DONALD AND BARBARA
ZUCKER SCHOOL of MEDICINE
AT HOFSTRA/NORTHWELL

Northwell
Health

Narrateur

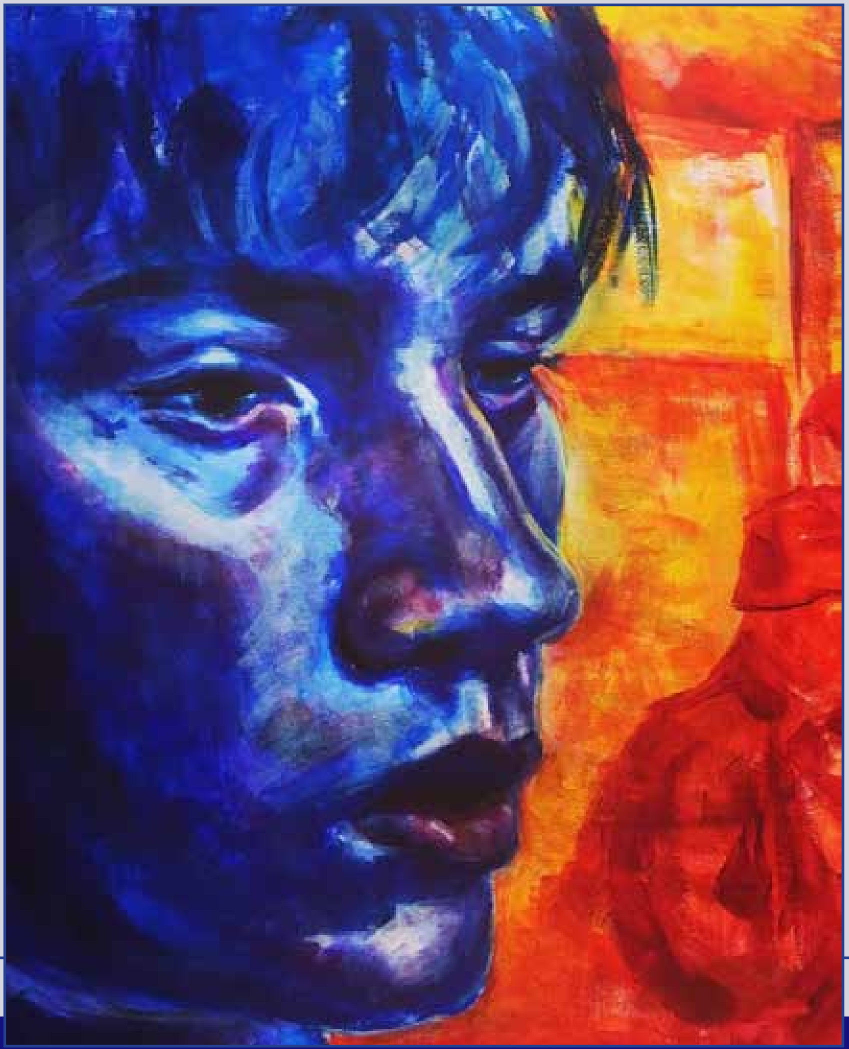
THE DONALD AND BARBARA ZUCKER
SCHOOL OF MEDICINE AT HOFSTRA/NORTHWELL

ART & LITERARY REVIEW

ISSUE FOURTEEN 2025

Narrateur

REFLECTIONS ON CARING



THE DONALD AND BARBARA ZUCKER
SCHOOL OF MEDICINE
AT HOFSTRA/NORTHWELL

ART & LITERARY REVIEW

ISSUE FOURTEEN 2025

Narrateur

REFLECTIONS ON CARING

Table of Contents

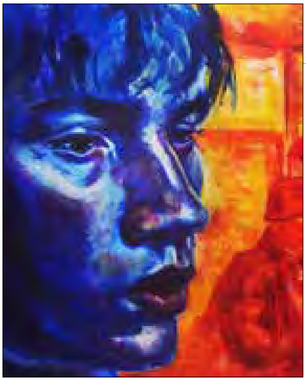
NONFICTION

FICTION

POETRY

ART

PHOTOGRAPHY



Front Cover

blueboi

Janis Li is a second-year MD-PhD student at the Zucker School of Medicine who has always loved expressing her thoughts and feelings through acrylic painting and sketch. She grew up in Livingston, New Jersey, and is an avid skier, cook, gourmand, and thrifter who enjoys many other activities with her friends. Acrylic on canvas, using the contrast of primary colors, "blueboi" is an attempt to capture the paralysis of sadness and anhedonia in a space that is so opposite in atmosphere.

Back Cover

Lacework of the Living

Dr. Jeffrey Lowell is a third-year resident in the Internal Medicine Residency Program at North Shore University Hospital and Long Island Jewish Medical Center. He appreciates the wondrous allegories found in nature and the insights they offer into the intricate daily workings of medicine. He writes, "This is a photo of a partially decomposed leaf where only its delicate, golden vein structure remains, creating a stunning natural lacework pattern. As illness strips away the unessential, what remains is a fragile but intricate framework of resilience and beauty."

Reflections on Growth and Success

As we celebrate this latest edition of *Narrateur* and prepare to matriculate our fifteenth incoming class of future physicians, it is time to also reflect on the enormous contributions our faculty has made to support our students and our community of caring. There are so many responsible for the growth and success of *Narrateur* and the Zucker School of Medicine's efforts to promote humanism and a culture of caring. The faculty mentors, the student editors, the spectrum of contributors, the production staff, and all the patients and their stories have amazed us year after year.

Among all that talent and commitment I want to acknowledge and thank a special person, Dr. Ellen Pearlman. She is the embodiment of our culture and has forged a path we will all follow for many years to come. After twelve years, Ellen has recently accepted a leadership dean's position at the Frank H. Netter School of Medicine at Quinnipiac University. While we are saddened to have her depart, we reflect on her contributions here at Zucker and are confident she will help them build their culture and become a special leader there as well.

She has been the face of humanism here at Zucker in much the same way that Frank Netter has been the face of medical illustration for so many of us through the years. In addition to humanism and caring, she has taught us that medical judgment, clinical decision making, applying the latest science to patient care, an appreciation of pathophysiology and disease mechanisms — they are equally important. Maybe most important of all is to love medicine! She has been the consummate role model of professionalism, excellence, and compassion.

Sir William Osler once said, "Wherever the art of medicine is loved, there is also a love of humanity." Wherever Dr. Ellen Pearlman is, there is also a love of medicine and humanity. Her mark on *Narrateur* and our culture will live on and flourish.

I hope you enjoy this edition of *Narrateur* and this tribute to our colleague forever: Dr. Ellen Pearlman.

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,

Welcome!

This is the fourteenth edition of *Narrateur: Reflections on Caring,* and the fourth edition to be completely student run. The works contained within this volume speak for themselves, but I would like to thank the authors and artists for entrusting us with their creations, our fantastic team of student editors for their commitment and attention to detail, and our faculty advisors for sage advice and guidance.

We continue to live in interesting times – times that make it difficult for our patients to receive the care they deserve. As I write this, the 2024-2025 flu season is on track to be the worst flu season in the past fifteen years, with vaccination rates down 10 percent from their peak in 2019-2020. My trans patients are worried about being able to access lifesaving medical treatment, and entire families have avoided coming to clinic for fear of deportation. We need action and policy to address these issues, so why the medical humanities, why *Narrateur* now?

Following the poet, Auden: *Narrateur*, or any creative work, like poetry

> …makes *nothing* happen: it survives
> In the valley of its making where executives
> Would never want to tamper, flows on south
> From ranches of isolation and the busy griefs,
> Raw towns that we believe and die in; it survives,
> A way of happening, a mouth.

I hope you find something in this volume that survives in you.

Sincerely,

MARVIN HO

CO-EDITOR-IN-CHIEF

Dear Reader,

“*Jingwei Tian Hai*” is a short Chinese myth. A princess drowns in the sea and is reincarnated as a bird. To prevent other children from dying the same way, she devotes her life to fetching branches from the hills, pebbles from the shore — and throwing them into the water. She persists despite ridicule and indiscernible progress. The tides, relentless, undo her work every night.

But she continues to this day. “Jingwei Fills the Sea.”

Dear reader, what does it take to have, as some interpretations deem it, such determination in the face of seemingly insurmountable odds?

To carry on?

“blueboi” captures what may come first: lonesome, tired defeat. The world so warm in contrast to our puffy-eyed, gaze-averted subject. (And yet, there are flecks of yellow glinting off of his face. And yet…)

“Short Stories” and “A Mother’s Hearth” find peace in loss and tragedy in the hospital. “Finding Value in My Scars” pays homage to both pain and healing with *kintsugi*, the Japanese art of mending cracked pottery with lacquer mixed with gold. “This Is Not a Toy” challenges our rigidity. Plastic bags are not toys, and yet…

When confronted with existential questions, we seem to turn to the details. The stillness of nature. Intricate leaf. Mother and child. Urea cycle. Hemophilic — “bruises easily.”

The unfairness of it all.

It’s true that we must carry on after we bear witness. The cruelest pain is as fleeting as the most frivolous joy when duty calls, time passes. Within the field of medicine, we must find it crucial to force a pause because we bear witness at all. Now is a more urgent time than ever to start considering who and what it is we might leave behind.

And it begins with ourselves. When the world around us is ever-devastating and beautiful, our connections with ourselves — our self-understanding, resilience, drive — are as precious as our connections with others.

I must fill the sea, I know. But I can’t forget that you are all I have.

Thank you for being a part of *Narrateur: Reflections on Caring*.

Sincerely,

EELIA SHAW

CO-EDITOR-IN-CHIEF

A Farewell to Remember, Ellen

Today I stand, not to say goodbye,
But to cherish the moments that made me fly.
With your guidance and wisdom, you led my way,
Your spirit and kindness brightened my day.

In your leadership, I found my stride,
You stood by me, always by my side.
Challenges came, but you showed no despair,
With patience and strength, you kept me near.

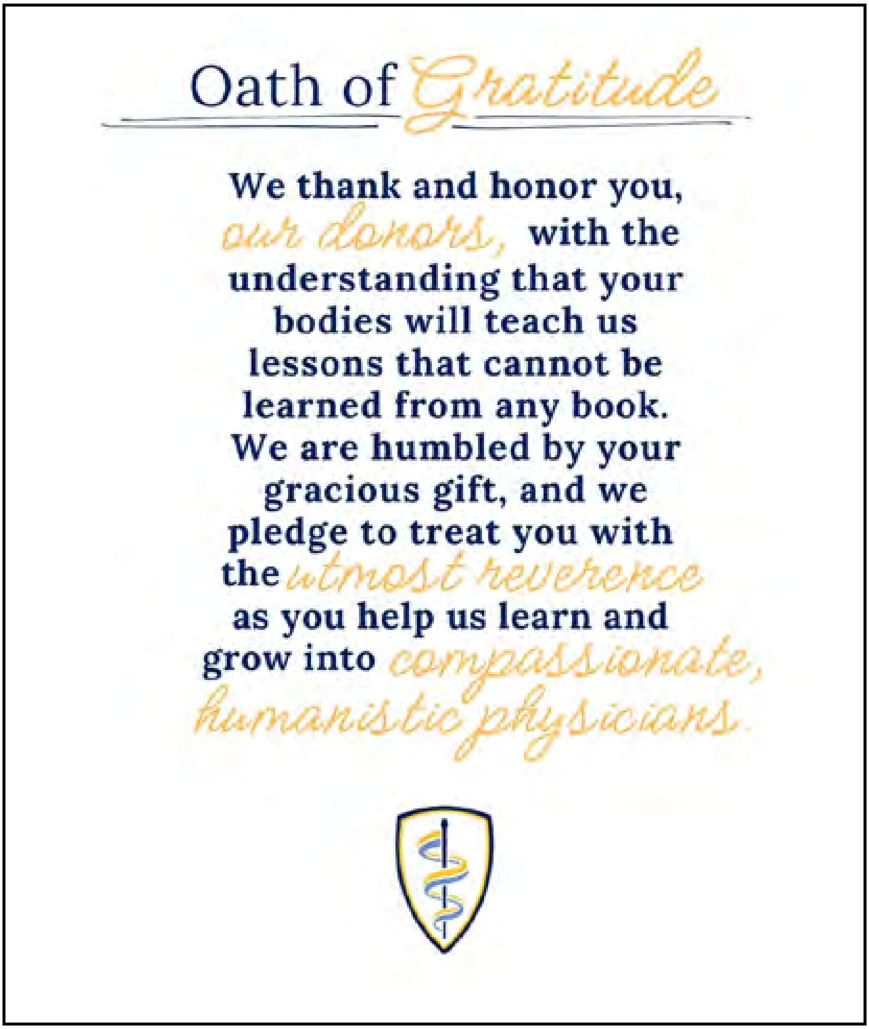
Each word of encouragement, every shared smile,
Made my journey feel so worthwhile.
You taught me to strive, to aim for the stars,
Now I will carry your lessons no matter how far you are.

Though paths now diverge, and you move on,
The legacy you've built remains strong.
In my heart, your influence will stay,
Guiding me forward, come what may.

So here's to you, my mentor and friend,
A chapter may close, but it's not the end.
I wish you joy, success, and cheer,
In this new adventure, far or near.

Thank you for all the memories we've made,
Your impact on me will never fade.
Farewell is but a simple word to say,
But in my heart, you'll always stay.

Dr. Taranjeet Kalra Ahuja is the Director of Humanism in Medicine and Communications Co-Leader at the Donald and Barbara Zucker School of Medicine, where she has been a full-time faculty member since 2012. She is an Associate Professor of Science Education and Pediatrics and the Chair of Pediatrics at Plainview Hospital, Northwell Health. Dr. Ellen Pearlman's mentorship, passion for teaching, and commitment to growth have left an indelible mark on Dr. Ahuja in her journey as a medical educator.



Oath of Gratitude

We thank and honor you,
our donors, with the
understanding that your
bodies will teach us
lessons that cannot be
learned from any book.
We are humbled by your
gracious gift, and we
pledge to treat you with
the utmost reverence
as you help us learn and
grow into compassionate,
humanistic physicians.

Members of the Gold Humanism Honor Society (GHHS) of the Zucker School of Medicine who were inducted in 2024 and will graduate in 2025 are proud to continue its tradition of nurturing compassion and gratitude through this year's Legacy Project: the Oath of Gratitude. This oath honors the donor bodies in the anatomy lab, and the individuals who through their donations selflessly contributed to medical education and the advancement of future physicians. Through this collective oath, students reflect on the profound impact of these donors, recognizing their invaluable role in shaping medical knowledge and humanistic care. As a lasting tribute, a current GHHS member, fourth-year medical student Brooke Milosh, has painted a mural of the oath outside the entrance to the Structure Lab, serving as a daily reminder of the respect, empathy, and gratitude at the core of medical practice.

Her Heart in My Hands

As our small pre-med cohort crowded around your body, the strong smell of formaldehyde rushed up my nose. Your skin was pulled to the side, leaving your abdomen open, your viscera exposed. Your intestines rested freely, loose in the open cavity you would call your stomach. The anatomist lifted your ribs slightly to show us your gallbladder. Yes, your ribs were no longer attached to you – they had been cut along the edges so they could be lifted and moved. Your gallbladder wasn't as green as it is colored in the textbooks, though; it was more of a brown with a green tint. I rubbed the gallstones between my fingers – like thick, deflated, wrinkly balloons with tiny rocks inside.

Seeing the interior of a human body, your body, I felt the same way I felt standing in the Hall of Mirrors in the Palace of Versailles, the same way I felt glaring up at the Gates of Hell in the Musée D'Orsay, the same way I feel when I stare at water droplets collecting on a leaf of lamb's ear, enamored with how I could discover a new detail with every glance. When the anatomist invited students to stay after the presentation, I eagerly accepted.

The anatomist asked if anyone had questions, and a fellow student replied, "Can we see the heart?" It seemed preposterous – I didn't think we would be allowed to see such a vital organ. However, with a warm smile, the anatomist responded, "You can hold it." My mouth fell open. She moved your ribs further out of the way and revealed your heart, then lifted it out of your chest. I had only ever seen organs as textbook diagrams, attached to a page, and now I was seeing your organs no longer attached to you. My eyes widened as I thought, *I haven't even taken anatomy yet*. Then your heart was passed to me. I blinked. *Is this real?* I was holding the organ that kept you alive for your entire life, the same organ that was rapidly beating out of my own chest.

I wondered how many people you loved with it. It had a soft surface, yet the organ was firm, hardened by formaldehyde, and colored with various shades of pink and red. I looked into the arteries and veins where your blood pumped through your entire life. My breath caught in my chest. The awe-inspiring organ that everyone has, and everyone knows, but few get to see – the organ associated with love, passion, and drive – was in my hands. I was overcome with exhilaration, curiosity, and a yearning for more encounters with the interior of the human body. I wanted to explore every connection between your organs, I wanted to see how they worked as a network, how they fit together in the form of your body. If the session wasn't ending, I'm not sure when I would have left.

The anatomist guided me as I put your heart back into your chest, taking care to line your vessels back up. As I exited the structure lab, all I could think was, *I have to call my mom!*

Walking back to my dorm, other thoughts crept in. I assumed people who donated their bodies to science believed they would be used for a greater purpose, say, to cure cancer or rare diseases. I wondered if donors had a say in how their bodies would be used after their deaths. Did she know this is where her body would end up? Did she know undergraduate students would have their hands inside her chest? Did she know that her insides would become entrails? Your heart and ribs were detached from your thoracic cavity where they belonged. Your core was no longer intact, you were no longer whole. I couldn't believe that you, as well as other donors, had enough trust in the scientific field, and the people in it, to relinquish control of the fate of your body.

I will never know exactly why you donated your body to medicine. Did you want an undergraduate student to hold your heart? Maybe you didn't. If that's true, I'm sorry. Just know that this was the only experience where I was able to see the inside of the human body. When I saw the intricate system of organs that existed just beneath your skin throughout your whole life, I saw the mark of God. I want never to forget the way it felt to hold a human heart for the first time, to hold the piece of the divine responsible for circulating life force throughout our bodies every moment of our lives; I want to feel that level of reverence every time I see the inside of the human body. While I strive to spend the rest of my life understanding the mechanisms of such beauty, I refuse to let increased knowledge decrease my veneration.

I never saw your face. I was never told your name. When I think about the fact that I won't be able to recognize you in the next life to tell you all of this – to express the depth of my gratitude for your generosity and trust – a heaviness takes hold in my chest. I feel an ache of guilt wondering if you knew your body's fate. That ache is only relieved by the certitude that holding your heart changed mine and lit a defining passion in me. My logical reasoning for why I wanted to be a doctor – to be an educator like my parents, a lifelong learner challenged every day, and to give back for all those who gave so much to me – was replaced with a sacred calling to heal. Your sacrifice gave me the heart of a mender of the human body, and filled me with a devotion to healing. I want to be worthy of your trust in the medical field. You donated your body to science, an undergraduate student held your heart, and that undergraduate student will forever be committed to becoming worthy of it.

Sophie Weisman is a second-year undergraduate student in the BS-BA/MD program at the Zucker School of Medicine, majoring in pre-medical studies with a minor in fine arts. Sophie discovered her passion for and dedication to creative writing in her first year at Hofstra University. This experience took place at the Zucker School of Medicine on April 9, 2024.

Barinatxe Beach

Inkyu Eric Kang is a fourth-year medical student in the BS/MD program at the Zucker School of Medicine and a student in the Master of Public Health program at the Harvard T.H. Chan School of Public Health. He has a passion for street photography, relishing the slow, intentional process of capturing moments on film. He values the unique privilege of briefly stepping into another person's world, seeing life through their eyes, and preserving that fleeting perspective. About this photograph, he writes, "Barinatxe Beach, nestled in Sopela, a charming town just outside Bilbao on Spain's northern coast, is a hidden gem I never anticipated discovering. Guided by the recommendation of a stranger, I spontaneously embarked on the journey, only to arrive at what must be described as paradise."

An Act of Faith

When you cut the skin, burn through subcutaneous fat, saw through the mediastinum, and transect the pericardium, you're left face-to-face with the exposed vital force of human life. The beat of a healthy heart is an assertive pump, followed by a quiver that betrays its fragility. It's a ball of muscle encapsulated in fat that reliably pumps no matter the weather, the mood, or what its holder feeds it.

The patient was younger than I, yet here he was having open heart surgery. His only crime: vaping. And while today he was completely asymptomatic, he had been informed that due to the aneurysm's size, it had a high risk of rupture, which could exsanguinate him in a matter of minutes.

We cooled his heart with a slurry of ice, cannulated the great vessels to empty them of blood, placed him on cardiopulmonary bypass to oxygenate and circulate blood to his organs, and infused the heart with a medication depleted of electrolytes to arrest its beats. And then the real work began: slicing through his aorta with fine shears, followed by meticulously anastomosing a synthetic ascending aortic graft to his heart and the aortic arch. The surgeon, rightfully obsessive, checked and rechecked every stitch and millimeter of the heart for bleeding or intraoperative injury.

Surgery is an act of controlled violence. The moment that the surgeon's knife meets flesh, the body releases inflammatory mediators and stress hormones. The power that the surgeon wields is awe-inspiring. The decision of when to cut and when not to. Where to sew and where not to. These are split-second decisions with grave consequences for patients.

When you warm the heart and drain it of its arresting fluid, most begin to quiver on their own. We call that quiver fibrillation, as it's a rapid, disorganized rhythm that's ineffective at pumping. Some hearts need a little extra help to get started. Today the heart isn't quivering at all. A hush falls over the room as the surgeon places internal paddles around the heart; it's a collective act of faith in a room otherwise ruled by science.

With a shock, our patient's ball of muscle and fat jiggles back to life. And the room exhales.

Eric Alper, a fourth-year medical student at the Zucker School of Medicine, is a career changer, moving to medicine after walking away from a twelve-year career in management consulting, e-commerce, and corporate strategy,. He worked in venture-backed startups and a publicly traded consumer goods company as a senior leader, and elected to pursue a medical degree as an outgrowth of some frustrating and inspiring personal experiences with health care. His exposure to ICU-level care in medical school sparked an interest in learning and teaching the art and science of critical care. Eric is a published author, two-time finisher of the NYC marathon, and avid hiker, camper, and skier.

The Unnerving of a Symposium

Echoing Aristotelian encyclopedic empiricism,
Our speaker notes the breadth of his old school Latin
Inspired trans-species investigation
Of nerve impulses...

And such demanding Nerve – of perineural injured nerves!
Both close and far from tissue healing,
Oral nerves and lymph nodes establish
Bidirectional connectivities.

And devoid of p53, spatial transcriptomes reveal
Tumor secretions at protein levels – and now, the
Lecture: “Nerves as the Basis of Cancer Biology” –
Crackles like electricity across a frayed wire:

Hearts begin to sprint – but deep breaths
Do double backflips – to a point of origin, for
Although initially conceived by the host –
Perineural healings can hatch their own autonomy:

Axonogenesis – the growth and branching out
Of neuronal nerve endings, engenders
Subtle trans-differentiation – by which cells
Can spontaneously switch their chameleon-like fate

So – are we now witnessing more than an undressed
theoretical model?

These nascent cancer cells already exhibit motility
Across the transmitters of axons, like Pac-Men across
a video screen &
Closer scrutiny indicates: what nature does not give, it lends:
ATP engines of mitochondria are tightly packed within.

While still quasi-normal, these daemon cells will soon

Promote self-sufficient growth and unlimited replication
Sustain angiogenesis and reprogram metabolism
Evade immunological armies and incite tumor inflammation –
Culminating in the Death of the Host

Clearly not the celebratory Eros of Plato’s Symposium.

John F. DeCarlo teaches in the Writing Studies Program and is co-founder of the Hofstra/Northwell/Feinstein Cancer Education Program. He is the long-standing poet laureate of the Long Island Philosophical Society. He has published two books of poetry: Life and Death; *and* Walking Through Lebanon; *and has won first prize in the Nassau County Poet Laureate Contest.*

Eyes Wide Open

My eyes close against my will. I bring the coffee cup to my lips, hoping the bitter taste will keep me awake. The fluorescent lights of the closet-sized Neurosurgery call room, the 4:00 A.M. wake up, and last night's endless studying attempt to lull me back to sleep. With a shake of my head, I sit up higher in my seat. I share the worn, deflated couch with two other medical students who distract their sleepy minds with flashcards. In front of me are three junior residents silhouetted by their computers while a senior resident reclines on the bottom of the bunkbed to my left. For the thousandth time, I wish the stuffy room had a window, at the very least to let in the rising sun's light.

"Look at the difference," says one of the juniors in front of me. The junior is pointing at scans on his computer screen, "before" and "after" spinal images sitting side by side. I recognize the images as belonging to the patient whose procedure I had been in days before: a middle-aged, Spanish-speaking woman who had been in a traumatic car accident as a young adult that had required extensive spinal surgery, including the placement of rods bilaterally down the length of her spine. Over the years, her spine and the rods flanking it had grown, aged, warped into an unnatural shape, mimicking the appearance of scoliosis. The curvature resulted in a stooping posture, an unsteady gait, and reduced lung capacity. She came to us for relief, which we would achieve through a revision of the surgery.

On the day of her surgery, the junior had ushered me into the patient's operating suite without much context, explaining that the senior needed a second hand. I scrubbed in, then entered the operating room to see the patient lying prone on the table. Her back was bare. I watched as the senior resident took a scalpel to her soft, aged skin, creating one clean slice from the nape of her neck to the curve of her tailbone. He resected layer after layer of soft tissue and muscle until the bones finally revealed themselves. At the encouragement of the senior, I slid my gloved hands down her vertebrae, each adorned with a silvery screw on either pedicle. The junior pulled up scans of her spine before the surgery and images demonstrating how her spine would be after the surgery. It would be in a more natural position, a better position.

The senior handed me one of two screwdrivers, encouraging me to follow his lead in unscrewing the old screws and swapping them with new ones. My efficiency at using the screwdriver was a surprise to all, earning compliments from the residents and the official title of screw replacer. I proudly removed the old screws in favor of the shiny and new, imagining how much better her new back would be. Maybe she would be able to pick up her grandchildren? *Unscrew*. Or go for long walks around her neighborhood? *Remove old screw. Place in new one*. Or sit on park benches for hours without pain? *Screw until almost tight.* We replaced each of the screws, then placed rods through the screws to bring her spine into alignment.

Every morning following the surgery, I found the patient writhing in bed and tearfully calling out to us in Spanish. There was no interpreter present to communicate her concerns. Nurses reported they were dumping seemingly endless amounts of pain medications into her body to no avail. This wasn’t what I had hoped for her. But it was probably just because she was only a few days post-op… right?

I shift on the sagging couch. The junior resident in front of me continues scrolling through her imaging, pointing out the screws I had meticulously and proudly placed only days before and the rods fixed to her spine. He compares the image with the unnatural angle of her spine prior to the surgery.

I feel uneasy. The words slip out: “Every morning when we see her on rounds, she seems so uncomfortable. Is that amount of pain normal?”

“Yes, but she will likely have discomfort for a long time. Her body was accustomed to her old rods. The new rods, while holding her back in a better position, will be an adjustment, and they have taken away some of the mobility afforded by the old rods.”

My mask hides my gaping mouth. I can see the woman, sweaty brow, tears dripping from her cheeks. Her back is in a better position, but it hurts her more? Who is this better for? Had I hurt my patient rather than helped her? And had the possibility of more pain after the surgery rather than less been communicated to her in pre-op planning?

My eyebrows furrow. “It’s so sad that she will likely always be in pain.”

The senior to my left speaks up as he munches away on his snack, his eyes not leaving the greasy contents of the shiny silver package. “Well, the imaging looks beautiful, and that’s all that really matters.”

With that, the junior closes the images and moves on.

I haven’t.

Brooke Milosh is a fourth-year medical student at the Zucker School of Medicine, from North Attleboro, Massachusetts, who is applying into child neurology residency. She is a part of the Humanities in Medicine scholarly concentration, in which she primarily focuses on the use of narrative perspective writing as a tool for navigating death and grief as a medical professional. In her free time, she enjoys knitting and playing with her pet hedgehog, Pippa.

When Life Imitates Art

Dr. Ahmadreza Alizadeh, a radiologist at Lenox Hill Hospital, is an aficionado of the visual arts. This piece was created at the peak of the Covid-19 pandemic.

An Ode to the Urea Cycle

Dietary proteins are hydrolyzed in the gut
Especially if you've been a glut
And eaten lots of meat, or beans, or a protein multivitamin,
The resultant amino acids are absorbed in the intestine.
After amino acid catabolism, what shall be
Of all that excess NH3?
Ammonia is toxic when concentrated in tissues,
And it can certainly lead to many different issues:
High ammonia concentrations lead to convulsions, coma, and death,
Meaning you'll end up like Macbeth
If you don't excrete your nitrogenous waste
In a very speedy haste.
Animals excrete three types of nitrogenous waste:
Ammonia, urea, and uric acid (which comes out in a white paste).
Aquatic animals directly excrete ammonia, yes ma'am,
They reduce toxicity by diluting with at least 400mL water to 1 gram [1].
Terrestrial animals don't have that much water to spare,
Mammals convert ammonia to urea and pee somewhere.
Urea requires ten times less water than ammonia for excretion [1],
Which helps in mitigating water depletion.
Uricotelic animals include birds, insects, and reptiles.
The uric acid form is the most gentle.
However, the conversion to uric acid is intensive
And much more energetically expensive.
Inside an egg these organisms must hold their nitrogenous trash,
It therefore benefits them to pay the cash.
In return they avoid poisoning themselves as they lay
Inside their little eggs all day.
O. lactea is a terrestrial snail,
In which ammonia volatilization does prevail
As their primary form of excretion [2],
Ensuring nitrogenous waste depletion.
The American bullfrog excretes ammonia in water-dwelling tadpole form
But induces urea cycle enzymes during metamorphosis, making urea excretion the norm [3].

Expression of genes encoding enzymes is the key
To nitrogenous waste types and to what degree.
Terrestrial mammals run the urea cycle in a race,
Enzymes CPSI, ornithine transcarbamylase, and arginase,
Keep urea flowing at a steady pace [4].
Uric acid can be degraded by uricase,
Which is missing in birds, reptiles, insects, and higher primates.
If this talk of nitrogenous waste makes you excited,
There is much more to learn in the sources I've cited!

1. Wright, P.A., *Nitrogen excretion: three end products, many physiological roles.* J Exp Biol, 1995. **198**(Pt 2): p. 273-81.
2. Loest, R.A., *Ammonia Volatilization and Absorption by Terrestrial Gastropods: A Comparison between Shelled and Shell-Less Species*. Physiological Zoology, 1979. **52**(4): p. 461-469.
3. Wright, P.M. and P.A. Wright, *Nitrogen Metabolism and Excretion in Bullfrog (Rana catesbeiana)) Tadpoles and Adults Exposed to Elevated Environmental Ammonia Levels.* Physiological Zoology, 1996. **69**(5): p. 1057-1078.
4. Ah Mew, N., et al., *Urea Cycle Disorders Overview, in GeneReviews((R))*, M.P. Adam, et al., Editors. 1993: Seattle (WA).

Maia Hare is a fourth-year medical student at the Zucker School of Medicine.

First Assist

MAIA HARE

"The goal of this watercolor was to capture anonymity in the operating room. The perspective places the viewer in the role of first assist. Therefore the emphasis is on the hands, which would be the focus of the assist as they anticipate next moves and emulate motions."

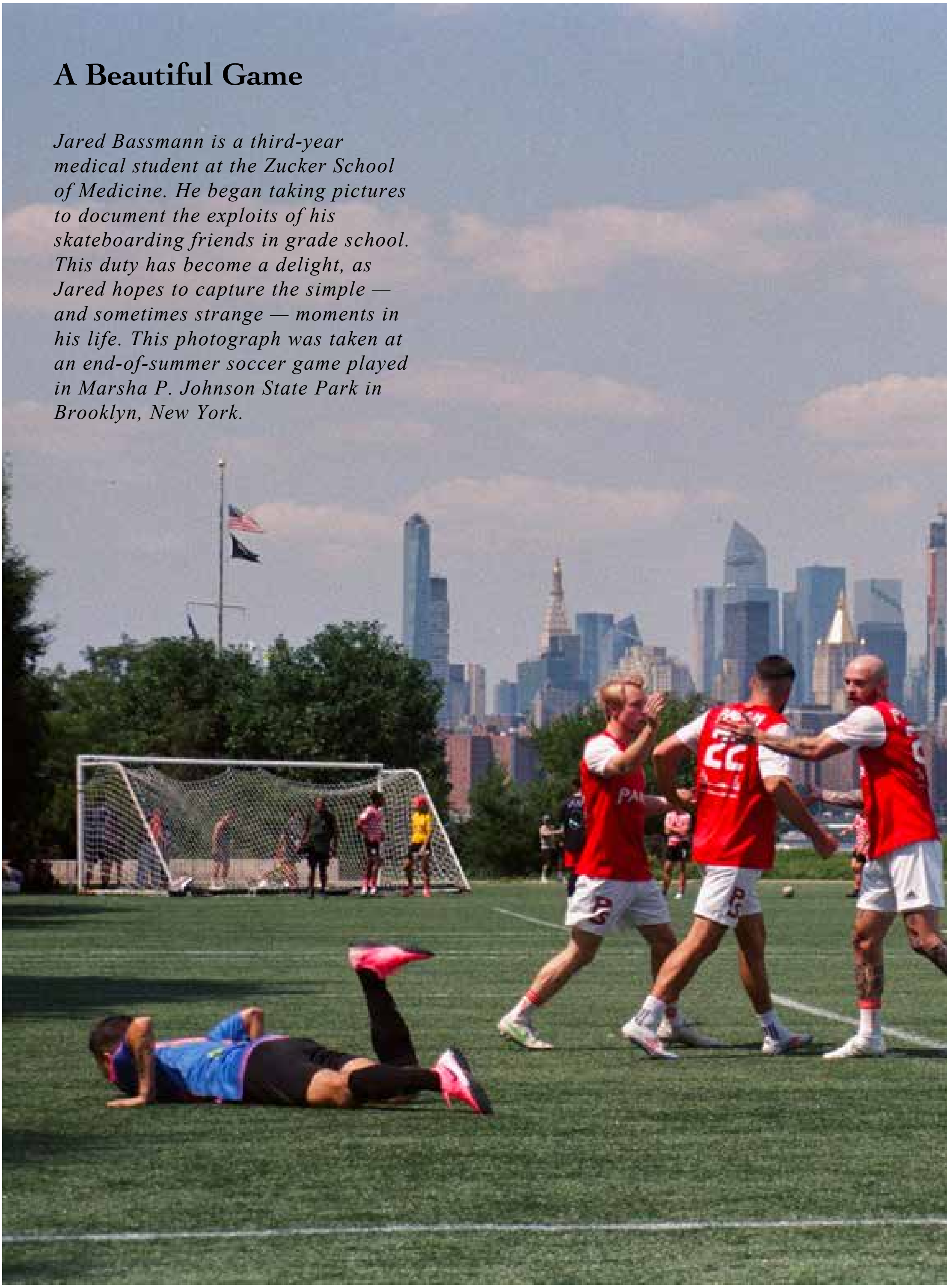
Earthly Suffering, Heavenly Healing

My unsteadiness gives rise to faint whispers —
Why do they leave me behind?
I cry out, urging them to move, yet they remain deaf.
Negotiating with God,
Wishing for days long gone.
I will not claim this illness;
If I do, it will become my own.
Seasons change, yet it persists,
And I'm unmoved by the peonies I once adored.
What will I tell my children —
That I cannot walk?
A disconnect between my brain and legs,
Paralyzed by fear —
Will I be next?
Yet I cannot claim this illness.
If I ignore it,
If I continue to pray,
Fast, even — reason with prophets,
Perhaps it will go away;
With God, all things are possible.
Scuttlebutt about a neurological illness —
They say my scans raise concern.
Abnormal sensations in my foot;
I shut them out, shift my focus.
There's a place for me above
Where ail cannot dwell.
Healing?
And so, God reigns.

Kiara Thompson is a fourth-year medical student in the Humanities in Medicine concentration at the Zucker School of Medicine. With a passion for poetry and the spoken word, Kiara uses these art forms to express the emotions she experiences on a daily basis.

A Beautiful Game

Jared Bassmann is a third-year medical student at the Zucker School of Medicine. He began taking pictures to document the exploits of his skateboarding friends in grade school. This duty has become a delight, as Jared hopes to capture the simple — and sometimes strange — moments in his life. This photograph was taken at an end-of-summer soccer game played in Marsha P. Johnson State Park in Brooklyn, New York.



FOOTBALL

Strawberry Jelly

"He's fine. Just a normal, healthy baby with a rash. Take him home and get some rest."

My mom was tired of being called an overprotective, over-worried mother. Especially when she knew something was wrong. Later that day, she drove my brother to the hospital covered in a rash from head to toe. She thought she was driving the corpse of her six-month-old son.

The pediatrician missed it. He missed the subtle signs: the slight changes in behavior, the petechial rash. Of course he missed it. What doctor thinks his 3:00 P.M. add-on, previously healthy six-month-old patient has *Neisseria meningitidis*?

I once heard a story about a parent who was absolutely frantic that her daughter had this dread disease when she found the petechial rash starting on her chin.

Turns out it was just some strawberry jelly.

Nine times out of ten, when a new mom brings her baby into the office, it is strawberry jelly. Not this time. This time it was serious. This time it was the disease that almost killed, and left disabled. It was the disease that changed my parents' lives, and shaped my life, which wasn't even a concept in my parents' imaginations.

Now I am in medical school, on my pediatrics rotation, imagining a possible version of my future career in which I become a pediatrician.

What do I do when parents come in, sure beyond sure that something is wrong? Will I listen to them? Or will I brush them off, because nine times out of ten it is strawberry jelly?

I am terrified of this scenario. Terrified of cognitive bias. Terrified of type one thinking that doctors nowadays must employ in order to meet the fifteen-minute deadline of their countless daily appointments.

What if I miss the *Neisseria* in the sea of strawberry jellies?

What if I send a patient toward their grave, to the PICU to be read their last rites by the hospital chaplain? What if I condemn a set of parents to two months of daily grieving, thinking every day could be the day they lose their son? What if I ensure a baby a life of struggle, a life of navigating a society that is not built for people with disabilities? What if I subject a sister to a life of service to her older sibling?

What if I try my hardest to listen, to empathize, to care… and what if that isn't enough? My best will never be enough. I am human, and sometimes I will mistake petechiae for strawberry jelly. But I hope I will have the humility to at least question my gut instinct, admit when I need help, and own up to my mistakes.

I can also make sure that all parents who bring their babies to me terrified, thinking something is wrong, fearing the worst, get the consideration they deserve and are never waved away without a second glance.

Someday, I will graduate medical school, finish my residency, and be in a position of privilege and power. I will be trusted by families to care for their loved ones, to catch the deadly bacteria hiding among the innocent presentations. And I will use my privilege, my power, and my compassion to allow myself to truly listen to my patients. To trust family members as they trust me, to investigate their concerns, to keep their loved ones happy and healthy.

Alive and well for another day to enjoy some strawberry jelly.

Julia Tetreault is a third-year medical student at the Zucker School of Medicine. She obtained her bachelor of science degree in neuroscience from Brown University and is now pursuing a future in pediatrics, neurology, or perhaps pediatric neurology. She is shown below with her brother, Alex, at the White Coat Ceremony in October 2022.

Short Stories

On any given day, outpatient primary care practice is frenetic, and often fractured. Perspective is hard to maintain as we struggle to keep up with a torrent of patients, documentation, lab and consultation results, and conflicting demands that frequently seem impossible to reconcile.

As a reminder of why I aspired to this work, I often compare my office to a book, a bound collection of short stories. The main door to our office is the cover, and the exam room doors each open onto new chapters. At the heart of the chapters is the people on the other side of those doors, bearing their stories and granting us the privilege of entering their lives.

Going from room to room, like leafing from chapter to chapter, I try to find themes, commonalities, and links from one person and one story to the next. But what I often find are contrasts, stark differences that leave me wondering about fate and the trajectories of our lives. Recently, going from room to room, I saw two patients whose stories intersected in some ways, then tragically diverged.

Behind the first door was Patient A, a man in his late eighties who had already survived cancer, coronary artery disease, and diabetes. He sustained a fall while shopping and was transported to a local hospital emergency room (ER). A CAT scan revealed several fractures but also an ominous-appearing pancreatic mass. Advised by the ER attending physician that he might have pancreatic cancer, he consulted me the following day. In the interim, he recalled part of his history he had never shared with me: He had been found to have a pancreatic mass years before. It had been fully evaluated, turning out to be a benign neoplasm that had been lying dormant without causing any issues. I reviewed his prior records, confirmed the history, and celebrated his good fortune.

Behind the second door was Patient B, who was thirty years younger than Patient A and had also been successfully treated for a malignancy several years before. The recent visit was occasioned by some abdominal pain, attributed by the patient to constipation yet concerning to me for diverticulitis or potentially something worse. Like Patient A, Patient B underwent a CAT scan that revealed a pancreatic mass. However, it also revealed multiple intra-abdominal masses and fluid, all consistent with widespread, metastatic cancer. Patient B's biopsy confirmed his aggressive, stage IV pancreatic cancer.

As happens so often throughout my days, I saw many similarities between these two patients' stories. Both had had cancer in the past, and both had new imaging that revealed similar abnormalities. However, one had already lived a long, fruitful life, while the other was in the prime of a life that held so much promise after surviving so much. The similarities speak to the common threads of our patients: their lives, their loves, their struggles, and their celebrations. But the stark differences speak to an uncomfortable concept: fairness. How is it possible – or right – for a young person to be told not only that he does have cancer again, but also that his prognosis is dismal, the treatment will again be grueling, and there are no guarantees that he will live to attend his child's upcoming high school graduation? How do we reconcile our concept of a life being taken too soon with the competing reality of a patient, advanced in years, who would accept with equanimity a terminal diagnosis yet is granted a reprieve from impending death? Can either be considered "fair"?

It is neither our job nor our responsibility to be arbiters of fairness. In fact, wondering about what is fair or what is just while two lives play out inside adjoining rooms is beyond comprehension. What we can do is bear witness and be the front and back covers of these collections, allowing us to bear their lessons when we open the door to the next story.

Dr. Eric Last is a Primary Care Internist at Northwell Health Internal Medicine, Wantagh, and an Assistant Professor of Medicine at the Zucker School of Medicine. His essays have appeared in the Annals of Internal Medicine *and the* American Journal of Medicine*, and he is a regular contributor to* CLOSLER*, an online publication of the Medical Humanities Program at Johns Hopkins School of Medicine. He is a member of the medical humanities faculty at the school of medicine and a faculty advisor to* Narrateur.

What We Came to Learn

We came to learn the sea
On a day calm and lovely.
We boarded this boat
With faith
In things like still waters,
Strong sails,
A steady north star.
We find ourselves now
Among the sick
Unbalanced in six-foot swells
Blind
To the stars behind black clouds.
Our limited nautical knowledge
Should scare us into silence
Arrest our rude scrambling
Hush the hurry.
In this dark, close chaos
We will decide
Who survives.
Or to keep us all alive
We must learn the worst truth there is:
We are delivered unto no one
But each other.

Amber Fales is a board-certified psychiatric mental health nurse practitioner and a poet. Writing has always been a way for them to process and digest the complex world of health care.

Motherly Love

Dr. Mitchell Boxer is a Northwell physician who specializes in allergy-immunology. An avid photographer who enjoys capturing shots during his travels, he feels that there is a very strong emotional component to his photography. He writes, "A few of my photos hang in my waiting room, and often patients will point out how calm the photos make them feel." This is a photo of a Quechua mother and daughter in Cusco, Peru.

A Mother's Hearth

"Emma," Seema calls out softly.

"Mom," whispers Emma, "I'm right here."

Emma puts her hands over the hands that have cradled her face, that have held her close, that have stroked her back. The hands that were always within reach.

Coughing as she sits upright, Seema turns her eyes toward her only daughter. The light, the love, and the purpose of her life.

"Sweetie, being your mother has been my greatest joy. Even when I am no longer here, I will always be by your side.My time is coming, and you know what you have to do."

Mother and daughter look into each other's eyes with pure tenderness, the moment captured in a glow that will stay with Emma for the rest of her life. Outside the window, it is dark. In the hallway, the lights are dimmed. But inside this room, the warmth of a thousand suns caresses these women, one of whom came from the other.

"I love you, Mom."

"I love you, Sweetpea."

Seema's eyelids slowly flutter closed as she takes the image of her daughter into the beyond. She descends into scenes she had long forgotten: Nana making her favorite pudding. Pops sitting on his armchair smoking a pipe. Skipping to school with her big brother, whom she lost too young in a motorcycle accident. Ollie asking her to prom and, that same night, telling her that he would marry her one day. The day she found out Emma was coming along, and already feeling bonded to the child she carried. The day Ollie was taken from her, so suddenly, when they were just about to be a family. The day she held her squalling rose-cheeked baby with her chubby arms and felt Ollie all around her. It was Emma's life that returned all the love she had thought lost.

One late summer morning, as was customary during elective time and pleasant weather, I walked to work. After so much change in the previous two months, I felt a resurgence of lightness. I was happy with my nephrology elective, which taught me to appreciate sodium, volume, and dialysis. Opening the door to the office, I said a cheery good morning to everyone. Dr. Klein asked into the air, his eyes boring into the computer screen, “Does anyone want to break the news to her?”

Alarmed and confused, I looked toward my fellow, Aalia. “Coinegan died,” she mumbled.

In disbelief, I gasped, “What? How?”

Dr. Klein was reviewing the last CXR we took before Emma said to stop. He asked whether her lungs looked overloaded. “Not particularly,” I said with some hesitation. I couldn’t see the cause for Seema’s unexpected acute hypoxic respiratory failure. Dr. Klein was thinking aloud: “Could it have been the albumin? Was it something I did?” We were trying to connect the dots when there was no string. Acting as consultants, we had a limited perspective. But as physicians, we shared her suffering. Her death permeated all of us.

We tried to piece together the preceding events. We knew there was a goals-of-care discussion that prompted a change in code status. We knew that her breathing pattern was changing as she hungered for air. We knew that the final read on the CXR did not show signs of pulmonary edema. Despite the facts, I couldn’t help but wince at my last progress note. It was modified to reflect the team’s final plan. What gnawed at me was my signature. It reflected agreement. Even though Dr. Klein felt exonerated that Seema did not flash, seeing words I did not write on that note incited an unshakeable sense of guilt and responsibility.

Even though it was Seema who had passed away, I thought of Emma and her loss. She was always within arms’ distance of her mother, youthful in her Loyola Wolves hoodie, sitting in variations of crossed-legged positions. She was a physician, but the rare, non-vocal-about-it kind. Emma and I had a shared experience that involved being in a place where critters ran amuck, including a neighborly bat. Always a part of the conversation, Seema fondly recalled that unique period in Emma’s life. With the Scottish brogue I had grown accustomed to, she shared, “Oh, yes, Emma would call crying... Sweetpea, I’d tell her, you’re gonna get through it.”

I had seen Seema just the day before, with her ever-so-slightly asymmetric face and her thinning strawberry-blonde locks. In light of everything that had transpired over her brief hospitalization, her cheery, contagious countenance was something you wanted to hold on to. Her kidney numbers were looking better in preparation for the chemotherapy. That morning, I stayed an extra few seconds, wanting to ask her something, probably minor, but I was summoned from the hallway to rejoin the team. “I’ll be back!” I called, running out. But I didn’t return. And then she was no longer there.

I felt for Emma, having lost a parent so young. She came to the hospital with her mother. Now, she was leaving with only her memories. During Seema’s final days, rather than despair, this pair chose grace. Though they should have been the saddest ones, I believe they were Seema’s happiest. Her life, for better or worse, came full circle. Seema departed this earth holding the hand of the person who painted her world. It was Emma’s final act of love that allowed Seema to join those who had been waiting for her, into an eternity of peace.

The hospital, with all its illness, tragedy, and death, serves as a reminder of the fleeting nature of life. It is in bearing witness to life’s fragility that we recognize the meaning of what we do.

Dr. Ana Jimenez is a PGY-1 in internal medicine, born and raised in Queens and becoming a Bronx transplant after completing her BS/MD at the Sophie Davis School of Biomedical Education. She graduated from the CUNY School of Medicine and completed one year of psychiatry residency before switching to internal medicine. Ana loves nature, reading and writing, making art, and connecting all of it to the humanistic side of medicine, the reason she got into medicine in the first place.

Land of Extremes

My first view is of the mountains.
Dormant volcanoes, slumbering giants soaring
over innumerable foothills, evidence the earth itself was
a bubbling cauldron,
a hellscape.

It is verdant countryside.
Limitless nutrients in once caustic soil create a brilliant spectacle,
vivid hues of tomatoes, avocados, and bananas,
giving life to multitudes.

The hospital is sparse.
Resources stripped, monument to a tumultuous past
and an unjust present.
Corridors host to throngs of the sick.

Nature here lacks abundance.
Skin clings to bone as bacteria and virus consume,
parasites realizing their niche
in the suffering of their hosts.

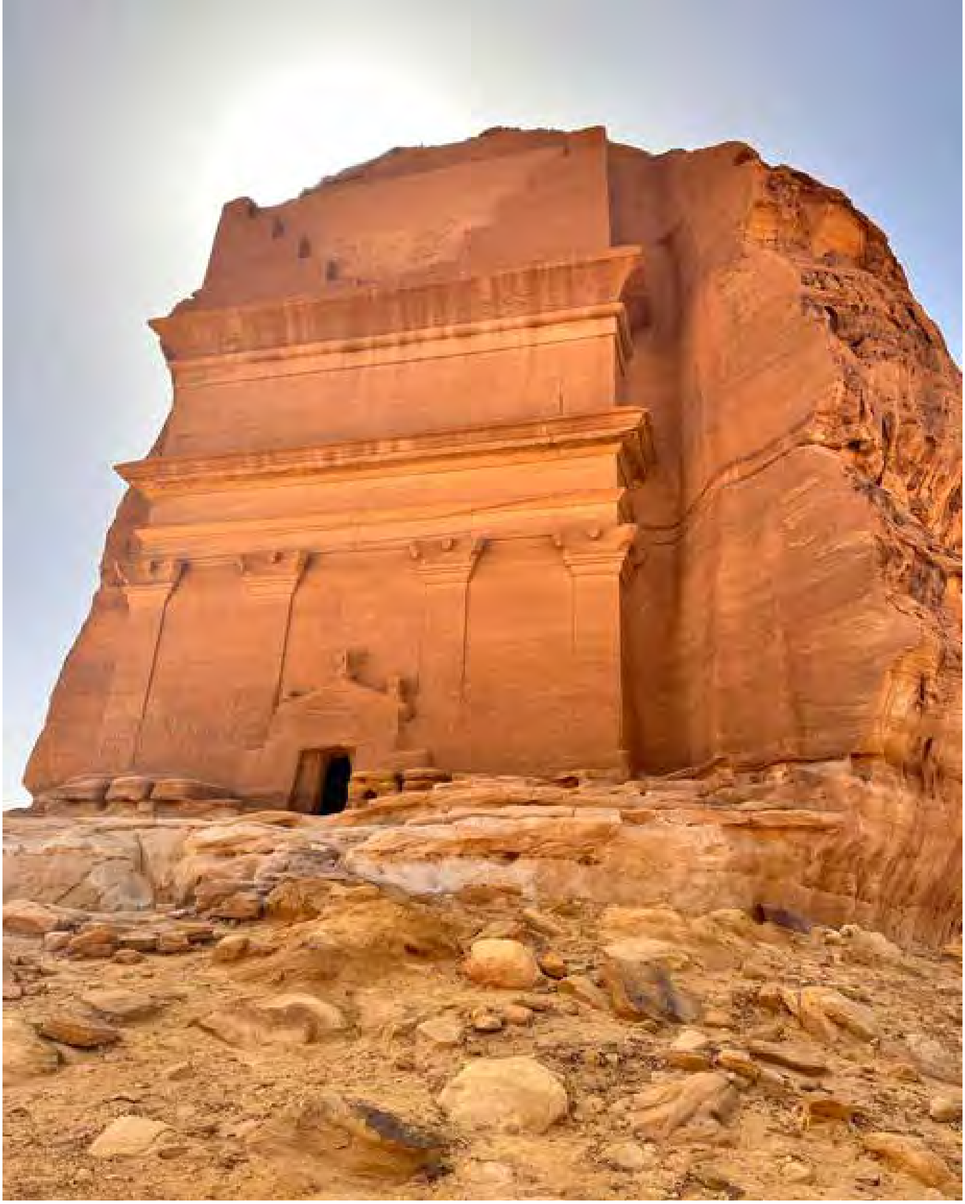
Yet there is hope in this place.
Families tend to their sick, food and fresh linen
stave off the wasting,
allowing treatment to take its course.

Time-honored medicines,
applied with prudence, invoke images of Lazarus.
Miracles of man’s making,
cause for joyous uproar.

Still too many are lost.
A stone laid across the entrance, unmoved by indifference,
fortified by corruption
dampens the hopeful refrain.

Even still, the music persists.

Nicholas Favazza is a fourth-year medical student at the Zucker School of Medicine. He is currently in the Medical Humanities Program and hopes to pursue a career in public and global health.



AlUla

Dr. Asma Iftikhar is an Assistant Professor of Medicine at the Zucker School of Medicine and an Attending Pulmonary Critical Care Medicine Physician at Mather Hospital. Her career in medicine affords her the opportunity to pursue photography with the passion that it deserves. Art and science have long been intertwined in her life as a physician and photographer. Her main photographic interests are landscape, travel, and wildlife. Her goal is to capture nature as she sees it. About this piece, she writes, "A UNESCO World Heritage site, AlUla, Saudi Arabia, is known for its dramatic landscapes, rich history, and unique cultural experiences. It's a living museum of sandstone outcrops, historic developments, and preserved tombs. From an archaeological perspective, the immediate vicinity contains a unique concentration of precious artifacts, including well-preserved ancient stone inscriptions that illustrate the development of the Arabic language, and a concentration of rock dwellings and tombs that date from the Nabatean and Dedanite periods that coincided with Greco-Roman influence in classical antiquity."

From Diagnosis to Pen Pal and the Humans In Between

It's 4:45 P.M. Fellow-to-fellow signout is in fifteen minutes. The exhaustion of first year isn't lost on me. I look down at my to-do list, and the number of unchecked boxes overwhelms me. Tomorrow's another day, I tell myself as I configure the rest of my night around completing notes I haven't started yet, reading up on my new patients' diagnoses, and getting to bed early at midnight so I can wake up "rejuvenated" at 5:30 A.M to start over.

The phone rings. I fumble between my cordless spectra, cellphone, and office phone. It's the clinic secretary. Sounding a bit frantic, he tells me that a pediatrician is on the line. It's quite unusual and not part of the regular proceedings, but I'm intrigued, and we are connected.

"Hi, this is Dr. Cohen, how can I help you?" I ask. After an introduction, he informs me, his voice cracking with alarm, of a new patient being sent to the Emergency Room (ER) in need of intervention. "Her name is Rose*, she is five years old, and her white blood cell count is over five hundred thousand! She is on her way to the ER now." To ensure I heard correctly, I request confirmation of the blood results while drafting a message to my attending physician with a plan of action. I look at the clock and update my family to expect me home late.

Whose role is it to take care of Rose? I ponder. Is it fair to put all the burden on my co-fellow, who worked a full day, is receiving signout for the night, is caring for three different services, triaging consults, answering phone calls from nervous parents at home, giving plans for our many primary patients arriving to the ER, catching up on tasks, and preparing for the next day of inpatient service? I've walked in these shoes many times before. While I learn to juggle and prioritize tasks, I always need a "twenty-fifth hour" in the day. Will Rose receive the needed attention when so much else is going on? If something bad were to happen to Rose, would it be my fault for not staying late? Is this medical neglect? Would I be transgressing "Do No Harm"?

My first call is to the ER, informing them of Rose, the rare emergency complication of her presumed disease, and the immediate need for IV placement, labs, an extra lavender-top blood collection tube, twice as much IV fluids per hour, and a chest X-ray. I call the blood bank to activate leukapheresis – a procedure that extracts rapidly doubling cells at a faster rate than they are produced. I worry about a white clot and think through the signs and symptoms of a stroke. I'll have to teach this to the residents later. More thoughts flash through my conscious mind. She's the same age as my niece. I perseverate on this. Calm is restored only after I catch a glimpse of my niece's smile behind the notification ribbons of phone messages from family and friends, wondering why I am late again or when we can catch up.

A new checklist pours onto the page as I return to triaging end-of-shift questions from residents regarding our service patients and rush to update the handoff for a smooth transition of care to the night team. My signout is terse but focused on hitting important details and maintaining the safety of all my patients. I learn of Rose's arrival to the ER, and I send a followup message to my family requesting they leave food out on the counter for me as I tear open a bag of chips – my first meal of the day.

I think everything's in order so I call my attending to review the plan, proud that I started the process. Inevitably, there is a teaching point regarding management that I have yet to learn, but I try not to be too hard on myself. I listen as intently as I can while picking through a dozen paper forms that sit in disarray on the shelf above my desk, left unorganized since my last new diagnosis scramble earlier that day.

My blood pressure peaks as my pulse races, palpable with a gentle touch of my radial artery. The ER resident calls again to announce Rose's arrival and confirm the plan. "They are a very sweet family, and the girl is adorable," I am told. Without yet meeting them, a force of friendship pulls me closer, while knowing all too well that I will soon be their doom doctor. My co-fellow insists I go home, but I feel too invested, with "Do No Harm" still weighing on me. I am also selfishly curious and eager for the chance to practice my script of breaking bad news without a superior. I've learned to become comfortable with the unease of these situations, even intrigued and drawn to them, focused on the human response to receiving bad news and varying displays of emotions. Will they cry? Should I bring tissues with me or is that too obvious? Will I cry?

As time passes and I await Rose's blood-draw amidst the bustle of the very busy ER, I feel myself losing ground in this head-to-head battle with a killer disease. I watch the second hand tick while rehearsing my opening line. I wonder where I'll sit and if it will be conducive to this type of patient/family encounter. Will both parents be there? Will I need an interpreter? Should I bring the parents outside the room or do I talk in front of the child? Just then, the ER resident calls to alert me that the blood is drawn.

I exit my office, dodging a few obstacles and sprinting past the elevators while calculating if I made the right decision to take the stairs. I address questions as I run past nurses, which I quickly reply to or reassign. Still rehearsing, I now walk hesitantly through a busy ER, avoiding being seen for fear of another consult that may inundate me further. I stop by the ER attending/resident caring for our mutual patient, and I pocket the lavender-top tube to send for more definitive testing, flow cytometry, at the earliest convenience. I then sprint out of the ER, past the kitchen, and through the lab corridor toward the lab, inhaling the leftover sharp fishy odor from hospital lunch earlier that day.

The technicians send a friendly wave and smile, an act of consolation, knowing very well what it means when they see me down here. I ask to expedite the results, wondering why we don't expedite everyone's lab work or if my request will delay someone else's also-critical results. Lastly, I ask them to prepare a smear of Rose's blood cells for inspection under the microscope to confirm my suspicion.

I watch as the slide smeared with Rose's cells travels across the slow-paced conveyor belt of a machine that drowns it in H&E stain and then washes it away before drying. Since "a watched slide never dries," I step away to call transport for a STAT pickup of the lavender-top tube that I now remove from my pocket. I swish the contents back and forth, concerned greatly by its translucency and lack of viscosity. I fill out the necessary forms, slap a patient label over the top, and run back up four flights of stairs to drop it off for pickup. I quickly type an email to the hematopathologist as I descend yet again to the lab, requesting immediate results overnight. I am glad my father had me take a typing course as a child, although I disobey the sign on the stairwell that warns of the dangers of texting and descending.

My heart plunges into my abdomen as I learn that Rose's WBC count has risen to 527,000. Finally, her smear slips into the receiving compartment. I run it over to the microscope, gently place it in center stage, push on the light switch, and turn the side knobs up and down, bringing the image into focus. At just 10x magnification and with a novice eye, it is still obvious that something is terribly wrong. Hundreds of large purplish-blue stained cells with giant nuclei occupy the field of view, outnumbering me in our staring contest. In a world that promotes heterogeny, the chaos of a homogenous battle is evident. An army of cells, trained under a common dictator with a doubling draft rate, had claimed their territory, nearly abolishing the common folk in a civil war, its signature: a paucity of healthy red blood cells, platelets, and other immune cells. A breeding ground had been stifled, terrorized by a mutant invader. I snap a picture of the cells for attending confirmation and march back to the ER, preparing to meet Rose.

"Who is this princess?!" I shout while entering ER Room 4 with a playful smile and an enthusiastic tone, like my mother's when she welcomed me home from school. Rose seems uninterested, though – pale and tired. "Hi, I am the children's blood doctor," I say, this time directed toward Rose's parents and leaving out my official title and department until I gain their trust. I see the worry in Rose's parents and perhaps a trickle of early tears sprouting from the corner of her mother's eyes. "Sorry that you're here in the hospital," I add. Dad stands for a moment so the nurse can hang a bag of fluids. He towers at over six feet tall, and I feel momentarily small despite the immense responsibility.

Then, from smiling to slightly sober-faced, I break the news they too have been anxiously waiting for. "I am so sorry to tell you that Rose has a cancer of her white blood cells, also known as leukemia." Reflecting on the wisdom of my residency program director, Dr. K., I add: "You are in the right place, and we are going to take very good care of your daughter and the whole family."

Dr. K's wisdom further fills my mind as I allow a moment of silence to fill the room: "You may be tired, and this may be just another diagnosis for you in the grand scheme of your medical training, but to this family, it's their first diagnosis, and their world has just shattered. Feeling helpless as parents, they are putting all their trust in you. You have the power to heal with just your opening words to them. You have one of the most privileged opportunities in the world, to take care of a patient and their family at their worst and give them hope."

Breaking the silence, Rose's mother asks, "So what's next?" I begin by explaining that this is not their fault, nor is it Rose's. A few guilty tears are shed as Rose's father shares that she's been complaining of feeling tired for a few weeks, but they didn't think much of it. "And there wasn't much to think of it," I say, an attempt at consolation.

I walk them through the diagnosis, beginning with the factory, the bone marrow, to try and make sense of it all. "Our bones contain 'red goopy stuff' [borrowing terminology from my program director] called marrow, where red blood cells, white blood cells, and platelets are made," I declare. After explaining the role of each cell type and the consequences of an infiltrated marrow, a minuscule amount of clarity is etched on their faces, though at least they understand now that Rose's body had failed her – not them.

They have many questions that I want to answer, but the clock is ticking, and as studies have shown, they will only recall 30 percent of it anyhow. Nonetheless, I review the basics since emergent treatment is needed, and a basic understanding is pertinent to signing consent for therapy. I take them through the pathophysiology, explaining how one or several mutations in white blood cells can impair the natural self-destruct mechanism, prevent the "off" button from working, or cause the "on" button to remain stuck open, leading to uncontrolled growth of these malfunctioning immune cells. I explain that most of the resources in the body are being diverted to these demanding tyrant cells occupying the marrow and preventing production of all other blood cells. As a result, Rose is feeling tired, developing eyebrow-raising suspicious bruises, sprouting red blood-dots called petechiae, and is at risk for severe infections.

Maimonides' principle of "everything in moderation" enters my mind. Too much is overpowering, and too little is not enough. This is true of the balance between all the blood cells produced in our marrow and similarly when it comes to treatment. Titration of therapy is critical, as with rapid destruction of leukemia cells they can spill their toxic contents, causing mayhem and organ damage. Rose's parents' nodding implies understanding, but I know this isn't making any sense when applied to their daughter, who was "healthy" just yesterday. Rose is agitated and questioning why she isn't home taking a bath, eating dinner, or brushing her teeth before bed. While I want to give them time alone, there is more news to deliver, and time is of the essence.

"To make her feel better in the short term and reduce the risk of severe complications right now, we need to act quickly," I stress. "In association with her leukemia, Rose also has a large tumor in her chest that is pushing on vital structures." At that point I am interrupted by the transport team ready to take Rose to the Pediatric Intensive Care Unit (PICU). I struggle to explain the risks of treatment and all the necessary procedures as I watch their world crumble. I try to hide my own emotions, exhaustion, and grumbling stomach. I wonder what food is awaiting me at home and feel guilty about thinking of my own pleasure at this moment. As Rose is wheeled away, I wonder how differently this might have gone if Rose's parents weren't so understanding, if they had a trust issue with the medical system based on experience, spoke another language and required an interpreter, or had no medical literacy.

The next few weeks for Rose are challenging as she acclimates to hospital life. I often feel privileged to care for Rose and her family. Through daily rounding in the PICU and random drop-by visits to check in, Rose's family and I develop a bond. I am sure of this because they begin to check in on me, asking if I am okay. This is especially evident on a particular Saturday morning. They watch as I pace back and forth between the rooms of two other critical patients, skipping Rose along the way. I attempt to hide my frustration, exhaustion, fear, defeat, and surrender that are quickly being etched into the wrinkles of my forehead and drooping eyelids. They witness me holding up a trembling mother, walking across the PICU to see her daughter for the last time. I pay several visits to Rose and her family and promise to stop by more often. Rose becomes comfortable with my presence and starts requesting visits, though she always tucks her head down in a shy pose when I arrive.

Rose responds well to her initial therapy. As she progresses positively through treatment, she overcomes many hurdles, including severe infections, terrible nausea, loss of her hair, and prolonged hospitalizations. Each of these treatment challenges deserves its own chapter in Rose's story. But she always keeps her smile, and it grows wider each visit.

Rose's new flirtatious demeanor has me questioning the boundaries of our relationship. But these thoughts fade one day after I learn that Rose's mother is newly diagnosed with breast cancer, fighting a similar evil side-by-side with her daughter. She doesn't have a dedicated "life" team like the child life specialists in Rose's corner, who work tirelessly to enhance Rose's inpatient and outpatient experience, despite her disease and toxic treatments. She doesn't get visits from Dutton, our hospital facility dog. No one is choreographing a flash mob dance using Taylor Swift's "Shake It Off" for her, or grabbing her hand for a twirl as I do with Rose to help jiggle out healthy neutrophils from her bone marrow (not evidence based but anecdotally proven to heal a child's soul).

While mom hides her bald head with a wig, Rose takes pride in her baldness, trying on princess wigs to match her closet full of hospital princess outfits. If being flirtatious with five-year-old Rose allows her these moments of normalcy and happiness not granted to her mother, then I owe it to her to flirt back, wear a tutu and unicorn headband when visiting, make her origami flying swans, and dance at her bedside in uncoordinated fashion alongside my role-model attending and our incredible care team of child life specialists, advanced care practitioners, nurses, and residents.

I dedicate this narrative reflection to Rose, her loving parents and family, and the entire medical team caring for her. Though I don't see Rose as often any more (a good thing), I am lucky enough to be her third pen pal, surpassed only by our child life specialist and Dutton (yes, our facility dog writes paw-notes). And everyone knows that when Rose is in the building, Dr. Max (as Rose addresses me) must be notified immediately to arrange a friendly visit and get his dancing shoes ready.

Dr. Max Cohen is a second-year pediatric hematology and oncology fellow at Cohen Children's Medical Center. He has a passion for narrative reflection as a means of sharing poignant patient experiences while highlighting important ethical and moral considerations in patient care.

Silviculture

No one likes the doctor who stares at the floor, interrupts, forgets patients' names, and gives off the feeling that the patient is an obstacle to whatever the doctor wants to do and say. Not only are they unpopular, but also those doctors hurt people. Teaching communication skills to medical students, then, seems necessary. But I thought the way to get around this was on the front end of medical school admissions. In my MS1 mind, the onus was on schools not to admit the genetic or acquired misanthropes.

During our first year, one of our professors, who designed the curriculum, introduced us to the goals in a large group session, with the entire class. We then broke into smaller groups, where the professor's systemic approach to patient communication and connection unsettled me. I sat, listened, and participated, but I had a little worm in my brain saying this wasn't it.

At the time, I believed communication of this kind sprang forth organically. It unfolded as a consequence of shared experience and empathy. Given sufficient seeds, a deep understanding of patient experience would necessarily grow. Placing guardrails on the interaction would be akin to supporting a tree trunk with rebar. I thought I knew better. I thought the curriculum was over-analysis of social interaction.

Two years ago, I saw a physiatrist for my lower back pain, which had continued after herniating a disc a year prior. After he conducted a physical examination and lectured me on the emotional origin of back pain, I described a recent period of emotional distress following a death in the family. He looked up from his notes into my eyes and said, "That must have been difficult." I started crying. I didn't know why at the time, and only now do I begin to understand. He used the same technique that I learned from my professor that first day. He legitimized my emotions. I don't know if it was organic. Maybe he couldn't formulate a statement on his own, so he went with his "fastball," as the professor puts it. I won't ever know which it was, but in that moment, my reality took over, and he connected to my experience, offering a compassionate understanding of my illness. Maybe those same trees I thought about actually did have help growing.

After I learned the playbook, I wondered if my physician from two years ago organically connected with me. Was he sensing my pain and responding with therapeutic empathy from his own experiences, or was he reciting a canned response he learned because he was taught that's how a doctor talks to his patients? Well, would the latter be so rotten?

At first, I thought the textbook application of connection threatened the greater, Platonic ideal of connection. I believed that relying on the curriculum to create connection would absolve them of their human duty to search within themselves to express their humanity. During our session the next Wednesday, after we learned the "playbook,"or the "fastballs," or "meat and potatoes" of empathetic communication, the professor gave us the opportunity to connect to the patient beyond the handout. We used our own methods to show who we really are in our communication with the patient. I found myself at ease. I cracked it! I showed how one cannot always stick to the script. One must possess the necessary experience and disposition to disregard it, I thought.

Life quickly humbled me. Flying home for Thanksgiving, I spoke to the man seated next to me on the plane who was a Yankees fan. I told him I too liked the Yankees, and we talked for several minutes about the season. I was so glad when he switched topics and told me about his kids. Truth is, I don't like the Yankees, and I don't even watch baseball!

I used my "fastball." I saw what he wanted and gave it to him. This wasn't my first time. But, it was the first time I realized the artificiality. The conversational techniques that I had used over my life were just as phony as the curriculum I couldn't stand. I imagined a weeping willow springing out of the ground one day and starting to do its thing. Sending out its big branches in every direction, contorting, and sweeping over the grass. The truth is, the tree is shaped by wind and nature. Its structure and function are reinforced by carefully placed rebar, but because the training is so strong, the rebar can no longer be seen.

What is missing from this recollection, its absence in text and mind a testament to his abilities as an educator, is the professor's role in encouraging my own independent reflection. He fielded questions without personal defensiveness from a first-year medical student questioning the curriculum. He listened to me, responded with his own questions, and helped me understand my own ideas, and by doing so, he fostered my own thinking. A magnificent tree, reinforced by his sturdy yet invisible rebar.

When people ask me how my first year of medical school is going, I always give the same response: It has been humbling. I expected to be humbled by pathophysiology and anatomy, but I did not expect a class in the first month to teach me how little I knew about talking to patients, and to give me the tools to speak to them and empathize with their journey. The train to humility stopped first at frustration. The professor pulled me along, though, to give me not a fleeting feeling of proficiency but rather a deeper trust in the professionals who have practiced medicine for longer than I have been alive.

George Dewey Wilbanks is a first-year medical student at the Zucker School of Medicine, from Birmingham, Alabama. Dewey majored in comparative religion and biochemistry in college, and he is interested in the practice of humanities in a scientific field. He also likes pickup basketball.

hemophilic

JANIS LI

The artist writes, "Acrylic on a flat canvas board. Bruises easily."

Epithalamion

The white-veiled day
she takes my brother
we can finally
breathe again

The procession flows down the aisle
pomp and circumstance
unlike the well-lit hallways where I
keep my eyes down on the shoes that walk
past us
This is what it takes for you to look me in the eye?

I love, loved my brother. still do –
but I hate –
hated hearing my mother's soft sobs when she thought
we went to bed

In our dreams
and when isn't he asleep?
he's out there walking

somewhere in between
the darkness and the light

Marvin Ho is a third-year medical student at the Zucker School of Medicine and co-editor-in-chief of Narrateur. *He is interested in transitional care for medically complex children, cardiology, and the limits of language in trauma. This piece was written during the 2025 Pain and Addiction Care Education Week at the school of medicine.*

Moon Worship

Rahul Ramanathan is a second-year medical student at the Zucker School of Medicine. Falling in love with art as a child, Rahul continues to use it to express his beliefs and experiences. With experience in painting, ceramics, and embroidery, he often likes to play around with multimedia art. Of this piece he writes, "Elephants have one of the clearest examples of ritualistic behavior. It is said that they practice 'moon worship' by waving branches at the waxing moon. Here, I try to demonstrate the unique relationship of two things that might be considered independent but are truly interconnected in nature."

Blue Eyes

I haven't heard from you
In an hour or two
What's a momma to do
My mind is spinning around
This living room
Where I held you
As a child
A younger version of you
Before the hurting set in
Like a long winter
With no sign of ending

I'm running red lights
In our town
Hope the cops aren't out
I won't stop for anyone
I'm racing the setting sun
To make sure mine
Is still breathing fine
I can't take a world
Without you in it

Knocking on your door
But I don't wait for an answer
I kick it down
And I see you lying there
On your floor
The tears start falling
And I start calling
Your name
On my knees
God please
God please

In the midst of my shaking
And crying
And hoping
You’re not dying
I see the blue in your eyes
Like water in desert skies
And I know you’re hurt
As you whisper to me
That I don’t deserve this
And you couldn’t help it

And I stopped listening
And I started praying
You asked me why
I was here
After last time
Was supposed to be the last time
But all I can see
Are those beautiful blue eyes
I love you
I love you
Till the day that I die

Trevor Weis is a third-year medical student at the Zucker School of Medicine. He began writing songs and poetry after learning how to play the guitar in high school and continues to do so as a way to tell stories and process the ups and downs of life. This piece was written during the 2025 Pain and Addiction Care Education Week at the medical school.

To Love an Addict

To love an addict
Has made me bitter
Has made me angry and resentful
Has drowned me
in hopelessness

To love an addict
Has me questioning
Has me doubting
With very few answers
A life filled with confusion

To love an addict
Has made me love them
Has made me hate them
Has me wishing I never met them

To love an addict
Oh the pain, oh the chaos
The destruction path of a tornado
Seems small in comparison

To be loved by an addict
And to love them back
Has shown me destruction
Has shown me rebuilding
Has been a difficult thing

To be loved by an addict
And to love them back
Has taught me love and hate
Has taught me patience
Has taught me forgiveness

Walkania Santos is a third-year medical student at the Zucker School of Medicine. She is very passionate about global health and medically underserved communities. This piece was written during the 2025 Pain and Addiction Care Education Week at the medical school.

Winter Hawk

Jordan Schneider is a fourth-year medical student at the Zucker School of Medicine. He developed a passion for photography as a teenager and continues to use the medium to explore the interplay between light and form in the pursuit of beauty. He writes, "I saw this Cooper's hawk outside my window one winter day in the middle of third year. I was fortunate to capture it, never having seen the hawk before, or seeing it again. At the time, I was struggling with which specialty I wanted to pursue. I was jolted out of my ruminations, having a flash of insight that I needed to resolve my indecision. This photo reminds me to keep my eyes open for the brief glimpses of the sublime we can sometimes catch in the mundanity of day-to-day life — if we look."

Patient in Room 3

Back in the workroom, the gossip fills the air like acrid smoke.
My throat burns. The smell of brewed breakroom coffee fills the air.
It's a new day in the clinic. Fluorescent lights flicker overhead.
The staff sit in a lecture about social determinants.
"We have to meet patients where they are," the speaker emphasizes,
as heads nod in unison, a ritual of agreement that feels more like a
stage performance than a commitment.

Fast-forward to the afternoon,
I'm about to see the patient in exam room 3.
"She's a difficult patient," they say.
What does that even mean?
The nurses at the workstation are snickering, their laughter sharp
and cruel.

Another drug addict and another abortion – they shouldn't reproduce.
"She'll talk your ear off if you let her," they add, their disdain
palpable.
The intern catches the look on my face and gently notes,
"Sometimes people say insensitive things."
I feel relieved that someone else on the team gets it.

Inside the room with the resident and the attending, I meet her –
a woman radiant with strength and perseverance, "three years clean,"
sitting on a monumental decision. "I don't know if I want to keep
the baby."
Her vulnerability pulls at my heart.
"Where's my ultrasound picture?" I guess the attending didn't
think she deserved one.

I feel angry, my throat burning with unfairness. Sad,
watching those meant to care reduce her to their cruel caricatures.
I'm just the medical student – how can I combat their hate, hiding
behind smiles that don't reach their eyes?

I’m on my way back to the room, holding a followup
appointment card.
“If you’re not out in two minutes, I’ll come rescue you,” the intern
calls out.
Funny how long that lasted – I’m not the one who needs rescuing.
In the cold and harsh exam room, we chat about our favorite
Netflix shows, her laughter breaking the tension.
A reminder that beneath the labels, we are all human.

“Thank you for listening,” she says.
We both know what she means.

Each comment punctures my heart, the irony sharp –
“We have to meet patients where they’re at.”
Yeah, only when it’s convenient for you.

Each jest, each dehumanizing remark,
chips away at the fragile facade of professionalism.
Have you forgotten why you chose this path?
You took a Hippocratic Oath, but all I hear is hypocrisy.

The real struggle here isn’t in the choices she faces.
It’s in the callous judgments we place upon her –
the irony of nodding heads in the lecture, where it seems
no one really heard a thing.

Dasha Musatova, a third-year medical student at the Zucker School of Medicine, is passionate about anesthesiology and medical education. In her free time, she likes to read, roller skate, and karaoke to ABBA with her roommates.

Reflecting on the Fall

Joshua Segal, DDS, MD, MSED, FACS, is an Oral and Maxillofacial Surgeon and Chair of Dental Medicine at Staten Island University Hospital. He writes, "The fall in Upstate New York is my favorite time of year. In this shot I missed the leaves on the trees, but I found the colors of the fallen leaves to be quite beautiful."

Beauty Band-Aid

Y'all heard???
They've got band-aids
with melanin
injected in them
now.
I couldn't tell you how, but
WOW,
this shade of burnt mocha umber brown
is lovely –
the perfect hue
to occlude the reds
and the blues percolating
under my skin.
Am I blushing!?
Guess, I'd never noticed
all these polishes, concealers, and blushes
bleeding toward this aisle
of the drug store pharmacy.
Ooh, and it's giving!!
I, myself, have never swatched
a swathe or a swaddle of gauze so –
gasp well, whad'ya know?
The matte of this patch is
the perfect match!

Hmm…
this really has me thinking –
I’ve finally got a means
to beautify these
my Black
bruises,
but I would also suppose,
or
I mean,
at the very least,
ought it be assumed –
is this what they mean by
using a band-aid to cover up
a bullet wound?

Dr. Eshiemomoh Osilama is a psychiatry resident at Zucker Hillside Hospital who graduated from Geisinger College of Health Sciences in Scranton, Pennsylvania, Class of 2024. Momoh was raised just outside Boston and graduated from Columbia University in 2016 with a bachelor of arts degree in biology. He enjoys reading and writing poetry, baking, theater, singing, museums, traveling, beaches and oceans, photography, and being an extraordinary guncle.

SB 1: The Biopsy

SB 2: A State of Grace

SB 3: Hospital Grounds, Morning Air

SB is a social worker and artist whose work is about basic humanity and freedom. She was born in 1971 and lives in Jerusalem City (East-West). She works in pen on paper and oil on canvas from observation; her main foci are the psychological study, the portrait, and the ideological landscape. This is a series of pen-on-paper drawings made at a Jerusalem hospital around 2023.

From the Patient Perspective

I take a deep breath and navigate the ultrasound probe over the patient's abdomen with my shaking hands, searching for the fetal heartbeat. It's my first clinical rotation in medical school, and I want to make a good impression on the residents I am working with. But the Doppler is picking up nothing.

Sighing, I hand the probe over to the resident, who searches the abdomen for the rushing *lub-dub-lub-dub* of the developing fetus. After she scans the abdomen for a minute or two, I see the fear start to dawn in the resident's eyes. She slows down her pace, moving millimeter by millimeter. Her hand tightly grips the ultrasound probe, and I sense the tension in the room tick up. We exit the room, promising the patient that we'll be right back. We go to the attending and explain the situation: no fetal heartbeat found on the Doppler. The attending comes in and confirms our findings. The blood-curdling cries of that patient become etched into my mind.

Now, I'm the patient. Ten weeks along. Although I haven't practiced obstetrics since my third-year medical school rotation, I recognize the fear in the sonographer's eyes, because I've been on the other side of this interaction. My heart rate quickens as the provider confirms my worst fear: They are no longer able to detect a fetal heartbeat. This time, the blood-curdling cries are mine.

What I hadn't recognized five years ago, during my clerkship, was the way these words can upend your life. It doesn't matter if you know the statistics surrounding miscarriage in the first trimester. It doesn't matter if you know the odds are that the fetus was genetically incompatible with life. It doesn't matter. You reassess everything you've done in the past however many weeks to try to figure out why this happened. You grapple with how what you thought the next chapter of your life would look like has suddenly turned into a completely different book. No more daydreams of shopping for baby clothes, no more checking the app to see what vegetable your baby is the size of, no more sharing happy news with friends and family.

Then you try to return to life as previously scheduled. But if you're a pediatrician, babies are kind of unavoidable. Every healthy newborn visit feels like salt in the wound. Every pregnancy announcement on social media feels like a slap in the face. But despite it all, while the direction my story was going has changed, my empathy has grown. I feel for my patients and the crummy hands they, too, are dealt.

It isn't too often as a physician that you find yourself experiencing a life-altering moment from the patient point of view. One day, hopefully, my story will have a happier ending. But for now, I'll just work on helping my patients find theirs.

Dr. Megan Regnell is a chief resident in the Pediatrics Residency Program at Cohen Children's Medical Center. She is pursuing a career in ambulatory pediatrics. She hails from New Jersey and received her undergraduate and medical degrees in South Carolina. She has always appreciated the art of medicine and being able to use writing to process emotions.

In Need of Treatment

Sitting across from a patient in the office
I reflect on the dynamic between us.
Are he and I not both patients to a healer somewhere?

We both are diseased,
We both are deluded and altered,
Like his, my roots run superficial and dry.
I too am decaying in unmentionable, unacceptable ways,
My soul is clogged with plaques and strictures.
It is hypervolemic, choking on its own fat,
Oozing and hemorrhaging fluid…

Death is not approaching him alone;
I too am jaundiced, cirrhotic, and bloated,
Addicted and looking for my fix.

And are we not both capable of healing?
He could just as well be the one
To examine me from head to toe,
He could listen to the sounds of my breath,
The sounds of my diseased and straining heart,
Test the reflexes common to all,
And then diagnose me, and treat me?

What differentiates us then?
My profession? Or the acuity and visibility of his malady?
Other insignificant things?
But now we sit,
Here I see my soul reflected,
Here I am faced with another contender.
Is he not doing just as much for me
As I am for him?

Jacob Stone is a third-year medical student at the Zucker School of Medicine. He is the editor for the poetry section of this year's edition of Narrateur.

Qualified Candidate

She's fidgeting again, hands clasped under the table. I resist the urge to check the messages on my watch. The candidate – Shelly? Sheila? – has been carrying on about why she pursued a career as a physician assistant. I nod and smile as elevator music plays inside my skull. I stifle a yawn. She pauses to breathe, and her blue eyes are wide and expectant; she is clearly finished with the first question and holding her breath for the next.

"Great." I absently flip the pages of the interview sheet. "Why OB/GYN specifically?"

I brace myself for the same tired responses.

"I want to take care of women."

There was Imara, who could not meet my eyes and was not permitted to answer questions, whose husband stood behind her during each exam.

"I am so passionate about helping women through labor."

There was Angelina, fingernails breaking into my skin while she screamed new life into the world, begging for it to be over.

"It's such a happy field!"

There was Latya, whose tears dripped silently down her porcelain cheeks while I handed her a stillborn baby, conceived through IVF, moving in her belly only thirty-six hours ago.

"I want to be there for the best moments in a woman's life!"

There was Maria, whose voicemail had been full for two months, avoiding calls regarding her pap smear that showed cancer. She was only twenty-nine.

"I want to help women with their pregnancy!"

There was Lucy, spotting at six weeks, praying this one stayed. I saw on the ultrasound it would not.

"I've always wanted to do this. It's such a rewarding field."

There I was, being berated by an attending who missed a delivery because I didn't call early enough.

There I was, being undermined by a senior nurse when counseling a patient about labor options.

There I was, being belittled by a patient because the couch was not comfortable enough for her husband to sleep on.

Here I am, sitting in an interview and wondering what the right answer is any more.

"I want to be there to advocate for women." She sits up straight, placing both hands flat on the table. She leans in, her whole body wrapped up in her words. "To try to keep them safe."

When her answer registers, it is my turn to pause. I notice the firmness of her voice, the shift in her body. No longer is she anxious. No longer is she performing. It's the best answer I've heard in a long time: authentic, grounded, and based in a memory. This candidate has a story. This candidate has a purpose. This candidate has a drive.

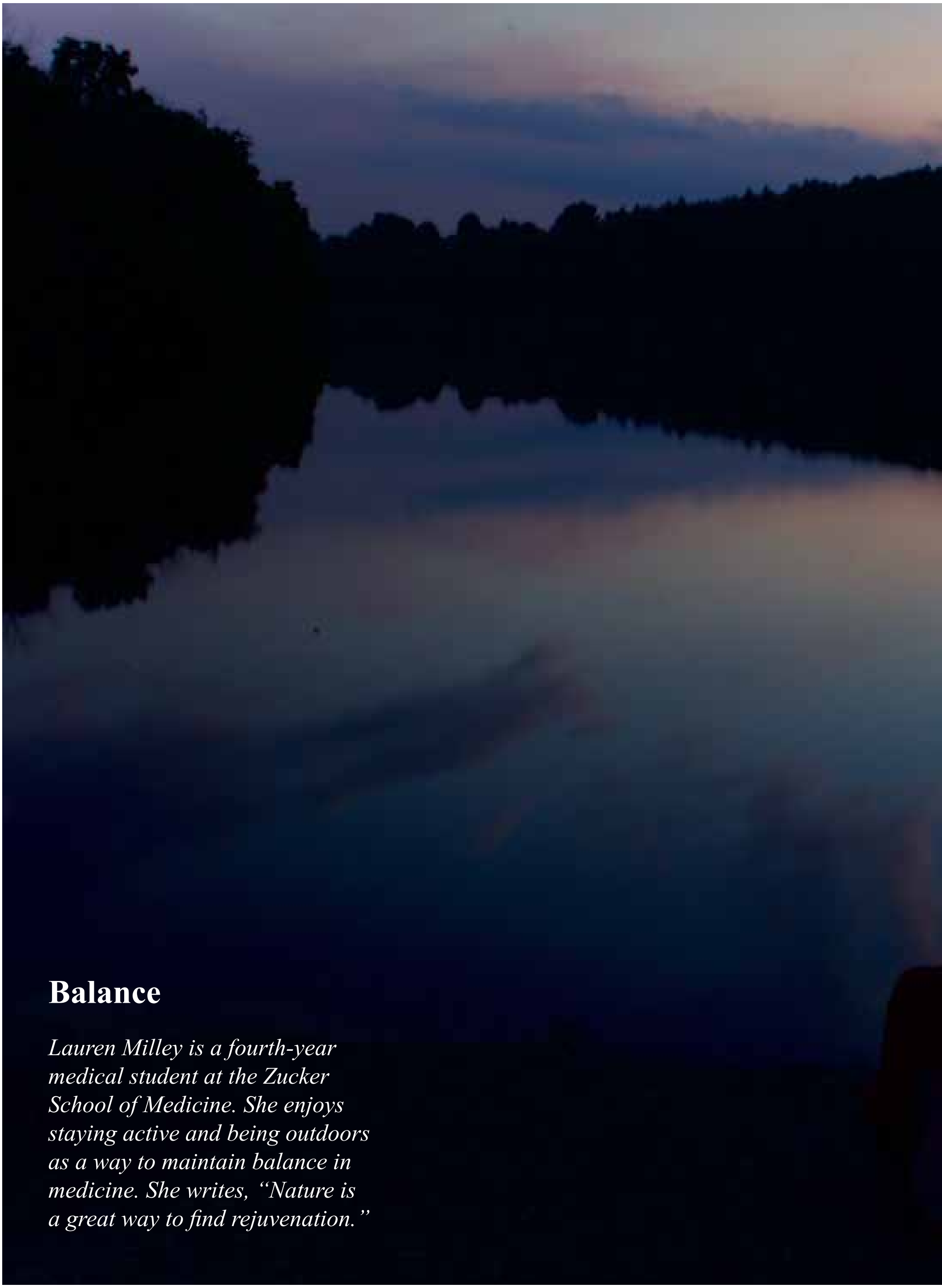
This candidate has a job.

Francine Loccisano is the supervisor of the OB/GYN advanced clinical practitioners at North Shore University Hospital. At Hofstra University, Francine minored in creative writing prior to being accepted into the physician assistant program. She hopes one day to publish a novel.

Self-Portrait Under Pandemic

Yes, it’s time to tell her –
no, I don’t have the virus,
but I have the illness,
the type that makes me
wish I could throw myself,
blackberry mist, wetrock on the Sound, bone in the ripples, crunch
over voicemail, the type that makes me pulsate,
reflect, awash in clarity,
when everything else is dead,
the type that makes me want
to apologize, to say I miss you
as the needles set in, as a smile
twists the skin.

Tyler Thier is Hofstra’s writing proficiency coordinator, as well an adjunct assistant professor in writing studies and rhetoric. He’s based in Queens and regularly publishes cultural criticism and hybrid nonfiction. Body horror is something that fascinates him, as an exaggerated stylistic device to understand the body’s wonders, limitations, and transformations.



Balance

Lauren Milley is a fourth-year medical student at the Zucker School of Medicine. She enjoys staying active and being outdoors as a way to maintain balance in medicine. She writes, “Nature is a great way to find rejuvenation.”

Wisps of Memory, Grains of Sand

"Do I have another son? Where is he now?" asked my grandmother. Her face was scrunched, worry lines plastered across her forehead. "Yes, you do," said my uncle. "He lives in Dubai, and his son studies in the United States." She smiled and nodded, her eyes sparkling with appreciation. And yet, a few minutes later, she asked the same question again.

My grandmother's dementia diagnosis and associated memory loss crept up on us. Initially, this was a source of misplaced mirth and general chaos. She would forget where she had left her treasured items and summon the household to conduct a search operation. Next, she lost the ability to make new memories, and then, with a stealthy finality, she began to forget the major events of her life. The emigration of her youngest son. The marriage of her first grandchild. The collapse of our old house due to shoddy construction with the entire family in residence. The death of her husband from a sudden cardiac arrest at the age of fifty-four. How does it feel to inhabit such a mind?

The psychologist Daniel Kahneman, who passed away in March 2024, extensively studied memory. As he put it, "How do you understand memory? You don't study memory. You study forgetting." The only discernible pattern evident in my grandmother's forgetting was her profound unawareness of having a memory deficit. There were brief flashes of insight, where she would display discomfort with having forgotten a central event or person in her life. However, for the most part, she did not perceive that she was becoming dislocated from her past.

This lack of insight into our illness is known as anosognosia, and I find it to be the most distressing aspect of dementia. In *Thinking Fast and Slow*, Kahneman draws a distinction between the "experiencing self" and the "remembering self." He writes that the experiencing self exists in and knows only the present, while the remembering self is a storyteller, interpreting our experiences and narrating them back to us. In Kahneman's framework, we live under the "tyranny of the remembering self" as the stories told to us by the remembering self shape how we think of past events in the present, and how we make related choices in the future. The remembering self enables us to recollect, construct meaning, and live our narratives. Anosognosia is the failure of the remembering self, resulting in an inability to update our narratives, and a consequent detachment from reality.

In moments of quiet, we sift through events from our past. Memories of joy, of transcendence, and of pain. Our lives are composed of distinct moments that aggregate into a tapestry, a tapestry splotched with light and dark, pleasure and pain. This centrality of memory is conveyed by the Punjabi poet Amrita Pritam, in her most famous poem, *"Main Tenu Phir Milangi"* ("I Will Meet You Again"). She writes:

Ae jism mukkda hai
Tan sab kuch mukk janda-e
Par cheteyan dey dhaage
Kaayenaati kana dey hunde

This body? It perishes.
Everything does.
But the threads of memory
Are woven such
That the universe resides in its every bead

In my grandmother's case, the opposite was true. Her body was functional in the context of her advanced age, but her memories had dissipated, slipping like grains of sand through grasping fingers.

The pathophysiology of Alzheimer's disease, the subtype of dementia that afflicts my grandmother, remains an active area of research. Hypotheses now point toward insidious neurodegeneration mediated through chronic inflammatory and autoimmune processes. The unfortunate fuzziness around its pathophysiology is fitting for a disease that catalyzes a unique rupture from the self in a patient. Memory- and meaning-making are central to personhood. We moor ourselves in the past, in the stories that delineate our lives and the lives of our communities. What happens when we lose the ability to make new memories? Or when we fail to recollect the tapestry of memories that compose our identities? I can only imagine that you feel lost, cast adrift without the compasses of memory, identity, and personhood to navigate through life.

We noticed that it was now impossible for my grandmother to remain unoccupied. Often, she would sit in her favorite armchair in the living room, eyes fixed on the newspaper. Twenty minutes later, she was still on the same page. Was she reading the same sentence again and again? Was this pretense at reading an attempt to occupy her mind in an activity as there was no escape into her own story?

Storytelling is central to our shared understanding of what it means to be human. The writer and climate activist Amitav Ghosh has suggested that storytelling is seen as a distinctively human trait in the collective imagination of post-Industrial Revolution societies. He cites a passage from Graham Swift's 1983 novel *Waterland*, a seminal work in the corpus of nature writing. "Only animals," says one of Swift's characters, "live entirely in the Here and Now. Only nature knows neither memory nor history. But man — let me offer you a definition — is the storytelling animal. Wherever he goes he wants to leave behind not a chaotic wake, not an empty space, but the comforting marker-buoys and trail-signs of stories." Ghosh argues that the faculty of storytelling and the making of meaning are not solely human qualities. As our knowledge of the natural world grows, we realize that many pre-Industrial Revolution societies had the right idea: Animals and perhaps even trees make sense of their experiences and encode memories. Yet, the myth of storytelling and its role in human exceptionalism endures, and to lose the "comforting marker-buoys and trail-signs of stories" is to shed our humanity.

For as long as I could remember, my grandmother ran the house. She lost her husband while she was in her fifties. There was a legal battle over the house to be fought, children to be educated, husbands and wives to be found. She was the totem around which the household revolved, its rhythms and cadences attuned to her habits. Frivolity was not tolerated; there was too much to do against a backdrop of uncertainty. And now, in her nineties, dementia had made her a child again. We spent time quizzing her, with the hope that repetition would encode an imprint of the stories that defined her life. And yet, the disease progressed, rapacious in its advance.

In the early days of the disease, she developed a paranoid obsession centered on her room. She was reluctant to leave her room and kept tabs on anyone who walked in that general direction. Over time, the locus of her paranoia slowly shifted to her closet. She started to closely guard the keys to her closet and suffered from vivid delusions that we were opening the closet doors to steal her possessions. Eventually, her paranoia shifted to quotidian objects like her glasses and her watch. The room and the closet were forgotten, but her glasses and watch had to always remain within sight. Most alarmingly, she began to shun company, lying in bed for hours in the sticky summer heat, reacting with aggression when cajoled to emerge for meals. As her cognitive powers shrank, her emotions became labile and expansive, as though her brain could no longer respond appropriately to cues from a bewildering physical world.

Many of these observations are textbook: Frontal lobe deficits due to synaptic dysfunction and neuroinflammation can hamper impulse control and emotional regulation. As a medical student, I could recognize these symptoms and understand the clinical progression of her disease. However, when a warm, loving human undergoes such a radical shift in personality, the sterile language of medicine offers little comfort, and it can obscure more than it reveals about the experience of illness.

If there is a season for storytelling in India, it is the tropical monsoon. On the western coast, in the first weeks of June, rain-laden clouds come in from the Arabian Sea, and the summer heat drops by a few degrees. Fat raindrops hammer against the windows, and storms stretch into the night. During these long nights, my grandmother would perch on the bed and tell us glorious tales. Stories of an uncle's wife who ran away and never returned. Life under the last years of the British Raj, an oral history of the benefits and grievances of living under colonialism. This year, as the clouds gather, we will tell her the same stories that she told us, trying to recreate the past and weave that lost tapestry of memories in her mind.

As an exercise, this is futile. And yet, this is the essence of caregiving. To stay with those who are sick, to bear witness, to make meaning together for a moment. To watch as the last wisps of my grandmother's memories slip like fine grains of sand through her grasping fingers. In short, to accompany.

Rutvij Merchant is a fourth-year medical student at the Icahn School of Medicine at Mount Sinai. During his time in medical school, Rutvij has worked on multiple initiatives focused on medical education, such as the development of a school-wide lecture series on global health. As he journeys deeper into medicine, Rutvij enjoys writing about the experiences of sickness and caregiving, as a means of gaining insight. He holds an MPH from the Harvard T.H. Chan School of Public Health, where he studied health system reform and healthcare delivery.

Finding Value in My Scars

"Until you're broken you don't know
what you're made of."
– Ziad K. Adbelnour

When I was young, I underwent a serious operation. What remained was a rather large scar, as well as the feeling that my body would never look the same or, more important, be the same. I knew I needed emotional as well as physical strength to move on. In time, my scar healed and I felt somewhat whole again. Until I had another sudden surgery.

Once again, I had an additional wound and scar that needed to heal. A few years later and a few surgeries later, I needed to think differently about what I was going through, and who I was becoming. I tried to remain strong. Hearing stories of healing from other people, I was able to feel less alone.

Each subsequent operation added to my story. My interpretations and perceptions of these narratives made me realize that I needed to find a way to feel less fragmented. There were times when I felt truly broken and even shattered! I began to look at sidewalk cracks as reflections of myself.

My intention moving forward was to find a way to get out of my head, before I went out of my mind. Bookstores with their rows and aisles of books were always a great diversion. On one particular afternoon, when trying to get out of my way, I came across a wonderful art form called *kintsugi*, rooted in Japanese philosophies. It taught me a new, creative method of looking at my imperfections and helped me find beauty and strength in my capabilities, rather than feeling flawed and self-conscious.

The practice of *kintsugi* exemplifies how a broken or damaged object or gift of sentimental importance can be transformed, and given new beauty, and significance. This philosophy and art form teaches us that with a great deal of patience, what may have been discarded can be remade and reimagined when fused with gold. Each chip, crack, or line is solidified and made whole again, when the gold liquid is patiently infused. The "scar" is then repaired in order to create a new appearance with new regard, in my case, a form of forgiveness. This healing process resulted in a personal discovery and appreciation of who I was becoming. My body and mind were coming together.

I'm older now, and finding value in my life has been very important to me. My scars are no longer seen as imperfections, or ugly documentations etched into my body. I appreciate my personal development, transformation, and journey. My scars are no longer a negative perception but a positive adjustment.

As a therapist and artist, I now incorporate the art of renewal, restoration, and resilience that *kintsugi* has taught me into my practice and my artwork. Not only have I learned to take pride in what I've been through, but I have found this new way of creative healing to be a metaphor for my life.

Sheryl Stern, MA, ATR-BC, LCAT, LMFT, is a licensed creative arts therapist and a licensed marriage and family therapist. She is certified in geriatric mental health and works at the Long Island Alzheimer's and Dementia Center. She has a private practice on Long Island and is an adjunct assistant professor in the Counseling and Mental Health Department at Hofstra University.

Finding Value in My Scars

SHERYL STERN

This work, a painting of an antique floral gravy boat with gold accents to indicate repair, is an example of kintsugi, *mentioned in the author's nonfiction piece with the same title, above.*

Just Us

The air is thick with sounds,
not rushing,
just filling the spaces between their steps.
They walk,
hands drifting close but never needing to meet,
as if the city itself holds them,
without demand,
without asking for more.

And when they leave,
it’s not a retreat but a return
to the quiet river behind the house,
its soft current moving in rhythms they’ve always known,
in the whisper of the fountain at the front,
in the trees that stand still,
never asking them to choose between one world or the other.
It’s here, too, that they find themselves —
the dogs following, not out of expectation
but because there is nowhere else they would be,
and their presence is like the air itself,
always there, for us.

There is no need to speak of the days
when walking comes slowly,
when steps pause longer,
because these things do not matter.

Work remains for now, but not because it binds them,
not because they have something to prove,
but because it moves like the river —
a natural part of them,
always flowing,
always a gift.

And love —
it is there,
in the way they choose here and there,
not to escape one or the other
but to find themselves
in the hum of streets and the quiet of leaves,
where one steps slower now but neither questions the pace,
because there is nothing to rush toward,
nothing that hasn't already been said
in the way their hands hover and release,
without needing to hold tight,
without needing to have anything that has been theirs
all along.

Everything they need
is already here,
in the spaces between words,
in the pauses that stretch
but never break.

Dr. Thomas Kwiatkowski is a physician who is currently a faculty member at the Zucker School of Medicine, following a rewarding career in academic emergency medicine. He has a special interest in poetry that explores the human condition from the perspective of how illness impacts one's life. This poem is autobiographical and a testament to how illness can be embodied as just another part of one's experience.

This Is Not a Toy

JARED BASSMANN

In this photo, taken in Tanglewood, Massachusetts, a couple picnics under a trash bag in the rain.

Dr. Zombie Will See You Now

Thank you for waiting, Ms. Rue,
Dr. Zombie will see you now in room twenty-two.

Yes, he is scaly, and oozes thick slime,
But he's been the best for quite a long time!

Well-dressed and stunning, eyes sunken and gray,
He ghoulishly asks "what brings you in today?"

"My kidneys are blue, my blood is like butter,
My feet are like fudge and my intestines sputter.

I have swelling of the hair and a rubbery spine,
Tell me, Dr. Z, is this benign?"

He scribbles his notes and shoots her a look,
Then sits there, perplexed, as he closes his book.

"And, doctor, I have nightmares of a mummy."
"Ah, yes, he's my patient — I just saw him for his tummy!"

He exits for lunch where he munches a brain,
Then down to the labs where he mixes alkanes.

Where to start? He paces and darts,
He reflects and mulls over, while snacking on hearts.

He calls up his colleague, a werewolf in Philly,
Together they agree that her blood does look silly.

He studies her X-ray, her tests and MRI,
Then stands up with confidence, and straightens his tie.

Alas, finally! After all of this time…
Dr. Zombie returns and tells her "you're fine!"

Brett Silber is a first-year medical student at the Zucker School of Medicine, from Harrison, New York. He has enjoyed writing rhyming poetry as a stress-reliever since he was very young. When he isn't studying, Brett enjoys playing ping-pong with his friends.

Máscara y Memoria

INKYU ERIC KANG

The photographer writes, "Here, I sought to contrast the weight of history with the realities of the present. The cathedral, standing tall and timeless in the background, serves as a powerful reminder of the continuity of life. The elderly man, masked and walking through the crowded streets of Segovia, embodies a quiet resilience in the face of an unfamiliar world, representing the enduring strength of the human spirit amid change."

On Gratitude –
Reflections on Thanksgiving Day 2024

"Reflect upon your present blessings, of which every man has plenty;
not on your past misfortunes, of which all men have some."
– Charles Dickens

As the millennial clock was turning over, and after a decade and a half in private practice, I traded my stethoscope for a PalmPilot, my khakis and blazer for a pinstripe suit. Soon, I discovered what one misses most about the day-to-day practice of our profession.

It is not the late-night phone calls; those still happen when a primary care pediatrician becomes a "physician executive."

It is certainly not the charting. No. It's hearing "thank you" – not just occasionally, but many times, every day, in one examining room after another, from parents almost always, and occasionally even from my patients. I basked in the "thank-yous."

The thank-yous that come to us as physicians are expressions of relief, of affection, of affiliation, of appreciation, of connection. Once I noticed that one doesn't get those thank-yous in the boardroom as one does in the examining room, I came to realize that I appreciated and missed that appreciation. But confronting this reality required coming face to face with my own character, meaning my character flaws. Why was I so needy? Is this simple narcissism?

How many residents have I counseled about gratitude! "Don't expect your patients to be grateful, and you will often be pleasantly surprised." (I think I borrowed this from Ben Franklin, who said something similar about life in general.) The fact is, there is no relationship whatsoever between the clinical accuracy of our care – the perspicacity of our diagnoses, the thoroughness of our screening, the degree to which our clinical decisions conform to the most current, evidence-based practice guidelines – on the one hand, and, on the other, the extent of our patients' gratitude.

I was about two years into practice and getting bored with diagnosing variations on the common cold when a three-year-old boy we will call Chad Green (not his real name, of course) came into my office with an unexplained swelling in his neck. His mother was concerned.

I conducted a thorough history and physical exam, asking about travel and pets, sick contacts and much more. At the end of our thirty-minute encounter I sat down with pen and paper, literally sketching out for the mother a differential diagnosis for this boy's anterior triangle mass, covering entities from the common (bacterial lymphadenitis) to the obscure (cat scratch disease and scrofula), ranking them by likelihood and suggesting some studies we should carry out to investigate further.

The boy and his mother left my examining room with prescriptions and lab orders in hand. I have to say that I was rather pleased with myself. My thought process reflected deep clinical knowledge, and I had communicated carefully and thoroughly. As I began charting, I could hear through the thin walls of our office a hallway exchange between Mrs. Green and Posie, my nurse.

Now one needs to know a bit about Posie. While I was a relative newbie to this five-physician pediatric practice, Posie was decidedly not. In fact, at the time of these events, this nurse, who brought her Maine heritage and Down East common sense to work every day, enjoyed an unusual kind of seniority – she had, at the time, been working in the Pediatrics Department for longer than I had been alive.

Posie asked Mrs. Green in her gentle, respectful way, "So, what did Doctor say about Chad?" Chad's mom responded without hesitation: "Oh, it seems he has no idea what's wrong with him."

This was a humbling experience, one I carry around decades later. I hope I learned something from it.

When we teach physician-patient communication at the Zucker School of Medicine, we cover, in addition to so much else, how to close the encounter. Do we thank the patient? If so, how? Or, maybe more to the point, why? One version of "thank you" goes something like this:

"We know you have many choices in selecting your healthcare provider. Thank you for choosing our practice/division/hospital/health system!"

This script sounds oddly familiar, doesn't it? Where have we heard it before?

"We know you have choices for your air travel. Thank you for flying Delta!"

The standard corporate model for good customer relations, predicated on the idea that we ought to thank those who patronize our business, is transactional at its core. Delta doesn't owe anything to society that isn't baked into its business model: avoid crashing planes because if we don't the FAA will shut us down; provide pleasant service and run on time to improve our market share. It's self-interest all the way down. And there's nothing wrong with that. To some of us, however, those words feel wrong, if only because they seem to cheapen the currency of trust, and violate the social contract that for three thousand years has said that we earn the respect of society because of our commitments – commitments to continuous learning, to protecting confidences, to using our special skills for the good of society, to placing the patient's interest always before our own. In short, our relationship with our patients – professionally, socially, and morally — is the precise antithesis of a vendor-customer quid pro quo.

Here is another way to say thank you:

Thank you for the privilege of caring for you.

What do we mean by that?

Thank you for sharing the most intimate details of your life, your hopes and your worries. Thank you for placing your life in my hands, because what I do or fail to do can transform your future for the better or cause you unnecessary suffering, injury, or death, and deep down, you understand that. Thank you for placing me in a position to influence the trajectory of your life, and possibly for helping you plan how that life goes when the end is near.

But mostly, I suppose, we mean:

Thank you for collaborating with me as we create the mosaic of experiences that make the practice of medicine unique among human activities, challenging us to be better than any human can hope to be, and to shoulder responsibility that no reasonable person would willingly take on, all in exchange for the opportunity to do every day that which Sigmund Freud once suggested to be the only meaningful things we can do in the world, which are to love and to work.

Michael B Grosso, MD, FAAP, is the former medical director and chairman of the Department of Pediatrics at Huntington Hospital, a member of the teaching faculty in Northwell's Division of Medical Ethics, and a faculty member at the Zucker School of Medicine. He is interested in the intersections among the medical humanities, physician-patient communication, and bioethics. Dr. Grosso is a faculty advisor to the student editors of Narrateur.

Upward Bound

JEFFREY LOWELL

Dr. Lowell writes that this photo shows "the methodical, orderly, and purposeful trudging of leafcutter ants as each provides its own piece of the coordinated effort toward the well-being of the larger community."

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 literary 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*.