

H E A L

Humanism Evolving through Arts and Literature



BLOOM WHERE YOU ARE PLANTED

Kayla Smith and Nick Thomas

Winter

2022



FLORIDA STATE UNIVERSITY
COLLEGE OF MEDICINE

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Haze

Sean Gabany
Class of 2025

Falling or flying,
sun bathes me with warmth
as I crumble to ash.
Wind dancing through my hair
as I'm sliced to tatters.
Sky is sea, welcoming me.
The heavens are oceans
threatening to consume me.
Tears are release,
of suffering?
of joy?
Mist hides all,
perhaps salvation?
Perhaps damnation?
Where does it go?
The leaf in the wind—
does it fall from the tree or fly away?
Finally free or doomed to decay?
Black and white only yield grey.
While adrift, there is one truth,
whether you fly or fall...
you cannot stay.

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On the cover:

Kayla Smith is a licensed social worker in Denver, Colorado, who loves to create art whenever she can. Nicholas Thomas is a 2nd year medical student at the FSU College of Medicine.



PISCES
Beth Appleton

For the past 30 years, Beth Appleton has created in her studio home on the Gulf Coast of Florida, a place of boundless inspiration.

CHANGING the

FIGHT

“Rituxan.”

She said the medication name as if it held her hopes, dreams, and the potential for a miracle all in one three-syllable word. Her three children and daughter-in-law grabbed hold of the idea immediately, desperate for an option that did not feel like giving up. An infusion that could bring their mother back to their beloved New Hampshire, and as far away as possible from the Sarasota vacation that had quickly turned from paradise to nightmare.

Here was an 86-year-old woman whose husband called her his “muffin.” A woman who was adamant about heading to the beach town she’d heard so much about before she would no longer be able to travel. Who convinced her children, after much cajoling, to enjoy a few days off as well. Who had bravely fought off rheumatoid arthritis-associated interstitial lung disease for over 5 years with a twice-yearly infusion of a monoclonal antibody.

The treatment’s success over the years led her to believe she had many good ones left. More time with her beloved husband of 64 years, living in a small apartment on their expansive farm, on the road that shared their last name and where generations of their family had prospered. More fun with her ten grandchildren, who visited several times every week, and who had children of their own on the way. More laughs, more jokes, more love.

More, more, more. Just a little bit more, was all she was asking.

Instead, a pesky but seemingly insignificant bout of COVID-19 had popped up a month earlier, from which she had not been able to fully recover. She got on the plane anyway, hoping to focus on relaxation rather than the bothersome winded feeling that kept creeping up when she exerted herself a little too much. She continued to go on walks, head to the beach each morning, and even swim a little before she started gasping for air walking from her hotel bed to the bathroom.

Next came an ER visit for much-needed oxygen that morphed into a hospital admission for steroids, antibiotics, and consults to explain her bizarre imaging findings. Hours turned to days turned to weeks. Nasal canula, to high flow, to OptiFlow. A roller coaster of new treatments, improvements in her oxygen

saturation, only to worsen right as her doctors were planning to discharge her. Her children returned to New Hampshire, only to drive back down with an RV, in the hopes they would be able to transport her back home themselves.


Enter the Supportive Care Services team, called in by the primary hospitalist after three weeks and significantly increased oxygen requirements, the hope for a potential discharge growing dimmer each day. Named “Supportive Care” because “Palliative and Hospice Care” was sometimes too much for a patient and family to hear on an initial visit. While her children were still in town, she repeated her desire for Rituxan to every new member of her care team, hoping to reverse her lung damage and get back home to her husband. Always thinking of others, she urged her children to return up north, back to their own families and jobs in the meantime.

Alone, she had time to think about her life and the time she had left. She was just so, so tired. Of fighting for every breath, of seeing the concern and anguish on her family members’ faces, of the seemingly interminable wait to see if a new treatment might finally improve her ability to breathe.

So, she and I talked. And planned. And envisioned every possibility, together. Not to give up, but to change the fight: no longer for a cure, but for the comfort she deserved. Our hands so tightly wrapped around one another’s that we couldn’t tell who was holding up whom in that moment.

Our vocabulary gradually changed, too, over those next few hours and days. From machines, treatments, and cures, to comfort, relaxation, and pain relief. To maximizing her good moments and planning ahead for the bad ones. To decreasing the incessant noise of a hospital room—the beeping, whirring

Leah Genn, Class of 2022



and clacking—and the seemingly constant disruptions from nurses and doctors. To freeing her from the loud, tireless OptiFlow that had been her companion and lifesaver for the past week and a half. Reassuring her again and again that keeping patients as comfortable and pain-free as possible was Supportive Care’s bread and butter. And the very reason this resilient, passionate, and compassionate team got up every morning.

She picked Saturday as her day of freedom. From the machines, the anxiety, the pain. And in return, she got minutes to hours with her family, intentional and undistracted, lucid for however long the morphine and her rapidly building carbon dioxide levels would allow. She left behind three children and a daughter-in-law, who she claimed as her fourth, beloved like all the rest. A husband, too frail to travel, who said his goodbyes over a screen, sending her off with his love. And a medical student, humbled and honored to have been able to help honor her last wishes. A life well lived, and an eternal rest most deserved.

WHIRLWIND
Nida Mohyuddin
Class of 2023

Irinotecan

Martin Rodriguez

Irinotecan is indicated as a component of first-line therapy for patients with metastatic carcinoma of the colon . . .

Your name sounds
like some ancient Mayan God
stone-faced glare bleached
hot white in Mexican sun
demanding sacrifice, fragrant
blood of dogs, deer, wild turkey
or humans, children, even
my sister, who calls me
crying like the child
she once was.

Your high priest,
Dr. Amin, a merciless man
assembles his patients
in his chemo room,
pours you slow into veins,
denies your side effects,
the way you make my sister bleed
from her heels, fingernails, toenails,
make her a martyr with this
chemotherapy stigmata.

Even her brain is bleeding.
The surgeons drill holes
in her skull to drain it out.
She looks like the queen
of the *Borg*, tubes coming
out of her head while she walks
through the hospital ward
with her paralyzed stare,
overhears the nurses whispering:
"No one makes it
out of this ward alive . . ."

The pact I made with Jesus
was useless—her cancer
has returned. Now my prayers
are rage, threats, what kind
of God have I been praying to?

Martin Rodriguez's poetry has been on exhibit at Boston's City Hall and published in the Paterson Literary Review. He lives in Quincy, Massachusetts.



DEEP BRAIN STIMULATION

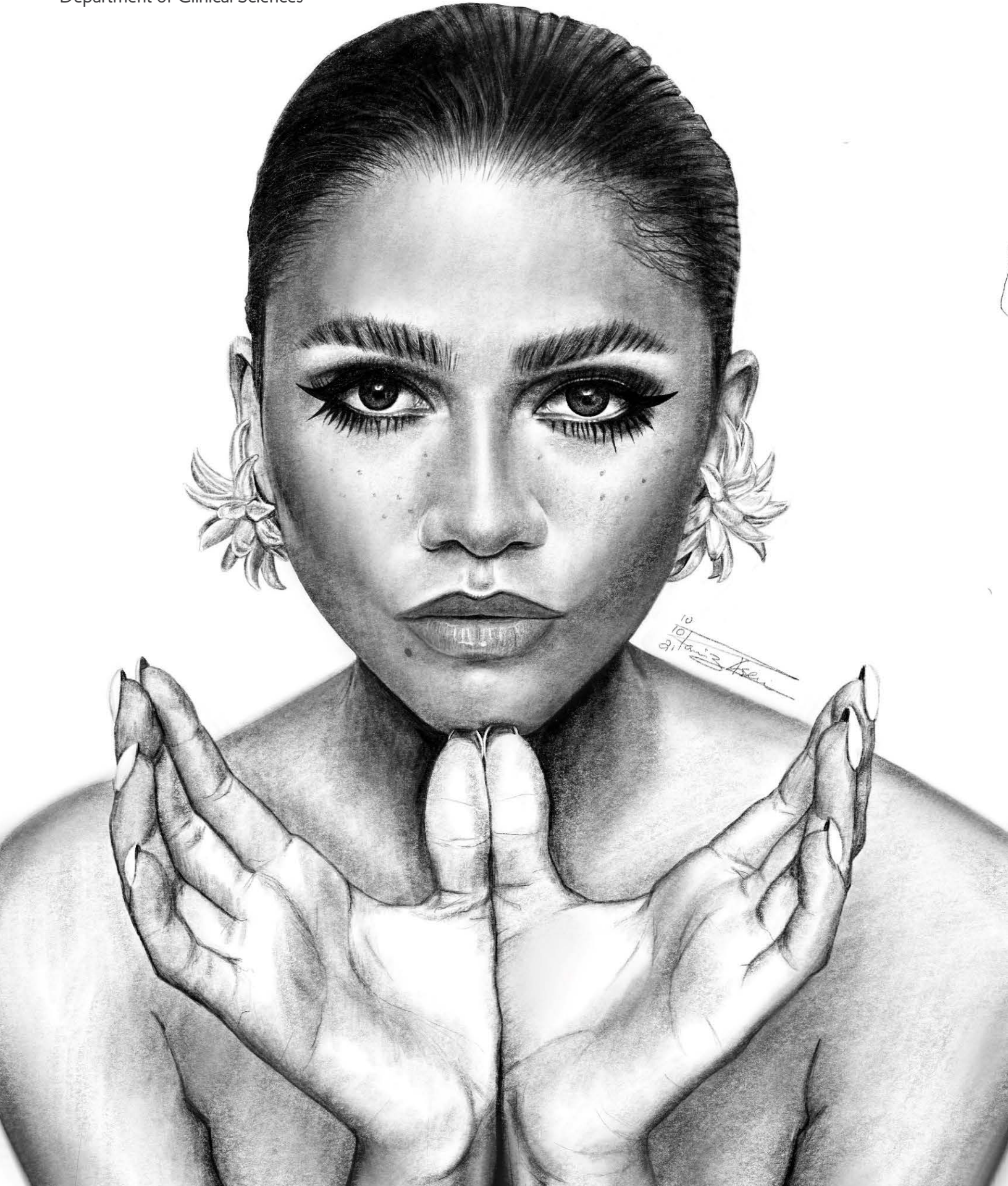
Brent R. Carr, MD

Dr. Carr is a neuromodulation psychiatrist at the University of Florida's medical school with interests in neuroethics and visual arts. His prose, poetry, art, and philosophy have appeared in various visual art magazines and humanities journals.

ZENDAYA

Ramiz Kseri, MD

Department of Clinical Sciences



CHEMOTHERAPY CLINIC

Paul Rousseau, MD

Rosie is 85-years-old. She is bleak and bone-thin, her skin slipping from shriveled arms. She laments the physical and mental decline that accompanies chemotherapy, and asserts she is ready to die. I support her concerns, however, her family obliges her to continue treatment. They refute the debility of her symptoms and allege treatment bias based upon her advanced age. I inform them it is not ageism, but rather a fear she may succumb to the devastating consequences of treatment without any therapeutic benefit. They stiffen in resistance and declare her pallid skin “glowing,” her hollow eyes “girlish,” her weight loss “healthy.” My head jerks; I am appalled. Their response is shameful. I appeal for understanding, but they are determined. “She’s a fighter,” they proclaim. “She’ll get through this.” I glance at Rosie. A ragged sound rises from her belly; she reluctantly defers to their demand.

I am frustrated and angered. The family’s decision is clearly based upon their welfare, not Rosie’s. They are not tethered to a bag of chemicals. They are not intimate with the local pharmacy. They do not gulp handfuls of pills. They do not gag on Boost and Ensure. They are not exhausted from stabs of pain. They are not alone and ailing.

Rosie’s head droops. Strands of filament-like hair drop onto her lap. She frowns, plucks them from her pants, and rubs them between her fingers. Her family prods her to wear her wig, admonishing, “It’s better than that old bandana you wrap around your scalp.” Rosie nods. I notice a glint of tears in her eyes. I grudgingly relent to the family; I have no choice. Letting go is hard.

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

PEARS

Jacqueline Lutz
Class of 2025



Nostalgia Agonistes

Louis Gallo, PhD

for my daughter

As I walked out last afternoon
by the tracks as usual
leaves fluttered in the wind,
yellow fan-shaped ginkgo leaves,
with my daughter and our dog
I heard her exclaim, gushing so,
her admiration for those leaves,
so beautiful, she said as she snapped
a photo of the barren tree
from which they had all fast abandoned.

But now it's I alone on the walk
and beholding those leaves asunder spread
I squatted down to gather three
(though bending for me is difficult)
stored them in my jacket pocket
and meant to present them to her when
I drove back home from the tracks.
I wanted to surprise her
with tokens of the beautiful.

But one exigency after another—
and I quite forgot the leaves
where they remained in that pocket
until much later in the eve
when upon an instant sudden
I did remember and made a point
of delivering them to her
as she studied on the couch.

Awww, she said, and touched them gently,
the smile on her face bounteous . . .
I smiled too though my heart
rue-laden over memories
further back, that accumulation,
that wracking load . . . to think
this is how we thus prosper,
gathering ephemeral blisses
when we can to offset the anvil of time
and its hurricanes of ruin.

I chastised myself for dark forebodings
that served to nullify the moment
when she and I smiled together
over three yellow ginkgo leaves.
To think that we can allow ourselves
remorse amid pure rejoicing,
surely, surely, we've missed the point.
Nostalgia for the previous moment,
imagine that, imagine that.

Dust

Sean Gabany
Class of 2025

After this moment,
you'll never be this age again.
So what to do now?
And what then?
"Live life fully."
But what is full?
Is it excitement in the everyday?
The little things that people say?
Is it going off with your friends?
Breaking free from society's mold?
Or is it making sure you're remembered,
when you're finally old?
When the time comes,
can we look back at our jubilee
or will we be trapped, by our own misery?
Does it matter?
Does it really?
When we are one with the Earth,
when in this world
our mind has no turf.
But what if we do remember?
What if there's more?
Cursed to never have this answer,
so with life do we take a chance, or

not even bother.

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

THE BUNION

H&P

Tucker Brady, DO

HPI:

This is a 26-year-old male who presents with the chief complaint of incompetence. He states that for the past 12 months he has had no idea what he is doing. He states this seems to get worse every time he starts a new rotation and he has not found anything that provides relief. He states he has never experienced anything quite like this before as he has always been successful in school and sports. He describes the quality of his brain as dull and inept. He points right between his eyes when asked about the location. He rates the severity as a 10/10 at its worst and maybe 8/10 on a good day. He does report some nausea at the thought of having to present at academics but no vomiting, abdominal pain, or diarrhea. He reports occasional palpitations when involved in the care of a rather sick patient, but no chest pain, shortness of breath, or near-syncope. He also describes some paranoia and is convinced that the nursing staff thinks he is an idiot.

Past Medical History:

Swears he attended medical school but cannot seem to account for anything learned during that time.

Past Surgical History:

General surgery rotation as MS-3 but did not care for it.

Medications:

-Balvenie Doublewood, 4oz, 1-2 glasses PO q7 days prn pain (recently increased)
-Naps, daily, prn fatigue (patient not currently taking)

Allergies/Adverse Reactions:

Being called upon in front of a large audience causes facial flushing.

Social History:

Yes, used to go out frequently but states this has sharply declined since the start of residency.

Family History:

Mother, Father, Sister—all living and intelligent

Physical Exam:

VS: BP 136/78, HR 99, RR not actually counted but maybe 16, O2 100% RA, T 99.9

Gen: Pale, appears fatigued, and in acute stress

HEENT: Pupils dilated, reactive, eyes darting around the room looking for the nearest exit

Chest: Small, poorly developed pectoral muscles, but nontender to palpation

Heart: Borderline tachycardic, murmurs of self-doubt, radial pulses probably not palpated

Lungs: No wheezes, crackles, or rales, but slight whimpering heard on exhalation

Abdomen: Thin, bowel sounds growling, ticklish but nontender

Skin: Sunburnt at baseline, but warm, dry, intact

MSK: Full, painless ROM, hypotrophic biceps bilaterally

Neuro: A&O to person and place but unsure what day it is anymore

Psych: Remotely resembles a sad panda

Labs/Imaging:

Glucose: 150 (though patient admits to recently eating an entire bag of Skittles)

CT head, non-contrast:

IMPRESSION: Wavy-appearing structures which resemble sulci and gyri potentially indicating the presence of a cerebrum, though this may represent artifact. Recommend clinical correlation.

Assessment/Plan:

This is a 26-year-old male presenting with chief complaint of incompetence which, despite his concerns, is gradually improving. Given the fact that residency exists to impart clinical competence, would recommend that he continue with his training under the supervision of his incredible staff and co-residents for the next three years to ensure the current upward trajectory continues. For his obvious lack of self-care, would certainly recommend more frequent meals as well as regular exercise and better sleep habits. For stress, would ensure regular communication with loved ones and friends to prevent feelings of isolation that may arise. The patient's advisors were consulted for an informal meeting involving beer and good food (appreciate their ongoing assistance with this case) and assured him that though life is challenging now, it does get better in time. All findings as well as the plan were relayed to the patient who indicates understanding and agreement with this course of action. Patient is hemodynamically stable and suitable for discharge.

Perry Pott, D.O.

Tucker Brady is PGY-3 Emergency Medicine resident at Naval Medical Center San Diego. He graduated from Des Moines University College of Osteopathic Medicine in 2019 and has maintained his love of creative writing throughout his medical training. The views reflected in this piece represent his own and do not necessarily reflect the official views of the U.S. government, the Department of Defense, or the U.S. Navy and do not imply endorsement thereof.

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: <http://journals.fcla.edu/heal>

THE GREAT SMOKY MOUNTAINS: GATLINBURG, TN

Nida Mohyuddin

Class of 2023





REFLECTION

Jacqueline Lutz

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