

# H E A L

Humanism Evolving through Arts and Literature

## POR DENTRO, POR FUERA

Arizona-Sonora Desert Museum, Tucson, Arizona  
Christie Alexander, MD  
Department of Family Medicine and Rural Health

Spring



2021



FLORIDA STATE UNIVERSITY  
COLLEGE OF MEDICINE



## PROSE

<i>Before I Could Talk</i> Leah Eburne.....	3
<i>Roadmap to Resilience</i> Abigail Schirmer.....	5
<i>What Do Patients Give Us?</i> Jamieson Glasser.....	8

## POETRY

<i>Reflection Upon the Crash</i> Louis Gallo.....	11
<i>Remember Me</i> Sadhika Sood .....	11
<i>Saudade</i> Steven T. Licardi.....	12
<i>A Night Routine</i> Michele Troutman.....	14

## ARTWORK

<i>Por Dentro, Por Fuera</i> Christie Alexander.....	1
<i>Standing in Solitude</i> Christie Alexander.....	4
<i>The Intimacy of Connection</i> Anabelle Rosenthal.....	6
<i>The Cages that Trap Us</i> Nafisa Choudhury.....	7
<i>Balance</i> Nafisa Choudhury .....	9
<i>Bosom Booster II</i> Tenee' Hart.....	10
<i>Bowed Bald Eagle</i> Debbie McCulliss.....	13
<i>This Is Our Life Now</i> Steven T. Licardi.....	14

# THE 7TH ANNUAL “HUMANISM IN MEDICINE” ESSAY CONTEST

Sponsored by the Florida State University College of Medicine Chapman Chapter of the Gold Humanism Honor Society, in partnership with *HEAL: Humanism Evolving through Arts and Literature*.

### Lead Editor

Cheyenne Andrew

### Editorial Team

Rida Darji  
Hanna Lateef  
Madeline Mickler  
Anabelle Rosenthal

### Faculty Clinician Editor

Suzanne Harrison, PhD

### Faculty Managing Editor

Tana Jean Welch, PhD

### Layout

Instructional Design &  
Media Production

### Support Provided by

The Jules B. Chapman and  
Annie Lou Chapman  
Private Foundation

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.

# Before I Could Talk

Leah Eburne, Class of 2022

“Before I could talk, I used to have simple dreams. Now that I can talk, I have only nightmares.”

Joann Sfar said it best in his comic series, *The Rabbi's Cat*.

The titular character, a literal rabbi's cat, is a small thing, both snarky and painfully curious. I relate. And, so, as an MS3 having stumbled through the national response to the Black Lives Matter movement, the reactionary resurgence of white supremacy, and the healthcare disparities made evident by the ongoing pandemic, those words follow me.

“Now that I can talk, I have only nightmares.”

How desperately, at first, did I wish not to know what people thought about me, about people of color. How carefully did I wish to protect any semblance of normalcy as the landscape of racial tensions shifted both nationally and in the medical communities I found myself in. A furtive tilt of the head to catch a nurse wearing a Blue Lives Matter pin, Fox News on in a doctor's lounge—blaring its own spin on the January 6th riots to silence, or the patient wearing his MAGA hat, then removing it when our eyes met.

Ethics assignments used to be easy fun, but became less so as the content resembled a magnifying glass swiveling in my direction. The conceit of these assignments is they can readily devolve into a checked box. Reading essays about someone's pain and frustration can feel “safe.” Perhaps because they are ubiquitously digestible and leave one feeling as if they have accomplished something significant in its passive consumption. But that's the rub, isn't it?

Many of us who chose Medicine have spent years learning to avoid mistakes. To find oneself on the wrong side of history, mired in bias, is to be painted forever with the mark of failure. And, as I continue to fall forward through the much-hyped 3rd year of school, we are taught to become comfortable with being uncomfortable.

We can acknowledge this field's numerous “silent curriculums” and categorize them as impersonal cultural symptoms of an inherently unequal (unequivocal?) system, and that may

even afford us some room to breathe a relieved sigh. “It's not me. I'm a good person. It's the system. We live in a society,” you say. The “Live, Laugh, Love” Target placard on your desk offers its Made In China affirmation. “It's not personal.”

It is personal. I know it is for me. I am hurt before I realize it happened and, suddenly, ashamed to feel anything at all. It may be that way for many of you out there as well.

While I smile and nod and tilt my head at the right empathetic beats in a conversation with a white patient crossing his legs over a telltale black lightning bolt tattoo. While an attending hones the well-loved craft of speaking out of both sides of his mouth – caramelized language with an empowered authority figure and cool, staccato questions for his lucid Baker Act. While we think about vulnerable loved ones in the midst of a pandemic, in the midst of law enforcement militarization, in the midst of a resurgence of the none-too-code normalization of “good ol' boy” white supremacy, etc. etc. etc. The amount of emotional distress, at first, bordered on parody. It's not okay. But learning to be “not okay” is, well, okay.

And I prefer the nightmares, because I can talk. I will be a physician. The simple dreams are gone.

Many of us have not been raised to understand how to grow. And that is why ethics discussions (see, I wasn't coming for them), cultural sensitivity seminars and resources, curriculum-mediated group discussions, and the like will continue to have value although they can seem trite in a field, such as ours, that has spent years convincing itself physicians suffer if they empathize. I wished to holy hell that what I felt could be undone but I am a different person on the other side of this. It is too late and I must keep moving forward. New horizons are ahead.

I – we all—need to continue to accept that our pain and our frustration, as well as that of vulnerable people in our lives, is personal. And that when we are wrong, it very well may be personal. And that is okay. The point of reflection is growth. Growing can be painful, but flinching from it won't undo what I've seen and heard and done. What I felt. What we felt. As long as we continue to normalize and encourage personal development, making mistakes, acceptance, and accountability, then we can save our field. Perhaps, we can save ourselves, too.





**STANDING IN SOLITUDE**

White Sands National Park, New Mexico

Christie Alexander, MD

Department of Family Medicine and Rural Health



# ROADMAP

to

# RESILIENCE

Abigail Schirmer, Class of 2022

Some days change your life forever.

Mine changed one day in a Hematology & Oncology clinic. I bolted out of the Clinical Learning Center to make it on time. You see, we don't learn about Heme/Onc until the end of our second year of medical school, so my first-year self was hopeful to learn something new today.

As I pulled up to the building, I noticed individuals of all ages, races, abilities. One woman clung to her companion with one arm and to her oxygen with the other. One man slowly wheeled himself up to the sliding doors lined with signs of encouragement—signs which were definitely needed.

I made my way into the waiting room, which could have easily been mistaken for a war zone, with warriors of unthinkable battles lining the seats—unshaken by their circumstance.

“I'm not strong enough to be here,” I thought to myself, taking a deep breath. Through a single door, I made my way to the clinical rooms.

Only one appointment this afternoon. A new patient with a series of acronyms and question marks by her name. “A zebra?” I thought to myself, admittedly getting a little excited. We talk about rare conditions in school, but hardly ever see them. This patient was my age, the picture of health outwardly, but internally it seemed something had run awry and no physician could figure it out.

The hematologist greeted her and her mother. She estab-

lished rapport and built a foundation of trust effortlessly. She communicated compassion as if it were her second language; something I had yet to witness anyone ever do.

Her tone slowly began to shift as her hand reached for another. The air escaped the room—the bad news. We all felt it. The silence was deafening.

Somehow this news began to embody hope amongst uncertainty. As this hematologist empathized and affirmed the patient's fears, doubt melted to optimism in the face of so many unknowns. She depicted a bone marrow biopsy as a tool to rule out the worst things, rather than rule in the bad. She became a beacon of reassurance to a patient who was terrified that her life, much less her future, was lost.

“You are so strong,” she empowered.

“Yes, I am,” I agreed, tearfully.

----

In a moment like this, resilience was my only option. I thought I was going to lose everything, so staying the course to hopefully prevent that was what I resorted to. Amongst my death grip on what I once knew, I discovered salience in what my purpose really was: becoming the best, most humanistic physician I can be, just like my hematologist.

I suppose there were other roads that I could have taken to earn resilience, but they were not options for me. This road chose me, there was no detour or exit sign. I couldn't

give up the fight for my health. I couldn't give up the path forward to one day caring for my own patients with the same compassion that I received.

The resilience I have learned through overcoming this obstacle will help me overcome any future challenge I may face in medical school, as well as future surgical training.

But this is not what will make me a better physician for my patients.

The way I was cared for significantly impacts how I will care for others. I will be better at listening, because I was listened to. I will be better at communicating compassion, because it has been effectively communicated to me. I will know how to empower my future patients to recognize their strength, because I was empowered to recognize mine, despite feeling as if my future was evaporating before me.

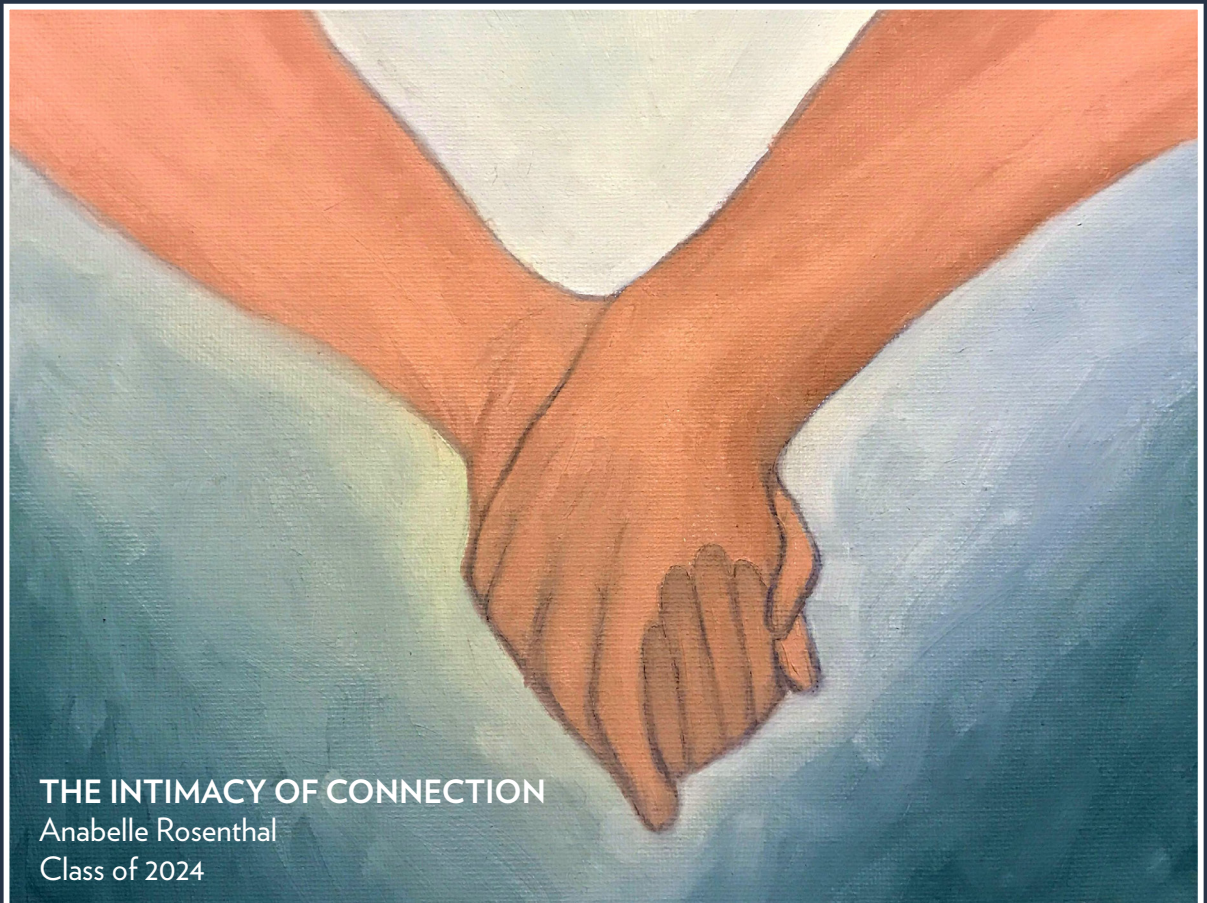
I hope no one experiences what I did, in any capacity or at any phase of life. My experience was not a choice,

it was a reality in which I made the conscious choice to transform a circumstance into a strength to use for the care of others.

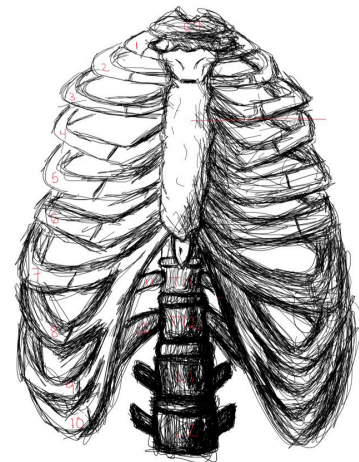
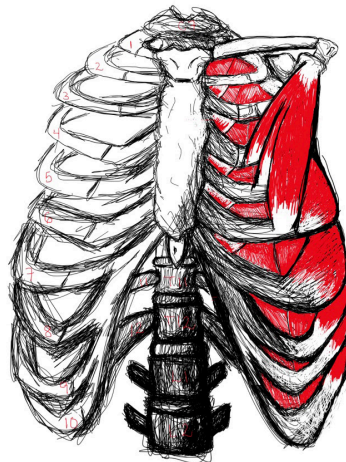
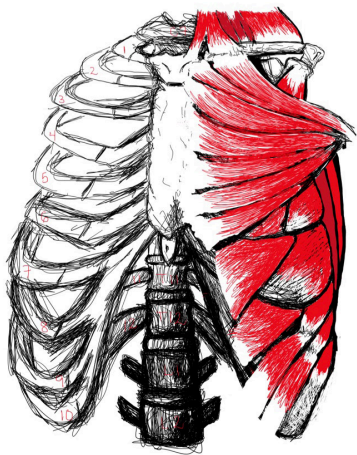
I was extended grace beyond all understanding. I was supported from every measurable angle.

Eternal gratitude and resilience are what replaced fear and death's grip on what my life once was, focused to serve what it will be.

You see, I now possess a roadmap to help others navigate the unpaved paths of carrying the weight of illness. Not all of these roads include the same destination. Not all the potholes or inclines are the same size. But anyone who has traveled distance on this road understands the fear and significance of the journey—a journey that I have had the blessing to stand on both sides of as a patient, and one day, a physician.



**THE INTIMACY OF CONNECTION**  
Anabelle Rosenthal  
Class of 2024



## THE CAGES THAT TRAP US

Nafisa Choudhury

*Nafisa Choudhury is a medical student at the Dr. Kiran C. Patel College of Allopathic Medicine at Nova Southeastern University in the class of 2022. She is interested in the interplay between visual arts and medicine.*



I was on call over the weekend. It was a Saturday and I really did not want to be at the hospital. We were just decompressing from a case when my attending got consulted from the emergency department (ED) for what seemed to be a spinal tumor. He pulled up the patient's chart and MRI showing a large mass occupying her spine. He said, "Looks like a schwannoma." And then we read the radiology report which read, "Most likely a schwannoma or meningioma, but possibly a plasmacytoma because of multiple myeloma disease status."

We went down to the ED to meet and examine her. Six months later I can still remember the pink Yankees hat, blue jeans, converse sneakers, and the smile she wore that day. Some patient encounters go smoothly. The patient is friendly and easily offers a history. Others are bumpy. The patient does not easily offer up information and requires redirection and detailed questioning to get answers. This particular encounter was smooth sailing.

I was introduced as a student working with the physician and she replied, "That's great, always good to see people learning, and we need good future doctors." We began talking with her about the symptoms that brought her into the hospital and her history of multiple myeloma. She explained that she had been receiving specialized chemotherapy at the Mayo Clinic from her dedicated hematologist/oncologist for some time, and that it appeared everything was good and controlled from her most recent scan. She detailed the large number of doctors and specialists she had seen since her diagnosis, as well as the struggles she went through to get enrolled in a clinical trial. Through all of this she did not seem angry or upset by what she'd already been through, more just exhausted, like the disease was slowly wearing down her energy and will to live.

We explained that she had a mass in her spinal cord which required removal. In that moment I did not really understand the severity of what was transpiring to truly

appreciate her reaction. Upon reflection, I am amazed at how calm and stoic she was in the face of even more adversity. I wouldn't realize it until later, but she had made a decision to respond to her adversity with a certain elegance. I also remember after meeting with the patient pre-operation, my attending said, "It's going to be something bad and rare. She's so nice. Bad, weird stuff always happens to the nice people."

The operation went well, but the tumor did turn out to be a bad tumor suggesting a grim prognosis. Positively, though, she was pain and symptom free, meaning our efforts weren't for naught.

# What Do PATIENTS Give Us?

Jamieson Glasser, Class of 2022

Then I got to thinking about the quote, "Bad stuff always happens to nice people."

Was she so nice because of everything she'd been through?

Did she see her aches and pains and suffering through a different lens than the average person might?

Maybe going through a tough disease or diagnosis leads a person to not take any day or any encounter for granted. She easily could have been nasty and surly with us, but she was not.

The other end of the spectrum is the idea that "bad things happen to bad people," which some people believe is karma for their "badness." The truth is nobody deserves to have anything bad happen to them. However, if the person has been a less than an ideal citizen, society tends to view their demise as less of a tragedy.

Reflecting on all of this I was reminded of a quote I once read from the six-year-old son of a veterinarian, "People are born so that they can learn how to live a good life — like loving everybody all the time and being nice, right? Well, dogs already know how to do that, so they don't have to stay for as long as we do."

Nobody deserves or wants to die, but maybe this woman and other people who fall into the "bad stuff always happens to the nice people" category are more "ready



and accepting of the idea of death” because they have a better understanding of how to live a good life and love others and not take a single day for granted. Maybe my patient had learned how to approach daily life with the mindset that our loving pets seem to master so easily.

Six months later, I found out the patient had passed away.

I thought about what I had taken away from the patient and the experience: a very interesting diagnosis and operation and a fascinating case-report. Then it dawned on me that it was much more than that. She had given me the perspective that, yes, bad things can happen to good people, but the reality is bad things happen to all kinds of people.



**BALANCE**  
Nafisa Choudhury

What *is* in our control is the way we choose to respond and react to “bad things” or adversity. This thoughtful woman had clearly chosen how she was going to respond, with a positive attitude and gratitude towards anyone trying to help her. I will not be able to control the bad things that happen to my future patients, but I will be able to control the way in which I respond: calmly, confidently, and with 100% of my focus and skills.

Perspective is a gift we are given from each and every patient we encounter. If we truly empathize with them and try to see the world from their point of view, we will gain perspective and insight into their life, which in turn might give us a new found perspective and way of doing things in our own lives. The opportunity to learn from and integrate new ways of thinking to better serve our patients is right before us in every single patient that we see, we just have to be open to the possibility.



## **BOSOM BOOSTER II**

Teneé Hart, MFA

FSU College of Fine Arts

*Teneé Hart is an 'unconventional' fiber sculpture artist pursuing themes of feminism that delve into topics of beauty, anatomy, and inequality of women; wrapped fibers, gushing forms, and the manipulation of the 'everyday' are crucial components within the works. Hart hails from Virginia, where she received her BA from the University of Mary Washington in 2011 and later earned an MFA from Florida State University, where she has been teaching since 2014.*



# Reflection Upon the Crash

Louis Gallo

When I revisited the site of the crash  
as one returns to the scene of a crime  
a fist of icy voltage clutched my spine  
in memory of what I, knocked out cold,  
can't remember lest retold in the flesh  
as we, my girls and I, paused on that road  
not for long, not to grieve  
but rather to appease some god of old  
demanding thorough commemoration  
of what might not have happened a second  
later, sooner, or another day,  
what might never have happened at all  
save for the vulgarity of chance.

The battered love seat lured me back  
when home again—it's where I sat  
with fractured bones and opiates.  
Back home I moved as if in a trance  
toward the battered love seat where  
I'd spent weeks mending battered bones  
that were wrecked—and here I lie once more  
thinking, re-thinking and at last  
not thinking about the cataclysm that  
gave me vision to see and foresee what  
the future portends, the silky smoke and ash  
of death and transfiguration, mere trash  
when set against the sight of a sparrow  
lighting upon a branch of the blue-green yew  
in our yard or that faun who leapt the fence  
to nibble upon the marrow of our lilies.  
All it seems is settled in a moment,  
for good or ill, the moment, its monument.  
Fail to notice each and you live in vain.  
Pain and pleasure are the same.

*Dr. Gallo is Professor of English at Radford University in Virginia. He is the author of four volumes of poetry, including Crash and Clearing the Attic.*

## Remember Me

Sadhika Sood

Will I be remembered?  
When my soul bids adieu  
to this transient body of sins  
When I no longer am a part  
of this fickle land of whims

Will I be remembered?  
When you no longer find me  
sitting in this chair  
And my sound doesn't echo in this house  
coughing and gasping for air

Will I be remembered?  
When my musty scent goes missing  
without a trace  
Or will my sickness haunt you  
and be all that remains in my place

So tell me, will I be remembered?  
For what I was  
For what I am

I reckon not, nor do I desire  
to be this lasting memory  
My only wish—  
to be remembered fondly  
as I'm lowered down into the ground

*Sadhika Sood is a recent MBBS graduate from Kasturba Medical College, Mangalore, India. She is passionate about narrative medicine, medical ethics, and wants to make significant contributions to medical education & healthcare management in her long career as a physician-scientist.*

# Saudade

Steven T. Licardi, LMSW

*Steven T. Licardi is an Autistic social worker, spoken word poet, and performance activist working at the intersections of art and social policy. Since 2016, his ever-evolving performance series #CoupDeMot confronts how mental illness manifests out of oppressive social pathologies. Learn more at [www.thesvenbo.com](http://www.thesvenbo.com).*

grief-inspired.

we can hold  
two emotions  
at once  
in the heart's clumsy hands.

two delicate birds —  
one living. one dead.

the same bird.  
its bones like spun-glass.  
chest dirigeable, full  
of hot air.

my heart  
is at once a fist  
& a wing.  
how do birds  
express their rage?  
how do they scorn  
the sky?

by slicing clouds?  
halving mists  
into the same  
whole?

my heart  
is a knife now.

surgical, serene, & sanitized.

somehow, it still rests.  
still sleeps each night  
cradling itself. the want.  
the uselessness. a weapon  
without intent.

a fist  
unclenched.

like a bird  
holding a knife in its wing  
attempting  
to fly.



## BOWED BALD EAGLE

Debbie McCulliss



*Debbie McCulliss holds master's degrees in nursing, science-medical writing, and non-fiction writing. A Colorado-based fine art photographer, she travels the globe to bear witness to and record the strength, fragility, beauty, and rhythm of wildlife and nature and intimately connect with the world.*

# A Night Routine

Michele Troutman

There isn't a loss I've encountered that I haven't buried  
In between my mother's legs  
She swats a paddled brush  
against the backside of my hand  
Gentle reminder of limitations  
Even when the grasp feels too tight  
Movement ruins aesthetics  
She cradles each strand of coil  
lay each of my baby hairs to rest  
With precision finds a place  
For each helix until she satisfies  
Herself admiring the chandelier  
Light shed across two dark imprints  
Of shadows that once saw grace  
Now hollowed seeking whispers of comfort

*Michele Troutman is a Maryland native living in Boston. She is a lover of science, coffee, fundamental rights and her stout cat Brady.*



**THIS IS OUR LIFE NOW**  
Steven T. Licardi, LMSW