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The Humanities Offer a Democratizing Force for Medical Culture

Alan Bleakley

Let us put modern medicine on the couch. As medical culture develops in the twenty-first century, we are promised an era of collaborative, interprofessional teamwork, authentic patient-centredness, and, as more women than men enter medicine globally, a feminization of medical culture. This promises, to borrow William James's terms, a shift from a "tough-minded" to a "tender-minded" culture. However, the reality is different. We have "multi-interprofessionalism," not interprofessionalism, where colleagues work together but do not learn from, or about, each other. Teams work *on*—rather than *with*—patients, so that authentic patient-centredness is an ideal rather than a reality. The medical profession shows symptoms of an identity disorder. While technical medicine advances exponentially, the non-technical side—communication, teamwork, and empathy—continues to function poorly. The symptoms are well documented: avoidably high levels of medical error grounded largely in miscommunications in team settings (Xyrichis and Ream, "Teamwork"); misdiagnoses due to clinicians' not listening closely to patients' stories (Sanders, *Diagnosis*); and a persistent decline in empathy, first setting in during the clinical years at medical school (Hojat et al., "Devil Is in the Third Year"). Couple this with a continuing high rate of physician suicide, burnout, and drug and alcohol abuse (Council on Science and Public Health, *Report 2*), and we see that both patient care and physician self-care show symptoms of neglect. While the brilliant technical face of medicine captures the eye, it also blinds us to recognizing medicine's lingering weakness in the realm of compassionate practice.

Education in communication skills, ethics, and professionalism for medical students was supposed to address such issues, but something seems to be missing. There is a deeper malaise at work. I think that the greater challenge is the need to democratize medicine. My suggestion is that the collective discipline of "humanities in health care" (a more inclusive term for the "medical humanities")—and not the technical approach of training in communication skills—offers the best medium through which the democratization of medicine may be achieved. What do I mean by "democratization"? Modern medicine's ills, sketched above, stem from a long tradition of unchallenged autonomy, rigid hierarchy, and physician authoritarianism that is resistant to change. Sociologists have traditionally referred to this expression of power as "medical dominance" (Adamson, Kenny, and Wilson-Barnett, "Impact of Perceived Medical Dominance").

The core trait of a dominant or authoritarian culture is intolerance of ambiguity. Medicine characteristically struggles with high levels of uncertainty (Ludmerer, *Time to Heal*).

Let's review what history can tell us about regimes that have been unable to tolerate what is different, unknown, unpredictable. In the wake of the Holocaust, the Jewish psychologist Theodor Adorno (Adorno et al., *Authoritarian Personality*) famously portrayed the authoritarian type as inflexible—either controlling or oriented to hierarchy, where being controlled is required. Questioning, creativity, improvisation, and the welcoming of paradox—characteristic, as we shall see, of both democracy and the avant-garde in the arts and humanities—are avoided through tight regimes of control. As an example, in 1938, Hitler held an infamous exhibition of "degenerate" music, basically to condemn any of the arts associated with Blacks, Jews, and Gypsies. When Hitler invaded Poland and Czechoslovakia, he promptly banned jazz, for its central quality of improvisation, seen as chaotic and anti-authority. Jazz musicians were forced to play militaristic marching music, strictly to the beat.

Sigmund Freud, a zoologist and doctor before developing psychoanalysis, was also driven out of Nazi Germany as a Jew. Freud would surely have seen high levels of anality in authoritarianism (and at this stage in the argument, please be sure that I am not comparing medicine with the extreme case of fascism, but rather with authoritarianism!). Freud's erstwhile colleagues Alfred Adler (a doctor and founder of social work) and Carl Jung (a psychiatrist) would also have had much to say about medicine as a patient on the couch. Adler might have suggested that medicine has historically suffered from the "masculine protest," a way of keeping feelings of inferiority at bay by acting in a superior or arrogant manner. The "heroic individualism" that characterizes the masculine protest resists the spirit of co-operation—learning with and from the "other." Adler's gendering of this psychological complex was an insightful move at the time. Similarly, Jung would have seen medical dominance as an expression of animus rather than anima—an angst-ridden controlling impulse of tough-mindedness rather than a more gentle, tolerant, and caring tender-mindedness.

For Wilhelm Reich—a psychiatrist who wrote a key book on the mass psychology of fascism before he departed into more controversial thoughts and practices concerning human sexuality—the authoritarian personality is "uptight," highly bodily "armoured," tense, unable to engage in democratic practices for fear of losing boundary and control. Why then is it so difficult for medical culture to democratize, and what can be done about this through medical education?

From my experience, the arts and humanities, as a core, integrated provision within medical schools, can provide the democratizing force necessary to change medical culture, promoting the conditions of possibility for a more evolved type of health care. The contemporary philosopher Martha Nussbaum (*Not for Profit*) argues for the humanities (including the arts) as the chief cultural force for promoting democracy, precisely because the humanities diagnose social ills, such as groundless authority, and suggest cures, such as tolerance of difference and creative debate about quality of life. If we transpose Nussbaum's argument for the humanities as a democratizing force in wider culture to medical culture in particular, the humanities may play a bigger role in medical education than we imagine.

Drawing on the work of the psychoanalyst Donald Winnicott, Nussbaum argues that social play is essential to the development of tolerance for others and appreciation of their vulnerabilities (a form of empathy). Where imaginative play is curtailed, children fail to learn how to collaborate and retain controlling behaviour as a means of dealing with uncertainty and difference. Transition to democratic participation as adults requires what Winnicott calls "potential space"—the arts and humanities as an adult equivalent of "play"—where tolerance of ambiguity, as the basis of respect for others, is reinforced.

According to Winnicott, the narcissistic young child necessarily makes slaves of adults, but healthy development leads to a transformation of such primitive narcissism into reciprocity and collaboration. Nussbaum (*Not for Profit,* 33) notes the danger that "the narcissistic child's original desire to turn their parents into slaves finds fulfilment—by the creation of a social hierarchy. This dynamic is a constant threat to democratic equality."

It is as if medical culture, our patient on the couch, has not developed beyond a certain stage of narcissism and hierarchy-bound behaviour to fully embrace democratic behaviour. The key may be in the insight of the philosopher Claude Lefort, who defines democracy as "a form of society in which persons consent to live under the stress of uncertainty" (Bensaïd, "Permanent Scandal," 32). Medical culture must openly acknowledge the high levels of uncertainty in its work, and the arts and humanities can help to turn this recognition from a perceived hindrance to a valuable resource and the very essence of healing.

The Chinese artist Ai Weiwei, currently living under long-term house arrest in Beijing, suggested that artists best model the principles of a democratic society, where "the health of a society is indicated, in part, by the freedom of its artists and writers to express their views without fear of suppression . . . A society that tolerates difference will remain creative as its values are challenged. A society that cannot accommodate points of view will stagnate and become an empty husk" (Serota, "Times Campaign"). Medical educators and practitioners would do well to keep this in mind.

A decade ago, in developing a curriculum for a new medical school in the United Kingdom—Peninsula Medical School—we decided to provide a humanities core and integrated provision as a permanent internal point of critique guarding against potential future drift towards a reductive biomedical science stance. This can be imagined as providing an internal (and very democratic) "aesthetics of resistance" (Weiss, *Aesthetics of Resistance*) within the curriculum. But we also had something else on our minds, expressed in our curriculum manifesto: "The curriculum is designed so that students have the opportunity to encounter uncertainty in many different ways, for example, through the limitations of their own knowledge . . . The avoidance of 'spoon-feeding' is designed to encourage students to take responsibility for their learning in a relatively ill-structured situation, analogous to the ambiguities and uncertainties of clinical practice."[1]

When we came to evaluate the curriculum, we surveyed two cohorts of students from Peninsula and other medical schools, who were working together in the same deanery as junior doctors. We asked them to rate how well their medical schools had prepared them for a range of clinical skills, and for a range of values informing their medical practices. The most significant difference between the matched cohorts from Peninsula and other medical schools was on the item "coping with uncertainty." Where 90 per cent of Peninsula graduates said that they were well prepared for coping with uncertainty, only 40 per cent from other medical schools made the same comment (Bleakley and Brennan, "Undergraduate Curriculum Design"). Of course, we cannot imply that our humanities provision alone made this difference, but it has set us thinking about the continuing value of that provision, and further shaped the psychoanalytically informed rationale made above for why the arts and humanities may "work" in medical education. I am convinced that the key purpose of humanities in medical education is to act as a democratizing force for medical culture.

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[1] This aspect of the curriculum is discussed in Knight and Mattick, "'When I first came here.'"

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Attending

John Graham-Pole

December 1976: Eight years since I fled the old place after internship. I'm astonished to be back. First day as a Barts consultant, I'm getting the hospital tour, along with another new chap. He looks much less wet behind the ears, exudes confidence that will, I'm sure, secure him a lucrative Harley Street practice in a decade.

Professor Reginald Shooter, dean of St. Bartholomew's Hospital Medical College, is our tour guide. We climb worn, winding, stone steps towards the Great Hall's massive door, pause at Hogarth's *Good Samaritan* and *Pool of Bethesda,* immense paintings the artist donated in angry protest against the governors' choice to commission Italian painters. Inside, I take in the hall's vastness, sparse furnishings. Gleaming, polished oak table, matching chairs on each side, solitary Steinway grand in one corner—the sum total. Murals and music evoke a latter-day Asclepian healing temple.

The dean hasn't aged a day since I sat through his arduous microbiology seminars: wiry pepper-and-salt hair, horn-rimmed specs, square shoulders accenting his height. *I'm thirty-four, a Barts consultant—and still hauling my raw med student along within.* He turns to address us.

"Barts lies in the square mile bound by St. Paul's Cathedral and Old Bailey to its south, City Temple west, Museum of London east, Smithfield Meat Market immediately north. Rahere—Augustinian monk, cathedral prebendary, courtier to King Henry I—swung open its West Gates in the year of our Lord 1123. Those gates survived the Great Fire and World War II's Blitz. They will, I assure you, never close."

He pauses to lend weight. "Rahere built Barts over the mass grave of ten thousand Black Death victims; the ruins of St. Bartholomew-the-Less Chapel still stand. I invite you to imagine, gentlemen, the sight of London's lame, diseased, its very quick, crowding the cess of Giltspur Street, flooding through these ancient portals. Our first mission was more hospice than hospital."

I stand awestruck—clearly the intended effect. My eyes rise to the scrolls gracing the Great Hall's walls: twenty generations of august benefactors, each donation recorded in precise pounds, shillings, and pence. Professor Shooter smiles. "Never forget our proud motto: 'You can always tell a Barts man, but you can't tell him much.'"

My mind rejects the pompous dictum. *Maybe Virgil's "Learn the practice of healing . . . exercise that quiet art" will one day fit me better.*

Next day, I get a phone call from the chief of Radiotherapy.

"You the new cancer chap? Specialize in children, I hear? Want you to see a patient of mine. Seventeen-year-old. Been treating him for Ewing's—right femoral primary. Pain control, essentially. Now it's in his spine and both lungs."

I'm still trying to settle into my unaccustomed title, let alone my three-piece pinstripe, still pinching myself I'm back at my alma mater. *Britain's first paediatric oncologist? Was there no one better qualified? Must be an oddball to these incumbent consultants.*

We meet over the X-rays. I recognize Dr. Arthur Williams instantly from intern days. *Must be twice my age. Just hope he doesn't recognize me.* One glance at the films tells the story. This young man has a couple of months, tops; chemo could buy him brief respite, cost him agony in side effects.

He glances at me. "Your new protocols have much to offer?"

This is his first referral. I sense his lack of faith in "chemo," by extension "chemotherapists." Maybe he wants to offer the new fellow a leg-up.

"Er, perhaps I could meet the family first?"

"Want the boy there, do you? He's a minor, you know, has no idea of the score."

"Yes. Yes, I would like to bring him in on this."

I sense more skepticism. Pray some more: *God forbid he wants in on the conversation.*

Dr. Williams ushers me into Brian's private room on Dalziel—site of my daunting internship under Hamilton-Fairley, the country's first oncology professor. He introduces the father standing stiffly by the door and sweeps out, housemen and students in hot pursuit. The mother sits close by the bed. The boy's head is turned to the window. The duck-egg green walls are barren of pictures.

No Asclepian temple, this.

I move towards the bed. *Do I stand or sit? How close?* I hesitate, pull up a chair, face Mum, offer my hand. As she reaches to grasp it, Brian twists towards us. Pain in every movement—and fear. *Sick in body, sick in mind.* He shakes my hand briefly. I try to hold his look.

Doctor–patient conversations weren't in our curriculum. Never once heard slip the C-word, let alone the D-word.

"Hallo. John Graham-Pole's my name. I work with people your age. Dr. Williams asked if I'd see you. Can I call you Brian? " A brief nod in reply. "What's he told you, I wonder? About your illness?"

"Hasn't talked to me."

That clipped middle-class accent—adolescent carbon copy of mine.

I glance at Mum, over my shoulder at Dad. Their faces are frozen. *Terrified I'll break the unspoken code?*

"What about you, can I ask what you've heard from Dr. Williams?"

A long pause. Mum answers, "He said Brian needed special drug treatments, that they would help the X-ray therapy. Is that what you do, doctor—give these drugs?"

"That's right. Other things too. I can help with Brian's pain, hopefully get him back on his feet."

Am I ducking it? Do I cut to the chase?

I turn back to her son. "Are you getting something strong, Brian—for pain?"

He shakes his head.

"Perhaps I can help there, make you more comfy. How about sleep?"

Another shake.

"I think I can help with that too. Maybe work on your appetite—not so good right now?"

"Can't eat. Sick from those X-rays."

He holds himself rigid, as if movement agonizes. I feel the full physicality of his sickness. Sorrow wells in me. I look at the floor. Something sticky has spilt by the bed.

"Right. Right, well, we have meds for that too. When did you last get home?"

"Couple of weeks."

I catch his look. *Scared? No—lonely. For candour?*

"Any friends been around?"

"A couple. Once. Too far to come."

"Where's your home?"

"Guildford."

Stockbroker belt. Lengthy train ride. "Yes, that would be a trip."

He stares at the bedclothes, looks up abruptly. "Anyway, they're in finals."

"So you're missing exams?"

"Yup." A ghost of a grin. A first. I feel my body ease.

Humour? Is that allowed in here? In this tragic room?

"Brian, I'm going to order up pain medicine, help you sleep. Meantime, I'll chat with your mum and dad about the drugs." I hesitate. "I'll be back—talk to you about stuff. Let you know what's going on. About the drugs." I stop again. "About anything else you want to know . . ."

I sense tension in the room. But Brian's holding my look, like that would be just fine with him. Like no one's told him a dickie bird. As I stand, I catch his definite grin. I barely suppress winking back.

The almoner's room is empty. Mum and Dad move ahead, perch together on the sofa edge. I pause at the door. *How quickly do I move?* I pull up a chair, leave a yard between us. *How to begin? What to say?*

"Do you know what's wrong with your son? I mean, exactly . . ."

Long hush; she looks at her lap. "They've never told us. Not in so many words. But, yes . . ." Then freer, "It's always 'lump'—at most 'growth.' Now it's these 'lung and back problems' . . . That's pretty much it."

Dad jumps in: "Like we're stupid."

I want to flinch under his raging eyes. My hands grip the seat.

Mum again, "Everyone avoids the word. Cancer."

It's out. She looks aghast she's let it slip. Like she's never heard the word before. A memory flashes: *Two ears, two eyes, one mouth—use in that* *ratio*. I ease my grip on the chair, clasp my hands in front. The hard questions pour out in a torrent:

"Do we have a choice, doctor? About this chemotherapy? Will it work? What's going to happen? What do we tell him?"

I fix my eyes on the floor. Dust is gathering—a neglected room. A sick room. *Christ, give me answers.* Suddenly my mind's back rehearsing *The Doctor's Dilemma* at school, the drama teacher's urging, "Eye contact! You know those words!" I look up. "Yes. Yes, you do have choices. No rush deciding. But Brian . . . he's almost a grown-up. And I think he knows."

Mum: "We can't!"

Dad's look fixes on me. "Can you talk to him, doctor?"

I glance back down, unclench my hands, remember to breathe. "Yes. Yes, I can do that. Tell him what's going on. What's going to happen to him."

It's out. I'll do it. Tell the truth, nothing but the truth . . .

Questioning ends. Death attends.

John Graham-Pole is University of Florida professor emeritus; pediatric oncologist; co-founder, Center for Arts-Medicine; advisory counsellor, Arts Health Network Canada; has written three poetry and two arts-medicine books, and short stories / essays about health and art.

Eye Surgeon

Susan Ioannou

Wherever I look,
he is there:
in twigs
on distant trees,
in pen-fine outlines
defining my chrome taps,
in a pill bottle's tiny print.
Even stone tiles on the floor
are etched with his intricate landscapes.

When I raise a crystal vase,
snared amid green whorls
a tiny drop shivers
on a rose petal
and I remember his voice
above a blurred watery light,
easing a sting, a pressure,
measured, reassuring
Be calm, all is well.

Turning a page
I read through eyes
no longer only my own
images made radiant by his hands,
also implanted in my brain:
lenses of his perfect
artistry and caring.

Susan Ioannou's poetry, fiction, and articles have appeared across Canada. Recent books include Looking through Stone: Poems about the Earth, Holding True: Essays on Being a Writer, *and* Nine to Ninety: Stories across the Generations.

Precision

Bryn Ludlow

Bryn Ludlow is a research assistant at the Ontario College of Art & Design University. This drawing is created in Adobe Illustrator, part of a series involving the human form called "Body Spaces."

Widow-Makers

Jerry Eckert

DECEMBER 15, 1956: I would like to blame it all on Ken, my dorm roommate, and at times I have. But in truth, I made the first move.

"Hey Roomie, can I try one of those?" I asked.

"Sure." He tapped the pack on his knuckle, jarring a smoke halfway out. So cool! The practised hand squeezing the pack up from his shirt pocket, the knuckle tap. He passed it over, humming the jingle we heard every morning on Armed Forces Radio: "Winston tastes good like a cigarette should." His Zippo lighter sprang into flame with its distinctive *chi-chink-zip*.

We were on the school bus cruising down a German autobahn. During the week we lived in the dorm and attended Frankfurt American High. Today we were heading home to Bonn for Christmas with our families. I lit my very first and sucked the smoke into my lungs. I gagged and doubled over, convulsed in a wracking cough. The back of the school bus erupted in laughter. So Ken taught me how to inhale. Draw smoke first into my mouth. Then, with open lips, inhale a mixture of smoke and outside air. Half a cigarette later I was high in a toxic sort of way, mostly dizzy and borderline sick. Not only was I gonna be cool, I would soon to be hooked as well.

August 8, 2010: The patient is a seventy-one-year-old gentleman who presented to the Emergency Department and who was admitted to the coronary care service complaining of intermittent chest and jaw pain for approximately one week. The day prior to admission, the patient noted chest pain or *tightness that radiated to bilateral upper extremities and was associated with mild exertion.*

EARLY FALL 1956: "Hey guys. We're gonna have a party with a bonfire under that big tree down by the Rhine. Eckert passes for eighteen at the commissary, so he can get the booze. So who all's comin'? Eckert, you get a case of Löwenbräu for every three guys. And get litre bottles of Steinhager for every three girls, with plenty of Cokes to hide the taste."

"Hot damn! Babes, booze, blankets, a bonfire, and no parents." At seven cents a bottle for some of the world's best beer, it was all too easy to become what doctors would someday label "a high functioning alcoholic." Hooked again, and not yet out of high school.

August 10, 2010: The patient was admitted on August 8 to the Cardiology/Coronary Care Service. The patient was followed closely. Echocardiogram was obtained showing normal left ventricular function with mild decrease in right ventricular function at that time. The decision was made to take the patient to the cath laboratory for right-heart catheterization.

1954: A salesman, Ray Kroc, visited Dick and Mac McDonald's hamburger store in California hoping to sell them appliances. What he saw, however, triggered a career change for Ray, and he soon held exclusive national franchise rights for the McDonald's chain of fast-food eateries. America's eating habits would never be the same.

In the early days, store signs across the country tracked the numbers. "Over 20 Million Sold," they crowed. Then 30 million, 40, 50. The 100-millionth burger sold in 1958. Kroc bought out the McDonald brothers in 1961. Ray opened his five hundredth store in 1963. Americans consumed 5 per cent of their meals away from home at the time. Over the next thirty years this swelled to 32 percent, fuelled largely by fast-food chains and convenience stores. I sampled my first McDonald's cheeseburger in East Lansing, Michigan, in 1967. It cost nineteen cents, but the real cost was yet another lifelong habit.

August 10, 2010: The patient had undergone PCI (stent placement by catheter) of the right coronary artery this afternoon, which was complicated by dis-

section and cardiogenic shock. He was having recurrent episodes of ventricular fibrillation and required external cardiac massage. He had been shocked multiple times. An intra-aortic balloon pump had been placed earlier. The patient suffered from intractable ventricular fibrillation arrest and proceeded to have approximately forty-five minutes of chest compressions before being placed on ECMO (extracorporeal membrane oxygenation). It was obvious that if nothing was done this patient would not survive. For this reason, it was elected to place ECMO while getting ready for surgery in the operating room. We placed him on ECMO in the cath lab and brought him emergently to the operating room for grafting of his right coronary, which was occluded. This was done emergently without the ability to obtain consent from the patient's family.

SUMMER 1961: Pablo first introduced me to the term *widow-maker*. We met during a forest fire in Arizona's Santa Rita mountains. I had seen the smoke from Tucson and, with a week to kill, drove out to volunteer. Because I had "experience," all of eighteen hours the previous summer on another fire, someone in a Forest Service uniform made me a crew chief. After I signed up, he mentioned offhand that the crew were all prisoners. "No sweat," he said. "They're minimum security guys." What the heck, I thought. At $2.40 an hour, paid for twenty hours a day, this was big money for an undergraduate student in 1961. Pablo had immigrated illegally, managed to get arrested, and now lived comfortably in a federal prison in the mountains of southern Arizona. The Forest Service helicoptered Pablo, some of his roommates, and me up to the top of a burning mountain. There they dumped us out with our hand tools, paper sleeping bags, drinking water, military C-rations and told us to beat the fire out. My crew numbered twenty-five, all felons. But minimum-security felons.

Pablo had done this before. Effectively, he took over and taught me, by example, how to manage a fire crew. Our second day on the mountain, we followed a wisp of smoke to a lone Ponderosa pine with fire smoldering inside its hollow trunk. We were watching smoke ooze from junctions where branches joined the trunk when, without a sound, one of the larger branches separated, dropped twenty-five feet, and splintered on the granite below. "Widow-maker." Pablo offered. "*No lo escuche,*" he explained. "You won't hear it." Today, I wonder. Whether from falling limbs, or cigarettes, too much booze, or whatever, do we ever hear it coming? Or, deafened by our assumed invincibility, are we even listening?

August 10, 2010: The right and left groin had been prepped and draped. Using the Seldinger technique, the right femoral artery was cannulated, and a twenty-French arterial cannula was placed in the femoral artery. Following this, the left femoral vein was cannulated using Seldinger technique and an eighteen-French venous cannula was placed and advanced in the inferior vena cava. The cannulae were then connected to the ECMO system, and the patient was placed on ECMO. Then he was transferred to the operating room for aortocoronary bypass grafting. Because the patient was extremely critical, two of us had to work together to place the ECMO system. There was a large fracture of the sternum with a hematoma in the pericardial space. The patient was in ventricular fibrillation.

FALL 1965: Not long after meeting Pablo, I found myself in a war zone wearing a uniform. A certain gallows humour often lightens the stress for those who must do unspeakable things in war. In Vietnam, an *MA* stood for a mechanical ambush. Those MAs set by our side were euphemistically, even hopefully, called widow-makers. Back home, so was the Smith & Wesson Model 1006. Wanting extra clout, this semi-automatic baby fired 10-mm slugs from a nine-shot clip. Ten millimetres. Only a hair's width less than the .450 Nitro Express used on African elephant safaris. Hugely popular with law enforcement, its afficionados named it the Widow-Maker. This gun was later discontinued because "smaller agents," probably female recruits, had trouble controlling it.

1976: The Sterling company in the United Kingdom produced the AR-18, a cheap, some say sleazy, machine gun. It never achieved commercial success, but it won a nasty reputation among terrorists. The AR-18 could be broken down for concealment without ruining the zeroing. It could then be pulled from hiding, snapped together in seconds, and used immediately and accurately. The Irish Provisional IRA loved it and nicknamed it the Widow-Maker.

Late 1990s: Specialized surgeons and nurses developed their own definition of a widow-maker. To them the term refers to an occlusion of the left anterior descending (LAD) coronary artery, which usually kills abruptly. From the second this widow-maker hits, there is a five-minute window to get the patient to a hospital or receive emergency care. After that, there is only darkness.

August 10, 2010: The patient was placed supine on the operating table, fully prepped with Betadine. The vein was harvested from the left lower leg and found suitable for grafting. His chest was opened through median sternotomy, and the pericardium was opened. He was in ventricular fibrillation. He was cardioverted (shocked) with thirty joules and came back to sinus rhythm. Both left and right ventricles were markedly hypokinetic. He was at very high risk, so we did the bypass graft of the right coronary artery using the Medtronic heart stabilizer. We tried to take him off the ECMO, however the patient would develop right ventricular failure. He was placed on milrinone, Dobutrex, Levophed, and in spite of all these and a balloon pump for circulation, we were not able to wean him off the ECMO. We felt that it would be best to leave the ECMO in place, let the heart recover, and reevaluate him in twenty-four to forty-eight hours. The patient was taken to intensive care in critical condition.

August 10, 2010: I called his wife Betty and his son, who were en route from California. I explained to them in detail that ECMO had been placed, that he had undergone bypass grafting, and that we were not successful in weaning him off the ECMO. I also explained that we planned to leave the ECMO system in place for a couple of days and that his sternum remained open.

1968–71: Part of my job with Ford Foundation's agricultural team in Pakistan involved talking with farmers. It seemed I was always on the road. Forty per cent of my working days found me knocking around Punjabi villages with Abdul Ghafoor, my trusted driver and translator of five local languages. Of course, in Pakistan's villages, Winstons were unknown. Ghafoor introduced me to a local unfiltered smoke named K-2 after the world's second-highest peak on the Pakistan-China border. With a blue-and-white sketch of K-2's summit on the pack, he nicknamed them "Icebergs." They tasted of camel dung and floor sweepings. But they were cheap, and ubiquitous across Punjab. And strong as hell.

August 10, 2010: His wife was also informed by telephone that because the patient had sustained a long cardiac arrest and though the cardiopulmonary *resuscitation was very effective, I did not know the condition of his brain. Only when we take him off sedation will we know about his mentation.*

THIRTY SECONDS LATER: "You know, if there's going to be brain damage, he'd rather be dead." This was Betty's grim reaction to the phone call as our son Todd raced along I-8 in San Diego to put her on a plane for Tucson. Had I been able to vote at that moment, I would have agreed. I've seen the inside of nursing homes and their captives, both of my parents among them, frozen in their interminable non-lives.

August 14, 2010: The patient is now four days out from placement on ECMO and aortocoronary bypass grafting for an occluded right coronary occurring during an angioplasty. Hemodynamically he appears better and he is brought to the operating room for decannulation of ECMO. While in the operating room his chest, legs, and groin were prepped and draped. We then turned down the ECMO circuit while he was on anticoagulation. He was able to eject, has a good blood pressure, and remained stable for five minutes. The ECMO was then discontinued.

SUMMER 1970: My one servant, Allah Bakhsh, and I settled into an ancient British hill station in Nathiagali, Pakistan. We were "roughing it" in a hundred-year-old Victorian bungalow with hand-carved trim at the doors and windows. A watchman brought firewood, chickens, and potatoes from nearby mountain villages. This rest house lay nine thousand feet up in the Himalayas, washed by pine-scented breezes, with the Muslim call to prayer cascading down the canyons from a mosque even higher up. Our distant view of Nanga Parbat, Pakistan's second-highest mountain, lifted our spirits. Allah Bakhsh brought bed tea every morning, cooked our meals, and did the laundry and other chores. I was there, boxes filled with questionnaires and computer printouts, to escape Punjab's crushing summer heat and finish my doctoral dissertation. And of course I had my weeds. As soon as I ran out of Winstons, Allah Bakhsh and the watchman located a roadside tea stall selling Icebergs. When it was all over, I added it up, roughly one cigarette per finished sentence of text, sustained for 152 pages.

At some intellectual level, I knew the risks. But my gut wasn't listening. I needed the stimulation, or so I thought, needed to keep my mind on the cutting edge. The PhD came that fall. I dedicated the dissertation to my children.

August 12, 2010: We removed the venous cannula and held pressure. We cut down on the arterial cannula and placed angled DeBakey vascular clamps proximally and distally. We then closed the hole in the femoral artery. We had good hemostasis and good pulse distally. The groin was closed in layers with absorbable suture. The chest was irrigated out copiously with antibiotic-containing solution. The graft was palpated and felt to be patent. After adequate hemostasis was obtained, the chest was closed with eight stainless steel wires. The remaining layers were closed with absorbable suture. Sponge, needle, and instrument counts were correct. The patient was transferred to intensive care in stable condition.

EVERY DAY OR TWO, 2003–4: La Cantina serves our Colorado bedroom community with booze and smokes. Burt, the owner, drives the cash register, stocks tequila with worms in the bottle if you ask nicely, and greets everyone by name.

"How ya doin', Jer? What'll it be? A pint of Jim Beam and a soft pack of Winstons, right?"

"You know me too well, Burt."

"Well, same ol', same ol' every day or so. I ought to know your routine by now. Say, Jer, why don't you ever buy your cancer sticks by the carton?"

"Because I might quit tomorrow, and a carton lying around means that probably won't happen."

"So how's that workin' out for ya?"

"I don't know. It's only been forty-eight years. I figure nearly 400,000 cigarettes so far. But I might quit any day now. I guess I should have bought shares in R. J. Reynolds back in the day."

August 18, 2010: The patient came to the Cardiovascular Intensive Care unit in critical but stable condition and progressively improved. The ECMO was decannulated on the twelfth and the balloon pump was removed on the thirteen of August. The patient progressed nicely and began arousing from sedation *two days following ECMO decannulation. The patient was extubated on August 16 uneventfully and delined accordingly.*

TODAY: I would like to say I looked into the abyss and recoiled. But that would be a lie. I knew no abyss. I was comatose, suspended in a chemical cocoon. They gave me Versed, so I remembered nothing. They gave me morphine and Demerol so I felt nothing. I was told that tubes took blood directly from my aorta, out of my chest and into a box where it flowed across a membrane with oxygen on the other side, then back into my body. I was told that my open chest looked like a cistern filled with slightly bloody fluid from which tubes emerged. I was told that a balloon pump pushed my oxygenated blood around to where it was needed. My heart was resting—healing. I was also told that only 2 per cent of adults will survive four days on this ECMO apparatus as I did.

What I do remember is waking up, slowly, in morphine-punctuated fits and starts. There's Betty. I knew she would be here. Damn, but I love her. But then there are my kids, Erin, Scott, Todd, who live thousands of miles away. Why are they here? Something must not be going according to plan. But there they are, their executive, jet set, special agent, CEO lives suspended just so they can smile bravely and tell me it's gonna be all right. And then there were the tethers. Nurses tied me to the bedframe so I wouldn't rip out my plumbing. I felt trapped, helpless, and scared. With breathing and feeding tubes down my throat, I couldn't talk. I tried to speak with my eyes. I'm told I looked pathetic, desperate. I was.

August 18, 2010: On day of this interim summary, the patient was ambulatory out of his ICU room, tolerating a regular diet, hemodynamically stable, and accepting moderate exercise and plans for follow-up with cardiopulmonary rehab.

SEPTEMBER 1, 2010: At my two-week post-op check up, I finally met Gulshan Sethi, the cardiothoracic surgeon who saved me. I asked him for a layman's description of what happened.

"Basically," he said, "you died on my operating table. I had to bring you back, one organ at a time."

"How was I so lucky, to already be in an operating theatre with you on call in the next room?" I meant it as a compliment and a profound thank you. His eyes rolled upward.

"Someone was looking out for you," he said.

Dr. Sethi was born and reared in Jammu, Kashmir. I've been to Jammu, where I had a memorable meal of mutton curry some years ago, so I asked him, "Are you Hindu, Muslim, or Christian?" All three are possible in Jammu.

"All of the above," he replied. "I am just a spiritual man." And he smiled.

OCTOBER 2010: Betty and I joined friends for dinner at a national chain restaurant, The Claim Jumper. Their menu included a signature burger named, with unmitigated gall, the Widow-Maker. With some pride, the write-up describes more than half a pound of beef accompanied by "applewood smoked bacon, hand-battered onion rings, avocado, double-thick Tillamook cheddar, mayo, and red relish." This Widow-Maker puts its competition to shame. McDonald's Double Quarter Pounder with cheese, Burger King's Double Meat Whopper with cheese, even supersized fries, all bow in obeisance to the Great One. One Widow-Maker offers 1492 calories, with seventy grams of fat, twenty-nine grams of saturated fat, 202 milligrams of cholesterol, and 2648 milligrams of sodium. Many of these levels exceed the recommended daily allowance. All for the very reasonable price of $10.95. From my perspective, just seventy-one days out from a "complicated" coronary from which I "basically died," from which I was brought back to life organ by organ, this sandwich might as well have been offering toxic waste on a bun. I did not find the macabre sarcasm in its name amusing.

TODAY: I woke at first light. Through the bedroom window is a desert mountain most of which is designated wilderness. Halfway up its flank on a sequestered ridge towers an alligator bark juniper, its bole twelve feet around, undoubtedly more than a thousand years old. Branches arch out over nearly a quarter acre of meadow grass to meet another ancient giant. Underneath, dappled shade, shelter, and the sounds of breezes. I call this place "The Cathedral" and have taken my kids up there for their instructions. Someday they will sprinkle me under those trees. I take solace thinking that little bits of me will, with the monsoon rains, wash down to the roots of living things and help them grow.

But not yet. Each day, when I awake, I look down at the hands that turned off the alarm clock, the feet that will walk the trash out to the street. My lungs breathe sweet air. My spirit soars. My undamaged mind fully comprehends these things. And then, for just a moment, I think of the alternative—the ashes. Why me? And to what end? I don't know that yet. But while I search for those answers, I will relish, with all the intensity I can muster, what I have for now. Then, I will deal with the ashes when I must.

Jerry Eckert published literary nonfiction in Memoir, Superstition Review, Weber: The Contemporary West, Pilgrimage*, and others. He recently won the Northern Colorado Writers essay contest and has a memoir of his life in Africa forthcoming.*

Aligning My Goals with the NIDA[1]

Mary Harwell Sayler

Investigate crosstalk between brain structures,
but also examine how your brain talks to mine.

Identify the neurobiological events and genetic
makeup that make me most vulnerable, but let an
animal volunteer check it out. (My dog will. She
is faithful. You can reach her by calling my name.)

Do what you can to determine the consequences
of my choices, my level of risk-taking, my lack of
self-control, or, more likely, my conscientiousness.

Find out how to alleviate my craving for curiosity
and what you can do to desensitize me to myself.

Map my brain. Identify each increment wrapped
around a dissatisfaction. Investigate my receptors
and the limits of my patience. Swing with me into
understanding the nature of a magnanimous mood.

Be heroic. Redeem adopted children from prenatal
addictions, and pray for their early genetic release.

Mary Harwell Sayler, a traditionally published writer in all genres, has written numerous health articles, patient handout sheets, and two life-health encyclopedias. She also helps other poets and writers through her blogs and website.

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[1] National Institute on Drug Abuse

Better

Debbi Andrews

They tell you that in two months you will be better, good enough to go back to work.

They lie.

My theory is that they say this because they don't see you after the two-month visit so they don't know any better. At the two-month visit you are so eager to be better, to be thought of as better, that when they ask if you are better, you nod and you smile and you say you are better. Because you are better. But better than what?

It is not hard to feel better than when you wake up after the surgery and you have been cut open and stitched back together with the mother of all incisions running across your belly and those funny little do-it-yourself anesthesia lines sticking straight into the open cut. And there are oxygen prongs in your nose, and IV lines in both arms, and the arterial line in your neck, and the catheter, and the pneumatic booties periodically breathing the blood up and down your legs, so you don't wake up dead with a pulmonary embolism.

At that point they give you something to make it feel not quite so much like you've just been cut in half, and in half an hour they come back and ask you if you are feeling better. And you say yes, I am better.

A long time ago I learned that better is a comparative adjective.

But the pain meds don't make you heal fast, and they don't last long, and pretty soon you are twisting around on the bed and counting the minutes until you're allowed your next pain med, waiting to feel better and not worse.

Worse is also a comparative adjective.

And eventually you only have two lines, then one, and you can get out of bed to use the commode, and you've progressed from ice chips to the Jell-O of the day (red), and you can even go to the stand-up shower and wash your hair for the first time in you-can't-remember-when. Although you are not really washing your hair—you are just standing there clutching the rails so you don't fall, with your eyes squeezed shut so the LPN who is washing your hair doesn't get soap in your eyes. And later, when you are all dried off and back in bed, and dressed in a fresh johnny with no blood or urine on it, and sitting on fresh sheets with no blood or urine on them, and you're eating your red Jell-O, your RN will come by and ask if you are feeling better. And of course you will say you are better. Because you are.

Then the lines are out and you can even walk by yourself, although you need to use a walker—just in case—if you want to go farther than the bathroom, because walking is so tiring and you don't want to fall or something. Because they say if you're just a little bit *more* better, you can go home. And you think home has got to be better than red Jell-O and vital signs at 2 a.m. and subQ heparin shots making your arms look like they belong to an addict with bad aim, so you walk and walk and walk and say, no, I don't really need the IM pain meds, I can cope with PO. And then you finish all your Jell-O so you can prove you are better enough and be discharged. And your nurses are proud of just how better you are.

And then you get home and realize that you are not better at all, and that all those things you were looking forward to doing when you were better, you're not going to get to do. Because you're not that better. And PO pain meds don't work as well as shots. And if you want red Jell-O, you're going to have to make your own.

At this point, you start thinking you don't want to feel better, you want to feel best. But nobody ever asks you that. We don't tend to pay much attention to feeling best until we need to feel better.

Now the people who come to visit you think that by this time you should be better, so they say all kinds of encouraging things, like how the leg swelling has gone way down and how you can barely see the scar on your neck from the art line, but they know you aren't better and they don't stay long. But at least it breaks up your days.

And before you know it, it's time for the two-month visit. And before you know it you're there in clinic, and they're asking you how you're feeling, and you're nodding and smiling and saying you're feeling so much better, and they say that's great, have a nice life. And then they leave, and you leave, and everybody goes back to whatever they were doing before. And in the car you realize you're supposed to go back to work in a week or so and you're not better.

Not really.

And when you get home you wonder: why didn't they ask me better than what?

Debbi Andrews is a developmental pediatrician, medical educator, writer, and sometime poet who works at the University of Alberta and the Glenrose Rehabilitation Hospital in Edmonton.

What Cure?

Joannie Kervran Stangeland

After the diagnosis, each morning
she took her pill and then another.
It sat in her palm like a tiny egg,
an incubator for happiness.

After the diagnosis, she found comfort
in those dangling words. She learned
as much of the language as she could.
Often, the syllables twisted.

After the diagnosis, her mind roared
forward. But her body felt as flat
as the lake on a grey day
with no wind, a numb puppet.

She made a map of herself, with sharp
turns, rest stops, points of interest.
In some places, she could admit,
the view was still pretty good.

After the diagnosis, she began
to feel like she could do anything. Then
she knew she should do everything.
And now she was falling.

She held out her dull arms, wondered
why she could not be well
and sure, what cure she could swallow
to sleep a whole night.

Joannie Stangeland's collection Into the Rumored Spring *was published by Ravenna Press. She's also the author of two poetry chapbooks. Joannie's poems have appeared in* Journal of the American Medical Association, CHEST, *and other publications.*

Trapped

William G. Meffert

The small examination room collapses around us in a roar, so suddenly that the patient's last words are forced from her mouth in a scream. "Mon Dieu! Mon Dieu!" Her cries to God changed to a few moans, then complete silence after shifting support beams and falling plaster enclose us more tightly, as a predator closing its jaws. I lie entombed in darkness near my translator and Madame Laguerre, the patient I had been examining moments ago. Dirt scuffs my throat with each gasping breath. My right arm is pinned at my side, both legs trapped under massive weights. Surges of pain prevent me from trying to move anything except my left arm, which, curiously, is unaffected, its hand searching in darkness as if separate from the rest of my body. It feels softness beneath me. A body. A rope. My head rests on the abdomen of Madame Laguerre, still encircled with the crude belt I remembered seeing when I first met her.

She has nothing, I had thought then. Even making her belt out of hemp and tying it in a knot to keep her faded dress in place. "Where does she come from?," I had asked Odette, my translator, who sat beside me in her own rough dress, quite comfortable without shoes.

"From the faraway mountains near the Dominican Republic," she said. "Madame comes because she has lost weight and feels weak. Painful sores on her skin and in her mouth are infected, and fever comes each afternoon. Her husband has become a stick man and is dying. She thinks she also might have the AIDS."

My hand reaches the patient's wet, airless face. Her eyes are closed. I am confused and terrified; there is no light, but the hand tells me that my head and left arm are protruding from rubble into a small space and that somehow I'm lying on top of Madame Laguerre.

I call out, "Odette! Odette!"

"I am here, doctor!" Her voice rises somehow unaffected from the ruins of the Hôpital de l'Université d'Etat in Port-au-Prince where we had worked together for several weeks before the shaking started. Then Odette, wide-eyed with carefully barretted black hair and simple dress, looked cool and professional as she carefully told me about patients' symptoms while I, in crumpled shorts and sweat-soaked shirt, mopped perspiration from my face as I examined patients.

My eyes burn. I rub them but still cannot focus in the absolute blackness. She can be only a few feet away in the ruins of the small room.

"Where are you?"

Odette answers. "I do not know; there is only darkness. I have no pain," she gasps. "I am a prisoner. There are moans nearby but I cannot go to them—only a small space near your voice. We have each other. We can help each other."

"Come closer if you can," I shout. "Help, I cannot move!"

She crawls closer. "Doctor, we are the same now, trapped here together. The voodoo gods must be angry with what we have done to this country."

How can she believe a god could do this, I wondered. How could she believe in an angry god who punished believers? I certainly didn't.

"An earthquake just happens. The gods have nothing to do with it, Odette." Still, I had been impressed with how happily the Haitians lived with their religion. Witchcraft to ease the pains of poverty and illness, I had thought.

Odette has somehow crawled through a narrow opening in the rubble and pulled me away from the wreckage. I scream as crushed leg bones suddenly rasp together. We are confined by fallen beams, broken plaster, and the body of Madame Laguerre. Our bodies touch, an embrace of necessity. "My God, Odette. What will happen to us?" My arm sweeps away debris between us. She unbuttons my shirt and pulls it back on inside out. "The devil will not smell you now," she says.

Whatever, I think, feeling the buttons against my skin. How can it hurt?

Her head resting against mine, she coughs violently and continues. "We can only wait and pray that he will send someone to find us."

"God would be fine, but a rescue team would be better," I say. Her finger crosses my lips for quiet.

"We must not forget Madame Laguerre," Odette says. "She needs to return to her family to begin her next life. Her soul will be confused without their help."

I ignore her talk of next lives and confused souls. "Tell me about your family," I ask, trying to change the subject and take my mind away from searing leg muscle spasms. Odette's unsteady hand touches my face. She shivers, her voice now short and raspy. "I was raised by my mother in a worn-out town south of St. Marc. Father had died from an ear infection. The devil took my brother and my older sister." The force of her cough shakes my body. She grips me more tightly. "We lived near the dusty main street, and I helped Mother sell water to people traveling along the road. Some spoke English. I learned their language and came to Port-au-Prince looking for a better life. My mother still lives in that old town, selling water."

There is another heavy shaking, more collapsing, more dust. We cling to each other, gasping for air. I had seen fatal suffocation in the Army—the astonished expressions, the blueness of trapped blood, the broken facial blood vessels caused by forceful attempts to breathe. Looking at their faces then, I had thought that the victims had seen their death approaching as their breathing was progressively constricted. Terrified, I take a deep breath.

I think about how I finally quit that surgical practice. My phone had rung again. I pulled it out of my pocket, glancing at the page showing next week's full schedule. My life was constricted and confined, out of control. Try to save the lives you see and touch. There was little time to ponder rebirth and certainly no mysticism about the next life. On impulse, I cast the tight schedule aside and returned to Haiti where I had briefly worked during medical training. Haiti, where time seemed endless, where people repeated old stories, sang memorized hymns, and shared what little they had with each other. The voodoo candles, the frenzied dances with animal sacrifices, the Boku hexes. I would see it again.

How much time has passed? My cracked tongue can no longer moisten my lips. The thought of water overpowers even constant aching of both legs or fear of suffocation.

I'm having chills. Is infection starting? Nothingness, black time. I feel something in my pocket when I rest on my side: that small flashlight used for physical examinations I had forgotten. I pull it out carefully and push the switch. My hand is grey. Odette is grey. She brushes off a feathered amulet around her neck. A layer of dirt covers everything.

"Talk to me, Odette. Say anything. I'm losing my mind."

Her eyes closed, her mouth moves hesitantly, her hands grasping the charm and its leather cord. "We have hopes and fears, the same." She continues more softly than before. "Yes, Father, I'm coming with my friend Elna. We gathered some dry sticks for tonight's cooking. We are so hungry and thirsty, Father. Can you give us water?" Her voice drifts away as we press together for warmth. "The Boku doctors say to shut up your house at night. Close the doors and shutter the windows to protect from evil spirits that fly at night." She is then silent until I hear her whispering: *"He makes us safe. We will trust him and not be afraid of the night. He watches over us.* Are we safe now, Father?"

"Please take my hand," she says. "The next life, Doctor, there will be no pain or thirst. Think of the next life."

"Do you really think he can make us safe? That he cares?"

I shine the light on Odette more closely. She clings to her faith, her whispered strength somehow lifts us both. How can I be certain there isn't another life? Maybe she is right. I grasp Odette's right hand. There is a red streak down her blouse, the blood forming a small pool beneath her. The ruins shake again. Another cloud of dust. How long has it been? The calendar of my watch shows two days have passed. Is it night or day? I force my mind to think outside the crushed building. There is more shifting of the ruins, noises of heavy machinery smashing into the fallen beams.

Suddenly a shout: "Gen ou Vivian, Gen ou Vivian? Gen lavi anba-a?" (Are you alive? Is anyone down there?)

"Wi! Wi!," Odette murmurs. "Nou gen isit." (We are here.) "Eske ou ka ede nou, souple? Souple." (Can you help us, please?)

I shout, "Help! For God's sake, get us out!" Light appears above us.

Someone shoves a water bottle to us and says, "We heard your prayers."

Odette whispers, "Take Madame Laguerre first, then we will come."

THE ARTIBONITE RIVER FLOWS SMOOTHLY through the valley, where slender plantings of rice and corn crowd the trail near my window. Fever has blurred my vision. Long experience with patients tells me my legs are seriously infected and that I might lose them. I focus outside and try to stay calm. The hot sun has softened, illuminating straight-backed women striding home from market, heavy packs piled high on their heads. They talk rapidly. They laugh. An old woman carrying a bundle on her shoulder silently follows them and turns onto the trail leading to the hospital. A soothing breeze brings singing of hymns from nearby country churches and lifts away hot odours. I lift my head from the bed to see other earthquake victims crowding the beds and floors. Many have lost arms and legs. It is Sunday afternoon. Women and children are dressed brightly; the men have clean clothing. Families crowd the surgical ward. They hold hands with each other, with all the patients. They sing hymns, the injured singing when tears permit. A prayer book is placed under unconscious patients' pillows, a Bible at their feet. Stories are told. Back and forth it goes in Creole. There is a joke that starts with a patient wildly swinging his arms, imitating an unsteady walk during the earthquake—says he was walking down a street in Port-au-Prince when the devil bit off his foot. Another patient adds, "Too bad the devil didn't get your arms." Laughter. More patients and visitors add to the story. "Too bad he missed your head!" Louder laughter. Now tears of pain mixed with tears of laughing. I'm not going anywhere, just thinking, straightening thoughts.

The old woman enters the room and drops her heavy load near the doorway. She removes the faded red cover from a plastic water bag and shuffles up to my bed. Her wrinkled face is unchanged as she places her hand on my head and makes me drink. She blows on my face and fans my body after lighting a small candle. A Creole Bible is placed at my feet. My eyes close. She scuffs away and returns with Doctor Exe, who unwraps my sweat-soaked bandages. I see the infection. It hurts. He looks worried. Soon I am wheeled away; the walls seem to turn but do not fall or close over me. I am in a shiny room. The ceiling light blinds me. I hear metallic ringing as surgical instruments are sorted. Hushed Creole voices. A door swings open. Two silent masked people enter, their wet arms held high. Desperate for help, I whisper, "He leads me beside still waters. I fear no evil, for you are with me. No evil shall befall thee."

She wears a blue hat and a wrinkled paper dress. I don't know her. The mask covers her face but not her large brown eyes. They smile. Softly humming a beautiful song, she turns me on my side.

A needle stick in my back. I think Odette is with me. I reach up and take her hand. She tells a story about magical evil birds sent by Bokus. She soothes me, rubbing my hair, caressing my face. "The birds cannot harm you," she says. Placing her lips against my face, she whispers, "We are still together." She removes my clothing and places feathers around my neck. White liquid enters my arm through plastic tubing. I am no longer there.

William G. Meffert: Surgeon in Vietnam, Iowa, Haiti, Russia, and China. Flight instructor, carpenter, surgical consultant for Stanford University. Published in AOPA, Vietnam Archive, Evergreen Review, *and forthcoming issues of* MacGuffin *and* Helix Magazine.

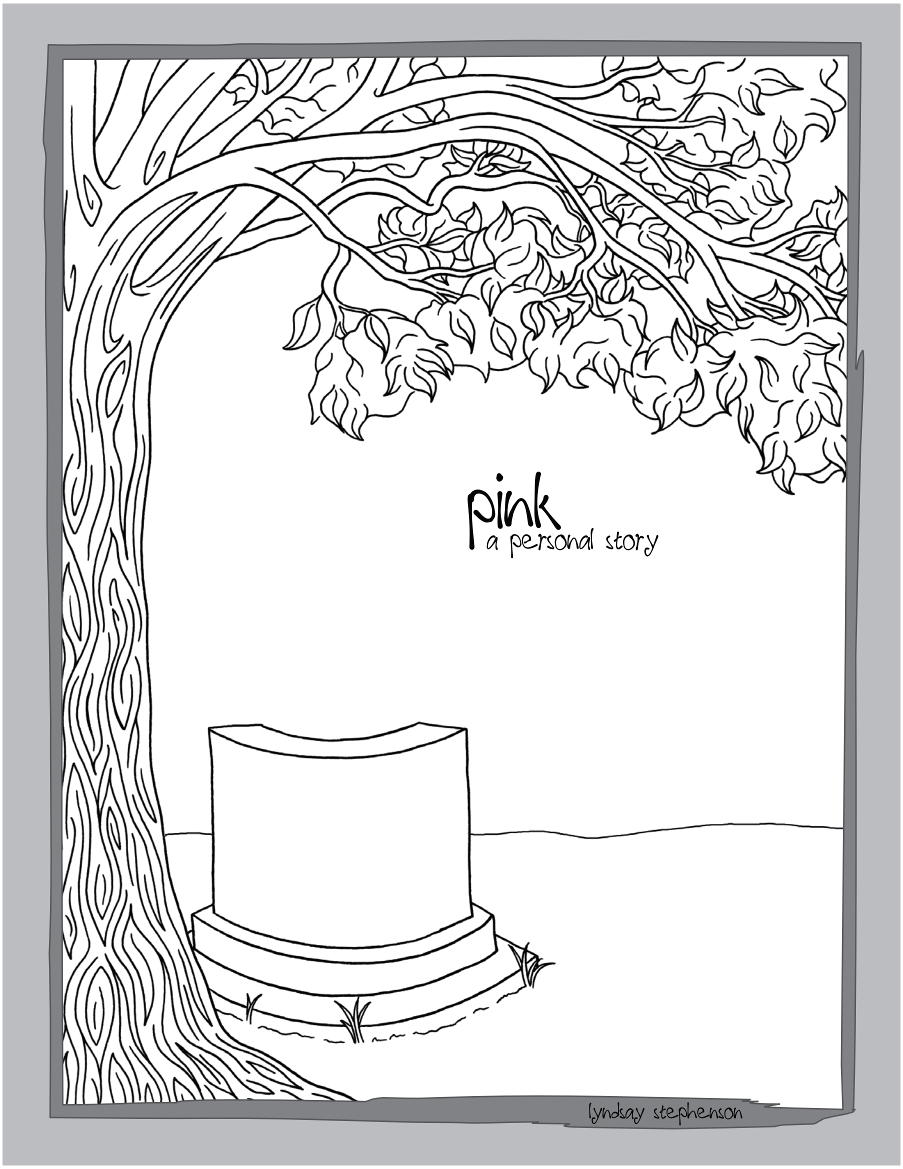
The Group

Linda Bullock

Group held three times a week.
Provincial loony bin.
Criteria: chronic craziness.
My presence came to be
a constant in their lives.
They trusted me to climb inside
and look outside their window.
Stan looms larger than the rest.
He'd tried to shoot himself
and blew off half his face.
Sadistic voices stalked his psyche,
refusing to be silenced by drugs or ECT.
In a deeply sensuous Scottish brogue
he would recite the work of Dylan Thomas
without a trace of madness.
Izzy was an orthodox Jew,
complete with tallis and tattered tzitzit.
As soon as Izzy sensed religious ridicule,
his arms moved like machetes.
Terrifying torrents of Yiddish would erupt.
The only thing that soothed his soul
was the sound of Mozart's violin sonatas. Upon his arrival and exit
from the group
he gravely genuflected,
shook each person's hand,
and softly said, "Shalom."

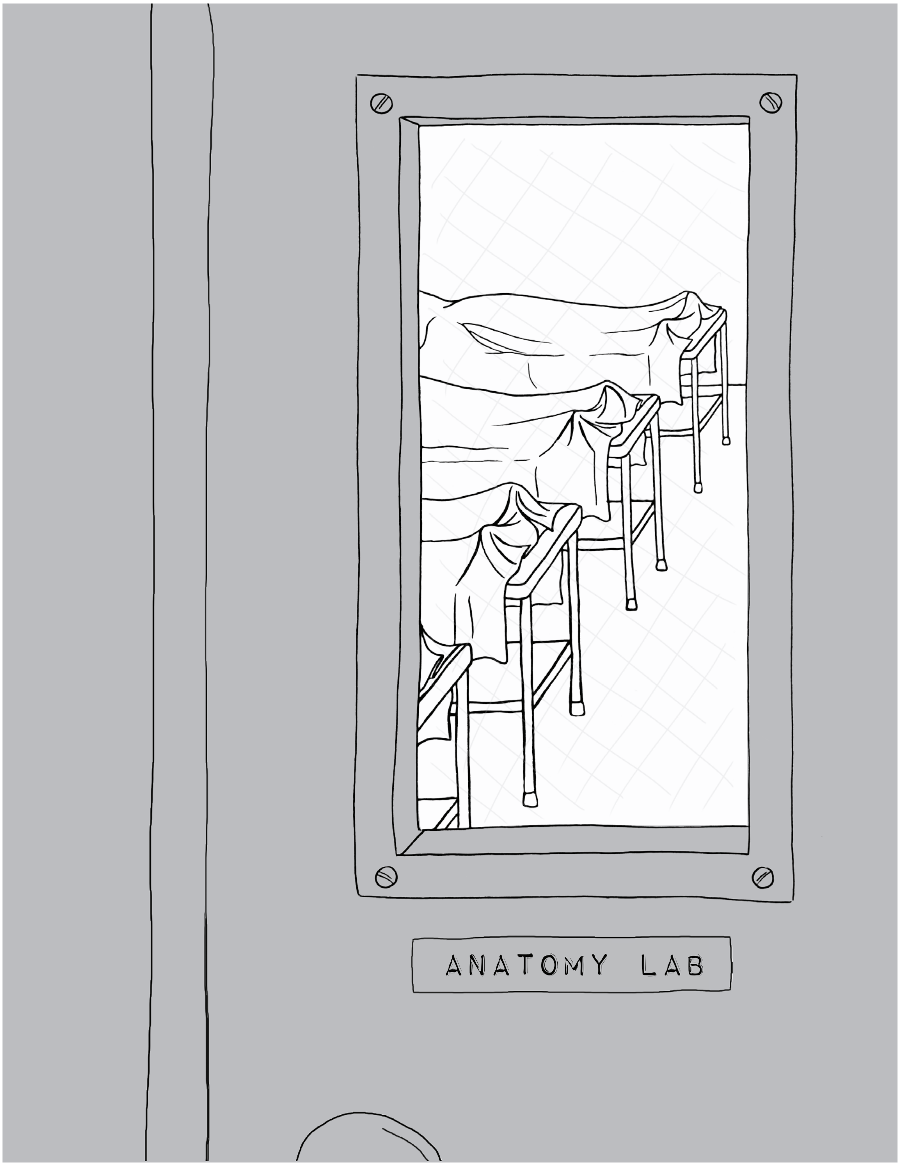
June was 30 when I met her.
At 13, she ran away from home.
At 14, she was turning tricks to live.
Syphilis untreated claimed her fragile mind
and left her childlike, with no impulse control
and the scent of selfless generosity.
The group tried to protect her aching vulnerability,
but hungering for human touch, she gave herself away.
Despite the growing gaps in her cognition
she sang every Sunday in the choir.
At Christmas she performed "O Holy Night"
as if the song had been written just for her.
Earl was just 19, the baby of the group.
Autism overshadowed superior intellect.
Rigid rituals ruled his life.
Each day he'd walk the same set routes,
the same set number of times,
until his soles were shredded; his feet were festering.
Shakespearean soliloquies were featured
in his ritualized patterns of speech.
When tensions in the group arose,
he'd twirl three times, stand up on his chair
and with astonishing aplomb deliver these familiar lines:
"The quality of mercy is not strain'd.
It droppeth as the gentle rain from heaven
upon the place beneath."

Linda Bullock is employed as a psychiatric nurse consultant. She has forty-five years' experience as a clinician, educator, and administrator, and her poems often reflect her experience in psychiatric care settings.


pink
a personal story
lyndsay stephenson

written and illustrated by
lyndsay stephenson

dedicated to
someone whose name
i never knew...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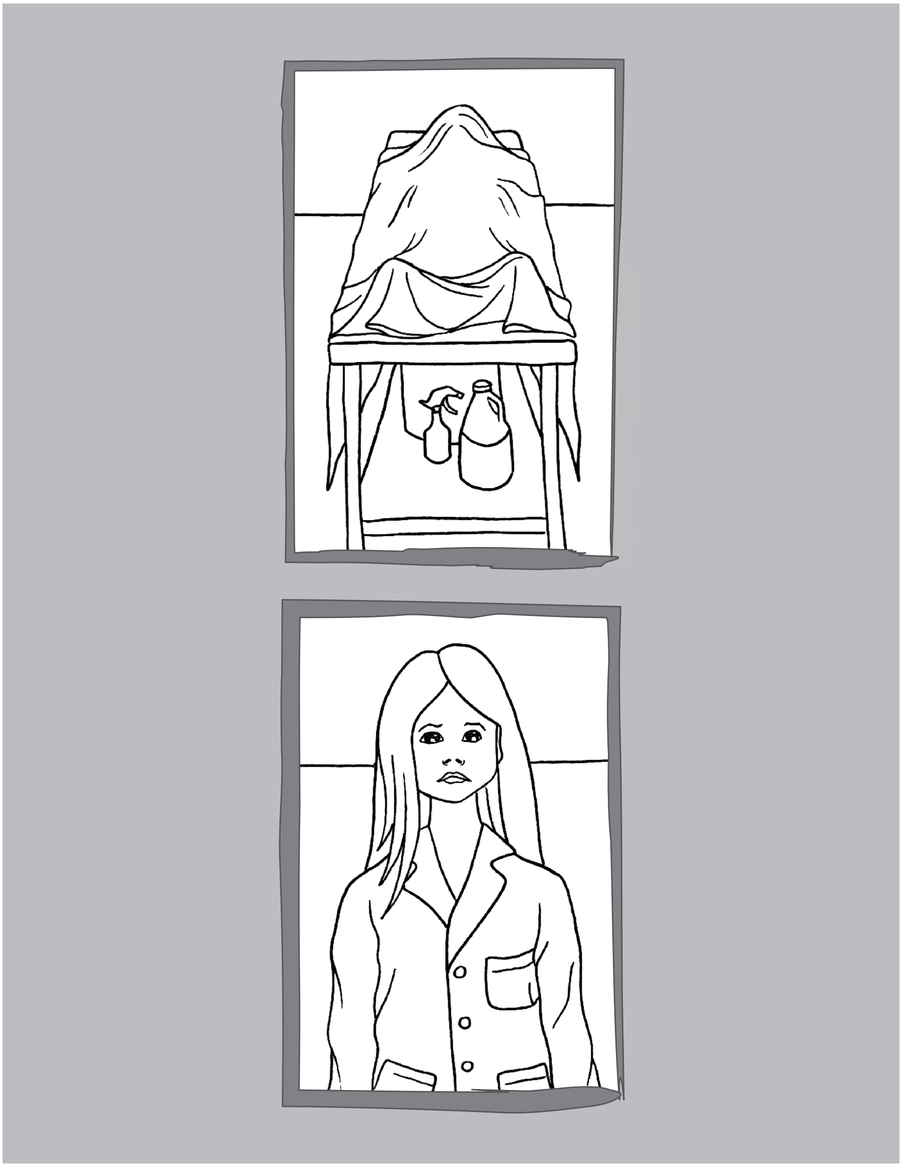

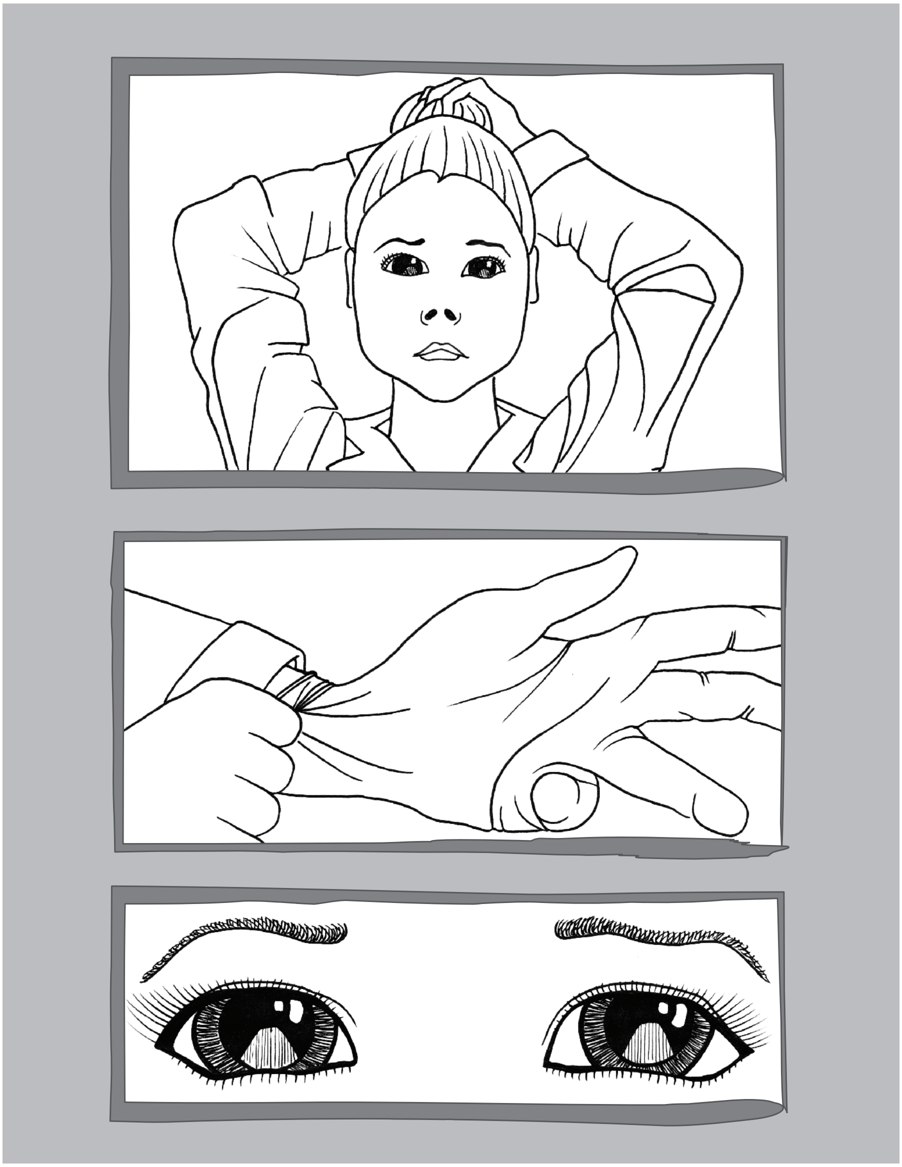

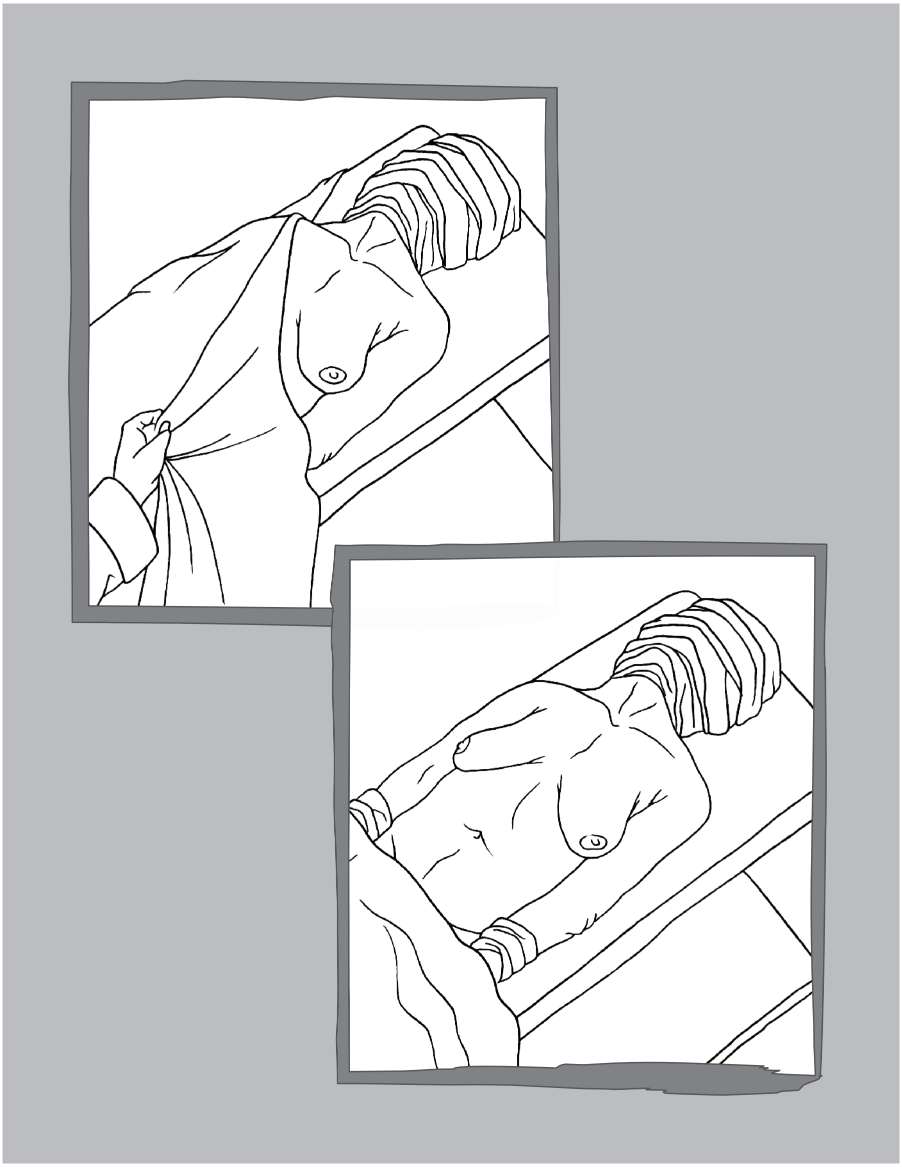

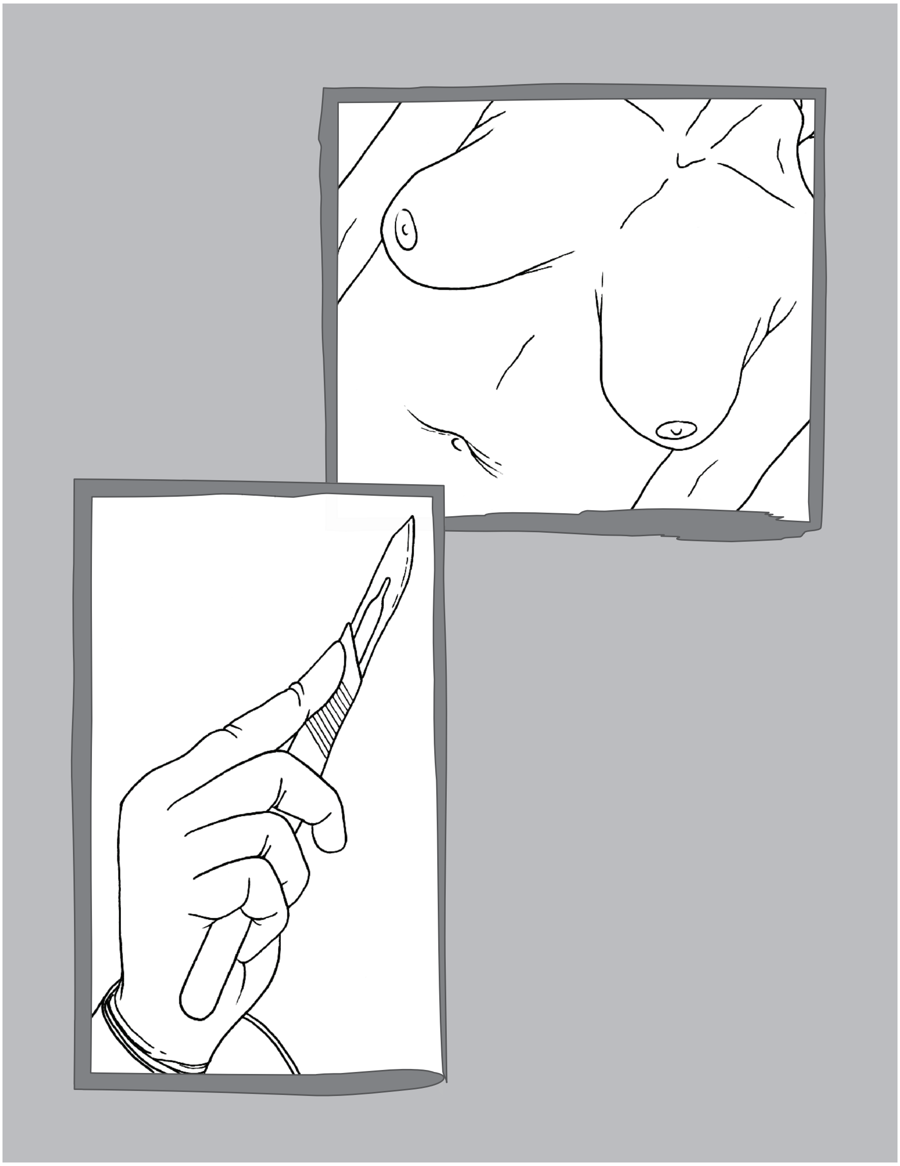

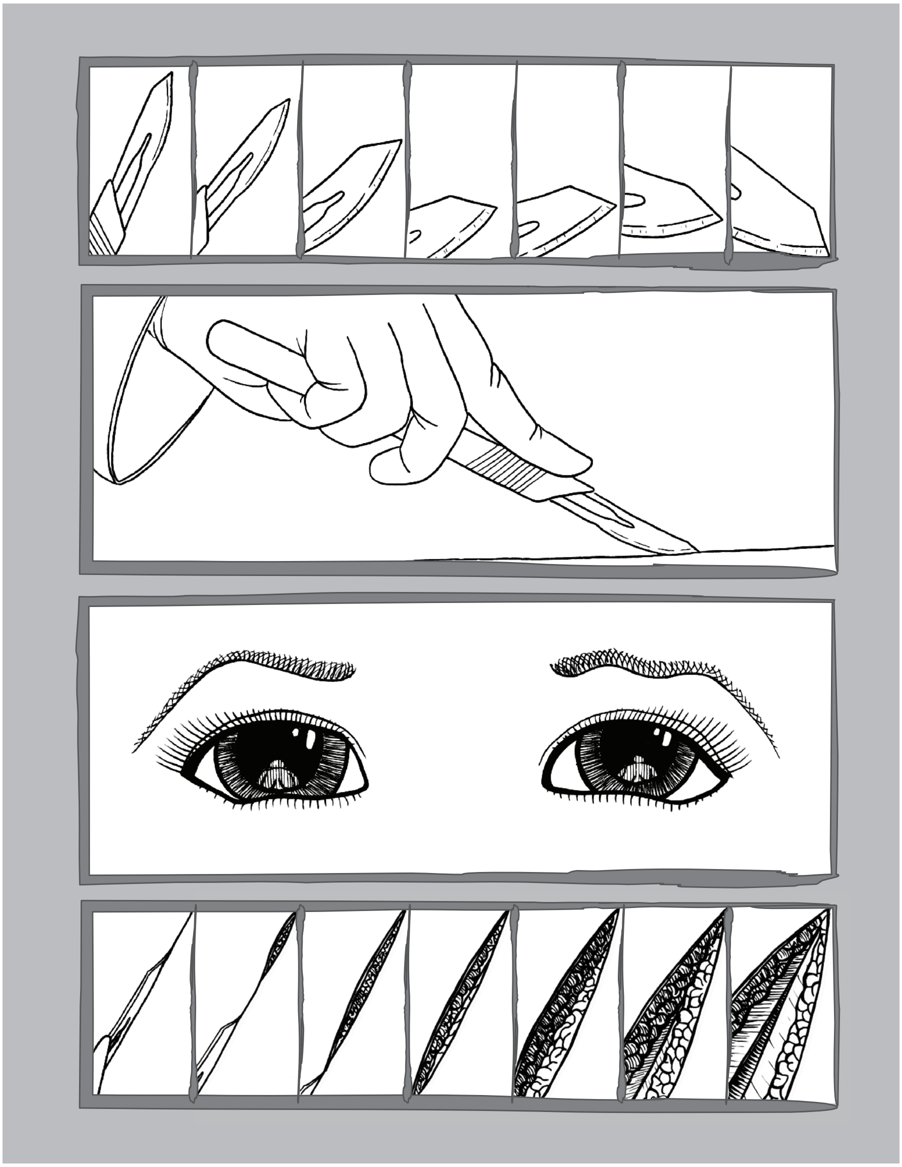

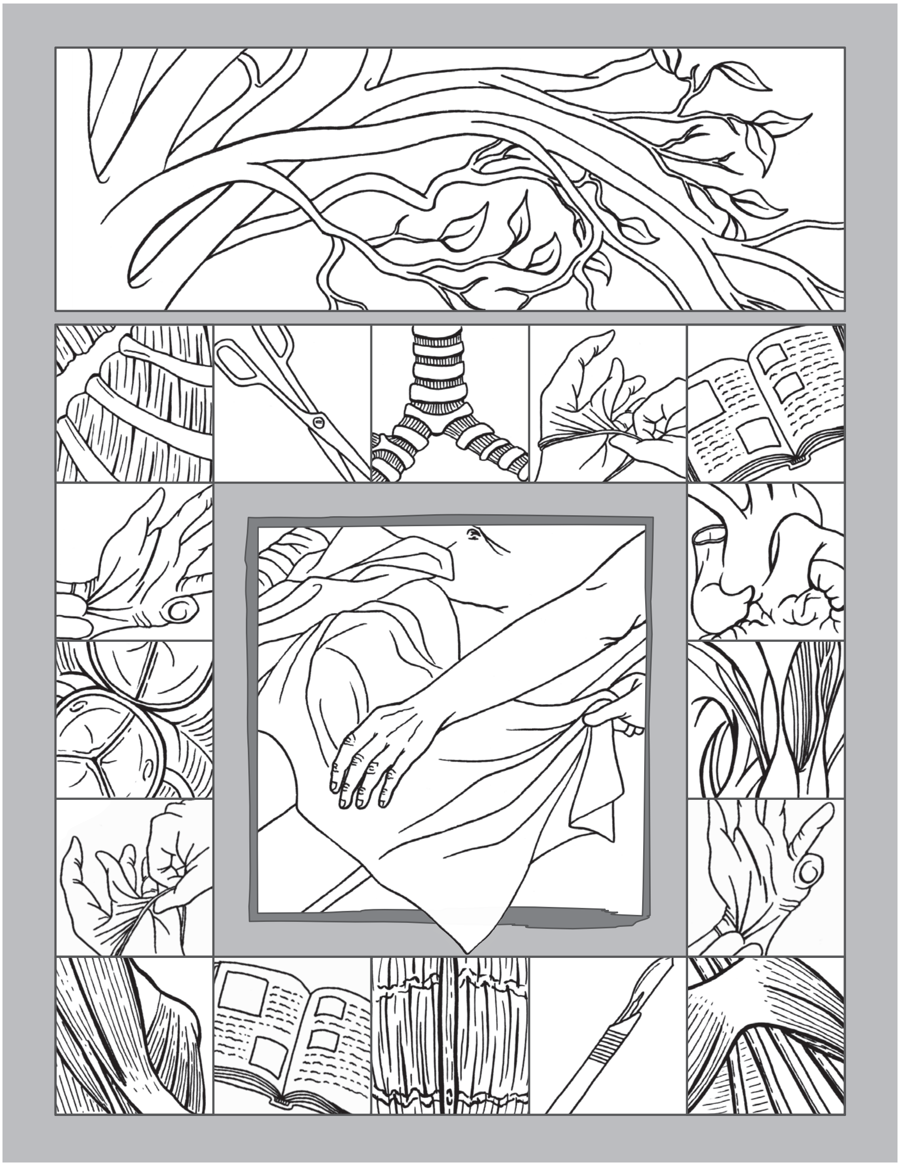

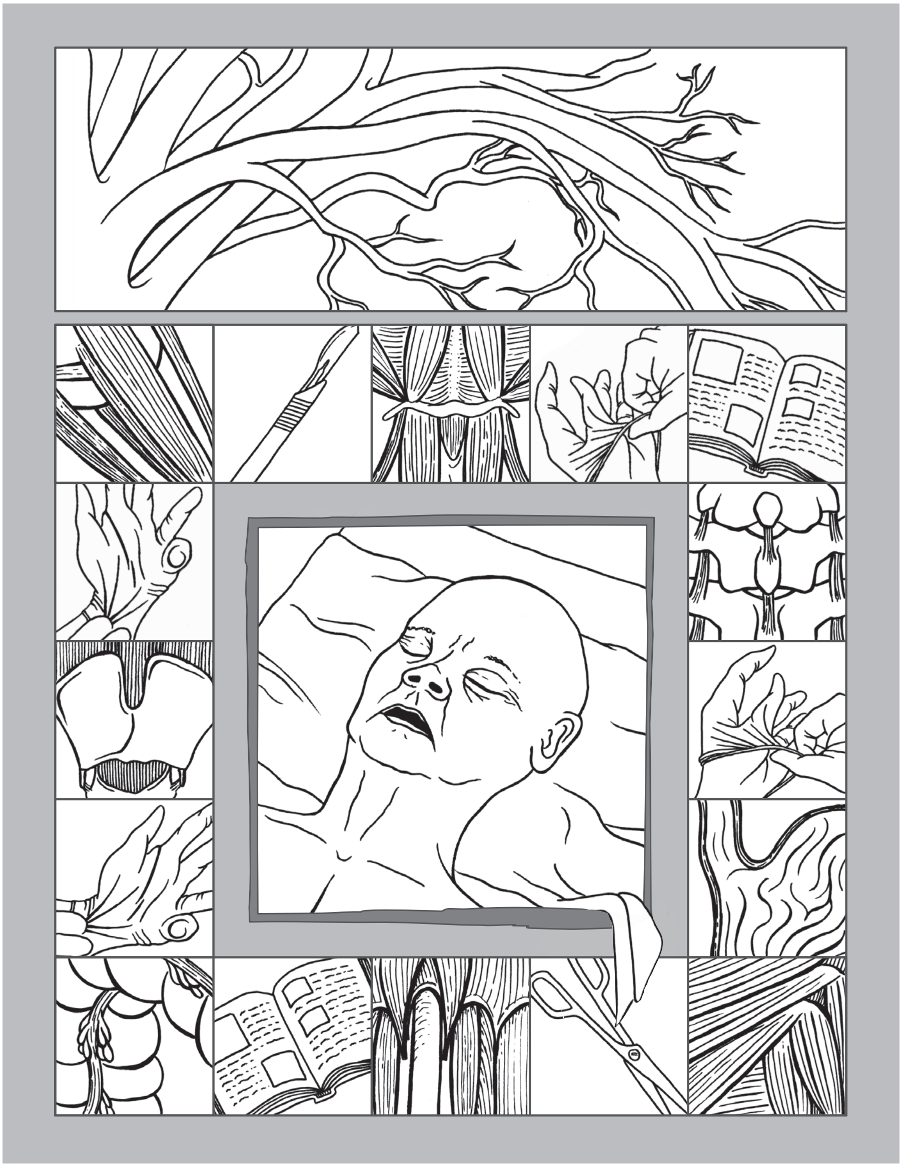

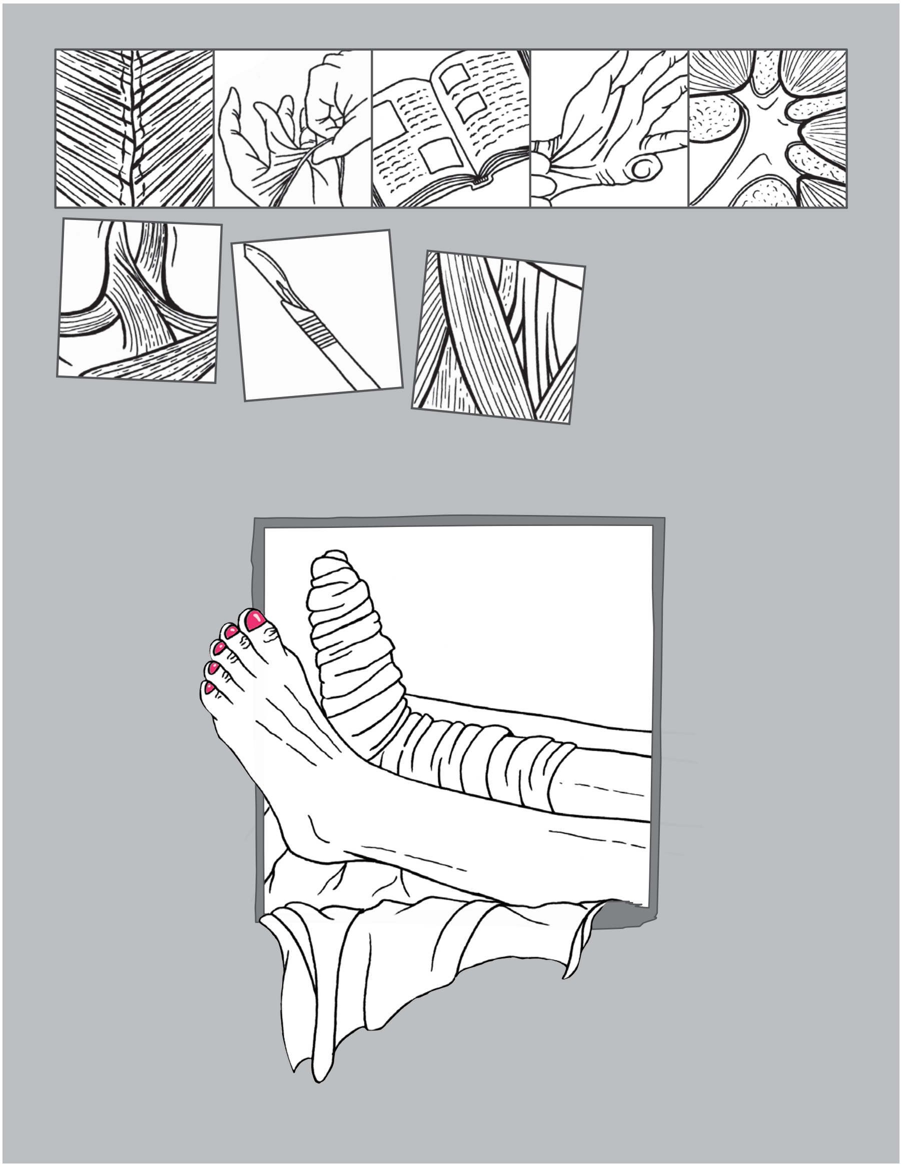

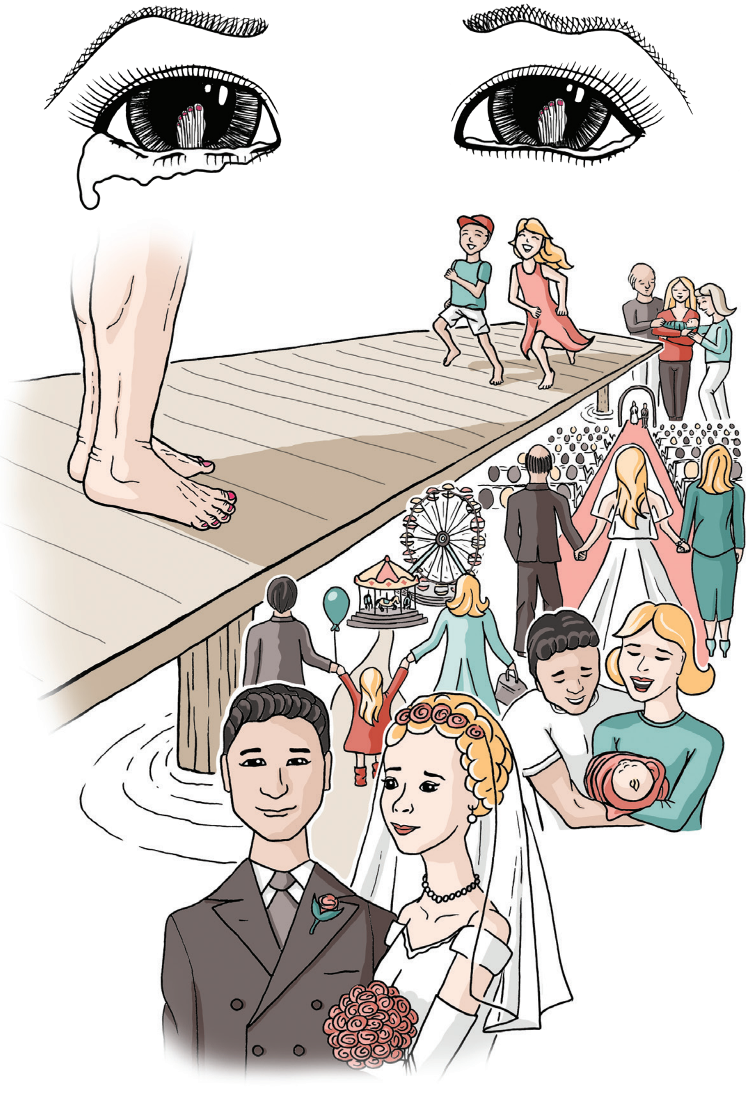

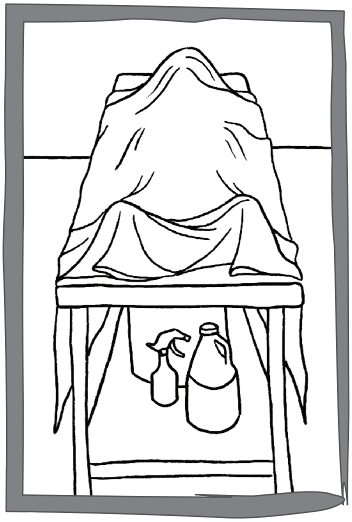

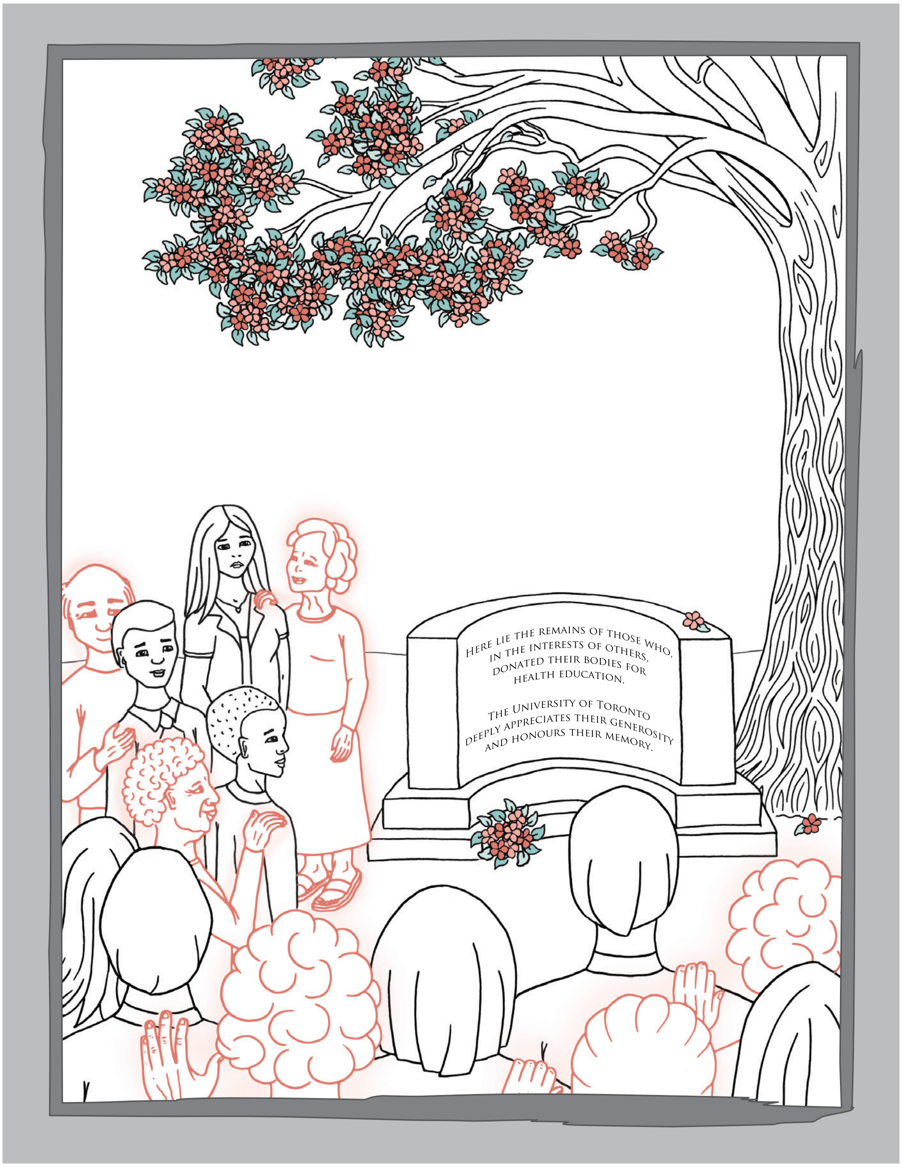

With a master of science in biomedical communications from the University of Toronto, Lyndsay is a medical illustrator, animator, and media developer. She greatly enjoys the creativity, challenges, and rewards involved in visualizing science to help others.

The Good Patient

Janis Harper

There are times in the hospital when all you need is for someone there—a nurse, a doctor—to tell you, "It's all going to be OK."

That's all. Simple.

It ain't gonna happen.

When you're swallowing gasps of panic because you don't know what's happening—or else because you do—it would provide such relief, peace even, to hear words like that. But nobody who works in medicine can say those words. I think they're trained not to. It makes sense, of course. 'Cause you never know. Can't make any promises.

Well, OK, you can understand if they can't make promises to cancer patients, or AIDS patients, or heart transplant patients. But what if you're hospitalized for something relatively "minor" and common, say, like the removal of an expendable organ like an appendix or gall bladder? What if it's the large colon? When does minor become major? What if there are complications? I guess shit happens. And because shit happens, medical people can't say, "Don't worry. It's all going to be OK."

Though they *can* ask, "Are you feeling anxious?" And you can answer with a hesitant, slightly shameful, "Yes"—even though they won't say anything in response to that. I guess just the fact of the doctor or nurse asking that question is meant to provide some comfort, some humanity in an otherwise clinical world.

In Western medicine, they're good at treating the body—so good that they've found a way to disassociate it from the rest of you. And when you get sick, are treated, and recover, you're to maintain these divisive illusions. That's why you hesitate when you respond to a question that's not directly about your body. You're a bit embarrassed about acknowledging an emotional, psychological self. This self is trespassing.

There's an unspoken, unwritten agreement made between patients and hospital people. If, as a patient, you get upset, you are not to let it show. You don't get angry, you don't cry, you don't talk about how you *feel*. Nor do you ask too many questions about your medical treatment or anything. Surgeons are well known for their laconic natures—they didn't become surgeons because they like to talk. And nurses just get drained because they have too much to do and not enough real power.

Case in point: The day after my colon was removed, my IV drip was giving me an uncomfortable burning sensation, due, I believed, to the frequency of the drips. I called my nurse and expressed my concern. Her response was defensive. She launched into that pop psychology communication technique that's designed to help people be assertive and express feelings in difficult situations to difficult people. The template is something like this: "It seems when you do _______, I feel _______."

All I did was ask her if she could adjust my IV drip, and I got self-assertion techniques. I was surprised, shocked even. I felt that not only was I obviously being a big bother to her, but I must have been kinda crazy too, because I had no idea whatsoever that I was harassing her at all. I felt like suddenly I was embroiled in an intense mind game that I had no energy to play. I became meek. Her self-assertion cowed me into complete submission.

She strangely perceived herself to be in a situation where she needed to protect herself from my unreasonable demands. After she expressed how she felt when I asked if she could please slow down my drip, she told me I was acting "this way" because I was so vulnerable, being fresh out of surgery and completely dependent and all. I couldn't react—my expressing concern over the IV was obviously already way out of line. Her seeing herself as "a victim" and communicating that to me ended up victimizing me—if silencing someone is victimizing. The perception of victimization is a self-perpetuating cycle.

THE LAST THING YOU WANT to be as a patient is a bother to your nurses, a troublesome patient. A bad patient. After all, your life, the care of your body, is in their hands. So you need to listen in on the conversations among nurses to see if they like you; you note their facial expressions when they greet you. Above all, you want to be on their good sides, make their job easy for them. Once, just to suck up, I told a nurse that he was a "good nurse." He thanked me and replied that I was a good patient.

Yes! I felt rewarded for all my good behaviour.

This, moreover, confirmed my suspicion: there are indeed good patients and bad patients. So I tried even harder to be the good patient, the *patient* patient, the one they all looked forward to caring for. The one who didn't need anything.

In the hospital, you're a child who wants to please your caregivers. So they can get on with their very important job of fixing your body. And it doesn't please them when you ask unnecessary questions. Or let them know that you're concerned about silly, inconsequential stuff—like how fast the IV is dripping, or how you can't keep your Gravol down, or how you might be experiencing a side effect from a drug, or how you might die here.

If you need someone to tell you "It's all going to be OK," you're going to have to whisper it to yourself in the dark.

Janis Harper is a Vancouver writer, singer-songwriter, and college English instructor studying expressive arts therapy. She edited the anthology Body Breakdowns: Tales of Illness and Recovery *(Anvil Press), and will soon release a CD.*

A Study In Pain

Holly Karapetkova

I

Sundays have nothing to do with sun.
They cry sun, sun, sun, and hang
grey as an old woman's chin hairs.

You died on a Sunday and now
ten days from winter solstice
and nine Sundays since your death

the sun is nowhere to be seen.
There are so many clouds it hurts
my lungs to breathe them in.

II

In one study, Holocaust survivors who told their stories through art—writing, painting, music—had a 78 per cent better chance at happiness than those who didn't, able to travel back through the deep wounds, scar them over with sounds, colours, words.

In one study, patients with chronic back pain who underwent strenuous exercise recovered better than those opting for surgery, bedrest, medication, chiropractors. They learned to retrain the nervous system, strengthen the back until they could bear the pain.

III

The wound wants a language
other than the scream. I tell your story
again and again in as much detail

as I can before the listener’s eyes
go vacant. It isn’t a very good story:
you worked for an international corporation,

your daughter’s hair was red.
A small spot on your left temple
at Christmas; by spring the tumours

had sprouted in your lungs.
It was over before the trees
had begun to drop their leaves.

IV

In one study, my four-year-old son learned about heaven from someone who wanted to believe in it. He imagined one enormous birthday party with balloons and chocolate ice cream, invited Buddha, Batman, Muhammad, Captain America, Jesus, etc.

But still, two months after your death, he enters my room at night, his face invisible in the darkness: *Mommy, why did David die?*

V

In one study,
minutes after your death

I discovered I was
made of glass,

my eyes, my lips.
I was already

broken so I wasn’t
fragile anymore,

but I cut every time
I moved.

VI

My yoga teacher says every Sunday afternoon, *stay with the pain,* a slightly more intelligent version of the slogan plastered across the wall of my elementary school gym: *No pain, no gain.* At the end of the class when we meditate, we aren't allowed to move: if our noses itch, if our feet go to sleep, we should enter the spot with our minds, diffuse the discomfort one cell at a time.

This baffled me for months until I realized nothing could be diffused at all, no mantra could be said long enough to end the pain. What happened instead was a numbing, a mute acceptance that it would go on itching and itching forever, that finally made it stop.

VII

In one study I memorized your death
months before it happened, watched
your last breath drag itself

across your lips again and again,
watched the funeral procession grow
larger and more elaborate.

But no matter how many times
I waited for the call,
it always split my own breath in two:

the part that stopped and the part
that went on living, fogging on frozen
glass, struggling to settle back

into some sort of rhythm.
Today is Sunday, but the leaves
were still on the trees the day you died,

bright yellows and reds of early autumn.
Now, they have all fallen.
Every last branch is bare.

Holly Karapetkova's poetry, prose, and translations from the Bulgarian have appeared widely. Her first book is Words We Might One Day Say *from Washington Writers' Publishing House.*

Too Many Vaginas

Zahie El Kouri

"Do you believe in an afterlife?," the doctor asks.

I am lying on an examination table, wearing a sweater and socks, my feet in stirrups. A nurse has given me a folded, transparent square of paper, and I choose to leave it folded to cover my lap effectively rather than unfold it to cover more of my body while leaving nothing to the imagination. The doctor slides a special probe up what the truly educated are now calling the vajayjay. I am about to start my second round of in vitro fertilization (IVF), and the doctor is doing a baseline transvaginal ultrasound to see if we can go forward.

For some women, this kind of ultrasound is no big deal, but for me it is so uncomfortable it verges on the painful. I know I'll be less uncomfortable if I relax, but I can't do that, because the doctor and I are talking about my father's death.

In many ways I am a typical fertility patient, if there is such a thing. I am thirty-six years old. I have been trying to get pregnant for two years. Seven months earlier I lost my first pregnancy, achieved through IVF, to miscarriage. Two weeks earlier I started injecting myself with a drug called Lupron, which puts one into temporary chemical menopause, a condition that ironically helps you get pregnant through IVF, even though the associated mood swings and headache may also alienate everyone who has ever loved you.

But having a baby is not the only thing on my mind. Six months earlier—just a month after my miscarriage, I lost my father to pancreatic cancer. Just a few months after that, my husband and I moved to this new city for his new job. In many ways, I am alone in my grief, and having a baby has become all tied up with my father's death. A grandchild was perhaps the thing he wanted most in life, and I feel like a failure for not finding the right person to marry earlier, for not having a baby before his death. I can blame the weepiness and the irritability on the chemical menopause (and I do), but I know that I am sad and desperate because I am still trying to redeem myself.

My mother is staying with us, because she is too sad to be alone, and my in-laws are visiting, and all the parental attention only highlights my father's absence.

I want a baby—I have always wanted a baby—but the truth is that, without my father's death, I might have chosen not to do all of this. I might have chosen adoption. The truth is that, yes, I do believe in an afterlife, in a religious sense, but that belief does not save me from my grief. It does not keep me from missing my father. The truth is that I am loath to start injecting myself with drugs that will hyperstimulate my ovaries. I am loath to go from chemical menopause to chemical super-fertility in ten seconds flat. But the most important truth is that right now I am willing to do anything to preserve my father's genetic legacy—other than my memories, the only piece of him I have left.

That's why ten minutes before the doctor's question about the afterlife, I undressed from the waist down with a sense of foreboding about physical and emotional pain while my husband sang the tune of what he says is the music one finds in porn. *Bam-ba-dah-bam-bah.* My husband is sad about my father and sad that I have to go through all this medicalized stripping down, sad that sex has been taken out of our procreative equation. Humour is the way he copes with stress and sadness.

"So, how long has it been since your father died?" the doctor asks. He is looking from my vagina to the monitor and back again, and pushing buttons on a side panel. His glasses are smudged, and I can see my reflection in them, even though he isn't looking at me.

"About six months," I say, even though I know the answer down to the day.

"Was it a long illness?"

"No, just ten weeks. Pancreatic cancer."

As you can imagine, all of this is about as relaxing as a Caribbean vacation during a hurricane, and it is at this point that he asks the question.

"Well, do you believe in an afterlife?"

There is a long pause, and eventually, my husband answers the question for me.

"Yes," he says. He takes my hand and squeezes it. "Her priest really helped us through it." My husband leans toward agnostic, but he, too, is transformed through this experience of death. He prefers humour, but he knows when to step in and be sombre.

I cannot look at my husband without crying, and I don't want to answer the doctor's question. It's just that I miss the days when the only naked conversations I had about the afterlife were with my husband. I don't know how to talk about my feelings about death while trying to create new life. I am tired of being physically and emotionally exposed.

In the next year and a half, I manage to get pregnant and miscarry twice more. I travel to another state for even more specialized medical treatment, coming back to the afterlife doctor for early-pregnancy monitoring when I get pregnant for the fourth time. In the appointments, he is still friendly, though he discusses work with my husband instead of discussing death with me. When I'm eight weeks pregnant, he sends me on to an obstetrician, wishing me the best.

That pregnancy takes, and I give birth to a healthy baby boy in June. Soon after, I run into this doctor again, as my husband and I leave the office of a lactation consultant who shares his waiting room. The doctor's receptionist sees us walking by and sends him out to see us while we're trying to get our crying baby into his car seat. The doctor approaches and greets us with a smile. After asking permission, he takes the baby and dances around with him. The baby stops crying and looks at his reflection in the doctor's smudged glasses.

"How are you feeling?," he asks.

"I'm great," I said. "Tired, but happy."

"That's good to hear," he says. "Isn't that good to hear?," he asks the baby in a sing-song voice.

My husband and I smile at each other.

"Who do you think he looks like?," the doctor asks, looking from the baby to my husband, and back to me. "I see bits of both of you."

"He looks like Zahie's father," my husband says. I have never heard him say this before. "It's nice."

I stare at the baby with new eyes. I have been so sleep-deprived since his birth, so focused on the work of keeping him fed and clean and making sure he is still breathing, I haven't really studied his features.

My husband is right—there are my father's big brown eyes, his full lips, his round face. I hope to see my father in the afterlife, but I am happy to have these pieces of him here with me now.

"Look at you," the doctor said to our son. "The right baby at the right time."

Then it hit me. The doctor was trying to connect with all of us, through death to a new baby. He really was interested in more than my reproductive organs. Too many vaginas, never enough families, never enough new life.

Zahie El Kouri's work has appeared in Mizna, Memoir Journal, Dinarzad's Children: An Anthology of Arab-American Literature, *and* Brain, Child: The Magazine for Thinking Mothers. *You can read more of her stories and essays at www.zahieelkouri.com.*

Caesarean

Maria Veres

Childbirth is the most wonderful experience a woman can have.
You lie flattened, chained to plastic dope-lines.
Tractors and pickaxes unmake your guts.
It's transcendent, ethereal. It's miraculous.
Your body splits. Masked people chat about soap operas
Behind the blue disposable curtain that protects them
From your germs.
No one talks to you.
You forget all the pain when you hold that angel in your arms.
You think it's someone else's baby because you didn't feel it come out.
Someone else soothes its first cries, while the nameless on-call doctor
Stretches and stitches you like dried-out leather.
Men will never know what they're missing.

Maria Veres is a widely published poet. Her second chapbook, Storm Shelter, *will be released next year. She lives with her family in the Oklahoma City area. Visit her at mariapolsonveres.com.*

Nothing to Fear

Alison Beth Brown

I rode Space Mountain on a dare, a dare to prove that I was not over the hill, that my life had not ended when I became a mother. I can still handle the thrill rides like the teenagers, I laughed. As we sat in the roller coaster, single file with lights flashing around us like a second-rate dance club, I remembered that I have never liked roller coasters, even as a teenager myself. As we raced through the dark, I was not scared exactly. I felt dizzy and nauseated. I stared at my sneakers, all purple and glowing in the black light, and told myself over and over it had to end. How long could this ride go on? It had to be over soon. I heard other people screaming, but my own voice only echoed inside my head. Just one more drop, one more twist and that had to be it. Maybe thirty more seconds and you can get out and laugh at it all. You can make it for thirty more seconds, right? It will not go on forever.

I repeat the same thing now, silently to myself, in the back of my parents' car as we drive along a two-lane road in Pennsylvania through the summer fog. I feel the same nausea, hear the same pounding in my ears. This drive cannot go on forever. We have to get to the hospital soon. My parents are bickering about how fast my father is driving and which way is north. I am grateful for their presence, my father's ability to stay on the road when I know I could not. Maybe if I listen to their words, the awful things I imagine may happen won't happen at all. I hold my husband's hand. My fingers are white-knuckled and cold. With his other hand, he gently strokes our daughter's arm; her fingers are too limp to hold his grasp. She is hot and her eyes are only half open. She is mumbling to someone else, someone she sees in her feverish mind.

I try to take deep breaths, but my breathing is quick and forced. What if this trip to the emergency room is all for nothing? Kids get high fevers all the time. My daughter was fine this afternoon, splashing in the hotel swimming pool and licking an ice cream cone at lunch. The ER doctor will probably laugh at me and tell me I am just a hysterical mother from out of town. My little girl has always been healthy.

But she has never gotten a fever this high before, or gotten so sick so quickly. What if she really has some horrible disease? Meningitis, encephalitis, West Nile virus—you always hear stories about children dying when the parents just thought the child had a simple fever.

A deer dashes out in front of the car. My mother screams and clutches the armrest and my husband swears. My father yells at both of them to calm down, that everything is fine. My father will never admit that he is afraid, but I can tell he is by the way he is gripping the steering wheel with both hands. Fear and anger walking hand in hand. Even now that his own children are grown, he cannot escape the burdens of parenting.

We make a wrong turn and end up on a dead end road. "Why are there no signs for the hospital?," my husband asks repeatedly. My husband stares at our daughter and whispers quietly in her ear. I cannot hear what he is saying. I imagine he is telling her the story he tells her when she cannot fall asleep, the one about the Rainbow Princess and the Magical Lake.

We get back to the main street in what I guess is the centre of town. My mother calls out to a young woman walking to her car. It is past midnight and I fear for her safety, walking around alone like that. She clutches an umbrella across her body and appears startled by my mother's voice. She relaxes when she realizes we are only asking for directions to the hospital. My mother has that way about her. I imagine this girl calling a friend to tell her how frightened she was when a black Mercedes pulled up next to her so late at night, but then how this lovely woman with a New York accent just asked for directions and was so genuine with her thanks. I wonder if she will even remember seeing me and what I must look like. Maybe she will say there was a woman in the back seat with an ashen face staring out the back window, lips moving silently, saying over and over that this will be over soon. It can't go on forever.

We turn left at the traffic light. The hospital is so brightly lit in the darkened town I wonder how we didn't see it from miles back. The night is hot and muggy, but the nausea subsides when I climb out of the back seat of the car. The doors to the emergency room slide open, and I carry my daughter, wrapped in a sheet, inside.

Alison Beth Brown is a freelance writer living Norwalk, CT. Her work has appeared in Pieces, The Battered Suitcase, *and* Shine Journal.

Malpractices

Lisa Dordal

Into the generic interior of your teenage flesh
they went: the man who held you down, with a force
your writhing required, pinning
your abdomen to the table, and the woman
who inserted the unwarmed speculum
that grew larger inside, as if yawning from the tedium
of a task repeated daily in body
after body. Finding nothing amiss, except

your reaction to their going in. Which is why,
every year after that, you got drunk. Stumbling
through motions of slipping off clothes, parting
clenched thighs. Until, at thirty-five—propelled
by a surge of pluck—you asked, *finally* you asked,
if this was normal. Only to find out that it wasn't.

Lisa Dordal lives in Nashville, TN, and teaches in the English Department at Vanderbilt University. Her poetry has appeared in a variety of journals. Her chapbook Commemoration *is available from Finishing Line Press.*

Crossed Words

James M. Bovan

"I think these would just be lovely over here." Betty moved the flowers with little balloons saying "GET WELL!!" (plus hearts) to the ledge of the window. "I think that nurse—what's her name?—will like it better."

Tim shifted in his bed, pulling the tubes from underneath him as he turned away from the window. "Mom, the flowers are fine where they are." He heard his mother fiddle with the arrangement, knowing she was "fluffing the petals to perk the ambiance," as she called it. "And she's a nurse, Mom, not my date."

"Well, I think she will like it better over here. She'll have more room to get to this side of the bed." Betty moved on to her next task: shuffling magazines Tim had already discarded. "No sense being messy," she spoke to no one in particular. She looked about the room, surveying any work she could do. All she found was an austere view—a hospital room with failing attempts to brighten it. "Needs more texture. I'll bring the quilt tomorrow. Colour and texture."

"Mom, would you come sit down? Read me some more clues, would you? I don't want to sleep." Tim stretched his legs, lying on his side, re-curling to a more comfortable *S*.

"All right." Betty popped into the chair next to his bed and pulled the paper from underneath her. She placed her Ben Franklins back on her nose, as they dangled on her chest from that lovely chain Tim gave her last Christmas. Or was it the one before, when she kept misplacing her glasses everywhere? When did that begin?

"Let's see, where were we? Oh, 39 down. Rust: five letters, begins with an *O*. Hmm, isn't that a lovely colour for the fall? That deep red-orange. You always looked good in those deep, warm colours—what with your eyes and hair. Like that tree in the backyard on Clinton Street? When Dad put that swing up for you? How you spent that summer twirling and twirling? I thought for certain you would have an upset stomach that whole summer."

"*Oxide*. What's the across for the *X*?" A slight scraping against the sheet with a minimal adjustment.

"Oh, let's see. To Elba: five letters, second letter *X*," as Betty finished writing. "Remember how you would sneak next door to Barb and Mark's? I always thought you would become a mechanic or something, how much you helped tuning under Mark's car. Just being around someone so handy like that."

"Mom, I was five. I mostly held things for him. And Mark was a drunk; that's why he was home all day. I didn't learn anything from him." Tim began to raise his arm and stopped with a wince. "*Exile*. OK, what's next?"

Betty filled in the letters. "Oh, he wasn't that bad—no worse than your father, really, and your father worked every day. Mark just didn't work well with others. Anyway, Barb enjoyed her career and did very well too. You know how much your father wanted his house kept tidy, and so there was no way I could work outside the home. But that just gave me more time with you and Bobby." She turned toward Tim, thought to reach out and touch him, but instead just watched as he breathed, curled in his bed. "Do you remember how much you two played together? Always coming up with something—some new adventure or exploration in that backyard. Oh how I wish it could be like that again . . ."

Tim peered over his shoulder at his mom, seeing the tears well in her eyes. The pen quivered in her hand. "It's been ten years, hasn't it? Bobby would be twenty-eight now, right?"

Betty twitched and refocused on the puzzle. "OK, 28 across: Summer to Jacques, three letters." Betty stared at the paper in her hand, pen poised in the other. "Oh, we already have that one."

Tim turned on his back and pulled himself up to sit propped by the pillows. "Mom, Bobby died ten years ago. He'd be twenty-eight now. It was a horrible accident. But he died. I haven't. Yet. I'm still fighting. Another round, more nausea, less weight, less hair." Tim ran a hand over the stubble on his head. "Good thing bald is still in."

Betty reached over and found the remote, pressing the button so the top of Tim's bed rose, cradling his torso, making sitting easier.

"Twenty-eight. And you're twenty-six. Still fighting. Always fighting, aren't you? All through school, the problems with other kids—name calling, the scuffles. It's a wonder you made the grades you did. But Bobby always stuck up for you—made it OK." She shifted the paper to her lap. "Then your illness. You never got scared. Always brave. Never angry. I just don't know how you did it."

Tim looked out the window. "The leaves are turning, aren't they? Who's raking the lawn this year? The gutters will need to be cleaned too." Tim watched his mother stare somewhere not here, not at him. Her blank face covering the pain Tim knew was there—for his brother and his father. The absence he felt once Dad left, he figured was worse for Mom. But Dad couldn't stay with the guilt from being behind the wheel.

"So, what day treatment is this? Four? More than halfway through, huh? Then I'll be home."

Betty's eyes blinked and she began fidgeting in her seat, looking at the chaos in the room—even though it was mostly tubes and machines monitoring her son's progress, administering his treatment. "These flowers are much better over here by the window." She rose, walking over to fondle them again. Her back turned to Tim, Betty scanned the outside world, thinking how cold it looked, so stark with the wet pavement stuck with fall's leaves. Little puddles rippled as the wind swept through the hospital parking lot.

"That nurse—what's her name?—will surely appreciate the flowers over here better. They brighten the room so much in the light from the window."

"Mom, I'm not dating her. She's my nurse." Tim slumped down, closing his eyes. Tired again of his mother's pushing. Or maybe the medicine. He exhaled a sigh and pulled his blanket up farther. "But that orderly, John, *he* may like them."

"Oh Tim, you and your silliness. I know, I know, I know. I just dream of red-headed grandchildren from you, that's all."

"Maybe one day, Mom." Tim smiled slightly, liking that feeling of hope. "Come sit down here. What's the clue for the *L* in *exile*?"

Betty returned to her chair, still distracted by the rain droplets on the window. "Oh, let's see. Vent: four letters, second letter *L*. You and Bobby always seemed to get along, never any fights between you. And with all the girls always over looking for one or another of you. There were always so many theatre girls over for you, but they seemed to date Bobby. I'm amazed there were never any fights. You two always managed to stay friends, no matter what girl was in the picture."

Tim rolled his eyes behind closed lids. "Yes, Mom. *Flue*. What's the across with *F*?"

James Bovan is a clinical psychologist at a community mental health centre and director of training for the pre-doctoral psychology internship program. At a local cancer centre he facilitates groups for wellness, family, and depression.

Two Poems

KateLynn Hibbard

The Woman Who

1. The Woman Who Smells Too Much

Garlic furs her lover's
tongue, yesterday's eggs gone
over, their brutal albumen
still clinging to hot metal.
Windows smell like the leaves
they reveal, red vines trumpeting
bedroom gloom. Nothing is
unscented—whiff of love
or its illusion, fragrant breath
burning her bedlam's pillows.
She senses snow before
it comes, can smell it during
the first week of June,
her distant wet wool dreams.

2. The Woman Who Lived Too Long

Sucks on the bitter pit of the fruit
while the peach lies halved in her hand,
stops drinking coffee to see how much
her fingers tend to bleed,
slashes lilacs to the brutal root
then sleeps with the bees in her rafters.

3. The Woman Whose Brain Misfires in the Night

Punches her husband, scrapes
her bloodied knuckles
as she walks along the wall, howls
in the kitchen where she eats
raw bacon and cigarettes. They say it means
nothing, yet still she atones
for the child who died while she slept
through the night. See how she bends
to the crib, tries to clear the airway
of her daughter's sleeping son.

Simples

Feverfew, fleabane, boneset, thyme,

Dear Minnie: How are you all? I find myself alone a good deal of the time. Alexander has gone further West to look for more work.

to restore manly vigour, sweet sarsaparilla

These last two springs have brought us no rain and the cabbages grow scarcely larger than a man's fist.

sassafras to cleanse the blood

The little ones fret so with stomach pain. More than once they have gone to bed hungry.

Lydia Pinkham's vegetable tonic for woman troubles

I pray that I may see you again.

beeswax pessary to stop a child

Cora b. 1880
Josiah b. 1881
Althea b. 1882
Camilla b. 1883
John b. 1884

if the wax fails, pennyroyal and Queen Anne's lace

Do not worry about us. The Lord helps those who help themselves. I remain your faithful sister, Nannie.

Kate Lynn Hibbard, author of two poetry collections, Sleeping Upside Down *and* Sweet Weight, *and editor of* When We Become Weavers: Queer Female Poets on the Midwestern Experience, *lives in Saint Paul, Minnesota.*

Honey and Bread

Cindy Malone

Steam rose from the sweet potatoes, and with it the smell of soil and the earth's dark sugars. French doors divided the sunlight into a slanting grid so that rhomboids of light and bars of shadow lay across the table. My daughter, four years old and recovering from croup, left her chair to climb into my lap. She wanted nothing to eat—nothing on the sunlit table, nothing in the kitchen. She rested her head against my shoulder and said, "All the choices are bitter."

I know now what my daughter meant. I recalled her words over and over during months of chemotherapy, when the foods I love turned repulsive. As I'd done so many mornings, I poured soymilk over frozen blueberries and multigrain flakes. I managed three spoonfuls before I poured the contents of the bowl into a plastic bag, tied the top, and stuck it in the freezer until garbage day. One freezer shelf collected the plastic bags of uneaten meals I'd expected to savour and couldn't stomach. Into a bag went wholegrain penne with steamed spinach and garbanzo beans, into another bag went two black-bean-and-salsa burritos. My mother taught me to eat fruits and vegetables of many colours, but I could count on only three foods, and all of them were beige: cream of wheat, string cheese, and buttermilk pancakes. Pancakes always delivered.

No one knows precisely how chemotherapy agents spoil taste, though the problem of foul taste is well documented. A 2009 article in *Supportive Oncology* notes that both cancer and cancer treatment can distort the senses of taste and smell; the article links these sensory problems with the frequent occurrence of malnutrition in cancer patients. Patients report aversion to a wide range of foods and beverages, including red meat, coffee, citrus fruit, and even water, which many find intolerable because of a strong metallic taste. Cookbooks for chemo patients omit from recipes the most unpalatable tastes and textures and offer simple instructions for small, tolerable meals. In my own case, chemo or cancer burned out most of my taste receptors. Salty, sweet, savoury, and sour tastes flickered dimly or failed to register. Only bitterness remained.

The link between anticipation (partly memory, partly imagination) and experience (the taste and the texture of food in my mouth) eroded and sometimes snapped completely. On my better days, I lay on the couch dreamily inventing perfect little meals: a few blue corn chips, a small dish of guacamole, and a stack of tiny cheddar-cheese cubes. I learned very early the value of the ready-made, since appetite and energy, equally fickle, wafted off in the few minutes it took to chop and sauté. Treating my appetite as I might a cranky toddler, I took down a pretty plate and set upon it my chips, guacamole, and cheese cubes. It looked exactly right.

Then came disappointment like betrayal. Everything looked as it ought to, but tongue and teeth objected to the chips, abrasive and saltless, reduced by chewing into fine gravel. The smooth green mound of guacamole felt thickly paste-like and tasted strongly of rubbing alcohol. I spat out the sharp white Vermont cheddar but couldn't spit out the smell and taste of sweaty socks. Betrayed by food that tasted nothing like I remembered or imagined, I nevertheless didn't end up malnourished. An hour later, the toddler and I were back in the kitchen, where I assembled another small meal on another pretty plate—hummus, perhaps, with a slice of grainy bread and a clementine—only to be stung once more with shock and disappointment. Again and again, the image in my mind sang of pleasure to my tongue. Both con artist and dupe, I never stopped falling for the bait.

It might have been the cancer or it might have been the chemo that wrought such miserable alchemy. Before I happened on the lump in my breast, I didn't notice any changes in taste, so I'm inclined to pin the blame on the chemo agents, Cytoxan (cyclophosphamide) and Taxotere (docetaxel). Of cyclophosphamide, a relative of nitrogen mustard, the CDC cautions, "Because no antidote exists for nitrogen mustard exposure, the best thing to do is avoid it." Sage advice, certainly, but the poison was the whole point.

Pharmacologists derive docetaxel from the European yew tree, a species that the 2008 *Columbia Encyclopedia* describes this way: "Of somber appearance, with dark green leaves, the yew since antiquity has been associated with death and funeral rites." In fact, the exceedingly long-lived yew often spreads its shade over British cemeteries.[1] Tennyson's elegy for Arthur Henry Hallam pictures the yew at the site of his friend's grave:

Old Yew, which graspest at the stones
That name the under-lying dead,
Thy fibres net the dreamless head,
Thy roots are wrapt about the bones.[2]

Taxane fibres net my head, too, strangling the pleasure I once found in food. And no wonder: the highly toxic seeds, needles, and bark of the yew tree kill unwary horses, cows, sheep, and goats. As veterinary doctor R. B. Cope observes, "Since cases have been recorded in which horses have collapsed within 15 minutes of consuming Taxus species, absorption of ingested taxine alkaloids in monogastric animals is rapid."[3] It's hardly surprising that humans—also monogastric mammals—who take the yew-derivative docetaxel directly into their veins have some serious trouble with appetite and digestion.

MedLine Plus lists chemo side effects all along the digestive tract: mouth sores, changes in taste, nausea, vomiting, diarrhea, constipation. In the week after chemo infusions, when the mouth sores were most aggravating, I depended on my beige trio and avoided the lumpy, the scratchy, the sharp, the acidic. Not that I always had much latitude of choice; during a spell in the hospital because of abysmally low white-blood-cell counts, I wasn't allowed to eat raw fruits and vegetables. When the nice young Menu Man came by, he asked me what I wanted for lunch:

MENU MAN: Our special today is a chicken stir-fry.

ME: I'm sorry, I don't know if this is in the chart, but I'm a vegetarian.

MENU MAN [looking at the chart]: Oh. Oh, yes. [Pause] Well, how about a pork sandwich?

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[1] "Facts about Nitrogen Mustard," Centers for Disease Control and Prevention, last reviewed February 22, 2006, http://www.bt.cdc.gov/agent/nitrogenmustard/basics/facts.asp.

[2] Alfred, Lord Tennyson, *In Memoriam A.H.H.* (1880), II.1–4. The poet returns to the yew tree in XXXIX.

[3] R. B. Cope, "Toxicology Brief: The Danger of Yew Ingestion," *Veterinary Medicine* 100, no. 9 (2005): 648–650.

ME: I'm sorry, that won't work. You see, I'm a vegetarian. I don't eat meat.

Menu Man [thoroughly flummoxed]: Well, I can have them make you a salad.

ME: I'm sorry to be so much trouble, but that won't work either. I have neutropenic fever, so I can't have any fresh fruits or vegetables.

We reached a settlement, finally, when he proposed a grilled-cheese sandwich.

I recovered quickly from the neutropenic fever and got my fresh fruits and vegetables back, only to develop a deep-vein thrombosis and a new list of restrictions: no cranberries, no green tea, no alcohol. The clinic handout warned about foods rich in Vitamin K—spinach, kale, mustard greens—and exhorted me to eat the same portion of the lesser greens every day. Wherever I went, wherever I might wander in the next few months, I had to conjure up one romaine-lettuce salad daily. Meanwhile, I wondered about the deep-vein transportation troubles—the clot a jack-knifed semi, behind it a long string of nutrient pile-ups.

I CERTAINLY MANAGED TO EAT, even if I didn't derive much pleasure from food. The nausea-control medications worked well for me; my food, once down, stayed down: I was a one-way street. In fact, I was a cul-de-sac, posted No Outlet. Though I took brisk walks, though I spiked my cream of wheat with ground flax seed, though I tipped glass after glass of foul-tasting water into the tubes and chambers of my digestive tract, food hardened and set, like plaster of Paris. Helpful young nurses suggested drinking more water and adding more fibre to my diet. I peered glumly at them over the rims of my bifocals. Water, in time, will carve a Grand Canyon, but I had neither the time nor the patience for the gradual work of geological time. I wanted cataclysmic change, preferably by morning. At last an older, more experienced nurse handed me a discreet paper bag full of samples of the meds I'd need to turn the cul-de-sac into a through street. God bless her.

ON BAD DAYS, I lay in bed, thinking far too much about yew trees and nitrogen mustard. If I could have read books, I would have disappeared from my life as often as possible, as long as possible. But the docetaxel had plugged up my tear ducts, and puddles of tears spilled over whenever I opened my eyes. Like a miraculous icon, I wept continuously and decorously—no sobbing, no nose-blowing, just a steady flow of Taxotears. I lay in my darkened room, eyes closed, wondering how, precisely, these chemo drugs had wrecked the pleasures of taste. The mirror confirmed the cyclophosphamide damage to tongue and palate: coarsened tissue, dark red craters. Whole colonies of taste buds must have slid into those sinkholes. What about saliva? What happens when horse-slaying taxanes and the spawn of nitrogen mustard mix with its enzymes? What about the neurons that carry taste signals to the brain? Did they manage to light their beacons, or did they just stumble and flounder? And what about my poor brain, shocked and shivering in its pan? Even if the news of taste had managed to get there, could that hollow-eyed, palsied brain hear anything but its own rasping breath?

I HAD DEVOLVED into a poor specimen of my kind. If some predatory species had gotten hold of me, I hated to imagine its butcher's appraisal: a few parts still plump and smooth, but too many swollen and gristly bits, too many clots, too much tissue charred beneath the skin. The nerve fibres in my hands and feet sometimes flamed, sometimes smouldered.

Cancer and chemo had left me bald and puffy, red-faced and exhausted, sickened by the very foods I still reached for from long habit. I expected to recover my sense of taste, just as I expected those other effects to diminish in time. Bit by bit, I hoped, I would add more items to my sad menu, my cream of wheat, string cheese, buttermilk pancakes, and romaine salad. But would I love what I used to love?

CHEMOTHERAPY AND THEN RADIATION mean that I will probably live long enough to see my daughter grow up, barring some other catastrophe. Enduring those treatments, I was relieved, grateful beyond measure for the years they are likely to grant. But I also felt the throbbing of a question: after four "chemotherapy insults," four infusions of a chemical agent that alters the DNA of healthy cells, would I be the same person?[4]

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[4] In "Cyclophosphamide Induces Caspase 9-Dependent Apoptosis in 9L Tumor Cells," *Molecular Pharmacology* 60 (2001): 1268–1279), Pamela S. Schwartz and David J. Waxman discuss DNA damage from cyclophosphamide. At least, I'm pretty sure that's the gist of the article.

Would I love all that I used to love?

"No man can give me any word but Wait, / The puny light": and so I wait, with Gwendolyn Brooks's stark poem in my burning hand:

> I hold my honey and I store my bread
> In little jars and cabinets of my will.
> I label clearly, and each latch and lid
> I bid, Be firm till I return from hell.
> I am very hungry. I am incomplete.
> And none can tell when I may dine again.
> No man can give me any word but Wait,
> The puny light. I keep eyes pointed in;
> Hoping that, when the devil days of my hurt
> Drag out to their last dregs and I resume
> On such legs as are left me, in such heart
> As I can manage, remember to go home,
> My taste will not have turned insensitive
> To honey and bread old purity could love.[5]

Cynthia Northcutt Malone is professor of English at the College of Saint Benedict and Saint John's University in Minnesota. Her current projects combine literary criticism and book arts.

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[5] Gwendolyn Brooks, "my dreams, my works, must wait till after hell," *Selected Poems* (New York: Harper, 1999), 23.

Poems from the Other Side

Rachel Hadas

The Sill

Night after night I used to sling an arm
over his bony hip or his tall shoulder.
I braced myself against him like a child
who stands on tiptoe, pulling herself up
with both hands to peek out of a high window
into the sunlit world—that world we two
safely embarked from in sleep's rocking boat
for thirty years to a dim destination
to which I haven't found a sure way back.

The Shade

My memories duke it out: black versus white,
pedestalled, niched, and labelled GOOD or BAD,
thronging like moths around a single light
that was today. Was really any day.

A haggard morning from a restless night:
interlude of stunned blankness, blinding-bright,
features consumed in enormous flash,
which had to dissipate before a space
opened in which he could materialize.

The shadows stretching like Vergilian souls
toward the shore are really all one shade
in binary disguises. YES and NO
blinks the Janus face of who he was
before and after what he would become.

Rachel Hadas teaches English at the Newark campus of Rutgers University, NJ. Her latest book of poems is The Golden Road *(Northwestern University Press, 2012).*

Mother Dying in the Hospital

Irene Sherlock

"Come quick, your mother's dying," the woman from the nursing home says on the phone.

I grab my coat, calling instructions to co-workers on what to do in the event that my mother does die today. She's been dying for quite some time. She's seventy-eight and was diagnosed with inoperable lung cancer a year and a half ago. Also, she has emphysema, diabetes, and crippling arthritis that prevents her from walking without a walker—that's when she can walk.

But mostly, it's her heart that keeps quitting on her.

"Let me drive behind you," my boss says. He can see that I'm upset.

"No, thanks" I say. "I'm OK."

But I'm not OK on the twenty-minute drive across town, just as I was not OK the last time I got this call, two weeks ago, when the doctor, an Iranian woman whose close-set, intense eyes I remembered as soon as she identified herself, called from the hospital in the middle of the night. My mother had been admitted after another heart attack and was stable for a few days; but that night her stats were plummeting.

"I don't expect her to live the night," the Iranian doctor had said on the phone.

"I need to know if you want me to intubate."

Despite my pleading, my mother had repeatedly refused to sign a living will.

"I'm not ready to die," she would say whenever I brought up the subject.

That night I had turned on the light by my bed to see it was 12:23 a.m. "Are you her next of kin?," the doctor asked.

"Yes, and my brothers."

"She's divorced?" I pictured this woman, her dark eyes scanning my mother's chart. As a regular patient at the clinic, my mother has to take whichever doctor was on call.

"Not exactly," I said to the divorce question. "My parents have been separated for years."

The doctor was silent for a moment. "Then technically, her husband is her next of kin."

"Oh, God, don't call him." I wanted to tell her that my parents' contentious split was over twenty-five years ago after a long, miserable marriage. My eighty-two-year-old father still resented the alimony he paid each month, and if this doctor called, he would likely tell her to pull the plug. But probably, I wanted to say, my mother would tell you to do the same if he were the one dying.

Instead I told her, "I'll have my brother call you." I dialled Dan's number. He is the elder of my two brothers, but at forty-three, he's still a decade younger than I. I had four brothers, all of them younger. One died. One skipped town years ago and no one's heard from him since.

"You have to call the doctor," I told Dan. The month before, I had told (didn't ask) both brothers that since I had been the one taking care of Mom all these years, they would have to take over and make arrangements when the time came. And it was here, or certainly coming soon.

"I'll call the doctor," my brother said.

Driving to the hospital that night she didn't die, I envisioned my favourite (fantasy) deathbed scene. It goes something like this:

"Thank you," my mother says, her voice earnest. She is propped up in bed, against a sea of white pillows. "Thank you for being a great daughter—my sweet, only girl—for making it possible for me to live in my apartment. For paying my rent and always buying my lottery tickets." (Here she takes my hand). "Thanks for saving the newspaper coupons and for doing my laundry and for calling to check on me in the afternoon because you know I sleep late. I sleep a lot. Thanks for not bringing that up."

"And for the poppy-seed bagels you buy each week," she goes on. "It's a little thing, but it has meant so much. And for paying my phone bill for the last twenty-three years so I can talk to the grandchildren. Thank you for not moving away like your brothers, and for driving behind the ambulance so many times and for cleaning my glasses and getting my ice water at the hospital."

But I am only a revisionist historian in my reverie. In actuality, my mother asked why I was there when I got to her bedside, as if landing in intensive care was nothing important. After the priest came, she slipped into sleep. Next day she did not remember the tall, dignified African priest who stood at the foot of her bed that night and flourished his chalice and host under the fluorescent lights.

"Bless my daughter, too," she said. This from my mother, who has always told everyone I was a heathen, which I am.

The priest smiled in my direction. "She's here, isn't she?"

The following night, my mother slipped in and out of consciousness, and I sat by her bed watching the numbers on the monitor go down and down. *Fifty-eight, fifty-six . . .*

"Can I get you anything?," the nurse asked near dawn. I accepted the comfortable chair that she pulled from the lounge, and while the sky lightened outside the hospital window I watched the harsh rhythm of my mother's breath. *Forty-four, forty-one . . .*

During the shift change, they moved her to oncology. By now she was awake and talking pretty lucidly, and the numbers on her monitor were rising.

"I'll sign those papers," she said suddenly once the nurse had left the room. She meant the living will.

"Are you sure?," I asked.

She felt for her blankets. I pulled them up around her shoulders. "I wonder what we're having for breakfast," she said.

I straightened her pillow. "I'm going to go home to take a shower."

"OK."

"Amazing," the Iranian doctor said when we rode down in the elevator. "I never thought she'd live the night—not with those blood gas levels." She pushed the elevator button. "Your mother's a fighter," she said.

You have no idea, I thought.

Since my Aunt Isobel died fifteen years ago, my mother has no friends except for her crazy next-door neighbour, Mike, an evidentially unemployable young man who tinkers with his motorcycle by the side of the house. About once a week, he and my mother enjoy a ranting session about their noisy upstairs neighbours or about what they agree to be the sorry condition of the world. But I'm not complaining about his company. I am grateful there is someone else to take out her garbage and shovel her walk. Aside from us, my mother will not allow anyone else to darken her doorway: not my brothers whom she sees at my house when they visit. Not the cleaning lady whom I tried to hire for her. Once, she did allow a visiting nurse in, but that was only under threat from her doctor. It was either that or another nursing home.

Instead, my mother passes her days alone in her apartment, watching television, trundling on her walker back and forth to her dirty kitchen that she will not let me or anyone clean, where she unwraps her TV dinners. The walker helps her to negotiate the path she has beaten between overflowing boxes of fabric and magazines and bottles of out-of-date medication and bags of canned goods. A hill of boxes of old Christmas cards and photographs leans against one small table where she keeps her stacks of unpaid bills. In her tiny bedroom she lies down each afternoon to say her rosary. It's a bleak existence, but she says this is where she feels safe and satisfied. I can't imagine what she means by that, and am only grateful that she does have the occasional foray to the outside world to visit the doctor (a driver for a senior citizens group picks her up) or to the supermarket with me where she watches the cashiers like a hawk, lest they overcharge her food stamps.

"Life is a mystery," she said to me one day in her apartment. My mother is not a believer in the self-examined life, so this startled me somewhat. She didn't elaborate. I wondered if she might be thinking of her unhappy marriage and her unpleasant divorce from my father, and regretting the poor old age she's had. But the thing about my mother is, she has never complained much. So when she said that about life being a mystery I didn't argue.

"It certainly is." I thought for a moment back on my own divorce, and how, like my mother, I have not remarried. I wonder if I, too, will be alone when I'm her age.

Now, two weeks after the last time my mother was going to die but didn't, I'm racing, once again, across town to the nursing home. I decide I can't do this anymore, preparing for something that never seems to happen. I don't have the energy or the fortitude. My brothers will have to come up and take over her deathbed watch, because I am just too tired. I jam my fingers into the button to summon the elevator and decide to take the stairs when it doesn't come fast enough, my eyes stinging with tears as I race down the hall. I have to pee but I'm afraid to stop in case my mother has lost consciousness, or God forbid, has died already.

I'll be really pissed if she's died already.

Calm down, I tell myself. She signed her DNR yesterday, just like she said she was going to do. And she really doesn't want to be rushed to the hospital, ever again.

Nor did she, I reminded myself, want to be kept alive if her heart stopped—again. She'd even answered the other questions about whether or not to hydrate her and whether she should be kept alive on a feeding tube or a ventilator.

No to all of them.

"We all have to go sometime," she half-whispered after mustering enough strength to sign.

"How is she?," I say to the nurse as I enter her room now. The nurse is taking my mother's pulse.

"Hello, dear," my mother whispers. I take her hand, which feels like ice. Her face, with its bones that have grown sharp and evocative of the young beauty they once shaped, long before I was old enough to ever see that about her, is very still, expressionless.

"I can't get a pulse." The nurse says.

I'm suddenly ecstatic that my mother's alive and that she knows I'm here and that I haven't missed it, this moment I've been waiting for, the one I've been dreading.

The nurse says my mother's mottled hands indicate death is imminent. I don't like the fact that she's talking about her like she's not in the room.

"But some people linger," the nurse says.

I pull up a chair. One bed over, my mother's roommate, Mary, is blaring her TV behind the flimsy yellow curtain. It would be fitting, I thought, if my mother died during *Court TV*, her favourite program. But

Court TV ends and *Ellen* begins, and sometime during Ellen's monologue, my mother begins flailing her arms.

"Out!" she says, her voice suddenly strong. She means for me to remove the oxygen tube in her nose.

"Are you sure?," I ask.

She nods. I take out the clear clip from her nose, and for some odd reason I think of my father, the man she hasn't seen in over twenty years. They had five children together, but would probably not know each other if they passed on the street. In my reverie, my dad is young, in his thirties, and my mother lying in bed suddenly looks the way she did when she sat in the kitchen after dinner smoking a cigarette with her treasured night coffee. They were a young couple back then, with all of life before them. That's how I want to see them now.

The ghost of my young father sits beside me. Just today, he's never said all the terrible things he said after he left my mother. And neither has my mother. In my imagination, my brothers are here, too, even the one who died and the one who disappeared rather than be a part of this family. We're all sitting here on this precipice, waiting. No one's angry or bitter or disappointed. My mother's heart pumps from somewhere deep inside. *Oprah* blares from the other side of the yellow curtain.

Moments or hours pass, and then I am reaching over to cover her hand with mine because someone, I think the doctor on call who has come in with the nurse, has just said, "I'm sorry, ma'am, she's passed."

Irene Sherlock's work has appeared in the New York Times *and in many other publications and anthologies. Her essays have aired on WSHU National Public Radio. She works as a drug and alcohol counsellor in Connecticut.*

Do Not Resuscitate

Jennifer Johannesen

It had become an annual event. Owen's pneumonias seemed to happen every spring, a kind of rite of passage to clear the lungs in preparation for the inevitably muggy Toronto summers. We could always tell when it was coming—started with mild lethargy and weak smiles, continued through a body-heat phase that made his skin weirdly dry and clammy at the same time, right on through to the wet cotton-candy mucous tinged with yellow that he would cough up violently, causing the thick vein in his skinny neck to bulge. We eventually learned to read the signs before the next phase would start. Inhalants, antibiotics, steroids, and chest therapy became our spring tradition.

I am probably telling this all wrong. As I write this I can now remember Owen in the hospital for pneumonia in the fall. And another time in the dead of winter. And not a few overnight stays in the summertime, when I was glad for the air conditioning and bright sun streaming down the hallways. When I try to recall these things accurately my memory can be alternately out of focus and sharp as a tack. I try so hard to get it right but the recollections are slippery and tricky, morphing to suit whatever story I think I want to tell. I suppose it's understandable . . . Owen has been gone now for sixteen months.

He died when he was twelve. The timing and circumstances of his death—alone, in his own bed, as healthy as he'd ever been—was a huge surprise. Unexpected, unexplained. In fact, the coroner agreed; his listed cause of death is SUDEP, sudden unexpected (or unexplained) death in epilepsy. I have to admit I laughed when the coroner told me. He had to reassure me that it was indeed a real diagnosis, I could even Google it, and yes ma'am, it is indeed a real thing. He clarified that, in our case, it was a diagnosis of elimination. Nothing else could explain Owen's death and he'd had a history of seizure disorders as an infant. So, fair enough. I didn't care any more about this ambiguity than I did about the lack of diagnosis for his condition while he was alive.

On paper, Owen was a collection of symptoms and descriptions. Spastic quadriplegia, cerebral palsy, deaf, non-verbal, non-ambulatory, G-tube fed, incontinent, fully dependent for all aspects of daily living. He was also born eight weeks prematurely and experienced a host of problems prenatally for which he required surgery, in utero. We had no explanation for any of this. other than that a part of his brain—the basal ganglia, an important part of the deep brain that controls motor function—was underdeveloped. Why, no one had any idea. Often this malformation is caused by kernicterus, the result of dangerously elevated bilirubin in infancy. But this wasn't our case. And besides, his troubles had started long before he was even born.

Owen had multiple severe disabilities all of his life. He certainly had a lot going on, but none of his conditions were obviously life-threatening. Except for his weak and compromised lungs. At the best of times his breathing was noisy and wet. At the worst, he struggled ardently to catch a breath. Stridor, they called it. "Turbulent air flow in the upper airway" causing high-pitched wheezing and reduced air intake. His skin would become frightfully pale, his body warm and limp; his chest would collapse as he tried to inhale, evidence of a hard fight against infection and fluid accumulation in the lungs.

I always knew his lungs were his weak link. I had imagined that Owen would likely die because of pneumonia or related complications. So perhaps I shouldn't have been surprised when, during a spring stay in the hospital, the doctor pulled me aside and asked if I would consider signing a DNR order.

Owen was around six years old. Despite the frequency of visits to the hospitals all over the Greater Toronto Area, I had never been asked before. I wasn't even entirely sure what a DNR was.

"It stands for Do Not Resuscitate," she said.

The words drifted in through my ears and settled somewhere deep, probably near my own basal ganglia. My body felt warm and clammy, my breathing suddenly becoming more shallow. Perhaps it was sympathetic pneumonia, a way to connect with my little boy passed out in the hard bed just on the other side of the wall.

"That means you don't save him if it looks like he's going to die?"

"It means no heroic measures. It means he can die peacefully."

I imagined rib spreaders. Emergency transplants (of what, I had no idea). Months on life support. I imagined failed dramatic rescue attempts that I would live to regret. Previous doctors had warned that kids like Owen, if placed on a ventilator during an illness, sometimes don't come off at all. I pictured a permanent breathing tube.

Her suggestion seemed so reasonable. I didn't want my boy to live like that. And he probably wouldn't live through those interventions anyway. It was a short conversation.

"Sure, I'll sign it."

WHEN I TOLD MICHAEL that night, he was quietly horrified. Why hadn't I thought to ask him, check with him first?

"You told them to not save our son?" he said. "Undo it!"

He wasn't accusing me of not caring. I knew it then and I know it now. I had dedicated myself completely to my two sons and had provided Owen with a quality of life that was almost unheard of for a child like him. No, Michael wasn't thinking I was harbouring a death wish for Owen. I think instead he was accusing me of making an uninformed decision, one that I had made unilaterally, unexplored and unquestioned, in a highly uncharacteristic fashion.

I felt my insides collapse. He was right. I hadn't considered the decision carefully and had signed the document as casually as I had signed the request for a television in the hospital room. I couldn't even tell him what the form said. I felt I had failed our family, myself, my son. I called the hospital and had it removed from his file.

Owen didn't die then. In fact, it was as though the DNR gave him the push to get better. He recovered in typical Owen-fashion—practically bounding out of the hospital (at least in spirit) with the clearest lungs ever and a look of thrill on his face as he breathed in the fresh air as we emerged through the automatic parting doors to the outside.

After that, I didn't give another thought to the DNR. Not to the specific one I signed and not to the overall idea. In fact Michael and I didn't even finish talking about it. We didn't need to; I think we both felt we had dodged a bullet, and our discomfort with the whole topic manifested in silent, complicit agreement that we would never bring it up again.

The months and years rolled on, and as a family we ebbed and flowed with Owen's pneumonias and other health-related problems. Sometimes I wondered, "Is this going to be the one?" But not often. Pneumonia had become so much a part of who he was that we were used to the sudden drop and surprisingly quick rebound. Eventually, the once annual event became less frequent and less severe. Our ability to help prevent its onset and lessen its severity had reduced each subsequent pneumonia to one that we could treat at home, like one treats a common cold.

So it wasn't because of the threat of pneumonia that compelled me, years later, to sign another DNR.

Owen was around ten years old. He was recovering, at home, from a health crisis that had required a six-week hospital stay in intensive care. (I am fast-forwarding deliberately. I am skipping past the part where Michael and I split up and I moved into my own apartment, and I tussled with my soul to figure out how life was now supposed to go.) Looking back now, I find myself wondering why no one raised the question of a DNR. At one point Owen had been somnolent—unrousable—for almost twenty-four hours. He was in a tailspin of symptoms that alternately looked like overdose then underdose of a medication that was being administered directly into his cerebrospinal fluid, through an implanted device called an intrathecal baclofen pump. It was a confusing time for everyone. Surely, it would have been the right time for someone to suggest a DNR? But no matter now. He lived through the ordeal and came home, weakened but on the cusp of what would prove to be the best years of his life.

When he was discharged from the hospital, I withdrew Owen from school. I hired a small, diverse army of young caregivers, each working part-time, to give Owen experiences that he would not otherwise have. I was self-employed as a web developer and needed my daytime hours to make a living. So Owen's caregivers would take him out every day, sometimes just to the local park, sometimes to lunch with a friend, to a movie, the museum, to the pool. Most days, he spent more time with them than he did with me.

I chose to forgo my usual criteria for hiring caregivers. Instead, I hired on the basis of personality, not credentials. I figured that the duties of caring for Owen were teachable skills. But decency, likeability, emotional intelligence—these were not. So I surrounded us with motivated, smart individuals who could just figure stuff out and enjoy life with Owen.

The drawback? Some of them had little to no emergency or even health-care experience. I remember watching one of the caregivers pack up Owen's bag for an afternoon outing and thinking, "What if Owen started to choke on the subway? What if she had to call an ambulance? Would she know what to do? What decisions would she make on his behalf? And could she live with her decisions afterwards?" I realized that I had handed over the care of my immensely vulnerable son to a group of young people who were, for the most part, unprepared to handle a crisis. It wasn't fair. For anyone.

The decision wasn't hard to make. I requested a standard DNR form from Owen's primary physician. We went through it point by point, crossing off things that didn't resonate and adding things that made more sense. Michael and I reviewed it together—calmly, intelligently, without the surrounding hysteria that accompanies decisions made under great stress and pressure. We settled on a final document that truly reflected our intentions for Owen, knowing we could amend it at any time.

The hard part was talking to the caregivers. One cried while reviewing it. Mostly they were sombre and serious. Possibly for the first time, Owen's fragility was in clear focus and the worst-case scenario was something real. But the relief everyone felt was palpable.

Owen didn't give us a chance to implement the decisions reflected in the DNR or to test our wills against the choices made in a different time and place. He died of his own accord, at his own time, leaving none of us with a harrowing memory of watching him die because of a form signed in the cold light of day.

Jennifer Johannesen is a writer, speaker, and patient advocate. Her book, No Ordinary Boy, *chronicles her encounters with health care and special education while caring for her severely disabled son. Jennifer resides in Toronto, Ontario.*

Death's Brother

Gayle Greene

I have always been in awe of sleep—and sleepers. I, with my earplugs, sleep mask, white noise, am amazed by people who close their eyes and just go to sleep. I have studied sleep, written about it, wooed it. The following meditation took shape while I was writing Insomniac, *a first-person narrative about living with insomnia and a foray into the world of sleep science. I was struck by how few of its secrets sleep has yielded, even to scientists whose life's work has been to understand it.*

> And there the children of dark Night have their dwellings, Sleep and Death, awful gods. The glowing Sun never looks upon them with his beams . . . But Sleep roams peacefully over the earth and the sea's broad back and is kindly to men; while Death has a heart of iron, and his spirit within him is pitiless as bronze: whomsoever of men he has once seized he holds fast: and he is hateful.
>
> HESIOD, ca. 750–650 BCE

In the fables
they are twins,
Hypnos and Thanatos,
sons to Night.
She reigned
before light breathed
upon the waters,
before electricity,
that's sure—
Darkness primordial,

a force to be reckoned with,
for besides
Sleep and Death,
Night brought
Doom into the world,
Strife and
Retribution.
What a brood!

Sleep was the younger brother,
and as youngsters will,
he imitated his elder,
which is why
the sleeping and the dead
are lookalikes:
limbs slack,
mouths agape—
“sleeps like the dead,”
“dead to the world,”
we say of sleepers—
except that sleepers
wake back up.

In the old paintings
Hypnos snoozes in a cave,
Lethe, river of forgetfulness,
flows nearby,
while all about
nod Poppies
(even then, humankind
knew about those poppies),
and I have seen him
depicted with wings
growing out of his head.
Why wings?
Perhaps because

he's fleeting,
never deigns to stay
for long
(not with me, anyway),
whereas Death
holds you forever,
that iron grip of his.

An altogether gentler deity
is Hypnos,
kinder to mortals,
yet no sacrificial altars
burn to him,
no voices rise in supplication,
no Orphic hymns,
as to his fierce twin—
and isn't that always the way it goes?
The mower-down of men
gets cast in bronze,
the nice guy never gets
that kind of respect.
I even hear it said,
"Sleep is for sissies,"
"You snooze, you lose"—
so impertinent!
I guess
he does look a little silly,
those wings
sprouting out of his head.

But take care,
for Sleep has powers
mighty as his twin:
the way they
seize us,
spirit us away

to an underworld
that confounds all sense
of who we are—
for I can say, "I die,"
but if "I" am not there
to say it,
what "I" are we talking about?
And so it is with Sleep:
I am not "I" in sleep,
that "I"
I know myself to be,
conscious, cognizant, and in control—
that self gets
checked at the mouth
of Hypnos' cave,
drowned in the waters of oblivion.

But if death is an undiscovered country
from which no traveller returns,
Sleep is a realm
from which we *do* return,
stumbling, dazed,
into the light of day,
rubbing sleep from
crusted lids,
we shuffle back into
our mortal coils,
knowing not
where we've been
nor how we were
transported
there and back,
nor *who* we were
in the time
we were away,
and the tales we return with

tell more about ourselves
than the regions we've traversed.

And here's a paradox:
that "I,"
that wakeful self
I pride myself on being,
sentient, *sapiens,* self-aware,
need this nightly stupefaction—
without Sleep,
I'm a tattered rag,
with Sleep,
I am myself again.

Men of science
in these enlightened times
admit that they know
nothing,
neither the *how* of Sleep
nor the *why*.
They speculate that
gamma amino-butyric acid
in concert with
the ventrolateral preoptic nucleus
may flip the switch,
pitching us into unconsciousness.
Their terms describe,
do not explain—
they cannot tell us
what goes on
in Hypnos' cave
that restores us
to ourselves
or say how
Sleep knits up
the ravelled sleeve of self.

Sleep gives their scrutiny
the slip.

And so Sleep
is a province
as fit
for philosophers
with their imponderables,
and for poets
with their paradoxes,
as for scientists
with their tests, their assays, and their probes:

Sleep is a mystery,
This twin of death who
gives the kiss of life.

Gayle is a professor at Scripps College, publishing books on Shakespeare, women writers, and feminist theory. Her recent book, Insomniac, *is a first-person account of living with insomnia and a scientific investigation of sleep research.*

Black Dog

Eileen Moeller

1

Black dog in the freezing rain
thin as soot
on the snow's crust
cowering in the middle of the right lane,
with his tail between his legs,
held belly close like a guilty fist,
whole being pulled tight,
imploded
to a single
pinpoint of light
in a black void.

My whole being
caught the same way,
in the held breath,
that follows the word malignancy.

The doctor's hand on your shoulder,
his fingernails so clean
and perfectly cut,
the new snow of his office coat incongruous
as the backdrop for the black dog
now frozen in front of us both
waiting to be mowed down.

2

When the black dog
entered your life
the hairs standing up
on the back of your neck
brought it all into focus.

Dog chose you,
lying down at your feet
offered identity,
dark companionship,
freedom, perhaps,
for the first time,
from the old fears
that had chased you down
the alleyway of the years.

Dog stands guard.
There is ownership between you.
The long yellow teeth,
fur glossy and thick as the Milky Way,
scary but familiar enough
to lull you away
from sunlight, the body,
love's itch.

For dog you have always been just right,
and this makes you lie awake
some nights, reaching down now and then
to check that its collar is still there,
cold on your fingers,
studded as if with stars.

Dog lets you tune out everything else
if you want to, lets you
curl up asleep throughout your days
until the train you are riding
gets ready to stop.

Trust dog to nuzzle you then,
when it's time,
lead you, like a blind man, back home.

Eileen Moeller lives in Philadelphia, PA. She has poems in Paterson: A Poet's City, Poems of Awakening, Fox Chase Review, Umbrella, BlueFifth Review, *and* Philadelphia Stories. *Access her blog: And So I Sing at http://eileenmoeller.blogspot.com/.*

Christopher's House and the Moon Tower

Rebecca Spears

Stone, when ice wedges into it, begins to chip and fragment. Early on, the stone can withstand the loss. Over the years, if the process continues, the rock will break down entirely. The news that my eldest brother had died, the moment I heard it, is frozen in my mind, as most bad moments are, like that ice. The days and months before and after my brother's death have been harder to sort out. But Craig's story has been chipping away at me these last few years, in part because Craig and I had been distant for most of our adult lives. The more I have tried to convince myself that my brother is only a memory, the more I have stumbled as pieces of his story keep appearing in front of my feet.

At first, I could tell you only the basic details: At age forty-nine, Craig succumbed to cancer of the jaw in the early hours of November 30, 2001. He had checked into Christopher's House, an inpatient facility run by Hospice Austin on the evening of November 29, the day George Harrison, my favourite ex-Beatle, had died. My youngest brother, Dave, accompanied Craig and would hold vigil with him throughout the night, up to the end nearly. Then Dave could not bear to watch the last minutes as Craig began to strangle, so he let the nurses take over. He drove home and hid under a comforter, trying to make the last image of Craig go away, but I imagine it never will.

On Thursday afternoon, November 29, Dave called me to say, "Get here soon," but I didn't realize that he meant within hours. I hadn't heard the desperation in his largely calm voice. So I told him I would be on the road from Houston after I'd taught my Friday morning classes at High School for the Performing and Visual Arts, where I was writer-in-residence that year. By 3:00 or 4:00 that afternoon, I would be at the hospice. But on my way to class next morning, I received a call from a nurse at Christopher's House. She told me Craig was gone. He'd been diagnosed with metastatic cancer just nine months earlier. I'm sure she spoke gingerly, though no caution or soft-spokenness could buffer the words. She had been trying to reach Dave but couldn't rouse him.

After a near-breakdown at the intersection of Alabama and Montrose, I fuelled up my VW Bug and was somehow on my way to Austin. I don't recall what arrangements I made with my three children, though they were with me a few days later at the funeral. I cannot even tell you about the drive to Austin. I have no memory of seeing any landmark on the way there, even now, six years later. I keep trying to remember the parts that will make this story whole.

In the years since Craig's death, whenever I visit Dave and his family, we invariably drive past Christopher's House. It seems to be on the way to everywhere. Anymore I rarely remark that yes, there it is, nor do my eyes well up. I remember the place for what it is, I think—the small courtyard paved with memorial bricks, the low, leafy plants, some flowering, reaching toward us as we walked by. Inside, a quiet chapel with its colourful fused-glass window, large linen pillows piled against one wall. The patients' rooms looked comfortable with sofas, tables, small fridges and microwaves, games, televisions, more plants. Dave said that he and Craig watched reruns of *The Andy Griffith Show* and *I Love Lucy* that night. I got stuck on this detail for awhile, that death might be mundane, that it could fit so easily into the routines of our lives. Lately, it has helped me see death as part of life's natural rhythms. On a smaller scale, I've realized that Christopher's House may be one of the better places in Austin to die.

Last spring in Austin, I saw for the first time one of the city's famed moonlight towers near the hospice. These towers are hard to miss: five thousand pounds of iron and steel, 165 feet tall. Most people know them as "moon lamps" or "moon towers." Fourteen of the original thirty-one towers, built in the 1890s, still stand today. It's a wonder that I hadn't seen the moon tower near Christopher's House sooner. Maybe I wasn't ready to take in a wider scene. In any case, the tower had been standing there for well over a century. Here was another remnant for an incomplete story, though it did not seem significant right away.

The moon towers have always held an attraction for me, since I first encountered them. When I was a student at the University of Texas, my friends and I liked to stroll off-campus on a Friday night and gaze at the nearby moon towers, sometimes under the influence of cheap wine. However, I was not in the habit of drinking—which seems counter to what one would expect of a kid who has gone off to college and the freedom it offers. The choices I made then could be credited in part to knowing Craig and his effect on my family.

The blue-white lights of the moon towers approximated moonlight on nights when the earth's moon was new or obscured by clouds. Whether I was love-struck, dumb-struck, or both, I was fascinated with the moon lamps, something mysterious and romantic to write home about (copped from Keats): "Was it a vision, or a waking dream? / Fled is that music: —Do I wake or sleep?" A splendid idea to brighten the night with this calming light. I think I also took this sight as a sign to fall in love with the guy I was with—the man I eventually married; the father of our three children; my animated, funny, driven companion; the stranger I was divorcing in 2001, the same year in which my brother lay dying. My young ideas about romanticism and optimism had been on the wane for some time, ever since my first encounter with a moon tower. Like Candide, the belief that I lived in "the best of all possible worlds" would give way to the more modest idea, that perhaps happiness results from cultivating "one's own garden."

Originally the moonlight towers held carbon-arc lamps, which lit an area three thousand feet in diameter. At first, Austinites did not care for the artificial lights and even feared that they would upset the natural order of things. They anticipated gardens growing crazily, menacingly; unstable roosters crowing off-kilter; and cows thrown off their milking cycles. None of this has come to pass, though Austin has overgrown in a crazy-quilt fashion; sometimes off-the-wall crowing can be heard in the bars; and the roads remain overfilled with unstable drivers. Today the remaining fourteen towers, lit with mercury-vapour lamps are part of

Austin's lore. They are recognized as official state landmarks, even listed on the National Register of Historic Places. The towers were once the number-one reason tourists gave for visiting Austin. They still attract a lot of attention. I, for one, remain as fascinated as anyone else—they illumine my naive and happy student days. Those days and lights provide a sharp contrast to the dark days of 2001.

I often think about my brother's untimely death that year, just as most people do who have unfinished business with a dead person. As I said, I wasn't close to Craig when he became ill, and the violence of his last moments is stuck in my imagination. In the months before his death, I had to push myself to visit him during his illness, especially after his first trip to the hospital, after a surgeon had removed part of his jaw and tongue. During subsequent visits, Craig spoke to me with a pen and clipboard. All of his communications were tinged with depression and despair. He felt especially grieved about the muscle tissue taken from his right chest to reconstruct his caved-in face.

—My right chest, he wrote. Screw the surgeon.

—How come?

—I can't lift a hammer now. I'm right-handed. Why did he have to do that? Why couldn't he take it from my left chest?

—Oh . . . Wow. I'm so sorry.

Even though words failed me in a huge way, Craig wrote them with a fury. He was upset. He couldn't wield a hammer with the same force or precision. He might never work as a carpenter or cabinet-maker again. Throughout his life, Craig had wrought beautiful things from wood—cabinets, extra shelves for our desks (complete with cubbyholes and small drawers), butterfly boxes, artfully curved side tables, trivets inlaid with Spanish tiles. All these he made with saw, hammer, glue, nails, and patience. A few years earlier, he had begun making a canoe from thin strips of wood he had learned to flex and fasten together. In 2001, in the months before his death, Craig fell into utter despair, and he fed his despair with alcohol, so desperate that he poured it into his feeding tube. But soothing himself with alcohol was an old habit; he had been abusing various drugs, beginning in adolescence. He wasn't the only one abusing drugs back then, but he had picked up habits he couldn't shake.

Craig would not like me telling you about his addictions, though these were partly to blame for the coolness between us. As an adult, I had little sympathy for his troubles. Though I liked to think of myself as compassionate, when it came to Craig, I felt only dispassion. I didn't understand addiction then; I didn't understand why he didn't just quit. My solution: Cut Craig out of my adult life, except for the occasional meet-up for a holiday dinner. He would bring handmade gifts for my children, talk to them, play games with them. Off and on, I tried to feel something, something positive for Craig, but I felt nothing. And nothing seemed an improvement over the anger I harboured toward him in my earlier years.

Craig's problems drained my father and mother emotionally and financially during the years we lived together as a family. Craig's problems—at home, school, Sunday School, with friends—always got their full attention. His problems were more troubling, desperate, or urgent than anything I or my brothers Mark and David could cook up. Were we so unimaginative we couldn't find some trouble that would get our parents' attention? I guess so. Even as adults, when we get together, we will pick at the scars of our parents' inattention. We shower our own children, each one of them, with more than they want or need. But when we were kids, we felt keenly that the laws of the universe were askew. I know I learned not to fight against impossible situations, but instead to find a way around them. When I was a kid that meant getting out of the house—taking my time with a good book in our backyard tree house, skating down the block to see a friend, spending summer afternoons at the swimming pool. As an adult, I am known for coming up with ideas and alternatives; I am masterful at circumventing barriers. Amazing how my early life shaped my ability to persist in all things.

I didn't know Craig as his friends knew him. How could I? His friends in the neighbourhood were notoriously bad. My mother always welcomed them into our home and, though not normally a proselytizer, she tried to encourage them into our church's youth activities. Craig's friends taunted me, ridiculed me, and scared me. As an adult, I rarely met Craig's friends, his succession of girlfriends, and when I did, I had no desire to get to know them.

At my brother's funeral, at the Unity Church in Austin, I became acquainted with some of his buddies, a better crowd than the earlier friends. I found a group of people who loved him very much. To them, he was a generous, fun-seeking, hard-working, loyal, and tender-hearted guy. On a table in the sanctuary, one friend had placed a framed photograph of Craig, wearing a huge smile, sitting in his kayak on the green waters of the Guadalupe River. The sun glints and fractures all around him. The picture captures something I had missed; I had failed to imagine him as a beloved human being. His friends had accepted him in a way I couldn't, and I was grateful that they had. Today I find myself pursuing, sometimes involuntarily, a way to know and begin to love my brother, who remains an alien creature in my imagination.

Over the course of his illness, I did visit Craig every month or two, having to coax myself to do this, not only because of our disparateness and the horror of the advancing cancer, but also because of my own preoccupations. The labour of assisting Craig fell to my youngest brother, Dave, who also lived in Austin, on the same street as Craig. The year was bleak for our family in other ways: Mark and his wife, Jo Anne, in Dallas, were helping my parents when one fell, then the other, each fracturing a hip. Eventually my mother's hip healed; then she began to show signs of Alzheimer's. My father's hip never did heal, and he was confined to a nursing home. He would die ten months after Craig. Where was I? In Houston, trying to manage startling changes in my own life. I was divorcing my husband. I had fallen into despair. My children were distressed in ways that would last for several years. In 2001, our world had never been so dark, just as the year was bleak and tragic for many others, in monumental ways. Personal and national losses have marked the year indelibly. It was the year I finally acquiesced to forces beyond our control—disease, despair, death wishes, and death. For the first time in my life, goodness seemed entirely irrelevant. What did it matter how we lived our lives? Even now, I don't have a definitive or decent answer for that question.

A Persian myth tells the story of a king who encounters a monster. To save himself, he tries to fight it off with a sword. It appears that he will win the contest when he raises his sword over the creature's head and moves to strike. Instead, the sword hits stone and breaks it open. From the stone comes a brilliant light, brighter than daylight, that stops both monster and king. The king realizes that the saving light is from the divine, and he is grateful. The myth doesn't tell me if the king then dedicates his life to goodness, but it does tell me that sometimes a stone breaking apart is not such a bad thing.

In 2001, what wouldn't I have given to stop the horrible events, to best the monsters I met up with—to save my brother's life, my father's life, my world as I knew it. In the last few years, I have been able to construct a new life for myself, and I am piecing together my version of events during a dark time. Discovering the moon tower near Christopher's House is not only emblematic of my story; it is the gathering force for a story that has existed only in bits and pieces. In other ways, my discovery has been auspicious. It reminds me of better times, when it was OK to be optimistic and romantic. Curiously, I have been entertaining optimism again. Knowing that the moon tower scatters its calming, enduring light over the hospice each night feels like a blessing. Whether the hospice was built near the moon tower by accident or design makes little difference, I think. Reconciliation is what I'm after. That I have just noticed the moon tower, well, that's part of the process.

Rebecca Spears, author of The Bright Obvious, *holds an MFA from Bennington College. Her writing appears in* TriQuarterly, Calyx, Nimrod, Borderlands, *and other journals. She has been a finalist for the* Iowa Review *Poetry Award.*

Scrotum Comfort

Ross Mac Hall

Sometimes when I lie on my back attempting to slip into sleep on a warm evening, I reach down and pull my scrotum from between my legs, pulling my genitals up, restoring my comfort and helping me to relax. It's small comfort that helps. Why am I sharing this bit of highly personal trivia? It's because as a male nurse, it is important to think about how to help provide these kinds of small comfort acts to patients in need.

Especially for guys like Private Snodgrass, fresh from his medical-evacuation flight from Baghdad, lying here in the hospital in Frankfurt, the latest victim of this, the first hopeless twenty-first-century American war. A woman nurse would not think of scrotum comfort.

BACK IN THE MID-NINETIES, Nurse Grassley lectured me on the practice of veterinarian medicine on people. It is most important to first examine the signs and findings, not the outbursts, proclaimed symptoms, demands, or pleading requests of the patient, as your primary determinant of action.

"Look at the signs, check the blood pressure and pulse. Listen to what the patient says, but remember: the patient might be in shock, or drunk, or just plain lying. Meanwhile, you need to stop the bleeding, control shock, maintain airway passage, or whatever."

Nurse Grassley didn't like the idea of male nurses but tolerated me as I tolerated her.

"Do you do the veterinarian thing first, or go with instructions from the others? I mean the doctor or nurse you are replacing?," I asked.

"You can't ignore nothing! This is where your judgment comes in. I mean, use your damn head. Sometimes there is no doctor or previous nurse. Just remember that the patient is the point of your concern, not the medical staff, not anyone. The nurse going off duty is tired and irritated, the doctor is thinking of his next martini, and you are now in charge. Use your head."

She steamed around the room pointing at me and the other three nurses-in-training. I imagined her wearing the old-fashioned cap and starched white gown. I never checked it out up close, but I suspected that she smelled antiseptic.

I questioned. "What about comfort? The little things. I mean, in my short experience I have had patients asking for things and requesting errands that seem silly."

"Hah! You ask about comfort while I'm talking about bleeding and dying?" She laughed loud and hard.

My compatriots, one guy and two women laughed nervously.

"Of course," Nurse Grassley said gently and displayed a kind and soft face. "We are nurses. Our job is to care for our patients. That includes the little things that provide comfort. But here also, you must use your judgment. There are professional patients, people who want you to be their personal servants, and others who are afraid and really need your help. You'll find out soon enough. But, at the same time, they all *do* have comfort needs."

She paced the floor a little and pointed at me.

"Frank, you have made a very important point here this morning. I was attempting to describe the use of nonverbal or 'veterinarian' medicine in a crisis, but it also applies in providing comfort and ordinary care. It might be even more important than the emergency, the bleeding and dying situations. The areas of healing and recuperation are the real job of nursing and it must be balanced."

I'll always remember her smile. It was not condescending. Maybe she didn't dislike male nurses.

"You just earned an A for today."

PRIVATE SNODGRASS NEEDED COMFORT. He had arrived just six hours before my shift at three in the afternoon. Lieutenant Marge Green, RN, and Captain Larson, the doctor, briefed me hurriedly.

He was hit in the hip with steel shrapnel in an IED (improvised explosive device) bombing.

"The pelvic bone on the left side is badly damaged and is the worst of his injuries. There is a lot of muscle damage on that side and tissue just plain missing. He may lose his left leg, and I would be surprised if he ever walks again. It is too early to make those kinds of assessments, however."

Dr. Larson moved toward the door and spoke rapidly. "Marge, you tell him the rest. I have a surgery. I'll be available for questions after four." He fast-walked down the hallway.

"His left ear was torn off, and there is a nasty gash in his left leg just below the knee. His torso and arms are OK," Marge continued with the litany of problems. "He can't lean forward or sit up without a lot of pain."

"Any concussion?"

"Don't think so. He has been on painkillers since the explosion, but as best we can determine, other than the glancing blow of some piece of metal to the left temple area, there's no other damage to his head. He is pretty lucid at times. Then he asks for more pain relief," she said.

"Thanks. Anything else I need to know?"

"Yeah. Better check the chart. He lost part of his penis. We're not sure the extent of the injury. He still has his battlefield bandages and the doctor is waiting until tomorrow to change the dressings."

I winced. Getting the family jewels shot off is gallows humour talk that has gone on in military barracks for hundreds of years. This was, however, real, and I felt the fear. The loss of manhood.

"He seems uncomfortable a lot. I try to help, but he resists. I hope you can find a way to get him to allow a little massage, or other body adjustments that would help. Doesn't like to be touched. Doesn't seem to like women."

The look on Marge's face of portrayed her compassion. She told me that she was finally returning to the states. Eighteen months of war casualties was more than enough. She praised Dr. Larson and wished me luck. The dark areas under her eyes and her drooping walk at the end of this shift exposed her severe fatigue.

I tried to get to know him. He was from Iowa, or Ohio, or Indiana. It was hard to understand his articulation sometimes. Some place a long way from Seattle. A big guy, he was maybe six foot five and two fifty. He was twenty-seven, reservist, and irritated at being called up. Under a lot of drugs, he was in and out of consciousness, so I learned about him bit by bit.

"Doc?," his whisper was pretty loud.

"I'm Frank. I'm your nurse. The doctor will be back later."

"Oh yeah. The guy nurse," he smiled at me.

"Of course. Can I make you more comfortable?"

We talked for nearly a half hour, then it was clear his pain and discomfort were eating at him. I checked the chart, and another Vicodin would be appropriate.

"Yeah, thanks." He spoke slowly. "I have one other request. This is strange. But can you pull my balls from between my legs or spread my legs a little. It feels weird down there."

"Sure. Scrotum discomfort. We all feel it sometimes."

I hadn't had time yet to see his wounds or the bandages. I hadn't even helped with the bedpan. I pulled up the bedcovers. The large bandage on his left hip extended around his hip both front and back and to his crotch. Extra pillows kept him level. His scrotum and testicles were taped to his right leg, up and out of the way, and a catheter fed into a large softball sized bandage over what was left of his penis. It was impossible to tell the extent of this injury without looking under the bandage. The medical people in Baghdad had done a great job.

The discomfort he felt was from the tube that ran from the catheter to the urine bag under the side of the bed. The tube was between his legs and tight against his crotch. I adjusted it, moving the catheter tube so that it fed below to the urine bag from near his knee rather than under the bandage on his hip. The flow immediately increased.

"Yeah, yeah, . . . yeah. Thaaanks," he said.

I could see the relief as his face relaxed and saw in his eyes that the painkiller was taking over.

"DR. LARSON, thanks for coming down. Just a few questions about Private Snodgrass. The pain seems to be diminishing a little. Should we just keep him on Vicodin? He has started talking to me a lot. Does he know the extent of his injuries?"

"Yeah, keep him on Vicodin. If he it does get worse, don't hesitate to return him to the drip morphine. It's on the chart."

The physician stood up from the stool at the nurse's station and motioned me to follow him. We looked through the window at Snodgrass.

"The poor bastard doesn't know that half his dick was blown off. I think we should wait until the healing is a little farther along and he is more stable. His wife is arriving tomorrow. I will tell her first," he said as he turned to walk away. "It's damn near seven. I'd better get some food and sleep. You too."

"See you tomorrow."

KAREN SNODGRASS ARRIVED. Tall, maybe five-nine, with a pageboy haircut and a khaki suit over a powder-blue blouse, she seemed serious but not grim. She vastly improved the smell in the hospital. I found her attractive. I wanted to flirt. I guess I did, some.

"This is Frank Verde. He is the nurse taking care of your husband. I asked him to sit in on this conversation. He can answer some questions better than I," said Dr. Larson.

We exchanged a few introductory comments before Dr. Larson gave a full and uncomfortable report on the injuries of Larry Snodgrass.

"So, he lost his penis but not his uh . . . uh . . . uh gonads?," she stammered.

"Until the main trauma healing is farther along, we're not sure exactly the full extent of the loss, but you are essentially correct. We have not yet changed the bandages applied in Iraq. And he does not know, yet."

Mrs. Snodgrass bit the knuckle on her left hand and stared at the floor. "Oh Christ, how do we tell him?"

"That's my job," stated the doctor.

I chimed in, "We need to wait until he is not so dependent on pain medicine."

"Your support at that time is important," said Dr. Larson.

"When? When will you tell him?," she asked.

"A few days. We don't want to let him find out on his own. His confidence in his support people is important for his long-term rehabilitation. I have contacted a colleague in DC who is a specialist in genital reconstruction. When he is ready we will send Larry to Walter Reed Hospital in DC. Dr. Herbert will see him. He can diagnose and talk to you and your husband in more realistic terms than Frank or I."

"How long will we be in DC?"

"Not long. Dr. H. supervises genital-urinary injuries and repair in Veterans Hospitals all over the country."

"Larry will be very happy to see you. You will be one great happy surprise." I offered.

"Can we?"

"Of course. Follow me," said Dr. Larson as he rose and walked down the hall.

WAS I INAPPROPRIATE because I found Karen Snodgrass attractive? I did my best to provide Larry with the best of care and attention. Thinking of Karen, feeling guilty about it, I probably did a better job. Hell, who knows, I do a good job anyway. The truth of the matter is that I felt so sorry for Larry. I had images of finding a super-carbon-steel cup for a jockstrap, should I ever be ordered into a combat zone where this might happen to me.

"Please come with us, Frank," said Dr. Larson.

Larry was better, and Karen and Dr. Larson wanted to give him the good news and the bad news about his injuries. I couldn't stand it.

"If you don't really need me, I have three patients on Four Main that I am supposed to see in the next hour." Our short staffing problem was legend.

The head nurse on Four Main assured me that my patients were OK, so I went to the cafeteria and called the nurse's station nearest Larry to complain of stomach cramps and said I would be late getting back. I left the hospital, and after a brief walk down Brunnenstrasse and back I felt much better and returned to the ward. Karen greeted me with a smile.

"Hi. It went well. Better than I could imagine," said Dr. Larson.

"Yes. Larry probably knew. He said you had been a real help in making him comfortable. That's wonderful," added Karen.

"Glad to help."

"Well, I want you to know that I really appreciate your help. He said he needed a guy to deal with that area. What did you say to him?," asked Karen.

"Oh, I don't exactly remember. I just wanted him to know that I wasn't gay and that I understood his discomfort. In one conversation, he referred to me as 'the guy nurse' and I thought he said 'the gay nurse.' I thought he might be concerned about that." I said. "We both had a good chuckle about that."

THINGS HAD CALMED BRIEFLY on the floor of the hospital. The scene could be a clone for a hospital in Seattle, or probably any city, except there were a lot more people in military uniforms. I checked my watch, wondering if I might leave a little early.

"Frank. There you are," Karen said.

"Hi. I hear you and Larry are headed back to the States." I turned, sucked in my tummy, and put on my most handsome smile. "What day?"

"Direct flight from Frankfurt to DC. tomorrow. Then on to Seattle in a few days. I guess the University of Washington Med School will be where Larry will go."

"Seattle? I thought you were from the Midwest somewhere. Larry mentioned Indiana or Iowa or something."

She laughed. "That happens a lot. We live in Indianola. It's a small town near Seattle."

"You're kidding? I'm from Seattle. I never heard of it."

"It's across the Sound from Edmonds. You take the ferry to Kingston. Indianola is just down the road."

"I'll be damned. I last lived in Redmond, just north of Bellevue. I grew up in Renton."

"When are you going back? Are you a career military guy?"

"Oh, no. They've tried to entice me, but I can do better at home. Nurses are in demand and besides, I've had my fill. Combat injuries make me more and more emotional."

"When's your tour up?"

"Six months . . . unless they extend me. It happens these days."

"Well, I am going to be jammed for time between now and when I leave. So I wanted to thank you for taking care of Larry."

"Glad to help. I like Larry. I hope he repairs and the government supports the process. He's a shy and sensitive patient, but we did good."

"There are two other things that I want to tell you, then I must dash. First, Larry is gay. He told me just three months before his unit was called up. You mentioned that it was important to make sure that he knew you were not. It was important to him to know that and he wanted me to tell you. He called you 'very professional.'"

"I'll be damned." I said.

Karen rose to leave. I walked with her down the corridor.

"May I call you after I get back? I'd like to check up on Larry."

"Sure. I work in Bremerton. This card has my work number and e-mail. Oh, here." She scribbled down her cell phone number on the back of the card.

"Thank you so much." She gave me a hug and walked away.

Ross Mac Hall grew up in Oregon, served in the U.S. Army and graduated from the University of Oregon. Careers included CPA, CFO, business manager, and founder of companies. Writing began September 11, 2001.

Amputee

Katey Schultz

It's my 112th day at Walter Reed. After two more weeks of physical therapy and some fittings, I might be ready to leave. That's the way the doctors keep saying it, "Just a few more weeks, Becca." Like I'm not ready to get up and walk out right now. They're in a fuss about scar tissue and nerve endings, not to mention the shrapnel wounds. Compared to most soldiers here, I'm a cakewalk case. But from my perspective, I've never felt more high maintenance in my life.

It's just my arm. Half of my arm, really. That's the way I think on a good day. Other days, it's something like this: I left one elbow joint, twenty-eight bones, twice as many muscles and tendons, one wrist, and my entire left hand in the middle of a filleted Humvee on the outskirts of Karbala, Iraq. I never heard the bomb detonate. There was me, thrown twenty feet from the vehicle—and there was my arm, tangled in the steering wheel, engulfed in flames faster than you can say, "Don't look."

Yesterday, I walked through the hospital gardens before lunchtime. The only part of me that felt alive was the part that wasn't there at all. I could sense the wind move inside of me when I walked, like the air got trapped in the ghost-hollow of my forearm. It whirred around in there, tickling my mind. I couldn't believe the sensation. I sat down on one of the benches and waited until no one was looking. Finally, I reached my good arm across my body and groped for my missing arm. I thought maybe I'd catch a flash of feeling across my palm and be able to remember, but when I grabbed, nothing came back to me.

I tried to get up and go back inside, but my legs felt like sandbags. I stared at my good arm and then I stared at the greenery. All around me, tall day lilies and goldenrod waved their petalled hands in the breeze. The light looked brilliant, almost transporting. The garden flashed between sun splotches, pinpricked and Day-Glo like the outlines of base camp during a pelting, red sandstorm.

MY BUDDY PFC GUNTHER must have seen me in the garden because, next thing I knew, he'd taken the elevator down and wheeled himself over to the bench. He's got his arms, but both legs are in the freezer. That's what he tells people who are nosy.

"I'll trade ya' injuries," he said.

I looked at him slowly. I knew he was waiting for me to say what I always said, but my lips felt pasted closed. I forced a smile, then gave him my line: "You don't want to lose your beer-drinking hand, do you?"

He smiled, then turned serious. "What're you doin' out here, anyway?"

"Nothing."

"Fastest way to get into trouble," Gunther said. "Doin' nothin'." I heard the gravel crunching beneath the wheels of his chair as he rolled nervously back and forth.

"Faster than a jihadi can turn a tank round into an IED?" I asked.

"Yup," he chuckled. He wheeled back to the main entrance and I followed him toward the cafeteria.

"Race you down the hall for some chow!" I said, taking off at a slow jog.

"Hey, now, Specialist," he hollered. "Man's greatest invention was the wheel and I've got two of 'em." He dodged a few nurses and cut me off. When I ran, half of me felt like lead, the other half like air. I hated how my left side lurched forward so much quicker than my right. My stump throbbed like a second heart, blood pooling around the fleshy scar tissue, trying to go where it couldn't.

In the cafeteria, they put the food trays on the tables ahead of time, all portioned out. It's just easier that way. I sat down near one of the windows and Gunther went off to the bathroom. He was good at that now, he liked to remind everyone, always shouting a triumphant "Yee-haw!" from the stalls when he'd successfully lifted himself from chair to commode. I stared at the beige food tray in front of me: one hamburger, coleslaw, condiment cups, and a bag of Fritos. Just like that, my world shrunk to about two feet long—the distance between where my left arm used to be and where that impossible bag of chips lay, sealed closed.

EVERYBODY WANTS TO KNOW the first thing I'd do if I had my arm again. They always think of the easy stuff, like hug my kid or shoot a basketball. All I want to do is hurt somebody back, even though it isn't right. I know exactly what I'd do, transported to Karbala with my body whole again, a bearded Iraqi man cowering at my feet. Can't you see it? The way this war has made us both a mess? He'd cry for his life and I'd shout something meaner than I ever thought I could say. I'd raise my left arm and curl my palm around his throat, squeezing until he withered into ten thousand grains of sand.

I DON'T KNOW HOW LONG I sat there staring at that tray of food, but when Gunther came out of the bathroom and found me at the table, he sounded like he was talking under water. The bag of chips lay crushed beneath my shoes.

"Specialist?" he said. "Hey. *Becca?*"

"Yeah. What?"

"Becca, your family's here. Look." Gunther nodded toward the cafeteria entrance.

I stood slowly, the chips scraping underfoot. My little girl came running up and grabbed my right hand, swinging our arms back and forth like it was the simplest thing in the world.

"Easy now," I told her, but she just kept on swinging, her hand folded softly into mine, all that sweetness pressing into me through her perfect, little palm.

Katey Schultz grew up in Portland, Oregon, and currently lives in the Appalachian Mountains of North Carolina. "Amputee" is from her short story collection, Flashes of War, *to be published spring 2013 by Apprentice House.*

The Complexity of Pathos

Andrea Fry

Caregiver

Besieged by galaxies and genocide
he sights his telescope upon one pale star.
He holds her failing beam within the
circle of his lens. Her lone and
dimming light conveys to him the world's
suffering: the soiled faces that merge
with night and never rise again;
the starving herd that's lost its weary
carcasses beneath the sand.

And so he puts her tenderly
to bed, cradling her as he would want
to see them held, rocking till they no
longer hear the anguish in the surf.
He smoothes the hairs that shiver
on her back, draws solution from
his breast like a silken scarf:
private conscience, private gift.
He sees his strange and distant
charge as every ailing being—
a universe of wounds distilled
behind his scope.

Feliz Pasquas

It has come to this
that the streets have finally
turned my cynic's eyes to stone.
Anticipation of the moan
of trains and gluttony
in each random face
has blinded me to meek devotion,
made suspect simple tenderness.
On Easter morning a man
and woman sprawl before
a church's massive gate.
With her on top, her frenzied mate
lunges from the floor.
He flaps like a fish along the shore
with urgency that can't wait
for shelter or a hymn.
She holds him like a sail
restrains the driving wind.
My first thought is revulsion
at indulgence so brazen:
we all have sinned,
but why must they reveal
in tawdry demonstration
how miserably we fail.

He rears like a stallion
in the corner of my eyes.
I shake my head in sheer disgust.
But I am deaf to their distress:
she lays a bed of newspaper
and rolls him off the stone.
"El vive," she assures me, tucks
a pillow beneath his chest
to cushion his next convulsion.

Andrea Fry is a nurse practitioner in New York. Her poems have appeared in Barrow Street, Sequoia Stanford Literary Review, Graham House Review, J Journal, Podium, *and* Reed Magazine. *She is a Pushcart Prize nominee.*

Addressing My Aunt's Aphasia

Grace Bauer

Because she cannot speak, we speak to her
as if she cannot hear. We are cheerful and far
too loud, our voices shrill with an optimism
we pretend we feel. Because we do not
know how much she understands of what we say,
we say everything more than once, as if meaning
could be made of repetition, as if reiteration
might elicit the appropriate response. Because we fear
we ourselves may end up in such silence, we keep
the small talk going, hoping it will grow large,
become a song we'll remember the words to, that
the words will keep us connected to each other
and the selves we were before the lightning in our brains,
which struck, and was no stroke of luck.

Grace Bauer is the author of Retreats and Recognitions, Beholding Eye*, and* The Women at the Well*, as well as several chapbooks of poems. She teaches the Creative Writing Program at the University of Nebraska-Lincoln.*

Discussion Guide

Pink

How does this graphic narrative succeed in telling a story without words? What images/details stand out for you? How is what we are shown staged and to what effect?

Attending

What constraints/challenges does the doctor-narrator face? What role does hierarchy/power play in the piece? How does the doctor manage to connect with the boy and his family? How do you interpret the last line of the piece?

Group

What are the challenges in writing about patients or about events inspired by encounters with patients? What distinguishes each of the five people in this group (including the narrator)? How do you imagine that the group sessions unfold? What role does art (poetry/music) play for each of the people in this group?

A Study in Pain

How does the form and structure of the poems in the different sections contribute to the meaning that the poet is attempting to convey?

Better

This piece critically questions our society's investment in "fixing" and "improving" without stopping to analyze the "problem" at hand. How does the author achieve this by playing with the word *better*?

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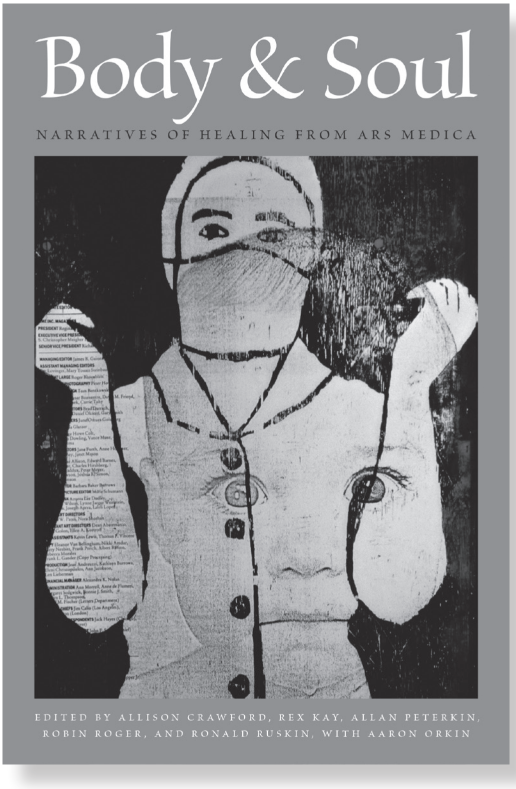

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The winners, which will be published in either *Ars Medica* or *CMAJ*, were announced at the Canadian Conference on Medical Education conference in Banff, AB, on April 13, 2012.

PROSE

1. **John Graham-Pole**, MD, MRCP, adjunct professor, College of Education, St. Francis Xavier University, Antigonish, NS: "Attending"
2. **Aviva Goldberg**, MD, MA, pediatric nephrologist, Children's Hospital—Health Sciences Centre, Winnipeg, MB: "It's Getting Hard to Breathe"
3. **Cheryl Hann**, RN, HN-BC, Kelowna, BC: "The Hummingbird"

POETRY

1. **Eileen P. Sloan**, MD, Department of Psychiatry, Mount Sinai Hospital, Toronto, ON: "First time"
2. **Emily Swinkin**, medical student (second year), Queen's University, Kingston, ON: "A Lesson at the Bedside"
3. **Linda Bullock**, RN, psychiatric nurse consultant, Providence Health Care, West Vancouver, BC: "Group Therapy"

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1. Deadline: March 18, 2013.
2. Parameters: All works must be previously unpublished and relate to medical humanities in the broadest sense. Poetry, limited to two submissions per person. Prose works, limited to one per person, can be any style (e.g., creative nonfiction, fiction, essay, etc.).
3. Length:
   a. Poetry: Maximum 52 lines
   b. Prose: Maximum 1500 words
4. Send your submission to ccme.contest@gmail.com. In the subject line, state whether your piece is poetry or prose. Include in your covering note your full name, mailing address, telephone number, and name of the school or organization you are affiliated with. Please state that your work is original and previously unpublished, and that you authorize its publication in *Ars Medica* or *CMAJ*. Also please specify if you are a student/resident.
5. Judge: The *Ars Medica* / Massey College Barbara Moon Fellow.
6. Prizes: The three winners (first, second, and third) in each category will receive a one-year subscription to *Ars Medica*. Winning submissions will be published in either *Ars Medica* or the *CMAJ*.
7. Only the winners will be contacted. Winners will be announced at the Creating Spaces III Symposium, held in conjunction with the Canadian Conference on Medical Education, April 20–3, 2013, Quebec City.

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Guidelines for Submissions

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