I fear not death, but dying
Lynn Daboul, CCLCM Class of 2021

Ice Cave
Michael LaBarbera, CCLCM Class of 2019

Five Inestimable Pounds
Elizabeth Shao, CCLCM Class of 2020

Alone Together
Elizabeth Shirer, CCLCM Class of 2020

Hospice Consult
Joshua D. Niforatos, MTS, CCLCM Class of 2019

Just a Little of Your Time
Srebrenica Benjamin, CPh-T-Oncology Patient Assistance Specialist

In the Shallow Depths
Richard Prayson, MD

Extraordinary Weather in Rome
Kate Ituarte, CCLCM Class of 2019

On Mornings
Bob Sun, CCLCM Class of 2019

Winter Mornings in the Clinical Years: A Limerick
Richard Prayson, MD

How Did I Get Here?
Kathleen Franco, MD

A Different View
Ken Carrell, CCLCM Class of 2020

Stones
Michael LaBarbera, CCLCM Class of 2019

Road Ahead
Wenting Ma, CCLCM Class of 2022

What’s inside
Joseph Abraham, CCLCM Class of 2019

A Different View
Featured Artist: Dee Jay Doc

Silent Killer,” “I Pray,” “Trust Belt City

Hands That Make a Difference
Bethany Bullard, RN

Fluffball
Alice Tzeng, CCLCM Class of 2021

Holder of Hope
Karen Ellen Fink, RN, BSN, HNB-BC, LMT, CLC

Puppy Face
Alice Tzeng, CCLCM Class of 2021

The Imaging Nurse
Pat Haik, RN

The Doctor of Omelas
John Vega, CCLCM Class of 2019

Bethesda Row
Datta Sudarshana, CCLCM Class of 2019

Lucia and the Salmons at the End of Life
Joshua D. Niforatos, MTS, CCLCM Class of 2019

Summit
Wenting Ma, CCLCM Class of 2022

Not Yet but Soon
Kate Ituarte, CCLCM Class of 2019

Take My Hand
Anonymous

Don’t Tell Me It’s a Choice.
Caroline Franke, CCLCM Class of 2020

Frozen
Jose Vega, CCLCM Class of 2019

The Doctor of Omelas
Kathleen Franco, MD

Bombs away
Anna Faris, CCLCM Class of 2019

The Gardener
Harry Choi, CCLCM Class of 2020

Silent Teacher
Karen Donley-Hayes, MAIS, MFA, CCT

Twilight Waves
Vigneshwar Subramanian, CCLCM Class of 2022

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INTRODUCTION

Dean's...

Some say that “change is the fabric of life.” Heraclitus, the weeping philosopher of ancient Greece depicted with tears flowing down his check 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 adored. 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.

James B. Young, M.D.  
Professor of Medicine & Executive Dean  
Cleveland Clinic Lerner College of Medicine at Case Western Reserve University

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.”

I watched her decline until she couldn’t even talk anymore. If I ever got it—I’ll just shoot myself rather than losing myself like that.” Others expressed similar sentiments.

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 appreciate for life. And yet. And yet. And yet.

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? Which will it strip first? My voice, my independence, my dignity, or most frightening of all, my mind?

Try as we might as physicians to play God, we cannot halt the cruel march of time—a march that strips us of all our possessions.

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And yet.

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

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

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.
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.
Winter Mornings in the Clinical Years - A limerick

Diane Libert | CCLCM Class of 2020

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 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. Pneumotony 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 dinner time 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 2AM vitals for some stable patients. One day, we might even be able to track actual sleep via some wearable copings 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 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 razor.

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 razor.

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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. Shining at the falling snow instead of shouting 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 tittered onto a cloth fiber.

“Imparted with a wondrous 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.

On Mornings

Bob Sun | CCLCM Class of 2019

The disgust of awaking at four
Deepers 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!

A Morning Commute

Chan Mi Lee | CCLCM Class of 2021

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.
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

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?

What’s inside

Joseph Abraham | Class of 2019

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.

Guest Artist

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.

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 ingestin 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

Hook 1
I’m a . . . silent killer roam in these homes.
The more the money fizzes the more poison flows.
The more the paint chips, the higher the risk.
Shhhhh . . . silent killer . . . invades like this.

Part 3
I’m a . . . silent killer roam in these homes.
The more the money fizzes the more poison flows.
The more the paint chips, the higher the risk.
Shhhhh . . . 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

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.

Verse 1

Highlife Dee
I see 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

Verse 2

Hiqhlife 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

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

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

Silent Killer

Hook 1
I’m a . . . silent killer roam in these homes.
The more the money fizzes the more poison flows.
The more the paint chips, the higher the risk.
Shhhhh . . . silent killer . . . invades like this.

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The more the paint chips, the higher the risk.
Shhhhh . . . silent killer . . . invades like this.

Shhhhhh . . . silent killer . . . when health starts to slip

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

Verse 1

Hiqhlife 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

Guest Artist: 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.

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 the 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 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.

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!
The Doctor of Omelas
José Vega | CCLCM Class of 2019

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, played song after song, trying to pierce even the thickest of barriers. The symphony of trumpets and horns and the a seemingly endless tap, and a symphony of trumpets and horns, a seemingly endless tap, and a

The Imaging Nurse
Pat Aoki, RN

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 resourceful, resilient (might I add brilliant!) We’re skilled with a sense of humor.

For knowledge is power, and with comprehension, respect joins in the loop. Add the dimension of contrast, and vascular access to the list.

...Volta!...an Imaging nurse is in your midst!

What does a Nurse in Imaging do? Hats off to the Imaging Nurse!!!

The Imaging Nurse
Pat Aoki, RN

We adapt to pace change and schedules rearranged, and work with compassion and fervor. We’re resourceful, resilient (might I add brilliant!) We’re skilled with a sense of humor.

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.

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What does a Nurse in Imaging do? Hats off to the Imaging Nurse!!!

23
24
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 surprise 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.

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 opposite the caretaker. The doctor mentioned medication, but the caretaker said, his worry fading.

“I do,” replied the doctor. “I should go. I’d like to make it home before nightfall,” he said as he headed for the door.

“Will it be okay?” the caretaker questioned the doctor again.

“Yes, of course,” answered Dr. Juger. “I should go. I’d like to make it home before nightfall.”

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.

The Doctor of Omelas cont.
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 esophageal adenocarcinoma. She nodded yes with a smile. “Salmos,” she responded, catching me by surprise. “You remember Psalms 23?” 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.

“L…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, finally.

“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.

Lucia’s death was neither dramatic nor disastrous. The experience did not involve existential despair or fear of my own mortality. 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 advance 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…In 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.

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

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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.
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.

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 canvassed the bariatric hospital bed. Her pain was unforgiving, relentless. 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”. Regrettfully, 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.
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, sheHovered in some semi-conciousness 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 her 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 na ve 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 promised 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 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. 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. 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.
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 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
Trust 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.

"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.