



Narrateur

REFLECTIONS ON CARING



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Front Cover: In Memory

Cassandra Gross

Back Cover: Loss for Words

Tanim Jain



Large Jars

Adriana Medina is a senior majoring in forensic science at Hofstra University. She is also a student aide at the ceramics studio on campus.

From the Dean

There is a photograph that evokes a memory. It snaps you to attention, every time. That is the moment when life changed, irrevocably, and it becomes a reflection of life before and after. We all know those moments, but some of us are better at capturing them in words or pictures.

This year, many of you recreated those experiences eloquently for our *Narrateur* readers, whether the loss of a parent, a sibling, a patient or a piece of ourselves. We open our own wounds so we can heal others. Narrative medicine does that, and there are many important reasons why: We feel, and this gives those around us a mirror to reflect their own emotions; we help, so that others know that there is compassion in the world; we commit to a practice of medicine and do our best every day, even if sometimes our best isn't good enough.

In this issue, we watch a colleague mourn the death of her physician-brother; we watch a fellow student transform from learning medicine to knowing medicine first-hand. Now, those lessons will become the fabric of their life, and their patients will benefit. We all will. This is our ninth issue of *Narrateur*. We hope that you discover something important and beautiful in these pages and consider making your own contribution to future issues.

LAWRENCE G. SMITH, MD, MACP

Dean, the Zucker School of Medicine at Hofstra/Northwell

From the Editor-in-Chief

In reviewing the submissions to the 2020 edition of *Narrateur: Reflections on Caring*, I was once again taken by the breadth of human experiences that contributors gladly share, in nonfiction, fiction, poetry, art and photography; experiences with family, friends and patients that helped to shape them and in some cases shape the way they practice medicine.

There is a first-year medical student who shared her poignant experience with thyroid cancer, from biopsy to diagnosis to surgery through recovery, which parallels her class syllabus; it ends with her holding a donor's thyroid in her hands. There is a young physician's harrowing experience helping to determine the brain death of a child. And there is the medical student whose art is on our cover and whose companion piece explains the events taking place behind the lens of her camera.

There are so many of you who keep sharing stories, art, poetry and photographs, and I am in awe of your continued willingness to open yourselves up by so doing. I ask you to sit back and read this year's writing (the poetry is exceptionally good!) and admire some very creative artwork and photos. In the end, the message is one of hope and courage, of doing our very best in very difficult times.

For the privilege of editing the journal, I am always grateful.

JAMIE TALAN, MPH

A Stay in the Land of Carcinoma

6 “Cytology is the study of individual cells. It’s a great screening tool...but the issue is that you don’t see normal architecture. You don’t have much of a season or architecture to figure out where these cells are from. For that, you need a biopsy.” Dr. Elkowitz gestured to strata of squashed cells in varying shades of lilac and lavender, characteristic of a hematoxylin and eosin stain. We were looking at a picture of stratified squamous epithelium that could have come from nearly anywhere but happened to be from the esophagus.

My fingers typed furiously, racing to keep pace with the demystification of the metastatic potential, but my mind drifted to an office visit the day before. My hand fluttered instinctively to my neck, remembering the needle that had pierced it in order to scour the boundaries of my thyroid for cells. I smiled as I thought back to the endocrinologist who gently chided me to stop talking so he could dig for specimens in peace. Was the procedure I’d had a biopsy or an example of cytology? This was a difference I would need clarified several times, it turns out, and still wouldn’t quite grasp until the week before our final for the Biological Imperative course.

But more important than the semantics of whether my procedure constituted biopsy versus cytology was the question of what fate its results would dictate. The rest of the hour flew by — as it always does with Dr. Elkowitz — but that hour was particularly memorable. He had projected a slide of cells that had come from a 15cm malignancy within his own chest to remind us that the slides and cells we would examine throughout our lifetimes belonged to real people. And as I waited to hear from Dr. Skolnick about what my own cells had forecast, that reminder rang all too true.

I had told myself things would be fine, no matter the outcome. Benign? Great! Somewhat suspicious? A bit annoying, and it would require continued monitoring...but still fine! Malignant? No problem — you just removed the thyroid and moved on with your life. Plenty of people walk around without their thyroids! Everyone had been reassuring me that things would be fine. I told myself things would be fine. I told my parents things would be fine. Fine became the mantra we exchanged with abandon and a fair amount of confidence. And on some level, I'm sure I truly believed that.

But a few hours later that day, a phone call interrupted the intentions of an afternoon to be productive. The words "...the cells were malignant..." landed on ears that passed the message to a mind in shock. I leaned awkwardly against the countertop of a quasi-hidden alcove, attempting to digest the instructions. The printer across from me witnessed the tears I didn't think I would shed.

Carcinoma. It has the cadence of a foreign and mystical land, though everyone knows its terrain. Its syllables have traversed hushed whispers and flashed before alarmed eyes. It is the place that we know exists but never quite think will visit.

So much of what we learn and experience as medical students, particularly at the beginning of our journeys, is tinged with a sense of distance, or disbelief. The white coat feels more like a costume than a uniform, and the stethoscope feels closer to toy than to diagnostic tool. It is strange to comprehend that the fleshy mass sitting on the metallic table a few feet away during the Structure Lab final is in fact, yes, half of a human head. It is baffling to realize, as you hold a speculum for the first time, that an actual human being is instructing you how to insert these terrifying silver jaws into a real person. It doesn't feel real.

That is, until one day it does. Perhaps the patient encounters start to feel less unreal each time. Perhaps you stop using *hear* when you mean *feel* and no longer need to fake any physical exam maneuvers on the OSCE. Or perhaps, you get a phone call, using the terms of cancer that you had learned a week prior.

“Are we sure it’s malignant?” I wanted to ask. “Did it go through the basement membrane?” Like any good first-year medical student, I was desperate to apply the limited knowledge I had to make sense of this. Voice cracking, I asked, “We’re definitely past carcinoma in situ?”

Surgery was scheduled for two weeks later. Any given day was a melange of emotions. Frustration. Confusion. Anger. Disbelief. Calm. Optimism. Repeat. It was odd to be walking down the halls as if nothing had happened, as if I wasn’t navigating the strangest time in my life. There were a few people who knew of the news, but for the most part, I didn’t talk about it. I wasn’t sure how. I didn’t know if I wanted to deal with reactions to something I was still trying to process. I was supported, but it was hard not to feel isolated — each day bore witness to the solitude of experiencing something in the flesh when it only existed to everyone else as diagrams of malfunctioning pathways and abnormal tumor suppressor genes.

Confusion was also pervasive. I felt what I think is best described as cancer-impostor syndrome. On the one hand, as a student, I could understand what it meant when they said my prognosis was great, that it had a 99 percent cure rate, that this was a very treatable form of cancer. “If you have to get cancer, this is the best one to get!” I heard over and over again. It was a phrase that sounds peculiar now, but at the time made sense. So if my prognosis was so good, was I even allowed to feel

scared? Did I have the right to complain? Was this truly cancer if the outcome would be fine?

There were times I didn't feel qualified to say I had cancer. I'd feel guilty for feeling bad about a cancer that seemed so treatable. And then I'd feel guilty for feeling guilty about my prognosis. My poor mother would retort, "I'm sorry, did you want a worse cancer?" It was hard to know how to feel. I was both future physician, who knew the facts of my diagnosis, and patient, who was living the spectrum of emotions that come with such a diagnosis. And all of those feelings, Dr. Elkowitz would kindly remind me again and again, were valid.

I wouldn't have expected this, but the rituals of work offered distraction and a sense of routine. Life wasn't allowed to be upended, because at the end of the day, there was still PEARLS to be done. School became an anchor to keep from sinking into the canals of what it meant to fight cancer. The material, once simply interesting, now became of immense personal relevance. You might say that the material truly came to life. I will certainly never again question the strength of a spiral curriculum.

A new form of procrastination became googling thyroid papillary carcinoma and reading about it obsessively, seeking out histology slides and deciphering articles about it on UpToDate. Which mutations were involved? I didn't understand the MAPK pathway yet, but after learning it was the one implicated in my case, I made sure I would.

Surgery, and post-surgical recovery, however, proved to be another beast. Though we had spent the last few months immersed in what it meant to heal and serve patients — from how to meet a patient, how to deliver emotionally challeng-

ing news, to how to conduct each component of the physical exam — it all paled in comparison to the experience of being one. I had forgotten what it was like to be hospitalized, tested and retested, oxygenated, poked and prodded and pierced with IV upon IV, and what it was like to lose and regain things I had once taken for granted. I'd forgotten how long it takes the body to recalibrate after the trauma of a surgical procedure.

Chronic inflammation is a sign of chronicity, I'd remind myself grudgingly, as I tried not to get too disappointed each day that hoarseness remained. I missed my voice.

Coming back to school, I made the decision to be transparent about the diagnosis, about everything that had transpired. We would be learning about the thyroid soon enough. And though my voice was gone, I now felt that I had the words to begin describing this series of strange events. At times, the most well-intentioned and heartfelt responses were the hardest to receive. Hearing "I don't know how you're doing this" sometimes led me to wonder "How am I doing this?" Because several times during those weeks, I didn't know if I could.

It is both hilarious and unnerving to reflect on the timing of all this, for it could not have lined up better with the syllabus. It was a grand time to be learning endocrinology — though every time that the word *thyroid* or *parathyroid* surfaced in class, I stiffened. I couldn't tell whether everyone's eyes were glancing in my direction during those moments, but it felt as though I were shoved under a spotlight. I imagined I felt the way a parent does when hearing the child's name — an instinctive heightening of the senses, eyes and ears sharpened to receive any information that might be pertinent to the significant word you just heard. I found it easier to embrace these intersections, where it felt as if my life was simply an extension of the

medical curriculum, than to shy away from them. I chimed in whenever thyroidectomies or the parathyroid glands came up, offering my own lab values from when I was hospitalized for postoperative hypocalcemia as a trigger for PEARLS. Making light of things and interjecting these moments with humor eased the weirdness of this new reality, but it could not eliminate it. Not when the last lab of the course was dedicated to a total thyroidectomy and complete workup of thyroid cancer, from ultrasound tracing to histological slide.

After the dissection ended, I cradled the thyroid of our donor in my palm and marveled at how this delicate, much-smaller-than-expected organ had managed to commandeer my life with such abrupt force. The scent of formaldehyde was weighted with notes of grief — I could not understand why any of this had happened, or how impossibly neatly the pieces of this student-as-thyroid-cancer-patient saga had fallen into place. But somewhere interlaced between grief and formaldehyde was a profound gratitude for where I was, everyone who had been there with me and the chance to understand this diagnosis in the coolly objective but stunningly visceral language of medicine.

I would not comprehend everything about this experience in those few months, how it would shape me, or my future patients...but perhaps this unplanned stop in the land of carcinoma had not just been an incidental visit. Perhaps it had not derailed so much as rerouted and begun to rewrite the journey to come.

Arany Uthayakumar is a first-year medical student at the Zucker School of Medicine at Hofstra/Northwell.

Roe v. Wade

I remember
I remember the girls coming into the clinic with pain.
Pelvic inflammatory disease.
I was just a medical student.
Frozen pelvis.
Pain. Frequently pain. Usually pain.
The pain was so bad they couldn't be examined.
Shy, uncertain, I tried to put in the speculum. I was being trained.
I was supposed to learn gynecology.
The girl's pain was so bad I called over my professor to take over.
He showed me.
The speculum went into the raw, inflamed vagina.
The girl cried, winced, tried to cooperate. The pain was too great.

It was the Deep South:
The Medical College of Georgia clinic.
1963.
So many girls, mostly black.
“Why so many with pelvic inflammatory disease?” I asked my professor.
“Botched abortion,” he answered.
“Coat hanger,” the girl confessed. “Please help me.”
I tried to comfort her. I was told what to prescribe.
Many needed surgery. Many lost all their female organs.
“How do they do this?” I asked. “They find a way.”
Many just by themselves.
“There is always some rotten hack willing to do the deed.”
All victims.
All victims.
Some died.
I saw one die. The infection was too far gone.
She died.
“There is always some rotten hack willing to do the deed.”
I remember.

Robert D. Martin, MD, is associate clinical professor of psychiatry at the Zucker School of Medicine at Hofstra/Northwell. He graduated from the Medical College of Georgia and received his specialty training at Mount Sinai Hospital in New York City. He said that he was inspired to write this poem when he realized Roe v. Wade is in a position to be overturned because of new Supreme Court appointees. This brought back memories of his supervised experience as a medical student.

MARIA RUGGIERI



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Red and Yellow

Maria Ruggieri, PhD, is an associate professor at the Feinstein Institute of Molecular Medicine.

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Fruit Vendor

Anthony Slaton is a first-year medical student at the Zucker School of Medicine and an enthusiast of all things tasty in this world.

NARRATEUR



The Average of Ourselves

At the end of my fourth year of medical school, I've found myself thinking back to some of the patients I've encountered since I first put on a white coat — the individuals who in a way are the substance of my medical degree. In the experience of listening to them, examining them and playing a role in their treatment, I learned something from each of them, but hindsight reveals lessons of its own. Now, as I prepare for a more rapid pace of clinical judgment in residency, one patient in particular remains in my thoughts. To protect his privacy, I'll call him Mr. Taylor.

His story begins a year before we met, when Mr. Taylor's hemoglobin A1c had been 5.9 percent. The A1c is not considered as accurate as some other tests for blood sugar, but it's a quick and easy way to average it over time. The life span of a red blood cell is two to three months, so at any moment, our bodies contain a mix of red blood cells made today, three months ago and every day in between. Since it takes time for the hemoglobin inside these cells to get coated in sticky sugar, the A1c is a good way of smoothing out the daily fluctuations in blood sugar caused by exercise or meals. Whereas a normal range is below 5.7 percent, a number above 6.5 percent suggests diabetes. Mr. Taylor would have been considered prediabetic.

Doctors had advised him to watch his diet, but, as he confessed, he had a sweet tooth. In time, his wife noticed that he was no longer acting like himself. He developed an unquenchable thirst, drinking up to fourteen glasses of water a day, and he was urinating more often. No matter how much he ate, he could never sate his appetite, and yet he seemed to have lost much of his energy. It was this lethargy that worried his wife most — not just that he seemed to be sitting on the couch more often, but rather the *way* he was sitting. Something about it seemed off. Eventually, she encouraged him to see a different doctor. That's when they came to my preceptor.

A new set of labs was drawn, and the disease was found to have progressed faster than anyone had thought possible. His A1c had soared to 14 percent. Other measures of blood sugar were also

alarmingly elevated. He had not just crept into the diabetic range; he had shot past it and was close to a crisis.

Mr. Taylor was crushed. As my preceptor informed me later, he seemed too depressed by the news to discuss the details and implications of long-term treatment. Regular injections of insulin can be a jarring, unfamiliar and expensive lifestyle change. More crucially, if insulin is administered inconsistently or incorrectly it can lead to another kind of crisis in which the blood is starved of sugar, potentially leading to coma. He needed time to absorb the news, so to tide him over, she gave him a prescription for Metformin, a cheap and convenient bottle of pills with fewer potential dangers. She counseled him on diet modification, taught him how to monitor blood sugar levels on his own and asked him to come back soon.

I was present at the next visit. On the way to the exam room, my preceptor briefed me about Mr. Taylor's story, and though I had very little information to work with, I tried to picture what he might look like and anticipate his mood. At that point in my education, in an attempt at empathy, I thought it might be possible to reassemble a human narrative out of the fragments of charts and notes. In the way that physicians develop "illness scripts," patterns of signs and symptoms with which to diagnose disease, I imagined that I could try to formulate a "patient script," a way to see through a set of data into someone's personality. If I understood something about who they were, perhaps it could be helpful in thinking about the underlying causes of their illness and suggesting an approach to treatment.

In the exam room, I met a kind, middle-aged African-American man in a bright orange T-shirt. The brightness surprised me; it seemed too sunny for the circumstances. Until I laid eyes on him I didn't realize that for some reason I had expected him to be heavier. My preceptor introduced us and then left us alone to talk. I extended my hand and he shook it slowly, smiling.

When I asked him about what had happened over the past year, he told me he'd had a few hard weeks and had already been feeling down when one day he noticed a sale on Mountain Dew, his favorite

soda, at the grocery store. In his words, it seemed like a sign that he should treat himself to something during a difficult time, and he bought case after case. In answering my questions, I noticed that he was speaking slowly, and I began to wonder if he was still feeling lethargic or whether this slowness was normal for him. Knowing that diabetes was associated with poor diet and exercise, I wondered whether this slowness was part of a more general apathy or inactivity that had accelerated the course of his disease.

Share of throat is a term used by beverage companies to denote how much Americans as a whole drink any given brand. It's a phrase that conjures up an image of disembodied anatomy that corporations are clamoring to drown. The phrase suggests that there's only so much a person can drink — how can we convince customers to replace water with what we sell? But while it's easy to pick on corporations, medicine has also been accused of objectifying patients. After all, the word *clinical* means both *of the clinic* and *coldly detached, without emotion*. The physical exam removes intimacy from touch, and history taking can reduce pain into boxes that can be easily checked. Emergency medicine physicians talk of “moving the meat”; in doing so, we depersonalize individuals in a similar way, albeit purportedly for their benefit rather than for corporate gain.

For centuries, medicine pathologized personal qualities in attempts to find associations with disease. In her classic work *Illness as Metaphor* (1978), Susan Sontag notes that in 1881, a year before tuberculosis was found to be caused by a bacterium, a medical textbook ascribed the disease to “hereditary disposition, unfavorable climate, sedentary indoor life, defective ventilation, deficiency of light, and ‘depressing emotions.’” Linking diseases to personal traits led easily to blaming patients for their own diseases; this blame then gave way to the notion that disease was a form of punishment — and not simply any punishment, but the perfect kind of punishment in both form and degree. There were religious undertones to this kind of thinking, and when religion became less widely practiced, the justification for disease was substituted for a more psychological rationale, in which an inability to deal with

stress or a tendency to repress emotions was seen as the culprit. “Widely believed psychological theories of disease,” Sontag wrote, “assign to the luckless ill the ultimate responsibility both for falling ill and for getting well.”

Looking back on my visit with Mr. Taylor, I wonder if my attempt at imaginative empathy inadvertently fell into this trap, and whether I was fair to him in my thoughts. I have a sweet tooth myself, and so on some level I felt that I could relate to him. But when I empty a carton of ice cream after a stressful day, I have to admit that, like many people, I admonish myself for weakness, thinking that it’s a lack of discipline. Is it fair then to associate type II diabetes with those qualities? Without realizing it, in thinking about Mr. Taylor’s “slowness,” I had already begun asking myself the question of how this quality may have played a role in his disease — that it was possibly a sign of laziness. The question expressed itself not as overt judgment but rather as genuine curiosity, an attempt to fit this patient into a pattern I might apply to others. After seeing his lab results, I had unconsciously — and rapidly — formed a bias that he would be overweight, too. What other biases had I subconsciously formed? Was I trying to create a patient script of a person whose choices were to blame for his disease? Perhaps my naïve attempt at understanding him was in fact a misappropriation of empathy, a back door into constructing a stereotype of the very person I was trying to help.

Because diabetes in many patients responds to discipline, exercise and nutritional coaching, I wonder if those who are unable to manage the disease will acquire the stigma of being undisciplined or sedentary, with all the moral valence attached to those qualities. If COPD, heart disease, obesity, hypertension and gout are understood to be consequences of our actions, are they then subject to the moral judgments of those actions? It’s easy to withhold our sympathy for those who seem to have caused their own problems, and in a busy hospital where we have to make quick judgments, sympathy can seem a limited resource. When two patients complain equally or demand our attention, a mental calculus can

influence our thinking as to who is more deserving of help first. I have seen this kind of mental calculus on the wards.

In a recent op-ed on an impoverished region of Oregon, the *New York Times* columnist Nicholas Kristof notes that Americans have historically subscribed to a notion of “personal responsibility” that blames the poor for being poor. But while it’s true that personal responsibility does matter in certain areas of both health and wealth, Kristof notes that “when you can predict wretched outcomes based on the ZIP code where a child is born, the problem is not bad choices the infant is making.”

After I had been talking with Mr. Taylor for a while, my preceptor joined us in the exam room. We were thorough. We reviewed his records. He kept something like a checkbook with him, and every morning at about the same time, just after breakfast, he pricked his finger and recorded his sugar level. Surprisingly, these numbers looked good, almost all within the normal range. With his wife’s help and coaching, he had cut out almost all carbohydrates and was eating mostly chicken salads. Exercise? He was trying to jog more. Thirst? He was drinking less, especially since it wasn’t summer any more. We asked him to take off his boots, and we poked his feet and toes with a gentle brush to see if the disease was affecting his sensation. We asked him about his vision and looked in his eyes.

Finally, my preceptor left the room to get the results of his A1c, and when she came back, she was beaming.

“Good news,” she said.

Mr. Taylor reacted slowly. He seemed to be trying to decide how happy he should be. He was shy, almost sheepish, but I’d been with him for almost an hour, and I could tell he was brightening.

“Anything less than 14 would be fine with me,” he said.

It was 7. As fast as his A1c had risen, it had plummeted again, and though it was still within the range of diabetes, it was an accomplishment nonetheless.

The appointment wasn’t over, but my preceptor and I shook his hand as though we were meeting him for the first time, as though

the good news had made him a new person whose acquaintance we were just now making. And in a way, he was a new person. Like our red blood cells, we have the ability to be remade. We are not weak. We are not strong. We are made of who we are today, three months ago and every day in between. We are the average of ourselves, and even that average can change.

Adam Lalley is a fourth-year medical student at the Zucker School of Medicine at Hofstra/Northwell who plans to specialize in emergency medicine. He is a winner of the Michael E. DeBakey Medical Student Poetry Award and the William Carlos Williams Poetry Competition. His poetry has been published in the Journal of Medical Humanities.



Outlook of Shadows

Alexander Jaksic is a fourth-year medical student at the Zucker School of Medicine at Hofstra/Northwell. He started drawing with charcoal as a medium in college and has found the fluid nature of drawing with charcoal to be a relaxing and rewarding process that he plans to continue throughout his career.

My Friend, Bipolar

It has been a while since we last spoke,
And I want to let you know that I'm doing just fine without you.
But that's not to say I don't miss you sometimes. I do.
You were a good excuse to get out of things,
Though I admit that saying yes to life has been better.

I hope you're doing well,
Even though you don't wish the same for me.
I've long since accepted that we will never see eye to eye
And that's a shame, being that we live in the same house.

You've taken so much away from me,
So many opportunities, relationships, memories — gone.
Gone before they were even given a chance.

There wasn't a moment we weren't together, you and I:
We saw and experienced it all, and we fought every step of the way.
Do you remember that panic attack during high school graduation?
Do you remember the depression that kept me bedridden for weeks?
Do you remember the fatigue, the anxiety, the sleeplessness as one?
Do you remember when you made my mom, of all people, cry?
She still doesn't believe you exist, by the way.

As much as I hate to say it (and trust me, I do),
I forgive you.

But it's time for us to part ways, at least for a little while,
And when — not if — I see you again,
I pray we'll both be in a better place;
If not? That's okay, too.

Kristopher Micozzi is a graduate student in the Master of Fine Arts Program in Creative Writing at Hofstra University, focusing on poetry and translation.



Wonder

Krista Paxton is a senior administrative assistant at the Zucker School of Medicine at Hofstra/Northwell and mother to twins. She says, "While raising twins can be difficult, it's in these moments when you can see your children's amazement at the world around them that things are put into perspective." She hopes as others view this photo they remember a time when they were in awe and experiencing something special, maybe for the first time or maybe for the first time in a long time.

Talking About the End of Life

It was my first time watching a death. I was in the emergency department as part of my clinical chaplaincy training when an eighty-one-year-old woman was brought in by ambulance. She was in full code. I watched as doctors placed paddles on her chest, and I heard her ribs crack from chest compressions.

A neighbor had found the woman passed out on the floor of her home. It was November, and she had been alone. As the frenzy to save her life continued, I looked at her pale, slender face, wisps of silvery white hair touching her skin.

The team worked frantically for ten minutes but her breath did not return and she was pronounced dead. There had been no health care proxy, no DNR order, no documentation of her wishes.

Later, I spoke to the woman's daughter. Had her mother ever discussed end-of-life issues with her? "No, of course not," she said emphatically. "I didn't want to upset my mother with a conversation about death and dying."

I thought about the missed opportunity for a meaningful and profoundly important conversation. I considered the difficulty, the anxiety it might have caused for daughter and mother. Certainly it isn't easy, but shouldn't it be done? And if so, how?

After a discussion with my attending, I carefully considered the best approaches to these conversations. I read multiple articles and researched best practices. Then the time came that I had to put into practice what I had learned. It did not go well.

As I talked with a patient on the oncology ward who was in the final stages of the disease, he became visibly upset and began to raise his voice. "You want me to die?" he said, sounding enraged. Fortunately, my mentor was there. He stepped in and quietly, gently took the discussion down a softer path. I watched awed as the patient's anger slowly disappeared in sync with my mentor's words. Then he took a pen in his hand and signed the MOLST form.

I saw the doctor do this with several patients. Wondering what I was missing, I asked him what he had said. He explained that

when he sat with a patient, he became aware of an “inner music.” He said he would clear his thoughts — he defined it as “unclogging” his mind — of personal opinions and prejudices on the subject. When this happened, he said he could finally hear the patient’s own “music,” his or her thoughts, concerns and fears. In this way, he said he was better able to respond to the patient’s needs and have a meaningful end-of-life conversation. He suggested that I reflect on this.

My music? How would I find it?

I began to explore my own personal beliefs about death and dying. I recognized my fears of dying and of the unknown. I examined my fears about the frailty of life and how one day my body would grow old and weak. One day I could be the patient in the bed with a life-threatening illness, or it could be someone I love. One day, for each of us, it will be over. In time, I began to hear my music — and it worked.

Adrienne Feller Novick, LMSW, MS, HEC-C, began her studies in hospital chaplaincy, obtained her license in social work and became a certified health-care ethics consultant. She is currently a doctoral bioethics student at Loyola University-Chicago and works in the Northwell department of medical ethics serving as the medical ethics fellow at Nassau University Medical Center.

Not Human

Sometimes I wish I wasn't human,
friendly with the shadows.
In sync with the world, but always at a distance.

Continuously constructing protective barriers,
increasing the mental artillery.
Preparing my mind to manage an exponential increase in
the burden of others.

I would live among them.
Being that "person" they think they know,
But when asked, only a fuzzy picture.
They would be expecting noes and excuses.
They would know me as "personable,"
But no agreement on adjectives.

Thinking how best to describe our connection,
leading to nonspecific and basic descriptions.
Just enough to create a sense of community and friendship, for them.

I would be a great "human"
Giving, caring, hardworking
But
Never vulnerable,
Never close enough to get hurt
when I can't fix their suffering;
Never feeling so connected to the pain of others;
Ignoring mine becomes second nature.
Never trying to carry the burden of others
So they can walk a little lighter.

I would stay in my shadows.
I would watch from a distance.
I would make sure not to take on responsibility of my friends' happiness.
I would not have friends.

Sometimes I wish I wasn't human.
But I would miss out on all the laughter and happiness
 in community;
I would miss out on empathy and compassion that forms
 these connections;
I would miss out on love.

It's only sometimes that I wish I wasn't human,
 For a brief time, only a second or two, maybe ten
 When the weight of all I am carrying gets way too heavy
 As the ideas swirl around my head so quickly, their
 edges cut and pierce.
 During the moment of mental systemic fatigue
 when it seems I need sleep for days.

Courtney Pina is a first-year medical student at the Zucker School of Medicine at Hofstra/Northwell.

My Art As Therapy

In times of stress, frustration and sadness, I turn to art. My father passed away in March 2018 from multiple myeloma, a form of blood cancer. I was his main caregiver. The pain and horror of watching my “strong as an ox” father wither away were excruciating. There was nothing I could do to stop it. I had to shore up great strength to steel myself for what I was about to see each time I opened his bedroom door.

I turned to art — *often*.

When things slip out of my control and my nerves are so jangled that even running a few miles won’t help, I head for my dining room. I clear the table and set up my watercolor paper, sharpen a couple of pencils, lay out my paints and water and brushes. This process of setting up is meditative. I am readying my mind to still and to unload onto paper.

I sketch from an old magazine ad because it takes great con-

centration to replicate a nose, an eye, a mouth. It is within that intense concentration that I get mindfully lost. The process is a delicate dance of sketching, erasing, sketching and erasing. I’m dipping, dabbing and swishing. The world slips out of focus, and my art and I are all that is left.



Susan Day-Holsinger, MS, is a practice office associate at Northwell Pediatrics in Mount Sinai, New York.

Unseen

There is a door to open. You journey through it
— you are welcomed. I'm invisible.
You look right through me. No connection. No expectation.
I'm invisible.
There is a helping hand. Your hold is firm. It slips right past me.
I'm invisible.
There is an opportunity. You know it well. You are sought. I am in
darkness. I'm invisible.
I despair. I hurt. I am shunned. I am dismissed. I'm invisible.
But —
I have strength. I have passion. I have purpose.
I am humanity. I am the future. I am hope.
I am not invisible.

Frances Santiago-Schwarz, PhD, is a professor at the Feinstein Institute for Medical Research and professor of molecular medicine at the Zucker School of Medicine at Hofstra/Northwell.



Venus Rising

Mark Welles, MD, is a pediatrician in the division of general pediatrics at Cohen Children's Medical Center. In practice for thirty-eight years, he trained at North Shore Hospital in Manhasset. He has been sculpting for over fifteen years, and he says that it is a "wonderful outlet for a demanding profession."

They Found Another One

You tricked me last summer into thinking
you were okay. You, who could never fail
anything, who got me into drinking,
and guided me with your flowing topsail;
What say you, now? There's water in your hull
and it's filling fast, but I'll stay on board.
I'll hold your hand while they fix your skull,
wipe out the leeching stowaways that stored
themselves to stage five. There's no easy way
to explain how I both hate and love you —
you've made mistakes, it's true, but in this gray
world there's only so much a soul can do.
What say you now that the talking is done?
I want to set sail one day, with someone.

Gabriella Ferguson is an undergraduate student at Hofstra University who majors in public relations, with a double minor in marketing and creative writing.

The Lotus Eaters

Fumes of money are heady around us
Blurring our vision and obscuring our hearts
We've been led astray
Compass needles whirl but don't point North any more

Eva Turel, RN, is a palliative care nurse at Glen Cove Hospital. Outside of her nursing work, she is interested in the arts, literature and yoga and volunteers at the Audubon Society and her local animal shelter.



Spring

Yuna Choi is a second-year medical student at the Zucker School of Medicine at Hofstra/Northwell. She enjoys writing and painting, and she is interested in the intersection between medicine and the humanities. This art piece is a celebration of the new year, and with it, the start of a new decade. With the year 2020, hindsight and reflection on the past decade are important considerations, and from them there is always the possibility for rebirth and renewal.

Chapter of the Cow

Khidr came at dawn, staggering up the road leading from the town. He was barefoot and clothed in rags that blurred between green and gray.

“Is this the place where spirits come to be healed?” he asked at the door, coughing and peering beneath droopy eyelids, heavy with exhaustion. The attendants nodded and began to process him.

Name: Khidr, nothing more nothing less. No familial name hinting at grand lineages. No prefix, or suffix, or forgotten middle initial. He was a simple and singular noun.

Date of Birth: Before dates. Before the passage of time was wrangled into quantifiable increments by humanity. At a time when the world was still young.

Chief Concern: “I am old and I have a cough.”

He was admitted and given a room with north-facing windows that opened onto the fields where the cows grazed. At the time, I was far from proficient in the art of healing: an apprentice, but not yet a student. As such, I was relegated to tasks such as changing bed linens and watching others work from the shadows.

“Watch and learn,” I was told. “But only watch.” To act was something beyond me; it lived many years ahead. Talking, however, was something I was permitted and even encouraged to do. So, my days were spent moving between rooms, folding sheets and speaking with patients. This was how I first met Khidr: the old man with a cough, or dementia, or both, and maybe even something else, too.

The rumors about him reached me before I ever entered his room. He reached me. There was a feeling that passed over me from the moment he shuffled up to the front door. It was awe, if a word must describe it, a feeling of joy and fear that washed over me, spreading outward from his north-facing room on the second floor.

When I first entered his room, he stood staring out the window

with his back to me. I announced that I was there to change the linens. He turned and smiled at me and then promptly returned to gazing into the fields. The second time, I walked to the window as well, joining him in observation of daily bovine life.

“Do you think these are dairy cows or beef cows?” he asked me, without moving his face from the glass.

“I’m not sure,” I responded. “I’m afraid I don’t know much about cows.”

“Neither do I, but I know that cows serve two purposes: They provide milk or they provide meat. Wouldn’t you agree?”

I nodded, shrugging and smiling faintly.

“So, what do you think they did before they had purpose?” he asked.

I didn’t respond; I wasn’t sure how to. Instead I just looked out at the field and the cows milling about the edge of the forest beyond.

“They were still cows,” he answered for me. “Raw, unbridled cows. Animals with nothing else to do but be cows.” He smiled, sending deep-set wrinkles across his face.

“But then we found them,” he continued. “We saw these creatures wandering aimlessly over hills and plains, and we proclaimed, ‘No! These are not wild animals. These are our animals!’ So we took them in and gave them purpose. They became milk cows, and beef cows, and in exchange we gave them all the grass that they could ever eat.”

I chuckled. “Are you sure you know nothing about cows?”

“Nothing,” he reiterated, shaking his head. “But I know a great deal about humans.”

So passed my first conversation with Khidr. Each night I would return home to my chores and all the distractions of the town, and Khidr would remain behind. He would cough and hack, wheezing and grasping at his sheets — hoping that the grip of his gnarled hands might somehow bring him relief. And each morning I would return, change his sheets and pass the time speaking with him. We combed through his life like a history lesson, each chapter summed up neatly in a brief conversation. Some stories were mundane, and others were beyond belief.

“I was a teacher,” he told me one day. He spoke of the boisterousness of students, and the frustration that accompanied teaching them. Each misunderstanding, each act of rebellion was a strain on the heart, but every success a triumph to be savored.

“I taught Moses, you know,” he recounted casually in the same conversation. I faked belief, smiling and nodding. “He was a terrible student,” the old man continued. “He was one of those people that are so sure of themselves that they become impossible to be taught. He believed he knew everything, and he wouldn’t listen to a word I said. I ended up having to expel him. Still, he went on to be a great success. So it was a victory all the same.”

Many of his stories were like this, unbelievable and easily dismissible as the rantings of an old man. This was how they were treated by most of the staff. I did notice, however, that the inexplicable seemed to surround Khidr. He spent both day and night in the confines of his room, but he still seemed acutely aware of the world around him. When two staff members were bickering on the floor above, he sent me to calm them so that their anger would not disturb him. When the cows climbed the hill to the field outside his window, Khidr rose to greet them long before the first one rounded the forest’s edge and came into view. It seemed that he could feel all life that surrounded him as a tangible thing.

When I asked him about it, he simply replied, “When one lives as long as I have, you feel life more than live it.”

One day as I sat beside his bed, Khidr’s eyes grew wide and he inhaled sharply. Without speaking a word, he rose to his feet and shuffled out of the door and down the hall. I followed him to the labor and delivery ward where he walked, uninvited yet unopposed, into a birthing room. A woman lay propped up on the bed, her eyes shut tight in pain, in the final moments of labor. In a flurry of grunts and screams she heaved and pushed and pushed and brought forth a small body. They laid it on her chest. It cried out in a high-pitched wail while the mother sighed with exhaustion and relief.

Khidr approached the bedside like a ghost, unseen by all who moved around the room still busy with responsibilities. He looked

down at the newborn, its skin flushed and covered in fluid. He reached out a hand, as if he were about to touch it, and then instead, he shook his head and hobbled out of the room wiping tears from his eyes.

I tried comforting him, not knowing what was wrong. He patted my hand, appreciating my effort, and spoke: "I have spent my life watching people stumble through theirs. Birth to death, I watch them live their lives far away from me. Now I'm afraid I've seen my last."

Several hours later the child died, a victim of unforeseen complications. The mother wept, crying out in inconsolable sorrow. The staff did what they could to comfort her, but in the end they transcribed it all into a concise and well-documented note, consigning the sole account of the child's short life to the annals of medical bureaucracy. Meanwhile, two floors above, Khidr was passing his first night since his arrival without coughing. All his violent hacks and wheezes translated into gentle sobs.

I found him the next day at the window. His gown had been replaced with the gray-green rags he had arrived in.

"They're discharging you?" I asked.

"Yes," he replied solemnly. "It appears I've been cured."

I joined him at the window, looking out at the cows walking lazily about the field.

"What is a cow without purpose?" he asked.

I knew that this question was not meant for me, so I said nothing. I let the words hang in the air, waiting for him to continue.

"A cow with no purpose would just go back to being a cow. But what is a human with no purpose?"

Another pause with no answer.

"We're so filled with purpose that it's contagious. We can't help it. We even give it to cows without thinking twice about it. So what would we do if we didn't have any? Would we just go back to whatever we were before — like the cows before they were beef cows or dairy cows?" He shook his head. "We're not like the cows. We need to be dairy or we need to be beef. Without that there is nothing for us."

He breathed deeply into clear lungs, and then he embraced me, said his goodbyes and left. At the front entrance he looked out toward the town, and then after several minutes he turned and walked around the side of the building and out toward the field where the cows grazed. I watched from the room that was once his but now was clean and restocked and ready for its next occupant. I watched as he navigated through the barbed wire fence with shaky hands. I watched as he waded through the field, passing between cows that didn't look up from the grass. I watched as he passed into the woods beyond, his gray-green robes blending in with the foliage until it overtook him entirely. And then, even after he left, I watched still until the sun set, the moon rose and the farmers arrived to round up the cows, taking them to wherever they came from. Only then, when the field was shrouded in night, did I turn from the window.

On their way home, two dairy farmers reported seeing what looked to be an old man in the middle of a clearing. Laden with childhood fables warning of strangers in the woods, the farmers chose not to confront him and headed home. They did say that he stood beneath the sky, staring up toward the star-covered black above. He held his right hand up toward the sky, as though holding up the vault of the heavens, and his left hand down toward the earth. There in the middle of the clearing he turned, spinning about as though dancing by himself.

The next day, when the farmers returned, they found him lying prostrate in the field, dead. Not knowing what else to do, they turned him toward the east and buried him in a shallow grave. And once again, the cows grazed in the field.

Bedir Alihsan is a first-year medical student at the Zucker School of Medicine at Hofstra/Northwell. He wrote this piece after reflecting on the experience of being a patient in a hospital and waiting in the same room for long periods while contemplating an unknown and scary future.

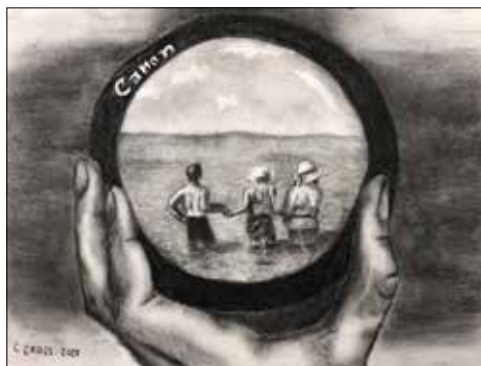


Branching Out

Sheryl Stern, MA, ATR-BC, LCAT, LMFT, is a creative arts therapist and a marriage and family therapist. She has held a private practice on Long Island for over twenty years, and she is also an adjunct professor in the School of Health Sciences and Human Services Department of Counseling and Mental Health Professions at Hofstra University. This art depicts how life evolves with ever-increasing memories, growth, knowledge and creativity.

In Memory

Every light ocean breeze was excuse enough to get our family together at the beach. There we were, a few years ago, my dad and my aunt taking their mother by the arm and inching her into the water. In recent years, she had lost her love of the beach because she had lost the love of her life. But on this day, joy was transcendent. As I snapped the photo, I laughed at the two siblings holding up their mom. They were like three kids playing in the sand.



My Aunt Dena loved everything about the beach, especially the water and all of its magnificent creatures. She was a marine biologist and had helped to develop the Florida Aquarium in Tampa. Whenever she had a chance, she would take us on private guided tours and bring everything to life.

Beyond the water, she was a quirky, independent woman who was a true feminist, cultured humanist and conscious environmentalist. Her acknowledgments and leadership extended to a diverse range of interests and activities, but to me she was that aunt who was always sporting a pink bandana around a head of unruly natural curls.

In August, my aunt was rushed to the hospital with a massive infection. She was only sixty-five; no one could have imagined that her life would end that day, and in that way.

Recently, I took out my camera and stared at the photo of the three of them — full of life. I then grabbed my art book and my charcoal and paid homage to a moment, that moment, when there was nothing but laughter and no inkling of what was to come.

Cassandra Gross is a third-year medical student at the Zucker School of Medicine at Hofstra/Northwell. She grew up in Florida and came north for school. Her time spent abroad in China and Taiwan fed her interest in holistic and alternative health care.



Mom's Favorite Leaves

Elena Brindley is a fifth-year MD/PhD student at the Zucker School of Medicine at Hofstra/Northwell. Raised in Downingtown, PA, she is passionate about family, faith, fitness, food, science and all things Notre Dame.

Passing

Time is standing still on either side of this page.
I don't remember where I left it.
Maybe it was in the palm of his hand
as I listened to straggled breathing
and stained tears that fell unsolicited onto
a cloth mask.

Maybe I left it in the stack of papers
that went untouched in a folder breaking down
that I can't bring myself to care about. How
can it not feel arbitrary
when I have to decide what shade of black I'm wearing for Friday?

It's more likely that I left it in a hospital room years ago
in the foam that bubbled
from his mouth and the paper skin where his
face used to be.

Time is standing
still on either side of this page,
but I can't remember if it was ever
passing.

Jessica Bajorek is a junior English creative writing and writing studies double major with a minor in world literature at Hofstra University. She is also a tutor for Hofstra's Writing Center, the secretary of Hofstra's only book club, Overbooked, and the public relations chair of the all-women a cappella group Makin' Treble.



Looking Back at My City, Electrified by Runner's High

Nirupa Galagedera is a first-year medical student at the Zucker School of Medicine at Hofstra/Northwell. She calls Philadelphia home. She has always been interested in the confluence of medicine and the humanities and has maintained a soft spot for print media since childhood. This city skyline view is taken from atop a set of concrete steps outside of the Philadelphia Museum of Art, ascended in the classic "Rocky" film series. She says, "For me, and the masses of people that run these steps each day, this view is a symbol of strength, health and gratitude. This view also captures the city and its people and experiences that motivated me to pursue a lifetime career of healing."

Lessons from My Mom

My mother does everything to stay healthy and strong. When she was younger, her routine included jumping on a small trampoline in the enclosed glass room attached to our kitchen. There she was, three days a week, jumping and smiling and getting her exercise in before work.

She was also one of those mothers who kept starch and sugar out of our diets. While my elementary school friends would open their lunch boxes to find Fruit Roll-Ups and Cheez-Its, I'd open mine to rice cakes. Organic was her mainstay.

Mom lived her life taking care of us while working to keep her blood pressure at bay, cuffing herself morning and night. It was her ritual. I tell you this because no matter how hard she worked to keep healthy and maintain her routines and rituals, she could do nothing about the genetic lottery that pushed her blood pressure monitor past its tipping point.

Four years ago, my mother was working around the house when she felt that something was going on in her body that wasn't quite right. She didn't say a word to my sister or my father that afternoon; she just left and drove herself to the hospital. The emergency room staff took her pressure and sent her blood for testing. It came back with some troubling numbers, and she was admitted. That night, lying alone in a hospital bed, my fifty-two-year-old mother had a stroke.

The last thing she remembered was a terrible pain in her head. The doctors administered clot-busting tissue plasminogen activator (tPA) right away. When she finally awoke my father was standing over her. She tried to talk but could not. She tried to move her left hand but could not; she could not move her left leg, either. She looked quizzically at my dad. She tried to say that she felt she had lost something — a piece of herself.

Thankfully, my mother was in the right place to have a stroke, and it wasn't serious enough to keep her down. After a week in the intensive care unit she went to rehab. She worked tirelessly for months to learn how to do tasks that she never had to think about doing before, like picking up a cup, or standing up on her own, or walking. But she

persevered, as I have always seen her do in the face of misfortune. In time, my mother returned to her world, *our world*, fighting.

A year later, I was home from school, trying to catch up on sleep. At around 7:00 in the morning I awoke to a thud in my room. I assumed it was my mother rearranging things or cleaning, so I put my head under my pillow and tried to go back to my dreams. As I drifted into unconsciousness, I had an unsettling feeling that things were not right. I forced myself to sit up to see what had happened. Through sleepy eyes I saw my mother splayed out on the bedroom floor. I jumped out of bed, ran to her and checked her pulse. Then I rushed her to the emergency room.

We learned that it wasn't high blood pressure that had caused my mother to pass out that morning, and it wasn't the aftereffects of her treatment. It was because her blood pressure was too low; a fiercely determined Mama Bear in hyperdrive had been pushing herself too hard to make sure that she never had another stroke.

As I waited for her to be released from the hospital and reflected on the shock of finding her passed out that morning, I realized that in my family one of the biggest lessons I've learned is how quickly things can change.

Only a few years after my mother recovered from her stroke, my dad got sick — again. Sometimes, my mother will look at me with sad eyes, and I know she's thinking about the medical conditions that have been passed down in our family and worrying about how the stress of school is affecting my blood pressure.

My response to her concern is always the same. Yes, essential hypertension is a part of what I've inherited, but it is certainly a very small part of her genetic legacy. Her strength has taught me how to be strong. Her love has taught me how to be compassionate. Her ability to persevere and to be diligent in everything she does has taught me how to get up again every time I feel knocked down. I take these family lessons into the clinic. Illness may be a part of you, but it isn't who you are, and it doesn't have to define you.

This perspective has allowed me to look at people with chronic illness and understand that it might not be the most important

problem in their lives. The healing I can help to provide for them may have less to do with treating their physical ailments than with addressing the burden their illness has put on their families or their mental health. Alleviating the shame and guilt patients may feel about being sick despite their best efforts to stay healthy may be more beneficial than any medication I could ever prescribe.

My mother is proof that life just happens. We get knocked down inexplicably. Health fails us when we least expect it. She has taught me that the difference between joyful people and those who seem to live in the negative is not luck or life circumstances; it's what they do with the hand they have been dealt.

My mother's ability to remain hopeful, fearless and humble is a source of light for me in even the darkest of times.

Danielle Howell is a second-year medical student at the Zucker School of Medicine at Hofstra/Northwell.

Girl in the Mirror (opposite)

Arnold S. Prywes MD, FACS, is clinical associate professor of ophthalmology at the Zucker School of Medicine at Hofstra/Northwell and chief of the glaucoma service in the residency program. While in medical school he studied photography at the City University. Shortly after he started in practice, his wife, Charlotte, advised him that he needed to have a hobby. Ceramics at a local Y and more formal mentorship with Rhoda Sherbell at Hofstra initiated a lifelong love for sculpture. He writes of his piece: "Time has a way of slipping rapidly through our lives. Time capturing a moment, a thought, a memory is frozen in photographs and sculptures. While the former is instantaneous, requiring little revision, the latter affords contemplation with the luxury of time spent enjoying a meditation in clay, waiting for permanence. A painting of a dancer sitting in an impossibly twisted pose looking in the distance inspired this piece. As the sculpture evolved, I pictured her looking in the mirror sitting on a brightly decorated pillow. She seems to be looking into her reflection, lost in thought."



Masts at Sunset

Andrew C. Yacht, MD, is senior vice president of academic affairs and chief academic officer and designated institutional official at Northwell Health. He is also professor of medicine and associate dean of graduate medical education at the Zucker School of Medicine at Hofstra/Northwell.

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NARRATEUR

Practice What You Preach

The man didn't know what he was missing,
Or why he was constantly congested and sniffing.
When he met his wife-to-be,
She opened his eyes so he could see.

"Why haven't you seen an ENT?" she asked politely,
"Because I'm so busy," he confessed, though he recognized that
this should not be taken lightly.
While he knew that health should be deemed most important,
Life has a way of misdirecting your attention leaving you discordant.

Though the recovery would be difficult and the heavy workload
was waiting,
The problem was worsening and he knew he had to stop
procrastinating.
Gauze, antibiotics and painkillers would be the start,
But the problems would really ensue when he heard his wife say,
"You are not being smart."

These words came after he would push himself more than he
should in order to excel,
"If only you took it a little easier," she would say, "so that I don't
need to yell!"
There is no better comfort than having people who love you so much,
They help you make the right decisions and are there in difficult
times as your crutch.

His wife pleaded with him to schedule the appointment and
subsequent operation,
Begging him to get it taken care of and stop resorting to short-term
palliation.
He acquiesced, undergoing the surgery that lasted three hours more
than expected;
The doctor calmed his wife knowing she may have become dejected.

It was the night after surgery when recovery would finally begin;
His head was hurting him and did not cease to spin.
The medication was in his system and he was doing his best to
keep it down,
Many hours later he finally fell asleep, still wearing his loose
medical gown.

A week later, his wife awoke during the night to a sound that was
impossible for her to ignore,
Could this actually be the magical change that they were praying for?
This sound was of a quiet and soft nature, unlike those loud sounds
that were the norm,
Clearly the surgery was successful because of the doctor's
exceptional form.

This was a new beginning for them both; she could not believe
what she was hearing,
The nights of restlessness and discomfort were finally disappearing!
The snoring would not be the only change after having this procedure,
He would now be less prone to congestion, infection, headaches
and fever.

Ironically, doctors' treatment of their own health often seems out
of reach,
Wouldn't it be logical for physicians to practice what they preach?
These words are important for every doctor to hear,
As they must remain healthy for those they hold so dear.

Taking care of oneself means not doing more than you can endure,
Otherwise it will be others attending to you, that's for sure!
In order for health care providers to accomplish their mission,
They must first and foremost tell their spouses that they will listen.

*David Golombeck is a first-year medical student at the Zucker School of
Medicine at Hofstra/Northwell.*



Perspective

Anup Sonti is a third-year medical student at the Zucker School of Medicine at Hofstra/Northwell. He is an avid outdoors enthusiast, and in his free time he enjoys nature photography, stargazing, hiking and backpacking.

Stoop Dancer

The toddler, clad only in an oversized diaper, danced on his neighbors' stoop. In the house, a two-story rowhouse only 500 feet away — the house without furnishings, wall decorations, photographs or any other tokens of a lived-in home — his father had only moments earlier placed a gun to his right temple and pulled the trigger.

It was early afternoon on a blazing Sunday afternoon in mid-August. This was my first shift in training with emergency medical services, and my first real clinical encounter. I was there as the man — a father, a husband and a law enforcement officer — was pronounced dead. I was there as his wife screamed. I was there as the cops stared at their boots and traipsed around the basement, muttering, “Oh, shit.” I was there as his son bopped around in his diaper on the steps next door.

I sat cross-legged in the street in the shadow of the ambulance, uncertain of what to do or how to feel. I was witness to an event of great yet unknowable consequence. Is it burden or privilege, I wondered to myself, to observe the tragedies and upheavals, the major personal-historical events that make us who we are, either by blunt force or with a creeping insidiousness?

David Sloane is a third-year medical student at the Zucker School of Medicine at Hofstra/Northwell.



Arcadia II

Jolanta Barbara Norelli, MD, PhD, is a graduate of the Zucker School of Medicine at Hofstra/Northwell and is finishing her preliminary year in pediatrics at Cohen Children's Medical Center with the goal of pursuing a career in radiology. She starts her residency this summer at Stony Brook University. She is the founder of the Art and Medicine Club at the SOM and enjoys spending free time painting, designing costumes and mushroom picking.

A Cellular Perspective of Endocarditis

A B-cell and a T-cell walked into a bar. The B-cell was named Bri Celle, and she was really good at her job. B-cells were the type of spies that Bodywood made movies about. B-cells tagged bacteria without batting a phospholipid and calmly strolled away as killer T-cells descended upon their screaming targets in the background.

Bri, a recruit who had graduated at the top of her class, was not merely good at her job. She was, they whispered, the best. She had single-handedly halted a secret plasmid ring run by *Staph aureus* bacteria spreading antibiotic resistance genes. They said that her antibodies had a special affinity and that her antigen recognition skills bordered on artificial. She had detected the bacteria that made the oddly shaped plasmids immediately upon sight, pinpointed the boss of the ring and deftly broke up an operation that the Central Lymphocyte Police Department had spent years trying to take down. Straight out of the academy, she was promoted. Bri was naïve, but she was brilliant. She was also screwed.

It had been days since she had received her new assignment, and she had made no headway. There were odd murmurs in the tricuspid area and weird clots whipping around the bloodstream, but no one could figure out where the inciting bacteria were hiding. Everyone suspected molecular mimicry, and because she was the *Staph aureus* expert, she had been the unlucky cell given the high-priority endocarditis job. It was simple, they said: “Find the bacteria, tag it, we’ll do the rest.” Too bad she had no idea where the pesky bacteria were hiding, and tomorrow was report day. “Apoptosis,” she muttered. She looked around for a bartender, hoping to order some cytoplasm.

The T-cell was named T. Folli, and, unlike Bri, he was really bad at his job. He was a T-cell, and T-cells were *supposed to be* the natural-born leaders of the living world as they knew it. He was *supposed to be* gifted in leading teams of disorganized macrophages and B-cells into war against the perpetual enemy so

that they could all survive to fight another day. He was *supposed to be* a powerful orator, one who could move armies with his words. He hated *supposed to be*.

In the world of *actually is*, T. Folli could barely speak to an APC, let alone coordinate communications between an APC and hundreds of armed Th1, Th2 and Th17 cells. He was an engineer at the core of his DNA, but no one gave a lysosome's peroxide about that when they realized he had a stammer. His distant-cousin-of-another-stem-cell-twice-removed had just been promoted to head of the Lymphocyte Police. "C-congratulations! Y-you were born for the role!" T. Folli had said at the reception. His cousin had flattened himself down to T. Folli's level and said, "Of course little cousin, greatness is born, not made." Then his cousin recognized whom he was speaking to and added with a cringe, "Well, some of us aren't as lucky."

T. Folli had excused himself to tinker with his most recent invention — a synthetic ribosome that pumped out artificial proteins. He was planning to reprogram it to make different receptors, ones that could replace the purple birthmark that encircled his eyes with something other than the classic CD4 of a helper T-cell. If he was just a normal cell, he could get a job as an osteoblast or something, relocate to a family who appreciated his knack for building. He was just missing the last ingredient: a shot of cytoplasm. He had been putting off that part in part because you couldn't get cytoplasm until maturity, so technically it was illegal. However, the other part was because he still held out hope that his stammer would one day go away. He wanted to be good at his job. He wanted to help battle fierce enemies. He wanted to be a commander who could come up with complex battle plans. He just wasn't "born for the role."

He looked down at the floor of the bar, trying to work up the courage to either steal a glass of cytoplasm or ask someone to buy one for him. That was how a B-cell who needed some help and an immature T follicular cell found themselves at the inter-

section of the paracortex and follicular zone of a hilar lymph node, sitting a mere two seats away from each other, one cradling a glass of cytoplasm and the other wringing his membrane.

Bri spotted the royal purple helper T-cell sitting two seats away. He looked too young to be here, and something about his frazzled appearance made her feel that he was also having a pretty bad day.

“You all right, kid?” she asked.

T. Folli whipped around, eyes wide, looking as if he was about to flee any second. He nodded. “J-j-just nervous,” he replied, eyes darting between her, the glass she was holding and the neutral surface of the bar.

“Yep,” Bri agreed. She was about to ask how immature he was exactly when the TV behind them increased in pitch, announcing yet another crisis in the arteries; something about the murmur intensifying around the fourth intercostal space on the left sternal border and even larger pieces of debris flying around the blood.

“Come out of hiding, you mitochondria-lacking piece of useless DNA,” Bri muttered under the blare of the TV.

T. Folli looked at her, terrified. “W-what?” he stammered.

Bri realized she had spoken out loud while looking in his direction. “Oh, my bad. I’m just talking about whatever is doing that in the heart,” Bri clarified. “That’s been my case for the past couple of days. I’m supposed to figure out where that mobster is hiding and take him out.”

T. Folli deflated. Then a brilliant idea came to him. Maybe if she was distracted, he could just grab her glass of cytoplasm and bolt. He felt his pocket for his map, another nifty thing he had invented. He could easily lose her in the capillaries.

“But clearly that is not going well,” Bri continued. She didn’t normally share details of a case with strange cells at the bar, especially helper T-cells that could be her boss one day. Tomorrow, though, everyone would find out that she was not the rising

star she was touted to be. She was struggling, and it felt good to admit it, even to a kid. She glanced at her quiet companion. Helper T-cells were usually bossy and loud. This one must really disapprove.

“It’s fine if you judge, kid. Should get used to it,” Bri said.

T. Folli turned a quarter of a picometer in her direction. “I-I-I’m really not. Judging, I mean.” She was still clutching her drink. How could he distract her?

“I build gadgets in my room all day. Do you want to see?” T. Folli blurted.

T. Folli didn’t usually show strange cells at the bar the things he created, but he felt as if he was standing on the edge of two fates. On one side of the cliff, he successfully distracted her, snagged her drink and found a place to belong and be appreciated. On the other side, he went home and lived the rest of his short existence with no purpose and no joy, building toys that were thrown into the lysosome without a second thought.

Without waiting for an answer, he pulled out a black box and the screen flickered to life, displaying “CD40: Circulatory Directory 4.0.”

“This cool little thing has a GPS map with all the neighborhoods around here, from the alveoli suburbs to the mansions lining the aorta.” He flicked it on. Bri looked at it, amused. This little guy was weird, but anything to get her mind off the case was welcome. She moved closer. T. Folli watched the glass slide toward him. This was his chance. Taking a deep breath, he launched into an explanation.

“I told my family I was going out to meet some dendritic cells, but instead I just walked around by myself for days and scanned all the arteries with this visual graphics processor. Didn’t talk to a single APC, but if I point it at a cell, it can tell me how many other cells look similar and where those cells are located. I thought it would be a cool design tool. Like if a cell wants to put some different receptors in its membrane, it could know how to

make it the most unique outfit possible. Like choosing your own clothes. On the side, I also use it as a map to help me get around. Cool, right?”

Bri, who had been inching closer to peer at the screen, snorted and leaned back instead. “Great, why don’t you go be an endoplasmic reticulum specialist, go design fancy membranes and stuff.” She noticed the kid’s receptor was oddly close to her glass and moved the drink to her other side so he wouldn’t knock it over. T. Folli frowned, about to give up.

“It’s not like it can tell if a host cell is a real host cell or if it’s actually an exogenous bacterium mimicking the receptor signature of a host cell. Give me something that can perceive imperceptible differences in plasma membranes, and I’ll pay your bar tab for as long as you live, little dude.”

T. Folli looked at her, dazed as he realized what she was saying. “Th-the code in my program does exactly that.”

Bri gaped at him. “You’re telling me this CD40 program can help me figure out how to tag imperceptible differences between cells, differences that are so specific that I can’t detect them with my current antigen receptors?” she asked, cautiously.

T. Folli thought for a bit and then replied, equally cautiously, “W-w-well...no. I mean yes, it can find those differences. But it can’t help you tag those new membranes.” He hesitated a beat and kept going. “We’ll have to work on getting you a new set of antigen tagger things for that.”

Bri looked at the kid, a smile spreading on her face. “I might owe you a lifetime of drinks.”

T. Folli dropped his gaze, thinking about how to build a new class of antibodies. Maybe he could repurpose his ribosome synthesizer... “Nah, I’ll pass on the drinks. Let me show you how this works,” he found himself saying.

The TV droned on and the glass half full of cytoplasm sat discarded on the fiber bar as a B-cell and a newly recognized T

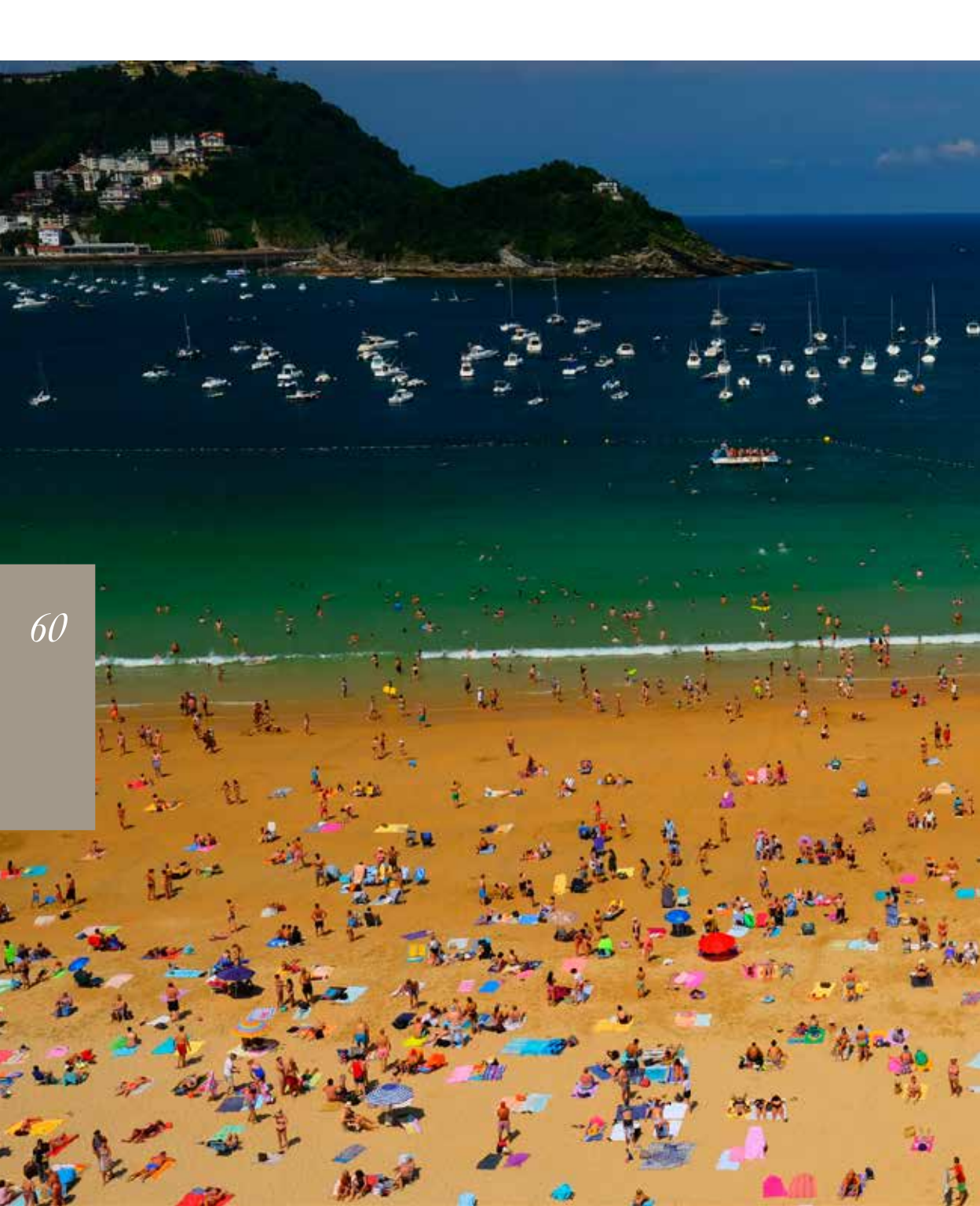
follicular helper cell connected over CD40 about how to switch to a higher-affinity class of immunoglobulins.

There is much that we don't know about the interaction between T follicular helper cells (Tfh) and B-cells. We don't know why some B-cells are T-cell independent while some receive T-cell dependent class switching to produce higher-affinity antibodies. We don't know why some T-cells express CXCR5, differentiating them into Tfh cells and tracking them to the B-cell follicle in an active lymph node.

We do know, however, that each choice we make drives us closer to a truth that we have always known, something perhaps ingrained in our very DNA, down to the tiniest of cellular levels.

Perhaps there was once a B-cell who was really good at what she did. Perhaps there was a Tfh cell who was *supposed* to be really good at what he did. Perhaps a *Staph aureus* infection that evolved into endocarditis stumped this superstar of a B-cell, and she met a quiet blast of a T-cell in a bar looking for a different kind of life.

Dee Luo is a second-year medical student at the Zucker School of Medicine at Hofstra/Northwell. This is her second fiction piece for Narrateur. The first, using the same device, was entitled "A Simple Endothelial Cell."



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Playa de la Concha, San Sebastian, Spain

David B. Meyer, MD, is an attending cardiothoracic surgeon at Cohen Children's Medical Center and associate professor at the Zucker School of Medicine at Hofstra/Northwell.

Professional Intuition

It was an early Sunday morning in Roseau, the capital island of Dominica in the West Indies, and my favorite coffee shop was closed. Undaunted, I found another place not far away where it seemed that everyone else who was awake was there to savor the morning with local salt fish or eggs, and a stunning view of the turquoise Caribbean Sea.

Customers occupied nearly every seat and bench, but I managed to find a spot and place my order. As I looked up and smiled at the cheerful young woman who brought my breakfast, my eyes fixed on a heavysset man in his mid-thirties sitting on a window seat, his back exposed to the morning breeze.

I suspected that he was among the island's indigenous Kalinago people, formerly known as Carib Indians. Many still live on Dominica. I looked around the room and saw that there were many others who matched this man's girth. Obesity and diabetes have become major health burdens in the Caribbean, and the man presented an all-too-common sight.

I turned to my breakfast and began to eat when suddenly all hell broke loose. The man I had had my eyes on minutes earlier had passed out, and several customers had grabbed him before he fell backward through the open window. The man exhibited twitching, jerking spasms and fell forward onto the floor. It happened fast — this time nobody could catch him.

People tried to lift the unconscious man, but his heft was too much. As they struggled, it was clear that he would very likely fall again and possibly sustain injury.

I am a medical educator, not a medical doctor. I had taken courses in first aid many years ago, but I had never found myself in a situation to use what I had learned. However, that morning something kicked in: intuition.

Suddenly I found myself bellowing orders: "Place the man on the floor! This is a seizure! Move the benches out of the way and leave him be! Where are his glasses — I'll keep them safe! Leave him be!" While other worried customers helped to clear the area, I

guarded the man, ensuring that nobody would attempt to move him.

After a while, the man stopped seizing and regained consciousness. Slowly, the room settled into its normal routine and customers went back to their meals. The man, still on the floor, looked up, and I handed him his glasses, gently informing him that he had had a seizure. As somebody handed me his missing right shoe, the man's worried mother arrived. I assured her that he seemed fine but needed a medical exam. She told me that her son did indeed have diabetes and had suffered occasional seizures.

This was my first public emergency. Somehow, in that restaurant, I activated knowledge that had slumbered deep inside me. Recognizing a need, I found myself springing into action and taking charge. I am still surprised by my response.

This experience still resonates within me. I learned something about life that day, and about myself. We have it in us to take charge when needed. Call it professional intuition — a gut feeling, recognizing cues or patterns we either learned in theory or practiced on previous occasions. Sometimes, there is no time for collecting data, no time for evidence-based reasoning, but we know what to do, and do it fast.

Elisabeth F.M. Schlegel, PhD, MSc, MBA, MS-HPP, is an assistant director of faculty development and medical education research, associate professor of science education and co-director of medical student as teacher elective at the Zucker School of Medicine at Hofstra/Northwell.

Contagion

At sixteen, my father ran away to a university,
wishing to be bound to books the same way
his mother was bound to her hospital bed.
The names of her children and the ability to chew
were dissolving slowly with the deterioration
of her mind.

He buried her after coming home for Christmas,
his little sister screaming over a common cold
for fear she would be next.

When he was picked up a year later at the train station,
a woman sitting in the passenger seat
was introduced as his new mother.

My father suffered spring allergies as a result of her perfume
and swallowed down mouthwash to sterilize any potential
infectious spores growing within the walls of his lungs.

It was my tenth Christmas when his father in a spasm
coughed smooth charcoal-colored tar from his chest
and into my face, an unexpected end to a staring contest.
My father rushed him away after begging my mother
to put me in the boiling water alongside the Christmas dinner
to ensure I wouldn't catch what his father now had.
As she gently scrubbed the coal tar from under my eyes, I sobbed
in the tub, believing this was how Santa told you you were naughty.

Meanwhile, my father sat in a speeding car with screeching tires,
asking whatever force that would listen
not why the disease
kept spreading, but why it had to be so slow.
Through the liquid in his lungs,
his father said he must have caught a bad cold.
My father disagreed.
Rather than catching it, this hybrid of an illness had caught them.

So as he surpassed eighty miles per hour on the way to the hospital,
he almost laughed, catching himself hoping he was outrunning it.

His father had an open casket two months after Christmas.
My father nearly shrieked when my little sister knelt down
and kissed her grandfather's forehead.
He demanded that she immediately bleach her lips,
but she wiped a tear and shook her head.
She had found the cure to the contagion
was to face it.

Ellie Prusko is an undergraduate student at Hofstra University who majors in creative writing and literature, with a minor in French.



Yosemite

Diana Lee is a first-year MD/PhD candidate at the Zucker School of Medicine at Hofstra/Northwell. A San Francisco Bay native, she loves being outdoors and taking landscape photos. This photo was taken in the spring at Yosemite National Park. It was one of Ansel Adams's favorite points to shoot. She says of the moment: "Yosemite is gorgeous in every season and offers a different breathtaking view that this photo barely captures."

The Goodbye

Fifteen years ago, Jacob walked into my office. “My insurance changed and you’re nearby, so I thought I’d try you out,” he said. Over the course of those fifteen years, we built the kind of relationship I’ve come to cherish as a primary care internist. It was a relationship built on mutual respect, compassion, empathy, humor and, although it may challenge some professional boundaries, a dose of friendship as well.

He had high blood pressure, high cholesterol and blood sugar levels that were a bit north of where they should be. He didn’t trust medication, and he probably didn’t trust doctors all that much, either. He told me he wanted to try to let his body get better, with a minimum of medication.

He got serious about diet. He exercised regularly, probably too much weightlifting and not enough “cardio,” but it *was* exercise. His blood pressure improved, a bit. Cholesterol and blood sugar started to come down, too. Eventually, when we realized that his blood pressure needed some more help, he relented and agreed to start medication.

Having gone without recommended screening, he eventually agreed to a colonoscopy. This man, who didn’t trust medicine all that much, was harboring a mass, a colon cancer, which was *not* small and *not* superficial. I referred him to a surgeon, who successfully resected the mass. He met with an oncologist, who shepherded him through a course of chemotherapy. He beat his colon cancer.

But other challenges were in store for Jacob and his family. His wife, also a patient in our practice, was diagnosed with ovarian cancer. Her course was difficult, requiring surgery, multiple courses of chemotherapy, awful side effects from treatment and multiple recurrences. She ultimately lost her battle. In another cruel twist, she died while in the hospital during “Superstorm” Sandy, which devastated the community in which Jacob and his wife lived.

During this time, I was able to get better acquainted with Jacob the person, not just Jacob the patient. We had many talks, about sports, music, our community. We also had many discussions about fate and faith. He was an unapologetic atheist. He didn’t preach, he didn’t judge, he just didn’t believe. His comfort with that was total. He was at peace with whatever came his way, believing that life was for living —

and did he ever live! He continued to exercise, and to enjoy food and the occasional craft beer. He met a woman and found himself in a wonderful relationship that he couldn't have imagined after the loss of his wife.

As Jacob carried on with his life, we lost him to follow-up for over a year. When he came back, we ordered labs and CT scans. The results were worrisome. His liver enzymes were elevated, and he had a mass in his pancreas. He underwent an endoscopic biopsy, confirming pancreatic cancer. He had genetic testing done; making things worse, he had Lynch syndrome. That genetic insult explained why he had had two cancers. It also meant that he'd live the rest of his life knowing that his daughter had a 50 percent chance of inheriting a condition from him that would confer up to an 80 percent chance of developing colon cancer. That risk was on top of the risk she inherited from her mom, whose ovarian cancer was also due to a genetic mutation.

Once staged, his pancreatic tumor was found to be "locally advanced," a sterile way of saying inoperable. Back to the oncologist, back to chemo, back to meetings with a radiation oncologist, more treatments, fight on.

And eventually accept the fact that this battle, too, was lost.

As the end approached, he was admitted to the palliative care unit at the teaching hospital with which I'm affiliated. I rarely go to the hospital. I practice outpatient medicine and collaborate with the inpatient hospitalists when my patients are admitted. But I felt drawn to see him.

I entered his room while he was resting; he'd not been expecting me. Our eyes met, and our tears flowed. We held hands. We reminisced, and we both knew that looking back was all we had.

But really we had more than that. We'd shared our lives. He thanked me for being a part of his, and I thanked him for adding to mine. Adding to my experience, my understanding, my acceptance. Adding to my story by sharing his.

Then, for the last time, we said goodbye.

Eric C. Last, DO, is a clinical assistant professor at the Zucker School of Medicine at Hofstra/Northwell and practices internal medicine at Northwell Health Physician Partners/Internal Medicine at Wantagh.

The One Out of the Shower

For your meta-analysis
I am thankful,
But my disease
You've said
Has spread metastatic.

For your randomization
I am grateful,
But the chemo and radiation
Have left me a bit weak.

And controlled double-blinded
May afford you assurance,
But doubled in debt
I'm now of the lot uninsured.

And your measure of incidence
May grant you some comfort,
But of the hundreds
Or thousands or millions
(Whatever you say)
I'm the one who's out of —

And now dripping wet.

Can you hand me that towel, my friend?

John Scranton, DO, is assistant clinical professor in emergency and family medicine at the Zucker School of Medicine at Hofstra/Northwell and currently practices urgent care at Northwell Health-Go Health in Hampton Bays, New York. His career spans four decades in emergency medicine. He received his MFA in English and writing from Southampton College.

Dungeons and Dragons

Her eyes are dungeons, dark and deep
Tied up in secrets that she keeps
Behind the bars
Are wounds and scars
From slaying dragons in her sleep

Samantha Curra is a copywriter at Northwell Health.



Mother's Love

Dylan Tan is a second-year medical student at the Zucker School of Medicine at Hofstra/Northwell. He enjoys taking spontaneous pictures of dogs, travel and people. He says that the photo reminds him "to never forget to appreciate those who care for us."

How to Feel

Take a pencil,
sharpen it: deadly.
Pull the hand back and aim,
punching the sharp lead into the left upper thigh.
Yank the pencil across the penetrated skin:
as it is being pulled across, it will peel back thick layers of skin.
The flesh and pale epidermis will curl away from the wound
like a small child's finger running through mud.
Finish with a long stretch of torn-up
skin and exposed muscle.
Dig both hands deep into the now-opened leg.
Rip away chunks of skin and fat and muscle.
Continue until the whole upper portion of
the thigh is torn away and the bone is visible.
Grab a large kitchen knife and slam it into the wound.
Continue chipping away at the
white calcium until the bone is splintered in half.
Small fragments will cling to blood-sticky hands.
The exhaustion from such a task will be overwhelming.
Wipe the sweat from the brow:
doing this, however, will likely leave thickening red beads.
Look down at the completed work,
unsure of how to feel.

Miah Pergolizzi is a student in the Hofstra University Honors College with a double major in political science and creative writing and literature.



Osprey

Mustafa H. Ghanem is a sixth-year MD/PhD candidate at the Zucker School of Medicine at Hofstra/Northwell. This osprey was photographed at Everglades National Park in April 2019 during a camping trip. Part of a mating pair, this particular bird made noise day and night to ward off competing raptors from their nest atop a live oak.



Grand Army Plaza

Joshua D. Segal, DDS, MD, FACS, is associate program director of the oral and maxillofacial surgery residency program at Northwell Health. He completed dental school and medical school at Stony Brook University and did his residency at Long Island Jewish Medical Center. He now lives in Brooklyn.

NARRATEUR



Strength in Numbers

Two years ago, my sister and I were ushered into a closet-sized room in a hospital wing to await news of my father's condition. I had brought him in earlier that day through the emergency room. I left him smiling in an exam room. Everything will be fine, his eyes said. I believed him.

My father had a history of heart problems, but that day there was nothing in his step that suggested that hours later he would be gone forever. Then a nurse came in to tell us that he had passed — actually, she just handed us a plastic bag with his belongings and said the doctors would be in.

I was immediately overwhelmed.

It took hours for my family and a priest to convince me to say goodbye to my dad. I had to be virtually carried to the room. I preferred to remember our last moment together, when he smiled at me.

I was always scared of losing my dad, and without warning it had happened. I didn't know how I would survive my grief, or that of my mother and my sisters. Friends and family tried to fill the empty space around me with words and reasoning. I am so sorry, they would say. This new world of grief was difficult to navigate. All I wanted was silence and a hug.

A friend counseled that I had to feel the depth of my grief in order to heal. In the year following our family's loss, I screamed and cried and learned to give myself — and my dear mother — the space to grieve. I got through that time of suffering in a fog. Then, at the anniversary of his death, that fog began to lift, and I knew it was time to make sense of my dad's death.

That year, I found meaning in helping others. I sprinted toward death rather than running away.

As a young doctor taking care of kids with cancer, I remember that I would sometimes hesitate before entering a hospital room to talk with those who had just lost a child. What could I say? What consolation could I offer?

Now, when someone I know loses a loved one, I feel that I know what to give: whatever is needed in that moment. Mostly,

it is just a matter of being present. Silence and a hug. We can't fix grief; we just need to honor it. We need to give it the space it deserves.

The year my dad died, I had four friends who lost their fathers, and another who had lost both of her parents the year before. I started a bereavement chat through a phone app. These friends of mine didn't know each other, but we were able to help and comfort each other because we had in common the grief, shock and suffering that can be part of losing someone you love. I have come to learn there is strength in numbers.

It is now year two: The Year of Paying Back. A friend started a Facebook group for physician mothers. Her thinking was that it would be a few people she knew. There are now 72,000 members. She asked me whether I would administer the bereavement arm of the group. I am ready. I am no longer scared of death, and I am ready to help others navigate this universal experience of grief.

Taranjeet Kalra Ahuja, DO, is an assistant professor of science education and pediatrics. She is a pediatrician and a full-time faculty member at the Zucker School of Medicine at Hofstra/Northwell. She is the co-leader of the communications curricular thread and director of the initial clinical experience (ICE) and the advanced clinical experience continuity clinic (ACE CC) programs.

Fall Reflection

Marc Symons, PhD, is an investigator at the Feinstein Institute for Molecular Medicine. He enjoys the beauty that he finds in nature and tries to frame it with photography.

The Greatest Event on Earth

*Of course, the Labor and Delivery Room nurse “saved the day” . . . in the night.
[Composed in praise of the nursing profession and in awe of the birth process]*

The husband is occupied by fright
His spouse is in labor and night.
Amidst a raucous din
As the nurse led him in . . . she said:
“Let’s go find the right wife.”

The husband was changing his clothes.
OB docs were “busy” taking a doze.
Are there no epidurals . . .
‘cause this hospital’s too rural?
Where’s the anesthesiologist? . . .
does anyone know?

About thirty-six weeks on admission
In a painful labor condition
After a contraction had peaked
The nurse palpated a breech
But who’ll make the skin incision?

‘Though the patient’s status was par
The husband was acting bizarre.
He would not witness the birth
The greatest event on earth.
In a scrub suit he’s parking the car.

With the time of birth drawing near
The nurse calmly comforted fear.
Yet, in the pandemonium
There appeared fresh meconium
First noted on the baby’s rear.

The labor was marred
By a lost* FHR . . . however, it was said
. . . such an event is serendipitous
In labor precipitous
With a well-controlled delivery in bed!

With the waters broken, Nature had spoken.
To the task the nurse had risen.
Leading unobstructed labor
Ending in everyone's favor.
The Apgar score: ten, ten, and ten.

With a car seat, he'd procured
To this facility, well secured
The nurse buzzed the husband back in
To the unrelenting din
And asked him where he'd been.

With professional discipline
The nurse briefly weighed in:
"After the second stage of labor
Nature brought a fortuitous favor:
An identical, maybe a fraternal twin."

Hardly a new status quo
Nurse's tasks endless we know.
Including her neighbor
There are three more in labor
And her work shift ended hours ago.

Labor's unpredictable events
After delivery don't oft relent
So when a birth has finished
Don't let preparedness diminish
Oops . . . and don't forget signing consents.

Labor events we can't foretell
It's said "All's well that ends well."
Of careers one can rate
There's never debate:
You've chosen the greatest on earth.

*The fetal heart rate (FHR) was lost (disappeared) from the monitor because the baby was spontaneously expelled from the mother.

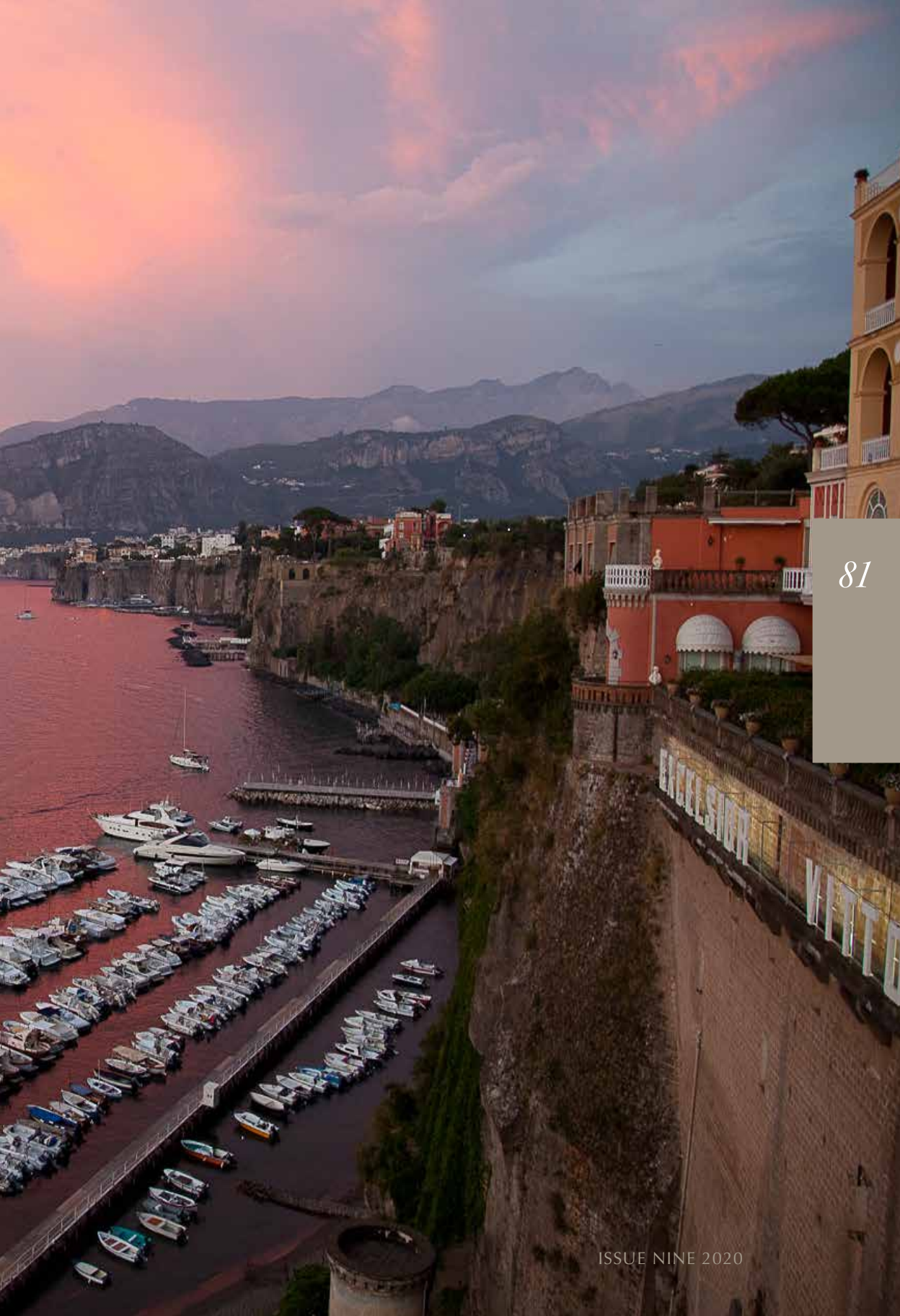
Howard Kraft, MD, is director of obstetrics and gynecology quality assurance at Northwell Health, and clinical associate professor of obstetrics and gynecology at the Zucker School of Medicine at Hofstra/Northwell.

Sunset in the Bay of Sorrento

Steven E Rubin, MD, graduated from snap-shooter to photographer during his first year of medical school in the 1970s. He is retired from clinical practice but remains professor of ophthalmology at the Zucker School of Medicine at Hofstra/Northwell and physician advisor in the revenue cycle at Northwell Health.

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NARRATEUR



Necessity— A Sestina

Passing by, hearing, *I need help in here!*
 A rush of people, two, four, five, and more.
 Stench of a soiled bed hangs in the room;
 He's kicking, biting, scratching for freedom.
Want coffee, he shouts. Now's hardly the time.
 Aneurysm, sedation and restraints.

New day, his head betwixt my hand restraints.
 Most of the staff with one patient, in here.
 Replacing torn IVs takes too much time,
 But injections and pills fail. He needs more
 So I continue to limit freedom,
 Avoiding a dissection in the room.

His target blood pressure leaves little room
 After surgery, what then? Still restraints?
 We've been abused. Where is our freedom?
 Then he seizes, calling more people here.
 That's his baseline. The meds work. Don't crowd more.
 Discharge takes coordination, takes time.

There are different emotions each time;
 Some take place outside a hospital room.
 One young woman was trying to feel more;
 She head-butted bricks, beckoning restraints.
 Amphetamines stripped the concept of "here."
 I bound her legs, and handcuffs blocked freedom.

Another night, parents yearned for freedom.
 They'd spent a week out of work, a long time.
He'll remove the stitches if we leave here.
 I exited the autistic kid's room
 Determined to craft outpatient restraints.
 A resident's idea. They stayed no more.

There was a man who self-harmed. Just one more.
A sedative would give the staff freedom.
Deescalation would preclude restraints.
Though he was not my patient, I could spare the time.
His agitation threatened the shared room.
My voice did nothing for he could not hear me.

Sign language provoked more. He swung back that time.
A step back to give him freedom and room
No restraints. *Don't hit yourself. You're safe here.*

John M. Read is a third-year medical student at the Zucker School of Medicine at Hofstra/Northwell.



A Feeding Frenzy

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

Human Trafficking

Intoxicated, cursing and screaming, the middle-aged woman was brought to the emergency room by the police. She was barefoot, dressed only in a white T-shirt and men's boxers. She had to be chemically and physically restrained. There were scratches and bruises on her arms and legs, inflicted when her pimp beat her up for breaking into his house, she told staff.

When I introduced myself to her in the ER, she made it clear that she wanted no help and that she intended to leave, although she told me that she had nowhere to go. She declined my offer to find her some clothes and a pair of shoes. She admitted that she used drugs — “anything I can get my hands on” — but she was not going to stay. She jumped off the table and walked out.

Two months later, she was back, and I was summoned to the emergency room. This time she appeared calmer and willing to accept some help. She said she was exhausted with her life choices. Her blood test came back positive for cocaine and marijuana.

As I listened, she poured out her story in a frenetic explosion of words; her life in bars, the pickups, the random acts of sex — sometimes with as many as four different men a night — just to get access to drugs. One man took a video of her and posted it online. Her mother and grandmother lived nearby, but she had no contact with them: “They are just waiting for me to die.” She wanted off the street.

I contacted a nearby domestic violence shelter for human trafficking victims. I knew that the staff would give her a bed and counseling and keep her safe. We have sent many people there. I called and they said yes, of course, send her over. I called a cab and saw to it that she got in. We hugged. She climbed in and then turned to me and smiled. I found out later in the week that she was there for three days and then said that she was leaving to return to the pimp.

Three months later she was in the emergency room once more. She had gone home with a stranger and he had tried to strangle her. There were scratches on her neck this time, marks inflicted by her assailant etched into her skin. When I saw her she was manic, raving at everyone and ready to fight with anyone. After a while I was summoned to the nursing station to take a call from the woman's sister.

She was concerned and wanted to talk with me.

With the patient's consent, the sister — who is married with children and a job — shared the family story. Our patient was born addicted to heroin more than four decades ago. Both of her parents were addicted to drugs. Her father, who was in his forties when he died, lived much of his adult life with hepatitis C and HIV. Her mother had four children with three men. Of the children, two have died, an older sister from a drug overdose and a brother in a car accident.

As for the patient, she was always wild. A middle school dropout, she did it all — drugs, sex and more drugs. She was an emotional cyclone, subject to mood swings and sudden outbursts. Still, as an adult she appeared to have overcome her troubled youth. She married, moved to Colorado and gave birth to two daughters. She even worked in the cafeteria at the daughters' elementary school. Then her life spun out of control. She divorced, blew through her \$60,000 divorce settlement within six months and then lost custody of her children because of her blatant neglect. She eventually left Colorado and moved back to Long Island.

After listening to her sister, I went back to my patient's room and suggested a psychiatric evaluation. She agreed. She stayed on the psych unit for five days. During that time her sister came in and offered support and encouragement. She was diagnosed with post-traumatic stress disorder and started on a medication, but by day three she had grown restless and her mood slid into aggression. She said that she felt like a caged animal and didn't like how the medication was making her feel. The next day, she had to be restrained. On day five, she signed discharge papers against our recommendations and walked out, without a plan.

Judy Ann Richter, LMSW, is co-chair of the Northwell Human Trafficking Task Force that started at Huntington Hospital in September 2017 in response to Suffolk County's influx of trafficking victims. The United States Department of Justice identified Long Island as one of twenty-one regions across the country where human beings are trafficked for sex or labor by coercion or abduction. When seeking medical care, many patients who are being trafficked go unnoticed. The goal of the task force is to provide education to health care teams and create a strong community referral system for those patients who are identified and want help.



Sunrise over Bagan-Myanmar

Alan Sloyer, MD, is an associate professor of medicine at the Zucker School of Medicine at Hofstra/Northwell. He is a gastroenterologist practicing in Great Neck, Long Island, and travels the world with his camera.

NARRATEUR



I Have Fallen

The tiles of a cold bare floor
took me into the vast unknown of a forest
where I befriended many trees —
some old and wise but tainted with darkness
some young and full of spring but naïve and uncaring
wanting only to grow toward the sun
others with branches cracking
under the weight of their own misery
I was mesmerized by a striped fawn
who skipped away from me
when I got too close
Forever chasing
but still I tried, never giving up
entranced by songs of birds I couldn't see
flying far above the trees
This forest had demons I could not fight
The trees couldn't help me — not this time
The fawn followed the coyote
I followed the fawn and fell apart
at the feet of the coyote
who ripped my heart out when I wasn't looking
leaving me
with only invisible scars in my mind
to show that I survived
When I finally escaped
and knocked on Death's door
I expected to see you on the other side

Ashna Joseph is a second-year medical student at the Zucker School of Medicine at Hofstra/Northwell. Born in India, she grew up on Long Island.



Behind the Mask

Rosemary Basiono Bassey, PhD, is an assistant professor in the department of science education at the Zucker School of Medicine at Hofstra/Northwell. Outside her love for human anatomy, she has passions for painting and dressmaking. She says of her piece: "The colorful masquerade portrayed in the painting is the 'Ekpe' masquerade of the Ekpe secret society; the inscriptions are ancient 'nsibidi' writings of Southern Nigeria. They mean reflection, love and unity, which we all need to conquer depression."

Who Am I to Heal?

In a world where I cannot even define what it means to be whole
I am scared to be in a position to heal.
Terrified to stop death from stealing what is not rightfully mine
When I cannot even define what it means to be alive.
How can I change lives each day when I am nothing but the same
As those who sit before me, asking me to heal their pain?

Is it wrong to say that I do not strive to save lives?
Because I'd rather be part of the reason why
Those around me can cry out their meaning of life;
When they must redefine the pace of their mind
and make decisions on how to live and how to try.

Let me never take what isn't mine
Nor ask to memorize an agenda aligned
With mistaken emotions and blurred impulses.
I walk each day, as I always have — blind;
Slow dancing through moments undefined,
Each movement anchored by nothing but time.

As I begin to see the woods through the trees,
I am scared to hold a scalpel in my hand.
To lean in close, close, closer and demand
That the world work in ways that it can't.
I jump, unsure of where my unsteady feet will land
If I am faced with things I cannot understand.

Stephanie Williams is a first-year medical student at the Zucker School of Medicine at Hofstra/Northwell. She did her undergraduate work at Penn State and was a counselor/advocate at Center Safe in Centre County, Pennsylvania. She is working to become a part of the association on Long Island.



Begin Again

Saira Khan is a first-year medical student at the Zucker School of Medicine at Hofstra/Northwell. She says of her submission: "This photo of the Long Island sunset was taken on my first evening back home. When I left for college, it had been with the idea that I wouldn't return. I envisioned myself growing and changing in this constant forward trajectory, marking my progress by how far I stretched from home. But after all the obstacles overcome and miles traveled, I found myself, inexplicably, making my way back home for medical school. It was unsettling, being faced with a hometown I had long forgotten while looking toward an uncertain new beginning."

Play It Again

Said you'd stay
Teach me to play
Guess time is just borrowed
No way you could've known

So before you go
One more time
Play one more time
For me

That song
Play it again (3x)

I was sure
I'd learn much more
You said you'd teach me
So please don't leave me

Don't go
Please no
Don't go don't go

That song
Play it again (3x)

One more time
Please
One more time

Play for me
Before you leave
Play it again

Whoa, play it
Play it

Play it again (3x)

Just
Play it again (play it again)
Play it again (play it again)
Play it again (play it)

Play it again (one more time)
Play it again (just once for me)
Play it again (one more time)

Woodlynn Daniel is a first-year medical student at the Zucker School of Medicine at Hofstra/Northwell. He says that he wrote this song "in empathy for the losses my friends have experienced. When I heard the piano instrumental created by my friend Ciara Adkins, it felt perfect for the theme and I was able to write the lyrics and melody in about twenty minutes. Relatively recently I experienced a loss in my own life, and now this song has a slightly more personal feel for me."

Decade of Asclepius

[Excerpt from A Sonnet's Soliloquy]

Sonnet LXXI

I lie upon my pedestal in woe,
Upheld in utter nakedness to see
Yet even blindness can behold this glow,
Enshrouding me in all my misery.

My flesh cries, burning by each touch of salve,
My nerves split raw by every drop of balm,
Eyes bitter, full of poultice, wrest in half,
Heart cracked by unction, fragments lie in calm.

Yet rumbles on this ceaseless train of souls,
Those harbingers of contest clad in white,
Who harry forth with armaments which stole,
All sense of life from me and will to fight.

Fair healers, I implore, abandon me!
For only in repose, I shall be free!

Robert C. Pena is a third-year medical student at the Zucker School of Medicine at Hofstra/Northwell and is planning to pursue a career in emergency and critical care medicine. He is a native Long Islander and a long-time writing enthusiast, with several projects in poetry and prose in development, including a book of sonnets, two novels and a collection of philosophical essays. He hopes to continue using his love of writing, music, art and history to enrich his future medical career, to cultivate a more meaningful relationship with his future patients and colleagues and to support the humanities, and the importance of their contributions, within the medical field.

The Escape

The sounds of fallen branches snapping underfoot broke the silence of the night. He could barely make out where he was running, hoping not to trip over a log or shrub. As he rushed through the woods, he could hear the dogs barking, but they were farther away than before. Perhaps he'd lost them when he splashed through the creek.

He could smell the blood on his left shoulder, the scent like that of the metal filings that flew off the anvil on the plantation. He wiped it off. It was not his blood but that of his partner, Henrietta. They had become separated a couple miles back during a scuffle with slave catchers. "The dogs probably have her now," he whispered aloud.

He winced as he imagined her fate. Whipping? No, that was too light of a punishment for a second-time runner. He remembered last year when Horace ran. *'He got his heel split. Would they do that to —'* He forced himself to concentrate on escape.

He could hear the dogs getting close, too close. He tried to get his bearings, looking for anything familiar. He tried to stand, but as he did his legs gave out. "God damn it!" he roared in a mix of frustration and anguish. He half staggered, half crawled from tree to tree.

As he neared an old oak, he heard the whimper of a child. "Emanuel!" he whispered. No reply. "Emanuel!" he repeated, a little louder this time.

"Papa?" said the boy, peering from behind a bush. The man's eyes widened in surprise at seeing his son.

He mustered all of his strength, stood tall and without hesitation picked up his son and began to run. The dogs were close; there was no time. He ran fast, faster than he ever thought he could, the sounds of the barking never far off.

During his sprint, he hit a clearing. He knew it was only about a mile from there to the next town. He had a contact there who would house him for the night. He saw a glimmer of hope as he crossed the field. They would be safe, his son would be safe, even if it was only for a night.

As he neared the end of the clearing, there was a sudden snap and a bolt of pain rocked him. He looked down to see a bear trap clamped tightly on his right foot. As he fell, he dropped his son a few feet in front of him. He attempted to pry the trap open, but it was no use. Looking back over the field, he saw the torches of the slave catchers only a couple hundred yards away.

He was exhausted. He was finished. His son tugged at his arm in a feeble attempt to move his father forward, but all the man could do was grab his son's hand and bring him in for a hug. He could feel Emanuel's tears mixing with those of his own. He never wanted to let go, but he knew he had to.

Quickly, he pushed Emanuel away. He screamed: "Run, Emanuel! Run!"

The boy refused at first, shaking his head slowly as he looked into his father's eyes. "Run, Emanuel," his father urged. Then the boy turned and dashed for freedom.

As the man saw his son running toward town, he couldn't help but feel a mix of emotions: worry for his boy, and joy that he might escape the hell of slavery. But he also felt defeated, empty inside. He knew his reckoning was coming, a harsh punishment, and a fate he didn't deserve. He prayed, as prayer was all he had.

As the slave catchers rode up to his near-motionless body, he looked up and wiped the tears away. He looked into the eyes of the men who had tracked him down, searching for their souls. He saw nothing there; only the cold, hard eyes of those who were more animal than human.

Gautam Nayyar is a first-year medical student at the Zucker School of Medicine at Hofstra/Northwell and loves writing short stories.

Case-Based Learning: A Love Story

Everything you've ever wanted is on the other side of fear.

— George Addair

At the end of a day of case-based learning, we were asked to consider one thing we wanted for our future and how fear had held us back from achieving it.

During these sessions we have become adept at creating short answers to weighty questions with very little time for contemplation. This was no exception. For this bit of introspection we were given two minutes. The task is almost never easy, but this time the answer was brilliantly clear to me.

I was taken back to long summer days during college working as an EMT, waiting between calls in ambulances with minimally functional air-conditioning. These sometimes sweltering stretches afforded time to think. While I dreamed of being a doctor and dwelt on the challenges and the uncertainty the future would bring, what truly occupied my fantasies during those shifts was the promise of an idyllic life with the woman I love. Her name is Shaina.

Shaina and I met at the beginning of our freshman year in 2013. Almost seven years later, we have formed a relationship that only grows stronger. We have braved life's challenges through togetherness, commitment and, of course, an immeasurable amount of love.

Shaina is now settled into the grown-up work world, as are many of our friends. She would say that I have also moved on to bigger and better things as a medical student, but I often felt trapped in a holding pattern. Buried by my classes and assignments, I worried; what if this feeling of extended adolescence would never end?

Thirty seconds after being asked to consider the very trajectory of my life, it hit me. I wanted so badly to marry the woman I love. My fear, it seemed, had overwhelmed those long-ago ambulance daydreams. I was again in a time of transition. However, the future that I wanted was no longer out

of reach. It was time that I started living my life on my own terms.

Shaken from my contemplation, I was ready to answer the day's question. I was afraid of uncertainty: What type of medicine would I practice? Where would I live? When would I feel like an adult? I had grappled with these questions for so long, but I was finally coming to realize something that I should have seen all along: I have not walked alone on my path. Shaina has been right there with me. Acknowledging this in front of my classmates, I felt liberated.

Soon after, Shaina and I were hand in hand on a date to an outdoor sculpture garden. My other hand clutched the diamond ring in my pocket. As we watched the sun settle onto the horizon, I asked Shaina to marry me. I was no longer afraid.

Peter Leistikow is a second-year medical student at the Zucker School of Medicine at Hofstra/Northwell. As the SOM managing editor for Narrateur 2020, he has helped curate this year's submissions.

Last Words

A woman in her fifties arrives at the emergency room with the flu. She is treated and sent home. She returns and is again treated and sent home. Now, on her third visit, she is much sicker, her condition deteriorating by the minute. Two hours pass and she can hardly breathe. I explain to her that she needs a respirator. She begs me to wait until her family arrives. But it is midday and all are at work.

“I want to see them before you put me on the respirator,” she whispers. “Please.” We again reach out to the family, but they still have not arrived when her condition becomes critical and we can wait no longer. Her last words are spoken to me: “Please tell them that I tried to do everything.”

Now on life support, she drifts off. Two days later, she is gone.

There are the eyes. They stare at you. There is fear. The patient is thinking that those may have been his or her last words. Some are right. I hold this secret in my hands as we thread a plastic tube down a nose or mouth to help the patient breathe. It is time to intubate.

The burden of being witness to these last words weighs heavy on me. I struggle with comforting patients while helping them to understand that they are very ill and that these may be their last waking moments. I understand that no good may come from this knowledge, but I know that in those moments they should be given the freedom that comes with honesty. It is a sacred time between us. Even amidst the chaos, I try to preserve it as much as possible.

I remember a patient dying of AIDS who wanted so badly to see his partner before being tethered to life support. His partner was on his way, but it was a two-hour drive. The patient knew there was no time, asked for a pen and paper and then scribbled out a love letter. We cried as he was reading it aloud, weak and scared but determined to make his last words heard.

I go home and think about the words before intubation, never truly knowing whether the patient will pull through. When patients pass away, I think about them even more.

Both of these patients died without their loved ones present to hear their last words.

Critical care medicine gives you the opportunity to connect with patients and their families at the very worst moments of their lives. Often I go from zero to ninety miles per hour with families within minutes of meeting them. It is an art to win their trust in such a short amount of time. The secrets, I find, are eye contact and brutal honesty.

This connection with patients and their loved ones is a privilege and a burden. As a critical care physician, I don't get the luxury of knowing them well. I often have only a few hours, sometimes only minutes, to win their trust. I must help them to make the hardest decisions of their lives. As they are losing their ability to breathe on their own, I begin a direct and uncomfortable conversation about life and death. You would think that over time it would get easier to have these discussions. It does not.

Mangala Narasimhan, DO, is regional director of critical care medicine at Northwell Health.

Testing Death

Amira is dead. A brain death exam has been done, and my attending and I have been called to perform the necessary second and final exam. This is my first brain death exam in my role as a child neurology resident.

My attending and I walk solemnly into the pediatric ICU. Upon arrival at her room, Amira's father greets me. We had a close relationship, as I had taken care of Amira many times throughout my first few years of residency. I was there when her heart stopped the first time. I was there when she had to be trached. I was there when her arms would not stop flailing. I was there when she giggled at the cartoon on the iPad that was propped up in front of her. And I am here now.

A faint smile of support for Amira's mother and father crosses my lips before being replaced by a more somber expression. Others are in the room, too. The women here are wearing head scarves and whispering quietly to each other. Many of them have spent days traveling to get here; some came from other countries. After a protracted but ultimately futile struggle to survive, Amira had another cardiac arrest. This time, her brain did not recover. It is the general expectation that the neurology team will perform a brain death exam that will declare her time of death.

The parents have made arrangements for a funeral tomorrow.

Methodically gathering my materials, I feel the eyes of the family on my back. The room is so quiet now, filled only by the beeping of the heart monitor and the crescendo-decrescendo of the ventilator as it fills, then empties, Amira's lungs. The air is paper thin. I brought a cup of ice water with me, and I fill two empty syringes. I open up a package of sterile Q-Tips and lay them on the bedside cabinet next to this beautiful, lifeless child.

Amira looks peacefully asleep, her chest rising and falling to the rhythm set by the machine. I reflexively smile, noticing that her cheeks have become chubby since the last time I saw her. Probably from all those steroids. I stroke her hair and speak some soft words that I know she will never hear.

Flicking my ophthalmoscope on, I open her eyelids and shine

a light in her eyes. Her stare is glassy; her pupils refuse to register the light. I move her head up and down; she gazes straight ahead. I stroke the whites of her eyes with the end of a Q-Tip; she doesn't blink. I place a suction device through her tracheostomy; she doesn't resist or cough from irritation.

Finally, I place 50cc of ice water in her right ear and watch her eyes. Are her pupils getting bigger? It is so hard to tell. I keep staring, trying to make sense of what I think I see. Some movement? It looks as if her eyes are moving toward me. This is not supposed to happen.

I look over to my attending. He looks back and frowns. He moves to the other side of the bed and inserts a syringe of ice water into Amira's left ear. Again, there it is — a slow but definite movement of her eyes toward him. He removes the syringe, and I pat down Amira's hair, which has become soaked with cold water. My attending motions with his eyes, and I understand his silent instruction.

Collecting the empty syringes, we step out of the room. We head over to the PICU attending and explain what we saw. Based on our examination, we can't declare Amira brain dead. At this, the PICU attending becomes visibly upset. She has worked closely with this family for the last few days, really the last few years, to get them to this point of acceptance. She spent hours at the patient's bedside comforting the parents in their time of need and knows this news will distress them even more.

The PICU attending pleads with us; she cannot understand why we are prolonging the parents' suffering based on a single examination finding that we all know is not clinically relevant. Amira is dead. She knows it, I know it, my attending knows it. But according to the brain death criteria we have, she is not.

This is devastating on so many counts. The parents are grieving the loss of their child and have summoned relatives and made funeral arrangements and prayed to their God to take their child to her resting place. Their religion does not allow them to withdraw care. They are depending on us to declare her brain dead today.

There was relief and comfort in the knowledge that the decision was out of their hands. Now, I will go in and tell them otherwise and disrupt the peace and plans that they have made. If only I had not seen her eyes move... but their little girl's brainstem is holding on.

It is only a matter of time until those neurons give up their efforts and stop firing, but time is not something the family want. They said their goodbyes. They came to terms with the situation. They made the calls. Their relatives are here. They are ready.

I am miserable. I feel I am failing this family. It would be an act of mercy to ignore that infinitesimal deviation of her eyes. I wanted to give this family closure but I couldn't. Didn't I swear to do no harm? But what is more harmful here? After I deliver my news, I walk off the PICU without providing them what they truly want: peace.

Maria El-Hallal is a child neurology resident at CCMC. She completed a concentration in the medical humanities at her medical school (UT Houston Medical School) and founded the residency-wide book club Les Résidents Misérables during her intern year.

Waves

They say it arrives in waves
Coming only briefly ashore
Before returning from whence it came.
Surely, it ebbs and it flows
Briefly yet effortlessly captivating.
At other times it comes crashing in
With a seemingly innocuous cue
Brashly
Without warning
On its own whim
With its own impetus.
In my eyes, it is more akin to a storm —
Turning cloudless and sunny skies
Gray
Ravaging with its gale-force winds
Before yielding to fleeting tranquility,
Leaving me wondering
Why I hadn't checked
The forecast for the day.
When grief comes,
It unsettles,
It unnerves,
It undermines
The fragile facade
Under which I have sought shelter.
And so I sit
And I wait,
Riding out the onslaught
With nothing but heavy thoughts
In my company,
While praying for more
Than just the eye of the storm
Before it, too,
Washes away.

Tommy Nguyen is a third-year medical student at the Zucker School of Medicine at Hofstra/Northwell and loves cooking, exercising and spending time with friends and family.

Dad's Journey

A little girl, I am running on the hot sand, hoping to get to the shoreline quickly to cool my feet. My daddy is setting up our beach umbrella and my mom is spreading out the blanket and smoothing lotion on our bodies like icing on a cake. When she's done, we grab our Styrofoam boards and head into the surf.



We are a beach family and stay way longer than most. At 6:00 p.m., my dad says: "The best time of the day." He was always right about that. He was always right about so many things.

He gently guided and protected me as he taught me to ride a bike: "Don't worry," he would say. "Once you learn, you'll never forget!" He patiently instructed me when I was learning to drive: "It seems like the steering wheel should be in the middle of the dashboard, right?" His voice was always reassuring and encouraging: "Don't worry, once you learn, you'll never forget!" When he walked me down the aisle on my wedding day, his brilliant, reassuring smile keeping me focused and calm.

With Dad on my side, all was well with the world.

Ten years have passed since my dad's death, and though reflecting upon the circumstances was a painful process, I want to share his story.

In his early years, my dad was athletic and active and worked hard to provide for us. He went on to have a successful and happy career in law enforcement. At retirement, unfortunately, the ground under this gentle giant of a man shifted.

First, a heart attack that required stents. Then, prostate cancer and weeks of radiation. Through it all he was upbeat. He was not one to be rattled, even in an operating room.

For years, he would return to the clinic for a monthly injection of Zoladex. It worked until it didn't, and then by his fifth year, his PSA levels were climbing again. Still, it was Dad's heart issues that were always our greatest concern.

As time went by, the list of his daily meds grew longer with

each doctor's visit. Congestive heart failure and renal problems were his constant, unwanted companions. There were more hospitalizations than annual holidays.

Dad's continuing heart problems required surgeons to implant an ICD. It fired several months after it was inserted, presumably saving his life. A year later it misfired multiple times, shocking him, a malfunction caused by a fractured lead. Dad got through the ordeal, and, undaunted by the frightening experience, he agreed to have an upgraded device implanted.

Sadly, the onslaught continued. Dad was having severe pain, and his doctors ordered a bone scan to find the cause. The cancer had spread. More radiation provided some pain relief.

My years as an oncology nurse served as a double-edged sword. I wanted to scream. Now, it was too personal.

Pain control became my primary focus. I wanted to make certain that he was as comfortable as medicine could make him. My "nurse" brain was in overdrive, blaming the ICD incident for accelerating my dad's prostate disease, while my "daughter" brain kept pace with a large dose of optimism. What could keep this guy down? I prayed for a miracle.

As a family, we made the decision to have hospice at home. Dad struggled to process what was happening. In his career, and as the heart of this family, he was always in control. Now, he was in a vortex and couldn't catch a break. He was in hospice for two months. He woke up one morning startled. He said that he had died and wondered why he was still here.

We prayed together. Dad asked us to call a priest. We prayed more. He said he felt so lucky to have a second chance, no matter how much time. Those rallying days were precious for all of us. His weakened bones didn't stop him from getting to the living room and taking stock of life from his favorite chair. He was even eating more. Most of the eighteen medications he had been taking were stopped; the remaining pain and anxiety medicines sustained him. He greeted friends and family, told stories and spoke from his heart. He had a lot he wanted to say.

Each night, he would say, “So long,” to my mom, just in case. I slept at my parents’ house to help. One night, I heard dad talking in his sleep: “But I do not want to leave my beautiful family. . . .” He was bargaining with God.

Each day, he would look at us and say, “But I am still here . . . why?” We talked a lot, and nothing was left unsaid. We had a rare opportunity to say goodbye to our remarkable patriarch.

Four days before he passed, and the one day I was not around, he became delirious and reverted to his days as a beat cop. They call it terminal delirium. He became hostile toward my mother and sister and was literally interrogating them as if they had committed a crime. He was belligerent and ultimately shimmied himself out of his hospital bed and onto the floor. There was no choice but to call an ambulance for help. Dad ultimately ended up having a brief ER visit and a transfer to an inpatient hospice facility.

My sister and I stayed in dad’s hospice room. We were so grateful for this. I remember the painful irony of briefly getting lost staring at the television screen, only to turn around and find dad propped up in his hospice bed in a semicomatose state. As a nurse, I had seen this look too many times before.

The night Dad passed, my sister was at his bedside. She later told me that as she watched him, he opened one eye. At eighty, he was taking one last look around before his final breath. I am glad he was able to gaze upon my sister’s beautiful face before he left us.

My dad’s death had a profound effect on me. With all of his ailments, he died just thirteen days shy of his eighty-first birthday. I suppose it was a miracle to have had him with us for as long as we did, but still, I was selfish and wanted more time. I felt forever changed and found that I needed to step out of my life for a short period to allow myself to heal. The process was slow, but I was fortunate to be surrounded by understanding friends and colleagues.

Those of you who have cared for a parent at the end of life as I did will relate to my story. I am in many ways stronger now, but the little girl in me sometimes longs to see, talk to and hug my

dad! He was always proud that I had chosen nursing as my path. His passing heightened my sensitivity toward those who have lost a parent. His final gift: wisdom bequeathed by someone who was always right about so many things.

With Dad on my side, all is well with the world.

Rosanne Little, MSN, RN-BC, is a clinical informatics specialist for the office of the chief information officer at Northwell Health.



Pray...Hope...Dreams...Peace... Solidarity...Healing...Memories...Stories

Alice Fornari, EdD, RDN, is professor of science education, occupational health and family medicine at the Zucker School of Medicine at Hofstra/Northwell and is associate dean of educational skills development and vice president of faculty development at Northwell Health. She oversees the medical humanities curriculum across the continuum of medical education to ensure that the art of medicine is in balance with the science of medicine.

The White Coat Revisited

The first of July has come and gone. A new group of house officers have donned their new long white coats for the first time. While their focus is undoubtedly on preparing to care for patients, they will soon learn of the many other responsibilities that come along, ones only those with grayer hairs and years of experience can attest to. With that said, I share my story. It is about my brother and not a happy one, but one that needs to be told.

There's a moment I cannot escape. It's a moment of total happiness, just before everything changed. February 28, 2015. Driving home on a beautiful pre-spring day, taking a slow curve on the parkway, I was reminded of the renewal about to happen. There were buds just hinting to emerge; a distinct smell in the air. I had left work early, and as I drove, my mind was filled with all things positive. I was thinking about loving my job and looking forward to an evening with the people who mean the most to me: my four kids. As I walked through my front door, I was pleasantly surprised that at just around 4:00 p.m. they were all there. Then, in an instant, everything changed.

The phone rang. It was my sister-in-law. I reached for it eagerly, filled with the afternoon glow that I was experiencing.

"What's up? How's it going?"

The response should have been benign: "Everything is good. I just called to say hello."

But instead, she spoke the truth: "He is gone." My brother's hell had ended, and ours had just begun.

The hours that followed are a blur. I remember very little other than a scream from deep inside: "No! No!" as if the louder I yelled, the more likely I would be to erase the words and bring him back.

From that moment forward, all time has been prefaced with "after," all moments marred. Lost is the ability to find pleasure in even brief carefree moments. Instead, our moments are now filled with the darkness of living with unanswerable questions.

I could try to convey what that has been like, but it's bleak. There's a wife without a husband, children without a father, parents

without a son, sisters without a brother and patients without their doctor. And though life has moved forward, in many ways and for many people, it froze that day.

But rather than looking forward, it's more instructive to look back. What transpired that afternoon began many years earlier. The details are largely unknown and unfortunately lost forever, but I imagine they started when he was in residency training.

Flashback to 2003. Life for a house officer is extraordinarily demanding. Days and nights are long; pressure is high as medical students transform into physicians responsible for the lives of others. In that setting, self-care is a low priority and definitely on the bottom of the "scut" list. I imagine he was feeling ill at ease, though he was likely unsure of what was plaguing him.

What were his choices for ameliorating these feelings at the time? Take a day off from work? Not acceptable in most programs. Talk to family? Confide in a friend? These were possibilities, but not really his personality as he had tended to work out issues on his own since he was a child. Go to his program director? In the world of medicine, expressing feelings of anxiety or depression remains a huge challenge.

So when faced with these questions without answers, I think he made the most difficult decision of his life: He took a pill. I imagine him staring at that pill for a long time, wondering if it was the right decision. I wish, truly wish, there were a way for him to see that the single act of taking that pill would change everything.

Waking the next day, he must have felt better and more equipped to cope. The pill must have soothed whatever was bothering him — anxiety, depression, fatigue, self-doubt. I will never know why he made the decision to take the first pill, but I do believe that the second pill was just a little easier to take, and the third a little easier than the second. I imagine that after a while taking pills became his routine. Whatever underlying disorder existed was hidden from the outside world, and life went on. From an outsider's perspective, my brother succeeded in so many ways, becoming boarded in numerous specialties, building an extremely

successful practice and achieving all that comes along with success — money, accolades, travel — along with marriage and children. He kept his demons hidden from the world. I often wonder: Were they hidden from him? When he woke at night, did he struggle with what he was doing? Did he want to stop? Did he ever try?

Fast forward to 2014: The house of cards that my brother had built began to topple. He found himself unraveling. He sought help, but it was a little too little, a little too late. On February 28, 2015, his life came to an end. Was it intentional? Was it a cry for help? Was it an accident? I will never know.

Why am I sharing his story?

Simply put: He cannot. He cannot be the person to say that all of this was happening in plain sight. He cannot be the person to say that he wished someone had approached him to say, “You’re not yourself. What’s going on?” He cannot be the person to change an environment to one that embraces taking a day for oneself. He cannot help people as a doctor any more, but his story can. So I share it with our community in the hope that it will be remembered every time the white coat is worn. I hope it is the reminder to ask for help or to turn to a colleague to check in. It is as much the responsibility of the white coat as caring for patients is.

“I need help.”

“You are not yourself. How can I help?”

We should never shy away from this simple yet powerful four-letter word: *help*.

Is this the answer to what plagues medicine today? Will this prevent or mitigate physician suicide? I don’t know, but it is surely a start. So too is the conversation — begin talking, begin asking questions. We are taught that the way to make a diagnosis is to ask questions; inquiry cannot stop with patients. Ask questions to understand, ask questions to connect, ask questions to prevent this from becoming anyone else’s story.

Judith M. Brenner, MD, is an associate dean of curricular integration and assessment at the Zucker School of Medicine at Hofstra/Northwell.



A Lifetime of Changes

Razia Jayman-Aristide, MD, is assistant director of ambulatory clerkships at the Zucker School of Medicine at Hofstra/Northwell and is a hospitalist at Southside Hospital/Northwell Internal Medicine. This was taken in Landstuhl, Germany. She says of her photo: "The various levels and changes in color just seemed so beautiful. It reminds me of the changes we endure in life, and though we feel beaten and battered sometimes, the overall scenery is just beautiful."

Submissions

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



FRONT COVER

In Memory Cassandra Gross

Cassandra Gross is a third-year medical student at the Zucker School of Medicine at Hofstra/Northwell. She grew up in Florida and came north for school. Her time spent abroad in China and Taiwan fed her interest in holistic and alternative health care. Her story appears on page 38.



BACK COVER

Loss for Words Tanim Jain

Tanim Jain is a fourth-year medical student at the Zucker School of Medicine at Hofstra/Northwell. "Loss for Words" was created using gouache on paper. This piece attempts to capture a moment of connection between a patient and his or her provider, a moment in which words fail but empathy is conveyed through the simplest of gestures.

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