

H E A L

Humanism Evolving through Arts and Literature

HOME
Gabriel Marques Cavalcante

Fall



2020



FLORIDA STATE UNIVERSITY
COLLEGE OF MEDICINE

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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.

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The Rickshaw Puller

P. Ravi Shankar, MD

His father's body was covered by a white shroud. The head rested on the ground. Gaunt, unshaven cheeks hollowed in on both sides; the unruly salt and pepper hair balding at the back. They had just brought his body to the eight feet by ten feet room they called 'home' an hour ago.

His father's life had been a tough one. He'd seen it all. Experienced life in the raw. The death of his parents when he was still a teenager. The death of his first wife, two children who had died in infancy. Repeated crop failures. There was no work in their village. The once rich, fertile soil was reduced to brown dust. The skies stayed stubbornly cloudless. The migration to the huge, faceless city. Unskilled, uneducated. The only work his father could get was as a rickshaw puller. Hard physical labor.

The long working hours. The struggle to make enough money for his family after paying the daily rent of the cycle rickshaw to the owner. The demands of his large family. Two sons and three daughters. The damp, dark hovel they called home. Pedaling the rickshaw through the streets of the sprawling city. His father's hard, lanky frame, the dark sun burnt skin. The calf muscles hard as iron. A lifetime in the narrow, jostling streets avoiding other rickshaws, cars, buses, two wheelers, bicycles and pedestrians.

His younger brother was a contract worker at the huge textile plant near their home. Three sisters all married off. Life seemed to be settling into some kind of a routine. Then his father was diagnosed with the scourge of the poor everywhere – tuberculosis (TB). Over a year ago his father started coughing up blood. He began losing weight, having evening fevers, his lanky frame became skeletal. His clothes became much too big for the shrunken frame. The medicines for TB were 'free' but his father had sought medical help late. Also the medicines were not always available.

The disease had hollowed out his father's upper right lung. The doctor mentioned that the usual medicines were not working against the TB germ. His father had to be put on medicines which were more expensive and caused more side effects. The medicine was not always available at the clinic and had to be purchased. The money was never enough with all the demands from the children, and the grandchildren. Some weeks his father had enough money for his medicines, other weeks he did not.

He also worked as a rickshaw puller. Life was hard. He used to leave home early in the morning after a breakfast of tea and dry bread. Barely enough food for the hard physical demands of his day. He carried passengers to different corners of the megapolis. Up the steep hillsides and down the bone jarring descents. The sun long set by the time he reached home—bone tired. His calf muscles were on fire. His wife had to massage his legs for a long time before he fell into an uneasy slumber. Money was always in short supply. Too many mouths to feed, too many wants.

The 'great shut down' began nearly two months ago. He did not fully understand why he could not leave his house and could not ply his rickshaw. They mentioned something about the air being dangerous. There was something small and unseen in the air which, if it reached the lungs, could kill. The disease can spread easily from one person to another. The congested homes of his locality could be the perfect breeding ground. His father with his lung ravaged by TB was at high risk.

He and his family had to stay home all day. His father, mother, wife and three children shared the small room. Luckily they had a television to pass the time. Their mobile phones were also a great help. They shared the wash room facilities with six other families on their floor. Frequent hand washing with soap and water was recommended to stay safe and well. This was easier said than done. Their building received water for only three hours a day. Water was limited and precious. He had to wear a mask when he went out, even to use the wash room. Money for the masks was something they could ill afford. The rates for masks had gone up since the illness started.

Money began to dry up. Their savings vanished quickly. The children were always hungry. They began having only two meals a day. His father was wasting away before his eyes. Hunger was a constant presence. The days were hot and they were always soaked in sweat. Soon they could afford only their midday meal.

He remembered it was a hot and humid night three days ago. His father began vomiting blood. As if a pipe had burst within his body. He had to rush his father to the nearby government hospital despite the night curfew. The hospital luckily was not the one designated for people suffering from the

epidemic. They could still attend to other patients suffering from routine diseases. His father was shifted to the intensive care unit. The doctor mentioned that a big blood vessel inside his lung had burst. He'd lost a lot of blood and he might not make it. The next few days were critical.

The end came early in the morning. The transition zone between night and day when man is most vulnerable. They were able to take the body home. His father had been tested for the 'new disease' in the hospital and luckily he was negative. They all were, which was a surprise considering how many were being infected. 'Stay home, stay safe' was difficult in the crowded colony. The funeral will be held at midday. Better not to keep the body for long in the heat. Most of their relatives could not make it due to the travel restrictions and the lock down. The male mourners just himself, his eldest son, and his brother.

Did his father's life have any meaning? Did their lives have any meaning? Or is meaning a luxury reserved only for those whose life was not a daily struggle to survive against great odds?

Dr P. Ravi Shankar is a faculty member at the IMU Centre for Education, International Medical University, Kuala Lumpur, Malaysia. He has been facilitating health humanities modules since 2007 at different medical schools in Nepal and the Caribbean.



INVISIBILITY AND IDENTITY OF PHYSICIANS AMIDST THE COVID-19 PANDEMIC

Kavita Krishnan

Kavita Krishnan is a second-year medical student at Loyola University Stritch School of Medicine. In her free time, she loves working on art and combines her love for music and medicine through a group called Healing Notes, which performs songs for pediatric patients in the hospital.

Yellow

Ria Mulherkar, MD

I drank and I liked the taste of it.
I drank and I didn't make haste of it.
I drank and I couldn't bear wasting it.

I was five and the bottle was green.
She was crying and he sat serene.
I took a sip, and I hid, unseen.

Did I know when I drank, I was teasing death?
Did I know how I mocked life's precious breath?

I did not.
Nobody told me.

I drank and I liked the taste of it.
I drank and I didn't make haste of it.
I drank and I couldn't bear wasting it.

I was twelve and it was how I made friends.
We would sit and drink in a guy's stolen Benz.
And we joked that we'd drink until this world ends.

Did I know that our joke was not far from the truth?
Did I know soon thereafter I'd trade beer for Vermouth?

I did not.
Nobody warned me.

I drank and I liked the taste of it.
I drank and I didn't make haste of it.
I drank and I couldn't bear wasting it.

Twenty-six and my wedding day.
He was so sweet and gentle and gay.
That night they brought champagne on a tray.

Did I think of the pain we would have to endure?
When he learned and he cursed at my poison, my cure?

I did not.
I didn't want to.

I drank and I liked the taste of it.
I drank and I didn't make haste of it.
I drank and I couldn't bear wasting it.

I was fifty-three when reality hit.
This would kill me whether or not I quit.
I tried for his sake, but I cheated a bit.

Did I know through it all he would stay by my side?
Did I know in his trust and his love I relied?

I did.
And I hate myself for it.

I drank and I liked the taste of it.
I drank and I didn't make haste of it.
I drank and I couldn't bear wasting it.

Now I am sixty and my skin is yellow.
I am wrapped in these blankets, he says I look sallow.
In him I have everything yet I feel so hollow.

I lost him and myself to the green bottled bait.
To think I was just five when I sealed my fate.

I know this.
This is how my world ends.

Ria Mulherkar is a graduate of Drexel University College of Medicine, Class of 2020. She plans to pursue residency in Radiation Oncology at the University of Pittsburgh, and she has a special interest in the Medical Humanities.

ISOLATION AT SUNRISE

Brent R. Carr

Dr. Carr is psychiatric faculty, serving as chief of ECT at the University of Florida College of Medicine.

Remedy - An Original Piano Composition

Kevin Reyes, Class of 2021

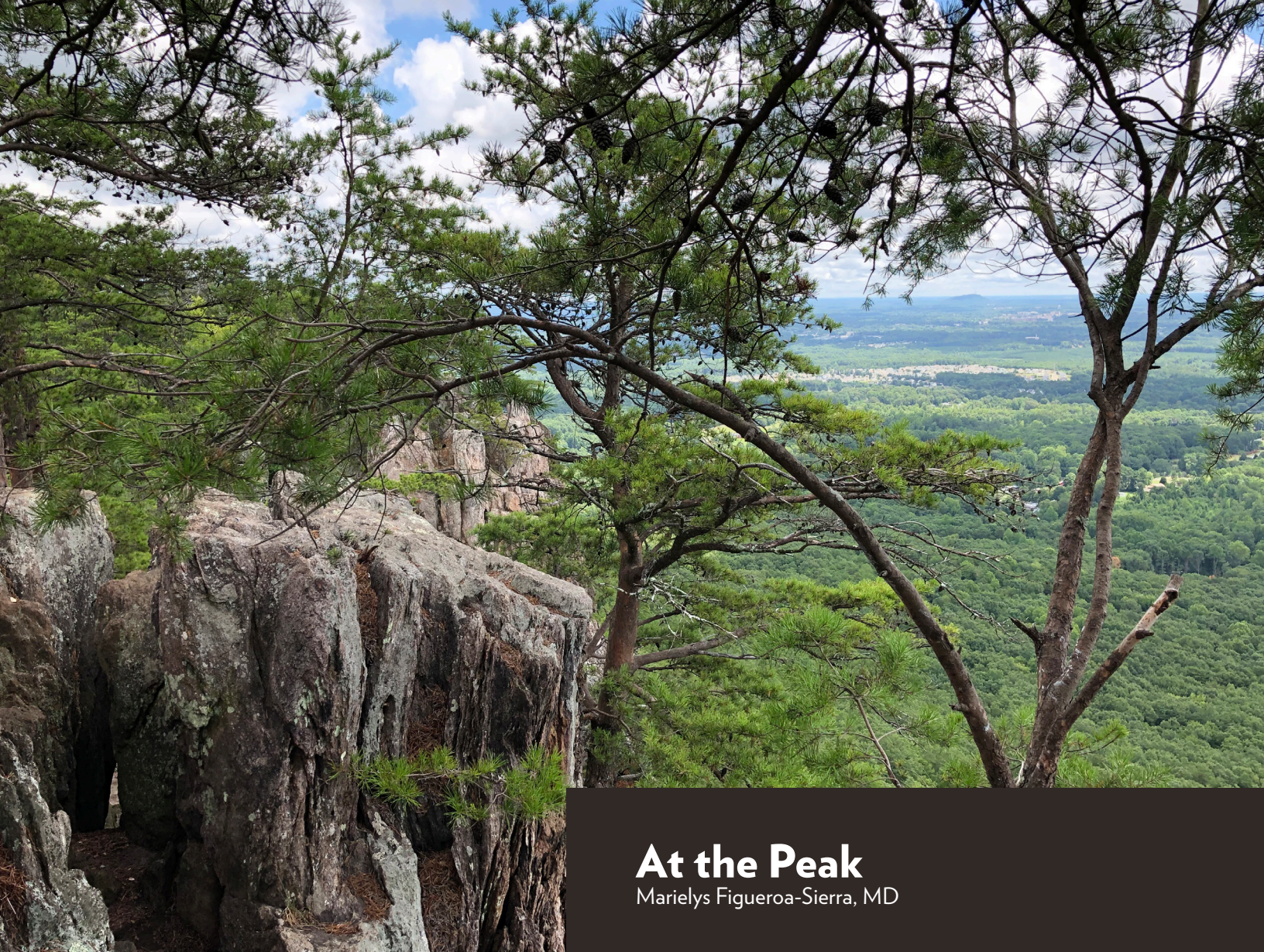
As my foundations of medicine begin to broaden, I have realized that a remedy can mean many different things to patients. For some, it is a medication. For others, it is taking the time to hear their story. To me, a remedy is when any new situation changes your life for the better. I created this composition to portray the art of medicine through music.

Click [here](#) to listen!



THE MERGING OF FAITHS

Nida Mohyuddin
Class of 2022



Marielys Figueroa-Sierra, a former FSU Bridge and medical school graduate, is currently chief rheumatology fellow at the University of South Florida and continues with her passion for promoting wellness.

At the Peak

Marielys Figueroa-Sierra, MD

At the Peak, I hear the water, all the leaves and majesties,
It is clear, the sound of nature, it is of the greatest ease.

It is full and loud of silence, as the air and clouds collide,
It reminds me of my passion, as I walked the path a bride.

It removes me from the sadness, of the dying and the dead,
and it clears my mind to empty, as I know what lies ahead.

It is like a quiet painting that your mind, the canvas, draws,
all the beauty and its stillness, has the self-neglect at pause.

It reminds you of your struggles, and informs you to let go—
all the rocks placed on your path are only there to make you grow.

The air you breath, it makes you stronger, but reminds you that
you're weak,
It only takes one step to fall, to fall from silence at the peak.

On Becoming Your Ball Pit

Nadia Khalil, MD
University of South Florida
Morsani College of Medicine

No numbers. That was the first rule. “Easy enough. I can do that,” I thought.

You were perched at the edge of your bed, hugging your knees, chin resting in the small valley between them, staring out the window. You wore a large gray sweater, large being a relative term here, I realized. Your hair was thin, weakly befriending your jawline. Your skin was pale white with gray undertones, without much differentiation between it and your cracked lips and your eyebrows. I was acutely aware I was composing my thoughts automatically with words like “large” and “thin,” never-words for a patient like you. “Be careful,” I reminded myself.

I fought desperately against my furrowing eyebrows and squinting eyes to paint anything but a look of pity on my face. You watched me carefully, erring on the side of silence as you sized me up, meeting my efforts to establish a new relationship with almost imperceptible changes in your facial expression. “That’s okay,” I thought, “she’s deciding whether or not to trust me.” That first day, I asked only what I needed to, and steered clear of topics of food, weight, and beauty. When I examined you, I did so delicately but confidently, attempting to create the illusion that there was nothing extraordinary about your exam, my maneuvers were just routine, you were like anyone else. Still, I miscalculated where your body was when I placed my stethoscope beneath your sweater to listen to your heart sounds, like when you run your fingers through your hair after a fresh cut and overshoot the movement. When I listened to your lungs, the diaphragm of my stethoscope tilted unevenly in the narrow spaces between your ribs. I remember feeling your body was eerily quiet, contrary to my expectation of crisp physiologic sounds given your size. Your legs, wide,

weeping, and edematous, stood in stark contrast to your upper extremities, where the circumference of your arm seemed the size of my wrist. I wanted to help you.

Most days, I came by your room at least twice. You started to grin at my arrival, and I congratulated myself for making the team. I felt, in order to serve you optimally, I needed to know you and your thought-process first. With my team’s permission, I loosened the reigns of allowed conversation subjects. We spoke of our mutual objective: achieving a level of health that portended a positive trajectory for you to live the rest of your life on your own terms. We talked about how challenging it was and would continue to be, probably for a very long time, maybe forever. We braced ourselves for stagnation and regression, recognizing this anticipation would empower us to overcome and move forward again. We would do our best to identify and utilize tools that reliably worked for you. Your eyes met mine and we both giggled to mask our trepidation for the long journey ahead; after all, this would be a lot easier said than done. You had been battling this disease for twenty-four years already.

You asked me a lot of questions; some were easy to answer, and others, not so easy. Why would someone report a few leftover scraps from your dinner? Why did we have 24-hour video-surveillance? Why did you need an escort in the restroom? You told me it made you feel out-of-control and child-like. I knew what the answers were, but how could I tell you, despite our partnership, your word wasn’t good enough? I wanted to believe we were doing what was best for you; at a BMI of 11, which barely shifted in the weeks you had been here, I believed we were. Still, I felt guilty of betrayal; little did you know I was also sleuthing for evidence of hidden food, tampering of your Dobhoff tube, and manipulation of your meal schedule. Your questions made me realize just how much your mind was tormenting you. It made my stomach churn and left me unsettled.

We needed to re-center your locus of control to free you from this imprisonment. The nature of your disease precluded an easy fix and rendered any semblance of a paternalistic patient-physician relationship useless. The treatment was not just to feed you safely and increase your weight; we needed to help you help yourself. Our medical team devised a plan-of-action that excited all of us. We created a rewards-system and focused on unconditional support. That day, my senior resident and I went down to the hospital gift shop and bought you a pen and a journal that read “she believed she could, so she did,” and we all signed it with messages of encouragement. We urged you to

acknowledge your thoughts and value them by writing them down and actively dispelling anything negative whenever you could with an aggressive pen-mark or strongly-worded response. On one day, I took you outside to bask in the sun and watch the bay, identifying landmarks for you on the skyline. Another day, the hospital's indoor-outdoor garden. Another, the piano in the waiting room on the 4th floor pavilion, where I played for you. The next week, my attending handed me a twenty-dollar bill, with which I bought you a painting set and a puzzle, and over the following days, you showed us your masterpieces. These weren't gifts; they were earned. You were making strides towards regaining your health. These were the markings of your triumphs, the steps-forward.

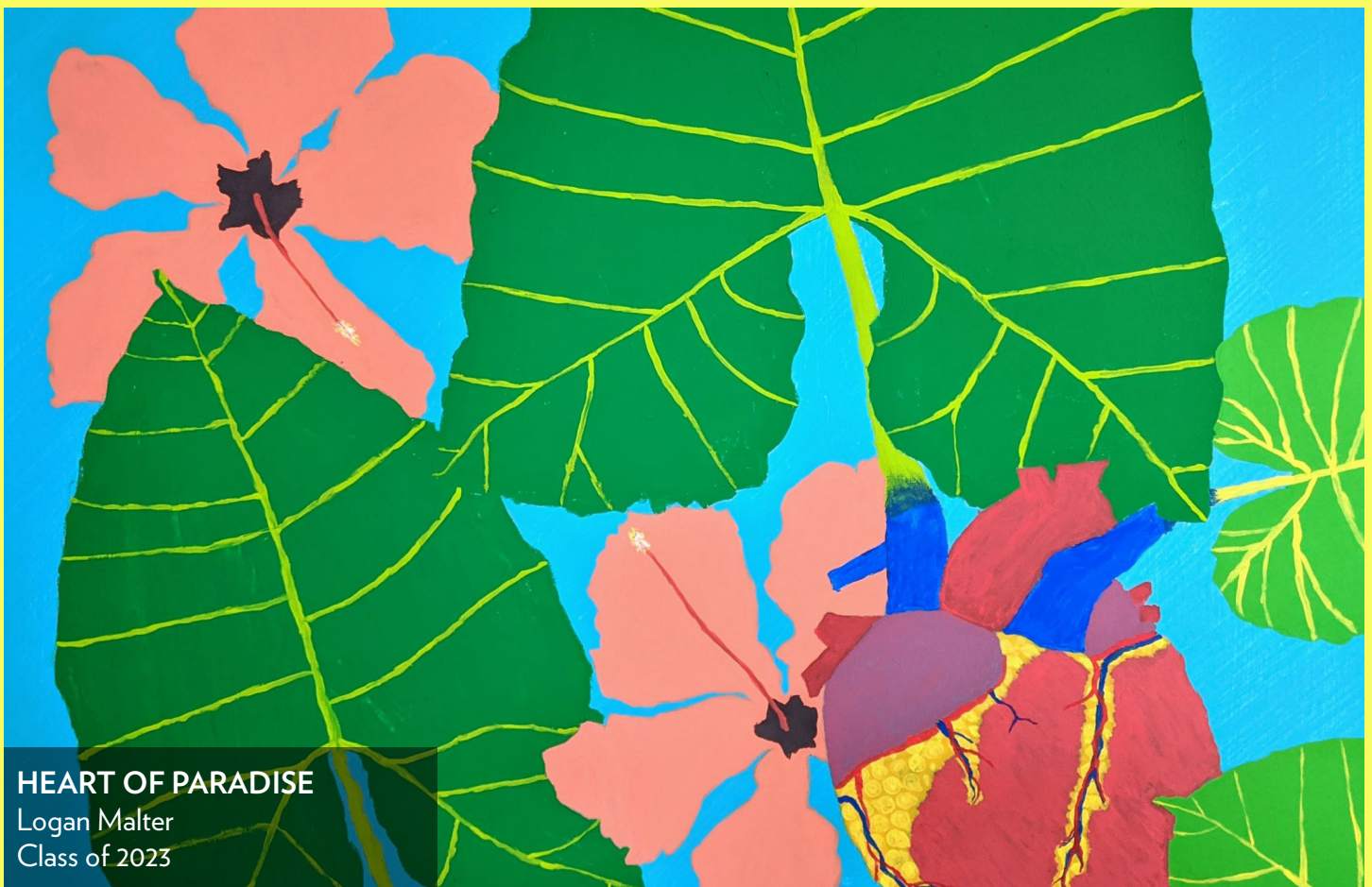
But it wasn't all rainbows and butterflies. Every time I wheeled you from your room, I grew nervous, pleading internally with passersby, willing them not to look at you, shielding you from the potential for misconstrued judgment, as I knew you were watching them closely, the same way you did me that first day. Some days, you cried and told me how ugly you felt. Even on days I felt we ended strongly, as I moved to excuse myself from your room, I would hear you, almost inaudibly, with shoulders stooped over, eyes fixed on your feet: "Am I gaining?"

My experience with you over three weeks on my internal medicine rotation is etched into my skull. You showed me that in order to care for someone well, you need only to acknowledge the individual in the body before you, and respect the unique, complex dynamic between the person and the person's disease. Validation, support, and empowerment are key. Caring for you allowed me to witness, and experience, true compassion.

Your disease is your tight-rope, but we are your ball pit.

Let's keep going.

Nadia Khalil finds the practice of medicine a privilege and the role of human connection in healing powerful. She enjoys journaling, cycling, board games, coffee, and all-things brain; Nadia is currently an intern in neurology at the University of South Florida in Tampa, FL.





PULSE MEMORIAL, ORLANDO, FLORIDA
Michael Hayward

Mourning, Made Tender by Mercy

Mary R. Finnegan

My neighbor, walking down
the street, dog on a leash, the moon

rising in a dark blue sky, edges
lit golden by the setting sun.

Three boys approach, gun,
wielded and ready, behind them,

the sun searing a line
of light into the horizon.

He'd have given his wallet
if he'd had it on him. Instead,

the trigger was pulled, the bullet
hit. All of their hearts blossomed

into a wild wilderness.
His daughter was not there,

with the sorrowful dog, with the bullet,
with her dead father. He told her

to stay in that night, though the sun
had lit a golden edge into the sky.

And I can't stop wondering: Why?
Why did he leave her at home?

And is it true that for our souls
there is no time, no ticking clock?

Only now and always, only all
that has ever happened and will?

Did my neighbor hear a call
from that eternal now?

Leave her at home. Save her.

Mary R. Finnegan is a writer and nurse living in Philadelphia. Her essays and poems have appeared in Dead Housekeeping, PILGRIM: A Journal of Catholic Experience, The American Journal of Nursing, and elsewhere.



FALL HUES

Ewa (Ava) Bienkiewicz, PhD
Department of Biomedical Sciences

During my third year of medical school, I completed a clinical rotation in surgery. I was certain that it would be horrible. I envisioned myself in the OR, getting lightheaded, passing out onto the sterile field and being yelled at by my attending physician. I worried that the medical knowledge I'd worked so hard to learn would be neglected in favor of memorizing the steps of surgical procedures. My parents, who are both physicians, warned that I'd just be holding retractors for hours.

Miraculous Recovery

Alexandra Lackey, MD
Class of 2019

I want to interact with my patients, I fretted, not just hover over them while they're anesthetized.

Although I tried to keep an open mind, I knew that I was destined for a miserable time. During the first week, this opinion changed only slightly. Nervously, I trailed my attending around the hospital, nearly following him into the bathroom several times when I thought he was going to see another patient. When an actual surgical procedure was about to take place, I would awkwardly scrub in, relying heavily on the nursing staff to help me put on the gown the right way. I wasn't passing out in the OR, but I certainly wasn't in love with surgery.

Then, on preoperative rounds, I met Mrs. Smith.

A frail eighty-two-year-old, she suffered from diverticulosis and recurrent urinary-tract infections. Her CT scan had revealed a colovesical fistula—an abnormal passage between the colon and the bladder. It was slated for surgical repair later that day.

She lay quietly in her hospital bed as I examined her and collected her history. Her husband sat nearby.

"Do you have any questions?" I asked her.

"I guess not," she said. Then tears welled up in her eyes.

This startled me. Surgery is scary for any patient, but I hadn't seen anyone else get this tearful.

"How are you feeling about the surgery?" I asked.

"I'm ready to get this done with, so I can begin chemotherapy," she replied.

"You have cancer?" I asked, confused.

Her tiny, frail hands reached into the bedside dresser and pulled out a large yellow envelope containing a stapled four-page document: her CT report. As she handed it to me, I gave her a box of tissues, and she dabbed at her tears while I examined the report carefully. I saw no mention of cancer.

"It's spread to my kidney!" she exclaimed with a sob. Mr. Smith began to cry, too.

"Who told you that?" I asked.

"No one told me; it says it there on the paper," she replied, a bit impatiently.

My eyes darted to the section about her kidneys. It described normal renal anatomy, except for a simple cyst—just like one that I'd been incidentally diagnosed with, years earlier.

A mental lightbulb went off.

"Mrs. Smith, do you know why you're having surgery today?" I asked.

"To take the cancer out," she said, now clearly annoyed.

"Would you mind if I sit by you on the bed?" I asked. She nodded, and I sat down beside her.

"There's no indication here of a cancer diagnosis," I told her gently.

I explained how the small intestinal pouches characteristic of diverticulosis can form fistulas, and I drew a picture to illustrate. Then I went through each section of her CT report with her, emphasizing that the findings were normal, and that her renal cyst was most likely a normal variant.

“

In cases with less-than-ideal outcomes, I sensed that the patients found comfort in the relationship we'd formed, as well as in the reassurance that we were doing everything possible to help them.

”

I finished, "You know, years ago I had an ultrasound that showed a cyst just like yours, and I don't have cancer."

"Oh, that's wonderful!" Mrs. Smith said excitedly. "So I won't need chemotherapy after all! You know, my life has been terrible lately with worrying about this, and with these constant UTIs and kidney infections, too. I thought that I'd have to deal with those infections for the rest of my life."

She was even more elated to hear that the surgery would resolve her symptoms and get her back to living the life she'd once enjoyed.

Through tears of joy, Mr. Smith embraced her.

"I thought I was going to lose you too soon," he whispered.

I felt thrilled to have helped to change Mrs. Smith's life so much for the better—but I also felt upset to think that, at some point, a member of her care team might have simply handed her the CT report and told her that she needed surgery, without offering any further explanation.

The surgery went perfectly, and even though I only held the laparoscopic camera, I felt proud to be a part of it.

At Mrs. Smith's two-week follow-up visit, she reported that she was doing well. When she thanked me profusely for helping her, I once more felt humbled and fortunate to be part of a profession that touches lives in such an important way. From then on, I began including "Do you know why you're having surgery today?" in my preoperative questions. Often,

as with Mrs. Smith, the patients' answers led me to offer more explanations and illustrations.

I found myself enjoying getting to know each patient before the surgery, assisting in the OR and seeing many patients' transition from suffering to health. In cases with less-than-ideal outcomes, I sensed that the patients found comfort in the relationship we'd formed, as well as in the reassurance that we were doing everything possible to help them.

As horrified as I'd once felt about surgery, I fell in love with its ability to so dramatically improve someone's life within a matter of hours. Although I lacked the surgical skills needed to contribute substantially during the actual procedures, I found that I did have the skill to communicate with patients.

Above all, I learned that what takes place in the OR is critical to a patient's recovery—but so are the words that help patients to understand what's happening to them, and what they might hope for.

KINDERDIJK, THE NETHERLANDS

Michael Hayward



DENTAL ABSTRACT
Chaitali Hambire, MDS



Dr. Chaitali Umesh Hambire is a certified specialist in Pediatric and Preventive Dentistry.