

H E A L

Humanism Evolving through Arts and Literature



PREPARED MIND: A VESSEL
Brent Carr

Fall

•

2022



FLORIDA STATE UNIVERSITY
COLLEGE OF MEDICINE

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On the cover: Dr. Carr is the Neuromodulation Fellowship training co-director, and Chief of Electroconvulsive Therapy Services at the University of Florida. He subspecializes in interventional psychiatry where he programs intractable OCD psychiatric patients' Deep Brain Stimulation implantations.

Lead Editor
Liz Ruelke

Faculty Managing Editor
Tana Jean Welch, PhD

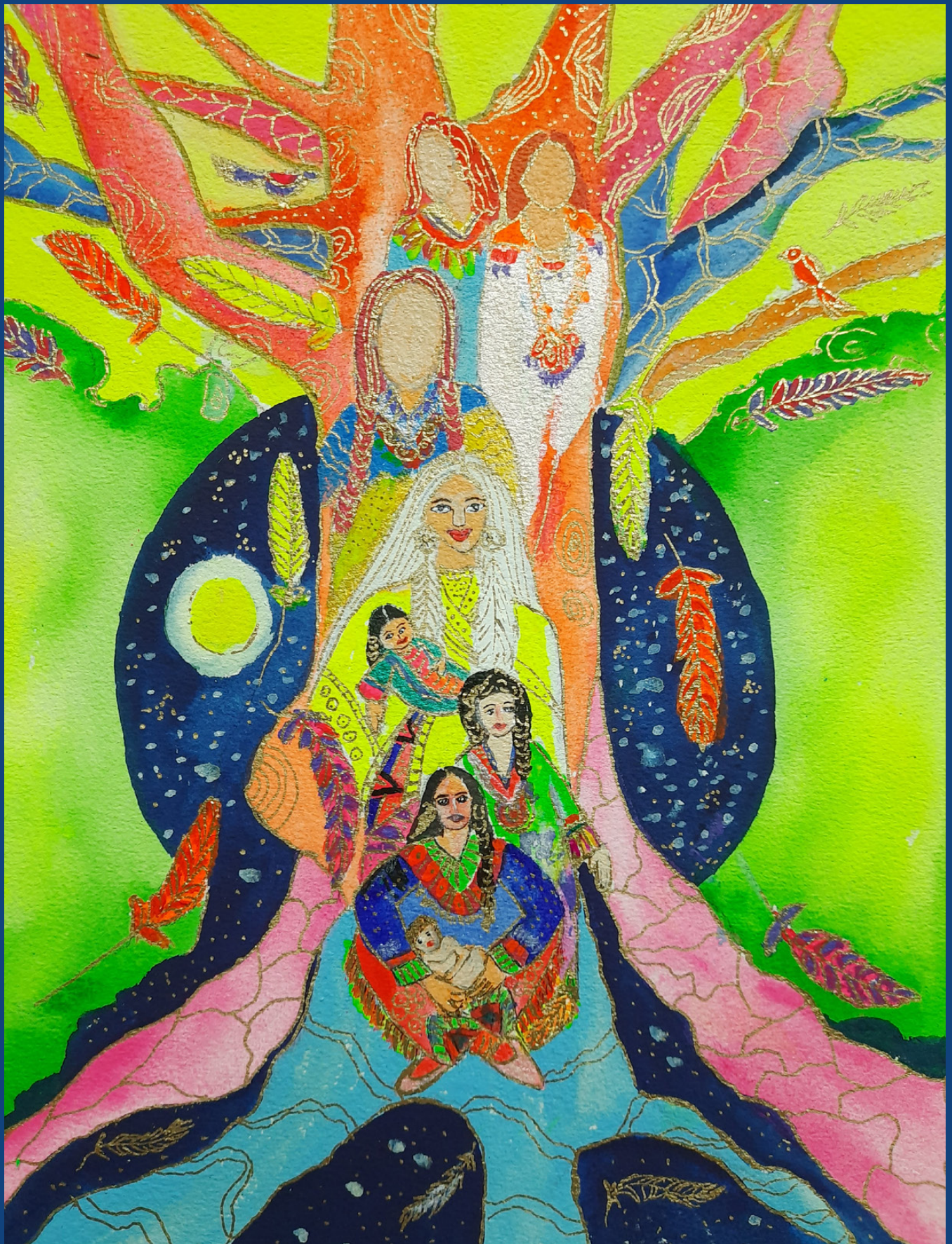
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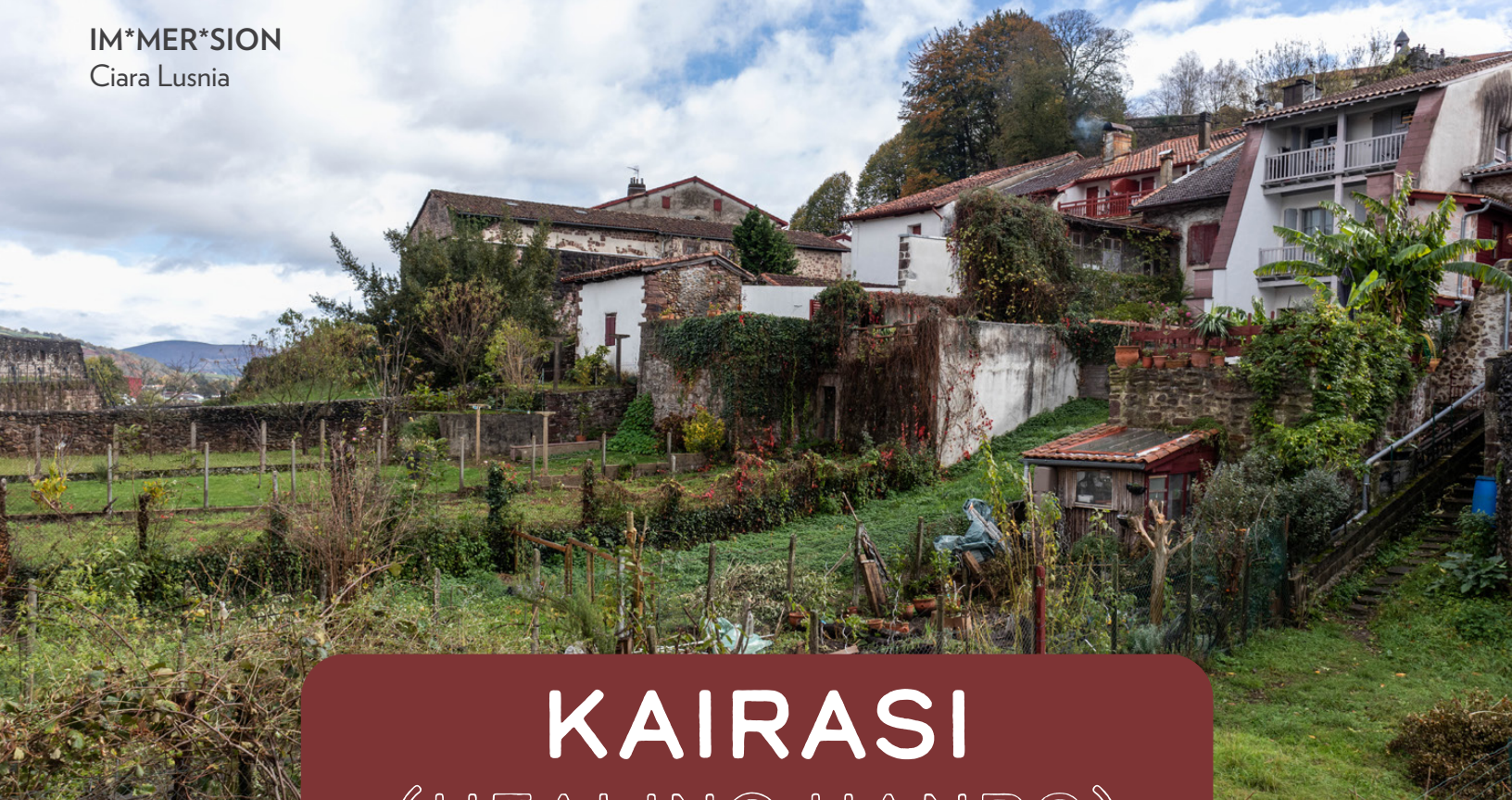
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A TENNESSEE BIRD'S EYE VIEW
Cameron Gerhold
Class of 2025



LIFE
Chaitali Hambire, MDS



KAIRASI (HEALING HANDS)

Anna Menezes, MD

"*Ungalodh kairasi nalla irkude*," said Thatha* as I dispensed his discharge medications while diffidently stuttering instructions in Tamil. He handed me a kilogram each of sweet potatoes and custard apples, homegrown from his farm 100 miles away. After an initial spur of hesitation, I accepted it with a thankful smile, remembering that the hospital administrators had advised me to receive produce as a form of gratitude from patients. Vendibles were not only a means of living but also a sign of growth and prosperity. Members of the household traveled long distances to procure them for a doctor, and turning them down meant rejecting the fruits of their hard-earned labour.

While distributing my newly acquired produce among the hospital's healthcare workers, I sheepishly asked a nurse what "*Ungalodh kairasi nalla irkude*" meant. I was afraid it would mean, "I was expecting better" or "Your treatment could have been more economical," phrases that were not uncommon at the various corporate hospitals I interned at a few months ago. She giggled and said that it meant "you have hands that heal." Funnily enough, I beamed with joy! Thatha's treatment plan wasn't extraordinary—a short course of diuretics, compression bandages, and lower limb elevation for his heart failure-related edema. I was pleasantly surprised that my hands could earn amiable compliments from patients they barely touched.

A few days later, I was called at 10 pm. A cobra had just bitten a 14-year-old girl. While I answered the call, my eyes couldn't help but reflexively catch a glimpse of my phone's calendar widget counting down to a coming medical licensing exam: "December 29th: 10 days." Fraught, I tried pushing away my anxiety as hastily as I put on my white coat. I remembered what Ma had said, "Put your patient first; everything else will find its way." A glimmer of hope that maybe I'd find a question on cobra bites that would give me an edge over the million other doctors writing the exam.

V was plucking flowers to trade at the local *santhe* (market) when the cobra (ironically called *nallapaambu*, or nice snake) bit her. She seemed stable on arrival, but a month's experience had taught me not to jump to conclusions, especially when there's a *nallapaambu* involved. While taking a brief history before jotting down 10 vials of anti-snake venom on her order sheet, I asked her what could cause her to pluck flowers this late into the dark night, completely forgetting that flowers wither and the freshness of her posies at 5 am the following day would determine the income her family made.

Four hours later, I carefully examined her for any signs of envenomation. P-D-D-D, my mind repeated instinctively as I searched her for signs of ptosis, diplopia, dysarthria,

and difficulty in breathing. She had none, an alleviating sigh of relief for me and the only nurse on night duty. I helped her move to the stable side of the ward and quickly trotted up the stairs back to my study with the help of my firefly attracting flashlight. Although night time in the village was eerie, it gave me a heightened sense of focus that allowed me to study, and the last 4 hours of adrenaline could keep me going for a while.

December 29th: 9 days, I glanced at the widget again before my phone unexpectedly chimed with the ringtone I'd set for hospital calls. A sinister chill ran through my spine. A ring at this time could only mean something was wrong with V. I found myself running down the cement stairs without my flashlight and half buttoning my lab coat, only to encounter the worst I had seen.

V had been shifted back into the treatment room with her parents holding her, one on each side. She couldn't move her arms, and her eyelids had begun to droop. The sharp-witted nurse had adeptly brought her back, knowing these were not signs of lack of sleep. As she and I began to load V's ongoing fluids with higher doses of anti-snake venom, her parent's anxious eyes were struck with a terror I was not accustomed to. The fear of possibly losing their only daughter. A daughter who went out of her way, after a tiring day at school, to help her parents pluck flowers. A daughter born after many years of a barren marriage, a daughter her parents had grown to love increasingly as days passed and. . . Before I could return to loading the drug, I found V's mother had dropped to the floor due to vasovagal syncope. I had to continue loading the drug, given the rapidly frightening situation. While instructing her husband to move his wife into the waiting room and elevate her legs, I asked the nurse to load neostigmine—a drug that I had only “heard of” in medical school.

V's father returned in a few minutes, nervously asking if V would need to be moved to a higher medical center, recalling what we had stated while counselling him for her admission. The nearest hospital was 40 minutes away, and 40 minutes without a ventilator could mean much worse. "I'm afraid the nearest hospital is too far to take a chance," I said, injecting V with the loaded neostigmine. Although I put on a tough exterior, I was dubiously trying to reassure myself that I could handle my patient.

After injecting V with over 20 vials of ASV and 4 doses of neostigmine, the murky night started to clear. Her eyelids no longer drooped, and she could follow my commands.

She would have to be closely observed for any further signs of envenomation for at least two hours, which happened to be the time I had before the outpatient department opened. I ran up to the study, pulled my worn-out textbook, and returned to place a stool in front of her and examine her every 10 minutes while rummaging through images from the book. "What are you reading?" she asked. "It's nothing much," I said, swallowing the guilt that I had used the first 3 months of my monthly stipend only to apply for the exam. Still, a conversation between a doctor and a patient slowly turned into one between two young girls with big dreams and ambitions, exams to write, friends to meet, and parents to help.

I wondered if my exam refuted the aim of making me a better doctor. If I made the right choice by serving in a rural hospital far away from home. If it was fair that I had to compete against doctors who didn't have these opportunities. And if I could reach higher levels of assertive thinking if I did not have an impending exam to write.

Three days before my exam, I informed V's parents that I wouldn't be on the hospital premises for the next few days and that they would have to notify the nurses immediately if any issues arose. Unsure if they could gauge the apprehension in my eyes, I sought their blessings for a proficient result.

At dawn, before I left, V gave me a bunch of fresh ripe bananas that her brother had procured from the field. "Don't worry, doctor," she said, "*Neengal nalla panvinge, ungalodhu kairaasi nalla irkude*" (You'll do well because you have hands that heal).

**Thatha* is a term of endearment for an elderly individual in South India.

Dr. Menezes is a graduate of St. John's Medical College, Bangalore, India. She currently serves as a medical officer at St. Ann's Hospital—a community health care center in rural India.

Photo on previous page: Ciara Lusnia is a second-year medical student at FIU HWCOC and is President of the Medical Humanities Club. She loves capturing moments in both photography and videography behind her Canon lens.

Lot's Wife is a Future Physician

Sydney Cabana

Red light, caged rats rustling in darkness
Congratulations! Welcome to medical school!
Desperate claws, please, please anything but that box again—
I did what I had to to get here.
This morning sullied by the stench of rusty rat blood on my shoes
A former Mengele, ever-haunted by her crimes.
In purity and holiness I guard my life and my art.

On the first day of anatomy lab I saw a cadaver
But not my first one
I grew up with Icarus until he flew too close to the sun.
"Use a Stryker saw to cut through laminae C3 through C5. Do not sever the spinal cord."
I stand next to the body bag
like a golden retriever waiting beside his best friend's coffin.
I used to think ghosts had no flesh or bone.

These are your friends for life!
Lean on each other; support one another.
Red light. Choking on morning air. Pictures with your first stethoscope!
Curly hair like the sun. Treasure this time, it goes by fast.
I am swept up in Future's joie de vivre
But in the darkest corner of my mind

The rats are still scratching.

Sydney Cabana is a third-year medical student at the University of Florida interested in pursuing a career in child and adolescent psychiatry.

A MORNING AT MOUNT LECONTE
Cameron Gerhold
Class of 2025



DAYTONA NIGHTS
Nick Thomas
Class of 2024

Someone who

Isabella Amador

Unzipping the blue bag
Heart racing, breath hitching
Eyes searching for what
I feel unprepared to see
The body of a loved one, someone
Who is unknown to me

Their delicate hands clasped
As if in prayer, wishing
For safe passage beyond
Hands holding one another
The body of a loved one, someone
Who was once a mother

Their legs resting at ease
Once travelled our world
Exploring its many wonders
Legs that could run a distance
The body of a loved one, someone
Who lived an entire existence

Their eyes are closed, tranquil
Eyes that once cried and marveled
At all beauty they witnessed
A changing world they'd seen
The body of a loved one, someone
Who was once a human being

Their mighty heart, idle
A vessel of emotion, devotion
Broken with loss and mended with love
Fueled on by tender care
The body of a loved one, someone
Who is no longer there

Once vibrant, glowing, full
Now dormant, cold and grey
Gone on a journey unknown
A teacher who will be missed
The body of a loved one, someone
Who gave the ultimate gift

Isabella Amador is from Puerto Rico and is a second-year medical student at the University of Florida College of Medicine. She enjoys reading and writing to use as an outlet when managing stress and balancing her life as a medical student.

UNTITLED
Sydney Doucett



Author Statement: As a medical student, stepping into the anatomy lab to dissect donor bodies is an immense privilege. When I first began my dissections, I struggled with my emotions and often felt unworthy of the honor to learn anatomy on somebody's loved one. This poem serves as a means for me to express my emotions and honor the ultimate gift the donor and their family have given us. "Someone who" is an homage to the selfless decision donors make to give their body for our education and to improve future patient care.

A HUG

Christopher D. Busack, MD
Pediatric Anesthesia Fellow
Children's National Hospital

My medical school personal statement for was far from unique. It included fiery, spirited lines about making a meaningful difference in people's lives. Although patient's lives have certainly been changed during my short career, the long hours and burdens of training slowly, but surely, begin to extinguish that fiery spirit. I am not immune to the burnout phenomenon that is all too common in medicine, and despite various institutional wellness initiatives, my psychological state hindered my ability to perceive the positive impacts of our profession. One morning, my funk was abated by a simple act of human connection when a little girl rekindled my spirits with an unexpected hug.

I introduced myself the same way I have all year, expecting my preschool patient to greet me with indifference or skepticism. Instead of staring or crying, the five-year-old girl standing just barely 3 feet tall ran right over and gave my legs a big hug. Her eyes merely reached my belly button, so it took her a moment to look up and see the only part of my face left uncovered by a mask. I think she could see the emotions within my eyes, so she quickly distracted me, taking my hand and pulling me over to show me her frog stickers.

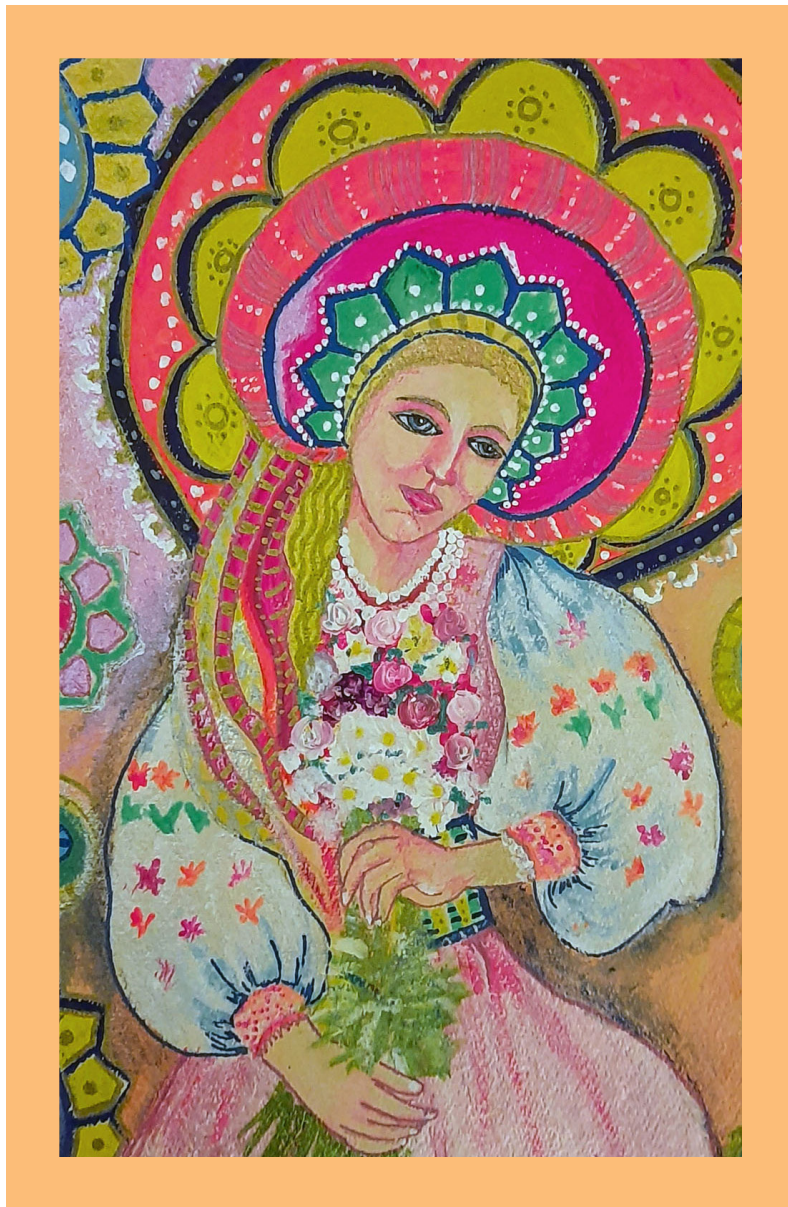
Why did a five-year-old's hug turn my insides upside down? Well, the night before her surgery, I read through the patient chart just like all good anesthesia trainees do. This time I was faced with what so many of my advisors warned me about a career in pediatric anesthesia. As colorful and decorated as a children's hospital can be, there are some awful stories found within patient histories that require thick skin. Her chart revealed that nearly a year earlier, she was admitted with a traumatic brain injury necessitating a decompressive hemicraniectomy. The cause was non-accidental trauma.

Based on the neurosurgery notes, she had a prolonged hospitalization with repeated trips to the operating room for wound and shunt revisions. Her cranioplasty had been postponed a few times due to legal issues and care coordination. But according to the notes, she was now neurologically well and ready for a cranioplasty. Despite the horror of her past, she was the happiest five-year-old I'd ever seen. Unlike most of her peers, she was properly wearing an N95 with a pretty purple cloth mask over the top of it – each one properly covering her nose and mouth. She had a beautiful relationship with her foster mother, and quickly fostered the most meaningful doctor-patient relationship of my young career. The previous night's preparation framed my heart for sadness. So, when I was met by a room full of gladness and an adorable little human greeting me with a big hug, my preconditioned heart didn't quite know how to respond. Luckily the five-year-old distracted me with cool stickers before I could shed a tear.

In the 30 minutes it took for her same-day COVID test result to come back, we played in her preop room. Her foster mom had clearly prepared her well. She knew that she took her medicine at 5:00am, and she knew that she would be going to sleep by breathing anesthesia gas. Instead of fearing the operating room and doctors, she was curious and motivated to breathe the correct way.

“Should I breathe like this or that? Should I put Elsa on this side or Spiderman on that side of the mask? Can we go now? Can you show

me a different room? This one is boring. Do you have more stickers? When can we go?” she asked barely pausing for silence. Eventually, I was able to answer, “Sorry we have to stay here for 10 more minutes, but I’ll go get you more stickers.” I returned with some more Disney characters, and we soon fully covered her plastic mask. When it was time to walk back, she chose to test drive the little red racecar pushcart instead. Unsurprisingly, she buckled the seatbelt without me or mom asking. I pushed her down the hall talking about the frog, fox, and turtle posters on the wall along the way. In the operating room, she quickly unbuckled and began exploring. After nearly contaminating the instruments, she eventually jumped onto the operating table. I asked her if I could remove her N95 and swap it out with the completely stickered plastic mask. She let me, but at the same time educated me that her mask was there to protect herself from the coronavirus just before the bubble gum-scented sevoflurane sent her off to sleep.



SPRING LADY
Chaitali Hambire, MDS

I was taught in medical school that it is our privilege to take care of patients. They are the ones who teach us, and we should thank them for allowing us to care for them. That morning, my five-year-old taught me more about resilience, happiness, and curiosity than any professor ever could. If this little girl could laugh and smile after waking up before sunrise for brain surgery, then how could I let burnout distract me from experiencing the beauty of our profession? Her recent memories were filled with the most traumatic experiences I could ever imagine, and the biggest pandemic of our lifetime, but still she was nothing but happy. I’m not so naïve to think that burnout won’t creep up on me again, but luckily, I chose a profession where I might just meet another resilient five-year-old around the corner happy to offer me a hug.



IN A DARK PLACE

Louis Gallo, PhD

When everything became irrelevant so suddenly I noticed in my back yard a sagging rose vine, a vine that had produced roses for us for decades.

Full of buds, it hung limply, drooping over to the ground. I retrieved an old, dusty tomato stake from the shed, pounded it into the ground with a hammer and, sturdily beloved, lifted the vine such that its tendrils curled around the stake. I raked leaves and debris from its base, yanked out weeds—difficult for me because it required kneeling and bending, not so easy when your chakras need oil.

The bush, about to burst into bloom, seemed happy, and I was happy because it now looked so pristine and vibrant against the Quaid fence, cleared of all irrelevancies. And as I worked to restore that old friend, I forgot all about the darkness that has recently ransacked all of our minds and learned that irrelevance is irrelevant.

*Dr. Gallo is a professor of English at Radford University and the author of several poetry collections, including *Crash and Clearing the Attic*.*

AD INFINITUM

Dionne Blake

Dionne Blake is a third-year MD/MPH student at the University of Florida College of Medicine, class of 2024. She enjoys drawing, photography, weightlifting and spending time with friends in her free time. This photo was taken at the Vizcaya Museum in Miami, FL.

Paul Rousseau, MD

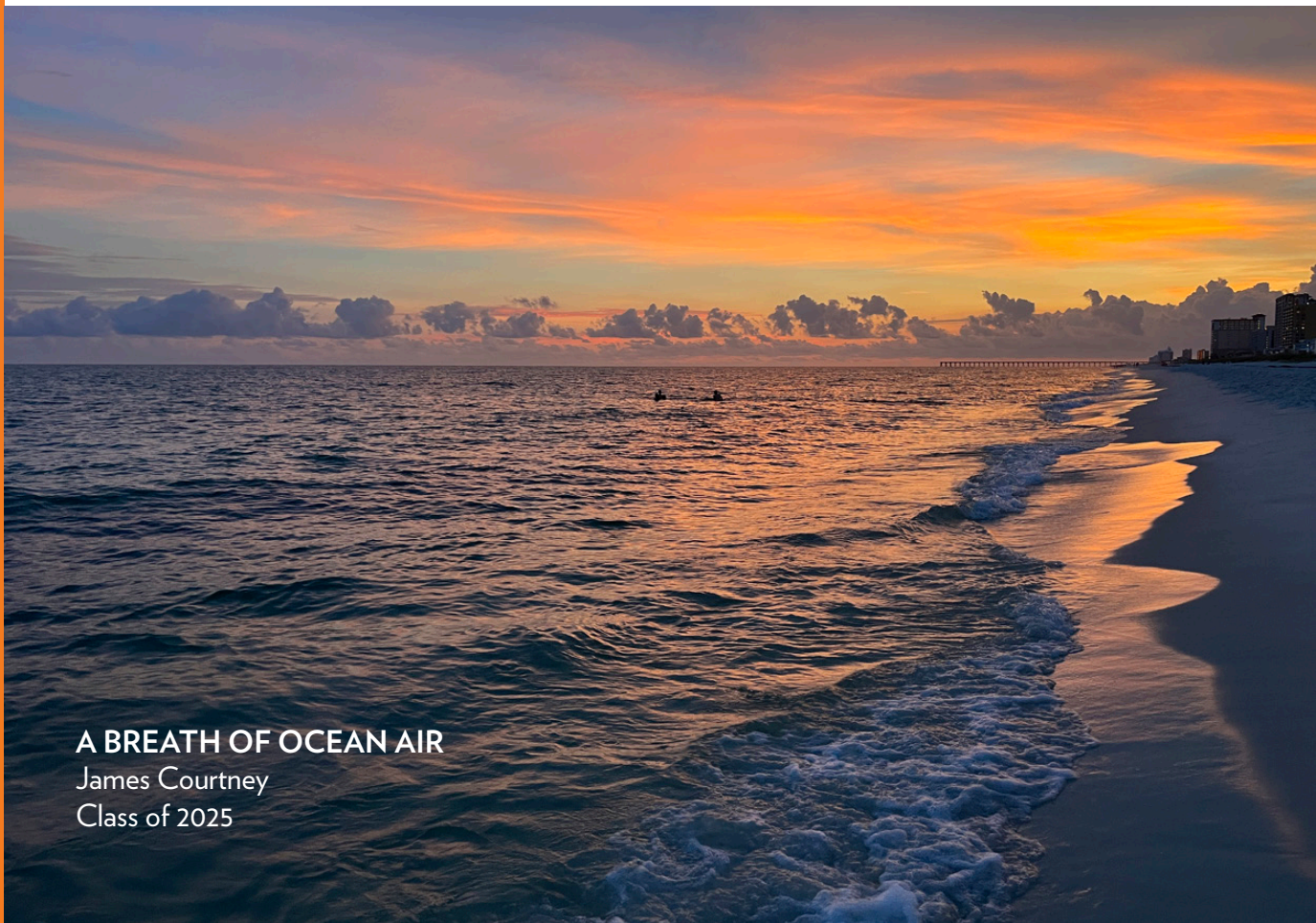
“He’s not a suitable candidate. I know he’s only 29—I’m sorry.” I was sitting in a small conference room with Dr. Jones, a nephrologist, and a social worker, a chaplain, and a lay member of the community. I was a medical student rotating with Dr. Jones. Six names were on the list, all young to middle age, the oldest fifty-five. But there were only two dialysis machines.

This was the weekly meeting of the “Hemodialysis Committee,” meetings that occurred before dialysis machines were common, before Medicare paid for dialysis, and before kidney transplants were “routine.” It was the duty, and burden, of the nephrologist and the committee to determine, objectively, who would receive dialysis. Usually, there were not enough dialysis machines. The decisions were heart wrenching. It was necessary rationing.

The 29-year-old was a drug addict, twice incarcerated, and facing death—from kidney disease. The social worker and chaplain argued that addiction should not be the primary factor in determining who receives dialysis. “I’ve been through this before, they promise to clean up their lives, and maybe one in a hundred does, but most don’t. I’m sorry, he’s not getting dialysis. It’s hard, I know, I have children myself, but…” Dr. Jones rubbed his brow and glanced at the list. “Look, no one likes making these decisions, but they must be made.”

As the meeting neared an end, two names, and one dialysis machine, remained. Dr. Jones grimaced and narrowed his eyes. “She’s single, 31-years-old, college graduate, works full time, supportive parents. He’s married, 38-years-old, works full time, the father of two children.” He heaved a deep breath. “He’ll be our second one. Any disagreement?”

Paul Rousseau (he/his/him) is a semi-retired physician, writer, lover of dogs, and occasional photographer published in sundry literary and medical journals. Nominated for The Best Small Fictions anthology from Sonder Press, 2020. Twitter: @ScribbledCoffee



A BREATH OF OCEAN AIR

James Courtney

Class of 2025

THE BUNION

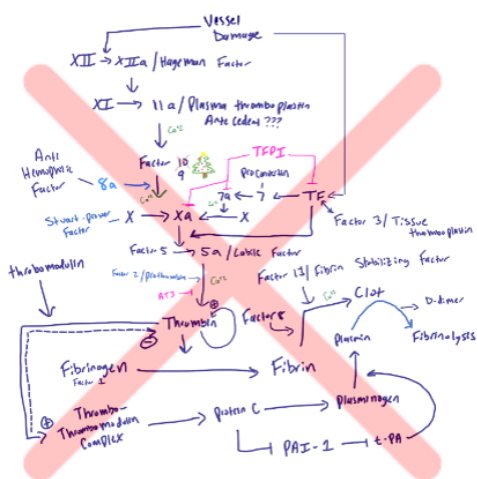
BREAKING NEWS!

Coagulation Cascade Made Up, Group of Medical Students Claim

Silas Helbig & Steven Latta
Florida International University

Miami, FL - A group of medical students are claiming to have uncovered evidence hidden deep within the archives of the National Library of Medicine which they say proves the coagulation cascade has been a scam since it was “discovered” over 100 years ago. The students were inspired by a TikTok made by world-renowned ophthalmologist, Dr. Glaucomflecken, where a guest hematologist admitted to the coagulation cascade being fake. For those who are not in the medical field, the so-called “coagulation cascade” is a series of reactions which supposedly help you stop bleeding; I personally just use a bandage.

After extensive research of the evidence, the students claim that academic hematologists put this theory in place to make themselves look smarter than the other medical specialties, just by being able to remember a bunch of random numbers. We asked the medical student leading the charge against the coagulation cascade about this discovery and what led them to take on the field of hematology. Here is their response, “I just knew it sounded fake when they started using roman numerals and they did not even go in order. Like who does that?” The movement is growing among medical students nationwide as more are calling for its removal from the medical school curriculum.



A nice concise diagram of the coagulation cascade – Artist does not take responsibility for any “inaccuracies” in this drawing as more steps may have been fabricated

Interestingly, in an independent investigation by *The Bunion*, a search in the PubMed database comprising more than 34 million citations yielded zero results when “coagulation cascade fake” was input as a search term. Coincidence? We think not, and we encourage you to search yourself. This may be a level of medical censorship unseen since the cover up which hid evidence of the mitochondria being the powerhouse of the cell. After hearing this story, *The Bunion* team immediately flew to Miami to interview these brave medical students putting their professional future on the line. Below are some highlights from our interview with the team leading what they call, *The War(farin) to (Xa)ban the coagulation cascade from medical education.*

This is a developing story, please check back once more facts about the case are gathered and crosslinked to form a stronger mesh of evidence.

COI statement:
The authors of this article report no conflict of interest other than the team of medical students paying them \$1,000,000 to write this column. (We do not know where they got this money either, but we also did not ask any questions after the check cleared.) We also would like to thank the Pro-Platelet Association of America for graciously offering to edit this article for us free of charge.

“We found out that each hematologist just kept adding more coagulation factors to the cascade, and it just kind of got out of hand. This hubris has allowed us to see how obviously fake and made up the whole thing is.” –Jonathan Bloodsworth, M4.

“Coagulate? More like Coagu-gate, this scandal is going to be bigger than Watergate, which does not have a coagulation cascade either, the last time I checked.” –Luke Emia, M2.

“This is clearly an attempt by big medicine to further torture medical students into learning about something that is so complicated it obviously cannot be real.” –Kap Hillary, M1.

“I would prefer the LCME act swiftly to denounce the coagulation cascade and remove it from medical school education. My Step 1 exam is next month and I cannot bear to learn this pseudoscience disgrace to evidence-based medicine. At the very least, the coagulation cascade should be removed from Step 1 until after I take the exam.” –Stuart Christmas Hageman, M2.

“I have always been a fan of primary hemostasis. Platelets are noncontroversial, they work hard and do not get the proper credit they deserve.” –Venus Stacis, M3.

Write for the Bunion: It's not scary
The Bunion is a place for satirical medical news and humor related to experiences with which medical students, faculty, and clinicians are all familiar. Such experiences can involve the FSU College of Medicine, the medical school experience, or healthcare in general. Content is not intended to offend or humiliate anyone. All names are factitious and any resemblance to actual people would be merely coincidental. Submit to *The Bunion* through the HEAL submission site: <https://journals.fcla.edu/heal>