



STETHOS



Medical Humanities Journal of CCLCM

Cleveland Clinic Lerner College of Medicine
of Case Western Reserve University

2018





Mother's Love
Alice Tzeng | CCLCM Class of 2021



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2018

Editors-in-Chief: Josephine Volovetz, Class of 2019, Kaitlin Keenan, Class of 2020

Co-Editors: Rebecca Achey 2018, Stephen Raithel 2018, Alexander Chaitoff 2019, Tulsi Patel 2019, Datta Sudarshana 2019, Emily Zhang 2020, Lynn Daboul 2021, Perry Dinardo 2021, Daniel Moussa 2021, Alice Tzeng 2021, Ellen Brinza 2022, Deborah Park 2022.

Cleveland Clinic Lerner College of Medicine of Case Western Reserve University

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Front Cover Artwork

The Road Ahead
Wenting Ma | CCLCM Class of 2022

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INTRODUCTION Dean's

James B. Young, M.D.

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

Some say that “change is the fabric of life.” Heraclitus, the weeping philosopher of ancient Greece depicted with tears flowing down his cheek in Raphael's fresco *The School of Athens* (~1510), was seemingly despondent because life constantly changed. And so we are in the midst of significant change for all of us, but there is nothing to be sad about! Graduation, leaving for residencies, passing into another curriculum year, getting engaged, getting married, taking on new responsibilities, and so on. After a decade as the Executive Dean of CCLCM, I have been called to the fourth floor to serve as the Chief Academic Officer for Cleveland Clinic Health System. Education will still be my watch, however, but now at a different level. And so we change. But maybe we don't so much. Wait until you see one huge change – our move into the new Cleveland Clinic/CWRU Healthcare Education Campus scheduled for March 2019. So what is this paradox of change? The French say “plus ca change, plus c'est la meme chose,” but we have an opportunity and mandate to create

a completely different healthcare education paradigm in that building. So, big change. We will drive towards an interdisciplinary team of teams. But what doesn't change? C'est la meme chose. It is our CCLCM culture. That's who we are deep down and inside. Remaining unchanged will be our commitment to excellence and professionalism, our curiosity, our civility, working together as a scrum, our agility when learning in PBLs, and our respect for one another and our patients. There will be other tribes in the new building and we will set the pace for pow-wow and reconciliation when necessary. We will promote collegial interactions and new ways of doing things. Our new virtual anatomy and inter-professional curriculums are examples. New ideas will emerge as the innovative spirit of CCLCM mixes with other CWRU Schools. It will be exciting. It will be a change. But the more things change, the more they stay the same. And another incredible part of CCLCM that will not change is *Stethos*. There will be constant annual iterations, we are sure. That won't change but

the content will. Again, change. Review of *Stethos* 2018 shows us an extraordinary compendium of art and the humanities. It gives us great hope for the profession as this is a testament to the character of our CCLCM students, faculty, Cleveland Clinic Staff and employees. It is an inter-professional effort to be admired. We applaud the talents of our team. Relax, read, contemplate, and enjoy the offerings. They will excite you, make you happy, make you sad, make you think, and most important, they will make a change in you. Congratulations to the editorial team and contributors. You have changed us for the better as we take on new jobs and challenges.

INTRODUCTION Editor's

Dear Reader,

Thank you for picking up the 2017 – 2018 edition of *Stethos*, the medical humanities journal of the Cleveland Clinic Lerner College of Medicine. We hope you enjoy the selection of pieces this year. We are fortunate to have contributions from many sources this year including students and staff associated with CCLCM, but also colleagues throughout the medical field. This year's issue addresses themes such as mortality and finding the meaning in life. There are pieces reflecting on the challenges faced at different stages in medical training. Many pieces grapple with raw emotion and the struggle to cope.

This year, we are excited to feature a selection of works by Doc Harrill, aka Dee Jay Doc. Dee Jay Doc is a Cleveland based artist and community advocate, who uses his talents as a hip-hop MC, DJ, producer, and recording engineer to engage the young people of Cleveland in finding their voices and inspiring change. The featured pieces highlight issues affecting the health and wellbeing of youth in Cleveland, such as lead, violence, and economic stability. We believe that *Stethos* and Dee Jay Doc both strive to use the power of words to connect and influence the community.

We hope you enjoy this year's selection of pieces and we are grateful for the opportunity to share these with you. *Stethos* is a community effort and without your help, whether you contribute content or enjoy reading, we could not exist without your support. Thank you again to all who helped bring this edition to life.

Best,
The Editors

I only saw three patients that afternoon during LC.

The first patient was an older gentleman. As soon as I walked in the room, I realized that I had seen him before. I didn't recognize his name or his face—I recognized his smell. The distinctive aroma of urine assaulted my senses and brought me back to the previous encounter. Though he had some urinary incontinence, it didn't bother him. He told me he had a chamber pot next to his bed, for when he couldn't make it to the bathroom in time. I recoiled at the thought of bladder incontinence seeming insignificant. I hoped that wouldn't be me when I grew older.

The next patient was an older woman with Alzheimer's. She was not allowed to drive anymore, so she expressed frustration with being trapped in her house all day. She looked at me with her beady, angry eyes. "You wouldn't understand. Almost all my friends are dead. The ones that aren't have drifted apart from me since I've been trapped in my house. I am very lonely, every day. I want my car back." I thought of how important my car was to me as a means of independence, how devastated I would be if I was homebound, and how much I feared the slow degeneration of my mind.

The last patient was a man

who couldn't speak. He had had throat cancer that involved removal of his vocal cords. He communicated by nodding or shaking his head, and occasionally writing down on a notepad. He did not seem distressed by his condition, but I was distressed by thinking of how voiceless I would feel without a voice. Growing up as a female, I often found myself talked over or shushed; without a voice, I couldn't imagine what life would be like.

That day on my drive home, I cried. Some tears were for the patients I had tried to help that day, but others were selfish tears—produced by my own fears and worries and my confrontation with the fact that one day, I too will grow old, and will likely face one disabling problem or another. I realized in that moment that I didn't fear death, but I did fear dying. I feared the inexorable, cruel march of time—a march that strips us of all our possessions.

Which will it strip first? My voice, my independence, my dignity, or most frightening of all, my mind? There is no way for me to know which I will lose first—and which I will lose last.

Try as we might as physicians to play God, we cannot halt the slow destruction of our bodies over time. We can only, in some cases, prolong it.

At home, I sought the comfort

of internet forums. I saw people expressing similar fears. One person wrote, "When my grandmother got Alzheimer's, I watched her decline until she couldn't even talk anymore. If I ever get it—I'll just shoot myself rather than losing myself like that." Others expressed similar sentiments.

And yet.

And yet, we have a dearth of elderly folks committing suicide when their health begins to decline. What keeps them going—when a young person imagining themselves in that situation would think that it would be enough to call quits on life?

It took me time, and reflection. I realized I could view this dilemma in two ways. I could view this as a curse—that we must age, suffer, and die. Or, I could look at it as an opportunity: an opportunity to use my body while it is still intact and my mind while it is still sharp to help others in this world. I could see it as a reminder not to wait until the ever-nebulous tomorrow in order to impact change. And as I age myself and experience not only the pains of aging, but also the joys, I imagine that I will be able to better understand my elderly patients and their appreciation for life.



Ice Cave

Michael LaBarbera | CCLCM Class of 2019

Five Inestimable Pounds Elizabeth Shay | CCLCM Class of 2020

A canvas
Of delicately oiled
Skin, stretched taut
Over five pounds of desperate
Longing that recalled hopeful
Conversations, until the
Blades of splintered sun
Pierced
The lonely ebony night,
And guttural sobs, when
her trickle of crimson had
Found them wanting,
Again.
Five inestimable pounds, that was
A fragrant sunflower
From the blooming fields of Tuscany,
Whose wilting heralded
A day when somersaults, hiccups

And carefree gambol
Ceased.
An armada of unknowing acquaintances
Who shot congratulatory darts
At a mother whose belly was
Still
Large with the grief her
Heart could not hold,
And whose bound breasts
Wept
For a silent mouth;
A mouth gone cold.
A mahogany crib that sat
Unused,
Dismantled;
Like the dreams they left
With a dusty car seat
In the corner of a room.

Like visceral pain
creeping its way into a dream,
evolving into a central plot device,
our numbered days
are nearly palpable.

“Inflamed and distended”,
wry and unoffended,
we escape morning rounds
to see the distant sea
alone together.



Eclipse
Michael LaBarbera | CCLCM Class of 2019

The warm, crowded room with
two glass walls, a curtain, machines.
Stillness permeates this space, pushing
Out the resounding MICU cacophony.

“Can you tell us about who he was,”
We asked. They laugh and they cry, as they
describe a man who was larger than life,
Before the diagnosis 7 months ago.

He loved his boys and grandson,
Who he played with yesterday outside.
His humor was typically dry and sarcastic,
Though now he is diaphoretic and absent.

“Death rattle” with apneic breathing and
Gasps, I empathetically can’t catch my breath.
He’s tachycardic and hypotensive, vasovagal
and I quickly become lightheaded.
I clench my fists, holding on to,
systemic vascular resistance. My body is
becoming warm with increased perspiration,
I am cooled by his mottling extremities.

“He was supposed to make it to Christmas.
Just make him comfortable, that’s our wish.”
Once on the route to chaplaincy, I can
now only promise physiologic reprieve.

I’m so sorry... I have no treatment or cure.
Helpless, frustrated, scared, this façade
of the white coat, stethoscope and tie
belies what I think and feel and believe.

“We can do that. Let’s transfer him
to the Hospice floor. You’ll have privacy, a door,
silence without machines or noise, and more.”
They smile and thank us; in silence we stand.

As his numbers continue to descend,
Raw grief and tears ascend,
Each moment is unpredictable and emergent.
It’s too much, I’ll faint from emotional
disturbance.

He loved his boys and grandson,
Who he played with yesterday outside.
So suddenly he leaves this earth behind,
He taught me about death and dying.

Just a Little of Your Time

Srebrenica Benjamin, CPHT | Oncology Patient Assistance Specialist

I call. The phone rings.
In hopes of finding you in good spirits
I greet you with a warm and welcoming tone
Only with the forethought that I may not bring the best of news.

My welcoming tone brings you temporary ease
As I begin to explain the cost of your spouse's life-saving medication,
I can sense the many thoughts running through your head:

"My husband is dying."

"The cancer must be treated right away."

"There is no way we can afford this."

As we discuss the financial options available
Another temporary sense of relief arrives.
Over the rest of the phone encounter, I begin to ask about your day
And how you're feeling.

The thought of being genuinely heard brings you a feeling of comfort
The stories of your children and grandchildren, a recent trip you and your family enjoyed,
Or even the fear and anxiousness of dealing with a cancer diagnosis
Or failed therapy
Bring forth a brief sense of relief as you express your thoughts.

You close in saying, "I know you have a lot to do, but I really appreciate the time and hard work of you and your team."

And with each call, I thank you for your time and your patience.
To be there, in a time of need
Not just to do my job but also to be the listening ear
Makes the most memorable and positive impact on patient experience.

In the Shallow Depths

Richard Prayson, MD

Peering askance into the rippled watered mirror
at reflections cast
and seen in narrow mien,

we watch as peoples pass
into and out of view,
their reflections crossing ours.

The scowls, the peace,
the downcast eyes and beaming smiles,
the frightened, happy, angry, and calm are espied.

We hasten to frame and hang the visages
against our reflection
and bestow no further thoughts upon them.

Hiding, at times, in the watered depths,
beyond the surface,

where the mirror is opaque,
are losses, struggles,
heartaches and pains,
angers, hurts, frustrations, and sorrows.

Entrenched in the shallow depths,
just behind the reflections,
they preside.

And we oft consider not
beyond theirs and our reflections
in the rippled watered mirror,

what burdens are borne
in reticence
as people pass.



Extraordinary Weather in Rome

Kate Ituarte | CCLCM Class of 2019

The hospital at night is a magical place. Empty, quiet hallways, fluorescent lighting dimmed through the lens of fatigue its inhabitants wear. No consults are called, except for urgent ones. Admissions are done in a whisper. It's more efficient. More productive. More caring. Everyone who's here needs to be here. Except medical students, perhaps. Even so, you're included in the 2AM coffee run, in the punch-drunk jokes, in the binging of awful TV shows in the workroom with the door closed.

Mornings, by comparison, suck. Only the neurotic overachieving millennial fear of being late and receiving a poor evaluation and not getting into a prestigious enough college/med school/residency/fellowship/attending gig/nursing home gets me out of bed before noon. In college, I would often take a nap in the evening to mess up my sleep schedule on purpose so that I could work on a paper through the night. But even for "morning people"—who I will never understand—mornings in the hospital suck. I don't mean rounds; I even happen to like them, as long as they're done before noon! I don't mean bleary-eyed handoffs of half-

completed H&Ps. I don't even mean getting in at five to "get numbers" (though why we have to manually transcribe numbers that are already in a computer, rather than getting the computer to present them to us in the format we want, is one of the great mysteries of our time).

Mornings suck because, for patients, they start well before many physicians have had their first cups of coffee for the day. Phlebotomy comes around at six, taking blood from the groggy sick and sticking needles in the unlucky. From then on, a parade of vitals-checking, auscultating, and rehashing what you told the med student to the resident to the fellow to the attending. Assuming the patient has a meaningful "morning" at all—between miscellaneous alarms, midnight med dosing, and ever-present television, it's a wonder anyone admitted gets any sleep at all. The hospital isn't a hotel. True enough. But it shouldn't be a prison either. Disrupting sleep precipitates delirium, decreases patient satisfaction, and increases sedative use.

Shifting the whole day back by a few hours is appealing. What if rounds started at 10 instead of 8? Unfortunately, that would mean taking doctors away from their families at dinnertime and possibly even bedtime.

Intractable. Doctors already give up too much.

What about just doing less? Like in so many other areas of medicine, it seems to be the answer. We don't usually wake up sleeping babies, and even most children can be examined during pre-rounds while asleep. Maybe we don't need to reflexively order daily CBCs and electrolytes on everyone. Maybe we can skip the 2 AM vitals for some stable patients. One day, we might even be able to track actual sleep via some wearable device and report it alongside pain scores, and they might turn out to be at least as useful in guiding patient care. Instead of a prescription for oxycodone, we might one day be writing for "protected" shut-eye.

One morning in February 2018, I cried on my way to school. The sun wouldn't rise for another couple of hours, leaving the world cold, dark, and miserable. The streets weren't plowed, the train wasn't on time, and the sky didn't seem to care that I'd had enough snow for the whole year. Each breath released a cloud of condensation that transformed me into the image of a chronic smoker, and the wind cut my face like an invisible razor. I walked to Shaker Square that morning. I can walk miles and miles, and it normally cools off my head. This morning, the elements were testing my coping mechanism. It normally feels good when you beat the train, but not when the train doesn't seem to ever come. Now I would have to take the bus, and it was still cold, dark, and miserable. My muscles had been tensed up for too long and my shoulder began to ache. I sighed at myself looking like a Little Match Girl, shivering and lonely. Except I had no father who would beat me up if I didn't sell any matches. And

I wasn't walking barefoot because I had lost my slippers. But like the girl seeing vision of her grandmother as she lit her last match, I looked up. Staring at the falling snow instead of shooting stars, I envisioned people gone before me who might now be watching from the above. Then I realized – this snow was different. It was glistening more than usual even while falling, different from what I had seen. I looked down and there on my finger tip, fell a beautiful, perfectly shaped snowflake. I looked on my arm, on my black coat. It was studded with snowflakes, all so perfectly shaped yet different, each showing off their unique design. I had snowflakes all over me, every one of them glistening shyly as they tethered onto a cloth fiber. "The world was covered in jewels crafted by God, and I didn't even know it" I wrote in my diary that morning. I was walking on them all the way, on a fresh pile of snow, and was grumbling how it was cold and snowy. But now, I was grateful

that it was cold and snowy. The temperature was preserving the shapes, and allowing me to see the magnificence. Was this what you wanted to show me, granny? I looked up once more to smile a 'thank you.' Hans Christian Andersen wrote that nobody could know the happy visions of the Little Match Girl before she died. But this Little CCLCM Student stayed alive to share the beautiful moment. She also made it on time for her school.

Winter Mornings in the Clinical Years - A limerick

The disgust of awaking at four
Deepens on seeing snow out the door
But the hair-raising drive
Makes you glad to survive.
Let's see what the day has in store!

How Did I Get Here? Kathleen Franco, MD

Oh, I did well in high school, was accepted into a good college, graduated with an above average GPA and did well on the MCAT. Yes, I had lots of extracurricular activities, demonstrated leadership, and requested letters from professors in whose classes I excelled. Arriving at medical school, I worked hard and went on to have a successful performance in residency. This was followed by academic positions, lots of clinical effort, research with presentations and publications, and saying yes to requests to help others. Where was the critical point or crucial factor that led to my becoming a doctor? If I am honest with myself, I don't believe any of these are as important as the one I will soon describe. That is not to discount that each little step did not have value, but I don't think my life's path would have even started without a catalyst from the past.

This is a story about my

grandmother, my father's mother. Mary was one of 2 daughters born to John and Lucinda (Lucy). John and Lucy were not successful farmers like many of their generation living in the Midwest, and they struggled to hold their little family together. On top of that, Zelda, Mary's sister, was not well and died at a young age. It was decided that John would move to Alabama, work in a lumber camp, and send money back to support Lucy and the girls. Grandma was very young and didn't remember much about this time in her life. She was told there was a fire arms accident and that he died and would not be coming home. Her mother cleaned houses and took in laundry but it was not adequate. It happened that a doctor and his wife were hiring her for these services. Whether Lucy asked them or they offered was not clear but the consequence was that my grandmother went to live with them as a servant girl. Grandma

was quick to learn, intelligent, and hard-working. She wanted to learn everything she possibly could from the physician and his wife. Over time they began to think of her as a daughter and asked if she wanted to go to nursing school in Cincinnati. They offered to pay the cost. Jumping at the chance, she moved to Cincinnati and donned the uniform of a nursing student. We have a few pictures of her in open wards in her long skirts to the floor, white pinafore, and what seemed similar to a Betsy Ross hat. There were 9 students in her graduating class of 1915. In some ways, it seems worlds apart from my life and yet there is something that resonates with me about the young nurse in the picture.

Fast forward to many years later when I was planning to enter college. My father was very much against me considering medicine as a career. He believed I would drop out of school, get married,

and have babies. Even if I finished medical school, he wasn't sure that a female physician could make her way in the world. He insisted that I take enough education classes to have a teaching certificate in case I needed a real job to support myself and possibly children. Needless to say, he was old fashioned and I did earn a teaching certificate. Mother was always very supportive of letting me follow my dreams, but that did not influence my father. Although Grandmother and I were not particularly that close when I was in high school, she was the one person in the world he listened to the most if there was an opposing position. I remember standing in the driveway at her home and my father coming out of the house. He looked at me and paused, "Grandma says I am to let you become a doctor." Without her backing, I am uncertain whether I would have pushed against my father's wishes. Without her support, it is unlikely that I would

be standing here today.

Not only was that a critical moment for me, but her story fortified me against thoughts of ever giving up. If a child grows up as a servant, do they generally dream about going to college? I don't think so, and it was probably even less likely as a female in her era.

I can't imagine what it felt like to have your mother give you away to others. Then again, I saw why Lucy gave her daughter away when I was shown the garage where Lucy used to live. That little building was at the back of someone else's property. It had a small potbellied stove I am told and was covered with green roofing sheets. Lucy died long before I was born but seeing how she lived, I can understand why she wanted a better life for her child. Although it must have been very painful for her and for grandmother, it worked out

for those of us who followed. Grandma understood that, at least by the time she told me these stories. I am grateful to both of them. Generativity is one of those developmental life stages we all hope to achieve. Lucy and Mary had to do that much earlier in life but their gifts have not been forgotten.

Each of us lucky enough to be or have been a medical student can trace back and look farther beyond ourselves to find catalysts for whom we can be extremely grateful. My grandmother's approval was the crucial step that allowed me to pursue my dream to become a doctor. She understood that one generation gives to the next. Gifts of hope, humility, perseverance and gratitude that we receive are the same gifts we want to pass on to the next generation of students, children, and mentees.





Stones

Michael LaBarbera | CCLCM Class of 2019

What's inside

Joseph Abraham | Class of 2019

Cut me up. I'm the same as you.
 A heart sending echoes all through.
 As the blood runs dry.
 So please don't be shy.
 Cut me up. I'm the same as you.
 Muscles which tire, an ache that's true.
 Our bones whose bright silhouettes,
 They align. Ain't no threats.
 Still, cut me up. Since that's what you do.
 Leave us stranded then. Shoo,
 Across rivers of tears and fears.
 For harmony, fewer are the cheers.
 Yes, Cut me up and all the others.
 Until who's left? Your sisters?
 Or your brothers?

Guest Artist Dee Jay Doc

Doc Harrill aka **Dee Jay Doc** is has been a hip-hop MC, DJ, producer and recording engineer since 1995. He has performed at over 1000 events and run hundreds of song writing workshops for youth and adults. In 2011, he started the first Fresh Camp in his own neighborhood of Glenville in Cleveland, Ohio as a way to engage youth in community leadership and to help them express their voice on health topics that affect us all. In 2015, Refresh Collective was established as a non-profit 501c3 organization with the mission to refresh the heart of the city through creative arts and youth development. In 2017, he was voted one of Cleveland's Most Interesting People by Cleveland Magazine. He's helped over 4000 students write, record and perform their own original community-focused hip-hop songs birthed out of collaboration and a challenge to refresh the heart of the city together.

Silent Killer

In this song, I rap from the perspective of lead. Yes, lead! Lead paint filled the walls in the old homes across what used to be millionaire's row and my neighborhood, Glenville. Now, the economy has changed. The houses are falling apart. Paint is peeling and chipping. Lead dust is in the air. 1 in 3 children in Glenville have levels of lead in their blood, including my daughter. This song was created alongside the Greater University Circle Community Health Initiative's work to raise awareness of this evil and solve this health problem.

Part 1

Who am I?
 It was the times of Theodore Roosevelt and Woodrow Wilson,
 Euclid Ave, the east side of Cleveland.
 I made it into the best homes and mansions.
 Record players spinning ragtime in the systems.
 I've been secretive and lucrative for years.
 Seen families of each era, joy and tears.
 I seen the city go from riches to rags,
 Watchin all fashion trends and musical fads.
 The streets are made of gold on millionaire's row,
 but no one knew the horror stories that would be told.
 I saw the birth of hip-hop and neighborhood's changing.
 Greed and neglect had the land lords pacing.
 Ah ha, I knew my new situation had come.
 It's time have fun, infect a generation.

Part 2

I'm in ya bedroom where you sleep, but no one calls emergency.
 Although it's critically important, most can't see the urgency.
 No knife needed, no guns, no ammunition.
 Waiting for my moment to seep in to ya system.
 I'm creeping in the corner on the floor by the window.
 The younger that victim is, uh, the more sinful.
 Children playing on the floor, you know they're injestin me,
 when your least suspecting me cuz no one's inspecting me.
 It costs much more than too much to remediate.
 Most are struggling to pay bills more immediate:
 electricity, taxes, hopefully groceries.
 Living check to check, laundry mat, uh, most of these
 innocent families barely know I exist
 until it's too late. The young seeds are always hit.
 Just try to plant a garden, man, I'm under there too.

Silent Killer *cont.*

Hook 1

I'm a . . . silent killer roam in these homes.
the more the money fizzles the more poison flows.
The more the paint chips, the higher the risk.
Shhhhhh . . . silent killer . . . invades like this.

I'm a . . . silent killer roam in these homes.
the more the money fizzles the more poison flows.
The more the paint chips, the higher the risk.
Shhhhhh . . . silent killer . . . when health starts to slip

Part 3

I'm a . . . silent killer roam in these homes
the more the money fizzles the more poison flows
the more the paint chips, the higher the risk
shhhhhh . . . silent killer when health starts to slip

Part 3

I'm a durable, highly malleable, heavy metal.
Corrosion resistant, moisture can't settle.
Block electricity, a super power.
Absorb your x-ray, but I'm sweet and sour.
I inhibit the intellect your abilities diminished.
You're feelin sluggish, acting thuggish in the village.
In Flint Michagin, it was all about the spillage
but in Cleveland, Ohio it's the dust and paint chipage.
Uh, uh, uh, who am I?
I'm a chemical causin damage. Man I'm a savage.
To learn math and laungage? I'll make ya below average.
The innocent little princesses wearin pink
with bright eyes; mind ability it'll to shrink.
And then energetic boys, ready to learn much
are now, toying around with guns in the cut.
Mmmm, energy down or going through the roof.
Education is like magic; diploma goes poof.

Hook 1

I'm a . . . silent killer roam in these homes.
the more the money fizzles the more poison flows.
The more the paint chips, the higher the risk.
Shhhhhh . . . silent killer . . . invades like this.

I'm a . . . silent killer roam in these homes.
the more the money fizzles the more poison flows.
The more the paint chips, the higher the risk.
Shhhhhh . . . silent killer . . . when health starts to slip

Part 3

In this rental unit, the landlord is hands off.
The silent killer cuts around the clock, like band saw.
Scrap and sweep don't wipe me with a damp cloth,
cuz I wanna be like a gun with the tamper off.
You'll never see me coming; undetected,
unless ya take a simple blood test to check it.
Babies dying young; infant mortality.
Glenville to East Cleveland, it's reality.
3rd world country? Naw, the backyard.
I'm a silent killer, I lurk and search for an innocent child.

I Pray by Dee Jay Doc and Highlife Dee

Another lead problem in my neighborhood is gun violence. We don't need to raise awareness about this because most families are all too aware of this tragedy. A student of mine who lives across the street from me asked if I'd create a song with him about gun violence that comes from two perspectives: His perspective as a student and mine as a teacher. We've shared this song at schools and festivals throughout Cleveland. The response is incredible. Some times with these issues, all we can do is pray.

Hook

I pray for the little girls,
and the little boys, playing with toys,
That's not a toy. Put the lead down!
Drop the lead, Drop the lead,
Put the lead down! Put the lead down!

Verse 1

Highlife Dee

I seen it happen in front of my face
Innocent lives get took every day
Someone got shot now we all look confused
Turn on the news but ain't nothing new

Dee Jay Doc

In all these meetings with organizations
Talking bout health and big structural changes
They asked about lead in my daughter's little body
Sure the level was concerning but oddly,
my mind went to my student from the 5th grade
Tragically shot in a drive by one day
Talking bout lead, man he'll always have it close by
alive but the bullet stays lodged in his spine (Dee Jay Doc)

Highlife Dee

You ever felt the tears run down yo eyes
In the hospital watching somebody die
All the memories lost and you can't get em back
Lil johnny he dead he got shot in the back

Dee Jay Doc

Lil Ricky, he made it, but only some do
Which one am I and which one are you
When all my friends leave i tell them be safe
Cuz I don't know if they gone survive the next day

Verse 2

Highlife Dee

I seen it happen in front of my eyes
I done been beaten and i done been robbed
Yeah i survived and im still alive
Never got even but i beat the odds
Some people they rob from 9 to 5
They don't got no job they don't got no job
All the stuff that i seen its ha. rd to explain
Crash a truck in a store just to come up on change
(Highlife Dee)

Both

They run up on you like what's in yo pockets
First they take yo phone. . . then they take yo wallet
You give what you got chuz you dont' got no options
If you wanna live then you gotta be cautious (both)

Dee Jay Doc

Aiming the barrel, cold steel in his grip
gives potential to power, but also to slip
He's just a teenager, his future is fallin
I pray for him even as I am escaping
Makes me think twice bout where to raise my family
A daughter, a son, can they be safe from tragedy
thievery, bitterness, violent cries
My eyes are in front of tough scenes seen by I

Trust Belt City by Dee Jay Doc

Can Cleveland go from being a Rust Belt City to a Trust Belt City? My Grandfather Tony Di Joy grew up in South Collinwood during the Great Depression. My father grew up dirt poor, was drafted to Viet Nam and became a blue collar welder. Both of them taught me the value of hard work. Both of their lives reflected the grit of a rust belt city with a struggling steel industry. As urban sprawl happened, it left huge areas of economically challenged, but historically rich neighborhoods like mine in Glenville. I found that it takes that same hard work, determination and grit to build trust with my neighbors so we can create a safe, vibrant neighborhood despite our economic challenges. We can become a Trust Belt City.

TRUST. Hard earned in cold world
TUFF. Rumors of war and love turning
RUST. Tried many times, but my efforts got
CRUSHED Gotta come back blood, glory +
GUTS. No one said it's easy, only that it's a
MUST. That's why we making these real fresh
CUTS. If you ain't, turn up, Every body build
TRUST. TRUST. Build TRUST.

TRUST. It's hard to come by. I met this one guy.
He's was saying you can't trust, so keep your one eye
open always scoping just to make sure they don't lie.
If your hoping to relax, man don't try.
The rust belt dealt a blow to the mental state.
Our work ethic is hectic and we stay up late.
Trying ta get ahead of the next man
Or at least pay for gas, phone, electric and food before it gets canned. Postindustrial
economic decline left the city in a hard knock state of mind.
So here's a little story that I'd like suggest
about how a tough neighborhood can turn out the fresh
2-4 bar scratch on "fresh"

When strangers turn family, danger is burned and gradually
You build a new foundation like neighbors who are livin happily.
Knowing each others' name is like the first part
and when it goes deeper, you can borrow jumper cables for a fresh start.
Back yard barbecue. Didn't mean to startle you.
But you the new neighbor, so come over and enjoy a few
minutes in this quick race, life at this fast pace
won't last longer, if we first or in the last place.
So sit down for a minute of time, enjoy some tea or some wine.
Get to know me, you'll find a little. . .
TRUST. Hard earned in cold world
TUFF. Rumors of war and love turning
RUST. Tried many times, but my efforts got

CRUSHED Gotta come back blood, glory +
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MUST. That's why we making these real fresh
CUTS. If you ain't, turn up, Every body build
TRUST. TRUST. Build TRUST.

I put the work in, trying to be trustworthy,
never wanna let'em down when I'm in a hurry.
I slow down my roll for a minute of time,
before I gotta go clock in and go head and finish my grind.
Now, I might not trust you with my daughter or wife
or my password, I keep it blurred and wallet locked tigh
but rest assured that when it's friendship we seek
we'll find that building bridges of trust will sure improve our lives.
Cuz in our neighborhood we need to know everyone's name.
To find that everyone's the same, a good community's our aim.
We gotta work through issues it's not easy at all.
See if we patch all the holes in the wall our cynicism turns
TRUST. Hard earned in cold world
TUFF. Rumors of war and love turning
RUST. Tried many times, but my efforts got
CRUSHED Gotta come back blood, glory +
GUTS. No one said it's easy, only that it's a
MUST. That's why we making these real fresh
CUTS. If you ain't, turn up, Every body build
TRUST. TRUST. Build TRUST.

I'm-a navigate variable heights and stereotypes;
push through pre-conceived ideas of blacks and whites
in the vacant places where different races see different situations
from points of view like thhe attic or basement.
Displacement happens when we gentrify.
I got the sense that census says rent is high.
He raised the rent. The money's spent on plenty fences high.
Moved in. Forced out. How can we trust? We try.
Not all problems get sloved by swi-e-switching econom.
So we building Integrity and relational equity.
And after all the hard work, we'll see where the heart lands.
Just like a lot of practice together can make a good band.
So we spreadin light like we're par cans
and after all the hard work, we'll see where the heart lands.
I'm-a pull my guts up until my presence is felt;
working over time to make sure I earn another notch on my trust belt.

Hands That Make a Difference

Bethany Bullard, RN, BSN

If you've ever squeezed a child's hand
Or stroked a fevered brow,
If you've ever tickled near the ribs
To make them smile somehow

If you've ever touched a mama's arm
During junior's anesthesia,
And told her it's okay
And here's a Kleenex you can sneeze in

We do this all the time, you say
We'll take good care of him,
And you gently guide her to the door
And return to care for him

If you've even reached above your head
An IV to begin,
And whispered prayers that hopefully
Their suffering will end

If you've ever dialed on the phone
To give sad news again,
But developed a relationship
They hope will never end

If you've hugged a crying child
Or high-fived a cheery tot,
Then your hands have made a difference
Now, and one that can't be bought

It's not how fast or slow you type
Or how you hold a phone,
It's the heart that speaks right through our hands
When they're away from home

I leave you with this final word
Take heart my fellow nurses,
You do so much each day to cheer
And make betters out of worses.



Fluffball
Alice Tzeng
CCLCM Class of 2021

Holder of Hope

Karen Ellen Fink, RN, BSN, HNB-BC, LMT, CLL

I am a holder of hope
A container
I journey with those in despair, in flux, in joy
not all powerful, I cannot create hope
I invite them through presence, support, mindfulness
With an open heart and a blessing
So they can go within and without to find that state of
Hope!
My authentic self, meets their authentic self
We begin a dance of healing, journeying
A sometimes rocky road
A road to meaning, growth, actualization
A Kaleidoscope of feelings, emotions, ideas, and gifts
No longer on the path alone
Isolation decreasing, diminishing, decompressing
Fear abating
Sadness honored, allowed to diffuse from within to
the universe
A light begins to peek through the clouds ~illuminating
our inner and outer worlds
Peace begins to grow
Unconditional love sprouts wings
Through acceptance, empathy, the caring process
We move through the continuum of despair to hope
Hope!



Puppy Face Alice Tzeng | CCLCM Class of 2021

What does a Nurse in Imaging do?
How many times has this been asked of you?!
Our role is a mystery amongst Nursing ranks
As evidenced by the query matched with looks that seem blank.
Our mission is to educate as individuals and a group
For knowledge is power, and with comprehension, respect joins in the loop.
So here is my synopsis of what we are about,
Each nurse will have additions and deletions, there's no doubt.
Because part of the confusion is no work place is the same,
Thus key trait—flexibility – is our claim to fame!
And even in one setting, the flow changes day to day
Priorities and strategy help guide us on our way.
We're tidbits of ED and ICU rolled into one,
Throw in a touch of PACU and Med/Surg just for fun.
Add the dimension of contrast, and vascular access to the list
...Voila!...an Imaging nurse is in your midst!
We care for patients during procedures, and sometimes “pre” and “post”,
From young to old, in all modalities, of which there are a host!
CT, US, Angio, Nuc Med, MRI to name some,
Diagnostic Radiology and Mammography, have I forgotten anyone??
We collaborate with physicians and staff and act as a liaison
To other departments and offices, our patient is number one!
As part of each day, we do pre call screening and follow up inquiry,
We rotate call for after hours, and that can be quite tiring!
We're resourceful, resilient (might I add brilliant!) We're skilled with a sense of humor.
We adapt to pace change and schedules rearranged, and work with compassion and fervor.
Next time someone asks what it is that you do, perhaps you can share this verse,
And from one who is to all who are,
Hats off to the Imaging Nurse!!!

The child of Omelas sat on a soil floor in the corner of the basement, rocking back and forth, knees clutched to chest, hands tucked away between its bent knees. It shivered in a futile attempt to stay warm in the face of the cold that had pervaded the room.

Somewhere upstairs, there was the roar of laughter and the clinking of pint glasses to celebrate the opening ceremony of the Winter Festival. The sound of sweet music trickled down the steps and through the heavy wooden door that kept the child of Omelas locked away in solitude. The sores on the child's backside had worsened since the Summer Festival, and an infection was slowly taking hold, penetrating deeper and deeper, waiting for an opportunity to free the child from its miserable existence.

The clamor of heavy footsteps shattered the rhythm created by the base tones from above and the child's interminable whimpering below. The door swung open and slammed against the wall.

“Here,” said the child's caretaker as he placed a bowl of mush on the floor next to a pair of long pants and a shirt. Caretaker is a generous term for the man, as his only responsibility was to keep the child alive, and his emotionless expression ensured that there was no mistaking his indifference toward the child. No sooner had the caretaker placed the food and clothing on the

floor when he turned around and headed back up the stairs to the party, slamming the oaken door behind him.

As the evening wore on, night settled over the town of Omelas, bringing with it a chill that would have pierced even the thickest of coats. The caretaker lumbered down the stairs after a day full of celebration and drooz, and threw open the cellar door. The child of Omelas lay motionless, face up in the middle of the dark, frigid room. The caretaker grabbed the bowl of mush that appeared untouched and stumbled back up the stairs, refusing to miss even another minute of the Winter Festival that still raged above.

Upstairs, the drooz flowed from a seemingly endless tap, and a symphony of trumpets and horns played song after song, trying to wake the sun from its slumber. Meanwhile, in the basement, a fever had gripped the child of Omelas, who slipped in and out of a restless sleep, waking occasionally in a pool of sweat despite the cold air.

It wasn't until mid-day that the sun finally woke the caretaker from a deep sleep. He sat up in his bed and stared out the window, drinking in the winter sun. He glanced at the clock on the nightstand – 11:30am. He let out a yawn, stretched his hands towards the ceiling, and arose from the bed, already his mind reminiscing on the events of the night before and anticipating those of the night to come. It was after noon before the caretaker

had finished preparing himself for the day to come and finally made it downstairs to the kitchen. He scooped up a bowl's worth of the meal, added the necessary amount of water and began his journey to the cellar. Upon reaching the oaken door at the bottom of the steps he heard a strange noise coming from cellar. He threw open the door in the usual way to find the child of Omelas still lying in the center of the room, its body shaking uncontrollably.

Panic flooded the caretaker as he rushed back up the stairs to call a doctor.

The city of Omelas had no need for its own physician, as all the citizens enjoyed relatively good health. Of course, there was the occasional cold or sprained ankle, but, on the whole, the people of Omelas were healthy, and, given the small size of the town, a doctor from one of the nearby cities was more than capable of providing care for Omelas.

As the phone rang, the caretaker wondered exactly what he would say to the physician. The living conditions of the child would certainly be concerning to an outsider, particularly a doctor, and the caretaker could not expect the doctor to understand the situation.

“Hello, this is Dr. Juger, how can I help you?” answered the man on the phone.

“Good afternoon, doctor, we've got a young boy here in need of your help,” replied the caretaker.

The Doctor of Omelas *cont.*

He gave the doctor the address of the house, hung up the phone, and headed for the train station to meet the physician.

He tried to hide the anxiety that surely showed on his face as he walked quickly towards the town center where the majestic train station rose above the surrounding buildings. It was no secret that the caretaker was responsible for the child of Omelas, on whose existence the happiness of Omelas depended, and seeing the caretaker with a doctor would surely a ripple of panic through the city. The caretaker had brought an extra jacket with him in case the Dr. Juger arrived in his white coat. He didn't need the health woes of the child to ruin the Winter Festival by inciting panic.

Dr. Juger arrived on the 2:45 train as expected, and the caretaker was relieved to see him wearing a regular jacket and scarf. The two shared a handshake and a few pleasantries before starting back to the home of the caretaker, where the child of Omelas continued to deteriorate.

After reaching the home of the caretaker, the two men sat at the table in the kitchen while the caretaker did his best to explain the situation. This wasn't Dr. Juger's first trip to Omelas, as he had treated many of the town's residents, but it was the first time he had heard of the child in the cellar.

When the caretaker had finished

explaining that the child's conditions are for the benefit of the town - that if the child were to be allowed out of the cellar, to be cleaned, fed, or comforted - that all the prosperity and beauty and delight of Omelas would wither away, he asked the doctor if he would see the child.

"Of course," replied the doctor. "The child will be treated as any other patient. I will do all that I can to help it."

Together, the two men headed down the stairs to the cellar, the caretaker's heart pounding in his ears, his concern palpable. The doctor's palms began sweating around the handle of his bag as he worried what would happen if he could not help the child. He had never had the fortune of an entire city hang in the balance of a single patient. The two reached the landing at the bottom of the steps, and the caretaker slowly opened the door, afraid to see what awaited them on the other side.

It took a second for their eyes to adjust to the dim light in the cellar, but the cold air jarred both men from their thoughts. On the floor, in the center of the earthen room lie the child. The occasional shallow breath visible as it rose from the child's mouth.

The doctor strode towards the child and dropped to a knee at its side. He watched as the child's chest rose and sunk sporadically. He placed his hands on the child's shoulder and unsuccessfully tried to wake it. His eyes couldn't help but

notice the child's cachectic state. The child's clothes caught the doctor's eye - tattered, dirty, and much too thin to keep the child warm in the unheated room. His hand slid up to the child's neck. Its pulse was weak. The child winced at the doctor's light touch.

"What is going on here?" he thought to himself as he unzipped his bag and withdrew his stethoscope, his mind trying to comprehend the strange environment in which he now found himself. "Will it be okay?" asked the caretaker, unable to hide his concern.

"Please, give me some time to examine the child," replied the doctor, his eyes closed as he tried to follow the rhythm of the child's heartbeat. It was no more than a whisper in the doctor's ears, crying for help. He lifted up the child's shirt looking for some sign of a wound or source of infection. Nothing.

"What's wrong with it?" asked the caretaker.

"Have you noticed anything unusual about the child recently? Something that might have caused this? Maybe a cut or a wound of some kind?" replied the doctor, ignoring the caretaker's question.

"Uh, no, nothing," answered the caretaker as his mind raced through the past few days, trying to find something to offer the doctor. "Wait. Actually, I think maybe there was something on

its legs," the caretaker said, a hazy memory of the sores on the child's buttocks slowly coming into focus.

The doctor shifted his examination to the child's legs, starting at the toes and working his way up until he found what he was looking for.

The sores on the child's backside had grown worse. The skin overlying the sacrum had long rotted away, and the underlying bone was plainly visible despite the dark room. The surrounding tissue was a deep crimson and appeared eager to fall away with even the slightest provocation.

"Will it be okay?" the caretaker repeated, determined to get an answer from the doctor.

"It'll need medication, and, even then, we might be too late," said the doctor quietly, still trying to wrap his mind around what he was seeing.

"Give it what it needs to get better. I'll be upstairs," the caretaker said, his worry fading. He had stopped listening after the doctor mentioned medication, hearing only what he wanted to hear. He turned around and headed back up the stairs to the kitchen to start a pot of coffee. He wanted to make sure to have enough energy for the coming night's festivities. He let out a deep sigh as if a weight had been lifted from his shoulders.

The doctor reached deeper into his bag, looking for the right medication. At the bottom of the bag were a pair of small glass

vials, one containing an antibiotic and the other containing a concentrated solution of morphine. His fingers found the syringe in its sterile wrapper. He pulled it out from the bag and set it on the floor next to him. Reaching back in, he found one of the vials and withdrew it, examining the label closely in the dim light, squinting to ensure that he did not choose incorrectly. The doctor grabbed the syringe, unwrapped it, and then hesitated for a moment, unsure of whether he was doing the right thing. He took a deep breath and reassured himself of his decision. The syringe pierced the cap of the vial and he pulled the plunger up, sucking out the vial's entire contents. He withdrew the needle from the vial, gave it a pair of flicks after putting the empty glass on the ground, and pushed the plunger up to expel any air bubbles. One more time, he hesitated, rethinking his decision but coming to the same conclusion.

The doctor grabbed the tourniquet from the bag, wrapped it around the child's arm and pulled it tightly enough to find the vein he was looking for. The syringe pierced the child's skin with ease, and the doctor slowly emptied its contents into the child's arm. The syringe was withdrawn, capped, and placed back inside the bag along with the empty vial and the tourniquet.

Before standing up, he glanced over the child one more time, gently wiping the child's brow

with his hand.

"It's going to be alright," he whispered to the child.

The doctor stood up and walked over to the landing, glancing at the child over his shoulder once before closing the door behind him.

Upstairs, the smell of fresh coffee filled the kitchen.

"Well, is it going to be okay?" questioned the caretaker again.

"Yes, of course," answered Dr. Juger. "I should go. I'd like to make it home before nightfall," he said as he headed for the door.

"You remember how to get back to the station?" said the caretaker.

"I do," replied the doctor.

The entire walk and subsequent train ride Dr. Juger felt sick. He spent the following days going back and forth, trying to convince himself one way or the other if he made the right decision. Regardless of the conclusion, he was sure of one thing - he would never be returning to the strange city of Omelas.



Bethesda Row: A busy corridor located in the heart of Bethesda lined with upscale restaurants and small shops

Datta Sudarshana | CCLCM Class of 2019

Lucia and the Salmos at the End of Life

Joshua D. Niforatos, MTS | CCLCM Class of 2019

When I entered Lucia's* ICU room on our first encounter, I was greeted by an alopecic, cachectic woman who was propped up at 70 degrees and breathing laboriously. In her 40s and originally from Mexico, Lucia was being followed by oncology in the ICU for recurrent malignant pericardial and pleural effusions secondary to her stage 4 esophageal adenocarcinoma. The only decoration in her otherwise Spartan, white ICU room was a Spanish Bible sitting on her lap.

"Who's your favorite character in the Bible?" I inquired after introducing myself.

"Salmos. I like who wrote the Salmos," she responded, catching her breath between words.

"King David wrote the Salmos. Do you remember Psalms 23?"

She nodded yes with a smile.

"The Lord is my shepherd; I shall not want. He makes me to lie down in green pastures; He leads me beside the still waters. He restores my soul."

She grinned, and reached out to hold my hand. I discussed with her how the shepherd boy David wrote that Salmos while hiding for his life from King Saul. I am sure my seminary professors would have critiqued my simplistic interpretation of the text, but such interpretation was more relevant to Lucia's present circumstances.

Lucia has four children. One child is working, while the others are still in grade school or high school. In her own words, the main goal was "just trying to live as long as I can

for my kids." After we discussed 'goals of care' and Lucia's code status, I went over some strategies to treat her shortness of breath, dyspnea, pain, and anxiety. She approved of the plan, I presented her to the staff physician, and I went on to the next palliative consult.

Two months later rotating through hospice, I was saddened to see Lucia on our list of patients to visit during morning rounds. The attending on service said that Lucia was most likely going to die today.

"We'll be here when it happens," he told me stoically.

When we entered her room that morning, we were greeted by her brother who was kneeling at her bed unable to deviate his gaze from her. Lucia looked similar to our first encounter two months prior in the ICU. Her abdomen was more distended with visible neck veins and leg swelling.

The attending asked how she felt. She gasped for breath every 8-10 seconds, which felt like an eternity. "Breathe! Just breathe!" I shouted in my head.

"I'm confused," she said in a daze.

"Lucia, can you describe your confusion for me?" The attending asked.

"I...I'm confused...I don't know what's happening." Lucia did not appear scared or uncomfortable, though she did not seem fully "in her body." She was experiencing terminal delirium.

"Are you comfortable?" the fellow asked.

"I am," Lucia smiled. "But I'm

so confused," she said between apneic episodes and gasps. We reassured Lucia she would be comfortable, and recommended the brother call the family to the hospital.

A few hours after we saw her, the nurse told us Lucia was now hypotensive and tachycardic. When we entered the room, Lucia was unconscious and exhibiting agonal breathing. Her brainstem continued to hold onto life, though "Lucia"-ness had most likely departed.

Each reflexive gasp for breath was increasingly spaced apart. After a few minutes in the room, Lucia was no longer breathing. There was no detectable rhythm on the EKG. We leaned over her lifeless body. No heart sounds on auscultation, no palpable pulse, no brainstem reflexes.

The fellow looked at his watch. He then looked at the brother.

"I'm so sorry," he said. The brother began to cry – tears filled with deep sorrow, empty longing, finality.

"Time of death: 3:10 PM."

We went over to console Lucia's brother.

"She's in a better place now," he said, holding Lucia's Bible.

"Writing new Salmos with King David," I spoke softly as I hugged him.

Leaving Lucia's room after her death felt like walking out of a hot sauna to experience the cool, rejuvenating air on the other side. I felt ashamed that I was relieved to finally leave her room—her home for the last two months.

Her brother's crying could be heard from down the hall as we continued rounds.

Lucia's death was neither dramatic nor disastrous. The experience did not invoke existential despair or fear of my own morality. Her death seemed like an ordinary experience, which is not to say that it was not a melancholic experience. Lucia's death was peaceful and expected. Her terminal delirium was free of agitation, allowing her to squeeze in extra hours with her brother.

Planning for hospice months in advanced allowed her to pass peacefully without suffering from the symptoms we were initially consulted for two months prior. She died peacefully with her brother at her bedside and her Spanish Bible on her lap.

Before bed that night, I pulled off my bookshelf a dusty annotated Bible that I used while in seminary four years earlier to read the last verses of Psalms 23 as I said goodbye to Lucia the only way I knew how,

"You prepare a table before me... You anoint my head with oil; my cup runs over. Surely goodness and m mercy shall follow me all the days of my life; and I will dwell in the house of the Lord forever."



Summit

Wenting Ma | CCLCM Class of 2022

Not Yet but Soon Kate Ituarte | CCLCM Class of 2019

As a medical student, there is a phrase I say constantly. I've come to depend on it. It's my knight in shining armor, whisking me away from perilous situations, and it's my trusty steed, which I take for granted. It's safe, like choosing to stay home instead of venturing out in the storm, and it's comforting, like mac n' cheese or your favorite blanket. It's like my childhood, a time for exploration and growth with little responsibility. It's my crutch, there for me to use at will and excuse my inabilities. It's my mirror, reflecting my deepest insecurities and revealing my inadequacy. It's my doubt, questioning if it is possible to ever walk on the moon. It's my excitement for the future and the promise of what's to come. It's a reminder of everything I've worked hard for and everything I've given up. It's the evolution of a state of mind.

As a pre-med, it was "I'm not a doctor." As a medical student it's, "I'm not a doctor...yet." And now, in my last year of medical school, it's become "I'm not a doctor yet...but soon." I am delaying the ownership of responsibility. Prolonging the inevitable, "I'm a doctor". When will I be able to say this phrase with confidence? Not yet...but hopefully soon.

Take My

Anonymous

Would you kindly take my eyes?
So I do not see the way you size
Me up and down with a gaze that tries
To see underneath my white coat
If you please, next take my ears?
So I do not suffer your projected fears
The blame, the shame and yes
Some names
While you're at it, take my feet?
So I do not feel tempted to retreat
Away from you who can't be beat
Do you mind now, take my hands?
So I do not reach them out and slap
Across your face when your "joke" lands
Before you go, take my knees?
So I do not feel my body freeze
Beneath the grope you place with ease
Last of all, take my voice?
So I do not have to make the choice
Between my spirit and my
Medical degree

Don't Tell Me It's a Choice.

Caroline Franke | CCLCM Class of 2020

"But don't you think it's a choice" he said.
He, the authority figure in the room. He, the attending well known
throughout these hospital walls.
"It's a choice. They choose to drink again, even after we
saved their life with a liver transplant, they just go right back
to drinking."
He thinks it's a choice. He believes it's a choice. Maybe the years
have jaded him. Maybe he was never taught about mental illness the
way we are now. Or maybe the culture is drastically different than
what I hoped.
Don't tell me it's a choice.

If you tell me it's a choice, then I have to choose between being a
polite, reserved student and speaking up for what I know is right.
I have to stay up at night playing it over and over again, thinking of
what I could have, should have said to defend millions of patients.
I've ridden that line a few times, and it's uncomfortable.

My patient didn't choose to be an alcoholic. He didn't choose to be
fired, to be divorced, to be essentially homeless. He didn't choose to
trip and land on his dog during a drunken fall, crushing it to death.
He didn't choose restraining orders and handcuffs. He didn't choose
for his own children to not call him their father.
The disease chose him. The vodka, the beer, the whiskey chose him.
The DNA chose to combine in just the right way to predispose him,
passing on the susceptibility that his mother fell victim to.

He didn't choose this. But we failed him.

Medicine failed him. Stigma failed him. Society and its alcohol
centric, alcoholic shaming culture failed him. Insurance companies
failed him. They chose to not cover his 30-day program. The cops
failed him, when they let each DUI slip by, never documenting the
severity of his disease. We all failed him, by not speaking up, by not
stopping the stigma. But he didn't choose this.

No one chooses this disease. No one chooses for their brain to
rewire, to acquire a physiological dependence on an external
substance. No one chooses. So don't tell me it's a choice.

Doctor. Even in the privacy of your home, even if you believe it, don't
say it's a choice. Because your thought is more damaging than you
think. Your words are more harmful than you intend. So just don't
say it's a choice.

Deferential Diagnosis

Beau Hilton | CCLCM Class of 2020

I know that I don't know
anything.
Here are the dots
I collected, connected.

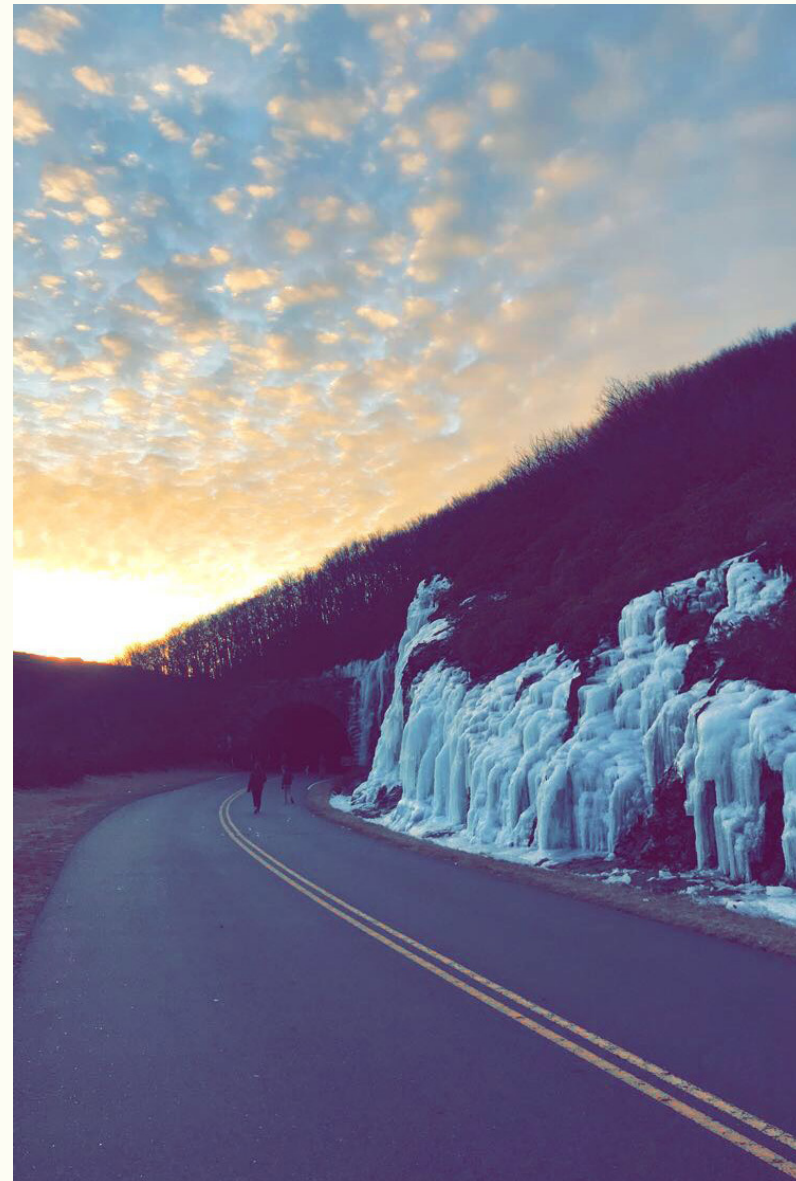
What do you see
that I don't?

The books are long
and complicated.
The body
is rather complex.

Your phrases are simple and
short.
Your orders
take three clicks.

Who am I
to disagree when
I know that I don't
know anything.

Who am I
to disagree when
I know that I can't
know everything.



Frozen

Joan Nambuba | CCLCM Class of 2022

Unspoken

Anna Faris | CCLCM Class of 2019

She was my first admission.
My quietest patient. She wore
the exhaustion of someone in
constant pain, malnourished,
and unable to ever, ever sleep
comfortably.

Nine months of shuttling between
hospitals and rehabilitation
centers. Nine months away
from her home. Torn from life,
work, family, and neighborhood
walks with her husband. Her
disease spawned wounds that
cut hand-lengths deep, baring
atrophied muscle. Tube-delivered
nutrition couldn't outpace the
loss of over 100 pounds as her
sunken abdomen canvased the
bariatric hospital bed. Her pain
was unforgiving, unrelenting.
Morphine injections preceded
her wound dressing changes, but
they were still a ritual she met
with dread daily.

It took me days to even begin
to appreciate the burdens of
her hospitalized life. Though
her weighty stack of outside
admission records were a glaring
clue. Our relationship began
with my impersonal, matter of
fact questioning. Any warmth
in my voice seemed to fall flat.
She answered indifferently: "No
I didn't sleep at all" "My nausea
is a little better now" "Pain? Still
an 8". Regretfully, I can recall
misinterpreting her vacancy as
simply disinterested.

Yet as days passed my
understanding of her soft
demeanor changed and my
appreciation of her patience
grew. I met other patients
who, understandably, were not
as gracious to be woken and
questioned. Part of their coping

with a bed-bound helplessness
was to cast faults upon those
around them. Desperation wears
many faces.

I thought about her throughout
each day. Thought of how kind
she was despite her painful
condition. Despite finally getting a
diagnosis. One without promise.
Despite life hijacked in her early-
forties.

I wanted to tell her; I wanted
her to know that I admired her
kindness and strength. That I
could not imagine how difficult it
must be, separated from friends
and family, helpless and swarmed
by doctors. Doctors who will do
things without telling you.
Finally I did.

As she listened, she met my gaze
meaningfully for the first time;
her expression proving that this
confession had eclipsed any other
actions I trusted to convey my
compassion. These simple words
bridged an acknowledgement
between us. Words unspoken.
Words that wavered before
my parting.

From that day she always greeted
me by name. She looked me in
the eyes when thanking me. She
called me honey and insisted I
take care of myself. I wish I had
told her sooner, the easy simple
truth. In her next hospital she
may not remember me, but I
will remember her and her
quiet grace.

Bombs away

Anna Faris | CCLCM Class of 2019

Don't tell me in the hast
of rounds.
And please don't rush away.
I might demand you leave,
But be prepared to stay.

Chemo, radiation, The Works!
A colossal Dagwood of care.
I'll doubtless want it all.
Because Damn am I young.
And my yearning towers tall.

But no facts or forecasts just yet.
No surge towards decisions of care.
For now let us drift in this moment;
As we have just unearthed the
storm.
Let us soak in its enormity,
Before we hear your course.

Prepare to be unprepared:
Vesuvian rage,
Vacant disbelief,
Crushing despair.
I may be just one, I may be all.
Can't know till then and there.

Dropping a bomb provokes the
instinct to flee.
Detonate. But sit it out,
Embrace this chaos for me.



Washington Monument

Datta Sudarshana | CCLCM Class of 2019

The End (and Forever After) Karen Donley-Hayes, MAIS, MFA, CCT

For Lash's 36th—and last—birthday on August, 23, 2002, I gave her a bulleted list chronicling our lives together. Not a typical gift, but it wasn't a typical birthday. And what do you give your best friend when she's dying, anyway? It wasn't until she was almost 35 that she found the lump in her breast. Now, she had just turned 36, the cancer had invaded her brain and lungs and liver, and we all knew she would be long dead before her 37th birthday. A few months before she died, Lash had asked me if I would be her durable power of attorney for medical care. She didn't want her husband to have to decide to do nothing, she'd explained. "I want

to be sure no one goes to 'heroic measures,'" she had said, and she wasn't sure her husband or her parents could do that. Or not do that, was what she was saying. "Can you do that?" She looked at me intensely; I nodded slowly. I could do that—"that" being nothing. My medical background gave me a platform of impartiality, some ground that was pragmatic and analytical from which I could watch and assess and ask the questions our emotions elbowed into the background. For the year Lash had been fighting this cancer, I felt good being able to bring something strong and supportive to the fray.

Once, when she first knew the cancer was running rampant, before her hair had even had the chance to grow back an inch after the first round of chemotherapy, I had feared she would ask me to help her die, to avoid the coming pain; I did not know if I could kill her in some Kevorkian way, and I dreaded that request, but it never came. More than she feared the pain, she wanted to live.

That pain seized her like a living bear trap and her narcotic patches and oral medications were abandoned for an implanted PCA device, and the maximum dosages kept growing on that too, but her pain outgrew it, enveloping

The End (and Forever After) *cont.*

everything. And one pre-Hospice day Lash lay thrashing in some alcove in the hospital because she was no longer an oncology patient, but the pain clinic had not registered her yet and no one knew what to do with her; she hovered in some sort of inter-service limbo, so we all waited while she writhed on the gurney, and I asked her if she wanted me to keep pressing the button on her PCA pump, and, eyes clenched closed, she nodded. So in desperation I kept her dosed to the maximum the pump allowed, and even drugged into semi-consciousness she was still in agony until her husband and father stormed the hallways, hunting down the pain clinic doctor, who finally, mercifully, fed narcotics directly into her spinal canal.

That day, I would have killed Lash if she'd asked.

A few weeks later, when she actually did die, I had looked down at her, waiting, watching her chest cease moving. I watched, breathed, waited. I held her hand, felt my own heart beating out the time as her heart stopped. I watched her not breathe again, and I did nothing, as I had promised. When I finally got up, pulled myself away from her and moved off her bed, still Lash grasped my hand, as if she had held on to life as hard and tight as she could, and even lying there now dead, was reluctant to let go. I had done nothing to save her life that night. Perhaps I was naïve not to have realized my promise would have consequences beyond just Lash's life and death.

Not too long after she died, I had a dream in which we were preparing Lash's body, getting her ready for her funeral. In this dream, her arm moved, and my heart started slamming in my chest. Ignore that, I told myself. Lash is dead, lying right there in her coffin, dead as a doornail. Except then she turned

her head. But we were preparing her for her service, getting ready to close the coffin lid, seal it shut, and bury her. So I continued with the preparations, because there's no going back, and dead people don't wake up. Except then her eyes were open. She looked dazed, weak, but aware. Desperate, I tried to pretend this was not happening. Hadn't I promise her that I would not try to make her live anymore when it was time for her to be dead? I had. But now everyone was around Lash, helping her out of her coffin, helping her walk toward the door, everyone in a frenzy of disbelief and joy and renewed urgency to restart all those treatments and medications that had all stopped dead the moment she had died. I had promised her I would let her die when it was time. So I had let her go, just as I had promised. And now she wasn't dead anymore, but I was not filled with glee and renewed care like everyone else. Instead, I stood slack by Lash's vacant coffin and watched Lash leave me again, ushered around a corner and down some dim hallway beyond my sight, and I didn't know how to feel, but however it was, it wasn't right.

For years, that dream, what it may be trying to tell me, has haunted me. Had I helped Lash die when it was her time? Or had I not done enough to help her fight for her life? Logic tells me I took care of Lash exactly as she'd asked me to. And yet I know all she wanted was to live; she didn't quietly close her eyes and ease into her death. She watched us, fighting to keep her life, until her heart shivered to a stop; then the life left her eyes as if someone had taken this from her entirely against her will, so her eyes dimmed and her face sagged, no peaceful repose.

I see this still in my mind's eye all these years later, and I can't stop

asking myself if I should have done more than what I'd promised Lash when she was not quite so sick. I had done nothing. No CPR. No assisted breathing. No epinephrine. No resuscitation at all. Every time my mind goes to this place, I never change what I would do. But the emotion never stops questioning, is always doubting, will remain implacable, I think, for as long as my brain retains the capacity to recall it. Waking from the dream did not bring relief from my doubt and guilt.

I've looked through that bullet-point list I gave Lash for her last birthday many times over the last several years. It starts in "1978-ish" and ends, abruptly, on August 23, 2002. I'm a little disconcerted each time I look through it that no bullet-points come after August 23, 2002. Then I remember—the list was for Lash's birthday. And even though she lived another two months and even though I could have added another thousand bullet-points about our lives together after August 23, 2002, that date is where that list ends. But it is certainly not where the story ends.

In medicine, our focus is so often exclusively on extending life that to simply let it go feels unnaturally flawed and broken. And there is no mending that fracture. You can't fix dead. It is an aspect of the medical field for which many of us remain under-skilled and unprepared. Somehow, though, this has not stopped me from making that "do nothing" promise again. As medical power of attorney for my parents, my husband, and even for Lash's parents, I've repeatedly accepted that commitment. I hope I'll never have to honor these advance directives, but I know that's unrealistic. So again, I will do as I have been asked, as I have promised. I will do nothing. At least now I know there is a cost.



Twilight Waves Anne Kim & Harry Choi | CCLCM Class of 2020

The Gardener

Karen Ellen Fink, RN, BSN, HNB-BC, LMT, CLL

Dedicated to Rev. Amy Elise Greene D. Min

Tending soil, tilling well
 Seeds chosen, planted with care
 Trusting them to grow – with love, support, challenge
 Oft, all grows well; strong and tall
 Times come and go, foundations need tending
 The gardener prunes and weeds; nourishes and praises, questions and probes, challenges and provokes
 Encouraging her charges to blossom, grow strong, renew
 She has their backs against the storm that can rage within, without
 She nurtures, she challenges
 All in hopes that buds will blossom, grow towards the sun
 Meet their full potential
 The gardener, she is an artist
 She knows that she has cultivated a garden of beauty
 Blooms in many stages, a spectrum of colors, roots so strong
 No patterns, no order, no design
 Trusting each bloom to find its own way
 She talks to them, with them
 Her tears, her sweat, her presence, nourish from root to crown
 She models the way and forges the path
 Oh gardener, be pleased with your creation
 Let them go, let them grow, let them know their worth

Silent Teacher Vigneshwar Subramanian | CCLCM Class of 2022

I walked into the room and saw him lying on the bed, hands folded across his chest, staring up at the ceiling. His sister was sitting in a chair at his side.

“Hi!” I greeted them, my voice cracking slightly. “My name is Vig, and I’m a medical student.” She smiled and nodded. His eyes flicked in my direction, but he said nothing.

The man had received a kidney transplant for glomerulonephritis almost thirty years ago. It failed last year, so he’d started driving to the dialysis clinic after work. A recent bout of flu-like symptoms had brought him here to the confines of the infectious disease unit, where he’d been diagnosed with endocarditis.

I was aware that trouble tended to come in spades for people with chronic renal disease. The illness often runs its initial course undetected; by the time symptoms manifest, it can already be too late to save the kidneys. Transplants are miracles, but not panaceas. Complications inevitably arise as the grafted organ deteriorates: proteinuria, osteoporosis, infections, eventually another round of kidney failure.

As I watched silently from the wings, the doctor asked him how he was feeling and whether he was in pain. They discussed how his blood tests were still positive for the infection-causing bacteria, and the doctor explained her plan to alter his course of antibiotics. His sister had come prepared with questions.

“I’d like to show the student a few things, if that’s alright,” the doctor said. He nodded, and she began to unbutton his gown. He remained still.

Exposing his torso, she motioned me closer and pointed out several features of interest, like the fistula on his arm and the scar on his abdomen. I listened to the sounds of his heart, fumbling uncertainly with my stethoscope. I might as well have tried to examine him blindfolded. He frowned and shifted his weight, but he still did not speak.

“I don’t think he likes being a test dummy,” his sister laughed.

“I hope you don’t mind!” the doctor said brightly.

“You’re educating the next generation of doctors!”

“Thank you, sir,” I echoed quietly as I stood up. But my mind was elsewhere.

As the doctor continued to talk, I returned to my position on the wall and tried to figure out what I was feeling. It was bittersweet to be on the other side of the room. A white coat hung down to my knees, but I could still feel the familiar helplessness of the spectator. I had nothing to give this man but heartfelt wishes. But although I could not help him in his fight, I could learn from his experience. He was helping me become a better physician—not for himself, but for the patients I will see in the future. I realized that in addition to my sorrow, I was feeling a mixture of pride and hope.

I wished him a quick recovery as I followed the doctor to the door. He met my eyes and said, “Good luck to you.”

Those were the only words he spoke to me, but I cherish them just the same.



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