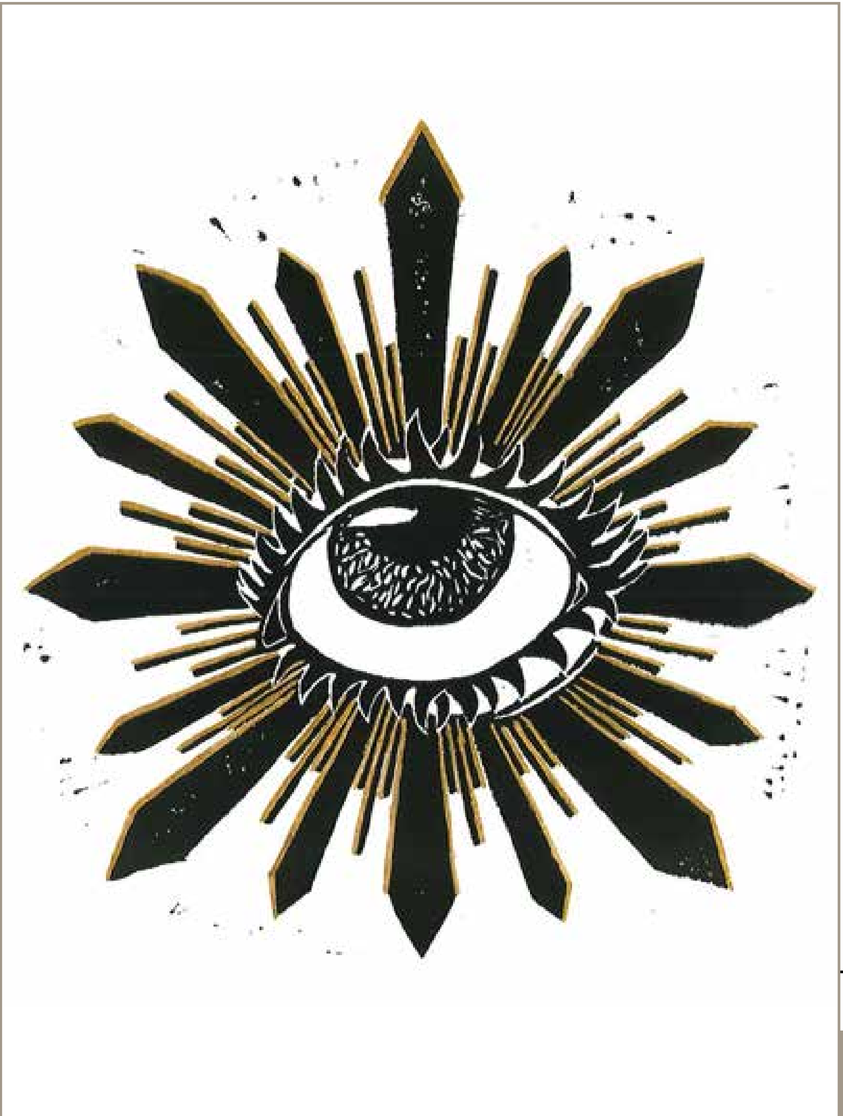
Dedicated with deepest appreciation
to Dr. Lawrence Smith:
Physician, founding Dean,
visionary, humanist,
and inspiration to us all.

Narrateur
THE DONALD AND BARBARA ZUCKER
SCHOOL OF MEDICINE AT HOFSTRA/NORTHWELL
ART & LITERARY REVIEW
ISSUE TWELVE 2023

Narrateur

REFLECTIONS ON CARING



THE DONALD AND BARBARA ZUCKER
SCHOOL OF MEDICINE
AT HOFSTRA/NORTHWELL
ART & LITERARY REVIEW
ISSUE TWELVE 2023

Narrateur

REFLECTIONS ON CARING

CO-EDITORS IN CHIEF

Katie Tam
Khush Patel

SECTION LEADERS

Nirupa Galagedera	Art Director
Stephanie Williams	Poetry Section Editor
Kristen John	Nonfiction Section Editor
Jessica Sheng	Art & Photography Editor
Catherine Hou	Fiction Section Editor

Nonfiction Editors

Annelise Bui
Carolyn Habiger
Robert Chang
Saira Khan

Poetry Editors

Dylan Cooper
Jacob Stone
Marvin Ho
Matthew Saleem
Saman Suleman
Trey Keel
Yunwei (June) Xia

Fiction Editors

Arany Uthayakumar
Bedir Alihsan
Brian Jung
Dee Luo

Art & Photography Editors

Brooke Milosh
Eric Kang
Jared Bassmann
Liam McGuirk
Tanzim Bhuiya

Faculty Advisors

Dr. Michael Grosso
Dr. Eric Last

Oversight Advisors

Dr. Taranjeet Kalra Ahuja
Dr. Ellen Pearlman

Content Expert

David Reich-Hale

Designer

Wayne McLean

Table of Contents

NONFICTION

12 Thank You, Mrs. S *David Battinelli*

16 Physicians and Patients —
Reflections on Identity, Ethos and Joy *Michael Grosso*

24 Finding Resilience and Purpose *Sona Dave*

42 Everyone Needs a Friend Like Betty *Maria Torroella Carney*

46 Hoping *Eric Last*

66 *Te Echo de Menos* (I Miss You) *Steven Parra*

68 Do You Have ITT? *Robert I. Gluck*

73 SURG B Critical Care Outpost *Tunisa Riggins*

76 Darla *Rida Javaid*

79 Tapping into Uncertainty *Ethna Dempsey Lay*

83 The Existence of God – FRANK'S PIZZA
– God Pays Up *James B Naidich*

94 Observation on Fishing *Michelle Zhong*

102 Lost over Time *Suhail Shah*

108 A Good Run *Lorraine Mesagna*

FICTION

29 One Less *Douglas Krohn*

54 All the Hours Left *Dominick Guerrero*

88 The Astronaut and the Turkish Eyes *Jorge D. Nieves*

ART

15	Every Relationship That You've Ever Been In	*Nicole Marino*
23	Are We Back Yet? (I)	*Amanda Lastella*
64	Glimpse of Beauty in a Dark World	*Rosemary Bassey*
78	Melancholia	*Ramona Rajapakse*
95	Are We Back Yet? (III)	*Amanda Lastella*

PHOTOGRAPHY

19	Cacti Burst	*Alan Sloyer*
28	After the Storm	*Joshua D. Segal*
38	Wrinkles II	*Ritu Shah*
41	Tree Pose in Vogue	*Ritu Shah*
44	Bicycle Art	*Zerryl Bernard*
50	Wellness on Water	*Mary Rose Puthiyamadam*
53	Yosemite National Park	*Rebecca Suydam*
70	Fire Island Sunrise	*Alan Sloyer*
74	Waving from a Distance	*Stefanie Ma*
80	Coral Dahlia	*Alan Sloyer*
86	Morning Reflections	*Joshua D. Segal*
90	Bryce Canyon National Park	*Asma Iftikhar*
93	Majestic	*Zerryl Bernard*

96 Abandoned *Joshua D. Segal*
100 Our Swan Lake *Nirupa Galagedera*
104 California 1 *Christopher Gasparis*
107 Arches National Park *Asma Iftikhar*

POETRY

20 Soundbite Where Richard Sackler Is the Main Mule and the FDA Man Is the Dope Man and My Mother's PCP Is the Pill Lady *Yocheved Friedman*
26 In Gratitude to a Stranger *Ogaga Urhie*
40 The Match *Matthew Saleem*
51 In Defense of "Slab" *Yocheved Friedman*
63 Basic Life Support *John Scranton*
72 Bop: The Surgeon's Mask *Marvin Ho*
75 Failure *Frances Santiago-Schwarz*
82 What I Had to Learn on My Own
84 Blue Was My Favorite Color *Patrick Tierney*
98 I Dream Ahead *Ogaga Urhie*
106 The Last Time I Was *Joseph Weiner*

Front Cover: All Seeing *Shannon Knutson*

"This piece was made by linocut which is a form of printmaking. The reverse of the image was carved into a piece of linoleum, then used as an ink stamp, and gold paint was added to accent and highlight."

Shannon Knutson, MS, is an Instructor of Anatomy and Science Education at the Zucker School of Medicine. They have been making art their whole life and have always enjoyed trying new media and techniques.

Back Cover: I Wonder If the Audience Is Rooting for Us *Nicole Marino*

"If your life was a TV show, which of your romantic relationships would the audience root for? The right choice is usually obvious from an outside perspective."

Nicole Marino, PA-C, is a surgical PA, artist, and unicyclist. She creates surreal medical art in paint, pen, pencil, digitally, and with clay. She finds inspiration in the operating room at 3:00 am, on her unicycle, and by accident. She also loves hiking, sketching while traveling, and sleeping for 12 hours straight. Her work can be found at nicoolers.com.

Letter from the Co-Editors in Chief

Storytelling is the cornerstone of our human experience. We have passed down our histories, entertained ourselves when we needed relief or distraction, and learned to understand each other more, all through stories. It's the forum we use to express ourselves in ways a simple conversation cannot. Over the past several years, healthcare workers have faced tremendous ordeals that haven't always been easy to talk about. As Maya Angelou wrote in her first autobiography, "There is no greater agony than bearing an untold story inside you." Our goal with *Narrateur* is to be a public square, a place to share stories, allowing us to ease our agony while continuing our human tradition.

This 12th issue of *Narrateur* is the second to be completely run by the medical students at the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell. Last year, we aimed to bring a unique perspective into the journal–that of physicians-in-training. As students, we are in an incredibly pivotal moment in our budding careers, learning and growing tremendously over the course of just a few years and having many "firsts" in medicine. We aspired this year to continue highlighting some of these first experiences and how they have shaped outlooks on healthcare and compassion.

It has been an honor to host so many fantastic contributions from various healthcare professionals across the Northwell Health System and from Hofstra University. In the next entry, you will read a piece from Northwell's Physician in Chief and the Dean of the Zucker School of Medicine, Dr. David Battinelli, followed by a letter from one of our Co-Editors in Chief, Katie Tam, who will introduce the contributions that make up this 12th edition of *Narrateur*.

Khush Patel, Co-Editor in Chief

Reflections on *Narrateur*

It was over 12 years ago, when our school was in its nascent form, that a group of insightful and inspired faculty put forth the idea that we should have a literary journal. They noted that several other academic medical centers had pioneered projects with various forms of writing and artwork to express and foster humanism in medicine. These faculty members felt a literary journal was an important opportunity to demonstrate our commitment to our values and support the professional development of our students and faculty. As our curriculum was taking shape and our values were being finalized, we embraced the importance of reflection in learning for the unique community of learners we envisioned; so we jumped at the idea of a journal. The necessary energy was already present, and the involvement and contributions of students, faculty, and other caregivers seemed already in motion.

I remember vividly the day a few members of the faculty leading this effort came into Dr. Lawrence Smith's office where he and I were chatting and told us they had settled on the name *Narrateur*–French for a person who tells a story. They asked our opinion on how we might better express the theme of *Narrateur*. It took only a few minutes to settle on "reflections on caring." That seemed the obvious best way to tell our story: that caring is something all providers share. We were thrilled that our contributors were a mix of nurses, doctors, students, and others, all sharing incredibly touching, creative, and impactful expressions of caring and humanism.

The theme of reflections on caring especially resonated for me as I had spent 25 years in Boston after I completed medical school in an office in the Peabody Building at the Boston City Hospital. Francis Weld Peabody was one of the most gifted teachers and clinicians on the Harvard medical service at the Boston City Hospital, known for his scientific work on polio and typhoid fever. But perhaps he was best remembered for his address to the Harvard medical school graduating class in 1926. Although he

himself was dying from a malignancy at age 47, there he echoed what has become the definitive statement on the care of the patient. He told them, “The secret of the care of the patient is in caring for the patient.”

As we embark on a process to renew our curriculum and reflect on our journey, we strive not only to see beyond the horizon and prepare for what will be, but equally importantly we must seek to preserve the foundation of our successes and remain true to our values. *Narrateur* has helped us embrace the humanities, promote caring and compassion, and ensure that each and every one of our students and colleagues has the opportunity to contribute to our learning community. We should all be thankful and proud of this effort to reflect and support each other as we continue to grow and thrive as professionals and caring providers. As I embark on my new role as Dean, I want to assure you that we will continue to support, nurture, and grow *Narrateur*. It represents our effort to keep Peabody’s secret alive.

David Battinelli, MD
Dean, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell
Betsey Cushing Whitney Professor of Medicine
Physician in Chief, Northwell Health

Dear Reader,

It's been more than three years now since the start of the COVID-19 pandemic—a pandemic that has waxed and waned in our consciousness but has remained ever-present. And it is by no means over—as I write this, the average daily deaths from the coronavirus still number around 500. But for most of us, the situation we're in now is much better than the one we were in in the spring of 2020. We have multiple safe and effective vaccines. We have drug treatments. We know so much more about the proteins and genome and inner workings of a virus that has devastated the globe.

Yet, the pandemic has left lasting scars—particularly for those in the healthcare field who cared for patients on the front lines in those early days. Doctors, nurses, respiratory therapists, and more are left with memories of those they tried to save, those who left us suddenly and much too soon. Reflected in the pages of this issue of *Narrateur* are the moments seared into their minds the most: patients alone in their hospital rooms, confined to speak with their loved ones through the screen of an iPad. Colleagues in face masks, rushing from code to code. The crushing sounds of a mechanical ventilator. The ICU nurse who falls sick and who begs, with searching eyes, "I'm scared, doctor. Please help me. I don't want to die."

COVID-19 came crashing like a wave, a tsunami. It was sudden and — except for the warnings of a few prophetic virologists — unexpected. In its wake, though, is another kind of tragedy that needs to be reckoned with. It's a tragedy that happened every day before the pandemic, and one that will continue to happen every day after it's over. It's a tragedy that we—especially in the healthcare field—should expect: the decline and death of the elderly and those who have been ill for years.

Even I, as a second-year medical student, should have expected it. It started last spring with a text from my dad. My grandpa was having some trouble breathing and had swelling in his lower legs—or as I learned to call it, dyspnea and peripheral edema. Does

yeye have any chest pain? Is he warm or cold? How many pillows is he using? I texted back, already using what I had learned just a week ago from the heart failure specialist who came to give us a lecture. On that morning, the specialist showed us a graph that I would think about many times in the months to come. It was a graph that showed the course of heart failure, plotting patient functioning over time. Starting from the upper left corner, the curve had several peaks and troughs but traveled in a single direction: down. The line wasn't labeled, but it was clear what the final point was meant to represent.

My dad took my grandpa to see a cardiologist, who prescribed him Entresto. Within a couple weeks, he was doing better. Going to the bathroom a lot, my dad said. But doing better. When I visited my grandparents at their home in Queens, I saw my *yeye* doing the things he usually did: pacing around his room with a back scratcher in hand, playing around with his iPhone, peeling his daily orange (even though he insisted to me that these days, the oranges just weren't as sweet any more). Yes, he was weaker than before. But on the graph of heart failure, he was at a relative maximum, one of the peaks.

The trough came last November. My dad gave me the report over the phone: *yeye* was having trouble walking. He needed help taking a shower. And he couldn't control when he went to the bathroom—what I learned to call urinary and fecal incontinence. My grandma was hand-feeding him congee, but he had little appetite. When I saw him just before Thanksgiving, he looked so small, frail, shriveled even, lying on his bed. I rolled him over on his side while my dad changed the absorbent pad under his thin legs.

It was an outcome I should have expected. After all, it was a graph that only went downward, and my grandpa was in his late 80s. He already had, as Dr. Lorraine Mesagna writes in these pages, a "good run." But as Dr. Mesagna also says, no matter how long, or good, or great the run may be—it is never enough. It is perhaps this feeling that makes the expected decline no less shocking or painful than the sudden one.

And it is perhaps this feeling that keeps us holding on to hope. Hope, as Dr. Eric Last writes, also in these pages, "acknowledges that there are things that can be done to make things better." I still

had, and have, hope. It turned out that for my *yeye*, there were more peaks to be had. On Lunar New Year in February, we helped him walk out of his room to the dining room table. He sat with us as we ate hot pot, the boiling water making the vegetables and meat soft enough for him to chew with the teeth he had left. I plopped pieces of pumpkin into the pot—what appeared to be his new favorite now that he couldn't eat oranges.

I hope that there will be many more of these moments together with my grandpa, as those who care for patients hope that they, no matter how old or sick, will get better. When everything that can be done has been done, though—when the COVID-19 patient has been stuck with every tube and needle, when the cancer patient has received every type of chemotherapy, when the heart failure patient has reached the bottom right corner of the graph—what remains of hope? Dr. Last tells us that it's still there. It's just turned into something different. "It transforms into hope for peace, for understanding, for freedom from pain and suffering. Not just hope for more time in this physical world but hope for time to reflect and to heal." Writing this has helped me to reflect and heal in a small way. I hope that reading the pieces in this issue of *Narrateur* helps you do the same.

Sincerely,

Katie Tam
Co-Editor in Chief

Thank You, Mrs. S

It was a hot and humid day in late June, and I was dressed in my hospital white pants and short-sleeved scrub top — it was way too hot to wear my short white coat, as this hospital had no air conditioning — on my first day of internship about 40 years ago. I was pretty sure that I was prepared to be an intern, and anxious to begin the next step in my medical education. That journey proved to be an amazing experience. I was challenged in more ways than I had ever dreamed of and learned how to respond to every imaginable acute care medical (and even surgical) issue. After three grueling years, I emerged with, as the saying goes, "the guts of a cat burglar"— a not-so-polite way of saying that very little scared me.

After my residency and chief residency, I made the big leap into my own practice, spending the majority of my time in the outpatient clinics and, at times, on the inpatient service following my patients who were admitted. I quickly learned that the guts of a cat burglar which I so treasured would be useless! For the first real time I was entering an entirely different paradigm. These were my patients, and I was about to learn an endless stream of important lessons in patient care. It was not only all about the ambulatory and continuity facets of medicine that were not a big part of my previous training, but about the real lessons of how to adapt all that I had learned to each and every patient. Previously, it was like learning about thousands of diseases seemingly attached to one patient. Now it was applying my learning to thousands of patients, and none were even remotely the same.

If that was not enough, I also needed to learn how to balance my professional identity as a physician with my emotions and discomfort, and my attachment to my patients. I needed to learn how to be not just a biologist of human disease but also a psychologist in human behavior, including my own. When I trained, I was surrounded by this mindset that taught me not to get too close to patients or I would soon be consumed by both empathy

and grief. I could not have been more misguided. Fortunately, I had other colleagues who helped me with my discomfort and helped me learn how to attempt (I don't think I ever got it just right) to balance biologist and psychologist. But my most important teachers were my patients. I formed such bonds with so many patients and was put in so many uncomfortable circumstances that even a cat burglar couldn't handle. There was plenty of learning!

It would be impossible to list all the lessons, but I am reminded of a few all the time and am always so grateful. I had cared for a husband and wife, Mr. and Mrs. S, who always scheduled their visits together. He had much more severe medical problems related to vascular disease, and I feared the day he would pass away, especially if he did not live long enough to see his beloved Red Sox finally win a pennant. He died peacefully at home in his sleep in the early 1990's, painfully close to the Sox loss in 1986 and many years before the Red Sox eventually won in 2004. He had waited over 80 years and it never happened.

I called his wife to express my condolences, we had a long, helpful talk and she asked if I would please attend his services. Although I had attended many funerals, mostly as an altar boy, and other times as a delivery boy for the family flower business, and the usual family instances, I was always uncomfortable. The funeral would be on a weekday and my busy schedule of patients was unaccommodating, but certainly, a visit to the wake at the funeral home one evening was possible. I vividly remember approaching the door to the funeral home and that feeling in the pit of my stomach. I did not want to be there, and I really didn't understand why. I was frozen at the door like standing on the edge of a high dive! I knew I wanted to pay my respects and Mrs. S had asked me to come, but what was my role? So many questions were crowding my already anxious mind. My cat burglar persona had turned into a scaredy cat. Let's leave it at that.

So I jumped — or rather opened the door — and fortunately it was one of the most rewarding and therapeutic things I have ever done for the family and for me. Everyone at the wake tried so hard to help me feel comfortable. To thank me for all the years

of caring. To assure me that I had done all I could. To tell me all the kind things Mr. S said about me and my staff. And likewise, I had the opportunity to tell them all the wonderful things Mr. S had told me about all of them and all the love, care, and pride they had provided for him over all the years he was ill. Most importantly my attitude and practice changed forever. Whenever possible, when a patient would die, I would try to attend some part of their services. It provided the closure I needed, showing the respect my patient deserved and making sure the family knew how important that person remained to them and me.

Having attended many services since then, I will acknowledge that some were more challenging than others, and that feeling in the pit of my stomach was there at every door, but I came to believe it was almost always the right thing to do. I even paid for a patient's service when the funeral home refused to honor the life insurance policy the family provided, because they were a poor family of color and were "not to be trusted." The family repaid me when the policy came through, and yes, I did give that funeral director an earful in person. It was despicable. There are so many stories regarding what I had learned by attending these services and I have Mrs. S to thank because she prompted my first experience. It may not be for everyone, but I am convinced that it helped me to be resilient, served as a source of fulfillment, and, most of all, taught me about caring for the patient.

David Battinelli, MD
Dean, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell
Betsey Cushing Whitney Professor of Medicine
Physician in Chief, Northwell Health

Every Relationship That You've Ever Been In

NICOLE MARINO

"What if every relationship that you've ever been in is someone slowly figuring out they didn't like you as much as they hoped they would." — James Acaster

"This James Acaster quote felt right as the title of this portrait of my dear friend. The brains are relationships and they're enclosed in plumb bobs (diamonds that float on top of Sims)."

Physicians and Patients — Reflections on Identity, Ethos and Joy

Twenty-four centuries separate us from Hippocrates. What threads connect us as physicians across that expanse of time and space? Do we know what is expected of us any more? How do we understand our relationship to our society, our culture, our community, and most importantly to the patient in the bed in this third decade of the 21st century?

There are reasons to worry about the integrity of the profession of Medicine, the place of our profession in contemporary society, and its future. For instance, if one wanted to erase a profession's sense of self, there would be no better place to start than by obscuring its name. What does it mean, for example, when the physician becomes a "provider"? The substitution seems harmless enough, and, after all, it serves as a useful shorthand to include all who can prescribe. Besides, the knowledge to diagnose, and the skill to treat, whether with the pill or the knife, are as easily associated with the provider as with the doctor.

But here is some of what is lost: The term "provider" — a term of art in the field of healthcare insurance — refers explicitly to a vendor of services. The relationship between provider and consumer is transactional. *Caveat emptor* applies. It connotes, in a moral sense, the exact opposite of the relationship between physician and patient. It is based not on trust, but on distrust. Its moral specifications are regulatory, and limited only by the laws of supply and demand, the contents of contracts, and the criminal law.

The expression "provider" in the profession of Medicine is like a houseguest that no one remembers inviting, who arrives at every meal, stays mostly to himself, eats the food, sleeps in a spare bedroom, and never leaves.

It is no better for our colleagues, members of other equally homogenized and de-identified fields — the nurse practitioner and the physician assistant. Each belongs to a profession with its own history and culture. These too must be honored and not effaced.

Here is another way to see it: Teams of providers now work in shifts, continuously surveilling the status of hospitalized patients. Sick persons body-surf across many, nearly anonymous and interchangeable hands. As a consequence, no one individual needs to feel more than a feather's weight of the sick person's burden. The provider operates under the influence of a moral anesthetic.

Though a worried person may declare his interest in finding a skilled and attentive physician, he is unlikely to announce his intention to go to the hospital to be treated by a legion of unknown and ever-changing providers.

Providers, but not physicians, are protected from the sharp-edged realities of illness and from the experience of the larger-than-life responsibility of protecting another individual's well being, and from the moral weight of hard decisions.

The provider, but not the physician, can shrug and move on after asking the "new admission" (an octogenarian who used to make wine in his cellar and still trims the rose bushes in the summer): "What would you like us to do if your heart stops?" — an inquiry made with the same demeanor as that of the dietician inquiring as to whether the patient prefers white toast or rye for tomorrow's breakfast.

It is not knowledge, or skill or experience that distinguishes providers from physicians. It is not what the Greeks would call *gnosis* or *praxis*, meaning knowledge or skill, but instead *ethos*.

What, then, is our essence, and what is conducive to a life of meaning in Medicine? Internist Rita Charon, founder of the field called Narrative Medicine, speaks of the poetry between physician and patient, the mysteries of intersubjectivity, and that vast domain "beyond the fixable, that doctors can learn to see — the complex, lived experience" of those persons (called patients, from the Latin, meaning "one who suffers") coming to us for help.

During the darkest days of the pandemic, we confronted the fixable and the vast domain beyond the fixable. There was exhaustion, fear, frustration, a dizzying pace, new roles, a torrent of information, trauma, sadness, death. At the same time, there was camaraderie, accomplishment, courage, commitment, purpose.

These were grounded not in metrics or productivity, not even sometimes in what we knew (because we knew so little) but in a million selfless acts, in going beyond ourselves, in being present for one another, for family members, for the dying, and for those who grieved. There were many physicians (and nurse practitioners and physician assistants) in the hospital at that time, but no providers.

Recently, I saw an interview with the Dalai Lama. He said that there is such a thing as foolish selfishness, as when we look for things, for cars or houses or prestige or money. Persons trapped in foolish selfishness transact with other persons to get whatever they can. This brings only emptiness, restlessness and more desires. But then there is a good selfishness, he said, as when we act for the benefit of others, out of compassion. This is also acting for ourselves, because it brings us joy. This may be the true thread that connects us to Hippocrates and all of those who were physicians in the intervening centuries. The Good physician (or nurse practitioner, or physician assistant) can come to know that kind of good selfishness, and in that way to know joy.

Michael Grosso, MD, is a General Pediatrician, former Medical Director, Clinical Ethicist and faculty member at the Zucker School of Medicine. He is interested in intersections among Ethics, medical communication and the Healthcare Humanities, and is hopeful that the newest members of our profession will revitalize the mutually reinforcing commitments to lifelong learning, compassionate care, and effacement of self-interest for the benefit of the patient, which are the basis of society's trust in the medical profession.

Cacti Burst

ALAN SLOYER

"I was surprised to find this lava cactus, which only grows in the archipelago of the Galapagos Islands, in the center of a large, stark lava field. Mother Nature does it again!"

Alan Sloyer, MD, FACG, FACP, is an Attending Gastroenterologist at North Shore University Hospital and St Francis Hospital. He also serves as an Associate Professor of Medicine at the Zucker School of Medicine.

Soundbite Where Richard Sackler Is the Main Mule and the FDA Man Is the Dope Man and My Mother's PCP Is the Pill Lady

Opium *Chocolate; Dream Gum; Dream Stick; Dreams; God's Medicine; Easing Powder.*

Chocolate *e.g.* when they found her body, her fists were still powdered with the rest of the *chocolate* she injected ten minutes earlier.

Maybe today it is easy to make out the cookers and the pushers when they're marked up in headlines and in the mouths of testimonial givers and on the outstretched bodies in Nan Goldin's photos.

But back then, before the dying and the coins passed between pocketed hands began to resemble round white capsules, maybe there was still a seeding of something good.

God's Medicine *e.g.* when the first round of reps set off to peddle their wares to doctors' offices throughout their districts, back when they might have still seen themselves as some sort of saviors, the men and women doing God's work. And maybe in the faculties of all people who shook hands with the devil, who threw dirt to cover the sightless eyes of the dead, there is forgiveness for those early days when they saw malignant limbs being healed and called it *God's Medicine.*

But they did not see the way the FDA man nodded to the main mule, as he waved him forward, the deliberate gesture of his hands, even after they knew about the dying, lingering with white powder on his fingertips.

Dream Stick / Dreams / Dream Gum *i.e* under the delicate fog of twilight, my mother shuffles over a cast-iron skillet of okra and tomatoes. The smell of the burning, green leaves will cling to my pajamas like the garlic flakes still stuck in my teeth. For many nights, I will *dream* the same *dream* of her hands shaking the white cloves into the steaming pan. Years later, I will wonder if that was the first time, when the shakiness began to settle in her body from the chronicity of palms pumping back pills twice a day and then four times and then in repetitive loops like a permanent scratching behind the eyes.

Maybe the body always knows when it is dying, fingers beginning to curl around the fibers of pretend thoughts, the mind placing shadows of dead relatives behind trees, skin breaking down into yellowing crusts that become a thousand crawling maggots gnawing at the elbows, itching beneath fingernails and bone. In the end, the body becomes restless, not from the dying, but from the knowing.

And maybe the knowing is the worst part, that somewhere in this city, Richard Sackler stood behind the glass windows overlooking the highways carrying his pills away, beyond the cemeteries and the leftover limbs when the people stopped needing their bodies to feel. And he knew and the FDA man in Washington knew and later, when it was too late and her hunger too strong, my mother also knew.

It is like watching a mass of swarming ants building a bridge of their bodies to invade a wasp nest. From afar, all you can see is the blurriness of limbs in constant motion, many arms smuggling eggs the shape of white, powdered tablets back to the colony, and there is a vague sense that everything is moving in one pulsing step forward and yet nothing is changing.

There is illusion in mass destruction when blame is broken into so many negligible pieces shared by too many that it is no longer truly tangible in the ways in which it can be cast in pointed fingers at faceless people. Slowly, it begins to dissipate into the green-gray milkiness of twilight with the sureness of dream and the transience of simmering okra.

Beneath the subliminal messaging of consciousness, I find myself thinking of the word:

“iatrogenic.”

From where it sits on top of office names, the white hallways of the buildings in Washington and right under her date of birth on the bottle where the pharmacist had inscribed the dosing instructions.

Easing Powder *i.e* when she sat on the Amherst wooden chairs, her fingers clutching the first script, her doctor promising that the pills would *ease* her pain in slow, steady increments. And then, under the half cast eye of a West Virginia sun, they *eased* her coffin into the rectangular hole and I picture her hands sifting fistfuls of dirt, making dark moon slivers beneath her nails. And I think of the sanctity and insignificance of forgiveness and the great hall I have been to at the Met that still bears the Sackler name and there is only weightlessness in my body, in the places where my mother once was.

Yocheved Friedman is a second-year medical student at the Zucker School of Medicine. She enjoys reading and writing poetry and hopes she will always find time to write no matter how busy life gets.

Are We Back Yet? (I)

AMANDA LASTELLA

"These works [see page 97] are part of a larger series called 'Are We Back Yet?,' a collection of ink drawings I used to reflect on and try to deal with my own underlying struggles with the far too recent pandemic. I often found that I had difficulty understanding what was happening around me and why things were the way they were; I found solace in producing images like these to illustrate the many thoughts and emotions I had during this time. While I struggled with the inability to do much to change the situation, I did find comfort in the fact that I could use my own artistic voice to confront the frustration I felt."

Amanda Lastella, MSEd, is a recent graduate of the Fine Arts Education master's program at Hofstra University. Through her personal experiences and watching those of others, she has recognized the influential role that the arts play, particularly when it comes to processing a range of potentially life-changing situations. She hopes to bring this realization to others through her work in education, introducing students to the healing power that the arts offer.

Finding Resilience and Purpose

Although we are moving past the pandemic, its long-lasting effects are seen in my daily practice of medicine. This is a piece I presented last year to the New York Chapter of the Society of Adolescent Health and Medicine.

Being redeployed was a surreal experience. I remember it vividly: the phone call from the chief of my division that I, the most junior attending in my division, was randomly chosen. I sat on the rocking chair in my one-year-old's room while I took that phone call. I hung up the phone and looked around at his things. Am I going to quarantine away from my baby and my three-year-old during redeployment? What if I get sick? What if I get my parents or husband or children sick? What if I die? I don't even have a will or life insurance. The rush of emotions was too much. With tears in my eyes and terror in my heart, I told my husband, who, like every other time in our lives when my career was demanding, rose to the occasion. He converted our family mud room into my decontamination room, and our guest room into my quarantine room.

Suddenly, I, a pediatrician, was reviewing slide sets on adult medicine. As if internal medicine residency could be replaced by a slide set. Death in pediatrics is devastating, but thankfully relatively rare. Redeployment orientation seemed to focus on one thing: establishing DNR/DNI directives, on the very first day, preferably in the first conversation. My first day on the adult floors, I unknowingly pre-rounded on a patient who had died earlier that morning. The next few days were a blur.

There are two patients I carry with me. One was an ICU nurse; she had a twinkle in her eye (the only part of her body I could really see through the multiple masks and the PPE). She reminded me of my mom in both age and presence. I knew we were limiting contact, but I held her hand. She looked at me and said, "I'm scared, doctor. Please help me. I don't want to die." My tears made it difficult to see through my face shield. She recovered. The second patient, another hospital worker, was a

kind gentleman who worked in environmental services at another institution. He was nervous, and the first day I met him through his oxygen face mask he made jokes about his kids. I was pretty sure he recognized through all my PPE that I was likely the age of one of his children. He was wise, and I sensed a calm in him because he knew what was coming. He died.

Now jump forward and I'm done. My redeployment was short and over. I now had a will and life insurance (thankfully I didn't need them). Do I celebrate? Do I mourn? How do I act normal when people talk about their annoyance with masks; school policies; or not being able to go out to dinner? I resort to smiling but feel isolated, smaller. We speak so much these days about physician burnout, but we do not speak about the intimacy we share with patients and their families. Broken homes and broken hearts, on both sides of the stethoscope. Emotions suppressed and things left unsaid. Carrying home grief and then smiling with your kids. The experience also left me with a deeper understanding about resilience and purpose. Reflecting, I know I still would have never chosen a different career. My patients (all of them – even the COVID ones I never thought I would take care of) give me continued purpose and give me strength.

Sona Dave, MD, is an Assistant Professor of Pediatrics at the Zucker School of Medicine. She serves as the Chief Medical Officer at the United States Merchant Marine Academy and as the President for the New York Chapter of the Society of Adolescent Health and Medicine. Her hobbies include a quarterly Long Island Physician Moms Book Club where she shares her passion for medicine and literature.

March 2020
Explaining Mommy being redeployed to a 1.5-year-old.

In Gratitude to a Stranger

In this room where the walls have arms,
The doors have eyes, desks have brains,
We approach afraid to even approach
Lest we see that the surgery failed
Lest we see Gramps' paraded corpse.

Dear god! We imagine the worst as,
With eyes closed and still asleep,
We do not see that his chest is moving
Until he coughs in his baritone voice,
A sound that even doves envy.

Should we touch him? Should we cry?
Should we laugh? Should we leave?
Frozen we stand, as if Medusa's head
Has magically appeared in that room
To stifle the joy tearing us apart.

Suddenly, someone seems to be talking;
A person dressed head to toe in blue
Who either has allergies or the damn flu
Judging by the mask he has on his neck –
I should tell him to see the doctor.

He tells us about Gramps' operation
During which there were no complications,
During which the blood in his brain
Was sucked out and whisked away
Where it cannot hurt anyone else.

He says Gramps will be himself again
But that they will monitor him further,
And then proceeds to say the craziest thing,
"Tell me what kind of person he is" –
The wax in my ears may be deceiving me.

Gramps now hobbles to reach the post office
As I keep the car running in this dead winter;
I think kindly about the man in blue that day
Whose letter of gratitude Gramps holds –
I hope he recovers from the flu.

Ogaga Urhie, MD MS, is a preliminary internal medicine resident with North Shore/LIJ who is pursuing diagnostic radiology. He is a graduate of West Virginia University and initially pursued neurosurgery. He has been passionate about the arts and humanities since undergrad and is interested in using them to augment the physician-patient relationship. He loves being outdoors and most of his poetry takes place in nature.

After the Storm

JOSHUA D. SEGAL

"This photo, taken in 2022 in Vermont, was a unique opportunity as the clouds were somewhat more stationary than the water. The extended exposure allowed me to display the clouds in both a realist and abstract context."

Joshua D. Segal, DDS, MD, MSEd, FACS, is the Program Director of Oral and Maxillofacial Surgery and Assistant Professor of Dental Medicine at the Zucker School of Medicine. He received his DDS and MD degrees from Stony Brook University and completed his residency training at North Shore/LIJ. He focuses mostly on landscape and portrait photography and enjoys creating images that explore alternate perspectives of everyday scenes.

One Less

The spring in Westchester is wet and muggy, though it follows a winter so bitter that its residents deny it. Barefoot walks through grass leave a stain of diluted ink on your soles or polluted baths in the webbing between your toes. Of course, that doesn't stop the locals: They still put out deck furniture the weekend before Memorial Day and plan outdoor weddings for June.

In Seth's first spring in the Hudson Valley — having moved his family from an Upper West Side Junior 4, where they stored luggage in the second shower — the county accumulated eight times the rain that Seattle did during the same period. A creek ran through Seth's backyard, hidden behind a row of arborvitae whose ferns swayed like shaggy mannequins. Approaching that year's solstice, the water level of the estuaries had reached such heights that some thin-legged waders sought refuge on the shallower stones of Rock Creek and Boulder Brook — waterways that, despite their names, were essentially public run-off from a municipal drain pipe, coursing behind the properties of bond traders and tax attorneys. Herons could no longer keep their bellies above water while searching for clams on the inlets, so they flew westward each afternoon, further and further as the white puffs of sky turned gray and then black and finally cracked with the sound of a bowling ball hurled halfway down the lane. One day, Seth was pitching Wiffles to his sons when he ran into his basement to fetch the boys water and returned to find his toddler, silent and motionless, caught in a stare with a great blue heron. The bird looked down its beak at the boy, condescending in its poise, its S-neck seemingly primed for attack. On his quarter-acre plot, Seth felt like a frontiersman.

On weekends, Seth wore a T-shirt bearing the logo of a minor league baseball club – a hog soldered at its joints with bolts and lug nuts. He was the assistant coach of his oldest son's Little League team, and that year, the local chapter had abandoned the markings of the Yankees and the Red Sox in favor of the IronPigs and the Mudcats. But it was a downstate June, and this year the

precipitation had an affinity for Saturdays. This confined Seth on his weekends as he had been in the Junior 4 — though now in a living room with a picture window, through which he'd watch the falling rain. In the window's reflection, Seth could detect the earliest stage of a second chin — a half-rounded lump beneath his mouth, or a miniature pitcher's mound turned upside down. Dry disappointment would gather sharply in Seth's throat, mourning for the game that wouldn't be played, as if he were five years old again. Meanwhile, his son, still in his white pants tapered at the ankles, played with Legos on the floor with his brother.

* * *

Seth and his wife needed a break from the rain.

In the run-up to his patients' summer endeavors — human kennels on a hill behind an elementary school, or on kickball fields beside a man-made lake — Seth performed 30 visits a day. He'd lay a perfunctory stethoscope on a child's chest, then sequester himself in his office and fill out health forms by the dozens, an illegible flourish offered at the bottom margin. This had become his practice, though there was occasional excitement. One day he knocked softly on an exam room door before entering, and when he did the young man's mother shot up out of her chair as if it had been electrified.

"Dr. Greisberg! Is it true what they say?" Her black hair, close-cropped on the side, was interrupted by a single column of white opposite her one-sided part. Meanwhile, the teen sat on the exam table and didn't look at her, or at Greisberg, and contemplated his knees, his eyes adorned with wire-rim glasses that appeared to have belonged to someone else 20 years earlier.

"Is what true?" he asked, taken aback.

"*Girls make you crazy!*"

Sometimes catching a glimpse of sky from his office, Seth would behold a specter in its window: his image coalesced by streaks of light and human ether, distorted by warped glass and

self-conception, dissipating into the humidity. Simultaneously, his wife would catch trains to the city, pushing through sidewalks on her way to auditions, rushing back to shuttle a minivan to playdates, or link train tracks on a basement floor with a baby at her breast. So they asked the sitter to stay late, and planned an evening in the small city that shared a border with their town. Seth was so excited for the night out that, in uncharacteristic vanity, he exchanged his plastic hornrims for contacts, hastily inserting the D -4.00 into the stronger left eye, and the D -3.50 into the weaker right.

* * *

After the movie, Seth pulled the Odyssey into a gas station near the cineplex. The sky was black, but arching streetlights illuminated the station. The jaundiced light reflected off the puddles collected on the asphalt, and the oil slicks that sat on their dark surfaces glimmered in iridescent spectra. Across the street stood the Greco Deco cement columns of a hospital entrance. Behind the station opposite the hospital rose a massive brick tenement, its square base dimly lit by the streetlamps. Seth turned off the ignition and watched two young men in hoodies walk in front of his car and into the station's convenience store. They opened the door to the market and engaged the clerk at the register, asking questions which the clerk answered with polite gesticulation, not once perusing the shelves.

Seth got out to fill the tank. As he pumped the gas he faced the tenement, and in the columns of streetlight he saw a car pull up to a curb a hundred feet away. A tall man in a white tracksuit stepped out and began to yell. Seth wasn't sure why he yelled, and in his ocular miscorrection, he felt a dizzying division between the sides of his head. Seth gripped the pump handle tighter. *Is he yelling at those kids in hoodies?* Seth wondered. The husky man's tirade was punctuated with profanity that blew ripples into the asphalt puddles. Seth could discern only curses. He pretended not to hear them, alternating his eyes between the pump's volume display,

rising slowly in tenths of gallons, and the price counter, rising quickly in cents.

An Odyssey has a large tank. Against his better instincts, Seth looked up from the digital display and met eyes with the man in the distance — and then the yelling really started. The agitated stranger paced about his car. Seth looked into the convenience store. The young men in hoodies chatted up the clerk; only Seth appeared moved by the tirade filling the air. Seth looked back to the curb: the man abruptly sprang to the rear of his car and opened the trunk. His distant silhouette pulled out a metallic object, gleaming in streetlights, which Seth — or at least that nexus between Seth's occipital cortex and amygdala, itself connected to the hippocampus and the experientially aligned limbic system in its high-speed relays to the frontal cortex — thought was a gun. *Or maybe it's not a gun,* Seth thought. *I've never seen one . . . but it might be*.

Seth stopped pumping gas, though the tank wasn't close to full. Two women crossed the street from the hospital.

"Turn around, ladies," Seth said, pointing with his keys. "There's a man over there with a gun!"

The women halted briefly, looking at Seth as if he were the curiosity, and continued toward their own car, high heels clacking as they looked over their shoulders at Seth.

"What's happening?" his wife, scrolling emails on a Blackberry, asked as Seth hopped behind the wheel.

"Over there," Seth nodded. "That guy's got a gun!"

And at his insistence, Seth's wife dialed 911.

* * *

The patrol car arrived at Seth's curb.

A captain had called Seth's wife shortly after they arrived home, having triggered the dispatch. She peeked at the children through the door frame cracks while holding the cellphone and slipping the sitter three bills. Her arms emerged spindly from her sleeveless dress. They'd apprehended two subjects, the captain told her, and they wanted Seth to identify them at the scene.

Seth stepped into the back of a patrol car. A neighbor, driving down the hill that turns off Rock Creek, slowed down to peer into the car and, in Seth's paranoia, survey an imagined domestic disturbance. A broad cop with a crew-cut turned from the wheel and addressed Seth through the partition. The back of his neck had rolls of meaty skin folds, like the thighs presented to Seth when he'd abduct an infant's hips.

"We think we found your guys, Mr. Greisberg."

"*My guys?*" Seth asked, somewhat indignant. "No one I saw belongs to *me*."

"You know what I mean," the cop said, with half a gap-toothed smile.

"Tell me, *Officer* . . ."

"Siciliano."

"What do you mean by guys? I saw a tall man in a tracksuit. One of him. Near the gas station."

"No one was in the vicinity by the time we got there. But along the way our unit saw two kids running and toss something into bushes."

"Two young men in hoodies?" Seth asked.

"I don't know, you'll have to tell us when you see them. But our officers identified a gun in those bushes. Maybe the one you saw."

"But I didn't see two kids with a gun," Seth said, thinking things through. "I saw one man from a distance with what I *thought* was a gun."

"We're gonna get to that. We're gonna get there. But first, we'll take you to these bushes and you tell us if that's your gun."

"It's not *my* gun!"

"You know what I mean," the cop said in a low voice, turning back to his wheel. "You know what I mean."

* * *

They stopped along a block that lined the perimeter of a housing project, at least a mile from the gas station. Seth had

grown less confident in his recollection of what he'd seen, or thought he'd seen, and by now was only certain of the fact that his Odyssey's tank remained unfilled.

"You think two kids on foot could've made it here so fast from that Mobil?" Seth asked the back of Siciliano's neck.

"That's for someone else to decide." Seth couldn't see the officer's mouth — just his blue eyes and sandy brows, framed in the rearview mirror. From the back seat, Seth had to close his right eye to see the three cop cars parked on the other side of the wide avenue, one of them facing the opposite direction of traffic. He felt nauseous, watching blue lights flash on the car hoods.

"If you don't mind gettin' out," Siciliano said through the partition. "The weapon's in one of those bushes."

Seth sat silently.

"Don't worry, no one's gonna see you."

Siciliano got out of the car and opened the back door for Seth. Another uniformed officer escorted them to a shrub — around which a different beat cop was chatting up a plainclothes officer, and in the dirt lay a Saturday night special.

"So whattaya say?" the escort asked Seth.

The three other policemen homed in on Seth's face as he held his response in silent suspension. The weapon was too close for Seth to see without shutting his left eye, so his squinting right beheld the gun, black and abraded by friction. Holding his gaze on the small weapon with only one myopic eye, he could still sense its heft as so much greater than the toy guns of his youth. This revelation scared him, as if its grave substance denied the make-believe security of an actual world Seth knew nothing about.

"That's not what I saw."

Siciliano checked the faces of the three other cops.

"Are you sure?" asked the officer.

"What I saw was silver . . . I think. And it wasn't that small."

"You're sure now?" the escorting officer interrupted, looking over to his three colleagues with hunched shoulders and palms held upward.

"Yeah, I'm sure," Seth said.

“All right, then,” said the plainclothes — not to Seth, but to Siciliano, whom he directed back to his patrol car with two outstretched arms, like a harried maître d’ showing a cheap patron to his table.

Seth slumped into the back seat of the patrol car. Siciliano’s eyes pierced Seth in the rearview. “If you don’t mind me asking, what’s your line of work?”

“I’m a physician,” said Seth, contemplating his knees just as the teenager he’d seen earlier that day had.

“A doctor!” Siciliano’s eyes brightened, and his brows lifted in the mirror. “Gosh, it must frustrate you, Doc, when a patient gets to the office and the symptoms are gone.”

* * *

The last stop was a sloping street of bungalows where the suspects had been detained, several blocks from where the cops had seen someone throw something into the bushes.

Blue and white lights, mounted atop patrol cars again double-parked and wrongway-facing into traffic, punctuated the streetlamp-illuminated night. Siciliano rolled down his window and received instruction from a plainclothes.

“The suspects are standing up against the sedans there,” Siciliano told Seth, pointing through his front window. “I’m gonna drive by slow and you tell us what you see.”

Seth looked out the rear passenger window as the car crept by two young men in T-shirts, standing up against adjacent cars. They carried themselves in elegant defiance, cheekbones high and hollowed. First one, then the other peered toward the patrol car’s back seat, unable to identify the otherwise unobtrusive father of three who’d upended their evening. They cocked their sullen heads, necks upright and erect, practiced in the ritual.

“So, either of these your guys, Doc?”

Your guys.

The words taunted Seth’s brain, already rendered dizzy by the hemispheres that alternated between nearsightedness and

hyperopia, struggling for clarity. Seth was nauseous, and these were not his guys.

They were not the angry man pacing along a city curb under streetlamps. They were not the skinny men loitering in a convenience store. Neither wore hoodies, neither had a tracksuit. And the closer Seth looked at them, inspecting the chiseled faces that looked past a scene ready to indict them, he saw that they were not, in fact, men at all: They were boys. Children. Similar in size and shape and station to those Seth had seen throughout the day in his office: smooth faces spared the coarse whiskers of age, waists still narrow, shoulders undeterred by gravity. Patrol lights strobed across the adolescents' faces — blue then dark then white then dark — revealing to Seth nothing but the fact of a child stuck between hot light and a locked steel door. No, they were not *them*; they had almost nothing in common with any of the men from which Seth had driven away that evening.

What they did have in common — a burly man in his thirties, shouting into the dark; a pair of lanky dudes chatting up a nightshift register; the two teens stoic in their apprehension — was one thing that Seth didn't have in common with them.

"So whattaya say, Doc?"

Seth's throat was dry and searing. He shook his head.

"That's not them," he mustered.

Siciliano inhaled, slowly and with smooth stertor, inching the car forward, to where the beat cops and precinct detectives milled about a street that marked the transition between city and suburb. He met the other officers' eyes and shook his head. They nodded in understanding, then turned back toward the young suspects as Siciliano drove Seth away.

"Oh, well." Siciliano broke the silence as he continued driving, his eyes fixed on the road. "At least there's one less gun on the street tonight."

One less gun. Seth entertained, half-heartedly, the thought that his line of tumbling dominoes had accomplished at least some good. But his deception only lasted a few seconds. In his heart he knew that the confiscated gun, discarded beneath bare-branch

bushes on a late spring night, had nothing to do with what he saw, or thought he saw, at that gas station. This he could see, as clear as anything had ever *seemed to* him, despite the lenses that fixed each of his eyes on the wrong point in the distance.

After a short drive, Siciliano pulled the patrol car back along Seth's curb, to where their journey together had started. The date night, finally, was over. Seth climbed out and slouched toward his front door. Fat raindrops plunked on his head and drummed the hood of the Odyssey parked in the driveway. Once inside, Seth looked out the back window of his kitchen. In the moonlight, his unfocused eyes watched the creek running through his backyard, its edges teeming with stormwater.

Douglas Krohn, MD, is an Attending Physician in the Department of Pediatrics at Northwell Health-Northern Westchester Hospital and a Clinical Assistant Professor of Pediatrics at New York Medical College. His writing has appeared in narrative medicine journals such as Intima *and* Blood and Thunder*, as well as general literary publications such as* The Dillydoun Review*,* South 85 Journal *and* The Westchester Review*. His short story, "Down to Pain, Down to Bleeding," will appear next month in* The Vincent Brothers Review*, and has been nominated by that publication for Best American Short Stories.*

Wrinkles II

RITU SHAH

"This photograph shows similar intricacies in its subject, an elephant, but the peaceful yet intense gaze further alludes to wisdom and focus."

Ritu Shah, DMD, is Residency Program Director and Attending for the Pediatric Dental Medicine Division at Cohen Children's Medical Center. Ritu grew up in upstate New York and attended Union College, a small liberal arts college near Albany. Both environments allowed for early exposure to the awe-inspiring nature of the outdoors and taught her how to express thought in various media, including photography. She continues to experiment with this art form to find gratitude each day.

The Match

Solid wood and rich phosphorous
Crafted with years of diligent labor
Steadfast and eager
To ignite with ambition

A blazing cinder
Constantly absorbing
Lighting up the room
Wishing to help others.

People disregard the match
Seeking an experienced light
Flickering lamps illuminate the hallways
Reliable, but have worn over the years

The flame dims
Does the match serve a purpose?
A gust of futility rushes over
Soon there will be ash.

A bedbound boy
In need of warmth
Appreciates the flame
As the lamps were too far

Words flow like oxygen
Support a dwindling ember
And heat surges through
The match reignites.

Matthew Saleem is a third-year medical student at the Zucker School of Medicine who enjoys cooking, soccer, and writing poetry in his spare time. An impactful patient encounter in his pediatrics rotation inspired this poem. Bringing joy to a single child reminded him that it is a privilege to care for patients, regardless of the challenges along the way.

Tree Pose in Vogue

RITU SHAH

"This photograph represents the wellness that each healthcare provider strives for to maintain balance in life and work. While wellness initiatives like yoga are helpful on an individual level, system-level changes are needed to truly fight the burnout epidemic before it leads to moral injury."

Everyone Needs a Friend Like Betty

December 28, 2022

"Doctor, am I dying?" That was the first time I heard that question. I was in my second year of internal medicine residency and on call for the hospital medicine service. It was midweek and nearing the end of the evening visiting hours at a busy metropolitan hospital. The lights were starting to dim in the halls and many of the rooms were becoming dark. I was feeling on top of my work, having seen all my admissions for the day, when I was paged by the floor nurse to evaluate a patient on the oncology floor. I was only covering this patient and was unfamiliar with her situation, except for a short briefing I had received from my colleague. The nurse said the patient, Mrs. G, was in pain and scared. I proceeded with my regular questioning — how old was the patient, why were they admitted, what were the vital signs? I needed to know how best to prioritize my other work. "The patient is a 77-year-old black female, has breast cancer," the nurse said. "She is in pain, very scared, having some new difficulty breathing, and she appears weak." I went straight to her room. I introduced myself as the resident on call and asked the patient, "How can I help you?"

In her room, a typical hospital room with two beds, she had the one nearest the door. Next to her bed sat her friend, who introduced herself to me as Betty. The room was dark except for one small light on the back wall, behind the bed. Mrs. G lay with a beautiful blanket over her hospital sheets that gave the room a sense of home, and her head was wrapped with an elegant scarf. She seemed somewhat short of breath, but oxygenating well. She was not in acute distress, but she was weak — just as the nurse explained. I went on to examine her and then told her that I was going to review her chart and return.

I went to the nurses' station and opened the chart to review her history. I knew she was quite ill, complex. She was being appropriately treated. I called the attending of record. I spoke with the covering fellow and informed her of Mrs. G's condition, worsened breathing, and weak state. She informed me that all was being done that could be done, that she had metastatic disease to her lungs, and that there had been many conversations with the patient and family. I confirmed that all decisions were in place regarding code status and that treatments were being provided without benefit. When I informed the fellow that

she was worse than on admission, she repeated, "All is being done that could be done." She suggested I consider giving an additional pain medication if needed.

The nurse found me and informed me that Mrs. G had some further questions.

I returned to her room. I informed Mrs. G that I had reviewed her chart and all her information. I explained that I agreed with the plan of care and that I had spoken with her oncologist. I asked if she wanted more pain medicine. The patient, with her friend at her side, lifted her head and whispered in a scared voice, looking straight into my eyes, "Doctor, am I dying?"

I didn't know what to say. I had never been asked that before. I did not know her well. Her friend looked at me. I looked at her friend. I then looked at Mrs. G. I responded by asking her, "Do you think you are?"

She was quiet, weak, and then she said to me, "Yes."

I asked her if she needed anything, wanted anything, could I call anyone? She said no. It was at that time that I was paged again, by another floor. Her friend, Betty, with great humility, asked if she could stay past visiting hours in the room with Mrs. G. The nurse and I, in unison, said, "Of course." Mrs. G reached for Betty's hand.

I left the room to answer my page. I said I would return. I went to another floor, then to the Emergency Department for an admission. I went on with my business. Then, at about midnight, several hours later, I received another page to the same number from earlier that night–it was Mrs. G's floor. The nurse said, "I need you to pronounce Mrs. G."

I went straight there. Mrs. G was still, not breathing, pulseless, and without a pupillary response. I looked next to her bed to see her friend, Betty, still there. "You stayed all this time? That was kind of you," I said. "She was scared and you helped her. I'm so impressed with you," she said to me. "Together, we got her through the final phase. She would have done the same for me." And then she thanked me. She thanked me…

Maria Torroella Carney, MD, is a board-certified Internist, Geriatrician, and Palliative Care Physician with clinical, research, administrative, and public health leadership experience. She has been at Northwell Health since 2012 and is currently the Medical Director for Continuing Care and Chief of the Division of Geriatrics and Palliative Medicine. She is a Professor of Medicine at the Zucker School of Medicine.

Bicycle Art

ZERRYL BERNARD

"This bicycle is old and weathered, yet the adornment against the canal backdrop still sends a message of calmness. Be Still and Know."

Zerryl Bernard, RN, is a staff nurse at Long Island Jewish Medical Center in New Hyde Park.

Hoping

I've been thinking about the concept of hope. What it is; how we get it; why we need it; what happens when we lose it.

I've been living a roller coaster of hope, tempered by sadness, loss, and sometimes despair.

My meditations on hope began six months ago, when my family and I encountered a maelstrom of events that seemed unstoppable. First, my elderly parents, residing in an assisted living facility in Florida, contracted COVID. As a physician in New York, deeply involved with the care of ambulatory patients with COVID, I was concerned about the appropriateness, and availability, of treatment for them. My parents were terrified of the possible outcomes of the infection—and in characteristic fashion didn't want to worry their son.

Shortly thereafter, my anticoagulated father fell in his bathroom and struck his head. Seeing him bleeding on the floor, my mom—with many medical issues herself—realized she'd never be able to live without him. Only days later she was hospitalized with abdominal pain, diagnosed with an intestinal obstruction, and scheduled for emergency surgery. A COVID test, performed as part of the preoperative routine, was positive. An infectious disease specialist was consulted, who clearly and passionately shared his belief that COVID "is a political disease and not a real one." His political agenda added anger to the stew of emotions I was experiencing. My mother went to the operating room and succumbed to septic shock the following day.

While still mourning his wife's passing, my dad became jaundiced and was diagnosed with cancer. I flew back to Florida to visit him shortly after his diagnosis, only to have to refer my mother-in-law to hospice after she sustained a massive stroke when I got back to New York. Juggling calls from Florida about my dad's condition and treatment, and discussing care for my mother-in-law with her hospice providers, while at the same time trying to support my wife and children, became a daily tightrope walk. My mother-in-law succumbed to her stroke less than a week after she was referred to hospice. And my father passed away a few short

days after I completed the first draft of this essay.

The late-night TV commercial huckster blares: “But wait... there’s more!” That was the track we seemed to be on. Except there was no free shipping, no second LED outdoor light just for paying shipping and handling. Only another trauma, another loss added to the litany.

With every call and text, hope waxed and waned; it morphed and evolved. Hoping at first that whatever the disaster du jour proved to be, it was surmountable. And realizing, with the passage of time, that hope for cures had become false hope.

Hope and optimism are things we talk about freely, maybe brazenly. “Hope for the best,” goes the saying, never really taking the time to consider what “best” may mean.

Hope and optimism are celebrated in song and music. “Don’t worry, be happy,” said Bobby McFerrin. But worry is often a part of human experience, and the separation of worry from the experience of illness is often impossible. And “be happy”? For some, happiness is a baseline state of being, for others a daily struggle to achieve. Fleetwood Mac told us, “Don’t stop thinking about tomorrow...don’t stop, it will soon be here. It will be here better than before...yesterday’s gone.” However, the belief that tomorrow will be better isn’t always so clear. In fact, sometimes tomorrow’s likely reality makes us yearn for yesterday’s certainty.

Hope and optimism are different things. Optimism is a state of mind, a predilection towards believing things will be all right. Hope, though, is built on a framework of reality that acknowledges that there are things that can be done to make things better, that there are actions that can be taken to improve a situation. Hope brings with it a willingness to undertake what’s needed to move forward. And when there’s no action left to take, the perpetuation of hope becomes a false hope.

As a primary care internist, I’ve often been the one to deliver bad news to patients, their families, their loved ones. In those moments, I’ve given diagnoses of cancer, or heart failure, or any one of a multitude of awful things that will become an imminent threat to their lives. Sometimes the diagnosis is unsurprising, after a protracted diagnostic process. Many times, those diagnoses

come out of the blue—the sudden heart attack, the stroke, the car accident.

But at first blush, at the time of initial diagnosis, there is usually hope—real, palpable, reality-based hope. It exists because we can discuss therapeutic choices, options, interventions, referrals. We can explore chemotherapy, surgery, radiation, marvelous new immunotherapies and other remarkable treatments that were the stuff of medical science fiction not long ago. We can say to a patient, with all honesty and sincerity, "Yes, you've got a bad disease. But now we have treatments for it, and I can think of no reason why you wouldn't benefit." Physicians who have been at this for many years can look their patients in the eyes and explain that, while years ago their plight would be dire, things are now different. They can look forward to happiness, and the things that make their lives worth living.

I've come to realize, though, that hope will morph and evolve over time. While initial diagnosis often offers reasonable hope for cure, there may come a time when recurrence of disease or a failed therapy forces us to hope for another chance. There are times when disease progression leaves us hoping for someone who can offer another opinion, a new perspective. And, eventually, when therapeutic options fail, and our bag of treatment tricks is empty, hope becomes something different.

At the end of an illness, culminating in the approaching end of a life, hope for cure becomes hollow, optimism becomes futility. It's fine to still have hope—but now it transforms into hope for peace, for understanding, for freedom from pain and suffering. Not just hope for more time in this physical world, but hope for time to reflect and to heal.

The past half-year has forced me to see illness, and hope, through the eyes of the patient, and the patient's family, on an ongoing basis. It has opened my eyes to the journey of illness, the continuum of care, and the continuum of hope. I am learning to accept that not everyone is on the same timeline for this journey, that it's possible to get stuck in a stage of hope that seems inappropriate for the stage of illness. I'm slowly coming to realize that one person cannot force upon another his or her perception

of hope at a specific point in time. At the same time, I'm also realizing how hard it is to witness the perpetuation of hope that's become false.

I've seen family members pursuing treatments that I knew would be futile, and struggled with a delay in hospice care because the goals of end-of-life care were misunderstood by those same family members. But I've found peace knowing, in my heart, that I did my best to guide people I love towards the best, most appropriate care. I've tried to reframe goals and show that hope can be kind and loving, even when what is being hoped for is the opposite of cure.

We can all keep hoping, and keep evolving.

Eric Last, DO, is a Primary Care Internist and Clinical Assistant Professor at the Zucker School of Medicine. He cultivates understanding and grace through the telling of medical stories. He is excited to continue his relationship with Narrateur *as one of the Faculty Advisors.*

Wellness on Water

MARY ROSE PUTHIYAMADAM

Mary Rose Puthiyamadam, MD, is an Internist Pediatrician working as Director of Pediatric Education in the family medicine service line. She finds peace on the water as it's a powerful place to meditate and reflect.

In Defense of "Slab"

A stack of wind-ghosts that dimerize to form the mouths of canyons / the places where God literally dug out slabs of earth / flat pieces of shrapnel lodged in epithelial tissue / First / they made wedges in the ground / from tree dust and root veins / the way we dug beneath the snow in our front yard / to bury my sister's ice cream cake / when we run out of refrigerator space in winter / Into the frozen earth / we stick plastic soda bottles / and milk cartons / like we are burying time capsules / beneath moon dust / The way snow turns familiar shapes alien and suddenly lonely /. / By the fence formed from slabs of uneven wood / in some furthest corner of the cemetery / hearing a leaf blower blaring somewhere up the street / my mother saying "This is the end of a generation" / as we drive over dirt roads / from the spot where my grandparents are buried / the graves erected like finger bones / engulfed in a slab of unseasonable warmth / premature in winter / like their deaths just six months apart / Slab is / the last piece of birthday cake / picked at like a half-gutted core / A slab of history / A swollen piece of light cut from the midsections of sun / that was beating on the people / waiting in a cemetery / surrounded by slabs of stones / crevices of space / poking up from the surface / like the undergrowth of the earth's belly / time capsules made by bodies becoming memories of grass and shoveling sounds / Slab is / massive piles of cement / craters of a parking lot / adolescent teeth in a jar / becoming nameless / like / cheap words used at the ends of pointed fingers / and smoking cigarette butts / When they put the coffins into the slab of freshly dug earth / the slab was not cement or wood / but / the negative space where ground used to be / piles at the edge of a parking lot / My mother saying / "This is the end of a generation!" / It was so quick / the dying / like cutting away growing tissue / That day / I imagined all the gravestones were my grandparents / and it felt like we had all just been here /

like it was the other edge / of the same dream / Slab is / a canyon of wishes shaped like God took a bite-sized piece out of its center / rock walls with teeth marks sewn into the elevations / the negative space where my grandparents are buried / their wooden coffins / slabs filling in their space / Winter is its own language / slabs of fresh snow / quietly falling on the dead / the end of winter like the end of a period of mourning /.

"Inspired by Hanif Willis-Abdurraqib's poem, 'In Defense Of Moist,' this poem attempts to discuss the unforgivable deaths of our loved ones, the way sickness and circumstance must be reconciled by the ceremonies we create for the dead and the ways we honor patients and family members both at the end and in the aftermath of loss. The word "slab" was at one point deemed one of the most hated words in the English language by Americans. Perhaps it is therapeutic to associate a hated word with a hated circumstance, using the many forms of "slab" to color the reality of death and the many faces of grief."

Yellowstone National Park

REBECCA SUYDAM

"This photograph was taken in Yellowstone National Park in December when access to the park was limited due to snow on the roads. Behind the pine trees, steam is rising from the hydrothermal features and geysers that fill Yellowstone, blending in with the clouds above. Most of the snow is untouched, except for the path where skiers and hikers have traveled to enjoy the peaceful scenes of nature and to catch a glimpse of the beautiful wildlife within the park."

Rebecca Suydam is a fourth-year medical student at the Zucker School of Medicine. Rebecca loves to travel and explore nature through hiking, running, and cross-country skiing, which helps to keep her grounded as she progresses in her medical career.

All the Hours Left

The buzzing began just as he reached the front of the coffee kiosk line.

Manuel cursed, in his mind and to himself. *The day team hasn't even signed out to me yet.* He reluctantly let the next person in the long line behind him step forward to order first. The pager clipped to the left side of his scrub pants continued buzzing incessantly until he retrieved and silenced the device. "4-3962." Manuel acknowledged the extension to the surgical ICU and, being on Night Float for the floors, wondered why they'd even be calling him. He dialed from his cell phone as another person skipped him in line.

"Yo."

Manuel recognized the voice on the other end. "You paged my direct number?"

"Of course I did," Nick answered. "You're not on for another fifteen minutes. We wanted to know if you'd like to order dinner with us."

"Sure," Manuel answered. Later, he'd appreciate the gesture. "Where are we ordering from?"

Nick said it was either Momo's or Justino's. Most of the other SICU nurses were leaning towards Momo's, but Nick was hoping Manuel would vote for Justino's so there'd be a draw and a chance for pizza.

"But you know I like Momo's," Manuel said.

"Yeah, I know," Nick said, not hiding his frustration, "but we haven't had pizza in months. Don't you ever crave it?"

"All right, put me down for Justino's." Manuel wasn't really craving pizza, but he wanted to get off the phone. He had ten minutes to order coffee and run upstairs for sign-out from the day team.

"Awesome. I'll buzz you when we order." Nick dropped the call.

Manuel made a show of putting his cell phone away so the next person on the line knew that he was back on it and ready to order. The stranger didn't seem pleased when Manuel stepped in but thankfully didn't protest either.

Come on, Manuel found himself thinking while the customer at the register chatted up the café employee. He admitted that throughout his

busy residency, what had started as perhaps reasonable impatience was now becoming nothing more than a bad habit. He realized that he was changing.

Sign-out was relatively straightforward. There were a good number of post-op checks on the vascular service, but otherwise, no pending consults from the three services that passed their pagers to him, and no patient seemed terribly sick. Manuel was relieved.

"Have a good night," the fleeing resident said after he'd already turned towards the door. He walked, but it was almost a run.

Manuel sighed. He looked at the clock on his phone. *Twelve minutes past six and not a single page yet*. But, as he downed the last of his coffee, he felt a timely buzz.

Thank god, he thought, as he saw it was Nick's line again. He dialed, and the instant the ringing stopped he heard, "Pepperoni, right?"

Manuel smiled. "Yeah."

"We'll split a pie with Nicole. You guys get two slices each and I'll take four."

Manuel said nothing.

Nick waited through that silence for a few seconds before adding, "I'm really hungry. I'll settle for three. How you split that extra slice is between you and Nicole."

Now Manuel allowed himself to laugh. "Fine."

"Good. I'll call you when it's here." Nick hung up the phone.

Nick, the surgical ICU nurse, was probably the only person in the hospital he might call a friend. And Manuel had no friends outside it. He'd moved to this city a year and a half ago for the start of his general surgery residency and still knew almost no one outside the hospital. It seemed to absorb the entirety of his waking energy.

These young ones don't know how good they have it, the older generation would say. Too many of Manuel's attending surgeons said exactly this within earshot of the residents on purpose. The seventy to one hundred hours of work a week he did most months averaged to the eighty-hour work week cap placed nationally on all residency programs. He didn't want to know how much worse it could be and actually had been for those older generations. *They're not the same*

when they finish, he'd also heard them say. This, Manuel did not want to hear. Because, if it were true that five years of seventy to one hundred hours a week were not enough to produce a competent surgeon, then—well, Manuel didn't want to finish his residency. The suggestion of not being prepared for independent practice made him more afraid than anything else he dealt with at work. It made him want to break his duty hour restrictions and not report it, like a third of the residents in his program already did to squeeze in more operating time.

His pager buzzed.

There was a phone at one of the tables in the surgery resident room, and Manuel picked up the receiver while dialing back.

"3 East," someone answered.

"Manuel with surgery, returning a page."

"Please hold, Doctor," the person responded.

He waited.

"Hi, Manuel?"

It was Samantha from 3 East, the transplant floor. *Odd*, Manuel thought. It was unusual for the Transplant Surgery Service to cause problems so early in the night. Unless there was a sudden organ available for immediate transplant, the night residents could expect only one or two pages from 3 East — for Benadryl or the like.

"Yeah," he answered. "What's up, Sam?"

"We have an admit incoming." She paused, probably because she felt hesitant to deliver bad news. "Nothing too complicated. The patient is a pre-op for an AV-fistula, she was supposed to be here this morning but her medical transport kept getting delayed. She didn't leave the assisted-living facility until a couple of hours ago."

Manuel sighed. He hated overnight admits. "Okay, thanks, Sam. Just page me when she's here."

"Sure, will do," Samantha answered. She hesitated before adding, "This patient is one of McGrath's."

Manuel let out a much larger sigh. "Okay."

"Hope the rest of your night isn't too bad, Manuel."

"Thanks, Sam."

Samantha hung up the phone at the nurse's station.

But the rest of the night was bad. Manuel was hit by a torrent of pages, each one coming while he still held his pager in hand. Most

were small issues requiring only his acknowledgment. Patients with slightly elevated temperatures (they were post-op and a temp of 99.9 was acceptable but still required his acknowledgment), or slightly elevated heart rate, blood pressure, or pain. He marched from floor to floor, checking each patient and burning through orders.

Sam paged him again. “Your admit is here.”

Manuel found her at a mobile PC plugging in the patient’s responses to her questions. She caught Manuel walking in and acknowledged his entrance. “This is Dr. Vargas, the on-call resident for Dr. McGrath.”

The patient, lying on the bed with her back upright so she could face them more comfortably, smiled at Manuel. It was a gentle smile, and her wrinkles became more prominent around the corners of her mouth and eyes. They gave her expression the pleasant, reassuring accent of wisdom, and her focused stare only added to the appearance. “Hello, Dr. Vargas.”

Manuel smiled back, then glanced quickly at Samantha’s PC screen to remind himself of the patient’s name. “Nice to meet you, Ms. Baker.”

“Mrs. Baker,” she corrected him kindly, with the same smile.

Manuel couldn’t help returning her smile a second time. “Mrs. Baker,” he said, “I’m here to admit you and make sure your evening goes smoothly before tomorrow’s operation with Dr. McGrath.”

“Thank you, Dr. Vargas,” the elderly woman said with genuine gratitude.

Manuel asked her the standard questions, but still, he had to ask to be sure. He re-verified the medications Samantha had already verified and made sure all orders were in. He placed her on NPO after midnight—nothing by mouth before surgery the next day—although he was sure Samantha would have caught it if he’d forgotten.

“Tell me, Dr. Vargas,” Mrs. Baker asked at one point. “What does it mean when they refer to you as a resident?”

Manuel paused to think, then answered, “It means I’m in training.”

“To be a surgeon?”

Manuel paused again, although he didn’t know why. “Yes.”

Revealing an unexpected surplus of intuition, Mrs. Baker asked, “Is that what you want to be?”

Manuel said nothing.

Mrs. Baker seemed to intuit that her question had caused discomfort. "I was a history teacher." She looked down at her legs, under the white hospital blanket. "I used to stand for hours, teaching my students to think more, so they might learn just a little bit from the past." She wore a faint smile, but one not entirely devoid of sadness. "To help them learn better how to see where they might go."

"What year did you teach?" Manuel asked.

"College. At the state university," she answered.

"I should call you Professor Baker, then."

"No," she said and smiled. "Mrs. Baker is fine."

Manuel found himself more and more curious about this patient, and he almost asked her more, but he worried about the others he still needed to check on after this admission. He made sure all her orders were squared away and signed the history and physical note for her admission.

"I'll let McGrath know," Samantha said.

Thank god, Manuel thought. The less he spoke to McGrath, the less likely he was to have his head bitten off. "Thanks, Sam," he said with wholeheartedness.

She smiled knowingly.

The next few hours were arduous, but not too tumultuous. A steady influx of pages kept Manuel busy, but he was able to keep up.

Then he got the page. The one he had always feared, although he did not know it yet. It came from 3 East.

Before he was able to dial back, the first overhead announcement of the evening came, sounding throughout the entire hospital. "Code Blue, 3 East. Code Blue, 3 East."

Manuel didn't wait for someone to answer at the nurses' station. He dropped the phone's receiver and ran.

On his way, the overhead speakers sounded next: "Anesthesia, STAT, 3 East. Anesthesia, STAT, 3 East." Then the Code Blue was repeated.

He'd been at the furthest possible end of the hospital from 3 East when he got the page. When he arrived, completely out of breath, he knew immediately. He saw the commotion outside her door.

Mrs. Baker.

Manuel ran. He saw the silhouettes of the crowd inside, cast against the large, wooden door that hung open. Their movements were cast in the softer light that Mrs. Baker's room just happened to have, and Manuel remembered how he'd found it fitting when he admitted her. How instead of fluorescent it had appeared softer and incandescent.

When he walked in they were pounding on her chest. He remembered her words, then, when he'd asked her. "Full code," she'd answered. "I don't intend to die just yet."

Manuel had smiled. But now, he didn't.

"Manuel!"

Through heaving breaths, he answered, "Kendra."

He saw that Kendra had already taken lead of the code. The third-year surgery resident on call that night, she'd likely been in the ER taking consults when the Code Blue sounded. She must have sprinted up the stairs to have reached 3 East first.

She was sweating. She'd likely done more compressions than the rest. Kendra turned away from Manuel to glance at her watch and then the telemetry. "Another milligram of epi!"

Someone pushed the vial as the anesthesia resident arrived and unpacked his laryngoscope to intubate Mrs. Baker.

Next, Samantha relieved Kendra and took over. She was standing over Mrs. Baker's bed now, thumping rhythmically on the old woman's chest. Sweat drenched her brown hair and dripped onto the white blanket that lay clumped to Mrs. Baker's side.

Manuel brought his hands forward and showed that he was ready to take over.

Samantha locked her eyes with his, and he saw how pained they were. He saw that she wasn't only doing her job, she was fighting to save her patient.

As she pulled back, Manuel stepped forward. He laid his left palm over Mrs. Baker's heart and wrapped his right fingers around the left, interlocking them and overlapping his palms. He immediately pressed down and counted in his mind. He felt Mrs. Baker's rib cage give with every compression, and he struggled not to look into her face. He didn't want to. He'd been here before, and he'd seen how they look. How the near-dead stared back.

But he couldn't avoid her eyes. She was right there. Those same vibrant eyes had lost their focus, but they were not quite dead. They stared at nothing, and yet they stared.

Manuel didn't know how much time passed. He just kept pressing. He wasn't lead, and he was thankful he wasn't. He paused when it was time to take a read on the telemetry, and then he pressed again.

Someone placed a hand on his arm. He didn't know the person, whether she was a resident, nurse, or medical student. He accepted her relief and pulled back. She moved in immediately to continue compressions.

Kendra approached him. "You need to call McGrath."

Manuel didn't want to. Briefly, he thought bitterly about why it mattered what some faculty thought of how news was delivered to him while a woman was dying here, in this room, right now.

Manuel walked out of the room and approached the nearest phone, at the nurses' station. He pulled his cell phone out of the back pocket of his scrub pants to look up McGrath's number and then dialed it.

On the fourth ringtone, McGrath answered.

"Hello," his gruff, heavy voice responded.

Manuel took a deep breath. "Arlene Baker coded." He said nothing else. In truth, he didn't know what else to say.

For what felt like a long while—only seconds, probably—McGrath said nothing. Then, he let out several expletives. He sounded more awake. "Well," he finally responded with surprising passivity, "are you going to save her?"

Manuel could only agree. But when he walked back into Mrs. Baker's room, he was reminded of how impossible the request had been. The compressions continued, but her eyes had changed. Anesthesia continued bagging, and the laborious external pumping of her heart continued by a steady line of volunteers, but nothing came of it. She wasn't there anymore. She was dead.

Kendra called it. She dictated the time of death, and resuscitative efforts ended. A sweaty team pulled away.

"Hey," Kendra said as she approached Manuel. "Do you need some time?"

"No," he answered without really considering it. He just didn't want to look weaker than he already did. He'd seen many deaths, and many more brutal than this one. He shouldn't have been shaken. But he was.

"Are you sure?"

"Yes," Manuel lied. "I'm fine."

Kendra could not hide her relief. The job of an overnight third-year surgery resident was far beyond what Manuel could handle, he knew this. She probably guessed that he wasn't fine, but she needed him to shoulder his burden anyway.

Manuel watched everyone walk out of Mrs. Baker's room and saw how Samantha covered the body and head with another white blanket. When she finally walked out, he asked, "Who do I need to call?"

Samantha wiped the sweat from her brow before answering. "No one."

Using his eyebrows, Manuel asked what she meant.

"Mrs. Baker had no one," Samantha answered. "I asked her for family, friends or anyone, but she told me there was no one. Her husband died ten years ago—she seemed to have loved him, by the way, although she didn't say much more—and her parents died much earlier. She had no siblings. She did have a son, but he died, too."

Manuel swallowed and realized how dry his throat was.

"She had no one," Samantha repeated.

Manuel sat down on one of the chairs at the nurses' station. He wondered how he would get through the rest of the night. *12:06 am*. There were still a lot of hours left.

But, the pages came and he answered them. He pushed through the night, accustomed to a numbness he allowed to wash over his mind. He ignored his heart.

Manuel answered page after page, hour after hour, until the morning. He met the same day residents who'd signed out to him twelve hours before, passing on that which needed to be passed on.

"Anything else?"

Manuel blinked. He realized the Transplant Service day resident had asked him a question and was still staring at him.

"Well?"

"Yeah," Manuel finally answered. "Mrs. Baker died last night."

“Who?”

Manuel’s mind lost focus. His body spoke, telling the day resident about the admit who’d come in and died, and that McGrath was aware. But another part of him receded deeply, far beneath words or thought. A part of him that thought of the person no one knew, who had died.

He heard her question again, then, in his mind. *Is that what you want to be?*

With his pager forwarded to the day teams, Manuel was off. He walked to the hospital’s entrance and exited outside, then stopped to bask in the sun. He still wore his scrubs.

His cell phone rang. He saw Nick’s call and answered.

“You missed your pizza.”

Yes, Manuel thought. He smiled, even if he did not answer.

“You wanna come out with us?”

The SICU night nurses liked to go to bottomless brunch in the morning. Manuel didn’t want to drink anything, though. He wanted to stand there forever, and feel the warmth.

Nick still waited, not pushing but remaining silent.

“Okay,” Manuel finally answered. “I’d like some pancakes.”

“Attaboy,” Nick said. “We’ll meet you outside in fifteen minutes.”

“Okay,” he said again.

Is this what you want? Matthew wondered. He asked himself that question and remembered Mrs. Baker’s knowing face. His heart was full of death and doubt.

Manuel stretched in the sun and waited for his friend.

Dominick Guerrero, MD, is an Attending Pathologist at Northwell Lenox Hill Hospital and Assistant Professor at the Zucker School of Medicine. He writes fiction whenever able, since his undergraduate years. Dominick views fiction as a useful lens for capturing that within medicine which is always there, but difficult to highlight in the midst of day-to-day practice

Basic Life Support

To all our manikins

For days I was strapped in my case
For weeks I was cramped in the dark
For months I was hinged at my hips
Then yes, I heard the latch
And soon I was out in the light

They flopped me on the floor
They pulled my legs out straight
They screwed my arms in place
I love my warm-up suit
I hope they keep it clean

He shook me at my shoulder
He pulled my head on back
He opened my mouth to feel my breath
And called for help, "Are you all right?"
I've heard it a thousand times

She felt the side of my neck
She marked the spot on my breast
She pumped and pumped on my heart
"One and two and three and four and five"
Then twice he blew up my chest
"One and two and three and four and five"

I'm back in my vinyl den
I watch but it's all too black
I hear with my feet to my ears
Come soon I'll be out again
One and two and three and four and five
I pray with all, we stay alive.

John Scranton, DO, recently retired as Assistant Clinical Professor in Emergency and Family Medicine at the Zucker School of Medicine and as Staff Physician at Northwell Health-Go Health on Long Island. His career in emergency medicine has spanned four decades. He received his MFA in English and writing from Southampton College.

Glimpse of Beauty in a Dark World

ROSEMARY BASSEY

"This piece was conceived as the world was recovering from the COVID-19 pandemic. At the peak of the global pandemic and consequent lockdown, amidst all the panic, uncertainty, and gloom, we were forced to look inwards and around us for hope. We got to appreciate the little things in life and observe the beauty around us a lot more."

Rosemary Bassey, PhD, MSc, is an Assistant Professor of Science Education at the Zucker School of Medicine. She actively started painting in college using different media—gouache, acrylic, and oil. Art is her escape into an untainted and colorful world she creates, where her unspoken expressions can come to life and where even mistakes are beautiful.

Te Echo de Menos **(I Miss You)**

On May 16th, 2022, I buried my grandpa.

From an intellectual standpoint, I should've been prepared. He was 98; he'd been sick for a long time, and he'd spent the better part of a year in hospice. There was really only one way his story would end, but it still managed to catch me by surprise. He'd always been a Titan in my mind—unflappable and unstoppable—and even in his final months he managed to bring a smile to my face while he bested me at all his favorite card games. When times were good, it was easy to lull myself into the idea that there would always be more time with him. Despite my medical training, despite the warning signs, there was immense comfort in hoping for a miracle.

In the end, a miracle never came, and my grandfather passed peacefully surrounded by his loved ones. We were all lucky to have had him for as long as we did.

This was the backdrop for my final year of medical school. Within two weeks of the burial, I had moved to an apartment in New York City and was rotating in the Surgical Intensive Care Unit. In many ways this was a blessing. I was quickly integrated into a supportive clinical team that made it easy to disappear into the task of taking care of incredibly complex patients. Like any good healthcare worker, I could compartmentalize my feelings, pushing them away for later to accomplish the task at hand. The danger with that is being so good at compartmentalization that "later" never comes. That almost happened for me with my grandpa's death. That was, until Mr. X came onto my unit.

He was a sweet man in his 90s. He loved literature and winning at games, and he was very sick. In an instant, I felt protective of him. He came to us from hospice after he had begun to vomit uncontrollably. We'd done our best to treat his symptoms, but it eventually became clear that our options were surgery or making Mr. X comfortable while he succumbed to his various illnesses. Between his age and comorbidities, he wasn't likely to survive the anesthesia for surgery, let alone the procedure itself. I couldn't help but see my grandpa when I looked at Mr. X, and deep in my soul I was against him going to the OR. All I could think about was our duty as

physicians to "do no harm," and to me, the risks of the procedure far outweighed any benefits.

However, it wasn't up to me to make that decision, and it wasn't up to Mr. X either. Mr. X had dementia, and it had progressed to the point that he didn't understand where he was, or what was going on. He couldn't make medical decisions for himself, so his appointed healthcare proxy had to do it for him.

They opted for surgery.

When Mr. X was carted off to the OR, I was scared for him. He couldn't comprehend what was happening, and he was trapped in unfamiliar territory, surrounded by masked faces. His time with us must have been terrifying. I couldn't help but contrast his experience leaving the SICU to how my grandpa left me. My grandpa was surrounded by his family, and Mr. X was alone.

Admittedly, I was still early in my clinical training; I hadn't seen it all. It was easy to imagine the worst-case scenario happening—but sometimes things work out. Mr. X survived his surgery with minimal blood loss, and he came back to us in the SICU. He gradually recovered to his baseline level of health—which was still very sick, and very demented.

As we prepared Mr. X for his discharge, I was reminded of the circumstances of my grandpa's death. Mr. X was very ill, couldn't protect his airway, and was returning to hospice. There was really only one way his story would end. But, even as he left us, I felt a little lighter, because he at least had a chance to go out like my grandpa did. He was returning to a place he knew, surrounded by people he could recognize. When he does pass on, I hope he won't feel alone.

Steven Parra is a fourth-year medical student at the Zucker School of Medicine, from Boerne, Texas. He loves singing, playing guitar, Spider-Man, podcasting, and — as is evident — his grandpa. As life and medicine continue to grow more complicated, he has found comfort in writing his feelings.

Do You Have ITT?

As much as we talk about the "other stuff," the focus of medical training still tends to be content expertise. One of the commonly used metrics to measure such expertise falls within the framework of Entrustable Professional Activities, more commonly known as EPAs.

The EPA paradigm makes an honest effort to move beyond the stuff of lecture halls and standardized tests to value harder-to-measure traits such as collaborative spirit and personal responsibility. Yet, on that hallowed ground that bonds healer to patient, we need to propagate an even richer crop.

We live in the age of George Santos, the lying, cheating, stealing congressman. A fraud. A con man. He sold the world a story designed to advance his own personal goals, to gain him a position of honor and power.

We live with the reality of Spyros Panos, a former orthopedic resident at LIJ, now heading to federal prison for the second time. Yes, *second* time. Convicted initially of performing sham surgeries, on release from prison, and with his medical license already revoked, he began to perform sham insurance exams. Panos, and those who abetted him, sold the world a story designed to gain him wealth and quench his greed.

Spyros was by all accounts very "entrustable." In fact, very likable. Sharp wit, easy smile, good hands. He had the package. As a resident, he may have been described by some as a choir boy. Evidently, Mr. Santos, now a seated congressman, conned enough people into thinking he was entrustable as well.

In the world of acronyms, they both talked the talk of EPAs. What they were missing, and what makes all the difference, is walking the walk of I, T, and T.

ITT.

Integrity.

Trust.

Time.

None of these are taught per se, or not in the usual sense. Outcomes for teaching nebulous, albeit vital, skills are a challenge to measure. If you can't measure it, you can't define outcomes. And the

Journal of Nebulous Outcomes is just not a thing.

Integrity is a basic element of a virtue-based life. It is a characteristic that needs to be part of a mission statement to do good. It needs to be not so much taught but infused and integrated into all phases of the relationship between healer and patient.

Trust flows naturally from a foundation of integrity, yet it needs to be proactively and conscientiously developed. It can't be granted. And it can't be taken for granted.

Gone are the days when a white coat and air of authority were enough. Likewise for diplomas and degrees and multiple letters after your name. The public is cautious, even cynical, about authority. And justifiably.

Yet even with the best of intentions, to live a life of integrity, and to build trust, one will fall short if one doesn't effectively manage, even harness, time.

Time is that most precious of resources. And in the context of patient care, we need to value what we'd call quality time. Unfortunately, it's a rare commodity, one that is increasingly under assault, that needs to be treasured, and preserved.

Time pressures are as real as anything. For much of your career you will have someone looking over your shoulder, checking the clock, and collecting data. That data will reflect diagnostic and treatment codes, or billing codes, but it won't necessarily reflect your level of integrity or trust.

Ultimately, a patient survey might give you some insight, just like a grade on an exam. Yet, when you walk out of a test or away from a patient encounter, you kind of know how you did. If, that is, you really want to know. The man in the mirror knows.

It's all too human to succumb to hubris, to temptation, to the pressures and strains of daily routine. It just is.

Value your integrity. Develop trust. And safeguard your time with those who entrust you.

Have ITT and keep ITT. EPAs are important, but not without ITT.

Robert I. Gluck, MD, is a retired Northwell surgeon, now on the full-time faculty at the School of Nursing and PA Studies, and adjunct at the Zucker School of Medicine and the School of Health Professions and Human Services at Hofstra University.

Fire Island Sunrise

ALAN SLOYER

"Fire Island is our happy place. Go out to the beach at sunrise and you are rewarded with this vista. Can you believe most people sleep in?"

Bop: The Surgeon's Mask

In memory of Z.L.Y.

You apprehend the shape of things to come
in subtle shards of light the scalpel throws,
make peace traveling a misty path
walked by your mother: stone faced, bright eyed,
think – O! how her hand shook when you let go.
Know diagnosis – still – life looms so large

Silence settles on the clocks.

A price paid to survive: Compromise,
ceding slowly control of limbs and voice,
Trapped in a foreign vision of life – you –
watch the slow insinuation of tubes.

It's no surprise if, bed-bound
Pressure blooms oozing wings from your spine
and a shattered supply chain sends salt for your wounds,
a cruelty, at which you can only blink.

Silence settles on the clocks.

In a bed beneath the hallway lights
you cast a weary glance towards the phone,
and see your daughters: one was far away, and knew
they would have to walk their paths alone
in the end – it could have been much worse
in the end – you closed your eyes and then –

Silence settles on the clocks.

Marvin Ho is a first-year medical student at the Zucker School of Medicine who hopes to deliver world-class care to underserved populations as an internist. As an English major in college, he developed an interest in poetry as a tool to communicate where language fails. He is interested in cardiology, the interplay between the roles of physician and patient, and the use of poetry in speaking where normal language fails.

SURG B Critical Care Outpost

Rows of bodies lie side by side on the edge of life and death. Tubes, drains, lines; faces swollen and disfigured beyond recognition. The sounds of life-sustaining machines moving air and blood throughout broken and battered bodies. COVID-19 is the cause of this human destruction and it hit us like a meteor on a crash course from outer space.

Families disconnected from wives, husbands, “Pop-Pop”s, “Gammy”s, and trusted friends in the final moments of life. Bedside vigils replaced with iPads or PPE-adorned 15-minute end-of-life visits. Imagine saying goodbye to your soulmate in 15 minutes in attire that is completely foreign but necessary to protect you.

It is easy to succumb to the sadness and feel hopeless; yet every day, beacons of hope and light arrive and deliver focused, compassionate care. Every action they perform is targeted at defeating and destroying this invisible enemy. Nurses suit up every shift like soldiers on the battlefield dodging COVID-19 instead of bullets. Like soldiers, they will carry visible and invisible scars. Faces left reddened with deep lines from wearing N95’s for 12 hours and bruised hearts from the profound loss of life. Hope is what carries us forward to a tomorrow filled with life.

Tunisa Riggins, RN, is a Director of Patient Care at Long Island Jewish Medical Center. Tunisa's interest in writing started when her mother gave her a book of poetry by Langston Hughes in elementary school. Storytelling is her way to express thoughts and emotions as she navigates complex situations in healthcare.

Waving from a Distance

STEFANIE MA

"Originally I took this photo to capture my sister, the person waving in the photo, and the sunshine reflecting off of the sand and water. However, upon further reflection, I realized that this person waving from a distance could be interpreted as someone waving from a point in the future. Thus, this photo serves as a reminder for me to keep moving forward and look forward to the experiences life has in store for me."

Stefanie Ma is a first-year medical student at the Zucker School of Medicine. Stefanie's passion for the arts started with music when she learned to play piano. Stefanie has recently directed this passion towards photography and has used it as a way to express gratitude and appreciation for her life experiences.

Failure

Failure to protect the sacred nest
Squashing laughter with a single burst
Cries of joy no longer physical
Now deep in the soul, inextinguishable
Remembering loss of one so beautiful

A single burst multiplied by many
From a haunted soul on the devil's journey

Failure to validate loss of life
To prevent strife
Promoting grief
A task accomplished by the stroke of man
Nestled pinnacle not giving a damn

Deceptively powering pro-life
Children suffering the plight

Failure to secure what is possible
Without agenda
Withdrawing hate
Loss of life, not by mistake
Unforgivable denial of all that's at stake

"Like so many others, I was devastated after the mass shooting in Uvalde, Texas. My emotions drove me to write this poem."

Frances Santiago-Schwarz, PhD, is an Adjunct Professor of Molecular Medicine at the Zucker School of Medicine and Professor at the Elmezzi Graduate School at Northwell Health. She is a biomedical researcher, immunologist, and educator, recognized for her pioneering work on monocyte and dendritic cells in normal and abnormal physiology. Throughout her career Dr. Santiago-Schwarz has actively applied her professional experiences and expertise to help promote public health, research, mentoring, and education in varied local and global settings.

Darla

There was a crowd surrounding the room. No hysteria, just a simple group of individuals responding to the call from overhead. We were told at the site, "The family does not wish for everything to be done."

She is at a place where loved ones had sent her to live out her remaining few years as they could no longer care for her. Her condition was one that many could not understand that had left her consistently dependent on others. It's not what you think of, as she is not someone who would be considered elderly. Her family wanted her to go peacefully. They only wanted to see her suffer less.

However, unbeknownst to us all, her body would fail her and no longer be her own. Rather, a powerful and larger entity had assumed ownership of her from a legal standpoint. It was no longer her or her family's right to decide as we dove deeper into the matter. Her breathing was noted to be in the most agonal state. Her distress was observed by her rising and falling chest going faster than our stated normal. Her outright inability to breathe was as clear as day.

A decision was made to intubate. The decision that had to be made was formed by me and the team, though we had no real choice in the matter. A line was to be placed to ensure medications could be administered; however, it was not possible despite our many attempts. Suddenly, her pulse was lost. We began our algorithm that we had been told to rehearse time and time again for this very moment. We each had a role to play, and I agreed to step up to push on her chest. My apprehension was still there, though I didn't have time to think or process before my hands began to do what they had been trained to do. I can recall the look of agony in her eyes and the frailty of her rib cage under my hands as we worked to bring her back. Her eyes were already a specific way due to her being born with an underlying condition. Yet another thing she had no control over.

We had seemingly no control over the situation we were in right now. But wait, *we did*. The *whole public did* but they chose to put her and others like her at risk for outright selfish reasons. They refused to abide by guidelines and refused to listen to professionals

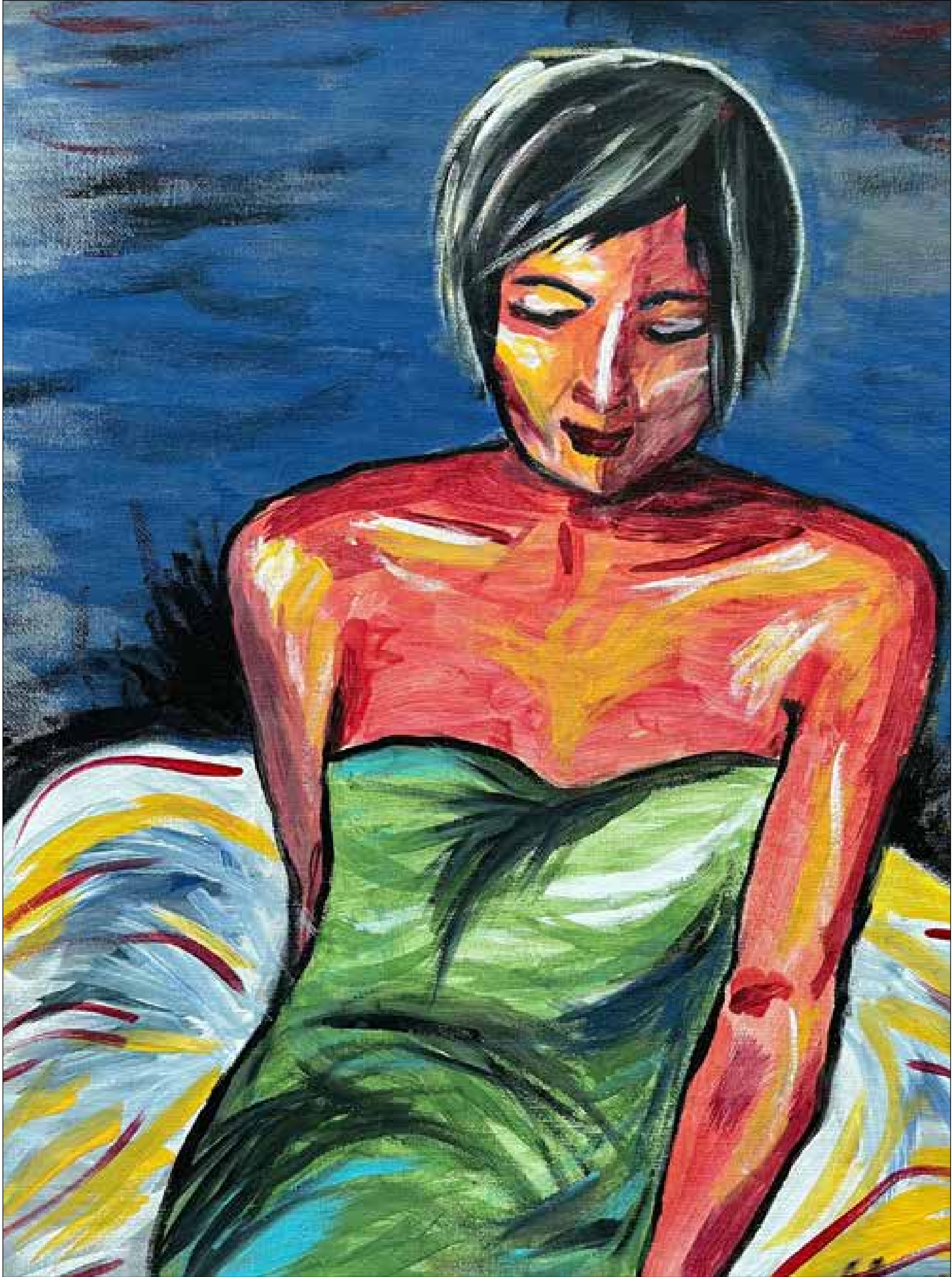
in the field advising them to protect themselves and others through precautions against this infectious microorganism.

They let her down, and the monstrosity that we all continued to fear had taken over her body and put her in this state. She was consumed whole by it. Suddenly, her pulse returned. We had achieved something. She had survived, but all I could think of was the pain and suffering I saw in those lifeless eyes. The infamous breathing tube was placed. She was taken downstairs, where she would stay.

I would later hear from an esteemed colleague that her personal wishes and her family's wishes had been granted and approved by the ever-so-great governing body. Too little, too late if you ask me.

However, it filled me with great relief that we were able to take the tubes and lines out and make her comfortable. It was only a couple of hours later that her nurse came to me, and I was to formally pronounce her with the sounds of her sisters' cries filling the room. Hearing them call, "Darla! Oh, dear, sweet Darla," my insides felt as if they were being maimed. I left them alone, and I proceeded to sob on my own as I filled out her death certificate. As I continue to go about my day, I silence the voices echoing around me that say I will "get used to it." I hope I never do. For if I do, I will only be complacent and will not be giving Darla the respect and dignity that she deserves. I hope I am never "used to" anyone else's loved ones dying in my arms or in my presence.

Rida Javaid, DO, is a Resident Physician at the Zucker School of Medicine and at Peconic Bay Medical Center. In her spare time, she enjoys writing reflective pieces that highlight her experiences in the world and the world of medicine. She believes that this inspires her to look deeper into her patients' narratives.



Melancholia

RAMONA RAJAPAKSE

"This piece portrays the inner challenges faced by patients dealing with illness."

Ramona Rajapakse, MD, is an Associate Professor of Medicine at the Zucker School of Medicine and Program Director of the Mather Gastroenterology Fellowship. She has always had an interest in the creative arts and is a passionate singer and artist when she is not taking care of patients or teaching.

Tapping into Uncertainty

What is the basis for all the marks on my mother's body? Is that scar on her cheek actually from some procedure meant to save her from the ravages of too much sun? Or does its engraving signal some other way that life and living have sliced her? Does that mark track some sadness? Is it an outward sign of some quiet suffering? Can I know about this? Can daughters know their mothers this way? What hurt her then? And what hurts her now? Or better, is her nearly ninety-five-year-old self protected from hurts? But if it is not, how can I keep those hurts at bay?

What is the reason for the imbalance in her knees? Why is her right knee so swollen? Has right-ness weakened her posture? Did she posture rightness, rectitude? No. She stood against forces that weakened her, that swelled her limb and interrupted her stand. With grace. Why can she no longer stand? Who stands for her now?

What caused the uneven pairing of her breasts? Did the oncologist need to excise some softness from her? Was she too good, too sweet, too kind, for this difficult world? And why, as I bathe her, do I find her so beautiful still? Is asymmetry always lovely?

Her left breast is smaller now, but no scar is visible from that surgeon's mission. Her heart under that left side is somehow impressed by the exterior change but not lessened. What is the nature of wholeness? Why do we lose pieces of ourselves? And why do I question that she is not whole in this moment, that she is not exactly as she is supposed to be?

The uneven flow of memory and engagement of her mind is a mark, too. Or perhaps this particular change is marking me. What are the marks we cannot see?

Ethna Dempsey Lay is Chair and Associate Professor of Writing Studies and Rhetoric at Hofstra University. She is also primary caretaker for her mother, who suffers from dementia and has lived with her for the past nine years.

NARRATEUR

Coral Dahlia

ALAN SLOYER

"This was my first try at flower photography, taken at the Bayard Cutting Arboretum in Great River. I was surprised to find out that there is a Dahlia Society, and a large dahlia competition every September."

What I Had to Learn on My Own

I had to learn how to comfort in the presence of demise
There's no school, no fellowship that teaches this
To hold their hands and listen
In silence

To listen to anguish
To set aside my ego and make space for theirs
To stand with patients and families in moments
Of despair
To stand in their oversized shoes
To try not to fall
To admit that I will just never know
Until it's my turn

I had to learn to realize that how people treat you
What they are going through
To be responsive but not too much
To set limits
And set limits on our limits
And boundaries
And boundaries on those
To know when something is too much

To be present
To be in silence
To be with silence
When wanting to fill the silence with
Words with questions with
Reassurances with the comfortable
Sometimes we do more just by being
There
In the moment,
In the silence

The members of the Huntington Hospital Palliative Medicine Department gathered in a group reflection session and responded individually to the prompt "Write About Something You Had to Learn on Your Own." The poem above was generated from their responses.

The Existence of God – FRANK'S PIZZA – God Pays Up

On a fine sunny Friday in August, I conduct my business at the bank. Leaving my car in the bank's parking lot, I walk to Frank's Pizza for lunch. I sit at the counter and order a cup of gazpacho and a slice of mushroom pie. It's usually possible to learn the town gossip while eating.

Today, there is a woman sitting at the same counter loudly venting her frustration at not being able to collect some survivor benefit or other from a government agency. Her father had recently died. The sticking point is that she cannot offer an acceptable cause of death to the agency.

"What, do they think I killed him?" she says.

I refrain from telling her, "Happens more often than you think."

While all this is going on, a summer squall inundates the streets. I succeed in making my pizza last until the sun returns. As I get ready to leave, so does this woman.

Okay, let me help her out. So, I speak to her.

It turns out that her father was on home hospice care with a non-healing foot ulcer. When he passed away, a physician had checked off on the death certificate that the death was of natural causes but did not specify a cause. I explain that what she needs to do is get an eldercare attorney to get the records from the home hospice outfit, have a physician review the records, and have the physician sign an affidavit specifying a cause of death.

As I leave, the sun is again shining, but the streets are wet. I am thinking a good deed is its own reward. But halfway to my car, I find a soaking wet five-dollar bill.

It occurs to me that not only does God in His infinite wisdom observe all my behavior, but He has valued my advice at five bucks.

James B. Naidich, MD, has been a resident of Port Washington and an Attending Physician at North Shore University Hospital for more than fifty years. He holds the academic title of Professor of Radiology at the Zucker School of Medicine. As Program Director he has trained a generation of physicians to become radiologists.

Blue Was My Favorite Color

For two weeks I watched her lie
With hopeful, naive eyes
A brain bleed stole this person
Froze her body in time

A frantic voice overhead
Warnings of a broken heart
Dashing through familiar halls
Pulses race — hers won't start

White coats among navy scrubs
A wild, crashing torrent
Spills from her doorway
This raging river she warrants

To and fro her shoulders lurch
Animated to a false escape
Bound by plastic tubing
Her skin fades to yellow and gray

Above her I loom with elbows locked
A cyclic assault ensues
Questioned non-maleficence
Ribs snapped and muscle bruised

Fluids and medications
Pool in static veins
Efforts encroach on futility
New orders to refrain

I reenter the hallway numb and confused
This daze finally broken
By the wail of a newborn boy
She entered slumber, he had awoken

To return to the others in need
With focus and courage on hold
To continue like nothing transpired
A seemingly uncrackable code

Blue was my favorite color
But with all I have incurred
It no longer grants me comfort
And I dread this spoken word

Patrick Tierney is a fourth-year medical student at the Zucker School of Medicine with a scholarly concentration in humanities in medicine. He is from Pittsfield, Massachusetts, and will be continuing his medical training in neurology.

Morning Reflections

JOSHUA D. SEGAL

"This image (taken in 2022 in the Hudson Valley) was composed to use motion such as the birds flying and the ripples in the water to provide a reference for the otherwise overwhelming stillness and peacefulness of the morning."

Joshua D. Segal, DDS, MD, MSEd, FACS, is the Program Director of Oral and Maxillofacial surgery at Hofstra/Northwell and Assistant Professor of Dental Medicine at the Zucker School of Medicine. He received his DDS and MD degrees from Stony Brook University and completed his residency training at North Shore/LIJ. He focuses mostly on landscape and portrait photography and enjoys creating images that explore alternate perspectives of everyday scenes.

The Astronaut and the Turkish Eyes

—"For now, we just have to wait. We performed the surgery as soon as we could. Damage to the area was extensive but I was able to control the bleed. Like my partner explained before, it's too early to tell."

—"I understand. When can I be with him? Just for a few seconds, I'd like to see him."

—"He's on the way to the ICU. I'll personally go and check for you. I'll have the call transferred to this room's extension."

—"Thank you so much for your help. I don't want to bother you. He always says that even though he's a doctor he wants to be treated like anyone else. No special concessions, please."

—"That's very noble of him. Not all the doctors think like that."

—"I know. That's the way he is. You will never meet a man like him. Trust me."

22 hours, give or take a few seconds. I have to return. I've received the doomsday orders. I need to see her one more time. It's all blurry and bright and blinding. I feel so cold, but my fingers are so warm. I'm inside the whitest cloud with tiny stars around me. Can you hear me? Control? Do you copy?

Outside, everything looks black with millions of blue butterflies politely waiting to outshine each other.

22...no, 21 hours left now. I believe. I'm too far away. They know I can't make it. I know I can't make it. It's statistically impossible. They can't defy the laws of physics. Only she with her radiant presence can stop the Universe. The rules and metrics don't apply here. Only she can stop the moon, the sun, the transit of Vincent's stars.

I need to return to her. The pills in the red compartment can take me back to her faster, but this will only be a shortcut. I must try to find faith hidden under the lid. The course has been set but time will cut it short; time, time is but a thief. Now I understand the line.

Each pulse on the screen is taking me back to her. They have tried, they have done their best, and yet science can't outsmart Fortuna.

My third heart, hers, is still beating, defying all odds. It is indomitable. Like I told her so many times, only death can stop it. I'm surrounded by plastic and alloys, I'm hooked on a spiderweb of contraptions.

3 hours now. Three, her favorite number. No more minutes, no more seconds left.

I have defied time and space. They have done their best. I'll get to see her Turkish eyes again. One more time. One more time. One last time....

Jorge D. Nieves, MD, is a pediatrician who has been working in the Bellmore-Merrick area for the last two years after practicing in Queens for 23 years. He was born and raised in Puerto Rico where his interest in literature started when he just turned eight.

NARRATEUR

Bryce Canyon National Park

(above and previous page)

ASMA IFTIKHAR

"Bryce Canyon National Park is located in southwestern Utah. The major feature of the park is the collection of giant natural amphitheaters. Bryce is distinctive due to geological structures called hoodoos with the red, orange, and white colors of the rocks. Some places leave you speechless. This was one of them. Nature is art."

Asma Iftikhar is an Assistant Professor of Medicine at the Zucker School of Medicine and an Attending Physician in Pulmonary Critical Care Medicine at Mather Hospital. Her career in medicine affords her the opportunity to pursue photography with the passion that it deserves. As a physician and photographer, art and science have long been intertwined in her life. As a self-trained photographer, her main interests are landscape, travel, and opportunistic wildlife photography. Her goal is to capture nature as she sees it.

Majestic

ZERRYL BERNARD

"A fascination with doors led me to raise my eyes in awe at this church in Bruges, Belgium, the Church of Our Lady Bruges."

Observation on Fishing

Early on in medical school, I participated in the Tell Me More® Program after the initial wave of the COVID-19 pandemic. Tell Me More was largely an initiative to learn more about patients beyond their HPI with semi-structured interviews. This reflection is from the first few weeks of that program.

When I think about the patients I saw this week, one patient jumps out at me, a Jamaican man who talked quietly about his love for fishing (something that had come up multiple times with other older men). This story about fishing was different from the others. Glancing at me from the side of the bed, his eyes wrinkled as he spoke: “You know I’m not really talking about fishing, do you know?” He went fishing to find himself, he said. When I asked him what he meant by that, he paused. “You’re making me think of things I haven’t thought about in a while,” he said slowly. “You know, when I’m on the water, I just feel it.”

There is a moment in all my patient encounters, where I feel the topics shift from pleasantries to what they find truly meaningful. These conversations are not necessarily unique and revolve around a few themes: the people that the person loves, their most beloved hobbies, and the perceptions they have about themselves.

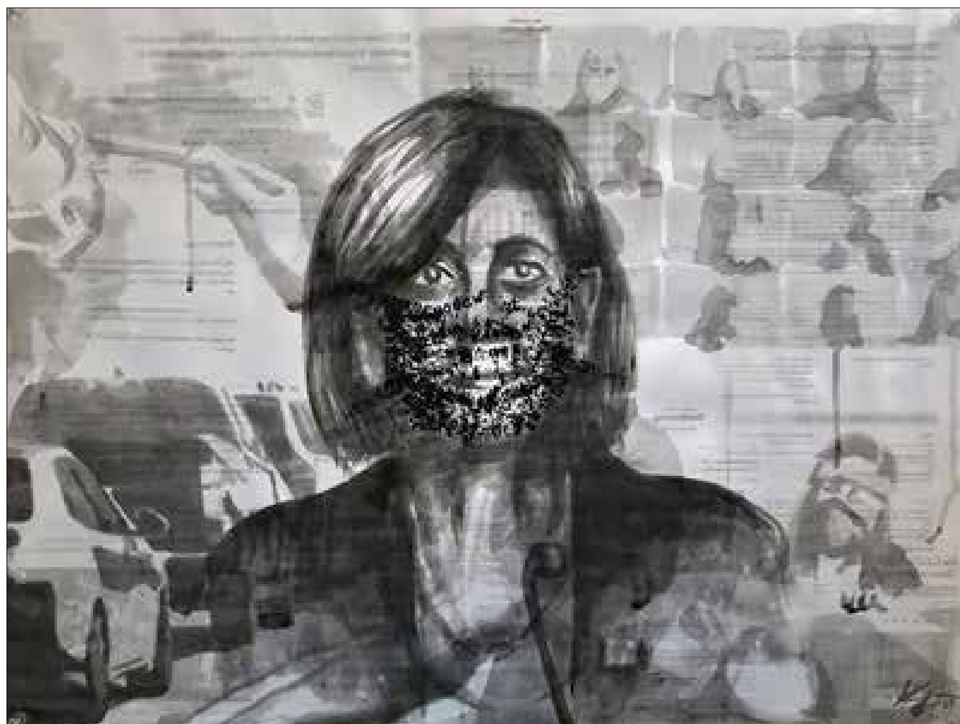
What was remarkable was the change in energy that accompanied the movement from the relatively superficial to the personally sacred. In these moments, I feel like I have been invited to visit them on holy ground, to share in a moment of authenticity.

Stories spilled out after the fishing discussion: details regarding the food he loved to cook, what he missed about home as an immigrant, and proud anecdotes about his adult daughter. As I was leaving, he offered up this statement: “You are working a type of magic in me. You come in, and you don’t say much, but little by little, you lift me up.”

I don’t labor under the delusion that we are able to change our patients’ lives as medical students, but I hope that in our day-to-day talks with patients, we can at least lift their spirits in a difficult and depersonalizing time. I’ll remember this conversation for a long time to come.

Ultimately, I don't know (and cannot know) how Tell Me More affects the patients' hospital stays, but this practice, of silent appreciation when I am let into their world, is infinitely valuable to me.

Michelle Zhong is a fourth-year medical student at the Zucker School of Medicine applying into Psychiatry. A lifelong student of the humanities, she believes in the power of personal narratives in shaping her development as a future doctor.



Are We Back Yet? (III)

AMANDA LASTELLA

Third in a series (see page 23)

Abandoned

Joshua D. Segal

"This photo was taken in the Hudson Valley in 2021. I am fascinated by structures such as this building which is so detailed even in a state that it probably was not designed to be viewed in."

I Dream Ahead

Called from the surgeons' lounge
By the resident who is now ready,
Having prepped the site —
Shaved, marked and cleaned —
Draped the head and steadied the bed
For the life-saving aneurysm clipping,
I stop thinking of my former life.

This resident lives a life
At a pace patients require
From healthcare, from us, from me —
For an improved quality of life,
To live without impending doom,
To have body and mind reprieved —
Such is the pledge she committed to.

Not that she is alone in this:
With duties spread among seven
From intern to chief resident,
There is much to do, much to listen to.
She is to set the example
They all aspire to emulate
And will set, as I did moons ago.

Heading through the OR doors,
She provides me with the summary
Of her approach, her execution,
Guided by CT and 3-D mapping MRI,
To save future complications
From becoming reality.
I listen to her every word as we enter.

Donning the gown and glasses,
I speak with the anesthesiologists,
The scrub tech, the device rep,
All we need is now at our hands,
Now scrubbed and poised in silence
For this prayer that need not be spoken,
The prayer that we acquire by caring.

We must be quiet now
As our respected nurse calls a time-out
To ensure this is the correct patient,
The correct procedure,
The correct site.
When all is agreed by all attending
The incision into the scalp is made.

With bleeding exposed, we now apply
Knowledge and research to close,
And as I guide her through this case,
Another calls to seek advice from me.
Pausing, I listen to the OR nurse
"The floor wants to know
What you will like to have…"

"…what will you like to have?"
Distracts my sturdy attention
As I look in the mirror
At my white coat and slicked hair
As I wait in line
For coffee between classes
In my MS2 year.

Our Swan Lake

NIRUPA GALAGEDERA

"This photo was taken on an early Saturday morning run. This treasured spot serves as an oasis from the bustling, more urbanized surroundings. The lake offers tranquility from a chaotic week in the hospital. The perimeter, a scenic running track, lends a sense of tangible accomplishment often hard to grasp as a student of medicine. This refuge also provides a sense of community among the inhabitants inside and outside of the lake."

Nirupa Galagedera is a fourth-year medical student and aspiring pediatrician at the Zucker School of Medicine. Since her first paid job as an art educator in high school, her passion for art and photography has grown during medical school, allowing her to connect with others, including her patients.

Lost over Time

My dad, Dr. G. M. Shah, was born in a remote village called Lalpora, in the state of Jammu and Kashmir in what was then still the undivided country of India, in 1932. He was one of the first physicians from his state. He came from a desperately poor family and had to walk a few kilometers to school each day, each way. This was after waking up at 5:00 am so he could lead his family's scraggly livestock to pasture before heading on to school.

My dad distinguished himself from an early age by being highly self-motivated and ambitious. One of many siblings, he moved to the capital city of Srinagar to pursue his education. He eventually obtained admission to medical school at Agra University and completed his medical degree in 1956. By 1960, my dad had completed his MD degree in Physiology. He also trained in hematology at Calcutta, neurophysiology in New Delhi, completed a medical teachers' training course in PGI Chandigarh and obtained additional training in cardiovascular physiology at SUNY, Buffalo. By the time of his retirement in 1987, at 55 (then the retirement age in India), he had ascended to the post of Professor and Head of Department of Physiology in the biggest health system in Kashmir. He never forgot his roots and always gave back to his place of birth, parents, and siblings. He was extremely generous to everybody he encountered in life, and regardless of how much he had, he made sure he helped everyone in his sphere of influence.

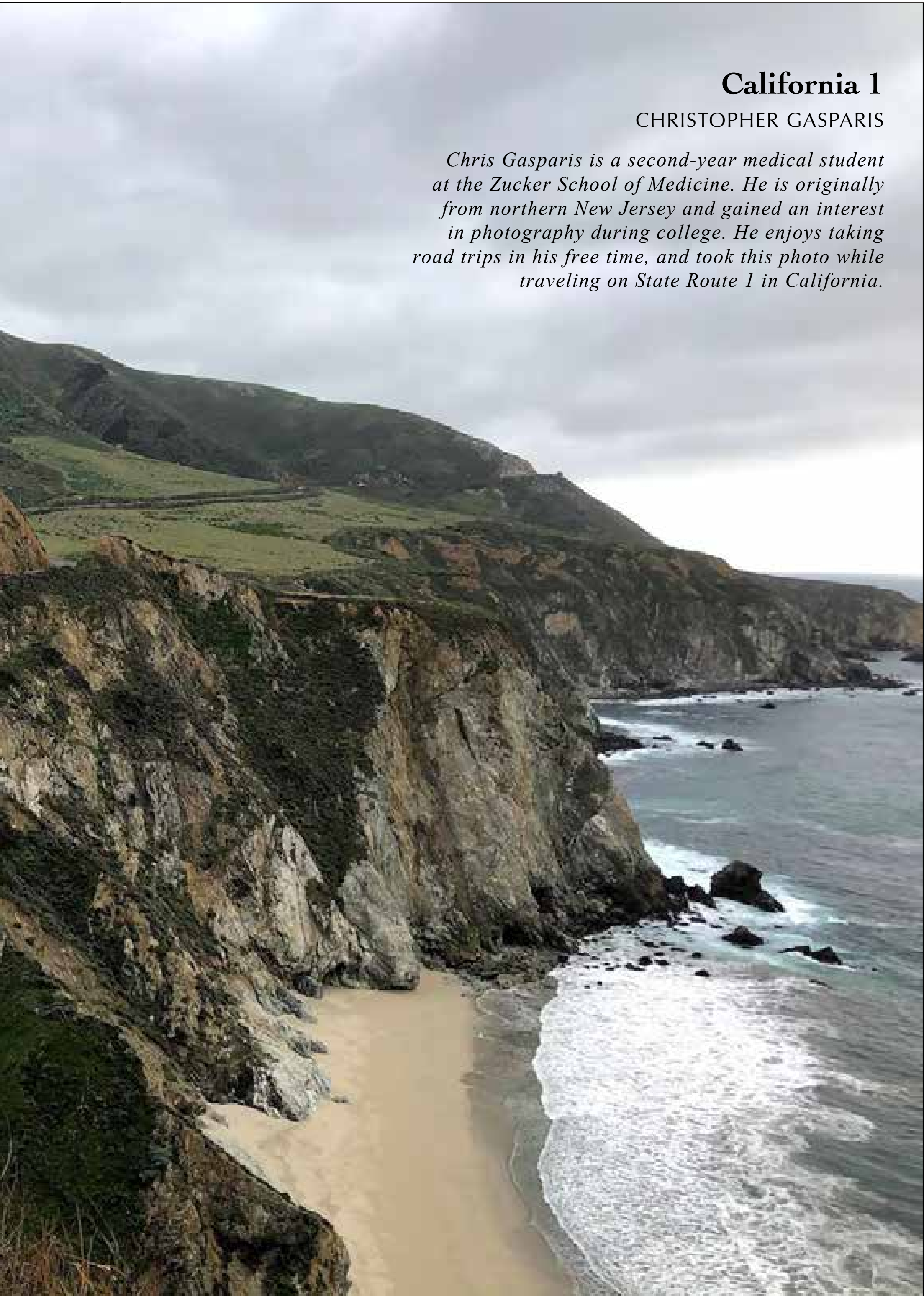
He eventually moved to Lakewood, Colorado, with his wife and lived a nice, happy, retired life until July of 2020, when he was found wandering in a mall, unsure of where he was, by Denver police. He was admitted into a hospital where he was diagnosed with dementia. Everything went steadily downhill from there. Our entire family was dismayed by his rapid deterioration. In March of 2021, he peacefully passed away in his sleep.

The sharpest cut for me was the travesty of seeing a sage, dignified educator reduced to a prisoner of randomly firing chaotic neurons. All his life, he was an organized man — a man who kept his files neatly folded, tabulated and labeled, a man who kept his

toiletries organized and orderly. There was never chaos among his possessions. He was a stickler for order, but at the end of his life, he had lost everything he valued — his orderliness, his meticulousness, his acuity, and his wit. He became instead a helpless inmate of his own dwindled brain.

A man of sterling character, a man of principle, steadfast to his purpose in life, was robbed of his finest years by the worst of all diseases.

Suhail Shah, MD, is a Hospitalist Physician who has been working at Northwell Health for over 25 years. Besides this he has been active in various administrative and leadership roles at NSUH Manhasset and has been President of the Medical Staff Society, Chair of the Northwell Credentialing Committee as well as serving in numerous ongoing roles in Northwell administration. He discovered a passion for writing and has dabbled in prose and poetry all his life. He would like to dedicate this piece to his recently deceased father.



California 1

CHRISTOPHER GASPARIS

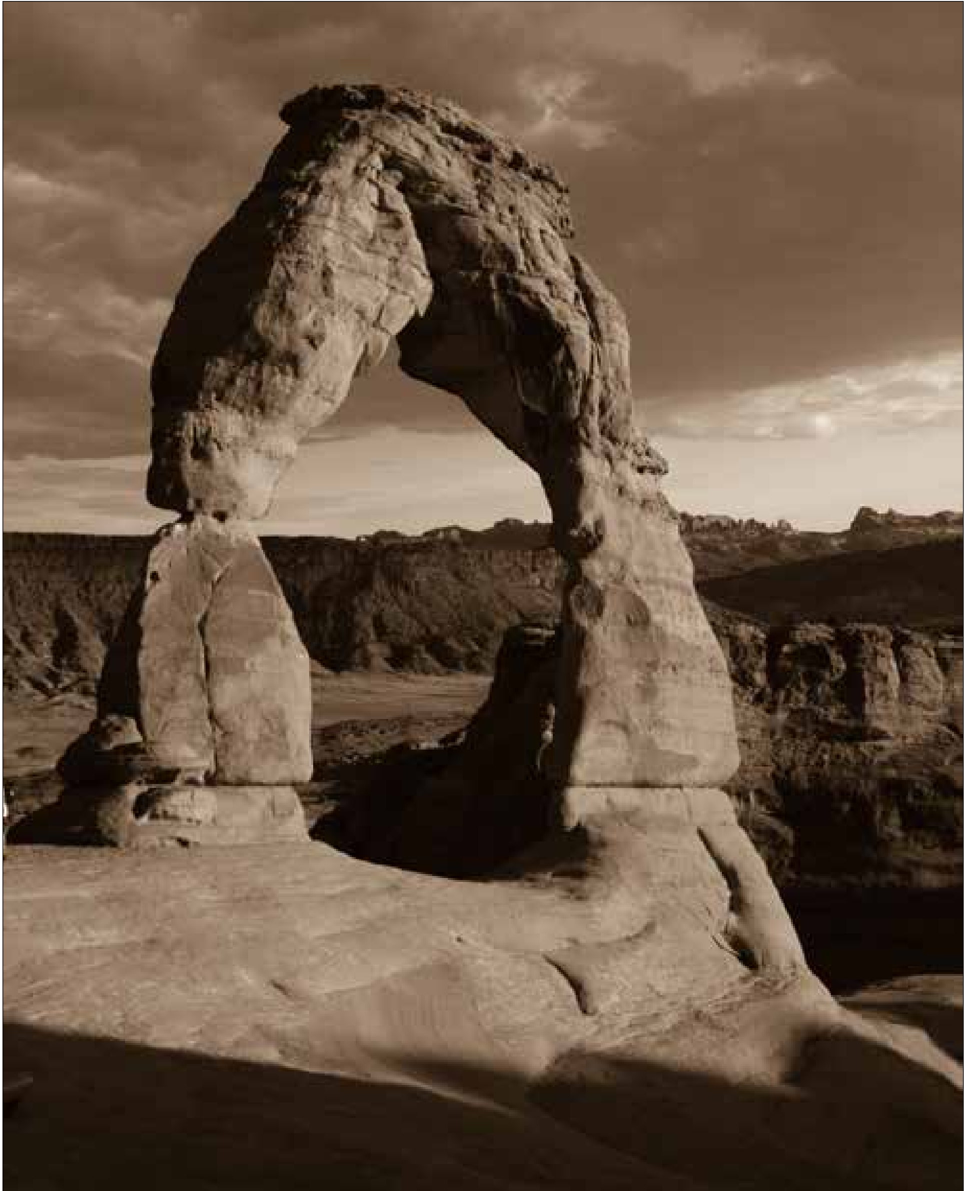
Chris Gasparis is a second-year medical student at the Zucker School of Medicine. He is originally from northern New Jersey and gained an interest in photography during college. He enjoys taking road trips in his free time, and took this photo while traveling on State Route 1 in California.

The Last Time I Was

brave was when I
breathed
because
I had forgotten
sinister
outcroppings
could drift and float.
          What else could I do?
Breathe, walk, hold her hand.
          We slept
together and one
would
not wake up
Who knew I was brave?

"Many people are quick to ascribe bravery to someone facing death when, from their perspective, they are living one breath at a time. The narrator of this poem is left uncertain, either a posthumous reflection by the deceased or the living spouse left to mourn."

Joseph Weiner, MD, PhD, is an Associate Clinical Professor of Psychiatry, Medicine, and Science Education at the Zucker School of Medicine and an MFA student at Stony Brook Southampton. He has won national awards for his work as a clinician and medical educator and has published creative nonfiction in the Journal of the American Medical Association (JAMA) *and elsewhere.*



Arches National Park

ASMA IFTIKHAR

Arches National Park is located in southeastern Utah just a few miles north of Moab and is very famous for its unique Arches. Delicate Arch is 46 feet high and 32 feet wide, making it the largest free-standing arch in the park. It has had more than a few names in its history, from the colorful ("Cowboy's Chaps" and "Old Maid's Bloomers") to the prosaic ("Salt Wash Arch"). Delicate Arch is formed of Entrada Sandstone. The original sandstone fin was gradually worn away by weathering and erosion, leaving the arch. The beauty of Delicate Arch is unexplainable. It is a unique piece of nature."

A Good Run

A good run. That has become my go-to phrase when attending the wakes, funerals, viewings, and memorials for the oldest of the old, the people who have passed away in their tenth or eleventh decade of life, and – now that we are well into the 21st century – those with lives that have spanned well across two centuries.

As someone with deep New York City Italian roots, I have been attending services for the departed throughout my life, a consequence of my parents' lack of the cash flow needed to pay for babysitters. I do not recall the first Catholic wake that I ever attended, but I am sure it was at a well-respected, long-established, family-owned funeral home situated on a major thoroughfare somewhere in Brooklyn or Queens, most likely with limited parking.

After many years, I know the drill — sign in and tuck a laminated memorial card into my pocket before slowly working my way up to the front of the room, where the family awaits. If the room is very crowded, I pause to examine the lush floral sprays and the extensive display of photographs documenting both the important and ordinary moments of a person's life. I stop in front of the casket, which is sometimes closed but usually open, and I close my eyes while I murmur the Hail Mary prayer before stepping aside to let someone else pay final respects.

It is then that I turn to the family members to offer my condolences. There have been a few times when I have struggled to find the right words – a young child gone due to illness, a young adult lost to drugs, or a young mother taken far too soon from her children. On those occasions, standing in an inevitably crowded room, the air thick with sorrow and grief, I can only offer a hug and say, "I am just so, so sorry."

However, for the elderly, the gatherings tend to be less fraught as those in attendance embrace the idea of a celebration of a long life. Then, it is easier to say, "I am sorry for your loss," before I add, "but it looks like your dad had a good run." Or mom. Or grandpa. Or grandma. And the son or the daughter or the grandchild replies with an enthusiastic, "What? Are you kidding?

They had a great run!" And then we smile, slowly nod our heads, and chuckle softly.

As I write this, my father – in his own tenth decade of life at 91 years and a few months, his end stage renal disease worsening by the day – spends his time at an inpatient rehabilitation facility as his healthcare team works to get him stable and strong enough for us to bring him home. But with his rising creatinine and dropping hematocrit, that outcome seems less and less likely.

I envision myself before long as one of those family members standing at the front of the room, greeting a steady stream of visitors, accepting their condolences. Some of them may very well use my line: "He had a good run." I will agree wholeheartedly and respond, "Are you kidding? He had a great run!" And then we will smile, nod our heads, and chuckle softly.

But, but, but…I have come to appreciate over the years that no matter how long, how good, or how great…it is never quite enough.

Lorraine Mesagna graduated from the Hofstra University MFA creative writing program with a focus on nonfiction writing. Her narrative medicine works have appeared in Blood and Thunder, Harmony*, and* Narrateur.

Submissions

Narrateur: Reflections on Caring is published by Northwell Health and the Donald and Barbara Zucker School of Medicine at Hofstra/ Northwell. This art and literature 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 include health, illness, caring and expressions of the human condition. The journal is published annually.

Submissions are open to Zucker School of Medicine students, faculty and staff as well as employees of Northwell Health and Hofstra University. For more information on submission guidelines visit our website at www.narrateur.org or contact us at som.narrateur@pride.hofstra.edu.

Special thanks to the patients, colleagues, and loved ones who inspired the words and images in this edition of *Narrateur.*

©2023 Northwell Health & Donald & Barbara Zucker School of Medicine at Hofstra/Northwell http://medicine.hofstra.edu