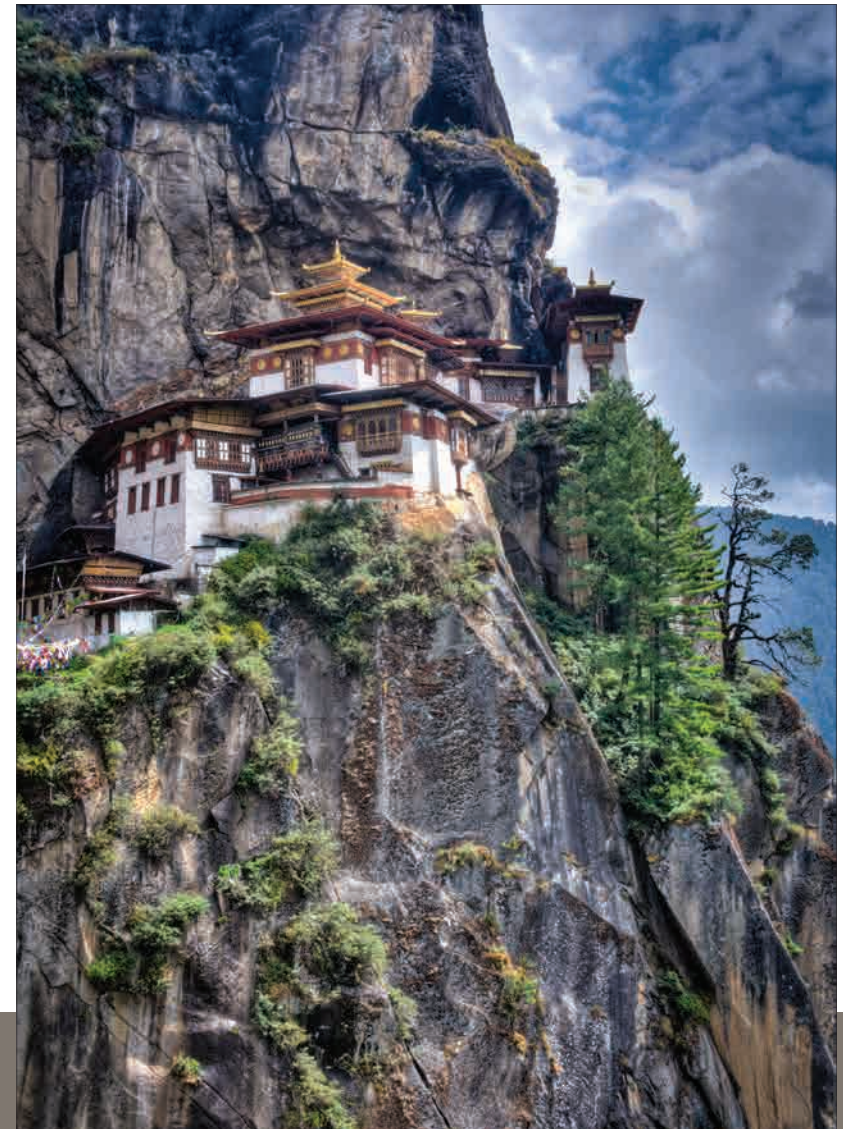


# Narrateur

REFLECTIONS ON CARING



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

ISSUE FOUR 2015

Narrateur

HOFSTRA NORTH SHORE-LIJ  
SCHOOL OF MEDICINE

ART & LITERARY REVIEW

ISSUE FOUR 2015



HOFSTRA NORTH SHORE-LIJ  
SCHOOL of MEDICINE™



# Narrateur

REFLECTIONS ON CARING

## EDITORIAL STAFF

---

Jamie Talan  
Robert E. Keane  
Benny Chen  
Wayne McLean  
Thea Welch

Editor-in-Chief  
Managing Editor  
Managing Editor (SOM)  
Print Designer  
Copy Editor

## EDITORIAL ADVISORY BOARD

---

### ART

Jolanta Barbara Norelli (SOM)  
Crystal Kyaw (SOM)  
Lindsay Wood (SOM)  
Beth Levinthal

### POETRY

Phillis Levin  
Dawn McGuire, MD  
Richard Bronson, MD  
Brittany Davis (SOM)  
Daniel Ohngemach (SOM)  
Stephen Dunn

### NONFICTION

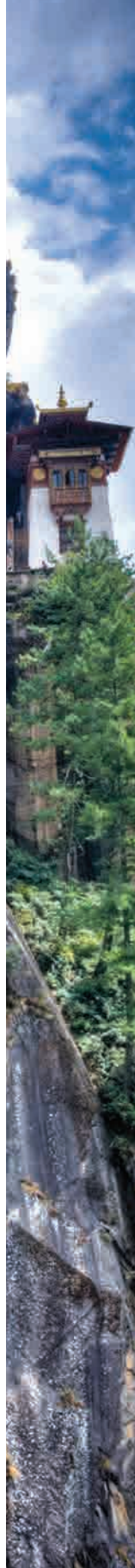
Justin Rosati (SOM)  
Christina Scelfo (SOM)  
Patricia Stanley  
Tamar Harel (SOM)  
Mustafa H. Ghanem (SOM)

### PHOTOGRAPHY

Adam Cooper  
Benjamin Stuart (SOM)  
Hillel Dlugacz  
Barbara Hirsch, MD  
David A. Marcus, MD  
Amy Cooper (SOM)

### FICTION

Michael B. Grosso, MD  
Elaine L. Smith, EdD, RN  
Daniel Bulanowski (SOM)  
Lisa Roth, MD



# Table of Contents

## ART

---

20	The Commute	<i>Marina Kushnirsky</i>
26	Sixties Imagination	<i>Jolanta Barbara Norelli</i>
29	Carnival	<i>Carla Podgurecki</i>
41	Heart	<i>Benjamin Stuart</i>
46	Birds and Beach	<i>Raisa Yeger-Arbitman</i>
68	The Bridge	<i>David J. Chalif</i>
73	Her Healing Nature	<i>Andrea M. Tufano</i>
92	What Do You Call a Fish Without an Eye?	<i>Benny Chen</i>

## PHOTOGRAPHY

---

7	Broken Sunset	<i>Benjamin Stuart</i>
9	An October Surprise	<i>Jacquelyn Nestor</i>
13	Sunset Over Lake Como	<i>Alice Fornari</i>
14	Catalina Bison	<i>Mustafa H. Ghanem</i>
25	Private Ward	<i>Cristina Costales</i>
34	Gone the Sun	<i>Amy Cooper</i>
39	Umbilicus	<i>David A. Marcus</i>
42	Turkish Ruins	<i>MaryBeth Wright</i>
51	Leopard	<i>Matthew Katz</i>
54	A Healing Place	<i>Madeline Richez</i>
59	Fractal Fern Standing	<i>Zerryl Bernard</i>
60	Morocco	<i>Jana Galan</i>
74	North and South Spectacles	<i>Andrew Ng</i>
77	Taking Flight	<i>Andrew W. Menzin</i>
82	Approaching Storm	<i>Marc Symons</i>
88	Tranquility	<i>Venice VanHuse</i>
95	No Title	<i>Brandon Alba</i>

96	Durable Beauty	<i>Edmund Miller</i>
102	North by Northwest	<i>Kayla Hackman</i>
111	Life Up High	<i>Maria Ruggieri</i>
117	The Old Way	<i>Tyler Lopachin</i>
123	Bermuda Rock	<i>Adam Cooper</i>

## FICTION

---

8	Who Am I?	<i>Jane M. Wickey</i>
47	The Dying Saint of Seven North	<i>Bruce Hirsch</i>
62	The Visit	<i>Michael B. Grosso</i>
84	What Would You Do?	<i>Daniel Kennelly</i>

## NONFICTION

---

6	Lessons Learned	<i>Alexander J. Blood</i>
12	Five-Minute Conversation	<i>Amrita Balgobind</i>
18	Reflection	<i>Benny Chen</i>
22	Omar	<i>Daniel Bulanowski</i>
27	Labor and Delivery	<i>Shiqian Chinoy Li</i>
30	The Retaining Wall	<i>Jessica Byrne</i>
36	Naweed	<i>Razia Jayman-Aristide</i>
40	Just Breathe	<i>Nicole Giammarinaro</i>
44	A Letter to George	<i>Yashodhara Kirtane</i>
46	A New Day	<i>Ekjot Grewal</i>
52	I Am a Nurse, I Am a Sister	<i>Angelica G. Mateo</i>
55	Robot in the OR	<i>Christopher Hartman</i>
69	A Skipped Beat	<i>Akeem Marsh</i>
76	Gratitude	<i>Deepa Ramadurai</i>
78	The Half-Man	<i>Kristoffer Strauss</i>

89	The Poison	Heidi Mandel
94	Baby Love	Michael Lettera
98	Here We Go Again	Kelly Fiore
100	Mary	Debbie Sullivan
103	Out in the Cold	Lindsay Wood
106	The Cardiologist	Mustafa H. Ghanem
108	Lessons from My Dad	Samantha Undari-Schwartz
112	Under the Knife	Christopher Waldvogel
118	Dadima	Anjali Narayan

## POETRY

---

10	RVU	Joseph S. Cervia
11	Identity Theft	Jane V. Perr
16	Powerless	Alyssa Rothman
21	Nanny	Frances Avnet
28	Amputee	Joseph Chilman
43	River Running	Jean O'Connor
72	The Deepest Cut	Brittany Davis
74	Jeanne	Jill Maura Rabin
93	New Year	Kathleen Leary

### **Front Cover:** Tiger's Nest Monastery

Alan Sloyer

*Alan Sloyer, MD, is a gastroenterologist and clinical attending physician at North Shore University Hospital. His camera has been to more than sixty-five countries and his photos have been published in the New England Journal of Medicine.*

### **Back Cover:** Skull and Pestle

Will Patten

*Will Patten is a second-year medical student at the Hofstra North Shore-LIJ School of Medicine.*

## Coming Together

I'm excited! In the fall of 2014 we began working our way through 110 submissions, staring at photos, marveling at art and puzzling over poems. There were stories that were publication ready and others that needed work. People were willing to rethink and reshape and rewrite. Our small staff has pored over every page to catch the errant typo. We gazed at photos, marveled at art, began to understand the poems and read and reread stories that are triumphant and truly touching. Then, our designer thoughtfully laid out the sixty-nine submissions picked for *Narrateur 2015*.

I am deeply grateful to all of the students who have shared their lessons learned, in the trenches of patient care, and on the battlegrounds of their own lives, participating in the care of loved ones; to the doctors, nurses, social workers, clergy, secretaries and others throughout the North Shore-LIJ Health System, the Hofstra North Shore-LIJ School of Medicine and Hofstra University who knew they had a story worth telling and took the chance. You should be proud.

Thank you. As we celebrate all of the milestones that now bring us to Graduation Day and the fourth year of our art and literary journal, it is time to say goodbye and good luck to our first class of SOM graduates. May your stories be insightful and may your compassion never wane.

LAWRENCE G. SMITH, MD, MACP

Dean, Hofstra North Shore-LIJ School of Medicine

Executive Vice President and Physician-in-Chief, North Shore-LIJ Health System

## From the Editor-in-Chief

In this issue of *Narrateur: Reflections on Caring* there are stories and poems that I have read at least four times and still I am awed by the depth, honesty and compassion of the storytellers. There are photos that make me smile after gazing at them a dozen times. There is artwork I visualize hanging on my walls. This issue is a beauty.

Of course, every publication has its own backstory. Some submissions had a hint of something that I thought was profound, and I made a phone call and asked for more. I worked closely with people who had important things to say but didn't quite know how to say them. The stories that I listened to, and the ones that finally made it into the fourth issue of *Narrateur*, resonate in my heart.

There is power in voice. In telling these stories we give power to the relationship between health care practitioners and the people who come into their lives as patients, when they are most vulnerable. You will read stories by people who lost a father, a baby, a cousin. You will read stories and poems by people who triumphed over their battles with disease.

These are stories, poems, photography and artwork with bountiful lessons from the practice of medicine. And this is one lesson: Tell the story and you will begin to heal. Share your voice and it will become the voice of others.

JAMIE TALAN, MPH

## Lessons Learned

**M**akes Decisions. *That's what an advisor and close friend told me that the MD after my name will really stand for once I earn the title. Even after years of study and preparation, it is daunting. An innovative curriculum with early clinical exposure helped to ease the transition; however, as prepared as I am, I don't think I've been more scared of a date than I am of July 1. This day marks the next step in a lifelong quest for knowledge, skills and understanding that will ultimately be used to heal.*

6

*Looking back on my journey through medical school, paving the way as part of an inaugural class, I'm amazed at how the four years have felt like both an eternity and an instant, that all of the hours in the classroom, in the anatomy lab, in the clinic and on the wards have not only given us knowledge but shaped and molded how we think. As much information as we have added to our repertoire, I believe that becoming a doctor is more about personal transformation than it is about ability. We take on a responsibility as the shepherds of the patients whom we strive to help. Amidst the challenges that lie ahead of us, I hope not to forget the great possibilities afforded to us by the sacrifices of others. Our teachers, our families, our friends, our colleagues and our patients are all affected by our practice.*

*Alexander J. Blood is a fourth-year medical student at the Hofstra North Shore-LIJ School of Medicine and will be graduating in May 2015 with the inaugural class.*



## Broken Sunset

BENJAMIN STUART

*Benjamin Stuart is a second-year medical student at the Hofstra North Shore-LIJ School of Medicine. His work has been featured at the Fisher Museum of Art in Los Angeles and on the Ontario Ministry of the Environment web site.*

## Who Am I?

I am up before the sun, staggering through the house, hoping I don't wake anyone. In an effort to shake off the cobwebs, I step into the shower and ask myself, "Who am I today?" And then I remember – my name is Anna Miles. I'm fifty-four. And I am dying.

My husband works on the loading dock at our local grocery store and has for thirty-five years. I've been a secretary at an elementary school for thirty years. We don't make much money, but we get by. We dream of retiring and traveling to Italy. Doesn't everyone? Our children, Robert and Melissa, are grown and live nearby...that's a blessing. Our first grandchild is on the way. I think it's a girl. Everyone else says boy. But they're wrong. My parents are both dead; Dad in an auto accident when I was fifteen, Mom from too much alcohol. Cirrhosis of the liver they called it. There's a lot more to learn about me. All you need do is ask.

Today, twenty students must tell me I have stage IV pancreatic cancer. Some will hold my hand, and others may offer me a tissue as I try and comprehend the news. A few may forget to prepare me and struggle with my emotional response. That's okay. I understand. It's not easy for either of us.

I'm not a "crier" by nature, but today will be different. Someone close to me lived through this experience. We cried a lot back then. I'll remember that over and over today.

Tomorrow everything will be different. Tomorrow, my name is Mary Waters. I am seventy years old. But I won't remember any of that. I won't remember the names of my children. I will be confused and afraid and I'll wear mismatched shoes. I was found wandering the streets. Someone called the paramedics and they brought me to the ER. Nothing is familiar.

My mother suffered like this. We lost her even before she died. That memory will haunt me all day tomorrow as one student after another will learn from my behavior and the few responses I can give to their questions.

Last week, as Valerie Adams, age sixty-three, I had a stroke. I remember thinking how frightening it must be to have no voice, hearing only the sounds around you that connect to nothing. Then someone touched my hand and in that moment I knew I wasn't alone.

I don't know who I will be next month, and it doesn't really matter. Every day is different. Every patient has a story, a fear, a dream. And every patient could be you or me. So, I do this for all those who will be touched by the students I serve, the patients they will tend. I do this for you. I gladly "gown up" and welcome the questions, the hands. It is my honor.

*Jane M. Wickey is director of the Clinical Skills Center at the North Shore-LIJ Health System's Center for Learning and Innovation. The Clinical Skills Center provides standardized patient encounters for medical students at the Hofstra-North Shore LIJ School of Medicine as well as for multiple programs throughout the health system.*



## **An October Surprise**

JACQUELYN NESTOR

*Jacquelyn Nestor is a third-year student in the MD/PhD program at the Hofstra North Shore-LIJ School of Medicine. She conducts research on neuropsychiatric symptoms in patients with lupus at the Feinstein Institute for Medical Research.*

## RVU

Half a century and more past,  
In one small city clinic  
Sat two women who  
Silently wept.

One barely 21,  
One easily twice that;  
One unmarried with child,  
One married a decade, childless, miscarried.

One gifted healer,  
Caring for all,  
Bound them together,  
Saving lives...making a difference.

Half a century and more past,  
In one small city clinic,  
One life saved.

What is the relative value?

*Joseph S. Cervia, MD, is a clinical professor of medicine and pediatrics at the Hofstra North Shore-LIJ School of Medicine, and the regional medical director of HealthCare Partners.*

## Identity Theft

How does it start,  
The subversion, the stealth takeover,  
The recruitment of blood, bone and brain  
To serve a different master?

Sentinels blinded collaborate with  
The intruder, fomenting a rebellion  
Of riotous expansion  
Against the covenant of orderly growth,  
The individual subordinated to the whole.  
Escaping from the rabble,  
Mutinous cells scuttle along vessel walls,  
Invading distant vital centers.

Husbands turn into widowers,  
Children into orphans,  
Lovers into memories,  
Ordinary men and women into survivors.

*Jane V. Perr, MD, is a staff psychiatrist at the Advantage Care Diagnostic and Treatment Center, an affiliate of the North Shore-LIJ Health System, and is an adjunct in the Departments of Psychiatry at Zucker Hillside Hospital and North Shore University Hospital in Manhasset.*

## Five-Minute Conversation

We are born. We live. We die. It is a path that all humans follow regardless of gender, race or socioeconomic status. It may not be something we consciously consider every day, but certain experiences we have, or people we encounter, can propel us to contemplate the course of life.

“Looks like we have one more patient,” my ICE surgery preceptor said one busy afternoon, glancing at the long list on his clipboard.

We walked into the examination room together to find an elderly woman sitting there waiting for us. She smiled graciously, intently listening as we introduced ourselves. Then, before another word was spoken, there was a knock on the door. A nurse peered into the room and said, “Excuse me, doctor, but there is an urgent call for you.” My preceptor got up and left the room.

Alone with the patient, I decided to make conversation to pass the time. “How are you doing today?”

From that simple question, I gathered a plethora of information. She proudly told me that she was ninety years old and had two older sisters, also in their nineties. She told me about her sisters, her children and grandchildren, and she reminisced about her youth.

She was frail, used a walker, and her skin was weathered with age. She carried herself with a quiet demeanor that might be mistaken for weakness, but she spoke with more energy and exuberance than many people much younger. During our talk it became clear to me that she had led a rich life filled with happiness, complexity and love. A goal for us all.

I was reminded of something I once read about the Dalai Lama. When he was asked what surprised him most about humanity, he answered: “Man. Because he sacrifices his health in order to make money. Then he sacrifices his money in order to recover his health. And then he is so anxious about the future that he does not enjoy the present; the result being that he does not live in the present or the future; he lives as if he is never going to die, and then dies never having lived.”

As a medical student, I find myself confronted with the idea of illness and suffering through the interactions I have with patients.

This has led me to contemplate the course of human life. Although it may be a difficult feat, I have learned that it is important to enjoy life and to savor the experiences we have.

The five-minute conversation I had with this patient was a revelation and something I will likely remember for a long time. She showed me the importance of attempting to live each day with enthusiasm and purpose, and the joy that can come from those efforts.

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



## Sunset Over Lake Como

ALICE FORNARI



*Alice Fornari, EdD, RD, is director of faculty development and associate professor of science education, population health and family medicine for the North Shore-LIJ Health System. She is also associate dean of educational skills development at the Hofstra North Shore-LIJ School of Medicine and principal investigator of the Arnold P. Gold Mentoring and Professionalism in Training (MAP-IT) Program.*



## **Catalina Bison**

MUSTAFA H. GHANEM

NARRATEUR



*Mustafa H. Ghanem is a first-year medical student in the MD/PhD program at the Hofstra North Shore-LIJ School of Medicine.*

## Powerless

“He is beyond the help of human aid”  
 He quoted from the big book  
 He stared directly at me as he spoke  
 And that one line was all it took

All it took for me to really feel  
 The place he was coming from  
 The deep, dark horror stories of his past  
 Now here to show how far he’d come

This Saturday night AA meeting  
 Had hit my emotions hard  
 But it was what he said next  
 That really caught me off guard

“You are powerless”  
 He said to my determined face  
 “A doctor cannot help someone like me”  
 He continued to make his case

Beyond the help of human aid  
 Means my years of training will have no effect  
 This idea was unsettling to me  
 A concept I wanted to reject

How would I not be able to help?  
 Helping was the point of my education  
 He went on to explain himself  
 Evidently sensing my frustration

“Alcoholism is an illness  
But one that cannot be cured”  
The recovery process is a journey  
In which doctors have a role, he assured

Doctors can learn to understand  
What the twelve steps aim to do  
But it is not we who cause the change  
It is He who must see the steps through

“Turn our will and our lives over to the care of God”  
He read aloud step number three  
He recited step number seven as well  
Insisting, “You cannot do these things for me”

He thanked me for coming to AA  
And seeking out where alcoholics are found  
But it is I who should thank him  
For teaching me something so profound

I must accept  
That medicine and science will not always win  
In trust, understanding, patience and love  
My responsibilities begin

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

## Reflection

In 2010, I transitioned from “young working professional” to “unemployed climbing bum.”

It was a life that I had dreamed of for years – spending my days climbing distant peaks, proving my mettle against towering granite with no responsibility, no schedule and no lease. I had the freedom of the road, and around every turn, adventure beckoned. I could chase the siren song of the mountains and drink from rivers fed by snowmelt. I could sleep under the stars and awaken to the clatter of elk. Sunrise and sunset were my clocks, and I savored the freedom to pursue something that I loved. And yet, I felt empty.

It was an entirely selfish pursuit: I woke up each day and lived my dream but contributed nothing to anyone else. That seed of awareness germinated and grew into a gnawing uneasiness. As I tucked myself into the warmth of a sleeping bag at night, I questioned: What did I contribute to the world today? What difference did I make?

I was answered only by the deafening silence of the slumbering landscape.

It was a strange feeling. I was doing just what I knew I wanted to do with my life, only to realize that the dream was empty, flat, meaningless. So what now? I wondered.

Again, only silence.

I had to make a change. I needed to find my life’s work that meant something and contributed in some small way, at least, toward the repayment of all that I had been given.

There is an uneasiness that comes with change. This change would take time, it would take me far from my beloved mountains and, eventually, it would take me back to academia.

It was strange to find myself at a desk once again, mired in homework, listening to lectures, finishing assigned readings. Change was what I wanted, but I was woefully unprepared for it. Having been independent for so long, I struggled with the possibility of failure. Like a duck on a pond, I appeared to be gliding while beneath the surface I was paddling furiously, slowly becoming overwhelmed.

Being a student in medical school was unlike anything I had ever experienced; it required a painfully steep growth curve to simply hold on. I struggled to establish systems and methods that I ultimately abandoned. I chafed against the sudden loss of freedom and autonomy, and I was conflicted by the feeling I should be studying more, doing more, learning more. Most of all, I struggled with asking for help.

Then I found my secret weapon – I gave up.

Giving up has been the greatest blessing. Rather than overcorrecting, rather than maintaining the pretense that I am good and that I understand everything, rather than putting up defenses, I have simply given up.

I have stopped trying to batten down the hatches. If there are no walls, there is nothing to be overwhelmed by. There is no scurrying and scrambling to patch and bolster. There is no more chasing after the impossible, no twisted game of whack-a-mole with soul and ego. I am open.

Now hold on, hold on. Before you scramble to question my sanity or my commitment, I merely mean that I have given up my personal, internal struggle. Asking for help is second nature now. I ask for it immediately. I assume I do not know everything. The little I believe I understand is nothing in the grand scheme of things. And here, in the unlikeliest of moments, I find myself back in the mountains, a tiny speck, slowly moving upward, reaching for shrouded peaks. I am home.

I am open. I am bare. I am ready. Do your worst and I shall come out of the crucible a better man, a better physician.

*Benny Chen is a third-year medical student at the Hofstra North Shore-LIJ School of Medicine.*



## The Commute

MARINA KUSHNIRSKY

*Marina Kushnirsky is a second-year medical student at the Hofstra North Shore-LIJ School of Medicine. The piece was inspired by the universal commute. If one stops to think about it, she says, "Every person we pass has a story. There is beauty in the common sights and sounds of our commute."*

NARRATEUR

## Nanny

When I was a teenager  
You remembered the past,  
but not the present.  
They called it senility.  
Because of you  
I began to think what I would remember  
when the past would be all I have.  
Because of you I've  
snorkeled in Iceland,  
kissed the Blarney Stone,  
petted a stingray,  
lunched on the Champs-Élysées,  
mule-trained down the Grand Canyon.  
I've become a pirate,  
Written this poem.

*Frances Avnet's poetry has been published in The Arts Scene, Creations, Narrateur and Bards Annual 2013 and 2014. She is an executive secretary at the Maurice A. Deane School of Law.*

## Omar

“He did what?” I abruptly stopped thumbing through the massive chart sitting on the table in front of me and shot a confused look at my attending. “Yeah, he sold his last wound VAC on eBay,” she repeated nonchalantly, as if saying it again would make it more believable.

I first met Omar on a humid day in early July. For some reason, I knew exactly who he was when I opened the door from the stairwell onto the sixth floor and saw him sitting outside his room. I kept my head down and avoided eye contact as I headed toward the nursing station to get a bit more information about a patient who, by all accounts, hadn’t been the easiest to care for.

The only thing I really knew was that he had been refusing his antibiotics. Scanning the notes left by the various teams following him, I picked up snatches of information, like *here for over 100 days, recently discharged for sepsis, complicated hospital course, chronic decubitus ulcers and osteomyelitis, continue wound care and PT*.

Intermittently, I glanced up at Omar, trying to make sure he didn’t notice. He was a powerful-looking black man sitting in a wheelchair outside his room and talking with a friend or relative. He was dressed in a beige T-shirt, sweatpants and high-top Nikes. Long, graying dreadlocks peeked out from under his hat.

I closed the chart and went to find his nurse, who confirmed much of what I had read. She then paged the primary team following Omar, just so I was sure I understood what I was going over there to discuss with him. On the phone, the attending said that the patient had started refusing the antibiotics about two weeks ago and occasionally refused acetaminophen when he spiked fevers. Her question was what we could do if he continued refusing. She said he had fired several of the wound-care specialists who had worked with him and only let certain nurses, those he considered competent, participate in his care.

As much as we knew that these antibiotics would help him, as a patient he had every right to forgo treatment, especially if he had been deemed competent to make this decision. I told the attending I’d see what I could do to help and hung up. By this time, Omar had moved down to the end of the hall near the window. I walked over to meet him.

“Omar?” I asked politely.

He turned from his conversation with his companion and eyed me suspiciously. “Yeah. Who are you?”

I attempted to explain that I was a fourth-year medical student from medical ethics working with the primary team to try to understand why he hadn’t been taking his antibiotics and to see if we could come up with a plan everyone could agree on moving forward.

Maybe it was that I was dressed in a white coat, or that the top button of my shirt was undone. Maybe it was that I was still sweating a bit from the July heat outdoors. Or maybe I had stumbled over my words and he had guessed that it was my first day rotating with the service. Whatever it was, Omar came right back with, “So are you with psychiatry? Because I don’t want to talk to you right now.”

His phone rang and he answered. Knowing full well that this conversation wasn’t likely to yield any good information, I attempted to tactfully excuse myself and said I’d come back later. By then, I hoped, I would come up with a different way of phrasing my reason for being there.

Quickly shifting his focus from his phone to me, Omar said, “No. I don’t want to talk to you later.”

Defeated – and on my first day! – I walked back to the nursing station ready to write him off, as I’m sure so many health care providers had done in the past. I sat down again in front of the chart and opened it to appear busy. His nurse came back over and asked me how it went, to which I glumly responded, “Difficult.”

It was then that my attending came up to the floor to see what I had gleaned from my interaction with Omar. She knew his basic story from what the primary team had told her. I provided some of the salient details from the chart, like the fact that he was paralyzed below T10, the result of an accident when he was maybe twenty-one years old, and had been wheelchair bound ever since, and that he had been in and out of the hospital for these wounds for the past thirty-some years, his most recent discharge coming just a week before his current admission.

When she asked how the conversation went, all I could muster was that same word: “Difficult.” I went on to explain that Omar didn’t want to talk with me later and wished her better luck. She left

me to start writing up a consult with the little information I had and went over to talk with Omar herself.

Sitting there, I had no idea how she could possibly get any information from this man. I half expected her to come back in a few minutes having had the same result. I was still paging through the chart and finishing up my analysis an hour later when she came back to tell me that Omar had sold his last wound VAC on eBay and to say – much to my surprise – that they had decided to restart the antibiotics he had been on during his last admission.

I saw Omar two days later because he wanted my attending to see how his wounds looked. As soon as he recognized me, he started laughing. “Oh no,” he said, perhaps thinking he was about to get in trouble for not speaking with me. “Don’t worry about it,” I said, “I completely get it.”

What I got was that Omar was someone you needed to build trust with before he wanted to have a conversation with you about his health. He knew exactly how dangerous and potentially lethal his infections were, and he was worried that this hospital stay could be his last. He knew something was different about his wound this time, and he also didn’t like the way his body had reacted to the current antibiotic regimen. What it came down to was, all he wanted was to get out of the hospital and go home.

We watched as the physical therapists changed his dressings, which took nearly two hours, and I saw how deeply involved in the process Omar was. And I learned much more about Omar. Not Omar the patient, but Omar the person. We heard him tell stories about his childhood growing up in the Caribbean and what it was like coming to America when he was a teenager. We learned about how he fell in with the wrong crowd and how he now acts as a mentor to the young kids in his neighborhood. We even heard what he was going to do when he won the lottery.

Standing there, I realized that all he wanted was for someone to listen. But he needed the right person to hear his story.

*Daniel Bulanowski is a fourth-year medical student at the Hofstra North Shore-LIJ School of Medicine. He will graduate with the inaugural class in May 2015.*



## Private Ward

CRISTINA COSTALES

*Cristina Costales is a fourth-year medical student at the Hofstra North Shore-LIJ School of Medicine. She will graduate with the inaugural class in May 2015. This photo was taken in the private ward of Kisoro District Hospital, Uganda, where she did a two-month internal medicine rotation. All other wards in the hospital consisted of large open rooms crowded with hospital beds and absolutely no privacy. The cost of a room on the private ward was a little more than \$10 per night, but for most of the patient population at KDH this would be an impossible expenditure. The ward was empty on most days.*



## Sixties Imagination

JOLANTA BARBARA NORELLI

*Jolanta Barbara Norelli is a third-year student in the MD/PhD program at the Hofstra North Shore-LIJ School of Medicine who is currently pursuing a PhD in regenerative medicine. She is a founder of the Art and Medicine Club. Her paintings and photographs have been featured in galleries in Brooklyn and upstate New York. The inspiration for this piece was combining the traditional complementary colors. It was completed with color markers in 2015. Drawing repetitive patterns helps Ms. Norelli concentrate and relax; she will use this technique after a long, stressful day or in preparation for writing journal articles.*

NARRATEUR

## Labor and Delivery

It was the morning of my last day of my labor and delivery rotation, and I was looking forward to an easy time.

An intern asked if I could remove staples for two patients who had recently had C-sections and were scheduled to go home. I had only removed staples by myself once, but I remembered that it wasn't difficult. "Sure," I said. I went into the room, introduced myself by name and rank as a medical student and told the mother that I was there to take out her staples. "Great," she said, putting her new son into the padded cart by her bed.

I had almost finished putting the last Steri-Strip onto her incision when we realized that her son had not made any sounds for a couple of minutes or so. We looked over at the cart. The boy was a violent shade of blue. There was thick liquid spurting from his mouth. His mother screamed. She sobbed. My stomach fell to my knees.

Maybe I had done something or not done something and now the baby was dead, I thought. I ran to the wall and picked up the phone. I hit what I thought was the code button but it was a light. My panic increased. The mother was wailing now and screaming.

I opened the door into the hallway. Some nurses had heard her screams and were running toward the sounds. "Help me! The baby isn't breathing!" I said. A nurse grabbed the infant, rushed him to an observation area and started to pat him on the back. She was ready to suction if necessary. Other nurses were in the room, trying to reassure the mother.

I headed toward the baby. He had already started to regain his color and was coughing up a milky fluid. He quickly regained a normal O<sub>2</sub> saturation. The mother joined us. The nurse assured her that he was going to be fine.

Two images remain with me when I think back to that moment. The first is seeing the child blue and thinking, "What have I done?" The second is seeing the mother later in the day, standing in the hallway of the observation area. She was staring at her child, crying.

*Shiqian Chinoy Li is a third-year medical student at the Hofstra North Shore-LIJ School of Medicine. He grew up in California and attended UCSD for his undergraduate studies. He really wishes that babies came with instruction manuals.*

## Amputee

The car next to mine reflects  
the curvature of my arm  
as it dangles  
out the window –  
smoke billowing up  
from the cigarette between  
my dry fingers – as it had  
in the unfinished cellar  
beneath her,  
making the cement walls  
boil with ochre.

My arm, as in a funhouse  
mirror, is perverted now,  
cut short against the topography  
of the other car;  
wrist bones and knuckles  
transverse onto sunken planets  
that circle impossible stars –  
just as her feet and ankles  
were placed  
in small cardboard boxes  
marked “medical” and taken  
to labs in other states,  
other zones.

My stub meets itself  
at its center, the folds of skin  
arching inward – smoke  
no longer there, though the nose  
catches vespers of it wafting  
through the main console –  
inward, where the stitches hold  
the pieces together, as they  
did on the bottom of her  
legs — bilaterals meaning  
nothing within the prosthetics,  
something within this reflection.

*Joseph Chilman is a tutor in the Hofstra University  
Writing Center. He is also in the adjunct pool of  
Hofstra's English Department.*



## Carnival

CARLA PODGURECKI

*Carla Podgurecki, MD, is a third-year family medicine resident at Glen Cove Hospital.*

## The Retaining Wall

The alarm clock wakes me with Tim McGraw singing, “I went sky diving, I went Rocky Mountain climbing...” I smile as I slide my legs out of my warm bed, stretching my feet and ankles before hitting the floor. Sleepily, I shower, put on my running gear, grab my backpack – packed the night before because those extra ten minutes of sleep are key – and then head out for the 8:00 a.m. race start.

The air is chilly but the sun warm, promising a lovely day for a race. When I arrive at the starting point in the city there are only a few runners doing warm-up laps. Some are there for the race, some for the free T-shirt and exercise, but most are there for their loved ones, friends and patients.

“I went 2.7 seconds on a bull named Fu Man Chu.” I can’t get that song – “Live Like You Were Dying” – out of my head, appropriate for the day, I guess.

Waiting in line to get my race bib, I eavesdrop on a conversation: “My legs are so stiff – I really should have prepared better.” “You mean like maybe run more than once in the past month? Ah, it’s just a 5k, you’ll be fine. Tomorrow will suck, though.” They both laugh.

As I walk to the designated meeting spot for my group, I remember the first time I ran this race.



When I arrived that morning fifteen years ago, people were milling around the square near the starting line looking for their groups, colleagues, friends and loved ones. I felt self-conscious and a bit out of place and searched for somewhere to make myself invisible until time for the race to start.

I wandered near the stage where a very chipper and exceedingly smiley radio personality and an aerobics instructor were getting ready for the group warm-up. The sound system let out some interesting notes before settling down at a volume loud enough for all to hear but not quite loud enough to make your ears bleed. “Good morning, runners! It’s a great day for a 5k. We will be starting our race warm-up in ten minutes . . .” I tuned them out and found a short retaining wall overlooking the center square, a perfect place to stretch and people-watch.

I took in all the groups as I warmed up, sighting the “Friends of Fred,” greeting each other with hugs, smiles and laughs, with a breakfast table

decorated in blue and green and festooned with balloons, and “Diana’s Daisies,” a slightly smaller group, giving each other tight koala hugs, their imploring looks seeking confirmation that they weren’t alone in their pain. I knew the look well and quickly averted my gaze.

Some runners wore extra bibs on their backs, “in memoriam” of the loved ones they were running for. Some had crossed out “memoriam” in favor of “celebration.” I like the idea of celebrating instead of remembering and I found a bib for myself, changing the word and writing in the name of my person.

There was a sense of kinship there, of belonging. Perhaps that was why I was drawn to the race, what I thought of as experiential kinship through spatial proximity. There were small armies of people joined together to support those who were battling disease and to remember others who had passed. Unlike most people there that day, I wasn’t running for a parent, sibling, childhood friend or cherished coworker. I was running for an ex-boyfriend’s father, who had died from glioblastoma multiforme several years earlier. Ed had been a runner, too.

As I did my best to blend in with the crowd, people passed me looking for friends and groups, or just trying to get closer to the starting point. Some were speaking in excited voices, some a bit more somber, some in tears. I saw some working their way through the crowd giving hugs and greetings, celebrating happy memories, sharing tears and providing comfort to those too full of emotion to speak.

I remembered the day that Ed was diagnosed. He had been hospitalized for tests after passing out, caused by what at first was believed to be an electrolyte imbalance. But it was soon noticed that his memory and thought processes had been affected, and suddenly there were the words *tumor, brain, cancer*, and acronyms such as *GBM*.

“Runners, on your mark . . . go!” The race was off with a bang, though the first mile is always a bit more of a jog. I’m not the fastest runner and I no longer run for time. Running is a cathartic and healing time, easing my aches and pains, physical, emotional and spiritual. For those reasons and others I couldn’t quite explain, I took my time making my way down the first mile.

I got to spend time with and got to know Ed while he was ill. I learned little things – the secret to his favorite chicken salad was the finely shredded chicken – and big things – his life had not always been easy and

running eased stress and kept him grounded. He was very practical and always up for a chat, though he was not an innately open person. He kept his private life to himself. That said, Ed was no wallflower and he enjoyed socializing; no fewer than seven girlfriends showed up at his funeral.

From listening to Ed, I knew that races probably weren't his thing – too many people. But I learned that once you were his friend he was as loyal a friend as you could find. His neighbor and partner in crime was diagnosed with a heart condition and told by his doctor that he needed to do mild exercise, like walking, to keep his heart healthy. So, Ed showed up at his door three evenings a week, rain or shine, to take that walk with him.

In our time together I grew to respect and admire him for all that he was: a devoted father, a loyal friend and a good person.

The crowd began to separate at the 1.5-mile mark, the walkers falling back as the slowest runners made their way past them. I saw other solo runners and wondered if they were running for the exercise or to honor someone they knew or loved. Were they, too, wishing they had a group to insulate themselves with? There were runners cheering and laughing and I found myself smiling and sharing in their celebration.

At one point I came up on a small group of three women, a stroller and two lovely little girls. The little girls wore memorial bibs for “the best dad ever we miss you,” clearly written from their own little broken hearts. I felt tears sting my eyes and start running down my cheeks. Embarrassed, I tried to stop crying. I quickly wiped the tears away and tried taking deep breaths, thinking happy thoughts and singing happy songs, but the only song that came to mind was Tim McGraw's: “And I loved deeper and I spoke sweeter...”

So the tears refused to stop and my heart gave in and I cried in celebration of my friend. I crossed the finish line with tears blurring my vision. As the tears fell I found comfort in the knowing smiles of passersby and a few half hugs at the food table as I picked up my bagel and water before heading home. This was a race I would definitely run again.



Today I smile as I join my group of colleagues, friends and patients from the cancer clinic, at the same retaining wall as years before. I eagerly look for Mr. D., a friend who also happens to be a patient.

“Hey Mr. D., are you ready?”

“Ready as I’ll ever be. Did you bring them?”

“Yup, three boxes, just to make sure.” I find a spot on the retaining wall and open three boxes of Bertie Bott’s every-flavor beans.

“Okay, so let’s see, do they list the flavors? Yup, here they are on the back: cherry, green apple, toasted marshmallow, dirt, grass, booger and vomit! Let’s see what we can find!” he says with a twinkle in his eye. He picks up a green bean and pops it in his mouth. “Sour apple, tasty.”

Next he tries a brown one, “Ah, cocoa, not dirt.” He sounds disappointed. “Come on, I want an every-flavor one! Okay, you choose one. Maybe you’ll have better luck.”

I pick up a brown bean, hoping for cocoa. Mr. D. laughs as my face crinkles in disgust. “Dirt!”

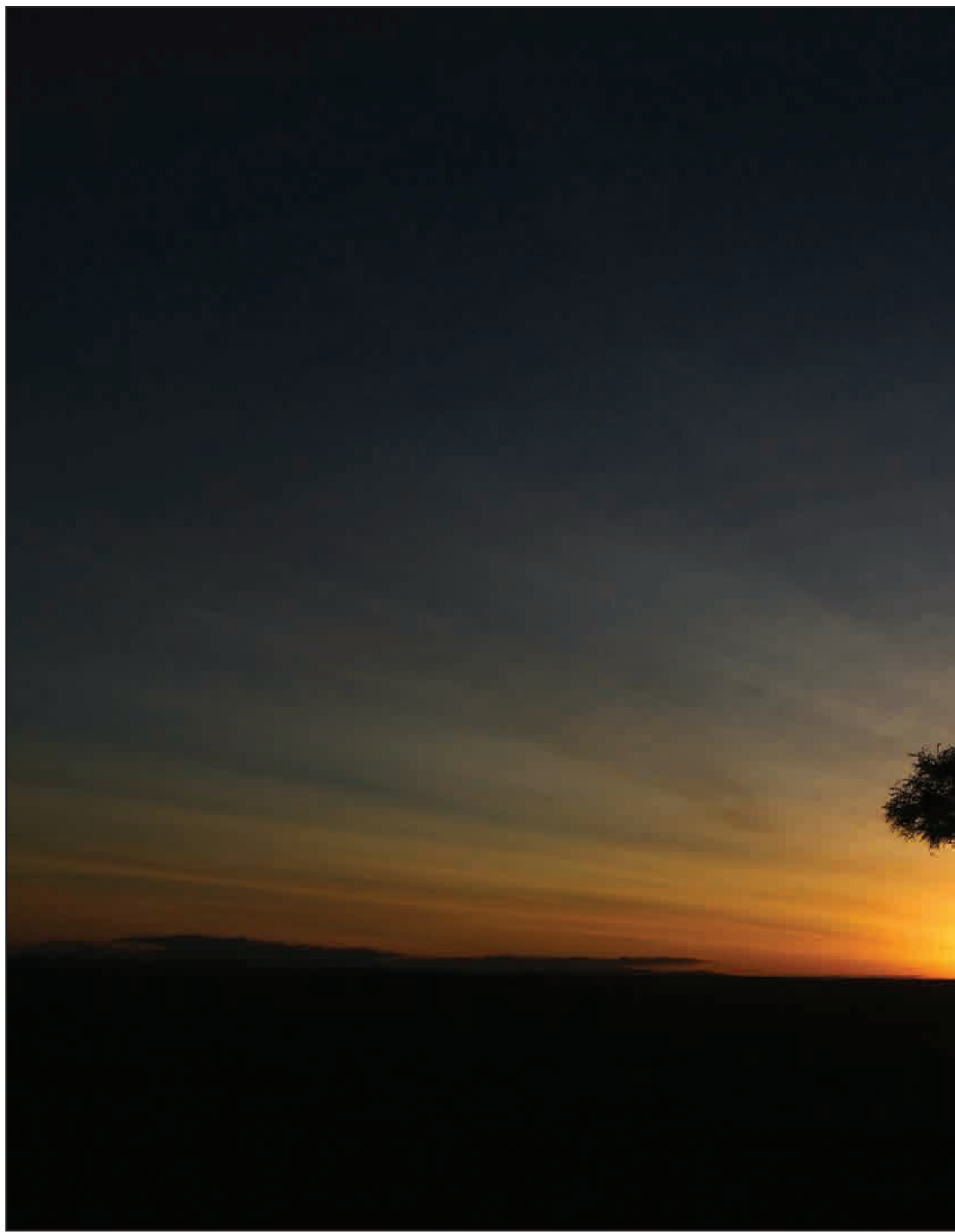
He laughs a big belly laugh. Then he rubs his hands together and says, “Okay, my go. Let’s try another box. Maybe I’ll have better luck.”

He pours the beans out on the retaining wall and rubs his chin thoughtfully. This is serious business. He picks a white-and-brown-spotted bean and pops it in his mouth, nearly spitting it back out before swallowing hard. His eyes tear up and he chokes out a laugh. “Yup, tastes like vomit.”

I smile as he laughs delightedly. He finds joy in everything he does and savors every moment, even a vomit jellybean. Mr. D. reminds me of “my person,” and I know that Edward Lee Day would be looking for the vomit bean, too.

The mood is infectious, and I bravely choose a white-and-brown-spotted bean and pop it in my mouth – toasted marshmallow, thankfully.

*Jessica Byrne, MPH, is the preparation for residency manager at the Hofstra North Shore-LIJ School of Medicine. She worked for the NIH Brain Tumor Clinic in Bethesda, Maryland, and ran the brain tumor 5k for many years.*



## **Gone the Sun**

AMY COOPER

NARRATEUR



*Amy Cooper is a third-year medical student at the Hofstra North Shore-LIJ School of Medicine.*

## Naweed

I was a week into my internship when my dad said this to me: “I want you to pretend that every single patient you see is me, and I want you to treat them the way you would treat me...and I promise you that if you do this for every single person you take care of, you will never go wrong.” My father was an engineer. He understood the way things are built. And he especially knew the daughter he nurtured and loved. He knew I wanted to heal others.

So with this small bit of history I tell you this story. Before I became a doctor, my cousin Naweed was diagnosed with idiopathic pulmonary hypertension. He was 19. He had lost consciousness during a trip to Mecca. Four years later, his condition grew much worse. He was just completing his master’s degree in engineering at the University of Pennsylvania. He had international insurance, but it came with many restrictions.

My aunt found him in the apartment they shared in Philadelphia. He was severely lethargic, and she panicked, again, and called an ambulance. The crew knew my cousin well. It wasn’t his first trip to the emergency room. It would not be his last. You see, my cousin needed a new pair of lungs.

I was a newly minted doctor in New York. I had already spent countless hours trying to help my aunt understand his condition. I was also working to get my cousin on the transplant list. But nothing in my early years of training and practice prepared me for the first time I walked into the ICU and saw my cousin hooked via a central line to pressors, a Ventimask, a Foley, an arterial line and, worst of all, a PermCath feeding the tubes into his bedside dialysis machine. The boy I had spent my childhood playing with was lying in a hospital bed in multiorgan failure.

He was too thin. He was weak and pale. He looked up at his parents. His eyes were begging for help. His breathing was labored through the mask. He managed a sweet smile when he saw me. I had only a year of practice under my belt, but it seemed that my presence in the ICU that day was looked upon as a prayer. They wanted me to find a way to heal my cousin.

The truth is that I had helped families make difficult decisions.

Why should it be any different now? Because I knew their own personal struggles? Because he was my cousin? I was lightheaded with all the questions that were coming at me. There were many decisions that had to be made. At some point – and soon – my cousin would need to be intubated. Now was the time to have that discussion. He could become confused and disoriented and even lose consciousness. Then, his parents would have to make those tough decisions.

“I won’t let them do anything to you that you don’t want done,” I told him.

“I feel like I’m drowning in my body. I can’t breathe. If I am intubated, will I ever come off?”

“I don’t know.”

The noise in his chest was the sound of a hundred men breathing. “What would you do?”

He had caught me off guard. He pressed on, exhausted. He repeated the question again.

“If the chances of coming off were poor, I would not get intubated,” I told him.

The intensivist came in. With my cousin’s words in mind, I asked the doctor what he thought. He paused. He said that multi-organ failure would end his chance for a transplant. And if he got intubated, it was unlikely that he would come off the machine.

Was this it? I thought. Was this doctor saying there was nothing else we could do? Had I not been this same young doctor talking to sisters and brothers about their dying parent? I turned to look at my cousin. I was no longer a doctor who could help make tough decisions. I was the little girl who wanted another chance to play with her cousin. We were kids again. I would turn back the clock and write a better life script for him.

I looked at his face. He understood exactly what the doctor had said. He was dying. I promised him I would do whatever it took to keep him comfortable. He nodded and closed his eyes. He almost seemed peaceful, but it lasted all of thirty seconds. Then he sat straight up in his bed and threw his fist to his heart – a heart attack.

“Morphine!” I screamed to the nurse. “Please bring him some morphine!”

I understood that I was now witnessing my first death of someone I love. I fed him juice, and a few raisins. I explained to my aunt and uncle what was going to happen. I took two breaks to go to the vending machine. I did not buy anything, but my tears steamed the glass of the machine. His sister had just flown in from Sri Lanka and was en route to the hospital. The team was working hard to keep him alive so that they could have their final goodbye. They gave him small boluses of his pressors. He was falling in and out of consciousness. His sister arrived, and they had one hour together before the end.

It was during this time that I had to explain why his body was shutting down. It was during this time that I told the family that his blood pressure was incompatible with life. I was there with the family as he took his last few breaths. While they mourned, I cried out within. I am a doctor. I am a healer. Did I help them make the right decision? Could he have recovered? What if he could have gotten better after intubation and made it to the transplant list?

My cousin’s death has become part of the fabric of the white coat that I wear at the bedside of my patients. I have tough discussions. I am there when my patients live and when they die. It is never easy. Such suffering is hardly ever fair.

I have come to be a doctor who delivers a diagnosis and gives my patients a day or two to mull over the news. Then, we have a discussion about the possible options. I offer another day of thought before any decisions are made. I no longer have to wonder whether we arrive at the perfect decision. In medicine, nothing is perfect. But we do the best we can do. I have come to be a doctor who sees her father and her cousin in every patient.



*Razia Jayman-Aristide, MD, is a hospitalist at Forest Hills Hospital and associate program director of the Internal Medicine Residency Program. Dr. Jayman-Aristide is also a high potential mentor in the Arnold P. Gold Mentoring and Professionalism in Training (MAP-IT) Program.*



## Umbilicus

DAVID A. MARCUS



*David A. Marcus, MD, is a recent graduate of the combined residency program in internal medicine and emergency medicine at LIJ Medical Center. He is currently an attending physician in the LIJ Department of Emergency Medicine and a member of the North Shore-LIJ Health System's Division of Medical Ethics. Dr. Marcus is also a high potential mentor in the Arnold P. Gold Mentoring and Professionalism in Training (MAP-IT) Program.*

## Just Breathe

Asystole.

I was standing at the side of the bed. My thighs were pressed against the bed frame, my heels elevated off the floor for leverage, as my hands rested on my patient's chest. Time of death: 14:06. Doctors, nurses and respiratory therapists fled the room, snapping their gloves into the garbage pails, mumbling, "Yeah, it's over," to curious onlookers. My legs were numb and my hands were shaking. I had never seen someone die before, and at that instant, I had one of those moments. Tears began to pool as the dry lump in my throat began to suffocate me. I wanted to run out of the room. I wanted her to wake up. I wanted to go home. I never wanted to die.

I worked on a telemetry unit, which is a specialized nursing area that focuses on cardiology. All patients wore Holter monitors that enabled doctors and nurses to closely watch heart rates and rhythms. I was at the main nursing station when the alarm sounded. I ran into the room to find my elderly patient pale and without a pulse. She was a fragile woman in her nineties who had presented to the emergency room with severe dehydration. All of her features were sharpened, in contrast to her peach-fuzz white hair. During the brief time she had been in my care, she had mainly stayed curled up in a fetal position, weakened by the exercise of speaking.

My head was spinning. How can this be? She had just been transferred up here two hours ago. She had told me about her grandson, Bryan. How was I going to explain this to him? I called a code and began cardiopulmonary resuscitation (CPR) for the first time.

Practice may make perfect, but it doesn't always make you comfortable. I had taken basic life support classes multiple times before. I had "saved" Annie, the life-size practice doll that licensed me to carry a paper certification card in my wallet. I knew the ratio of chest compressions to breaths, but having your hands on someone's chest is life changing. Adrenaline pumps through every vein in your body. You forget to breathe and blink.

I felt her ribs crumble under my hands. Doctors ran the code: *Epinephrine 1mg IV push times one NOW please. We'll need another peripheral line. Call Anesthesia. What's her history? How long have we been doing CPR?* I heard every question, yet I couldn't respond fast enough. It felt like a dream as I slowly got pushed to the back of the

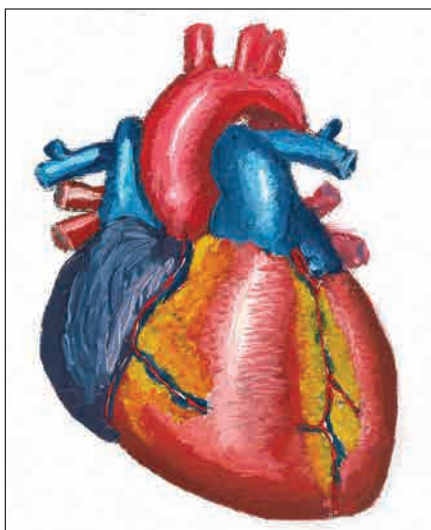
room where I stood near first-year interns and a respiratory therapist who was there for orientation. It was the fastest forty minutes of my life.

Asystole. It means without a heart rate. My patient did not survive.

I suppressed my floundering emotions as I bathed my patient one final time and prepared the room for family members to view their loved one. Afterwards, I crept into the clean utility room where I sobbed a disbelieving silent wail, surrounded by intravenous fluids, medical supplies and a large linen cart. Tears streamed down my cheeks and I didn't bother to wipe them away. My body hurt from crying. One of the experienced nurses found me, offered a glass of water and gave me a hug. She did not say anything because she knew everything.

She knew asystole.

*Nicole Giammarinaro, MSN, RN, is the assistant director for patient- and family-centered care at LIJ Medical Center. She oversees the Patient- and Family-Centered Care Department, Chaplaincy, Holistic Integrative Services and Concierge Services.*



## Heart

BENJAMIN STUART

*Benjamin Stuart is a second-year medical student at the Hofstra North Shore-LIJ School of Medicine. His work has been featured at the Fisher Museum of Art in Los Angeles and on the Ontario Ministry of the Environment web site.*



## Turkish Ruins

MARYBETH WRIGHT

*MaryBeth Wright is an advanced clinical experience (ACE) manager at the Hofstra North Shore-LIJ School of Medicine.*

NARRATEUR

## River Running

Black water flows,  
Circling in doomed  
Tide pools;  
Awaiting the inevitable,  
An unknown stream of unconsciousness.  
River running fast but leading nowhere,

I wait.

Black water flows, carrying the tail ends  
Of life.  
Air above swirls through forced motion,

I wait.

Decisions are being made  
Without action to follow.  
Life and death swirl in dark water

And still I wait.

Life beats fast before  
Closing its chambers.  
Red rivers flow  
Until merging with black water.  
Time stands still momentarily;

I wait  
I watch  
I listen

Then it's gone in one moment:  
The tide pools quell,  
Waiting mysteriously with hidden messages.  
Black water flows on,

I'm finished waiting,  
It's time to go home.

*Jean O'Connor, RN, is a registered nurse of twenty-seven years. She works part-time at the Post-Anesthesia Care Unit at Northern Westchester Hospital in Mount Kisco, New York. She is pursuing her master's degree in nursing education at Drexel University, and loves to write in her free time.*

## A Letter to George

Dear George,

A patient with colon cancer told me that you do everything by the book. For the most part, that is a fine way to proceed in medicine. There are protocols, scans to order and medicines to prescribe. But there are times when science is exhausted and art must step in.

Take the sweet, elderly man you saw a few weeks ago. His blood pressure was a little high. You prescribed a diuretic that kept him in the bathroom all night. He's ninety-six, George. He's made it this far without major medical mishaps. You asked him to take the Mini-Mental exam. "Doc," he told me later, "he's trying to find out if I am crazy."

Sometimes, you just have to believe that a slightly elevated blood pressure is better than a dozen nightly trips to the bathroom.

You worried about a patient who complained of a lingering headache and was afraid he had a brain tumor. Odds were against it, even after he confided to you that his brother died of a brain tumor. Before ordering a brain scan, try treating his headache. A lot of things that happen in medicine are born out of fear, George, both in the doctor and in the patients. This is especially true in your chosen field of geriatric medicine.

If I have anything to teach you, it is this: Get to know the people who allow you to listen to their heartbeats.

Let me tell you about a patient of mine. Laura is crippled by spinal stenosis, but she rarely complained about this. Instead, she told me about her husband whose aching back was getting the better of him. He worked nights, stocking shelves. "I am going to send Joey in to see you," she told me.

Joey worked at Modell's Sporting Goods as a receiving manager. He was strong. He was always emptying trucks packed with the day's merchandise deliveries. One day, Laura got a call from the store that Joey fell and couldn't get up. Laura rushed to the store and rode with him in the ambulance to the hospital. He was admitted for a few days but was back to work in no time. Even with excruciating back pain and new symptoms of pounding headaches and horrible cramps that gripped his upper arms and calves, Joey would put up a fight rather than see a doctor. He finally agreed to come see me.

I ordered lots of tests, and found nothing. He was now complaining of weakness, too. His oxygen levels were low. I sent him to a pulmonologist. I thought he might have an infection.

The pulmonologist got me on the phone. "Yash, I think he has ALS," she

said. I was stunned. We got a neurologist involved and he affirmed the diagnosis. Laura, Joey and I sat in my office and cried. We got him into an ALS clinic in the city. I continued to follow his care. When he could not make it in, I went to their house. They had a sweet little cottage in the Rockaways, and Laura had created the most beautiful garden you ever saw. Joey was always positive. So was Laura, who took care of the man who before ALS had always done the heavy lifting in their lives. They'd been married forty-two years.

Joey's disease progressed quickly, and he was soon paralyzed and could no longer talk. He was sixty. In the fall of 2012, as if life hadn't thrown enough challenges at them, Hurricane Sandy came pounding at their door.

Laura was watching her husband, propped up in his wheelchair and staring out the kitchen window at their garden, when Sandy smacked down on the Rockaways. She wondered how she would ever get him out alive. Thankfully, firefighters came to their rescue. After the storm, strangers, family and friends worked to restore their house. They built raised beds in Laura's garden. She had a small number of chickens laying organic eggs, and she would hand out cartons to everyone in her life. A year and a half after the diagnosis, Joey took his last breath in his home. Of course, Laura was by his side.

I continue to visit Laura at her cottage. She remains my patient but I love seeing her at the cottage and I regularly buy her wonderful organic eggs. I've bought some for you, too. Every time I see Laura I am reminded of their grace in the face of ALS.

George, I wish for you to be inspired by your patients. Get to know them well. Let them grow old with dignity. What Laura remembers most about my doctoring of her husband is that on the day I gave them the diagnosis, I cried with them and promised to do everything I possibly could to help them through it. And I did. Did I have great medical knowledge about ALS? No. What mattered to them were the kind words that I offered.

Over the years, I have derived more joy from holding the hands of patients or family members as they negotiate a difficult journey through illness than I have from making a rare diagnosis.

Your friend,  
Yash

*Yashodhara Kirtane, MD, is an internist/allergist at the North Shore-LIJ Medical Group, and assistant professor of medicine and pediatrics at the Hofstra North Shore-LIJ School of Medicine.*

## A New Day

Medical school has brought with it many tests of character, from the stress of board exams and heated discussions over cases in the first two years to the trials and tribulations of being perpetually made to feel clinically inadequate as a third-year student. And then there was the moment I dropped everything for what mattered most.

After Superstorm Sandy, when many were still sequestered inside their homes, I left my apartment in Westbury, New York, to travel to southern New Jersey. Negotiating flooded and damaged roads, I made it to Long Beach Island to join a group headed over the bridge into one of the hardest-hit portions of the state.

Setting up to sleep in the bitter cold, warmed only by fires we fueled by burning wreckage from the storm, I remember asking myself why I had dropped everything at the medical school without even a second thought to come all this way to help. On this journey, I had abandoned all my grades and assignments without any remorse. As a new day began in my home state, I saw the sun peek over the Atlantic. In that pensive moment the answer was clear: I had not entered medicine for the pat on the back for a job well done. I had come here because there remains a job to be done...and so on I continue.

*Ekjot Grewal is a fourth-year medical student at the Hofstra North Shore-LIJ School of Medicine. He will graduate with the inaugural class in May 2015.*



## Birds and Beach

RAISA YEGER-ARBITMAN

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

NARRATEUR

## The Dying Saint of Seven North

Thank you. Thank you. Thank you for being part of this anniversary celebration. May you be a blessing. Thank you. It is a privilege to be here. And welcome to the billions of you listening in on Us-Tube. Thank you.

You know the story of the so-called Dying Saint of Seven North, I am sure, but when I met Angela Santos at the very beginning, I had no idea what would happen. I was her intern when she got sick. An “intern” was a junior doctor who had just graduated from medical school.

Her story was typical. Angela was ninety-one years old when I first met her. She had complications from medicines. She had taken antibiotics. “Antibiotics” were medicines that killed germs that used to invade the body and cause illness. She had developed a terrible case of diarrhea related to overgrowth of a resistant germ.

When I first saw her, her head was raised in the hospital bed. Her skin was dry and pale. Reflected sunshine made bright ridgelines of crumpled sheets. Her face was flushed with her body’s effort to cope with the illness. I will never forget her eyes. Her gaze was bright and attentive. The paired corneas gleamed with light. She looked as if she had just cried tears of joy. The color of her irises was remarkable: light turquoise, the color of the sea encircling the Greek island where she was born. I introduced myself to her. “God bless you,” she said. “I have such pain.”

Her daughter explained how my patient had just been treated for a urinary tract infection – the second episode in four months. The burning and frequency were gone by the third day of treatment. Her stools were loose after a week. She started having stomach pains and fever, but she did not want to go back to her doctor until she completed all the prescribed doses. She managed to swallow the last pills despite the stomach pains and nausea. She wanted to do everything the doctor told her to do to get better.

Angela Santos lived alone in the home her husband had built, the home where she raised her daughter and son, the home where she nursed her husband during his long illness, the home where her husband had died last year. Her daughter later told me how the house always had a wonderful smell – as if from the years of cooking the fragrances of rice and lamb had saturated the walls and seeped into the foundation.

Her son complained about his mother's goodness. A man at Angela's church had started talking to her – Angela had considerable savings from her husband's tailor shop and her years of clerical work. She trusted the man. He told her about two cozy homes next to each other in Florida – it would be a surprise gift for her children's families. She made sure the man kept the purchase a secret and signed the papers. He took hundreds of thousands of dollars from her; the entire family savings. Despite ten years in the courts, the family got nothing but legal fees – after all, she had signed the contracts. "She trusts too easily, that's our mom . . ."

I saw her every day. Every morning, Angela's welcoming smile was just beyond the pink hospital curtain. "Doctor, God bless you, I have the pain." Her breaths were regular and prompt. The blue eyes shone. I studied her face and palpated how exotoxin bruised her swelling colon. Every day, her blood was checked. Checking the computer – would the white count finally stabilize? It was 22,000, double the upper limit of normal, then 30,000, 44,000! "Doctor, God bless you, the pain." We tried every medication, every treatment. The patient and family did not want an operation.

I was unfamiliar with the Greek Orthodox tradition. The priest seemed to emerge from a thousand-year-old sacred painting. His robes enveloped a cheerful girth. His dark hat had corners. His cross of gold was large and ornate. He performed the sacrament – the rhythm of liturgy yielded streams of words profound and incomprehensible. Angela's eyes beamed into the priest's face. She crossed herself repeatedly; her rapt attention was wordless and grateful. She kissed the priest's cross and took a drop of the blessed wine. Her family surrounded the bed. Two young granddaughters crossed themselves at the shared moment.

The prayers completed, the priest relaxed his tone. He warmly asked Angela about her childhood home. He asked if there was anything else she wanted.

"Father," she whispered severely, "there is this one thing – you have to pray for the whole world." And so he did. Streams of words, profound and incomprehensible, filled the room and then, in English, he said, "Angela Santos, may you be a blessing for the whole world."

The next morning her white blood cell count was 72,000. It was decided: No more. No more blood tests. No more treatments. Pain

medication quieted her swelling body. We watched. The family waited.

By the following day, her abdomen was stretched out. Her blue eyes were closed. Purpling gathered on her feet and extended up her legs. Her breaths were deep and regular. Angela was dying. Angela's roommate, the patient in the neighboring bed, was drained by cancer and chemotherapy. She was deeply unconscious and oblivious to the visitors. Crowded in a corner of the room, Angela's family prayed that she would be freed from suffering. Each respiration rumbled with fluid. Her breathing alternately slowed and sped up. Her limbs grayed. Death was approaching. Her daughter wanted to know how much longer it would be. It was obvious to all of us doctors that she could not survive another day.

But by the next morning her breathing was light and easy. The brief pauses between each breath seemed restful. On the third day after stopping the treatments, her color improved. The skin over her hands and arms was pale, but gray no longer. Her stomach wall relaxed. The distension was gone. Her abdomen gently gurgled through my stethoscope. By the fifth day, she was just sleeping. We stopped her pain medication. There was no need. Her eyes remained closed. There was no answer when we called her name, but she was able to swallow teaspoons of broth.

The roommate woke up. The medical team could not understand how the advanced cancer had been arrested. A patient with stroke in the adjacent room started speaking and actually moved her paralyzed right arm. The man on Eight North, just above Angela's bed, no longer needed the oxygen that had sustained his advanced emphysema for years. Patients on the Six North dialysis unit, just below Angela's room, rejoiced as their urine flowed again. The patients got better. They stopped taking their medications. The doctors were annoyed and told them that they must be mistaken and should continue their treatments. But the patients politely declined and just left. More and more patients abandoned their beds and went home. An old familiar mild ache in my back vanished. Just two weeks before, so many of us who worked in the hospital had been coughing and sneezing, but now everyone felt great. Everyone was healing.

We were elated. The executive director of the hospital had to close units, but even he could not stop smiling. The staff went home. The

nurses, the secretaries, the dietary staff lost their jobs, but we were all so happy to be alive. Like everyone else, I stopped receiving a paycheck a month later. I kept coming to the hospital building. I did not know what else to do. The only patient in the hospital by then was Angela Santos on Seven North. She seemed fine, but her eyes remained closed and there was no sign that she was aware of the family who continued to feed her. There was no awareness of friends and family and no response to the growing number of clergy visiting her bedside.

The other hospital in town closed. Hospitals throughout the state emptied and closed. Three months later, all the hospitals and nursing homes in the country were effectively out of business. The media called it “the miracle epidemic.” By six months, there was no need for medical care beyond first aid in the entire world. People just stopped being sick.

Our lives today are so wonderful, but it was hard to get used to at first. Without health care, without illness and fear, the economy pretty much crashed. Though there was no “work,” people visited and socialized where they had previously had jobs. Some of the very wealthy took awhile to come around. We had one “protest,” when we pelted this very rich man with marshmallows. He seemed upset, so we stopped. Then he laughed and, of course, we laughed. He invited us into his mansion and we giggled and had a party that lasted for weeks.

Those of us who are older explain what things were like. We laugh and laugh at how much importance was placed on “status” and “money.” The idea of getting paid to serve each other is so funny. When everyone shares there is more than enough for all of us.

There are so many babies and kids to look after. My family raises chickens. We spend hours every day visiting our neighbors and giving away eggs. Most afternoons there is a concert next door. I love keeping up on the Internet. There is always a spare Us-Pad to use. Each moment is precious.

I am one of the old ones now. I feel fine, but I know that one day in next decade or two I will go to sleep and not wake.

I wonder sometimes what it would have been like if the world still needed doctors. I would have worked hard with grim determination to

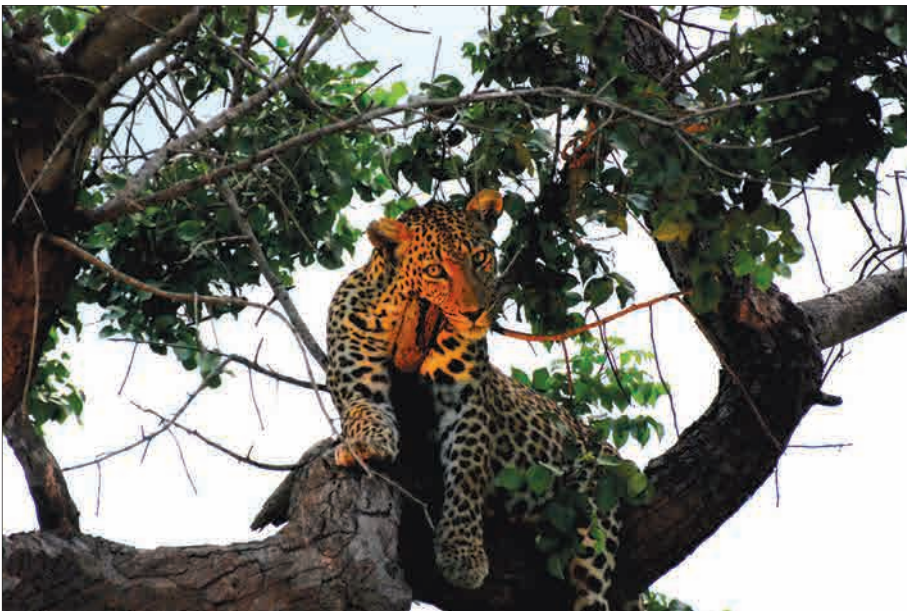
help others cope with all that needless suffering and pain. It has been a long time since I was an intern.

I still visit Angela Santos. The Dying Saint of Seven North lives on, though it has been a hundred years since her sacrament. Her eyes are still shut. Brilliant blue light shines behind closed lids.

Thank you for being part of this centennial celebration. May all of you be a blessing. It is wonderful to be here. Thank you. Thank you.



*Bruce Hirsch, MD, is an infectious disease specialist at LIJ Medical Center and North Shore University Hospital. Dr. Hirsch is also a high potential mentor in the Arnold P. Gold Mentoring and Professionalism in Training (MAP-IT) Program.*



## Leopard

MATTHEW KATZ

*Matthew Katz is a fourth-year medical student at the Hofstra North Shore-LIJ School of Medicine. He will graduate with the inaugural class in May 2015.*

## I Am a Nurse, I Am a Sister

“Hello? Oh, Jun-Jun [nickname for my younger brother], how are you doing?”

At the sound of his voice, my heart started pounding. I couldn’t breathe. I had seen him last month. My tall, handsome younger brother had shown up at my oldest daughter’s graduation, along with his family. I hadn’t seen him for a year, but as if no time had passed, we had danced and laughed all evening, as happy as kids.

“Can I come for a visit? I need to consult with Kuya [respectful title for an older family member] Abet.”

I knew it! He never called me unless he was in trouble. I was now crying, although he didn’t know that. I was the oldest of seven siblings, and everyone had come to rely on me for strength and wisdom.

“I have a 6.5 cm mass on my right lung. No symptoms at all. I just can’t rid of my fever and shoulder pain after spending one whole afternoon trimming branches from that massive tree in the back yard a couple of weeks ago. I took antibiotics and pain killers, but the pain got worse, so I had an x-ray done.”

The following evening, he rang the doorbell at my house. He was alone. He showed my husband, Abet, who is a hematologist/oncologist, the results of procedures that had already been done. I could feel Abet’s reaction, clear across the room. He glanced my way. As a doctor, he always found it best to tell the truth. But I had suspected that the news was bad and had pleaded with him to infuse hope for a possible remission, no matter what the test results showed.

Abet found a middle ground. He discussed the possible medical and surgical treatments and management, and laid out all statistics associated with chemotherapy. Of course, I interjected my experiences as a nurse caring for thoracic patients, and spoke of how they often survived surgery and chemotherapy.

I kept Abet awake all night with questions. He was kind and patient. In the end, every answer led to the same six to eight months, if that. Maybe chemotherapy could extend his life by a few more months. The prognosis was grim. I cried. Jun-Jun must have known the odds, too. He is also a doctor. He lived a clean, healthy life. He did not swallow unnecessary medications. He did not smoke or drink. He exercised. So how do you make sense of inoperable stage III/IV lung cancer?

A few weeks later we met with a cancer specialist, who wanted to start my brother on Tarceva. Based on all the statistics, the drug could give him two to four years, the doctor said. That was enough for him to be encouraged. It would be long enough to celebrate his daughter's sixteenth birthday, almost a year away. He said yes.

Chemotherapy was delayed for a month. He was still healing from surgery to correct a pathologic fracture in his spine. He was in high spirits, full of life and laughter. "I will fight this cancer," he told us.

After just one round of chemotherapy, my brother's condition worsened. Every side effect associated with the chemo was his: nausea, vomiting, diarrhea, mouth infections, loss of appetite due to the metallic taste in his mouth and clots in his heart and legs. The cancer had spread to his brain and bones. He was in constant pain. No matter his worsening symptoms, the cancer specialist urged him to march on. Thanksgiving and Christmas were celebrated around his treatment schedule. He was even denied a week's respite from treatment to travel with his family to the healing shrine at Lourdes, France.

When he was in the hospital, I slept in a chair by his bed so his wife could be home with their daughter. One night, his moaning snapped me to attention.

"Why am I being punished by God? I don't wish this kind of pain on anyone."

The next week he requested a pen to sign a palliative care form. Afterwards, he was admitted to a rehabilitation facility where he used to send his orthopedic patients. Five days into his stay, his wife called, frantic. He was somnolent and his breathing was labored. No one from the facility would rescind his wishes, but his wife arranged for an ambulance to bring him back to the hospital where 1.5 liters of pleural effusion was extracted. He woke up with a big appetite and more life stories to tell. That same evening, he solicited my full support for bringing him home and assisting his wife in fulfilling his wish to die peacefully, with dignity and grace.

Jun-Jun celebrated his forty-eighth birthday quietly at home with family and friends. Ten days later, he was back at the hospital. A catheter was inserted into the pleural space in his lungs to drain off the fluid and ease his breathing. That night, the catheter clogged.

“We have to bring in your daughter. It would be more painful for her not hearing the truth from you.”

Moaning, gasping for air, Jun-Jun finally agreed. His tears stained his cheeks.

Jun-Jun lived a few more days. Even the morphine didn’t dull the pain. It was the abundance of love from his family that served, in the end, to be his best medicine.



*Angelica G. Mateo, RN, is a nurse and nurse educator. She is an adjunct assistant professor in nursing at Forest Hills Hospital. She is also a high potential mentor in the Arnold P. Gold Mentoring and Professionalism in Training (MAP-IT) Program.*



## A Healing Place

MADELINE RICHEZ



*Madeline Richez, DNP, is a system nurse educator at the Institute for Nursing in the Office of the Chief Nurse Executive in the North Shore-LIJ Health System. She is also a senior mentor for the Arnold P. Gold Mentoring and Professionalism in Training (MAP-IT) Program.*

NARRATEUR

## Robot in the OR

As a child, I spent a lot of time in emergency rooms. I had severe asthma, and when things got bad enough, which they often did, I was admitted to the pediatric ward. Each time, I was given the newest and most advanced therapies. I had a good feeling about doctors. They made me better.

By college, I knew that I would become a doctor. I worked as a phlebotomist at a brand new medical center with the latest technological advances, private patient rooms and, in many cases, individualized patient care. Medical school and residency provided further opportunity to work with amazing physicians who would teach me a lot about being a doctor who engenders the same good feelings I had about medicine and medical practitioners.

This was the only health care I knew. I had heard about health care in other parts of the world that was “lacking,” but none of it was real.

In the third year of my urology residency, I was given the opportunity to travel with a team to India to observe a new technology used to provide patients on dialysis with a new kidney. Robotic kidney transplants were only being done in two centers in the United States, and only a handful of procedures had been performed. In India, teams at two hospitals had performed hundreds of these robotic procedures. We were heading there to learn from the best in the business.

Our first stop was Delhi. Medanta-MediCity opened its doors to the world in 2009. Its founding director, heart surgeon Naresh Trehan, attended medical school in India and then practiced at New York University Medical Center from 1977 to 1988. He returned to his home country in 1988 and opened a heart institute and research center. He is internationally acclaimed for his skills and his penchant for cutting-edge research. In 2006, he founded Medanta-MediCity. The campus includes a research center, medical school and nursing school. It is spread over forty-three acres, and its buildings are packed full of major talent and technology. MediCity reflects Trehan’s strengths. It was modeled after Johns Hopkins and the Mayo Clinic, yet it integrates modern and traditional forms of medicine. There are 1,250 beds and forty-five state-of-the-art oper-

ating theatres where surgeons practice over twenty specialties. It is a beautiful place.

In one of those surgical suites is the Da Vinci system. I was a kid when the Food and Drug Administration approved the robotic surgical system in 2000. It allows surgeons to sit behind a console and manipulate their surgical tools through small cuts in the human body with greater precision and control.

We watched the attending surgeon meticulously yet efficiently perform a laparoscopic donor nephrectomy and then proceed to prepare the extracted kidney on a back table while one of his senior residents closed the incisions on the donor patient. In the adjacent room, a junior partner sat at the console of the robot working to prepare the recipient for his transplant. The senior partner then transported the newly extracted kidney to the room where the recipient had been prepped. In less than an hour he had successfully performed the transplant.

After the procedure, we had the opportunity to sit down with the physicians who had just transplanted a live organ from one individual to another. They were extremely pleased with the health care system in which they worked. Often spending long hours in the hospital, they commented on how there was a great shortage of urologists in India, nationally graduating 150 residents per year in a country of over 1.2 billion people. In the US, with a population almost four times smaller than India's, our schools graduate approximately 275 residents per year.

We later toured the hospital, which was in many ways more advanced than the American hospitals I had visited. Most rooms were private and designed with large windows, obviating the need for artificial light during the day. We left Delhi realizing that there was no deficiency in any facet of care here, and that we would likely see the same in Ahmedabad.

From Delhi, the city of Ahmedabad is a thirteen-hour drive south. When we got to the city, we drove through its narrow streets to a road that was barely wide enough for our minivan. The streets were packed with people. We pulled up to what

appeared to be an old factory. The van stopped and we realized that this was a government-run hospital, the Institute for Kidney Disease Research Centre. We were taken to the belly of the beast – the basement – where vinyl tiles were coming unglued under our feet. A single air conditioner was attempting to crank its engine but we were already soaked in the Indian heat.

We entered the doctors' lounge and were presented with a clean pair of scrubs and the approved footwear in the OT, which was a pair of sandals. As we exited the lounge and made our way into the operating theatre, we were hit by the pungent smell of Cidex. There, in OT9, a surgeon, anesthesiologist and two nurses were preparing for surgery. There was also a circulator who worked on procuring the left kidney from the donor, the wife of a man who would later receive her organ.

The attending surgeon walked us through the procedure of the laparoscopic retroperitoneal donor nephrectomy he was performing. He explained that many of the instruments we discard after even a single use in the US – clips, disposable scissors, etc. – were placed in the Cidex containers that lined the room. They would be used for future patients. He also explained that staplers cost a significant amount of money, and that cash was scarce in this part of the country.

He reached the hilum of the kidney and we saw the pulsation from the renal artery. Surely he would use a stapler on this artery, which could cause death in only minutes if its ligation fails? But, no, he called out for and was handed a single Hem-o-Lok clip. He placed this at the base of the renal artery near the aorta and divided it above its clip. Within minutes, he had the kidney out of the patient and was transferring it to another OT. He was still wearing his cloth surgical gown.

In this next operating theatre, he meticulously prepared the organ for transplant. He explained that in the previous room the two nurses who were recently handing him instruments were now closing the extraction site by themselves. We were then escorted to a new location that appeared to be under constant

renovation. OT1 was in front of us, with a more modern-appearing door. Inside, a \$2 million Da Vinci system was in play. The robotic arms were already hovering over the recipient. As the kidney was passed into the patient through a small incision, we again returned to OT9 where the nurses had successfully closed the extraction site on the donor. The surgeon skillfully oversewed the Hem-o-Lok clip that was preventing a catastrophic major bleed in our patient.

After a successful robotic kidney transplant, we ate a short lunch and proceeded into OT9 again, where another donor was already on the table. This time, however, the kidney had already been dissected by a senior urology resident and was ready for the attending to take the hilum and extract. He did so, and we proceeded with the recipient transplant just as we had done only hours previously with the first transplant.

Later that day, we toured the government hospital. Patient rooms offered little in the way of creature comforts. Rooms housed four patients, without dividers between them, and with a single IV pole next to each bed. A wheel, rather than the pumps we commonly see in American hospitals and at Medanta, was used to regulate IV fluid and medication infusion rate. Medications that the patient would eventually receive sat on the patient's bedside table. A nurse recorded vital signs on a clipboard while a fly buzzed in the corner of the room.

I left the hospital that night reflecting on what I had just seen. Medanta-MediCity was modern and extraordinary. This government-run hospital was lacking in most every area. But, in many ways, this hospital embodied what health care should be. The physicians we had just learned from, the residents with whom we had interacted and the nurses who had assisted and even performed crucial parts of the procedures independently were all focused on providing excellent patient care. It was clear that they were excited about what they were doing. They loved their jobs.

I left Ahmedabad with a different view of health care. I had just seen two extremes of health care delivery, one with

endless resources and nothing but the best patient care, and the other with extremely limited resources yet also with nothing but the best patient care. I realized that it's not the fancy OT and patient rooms of Medanta-MediCity but rather the exceptional care delivered by both of these groups of health care professionals that contributes to the healing taking place at these two disparate centers in India.

*Christopher Hartman, MD, is a fourth-year resident in urology at the Hofstra North Shore-LIJ Smith Institute for Urology.*



## Fractal Fern Standing

ZERRYL BERNARD

*Zerryl Bernard, BSN, RN-BC, is a staff nurse on the Clinical Decision Unit at LIJ Medical Center.*



## Morocco

JANA GALAN

*Jana Galan, MD, is a faculty member of Glen Cove Family Medicine. She traveled to Morocco in March of 2014.*

NARRATEUR



## The Visit

We argued again late into the night; it was 3:00 a.m. by the time I felt my face caressed by the coolness of the pillow and the sense of swimming down into dark waters. Liz and I had unpacked at least most of the cardboard moving boxes, but it was still hard to find things we needed – my shaver, her hairbrush, my loafers, her terry robe, a blue coffee mug with the Black Dog, MV insignia. We were aware that this sense of disorientation was a lot harder on Chad. Not only was the house unfamiliar and smelling of fresh paint, but he had a new school to deal with. This was our most recent debate.

“You know he doesn’t deal well with change,” I said. “He’s just barely four. Why can’t we give him a month’s break to settle in?”

“What makes you think I don’t know how hard this is for him?” she responded. “Obviously. That’s what being on the spectrum is about. That’s why he needs to get started at Bright Beginnings. Not a month from now. Now.”

I had taken the next morning off. This was not necessarily wise, as I had started in my position at the university just two weeks before, but it seemed that Liz’s employer was the less flexible. Ross, who had turned one after Christmas, needed another check-up (so many visits for a healthy child?) and Chad needed clearance for his new school. Liz had made the 10:30 appointment with a doctor that one of her co-workers used.

When we arrived at the office I told the receptionist that we were there for the two boys, pointing down. Ross was stretched out in his stroller, napping, and Chad was leaning against it, playing with the calculator on my phone. There was a string of 4s across the screen. “He doesn’t hold up well with long waits,” I explained.

The receptionist barely glanced at him. “Well, Dr. Brown made this appointment as a favor. You’re a new patient visit. Normally, the wait would be at least a month. When she squeezes a patient in like this, let alone *two*, it’s hard to know how long it’s going to be.”

The receptionist must have said something to someone, though, because ten minutes later we were in an examining room. Lime green. A giraffe poster. A wall calendar. Doctor’s instruments on the counter. A blood pressure machine, wall mounted.

Chad saw it right away and pulled down the tubing and the black Velcro cuff.

“Chad, *please* don’t touch that.”

There were brochures in a lucite holder. I took “Immunizing Your Child” and another called “Measles, Mumps and Rubella.” (For no reason I thought “Mo, Larry and Curly.”)

My phone buzzed. Liz’s voice. “How are you doing?”

“You know I’m not going to let them give Ross that shot.”

“We’ve talked about this.” Liz was using her exasperated tone. “You know I respect your opinions on everything, but the doctors have told you that the vaccines had nothing to do with Chad’s problems.”

“Yeah, but how do they really know? The medical community is changing its mind all the time. A new wonder drug comes out, makes the company millions, and the next thing you know it causes some complication or kills people, company memoranda come to light and said ‘wonder drug’ is off the market. A lot of people get hurt but no one goes to jail. That’s just the way the world works.”



My iPhone emits a sound that reminds me of a fire alarm under water. I jump an inch off the bed but my husband doesn’t stir at all. I was on call last night, I remember, as consciousness comes flooding in, and I’m still on the clock until 7:00 a.m. Squinting at the phone, I see that it’s five of. Damn.

Nursery rounds. The census says I have five newborns and my watch says I have forty-five minutes. Nine minutes per, to do the exams, document the EMR and talk to the moms. I can do this. The unit secretary looks up as I enter the nursery. Her son was in my office yesterday. “Good morning, Molly. Tell me...how’s Aaron feeling?”

Three hours into my office hours and I’m running half an hour late. First my daughter calls from college and asks if it’s really bad that she forgot two days of her oral contraceptive

pills. That was distracting. Then my latest patient's mom gets me with a "doorknob" complaint.

You know what that is, right? You see a cute six-year-old girl with blonde corkscrew curls and rosy cheeks, who has been brought in because of a runny nose – excuse me, "rhinorrhea of two days' duration." You take a meticulous history and perform an extra-careful physical at least partly because at the end of this you know that you are going to be telling the mom that this is the common cold. Oh, you'll dress it up so the parent doesn't feel foolish, and you'll reassure her that it was good that she came in, and you'll recommend fluids and rest (knowing that the part about "rest" just *sounds* good) and you'll turn to leave and when your hand reaches the doorknob, here it comes: Oh, by the way, the mother blurts out, you know, she has also been having headaches pretty much every morning for the past month, and yes, now that you mention it she *has* been a little clumsy lately, and you will curse the gods while remaining totally composed, you hope, as you turn around, take your seat again and invite her to tell you more about it while trying to remember whether you just looked at this girl's optic fundi. You didn't but you do now. You see what you really hoped you wouldn't.

Stay calm. Speak in a light tone. Hold her hand. "It could well be nothing, but we really ought to make sure." You can see that the mom is trying hard not to cry. You give her a moment, the two of you just sitting together, but not long enough to alarm her very bright little girl. Deal with the referrals desk. Want to insert multiple expletives into your expression of lack of interest as to whether the MRI provider and neurologist are both "in network" or not.

So now I'm behind schedule and walking into a new family visit. I always like to check the fact sheet (of course there's no actual sheet any more!) to get some idea of who the parents are. Two boys, fifteen months and four years, are here with just Dad. Seems that he is an assistant professor in the English Department at the university. That's nice.

I click through screen after screen. According to the charts

that came from his last pediatrician, the little one, Ross, has had no issues. Full term, no admissions, no medical problems, normal development. He's had only a couple of rounds of immunization, though, and nothing until he was six months. I wonder why. Will there be Birkenstocks or other obvious signs of being part of the earthy-crunchy group? I wonder. Of course, being an English professor is already a "minor risk factor."

It all becomes much clearer when I look at the other chart. Chad, now four, was born just six weeks ahead of his due date. Nothing much in the first year except that he was "colicky" and went through as many formula changes as there are formulas. His language development was late and his pediatrician diagnosed "PDD-NOS" when he was a year and a half. Autism. I take a full breath, let half of it out slowly and then knock.

"Mr. van der Moor, I'm Dr. Brown," I say, smiling.

I take in the room. My first impression of the dad is that he's quite young, and oddly tentative, with light brown hair, fine features, gray eyes and the suggestion of a beard. He is wearing a corduroy blazer and jeans, and a charcoal backpack sits by his feet. His toddler, sporting a pair of blue Oshkosh overalls, is observing me, a delighted smile now breaking through a tangle of curls, his arms outstretched in an unambiguous gesture of "pick me up"! The one called Chad, meanwhile, is off entertaining himself, punching numbers emphatically into his father's smart phone.

"Actually, it's Dr. van der Moor," he answers, his face impassive. "But not the medical kind."

We go through the usual routine. "I've reviewed the children's records, but why don't you tell me anything *you* feel I need to know to understand their health." And I learn about these boys and their mother who works in banking and keeps long hours and their father who teaches Emerson and Thoreau and plays jazz on campus some weekends. Eventually and inevitably we get around to the topic of vaccines.

"We would prefer to hold off for now," he says. He doesn't ask what I think, specifically. Is it implied since he is here for a "health maintenance visit" that my opinion comes with the

package? Or is this a different transaction? Is he a “customer” who has expressed a preference to be accommodated? I’ll have the veggie burger; hold the fries.

I proceed with caution. “I understand. Do you have any questions at all that I can try to answer...about MMR or maybe about other vaccines?” I am thinking now of the very last conference I attended, where the speaker focused on the need for us as pediatricians to take a clearer stand on the issue of vaccine avoidance. Since the risk of the infections they prevent far exceeds any real risks from the vaccines (not the imaginary risks that fringe groups talk about, but actual, known risks), not getting immunized is a bad health choice, and it is *my* job to let parents know when they are making bad choices. Or so the argument goes.

“No thanks, doc, we’re good for now.”

*Well*, I thought, *this is going nowhere*. Because it’s now or never, I try something different.

“Well, maybe you can help me understand a little better. Why exactly don’t you want Ross to receive the MMR vaccine?”

There are three kinds of responses I get to this. The first is the most unpleasant, and that’s the cocked-head squint, implying, “What kind of moronic question *was* that? Do you think I want my healthy child to become autistic too?” The second is more passive but no more helpful: “We haven’t ruled out immunizing altogether. It’s just that we need time to decide. There’s no hurry.” This parent, however, took the third path.

“Actually we’ve done a great deal of reading on the subject,” he began. “And the fact is, we’re not sure that these vaccines are safe enough. We’re concerned about their immune systems, and that we push so many shots on their immature bodies without knowing how they all interact. And we’ve heard so many war stories! Besides, doc, when is the last time *you* treated a case of measles?”

So here I was, between the proverbial rock and a hard place. I could tell, not so much from anything he said, but from his tone and his body language, that this father was not going to change his mind, and that he was sure that he was protecting his beautiful baby from the evils of modern medicine, from me. I respect that. On the

other hand I had a responsibility here. We were regarding one other intently, eye to eye. The tension hung like a fog.

“Well, I haven’t seen measles in quite a while. But it is just an arriving flight away. The world has gotten very small, and new outbreaks do happen. But I’ll tell you what I have seen.”

I was Clarence Darrow now, and it was becoming about being right. “I’ve seen meningitis from the bacteria that Prevnar prevents, and that you haven’t let Ross get. And I’ve seen whooping cough – at least a dozen cases last winter. He’s at risk for that, too.”

“He’s had a dose of each vaccine,” he replied in a level tone.

“Not enough,” I shot back. “He’s behind in both series. He’s vulnerable.” I paused. I wondered if my face was red. “Anyway, I don’t think you’re going to be consenting today. Why don’t you take those pamphlets. And here’s the web site for the CDC,” I added, passing him a scribbled note.



On our way home, I stopped with Chad and Ross at the park. The leaves were just opening and the sky was sapphire blue. Chad was pulling his brother’s stroller very hard, while I held it back. That’s life, isn’t it – opposing forces in equilibrium? We reached the pond, where swans and snapping turtles shared a stand of grass. Chad went running ahead, sending the birds into a frenzy of feathers. My head ached. I had held my ground, but I did not feel at peace.

I was very angry at that doctor, but why? Was it because she tried to push her ideas on me, flaunting her white coat? She wasn’t wearing a white coat, as a matter of fact. I guess doctors don’t do that so much any more. Was I upended because she tried to make a decision for me, or because she failed in the attempt? She doesn’t know me. She doesn’t know us.

I replayed in my mind’s ear what she said about “the best interest” of the children. Can a doctor determine what is in her patient’s “best interest” without knowing the person? We’re not automatons. We’re individuals. I mouthed Thoreau: “If a man does not keep

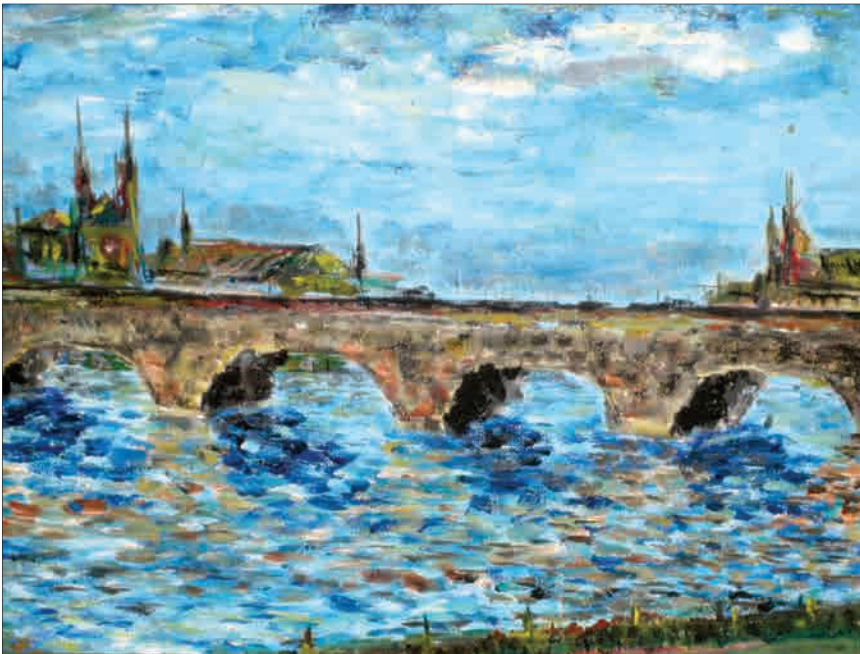
pace with his companions, perhaps it is because he hears a different drummer. Let him step to the music which he hears, however measured or far away.”

Chad jerked again on the stroller, and we continued in another direction.



*Michael B. Grosso, MD, is the medical director of Huntington Hospital and assistant professor of pediatrics at the Hofstra North Shore-LIJ School of Medicine. Dr. Grosso is also a senior mentor in the Arnold P. Gold Mentoring and Professionalism in Training (MAP-IT) Program.*

68



## The Bridge

DAVID J. CHALIF

*David J. Chalif, MD, is director of neurovascular neurosurgery and co-director of the Brain Aneurysm Center at North Shore University Hospital.*

NARRATEUR

## A Skipped Beat

It was the fall of 2014, and we were in a state of bliss. Twenty-four weeks had passed since my wife's pregnancy test had come back positive. She was eating, and growing, for two. Sometimes, late into the night, she would nudge me, smiling. "Just felt another popcorn kick," she would say, her hands patting her lower abdomen. Mine rested on top of hers. We sang to our little boy, envisioned how he would look and fantasized about his personality.

On this particular fall evening, our boy was the great acrobat. The tumbler. Alexis said he was finally letting his presence be known to the world. Then, for the next day, all was eerily silent. Not a kick.

We are both doctors, and the professionals in us did not get nervous. But the parents-to-be did. With her own home fetal Doppler, Alexis checked intently for our son's pulse. Any sound would do. She held out the Doppler. I checked, but I could not find a heartbeat, either. I reassured the both of us. I was certain an obstetrician would be able to find it. We went to sleep, hoping for better luck in the morning.

The next morning, Alexis followed recommendations that would typically promote fetal activity. She ate a hearty breakfast and swallowed down a large glass of orange juice. She proceeded to lie down on her side. She listened. She prayed. Nothing.

We got an emergency appointment with her obstetrician. We were anxious in the waiting room. As doctors, as students who had completed obstetrics and gynecology rotations, we felt rather incompetent that we could not find our son's heartbeat.

Finally, we were in a private exam room and Alexis was peeling off her shirt, which had taken its own rounded form around her belly. After we laid out our concerns, the doctor reassured us:

"People often feel that something may be wrong when it isn't. This is normal. There is variability in the activity of babies, and it does not really pick up until later, usually around twenty-seven weeks. I will examine you anyway and we will schedule an ultrasound."

The obstetrician picked up his fetal Doppler and searched around on my wife's belly for the baby's heartbeat. It should have taken seconds. He was a surveyor and the land mass was not revealing anything. A minute passed, and then another. Our panic was lifted for a second by the arrival of the ultrasound. I was sure that the baby was

hiding out, tucked too deeply into a corner of the womb to get a good signal.

The ultrasound became my knight, ready to shine a light on our son. Alexis's eyes were closed. We were waiting for these words: "Ahh, here we are. A strong beat!" Instead, we heard: "Let me call another doctor in to take a look."

Another doctor arrived and took hold of the ultrasound probe. "Oh, no, there's no heartbeat," he said.

Alexis had opened her eyes and was staring up at the stranger. "What? Oh, my God, oh, my God!" she screamed. Her face was wet with tears. My screams were silent. "How could this be? We had a perfect pregnancy! Could this be a mistake?" Alexis directed these questions to both of the obstetricians.

"I'm afraid not," her doctor said. "That's why I called another other doctor in to confirm."

I finally heard my voice in the room. "So what does that mean?"

The obstetricians responded in unison, as if they had said this time and again: "There is a fetal demise."

Their five words fell on us like a guillotine, razor sharp, deadly. Alexis was now turned to the wall, crying. I was mute in shock and disbelief.

How could this be? We were two healthy young adults and we were doing everything right. We followed the prenatal guidelines. We never missed a prenatal visit. Every exam and test up until this day had been normal.

Was there nothing we could do to resuscitate that growing heart?

We had reached a milestone in Alexis's pregnancy unscathed. The odds of losing a pregnancy after twenty-four weeks were extremely low, one in 160 pregnancies. There were no risk factors to even hint at stillbirth.

The obstetricians left us alone, unsheltered from the harsh terrain of our new life without child. Our obstetrician came back a few minutes later and pointed out a place where we could grieve. Their day would continue, with patients waiting too long. A short time later we were in her office and talking about what would happen next. We needed to induce labor and remove our stillborn son. We were already planning a funeral before a birth. We asked to wait before Alexis had

to check into the hospital for the induction. We went home and sobbed enough tears to raise the Hudson River a few inches.

My mother-in-law came immediately after she received the news. Later that night, the three of us returned to the hospital. The room was so cold that we bundled ourselves in coats and kept layering blankets over Alexis. Doctors administered prostaglandin medication to induce labor. She responded with vigorous shivering and fever, a rare side effect. Twenty-four hours later, she delivered our stillborn son into the world.

We pronounced his official name: Alexander Lloyd Marsh. He was named after our grandfathers. It was 4:32 a.m. on November 2, 2014, a day that souls of the former living are paid reverence. Alexander had a beautiful cherubic face, well-formed limbs, fingers and toes. There were no gross deformities. The shape of his head resembled the shape of mine, while he had his mother's nose and feet. The full possible gamut of emotions engulfed us like wildfire. We each held our boy, experiencing the physical manifestations of love. These emotions were tinged with our anger and sadness. He would not grow up to have his own dreams.

Eleven days later we laid our first child to rest. He was buried in a cemetery specifically designated for newborns and infants who had left this world too soon.

*Akeem Marsh, MD, completed both his general psychiatry and his child and adolescent psychiatry residencies at the Hofstra North Shore-LIJ School of Medicine. He currently works as a per diem psychiatrist for the North Shore-LIJ Health System.*

## The Deepest Cut

In the park, I see the man with the knives in his back.  
 At first, I am impressed and intrigued, mistaking him for a large porcupine,  
 and have gone so far as to whip out my iPhone to snap a shot.  
 My embarrassment is consuming when I realize my mistake.  
 “I am so sorry – my profuse apologies,  
 I thought you were a porcupine” shoots from my mouth.  
 Luckily, the cutting words fall onto senseless nerves.  
 “I cannot feel much any more, to be quite frank,”  
 he confesses, “but I do appreciate the gesture.”  
 I still feel like an ass.  
 In a vain attempt to recover, I ask him where he  
 has gotten all of the knives, if he remembered  
 which one is from where.  
 “Number 14,” he replied, “is from an ex-  
 whose razor I borrowed one too many times,  
 while 6 over here is from a bitter cashier at McDonald’s – don’t  
 ever complain about the fries being unsalted –  
 oh, and down on the left,” he gestured with a swooping hand  
 to one still dripping a bit of blood, “that was from my best friend.”  
 He sighs, “that is the one that still hurts sometimes, usually at night.  
 Sleeping is sometimes difficult for me, what with all the knives in my back.  
 “So,” he asks, tentatively, averting his eyes, “what’s with the knives in  
 your heart?”  
 I clear my throat.  
 “Oh, sorry, I don’t mean to be rude if it’s a raw subject or fresh wounds,”  
 he sputters, shaking his hands, palms facing me.  
 In the sunlight of the park, the knives’ shadows shake with the hands.  
 I study their umbra, avoiding the umbra of my own cleavers,  
 reaching to his shadows, quivering with each breath, desperate to shake back.  
 “Yes,” I nod, “to be quite frank, it is.”  
 We sit on the bench, in silence. He feeds the birds some crumbs from  
 his pocket.

*Brittany Davis is a second-year  
 medical student at the Hofstra  
 North Shore-LIJ School of Medicine.*



## Her Healing Nature

ANDREA M. TUFANO

*Andrea M. Tufano is a second-year medical student at the Hofstra North Shore-LIJ School of Medicine.*

## Jeanne

*El malei rachamim*

*O G-d, full of compassion.*

Intolerable, impossible

Words gush, unstoppable

Assaulting my ears, heart and being

For now, brief sliver of time with you.

We sat like two rocks in the coffeehouse,

Your Jess, precious daughter and I

Hearing, not listening nor believing –

“I have a little bleeding, and, a mass,”

(My younger cousin, the gynecologist)

The shoemaker and her child.

“How much? How long?” we intone –

Whispers, barely audible.

*Shochayn ba-m'romim*

*Who dwells on high,*

Our collective sigh

Ascending to the heavens.

“For a while; the estrogen didn't really help either!”

The writing was on the wall.



The Diagnosis – different, personal and threatening from this end  
Decades of empathic conversations mocked in moments.  
“I am afraid, angry – not fair!” (got that right),  
“I will be with you” (my first responder to her heart).  
Our days are long, months short and years too few  
Making memories, appointments and yes, lots of chemo.  
Loving apologies, amends, fences to mend –  
Savoring, tasting moments before the sand runs out.

*V'yitz-ror, bitz-ror hachayim-*

*Bind her soul together with the living.*

Sweet, soulful melodies in your ear, final precious hours,  
Family, friends' and patients' prayers ascend with your light.  
Loved in life, loved forever,  
Shelter her under the cover of your wings.

*Jill Maura Rabin, MD, is a professor of obstetrics and gynecology at the Hofstra North Shore-LIJ School of Medicine, and co-chief of the Division of Ambulatory Care, Women's Health Programs-PCAP Services at the North Shore-LIJ Health System. She is head of urogynecology at LIJ Medical Center and the North Shore-LIJ Medical Group.*

*Source: El Maleh Rachamim - Prayer for the Soul of the Departed - Death & Mourning*

*Republished with permission of Pen Woman Magazine and nlapw.org*



## North and South Spectacles

ANDREW NG

*Andrew Ng is a third-year medical student at the Hofstra North Shore-LIJ School of Medicine. He enjoys tapping islands for blue mana.*

## Gratitude

“Boy, did we really need you! I’m so glad you were here, part of the team!”

I continue to hold the small testicle in my hand at the end of the surgical string and stare blankly into the operative field.

“Hey, I’m talking to you! Thank you for being here. I don’t know what we would have done if you hadn’t helped out.”

I lift my head to meet the surgeon’s eyes and then turn completely around to survey the OR behind me. No one there. Who in the world was he talking to? Must be the fellow across the table from him.

“You know, Deepa, this is a great example of how there is no such thing as a routine orchipexy, or a routine anything for that matter!”

Oh, he was talking to me. Well, now I feel awkward because I still haven’t said, “Of course, thank you for having me!” And I also feel overcome with gratitude to this physician who just made me feel not only welcome, but needed as part of the team.

I was part of this group of people in the OR, standing over this two-year-old, trying to medically correct a congenital anomaly that might have caused him and his family a future full of doctor visits, disappointing news and lengthy hospitalizations. And all I did was hold a string.

Over the past five months, the word *team* in the context of medicine has seemed abundant in theory, yet sparse in practice. There is so much that goes into being an effective and efficient team member: optimism, rational thinking, the ability to listen, a boldness and willingness to be a patient advocate and corroborate clinical evidence of your peers. It’s an easy list to make, but a hard set of qualities to practice. It’s especially hard when another team member is belittling you, or a different team member takes sole credit for the work you did together.

For the medical student – the fly on the wall in many of these situations – there is so much to be seen and so much to be critiqued, with egos, opinions and human nature seeping into the team to dissolve it from the inside out. How could these people treat each other like this when they’re supposed to be working together? Can’t they remember what they’re fighting for? And then once again I fall into the black hole of self-doubt: How do I make sure I never act like this, and when I mistakenly do, how do I remind myself to swallow my pride and apologize?

This has become rule #1 in my book this year – or as I affectionately refer to it, the Rule of the Undescended Testicle: Use the overriding

context of the well-being of your patient to acknowledge and give credit to the people who made that patient's care exceptional, regardless of a personal bias. There is never a job too insignificant to offer thanks, or a feeling of gratitude that should go unexpressed. Saying the word *team* doesn't suddenly make everyone remember his or her role. It is the unspoken sentiments of trust and professional mutual respect that create the environment in which to deliver individualized and remarkable patient care. And that's all that matters in the end, anyway.

*Deepa Ramadurai is a third-year medical student at the Hofstra North Shore-LIJ School of Medicine who grew up in the suburbs of Chicago and went to Northwestern University. She loves traveling, tennis and cooking - especially with Sriracha.*



## Taking Flight

ANDREW W. MENZIN



*Andrew W. Menzin, MD, is vice chairman for academic affairs in the Department of Obstetrics and Gynecology at North Shore University Hospital and LIJ Medical Center. He is also the associate chief of gynecologic oncology for the North Shore-LIJ Health System and a professor of obstetrics and gynecology at the Hofstra North Shore-LIJ School of Medicine. He is a senior mentor in the Arnold P. Gold Mentoring and Professionalism in Training (MAP-IT) Program.*

## The Half-Man

The afternoon began with the surgery chief publicly challenging his residents on their medical knowledge. These were grown men and women, people who had proven their worth time and again in medical school, people surely deserving of respect – yet he put them on the spot like misbehaving children.

I grew up in a house underneath two electrical towers, and the aura created by hundreds of kilovolts overhead was not so different from the caustic atmosphere in the lab prep room. The air crackled with nervous energy. I was glad for the “guest” badge on my breast pocket. I would not be held to the same exacting standard as the residents, at least for now.

Plaster molds of a pelvis and femur lay upon the table, and over the course of an intense half hour, the chief teased as much information as he could from his residents regarding the anatomical relationships of different structures surrounding the hip. I knew the acetabulum and femoral head, but the residents quickly pushed past my knowledge as a first-year medical student. They leapfrogged one another through the minutiae of the region’s anatomy, challenging the group to probe ever deeper. Condyles, trochanters, arteries, veins, muscles and fascias, almost too many to count. Most of the residents knew the relationships in exquisite, rocket-launch-procedure detail, but a few froze in an anxious display that made you wonder if this was the person who might one day be doing your own total hip arthroplasty. Which would I be? I slouched deep into the chair.

The group moved to the operating laboratory, and I had to stifle a gasp at what I saw on my table. I had worked with cadavers before, so the shock did not come from the sight of a dead person; it was the startling lack of torso, arms and head. There were two rows of tables, and laid out on each was a body – or rather, body half. They were neatly sewn up above the pelvis as though they had never found need for lungs or a brain. I stared down in apprehensiveness at the half-man my group was assigned.

The year before, I had quit my job, uprooted my wife and

crossed the country to start a medical post-bac program in the hopes of one day attending medical school. The disembodied legs before me were the gruesome prize for all the work it had taken to get to this point. Was it worth it? I had fought to get my job, fought to get into the post-bac, fought to get into med school and now here I was, standing next to residents four years ahead of me, who I could see were fighting to get to their next step. Would it ever be enough? A few steps beyond them was the half-man on the table, waiting to have his tissues opened by blunt dissection.

The chief strode directly to my side, all five and a half feet of him towering above the residents by virtue of confidence alone. The chief launched into his demonstration with the no-nonsense demeanor of someone who'd been there, done that, rattling off a list of facts that would dazzle a medical reference editor, without a pause, because if you couldn't keep pace, that was your own damn fault. His hands were perfectly in sync with the error-free narration that told the residents to find these landmarks here, make this cut there, spread the fascia this far apart. His movements were forceful, almost aggressive. Was I expecting a languid approach to surgery? Each jab of his fingers into the cadaver's tissue made me want to say, "Ouch! Gentle..."

They tell you about cardinal moments when you go to medical school – how you'll never forget the first time you work with your cadaver in the anatomy lab, the first time you're responsible for the care of a patient, the first time you make a decision with a positive outcome on patient health – and this was one of those moments. We were actually going to perform a surgery on the half-man. The gloves covering my hands were clammy with sweat and I could feel a weight in my stomach. Every sensory receptor was cranked to full.

First, there was the sight of the body – fresh as a cut of meat from the grocery store. Unlike the mucky, brownish-yellowish halted rot of a formalin-fixed cadaver, this half-man had cherry

red blood and muscles still primed for one last run. He had a Band-Aid on his knee and a tattoo above his ankle. A few of his toenails were clipped and the rest weren't. Top half or not, there was humanity to this individual that was setting off alarm bells inside me. His legs were not all that different from mine. I had to remind myself that he was indeed deceased and that his missing top half would not be upset by our ministrations.

I could smell his bone when one of the residents took a saw to the femur. It was sharp and acrid, like singed hair. The resident made two cuts to the bone's neck and then removed the disk between the long bone and the head. The chief jabbed a screwdriver into the head of the femur, gave it a few turns and popped it out, too. This bone had vitality, glistening with a translucent coating of cartilage. The whiteness of the laboratory teaching skeleton was replaced by something that looked more akin to polished granite - imbued with blue, purple and the red of blood from the torn foveal ligament. The half-man's hip had once been inside his body - he'd used it all his life. And now it was gone.

I marveled at the assuredness of the residents beside me. Their fingers danced over the tissues as they felt for landmarks. When they made a mistake and cut a little too high, they did not hide it but instead teased one another and worked to correct the error. There seemed to be an unspoken attitude of: "We've been here before, we've got this." Each step required a new tool from the dozens aligned in trays besides us. The residents did not show paralysis from uncertainty; they knew what they needed. There were the retractors, the hooks, the elevators and Ronguers. There was a fearsome gadget equivalent to a chainsaw shaving razor. Next, a hemispherical cheese grater that fit into the recess of the acetabulum and made a puree of the remaining cartilage that was not unlike hummus. All of it was happening so fast. One minute, all I had ever worked on were spreadsheets and word documents; the next, I was holding surgical retractors for the first time as residents cut bone and tissue. It was dizzying.

*Crack!* I looked over to see another resident take his turn demonstrating for the chief, wielding a mallet and stake to drive the new ceramic hip socket into the place formerly occupied by the cartilage. *Crack! Crack! Crack!* “Don’t be too hesitant,” the chief advised. “You need to make sure it’s firmly in place. Finish what you set out to do.” My eyes were locked on the femur as the chief took his next instrument and banged it into the center of the bone to enlarge a groove for the prosthesis. A few more mallet hits and the groove was widened enough to implant the artificial hip. All told, the surgery had lasted forty-five minutes.

As I drove home later that night I reflected on what I had seen. The stress and fatigue induced by constant examination were undeniably visible in the residents. The rat race of medicine would never end for the overachievers who sought the greatest challenges. However, I could also see qualities that were encouraging. The residents were patient and tenacious; they were not stymied by their mistakes, even in the presence of their peers. I could think of so many times in my past life, either in academics or at work, when it was clearly implied that experimentation was unacceptable. It seemed so often that you needed to demonstrate mastery from the first step. And yet here you were encouraged to experiment and fail. After all, this entire surgery was just practice.

For once, I saw people being given the opportunity to develop real expertise through practice. They were allowed to become professionals and in so doing, help people. The medical road stretched beyond the horizon ahead, but that idea was something I could put my soul into. You need to start with the half-man before you can be whole.

*Kristoffer “Tiff” Strauss is a first-year medical student at the Hofstra North Shore-LIJ School of Medicine.*



## Approaching Storm

MARC SYMONS

NARRATEUR



*Marc Symons, PhD, is an investigator and the co-director of the Brain Tumor Biotech Center at the Feinstein Institute for Medical Research.*

## What Would You Do?

“Dan, it’s Andrew,” came the voice over the phone when I answered the page. “I’ve got a situation that requires your expertise.”

“Go ahead,” I responded, leaning my back against the wall that the phone hung on. In this position I could focus on my conversation with the medical center’s chief of oncology, and also monitor the hall traffic, smiling and nodding at the passing staff.

“I have a patient in the ED, Bay 18,” Andrew began in a rush of words. “He came in this morning by ambulance. He had been out for a morning run, claims that he had a funny feeling in his chest and almost passed out. He then walked back to his house and called me.”

“Okay,” I injected when the hyper Andrew took a breath.

“At first he refused the ambulance that I told him to call,” the chief continued in another rush of words, “but I guess that his family was so upset that he agreed to come in to be seen by me.”

“Smart man,” I said when Andrew paused for another quick breath.

“That’s what I’m getting at, Dan,” Andrew began again. “He’s really not all that smart. He was diagnosed with pancreatic cancer two months ago, and he’s refusing all treatment. I’m afraid that this morning’s weak spell is a sign that the cancer has metastasized. I want to admit him for tests, but he’s refusing.”

I started to reply, but before I could get the words out, Andrew hurriedly added, this time in an insulted tone of voice, “He just told me that if I don’t release him, he’ll sign himself out against my advice.”

“And Andrew...?” I began slowly, even though I knew what the answer was going to be. “You want me to...?”

“See if you can talk him into staying overnight so that I can run some more tests, or at least try to get him to stay for a scan. I need to know if the tumor is spreading.”

“I’ll see what I can do, Andrew,” I said, pushing myself off the wall, wondering if there really was anything that I would be able to do. “But it sounds to me like this guy has his mind pretty well made up.”

“I’d appreciate it, Dan,” the chief responded, this time with

a half-laugh. "Maybe you can lay some of your theological guilt on him."

"Shalom to you too, Andrew," I responded. "I'll be in touch."

The curtain to Bay 18 was pulled shut. As a courtesy, but not intending to wait for an invitation to enter, I knocked twice on the door frame and slid the curtain aside.

"Come," said a voice from within the cubicle. It sounded more like a command than an invitation. Did I detect an edge of annoyance in the tone?

He was seated on the bay's single gurney, his bare feet swinging off the end. He wore a jogger's outfit, running shorts and a gray T-shirt with "State" in white block letters on the front. He did not have the build of a serious runner that I had imagined. Instead, in his mid-forties, somewhat paunchy and jowly, he was the picture of an out-of-shape, middle-aged man who had just decided to try to lose a few pounds and get back in shape.

"I'm Dan, one of the medical center's chaplains," I offered, approaching him and extending my hand.

"So, my doctor is playing the God card, Chaplain, is he?" was his response, as he grasped my extended hand. His grip was firm but clammy. "I'm Guy," he offered, shifting his weight on the gurney and quickly adding, "I'm sorry Andy got you involved in this."

"Actually, Guy," I said, intending to feel my way along in the conversation, "all I know is that you're about to sign yourself out against your doctor's advice."

"Andy's a good doctor, Chaplain," Guy responded, beginning nervously to swing his feet faster, "but he worries too much." Guy quickly added, "He always worries too much. Even when we go golfing, he gets himself all worked up worrying about his golf game." Laughing to himself, Guy went on, "I tell him that's why he's such a lousy golfer."

Guy paused, looking at me as if expecting a response, but I said nothing. I suspected that he was trying to size me up, and I suspected also that he knew I was trying to size him up.

"Do you play golf, Chaplain?" he asked, watching me closely.

“Maybe we can get a threesome up and take some of Andy’s money?”

Recognizing that I was in the presence of a very smooth professional, I answered slowly with a forced chuckle, “No thanks, Guy, there’s already enough frustration in my life, dealing with people and their problems. I don’t need the additional frustration of chasing after a little white ball.”

“Ah,” Guy responded, still looking carefully at me, “the good Chaplain likes to be in control.”

Enough games, I thought. Placing my weight on the balls of my feet, I said suddenly and directly, “Your doctor tells me that you’re about to do a stupid thing.”

The sudden switch in the tone of the conversation caught Guy off guard; the expression on his face revealed that the gears were turning in his mind as he considered my statement.

“That’s what Andy told you, huh?” Guy said, glancing down at the floor and then looking back at me. “And just exactly what else has my doctor been telling you?”

Consciously trying to soften my “in your face” stance, I relaxed my posture. “He told me what I need to know about what’s going on, here and now, Guy,” I said calmly and matter-of-factly.

“I’m not very religious, Chaplain,” was Guy’s response; I could see that in his mind he was reviewing his options. Looking straight at me, he then said, “I really don’t think I need a chaplain.”

“Perhaps what you do need, Guy,” I said, returning his gaze, “is someone objective to tell you that denying you have pancreatic cancer will not make it disappear.”

Guy said nothing, but he shifted his gaze from mine and looked off into a far corner of the cubicle; then he looked back at me.

“I know what I have, Dan,” he began slowly and softly, for the first time calling me by name. “I didn’t get to where I am in life by being in denial. I’ve researched this thing to death...” He forced a laugh. “Death. That’s a pretty appropriate choice of words, don’t you think?”

I said nothing, shrugging my shoulders.

“I’ve researched this disease,” Guy continued, “and I know

exactly what to expect.” He nodded his head to himself as if listening to some internal voice. “I know what’s going on inside my body.” He sighed deeply. “I even know what Andy wants to confirm with his damn scan.”

“And what will the scan confirm, Guy?” I asked.

“This thing is spreading, and it’s in my lungs now; it’s right on schedule. In another month it’ll be in my brain.” He looked down at the wedding band on his left hand, and began to slowly turn the ring. “And if I let it get that far, I’ll just be a drooling pile of rotting flesh.”

“Your family knows how sick you are, Guy?” I asked, hoping my voice conveyed my genuine concern and sympathy.

“Yeah, Dan,” he answered “I sat down with my wife and two girls when Andy first gave me the diagnosis. I told them that I wanted to continue to live my life as I always had...and then...” he looked up at me, his face suddenly very, very weary, “...and then I’m going to end my life.”

“The family’s okay with that, Guy?” I asked, hoping that I sounded as objective and nonjudgmental as I intended to.

“My wife more so than the girls,” he said. “My wife knows me and she knows how controlling I am.” He smiled at some private joke and looked down at the wedding band that he was still twisting. “The girls at first wanted me to do the chemotherapy and radiation that Andy suggested, but I told them that I was not going to die of cancer, and that the doctors were not going to kill me with their goddamn radiation and chemicals.”

And then, the defiance fading from his face and his voice as quickly as it had come, he stared at me and softly asked, “Am I wrong, Dan?” Before I could reply, he asked again, “What would you do, Dan?”

“What would you do, Dan?” Guy’s question hung for a few moments in the quiet of the cubicle. Guy was staring at me, his eyes almost pleading with me. “What would you do?” he repeated.

“Honestly, Guy,” I began, reaching out with both my hands and taking hold of his two hands, “if the people whom I loved supported me, I would do what you’re doing.”

I had a momentary image of Andrew bursting through the curtains and wrapping both his hands around my neck, but I could not deny this man his basic right to take charge of his own life – and of his own dying and death.

“Thank you, Dan, thank you,” Guy said, his eyes beginning to fill. “Coming from you that means a lot.”

*Daniel Kennelly, PhD, an ordained Roman Catholic priest, is an interfaith chaplain at LIJ Medical Center. He has master’s degrees in education and divinity, and a doctorate in spiritual counseling.*



## Tranquility

VENICE VANHUSE

*Venice VanHuse is the director of graduate medical education and the Office of Academic Affairs for the North Shore-LIJ Health System.*

NARRATEUR

## The Poison

The humming and beeping of the machines in the outpatient infusion center have a nice rhythm that usually puts its residents to sleep after about half an hour.

The nurses, attentive but unobtrusive, scurry around – usually one nurse to two or three patients. The room is hospital clean, orderly and colorless. The air is sterile and cool on a mid-May morning.

Today, Greta arrives ten minutes early for her chemo drip. She requests a certain chair in which she can lean back to view the church from the window. Greta is an eighty-three-year-old German woman, elegant in demeanor and dress. She has thinning white coiffed hair and is wearing a sweater set of fine burgundy Italian yarn. Her son, Gunther, in his fifties, accompanies her.

Greta has metastatic breast cancer. She has lost over forty pounds over the past six months. She is gracious in her acceptance of the grim prognosis. She agreed to the cycles of chemo for only two reasons. First, her son insisted. She tells her attending nurse, “I really wanted to be let go.” The second reason is darker and more complex. “I was an only child in Munich,” she tells her nurses on this day in May. “In 1942, I was ten years old and was being raised by my grandparents. Both my parents died when I was a child. Munich was devastated by the war. My grandmother went crazy because she lost everything – her jewelry, house, furs, and all her possessions. She could not accept her change of fortune. There was not much of anything left because of the upheaval and fighting.

“I was told by my grandparents not to talk about my family for fear of them taking me away. I had one friend, Sarah, a Jew, and one day she and her family were gone. I never saw her again. In those days, we moved around a lot. My grandfather’s uncle was taken to Dachau and killed there. He spoke up against them. I was forbidden to ask any questions. Dachau was about a mile and a half from Munich. We did not know what was going on there.

“Now I realize the horror and feel such guilt. I sat on my

grandfather's shoulders as the parade rode by. We saluted them."

Greta anxiously looks around for the arrival of a woman who has come to share the chemotherapy infusion chair next to hers. She seems to be a few minutes late. But the look on Greta's face softens when she sees the woman, who is also from Munich. She arrives alone. They are about the same age. Helga has a thick German accent despite having lived in the United States for four decades. She wears stylish leather alligator shoes that she bought in Munich on a recent trip. The German government had sent her an invitation for a memorial event.

Helga also wears a sweater set, of fine teal yarn with tiny covered buttons, and a single strand of pearls. She wears a gray knitted cap she bought from a shop that caters to women who have lost their hair to cancer treatment. Peeking out beneath her cap is a tuft of whitish gray hair. Helga told Greta that a friend recently asked, "Oh, are you making a fashion statement?" "No," she answered, "I have cancer."

A few months earlier, Helga's doctor had told her that she had "the worst case" of pancreatic cancer he had ever seen. She too understands that the calendar is running out of pages to fill. She enjoys her time with Greta and her son. She has no family and few friends. Her father was a successful milliner, turning out soft felt chapeaux with feathers. She was the only one in her family to survive the concentration camp.

On this day, Greta and Helga sit side by side in the unit on matching blue vinyl recliners. Greta schedules her six-hour infusion on the same day at the same time as Helga, although Helga does not know this. Greta committed to this schedule on the first day, after she noticed the small faded numbers tattooed on the underside of Helga's wrinkled forearm.

The irony, Greta sometimes thinks, is that they are both tethered to a machine that is pumping into their bodies a yellow-tinged liquid poison that can burn an ungloved hand. The nurses hover, checking and rechecking the sequence of the treatment. The drip snakes through the tubing with direction and purpose to target the uncontrolled rampage unseen within.

There is little talk between the two women. Occasionally, they half smile and nod. They do not normally make eye contact during the infusion. Sometimes, their silent prayers are so powerful that you can almost hear them. Let this medicine give me more time. Please, God.

One time, when words were exchanged, Greta told her neighbor that as a child she had sat on her grandfather's shoulders on the cobblestone street in Munich. Red and black flags were waving. She was waving. What she didn't know was this: Nearby, Helga limped along the same cobblestone street, cold and frightened. She carried a small suitcase stuffed with clothes. She and her family were being led to the concentration camp.

*Heidi Mandel, PhD, is a social work consultant at Lenox Hill Hospital.*



## What Do You Call a Fish Without an Eye?

BENNY CHEN

*Benny Chen is a third-year medical student considering a career in pediatrics or wizardry. Maybe both. He enjoys movies, mayonnaise and modern American literature, specifically anything by David Eggers, Stan Lee and Nicholas Sparks.*

NARRATEUR

## New Year

A New Year's Eve celebration.  
Narcan and a liter bolus awaken you.  
Soft blue eyes, like faded blue jeans.

Weathered gray face.  
Hypotension. Lactic acidosis.  
Unshaven. Unkempt.

Leukocytosis. Sepsis.  
A hesitant, shame-filled smile.  
Did you notice the vomit splattered on your pants?

Right lung infiltrate. Hypoxia.  
Tachypnea.  
Did you aspirate?

Strong, capable hands fiddle.  
You are a carpenter by trade.  
Oxy, Vicodin, marijuana and cocaine became your tools.

Thirty days out of rehab. Relapse.  
Yet today is a new day.  
Day one of a new year.

A blank page.

*Kathleen Leary, NP, is a per diem nurse practitioner at North Shore University Hospital. This poem was inspired by a patient she cared for on the first morning of a new year.*

## Baby Love

The subway car was crowded. I had my usual spot, holding on to the cool steel of winter.

I noticed them immediately. It was the colors, I think. Or maybe it was that this mother and her baby girl were so full of life and rocking to that freedom of love. She wore a short ponytail, this motherly love. There was a thick tuft of soft brown fur that hung over her collar. She was dressed in black. I followed her eyes – or was she following mine?

There she was. Her baby! She was wearing a knitted pink sweater – the only color in the subway car. Mother was leaning in, touching her nose, smelling the roses of her skin. The baby looked around. She was confident in this singular bond. I turned away, embarrassed that I was inching my way into their intimacy.

My eyes dropped down to meet my hands. My lids opened again, shyly. I peeked into a blur of color. The baby leaned in and rested her head on her mother.

I usually have my camera and pause at such moments to snap and bear witness to such beauty. There was no camera that day, but this image still stays with me, years later. It was magical, but there was something tugging at me. It took another five years to understand why that moment found a permanent corner in my head.

Our own little girl had never known such ease of travel. She is now a tentative teenager. My wife carried around this amazing bundle in her belly throughout a wonderful pregnancy – full of happiness and relative health.

My wife was diagnosed with type I diabetes when she was two, and for years had suffered from the burning pain and tingling of neuropathy. When our daughter was born, the neuropathy got even worse. Six weeks after the birth, the accumulated stress and strain of a difficult labor and the day-to-day care of our daughter triggered her most severe battle with diabetic neuropathy.

It took such strength for her beautiful and loving mother to hold her. It was another nine months of medicines and rest before the tingling and pain quieted. The neuropathy was always the backdrop to their early relationship. There was no ease in this new

dance. At a time when she could have been rocking away on a subway car with her baby in tow, complete in a love trance, she was forced to use her grandmother's walker to get around. What would it have been like, I wondered years later, for my wife and our daughter to have known such freedom heading into a tunnel towards Canal Street?

*Michael Lettera is director of wellness at the North Shore-LIJ Health System.*



## No Title

BRANDON ALBA

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



## Durable Beauty

EDMUND MILLER

NARRATEUR



*Edmund Miller, PhD, is head of the Center for Heart and Lung Research at the Feinstein Institute for Medical Research.*

## Here We Go Again

The clock reads 11:09 p.m. We have been at this for about two hours.

The chair creaks from overuse as we rock and rock and rock, his body flush against mine, all radiant heat and sweet shampoo smell. His head fits exactly into the crook of my elbow, and he sleeps soundly. Finally.

I stop moving in the rocking chair and lift his body, limp and heavy with sleep, into his crib, gingerly, ever so gingerly (I don't think I knew the meaning of this word before having a child). The moment his body makes contact with his mattress, he jumps up, as if spring-loaded, wide awake. He reaches up his plump toddler-arms to me in the darkness, whimpering softly. Here we go again.

Others tell me, "Just let him cry it out. He will learn to soothe himself eventually." After fifteen months on this earth? I have my doubts. I pick up my hefty child and return to the rocking chair. He is instantly back asleep, cooing gently as consciousness drifts away.

My mind wanders. I think of all that remains to be done: load the dishwasher, pick up the toys, take a shower, prep meals for the boy, pack lunch, prepare teaching outline. I think of how tired I am, how the insides of my eye sockets ache with this; I consider which of these activities I can forgo with the aim of sleep. I wonder why it is that this life as a mother-psychiatrist (or psychiatrist-mother) is so intense, frenetic, chaotic. How does one find respite?

I look down at my child, his messy russet curls framing his face, his angelic lips formed in a perfect "O," an image of calm unparalleled. And then I realize, nothing exists except this moment. There is nothing I would rather be doing than rocking this boy-creature in my arms. Even if this is the sixth time tonight he has fallen asleep and woken back up again. I am a mother. I will soothe him through these lonely and restless moments. And I will soak it up with gratitude, bask in my privilege of being the one to bring him comfort.

Fast-forward twelve hours. In the harsh whitewashed light of January at a psychiatric clinic, so different from the idyllic nursery

of the night before, I find myself face to face with human suffering. Despondency. A demon tried to suffocate me last night, a patient declares. This thing, this demigod, has commanded him to take his life. He is a tall, broad-shouldered Caribbean man who walks with a regal confidence. In the past his eyes danced as he spoke to me of his closeness with God. Today his eyes are dark, still, empty, his soul mired in a prison of psychosis. He fights back tears as we discuss hospitalization, how at this point there is no other choice. He agrees silently. Of course, this is not the first time. Here we go again.

As we walk to the unit together, I think of the number of times I have seen him, every two weeks over the past two years. I reflect on the multiple medications he has tried that have failed to help him, the side effects he has suffered, the reassurance I have given him that we will find the right combination. I feel his psychic pain, his hopelessness, as if it were my own.

He feels that he has failed me, and he apologizes. This breaks my heart. I have failed him. Have I?

I think of what my son taught me the night before. This walk, this conversation, this relationship is a privilege. This man trusts me fully, implicitly, to care for him, and will continue to do so even after my medications have failed. He looks to me for solace and reassurance, risking judgment and institutionalization as he reveals, layer by layer, the details of his persecutions. I bear witness to his manic rants, his terrifying hallucinations, his moments of recovery and bliss. And all I can think of is how grateful I am; I cannot imagine anyone else walking him to and from the unit.

For me, being a healer (and a mother) means simply to bear witness. To be present. To be.



*Kelly Fiore, MD, is an assistant professor of psychiatry at the Hofstra North Shore-LIJ School of Medicine, and an outpatient psychiatrist at the Zucker Hillside Hospital. Dr. Fiore is also a high potential mentor in the Arnold P. Gold Mentoring and Professionalism in Training (MAP-IT) Program.*

## Mary

The old woman was brought to the Emergency Room in the middle of the night. She was weak, pale and cold. She'd been pulled from a burning house. Medics at the scene were witness to what they called deplorable living conditions. What's more, the brown cakes that dotted the woman's thighs and her thin, sagging frame suggested that she was malnourished and neglected.

If she could speak – she was in shock – maybe she would have told us that this was not the way she had spent most of her life. That now she was old and infirm and people who were charged with taking care of her didn't know a lick about caring. Maybe that's what she would have said.

What she did say, when she finally had the strength, were seven chilling words. They arrived in a whisper: "Help me...they did this to me."

Police were notified. Blood was drawn. Body scans were ordered. Tests revealed a fractured hip, and there was trouble in her blood. I was her nurse. I held her hand. In less than a minute I had become her soldier-at-arms. She said an initial. M. She said, "M. did this."

I took her hand. I felt a tear on my cheek. "You are safe," I told her. "No harm will come to you."

I left her bedside and began to pick up the pieces of a life. There were no known relatives on Long Island, but I was able to find the name of a niece in Florida. The woman said that she had not seen her aunt in years. The last she had heard, her aunt had been hospitalized and had met some "nice people" who said that they would tend to her at home. Every so often a letter would arrive written by one of these caretakers. The writer made it sound as if life for her aunt was good.

After a while, the letters stopped coming.

Now, a thousand miles away, my new patient's niece was embarrassed and shocked. Broken bones? Feces? She had a hard time matching up such words with memories of her aunt. "She was beautiful," she said. "And what an amazing artist." The woman also had money. She'd outlived her husband for many years now. The only

other family was across the ocean, in Ireland, and they really didn't even know her well.

The police made a visit to the home after the fire. There were many immigrants living there. The house was infested with rodents. Cats were everywhere. Human excretions were found in every room.

No way she's going back to that house, I thought. We admitted her. We notified Security. No visitors, we told them. There was evidence on the scan that the hip fracture was an older injury. There was trouble in Glen Cove.

The second day of her hospitalization a man was stopped at Security. It was M. Now he was here with papers for her to sign. The police called her bank and a manager said that he knew the man. He had brought the frail woman to the bank, slumped over in her wheelchair.

I keep vigil over the patient. I work closely with her physician and her niece. Disgust and shock at her aunt's condition were enough for her to hop a plane with a plan in mind to help the woman. During her stay in New York she went to the house and cried, hard tears sparked by her aunt's living conditions. Privately, the niece confided in me: "Where was I when she needed me? How could I have let this happen?" Her aunt had suffered greatly in that house.

Soon, the elderly woman was transferred to the Marquis Care Center, only miles from her home in Glen Cove. She had been my patient, and she had become my friend. I would visit often. I would arrive with lunch in hand. I would pull out pictures of her cats – now fat and healthy. She would smile. She had enough strength now to reach for my hand. I continued the conversations with her niece, who was back in Florida. I made appointments for her hair and nails. At the Marquis, she became more of the lady she remembered herself to be. In her mind, she was the vivacious artist once more.

As for the people who abused her, they would never be caught. Her house was stripped of a life once well lived. Bank receipts would help tell a small part of the story. Checks that were made out to contractors for repairs were cashed but no work was ever done. Neighbors would come forward with stories of a house packed full of people who did not belong there. There were half a dozen children

and an equal number of adults.

Walls were torn down. The old woman's bed was found in the kitchen. Eventually, the house was condemned. It was unfit for habitation in the same way the woman who had once painted and loved in the house was unable to care for herself. I stood in that house with the woman's niece. I, too, cried for her. Her name was Mary.

Time passed, and when she got sick she was transferred to Glen Cove Hospital. It was there, at the hospital, where my friend died. There was dignity in her life now. And in the end, she did not die alone. I held her hand.

*Debbie Sullivan, RN, is a nurse in the Emergency Room at Glen Cove Hospital.*

102



## North By Northwest

KAYLA HACKMAN

*Kayla Hackman is a first-year student in the MD/PhD program at the Hofstra North Shore-LIJ School of Medicine. She loves photography and painting. Her paintings have been displayed at the Rhode Island State House and the U.S. Capitol Building.*

NARRATEUR

## Out in the Cold

About a year ago, I'm driving to school in my new (used) Subaru, recently purchased for me by my parents after my former (also used) Subaru, upon inspection, was deemed not only unworthy of passing inspection, but not even safe to drive. When it turned out the cost of repairs would exceed the car's worth, we cashed it in for parts and picked up a slightly newer Subaru, the only brand my father would dream of buying, for some unknown reason.

Of course, this "new" car breaks down less than a month after purchase. To make matters worse, it breaks down in the middle of the street so that cars keep coming up behind me and honking their horns in frustration, forcing me to stick my arm out the window into the freezing cold and wave them past me. I'm calling AAA every five minutes to see when they'll have a tow truck to me. Somehow, they are ten minutes away every time I call. It reminds me of the Indiana Jones movie where a giant door is closing but it only seems to move when the camera is on it; then in the next shot it doesn't appear to have moved at all.

Finally, the tow truck pulls up behind me. An enormous man emerges: scruffy, about six-foot-three, over three hundred pounds, his clothes appropriately covered in grease to establish that he works with cars. He tells me I can get in the truck to wait. I climb in gratefully, my toes and fingers completely numb. I'm frustrated that my "new" car is already unreliable, and a little pissed that it took over an hour for the tow truck to come. I'm missing class right now, too. Don't feel so bad about that one.

The tow truck driver does what he has to do to hitch up my car and gets in. "Mind if I smoke?" he asks. I do mind, but I say no because it's his truck and I'm a doormat. Then I decide that asking him not to fill the cab with smoke is a totally legitimate request.

"Actually, I'm sorry, I have to go to medical school later and I don't want to smell like a smoker. I'm sorry."

He's disappointed and tries to bargain with me. "What if I hold it out the window?"

I stick to my guns. "I'm sorry. I'd rather you didn't."

There is an awkward silence. I am feeling unreasonably guilty, but he gets over his disappointment. A very long minute later, he signals acceptance.

"So, you're in medical school, then?"

I launch into the spiel about where I go and what it's like. Yes, it's hard but I like it . . . yes, debt . . . yes, a lot to remember . . . a special innovative curriculum, the whole thing.

"You know, sometimes I think I'm bipolar," he says suddenly. "Do you think I should see someone about that?"

"Yes, absolutely," I say. "What makes you think you might be bipolar?"

"You know that commercial that's on late at night? With the woman singing that sad song and the pictures of the animals in the shelters? I see it and I just start crying. Stuff like that."

I tell him I know the commercial. In fact, I've been griping about it for years, the one where Sarah McLachlan is singing this horribly sad song, "Arms of an Angel," and pictures of shivering cats and dogs behind bars play in the background. I tell him it makes me cry, too, and that it's an emotionally manipulative commercial. We share a laugh. And then he becomes serious again.

He tells me that he doesn't have too many people in his life and that he likes animals more than people. He tells me about how he feels bad for these animals, and he's been going to shelters and adopting the ones that have been there the longest, the ones that nobody wants. They are usually old and infirm and so they end up dying soon after he adopts them.

I tell him that's a really nice thing to do, to give these animals a home and comfort during their last days. We talk about how hard it is to lose pets, and I tell him about my dog who died when I was a child and how I still think about it all the time and it still makes me cry. He says he feels better knowing other people feel the same way about animals.

He starts to tell me about a dog he owned that caught pneumonia and died in his arms. As he goes into it, I can tell he's upset. This immense tough guy suddenly looks like a little boy to me. He starts to cry, and then sob, still driving.

My first thought is: Oh, my God, we are in an enormous truck (with my car on the back to boot) and I just hope we won't crash. My second thought is: God, has he ever been able to talk about this before?

And then the words REFLECT, LEGITIMIZE, EXPLORE tumble out of my brain. Repeated many times in class – and amusing to some: a “formula for empathy.” Yet, I am surprised that these words make me feel as if I've been trained to handle this. I feel capable of helping him.

I start comforting him and find myself using the tools we learned in medical school as he calms down and stops crying. When we arrive at the car shop he seems to feel better. He smiles and says goodbye. He wishes me luck.

“I think you're going to be a great doctor,” he says.

I wonder if I should give him a hug, but instead I reach out to shake his hand. He looks surprised. He looks down at his hands, covered in grease, but then he extends his right hand and we shake. He leaves the shop.

I realize that all the frustration of the morning has gone, and now I'm just wishing I had a way to check up on him. I know that all this has happened not because I'm in medical school, and not because knowing that I am going to be a doctor allowed him to feel comfortable enough to open up to me. It happened because I am the type of person who wanted to go to medical school so that I would end up in this kind of situation. What I worry about most in my career, however, is not having to confront emotionally tense situations, but possibly becoming hardened to them.

*Lindsay Wood is a second-year medical student at the Hofstra North Shore-LIJ School of Medicine. She studied English and philosophy in college and hopes to maintain those interests as a physician.*

## The Cardiologist

It was a sunny afternoon in early winter when my medicine preceptor asked me to meet him at the Orzac Center for Extended Care and Rehabilitation. It would be the first time I had worked with him outside of his office, my usual Monday routine.

We made rounds checking in on patients that he – a gentle man with an attentive nature – had gotten to know quite well. When we were finished, he took my elbow and whispered: “Why don’t you stay behind and get acquainted with our patients?”

In the first room I entered I met an older woman who looked at me and forced a weak smile. She and her family had been about to depart on a much-anticipated trip to Italy when debilitating headaches had forced her to the emergency room. A head CT revealed an unwelcome finding: glioblastoma.

She sat in front of me, her hair still regrowing following a cranial operation. She shared with me the difficulties she had faced relearning how to walk, to chew, to articulate. I could tell that she knew that she couldn’t cheat this rogue tumor. But there was a glint in her eye that said to me that she was a fighter; she was already entertaining the idea of a Caribbean cruise with her son and his wife.

She had given me a lot to think about.

I found my preceptor in the hall, waiting patiently for me to recount my conversation. I had learned my first lesson of the day – to listen to my patients’ stories. We then proceeded to the neighboring room.

“Good day Ms. P!” he greeted a younger woman, the casualty of an accident that had shattered both of her patellar tendons, and the victim of dubious medical treatment that had made it almost impossible for her to stand or walk. She explained how her knees had ended up in the wrong hands. A doctor had injected an unproven at best, shady at worst, “stem-cell therapy” into her injuries and things had gotten worse, much worse. Copious amounts of ligamentous tissue had begun to grow like weeds.

You could tell that she no longer trusted the medical profession. “Is there anything more I can do for you today?” my preceptor asked. That was how he always ended his visits. But all she wanted was to get out of that place, and I didn’t blame her.

We moved on.

“How are you doing, doctor?” my preceptor asked the next patient, as we walked into his room. I paused at the title. I stared at the middle-aged African-American man whose body was twisted into a seemingly fetal position. The response to the greeting was an incomprehensible grunt. He didn’t seem to be conscious, and I wondered whether this sound had arrived quite by coincidence on the heels of my preceptor’s question.

“Look here,” my preceptor said. He gently took hold of the bed sheets and pulled them back off of the top half of our patient’s body. There was a jejunal feeding tube that provided his lunch.

The man could not speak, but my preceptor knew his story well. He was a cardiologist who had been flown in from Michigan. He had spent his career saving other people’s hearts, but his had given out without much notice. Like many patients in the throes of a massive myocardial infarct, he had suffered secondary hypoxic-ischemic encephalopathy.

We finished the exam, and as we were leaving the room my preceptor quietly gestured to a portrait a young man in his prime on a table next to the bed. In it, the man was leaning forward, elbow on his knee, chin resting on his hand. Rodin’s *The Thinker*, I thought to myself, admiring his confidence, his strength. It was our patient in better years, when as a doctor he knew ease of thought and action. Now, he did not have either. Friends and loved ones had penned their well wishes in the generous white margins around the portrait. They were praying that he would return to Michigan whole.

“The prognosis is not good, not good at all,” my preceptor said gravely. Pressure ulcers had prolonged his stay at the center, but the odds were against his recovery. My preceptor and I shared a solemn moment. I reflected that this man, who had tended to the ill, to their hearts, lay enfeebled by his own. Perhaps this was irony. Then again, I reminded myself, we caretakers are vulnerable, victims of our own humanity.

Invincible – we are not.

*Mustafa H. Ghanem is a first-year student in the MD/PhD program at the Hofstra North Shore-LIJ School of Medicine.*

## Lessons from My Dad

The woman arrived at the hospital in multiorgan failure. Her body hadn't suffered much but, at ninety-three, it was breaking down. She was beautiful, with soft wrinkles and hair like fresh snow. She was hooked up to a ventilator. I looked into her chart.

I am a palliative care nurse practitioner, and the issue I had to deal with was this: The patient was dying but there was no Do Not Resuscitate order. Having a DNR order in place makes death – her death – less complicated for the family. Although her children wanted her to come home and had every hope in the world that she would recover, sadly, that was not going to happen.

“She’s a fighter,” her daughter said. “We want her alive.” She looked over at her mother. She was still. On occasion, the comatose woman would open her eyes and her lids would flutter and close. To her daughter and her other children, this was sign enough that she was still there, still fighting.

Moments like these create a dilemma for those of us on the Palliative Care and Hospice Services teams at Southside Hospital – physicians, nurse practitioners, nurses and social workers – who take care of patients at the end of life. We have endless conversations, but attempting to help those who will be left behind can be difficult and, at times, frustrating.

The difference between us and those we serve is this: We greet death every day. They do not.

Death is a part of life, but accepting that and preparing for it are too painful for many individuals and families. Coming to grips with reality as a loved one faces death can be nearly impossible for some.

One woman, whose husband was in heart failure, was emphatic: “No DNR or DNI,” she told me. They had just retired and had mapped out the next work-free years of their lives together. A future without him was inconceivable.

Her husband ended up on a ventilator but did get well enough to get out of the Intensive Care Unit and onto a general floor with a BiPAP in place. “He’s a fighter,” his wife said. Her hope was that he would be transferred to a subacute rehab center. I did not have

the heart to tell her otherwise. He was a very sick man. His body swelled with fluid and in a month's time it would give out on its own.

With no DNR or DNI in his chart, his wife was fortunate that she did not have to make the life-ending decision for the man she loved.

In July, my father couldn't catch a breath. The diagnosis was quick: stage IV lung cancer. He was 67, and my first thought was: "My dad is too young to die. He's a fighter. He'll beat this."

He had so much to live for, but we were now measuring his life by the major events that would be coming up *soon*. His niece would be getting married on September 12. He started chemotherapy. He ate as much as he could to gain weight. On September 4, ten days after his last chemotherapy infusion, he couldn't breathe. I was putting my kids on the bus for their first day of school when my mother called. As the children stepped into a new school year, I headed over to my parents' house. My dad was hunched over his bed, gasping.

"We have to get to the hospital, now," I said, frantic. On the way, I dialed my colleague, actually my mentor, who had taught me so much about being a nurse practitioner. "I am taking my dad to the ER. Whatever you do, do *not* let the palliative team see him. I do *not* want anyone there."

In my mind, when the palliative team showed up it meant that death was nearby.

My dad had spent over thirty years as a court officer and was as tough as they come. But when he pulled himself out of the car, he could not muster the energy to walk. When we got him inside, the doctor on call told him that he needed to be intubated. "Yes," the fighter said. He wanted to live. They intubated him at noon.

We were getting something to eat in the cafeteria when I heard a code blue overhead. It was for my dad. His heart had shut down. His kidneys were not far behind. Two days later, after being transferred to the ICU, my dad's body was rallying. Doctors were shocked. "He's a fighter," I told them.

By Saturday, there was talk of taking him off the ventilator. We cheered when they pulled out the tube. By Monday, he was sitting in a chair next to his bed in the ICU. There was more talk of him being able to get to his niece's wedding. "He won't be dancing," we said, laughing.

The next day, Dad was anxious. He pulled off his oxygen mask. "Where are the doctors?" he said. "This is not worth it. You have to get me out of here." A fellow nurse told me not to worry. He was getting well enough to be transferred to the general floor. Tuesday, he made the move.

The next morning I received a call from a PA who told me they were going to start my dad on a medication to help dry up secretions in his body. I started screaming. I knew what that meant, but she told me anyway: "It's the end of his life, Sam," she said.

"Don't do anything until I get there!" I shouted. I called my NP mentor. I told her about the order. She started sharing a story about her father. "Let palliative step in," she said. The next thing I knew I was sitting at a meeting with my colleagues, only I was in a new role. I was not the NP. I was the patient's daughter.

They were talking about transferring my dad to hospice. "No way!" I yelled. He wanted to go home. If he was going to die, he wanted to be in his own home.

His doctors knew that they might have to intubate him again, and they left the decision to my parents. Dad shook his head. No tubes, he said. Enough. That night, his best friend was visiting and we were planning to go to my cousin's rehearsal dinner. My sister and I left for the dinner. My mother, who went home to get dressed, decided to head back to the hospital instead.

He died a few hours later, his best friend and my mother at his side. We were returning to the hospital when my mom called to see where we were. She did not say why.

I greet death every day. Working with people at the end of life is my job, and more than that, my passion. And here I had become one of those family members who would not look death in the face, hoping that the fight was good enough. That it counted for something. And maybe it does.

When I returned to work, the first call of the morning led me to a patient who had just been admitted with stage IV lung cancer. By her side was her grown daughter. The mother was scared about having too much medication. I saw the world, my job, differently. I shared my story.

That day, I knew that I had become a better nurse practitioner.

*Samantha Undari-Schwartz, NP, had almost twenty-five years of nursing experience before heading back to school to become a nurse practitioner. She specializes in geriatrics and works in the Palliative Medicine Department at Southside Hospital.*



## Life Up High

MARIA RUGGIERI

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

## Under the Knife

My sister Melissa and I were playing *Tomb Raider: Anniversary*. She had the controller, and I was the advice department. Some of my input was of questionable value, but sometimes when she tried the things I suggested, it worked out. In any of the *Tomb Raider* games, a second brain and another set of eyes are assets. Even if you don't need the other person's help for most of the game, there are times when you most definitely will. Sometimes it will still take hours.

We were up to the Saint Francis' Folly level and had finished the puzzles in the church, which allowed us to get into the ancient Greek ruin beneath it. To get to the next area, we had to retrieve keys from three separate rooms, marked Poseidon, Hephaestus and Damocles. While I recognized the names of the two gods, Damocles' identity eluded me. I spent the time it took us to get into his room trying to remember who on earth he was. When we finally got inside, I remembered pretty fast. I'm not sure whether Melissa made Lara look up or simply had her run into the chamber. If she did the first, we saw the giant swords on the ceiling before Lara was impaled.

In ancient Greek mythology, Damocles made an unfortunate statement about how good things were for his king. To show Damocles how precarious and worrisome power could be, the king invited him to an elaborate banquet and then directed his attention to a sword suspended over his head by a thread. Damocles didn't enjoy the feast very much.

To the sick minds that create *Tomb Raider* death traps, the sword of Damocles suggested yet another gruesome way to kill off the game's heroine. To me it suggests an apt analogy for my own experience with Duchenne muscular dystrophy. I have a sword over my head.



It is no easy thing to read about a disease you have and learn that it is always fatal and you have reached life expectancy. True, the information is usually slightly out of date; more and more

DMD patients are living longer, more comfortable lives. And whether they are current or out of date, statistics are only likelihoods and probabilities that have very little to do with the real events of individual human lives. No one can tell us when we will die. The harsh fact is that all of us will, eventually. My sword just hangs a little lower, a little more precariously than yours.

Things that would be small annoyances to you could in my case develop into very serious problems. A small cold could become pneumonia, muscles that get too stiff will not loosen, and so I have had to learn to compromise. Every day, I use the nebulizer and airway clearance vest to keep my lungs clear, to blast colds before they start. If it gets to the next level, the cough-assist machine stands ready to suck out the mucus I can't cough up on my own. I get physical and occupational therapy seven times a week to keep my limbs as loose and flexible as possible. I take medication to lower my blood pressure so that my heart does not strain itself. These measures are not cures. They cannot take the sword away, and yet they lift it a little higher, add a little strength to the cords that hold it.

When your body is failing to do everything required of it and becomes its own enemy, surgery must be considered. You must go under the knife to slow the sword's descent. When your muscles cannot hold your spine straight and it begins to curve, robbing more and more space from your lungs, you feel it. The less room your lungs have to work with, the less oxygen they can send to the rest of your body. Even worse, you become more susceptible to the slightest cold with less and less clear lung space to compensate. When you're already breathing inefficiently because your diaphragm and chest muscles are weak, the problems associated with scoliosis become much worse. And there is pressure to make the decision, because if your lung function drops too far, it is no longer safe to put you under anesthesia.

The surgery to have rods put in your back cannot save you. It will only slow down the effects of the disease. It is a delicate and risky procedure with a long and painful recovery period; you will be very uncomfortable for several months. It is not hard to under-

stand why some choose not to go through with it, or wait too long and have the choice taken from them. Physical pain in the present is far more real than anticipation of future discomfort.

For my own part, I never really considered not having it done. I was terrified of going through the surgery, but I was more terrified of the changes that were taking place in my back and lungs. The decision I made was the only one possible for me, but that does not mean it was easy. I didn't see any alternative, but I lived in dread of the day when I would have to go under the lights of the operating room all the same. At the end of my freshman year of high school, I took my finals, went to my older sister's high school graduation and started summer vacation in Columbia Presbyterian Hospital.

It is strange to me how little I remember of my stay there. When I try to recall more than a few specific details, I just get a sort of blur of half-seen hospital rooms, and the whole experience melts into the memories I have of other surgeries. Painkillers and the lingering effects of the anesthesia readily explain much of my confusion, but they cannot account for all of it. Even before I was put under, I began to lose my sense of time and perception of what was happening around me.

DMD weakens all muscle tissue, including areas you wouldn't think of, like vein walls. This makes it very difficult to draw blood, let alone hit a big enough vein for an IV line for anesthesia. This process is not pleasant, and yet I somehow managed to doze off during it. I slowly drifted back awake, and the first thing I knew was radiating pain. It seemed to be traveling up and down my back. My mind was slowly drawn toward the horror of being operated on while aware.

I was just starting to be really frightened when I felt my mom holding my hand. Then I realized that the pain was actually coming from my right heel, where the anesthesiologist was still probing for a vein (on DMD patients, you try everywhere). While I had only been out for a handful of minutes, I felt as if I had already lain there for an eternity. I started to worry that the surgery would have to be postponed, and then the searching needle found a vein that didn't collapse and I was out cold.

I don't remember much more than a minute of when I actually

began to wake up. This is probably a good thing; from the bits I can recall, waking up that first time was incredibly awful. I was lying in a hospital bed with a tube down my throat, taped to my lips so I wouldn't cough it up. It took a few weeks for the skin around my mouth to heal, and that was among the least of my worries.

Surprisingly, I can't recall being in very much pain while I was in the hospital. I remember being uncomfortable in the unfamiliar beds and feeling very stiff, but it could have been worse. I could have been in a body cast. As far as the pain from the incision itself, which went from my hips to my neck, and from the roughing up of the muscle underneath to ensure proper healing and prevent rejection of the metal rods goes, the staff did a very good job of keeping it manageable. This was accomplished by means of a morphine drip, which had its own downside. Its effect on the memory of my stay was considerable. There are things I am told happened that I don't remember at all, and things that I remember clear as day but know did not happen. It is alleged that when my brother and his friend came to see me, I demanded more drugs. I am pretty sure I remember them coming to visit, but I have no recollection whatsoever of saying this to them.

According to my mother and aunt, I was heard to comment that "I hate chartreuse" when I was moved into a room with an ugly green curtain around the bed. I remember the curtain, and disliking it, but I can't imagine that I made that comment. I'm almost positive that I didn't know what color chartreuse was when I supposedly said I hated it. I vividly remember being visited by Grandma and Uncle Eddie in my hospital bed with the curtain pulled back, except I was in my house and my bed was where the kitchen table ought to have been. They did visit me, and I remember talking to them, but I had not yet left the hospital.

When I actually did get home, things remained muddled. I was also in more pain, since I was on Oxycodone instead of morphine (it still makes you loopy, but doesn't do as much for the pain). As my mind slowly returned to normal, I realized that my concept of normal was no longer the same. Even though my back was straighter than it had been in several years, I lay in bed at night feeling more crooked than ever, like a string of beads that has been stretched and forced out of line. I had been used to being crooked, and now my brain was tell-

ing my body that it wasn't straight. I would tell my mother to straighten me, but what looked straight to her felt wrong to me.

This problem only needed time to resolve itself; eventually, I got used to being straight. It was harder to come to terms with no longer being able to feed myself. Before the surgery, I had been able to hunch down close enough to the table to get leverage on my fork. Now I couldn't bend, and so I couldn't get the food to my mouth. I obviously didn't want to have to be fed, but I knew there were far worse things. I had known the surgery was a compromise from the beginning. I had been able to grit my teeth and go through with it. I could handle being fed.

The surgery was a success. My pulmonary function has remained essentially stable since it was done. But once you have been under the knife, you never come all the way out. The effects of it stay with you, both the good and the bad. I continue to breathe easily, but small things can bring that pain and confusion rushing back with paralyzing force. George Gershwin's "Summertime" from *Porgy and Bess*, which my mom finds soothing, makes me shudder as my muscles tense. It was on a CD that was supposed to help me relax while I tried to sleep during that horrible summer. Oxycodone never made me quite comfortable enough to sleep well, while it also kept me too groggy to really feel awake. I was often in a sort of half-dreaming state, and the combination of crazily vivid dreams and dulled reality made it hard to tell which was which. As far as I could figure, when I dreamt that I was on my back looking up at the skylight over my bed, I wasn't dreaming. When I was driving my wheelchair around outside my room under a sky filled with jello-mold flying saucers, chasing a very black cat, it was a dream.

There are other kinds of reminders. The last time Oma made her stuffed pork chops and potatoes I could hardly eat them. That was the first meal I had coming home from a later surgery. Any hospital stay does bad things to your stomach, and memory can repeat the effect. When I saw and smelled that same combination of dishes again, I felt so nauseated I could barely force myself to swallow what my mom put in my mouth. I have learned to avoid such triggers when possible.



After sitting in shock for a few seconds, Melissa guides Lara gingerly into the room, pushing the thumb stick as gently as she can.

Lara and I know the swords are up there. They don't make us turn around and try to run away. She needs that key, and I need to go on living. The sword is there, but I'm still here. I may not be able to ignore the sword, but I can still enjoy the feast, even if Melissa needs to feed me.

*Christopher Waldvogel was diagnosed with DMD when he was five years old. He started writing for fun in elementary school, realized he might be good at it in high school and decided he wanted to make a career of it while an undergraduate at Hofstra University. He is still there, and is now pursuing a master's degree in creative nonfiction.*



## **The Old Way**

TYLER LOPACHIN

*Tyler Lopachin is a first-year medical student at the Hofstra North Shore-LIJ School of Medicine. He received a bachelor's degree in film production from Emerson College in Boston and went on to Columbia University's Post-Baccalaureate Premedical Program.*

## Dadima

It was late on a Wednesday, about a month into medical school. I was almost finished studying for the night. My phone started to buzz, and I was surprised to see that it was my mother calling at such a late hour. The shakiness in her voice told me something was wrong.

“We’re flying out first thing in the morning,” she said. “I don’t think we can wait until the weekend.”

I knew what this meant, but I didn’t want to believe it. After a vain attempt to finish my reading, I closed my textbook. I would normally have berated myself for not finishing my work, but that night, the last page of reading seemed insignificant in light of what lay ahead. The next few days would teach me more about the practice of medicine than any textbook could ever convey. I would come to realize the immense responsibility, yet also the incredible privilege, of being a physician.

At first, we all thought Dadima, Hindi for “father’s mother,” had a mere cough. But after a week, the cough got worse, and the doctor at her nursing home said she had pneumonia. Despite a week of antibiotics, she was rapidly declining, so she had been admitted to the hospital at the start of that week. My dad looked pale and agitated when I asked if Dadima would be okay, and for the first time, I saw a flicker of doubt in his eyes. “She’s eighty-five,” he said, “It could go either way.”

No matter what anyone had said, or how long I had known she was sick, I wasn’t prepared for the next few days. From the “white-out” and air bronchograms on her chest X-ray to the productive cough, the signs and symptoms that had been merely part of a case study the prior week were all too real in that moment. The ethical dilemmas discussed in communications sessions seemed far more complicated than they had in the classroom. I witnessed first hand the battle between practicality and emotion when discussing end-of-life care. I sensed the implicit trust that patients and families place in their doctors. I thought about what an honor it is for a physician to be entrusted without question with precious human lives.

Dadima was my grandmother, but she was really more like a mother to me. She had lived with our family since I was born, and

had cared for me as a child. I have fond memories of her chasing my brother and me around the house, cooking delicious south Indian dishes, winning every game of cards and using all the triple-score letters in Scrabble.

As I grew older, my appreciation and respect for Dadima deepened. She told me stories about her childhood, her adolescence and young adulthood and her life as a soldier's wife, raising my father and uncle by herself. Her husband was often away at war. Without receiving correspondence for months on end, she had no indication of when or whether he would return. She was a strong woman who lived life fearlessly and had no regrets.

Over the years, her health had been declining. She was constantly in and out of the hospital, suffering from cardiovascular disease and diabetes. Then, about ten years ago, she suffered a stroke, leaving her paralyzed from the waist down, unable to walk or cook, with a hand far too shaky to hold a hand of cards or play a game of Scrabble. After her stroke, it became clear that she needed a higher level of care, and she was moved to a retirement home. For many years, she talked about returning to her own apartment. It was clear to all of us, and eventually became clear to her, that this would not happen.

I often thought about how sad and lonely her days must have been in the nursing home, and how helpless she must have felt. And yet, she held on to hope. Despite being paralyzed, in a wheelchair, separated from her family, and unable to care for herself, she had incredible optimism, living by her mantra, which she often repeated to me: "We cannot change the winds, but only adjust the sails."

I wanted to make her situation better, but I felt limited in my ability to help. I would paint pictures and write cards that she hung on the walls of her room. I talked to Dadima on the phone every day for ten years, and although our conversations were much the same each day, I knew she looked forward to my calls. She loved having me visit, even if I was just sitting beside her and doing my homework. My grandmother was my rock; she was my source of comfort, my reassurance, someone I knew would always be proud

of me. There were times that I felt I was failing at something, and she would say: “If you decide to do it, you will,” her voice full of conviction. She always had words of wisdom to offer, serving as a gentle coach and counselor with real-life experience, teaching me acceptance, patience and faith.

She was fiercely loyal, remaining in touch with friends from her childhood. Even when her tremor worsened, her vision deteriorated and she had difficulty dialing numbers on the phone, she never lost touch with people she cared about. She was a person who loved others and was loved. Empowered and empowering, she was a constant source of inspiration and encouragement. Strong and strong-willed, she was an admirable woman with relentless spirit.

But now she had suffered enough. During a series of violent and painful coughing fits that had kept her awake all night, she took off her respirator and requested that all treatment be withdrawn. My uncle, who had been with her at the time, told us to book a flight immediately. Without heroic measures, Dadima was unlikely to live much longer.

When we finally arrived at the hospital, I rushed into Dadima’s room and gave her a big hug. She didn’t respond or even open her eyes. “Dadima? Dadima, wake up! We’re here!” No response.

Hours passed. I refused to leave until she woke up, and just when I started to fear that she wouldn’t, she opened one eye. She grunted, coughed and then tried to speak from behind her respirator. “Anjali,” she managed to get out before launching into another coughing fit. “Dadima! I’m here.” I hugged her again. At a time when she seemed to be aware of nothing else, she sensed that I was there. That was all I wanted; for her to know I was with her.

The next day, while my whole family and all my cousins were in her room, she took off her respirator and started to speak. We were all shocked. The doctors said it was a miracle. They had thought that without intubation she wouldn’t breathe for more than a day, let alone speak. Apparently seeing her whole family had given her the strength and will to do what was medically unexplainable. She would tire after a few words, but her face lit up as

she listened to our voices. She knew exactly what was being said, and she remained remarkably aware of everything around her.

Over the next three days, many family members and friends flew in from all over the world to say their goodbyes. She would light up upon seeing her friends and hearing their voices. Much to the doctors' utter shock and disbelief, she started to speak in full sentences. They didn't know how to explain it, but I knew. Dadima lived for the people she loved, and she would wait to say goodbye to each and every one of them no matter what it took.

As the third day of visitors came to a close, Dadima was tired. Over those three days and three nights, I had never left my grandmother's side as she held onto my hand. I will never forget those sleepless nights: the continuous sound of her respirator, the blinking lights on her IV machine, the stagnant hospital air and the sound of her cough the only indicator that she was still with me. The fear of death seemed to grow with each hour.

I struggled to find a comfortable position in the chair, pulling it as close as I could to Dadima's bed to lay my head next to hers. No matter how I positioned myself, my neck would start to ache after a few minutes. Yet no amount of physical discomfort negated the immense comfort I felt by being close to Dadima when she needed me the most.

I thought about the trust that will be bestowed upon me as a physician – day in and day out, caring for someone's beloved grandmother, husband, wife or even child. At that moment, I realized the true magnitude of a physician's privilege.

On the third night, Dadima opened her eyes and looked at me. "Anjali," she said. I was shocked to hear her voice. I kissed her cheek and hugged her, "Dadima, I'm here. I'm not going anywhere." She nodded, and, mustering up all the energy she could, she spoke from beneath her respirator. I was just about able to understand her four words, "I waited for you."

I felt helpless, watching her struggle, using every muscle in her body to get a gasp of air. As I sat, eyes wide open, I ran my fingers through her silver-gray hair. Every now and then she would open her eyes and mumble something under her respirator that I couldn't

understand. At one point, I thought I heard her say, “We cannot change the winds...” but then her voice trailed off. So, I finished her sentence: “...but only adjust the sails.” She nodded and then closed her eyes.

Her coughs became less frequent but more painful sounding. Her breaths, too, became less and less frequent. Clutching her hand, I counted, watching the second hand on the wall clock. The rise and fall of her chest slowed as her respirations went from ten per minute...to eight...five...three...and then a gasp, followed by a long silence.

I panicked and pressed the call nurse button. “Please. Help her. Do something. Please.” The nurse put her hand on my shoulder and said, “It’s okay. It’s okay.” And then another gasp. Dadima’s whole chest moved up and down.

Please. Keep breathing. Heart racing, hands trembling, tasting the salt of my tears, I reached for my phone to call my parents in. With each gasp she took, I hoped it wouldn’t be the last. My every breath hung on hers, as I silently begged her to stay with me. “I love you, Dadima,” I whispered in her ear, hoping she would open her eyes just one more time. But she did not.

My parents came rushing into the room. At that very moment, I felt Dadima’s grip on my hand loosen. I gripped her hand tighter, only to feel its heat dissipate. It was the first time I truly understood a loss so deep.

My dad picked up Dadima’s other hand. “Mum!” he said loudly. “Mum!” He shouted now: “Can you hear me?” Silence. He held her hand tightly against his own chest, and his tone softened. “Thanks, Mum,” he said. “You did good...you did good.”

I saw my mother’s eyes fill with tears as she opened the blinds. The sun was rising, and my dad was gazing out the window as the attending entered the room. I looked at Dadima. The respirator had now slipped from her face, as though it had accepted its futility. Through my tears, I asked the doctor if I could take off the respirator. I threw it angrily into the trash; it had failed her. For minutes, nobody spoke, until finally, the doctor broke the silence, “I’m so sorry for your loss.”

It occurred to me that for this doctor, family deaths were part of daily life. I thought about how it must feel to be so intimately involved in families' most personal moments; to be let into their grieving process, and to be trusted unconditionally by people you may have just met. My father thanked the doctor for taking care of his mother, and the doctor responded, "It was truly my privilege." I could tell that he meant it.

I looked at Dadima's mouth, which remained open, just as it had been during her final gasp of air. It was 7:01 a.m. on August 25, 2014. She left the world holding the hands of her son and grandchild. It was the farewell she would have wanted.

*Anjali Narayan is a first-year medical student at the Hofstra North Shore-LIJ School of Medicine, where she leads the Psychiatry Interest Group and the Running Club. In her free time, she enjoys yoga, writing, painting and playing the violin.*

123



## Bermuda Rock

ADAM COOPER

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

# 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.