear Dr. R \_\_\_\_\_,

Not every day a doctor sends flowers to a patient. Jerry was touched by your thoughtfulness. The bouquet of flowers was magnificent. You took the time to celebrate what indeed turned out to be his last birthday.

Fondly, Gloria

Dear Dr. P \_\_\_\_\_,

It's that time of the year again. Thanksgiving. And time for me to once again write to you to say thank you. It's been eight years since Jerry's death, and I can never thank you enough for your unending and unswerving commitment to Jerry's health and well-being. For fighting with your peers regarding procedures that they felt were futile. For persevering in your search for a stent that could help keep what was left of Jerry's esophagus open so he could eat. For fishing out the stent after it migrated into his stomach. For sitting and talking with Jerry. For finding him the best doctors for all the complications that seemed to arise daily. For treating Jerry as if he were your brother.

Forever grateful, Gloria

Dear Dialysis Nurses,

What can I say? How did you all not groan when Jerry came in for dialysis? His blood pressure would suddenly drop and you'd have to stop. He'd have to go to the bathroom and you'd have to unplug and disconnect him from the machine, hoist him into a wheelchair, attend to his needs. His blood sugar would soar or suddenly drop. He'd be constantly cold and in need of more blankets. His portal was always prone to bleeding at the dialysis session end. How did you make him feel like the guest of honor?

Best, Gloria

Dear Dr. S \_\_\_\_\_,

Not easy informing Jerry and me of the need for dialysis. Not easy telling me that a week on a respirator did not bode well for the future. Not easy arranging for hospital dialysis long past when Jerry should have gone to a community dialysis unit. Not easy telling us that Jerry had contracted *C. diff*. Not easy telling us that the medication to get rid of the *C. diff* caused inner ear nerve damage and affected Jerry's balance and ability to walk. Not easy seeing Jerry deteriorate. Not easy seeing Jerry bloated every other day. Not easy seeing me cry. Not easy seeing our daughter give her dad a hug. Not easy to have faith but little hope that Jerry would get better. Not easy to see Jerry dead.

With much love, Gloria

*Gloria Lodato Wilson, PhD, is an associate professor in the Special Education Department in Hofstra University's School of Education and director of the graduate programs in secondary special education. In addition to academic writing she is the author of Confessions of a Praying Atheist.*

NARRATEUR



## 911 Memorial

LEE WEISSMAN

*Lee Weissman is a staff photographer in the North Shore-LIJ Health System.*

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## Endless

HILLEL DLUGACZ

*Hillel Dlugacz, MA, is system operations manager in information technology in the North Shore-LIJ Health System.*

NARRATEUR

## The Sick Doctor

In health, Robert was a healer. He was tall and sharp, with the commanding presence of a physician who could calm his patients' involuntary movements. His sickness began with tremors and moved throughout his body like a violent storm, his limbs chaotically thrown to the wind and back again. It took his voice, made it choppy like a wild ocean. Now his words are staccato, barely audible.

Ellen, my wife, and I find Robert slumped over in a wheelchair, his skin pale as a winter tree. A stranger had parked him in a corner of the recreation room at a rehabilitation facility. His head hangs loose on his shoulders. There is a polyester belt around his waist. A bag of nutrient hangs above his head from an aluminum stand attached to the chair. The clear plastic tube coming out of the bag disappears inside his blue gown.

This is Robert in illness, I think.

I look around and observe a therapist engaging a group of elderly women in calisthenics at the opposite corner of the recreation room. I notice two men, one plodding along with his triple-pronged walker and the other struggling to move his wheelchair across the wooden floor. The walls of the room are filled with warnings: CPR instructions and safety precautions against falls.

We move through the room and position ourselves next to Robert's chair. It doesn't look as if he knows we have arrived, and we are happy for that, bracing for that uncomfortable moment when a friend gripped by illness sees us standing erect and healthy. Robert lost that privilege years ago.

He throws a startled look at us with his half open eyes. His hair has become a lighter gray and the lines in his face have been etched almost to bone. I extend my hand to greet Robert. He offers up one of his own, but the tremor is too strong and he shakes the air. I move closer and give him a hug.

Robert appears happy to see us. He moves his mouth and words seep out like glue. Every syllable is distorted, and the harder he tries the worse it gets. Reflexively, our faces contort. He repeats the sentence one painstaking syllable at a time. I bend toward the chair, placing my ear close to his face. I stare at his lips, hoping I

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have learned the art of lip reading. I haven't.

He knows Parkinson's well. It was an enemy for years, but it afforded him a career and a chance to temporarily ease movements in his patients. Now, he is one of them. In health, Robert was one of the earliest investigators to study L-Dopa for the treatment of this disease, never thinking that one day he would be taking the drug himself. In recent years, he'd swallowed buckets of it. In time, it laughed at his limbs, and he was offered nothing but the chance to swallow yet another worthless pill.

Now, his problems swallowing had led to a serious pneumonia that had settled in his lungs, requiring hospitalization and respiratory support.

I begin to speak, capturing moments at the hospital, on the floors, where he once worked. He seems pleased by the stories. He wriggles in his chair and stares at the floor. He tells us how he struggles with his speech, as if we don't know already. He can no longer hold a pen or type a word. Someone washes his face, scrubs his body, and carefully takes a razor to his cheeks. He is plagued by multiple admissions to hospitals and nursing homes, and now requires nourishment through a PEG tube. "I...hate being...dependent," he says.

When he gets tired of talking, he turns his head, lifts his chin, and gazes out the large window. In the distance there is a flowering magnolia tree. He drifts off. I blather away about the good old days, competitive tennis, dancing the night away at the yearly hospital ball, living it up at his daughter's wedding, attending concerts at Carnegie Hall, a night at the opera, the Tanglewood Music Festival in the Berkshires. But then I realize how unfair it is to tempt him with memories of moments when he was so easy on his feet, not a care in the world.

My wife and I hear piano and turn to see a frail old woman dancing her fingers across the keys.

"Ellen, did I ever tell you that Robert is a pianist and even composed music?"

"No. That's great Robert. You're a man with many talents beside being an accomplished physician," she offers.

"Thhooosss...daayyysssssssss are gone," says Robert. He relaxes into his tremor and tries to smile.

"Come on, Robert, you're not in as bad shape as Stephen Hawking or Jean-Dominique Bauby, the Parisian journalist with locked-in syndrome who wrote his memoir with blinks of his eyes."

He lifts his head so his eyes reach mine. He holds it there, a weight lifter pressing a heavy load. I tell him that it may be possible to beat this thing. We both know better. All he is hoping for now, he says, is the strength to get out of here and have a steak.

*Faizur Chowdhury, MD, is a consultant endocrinologist at Southside Hospital.*



### Man on Bike

SARAH BAYEFESKY

*Sarah Bayefsky is a first-year medical student at the Hofstra North Shore-LIJ School of Medicine.*



**The Taj**

LOUIS POTTERS

NARRATEUR

*Louis Potters, MD, is chairman of radiation medicine in the North Shore-LIJ Health System.*

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## Lucille

Lucille was a woman in her 70s who lived alone in the Bronx. She had locally advanced squamous cancer of the vulva and was in pain all the time.

She was born in the Caribbean to a mother from the Islands and a French father. She had no children and no family to speak of; just an occasional friend who would accompany her to clinic. It was 1982, and I was a first-year fellow in oncology assigned to take care of her.

Although she was beginning to lose weight and appeared to be aging quickly, she didn't have a line or wrinkle on her face, which had delicate high cheekbones and was framed by thick white hair, almost always braided. She had no teeth, but it never stopped her from smiling. She had sparkling hazel eyes.

She spoke English with that lilt of the Islands that sounds so delightful, and she was quick witted, with a ribald sense of humor that would occasionally embarrass me. Her treatment course was long and difficult. It included chemotherapy and radiation, as well as strong analgesics. She never complained and seemed to enjoy the company of her fellow patients when she was hospitalized, which was quite frequently. She developed infections and radiation burns in areas of her perineum that made it difficult for her even to walk.

We saw each other frequently, during her inpatient days and afterwards in my office. She was always interested in how I was doing with my young family and the long hours of work. On one occasion she handed me an envelope with a \$20 bill in it and, despite my awkward objections, insisted that I take it and put it in my lab coat pocket. Her face contorted in mock anger when I tried to return the envelope.

Her aggressive tumor eventually recurred and progressed to involve most of her pelvis and vascular structures. Her femoral artery was invaded by tumor and she started to bleed. At first we could control it locally, but eventually it became obvious the tumor was going to erode into the artery and she would bleed to death. There was nothing we could do to stop the hemorrhage.

I was called to see her. The bleeding had begun to accelerate,

and she became frightened at the sight of blood. A nurse who had worked in hospice suggested we use black towels to cover the bleeding area, which helped relieve Lucille's anxiety.

She became disoriented and started calling me "father." As I held her hand, she started to confess her sins, thinking I was her priest. On her bedside table, I saw a black-and-white picture of her as a young woman during World War II. She was breathtakingly beautiful. It was then I learned she had been a prostitute in England during the war, and she wanted absolution.

She slipped into a coma, and a short time later she died peacefully. I remained by her side. Lucille had given me something far more lasting than the \$20 bill in my pocket. She taught me how to be present with a patient, even after there was no more medicine to give.

*James D'Olimpio, MD, is the director of supportive/palliative oncology and leads the Cancer Pain and Symptom Control Service at North Shore University Hospital. He is also an assistant professor of medicine at the Hofstra North Shore-LIJ School of Medicine.*



## Love Locks

BARBARA HIRSCH

*Barbara Hirsch, MD, is an endocrinologist and partner at North Shore Diabetes and Endocrine Associates and assistant professor of medicine at the Hofstra North Shore-LIJ School of Medicine.*

## Learning by Fire

It was hot. Really hot. And on the fifth floor of the medical building, minutes after we got our scrubs on the first day of our internship, it was even hotter. There was no air conditioning and most windows looked as if they hadn't been opened in decades. A few patients, those whose families could afford it, were lucky enough to have fans to help push the hot air around.

I was drenched underneath my scrubs as the resident walked us through the patients of the day. One in particular taught me lessons that seared my brain. Thirty years later, I remember the moment I set eyes on him.

He had been in the hospital for two months, having been found unconscious outside of a nearby homeless shelter. He was 51 years old, and his loss of awareness followed a drinking binge that had left him with bilateral subdural hematomas. He was brought down the block to our emergency room.

Surgeons performed a bilateral evacuation, and the man was admitted to the surgical intensive care unit. His course was stormy. He suffered osteomyelitis involving first the left and then the right parietal bones of his skull. Several failed courses of antibiotics led to the removal of both parietal bones. That left him with virtually no superior portion of his skull.

When I was introduced to the patient, there were no shared words; he didn't even glance in my direction. Should I have expected something else? He was in a near vegetative state, on triple antibiotics, with high spiking fevers, diabetes, malnutrition, and a host of other issues. And he was now my patient.

I proceeded to examine him. The bed was elevated, and the dark-skinned man appeared tall. A feeding tube trailed down from his nose and was heavily taped to one side of his forehead. He had large "mittens" on both hands, which were restrained to keep him from spontaneously jerking out his feeding tube and central line. Drooping eyes wandered like loose wires in a storm. He was drooling onto his chest, which was caved in like an abandoned building that had long ago been stripped of anything worth stealing. His skin was covered with ugly lesions. The resident said they were the result of septic emboli from the recent central line infections. There

was a Foley catheter taped to the inside of his atrophied right leg. The Foley and the leg were hanging off the edge of the bed, over the guardrail.

I looked at his head. It seemed smaller than it should be – a balloon losing its air. His forehead abruptly flattened out on his face and his hair stretched over the rest of his head, slick and matted from front to back. His hair was tight, short, and curly. He had no visible scars. The resident said: "Feel his scalp." I leaned in gently and pressed two fingers on his head. My hand sank right through his hair, and I felt it reach beneath the surface of his brain. I feared I might lose my breakfast, but I kept my fingers moving deeper, down into a darkened space. I touched gyri and sulci. It felt like pudding. I kept wondering if my heart would just stop beating, so flustered was I by the horror of it all. I thought, The guy has no skull! Then, it dawned on me that my touching him in this most sacred human space might have left him in worse shape than when I walked into the room a few minutes ago.

The resident peered over at me. Was that a smirk on his face? "Good luck taking care of him," he said. Before he walked out of the room, he added: "You have a lot of other patients, so focus on those that you can help."

Over the next 12 weeks, I took care of scores of patients, but no one came close to igniting a fire in me the way this unconscious man did. Why was he still alive? Why did bad things like this happen? Was I supposed to save him? For what? For whom? How did his life get to this point? Where was his family? He was someone's son, and there was a chance that he was someone's father or husband. I am sure he had some friends in his life. I kept these questions in my mind every day that I went into his room and delivered care. No matter what I did, things went from bad to worse. Every day brought a new complication. He wasn't moving, yet he exhausted me. I began to question how anyone (me, not him) could work this hard for the rest of his life.

At the end of my 12 weeks, I was glad to be moving to another service. My patient had finally stabilized. The infections were under control. He was able to blink out simple answers, like yes

and no. His hair had grown over the unprotected hole in his head. This situation, quite frankly, was nothing short of a horrible passage from *Frankenstein*.

After eight months of interning, I was finishing my rounds. The weather was now cool, thankfully. I was leaving the hospital, headed for the parking lot. It was dusk. People were finishing work or having dinner and car lights were coming on. Nearby, a car started honking. At first, I didn't pay much attention. But it honked again, and the glare of lights was heading straight for me. I jumped out of the way and glared in the direction of the car. I suspected a drunk driver. There were two people in the car, and the driver was yelling. At me.

"Hey, doc! Hey, doc!" the enthusiastic voice barked. "Come here, doc! Come here!" I froze. Part of me knew it wasn't the brightest thing to do. But something told me to inch forward, in the direction of the voice. I ducked my head and saw that the driver was smiling, wide as a plate. He seemed to know me.

I could see another man in the passenger seat. He was wearing an old-style leather football helmet. He must have hit 275 pounds on the scale this morning, I thought. He was squeezed into the seat. His lips turned up, with effort.

"It's Wally! You remember Wally!" the driver yelled. The guy was trying to smile. Then, I noticed the eyes. It was my patient, Wallace Brumfield, wearing that old helmet to protect his exposed brain. He clearly had packed on pounds. And he was with someone, which meant that I was right. He did have friends or family.

The driver was his brother, and he was now Wally's guardian and maybe his protector and best friend. For sure, he had not given up on Wally, and I guess he recognized that I was the guy who hadn't, either.

I know now that had I not almost been run over by Wally's brother, I would never have known what lessons he had taught me. I didn't give up, and I didn't play God, either. (It was way too early in my training to even think I could.) Also, I learned that my role in a patient's life is fleeting. That no matter how dire things look at one moment, there may be other moments that are not as bad. And that everyone is connected to someone, somehow.

## History Lesson

The lines on my body tell many a story.  
My face has few and won't give them away.  
Two, neatly tucked above a brow  
and circling a nipple, were skillfully done.

Seven on my limbs have grown wider  
though their color, like the memories, has faded.  
A huge dawn sun eclipsed the OR lights  
before the sickly sweet of ether.

The tinkling of thermometers in shot glasses.  
Was there pain?

Hidden and most awful  
the one that courses down my body like a seam in a featherbed.  
The years of pain molded and stunted me – cerebral, detached  
from sensuality. Finally an explosion.

My life has been divided so atypically: first ill, then well.  
The latest lines, a fine blue map on my thighs,  
are born of bearing you, my girl,  
and what it was all for.

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**i.c.U.**

Her surgery was  
rumored to have  
gone quite well but  
You  
would never know that now.  
Well, You would.  
You and You alone.

How shall we account for how  
delicate we really are  
the secret storms that may besiege us  
even with the best of care  
the microscopic mysteries  
teensy tripped switches  
ghastly systemic cascades descending  
one upon another

How shall we prepare for  
Pachinko possibilities  
Not a one among us can  
ever be that smart

I sat with her family  
for one brief lull but  
there was only one and  
even to someone like me it seemed  
there were no more coming  
there was no more sitting just  
standing now, a stiff tangle of  
grief-stricken stick figures  
impaled on hairpin  
waves on the screens and  
a swarm of people working on her  
doggedly, late on a Sunday evening  
to exhaustion, on stepstools  
the doctor in charge calling orders in a

tone so even, so measured that  
it was almost pleasant.  
A consummate professional  
immovable from his place  
at the helm by her feet  
seasoned and determined –  
I did not see his feet shift once.

The captain over there, a chaplain  
intern over here  
I worked on her at a distance  
I worked on her and everyone there  
on the circumference of that  
mob and the  
medical debris at my feet  
I invoked You, to serve You  
How may You direct my call?

Through a crevice in the curtain at this  
odd hour  
I saw her surgeon in a sports coat.  
His heart was in his mouth.  
I know because  
he had it clamped there  
held with one skilled hand.

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## Rays of Light and Hope

LORY DIAZ

NARRATEUR

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ISSUE TWO 2013

# Submissions

*Narrateur: Reflections on Caring* is published by the North Shore-LIJ Health System and the Hofstra North Shore-LIJ School of Medicine. The medical journal seeks to publish high-quality work that reflects experiences in the practice of medicine and the learning that takes place along the road to taking care of patients. Themes should include health, illness, caring, and expressions of the human condition. The submissions are not intended to contain opinion or advocacy editorials. The journal will publish once a year.

Submissions are open to Hofstra North Shore-LIJ School of Medicine students, faculty, and staff as well as employees of the North Shore-LIJ Health System and Hofstra University. For more information on submission guidelines visit our web site at [www.narrateur.org](http://www.narrateur.org).



A special thanks to Alice Fornari and the Narrative Medicine Working Group. Deep appreciation to Terry Lynam for his friendship and continued support.





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