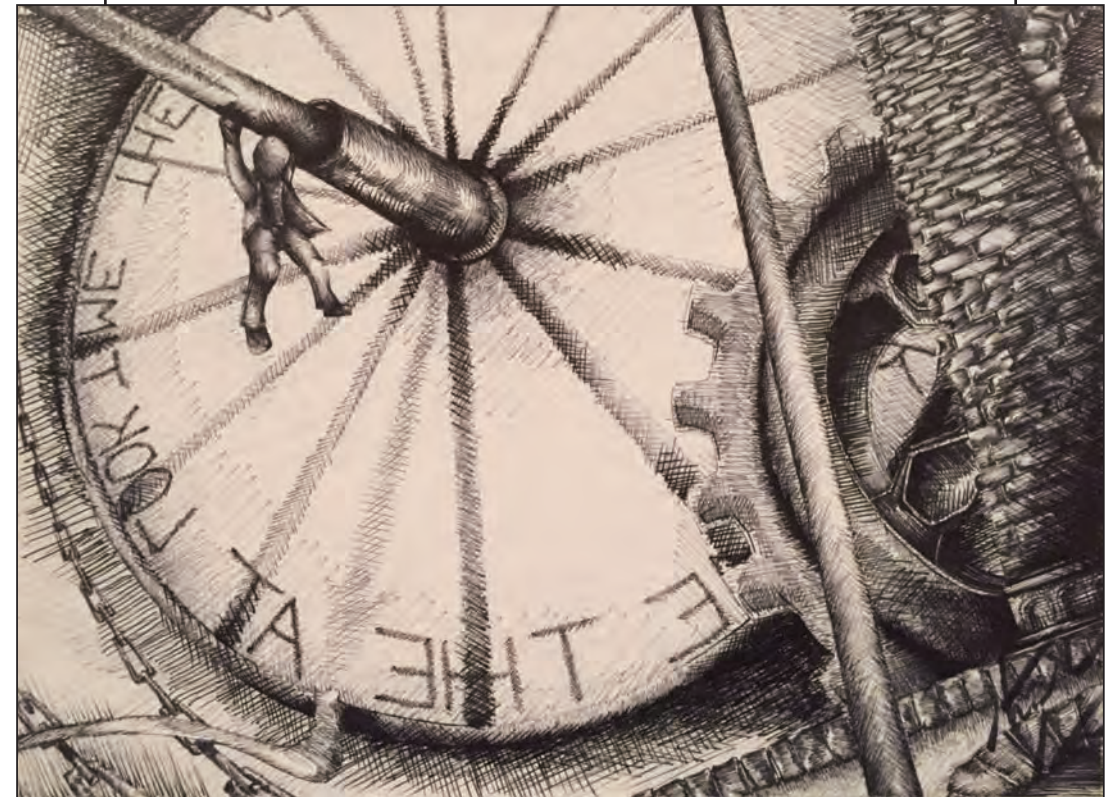


# Narrateur

REFLECTIONS ON CARING



Narrateur

HOFSTRA NORTHWELL  
SCHOOL OF MEDICINE

ART & LITERARY REVIEW



# Narrateur

REFLECTIONS ON CARING

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### FRONT COVER: Deadline

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Amanda Lastella

*Amanda Lastella is a sophomore at Hofstra University majoring in fine arts with a concentration in painting. She is interested in pursuing a career in creative art therapy. Amanda says, "This pen drawing portrays the stress of trying to complete too many assignments while a target date looms. That pressure contributes its own form of mental burden to perform well, along with the challenge of beating the clock. The scene is from the inside of a clock tower, with the phrase 'look at the time' replacing the numbers on the clock's face over and over again to emphasize the urgency of the upcoming deadlines overwhelming the small and seemingly insignificant person attempting to complete them, seen in the top left."*

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### BACK COVER: Old Man in Penn Station

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Patricia Gaignat

*Patricia Gaignat is a per diem medical technologist at Northwell Health Laboratories in the Microbiology Department. She retired from full-time employment in 2009 and started creating art, discovering opportunities for sketching in the city. As soon as the iPad made its appearance she was hooked. Patricia has become a digital and traditional sketcher of her coworkers in the break room, Penn Station commuters, Union Square denizens and whoever or whatever is in front of her — sharing it all on her blog at <http://reclinerart.wordpress.com>. Of her drawing on the back cover she explains: "There is a very old man I see sleeping in Au Bon Pain in Penn Station. I always wondered why it was permitted, but, recently, I observed him awake and buying coffee and a roll and I realized he wasn't homeless but just kept falling asleep. While he dozes before and after consuming his second cup of coffee and his buttered roll, I take a seat with a good view of this fellow and sketch him on my iPad."*

## Letter from the Dean

I am proud of this edition of *Narrateur*. The display of writing, art and other expressions of our human connections continues to remind us why we are part of the community of caregivers and students that is medicine. It is the special “touching of lives” that makes all the stressful moments in the practice of medicine worthwhile.

LAWRENCE SMITH, MD, MACP

Dean, Hofstra Northwell School of Medicine

Executive Vice President and Physician-in-Chief, Northwell Health

## Letter from the Editor-in-Chief

This is the sixth issue of *Narrateur*, and I continue to be inspired by the submissions. A few of the graduating students contributed to *Narrateur* in each of their four years here. This year, we have a beautiful mix of visual and written works, and everything comes back to the core of the practice of medicine and healing — even if it’s not obvious from the large number of travel photos. People are also drawn to the setting sun (and this year to moonrise) because it represents moments of calm and beauty and the simple reality that there is always another day to work magic in this world.

So, we say our hellos and good luck to medical students new and old. We thank everyone for making *Narrateur* a special home for your thoughts and your talents and your hopes. Every page reminds us that sharing makes us stronger in our voices and in our hearts.

JAMIE TALAN, MPH



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## The Silent Bride

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6

**T***earing the threads, like stitches in the wounds you didn't mean to make, then abandoning them, returning to dress, embarrassed. You weren't anywhere I was planning to go; your hand will not stay with me in spite; when I need you, you will not come running. All the ways you've practiced sadness... (in the bar). Yeah, I've got some abandonment issues. Other people nodding, no eye contact, sideways looks. I should have said your name out loud, and answered yes. Life was interesting when I believed — now, now I give myself away to no one who calls me specifically. Say, he never stopped loving you. Believe for a moment you don't believe it for a moment. Keep running in the cold mornings, at night, metaphorically. I remember only the distress, the vanity of my fight. I might never get you off me.*

*As if you can know.*

*Something since has always been burning inside, and it is not a terrible thing to burn. It will die alone; shame is not a silent bride, but secret is. So much to die. When I get you off me, then, then I can die for love. Till then, the bruised flesh, though healed, can't bear to touch. You have killed for the travesty of love.*

*I pull at the threads I've stitched, left-handedly.*

---

*Brittany Davis is in the graduating class of 2017 at the Hofstra Northwell School of Medicine and is heading into general surgery next year at Stamford Hospital/Columbia University.*



## Saguaro

MARC SYMONS

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



## Enough

My office manager stopped me with the news as I walked past her desk. “Mr. M’s daughter just called. He passed away at six this morning.”

Her words surprised me no more than the arrival of tomorrow’s dawn will. But his journey to this outcome was far more torturous than it needed to be. I believe it was a journey that we, as his doctors, could have made far easier for him and for his family.

I’d known Tom for the better part of two decades. I care for his wife, several daughters and their spouses. I’d helped to manage Tom’s litany of diagnoses and procedures (and their progression): hypertension, atrophic gastritis, dyslipidemia, atherosclerosis, angina, CABG and bladder cancer.

And as I have with so many of our patients, I’d gotten to know Tom-the-person, not just Tom-the-patient. We shared stories about our families. We talked about our woebegotten New York Mets. We ran into each other at our favorite local Italian eatery, where I promised him I wasn’t looking at whatever he had on his plate that evening.

His neoplasm was originally diagnosed years before, a “run-of-the-mill” bladder CA that was quiescent after transurethral resection. His surveillance cystoscopies had been unremarkable until nine months before his death. That procedure, scheduled after Tom complained of gross hematuria, revealed a large, ugly bladder mass that proved to be an aggressive squamous cell CA. His local urologist arranged for a consultation with a urologic oncologist who travels the area, performing difficult surgeries the local urologists are loath to undertake. He underwent a partial surgical resection and was sent home for followup care. The final pathology confirmed the aggressive nature of the tumor, as well as the presence of positive surgical margins.

The tumor was still there, and still advancing. While waiting for followup plans from the local doctors, we arranged a consultation at a urologic oncology center at a major teaching hospital in Manhattan. It was determined that no surgical option

was available for Tom's tumor; his only chance lay with systemic therapy with chemotherapy and radiation.

A CT scan revealed extensive local progression of Tom's tumor, now causing an incipient bowel obstruction. An urgent consultation was arranged with an experienced colorectal surgeon; placing a stent was not possible due to the extent of tumor, and a diverting colostomy was planned. We were able to postpone the surgery for a few days so that Tom and his wife could celebrate their fiftieth wedding anniversary with their family. The colostomy was successfully performed the following week. The anniversary celebration was successful as well.

A medical oncology evaluation was then arranged, done by a local oncologist affiliated with the community hospital at which Tom had his TURBT and colostomy performed. The oncologist spoke with me after the consultation; the report was that this tumor was very aggressive and likely going to be refractory to chemo and radiation therapy. But treatment was undertaken, first with radiation and then with combination chemotherapy with carboplatin and gemcitabine.

Tom's condition visibly worsened with each visit. He was inexorably losing weight, and his creatinine was rising. He showed up one day with severe leg swelling; tests revealed the expected deep venous thrombosis. An IVC filter was placed, and we did our best to help with the uncomfortable swelling in his leg.

His condition continued to deteriorate. His weight was falling at about one to two pounds per week. He required multiple transfusions. Conversations with the oncologist acknowledged Tom's accelerated decline, but it was felt that the ongoing dual-drug chemotherapy was his only hope.

Two weeks before Tom died, I again spoke with the oncologist after my latest visit with Tom showed him to be dramatically worse. Now his transaminases were rising, and scans revealed new spinal metastases. I asked the oncologist if there was any real point in continuing treatment, stressing that treatment would prevent referral to hospice. The oncologist advised me that he and Tom had decided to continue single-drug gemcitabine because "Mr. M wants

me to continue to do anything I can, even though it's not going to work." I chose to respect the decision Tom and the oncologist had made. I said that I'd reconsider the decision over the next few weeks.

About a week later, one of Tom's daughters informed me that her father had been readmitted with dehydration. I promised myself that at my next visit with Tom I'd clearly explain that hospice care, which would help both him and his family, was an impossibility with continued chemotherapy. I would tell him that I would keep my promise to him to continue to treat him, but that his cancer was no longer something we should treat. We were making him sicker than he'd be if we concentrated on treating his symptoms.

I never got to have that conversation.

At Tom's wake his family told me of his final hours. He was restrained in his hospital bed, struggling to get out, saying he needed to go home, saying he wanted all the tubes taken from his body. His agitation was calmed only temporarily by medication. He had developed gross hematuria, apparently caused by a bladder perforation for which surgery was being contemplated. A hospice nurse was introduced to them only the day before his passing, with no plans made for admission or transfer.

At the wake I got to see a photo taken at the time of the anniversary cruise that had been so important to Tom. I got to see him smiling, surrounded by his family, apparently — for that moment — forgetting about the mass growing in his abdomen, the inexorable mitotic attack that would soon take his life.

At what point do we say, *Enough*? Oncologists I've spoken with say that in America, as long as a treatment is available, we give it. And if a patient is given the option of one more treatment ... one more chemotherapy ... a modified dose ... all cloaked in the possibility of making things better, it is more than understandable that the patient will make the decision to try the treatment.

I think there are two very different ways we can frame these conversations when it becomes clear that further treatment will be more burdensome than helpful; when treating the patient's symptoms should take priority over fighting the malignancy.

We can say: “Your cancer has become untreatable, and we have nothing left to offer you.”

Or we can say: “Your cancer has gotten to a point where none of the medicines we have can stop it. And in fact, if we continue to treat your tumor, we’ll likely just make you sicker from the medicines. But I don’t want to stop caring for you. I just want us to consider not treating your cancer. We can change our focus to stopping your nausea, easing your pain, calming your anxieties and giving you and your family time together. And we need to make that choice together.”

I have found that there are physicians who don’t want to have that conversation, who don’t want to enter into that dialogue. They have expressed to me their feeling that it’s therapeutic nihilism, that we’re saying that treatment is futile, since ultimately all illness, all life, culminates in death.

Maybe we just need to understand that there is a time when we need to redefine the goals of our treatment, to retarget our therapeutic interventions.

For Tom, six weeks before the end it was enough, and nobody told him.

And now it’s too late.

*Eric C. Last, DO, is clinical assistant professor at the Hofstra Northwell School of Medicine and is a primary care internist in practice for over twenty-five years.*



## Another Wall

JOHN EUN

*John Eun is a first-year MD/PhD student at the Hofstra Northwell School of Medicine. He grew up in Seoul, South Korea, and graduated from Davidson College in North Carolina. This photograph was taken at the Bushwick*





*Collective in Bushwick, NY. It represents how America has already built a wall made of salt, sugar and saturated fat to block health from the poor, marginalized and disenfranchised.*

## A Time to Heal

I got the text while on vacation. Just four words saying the patient had died. I've lost many patients since starting this profession, but somehow his death hit me hard. I broke down and cried. Why didn't I give him more time when he called? When he asked for my reassurance, why didn't I give him hope? Through tears, I thought of his struggle.

He was a man with a chronic illness, on an organ transplant list, yet still very alive and active. Somehow, his personality overshadowed his illness. He would come in bearing a slight scent of ammonia but with a big smile on his face. He loved to make small talk. His appointments were frequent, yet somehow he always seemed happy.

I thought back to the last few weeks of his life.

He had been hospitalized but was soon transferred to a tertiary care center. He would not allow the residents there to do procedures unless I was called. He trusted me, he said, more than anyone else.

In the days before he died he called me to tell me his new diagnosis. It was a bad one, with a poor prognosis. I told him to be strong, but I was behind with patients and rushed to end the call. I got off the phone, telling him to call me tomorrow.

When tomorrow came, and then passed, I knew something was wrong. When my calls went to his voicemail, I denied the truth. Until the text, I had hope.

I was deeply saddened by his death. I regret that my last conversation with him had been rushed. I regret that I had not been able to give him the time he deserved. I hope he knew I cared.

I learned as much from this man and his illness as I had in medical school. He deserved my compassion, especially at the end. I think about him and regret that I didn't give him the reassurance he needed.

How do you know when it will be your last chance to offer encouragement? One word, a sign that you empathize with a patient, may mean so much.

I can think of countless times that I have had the privilege of listening as patients talk about their struggles. Patients who are hurting, battling pain both physical and emotional, share their sadness trusting that their voice is heard by someone who cares.

Patients have come to me to tell me things that I said to them years ago, words that helped. Sometimes I don't even remember saying them.

It's been over a year since my patient's death. He taught me never to take time for granted. I hope I have learned the importance of a healing touch, a willing ear and a kind word — and that even a few moments can mean so much. He made one person realize that life is precious and that one should treasure the opportunities to make a difference.

*Bernadette Riley, DO, is clinical assistant professor of family medicine at the Hoftstra Northwell School of Medicine and program director of TRI South Nassau Community Hospital.*



## Healing Hands

YUKIE TAKABATAKE

*Yukie Takabatake, PhD, is a post-doctoral researcher at the Feinstein Institute for Medical Research. She studies drugs that make tumor cells more sensitive to radiation therapy. She works in a laboratory that specializes in research on pediatric brain cancers. She earned her doctoral degree in biomedical science at the ICAHN School of Medicine at Mount Sinai in 2016. This sketch was inspired by the work of a friend, who is a surgeon, and the expressive and uniquely human nature of hands in helping patients heal.*

## Tashlich

Each year, just before dusk on the first day of Rosh Hashanah, the Jewish new year, the congregants of Westchester Jewish Center gather at the sleepy green harbor in Mamaroneck, New York, just beyond reach of the permanent glow of Manhattan's towering skyline.

They come for Tashlich, a ceremonial casting away of sins and regrets that take the form of old or unwanted bread tossed into the sea. It is a somber and reflective pause in the otherwise festive two-day-long celebration, full of sweet treats and crisp fall evenings warmed by family members' embraces.

I have been a member of this congregation for virtually my entire life, but this is my first Tashlich. I get impossibly lost on the ten-minute drive from my childhood home and arrive a few minutes late, alone and bread-less. A kind middle-aged couple offers to share their off-brand whole wheat with me and I gingerly grab a handful of soft, spongy bread.

We begin to read together, counting the ways in which we were unkind to ourselves this past year; reflecting on the emotions and regrets that we have not yet been able to let go. Our view of the placid water is obscured as the seagulls hear our chanting and circle above the harbor, producing an anxious flurry of feathers — billowing gray and white projections of the fears and obligations that cloud our minds and separate our present identity from our future and irrefutably best selves.

Abruptly, the chanting ends. The group marches purposefully toward the water, bread in hand. Honey-colored reeds dance festively at the water's edge, and many pieces of bread land in this shallow brush (Jews are not necessarily known for their athletic prowess). As the first piece pierces the veiled surface of the water, the birds swarm. They mindlessly gobble up marital affairs and family conflicts, unwhispered truths and uncertainties of life and love, sustained by our spiritual unrest.

As the last of the bread is thrown, the cloud of feathers rises as swirling steam from tea still too hot to drink. There is a brief moment of tension and then it is gone, like infinitesimal gaseous particles dissipating to unseen ends of the earth.



Quiet consumes us as we gaze upon the glossy surface of the water, seeing it with brand new eyes. Contented, we are now ready to return to our homes and our loved ones for one last day of celebration. Both flocks confidently retreat, granted a momentary reprieve but knowing they will return next year.

*Josh Natbony is a fourth-year medical student at the Hofstra Northwell School of Medicine and will be starting his residency in pediatrics this summer. In addition to writing, he loves comedy, mountains and teen angst. If you liked his piece, you should go feed the seagulls at the local Bayside Marina.*

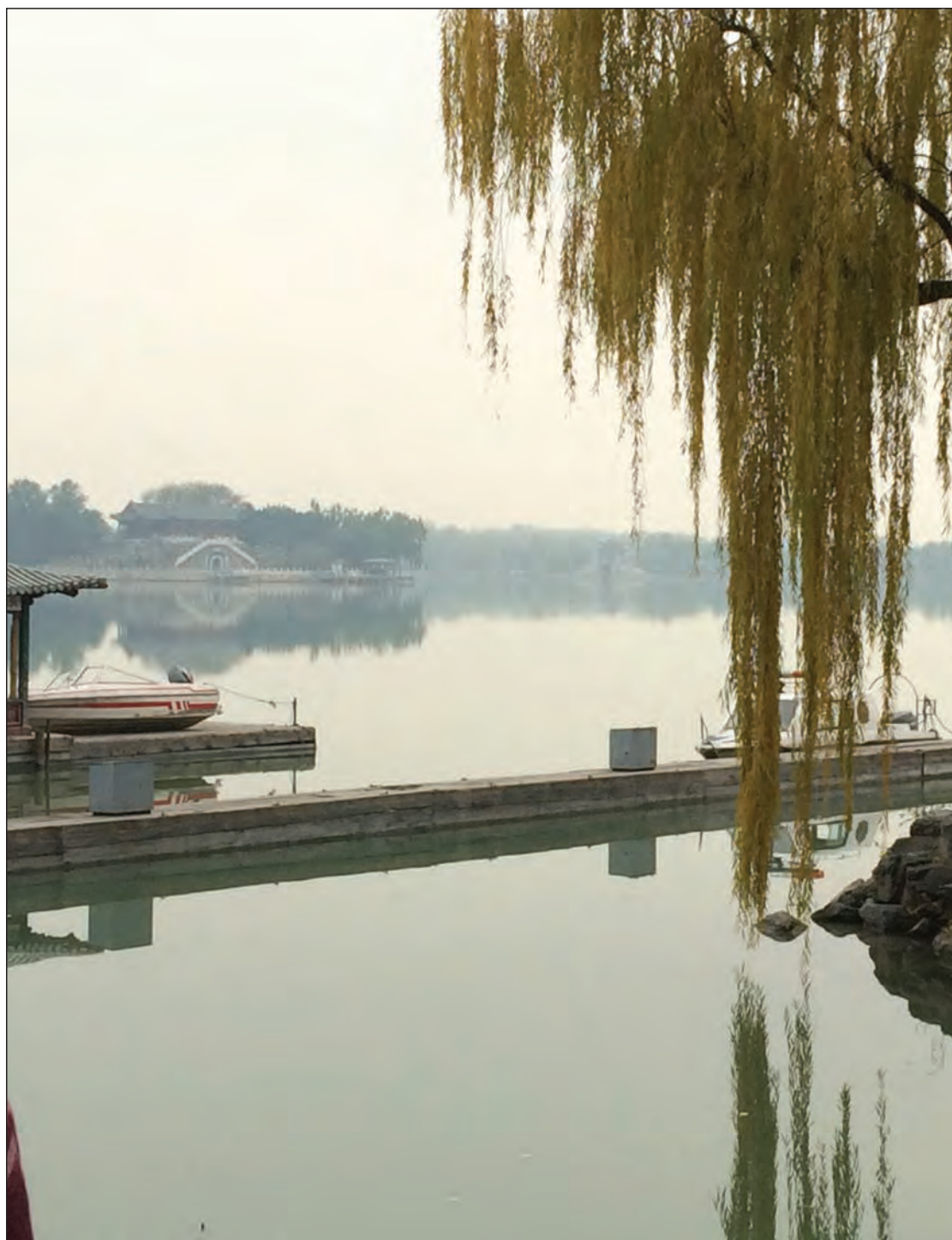


## *Ponte di Rialto*

HILLEL  
DLUGACZ

*Hillel Dlugacz is director of system operation at Northwell Health and spent time working in the photography department in the health system. He studied photography at the University of Delaware at the time when digital was transforming the field. He considers himself lucky to have learned black-and-white and color development processes.*







## Tranquility

ZERRYL BERNARD

*Zerryl Bernard, BSN, RN-BC, is a staff nurse on the clinical decision unit at LIJ Medical Center.*

## First Night

The ambulance turned the corner, pulled down the driveway and parked in front of the entrance to the hospital. The medics in the front got out and closed their doors.

“Whatever,” said the medic who was the driver, whose name was Pat. “I give up.”

He was continuing a conversation they were having about his nephew, who could not keep a job. The kid had been working for a fast-food restaurant, and his sister had called him that morning to tell him that the fast-food restaurant had fired him. He was depressed and sleeping all day. Now he wanted to join the Marines.

“I try to tell the kid, you know, don’t join the Marines. He’s an idiot.”

“Maybe he wants to see the world,” said the other medic, whose name was Marc.

“He’s an idiot,” Pat said. He was walking around to the other side of the ambulance. “She says he’s got no leadership skills and he can’t deal with stress.”

Marc laughed. “He can’t deal with stress? Then why does he wanna join the Marines?”

“He’s an idiot. He thinks the Marines can make him a different person.”

Pat continued to talk as he pulled on the latch to the side door. “I says to her, if the kid can’t deal with stress he can’t deal with stress.”

Peter, who had been riding in the back of the ambulance, unbuckled his seatbelt. It was dark. They had turned off the interior lights when they parked. Now he was going with them into the hospital to rest. They passed through a first set of sliding doors and then stopped at a second set. One of the medics held a small badge in front of a sensor and the three of them entered.

Inside, the hospital was clean and bright. Nurses and doctors passed by them in a hurry, some of them pushing wheelchairs. Down the hallway to the left a custodian was replacing the large plastic bag in a trashcan.

It was a chilly autumn night, and Peter had borrowed a jacket

at the ambulance base. It was blue, like the medics' jackets, and it carried their insignia on the front. Peter was grateful to have a jacket like the others' as they headed down the hallway to the break room; it helped him feel less out of place.

It had been a slow night so far. Earlier, there had been a "man down" call that turned out to be a man named Bob. Drunk from two bottles of mouthwash, he had passed out on a sidewalk and woke complaining of stomach pains. "Freshest smelling case we pick up," the medics had said. Bob was a regular.

The hospital break room was spare, white and modestly equipped. There was a refrigerator with an old, small TV sitting on top of it, and in the center of the room were a round table and chairs. The room faced the street and the driveway. Through a window on the far side they could keep an eye on the ambulance.

The three of them sat on the hard chairs around the table and took out the food they had brought with them. "Pretty slow for your first night, right?" Pat asked Peter. "What do you think?"

"It's cool," Peter said.

"So what are you?" Marc asked. "Are you a premed student?" He had short, trimmed hair and a small, neat beard. He was opening a container of carrots and another, smaller container of hummus.

"No," said Peter. "I'm an English major."

"Okay, an English major. You're just doing this to watch?"

"I think I might like to be a paramedic some day," Peter said.

"Okay, I respect that," Pat said as he unwrapped a sandwich. "You'll get a lot of stories from this."

Marc took out a container of grapes, and Peter took out his own sandwich. They had all bought drinks at a convenience store.

"Is that a salad?" Pat asked. Marc had taken out yet another container and was pouring on dressing.

"Yeah," he said. "So what?"

"So you brought a salad and hummus and carrots and grapes?" Pat asked.

"Yeah. Do you have a problem with that?" Marc asked lightly.



"I don't have a problem with that," Pat said. "But what the hell is that?" Pat pointed.

"Tofu," Marc said.

Pat laughed. "Does your wife wrap up all your food for you?"

"Yeah. She likes me to eat healthy and she likes to cook for me."

Marc looked at Peter. Pat looked at Peter. "Jesus, give a guy a break, will ya?" Marc said. They all laughed.

Peter took a big bite out of his sandwich and then swallowed some of his drink to wash it down. He felt more comfortable now, eating and laughing with them, like a regular paramedic.

"Do you see a lot?" Peter asked.

"Yeah," Marc said. He was eating his salad. "But I've only been doing this for a few months, though. Ask Pat."

Peter looked at Pat. "Yeah, you know, I guess I've seen a lot," Pat said. "I've had almost thirty different jobs in fifteen years. That's a lot, right? Yeah, I've had almost thirty different jobs in fifteen years and I've never seen more craziness than this."

"Three weeks ago we picked up a guy who fell from a roof." Marc nodded in confirmation. "A hundred feet in the air and he crashed through some boards and a canopy or whatever that broke his fall. I'll never forget that, that was a mess. The guy survived, though. But mostly, you know, it's just a man down call."

Every now and then, as they ate, their radios would squawk and they would listen as the dispatcher would send other ambulances on emergency calls. Marc slid a container over to Peter. "Like some grapes?"

"Thank you." He took a handful, eating them one by one along with the last of his sandwich.

As Pat and Marc cleared the table, a call for them came in. "All right, kid. You'll get to see some action now," Pat said.

Pat talked to the dispatcher on his radio as they hurried down the hallway, through the doors and into the ambulance. Marc opened the side door for Peter, who climbed in and buckled his seatbelt. From the passenger seat in front, Marc craned his neck around to look back at Peter through the little window that separated them. "You all set?"



“Yeah,” Peter said. He was holding onto the bottom of the seat. Pat was talking into the radio again as he rolled the ambulance to the top of the driveway and turned on the siren and the flashing lights. Peter held on tighter.

The ambulance was weaving in and out of traffic, traveling fast. When cars wouldn’t move out of the way, Pat laid on the siren, and when Peter turned his head to look through the windshield he could see the traffic parting before them. Turning back in his seat he saw it merge again as they passed.

The truck was clunky, and it rocked and bumped over potholes. Riding backwards, Peter was starting to feel dizzy when the ambulance slowed and turned off the main road and onto a side street. Through the slits that passed for windows in back he could see parked cars along the curbs. Then the red flashing lights shone on the buildings, illuminated bushes and reflected off windows.

The medics jumped out and opened the door. Peter started to climb down. “Can you grab that bag for me, Peter?” Pat asked. He was calm, focused.

“This one?” asked Peter.

“Yeah, that blue one there. Why don’t you grab the red one, too, and follow me.” Peter handed over the blue bag, slung the red one over his shoulder and shut the door.

In the middle of the street, between the rows of parked vehicles, were two wrecked cars, and two bloodied bodies were laid out on the asphalt. Another ambulance had already arrived and EMTs were working on one of the victims. It looked bad. There were two police cars at the scene and police officers stood by talking with the crowd.

Pat and Marc walked up to one of the EMTs and asked what was going on. It was a drunk-driving accident, they were told. The drivers of both cars — both boys — were drunk. One car had swerved and slammed into parked cars. The other had hit it from behind and spun it sideways, throwing the driver from the car and onto the street. Neither driver had been wearing a seatbelt. Both were badly hurt. The medic delivered this report calmly.

From where Peter was standing, he could not see the face of

the victim closest to him. There were head injuries and fractures, the EMT said, possibly a spine injury. They were about to transport the most seriously injured boy to the hospital.

Pat and Marc were putting on nitrile gloves, and they gave a pair to Peter. They moved quickly, but they seemed calm. Stepping over broken glass, they walked around the medics and placed their bags down next to the other boy. Another ambulance had arrived. “How you doin’?” Pat asked the boy, who was lying motionless.

“Fine,” he said.

“Can you move your toes for me?” Pat asked. The kid moved his toes. “Can you move your fingers for me? Huh?” He moved his fingers. “Do you know where you are?” The boy muttered something. He lay still and would look at their eyes only for a second before gazing off above their heads.

“Do you know where you are?” Pat repeated.

The boy said something like “the street,” but he was hard to understand. He was missing some of his teeth and there were dirt and asphalt on his face and broken glass in his clothes. The boy was about Peter’s age.

“How about we take you to the hospital?” Pat asked.

“Okay,” the boy said.

“Help me get the stretcher,” Marc said. Peter went with Marc to the ambulance to get it. They brought it over and put the boy on it. They rolled him to the ambulance, lifted him in and closed the door. Peter and Marc got in the back. Pat drove.

“Have you ever been in an ambulance before?” Marc asked the boy. He was taking out the blood pressure pump.

“No.”

“Are you on any medication?”

“No.”

“Were you drinking tonight?”

“Yes.”

“You know drinking leads to accidents, right?”

“Yes.” The boy seemed resigned. Marc began taking his blood pressure.

“Were you out with your friends?” He was asking questions casually, but in a loud voice so the boy could hear him over the

ambulance and the siren. He was trying to keep the boy calm, and to keep him talking, but the boy appeared very calm already. He was looking at the ceiling above their heads, though not really looking.

Peter watched. He was curious, though he thought that maybe he shouldn't be. Learning, though, would be his excuse. He had never been so close to someone so badly injured.

Blood flowed from the boy's arm and leaked onto the stretcher. The white sheets grew wet and dark. Marc noticed it, too.

"We're going to take you to the hospital now, and they're going to put some bandages on you, okay? Okay? I'm not going to lie to you but I think you might need a cast on your arm, okay?" Marc was unwrapping bandages as he spoke.

The boy stared at the ceiling as the blood continued to flow from his wound. Then suddenly the pain seemed to intensify and the boy started to yell.

"Oh, Jesus! Oh, Jesus! Oh, Jesus!"

"Where does it hurt?" Marc asked.

"Oh, Jesus!" he screamed.

"Tell me where it hurts."

"Oh, Jesus. My arm! Oh, Jesus!"

He was shaking now, but Marc remained composed, asking him where it hurt, telling him it would be okay. Peter looked down at the ambulance padding, away from the boy and away from the blood. It would be about three minutes until they got to the hospital.

When they arrived the medics jumped out quickly and carried the stretcher into the hospital. Pat spoke casually to the nurses, telling them about the boy, and then he talked again into the radio. A few nurses quickly took the boy into a room with curtains. Peter waited outside.

Marc placed a clipboard on the counter in the lobby and began filling out forms.

"This the car accident?" the nurse at the station asked.

"Yeah," Marc said.

"Is it bad?" she asked.

"It's not that bad," he said.

"The first one was bad," she said. "Unconscious. His face was totally disfigured."

"Oh, yeah?"

"Yeah, they're working on him now."

A man in a jacket and jeans was sitting outside one of the rooms, holding his head in his hands. His elbows were resting on his knees and his head was bobbing up and down in his hands. He was sobbing uncontrollably. "Oh, Jesus. Oh, Jesus," he was saying. "Please, God." He was rocking back and forth in his seat.

"That's the father," the nurse said. "You know there was a girl in one of the cars, too, a sister. She was killed."

Marc looked up from his form. "Really? Jesus."

Peter went to the bathroom. When he returned Marc walked over to him. "Are you okay, kid?"

"Yeah, I'm fine."

"Did you get sick?" Marc asked.

"No," he lied.

"That was a rough one." He patted Peter on the back and looked closely at his face. "Are you sure you're all right?"

The father was still sitting in the chair, rocking back and forth, weeping into his hands.

"Yeah," Peter said. "I'm fine."

"Oh, Jesus, Jesus," the father repeated.

"You'll be all right," Marc said. "Just don't think about it."

*Adam Lalley is a first-year medical student at the Hofstra Northwell School of Medicine.*



## Healing Eyes

SARAH RAZA

*Sarah Raza, DO, is a PGY-1 in the transitional year program at Plainview Hospital. She will do her second year in the diagnostic radiology program at North Shore University Hospital in Manhasset. She is an avid painter, science-animator on YouTube (Mugle Science) and traveler.*







## Good Morning, Shanghai

JESSICA GATT

*Jessica Gatt, MD, is a first-year resident in obstetrics and gynecology at Northwell Health. Though she found a career in the sciences, she has never let go of her interest in the arts and humanities. She enjoys taking photographs of her travels.*

## The Patient

His legs swing off the side of the exam room table. I am in a folding chair holding our four-month-old. We are making stupid jokes about random things. In my head, the words arrive like a chant: I can't believe we are here... I can't believe this is happening.

I know how these visits go. The surgeon walks into the room. He does all the right things: Good morning, he says. At the sink, he washes his hands with Purell. He shakes our hands. Calls us by our first names, as if we are friends. He sits on a stool. He has good eye contact. His words drift in the air, toward my husband.

"It's pretty clear you have Crohn's," he says.

It is summertime but I feel a winter chill. He explains the causes, the treatments and the next moves over a lifetime of steps. He examines my husband. I am a wife on the sidelines. But I am also a nurse who has been in countless rooms listening to these same one-way conversations. My handsome, smart and physically active husband is very quiet. The baby and I are fidgety. After the exam, I am handed a stack of prescriptions. How ironic, I think. My husband chews a vitamin every morning. This is way too many prescriptions.

The questions begin pouring out. The wife is gone. The nurse is front and center. My husband stares at me as the surgeon and I volley questions and answers about each medication and every possible side effect.

A few minutes later, we are in the parking lot. It is silent. Our baby sleeps. I weigh the words that will break the tension in the air. "You'll be okay... we'll get through this... he seems like a really good doctor." My husband stares at me, bites his lip and nods his head. He puts the car in drive. There is not another word on the way home.

In the afternoon, when I am alone, I type Crohn's into a Google search engine. One horrible story after another. I shut down the computer, wondering whether my husband has just done

the same thing. Later, bathed in warm shower water, I replay the morning. I see myself stuffed in that sad, cramped corner curtain area discussing the “patient” and putting together a “plan of care.” My tears mix with the water. I was a nurse when I should have been a wife.

*Nicole Giammarinaro, RN, MSN, is assistant director of learning and development in the Office of Patient and Customer Experience at Northwell Health. Her husband’s strength and positive attitude in the face of a chronic disease continue to inspire her. Three years ago, he made a silent pledge to this disease: I will not let you define who I am. You will be a part of my life, but not my life.*



## Dozing

PATRICIA GAIGNAT

*Patricia Gagnat is a per diem medical technologist at Northwell Health Laboratories in the Microbiology Department. She retired from full-time employment in 2009 and started creating art, discovering opportunities for sketching in the city.*

## Uncle Roman

Uncle Roman was my mother's older brother. Most of the family had a love/hate relationship with Roman. He was an alcoholic, unreformed and unrepentant. Roman would do things that a sober person would never consider doing.

I was in the second grade when he came to New York from Poland. My family took me out of school early that day, which had never happened before; we drove out to the airport in our old blue Toyota station wagon. At JFK, I leaned onto the large plate-glass windows overlooking Customs in the international arrivals area. Finally, my mother starting waving excitedly: "There he is! There he is!" I saw a large, bear-like, handsome man in a thick shearling jacket, perfect for cold Polish winters. He was looking up at us, smiling, and he waved with his free hand. He held a very large suitcase in his other hand. When we got into the car it suddenly seemed much too small for a man of his size. I listened to everyone talking at once.

I had met Uncle Roman briefly a few years earlier on a family trip to Poland. I had been running on the lovely old blue slate sidewalk in Warsaw when I tripped and fell and skinned my knee. I wouldn't stop sobbing or let anyone come near that raw knee. Uncle Roman started speaking to me, quietly and gently, as if he were singing a lullaby. He reached down and put a Band-Aid on my knee.

Now he would begin a new chapter in his life with us in New York. He lived with us while looking for work. He slept on the sofa. He smoked too much. He was fun and playful and took an interest in my world. He was divorced from his first wife and had left a son behind in Poland. He was just a year older than I was. Uncle Roman had in a sense "lost" a child, and after my parents' divorce a year later, he became my surrogate father. We watched sitcoms and fished together, and when I got older he taught me to drive.

He was a mechanic and could fix just about anything. He was also incredibly generous, performing random acts of kindness



daily. Whenever we were driving around Brooklyn and saw someone stopped with a hood up, we would pull over. I watched him change more tires for perfect strangers on the shoulder of the Brooklyn Queens Expressway than I can count. If someone was lifting something heavy or awkward on the street, we stopped and helped. I think I actually once saw him literally give someone the shirt off his back. He would just brush his hands off on his pants, shrug and smile. He never made a big deal of it.

Trouble always started when someone offered him a beer. It would be the start of a bender. His drinking behavior mocked his good deeds and mechanical prowess.

Good jobs came and went. My mother tried to help him get jobs and get sober, but that only put up a wall between them. He liked that she was smart and feisty, but when she got too involved he resented her. It wasn't until I was in college that I realized how his diatribes against her were unfair. I began seeing him not as the wonderful, warm man who loved us but as a bit of a failure. We saw each other infrequently after I graduated from college and started working. But when we did see each other he would check my oil and top it off. It was his way of showing love and concern.

Growing up, he always said that he looked forward to dancing at my wedding, which he did. But that night he was so drunk that he had a fight with a tow truck operator outside the reception. (Okay, the tow truck guy was booting his car for parking illegally.)

A few years later, I heard from my aunt that he was in the hospital, and I went to see him. He was genuinely happy to see me, and he was looking forward to going home. But years of hard drinking had given him bleeding ulcers that the doctors couldn't control. He died. He was only in his fifties. The family was in shock. He was superhuman, someone who once lost his car and wallet while drunk and walked home from New Jersey. Uncle Roman was someone who was always around to help anyone — except himself.

His wake was standing room only. People from all over the tri-state arrived to pay last respects. There were so many stories of Roman's selfless acts. People laughed and cried. (He would have

approved of the festive mood as long as he could go and have a cry in his beer afterward.)

I sometimes dream about Uncle Roman. His visits almost always leave me with a sense of peace. In my dreams he is quiet and large, with his warm smile and that twinkle in his eye.

I've seen many people in my years in health care who make bad choices. Before I judge them I think of Uncle Roman. He taught me that greatness is not black and white. Everyone has a story. I just need to listen.

*Eva Turel, RN, MPH, is a palliative care case manager at Glen Cove Hospital.*

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## Seated Nude

ELLEN PEKAR

*Ellen Pekar is a second-year medical student at the Hofstra Northwell School of Medicine. She works here with pastels on colored paper.*

NARRATEUR

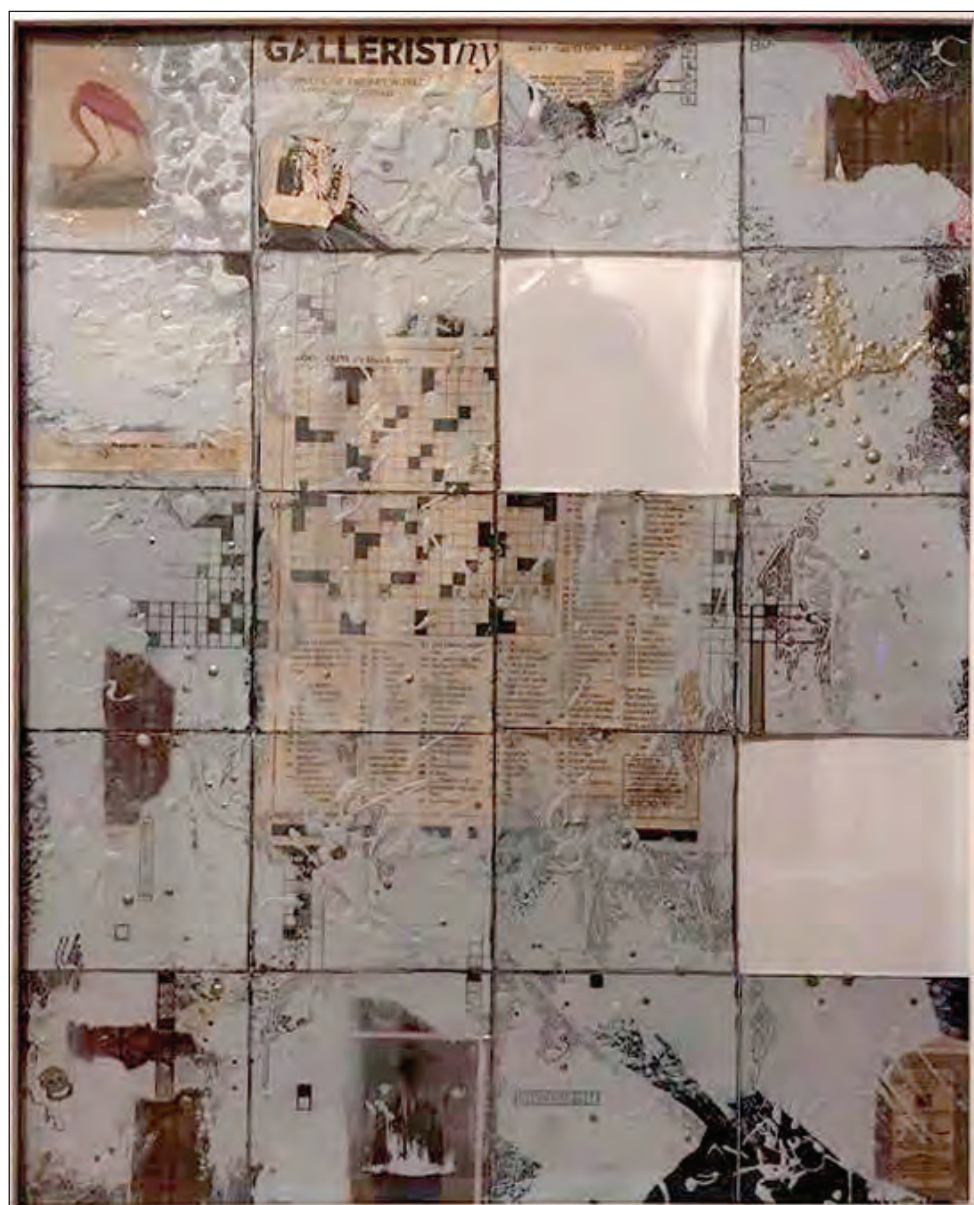


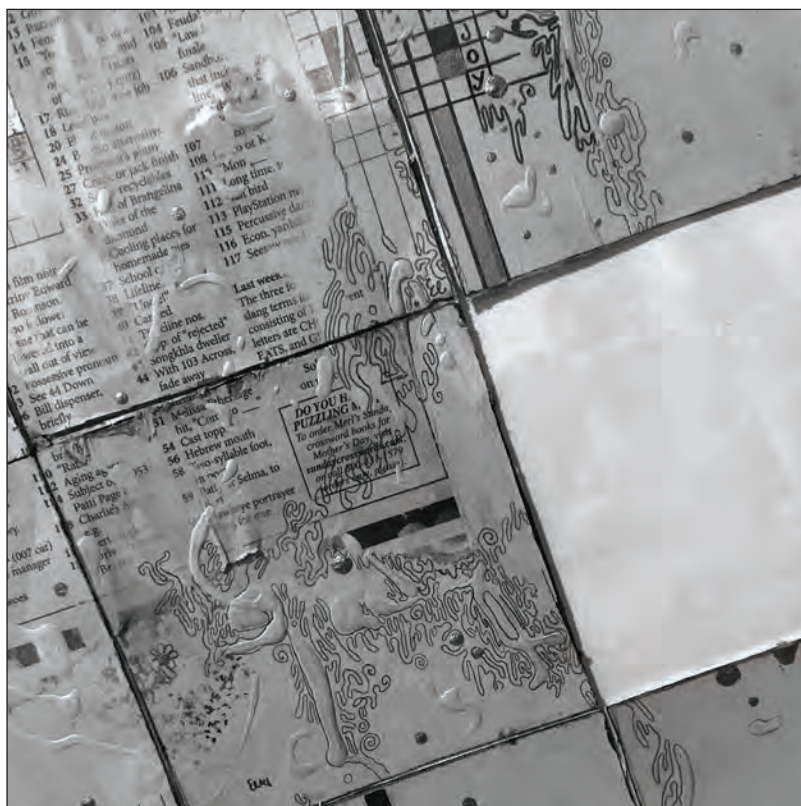
## Symmetry

MARIA RUGGIERI

*Maria Ruggieri, PhD, is an associate professor at the Feinstein Institute for Medical Research.*







## The Puzzle

ELMA SKOPLJAK

*Elma Skopljak moved to New York City eight years ago and works in the ambulatory emergency health record department at Northwell Health. Art is part of her daily ritual, and her paintings are a product of a deep spiritual commitment to self-exploration. She says, "The Puzzle consists of two dozen four-by-four pieces that represent the lives of twenty people who have influenced my life in the EHR department. This gift to them represents unity and individuality. You may notice that a couple of pieces are missing; this is because part of a person's busy daily life remains a mystery to the viewer. I have always been drawn to the idea that small pieces make the big picture."*



## A Look Behind the Curtain

**Maria:** *I am a geriatrician and palliative medicine physician. Most of the patients I see are older and have packed a lot into their lives. When I meet them at this stage, there are too many losses to put down on paper: of friends, memory, function and independence. But many are incredibly appreciative and resilient. That is why I bring young eyes to the table with me. For three summers now, I have invited a high school student to shadow me as I take care of these elderly and sick people. Anna, who had just completed her first year of high school, was my student last summer.*

**Anna:** Many people see a person with dementia and they bow their heads or avert their eyes, thankful that their brains are good, for now. They don't care to know the story of who these people were before they lost chunks of their brains to this illness. They don't know the joy and the anguish of the caretaker. Dr. Carney gives voice to her patients who have lost theirs. They may be in unbearable stages of dementia but there is often a smile of recognition. They've been here before. She knows their story. She takes their hand. She speaks gently. There is admiration and respect and a sense that they have a lot to teach her. I am learning too.

**Maria:** *My patient is a Holocaust survivor. I learned through his daughter that he was captured and sent to a prison camp in Siberia where he was tortured for years. It was his ability to speak six languages that led the German police to suspect he was a spy. When the war was over and he was released from captivity he began to look for his family. It was with the aid of kind Germans that he was able to find family and immigrate to the United States. Anna listened. She had never known a person who had lived through the Holocaust.*

**Anna:** I sat next to him and listened as he leaned close and quietly explained that he was from Romania and spoke six languages. He was one of eleven children but only he and his sister survived the Holocaust. He told me that history makes it seem as though all Germans were bad. This is not true, he said. Many Germans were

kind to him. Despite his dementia, he was able to share information that I would never have heard anywhere else.

**Maria:** *Anna sat and listened as I spoke to a woman who was so depressed that even saying hello pushed her to tears. A decade ago life had been different for the woman, who had worked as a recreational therapist. Then she suffered a traumatic brain injury when she fell on ice. Since that day, she has endured unrelenting headaches, stiff neck with muscle spasms, insomnia and chronic back pain. Now deeply depressed, she said without prodding that she was thinking about suicide. My patient and I talked about the things we could do to help: hospitalization, psychiatric referral, medication and, of course, a followup visit. At one point, she looked at Anna, her sorrowful expression eased and she smiled at the young girl. For a moment, her depression seemed to lift.*

**Anna:** The patient cried when Dr. Carney asked her how she was doing. I watched from a corner of the room as the doctor and a social worker managed to get her to talk about what was going on in her life. A few minutes later, Dr. Carney and the social worker left the room and the patient and I were alone. She was still tearful but when she looked up at me a smile broke on her lips. That was the moment I knew I wanted to become a doctor. I have had the opportunity to look behind the hospital “curtain” — to listen as doctors discussed their plan for a patient on rounds, to see their faces as they explained what each procedure meant, to learn to give a Mini Mental State Examination and score a Geriatric Depression Scale. It has been truly extraordinary.

**Maria:** *Hope is an extraordinary lesson. Hope for my patients and hope for my summer interns who look behind the curtain and into the lives of brave individuals during difficult stages in their lives.*

*Maria Torroella Carney, MD, an internist specializing in geriatric and palliative medicine, is chief of the Division of Geriatric and Palliative Medicine at Northwell Health and the Hofstra Northwell School of Medicine. She has dedicated her career to promoting longevity and advocating for the needs of an aging society. Anna Pitts was a high school summer intern and visiting scholar in 2016.*

## Looking Forward, Yet — Always Behind

a)

He left India

To study biochemistry

Hoping to usher in a new metropolis  
Of advanced medicine.

He worked long,  
Lonely hours in the lab

Often checking experiments  
Throughout the night, but that was the easy part:

He had left his true love,  
The woman he had no doubts about, behind.

Could he ever formulate a drug  
To heal her broken heart?

b)

Leaving his family  
Behind

He fled his native Uganda  
Amid the killing spree of Idi Amin.

He bribed an airport worker  
With his watch

Gaining access to a cargo section  
Of an export plane.

Whenever  
He checked his new watch

For the precise time,  
Everything became uncertain.

*John F. DeCarlo teaches in the Writing Studies Program at Hofstra University. He is also poet laureate for the Long Island Philosophical Society. This poem was written for two premed students he knew at Brandeis University.*



## Torso

KATHLEEN HAHN

*Kathleen Hahn is an inpatient medical records coder at Northwell Health. Ms. Hahn studied for ten years at the National Academy School of Fine Arts with Anthony Antonio and taught sculpture for two years at the Life Enrichment Center of Oyster Bay. She says, "Without being too conscious of it as I am working, I am interested in expressing the spiritual and psychological elements of the model. As I work, I keep returning to that inner feeling as a touchstone to guide me."*

## Repairing the Movement Machine

Drills, hammers, and saws  
Violent actions on the patient's bones  
Glorified carpenters, people say  
But they fail to see the beauty of it all

These tools are the means to healing  
Each one used for a specific purpose  
To carefully carve precise angles of bone  
Creating the perfect platform for new joints

Each fracture is a unique puzzle  
The result of net forces acting on a bone  
Disrupting the body's seamless mechanics  
Requiring counterforces to regain alignment

The stack of vertebral bodies  
Can adopt an impressive serpentine curve  
The spine can then be rotated in three planes  
To allow the patient to once again stand tall

A ligament that succumbs to an athlete's cut  
Can no longer stabilize the active knee  
But the body can donate its own tendons  
To reconstruct the damaged connection

A kitchen knife takes a bite out of a nerve  
Stealing the sensation from the fingers  
But invisibly thin sutures pull the ends together  
And coax the damaged nerve to repair itself

The body's gorgeous system to create movement  
Will encounter stresses that break it down  
Our tools restore the damaged piece  
Allowing the machine to function once again

*Alyssa Rothman is a third-year medical student at the Hofstra Northwell School of Medicine.*





## Visual Healing

ALICE FORNARI

*Alice Fornari, EdD, RD, is assistant vice president of faculty development at Northwell Health and associate dean of educational skills development at the Hofstra Northwell School of Medicine.*



### *Campanile di Giotto*

CHRIS LU

NARRATEUR





*Chris Lu is a second-year medical student at the Hofstra Northwell School of Medicine. The Campanile di Giotto, part of the Florence Cathedral on the Piazza del Duomo, is one of his favorite places in Florence.*

## My Old Lady

I'll always remember the first time I saw her. It was Easter morning, the first weekend call of my medicine rotation. I walked into the room to introduce myself to my new patient, but the bed was empty. Then, my gaze shifted toward the bathroom, where a small elderly lady was pushing away a very tall male nurse. She was a fall risk, which is why the poor guy was trying to help her, but she would have none of it, no matter how short of breath she was. The patient made her own way back to the bed.

We didn't talk much that morning. I got most of the story from her daughter. Her mom had some trouble breathing yesterday, she said. And she has a cough. "Everyone at the nursing home has a cough," she said. She had an x-ray and a chest CT scan the previous night in the emergency department. There was fluid surrounding her right lung. No one knew what caused it. Our best guess was pneumonia.

I returned that afternoon and the next morning, to see how she was doing. The pulmonology team was still analyzing her scans. I thought she would benefit from a thoracentesis. It would help her breathe better. At 93, my patient had her wits about her, and she had a sharp sense of humor. She told me the hospital and her nursing home were force-feeding her eggs. She was watching her cholesterol, she said, and no one seemed to care. The eggs kept coming. She spent her time in the hospital reading a book about Hillary Clinton. It was her third book about the woman she hoped would become President. "Obama is too nice. Hillary knows how to deal with difficult people. She'll make a great president," she would tell me during my morning visits.

We talked about her family and her childhood in Queens when Long Island was all farm country. We joked about the horrible hospital food, and she told me she was excited about a new great-grandson, who was due to be born on April Fools' Day. She asked

me to keep my fingers crossed that he would be born a day before or after. She said she didn't want all the kids playing tricks on him.

I presented her case for our first ACE rounds session. By the time we scheduled her thoracentesis I had already read about pleural effusions. I knew to look at the color of the fluid. I knew Light's criteria. My resident suggested I watch a fellow doing the thoracentesis. The room was packed. The fellow and the attending and other members of the team hovered over my patient. The fellow would guide the ultrasound to figure out where to drain the fluid.

My patient looked so alone in the center of the crowd.

I was not able to see much of the procedure, but I knew where I belonged. I placed myself right by her head, and I held her hand. Finally, the needle went in and the fellow pulled out the fluid.

It was cold in the room, but I was sweating. "Please be straw-colored, please be straw-colored," I repeated in my head. That color would indicate pneumonia. But the fluid was bloody.

It wasn't pneumonia, after all. But what was it? She had a history of breast cancer many years earlier. By now, I had seen the final CT report, which aside from the pleural effusion had revealed a suspicious breast mass and a suspected malignant carcinoma in the abdomen. Neither the patient nor her family had been told. Later that day, my resident asked me to tell my patient that we suspected a malignancy. I had to ask her if she wanted a CT scan to figure out the source and the extent of her metastatic disease.

By the time I arrived at her room, the pulmonologists had come and gone. She was sitting alone in her chair. A look of frozen disbelief was etched on her face. She told me the news I already knew. She said she had a feeling it was bad during the procedure. "They were so close to my breast cancer," she said.

She continued talking. Her brother-in-law had gone to a place where they "doped him up" before he died. She asked if these places really existed. She didn't want to be in pain. I was trying unsuccessfully to hold back tears. My cheeks were damp. I assured



her that those places existed and that she didn't have to worry about pain. We discussed the CT scan that the pulmonologists had suggested. "You don't have to do it," I said. The words that fell from my mouth felt un-doctoral.

She told me again that she had lived 93 years and they were for the most part better than good. She wasn't going to do chemotherapy or have surgery, she said. She wanted to go home and eat whatever she wanted. She wanted a peaceful death. She had two concerns, however: Her daughter wanted her to get treatment, and she wanted to make it to November to vote for Hillary.

My morning visits continued. I think she could see how hard I had taken the news. I may have needed to hold her hand more than she needed to hold mine. Ultimately, she decided not to have the scan and returned to her nursing home with hospice services. On the morning rounds the day she was leaving, she thanked the team and looked straight at me. "But especially you," she said, blowing me a kiss. Again, I fought the tears. The rest of my team took her words in stride, moving on to the next patient on the list. My feet seemed to stick to the floor. I couldn't help but think that this was the last time I would see this person. The prognosis wasn't good. She had a few months of life in her.

We were never able to diagnose her. I even dragged my poor ACE rounds group to the pathology lab in the hopes of getting her results early. The cells found in her effusion were inconclusive: "Correlate clinically with an abdominal and pelvic CT." But there





## My Old Lady

JESSICA MAY

never would be a diagnostic scan. Part of me had wanted closure. Another part of me was happy that she was going to live out the rest of her days without doctors trying to save her. Knowing the source of her metastatic cancer would not make it better. My patient had already told me that it didn't matter to her.

Death has not gotten any easier for me. The relationships formed with my patients may make coping with a horrible prognosis

more difficult. But I am certain I will never want to distance myself from my patients just to avoid these painful feelings of loss. That separation would mean the risk of sacrificing the unique human connection that permeates the patient-physician relationship that drew me to medicine.

I only hope that my presence made my old lady's experience in the hospital somewhat easier, and that one day, should I be lucky enough to be an old lady with a better than good life, I will have a physician or even a medical student who will take my hand and want the same for me.

*Jessica May is in the 2017 graduating class at the Hofstra Northwell School of Medicine. She plans to pursue a career in plastic and reconstructive surgery after graduation.*

## Many Eyes

It was a vulnerable feeling, almost like being naked. The *kurta surawal* I was wearing, a traditional South Asian outfit of wildly colored tunic and baggy pants, seemed so awkward to my Western taste. It could not cover my feelings of insecurity or help me blend into my new world. I hurried down the dusty path, sensing the penetrating stares of villagers, my new neighbors. Many eyes on me.

There were the eyes of Nepali women, chatting in clusters beside roadside shops lining the way from my home to the hospital. I rushed by, already a few minutes late for morning report. I heard them pause in their chatter as I passed, felt their eyes on me as their heads turned to track my movement. I heard giggles and comments: “*Bideshi koti chitto janchan!* — Look how fast that foreigner walks!” Far too fast for any respectable adult, they seemed to imply.

There were also the eyes of young children, clutching badminton rackets reminiscent of another era, as they played a makeshift game in the road. One of the kids batted something high into the air. Another lunged forward, coming up just a bit short. A shuttlecock landed a few feet in front of me, one that had seen better days. That’s when a few of them noticed me, abruptly stopping their game to playfully tease the strange blonde foreigner as she dodged around the group. Their gleeful squeals followed me for several yards until the game resumed, their attention again distracted by the beat-up shuttlecock.

Next came an exotic curlicued pair of painted eyes that gazed out unseeing upon the suffering of the world. They were part of the façade of a colorfully lacquered Buddhist shrine, discreetly tucked in among homes and shops along the roadside. It was distinguished by its unique architecture and the many strings of prayer flags draped from its peak. A breeze wafted up from the valley below, animating their faded colors as it sent their shredded edges flapping.

Just then, my sandal slipped on a gritty patch of gravel and

I tripped, barely catching myself in a giant leap forward to keep from face-planting in the dust. The dramatic movement, less than graceful I'm sure, was met with raucous laughter coming from a pathway cut into the hillside above me. I glanced up in time to see a group of teenage boys, decked out in matching brown school uniforms, mimicking my flailing arms as I managed not to fall. Evidently having enjoyed this unexpected entertainment, they continued toward their school. Nepal is a world in which nothing, it seems, escapes notice.

When I finally arrived at the hospital's front gate, I hurried past the inscrutable stares of men waiting on benches that line both sides of the main entrance corridor. Their lean bodies were curled into taut crouches as they squatted low to the ground with both feet flat on the dirt in a quintessentially Nepali stance. I saw their shoulders sag with the weariness of waiting. They appeared resigned to yet another day of limbo, the plight of patient families the whole world over. Catching glimpses of them from the corner of my eye, I wondered if my life was as incomprehensible to them as theirs was to mine.

Another group, this one with impatient eyes, teemed in a large cluster at the gate. Seeing my approach, the guard called out forcefully, "*Doctorko-lagi battho kolnos* — Move out of the way for the doctor!" There was a flurry of movement as bodies shuffled to the sides, forming a narrow path. They watched as I squeezed past them, the wrought iron gate opening just wide enough to allow me to enter. I heard the guard jump up to block someone trying to slip in behind me, all the while chiding the crowd that visiting hours hadn't yet started.

Next it was up a concrete ramp and a flight of stairs, taken two at a time. I tried to slow my breathing and discreetly enter our conference room. The night-call resident was already presenting his litany of admissions. My colleagues glanced up as I searched for an empty seat along the benches lining the perimeter.

That was just the start of my day.

When people ask me, “What was the hardest part of life in Nepal?” they assume I’ll mention the unpredictable power cuts or seasonal water shortages. Sometimes, I share insights into the challenges of medical work in resource-limited settings. I speak of the endless patient loads, the fatigue of long hours and the discomfort of practicing way beyond your scope when you’re the only option on hand.

But most of the time I don’t miss a beat, delivering the honest answer. “Loss of anonymity,” I reply.

In some ways, it’s impossible to name just one challenge because it’s the layering of them all that’s hardest. It’s an additive effect, like the burden of a ream of papers, when a single sheet seems weightless. Yet the sense of being different, of being an outsider, a *bideshi*, or foreigner, was grinding. It formed a dull, discordant ground-note to the more obvious challenges of “routine” life and work in western Nepal.

That sense of being an outsider felt like a sucker punch to my resilience. It seemed to fray the edges of my sense of self, ever-present during the two years I served at a mission hospital there. Eventually, I discovered that much of the relentless chipping away stemmed from the loss of certain stable, orienting relationships — what’s known in the literature as one’s “reference group.”

Lawrence and Lois Dodds, long-term aid workers in South America, note that “a central factor in the change in identity is the loss of one’s reference group... [when] those familiar people, who provide both subtle and overt feedback about who we are and how we are perceived, suddenly disappear. The people who become new sources of feedback, especially those not from our own culture and language, may give us very different messages about the self. In the early stages of our adaptation, they will likely let us know that we are inadequate in our new cultural setting, our new role...”

Sharing more about their own experience working cross-culturally, they go on to say, “We had to start fresh in being known to a degree that we could again receive positive feedback about



ourselves. This took time. In the meantime, we starved for the kind of affirmation which keeps one emotionally nurtured... Over time, if one is successfully adapting...one achieves an altered sense of self, a new identity, incorporating some of the old and some of the new. This is not easy or quick, as it means letting go of parts of the former self. This is in fact a painful process as we seek to determine which aspects of the self are negotiable and which aspects we cannot change if we are to keep our sense of integrity.”

In short, I was discovering an obvious — but unexpectedly difficult — truth: that to move abroad is to suffer a particular loss of identity, to experience an unraveling of one’s sense of self. You find yourself suddenly plucked from one world and transplanted into another very different one. Even your cadre of expatriate peers start off as strangers, often with foreign cultures of their own. Add to that a new language and set of customs, and you find yourself starting from square one in every possible sense — “just like a small child,” as one fellow traveler described it. It is an experience fraught with humiliation, insecurity and defensive self-doubt at every turn.

Granted, all the staring may simply have been my neighbors’ attempt to understand me, their way of figuring out this person from such an unfathomable background. Many of the people I met had never even had the chance to visit their own nation’s capital. To them, another country might as well be another galaxy.

In America, we have a long and sordid history of mistreating foreigners: discrimination, disparaging names, hate crimes. All ways of creating distinctions, highlighting divides, calling attention to the “otherness” of those who look or speak or walk or dress... differently... whatever “differently” is supposed to mean. I’m quite sure my neighbors’ stares and calls were meant to be entirely innocent, not malicious or divisive. Yet as a native New Yorker, where even eye contact with a stranger can be taken as provocation, they felt like hurtful affronts, an invasion of privacy.

Cultural differences with regard to privacy were not limited to

my commute to and from work each day. They also played out in fascinating ways inside and outside the clinic. Take bathing, for instance, generally a normal feature of any culture. In America, it is also a private endeavor. However, in Nepal most of my neighbors didn't have access to running water at the turn of a tap. Instead, they filled enormous jugs morning and evening from a communal well that they carried home to their families. If your neighbor down the road wished to bathe, she did so at the communal tap in a sort of "bathing sari." Despite their astonishing skill at doing so modestly beneath this garment, it remained a relatively public act.

The same is true of a man relieving himself at the side of the road. (Interstate rest stops have not yet found their way to Nepal. Neither, for that matter, have interstates!) By convention, it is considered extremely rude for another person to even glance in his direction at such a time. The onus is on us, the passing public, to create that private space for him, because he is doing this generally "private" act in the open out of necessity.

Interestingly, it's the exact opposite in America. By unspoken agreement, we consider it a person's responsibility to hide him-/herself as much as possible — inconveniently venturing deep into the roadside brush, for instance. The combination of poisonous snakes and sheer cliffs, however, make that a decidedly unappealing prospect in Nepal.

The converse holds true, interestingly, for medical results and other matters that, in the West, we consider highly confidential. Imagine sharing a brief interaction with your patient at a nursing station back home in America. (I know, I know, a huge no-no! But bear with me for a moment.) In America, even when sharing something as innocuous as the result of a thyroid test, everyone in earshot would turn away. They are making it explicitly clear through their body language that they mean to create and protect a private area for us. In other words, others take it upon themselves to provide privacy. It is their burden, by social contract, to create that space.

Think how strange it would be, then, if you noticed complete strangers clearly eavesdropping on that conversation, even craning their necks to hear better! For us, that kind of behavior is implicitly prohibited by the social order, and therefore considered quite shocking. In Nepal, there were a few occasions when I forgot to share a result with a patient during her clinic visit. As I chased down the corridor to speak with her, we would immediately be surrounded by a cadre of twenty other women. They all chimed in with helpful suggestions, repeated and clarified my instructions and even clamored to relate their own prior experiences: “When I got my thyroid checked... Oh, I had that kind of ultrasound myself once... Don’t worry, it’s easy... First go to counter #3, then down the hall to room #9...”

I discovered that this kind of sharing was a normalizing experience, a source of comfort for the patient. It represented the secure presence of community surrounding her. And this in a society that values community above just about anything else. In fact, privacy is something of an unknown construct. This is a world where traditional family structures are still common, and multiple generations live together under a single roof.

A lot of folks back home (myself included!) would be driven crazy by this aspect of Nepali culture. For most Americans, it amounts to an extreme — and extremely distressing — breach of privacy. Which simply illustrates a crucial point: “rudeness” in one culture may well be the social norm in another. One culture’s “invasion of privacy” may well be another’s standard of decency, the assistance they expect to receive from their peers. It is our own unique cultural norms, rather than some universal understanding, that often dictate “appropriate” social behavior.

Twenty-seven months in Nepal taught me a lot about the commonality of the human experience. As these stories demonstrate, it also showed me the vast differences in ways cultures understand what it means to live out our common human experience in the day-to-day slog of life.

Now I'm back in America, practicing medicine in the greater metropolitan New York area. It is a place with incredible wealth, resources and expectations for care. It's also a place of rich diversity, the convergence of many languages, ethnicities and cultural stories. In the practice where I work, some 75 percent of our patients speak Spanish only, and around a third of those we serve are undocumented immigrants. These patients often present for their initial physical exam just weeks or days after arrival in the States, having endured a grueling journey that I can barely begin to imagine.

I know my care for patients has been changed, refined and softened by those years in Nepal. That time expanded my understanding of what it's like to leave behind the things of home. There are the obvious things that lend a sense of familiarity, of course — family, friends, foods, neighborhood and community — but there are also familiar ways of understanding the world around you. It's knowing how to read the hundreds of subtle cues that come in the course of a day's interactions, or how to do even more basic things, like order take-out or mail a letter.

I now understand more of the discomfort of being far from home, physically as well as esoterically. I know what it is like to get a message that someone you love dearly has suddenly become sick, and at the same time to know that being a thirty-hour journey and thirteen time-zones away, I'm too far to be of any practical help. When my thirty-four-year-old female patient, a recent immigrant from El Salvador, tearfully tells me in clinic that her father has just died, I can grieve with more imagination — which is to say, deeper empathy — than before, feeling a bit of what that might be like. However, I still share only the smallest inkling of understanding, because at least I had the option, the economic and political freedom, to travel home. For her, without a visa or the funds for a ticket, returning home to grieve with family, attending his funeral, seeing him once more, are all out of the question.

In short, I can begin to imagine the loss of that previously unnoticed baseline level of assurance, a sort of comfort that you

only know to miss once you're yanked up from it and dropped down somewhere else.

I also connect with my patients in relating to the feeling of being seen as a cultural outsider. There's a lot of rhetoric these days in the media, fed by our current political cycle, of issues around race, gender, ethnicity — elements of cultural identity in its many forms. When rhetoric becomes divisive, when talking heads draw a line in the sand between "us" and "them," I cringe, intuitively identifying not with the implied "us," but with the oft-vilified "them."

This gift of empathy never comes easily. It's through the virtue of pain and discomfort inherent in learning that growth is fostered in the learner. Even as I recall the challenges of life in Nepal, I am reminded of the joys, the deep satisfaction of our work with patients there, the natural beauty of its land and people, and the laughter shared with friends from all over the world. They were intense years, rich with beauty as well as pain. Yet I would not trade the pain. I would not trim out the enduringly uncomfortable space of being the "other." For it is that very space in which beauty is wrought, relationships are formed that cross lines of division and the "other" is brought near.

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## Paradeigma

*[Defined as “A worldview underlying the theories and methodology of a particular Scientific Subject.”]*

Can you spell “world” backwards?

My heart beats faster and faster as the questions keep coming

From my mouth into the ears of my

Patient

[Defined as:

“A person receiving or registered to receive

Medical Treatment.”

From the Latin verb *patior* meaning “I am

Suffering.”]

How is your mood today?

Scratch, scratch goes the pen that I was clicking nervously in my hands on

Paper, no longer white, marked with my judgments on

Someone I just met.

Boxes are being checked.

Have you ever felt as if you wanted to hurt yourself or others?

I box this

Person [Defined as: “a human being regarded as an individual”]

Into a box and hammer the nail

And I Cry [Language of origin: Latin *quiritare* meaning “to raise a public Outcry”]

For I want to look eye to eye with you,

My patient,

And see you for who you are.

*Pratiksha Yalakkishettar is a second-year student at the Hofstra Northwell School of Medicine and is interested in health policy and primary care. Writing is her way to reflect on experiences, as well as to explore the interplay between language and medicine.*



## Hyperion

DAN DEVINE

*Dan Devine is an artist and professor of art at Hofstra University. He has an MFA from Bard College. He has exhibited in New York City galleries and museums throughout the United States and Europe.*







## Wrinkles of the World

KATHERINE  
PORTELLI

*Katherine Portelli is a second-year medical student at the Hofstra Northwell School of Medicine. She studied documentary film production at Villanova University. Her strong passions for travel and social justice drive much of her artwork. One day, she hopes to integrate her passions for art and medicine.*

## Rhabdomyolysis

In the ER, I see the word *rhabdomyolysis*  
And write it down in my little red notebook.  
And then old James says, Come here. Can I  
Tell you something terrible? I always tell you  
The terrible things.

This man in 4A? No history of medical anything,  
No nothing. Then this morning, he  
Sees a tiny bit of blood in his urine. He  
Comes here only because his kids  
Bug him to.

He gets a CT scan, and it turns out he  
Has a softball-sized tumor  
On his kidney, and it's already,  
It's already spread  
All over his body, to his pancreas,  
Everywhere in his abdomen.

Can you believe it? No medical history  
Whatsoever. You know, I'm so bitter, but  
This stuff gets me. I'm almost afraid  
To go over there because of how  
It messes me up.

Standing beside me, he fills  
His pockets with syringes as a waiter fills  
His apron with drinking straws  
And returns to the patient as to a customer  
At a diner —

And as a waiter places first the napkin  
Then the fork and the knife, quickly  
He draws blood from the offered arm  
And turns, the thought of it traveling  
From his shoulders to the corner of his  
Eye, hidden from us, and then gone.

*Adam Lalley is a first-year medical student at the Hofstra Northwell  
School of Medicine.*





## Kathak Dancer

NIKITA SHAH

*Nikita Shah is in the 2017 graduating class of the Hofstra Northwell School of Medicine.*

## From the Depths

Ilya sat crouched next to Irene's low bed. "Your children love you and care about you, and you love them too. This is not the answer. We can help you. You are beautiful, smart and successful, and your son is so worried about you." For an hour, the Russian-Israeli EMT softly spoke to Irene, and finally she agreed to get up out of bed and come sit with us at the table, just to chat.

We had been sent by the police to Irene's apartment after her son received a terrifying e-mail. At seventy-four, Irene had assumed that her son wouldn't receive the e-mail until long after her suicide was successful; she didn't realize that her son would immediately receive her end-of-life note and call the police.

When our ambulance arrived at her locked apartment, we found her suicide note taped to the door. After reading the note, Ilya, my driver and boss, called for advanced life support backup. We tried to calm her hysterical son, who had also arrived, until the fire department came and broke down her door; legally, as EMTs in Israel, we weren't allowed to do so ourselves.

Eventually, we made it into her apartment, and I lugged the gear as Ilya ran throughout the apartment to find our patient. Ilya and a police officer found Irene in her bed, sleepy but rousable, and when Ilya squeezed her trapezius muscles to awaken her, she screamed out, "Stop, you're hurting me! Leave me alone! Go away! I don't want you here, leave me alone! I don't need you!"

"*Ima!*, you're sick. What are you doing? Get up! We're taking you to the hospital!" her son yelled.

"I'm sorry, sir, but I have to ask you to leave the room. Please go sit in the living room," said Ilya, calmly directing the son toward me. I brought him into the living room, away from his crying mother.

"Ilya," I called, "here are some empty pill bottles." I showed him the empty bottles on the kitchen counter. Ilya looked up the medicine and learned that it was metabolized slowly. He had some time before it would cause irreversible liver damage, the only severe toxicity, and he canceled the ALS backup.

Ilya and the police officer began to try to persuade the woman

to get out of bed. “Please, *Geveret*<sup>2</sup>, come with us into the ambulance, we’re here to take you to be healed,” the police officer began. When Irene’s only returns were “No! No! No!” he quickly grew impatient and began to yell back. “Listen, lady, if you don’t come with us peacefully, we’re just going to have to handcuff you and carry you away against your will! Do you want that? Do you want us to force you to come with us? Just get up nicely and we won’t have to use force!”

“Stop! Stop!!” Ilya yelled back at the policeman. “Quiet! This isn’t your job, this is my job. Let me handle this! Go into the living room right now, and don’t come back in until I call you! Go sit with the son — just get out right now! Everybody out, including you with the equipment.”

The policeman withdrew from the room in a huff. I stood just outside the open door. Ilya sat down next to Irene’s bed, at eye level with the crying woman, and began to speak calmly and softly.

Magic. An hour passed. Ilya quietly spoke with Irene, asking her about her children and her job, what books she had read recently, and what she liked to eat. What she was proud of, and what she was upset about. He asked her about the pain she was feeling, and recognized the darkness that was enshrouding her life. He recognized it, but he would not acknowledge that it was the right course for her to end her life.

The conversation circled and cycled. Just when it seemed that Ilya was getting somewhere and the sobs had turned to whimpers, Irene would burst out screaming again. “No, no, no! I can’t do this! I can’t take this pain! Just leave me alone! It will all be better if you just leave me alone. Tell my son to go and leave me for a few hours!” And Ilya would begin again, never faltering, never getting frustrated or impatient, just slowly and quietly soothing, speaking, and listening to the struggling woman.

As Ilya spoke, I wandered around the apartment. I saw the meticulously framed pictures of Irene and her children, grandchildren, friends and colleagues, on vacations and in holiday garb. I found a full and inviting fruit bowl with three oranges, two pears and a pomelo, and half-opened snack containers. A grocery list and a to-do list were stuck on the fridge with a magnet

advertising a pizza place. There were some phone numbers of friends and a wedding invitation. A book she was reading sat on a small table outside the bathroom. The bookmark stuck out somewhere in the middle of the pages.

Irene's son sat in the living room, talking urgently on the phone with his brother, as the police officer stood staring sullenly out the window. I saw an entire life laid out in this apartment, a life that seemed to be going forward, not one that had come to a screeching halt. A life that seemed full and even peaceful, except for the empty pill bottles on the counter. And all the while, Ilya sat talking.

Eventually, after a motionless hour, there was sudden movement. Irene agreed to get up out of bed and come sit with us at the table. She was not interested in coming to the hospital, but she would just sit at the table in the kitchen for a few moments, while we collected our thoughts.

"Hannah, Irene's son worked in Boston for a few years, and she actually went to visit him there," Ilya said, bringing me into the conversation. I sat down at the table with Irene and chatted with her about her trips to Boston, and a few other U.S. cities, as well as numerous locations in Europe. Ilya was speaking softly to the police officer and her son. Irene enjoyed photography and travel, I learned, and before her husband passed away a few years ago the two of them had traveled quite a bit. Irene had been a literature teacher and had written her own poetry. Now, she preferred to read nonfiction.

Eventually, Ilya came back and said, "How about it, Irene? Won't you come with us to the hospital now?"

"Oh, no, I can't," Irene responded. "The neighbors will see and want to know why. It's too embarrassing. I just can't do it."

"Yes you can, *Geveret*. How about you go and get dressed, put together your things, and then you'll walk outside with your head held high and take yourself to the hospital. All of your neighbors will see how strong you are. They won't know a thing," Ilya responded, allowing her the same dignity and respect he would award any non-sick person.

"Oh, all right, if you insist, I suppose I can do that."

"Hannah will go with you and help you pick out an outfit," Ilya

told her. “Stay very close to her,” he whispered to me forcefully.

Irene and I went back into her bedroom and into her closet. “Do you like the red sweater better, or the black one?” she asked me. Before I could answer, she said: “Actually, I suppose I like the red. It feels more summery. I haven’t worn it in a little while.”

I followed Irene as she put on a sweater and a skirt, some stockings and her loafers. She brushed her hair and put on her makeup. We searched for her beige bag. “No, not that beige bag, but the good one. Oh, here it is, hanging in the closet.”

Finally, Irene was dressed to her own liking, and she rejoined Ilya, her son and the police officer in the living room. “I’m ready to go now, if you are,” she said politely. The five of us walked downstairs and outside to the parked ambulance.

“Irene, what happened? Is everything okay?” a neighbor called out.

“Oh, yes, dear. Don’t worry. I just wasn’t feeling well. It’s all right,” Irene responded, as if she had an upset stomach that wouldn’t resolve itself and she needed some extra medical attention.

In fact, that’s really all that it was. Irene was sick and in pain, and she needed help, but she didn’t think she could find it anywhere. It took a young EMT an hour on the floor, followed by some chatting, to rekindle a spark of self-respect. Irene’s pain was so great that she could have died from it, as one dies from any other illness. And the respect she received was as much as every human deserves in every situation, whether a patient, a family member, a friend, a colleague or a fellow student who is suffering. Irene’s pain was invisible to the eye; she seemed no sicker than any other individual, yet her pain was life threatening.

Irene’s pain was eye opening for me, as a budding EMT and medical student. Her life seemed so full, so complete, yet to her it felt utterly unlivable. Who else in my life, in my class, in my world, might be suffering from such pain?

Ilya’s treatment of Irene was filled with patience, calm and almost mystical attention to her emotional needs and experiences. He was dignifying her in one of her lowest moments. How can I apply that to my patients, and not only to my patients, but to my



friends and family members? To my classmates and teachers?  
To myself? How can we, as members of a profession built on  
caretaking and love, continue to dignify and lift up one another as  
we move through careers that contain such sadness and struggle?

*Hannah Spellman is a second-year medical student at the Hofstra Northwell School of Medicine. She spent a summer as an EMT in Israel before starting medical school.*

1 Hebrew for “mother”    2 Hebrew for “Ma’am”

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## Winter Sail

ALEXANDER JAKSIC

*Alexander Jaksic is a first-year medical student at the Hofstra Northwell School of Medicine. He started drawing in his junior year at Union College, and enjoys working with charcoal. He finds the fluid nature of drawing relaxing and rewarding.*

NARRATEUR

## Hospice

Jackie, the old stage and screen actress, still applies blush  
on her white sunken cheeks, more bones than cheeks  
her roles etched in her face in lines as fine as webs  
holding her spider  
for dear life  
Her final performance will be witnessed by no one  
(The young nurses never even heard of her)

Marco, the toreador, stands in a framed photo on the chipped  
vanity table  
his macho self waves a flowing red cape and iconic black  
Matador hat  
the bull grimaces and rushes him with long, sharp curved horns,  
Marco, unafraid, faces the bull and smiles for the camera  
the fire heats his eyes  
Now, his final bow salutes the phantom beast

Raj, whose parents', aunts', uncles', brothers', sisters',  
daughters' and sons'  
eyes lowered, gather round the sanitized bed  
sprinkle rose petals, hold hands,  
chant ancient hymns to ease the passage  
The curry left uneaten on the beside table  
Very busy, no one noticed when he left

Lola, once a hot Latin lover, danced to music and pulsating rhythms  
heavy breathing calling for sexual energy  
A Barcelona mistress  
Now tears exhausted among her remaining Niño's  
Her Last Tango

Oh my loves! You who gave birth to yourselves all your  
working lives  
I will deliver you from the imprint of your body on the sheet,  
Dispatch your pilgrimage to the great light

Your silent goodbyes are deafening  
I must cup my ears

*Heidi Mandel, PhD, LMSW, is a social work supervisor at The Jewish Board  
and a research consultant with the Hofstra Northwell School of Medicine.*

## Coming Out

It was one of the most defining days in my life: I came out in front of my psychiatry fellowship class. It was a spontaneous and natural act and, in retrospect, it seems to have been the perfect way to do it.

The class was meeting for a lecture in a series about human sexuality. That day we were moving from transgender to homosexual issues, and we were asked to take five minutes to respond in writing to the question: *If you married a partner of the same sex, how would your family, friends and community react?*

In a personal notebook that I usually lock securely in my closet, I swiftly wrote:

My mother will not understand it.

My father will understand it and accept it but will be hurt.

One brother and sister may support me.

Very few of my friends will celebrate it.

Most of my friends will cast me out.

In some countries, I might get sentenced or even killed.

At the conclusion of the exercise, we were asked if anyone would like to read his or her response to the group. I immediately raised my hand. No one ever raised a hand in class to say anything; we would just wait for our turn. I felt as if everyone was looking at me.

For reasons I could not fully explain, I had a strong desire to tell everyone that I am gay. Still, I had palpitations and I could hear my own heartbeat. My mouth was dry and I was biting my lips, but I did not want to let go of the moment so I kept my hand in the air, hoping to be the first speaker. I wanted all the attention on me. I knew this was the moment of my life and I did not want to miss the opportunity.

Finally, the lecturer, Dr. Richard Pleak, pointed to me as if he were passing a virtual microphone. I gathered all my courage, stood on shaking legs, with a trembling heart, and looked at my co-fellows and said, "As one of you already knows, but the rest of

you don't, I am gay. This is the first time I have ever come out in front of group of people."

I choked up. I almost cried. I covered my face with my hands, and my body felt numb. But I was happy, joyful and proud. I was myself.

Everyone was quiet for few seconds. Then the lecturer extended his hand to me. "Congratulations."

I heard some of my friends saying, "Thank you for trusting us."

I replied, "Thank you for your support." This was followed by hugs and smiles. It went even better than if it had been scripted. It was a perfect time to come out, and a perfect way.

The next day I met Dr. Pleak and he congratulated me again. He then asked, "Do you have second thoughts?"

"No," I said. "I wish I had done it earlier."

In the days that followed I received tremendous support from my peers and faculty members. The experience is one of the best memories of my training at the school of medicine. I will always cherish it.

*The author has chosen to remain anonymous. He is a graduate of the Hofstra Northwell School of Medicine.*

## ***Bésame Mucho: A Patient Finds Her Voice, Comes Alive and Has Christmas in September***

*Bésame, bésame mucho/Como si fuera esta noche/La ultima vez/Bésame, bésame mucho/Que tengo miedo perdete/Perdete después.*

Alma wasn't expected to make it through the night. Instead, she wound up spending more than another week of her hospitalization surrounded by and engaging with loving family and friends. And music.

Alma was an eighty-year-old primarily Spanish-speaking woman admitted to Lenox Hill Hospital on September 4, 2015, with a new diagnosis of lung cancer and a right pleural effusion. She was first seen by the palliative medicine consult team on September 10, 2015. On Monday morning, September 28, 2015, Alma was discharged home with home hospice services.

Over the course of two weeks, as the music therapist on the palliative medicine consult team at Lenox Hill Hospital, I conducted seven sessions with Alma and her family beginning on Thursday, September 10, 2015, and concluding on Thursday, September 24, 2015.

What follow are my session notes, expanded and enhanced to provide clarity and connection to the narrative of my work with Alma and her family. (Patient and family names have been changed to protect patient privacy.)

### **Session One. September 10, 2015. 4:25 pm. Alma alone.**

I was referred to Alma's care by two other members of the team: Felix Rivera, MD, and Gina Garvin, MA. I conducted an initial meeting with Alma, who was just finishing physical therapy and awaiting communion and prayer services with the Catholic priest.

I introduced music therapy services to Alma, aided by the Google® Translate app on my phone, since my Spanish is poor, at best. I believe Alma appreciated my efforts to try to speak her native language because she smiled and indicated through



gesture and word (*mañana*) that she would be happy to have me return tomorrow.

I'm interested to learn what music Alma likes. It would help me to better understand her as I seek to establish a relationship through individualized music therapy interventions in order to provide Alma psychosocial support and enhanced quality of life.

**Session Two. September 11, 2015. 3:15 pm. Alma and her daughter, Lucia.**

I am continuing to follow Alma's care. I met with Alma and her daughter, Lucia, today. Alma was sitting up in a chair at bedside. She had just begun her chemotherapy treatment. Her daughter participated in the session, helping to translate Alma's Spanish for me. Lucia said that Alma had had difficulty sleeping the past couple of nights and had been anxious, pulling out a couple of her lines. Hearing this, I played a couple of songs, including one in Spanish, *Bésame Mucho*, to enhance Alma's relaxation. I chose this song for several reasons: It is familiar to a wide age range of Spanish-speaking people; the theme of love and loss can evoke a variety of emotional responses; depending upon the tempo, the song can vary along a continuum from energizing to relaxing; and, to be completely honest, although I'm constantly working to expand my repertoire for the varied cultural backgrounds of the people I see during my work, it's one of a few Spanish songs I know well.

Bearing in mind the objective of enhancing Alma's relaxation, I played *Bésame Mucho* at a moderate tempo and volume, attempting to create a calming yet emotionally engaging rendition of the song with the acoustic guitar and my voice. During and after the live music intervention, Alma seemed more relaxed. She was smiling and had closed her eyes intermittently while the music played. With Lucia translating, she expressed how much she enjoyed the songs, especially *Bésame Mucho*, which had elicited pleasant memories of when she was a young girl.

I will continue to follow Alma's care, providing patient- and family-centered support as needed.

**Session Three. September 17, 2015. 4:35 pm. Alma, Lucia and multiple family members.**

The medical team made me aware of the extent of Alma's clinical decline and the strong possibility of imminent death. I met with members of Alma's family, including Lucia, all of whom were around Alma's bed. Alma appeared to be in a sleep-like state during the session. I was struck by how changed she seemed, how much smaller and frailer she looked. Where was the quietly vibrant woman I met last week?

The family is coping with the emotional struggles involved with the seriousness of Alma's condition and end-of-life prognosis. Lucia took an active role this session, requesting the first song, *Bésame Mucho*, which Alma had taken great pleasure in singing during last week's session. I played another song, "Can't Help Falling in Love with You," familiar to Alma and Lucia from previous session work. At one point, Lucia began crying and stroking her mother's hand.

This was a powerfully moving image, reminding me of a lyric from the song, a lyric I felt honored the emotional truth of the moment: "Take my hand/Take my whole life, too/For I can't help falling in love with you." Both songs were played to provide support and to create a contained space for the family members' emotional processes and expressions as they attempted to cope with the strong possibility of Alma's life ending. Family members supported each other physically and emotionally during and after the songs, holding hands, hugging, alternately laughing and crying.

Doing this work, I'm amazed by how much love can be packed into these hospital rooms.

**Session Four. September 18, 2015. 4:45 pm. Alma and Lucia.**

There has been significant change since twenty-four hours ago. Lucia was sitting in the chair by Alma's bedside. Alma was awake, alert, reporting no pain.

Lucia, who continues to be a strong supportive presence for her mother, shared the family's emotional journey over the past

twenty-four hours, when they were not expecting Alma to live through the evening. Now, they have been struck by — and their Catholic faith has been invigorated by — Alma's change in status.

Alma was able to engage me in conversation, aided by Lucia's translation. She sang, unprompted and a capella, the song I had sung for her during her past sessions, *Bésame Mucho*.

That Alma was alive, much less singing, inspired me to capture this moment, to document for her family and for myself that, yes, this is actually happening. With Lucia's permission, I recorded it on my phone.

Alma's voice was initially soft and whispery as she began to sing. I figured that she would cover a few lines, at most. Instead, she sang the entire song with an expressiveness I wasn't expecting and that her illness belied. Alma and Lucia spoke of feeling blessed and grateful for this time together. This was a moment I was privileged not only to observe but to celebrate with the family.

The following, related by Alma's family, briefly recounts what had transpired the previous evening during what they thought were to be her final moments:

The family was playing recordings of various songs for Alma as they prepared to make their final goodbyes. Alma's condition had deteriorated and the medical team did not expect her to make it through the night. As one of the songs played, *Ilusion Azul*, family members noticed that Alma's hand started moving, some saying in tempo with the music. Slowly, over the course of the evening and early morning, Alma's condition improved, her level of engagement reversed trajectory and she was able to function as she had during our fourth session.

### **Session Five. September 21, 2015. 2:45 pm. Alma and two female friends.**

I met with Alma and two Spanish-speaking female friends of family. Alma's daughter, who has translated for me in the past, was not present today, so verbal communication was limited. However, I engaged Alma in a brief music intervention.

Since her friends had not been present the day before, I played the recording of Alma's a capella singing of *Bésame Mucho*. Despite the language barrier, all appeared to engage in and emotionally benefit from the experience. Music bridged our language gap.

**Session Six. September 22, 2015. 4:25 pm. Alma, Lucia and several family members.**

I provided supportive conversation and played recorded music to enhance the visit by family members. Lucia shared her appreciation of the change in her mother's status, but also expressed an optimistic yet realistic awareness of the prognosis. Listening, allowing the family to share their thoughts and feelings, was perhaps the most beneficial therapeutic intervention I provided the family today.

**Session Seven. September 24, 2015. 4:00 pm. Alma, Lucia, Miguel and nieces Ana and Luz.**

I provided a quasi-community music therapy session today, as Alma was able to join in the weekly 7 Wollman "Happy Hour" (created by the Oncology Unit nurse manager as an opportunity for patients and family to socialize over food and nonalcoholic beverages provided by the hospital food services department). Alma was wheeled in in a special chair and was joined first by her nieces and later by her daughter, Lucia, and son-in-law, Miguel.

Alma participated in the music interventions, singing along with several of the songs requested by her nieces, including *Bésame Mucho*, *La Bamba* and *Feliz Navidad*. The session served to enhance the already formidable interpersonal familial bonds between Alma and her family. Alma noticeably brightened throughout the session. One week prior, Alma wasn't expected to make it through the night. Instead, she wound up spending more than another week of her hospitalization surrounded by and engaging in the love of family and friends. And music.

It's worth noting that Alma's niece chose *Feliz Navidad*, a familiar Spanish Christmas song, despite the fact that it was still September, with Christmas Eve three months away. But, given the nature of Alma's illness and her family's awareness of her end-of-life prognosis, as well as their appreciation of this recent and notable uptick in her overall energy and level of engagement, "Why not celebrate Christmas now?" as one of Alma's nieces said when making the song request. "Why wait to celebrate?"

Why wait, indeed.

"Kiss me, kiss me much more/As if this beautiful night is/The very last night/Kiss me, Kiss me much more/Because I fear I will lose you/I will lose you sometime."

Post-Script: Lucia left me a voicemail on Sunday, November 8, to say that Alma died at home on October 15. During a follow-up call, she described Alma's death as "angelic." She said her mother had looked peaceful and that the family was with her as she took her last breath. Lucia expressed gratitude for having had music therapy and for having been given what she considered to be "extra time" with her mom.

*Thomas Biglin, Jr., MA, is a music therapist with the Susan & Herman Merinoff Palliative Medicine Program at Lenox Hill Hospital.*



## Discharge at Noon

You sound so enthused  
and assume so much  
chirping chipper  
of my going home.

I am conjuring cold  
an unpaid bill  
the sight of my breath  
my muffled heart  
ticking like wood-cased grandfather time  
through the whole of the house  
illness  
stillness and echo

and cereal milk.  
Unscalable stairs.  
The shell game  
you have given me,  
candy-colored mancala,  
will pace relentless  
hands on the clock while  
my own still shake;  
the crash of a thousand tablets  
teeming down on my dreams,  
my kitchen floor —  
it's just a matter of time.

Your people are not like mine.  
A push broom, I dance with the dutiful.  
I am an errand  
errant — can't you see —  
triangulating the trip to  
someplace else,  
the object of perfunctory love.

*Chaplain Elizabeth J. Berger, MS, is a narrative medicine writer, consultant and speaker whose ministry is directed to self-care for health professionals. She teaches medical humanities and professional formation at the Hofstra Northwell School of Medicine.*



## Early Fall Around the Pond

STEVEN E. RUBIN

*Steven E. Rubin, MD, graduated from snap-shooter to photographer during his first year of medical school in the 1970s. He is vice chair of ophthalmology and assistant dean (for respectful culture) at the Hofstra Northwell School of Medicine.*

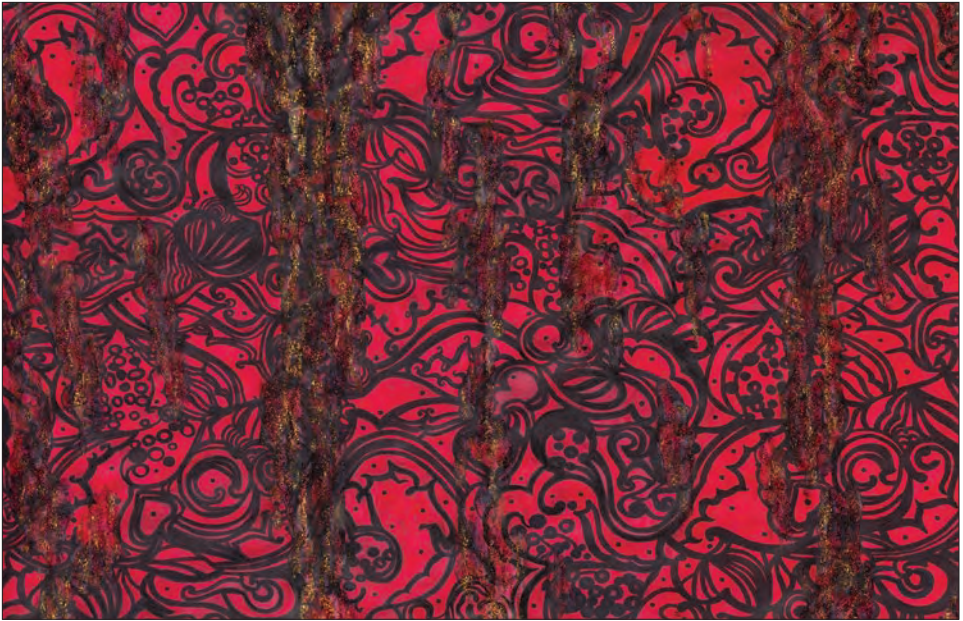


## Bayou Shrine

VICTORIA FORT

*Victoria Fort is a second-year medical student at the Hofstra Northwell School of Medicine. She grew up in the rural south and worked for a year for AmeriCorps before studying for a master's degree in public health at Emory University. She worked for the U.S. Centers for Disease Control for five years in the African Disease Surveillance Program before entering medical school. She says, "This is a cross that was put up south of New Orleans in St. Bernard Parish after Hurricane Katrina. While I was in AmeriCorps, I worked for the New Orleans Habitat for Humanity and lived in a school close to this shrine, which had been closed after Katrina and turned into housing for volunteers."*

NARRATEUR



## Red Gold Velvet

JOLANTA BARBARA NORELLI

*Jolanta Barbara Norelli is an MD/PhD candidate at the Hofstra Northwell School of Medicine. Her mother infused her with a passion for art at a young age, and she has been painting and designing for years. She is founder of the Art and Medicine Club and a member of the Osler Society.*

## Hearing and Balance

One and two turns,  
Two turns and a half  
A fragile pulse reaches the end of the coil  
To reverberate with meaning and substance.  
Did you hear the lapping of those viscid pink waters,  
The tinkle of stones dislodged by your boot heel?  
Can you detect the crunch of salt,  
Like the brittle hull of that vessel  
That cost you your memories?  
Have you enshrined our conversations  
In some chamber remote and inaccessible?  
I think I begin to understand why you feel so tired.  
But see — these black grains that surround you are far older than you.  
They did not protest when lifted from their stations  
To fashion this singular effigy.  
Why then, with every breath,  
Does your body protest its own transplantation?

*Robert V. Hill, PhD, is an associate professor of science and education at the Hofstra Northwell School of Medicine and serves as a facilitator of the PEARLS case-based learning group and the Structure Lab.*





## Man in Red

SOPHIE PARKS

*Sophie Parks is a third-year medical student at the Hofstra Northwell School of Medicine. She enjoys photographing strangers and experimenting with mixed media.*

## The Night Shift

I am in the Coronary Care Unit with a catheter in my neck. I am not sure I even need it. I am nauseated and my stomach hurts. They keep using the words *shock liver*. I wonder what that means? I just want to know when I can go home. Am I getting better? Am I out of the woods? I have to stay strong for my wife, my daughters and my grandchildren. The doctors are here. They are doing their evening rounds. I don't recognize the night team, but I have seen the cardiology fellow, who is now talking. He tells the team the plan for overnight. I hear him say, "... and if he crashes overnight..." Crashes overnight? What does that even mean? I thought I was getting better. I don't understand. I thought I was going home in a few days. One of my daughters is getting married in two months. I must get better. Why is he telling them that? I don't know. I think I am okay. I know I am okay. But am I really okay?

*Taranjeet Ahuja, DO, is an assistant professor of science education and pediatrics. She is a pediatrician and full-time faculty member at the Hofstra Northwell School of Medicine as well as the director of the Initial Clinical Experience (ICE) and Advanced Clinical Experience (ACE) Continuity Clinic Programs. Her father was hospitalized in the CCU in 2015, and he overheard the team talking about him during their nightly rounds. She imagined that these were her dad's thoughts and wrote this reflection in his voice.*



## **Moonrise**

BARBARA HIRSCH

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



## The Dream

EDMUND J. MILLER

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

NARRATEUR







## Compass

I fear  
 I may  
 be lost;  
 romantically,  
 professionally,  
 I am out at sea

A warm tempest is blowing in,  
 caressing my cheek with false comforts of home.  
 The mast of the sail is broken, flailing about —  
 I cannot recall exactly how this happened,  
 but some days I feel I am to blame.

Occasionally, when the winds are in my favor,  
 I catch the wooden bar,  
 elated  
 and take salty mist into my lungs  
 through a measured grin.

Yet just as soon,  
 it is pulled away,  
 each time creating a deeper  
 compounded sense of loss.

At the same time, somehow,  
 I know exactly where I need to head.  
 With love, with medicine,  
 in everything.

Many days go by  
 when I have never felt more like myself,  
 and new stars emerge at dawn to guide my voyage,  
 shining orbs birthed from dark stormclouds  
 that contain and cradle me,  
 flighty as they are clear.

Floating on my sea

chaos and self-realization  
exist  
in flux and harmony.

Pulled in many directions  
by the winds,  
and by my compass,

I press on.

*Josh Natbony is a fourth-year student at the Hofstra Northwell School of Medicine and will be starting a pediatrics residency this summer at Johns Hopkins Children's Center. His poem is about the struggles of people in their twenties that "herald the arrival of our best selves."*



## Antarctica

ELISE STAVE

*Elise Stave is a second-year medical student at the Hofstra Northwell School of Medicine.*

## Cardiac Catheterization

A simple course:  
Start from the pulse  
line threading superiorly  
patiently navigating turns  
as artery becomes aorta  
following nature's route  
to the source.

Perhaps  
the scalpel edge  
finds the chamber first.  
But I prefer the circuitous path  
when it comes to matters of the heart.

*Megan Yu is a third-year medical student at the Hofstra Northwell School of Medicine. She plans on a career in emergency medicine. In her spare time, she enjoys reading, hiking and traveling.*



## Mount Batur, Bali

MUSTAFA H. GHANEM

*Mustafa H. Ghanem is a third-year MD/PhD student at the Hofstra Northwell School of Medicine. Last summer, he and his new bride walked the active volcano, Mount Batur, in Bali on their honeymoon.*

NARRATEUR



## Transformation

ERICA NEUREN

*Erica Neuren is a first-year medical student at the Hofstra Northwell School of Medicine. Her experiences prior to attending medical school involved art and advertising.*



## Botswana

JANA GALAN

*Jana Galan, MD, is a physician at Glen Cove Family Medicine. She loves photography and traveling and chronicles her trips around the world with her eye for beauty.*

NARRATEUR





## Letting Go

I look into her eyes, and I know she is ready. Her daughter begins to scream: “Ma, let her put the mask on!” She repeats the seven words like an endless prayer to God.

My patient’s O2 saturation had dropped from 92 percent to 78 percent since removing the BiPAP mask. It was her request. She had already signed a Do Not Resuscitate order and refused reintubation. Now, she nods her head — maybe to quiet her daughter — and I put the mask back on.

She is surrounded by family, her children, grandchildren, son- and daughter-in-law. They tell stories, and hands of different sizes touch her neck and cheek. Her face softens with their compassion and love. She hates the BiPAP mask. She struggles against it. I remove it several times during my shift. Every time I take it off the daughter pleads with me — and with her — to put it back on. It is a rocky shift. I don’t know if this will be the last time I will see this patient.

I have a day off between shifts, and when I return the night nurse says that Bed 12 is mine again. I had a dream that my patient died so I sigh in relief. She is still alive.

I walk into the room. My patient is different. She is weaker and less responsive than the last time I saw her. The grieving daughter sits in a chair by her mother’s bed. She is quiet now. The young woman is withdrawn, struggling with the finality of life. She is about to lose her mother.

At the end of my shift, she asks whether she can speak to her mother’s doctors. She says that she wants to put her mother on a morphine drip to make her comfortable. No more BiPAP mask, she says. “My mother is holding on for us. It is time to let her go and free her from pain and suffering.” The mask comes off when the morphine drip is started.

I look over at her mother. The skin on her face is translucent. That look in her eyes... she knows. *Bring it on*, those eyes say. *I am ready*.

*Tunisa Riggins, RN, is a staff nurse in the Surgical Intensive Care Unit at Long Island Jewish Medical Center.*



## The Present

ALEX BAILIN

*Alex Bailin is a third-year medical student at the Hofstra Northwell School of Medicine. She took this photograph of the Irish countryside in the spring of 2014. She says, "I distinctly remember taking this moment to pause and fully appreciate the beauty around me, to breathe the fresh air. My past and future became irrelevant. I hope to draw from this experience to the greatest extent possible throughout my career as a physician so that I may remain ever mindful and present. Only then can I provide the highest quality of care for my patients."*

# Submissions

*Narrateur: Reflections on Caring* is published by the Northwell Health and the Hofstra Northwell 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 Northwell School of Medicine students, faculty and staff as well as employees of Northwell Health and Hofstra University. For more information on submission guidelines visit our web site at [www.narrateur.org](http://www.narrateur.org). Or contact editor-in-chief Jamie Talan at [jtalan3k@aol.com](mailto:jtalan3k@aol.com).



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