



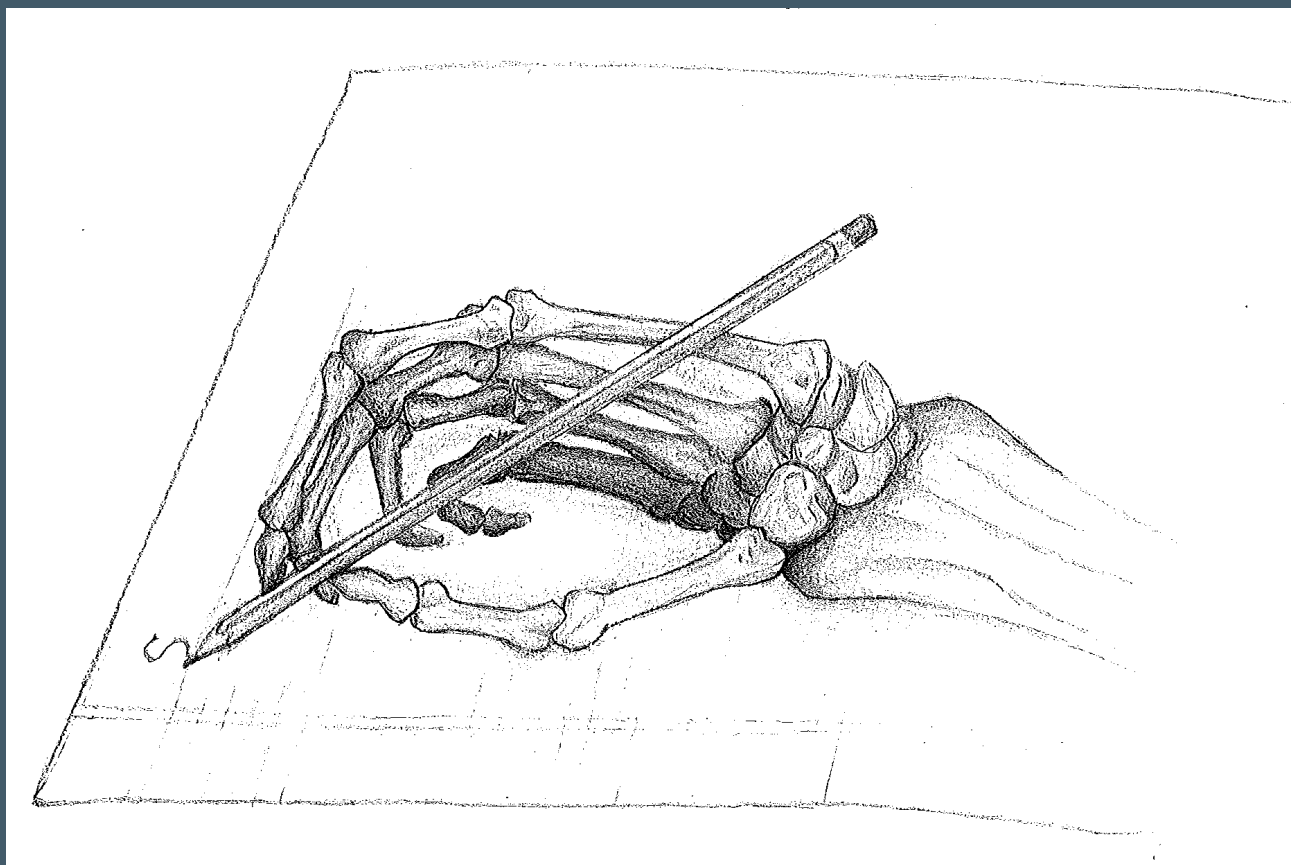
# STETHOS

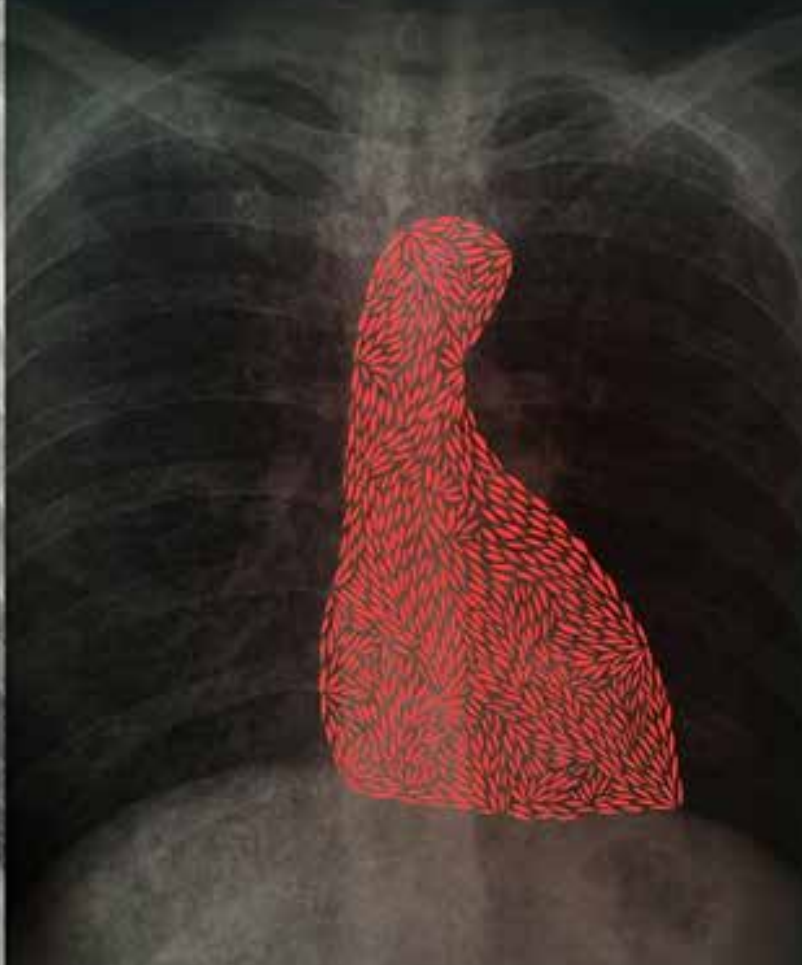


Medical Humanities Journal of CCLCM

Cleveland Clinic Lerner College of Medicine  
of Case Western Reserve University

2016





Heart  
Anne Runkle | CCLCM Class of 2017



**Issue No 6**  
*2016*

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Cleveland Clinic Lerner College of Medicine of Case Western Reserve University

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**Front Cover Artwork**

Integration  
Josephine Volovetz | CCLCM, Class of 2019

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## It's Time for a Time Out

**James B. Young, M.D.**

Professor of Medicine & Executive Dean  
Cleveland Clinic Lerner College of Medicine of Case Western Reserve University

We have reluctantly admitted that mistakes made by our profession are killing us – or rather, our patients. It has been suggested that hospital errors, for example, are the third leading cause of death in the United States with hospital safety scores only slowly improving. One initiative to address the problem is mandating a “Time Out” be done before any interventional procedure is begun. Labeled the Universal Protocol the procedure was initially focused on surgical suites in order to prevent wrong site surgery, which is an egregious error that can have significant consequences. When done correctly, I believe it is an effective preventive medicine practice. The concept is to step back and have the team (led by the captain of the ship which is usually the surgeon in the case of the operating room) go over all particulars of the procedure planned for any patient.

So what might time outs have to do with us outside of the hospital or clinic? And what about

medical professional burnout we are hearing so much about? It is a real problem, but it always has been present. It seems, however, the difficulty is getting worse. Some reports suggest that nearly half of physician caregivers have symptoms suggesting burnout, which is significantly higher than that noted in the general population. There was seemingly more burnout reported by physicians who are “first responders” – that is, those in primary care and emergency medicine settings. Of course there is a differential degree of resilience in any population and so it is with healthcare professionals. How might we address the challenge and increase our own resilience? I believe that embracing the arts and humanities broadly and individually will help us understand the nuances of professional challenge and purpose. Yes, it is a hard and frustrating profession at times. But the rewards far outweigh any pain caused by the challenges.

So it is time for a Time Out. And to that point, here comes STETHOS 6<sup>th</sup> Edition - 2016. Once again ably assembled by CCLCM Editors-in-Chief(s) Josephine Volovetz and Stephen Raithel, with co-Editors Elkin, Achey, Fang, Chaitoff, Patel, Sudarshana, Hilton, Keenan, Snider, and Zhang. The extraordinary photography, poetry, reflective writing, and narrative stories re-energize me and help with my own personal burnout. The contributions tell me great things about what we do and the resilience of our own caregiving team. There is bountiful joy in my heart when I look at what has been done, once again, with STETHOS. Please enjoy it, swallow it, and help yourself heal with it. Take a time out. Reflect on your part in this complex system – what it means to you, your patients, your family, friends and loved ones.

...and consider contributing to next year's edition. Help yourself, me and the team!

**Welcome** to the sixth issue of *Stethos*, the medical humanities journal of the Cleveland Clinic Lerner College of Medicine.

The cover art for this year features a skeleton hand engaged in writing—it acknowledges our anatomical and medical expertise while reminding us that it is the *human stories* in medicine which are so critical to our work. In the words of the famous doctor and poet William Carlos Williams, “But the haunted news I get from some obscure patient's eyes is not trivial. It is profound.” This year's issue is filled with such profound stories from our patients, stories haunted at times, but also joyous, both tragic and triumphant.

Many of the stories this year focused on a sense of place: a patient with a life story inextricably rooted in Cleveland, another story about the ability of place to assume the power of metaphor and transport us away from the mundane, and other reflections about what it means to devote ourselves to places of healing. Many of the photographs in this year's issue show us beauty can be found in places both near and far, providing a reminder that profundity lies in the particulars of color, texture, shadow, light, which can also be said for the details of our patients' stories.

This year's “A Different View” section features several pieces by Katie Daley, a Cleveland based poet who reflects in her writings about the personal nature of illness of body and mind. Her writing is compassionate and insightful as it focuses on the human narrative that must remain central to our medical encounters.

We hope you enjoy this issue of *Stethos*. It was our great pleasure to review the works, and as always, we look forward to your future submissions!

*Warm regards,*  
The Editors

We want to be physicians because we want to heal the sick. For me, this meant treating illness and promoting health. Furthermore, we all want to relieve “pain and suffering,” and many of us, including myself, would like to believe that if we treat the pain, then we treat the suffering. Spending time with patients at the end of life has redefined my perspective. I have come to appreciate the less frequently mentioned role of the physician – that is, to *relieve* suffering. Very often, this takes us to the bedside of a dying patient where delivering care can become complicated, and can create conflicts. It’s complicated because the patient, the physician, and the family will often deliberate about the use of life-sustaining interventions that may only serve to delay death. There is the potential for conflict when delaying death appears to be at the expense of relieving suffering. I would argue that if we begin to acknowledge our role to relieve suffering as much as we acknowledge our role to treat physical pain and illness earlier on in the treatment process, our patients may suffer less.

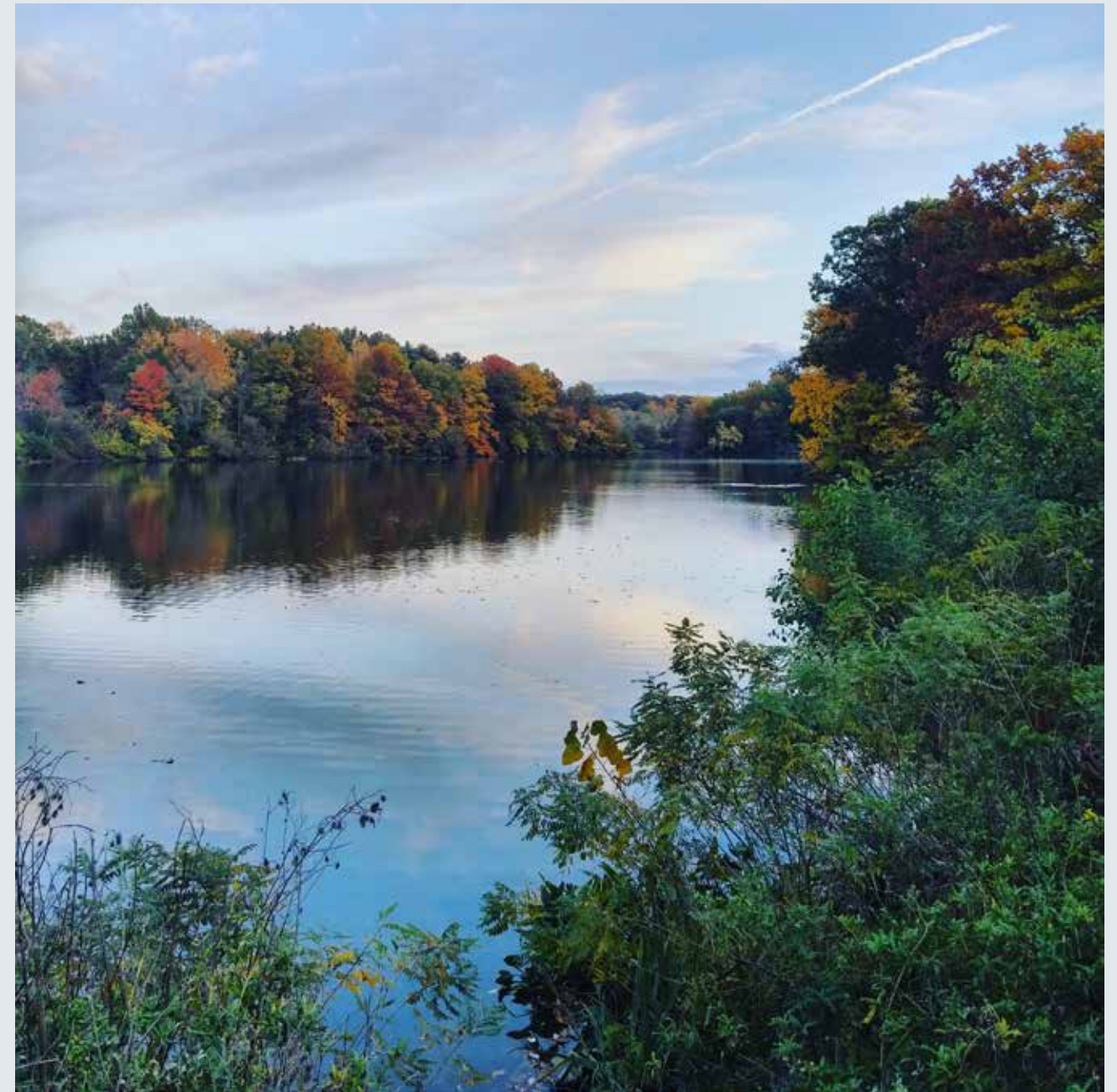
One particular patient encounter that has re-shaped my outlook involved a patient with metastatic renal cell carcinoma. New and advanced medicine, particularly in the new age of treatments, had bought her several additional years. Yet at each stage, the initial promise of improvement was betrayed by inevitable relapse. When her hematuria first brought about the CT scan

that revealed the renal mass, a nephrectomy was thought to be curative. But two years later, a surveillance scan and biopsy revealed disease recurrence. At this point the destiny of her life as dictated by cancer became inescapable. She had metastatic disease and had to come to terms with the fact that this is how her life would end. Still, there was more to be done. Novel agents could avert her fate for some time – the masses shrank, but side effects followed. The masses inevitably regrew and the side effects worsened. She told me no one wanted to *give up*. She was switched to a then new immunotherapy that had produced remarkable results in some percentage of patients. Yet another promise betrayed. There was no escaping her progressive decline and certainly no denying the truth in the scans.

I met her at the time of an admission for progressively worsening dyspnea in the setting of a recent thoracentesis, which provided only a brief respite. During this hospitalization, she felt a snap in her arm while turning in bed. The x-ray unveiled the expected pathologic fracture. Surgical repair was a consideration, but she was tired of being *broken*. There was a remarkable strength to her usually faint voice when she said, “No more fixing.” Still, she couldn’t decide. She sought advice from her children but they were either reluctant or unable to give any. We recommended against surgery and offered instead to leave the

arm immobilized while working to control her pain and other symptoms that were increasingly limiting her ability to perceive her own remaining existence. She needed pain medications in quantities sufficient enough to numb her discomfort yet leave her with enough mental facility to get through her days. She needed other agents to treat the nausea that was brought on both by her disease and the very pain medications we gave. There was no simple recipe for any of this. Her medications had to be constantly adjusted and our treatment plan further refined to reflect new realities.

Still, she was dying. How would she spend her remaining days? She wanted to lessen hospital admissions and preferably eliminate them altogether. She wanted her care needs managed by a team of dedicated professionals so she could “die in dignity,” which were her words. She eventually opted for hospice. At first, this was a word she both mistrusted and feared – a signal to *give up*. Together, she and her family eventually concluded that this was in fact modern medicine’s last opportunity to fulfill a promise to her – to relieve suffering. “No more fixing,” she had said. We all realized that she was no longer broken, but dying. She went on to spend her last days surrounded by family. I would like to think we finally kept our promise to her.



Shaker Lakes: Fall season at Shaker Lakes

Datta Sudarshana | Class of 2019

# A Cleveland Story

Rebecca Achey, CCLCM | Class of 2018

There was something in the way she talked about it that made the move to Georgia seem like an insurmountable insult; a tear in the fabric of her story that rendered her adrift. She had entrenched roots along the sidewalk splits of Cleveland streets. She had extended branches to brush the cement of city living. Her life's intricacies played out among the friends and family she harbored within the framework of her Cleveland story. "Her soul had grown deep..." until the encroaching disability and instability of aging sufficiently alarmed her remaining Southern

family to pack up her identity, supplant her volition and ship her down to Georgia.

It wasn't so much that she didn't want to go. It was that her soul had sojourned so long on this great lake, among the tumultuous winters and mercurial summers, that her life harmonized with Cleveland's accent, and with Cleveland's accent alone. Her story's inflection reflected East Cleveland. Her office visit's intonation pitched and yawed with the waves of follow up care and consultant orders placed at the Clinic.



And she said to me, "I'd rather die than be taken up out of this place." She fixed me with a bone-dry eye and a perfunctory wrap of an arthritic knuckle on texture-less desk. "I'd rather die than be taken up out of this place." Hidden with the silence of the next few seconds, I scheduled a follow-up appointment.

Later, I came to find out that her family had moved her down to Georgia, Cleveland story and all, for the very last time.

# CLE



A job

Yuanjia Zhu, CCLCM | Class of 2017

# Moon, My Lovely Friend

Datta Sudarshana, CCLCM | Class of 2019

Alone, you shine ever so bright  
Among the stars, punched like a hole in the celestial fabric.  
Neglected by creatures who slumber,  
Cursed by those who cannot.

Lonesome, illuminated through another's light  
Dragged around daily by forces unseen  
Every night you rise with a different visage  
Do you ever wish to be free?



City at Night

Rachel Elkin, CCLCM | Class of 2016

# My father's doctors

Kathleen Quinn, MD | CCLCM Faculty

My father was a survivor. He was proud to tell you all the obstacles he had overcome in his life, including a harsh childhood in which he went out to work at age 11 and severe learning disabilities causing delays in his reading and spelling, which prevented him from achieving a four year high school diploma. He relished recounting how he had surmounted these barriers. He sat next to the smartest girl in his middle school classes, and his grades went up. They eventually married, giving him the stable, supportive family life he had not had in childhood. He left high school early to enlist in the Navy in World War II and after serving on a mine sweeper in the Pacific, was awarded a "war diploma." My parents formed an inseparable team for over sixty years—he was the brawn who used his physical strength and energy to hold down two jobs while she kept the books for his growing landscaping business. He prided himself on being an astute observer of human behavior, regaling the family at dinner time about the lives and foibles of his customers. My parents lived frugally, growing most of their own food, including sheep for meat as well as wool. They avoided debt by paying for purchases, such as a car, in cash. My father's proudest accomplishment was paying for both of his children to go to Cornell. He saw education as a way they would not have to earn their living by physical labor, as he had to do. He often spoke of his good health as a necessity to accomplish these goals, and he rarely saw doctors. He was still chopping and stacking wood, as well as studying spelling words to improve his reading into his eighties, proud of his strength and perseverance.

Everything changed in October 2008, the week of his eighty-second birthday, when he became jaundiced. He insisted on having his birthday party at home and only acquiesced

to go to the hospital when confronted by family members. At Dartmouth Hitchcock, the diagnosis of pancreatic cancer was quickly made with an endoscopic placement of a stent and an oncology consult.

The physicians who were involved with his care had very different styles of communication, leaving very different lasting impressions.

Dr. L, the hospitalist, deftly orchestrated the hospital stay and had detailed conversations with my parents about the diagnosis, treatment options, and prognosis. He listened carefully to my father's declaration that he would refuse active treatment and wished to go home to die. Dr. L respected these statements, saying to both my parents and their children that as a physician, he was familiar with the stoicism of farm folks who understood the cycle of life. Long after the oncology consult, my parents talked with disdain about the young oncologist who breezed into my father's hospital room in fashionable clothes, which appeared out of place in rugged New England farm country. She rapidly talked at my parents about active treatment options, including surgical exploration and chemotherapy. By their account, she never explored my father's wishes or goals for treatment. Even in his weakened state after much weight loss, my father pulled himself up and stated emphatically to his wife, "Get me out of here." The consultation ended abruptly, and discharge plans were set in motion by Dr. L.

The same night, back at his farm, my father was visited by his longtime primary care physician, Dr. S., who spent over an hour with my father reviewing the hospital findings and confirming that my father understood both the treatment options and the consequences of his decisions.

My parents remember Dr. S taking the time to sit close to my father, giving him his undivided attention and steady eye contact and methodically exploring all the options. Intermittently, Dr. S. reached out to touch my father's arm, reinforcing the sense of connection.

The hospice team was at my parent's home the next day—first the hospice nurse, then the hospice physician, Dr. D. Always a man of action, my father had chosen to stop eating and drinking to accelerate the inevitable. He could not tolerate the prospect of a prolonged period of weakness and helplessness. The hospice nurse also swung into action enumerating the comfort care options to be put into place as needed. My parents felt relieved to know there was a path forward, and my father began to eat again. Later in the day Dr. D arrived to confirm and reinforce the treatment plan.

After Dr. D left, my father perked up and warned, "Watch out for her [Dr. D]. Did you see how she looked around the house?" Indeed, three months after my father's death, Dr. D called my office to indicate she was interested in buying my parent's home, which was now for sale.

My father died as he had lived—on his own terms and with "no regrets." He died December 31, 2008 at home in his own bed without pain.

My family is grateful to each of his physicians (and nurses) who participated in his care. Although each was competent in their medical knowledge, each physician is now primarily remembered for how they navigated the complex task of patient communication, empathy, and professionalism in end of life care.

How do you want to be remembered by your patients and their families?



Nymphaeaceae  
Water lilies in bloom at Kinkaku-Ji, Japan  
Mike LaBarbera, CCLCM | Class of 2019

## Word Medicine Jordan Gales, CCLCM | Class of 2017

Seven minutes. That is all I have with you. Seven minutes to find what pill, what test, what service I can render. Just seven minutes, to find where I can poke, prod, and pierce.

How long does it take to reach the heart of the problem? When will I know when I get there? Maybe it's these words:

*"I have never told anyone that."*

It's not the suffering of this present moment. Not the gripping anxiety or the paralysis I feel, each day, when my emotions overwhelm me.

It's not the guilt I feel when I can't take care of my daughter, or the frustration I face when I act in ways I know I shouldn't.

It's the future loss that hurts the deepest. The idea that not only is the present moment lost, but also the future.

*"I have never told anyone that"*

My daddy came home drunk again. My mom and brothers had assumed their hiding places for the night, having learned where it was safe to ride out his inebriation.

That night, instead of the slurred curses I had grown accustomed to, I heard him say through sobs "life is shit, it is suffering and pain."

If you had heard him say it too doc, his voice so honest, you would have taken it for truth too.

*"I never told anyone that"*

I don't think I was meant to be happy. I hear these voices and know they are not real. I won't repeat what they say. They tell me the voices are really just me. I'd rather believe they weren't. That is the worst part, knowing a part of me is so terrible to say those things.

*"I never told anyone that"*

Seven minutes is gone. Not one more to give. You leave. Until our next seven minutes, I can only wonder what will precede when I hear you say

*"I never told anyone that"*

# To the one that gives me strength

Nemat Sharaf, CCLCM | Class of 2018

I felt your Love as the sweetest song  
that touched every note of my heart  
your melody danced through my being  
where you sang into the depths of my soul



## Waiting

*Photo taken around Doan Brook. I love to swing from tires in the summer, and it gave me joy to see this swing in limbo through a cold Cleveland winter. The absence of people encircling the swing with their laughter and play reflected a natural shift in the environment to a more calm and reflective state. I felt joy thinking about how each state of being provided texture, meaning, and importance to the other.*

Nemat Sharaf, CCLCM  
Class of 2018

# Yellow Eyes to Remember Me

Daniel Firl, CCLCM | Class of 2018

"I'm in a death spiral to hell doc," Pat tells me. We both knew his decompensated cirrhosis was worsening; he was having 5L of ascitic fluid removed by paracentesis every 3 days, and his MELD was increasing almost weekly, 22, 26, 28 but not high enough to receive a donor organ. He was just discharged from the hospital following a variceal bleed that probably should have killed him. Instead he was resuscitated by a skilled intensivist only to develop spontaneous bacterial peritonitis and spend two weeks septic in the ICU. He described the most fantastic hallucinations and waking up with flapping tremor and truly losing himself.

I found myself retreated from the moment, trying to imagine this lost concept of self, of not knowing those around me or what was being done to me; I am frightened before I fall back into the beige clinic room. Pat's family is there with him, a wife clearly overwhelmed into introspection and fear and a daughter grasping out for control. Knowledge is her weapon and she needs ammunition. I answer her questions on the process of evaluation and listing, being called for transplant, the surgical procedure and complications, post-operative length of stay and immunosuppression. She is modestly calmed with this infusion of information but Pat is absent. During our discussion I see him looking out the window and I wonder what he's thinking? Why isn't he paying attention? I am frustrated before I wonder how lucid he is, he has had encephalopathy in the past and he has been scattered today. I return to my task and collect the data needed to present him to our selection committee. I

perform a cursory exam and review of systems fully conscious of a clinic full of other patients. He is a good candidate I think to myself, sober since discovering his cirrhosis, otherwise healthy, completed addiction counseling as requested, compliant on his medication, and strong family supports to help him through. As I prepare to leave the room I shake his hand, a courtesy since, in my head, I am already organizing my presentation to the attending. But then I am stuck. His hand is still wrapped tightly around mine and his eyes locked into mine and I am dragged from my intellectual sanctuary as tears drape his cheeks. I feel a shaking, distantly familiar sensation as my soul is stirred from a cave deep within, rising to meet his.

"I'm in a death spiral to hell doc, I know there's going to be some other event and I am not going to make it this time."

I know what Pat wants me to say, but I can't bring myself to lie to him. He is, in a way, right after all; any further insult to his liver would likely be catastrophic. I settle for what seems at the time only a half measure. "I know this has to be very overwhelming and there's so much information coming at you and everything is dark and scary and only getting worse..." I start. In my head I am stumbling through a poorly choreographed version of what I've had modeled for me before.

I think back on one of the first liver transplant cases I assisted on. The patient was paralyzed by fear, unable to consent to proceed with induction of anesthesia. I observed the transplant attending go to this patient and calm him with what seemed a magical phrase and hand

on the shoulder. The attending told me after, "It's not so much what you say but how you say it, and the patient wants to hear you and see that you're there with them." For whatever reason this piece of advice has stuck more than most. Before speaking to Pat again I focus my eyes on his and declare without doubt or hesitation, "But we're here as a team for you, all of us for you, and I can promise we'll do everything in our power to keep you here."

"It is scary and I have people I don't want to leave," he says as he looks around at his wife and daughter before turning to me and locking my eyes into his again. "But now I know why God sent me here to see you today, you care and not everyone cares, so thank you." In that moment, a therapy was delivered, maybe not pharmacological and certainly not mechanical, but I connected with this patient in a way I've rarely experienced, and we were both certainly changed as a result.

I found out a month later Pat had died before receiving transplant. He developed pneumonia during an admission for encephalopathy. I sometimes wonder if I overpromised or underdelivered, did I do everything in my power? In the end those eyes, brilliantly icteric and filled with tears brought me back to a piece of myself. Those yellow eyes forced me to truly see a patient lost and wasted by a medical practice meant to smoothly transition patients from cog to cog as efficiently as possible. Even though I failed Pat, I think about how grateful I am to have truly seen him as a patient, even if briefly, and to have the opportunity to see yellow eyes every day in my chosen practice and know I am in the right place.



# The Sacredness of Standing Shoulder to Shoulder with Death

Brian A. Shields, M. Div. | Staff Chaplain

As chaplains, we have the privilege to stand shoulder-to-shoulder with Death.

We don't run from it

Rather, we're called to it.

When a patient dies

Family present

At the bedside, in the hallway, on the unit

We go there

We don't turn away

From the raw, real, relevant emotions, stories

And loss

We are chaplains who stand shoulder-to-shoulder with death.



What is the color of your faith?

*Something about the colors of the candle holders made me think of the ways in which people are faithful and degree of vulnerability that often underlies that faith.*

Radhika Rastogi, CCLCM | Class of 2020

# On the Day We Met

Kate Ituarte, CCLCM | Class of 2019

**On the day we met** you were writhing in bed, unable to communicate or lift your head. You were covered in fresh sores and scabs, reminders of your present horrors and past jabs. You were wasted and thin, connected to life through a single pin. I could see you and touch you, but I could not teach you or reach you.

**On the day we met** you were screaming and clawing at the air, pleading with the man upstairs. There were bats in your hair, flying everywhere, why could no one see them, why did no one care? He sat faithfully by your side and cooing softly to ease your fright, he tried to help you see the light.

**On the day we met** you were yellow as a pear and curled up like a hibernating bear. You pretended to be asleep, but I know you were measuring time with every machine beep. Your mother was stroking your dreaded hair and your father was pacing here and there. You knew your parents were denying your fate that your liver would be too late.

**On the day we met** you were in a deep sleep, can you give me a thumbs up or wiggle your feet? With eyelids lifted your gaze never shifted, no response to pain and no new gain. Locked in I fear, only able to hear, with nothing left to heal we wait for time's reveal.

**On the day we met** your fingers were blue and your eyes were a bright green hue. You glanced up at me and pretended to see, but all that was there was a blank stare. You moaned and groaned and tapped your head and feet to a fleeting beat, and though the infection had taken its toll it could not take your soul.

**On the day we met** you were seizing uncontrolled, never to awaken, your story untold. Your brother found you lying on the floor while your mother came running through the open door. Does he have a history of seizures in the past? No, not a one, it all happened so fast.

**On the day we met** your arms were open wide, you could barely breathe and could no longer hide. Not even two and with more left to do, your mother held you in place as tears streamed down your face. With too little energy to fight doctors outright, you held onto life with all of your might.

**The day we met** is one I'll never forget and one I bet you never knew we met.

# Story Slam Spotlight!

## Constructs

Bob Sun, CCLCM | Class of 2019

On the corner of 113th and Amsterdam, in Manhattan, there is a cathedral. It's the seat of the Episcopal diocese of New York, and its official name is the Cathedral Church of Saint John, but everyone calls it St. John the Divine, or, if you live in the neighborhood, simply "the Cathedral." It happens to be the largest cathedral in the world, full stop, because this is New York, so there are no caveats to our superlatives. On its north side is St. Luke's, which is decidedly not a cathedral—certainly not literally and not even metaphorically—it's a hospital that, besides being the last refuge of underage drunks, does brisk business as one of the city's 15 level 1 trauma centers. Across the street is the dorm I lived in my freshman year of college.

I've always thought there was something fascinating about places like churches—museums and preserved archeologic sites too, perhaps—places are so consciously, concretely constructed for a purpose that is so removed from the mundane. It's built to the impossible, the irrational. I mean, the Empire State Building is gorgeous, but that's a veneer over something very functional. Of course, the cathedral also serves the functions of housing the congregation, disseminating political views, etc.,

but fundamentally it's built as a monument to an ideal, and there's something magical about that. That people—that we, collectively—are able to look up once in a while from our pain and our struggle and our work to work on something so much bigger than us.

I used to go to St. John the Divine a lot, to be consciously caught up in the metaphor. I didn't go inside, I didn't sit in a pew, I didn't pray, I wasn't there to do any of those things. For one, I couldn't—the functional part of the cathedral was closed, since I usually went at night, coming from many hours in the library or a late shift volunteering in the hospital ER. I sat just outside the closed doors, on the ground, under the pointed arch of the entrance. I think, in architectural terms, that space is called a portal. It wasn't actually a portal to anywhere (except the locked doors behind me), and I didn't actually retreat to some place of peace and quiet—I mean, I could still see and hear the ambulances taking gunshot victims next door—but it was really all those things, in metaphor. And I did actually look up, at the sculpture, and masonry, and craft. I looked up at the ideal, at the metaphor that I had, in that moment, become a part of.

*The following works by Bob Sun '19, Kate Ituarte '19, and James Witten '19 are some of the pieces performed at the inaugural Story Slam: Medical Student Edition. This event, organized by Josie Volovetz '19, Anna Faris '19, and University Track student, Brenna Brown '18, was held on September 28, 2015 at the Market Garden Brewery. Story Slam: Medical Student Edition is a forum in which medical students can creatively share their perspectives and experiences with other members of the Cleveland medical community. This year's event featured a group of performing students from both the College and University Tracks of the medical school.*

## Chateaubriand Shenanigans James Witten, CCLCM | Class of 2019

It was an average day in the spring of my junior year, and I was with a few guys from my fraternity at the freshman dining hall near the Cornell University intramural softball fields. We had just beaten Chi Phi in softball by like 20-2, and we were having an average talk about the load bearing capacity of our fraternity roof in anticipation of a brother-run above ground pool installation, when I heard a little noise at about nape level, that had an attention-grabbing characteristic to it. Myself and my six co-conspirators stopped our calculations and listened as, at barely above a whisper, a clearly freshman, very bashful girl said:

"hiiii, ummm, I'm sorry to bother you but, uh, my friend...uh,... I think she might be choking..."

When a moment strikes, one never truly expects it to look and feel the way it does, but still I had to ask... "Are you serious?"

With freshman in her eyes she nodded the affirmative.

I jumped up from the low bench I was on, ran over to the high table directly behind me, and saw that for sure this girl was choking. Just to make sure she was choking, I asked, "Are you choking?" To which she nodded fearfully. Her chair was tall and metal backed, and she was sitting a little bit below chest level, and dear lord I didn't know what I was doing, I just wrapped my arms around her and bear hugged her and the seat, and the metal was kind of in my face, but I just was thrusting with my fists like I think I had seen in a movie or lifeguard training that one summer I had trained to be a lifeguard, but was too young to actually lifeguard because my parents thought it would be a good idea, but that was like 8 years ago, and maybe the guidelines have

changed and woah... was that it? And I kind of leaned around the side of her and saw like the entire shank of a cow on the plate, and of course you couldn't swallow that much cow without chewing girl!

Henry Heimlich, whose eponymous maneuver has saved countless lives, is a Cornell undergraduate and medical school alumnus. I'm sure he sat many times in the same tables, eating the same dinners and contemplating vectors of force required for external ejection of visceral contents. Perhaps Henry's harrowing encounters with the very same insipid Cornell cow meat lead him to his discovery, we may never know.

I asked her if she was still choking and she shook her head no, and I said "Say something!" and she whispered "Thank you" with her head kind of down staring at her vanquished foe. I looked around the cafeteria and maybe 30% of the people were definitely staring at me, but it was so quiet and the whole thing had happened so fast that I wasn't really sure what to do so I said, "good" and went back to my table and sat down, and all my friends started saying things, but one thing I'll never forget was one of my best friends said, "Wow nice job... that was awesome dude, I thought you were going to make her stand up to do the Heimlich... that was crazy."

And time kind of slowed, and my stomach dropped, and I was like dear lord I should have made her stand up, what was I doing?

When we got back to the fraternity my buddies retold the story several times and there was a lot of discussion about the horrors of the Cornell steak, and the merits of our fraternity chef being much less murderous by comparison, and I mostly kept to myself the next few

days, except I overheard someone talking in casual conversation about how the now accepted way to do the Heimlich was "five and five"- five back slaps followed by five stomach thrusts. And this sent a new wave of psychic pain over the presumed ineptitude of my pharynx evacuating technique.

For the next couple months, in those tortuous hours between attempting to sleep and actual respite from the mind's ruminations, I would recount those breath-stopping seconds. I could feel the strangulation of doubt and regret, fear and inadequacy. "What if's" flooded my thoughts. The next morning, I would be so mad at myself—"I hadn't failed!" I would think, "Stop worrying about what could have happened, stop thinking about what didn't happen! You acted, it worked, and this freshman can go on to eat thousands more meals (hopefully with sufficient mastication)."

But I still sometimes continue to sweat it out and think about that day, and it used to scare me to think about medicine and the opportunities that I'll have to intervene and both succeed and fail, and how those instances might haunt me. But I also think about how the experience was so novel and scary that of course it will stick in my head, but it might become so commonplace that it doesn't dwell with me -- I can take the learning points from these events and leave the emotional angst behind. I'm sure the times I fail will linger forever, but I'm also sure that I and everyone going into medicine right now are the kind of people who have to intervene when we are asked to and that this action could never be fully displaced by apprehensions or the mental gravitas of failure.

**Preface**

*My goal with this piece is to showcase the parallelism that exists in the thoughts of patients and doctors while highlighting the nuances and subtleties in the differences that do exist. In this performance piece, the patient and the doctor will each tell their own story while simultaneously telling the story of the other. The patient and doctor have distinct points of view and yet, together, they tell a cohesive story. Although cliché at times, ultimately, this piece is meant to demonstrate that we are all far more alike than we are different.*

**Patient:** Well, it all started about a year ago. I hadn't-

**Doctor:** Even finished my morning coffee. I was a resident working 80 hours a week-

**Patient:** It's like two full time jobs, you know, working and planning a wedding. I wasn't-

**Doctor:** Sleeping, I never had time to eat and I hadn't seen my family in days. I thought it'd be different-

**Patient:** I thought I was different, I thought it couldn't happen to me. How do you tell-

**Doctor:** Someone they're going to die soon? That the life they've planned isn't going to happen? But worst of all, what if-

**Patient:** They were wrong? Doctors are human too, right? Can't they be wrong? What if I was the exception-

**Doctor:** But that's not true. As physicians, we know there are things worse than death. There are lives not worth living. Can you imagine-

**Patient:** Not teaching your kids to ride a bike? Not taking them to a baseball game or to Disneyland? Not seeing them graduate high school or move them into their college dorms? I'd give-

**Doctor:** Anything-anything-to not have that happen to me. In that moment I was-

**Patient:** Cold, calm, technical. And underneath the stoic presentation, I could tell the doctor was trying to be-

**Doctor:** Warm and empathetic, but without giving-

**Patient:** False hope. Hope-what a double edged sword. We need it to get us through each and every day-hope just knowing that-

**Doctor:** This will never get easier but that I will find peace-

**Patient:** Because that's all I have left. Hope will betray me unless I hope

**Doctor:** For acceptance. Acceptance that not everything is in my control and that it doesn't mean that I am-

**Patient:** A failure. What have I really done with my life? I did all the things you're supposed to do, like go to school and eat vegetables, but did I really do-

**Doctor:** Everything I could? That's the question we must ask ourselves. That's how we learn-that's how we get up every morning and face ourselves in the mirror. We make-

**Patient:** Choices every moment of every day. The beauty of it all is that I get to choose how I spend the rest of my-

**Doctor:** Time. I'm always obsessing over not having enough time- how there's not enough

hours in a day- what I could do with more time-

**Patient:** Is endless! For the first time in my life, I get to do exactly what I want, what truly makes me happy. I've never known this kind of freedom from-

**Doctor:** Fear-paralyzing fear. I'd never given bad news before. Of course, I had watched other people do it, and when you're standing there you think about all the ways you could do it differently-

**Patient:** But, honestly, I wouldn't have changed anything because it got me here. My only wish is that I had-

**Doctor:** Appreciated what I have. I know it's selfish to think about yourself when someone else is suffering but I kept thinking this could be-

**Patient:** Me. It happened to me. If only you knew how long it took me to finally accept it. To process it. That day-

**Doctor:** Everything changed. That day, I felt the full weight of responsibility and-

**Patient:** It crushed me. The overwhelming disbelief, the anger, the sadness, the injustice of it all. But then I remembered-

**Doctor:** The good outweighs the bad. It has to. This world is not fair-it is not balanced and it never will be- but-

**Patient:** It's worth it.

What makes for a good teacher? Certainly, much has been written on the subject- papers, thought pieces, books, commentaries. The passing of a good friend often presents you with an opportunity to reflect on that person and what she or he has done and accomplished and how her or his life impacted others, all in the name of trying to make some meaning or to give purpose to what is otherwise a sad occasion. It does not erase the feelings of loss but in looking for a legacy, however small or grand, you can go on knowing that that individual's life had meaning, continues to have meaning and that the life you lead, in a similar fashion, has the chance to be meaningful in a positive way. The recent passing of such a person has provided reason for me to pause for a few moments (perhaps more than a few moments, to be honest) and reflect on this person's life, or at least the snippets of it I was blessed to have shared. In my reflections, I found myself rummaging around the subject of what makes for a good teacher, since I believe teaching was one of the many things she did well.

A famous quote on the subject of teaching proffers that "A good teacher is like a candle – it consumes itself to light the way for others." (Mustafa Kemal Atatürk). At first glance and perhaps interpreting this on the concrete side of things, the sentiment seems a bit trite or too simple or cute. And then there is the whole issue of what happens when the candle is used up? Does the flame go out? Does a good teacher only have so much "wax" to burn and then burns no more? On further

reflection, however, the analogy seems perfect.

I first met my friend, a teacher among other things, 26 years ago. I was a second year pathology resident and she was one of four doctors running a laboratory. All four of these individuals were wonderful people in their own way. Most of our time as residents in training in that laboratory was spent with two of these individuals, my friend being one of these. As a learner, by the time one gets to residency training, one has been subjected to hundreds, perhaps thousands of teachers, a trail going all the way back to kindergarten for me. Experience makes one somewhat savvy at discerning certain things in a learning environment. Admittedly, the relative importance of these things varies from learner to learner but I do believe there are certain characteristics that number from among these things that form the core of good teaching. The first of these is sincerity. She always seemed sincere, even when I daresay she did not sometimes feel like being sincere. Sincerity can be a hard thing to maintain when trudging through the daily routine, sometimes interfacing with people who might be anything but. She was always truthful – knowing what she knew and unselfishly sharing and knowing what she did not know and willing to admit that and partner with you to remedy that. She was always available. I remember many an excursion with her into the lab to check this out or figure that out. There was a constant steady stream of individuals in her office with questions about things going on in

the lab, problems in their personal life, updates on what was going on with the kids. I recall sitting in her office as we informally chatted. Our sessions were punctuated by these intermittent interruptions from those needing something from her. What initially seemed from my perspective to be irritating disruptions of our conversation shifted at some point to observations of a master at work, of the power of being selflessly there for others in the moment. She addressed each of these interruptions warmly, personally and with a smile. And yes, she often apologized to me afterwards for the interruption as well.

She liked to talk and she admittedly talked with certain alacrity. She was always moving and her speech seemed to move in step. You had to keep up. There was no slacking. She enjoyed talking about her family and the things she liked to do. She was willing to share with you her experiences, both in the science world and in that world which exists outside of the science world, as a subtle reminder that such a world does in fact exist, should exist and needs to be given its proper due. She clearly loved her family. She smiled and laughed and yes, sometimes worried when she talked of them and told stories about them. But underlying the stories was a clear sense of what was really important in life.

She had the smallest office of the staff people in that laboratory; the chair's office easily was eight times larger than the closet she occupied. One could barely fit in a desk, a guest chair and one bookcase into the room. It was

## The Good Teacher *cont.*

the only office she had for as long as I knew her, excepting at the end when she moved into a large office in a newly built building with an extremely high vaulted ceiling, which she thought was funny. Papers were piled everywhere – on the desk and on the bookcase behind the guest chair. They were not neatly arranged and to any observer had a haphazard appearance, ostensibly disordered. And yet, the appropriate papers could be retrieved when needed, papers that had likely sat in their spot for years before again seeing the light of day. One certainly should not have judged the person by her surroundings.

During her career, she was frequently invited to speak in a number of venues - in the medical school, department, hospital and at national meetings. She was well respected in her field. She really knew her craft and she had a way to make it all seem so simple and clear for the novice, when in reality little in medicine is. She was able to pitch her presentations to her audience, caring to know to whom she was speaking and giving thought to making the necessary adjustments, when it would have

been much easier to adopt the “one size fits all” approach. She created for herself, in an easy and unobtrusive way, a persona of credibility, real, not fabricated.

Fortunately for her, some of her accomplishments and skills were recognized and appreciated by others, something that not all good teachers are blessed to experience. She won the Institute’s resident teaching award. She was entrusted with overseeing the Problem Based Learning (PBL) Program for the medical school program, a huge and important part of the curriculum for year 1 and 2 students. Many students, when at the time of graduation are asked about what part of their 5 year curriculum they found most useful, state that it was the PBL experience. She served as Vice Chair of Education for the Institute, responsible for overseeing all of the myriad educational activities of the Institute, ranging from overseeing a medical technology school and the weekly Grand Round series to coordinating continuing medical education activities. There were many more things she did that I do not even know about.

In working with her on projects, she was the epitome of a good collaborator. She always pulled her weight and honestly often times, more than her weight. She listened. She was committed. She followed through. She knew how to get things done and she did them.

In reflecting back on my interactions and observations of this person over the years, I do believe she was a good teacher, a consummate teacher. Much I have learned from working with her and watching her in action, initially as a resident I training and later as a colleague. Some small part of her will hopefully go on every time I try and do something the way she would have done it. She was, in Ataturk’s words, a big candle that burned brightly and gave off much light and bequeathed sparks that kindled many a flame in other candles that continue to burn. And that is what makes for a good teacher. Many thanks, Gerri.

## A Babe Once More Elizabeth Shay, CCLCM | Class of 2020

And now I’m a babe again  
Creeping, crawling, walking uncertainly...  
Falling.  
Learning new words:  
Hepatosplenomegaly and borborygmi.  
New movements: I’m  
Palpating and percussing  
For I... am a medical student.



### New Growth

*A budding tree in Shaker Lakes*

Mike LaBarbera, CCLCM | Class of 2019

The difference between touching and examining seemed arbitrary to me when I started medical school. When I started learning the techniques for physical diagnosis, I felt very uncomfortable. To me, the medical novice, I could not appreciate what there was to be gained from touching a patient. I firmly believed that everything of clinical significance could be obtained from the patient interview. I sat comfortably across from the standardized patients in our communication skills sessions, knowing that I was safe behind my open ended questions and statements of empathy. Interviewing patients came very quickly to me, which only increased my resentment towards the physical exam. Week after week, I struggled to practice the exam techniques, I failed to see their clinical value, I pulled away from my patients. My physician advisor listened patiently when I lamented my struggle with touching patients, gently correcting me: examining, not touching. She suggested I investigate the work of Dr. Abraham Verghese.

Dr. Verghese had recorded a series of videos teaching some of the key elements of the physical exam, and I devoured them. "Who was this man?"

I wondered and, with the help of Google, found recordings of some of his previous talks. In one, he talked about the ritual of the physical exam. What resonated the most with me was his explanation of patients' expectations. Dr. Verghese explained to me and thousands of others that the physical exam

was a sacred part of the doctor-patient interaction, and that not only was it clinically significant, but it was expected. Armed with this idea, I returned to clinic and practiced laying hands on my patients. I was fortunate, my patients and preceptor were willing to learn with me. After hearing the philosophies of Dr. Verghese, I felt like my white coat fit better. When I asked my patients to get on the examination table, they obliged. I found myself hesitating less, instead opting to cover my bases and use every technique I had in my arsenal. The difference between touching and examining finally clicked. Touching had always seemed like an intrusion, and in a way it was. I lacked confidence in my own abilities and feared how my incompetence would make the patient feel. I bumbled and stumbled and flashed my most apologetic smiles. But in examining, I could connect with my patients and collect valuable clinical information. I am grateful for the messages Dr. Verghese has shared with the world, and I am incredibly grateful that I was fortunate enough to meet him.

Dr. Verghese visited Cleveland and Case Western Reserve University to speak as the F. Joseph Callahan Distinguished Lecturer. Before speaking to the greater Cleveland area, Dr. Verghese met with medical trainees in various stages of their careers. Medical students up through Chief Residents gathered to ask questions and learn more from this physician writer. Dr. Verghese is an advocate and champion of the humanities in medicine, in addition to his role as a physician and teacher. We had

the opportunity to learn about his journey and inspiration. He spoke about balancing his career and duties as a physician with his love of writing and humanities. We learned about the ways in which he chose positions which allowed him time to write, and it was inspiring to hear how hard Dr. Verghese worked so he could cultivate his passion for humanities. Having listened to many of his talks before this meeting, I had certain expectations about how this man would speak. He exceeded these expectations. The lessons I learned from his videos were merely snapshots of his philosophy. As we asked more questions, Dr. Verghese answered with authenticity, patience, and passion. The idea of meeting a personal hero can be daunting, but I felt even more inspired after listening to Dr. Verghese. He did not romanticize the work that his career takes. He did not placate us with clichés or soundbites. He did speak about his personal experiences, the lessons he has learned, and his hopes for the future of medicine. I am grateful for people like Dr. Verghese who have created a space for humanities in medicine and for words—both written and spoken—that help bring doctors and patients and people together.

Examining patients is an essential part of our profession and it is important to keep this ritual alive as we move into the technological age of medicine. It is my hope that by communicating our shared experiences, we can appreciate the examination for what it is—gathering information and fostering connection. Clearly, much more than just touching.

## This White Coat I Wear

Elizabeth Shay, CCLCM | Class of 2020

*If not for this white coat  
I wear,  
With trepidation and fear,  
Its shoulders weighing me down  
With the expectations  
Of those that have walked before,  
Whose arms outstretched  
Beckon me to grab the baton  
Of medical knowledge and skill,  
Which I reach for uncertainly...*

*If not for this white coat I wear,  
It would have been absurd  
For me to ask you  
To disrobe yourself,  
To lay bare your life's story  
In the creases and calluses of your skin.*



Louisiana Swamp: Don't get lost in a Louisiana swamp...

Datta Sudarshana, CCLCM | Class of 2019

## Words

Radhika Rastogi, CCLCM | Class of 2020

### *Atelectasis* (Ah-te-lek-te-sis)

I try the word out, rolling it around on my tongue, feeling it on my lips. It's become a familiar feeling these past few months, the trial of medical vocabulary. Often, I'll skim over the word at first, and then return to it, taking in the spelling and piecing it apart, pulling together the meaning and the sound.

Each word I learn feels like a step away from the patient, increasing the distance between us. My understanding of health and disease becomes more intellectual; I look to mechanistic explanations of the narrative the patient relates, convinced that defects in molecular pathways can explain away their pain. Their experiences become codified in jargon and abbreviations, understood by their providers yet detached from their own words. I remain unconvinced that the charts reflect patient experiences, worried that our vocabulary is reductive, homogenizing experiences that are necessarily personal.

And yet, it's intoxicating.

### *Propranolol*

-alol

Must be a beta blocker. The growing familiarity with medicines manifests most in Longitudinal Clinic, as I look through the list before knocking more confidently on the exam room door. I try to remember the brand names of the medicines, ask the patient if they're taking Zoloft instead of asking about sertraline. But my words get in the way, and I ask about sertraline instead.

Using medical vocabulary is a measurable metric of growth. It shows in the fluency of oral presentations, the deeper engagement with primary literature, the analysis of patient cases. Each word I learn feels like a step towards an inner sanctum of intellectualism and professionalism. Within this sanctum lies clarity of communication, in which providers can discuss disease

process and progression and talk about symptoms and presentations with specificity and precision. Their care is strengthened by their words. A lump is no longer a lump; it is benign or malignant. That world of difference is held within their words.

I am working to reconcile these disparate roles our words can play. Do they distance or do they unite? Are they intellectual or experiential? Do these dichotomies truly exist, are they part of my induction into medicine? In the meanwhile, I continue stumbling, trying to find my words, their words, our words.



Skipping Stones  
River-bed skipping stones at Cleveland Metroparks  
Mike LaBarbera, CCLCM | Class of 2019

The operative report is four pages long. As a fourth-year medical student, I've learned to skim quickly for the most pertinent information, the details needed to formulate the plan for the day or the facts I may need to recite during rounds.

*14-year-old female with a large right-sided subdural hematoma causing significant right-to-left shift with preoperative signs of brainstem compression.*

Drawing a deep breath, I continue through the report, unconsciously filling in details as I read.

*Date: November 1.*

There were family members in the waiting room who hadn't had the opportunity to change out of their Halloween costumes.

*Typically I fully discuss all risks, benefits, alternatives, and expectations of the surgery with the family but, under these circumstances, I felt the patient's life would be in jeopardy if there was a delay by even a few minutes.*

I wonder if the surgeon realizes how closely his considerations would parallel those of the family members outside.

*A few minutes.*

For physicians, time is a luxury, forming the basic constraints that characterize the task at hand. If the time is enough, the surgeon will work slowly and meticulously, taking care to document each step. If the time is small, the surgeon may instead work quickly, forgoing formalities in order to complete the task at hand.

*I simply poured Betadine solution over the skull and quickly draped it out.*

However, if the time is too little, forbidding success by rigging the

deck to the patient's detriment, the physician is acquitted. And in these cases, the juries of family members will all too often find themselves guilty.

*A few minutes.*

For family, time is a currency, often one that does not appreciate value until there is almost none left to spend. Here, a few minutes inevitably become very specific minutes—the slight delay in calling an ambulance, the difficulties with directions en route to the hospital. Ghosts that float above tears in the waiting room, who will accompany the family home if the patient does not.

However, in this case, the final lines of the operative report paint a happy ending: *The patient was transferred to the intensive care unit in stable but guarded condition.*

At this point, the passing of time changes. The fleeting seconds in the moment of crisis suddenly become hours that turn into days that turn into weeks that turn into months of painstakingly slow progress. Here, time is best delineated by the reaction that accompanies each milestone. In the beginning, the tiniest step forward is a momentous victory: opening the eyes, lifting a finger, managing a smile. As time passes, however, the paragon of "a full recovery" reveals itself as a naïve deceit, and patients and their families may be forced to reconcile what once was to what is now.

At this point, I wonder, *Where is the surgeon's voice? It was so assured in the operative report. Where is it now to offer guidance and direction to the life saved?*

It depends on the surgeon. The date is now October 31, 2015. It's been thirteen years since that

operative report was filed. A buzz from my white-coat pocket signals a text, and I can't help my grin when I see the surgeon's name blinking on my phone screen.

*Thinking of you.*

Smiling now, I allow my fingertips to graze lightly along the right side of my skull. Hidden to the human eye, it is not difficult to find the subtle indentation.

By the nature of our profession, physicians run the risk of becoming "fiery-weather friends," characters that appear from the mist only when the storm descends. In truth, my surgeon was there for each of these awful moments: in the emergency department, the operating room, the I.C.U., and onward.

But I don't think of those moments often. Instead, I remember the minutes my surgeon invested that are not documented in the operative report or anywhere else in the medical record.

Letters that he sent during my recovery and my transition back to school. Words that forced me to take a step back to see where I was coming from and where I wanted to go. Messages of pride when I succeeded and words of encouragement when I didn't.

I remember having dinner at his house when I was home from college, his speech at an award ceremony my senior year, the surprise dance at my wedding. For my surgeon, minutes in the operating room were a non-existent luxury. For the physician who became my friend, they were an opportunity to make an impact that no one will fully appreciate but me. And for me, they were and are a gift.

## About Katie Daley:

Katie Daley and her inner quintet of characters hit the road on a regular basis to bring her one-woman show of poetic monologues to various venues around the USA and Canada. She has won two individual artist fellowships from the Ohio Arts Council, and her work has been published in a variety of magazines and anthologies, including *Seneca Review*, *Puckerbrush Review*, *Art Crimes and After the Bell: Contemporary American Prose about School*. She produced *Full Blast Alive: Voices from the Ruby Side*, a CD of her show, as well as three chapbooks: *Red Hot Mangoes and Voodoo Juice*, *Coyote at the Wheel and Venus and the Hitchhikers*. She is also a member of Drifters Inn, a band that marries spoken word with music. Their first CD, *Zaggin' Like a Vagabond*, came out in 2013. As a teaching artist, she offers poetry writing as a way to build trust with ourselves and community with others. In this capacity, she has been part of the Devising Healthy Communities (DHC) project at CCF Lerner College of Medicine since 2012, working with Lerner medical students and members of the Cleveland Sight Center to create poems about health and well being.

## Trapezing

for my father

When I wake the tumors  
are glommed to your spine and you  
paralyzed from the nipples down. I hear birds  
nibbling under the sill of clouds  
our daily sun has sunk behind,  
pecking your freckles from the white loam  
of your Irish skin. I know what this means,  
how I've got to get up and roll you  
from bedrail to bedrail, south potato hip  
to north potato belly, wipe the forest floor  
from your buttocks and make you  
yourself again. But I've already seen  
the bedsore sky across your tailbone,  
red-yellow smear of twilight, your death  
meandering among tree limbs  
while your leg twitches under the sheet  
and your hands drift upwards  
as if groping for the bar of a trapeze  
or the outstretched arms  
of some invisible trapezist  
come to yank you out by your roots  
and carry you there

## Impersonations

for my brother Walter, 1954-1975

You used to do a pretty good L.B.J., ranch voice, Texas,  
the caw-caw of Boston and Bobby Kennedy, Aunt Mary Kelly,  
even our grandparents rasping at each other  
while making love. It was easier that way, wasn't it?  
Easier to be inside your old ward mate Miss B's throat  
as she wavered down the hallway in her scuffed-up slippers,

warbling and singing out against people with whom  
she had once been in the world. It was far better  
to argue with her vacant relatives while entertaining  
your own. When you were home on a weekend pass  
you would steer us into our bedrooms, pat us on our heads  
and say, in the rainfall voice of a nurse on duty,

*Are we feeling a little anxious today? Maybe we should  
sit in our room until we feel better, hmmm?* Far more simple  
to be the nurse than you, schizophrenic brother of mine,  
whom none of us could bear to sit with or love for very long.  
Life was more fluent when you could punch the garage windows  
until your hands bled, when you could come marching

through the backyard, fist raised, your voice husky  
and crooning a perfect Bob Dylan, *It's alright, Ma,  
I'm only bleeding*. Ma was in the kitchen and she wasn't  
weeping, but she gasped your name, as if to herself.  
She said I was too young for this and sent me to bed,  
so I stood at the upstairs window and caught the red rhythm

of ambulance light as it swung across me, watched them  
tuck you in and take you away. And it was easier there than here,  
wasn't it, easier to play piano in the day room and hunch  
your shoulders like Nixon, gruff up your face and jiggle  
your jowls, *Let me say this about that...I love my oh my  
dear dog Checkers and my wife Pat*. Better Richard Nixon

than Walter Daley, kinder to laugh at you as a buffoon tyrant  
than to ignore you, easier to make all the crazy people love you  
than to come home. It's better that you're dead now, isn't it,  
better dead and gone than singing those sad songs you wrote,  
better now than when you looked around and saw that nobody  
was listening, you at last in your own throat, us drifting down

some whining highway, the baby grand stretched out in front of you  
like the hood of a car that won't start. You knew who you were,  
so did I, whatever was left of you, white fingers praying to black keys,  
foot twitching on stuck pedal. Which is why you finally decided  
to leave and why I still plumb the world for your fingerprints  
or anything that could be construed as a keenness for staying.



## Hey Doc

for Dr. Scott Krupkin in thanks

Hey, Doc—I can walk again  
Look—no limp, no wince, no hobble  
For a little while longer now  
I can pretend I'm not gonna  
Grow old and die

I know you don't like your patients  
To get all melodramatic  
But let's face it, Doc  
You made me young again  
A few stretches here, a few corrections there  
And I'm damn near Olympian  
For the cost of this little poem

Wow! You gotta be the funnest, smartest  
Most eagle-eyed doctor I've ever met  
You noticed the crooked way I stand  
And told me, *If you want your foot to stop hurting,*  
*I suggest you stop holding yourself that way*

Yes, Doc  
Anything you say, Doc  
'Cause my liver doesn't hurt anymore either  
You put your smart, elephant-ear hand there  
And knocked a few times to hear  
If anybody was home  
I was home, Doc  
Especially when you called with the blood test results  
To tell me that, *Biochemically speaking*  
*You're a very healthy woman*

Oooooo, I could walk on water  
And do the jig across hot coals  
When you talk like that  
Tell it to me again, Doc  
Say that thing about me having the pulse of an athlete  
You know I don't have much money  
But you make me feel like a million bucks  
When you put it that way  
Giving me back my stride and pride and so on

Hey Doc, you looking around  
Like the rest of us for meaning?

Just get out your eagle eyes and watch me skulk  
Like a dying woman into your office  
Then cavort like a kangaroo on the way out  
Bouncing through the parking lot  
This liver of mine light as a feather  
My feet all decked out with wings

That's what I call meaning, Doc  
That's what I call fulfilling your purpose  
There's just no way to keep this one  
To yourself

## Mary Katie Gets Diagnosed with Cancer

Despite the fact that she doesn't have a job, Mary wears a business suit and starched white shirt to all her doctor appointments. As she waits for her blood tests and CAT scans, she sits with her legs pressed together, leafing through *Women's Day* and *People*. Though she's very obedient, she rankles visibly when authority figures call her name. "Mary? Mary! Wake up," they urge her when the colonoscopy is complete, and even under the influence of medicine's best feel-good anesthesia, she manages to scowl. This is because when she was born, the birth certificate clerks at the hospital had pestered her parents to come up with something for the record, but the parents drew a complete blank. Finally, under duress, they sputtered "Mary," after Mary's mother. Each time she hears her name called, she feels like a duplicate, a fraud, the kind of person who draws a blank.

A poet, Katie wears fringe vests and bell bottoms and brings her *Synonym Finder* to all her doctor appointments. She has no regard for authority and has been called "Katie" ever since the day she was bundled out of the

hospital and brought home. After she fills out the tedious patient information forms, including the one asking her religion, to which she replies "nature" or "none of your business," she works on her poems instead of leafing through *People*, which never fails to awaken a great hopelessness in her. She detests waiting rooms, their carpets grimy with dread and their muffled, flat-screen broadcasts of *The Young and the Restless*. Oh, the bleary stares, trembling hands, and wiggling legs of her waiting room compatriots. Oh, the lifelong wait to be seen, the lifelong terror of being found out. To lessen her own terror, she vows to call her physician "man" or "Doc" when she delays him with her questions.

Having noticed each other in the waiting room, Mary and Katie sit as far apart as possible. They assume they have nothing in common, but of course, they've forgotten. They each had a mother who loved giving birth, and they each were yanked into the world by a substitute doctor who knew nothing about delivering life from emissaries who are in an utterly conscious state. Each had a mother who

surfed her spasms of labor in the company of an annoyed, inconvenienced man in a white lab coat who insisted he knew best. It always amazes them that she was feisty enough to fight off the nurse each time the Man ordered, "Give her some gas." In between her caterwauls of agony, she'd had the chutzpah to instruct her sworn Do-No-Harmer to let her breathe, push, give life.

When the nurse calls, "Mary?" they both tremble. At the same moment, they remember their underwater journey into this blaring, fluorescent world. They hear again the muffled sounds of battle that accompanied their trepidatious swim into the fray. They both shudder to think that this is still a fray, that there might still be a man in white throwing a tantrum at the end of the next tunnel. In solidarity, Katie rises at the same time as Mary and follows her into the examination room.

Raul slapped the table, laughing and whooping. "Ace! Flip it!" We were playing cards, sitting around a long fold out table, like the kind in high school cafeterias with round plastic stools attached. Raul wore a black Grateful Dead t-shirt, the one with a skeleton in three-quarters profile adorned with a laurel of roses. He had a solitary silver tooth that gleamed as he laughed. His curly hair was thinning.

"C'mon c'mon baby, it's time to flip it!" Still laughing, Raul whacked Carlos on his sizeable back. Carlos, unsure of exactly what he was supposed to flip, or how, blinked at me. He was a boulder of a man, wearing a hospital robe that stretched and fell short of covering his stained undershirt. His pants were pinstriped blue and white, his feet enwrapped by bandages over old socks. Not finding any clues as to what Raul wanted from either us, I shrugged at Carlos to say sorry.

Raul pounded the table now, silver tooth flashing in a moment of anger, "Flip. It." He reached toward the upturned Ace of Diamonds in the middle of the table between us, and with great ceremony held it on its edge with one finger, then turned it face down. He pulled the pile of cards toward himself, and said to me, "Your turn, hombre." I had been on the inpatient psychiatry ward for over a week, and I was spending the afternoon in the TV room, where patients usually had group therapy sessions. But therapy was over for the day and Raul was now teaching Carlos and me how to play the game he invented: Flip It. The game seemed simple at first, except Raul kept changing the rules with every

hand we played. In the beginning, whoever played the highest card would win, but certain cards were apparently off-limits, like the Jack of Spades or the Three of Clubs. Then the object was to form pairs of matching cards so that the Four of Diamonds followed the Four of Hearts. Success was first signified by picking up more cards, but later in the game having a full hand of cards was the sign of failure. The rapid succession of each new contradicting rule was dizzying, but I would nod in feigned understanding to Raul as he passionately corrected me. Carlos sat with an impassivity that was only betrayed by a hand slightly shaking as he tried to guess which card would be permissible to play.

The two men (whose names have been changed for this story) suffered from schizophrenia for nearly all of their adult lives. Carlos lived with his parents, but had become increasingly withdrawn, spending his days peering between the blinds in his basement, ducking behind the wall and crossing himself every few minutes. Raul was from a group home where he had stopped taking his medications and had become increasingly irascible, talking more feverishly to himself. Each day I helped interview Raul and Carlos, seeing how they tolerated their new medications, learning how they felt about long-acting injectable formulations, probing the phenomenological world of each as it collided with the so-called "therapeutic milieu" that the locked ward provided. But this afternoon, we were simply playing Flip It. Picking a card at random from my hand, I laid it down on the table and Raul's eyes widened

in surprise. "You sure you never played before?" He handed me the pile of cards on the table in congratulations and several cards from his own hand. Carlos handed me half the deck and echoed Raul's approval in his characteristically taciturn manner: "Good." The next hand, I made the same play, but now Raul clucked in disapproval, telling me to give all my cards to Carlos, who apparently had won the afternoon.

I congratulated Carlos for winning the game, and his heavy profile lightened as he grinned. The moment was touching in its own way, to watch Carlos engaged with something other than his terrifying delusions, to listen to Raul argue with us instead of himself as he sat alone in his hospital room. The world, if cruel, was offering reprieve. As Carlos and Raul ambled back towards their respective rooms, I was left with the afterglow of the day, puzzling the metaphor of the moment. How bizarre it was to play a game that felt like it had changing rules, how strange to feel my logic disconnect from that of those around me. How troubling to not know order from its antithesis, to not know when loss masqueraded as victory. I found my white coat where I had left it folded over a chair in the corner of the room, and I buttoned it back on. The TV room had emptied by now, and so I put the cards away and turned the lights off. Walking to the end of the hallway, leaving the ward for the day, I punched in the security code and waited for the locked door to click open. As the door was closing behind me, Raul's voice carried from one of the rooms: "No, no, no. Flip it!"



Shaker Fall Trees: Sunlight through fall trees

Datta Sudarshana, CCLCM | Class of 2019

He's six years old,  
Admitted last night  
Because his arms were shaking.  
EEG confirms the answer, cut and dry: seizure.

Now his father's shouts echo down the hallway,  
Impressive since he's on the phone.  
*What on earth does my boy's health have to do with  
The emperor of Rome??*

His mother is crying now, and she pleads,  
*Please, don't take him from me!*  
"Ma'am, I need to take him to the MRI. He'll be back."  
*But you told me! You said seizure!*

Hours have passed, the chaos calmed.  
Mom and dad are both on board.  
Staring at the clock as they wait for the MRI read,  
Too tired to explain to the child why they're afraid.

Suddenly, the haphazard chorus of toddling feet from the hallway,  
Followed shortly by an ecstatic giggle: *Peter!*  
His baby sister is here to visit.  
Peter tries to be brave as he explains to her: *Seizure.*  
His sister's forehead creases deeply with confusion.  
She clambers up onto the bed with him and takes his hand.  
Looking at the nurse and then back at him, she says,  
*See her? But I came to see you.*



## Waves

*This picture of a fallen tree was taken around Doan brook. It provided an appreciation of the intricacies, function, and beauty of nature in its many forms.*

Nemat Sharaf, CCLCM | Class of 2018

When I began to write about my experience on the CCLCM indoor soccer team, I worried that a significant degree of rhetorical deftness would be required to create something that didn't resemble the reassuring speech my mother gave me after I failed to make the Washoe County Little League All-Star Team. Thankfully, this will probably not be the case, as my profound ineptitude on the soccer field leaves no room whatsoever for words of encouragement or comfort.

I decided to try out indoor soccer in February of my second year, mere months from Step 1. My classmate—who for confidentiality's sake will hereby be referred to as “the Female Messi” (FM)—put a team together for the same reasons myself and others joined it: a deep longing for the camaraderie of team sports, the thrill of competition, and the regeneration of our atrophied lower limbs. Of course, if I had my choice of sports to play with my classmates, soccer would be near the bottom of the list. Although I have some experience on the soccer field, my storied career is less than inspiring. It consists of four years of play in the High Sierra Soccer League starting as a 6-year-old wherein I possessed a Cro-Magnon desire to do nothing but kick the ball hard, had a stunning proclivity for falling down just to get muddy, and played on one team we named after my dog (the “DJ Dogs”). So when the FM asked me to join her team, the Brosencephalons, I agreed, albeit with some reservations.

Since that time, I am sad to report that the Brosencephalons currently lay claim to the worst record in the league for two years running. Thankfully, I've lost count of the number of losses we've accrued, although it could be easily calculated

by determining the number of games we've played and subtracting zero from it. Until recently, I've remained stoic in the face of constant defeat. On my college baseball team, I contributed over 70 losses to our record-breaking 228 game losing streak, a streak that (coincidentally) ended the year after I graduated [1]. Needless to say, I can handle losing. But recently, amidst the impending burnout all too many third year medical students experience, after an exquisitely odious rout, I found myself asking the question, “What do I gain from doing this?”

For many people, assuredness of a job well-done often soothes the sting of defeat, validating their decision to play in the first place. Sadly, “a job well-done” cannot in seriousness be said of any performance I've put forth on the soccer field. My utility on the soccer field is exhausted by 30 seconds into the game, on average. At this point in the game, the opposing team realizes that my large frame and uncanny agility cannot come close to compensating for my tragically feckless ball-handling. Although I reportedly have had the requisite coordination to walk on my own two feet for over 25 years, any attempt to use my feet for kicking or dribbling causes my motor skills to regress to an intrauterine stage of development. I've learned to become a very good obstacle, but obstacles cannot score goals.

While I may never obtain the satisfaction of a job well done, I have been able to do so vicariously. For example, the FM was a walk-on starter on an NCAA Division I soccer team. At least once per game, she scores a goal or makes a pass that exemplifies the “kinetic beauty” that the late David Foster Wallace defined when describing tennis legend

Roger Federer [2], a beauty that is universal and linked to “human beings' reconciliation with the fact of having a body.” These moments of joy punctuate the otherwise brutal progression of each game but are overshadowed by the five goals the other team scores while we stand with our jaws agape. I don't want to downplay the athleticism of my teammates, but all the kinetic beauty in the world cannot make up for the feelings that stem from being made to look utterly foolish.

It became obvious that I experienced very little concrete benefit from my time with the Brosencephalons. But several games ago, I discovered something that I could take away from my abject failure on the soccer field, something that would undoubtedly make Mama Sexton proud. Roughly five minutes into the game, I was passed the ball and started to dribble across midfield. For some strange reason, the defenders were staying back somewhat, as if they thought any aggressive move by them would cause me to juke them out of their boots. I knew that they would certainly remain in their boots, thoroughly un-juke, but was surprised that a woman on the sidelines was also privy to this information. She shouted, “Don't worry about him! He has no skill!”

Oof.

I felt the familiar vague GI distress that accompanied me through most of my days in middle school. Humiliation. Shame. Awkwardness. Granted, she spoke the truth. We all knew it was the truth. I simply thought it was unnecessary to broadcast it to the entire facility. But as I recovered from the visceral discomfort my wounded ego foisted upon me, I realized I had

## Soccer as Self-flagellation? *cont.*

been taking myself WAY too seriously. I had subconsciously brought the stress of my coursework—the disorientation of transitioning between clinical rotations, the feeling of inferiority at being the lowest in the medical hierarchy, the struggle to prove I learned something in the last two years—to what was meant to be an outlet for it. And with this realization, a new feeling emerged: freedom. The wonderful freedom that exists in, every now and again, being okay with looking slightly ridiculous, slightly simple, slightly—dare I say—silly.

I wish I could say I immediately applied this new mentality to my life in the clinic. Third year is a dream come true for some but a debilitating slog for others, and at this point I consider myself a member of the latter camp. Regardless, there are many things I look forward to, with my expanding responsibility for the care of my patients chief among them. And the ability to let my punctilious façade down when needed will surely aid me in the future, whether I need to inform my pediatric patient that I do indeed know the Pokémon he's talking about, or confide in my post-surgical patient that, yes, everybody farts (some of us with aplomb). Medicine is hard enough as it is, so it never helps to be reminded that I too am just as human as my patients.

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1. Mark Saxon, “Caltech Win Is One for the Record Book,” *ESPN.com*, February 9, 2013.
2. David Foster Wallace, “Roger Federer as Religious Experience - Tennis,” *The New York Times*, August 20, 2006, sec. Sports / Play Magazine

## Why?

Elizabeth Shay, CCLCM | Class of 2020

You had everything,  
The looks, the charm, the life  
That many pined for, yearned for...  
And yet you gave it all away,  
One lonely, dreary autumn day.

You had it all  
And yet you had nothing,  
For in a moment you decided that  
Everything  
Was of no consequence,  
Just a bag full of broken feathers  
Useless, empty, deceiving.

You held the balance  
And weighed your life,  
And found it wanting  
Of something, many things, everything...

You left us nothing  
But shattered dreams and broken hearts,  
A life unlived, potential unfulfilled.  
And now we look up  
With tear-stained faces and empty arms,  
And wonder  
Why?



**On Approach**  
*Big things are coming to CLE*  
Stuart Zeltzer, CCLCM | Class of 2016

**Note from the Editors:** The following poem was misattributed last year, and so with apologies to the author, we reprint “Our Cages” in this year’s issue.

## Our Cages

Joseph Abraham, CCLCM  
Class of 2019

I graced a casino the other day.  
Walking down the aisles,  
I wondered whether I had entered a different space.  
It seemed a prison,  
With slot-sized cells.  
Expressions of resignation  
Permeated the inmates’ faces.  
On them, I could see each eye’s luggage  
From the previous day, month, year of life’s travels,  
Such was the light.  
The optical sirens forcibly captivating  
Victim after victim.  
Comforting them in rare moments of doubt,  
“Don’t worry. The darkness can’t reach you here. It’s too bright.”  
And I felt that they weren’t really gambling their money.  
No, this was a Russian roulette with their lives  
But everyone knows the house always wins.  
In that moment I feared for them, for me.  
For what makes a prisoner are the bars.  
And I don’t know what bars surround me.  
Yet I’m sure they’re there,  
Trafficking me to a path unknown,  
When I simply yearn to be free.

Shedding tears for a love so dear  
She and I have been together through thick and thin  
Now  
I'm with her at life's long end.  
"There's nothing more we can do,"  
Proclaims the medical team  
I clutch my chest as my heart explodes  
A love that's lost  
So true, so bold.  
I think I might die  
Right here with her  
So many years with her  
My love, my one, my wife.

Tears drop as blood pumps through my body  
I'm so worn out  
My own life feels shoddy  
I'm NOT ready to say goodbye  
I scream "GODDAMNIT!!!"  
As I stammer and cry  
I can't believe this  
My soul is in pain  
Can you see this?



## Layers

*The depth of the mountains became clear as the mist and rays of light cast filled out the valleys and cast shadows on the peaks, creating shades of yellow and orange and red I hadn't seen before.*

Radhika Rastogi, CCLCM | Class of 2020

**First**, the illness  
Creeping forward to disturb  
The quiet health  
Health that had once been truth  
Until blemished

**Then**, the inquiry  
Reaching hesitantly to find  
The promised answer  
Trust in our knowledge, our tools  
Praying we will slay the beast

**Then**, the fear  
Facing the realm of the unknown  
Their maladies  
Monsters in a mirror, raging, untamed

**Worst of all:** Unnamed

**Then**, the hope  
Finding that precipitous moment—perhaps less than a moment  
Our promise  
The name. The answer.  
The weapon that will silence fear

**Then**, the grief (*so much worse than fear*)  
Seeing the monster (*now real, now named*)  
Our solution (our promise!)  
The weaker of the two opponents  
Powerless to quiet the beast

**Quick**, the brave rebellion  
Screaming from the bedside  
The battle cries of our best defenses  
Falling on deaf ears  
And we, the heroes, silenced

**Now**, the breathless gamble  
Fading as the beast grows stronger  
Voices of patient and family and doctor  
Vying for a final say  
And often forgotten until the final roll of the die

*This essay was written for the graduating pediatric residents last year.*

After some thought, it became clear to me that what I wanted to talk to you about was Kindness: attention to kindness as young physicians leaving training, throughout your practice; and, always, KINDNESS.

Your paths to training at the Cleveland Clinic have varied. Each of you has come to the end of training, by your own unique routes. Some of you came directly, from college to medical school and straight to training while others previously practiced medicine in various settings. Some of you are from Ohio; some from nearby states; some of you have traveled from far away; and some have family in a war torn country. Some of you always have lived in democratic states and some have experienced variable personal freedoms. Despite these significantly different paths, we now have shared the last 3 years in this place. The attending staff have watched each of you grow and learn. You have been entrusted with the care of children, children we have cared for together these last years. At this stage you each have earned the right to independent practice. You have spent many hours by the bedside of sick children, and have learned to independently evaluate each child each day and especially at night. You have manned and “womanned” the wards through weekends and holidays. You have learned to recognize who is sick and when to ask for help, the first skill of a senior physician. I expect that you have seen much kindness, but also some “not-kindness” practiced over

this time. I want to make a plea for your adoption of kindness as your approach through life. As you continue to refine your craft, I urge you to choose kindness, every time. It is an attitude that is yours to choose in almost every interaction with everyone you come in contact with. Most importantly, this applies to patients and their families, but also to colleagues, nurses, work assistants, the custodian who cleans the floors, the phlebotomist, the guard in the parking garage, a life partner, your family – and, of course, to yourselves.

George Saunders, a popular writer, notes that we almost all develop kindness as we age, likely because the longer we live, the more pain we experience in our own lives, and the more compassion is nurtured. He reminds us to not wait for old age, however, and urges us to seek it: always, now, today, everyday.<sup>1</sup> This message is perhaps most important for young physicians who will lead the practice of medicine and pediatrics into the future.

Studies of American physicians show that compassion, a close relative of kindness, tends to fade during house staff training, reaching very low levels by the end of training. Notably, NOT all young physicians lose compassion during training...and you as individuals and as a group are good examples of the ability to maintain compassion despite long hours, hard work, and sometimes frustrations related to patients, work conditions, and fatigue. In part, this may be due to the support of the friendship that I know this group shares.

But even among those physicians most negatively affected by training, it appears that as we age,

compassion returns and increases with each year. It is speculated that this is because physicians, just like everyone else, invariably experience personal loss. We share experiences with our patients...and become more empathetic.

When we discussed professionalism during these past few years, I asked each of you to speak of a time when you were most proud, and invariably your stories were about stepping up and seeing the human need of a child or of a family. Sometimes you told a story about a colleague. These stories were, in fact, all about human kindness. Some examples include the time when unexpected personal needs arose, and a colleague rose to cover for you, even though it was not clear if or when you could pay back the call. Or when you learned, after caring for an infant and now being on a different rotation, that the family of that 23 week gestation infant still considered you the baby’s doctor, as you had shown them such caring and expertise and they wanted to know what you thought about next choices. Or the family that wanted, you, “their” resident present when life support was to be removed. I recall a resident early in my own career as a staff physician who taught me an important lesson in professionalism. As we made rounds together, this resident seemed to know everyone we passed in the hall, from the custodian to the ward secretary. They each returned her hello with much warmth. I learned from her an important lesson in kindness. She taught me about remembering to pay attention to all who support my practice, on each unit: not just my fellow physicians and nurses, but everyone. I have tried to maintain this practice.

## On Kindness and Compassion *cont.*

We go into medicine enjoying our work with people and wanting to help others, and most often our patients make kindness easy. But sometimes we may find ourselves in situations which make us feel uncomfortable or where it may be more difficult to open ourselves up to kindness. For example, the patient may come from a culture that I do not understand and has values that seem at odds with what I know, or has an illness I do not understand and may doubt exists, or the family is angry, or is not hearing me, or is annoying, or... Each of these situations provides a chance to ask: why it is that a particular child, parent, or other makes me feel so uncomfortable, so angry, so annoyed? If we learn to respond with kindness and respect, we almost invariably will learn something about the other that can help to care for the child and family at hand. Sometimes we also will learn something valuable about ourselves.

For another way to think about this, consider each interaction between our self and others. Martin Buber, a philosopher of the last century, has noted that there are basically two ways a person can interact with another person. In an "I – It" interaction, the person initiating the interaction feels superior to the other person and is looking down on that person. In an "I- Thou" interaction there is respect between the two, and each is equal, regardless of standing in life, jobs held, wealth, age, sex, race, or any other consideration. In this interaction respect leads to compassion, leads to kindness. You will not hurt another person you respect as you respect yourself.

Undoubtedly, there will be times at work when we cannot control our environment or our engagement. It can be difficult to be present

in a way that fosters kindness. A recent study at Mayo Clinic suggests that one important factor in physician engagement is how we relate to those above us. When we are treated with respect, we are more engaged, and more likely to be creative and innovative.<sup>2</sup> As trainees you have little control, but as you take on leadership roles in the future, remember these lessons.

Life will be full of times of happiness (like tonight!) but also times of challenges, losses and pain. I wish you all much happiness, today and always, but I know that it is not always possible. So I also wish you resilience, for those times when you are not being heard, when life brings sadness. May you be resilient in the face of loss, pain, stress, and disappointment.

We are blessed with work that is the best antidote for stress, as crazy as that may seem at first. How could a stressful practice be the antidote for stress? If you have maintained a practice of kindness and respect for others then you will more than likely find gratification in your work. Compassion is the ability to experience what the other is experiencing (to put on their shoes so to speak), but to then be able to step back, take off those shoes, put your own shoes back on and figure out what is to be done to help, to make it better. Sometimes there will be a cure or a treatment and sometimes – just comfort, just listening, nothing more than being there. Hippocrates described this as the physician's creed: "To cure sometimes, to relieve pain and to comfort always." These interactions between human beings are the highest form of giving, they are "I Thou" interactions and they are extremely gratifying. If you

remember this, the importance of respect between us, the importance of kindness, then your practice will be gratifying and often joyful, even in times that are hard or sad. Having shared these last years together, we are connected to each of you. The desire to be physicians (healers, teachers), to care for children and to put the needs of children first, both in our medical practice and in our worlds, will always bind us. Some of you have developed deep friendships here. Maintain these and honor them, nurture them.

Remember also to be kind to yourselves. There often are huge expectations for physicians and you will meet these best if you have been true to yourself, if you have been kind and compassionate with your own needs as well.

When we remember to be kind with ourselves we can better give selflessly to our patients.

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1. George Saunders. *Congratulations by the way*. Random house, 2014.
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### Imperial Palace

*The Tokyo Imperial Palace in Spring*

Mike LaBarbera, CCLCM | Class of 2019

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