

HEAL

Humanism Evolving through Arts and Literature

PIER TO HEAVEN, ST. AUGUSTINE BEACH, FL

Michael Hayward

Fall

•

2019



FLORIDA STATE UNIVERSITY
COLLEGE OF MEDICINE

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LA PROMESA PERDIDA

Lisandra Mendoza, Psy.D.

Immokalee Health Education Site

Tras el sueño inocente de promesa perdida se marcha el jinete.

La humedad en los ojos ajenos salpica sus mejillas,
mientras la sonrisa de da Vinci vacila, es insegura y miente.
Se aleja, irreflexivo, presuntuoso, con su promesa incauta.

Por un camino azaroso va cabalgado el jinete...

en su estado hipnagógico, desde un ferrocarril, conversa con la luna
y navega como barco perdido buscando un puerto donde poder anclar.
Aquel jinete, casi hipotérmico, aún preserva su promesa incoherente que le abriga el alma.
Ni el tiempo helado detiene al jinete, quien cachazudo, llega a su destino.

Un destino inesperado pero real, y como niño a quien le roban los sueños llora.
Parece confundido el jinete en su catarsis: con ganas de reír y también de llorar.
Aquel umbral rojo y lleno de espinas detiene al jinete en su cabalgar,
y moribundo, descalzo y seco continúa caminando en busca de su libertad.

Va caminando aquel jinete por su propia vida, guarda la promesa incauta,
aquella promesa que en su mitológica existencia fue robada a Pandora.
Como aromas en el viento, como la vida misma, son las lecciones aprendidas del jinete.
y con su destino seguro, los pies curados, conservando su sueño inocente y su promesa
inocente
se detiene.

Ya no está lejos de sí mismo el jinete: introspectivo, metafórico y benevolente.
Eternamente conservando su promesa infantil y su sonrisa inocente en el rostro ya añejo.
Es diligente para oír, es tardado en el hablar, es paciente y es filantrópico.
Ya sin poder cabalgar disfruta el guiar a otros jinetes
mientras conserva eternamente su promesa perdida y su sueño inocente.

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HEAL is a place for medical students to share their growth and development, for faculty and staff to impart their knowledge gained from experience, and for members of the community to express how health and healing have impacted their lives.

We hope this work increases your appreciation for the art of medicine.

MADRE

Yolany Martínez Hyde, PhD

Department of Behavioral Sciences and Social Medicine

me golpea esta despedida.
La nube en los ojos
contenida de puro orgullo.
La sombrilla cubriendo sus hombros
pero no el temblor de las piernas
que se alejan en perspectiva.
Yo anclada en este lado del frío.
De pronto la lluvia.

Todo parece reducirse a la física
a la inmediata lejanía.
Sin embargo
su silueta se ha implantado
en el iris de este mar que viene de todos lados.

He podido fingir el rumor de río
con un aclarar de garganta
pero el fuego es extremo en el pecho
y todos mis miembros acuden a cubrirlo.
No me doy cuenta
que ahora ardo en una constante llama.

Hay un grito imposible.
Se expande lo que está destinado a ser breve.
Los cuerpos se resisten
y los brazos no obedecen.

La voz acuchillada en la garganta
está resuelta
a no pronunciar
esa frase
que nunca he querido
que siempre he repugnado a propósito.

Madre
Me golpea esta forma de no estar
de no abrazar lo que me pertenece.
Ahora todo parece irse desvaneciendo . . .
-Su silueta ya ha doblado la esquina.
La nube en los ojos . . .

A poem from Espejos de arena/ Mirrors of Sand (2013)

XIII

Yolany Martínez Hyde, PhD

Department of Behavioral Sciences and Social Medicine

Dentro de la CASA
llaves y objetos cobran vida. Los AFECTOS.
Yo afuera, en un reflejo del vidrio de la ventana.
Lágrimas de mi hija
robando un paso. Deteniendo el SiLeNcIo. Mis ojos
no se atreven a decirle la partida. Los suyos incansables me buscan.
Después de tantos rodeos a mí misma, vacío lo que me queda
en sus manos pequeñas. Las SELLO
con la estampa gastada de mis labios. Hoy no me he ido,
más bien, me he quedado para siempre.

A poem from Este sol que respiro/ The Sun I Breath (2011)

Dr. Hyde is an Assistant Professor in the Department of Behavioral Sciences and Social Medicine, where she teaches Medical Spanish. She has a Ph.D. in Hispanic Literature and Culture, and has published three poetry books. Her research focuses on Central and Latin American Literature.

MOTHER

Yolany Martínez Hyde, PhD

Department of Behavioral Sciences and Social Medicine

this farewell hits me.
A cloud in my eyes
kept back in pride.
The umbrella covering your shoulders
but not the trembling of the legs
that walk away along the road.
Since then, I am anchored here in this side of the cold.
Suddenly, the rain.

Everything seems to be narrowed down to physics
to the immediate distance.
However
her silhouette has been grafted
in the iris of this sea that floods me from everywhere.

I was able to pretend the rumor of a river
with just clearing up my throat
but the fire is extreme in my chest
even if all my body comes to the rescue.
I do not realize
that now I blaze in a constant flame.

There is an impossible scream.
What is meant to be brief is now expanded.
Bodies resist
and arms do not obey.

The voice stabbed in the throat
is resolved
not to pronounce
that utterance
that phrase I never wanted
and I have always hated it on purpose.

Mother
This way of not being with you hits me
this way of not hugging what belongs to me hits me.
Now everything seems to vanish . . .
–Her silhouette just turned the corner.
A cloud in my eyes. . .

A poem from Espejos de arena/ Mirrors of Sand (2013)

XIII

Yolany Martínez Hyde, PhD

Department of Behavioral Sciences and Social Medicine

Inside the HOUSE
keys and other objects come to life. AFFECTIONS.
I am outside, on the reflection of the window.
Tears of my daughter
stealing every step. Detaining SiLeNcE. My eyes
do not dare to tell her I am leaving. Her eyes tirelessly look for me.
After going around myself in circles, I empty all what is left
in her small hands. I SEAL them
with the worn stamp of my lips. I did not leave today,
rather, I stayed forever.

A poem from Este sol que respiro/ The Sun I Breathe (2011)



LA ÚLTIMA Canción

(One Last Song)

by
Gabriela Cintron, Class of 2022

Entré de puntillas en la habitación con mi ukelele en la mano. Su cuerpo frágil yacía contra las grandes mantas que cubrían su cama. No quería molestarla mientras dormía, pero giró la cabeza para mirarme, sus ojos brillantes estaban despiertos y alertas. Abrí la ventana y dejé que el sol de la primavera brillara en su habitación oscura. La luz iluminó su rostro y sus abundantes arrugas profundas. Su cabello gris resplandecía y me senté y comencé a rasguear mi instrumento. La música llenó la habitación y ella recostó su cabeza en la cama. En ese momento nos conectamos. Ella no habló, pero a través de la música pudimos conversar.

No sabía mucho de la Señora Neal, solo algunos detalles de sus documentos. No tenía parientes cercanos y sufría de demencia y enfermedad renal. A pesar de la situación, ella era una luchadora. Es por eso que del asilo de anciano en que vivía me llamaron. Ella siempre peleaba con las enfermeras y con el personal de la institución. Para ser una mujer frágil, tenía una fuerza inesperada y se resistía cada vez que intentaban bañarla o alimentarla. A las enfermeras que la cuidaban se les ocurrió que si yo tocaba un poquito de música podría calmarla. Yo era un estudiante que estaba completando un proyecto sobre el efecto de la música en pacientes con Alzheimer. Así que vine a su habitación para ver si mi música podría ayudar.

El primer día entré justo cuando las enfermeras se estaban preparando para bañarla. Me senté en la esquina y comencé a tocar una melodía simple. La Sra. Neal se giró para mirarme y aflojó su agarre de la muñeca de la enfermera. Comencé a cantar un viejo himno y su rostro se iluminó al reconocer la melodía. Las enfermeras pudieron bañarla y ella se mantuvo tranquila mientras la música sonaba. Las enfermeras me dieron las gracias y comenzaron a incluirme en su horario dos veces por semana para tocar música. Su himno favorito se llamaba “En El Monte Calvario” y ella canturreaba mientras yo tocaba y cantaba.

Mis visitas se convirtieron en un tiempo simple, musical y tranquilo reservado para nosotras dos. Me sentaba a su lado y le contaba sobre mis problemas universitarios y ella me escuchaba. Todavía podía decir algunas palabras y retuvo su fuerte personalidad, dándome la bienvenida con fuertes abrazos y resoplando cuando intentaba convencerla de que comiera la comida que no quería. Estas visitas se convirtieron en el punto culminante de mi semana,

pero a medida que pasaban los meses, su enfermedad comenzó a pasar factura. Sus abrazos se debilitaron y luego dejó de sentarse. Su canto se detuvo y, finalmente, ya no reaccionó a mi presencia. Me sentaba en silencio a su lado durante mis visitas.

Pero una tarde, entré y la encontré despierta. La recuerdo mirándome como si me reconociera. Canté algunos clásicos que ella sabía y comenzó a tararear como solía hacerlo en el pasado. Así que comencé a cantar su canto favorito, “En El Monte Calvario”. Terminé el primer verso cuando, de repente, ella se incorporó en su cama y agarró mi mano. Entonces ella comenzó a cantar el coro. Dejé de tocar mi ukulele y me quedé impresionada cuando su voz envolvió la habitación, fue una vibración conmovedora que resonó en cada esquina. Las lágrimas llenaron mis ojos mientras continuaba la canción:

*¡Oh! yo siempre amaré esa cruz,
en sus triunfos mi gloria será;
Y algún día en vez de una cruz,
mi corona Jesús me dará.*

Su rostro brillaba mientras cantaba y de repente la vi por quien realmente era, una luchadora. Solo más tarde me enteré de los detalles de su vida. Como luchó contra de la segregación racial siendo mujer afroamericana y como luchó por una mejor educación al ser la primera en su familia en ir a la universidad. Ella fue pilar de su iglesia y en ese tiempo fue la solista principal en el coro. Todos estos detalles me los confió su bisnieta cuando vino a recoger los recuerdos de su abuela unas semanas después de su fallecimiento. Sin embargo, su canción anunciaba todo lo que necesitaba saber sobre el tipo de mujer que fue.

Cantó la última estrofa con todo lo que tenía, sus ojos encendidos, como si estuviera cantando para su congregación una vez más. Luego se calló, se recostó en la cama y se durmió rápidamente. Salí ese día con un mejor conocimiento de la Sra. Neal. Entonces entendí. Después de todo este tiempo, ¿cómo no vi la música si estaba dentro de ella? Había tanto que no sabía de ella. La vida que había vivido, las historias que por su enfermedad nunca pudo contarme. La Sra. Neal no era solo una paciente en la esquina de un centro de vida asistida. No era solo una anciana que vivía con enfermedad renal y con Alzheimer. Ella era música, líder, activista,

y una luchadora.

El director del centro de cuidados paliativos una vez me dijo que antes de morir los pacientes podían tener un estallido de energía, un momento de lucidez. El director creía que era energía dada para que la persona tuviera la fuerza para despedirse. Me pregunto si ese fue su adiós para mí, un agradecimiento por la amistad que habíamos desarrollado ese año. Aunque nuestro tiempo juntas no involucró mucho hablar, aprendí muchas lecciones. Aprendí de la fuerza oculta que puede estar dentro de un alma humana. Aprendí a nunca juzgar a una persona sin permitir que me cuente su historia y aprendí sobre el poder de la música; su capacidad para unir a las personas y su poder como una de las últimas fortalezas en una mente perdida por el Alzheimer. Estoy agradecida por mi tiempo con la Sra. Neal y por la oportunidad de escuchar lo que podría haber sido su última canción.

– Translated –

I tiptoed into the room with my ukulele in hand. Her frail body lay against the big blankets covering her bed. I didn't want to disturb her while she slept, but she turned her head to look at me, her bright eyes awake and alert. I opened her window and let the sun shine into her dark room. The rays illuminated her face and the many deep wrinkles. Her grey hair sparkled in the light and I sat down and began to strum. The music filled the room as she laid her head back. In these moments, we connected. She didn't speak, but music is a universal language and through it we could converse.

I didn't know much about Mrs. Neal except a few details in her documents. She had no close living relatives, and she suffered from Alzheimer's and renal disease. Despite the situation, she was a fighter. That's why the assisted living facility had called me in. She constantly put up a fight with the nurses and staff. For a frail woman, she had surprising strength and grabbed their hands every time they tried to bathe or feed her. The nurses who cared for her thought if I played some music it might calm her. At the time, I was a student completing a service learning project on the effect of music on patients with Alzheimer's. So I came to her room to see if music could help.

The first day I walked in just as the nurses were getting ready for her bath. I sat down in the corner and began to strum a simple tune. She turned to look at me and loosened her grip on the nurse's wrist. I began to sing an old hymn and her face lit up as she recognized the tune. The nurses were able to clean her and she stayed calm through it all. The nurses began to include me in her schedule twice a week to play music. Her favorite was "Old Rugged Cross" and she would hum along as I sang.

My visits became a simple, musical, and peaceful time reserved for both of us. I would sit beside her and tell her about my college struggles and she would listen. She could still say a few words and retained her strong personality—welcoming me with open arms and strong hugs and huffing at me when I would try to convince her to eat the food she didn't want. These visits became the

highlight of my week, but as the months passed, her disease began to take its toll. Her hugs grew weaker and then she stopped sitting up. Her humming stopped and eventually she no longer reacted to my presence. I would sit silently by her side during my visits.

But one afternoon, I walked in and found her awake. I remember her looking at me as if she recognized me. I sang a few classics she knew and she began to hum like she used to in the past. So I started to sing her favorite, "Old Rugged Cross." I finished the first verse when suddenly she pushed herself upright onto her bed and grabbed hold of my hand. Then she began to sing the chorus. I stopped playing and became awestruck as her voice enveloped the room, a soulful vibrato that reverberated into every corner. Tears filled my eyes as she continued the song:

*"And I'll cherish the old rugged cross
Till my trophies at last I lay down
And I will cling to the old rugged cross
And exchange it some day for a crown"*

Her face glowed as she sang out and I suddenly saw her for who she truly was, a fighter. Only later would I learn of her life details: her struggle through segregation as an African American woman, her fight for education as the first in her family to go to college, the pillar she was within her church throughout her life, and her time as the lead soloist in her choir. All these details I would gather from her great-niece when she came to pick up Mrs. Neal's keepsakes a few weeks later after she had passed away, but her song had foreshadowed everything I needed to know about the kind of woman she was.

She sang the last stanza with everything she had, her eyes alight, as if she was performing for her congregation once again. Then she grew quiet, laid back in bed, and quickly fell asleep. I left that day with a greater understanding for Mrs. Neal, and a realization. After all this time, how could I not know the music that was within her? There was so much I did not know, all the life she had lived, all the stories she never told. Mrs. Neal was not just a patient in the corner of an assisted living facility. She was not just an elderly lady living with renal disease and Alzheimer's. She was a musician, a leader, an activist, a fighter.

The hospice director at the facility once told me that before a chronically ill patient died they might have a burst of energy, a moment of lucidity. The director believed that it was energy given for the person to have the strength to say their goodbyes. I wonder if that was her goodbye to me, a thank you for the friendship we had developed that year. Although our time together didn't involve much talking, I learned many lessons. I learned of the hidden strength that can lie within a human soul. I learned to never judge a person without allowing their story to be told, and I learned about the power of music—its ability to join people together and its power as one of the last strongholds in a mind lost to Alzheimer's. I am thankful for my time with Mrs. Neal and the opportunity to hear what might have been her last song.

BALCONY. FIRENZE, ITALY.
Michael Hayward



AT THE BEACH

Lisa Gardner, Program Coordinator
Department of Family Medicine and Rural Health



CANNON BEACH
Chelsea Life, Class of 2020

BROKEN HANDS

Erin McConnell, MD
The Ohio State University Wexner Medical Center

ulcerations weep between
like interdigital islands
floating amidst
compromised flesh

sheets of tissue
peel off in strips
enough to fund
a graft
or Christmas

erythema creeps
towards dorsal
patches of
xerosis

where water
becomes fire
the epidermis
erodes
cracks and fissures

HEVEL

AJ Rhodes, Class of 2020

Corporeality rests with the soul at the place of death.
To meet these two brothers. To escort them in. He undertakes.
To usher in solace. To rage against light. This is his lot.
They sleep among slaves. They toil among stones. Inscriptions complete.
He cleaves with his family. He moves high away. To work alone.
Good doctor, will you be with me there when the silver cord breaks?

AIRBORNE

Andrew Kropp, Class of 2019



the ORACLE

Mason T. Bennett
Trinity School of Medicine

The Man awoke within his small limestone home. He stood and moved to the window, staring out to view Athens. A slow feeling of trepidation flowed into his heart.

“Today I speak to the Oracle,” he thought.

The Man emptied his chamber pot and put on his tunic. Walking into the next room he noticed his Father, who was already awake and sitting quietly at the table. The Man didn’t want to see his Father, not today. It was painful to look at the old man, especially his hands. Hands that once made the finest pottery in Athens, that once were strong and sure, now sat shriveled and spasmodically jerked. It had all started with the hands.

The Father was an artist. He crafted graceful amphoras and curved hydrias. This provided well for his family and they lived comfortably. Very slowly, the Father’s hands began to rebel. They started to shake and twitch at odd times. Often these twitches would ruin the pottery as it spun on the wheel. Worried at this curse the gods had inflicted upon him, the Father went to the Temple to sacrifice to Athena. The tremors and twitches continued to get worse. The curse seemed beyond the powers of the Goddess of War and Wisdom. In desperation, the Father petitioned the goddess Hygieia and her children, Asclepius and Epione.

The Man wished that his Father had never sacrificed to Hygieia. For while Athena seemed unwilling or unable to remove the curse, this infidelity angered her. She made the curse spread. The Father began to have trouble swallowing his food and started losing weight. He began forgetting simple things. Soon he became angry and impulsive. He would smash the precious pottery, yelling at his son, his wife, the gods, and the fates. Lately he just sat staring into space.

For years the Man watched his Father crumble like a forgotten marble temple falling into disrepair. Bricks crack, pillars fall, and censures sit long cold. So too did the Father’s muscles atrophy, his mind became dim, and while his body remained, his mind had mostly flown.

There the Father quietly sat. The human ruin, cared for by the Man.

“Today I speak to the Oracle,” the Man mused once again.

Despite his disdain for spending time with his Father, the Man worried about leaving him alone. Sometimes the Father would walk out the door, wander, and become lost. The Man had spoken with his neighbor, the bronze-smith, who said he would keep an eye on the Father.

The sun was still rising as the Man stepped outside. He looked at his small and shabby hovel for a moment, and then turned his feet towards the Temple.

When his Father’s curse kept him from making the pottery that provided for the family, they became destitute. To survive they sold off their possessions, and finally their home; driven to live on the streets. During this time the Mother was taken ill with the coughing-sickness. She died soon after. The Father didn’t even realize his wife was gone. The Man, however, decided to try and make things better. He began to shape clay, like his Father, but with an inferior talent. Nevertheless, it had provided the small home they now lived in.

“I am improving,” the Man thought to himself. “Perhaps one day I’ll be better than Father! It depends on what the Oracle has to say,” he reminded himself with dread. The thought of the Oracle made his heart race. It was already beating hard from the exertion of walking from the city slums up to the Temple hill.

The sun was at its zenith when the Man finally stood before the majestic fluted pillars of the Temple. Slowly striding forward, he entered. His fear of the Oracle was momentarily tempered by the awe-evoking surroundings. A Priest approached the Man and found him a place in the supplicant line. There were many inquirers today.

The sun was well on its descent when the Man finally stood before the Oracle. She sat on a simple stool. Her eyes were cloudy as they gazed toward the Man. A pungent sulfur smoke rose out of holes in the ground around her. This was smoke from Athena’s fires. Their wisdom blessed the Oracle with her visions. A Priest was standing to the left of the Man.

“Speak your question,” the Priest prompted.

His throat dry with fear the Man whispered, “Do I carry my Father’s curse?”

The Oracle took the Man's hand in a strong grip. She produced a needle and pricked his index finger. Squeezing the wounded finger, three red droplets fell into a bronze basin below. The Oracle lifted the basin and sniffed the blood. She poured in a milky liquid while chanting quietly. Setting the basin down once more, she pushed along its edge, causing it to spin. Faster and faster, creating a tiny whirlpool in the center.

Then raising her hands, she fixed her white eyes on the bowl and its swirling pink liquid. The Oracle inhaled deeply, sucking the smoke of Athena's Wisdom deep into her lungs. She then began a new chant.

"c...a....g...c...a....g...C...A-G...C-A-G-C-A-G-CAGCAGCAGCAGCAGCAG..." each pronounced letter rose in volume and fell faster from her lips.

The Priest furiously recorded everything onto a parchment. Finally, the Oracle screamed the last chant and fell silent, her empty eyes open wide. With horror the Man turned his nervously sweating face towards the Priest. The Man paled when he saw the Priest's somber expression.

"41 repeats," said the Priest.

The Man's thoughts whirled as he was pushed aside by another suppliant.

"41 is enough to doom me," thought the Man as he stumbled away. "I carry the curse. How long until the gods release it?" The Man thought about his small home, his budding pottery business, and all his hopes for his future. He was going to lose them all, just as he was going to lose his mind. It was only a matter of time.

The Man left the Temple...sorrowing.

M.T. Bennett is a third-year medical student at Trinity School of Medicine who loves to write in his "spare" time. His work can be found in Intuition, Chiasm, Poet's Choice, and his book, Dark and Bright: Poetry and Prose.

COMPOSITION IN REFLECTION

Lisa Gardner, Program Coordinator
Department of Family Medicine and Rural Health



A DOCTOR I SET OUT TO BE

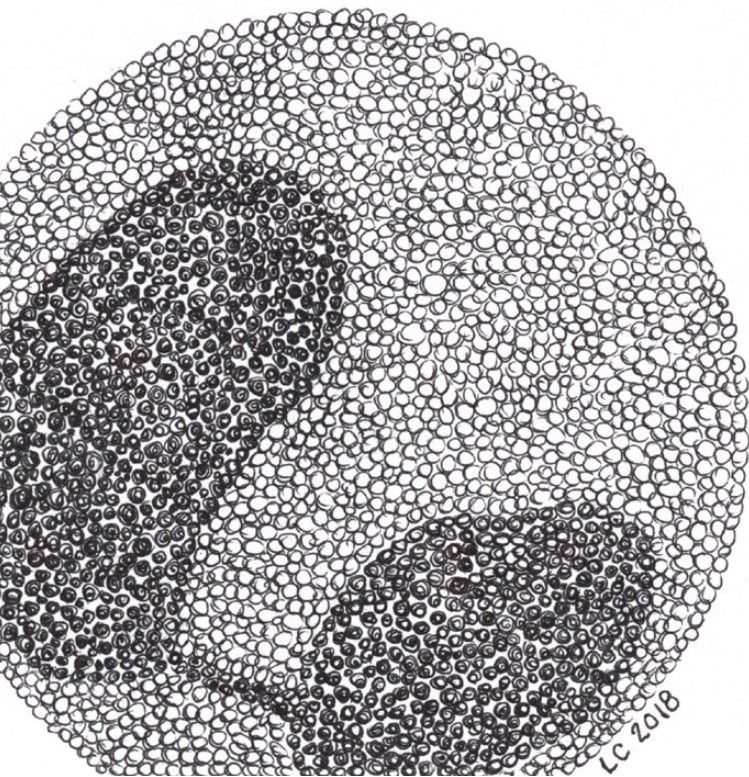
James Park, MD

A doctor I set out to be
Until they stripped away from me:
The heart they took
The eyes to see
The brain to ask why
The ears to hear
The tongue that said, "I'm here"
The hands that touched
The feet that walked
Side by side
With many.

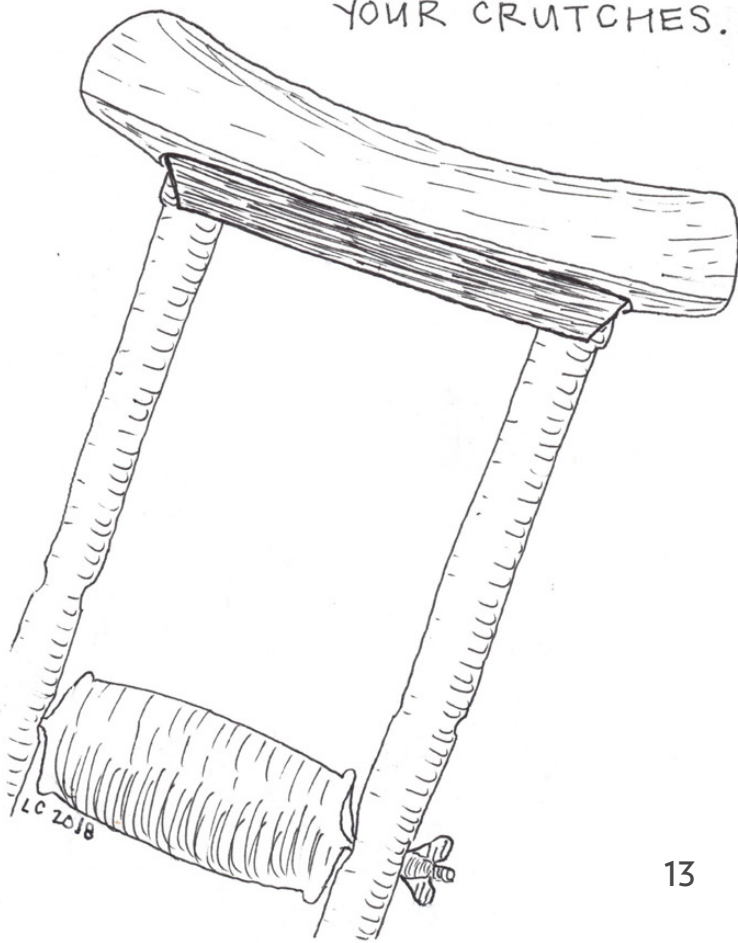
These they took
Now none remain
Sadder still
I watch and pray
To you my child
Your gifts will stay
A doctor you've set out to be
Pray you don't end up like me.

Dr. Park is a Family Medicine Intern in Southern California and an alumnus of the University of Florida College of Medicine. He is interested in the topics of burnout and hospice and palliative medicine.

LIKE EOSINOPHILS
RESPONDING TO A PARASITIC
INFECTION, I KNOW THAT
I CAN ALWAYS COUNT ON YOU
TO BE THERE FOR ME.



LEAN ON ME - UNTIL WE CAN
PROPERLY ADJUST
YOUR CRUTCHES.



EOS (TOP)

CRUTCH (RIGHT)

Lucy Chisler

Lucy Chisler is a fourth year medical student and aspiring child psychiatrist. Her yearly hand-drawn 'med school valentines' have served as a study aid and a welcome study break.

FIGHTING

a losing

BATTLE

Brian Bowden, Class of 2020

The first time I met him was in the emergency department, as the first consult visit of my surgery rotation. Before seeing him, my preceptor briefly described the nature of the consult—an elderly man presenting with an infected decubitus ulcer. As I slid open the door to the room, he was on the bed, facing me in a reclined, uncomfortable position, with a younger man, his son, standing to the right of the bed. I introduced myself to the patient and his son and explained my role. As taught, I addressed the patient first. However, after a few attempts to gain the patient's attention without a response, I turned toward his son, and began to receive a history from him.

My patient had a long history of fractures, nerve damage, and a chronic decubitus ulcer, along with a history of diabetes and hypertension. Due to a complicated vertebral and pelvic fracture, he had been bedbound for the past two and a half years, essentially now a paraplegic.

Something had happened over the past few days, as his son had just seen him the previous weekend. At that time, he was his normal self—alert, oriented, cheerful, and without any sign of acute illness. However, over the last two days, he had progressively declined, becoming more delirious and agitated.

When my preceptor arrived shortly after, we examined his decubitus ulcer. It was pungent, necrotic, and desperately needed debridement. However, this wasn't what was making him septic. His lab results came back with an elevated white count, elevated BUN and creatinine, and urinalysis showing infection. He was treated with fluids and antibiotics, and his delirium resolved by the next day.

I saw him the next morning during rounds. I reintroduced myself, and thought he could recognize my face but didn't seem to remember my name. He was much more alert than he was the day prior in the emergency department, but not to his baseline that his son had described. His labs had improved with decreased white count, and resolved urosepsis. However, he remained tachycardic and tachypneic.

The next day, I again reintroduced myself, still unsure of whether he remembered me. Again I got a vague sense he remembered, but the look in his eyes made me seem unsure. I explained that we would be operating on him later that day in order to clean his wound. He simply nodded, without saying any words.

His surgery was a much different experience than any of the previous ones I'd done before. Those had been elective surgeries that would result in a curative outcome. This one, however, seemed to be making a painful situation only a little less painful, as if what we were doing was futile. During the surgery, we removed a large amount of necrotic tissue, going all the way down to the sacral bone, and even into the edges of the gluteus muscle on both sides. The blood loss wasn't insignificant, and as the minutes passed I felt like I was battling two feelings—one telling me that what we were doing could allow him to be comfortable and back to his baseline, and the other, that we were doing no good whatsoever.

I don't know if anyone else gets a boost of energy and confidence after finishing a surgery, accompanied by the feeling you've accomplished something, and that your patient will be better off than they were before. But I know I do. Well, this didn't feel like that. It felt just the opposite, like I wish I had never scrubbed in. It felt like we had made things even worse, like we were in a lose-lose situation. Don't operate and he'll still have dead, necrotic tissue that is prone to making him even sicker. Or operate, and we'll carve a large hole in his backside, leaving him a long and nearly impossible road to recovery.

Over the next few days I rounded on him in the hospital. He remained on our patient list, but he was now under the charge of the hospital's wound care clinic. He continued to remain tachycardic, tachypneic, and generally did not appear well. Each day I went to see him, I got the sense that he remembered me, that I'd been seeing him for the past week, and that most of the time

I had a white coat on over surgical green scrubs. But each time I looked in his eyes, something told me that he didn't really know who I was, what my role in his care was, or the extent of what had been done for him just days prior.

The next week, because of other school obligations, I didn't go back to the hospital until Thursday. When I got to the hospital to see the patients on our list, I didn't see his name. It seemed odd to me, but I didn't think much of it. As a third year medical student, I know nearly nothing about how a hospital system works. I assumed he'd been transferred to another unit, was transferred to a different facility, transferred out of my preceptor's care, or simply not showing up on the list due to an error in the system. I saw the patients on our list and then headed to the surgery center for our morning cases.

As I was scrubbing in for the first case of the day, my preceptor came up and began scrubbing as well. As he started scrubbing, he asked me, "Did you see the patient wasn't on the list?" To which I simply nodded and replied, "Yes." He waited a few seconds, thinking I'd put two and two together. When it was clear I hadn't, he then said, "He died yesterday morning."

My heart sank. Not just from the sadness of a life I knew was now gone. But also from embarrassment, that I had neither realized why his name wasn't on the list, nor tried to figure out why when I first pulled up the list earlier that morning. I quickly refocused

in order to finish my scrub and mentally prepare for the first case.

At the end of the day, after we had finished our cases, I began to think differently about his situation. Maybe it was better off that he had passed. I know that sounds morbid, but I think it's right to feel this way based on his situation. What quality of meaningful life did he have? It was obvious he was in discomfort, pain, and who knows how he was perceiving his situation. As my preceptor explained after we finished debriding his wound, his long-term prognosis for recovery was dismal. Even with the best wound care and nutrition, his paraplegia would leave him little chance for complete healing of the area.

My patient's situation, his treatment, and his ultimate passing was unique from anything else I experienced in my third year. It was the first time that I had a patient pass away who I spent a significant amount of time caring for. Even though it took me until the end of my third year, I felt like I finally had a substantial role in the care of a patient. For the most part, all of the patients I had seen this year were healthy—far from their death bed. But he was an exception.

As I continue medical school, and progress into residency next year, this patient will provide a reminder that I will experience more of these same situations. And though they'll have their own unique challenges, and I will learn from past experiences, the passing of any patient will never be easy.



SOMEWHERE DOWN THE CANOPY ROADS

Anna Hayward, Class of 2022

YOUNG LIFE

Chelsea Life, Class of 2020

