



Ars Medica

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Canada: HIV Rules

by Mona Hedayati

In this work, the HIV capsid protein, a structure that protects the RNA of the virus and delivers it to the cells when it infects the host, is 3D printed in red to convey the alarming situation of those living with the virus and those living with the virus who have yet to show signs of infection. It is then allegorically positioned on a throne to raise awareness of how the fear of contamination is ever-present in our daily lives. Since the discovery of HIV, the basic rights of those living with the virus have been breached on an ongoing basis; despite global education programs, the systematic discrimination has not been neutralized.



Mona Hedayati is an Iranian-Canadian interdisciplinary artist who approaches her practice from a conceptual and critical perspective. She has presented essays in forums, conferences and symposiums in Berlin, Rome, London, Manchester, and Tehran, as well as across Canada. In her recent body of work, she is interested in creating a multidisciplinary discourse around the role of superpowers in shaping the current world order.



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Editorial: Writing the Soul

The one thing in the world,
of value, is the active soul.

—Ralph Waldo Emerson (1983)

In “Over the Rhône and into the Night: Just Be Graceful,” by Florence Gelo, featured in this issue of *Ars Medica*, we encounter Bernice, who is nearing the end of her life. In dialogue with the narrator, looking together at paintings, Bernice is soothed by the luminescence of van Gogh’s stars. The ability of art to salve, to transport Bernice to “the ethereal” is soothing for her because, as she articulates, “I think that’s where I’ll be going.” The art is evocative, but the relationship with the care provider who narrates this piece is critical. It is through this dialogue that Bernice’s narrative is shaped, and through their exchange that a bridge is created between the apperception of art and their shared meaning-making.

The exchange also evokes a recollection in Bernice of Dylan Thomas’s poem “Do Not Go Gentle into that Good Night”:

There comes a time to go. We can’t fight it.
I have
a nice poetry book, and one of the lines is,
“do not
go gently into that good night.” I don’t
agree with
that. I wanna go gently.

The poem, as with the painting, allows Bernice to contemplate her life, and also to share it. Bernice is following Ralph Waldo Emerson's injunction: "Make your own Bible. Select and collect all the words and sentences that in all your readings have been to you like the blast of a trumpet" (1983, p. 58). Doing so, Emerson believed, makes us active souls.

What does it mean as a care provider to encounter the soul of the patient? We can consider this in secular as well as in religious terms. At its most basic, encountering a patient's soul is to encounter where meaning resides for that patient, and of course where it resides for us as healthcare providers.

The challenge of contemplating the patient's soul brings to mind what in philosophy is called the binding problem: the relation of the immaterial soul to the physical body. The binding problem also appears in the disjunction between the unity of our consciousness, so at odds with the discrete neurochemical processes that make it up. Learners in healthcare encounter this when they learn about "the kidney" or "the heart," as if these organs are separable from the ecology of the body, and from lived human experience. This dichotomy continues for clinicians when it remains easier to recognize and diagnose disease than to understand how suffering, disease, and illness are experienced within a human life.

In 1974, psychiatrist George L. Engel proposed the biopsychosocial (BPS) model of medicine in response to what he perceived as a "medical crisis" that he believed "derives from adherence to a

model of disease no longer adequate for the scientific tasks and social responsibilities of either medicine or psychiatry” (p. 129). Instead he advanced that medical practitioners and researchers “should take into account the patient, the social context, the physician’s role and the health care system” (p. 132). The BPS model was a call to a more holistic understanding of the patient’s experience, though it has been critiqued for oversimplifying how each of the levels (biological, psychological, and social) interact, for an overemphasis on the individual, and for the failure of the model to account for the spiritual dimensions of experience (see Borrell-Carrió, Suchman, & Epstein, 2004; Ghaemi, 2009; Hatala, 2013). Recent research is exploring the implications of expanding the BPS model to the biopsychosocial-spiritual model (Hatala, 2013). In fact, many practitioners are learning from other cultures that adopt a more integrative, holistic approach.¹

Many of the pieces in this volume of *Ars Medica* honour the existential encounters within medicine and healthcare. They represent patients’ and providers’ most liminal moments—whether crossing from life into death, as in Gelo’s piece, or from medical training to practice, as described by Mays Tahseen Ali, or from practice to retirement, as portrayed by Diana J. Pi. These encounters are varied in their emotional impact. Ali expresses gratitude and joy, while Pi, in her portrait of a long relationship with a man with an extensive history of self-harm, gives voice to the “burnout” that can ensue from providing deep care for patients.

Both Ali and Pi take up the epistolary form to narrate these experiences, but other writers, poets, and artists in this volume use many forms to actively explore and craft experience. On the cover, Iranian-Canadian artist Mona Hedayati uses 3D printing to replicate the HIV capsid protein “to convey the alarming situation of those living with the virus and those yet to be infected.” She alerts the viewer to the social dimensions of disease: fear of contamination, stigma, human rights.

In “The Show,” C. Alessandra Colaiani embraces the absurd, inserting lines from Eugène Ionesco’s *Rhinoceros: A Play in Three Acts* to capture the unbearable unreality of transitioning from medical school to residency, and the surreal feeling of role-playing as one tries to inhabit one’s new identity and have “real” interactions with patients. Michael Lubin employs humour and text messaging in “I’d Love to, But Unfortunately I Have My Genitourinary Exam Tutorial Tonight,” to explore “[w]here should we draw the boundaries around our experience,” in what to share of our confidential and privileged encounters in healthcare.

Many of the poets in this issue touch upon related themes of the intersection of the body and spirit. Ingrid Andersson finds the resonance between the natural world and the human drama of the body in “Phalaenopsis”:

I sip and consider this
common tropical genus, the profane,
yet prayerful, nature of it

In “Nearly Six Years,” Erica Danya Goldblatt Hyatt figures grief and loss, using the lyric form to enact the mourning of an unborn child:

I have tried my best to really grieve this loss.
Living and dying inside me, living and
dying inside me.

The lyrical incantation of the repeated line insists that the reader pause and repeat the ongoing nature of loss.

Both Stanley Princewill McDaniels and Sage Schick probe the experience of mental illness and suffering. McDaniels writes of sound puncturing experience:

& your body
is always interrupted
by the sound
of something breaking,
falling, crashing,
like a glass,
like a building,
like a plane crash-landing.

Schick writes of the complex interplay between the self and other, and self and society. In “I Kneel Down,” she describes a shifting veil between the self and others clouding and darkening, making experience impenetrable to the other. In “Presbycusis,” from her series *Bodies of Work*, Rebecca Coles Lee writes of “the bone conduction of time,” figuring life and memory as a soundscape that recedes with age.

In “Commonplaces,” Rebecca Ann Spears explicitly seeks to capture the interconnectivity of hu-

mans with the environment and with the cosmos
as recompense for our corporeal finitude:

how we quicken when all is in balance,
a pinch of this, more of that: cobalt and
iron,
copper and manganese, the world in us
again and again
as the stars, hot brilliant minerals,
a promise that we are after all immortals
who won't be destroyed but rendered
into other forms.

The mortality/immortality of our physical bodies
is considered in relation to the law of conservation
of mass.

Through their poetry, Trevor Morey, Sarah
Kristin Andersen, and Ron Riecki make vivid the
practices of healthcare. In all three works, the
bleakness and anonymity of care are transfigured
into and through poetry. From Morey's collection
Healthy, for example, "From the Coffee-Stained
Patient List," creates poetry from a list of patients.
Demographics, labs, discharge plans become
poignant points of life. The white space around
the poem's lines suggests the vast expanse of the
unitemized, unregistered life of the patient. In
"Doctoring," which considers the borders between
home and clinical practice, Anderson writes,
"some lines are blurred of late," as in the poem
where the line between these experiences and iden-
tities can be traversed and recast.

Dan Champion represents the world of health-
care from the outside. In "Lift," the everyday expe-
rience of the narrator is sliced through by the

blades of the helicopter overhead on the flight path to the nearby trauma centre. Like the painting *Landscape with the Fall of Icarus* by Bruegel, spectators can go on with their everyday lives, unheeding the suffering and trauma around them.

Riecki's poetry enacts the active soul of the practitioner-artist. Creating poems from the poetry of Nancy L. Meyer and Lisa Fay Coutley is like found poetry or the cento poetic form. Amid the detritus of clinical care, the traumatic experiences of loss and ineptitude, Riecki ekes out poetry to create beauty and meaning. This active assemblage brings the reader simultaneously into contact with the viscera of his work, and with the meaning-making practices of a community of artists. We hope that *Ars Medica* can do the same, and that these powerful pieces remind us of the work of the soul and the spirit in medicine.

Note

1. As an example, at the Centre for Addiction and Mental Health and ECHO Ontario we are creating communities of practice with First Nations, Inuit, and Métis communities and employing a physical-mental-emotional-spiritual model to understand wellness.

Website

Centre for Addiction and Mental Health and ECHO Ontario, <https://camh.echoontario.ca/first-nations-inuit-metis-wellness/>

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Allison Crawford, Editor-in-Chief, *Ars Medica*



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**Phalaenopsis / April /
The Way Art Lives / Doing Good**

Ingrid Andersson

Phalaenopsis

A single phalaenopsis bloom rises on its sturdy stem
above my steaming coffee. The orchid's fleshy
bilateral orbs seem gynecoid in shape and serve
to curve my attention toward its mysterious
tendriled center. I sip and consider this
common tropical genus, the profane,
yet prayerful, nature of it
and how

just before dawn, I knelt, as a midwife does,
on a bedroom floor beside the steaming body
of a birthing woman. Her head down, rooted
amidst knees, arms, her orbbed pelvis rising
like the orchid, like the sun—no matter
how common, how many billion
beading mornings—her singular
tendriled center
promising.



April

Eliot was right. April is a cruel month, when tulips are too bright for winter eyes, and the lilac air steals the breath, suffusing danger with desire.

From my sunny kitchen window, I watch a male cardinal proclaim his desire from the budding crown of a sugar maple, until

like some heat-seeking missile, he drops and trails a female through air. Suddenly, she veers left and flies right at me

on the other side of the reflective glare—*No!* I wave my arms as her head hits the double pane and the bared complicities of April

kill her. Penitent for my human part, I leave the house and bear her chilling warmth, heavy as a stillborn's, to the muddy foot of the maple.

The Cornell lab of ornithology says, every year there are a billion like her. I dig and feel the suck and pull

of innumerable buds, far above my head, like insatiable sapping mouths, and the sweet blood running up to fill them.

I lift my eyes and watch their fat red bodies dance in the April air, as if they will dance forever, as if

they will never fall, until I see Eliot was wrong: life makes no promises.



The Way Art Lives

She does not forget
the small lives
lost in the making
of her new silk scarf,
smooth and supple
as newborn skin
(its spun protein
fibers finer than hair).
Its yielding folds hold her
the way the gentlest cocoon
holds tender wet folds
of metamorphosis,
the way the pia mater
holds supple memory,
the way the amnion
in her womb
held her buried son.



Doing Good

More often than not
the most you can do,
said Lao-Tzu, some
two-thousand years ago,
is: imagine you are
a midwife. Do good
without show or fuss.
When the baby is born,
the mother rightly
will say: I did it,
I am equal to life!

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The Show

C. Alessandra Colaianni

Jean: I just can't get over it!

Berenger: Yes, I can see you can't. Well, it was a rhinoceros—all right, so it was a rhinoceros. It's miles away by now—miles away.

Jean: But you must see it's fantastic! A rhinoceros loose in the town, and you don't bat an eyelid. It shouldn't be allowed. *Berenger yawns.*¹

My mother loves to tell this story: as a two-year-old, I fixated on the scene in *Snow White* where the protagonist eats the poisoned apple proffered by the witch; I made her read it over and over again, pretending to be the witch and then the princess. To my mother, the story portends the actress I later grew into, whose performances she never missed—not even the weird ones, not even



Ionesco's absurdist play *Rhinoceros*, in which ordinary citizens sequentially turn into pachyderms. By the end, the entire town has transformed except for Berenger, the lone human holdout, whose initial blasé response to the madness gives way to a hypochondriac's nightmare that never manifests.

My father, by contrast, viewed my acting as a terrifying hobby that would hopefully burn itself out before it precluded more legitimate career prospects. Ever competitive, he loves to tell this story: in eleventh grade, I beat out a now-famous actress for the leading role in a high school production of *Romeo and Juliet*. I was a new student, and she was a popular and beautiful senior who would go on to Hollywood, nabbing a role in the hit show *House MD*. My father often finishes this story with the kicker, "Well, she got to be a doctor on TV, but my daughter gets to be a real doctor," lest anyone be confused as to his personal taxonomy of acceptable professions. (He also loyally asserts that her first season is when the show really started to go downhill.)

The rhinoceros continues its trumpeting. For a few moments, Mrs. Boeuf stares fixedly, then suddenly she lets out a terrible cry.

Mrs. Boeuf: My God! It can't be true!

Berenger: What's the matter?

Mrs. Boeuf: It's my husband! Oh Boeuf, my poor Boeuf, what's happened to you?



Daisy: Are you positive?

Mrs. Boeuf: I recognize him, I recognize him.

The rhinoceros responds with a violent but tender trumpeting.

Papillon: Well, that's the last straw!
This time he's fired for good.

Eventually, and for many reasons, my burgeoning acting career gave way to medical school. I found ways to sneak in performances here and there, but the trajectory was clear; and though I devoted myself eagerly to the study of medicine, I mourned the loss of the stage. But the beginning of my intern year felt oddly familiar, as though I'd been cast in another surrealist play. It started at orientation, with the debacle of my name: I've always used a foreshortened version of my middle name, and wanted it on my identification badge. "Nope," said the photo ID guy, sitting in front of a queue of bright-eyed new doctors. "This is a legal document here. Can't have anything but your name on it." "But it *is* my name," I insisted, "Look, here it is on my driver's license." "Sorry," he said gruffly, waving the next person forward. And that was that; I literally wasn't who I said I was.

This deceit wasn't so far from the truth. In a matter of weeks, I'd gone from the blithe existence of a fourth year medical student to the harsh, militaristic life of an intern in general surgery, covering the trauma neurosurgery service. My alarm chirped at four in the morning, nurses introduced me to pa-



tients as “the doctor,” and I stuck big needles into people without supervision. Something about the rapidity of the change and the all-encompassing nature of the role I was newly assuming made me feel as though I was, once again, on stage. The costumes and scenery— hospital gowns (here called, bafflingly, “johnnys”), poorly lit labyrinthine corridors, spotless operating rooms—all of it felt like some set designer’s idea of what a hospital should look like.

Jean: Today’s the same as any other day.

Berenger: Oh, not quite as much.

I’ve heard of “impostor syndrome,” but my angst went well beyond theoretical worries of personal inadequacy: I felt I was merely impersonating a doctor in this gigantic, storied hospital, going through the motions. Everyone had to be in on the joke: I’d had my degree for all of three weeks, and now experienced nurses were asking me to give them orders for critically ill patients. “Can you come administer this medication?” one nurse paged me, her eyes rolling heavenward, “It has to be pushed by an MD.” Another nurse saw me scurrying down the unit hallway and came running. “Hey,” she said, “You’re a doctor, right? I think the patient in room thirty-six just died. Do you mind pronouncing him?” Not knowing much about the patient, never having pronounced much of anything, and not feeling at all doctorly, I walked into the room where a dozen family members stood in various postures of grief, put my stethoscope on his chest, and closed his eyes. “I’m so sorry, he’s gone,” I said quietly, as the family started to wail. I’d



nearly gagged watching identical scenes in medical dramas, yet there I was, playing it out in real life.

The trauma neurosurgery service was an extreme version of this alternate reality, where people who had been functional one day were comatose the next, with half their skulls sawed off and locked in a freezer in the basement. Our patients had suffered a smorgasbord of horrific accidents requiring neurosurgical intervention in the form of the incongruously cute-sounding “hemisrani,” otherwise known as a hemicraniectomy (or more crudely, to my etymologically oriented mind, “half-skull-gone”). Their charts read like a series of obvious public service advertisements. Don’t clean your gutters on a rainy day. Don’t use a Segway on the stairs. Definitely don’t drink a pint of whiskey before you trim the branches of the tallest tree in your yard. Their families sat dazed at their bedsides, trying to make sense of the unbearable new reality, asking impossible questions. I worried that they could see right through me—or worse, that pretending to know the answers would transform me into one of those burned-out, cynical residents I was so terrified of becoming. After all, I didn’t want to *play* a doctor—I wanted to *be* a doctor, a healer, someone who could legitimately treat patients and answer their questions, ideally without sweating through my scrubs.

Berenger: *Worried*. Yes, it did make me cough. How did I cough?

Dudard: Like everyone coughs when they drink something a bit strong.



Berenger: There wasn't anything odd about it, was there? It *was* a real human cough?

Dudard: What are you getting at? It was an ordinary human cough. What other sort of cough could it have been?

Berenger: I don't know. Perhaps an animal's cough. Do rhinoceroses cough?

I was thrust into scenarios that felt staged because of how emotionally laden they were, and how absurd it was that they were tasked to someone as novice as I. As my superiors were always operating, it often fell to me to represent the neurosurgery service at the family meetings held to discuss patients' dire prognoses. I hid behind "we," as in, "we were able to reduce the pressure on his brain, but we're not sure about the amount of damage that he sustained before the surgery," and awkwardly accepted gratitude from families though I'd barely glimpsed the inside of an operating room since graduation. After these meetings, I would slink out, red-faced, ashamed to have spoken up as though I had anything to add in a room full of experienced doctors.

One of them, a psychiatrist with a gentle demeanor with whom I'd worked a few times, caught me lurking outside the conference room before a particularly dreaded family meeting. "You're doing fine," he said, unbidden.

"I hate this," I replied, the words tumbling out of my mouth. "I feel so unprepared. I feel like a fraud."



“Nothing really prepares you for this,” he said, opening the door and ushering me in, “you just have to do it.”

The show must go on. Of course. Rehearsal was over; the lights were on, the stage was set, and it was time to perform. And of course, I realized, with a jolt at my own idiocy, I had been preparing for years in medical school, through slews of examinations, rehearsed conversations, hours upon hours of study. Though the stage was new, that feeling of being underprepared, of abject terror, was something I had felt before every performance, every night, for every play I’d ever been cast in. Part of the beauty of live performance—and of caring for patients—is that you don’t know exactly what will happen on stage. You trust that your hours of work and careful training will help you through. You keep yourself open to learning and discovering new things throughout the run of the show. You stay true to yourself, and you recognize your own limitations, and that keeps your performance honest. You stay honest even, as Berenger does in the final scene of *Rhinoceros*, when it feels like you’re the only one. And, eventually, you recognize that terror as the thrill that drew you to your craft in the first place.

Berenger: *Sobbing, he falls on his face, his shoulders heaving.* I’m so ugly. People who try to hang on to their individuality always come to a bad end. *He pauses, then suddenly snaps out of it, rises, grabs the bottle of brandy and a*



glass and sits on the chair. Oh, well, too bad. I'll take on all of them. I'll put up a fight against the lot of them, the whole lot of them. I'm the last man left, and I'm staying that way until the end. I'm not capitulating.

A year or so later, I was rounding at the children's hospital. Approaching one patient's room, I heard voices singing: "Ten little monkeys, jumping on the bed. One fell off and bumped his head." Cautiously, I opened the door; the privacy curtain was drawn, hiding the singers. They continued: "Mama called the doctor and the doctor said..."

I couldn't hold back—it was too perfect. I threw open the curtain and gleefully all-but-shouted, "No more monkeys jumping on the bed!"

The parents smiled, and the two older kids flanking the bed giggled. But the three-year-old patient sat back, a quizzical look on his upturned face. "Who are you?" he asked.

"I'm the doctor!" I laughed. Behind me, the curtain closed.

C. Alessandra

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Note

1. Embedded excerpts are from the play *Rhinoceros: A Play in Three Acts* (Ionesco, Eugene, 1960).

Reference

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Nearly Six Years

Erica Danya Goldblatt Hyatt

It has been nearly six years
Since you were cut out of me
Since I first read the pathology report
Where I noticed your 1.5 cm foot
Consistent with 19 weeks' gestation (though you died at 20,
I feel it's important to note)
Six years since we named you
And cremated you
And I secured your ashes in a box
And rationed some into a locket
That dangles, a humble guardian from the doorframe in
the corner of a room
That has guided your surviving siblings to sleep
A tiny totem etched with a hummingbird
Though I imagine you now dark as a crow
And strong, and cawing, and clever, and majestic
Larger than life, certainly larger than allowed to be
Shiny, oily black feathers, a beak to pluck tools from the
ground
To dig graves and seek food
(Did you know that crows mourn their dead? I think I read
that once).



In these nearly six years
I have tried my best to grieve you
I have advocated and I have marched
I have therapized and I have narrated
I have written and written and written
And told your story
Justifying my choice
(To whom? Admittedly, I am my own audience).

I have sobbed and screamed into your memory and
I have used you as an excuse, tiny baby
I have tried my best to really grieve this loss
But you continue to be a step ahead
Your flaking pieces living in a box beside my bed.

A white box
With your name and date of death printed out
On paper that's now creasing and yellowing
And even the font is beginning to dilate with time and
 humidity
Standard issued by the Delaware Valley Crematorium
That I dust every few months
And reposition the delicate angel statue above.

One time Remy grabbed the statue and it fell
And it smacked against the radiator behind the table
And while I imagined some of the clay would snap off
Or that the muted face of the angel would pop off the body
It was only the bent wire wings that dislodged
So I frantically tried to stick them back in
But the hole they sat in was too big
And the wire was too thin
So I've given up on replacing them.

These pieces of you
They prove to me that you existed
That you had enough bone to burn



That you grew human pieces, though incorrectly
That stump of a trachea that blunted off
The overblown lungs, stretched to capacity
Maybe like fragile pink translucent bubble gum
The diaphragm traveling the wrong way like an inverted
balloon
Those were the broken pieces we could see.

The distorted chromosomes I imagine like ill-fitting puzzle
pieces
Jammed together by impatient toddler hands on a carpeted
floor
Creating a warped picture without much true fit
A mottled and forced collage
That lies flat on the ground, or a table, but cannot be picked
up or moved
Because the pieces will detach and cling half-heartedly to
each other like a barrel of monkeys
If you try to carry them.

There were also perfect, synchronous, seamless pieces:
Your sweet little fingers on the 3-D ultrasound
That covered your sweet little face in the darkness of my
body
Living and dying inside me, living and dying inside me.

I wore hospital-issued, baby blue fuzzy socks
With bubbly, sticky white V-shaped treads
And a seam along the toe that never sat in the right place
As I padded down the hall attached to an IV pole
Like an overwhelmed child guided by her mother at the mall
Amidst sensory overload
Holding the arm of the kind anesthesiologist
Because I'd already received the first dose
That would allow me to lie down on the table
Arms spread out and away from my body like a death-row
inmate



But beneath gentle, sympathetic, masked figures with kind
eyes
Who quickly set to work.

And then I woke up and you didn't exist anymore.

My therapist told me to let go.
To spread your ashes, because I'm stuck.
And the academic, the scholar of bereavement in me wanted
to scream at her
YOU DON'T KNOW ABOUT GRIEF THE WAY I DO
THERE'S NO SUCH THING AS PATHOLOGICAL GRIEF
IT'S HEALTHY TO HAVE THESE ASHES
(but the truth of the matter is I'm afraid she's right).

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7:45 / Cry / Legion

Stanley Princewill McDaniels

7:45 PM

& your body
is always interrupted
by the sound
of something breaking,
falling, crashing,
like a glass,
like a building,
like a plane crash-landing.
It is no wonder
your body smells
like burnt airplanes.

& you are scared
of happiness, as if
it was a woman.
You are scared of
a lot of Things.
You are scared of
healing, for you think
that when a man
heals, he is put back
together, recoupled
like a dismantled engine,



& when it begins to
function again — fueled by
a fresh fire, new engine oil,
new pistines — it becomes liable
to break down again
like you
each time you hope
for something as new as a morning.
But it's okay.
They won't mind.
They can't see you.
You're a ghost.

You know every pain
by name. You know the extent
of their reach, so much so
that it feels good, that you
enjoy it, that you love it,
& now, you have taken it
like your baby.
You tend it. You cherish it.
It is your lamb.
At night, you sing a lullaby
& rock it as it fades
into the alcohol stiring
your cerebellum.
This is what you do every night
to sleep.
& you don't want to lose it

because it is all you have,
& what would that make you?
They will say, "here lies the man
who couldn't even keep
his broken pieces."
So here you are,
afraid to give yourself



a second chance, afraid
to take one more step,
to take one last shot
at happiness
because something in your body
is always breaking,
 falling,
 crashing

like a glass,
like a building,
like a plane crash-landing.
It is no wonder
your body is filled with voices
 talking,
 whispering,
 screaming: die,
 die,
 die.



Cry

& the body is
the beginning of the world —
void & without form, where
these marauding impulses are
wild dogs feasting on my innards,
& I am psychotic — voices
whispering,
 screaming — jump,
run,
 take the pills,
wear the noose...
& the silence
is so loud.
The wilderness
in my body
is so wide, so brown, so vast
like a country, in which its citizenry
begs the peace of catholicism.
I am gutted open
for all the world to see.
How do I look? Blackbird: i fly around

from edge to edge,
& woman to woman
hoping to find
something different,
hoping that my innards
would sense the beatification
of mother nature
& ingest it like a belief
that i am indeed beautiful;
blackbird, I fly around
in search of magic fingers to
lay themselves on these wounds,
& do a miracle, & fill
the cups of these empty years
with wine & vinegar,
& heal my mother of the virus;

I search for magic formulas — cowries
& incantations spread
on the mat of the priest in search of
the meaning of life since
the prayers of the damned
is an abomination; & I want to ask
my grandmother
where Heaven keeps its unanswered
prayers: whether they will
fall back down in their envelopes
when the sky is cracked open & Jesus comes
to collect His souls & damn the damned. Blackbird,
oh blackbird!
You fly only in the shadows,
never in the sun
because sometimes you want to be water
so you could slip out of the world,
into the ground,
& scream like the voices in your head,
& cry & die in droplets
because the world is set
in oblivion,
& you live
in oblivion,
& you are
hollow - something without begin
nor end,
something deep & dry as thirst.
It's so dark here: too many
voices
 talking
whispering
 screaming — die
 die
die, blackbird —
die!

Legion

In the hospital,
the lights are sometimes red,
 sometimes blue,
 sometimes white.

Red,
for madness in episodes;
blue
for remembrance;
white
for what people call...normal.

& there are pills: the pills look like emojis —
someone's ball-dropping animation
of practical madness.

At night, I watch the stars twinkle,
calling one another, whispering
to one another: as one star glows,

the other glows too — the tricks of
secret lovers calling to one another, as if declaring
“i love you,” & she

responding

from the other side, says
“that is my vow.”
It's beautiful in the courtyard.
The stars look like letters of

my name scattered in the sky
& one mighty voice gathers them all
into one body,
& pronounces me.

I look to Heaven
& I can't see the hospital
anymore.
The voices are all gone —
 the doctors,
 the needles,
 the pills,
 the courtyard,
 the nurses...
They are all gone.

I look to Heaven
& beg God if He
would allow me
keep this night,
just like this, with
the voices outside,
with the loneliness
outside. He said
Yes. Now, I have a new Handler.

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I Kneel Down

Sage Schick

I kneel down
 ferns and moss and mud
 dogwood in full bloom
 the chartreuse waves of tender fields before first mow

but
the veil between us is clouding.

 doctors run the rounds:
 klonopin, lithium, zoloft, lexapro

 friends visit, call convoluted phone lines
 to reach me

 vervain blooms. poppies bloom.

but
the veil between us has clouded.

 doctors run the rounds:
 ativan, wellbutrin, cymbalta
 (prozac, gabapentin, zyprexa)

 hemlock is the only plant I see
 having answers.

I float, I float.



friends don't know where to call,
I don't know how to answer.
they call each other.

the veil between us is darkening.

strawflower in my hospital room,
glimpses of leaves-turned-gold through the window

doctors run the rounds:
rimeron, latuda, more lithium,

more lithum.

friends call each other now.

the veil between us has darkened.

hawthorn berries, rose hips
summer's crops turned brittle, turned skeleton

when do you let "full remission" go?

ferns in the forest

but
I don't visit anymore.

Sage Schick is a writer and herbalism student living on occupied Chinook land outside of Portland, Oregon. Their work has appeared in *The Mighty* and on the *Monkey Sparrow* radio show, as well as in front of a few good-natured audiences.



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Bodies of Work

Rebecca Coles Lee

Colostrum

It was bad milk. The kind that gets in under the pink and
gorges.
Straight to the root, it's rough in the raw and there's anger in
the tooth that is rotting.
Irritated with hunger, the mouth swells.
The spoil, thickens. The comfort, curdles.
There's plenty for the lactose intolerant.



Presbycusis

They natter. Words existing to chatter. Complaints like pin
pricks, suggest you do better.

First come the three words: I Love You.
Then come the second: Why Can't You?

There is the house.
The kids.
The creaks and the whines.

There is the music.
The radio.
The bone conduction of time.

Tuning out to tune in: there's life made in distance.
The nagging is first to go.

Then the insults.
The suggestions.
The shrillness of tone.

And then the world, perfectly orchestrated,
quiets from the calm of a knowing presbycusis.

Popliteal

How appropriate.

That it should start with a pop and end with teal.
As if jumping into the sky was absolutely real.

But before the teal there is the pop.
The shatter shock of old knees knocked.

I reach high, but I cannot
move forward.

Rebecca Lee has published in a variety of magazines and journals. Her medical poetry can be found in Harvard's *Third Space* journal, the *British Medical Journal* and Dartmouth's *Life Lines* journal. Email: RebeccaColesLee@gmail.com



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I'd Love To, But I Have My Genitourinary Exam Tutorial Tonight

Michael Lubin

I'm sitting in a lecture on suicide when I receive an extraordinary text. The girl I'd asked on a date says yes.

I met her at a tiki bar in Bushwick, two weeks ago. On my way to order a second round, I noticed two women talking nearby. It took me a moment to realize they were talking to me, because it was the first time this had ever happened.

I should say one of the women was talking to me, while the other looked on coolly, in what could only have been disapproval. Disapproval was a surefire way to get my attention. Plus those big blue eyes, the icicles they were emitting; white blouse, black vegan leather.

I excused myself from the first woman and cautiously turned towards the second. When she looked my way, it felt like someone turned the lights up bright. When she didn't, I felt simultaneously boring, chastened for being boring, and an ardent desire to become more interesting.



The night ended in a double reversal. I still don't think she approved, exactly, but she did give me her number.

I texted her, the next day. She responded. I'm always relieved when a number turns out to be real. I thought this was a good sign, a chance she might, if I didn't blow it, go out with me.

Then I proceeded to blow it. I waited two weeks to ask her out, in flagrant violation of the as yet unwritten, but still widely accepted, rules for dating in our "age of mobile messaging." I had unintentionally sent the unstated, yet unmistakable, signal that other things in my life took precedence over dating and even, for the time being, her.

This was true, but not the kind of thing you want to open with for a first date you hope to eventually go on.

By the time I finally did get around to asking her out, I was sure the answer would be no. I felt like the answer already was no, even though I hadn't asked. No was the only answer she could possibly give such incompetence.

So when I read her text, as I sit there in class that day, I am truly surprised. She says yes. One improbable event has been followed by another, even more improbable event. But I'm not going to think too much about it. I have a date.

"There are about one million suicides per year, worldwide," the lecturer says. In this moment, however, my soul cannot be destroyed. I realize I'm giddy, grinning stupidly, and remember where I am.

For a man approaching thirty, giddiness in any circumstance is unseemly. In a lecture on suicide, it's more like alarming. I look around. No one is paying much attention, which is a relief. Though, come to think of it, it's medical school. You could probably do anything in a lecture hall and no one would pay much attention. Still, I try to remain discreet, even as she does me one better. She proposes we do something that very evening, which would be good news, if I didn't have my genitourinary exam tutorial tonight.

"I'd love to, but tragically I have..." I write before stopping, mid-line.

Could I really send this to someone I met once, at a tiki bar, two weeks ago? It might as well have been an eternity. The explanation would surely lead to more questions, and I'm afraid the answers to these questions would surely lead her to never speak to me again.

The stakes are high. I'm in recovery from five years of relationships. I was with one person, whom I almost married, for four of those years. When we split up, I moved in the ill-advised, time-honored footsteps of immediately seeing someone else. That lasted a year, about eleven months longer than it should have. When it was all over I decided to take some time off from dating, maybe forever.

Now, a few months later, I'm out of practice. But I have an excuse. It's not that I've been doing nothing (I started medical school that year, late, at twenty-eight), just nothing that would be helpful to me in this situation.

Therein lies the problem—with me, with dating, with life. I'm twenty-eight years old. I'm a first-year medical student. Basically, my life is already over. The only consolation is that I have a killer bio for my Tinder profile.

Maybe if I had been more like my accomplished peers and started earlier, I would have had a chance. As it was, I wouldn't graduate for another three years, at the earliest. I would be thirty-one, rapidly approaching thirty-two. Assuming my life didn't get any further off track than it already was and I started residency, I'd have three to seven more years of training, depending on just how old I wanted to be before finally becoming an unqualified attending physician. A junior attending physician. So still qualified, I guess. Residency begins and ends in July. I have an August birthday. When I finish, I'll be just under forty-years-old. Half my life will be over. More than half, if physicians really do die sooner than everybody else. This is a statistic I believe.

Besides, I'm only moderately attractive. On the basis of half a semester of Psychiatric Medicine lectures like the one I'm sitting in, I've diagnosed myself with social anxiety disorder (performance-only subtype) at the least, and possibly something much worse. I can count on three fingers the number of times I've gone out with an absolute stranger in all my wasted years of life.

I'm either exactly like everyone else, or I'm totally fucked.

This is the first real opportunity to go on a date to come along in months, and for all I know

it could be the last. Maybe, against the backdrop of the lecture on suicide, there is a certain urgency. Whatever the reason, I want to go on this date.

My one saving grace is that due to the information asymmetry in our relationship, she doesn't know any of this. She hasn't done the math yet.

So here I am. As matters of life and death are discussed, I'm thinking about how to say, "I'm sorry, I can't go out with you tonight. I have to learn how to perform a genitourinary exam from a professor who will also play the patient while I try out my scrotal palpation technique and perform a digital rectal exam for the first time. I will observe and be observed by two of my classmates, who, by the way, I'd really like for you to meet sometime." I must say this in a way I hope won't ruin possibly my only chance at future happiness.

It's a situation I know well. About a year ago, not long after I started medical school, I began to notice I couldn't tell anyone what I was actually doing. It was less an issue of professional confidence (to the great relief of everyone involved, for the most part we weren't even in the same room as patients our first semester of medical school), and more an uneasiness about whether I should.

"What did you do at school today?" my mother would call and ask. I think it bears repeating that at the time, I was twenty-eight years old.

"We cut someone's face off," says the voice in my head, though it could easily also have said, "We resected her brain." Or "We cut out her heart." Or "We sawed her pelvis in half."

“We did it in small groups,” the voice in my head drones on. “Cutting someone’s face off only requires two people, so the others were free to quietly weep in the corner. After we had finished, we tossed her face in a red bucket, underneath the table.

“Three hours later, around five o’clock, we tied off the orange, tripled-lined bags—stamped with BIOHAZARDOUS WASTE, filled with human remains—and tossed them in a dumpster in the hallway outside the lab, waiting for a man I never saw to roll them away, to where I never learned.”

I thought it would be better not to say this to my mother, or anyone else. She was kind enough to call me, in the mid-two-thousand tens, and ask about my day. She deserved to be spared from the superfluous daily horror of what I’d decided to do with my life.

So I don’t tell her. I keep it to myself. By the time I have my genitourinary exam tutorial problem, I’ve been doing this for almost a year.

Of course, an obvious alternative presents itself: I could simply *not tell her* and suggest another night. But I want to tell her, I realize, to my surprise. If she’s going to be in my life, however briefly that may be, I want her to know about it. Not the sanitized version—the truth.

Then again, I don’t want to be alone forever.

We date because we hope that somewhere out there is a person (or several people, if we’re feeling optimistic) who will understand us, and given the exact right set of circumstances, most of which are completely outside our control, will love us for it.

Not in spite of ourselves, but because of ourselves. (At least I think that's why we date. I have no idea, really. I've hardly been on any dates.) Dating is an admittedly imperfect method for finding this person, but so far we have yet to come up with a better alternative.

In a profession where confidentiality is an imperative and there's so much we can't disclose, it becomes that much more important to say what we can. But how much *can* you really tell someone else? Where should we draw the boundaries around our experience, especially the part where we threw away someone's face after cutting it off?

I decide to find out with the person I met at the tiki bar. It feels right. Sure, it's asking a lot of a stranger, but isn't life about taking risks? What's the worst that could possibly happen? Shame? Humiliation? Failure? That happens every day in medical school! Though maybe not, admittedly, vis-à-vis dating.

I tell her the truth. Okay, I *text* her the truth. I don't include all the details, but somehow I think she'll understand. While I wait for a reply, the lecturer expresses a cautious optimism about the future of suicide prevention. He thanks us for our attention. Then it's over. I look down. No reply yet. I pack my bag, and look again. Still, nothing. So I guess that's that, and I get up to leave.

I'm walking out the door when I feel the buzz in my hand. "Well," she says, "I'm free on Friday."

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From the Nursing Notes / From the Coffee-Stained Patient List

Trevor Morey

From the Nursing Notes

You seemed different today,
bright, strong.
The fluorescent bulbs radiate from your skin,
a sunrise.

*Heart rate: 82 beats per minute.
Regular.*

“How are you?”
You ask, before I can ask you.
We go to the bath.
Today you take the cloth from my hand.

*Blood Pressure 125/78.
Normal.*

We walk through the halls.
Arm in arm,
as we always do.
This time you lead the dance
and I am just pleasant company.

No longer a nurse,
a friend.



Temperature 36.5°C.

Afebrile.

I remove your tubes, your wires;
threads that once held you together.
Until you burst through their seams.

Oxygen Saturation 96%.

Respiratory Rate: 16 breaths per minute.

No acute distress.

You packed yourself into a bag.
We said goodbye.
I turned my back,
For only a second.

I thought I heard your voice,
“Nurse,”
Room 016,
but I no longer recognized your face.

From the Coffee-Stained Patient List

Patient #1:

Pancreatitis

Sick but stable.

Nothing to do today.

Pain well controlled.

Recheck labs in the morning.

Patient #2:

Sepsis

Palliative Care to see.

Family Meeting, 1pm.

Sign off after family meeting.

Patient #3:

Malignancy

Complex, multiple issues.

Transfusion, 9am.

Follow-up with hematology.

Consult infectious disease.

Recheck Hb this afternoon.

Continue to monitor vitals.

Patient #4:

Patient #5:

Bowel Obstruction

Post-operative day 6.

Still unsure what to do.

CT this afternoon.

Patient #6:

Diarrhea

Discontinue current antibiotics.

Stool culture and sensitivity, toxin screen.

IV fluids.

Continue to monitor.

Patient #7:

Delirium

Urine Negative.

Bloodwork Negative.

Imaging Negative.

Son coming in today at 2pm.

Discuss discharge plan.

ALC.

Trevor Morey is a Queen's Medicine graduate (class of 2017, PGY2) and a Family Medicine Resident at the University of Toronto.



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Commonplaces

Rebecca A. Spears

Commonplaces

Born into this world, common enough,
our bodies arise like winter trees, those
stick frames fixed against nothing but pale sky.
And where dried vines cling, our arteries
wind under and over bone, organs tucked in
like hibernating poor-wills under fallen logs.

The impulses at work inside our skulls,
the caprices that twine through brain tunnels—
all kin to a summer storm's far-off clap and crack,
synaptic connection of lightning to ground.

The spiral of the galaxies, the same one
we see in deep eddies, in the clouds
that proceed from a hurricane's eye,
in swirls at the back of our skulls, hair
rooted in patterns that unwind from the center—
proof that we've been spun outward, into our bodies,
blinking, as light glances at us from distances we
might be able to calculate but cannot fathom.



How we quicken when all is in balance,
a pinch of this, more of that: cobalt and iron,
copper and manganese, the world in us
again and again
as the stars, hot brilliant minerals,
a promise that we are after all immortals
who won't be destroyed but rendered
into other forms.

Still Life, with Questions

When I approach from the tree-draped road, my small house appears huge. It's a trick of the porch light, and a few lamps left on in the house, their glow pouring through the high windows.

Here in the deep silence come questions, swarming like plump mosquitos—did I ask to be left alone? Did I ask to lie fallow for a season or two? Or did I feel especially fertile, wanting to make a life on my own? My second-guessing stings like insects hunting the dusk.

Now you've sent word, you might be dying. Whether it is cancer or heart disease or something else you have yet to reveal, what must you want from me? Am I to travel across the open fields of my own heart back to you? Can I ignore the last grief of a man so practiced in love's incantations?

Daddy-o

That man with the blinds pulled
is like an eclipsed sun or moon that can-
not ever emit or reflect light again.
Pale-blue eyes he must shield from light
—the light hurts so much now—
blue as a mountain pool on a hazy day,
cloudy like the milk-glass plates on the shelf.
There are fourteen types of noses
according to the *Daily Mail* online—and his—
not bulbous or fleshy or hawk, but snub,
a handsome one under a high forehead,
a Mount Rushmore forehead, a face
smoothed by wind and war and warlike sports.
Thin-lipped but not tight-lipped,
always good for a joke or a brief quip.
A smile like the smile an old napping dog makes
when it dreams or daydreams, content
to be the aged one, housebound, world-shy.

Notes on Extremities

By three that afternoon, the backroads were leading me through miles of ruined crops, the field corn stunted, blonde, and crisp. My cousin near Austin bedridden with MS. Her voice on the phone that morning faint as the birds' in the summer drought. Breath lighter than the corn leaves on a hot breeze, lighter than a fine mist that dries before it has a chance to settle on the skin, on the crops, on anything that wants to live. Not as alive as Dean Martin on the radio crooning about lilacs in full bloom on the street where you live. As desperate as that wayside sign on Highway 77 proclaiming a service to pray for rain. While I no longer bothered to carry my umbrella, I wasn't immune to the prayers that year—even from those of us, who in a good year, professed little. I suspect, as in other tragedies, Whatever Held the World Together was suffering with us, but What Should Have Been Enough simply wasn't. And in telling this, here is where I usually break down, having arrived finally to find my cousin cocooned in the cool darkness of a room, in a hospital bed, her cropped hair recently dyed red, glowing like a night-lamp.

On Her Way

This will be the last time my mother will rise
on her bird legs and take to the window.
The chipping sparrow and Inca dove
will criss-cross the panes. Her voice, thickened
these last years, will thin to a silver wire.

My mother will rise and ask me to
bathe her. And I will wipe away the mites,
soap off the dander, the last bits of molt.
I will sponge the yellow to soft pewter
and stem, for a while, the odors that tell me

it's time. Time to provision her. Time
to perfume her with the lilac she loves.
Time to settle my new griefs, feathers
that attach one after another
daily, sometimes hourly, onto my skin.

Take heart, my heart. She begins to look
like the mother I have been looking for—
her brown eyes returned to green, her brood-
patches covered in eiderdown and oil
so that she won't be cold when she flies.

I smooth her grey-feather coat. She coos,
soothing her worries and mine for now.
The suffering done, her caretakers begin
to take their leave, their business with her done.
I fill her haversack with silly notes,

raise my downy arms to wave her
on her way, and she is rising to fly at last.
The beaming grackles and cedar waxwings
will lead her to earthen mounds where
my father has already made a place for her.

Before, I Was Childless & Wanting

The child alone hasn't settled in.
Other travelers on this northbound train
half-drowse under the spell
of passing farms and nearly vacant towns
or they talk into the cloudless calm
as daylight thins easily toward sunset.
The moon-faced boy whispers
as he tiptoes up several rows and back.
He counts to ten, the mother tucked inside
a dog-eared paperback on self-help
while he paces, touching the seat backs.
A few others look up.

One makes a half-smile.

Soon the horizon will shut out the sun.
The mother will doze, her low breath swirling in
and out her open mouth.

I'm familiar with
this time of day when red-winged blackbirds
empty the fields and pastures, and gather to roost.
They conceal themselves in sedge and rushes
for the night. I know to expect this of the birds.
And of people too—all along this route,
they're collecting in their yards and houses.
A pact with each other, to gather and settle
at dark when we are exposed, easy prey,
having gone away to dream of ourselves

and awakened only by daylight to hear a zwir
of blackbirds. Some nights I still dream of a boy
cradled, hidden away in the rushes, watched
over. It's an old story. It stands in for all
the children who've grown up and left. The child
we lost before it was a child. The adult child

we could or couldn't save.

In a savage time,
and I don't know of a time that hasn't been
savage, to keep the child from harm is
a lonely labor. I pat the moon-faced boy
on his head. Suddenly his mother is stomping
the sleep out of her head. Grabbing the child.

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The Last Patient

Diana J. Pi

I first met Willie four or five years ago, following his release from the burn unit. The one part of him that hadn't been disfigured in the fire—thank the Lord for small mercies—was his face. His green eyes were friendly and curious; his sunken cheeks and temples were handsomely framed, like those of a slender runway model. Yet, riding up dangerously close to his jaw, was a jagged scar marking the start of an extensive skin graft, which covered most of his chest, hands, arms, abdomen and upper thighs. It was unevenly gridded, and looked a little like crumpled linen.

In the first year following his discharge, Willie went through five psychiatrists, having fired four, including three appointed by the court. His sixth and final choice was a young Ethiopian in a solo practice at the edge of the city.

“Why him?” I was curious.

“He don't talk down to me,” he said simply.

That made me wonder why he had never fired *me*. As his GP, I never prescribed a single pill for him. Willie was only twenty-one when we first met.



Despite his extensive burns, he was fit and healthy. I did, however, wean him off around-the-clock narcotics given to control his pain, and twice I'd dropped the doses of his anti-psychotics because he had become fat and doped-up, like a zombie with a potbelly. I knew the withdrawals would be nasty, but back then I believed in tough love. Weeks later, he showed up at our appointed time, tempered and drug-free, having endured the vomiting, shitting, sweating, swearing, and belly cramps without so much as a whimper or a phone call.

“Why did you burn yourself?” I asked him.

“For a girl,” he told me.

They had dated for a few years. When she broke up with him, Willie stopped his medications and started a drug binge. At the height of his drug-induced craze, he doused himself in gasoline and set himself on fire.

He spent the next three-and-a-half months in the burn unit. The fact that he recovered was a medical miracle. Showers of blood clots plugged his lungs, and drug-resistant mutant bacteria vegetated his heart valves, seeding infections to his other organs. The complex antibiotic cocktail used to sterilize his blood burned and scarred his veins. The distilled chemicals from his urine alone could have sterilized the city's water.

“I'm lucky to be alive,” he was fond of saying. “I'll never stop the anti-psychotics again.”

Willie had a history of self-mutilation. He was never violent to others, but as a teenager he took

to cutting, and burning his arms and fingers with matches. There was a two-year rap sheet from the ER in his early teens; his mother rushed him in whenever she was sober enough to notice. He had grown out of it, until the incident in which he had immolated himself.

He played guitar in an experimental rock band called the Roaming Inferno. I made a point of asking about his music during each visit, if only to hear the excitement in his voice. During our second year together, I asked Willie for a sample of the songs he had composed. On the next visit, he proudly produced a CD with some twenty-odd songs, the titles scribbled in pencil, lines slanted, letters smudged. It was a whole three weeks before I got around to listening to it. After a few songs, I turned it off.

Weeks later, I handed back his CD. “Interesting,” I said, remembering how a friend had once said “interesting” was a word you would use to describe an ugly baby. Willie took the CD back. His lips drooped slightly, but he said nothing, sparing me.

I asked about “Dusty Rain,” the song he was working on.

“Raining Dust,” Willie said softly, showing his dimples now that he had more fat on his cheeks. “But “Dusty Rain” sounds better. It’s coming.”

I cursed myself for not getting the name right.

“Can I see your hand?”

He obediently placed his right hand on mine.

“Are those flexing exercises helping with your guitar playing?”

“Yes,” he said, though I doubted this was true.

“How’s the band?”

“I’m about to call the boys to crank out some new tunes.”

“Promise me you let me know when you’ll be performing next.”

I looked up at him, smiling, trying to distract him from what I was actually doing—prying, bending, and testing the flexibility of his marble-white, skeletal fingers. He smiled back, eyes wide and mirthful, amused by my ill-concealed hopefulness.

“I promise you’ll be the first to know.”

He pulled his hand back and pressed his right fingers into the palm of his left hand. The joints snapped and cracked.

“I’ll straighten out these fingers. Don’t you worry,” he said.

“I’m not worried.”

The room fell silent. His slender fingers, I feared, had succumbed to the skin graft, and would be fixed in permanent fists.

Willie had no one except his divorced parents. His father was a seasonal truck driver who didn’t believe in mental illness or medications (“what my son needs is will power and keeping busy!”). His mother, an unemployed social worker and recovering alcoholic, took him in, albeit reluctantly.

“I need to see your arms and chest, too.”

Willie fumbled with his top buttons, which were difficult to undo as he had very little sensation in his fingertips. He finally gave up on the last

few, and pulled his shirt over his head. He shook his head when I offered the gown.

I looked at his pale arms and shoulders, haphazardly decorated in white gauze. Then I noticed that only three of these dressings, all on his left upper arm, were taped. The ones on his belly and other shoulder were only stuck to his skin via dried blood. Obviously, he had run out of medical supplies. The deepest ulcer glistened on his right shoulder. The ulcers on his belly were oozy. I lifted the gauze gently, but bloody micro dots—like the thousand eyes of a dragonfly—coalesced into bigger drops, flooding the shallow ulcer. Within seconds, they formed a bleeding rivulet. I quickly pressed the sore, hoping the pressure would stop the bleeding.

* * *

During the first few months following Willie's departure from the burn unit, his mother had called once or twice a week. She was worried about his fast heart rate, his low-grade fever, and his lack of appetite, which was followed by a ravenous hunger once his anti-psychotics kicked in. She also worried about his non-healing wounds, his refusal to go outside, and their arguments.

"You cannot argue with a miracle," I said to her, making light of things when her tone got too angry or desperate. "He shouldn't even be around." I felt like a board-certified asshole for laying guilt on her like that. However, I was afraid he might end up on the street—or with his father, who would get him off all his pills. She went quiet. When she talked again, her voice was hoarse.

She told me she had caught Willie picking at his skin graft and eating the scabs. I brought him in right away.

“I like the taste.”

“You like the taste of what?” My sharp voice surprised myself.

“I just like the taste.” He looked away like he was already bored with the conversation.

“Are you depressed?”

“No.”

“Honestly?”

He shrugged his shoulder.

“Are you taking your medications? All of them?”

“Yes,” he said.

I glanced guiltily at his swollen belly—he was packing on weight furiously from the anti-psychotics.

“Are you using drugs?”

“No.”

He couldn't look me in the eyes, and slumped low in his chair. For a minute, I contemplated calling his young psychiatrist. Then I remembered how many psychotropic meds he had tried, only to have them fail. He gave me a blank look. Finally I let him go and promised to call him later.

The prospect of finding a substitute for his self-eating forced me to be creative. That weekend, I set off to a large Chinese supermarket and confronted the junk food section. Right off, I grabbed two bags of dried cuttlefish, five-spiced, with sea salt. Then I picked out bags of yam strips coated in powdery sugar, along with spiced beef and pork

jerky in different flavours: orange, pepper, and tangy barbecue. I bought sheets of congealed malt sugar, saturated with black or white sesame seeds, and rock candy, frosted like amethyst crystals.

I was too excited to wait until Monday to call him. Willie answered on the second ring. He said he was happy that I had surprises for him that might help.

“Anytime, any day is fine,” he told me.

I visited his mother’s house by the old city park. His mother welcomed me with a bright, lip-sticked smile. I had forgotten how young she was. Willie hid shyly behind her. I handed them two plastic bags full of groceries and promised more.

In the end, it wasn’t the cure I’d hoped for. Willie reported that the food was “interesting” and didn’t need more. In subsequent visits, though, the old ulcers healed more and new ones popped up less. I said nothing, giving him room.

It was around this time that I decided to retire. To improve efficiency, the hospital had implemented sweeping practice changes, and I couldn’t keep up anymore. The decision seemed abrupt, but deep down I knew I had been struggling with burnout for years. In my last month, all my patients received a letter explaining my departure. It was a long month. I shook a lot of hands and held back tears. On my final hour, I checked my emails one last time, and discovered that Willie had just visited the ER. The attending doctor described him as “appearing disheveled and intoxicated.” Her

suspicion was confirmed by the urine toxicology. Marijuana, cocaine, and various tranquilizers were found. The one thing that was glaringly missing was any trace of anti-psychotics.

“He is asking for you.”

I wanted to scream. For all these years, I never thought I had done much to help Willie. I had always been frustrated and scared by his impossible-to-treat mental illness and hopeless social circumstances. What I didn't get until that moment is that my fumbling attempts at a “cure” had sustained his sobriety, along with my acceptance and genuine respect for him.

I wanted to call him. The toxicology results glared at me. I typed calmly: Message to the Nursing Phone Pool.

Please call Willie in a.m. Make sure he shows up for his new patient appointment. Dr. Tufte is a great doctor. I'd go to him myself.

Please tell him I'm sorry. I will probably never see him again. Not at the rate he's going, anyway. He is going to kill himself by doing something impulsive, again. It's unlikely he'll fail the second time.

Tell Willie I'm sorry. I'm very sorry to leave him and for neglecting to prepare him for the change.

Tell Willie I thank him for sticking with me, and earning my respect all these years.

Tell Willie not to hang his emotions and trust on people so much. Not girls, not his band members, not his father or mother, not me. He needs to rely on himself. No, no, that's not true. We do care,

his mom and dad and friends and doctors and nurses. We all care. But we're all too human—well-intentioned, but selfish and limited.

I kept writing and writing, as if I was penning a goodbye note to a wayward son.

Tell Willie I want him to stay well.

I highlighted everything—and hit “Delete.”

Tell Willie best of luck.

I logged out of the hospital computer for the last time, staring until the screen went blank and there was nothing left except the grainy reflection of a tired face. I threw my stethoscope in the briefcase. Then, I gave one last look at my white coat hanging on its hook and decided to leave it there.

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Over the Rhône and into the Night: Just Be Graceful

Florence Gelo

When Bernice, a tall 85-year-old woman with green eyes and thick grey hair, was diagnosed with metastatic cancer, she insisted that her oncologist tell her how long she had to live. The doctor replied that a person in her condition would ordinarily live about eight months, but because she was so healthy she might have more than a year. “That’s my death sentence,” she told me in a gravely voice that was tinged with a Philadelphia accent. “I am very cheerful and happy, but at the back of my mind I know that I’m going to be very sick.” In the time she had left, she resolved to spend more time with her children, eleven grandchildren, and friends. She was also pursuing a new pastime, painting, which she discovered during her illness. “You know,” she told me. “I blame it on the chemo. It changed my brain; somehow, I became creative and I never was. So, I guess from bad comes good.”

Intrigued by this, I brought her images of paintings as part of a study I was conducting under the



auspices of the Drexel University College of Medicine, in which I used well-known and contemporary works of art to generate first-person narratives from those at the end of their lives. Of the six paintings offered to her, Bernice chose *Starry Night over the Rhône* by Vincent van Gogh. “I’ve heard of *Starry Night*,” she told me. “But I don’t think I’d ever seen it before now. There is so much reflection of light!”

Knowing that Bernice was Jewish and that our interview was one week before Hanukkah, the Festival of Lights, I asked her if there was any relationship between the holiday and her choice of Van Gogh’s painting. “Yes,” she chuckled, and then explained that light and candle lighting are historically and ritually meaningful in Jewish practice. “Just think of Shabbat candles on Friday evenings, or lighting a memorial candle on the anniversary of a loved one’s death.”

Bernice quietly gazed at the painting, her index finger moving along the surface from one detail to another.

“Are there any shapes that you find interesting?” I asked her.

“Well, the couple. It looks like two women, maybe an older and a younger one. The stars are so sparkly. It’s very soothing to me.” She paused. “It’s someone helping an older person. That’s me, now. *Old*. It’s hard to believe; I still think I’m eighteen.”

Throughout the hour that we talked, Bernice often referred to the soothing nature of the stars in the painting. “The ethereal means a lot to me be-

cause I think that's where I'll be going. I dreamt I was in a tunnel and my husband was standing at the end of the tunnel. To me the lights are like the tunnel."

"If you made up a story about that painting, what would it be?"

"I would write: don't be fearful. Someone's waiting for you up there. Just try to be graceful. My husband was so stoic. He didn't complain. He was amazing. But of course, I was with him, he's not with me."

"And that's the difference?"

"That's the difference."

"What do you think happens next? To the people in the painting?"

"The older woman dies." Bernice laughed. "There comes a time to go. We can't fight it. I have a nice poetry book, and one of the lines is, 'do not go gently into that good night.' I don't agree with that. I wanna go gently."

"If God was standing behind you and listening to you, what would God put into this painting that isn't there?"

"He'd show me flying up."

"Just going up right into the sky?"

"Into the stars," she concluded.

As our hour together ended, I asked Bernice whether viewing the painting was helpful in any way. She responded that looking at and talking about *Starry Night over the Rhône* gave her strength. "Yes," she told me. "It confirmed that I do believe in an afterlife, and that believing in the afterlife will help me to die."

The Starry Night, Vincent van Gogh (1888)



Note: Vincent Van Gogh: The Starry Night, in 1888 (FR 1975 19)
Paris, Musée d'Orsay, usufruct donation of Mr and Mrs Robert
Kahn-Sriber, in memory of Mr and Mrs Fernand Moch in 1975.

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To My Patients: A Thank You from a Graduating Resident

Mays T. Ali, MD

Thank you. I have learned so much from you over the past three years, and while I will never be able to fully express my gratitude, here's a healthy start.

Thank you for being my teacher. I know you were nervous about that bright-eyed, bushy-tailed intern taking care of you. You asked if it was my first day on the job. I laughed but, actually, it was. Thank you for being patient, kind, and encouraging. "She did great!" you told my attending after my bedside presentation. I beamed. Thank you for letting me listen to your heart for a good two minutes. I really wanted to know if that was a murmur. It wasn't. Thank you for waiting while I patiently typed discharge instructions. Patient-centered language? Check. Important information bolded? Check. Size 18 font. Check.

Thank you for being my first central line, my first paracentesis, my first LP. My first code. Sitting here now, I can remember you self-extubating, the fellow and me running into the room, her telling me to lead the code. We got a heartbeat, but the



oxygen saturations stayed low. This is where I have to thank your family, especially your three young children, for trusting me to care for you, to try to save your life, even if I couldn't. For letting me cry with them during their most vulnerable moment, as I shared the news, even if it was unbearable hearing your son scream out for his mommy. That moment is permanently etched in my mind, me hugging them, sitting in silence, later crying even more with my fellow. Then crying in the car as I drove home. Calling my own mom and telling her I loved her. Hugging my husband just a bit tighter that night.

Thank you for trusting me, for allowing me to change around your medications even though you really didn't want to give up the pantoprazole. Your previous doctor put you on it, and why mess with a good thing, right? You didn't need it then, and you still don't need it now (no matter what the doctor after me says). Stop eating cheeseburgers at 11pm and you'll be fine. Thank you for keeping an open mind when I wanted to talk about insulin. You knew the appointment was going to be a discussion about starting Lantus, and you still came to it. And when I told you why it was important (your A1c was over 10%), you told me, "I trust you". That meant the world to me then, and it still does today, even though you're gone.

Thank you for allowing me into your home. You weren't happy about it and that was the first time I got to meet you. Who knew that you would become one of my favorite patients (don't tell the others!). I'll never forget when you broke down and cried during one of our visits, telling me that

you felt depressed. Hopeless. We sat and talked. And after several months of medications and long conversations, you felt better. Thank you for showing me what resilience and strength look like.

Thank you for being respectful, compassionate, understanding. I wasn't always on time in clinic, but I was always sorry. I know you were frustrated. So was I. Thanks for not leaving.

Thank you for allowing me to spend time with my new son. For saying that you didn't mind seeing another provider while I was on maternity leave. (I know you did, and I'm happy they didn't restart the pantoprazole.) Thanks for asking me how I was doing when I walked in the room. And if I was sleeping (spoiler: I'm still not, and neither is he). We're here to talk about you, but you genuinely want to know how I am. Thanks for caring.

I wouldn't trade our moments together for anything. Even the challenging ones. Even the ones where I questioned whether I was a good doctor. Being a good doctor: it's not about knowing the textbook inside and out, it's not about never making a mistake. It's about listening. Being compassionate. Not being afraid to say "I don't know", but then finding the answer. Thank you for shaping me into the doctor I am today. If you were a starfish washing up on the beach, I would pick you up, and toss you back in the ocean. Because if I can make a difference to just one of you, that's all that matters.

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Gratefully yours,
Dr. Mays T. Ali



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None of My Fellow CPR Instructors Have Ever Done CPR

*(With the Final Word of Each Line
from a poem by Nancy L. Meyer)*

Ron Riecki

“When you lie awake at three am,
which I know you do”

— Nancy L. Meyer
from *Tiny Florets, Bees Hover*

They lie. It’s something we all do,
tell stories deep into the months
of summer, what my boss calls *sugar*
weeks, when there isn’t a day left

blank on the calendar, more work than flowers
in Virginia, and I go to the bathroom
exhausted, wiping the sweat from my ears

after demonstrating CPR with thick wet
hands from the humidity, the students having to stop
for fear of heat stroke, air conditioner broken, the wild
wind unable to enter with the windows soldered shut. *This is*
yours,



says a student, handing a mask to a fellow nanny, and then
they arch
their backs to do compressions. I've only done CPR once,
in the dark,
in Detroit, next to a swimming pool, an infant, the oxygen
tank
refusing to work. After that, for six years, I'd get teary any
time I'd kiss.

Reference

Meyer, Nancy L. (2017). *Rainbow Logic: Arm in arm with Remy Charlip*. URL: <https://sandhillreview.org/nancy-l-meyer-2017-poet>

Ron Riecki's books in
2019 include
Posttraumatic (Hoot
'n' Waddle) and
Undocumented (MSU
Press).



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Lift

Dan Champion

The helicopter flies over our house
To reach the trauma center roof two miles
Away. I think of scissors, tape, a douse
Of antiseptic, air tanks' twirling dials.
What's really going on in that cramped space
Is private, naturally, but rotor blades
Announce somebody's life demands they race
Above us. Dopplering, the whirling fades.
I pour us tea. The helicopter lands.
You turn a page. The elevator glides
To triage's dense wood of IV stands
And sliding curtains, where the outcome hides.
We're midway through long volumes, you and I.
Air ambulance lifts, floats, rejoins the sky.

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Transplant / Doctoring / Cancer Season

Sarah Kristin Andersen

Transplant

Hill grass sparrows
in the ditches
dry clover, black antler limbs of fallen oaks
gesture to us, speak
of Mendocino county

the alluvial
Navarro somewhere
east of Eden, west of Highway One

what am I trying to say—

except that the mosquitoes are biting tonight
and we make choices—this drug or that cut
shifting livers from the dead to the living
and whom to love

and so on.



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Doctoring

Some lines are blurred of late—

in the liminal breakwater
we trade stale air back and forth
I look down
I see your flesh on my hands
I must seem crazy to you, doc
I hear voices, I do bad things
to others

not at all—you see,
some days we are the same person
at night you crowd the clinic
candle wax faces melting into mine
multiplied
on the murky horizon between illness
and migration
where we bottom-dwellers swim.

Doctoring,
you must understand
is a lot like being a woman;

in the morning
we put on our other faces
we ride the subway quiet

hoping not to be seen.

Cancer Season

Inside now we are going gently to seed
not this, the world we knew before; I see
spores behind your eyes
like dandelions in August.

Still, the hot sun cakes our skin
leaves fall as they do
such are things.

Not a time we can cure
but can we live on in the warm earth
like nurse logs?

—perhaps

yes
and slowly slowly
the slowly burning forests will swallow us.

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