HEAL

Humanism Evolving through Arts and Literature

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HEAL

Humanism Evolving through Arts and Literature

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LETTER
from the Editor

HEAL Volume 16

We are all intricately connected with everyone and everything. This interconnection is how we survive, how the world thrives. The value of fostering these bonds is a prevalent theme throughout Volume 16 of *HEAL*. A focus on human connection is just what we need in this current moment—a moment when how we do and what we do is ever-changing in the face of rapid technological advancement and AI driven intelligence, a moment of political divisiveness and state-sanctioned violence, a moment that feels like we are splitting away from each other and ourselves. The contents of this issue remind us, in the words of Patricia MacCormack, "the individual is constituted only by its connection to other individuals." We exist because we exist with others.

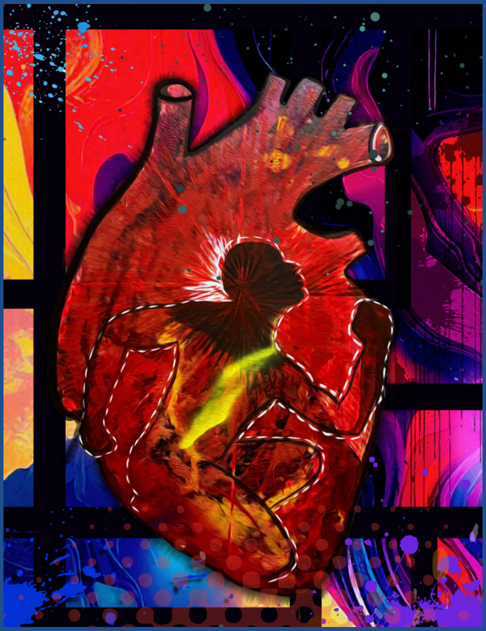
The creative arts are an excellent way to reinforce this coexistence. In "Lola's World," Brittney Jabot shares how creating art helped 90-year-old Lola adapt to life in a new home, and allowed her to make new connections while also strengthening existing relationships. As Jabot notes, part of staying connected involves making an effort to see into the lives of others. In this way, the art within these pages enriches the lives of our readers by offering a way to experience the world through someone else's eyes.

Despite medicine's increased use of technology, humanistic interaction remains crucial to healing. The prompt for the 2025 Daniel Van Durme Humanism in Medicine Essay Contest asked students to describe how technology has impacted patient care both positively and negatively. The winning essays, included here, all praise technological advances in diagnosis and treatment, while emphasizing the importance of human connection. First prize winner, Jade Bowers, writes, "Technology may become a better diagnostician than I will ever be, but it won't tuck sick children in and sing them lullabies . . . it won't blow kisses to their stuffed animals." Technology won't "hold a patient's hand as they pass away."

And the connection is easily reciprocal. Essays by Max Solano, Alycia Savage, and Crystal Lemus all underscore the mutuality of the doctor-patient relationship. In a truly humanistic encounter, the clinician is just as altered as the patient. Savage writes, "I never told her that she changed me, but she had. She reminded me that being a doctor is not just about catching disease early or executing treatment plans. It is about creating spaces where people feel safe enough to be vulnerable . . . I carry her story with me now, and when I think about the kind of physician I want to become, I think of her."

The artists and writers featured in Volume 16 invite you to join them in creating new connections and new spaces. May you find comfort, awareness, and healing in the pages that follow.

Warmly,
Tana Jean Welch, PhD

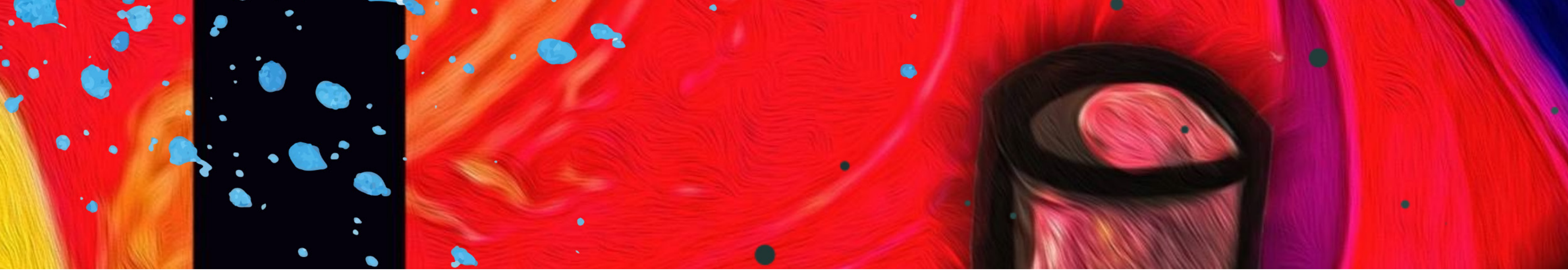


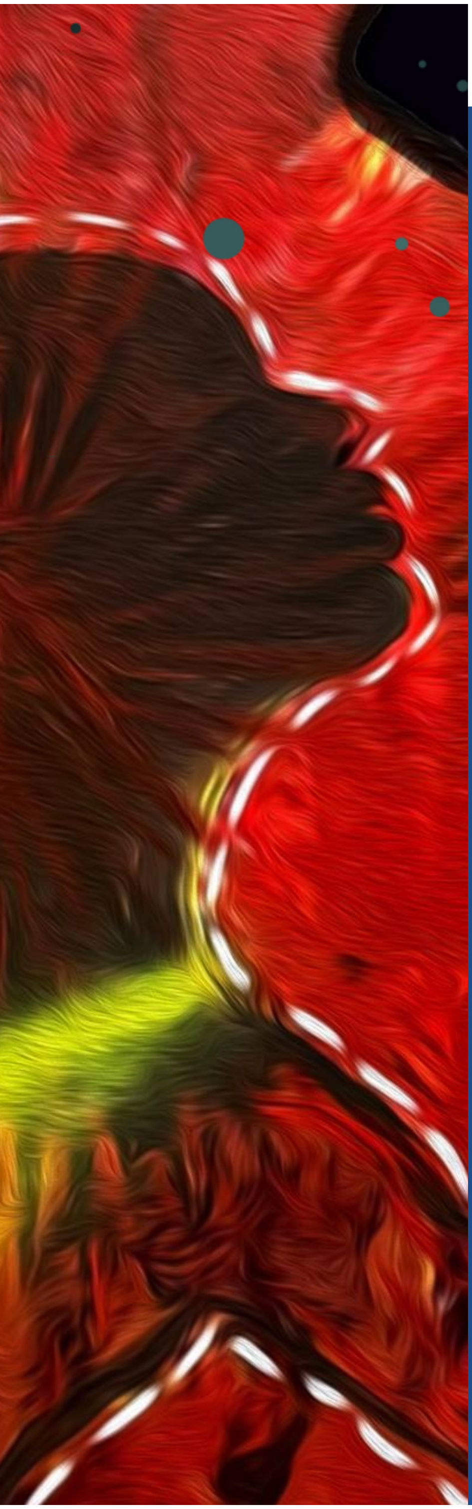
On the Cover

TRIUMPHANT HEART
Stephen C. Newbold, PhD

Dr. Stephen C. Newbold, Jr., a native of Miami, Florida, is an award-winning-veteran artist-educator and currently serves as president of Art Education D.C. He is a three-time graduate of the College of Fine Arts at Florida State University, where he received a BA in Art History (2006), a MS in Art Education (2020), and a PhD in Art Education (2024). With a decade of experience in K-12 education, he is driven to inspire and mobilize others through art that centers social justice and self-care.

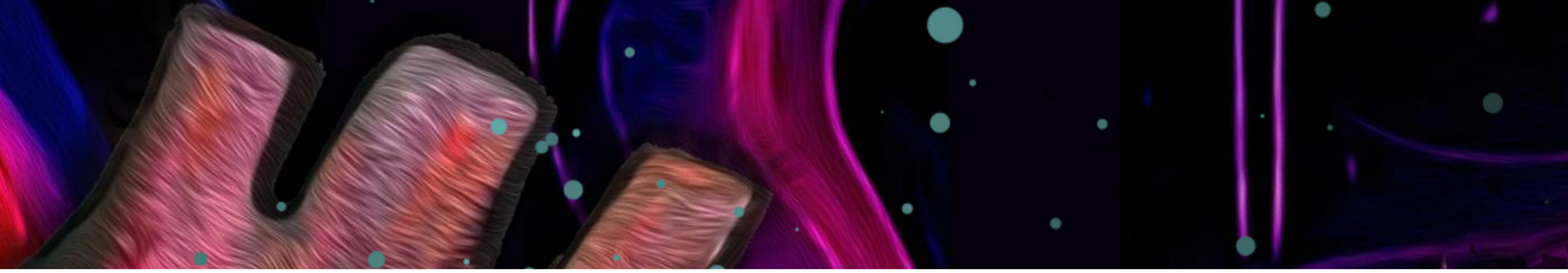
The Triumphant Heart series illustrates the tempestuous elements of life's challenges. The heart serves as a resolute compass that beats with the rhythm of resilience in the face of adversity. El Corazon illuminates a path to imagined futures, painting a journey of perseverance and triumph.





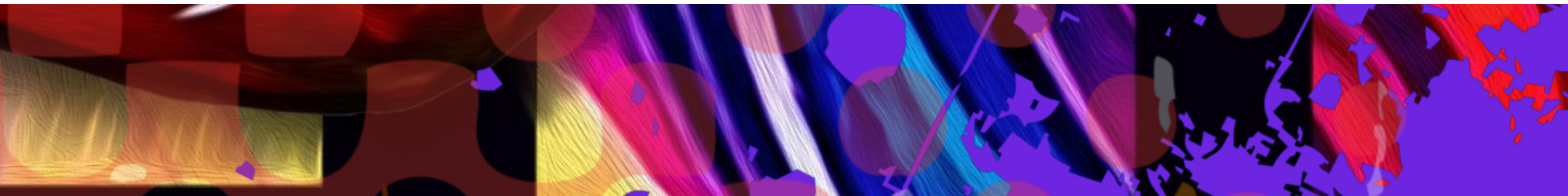
PROSE

POETRY



ART

DANCE



PORTRAIT OF JERRY AYERS
Boyd Parris

Boyd Parris moved to Sarasota in 2013 after a career as a salon owner in Atlanta. Additionally, he worked as Creative Director for Framesi Professional Hair Care headquartered in Milan, Italy, creating trend forecasts and marketing campaigns for sales and brand awareness. He shares his Southgate home with his four canine kids and enjoys photography, painting, and gardening.

LITTLE CREATURES
Lauren Hopson Frankle, Class of 2026

No Sabo

Stephanie Conner
Class of 2026

“You speak Spanish, right?”
A little, I respond.
“Ok, go talk to the woman in room 3.”
I am apprehensive.

Hola, soy una estudiante de medicina.
Her face lights up.
Disculpe, por que no hablo español bueno.
The words slide out like peanut butter,
sticking to every part of my mouth.
I cough, hoping to loosen my tongue.
“Ay, pero hablas bien!”
I smile, but don’t agree.
¿Cuál es el motivo de su visita?
She tells me why she is here, and I understand.
She says something else, and her son laughs.
I ask her to repeat it.
I still don’t know what she said.
But I laugh too.

I tell mi mamá, *tengo que practicar mi español.*
Háblame en español, por favor.
She speaks, and the words sound like rushing water.
I start to drown—
Wait who’s pregnant?
“¡Ay, no!”
It is easier to speak in English.

The doctor comes in.
The son asks me a question and the peanut butter is back,
like glue on my lengua.
Me siento vergüenza –
I can’t find the words.
The doctor replies instead.

I use artificial intelligence to fill in my sentences and I think,
if only it wasn’t shameful
for our mothers to speak to their mothers
en su lengua materna.
If only they weren’t told to go back to their country
when their family is here.
If only they didn’t hear stories about the struggles
of people who don’t speak English.
If only we spoke Spanish at home.
Then maybe I could speak to you.

I call the translator line.

Ode to a Phlebotomist

Suzanne Edison, MFA

You did not treat skin as precious silk,
a fabric one feared to puncture. No slow-

paced invasion of a vein. Your art,
equal parts embroidery and pointillism—

an intricate insertion of threaded
needle, and paint drop, on the skin’s canvas.

In truth, I thought you a dart board
champion, never pressing the cold, keen

point to my girl’s arm. You saw a pulsing
vessel, a sleeve of space and took aim,

pitched it a short, thumb’s distance,
hitting bullseyes every time. You held

a covenant with the body.
And isn’t this care,

not just doing the least
harm—

but keeping time
and a child’s terror,

at bay.

Suzanne Edison writes often about the intersection of illness, healing, medicine, and art. Her poetry book, Since the House Is Burning, *was published by MoonPath Press in 2022. She is the Mental Health Coordinator at the Cure JM Foundation.*

New Life

Elizabeth Ruelke, Class of 2026

During the first week of my OBGYN rotation, we had weekend call (Saturday 7am through Sunday evening). It was my first 24 hour shift and my first time on the labor and delivery floor. We had a 24-year-old female scheduled for an elective induction of labor at 39 weeks and 3 days. The attending's concerns were related to gestational hypertension impacting the delivery, despite mom being on Nifedipine. The moment I met this patient I loved her energy! She was positive and quirky and cracked jokes about “evicting a baby.” She was receptive to the extra support (aka my presence). Her husband was with her. They chatted about the family wanting a baby to be born on their birthdays, the baby's name, and how excited they were for their first baby and the first grandchild in both families.

We discussed the patient’s goals for the delivery, and how we planned to monitor the progress of labor. Given this was my first day, I mostly contributed to good spirits and functioned as a runner for things or people that the mom-to-be wanted. Very shortly after we started Pitocin, the patient indicated she wanted an epidural ASAP. She was always polite and kind to staff, but spoke more frankly and vocally about her pain with her husband. As she waited for the epidural, she made her husband's hand turn white with her kung-fu grip while holding the bed rail just as tightly with the other hand. Her husband did his best to comfort her with the ice and cold compresses. He held her vomit bag as she needed it. Her yelling in pain was audible about thirty yards down the hallway. It took anesthesia about an hour to come by. Once the epidural was complete there was less yelling, but the nausea and pressure intensified. She went from 2 cm to full dilation in 6 hours. There was no time for extra family to arrive. Mom just wanted the baby out. She preferred the TV off, lights dimmed, and as few people as necessary in the room. I don’t blame her at all—too much stimulation.

Once she started pushing, we worked to coordinate the pushing efforts with the contractions on the monitor. Coaching the second stage of labor was an art form to watch. The team balanced encouraging mom to push, not exhausting her, and watching the baby’s response on the fetal heart rate (FHR) monitor. Once she started pushing, everything happened so fast. Time stood still and yet hours went by in a blink. Mom was pushing and we saw the head crowning. The pediatric team was set-up and ready to evaluate the baby. Then a baby was born! Moving, crying, and pink – the baby girl was placed on mom’s chest. Dad cut the cord. They suctioned the baby’s mouth and nose. Then the pediatric team quickly did a physical and evaluated for any urgent conditions. The baby girl was placed on mom’s chest, and was talking to mom and dad about how bright, cold, and noisy the outside world was! This beautiful pink baby was everything I would expect a healthy baby to look and act like. She latched for breastfeeding very shortly after birth. Meanwhile, the attending gave me the opportunity to deliver the placenta (aka the "tree of life”). Then the attending placed sutures for the first-degree perineal laceration. There was so little bleeding, that I kept expecting more. Then, before I knew it, most of the staff had left the room. I helped clean-up the room and snuck a peek at the joyful tears on the faces of mom and dad. How happy, thrilled, and in love they were with their perfect little girl! I left the new family in their first golden hours together. The attending and I went to check on another mom soon to deliver her baby.

I am not fully sure I have processed all the feelings that washed over and through me in this experience. Fear of anticipating the pain, tension of the contractions, agony of the pressure, exhaustion of the delivery, and the first few quiet and beautiful moments together as a new family. I walked into that room certain I did not want kids of my own. I was afraid of the delivery and the responsibility for another being. I walked out inspired by her strength, grateful to serve them, and honored to get to witness one of the most intimate moments of their lives. The mom’s strength was powerful. The hope and love I saw was everlasting.

I went back the next morning to check on mom and her new little one. I knocked and entered the room. The new mom, her husband, and her family surrounded the new baby girl. The mom was so kind and started profusely thanking me. Why would she thank me for anything? She said I helped her push through the labor by encouraging her, smiling, and grabbing stuff for her as she needed it. She reminded me that we are a team. We have a significant impact on each other. And we never know how we can make someone else’s day better. I know she changed my life that day. I’m just grateful to have witnessed the new beginning of her beautiful family.

Elizabeth Ruelke is a fourth-year medical student at Florida State University College of Medicine. In her spare time, Liz enjoys writing, baking & cooking, hot yoga, checking out new parks with her dog Milo, and spending time with friends and loved ones.

BREATH
Lauren Hopson Frankle, Class of 2026

WHAT EVERY GIRL SHOULD KNOW
Janice Taylor

Artist's Note: The inspiration for this piece came from Tibbal's miniature circus display at the Ringling. I spotted a small clown holding a sign that said "What Every Girl Should Know" standing in the front of the circus tent. I thought about women and their roles in clowning and inspiring laughter. I also thought about what I think every girl should know.

Ultimately it is that she can become anything she wants and that every dream is achievable. This has not always been true historically and for many in some places it still isn't, but inspiring hope for the future, especially with comedy, is a message that touched me. Having worked in reproductive health care (many years for Planned Parenthood) and believing firmly in the need for women to be able to control the number of children they want, this sign struck me on another level.

After raising two sons in Washington state, Janice Taylor retired from a public health career, moving to the sunnier and warmer Florida Gulf Coast. Nurtured by the Sarasota region's fertile surroundings of theater, art, dance, and the amazing Ringling Museum, Janice continues to embrace new opportunities to explore the wonders of her soul.

The Dancer's Body
Carol Barrett, PhD

springs on its feet, soars into the light,
holding breath for the space of dreams, gravity
suspended, that gasping and glorious expanse,
then lands like a nymph, all scarves and air.
It twirls roundly as an umbrella, as a fan opening,
tucks its grateful bow, slips stage right
as lights dim to fairy shadows and applause
rises in its place, muffled by the sweep of velvet.

Decades skirt by. The dancer's body enters
a new class, companions in loose garb, two with
prosthetic legs, as bone cancer, a crushing accident
yield mutual thick-jointed limbs. The instructor
calls shrill commands. The students comply,
urging arms forward, reaching past complacency,
fingertips fluttering, while calloused feet pedal
the sweat-infused air as if riding a lost bicycle.

The dancer's body does not mold to this space,
stampeding energy corralled in an ordinarily
sedate senior center. It prefers the languid swirl
of grace. Arms retreat close by the side, hold
the anchor of pain as if rocking near dock, waves
lapping. The back declines to turn toward any voice
of reason, or faith. The dancer's body goes home
to mourn. The leap it loves will not rise again.

Carol Barrett's practice of choreography was how she learned the art of revision in poetry—moving words became so much like moving bodies on a stage. She has published three volumes of poetry and one book of creative nonfiction.

Lola's World

Brittney Jabot, Class of 2027, with Shirley Escala

Shirley, affectionately known as Lola by her loved ones, is a 90-year-old resident of a south Florida assisted living facility. I first met Lola in 2021 when she was living with her husband, a now 91-year-old, in the mother-in-law suite at her daughter's home. Our connection was immediate, largely due to our shared love for art. Lola crafted handmade cards for birthdays and holidays, each one showcasing her signature dynamic pencil realism style. Just a couple of months after we met, I received my first card from her. I was struck by the intricate details—a birthday cake with candles, a stethoscope, and a polka-dotted party hat. Her attention to detail was remarkable.

Over the next three years, as Lola's mobility needs increased, the difficult decision was made to move her into an assisted living facility. This transition was hard for her, as she had spent the previous 60 years living just steps away from her daughter and grandchildren, with the constant companionship of her husband. Despite the sadness and adjustment to these new circumstances, art remained a constant in Lola's life. She continued to create handmade cards for every occasion, never missing a birthday or holiday. Art became a way for Lola to stay mentally sharp, lift her spirits, and make new connections with others.

Today, Lola's artistic endeavors have expanded. She now creates hand-drawn decorations for parties, designs art pieces for her grandson's first home, and even incorporates pop-up features into her cards. Art remains her primary means of self-expression and a way to stay mentally engaged. It also serves as a bridge to connect her to events she can no longer attend, allowing her to participate in a meaningful way.

On my last visit, I asked Lola to share how she sees her life at the assisted living facility through her art. It's a beautiful example of how art can become an integral part of one's life and can provide windows into the lives of others.

The piece is titled "My World." When I asked Lola to describe it, she explained that bingo is her favorite activity at the facility, which is why it takes center stage in the drawing. Surrounding the bingo card are representations of other activities she enjoys, such as the beauty salon, movie showings, and prayer. These activities are placed in the middle of the drawing, symbolizing their importance to Lola. In contrast, the more traditional aspects of assisted living, such as nursing, room accommodations, and rehabilitation services, are depicted on the periphery, highlighting Lola's unique perspective on her new home.

MY WORLD
Shirley "Lola" Escala

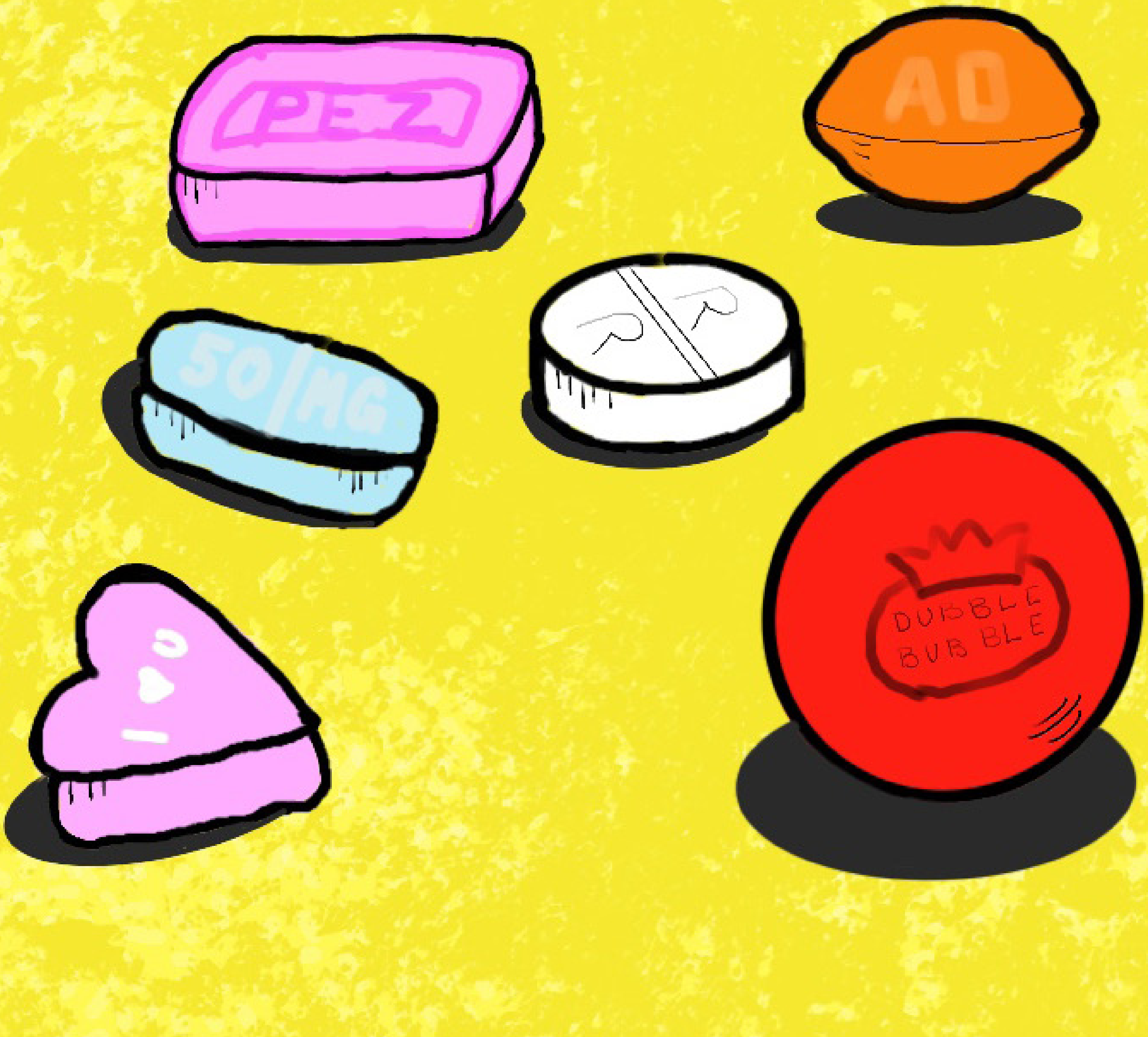
Brittney Jabot is a third-year medical student at the Daytona Regional Campus with a strong interest in clinical learning and patient-centered care. In her free time, she uses art as a form of personal expression and as another way to connect with patients on a human level.

DUALITIES OF SELF: BALANCE

Brent Carr, MD

Univeristy of Florida College of Medicine

Dr. Carr is the Neuromodulation Fellowship Training Director at the University of Florida where he leads advanced neuropsychiatric interventions and fosters medical student education and mentorship. His work spans clinical neuropsychiatry, neuromodulation, and the integration of the humanities into medical practice.



SWEET RELIEF
Brittney Jabot, Class of 2027

Observations of a Standardized Patient and Skydiver

(Lessons on Making the Right Decisions)

William G. Leseman

For the past 18 years, playing the role of a Standardized Patient (SP) in the Clinical Learning Center, I have been blessed with the opportunity to be a part of the education of medical students. As an SP, I've had so many different names, and portrayed so many different maladies, that when I go to my real doctor, I have to think carefully in order to describe my actual issues and symptoms versus some set of conditions remembered from a role I played the day before.

Before I became a trained SP, I was an avid skydiver. I had to give it up a few years ago after suffering a vision impairment in my left eye (not related to skydiving). Lack of depth perception can be harmful for a skydiver. I started reflecting on the path required to learn and participate in the sport of skydiving, and the learning path of medical students. Both involve achieving goals, learning new skills, managing critical choices, projecting future outcomes, and making time critical decisions.

The first jump experience, much like the first two years of medical school, includes a waterfall of information heaped on you in a short time. And in your mind, a failed performance will be catastrophic. Each action seems to require instant recall and split second decision making. Your knowledge and abilities are constantly tested, and you are extremely uncomfortable.

For my first jump, I showed up at the drop zone (DZ), paid my money, and met my instructor and jump master. I filled out paperwork that said I could die if I continued, if I died it would be my fault, if I caused someone else to die it would be my fault, if I got seriously injured, you guessed it, it would be my fault—and please list next of kin. And by the way, it's going to be fun and rewarding.

Over the next 6 hours, I learned how to land using a surplus military parachute that was probably left over from the Korean war. I was also instructed about things that go right, as well as the many, many things that could go wrong. I was taught how to respond to each type of life-altering or life-ending event. I was also taught how to exit the aircraft correctly, how to steer this basically un-strearable round parachute so that I did not land in the forest, and if I did land in the trees, how to avoid impalement on a branch or falling 30 feet to the ground from said trees. What had I gotten myself into? I thought. My brain was already overloading and we had not even touched on all the possible malfunctions, what they were called, and how each had a specific sequence of solutions, once you identified which problem you had. Think fast and do it right even though this is the first time you've ever done this.

Then it was time to be suited up by my jump master and wait to get on the plane (heck, I did not even know how to properly put on the parachute). As I waited, an 80-year-old gentleman who managed the small airport where the DZ was located, walked up and asked, "How many jumps have you made?" Shaking like a leaf, I croaked out, "This is my first." His eyes brightened, he smiled and said, "It will be so pretty up there, under canopy, floating down. Take time to look around and enjoy the view; it will all be okay." I found out that he was a parachute barnstormer in the late 1930's and had made hundreds of jumps and continued to make one jump a year.

This leads me to **Lesson One:**

The voice of experience is one of the most calming voices to hear when you're about to do something you've never done before. It won't make the butterflies go away but the confidence in your abilities expressed by someone who has done what you are getting ready to do, slows them down. I made that first jump and lived, and set a goal to make the next 4 static line jumps (in static jumps, the cord is attached to the plane and opens the chute automatically) and my first free-fall jump. After all, I had paid up front for the jump package. Repetition of all the information introduced during my first jump was repeated each time I showed up at the DZ, along with practice sessions on properly evaluating and responding to different life altering situations.

I made more jumps, including my first free-fall at jump number 6, where I had to open the parachute myself—no more static line. I experienced lots of apprehension and thought about quitting. Longer free falls meant more things to perform accuarately. But I learned that even though I had more to do, that the amount of time was adequate to get it all done. I was getting faster in thinking and in doing.

Lesson Two:

If you want to expand time, practice, practice, practice while you're still standing on the ground; not while you are in the air with ten seconds to live.

I began to set achievable goals for my skydiving. As I drove to the DZ, the thought I might not make it back home was never far from my mind, but this line of thinking faded as I gained confidence, and as I succeeded in my goals. Getting off student status, getting my “A” through “D” licenses, becoming a jump master, joining larger and larger formation skydives—these were all goals set out and achieved over my 30+ year participation.

Lesson Three:

Having goals keeps you on track. Small steps with the support of mentors is the best growth path.

After jumping is completed for the day, the air skydivers sit around, drink beer, and talk about today’s jumps, past jumps, and death defying situations, as well as completely silly situations. Anytime anyone does something for the first time at a DZ, they have to bring a case of beer so there is always beer available. Osmotic learning is what I call it. Listening to how situations were identified and solved while in a calm environment plants a seed in your subconscious that will surface when needed.

Lesson Four:

Shooting the bull with your colleagues and those more experienced will often save you when the stuff hits the fan. You don’t always get the answer from formal discussions. Make other people’s experiences part of your learning.

As my skydiving progressed over the years, I unfortunately saw people I knew die. Some because they made the wrong decisions. Some because someone else made a wrong decision. And some because they did not learn when they had the time while on the ground.

Lesson Five:

Learn from your mistakes and those of others. Don’t let fear of making a mistake paralyze you. Go back to the basics and work through the problem. And if time allows, do the research to see how others handled a similar problem. Don’t let overconfidence cause you to stop learning.

Speaking of overconfidence, working as an SP in a clinical learning environment, I have seen my share. Students who may have had an opportunity to work in the healthcare field prior to being accepted at medical school sometimes recoil at being taught basic interviewing or physical exam skills because they have learned abbreviated versions of these skills in their prior employment. After I completed 100 jumps, I thought there was nothing I couldn’t accomplish in skydiving. I would listen to others but knew I had enough jump experience to be proficient. At 200 jumps, studying for my D license, I knew the answers and had accomplished all the requirements, including jumping into Lake Jackson and into a high school football stadium. But then, at 500 jumps I had the epiphany that I actually knew nothing! Or, I felt I knew nothing. It was a shock. I realized that my prior abilities were limited; I had basically been an unguided missile hurling through the air and it was now time to refine any skills. I had to re-learn the nuances of controlling myself in freefall, improving my emergency procedures and paying closer attention to my equipment and to the abilities and training of other skydivers as we got on the aircraft.

Lesson Six:

Just when you think you have reached the pinnacle of your knowledge, realize that you don’t know crap—stay humble, learn and fall back on the basics you were taught, and always keep climbing. It can only make you better.

Continuing education is a requirement for both doctors and skydivers. It keeps you safe and others alive. Never hesitate to say “I don’t know” if you truly do not know, but be willing to take the time to consult your resources to find out an answer. Asking a question or being honest and saying you need help is the sign of someone who wants to keep others safe. Just like skydiving, thinking you know all and cannot be taught will certainly get you and others in trouble.

Lesson Seven:

One of the most appreciated skills a physician may develop is the ability to be honest about your knowledge. The patient will truly value you if you can tell them you don’t know something, but will work to find the answer. It’s the same in skydiving. Letting others know your skill level, as well as the areas you need to improve on, allows us all to keep each other safe.

Have a good jump and be safe. Blue Skies.

William Leseman is a standardized patient at the FSU College of Medicine’s Clinical Learning Center (CLC). He has participated in over a thousand CLC encounters with first, second, and third year medical students as well as with residents of internal and family practice programs. He had a 30 year career managing the City of Tallahassee water quality division before retiring. He made his first jump in 1980 and ultimately made over 2,400 skydives, survived three malfunctions using his reserve parachute, one tree landing, and another really poor landing decision—it was a nice ambulance ride.

PYRAMID ISLAND
Sarah Shahawy, Class of 2026

EVOLUTION
Margie Portnoi

Margie Portnoi is a Florida State University graduate and retired educator now living in Pennsylvania. See more at www.facebook.com/visualmeditations.

Restless Goodbye

Rida Khan

Stolen sleep and misshapen thoughts and blotched red skin
around the lips that once pursed constantly for me
in kisses tiny and big placed around my cheeks and forehead.
With her trembling fingers in my hand
which once skillfully weaved beautiful tapestries
of our times together whether good or bad.
And if bad always weathered together.

Peering through big brown eyes so sunken
deep deep deep.
Now past my face and past her own and always wandering
in the past for her mother to help her, save her.
Yet she can't find in the tempestuous tides of her mind
any memories of my mother's childhood, or my childhood
with little dresses and big dreams all by her design.

Shared giggles and sneaking sweets under her shawl
now draped cautiously over her lap.
The lap I would rest my head on after a long day
as she smoothed my unruly hair
so unlike her own, always in a neat bun.
Now snow white and almost as unruly as mine.

Lipsticks and perfumes no longer her desires but
still she notices mine and comments on the fragrance
of jasmine like the garden behind her house in Pakistan.
Her home no matter where life took her.
No matter when life takes her.
If only she could go back for a moment.
If only I could too.

Before she left me
she told me she was restless
though she was unsure why.
I know now what she was waiting for

Goodbye.

Rida Khan is a student at New York Medical College.

NOIR 2
Felix Balak, Class of 2027

ABOVE LOFOTEN: NORWAY
Sarah Shahawy, Class of 2026

1ST PLACE | Daniel Van Durme Humanism in Medicine Essay Contest

The Strangers Who Stay

Jade Bowers, Class of 2027

Technology can analyze data faster than any human, but it can't understand the weight of a parent's silence or the quiet of a hospital room at night.

We have access to information that generations of providers could only dream of: years of physician experience, endless studies, and carefully crafted clinical algorithms right at our fingertips. I'm so grateful not to live in a time when every dosage, contraindication, or differential had to live in my brain. Technology provides a safety net, especially for students like me. What dosage is that? Which antibiotic should be used? How fast is that administered? It is extremely helpful for keeping patients safe and alive.

But what I love about healthcare is that it's more than that.

Before medical school, I built a career in healthcare as the person people hope they never meet. As a nurse, I worked with kids with cancer, assault survivors, and patients who were uninsured. It was a profound privilege, and I miss it every day. What we are called to do in healthcare is not just to treat people, but to support them and bear witness to their lives, especially in the hardest moments.

The sad truth is that many people will not die alone, but surrounded by strangers. And we are those strangers. I believe there is real, intangible value in remembering patients whose families didn't know they passed. In letting them live on in our memories, even though we only saw them during their worst moments.

Technology may become a better diagnostician than I will ever be, but it won't tuck sick children in and sing them the lullabies my parents sang to me. It won't blow kisses to their stuffed animals or hold a patient's hand as they pass away. It won't tell a mother that no, God won't hold it against her if she stops her child's tube feedings. It won't say to a grieving family member, "Say what you need to say. I think they can still hear you," even when we're not sure they can.

We owe our patients more than task lists and treatment plans. We owe them recognition of their suffering and humanity. And I hope that when my time comes, I'm surrounded not just by loved ones, but by strangers who truly see me, not just algorithms trying to keep my organs functioning.

I think often about Mr. Lopez, the first patient assigned to me when I volunteered at a free clinic. He was 64 and lived alone, unable to work after a back injury. He'd been waiting over a year for a disability hearing and had recently been diagnosed with atrial fibrillation after going to the ER for chest pain. His blood thinner was too expensive. His car had broken down, and he lived 45 minutes from the clinic in a rural town, so he rarely came in.

At the hospital where I shadowed, I watched doctors use 3D imaging to ablate exactly the right part of a patient's heart. But at the clinic, I sat across from this man with the same diagnosis, unable to get the medication that could save his life. It was stunning to witness what medical technology could do, and what it still failed to deliver.

Three months before his 65th birthday, I helped him fill out his Medicare application and his paperwork for a patient assistance program. He called me when he finally got Medicare. I teared up when he said thank you and told me that he'd looked forward to our weekly chats, that he didn't really have anyone else to talk to. I was so happy for him that he didn't need us anymore. And there was never a slow day at the clinic. There were always more people than we had time to help.

I also think of Ben, a perfect three-year-old with high-risk acute myeloid leukemia. He was in the hospital for months after his bone marrow transplant. His mother, a single mom of three, could rarely visit. She had no support system and worked multiple jobs. Ben would press his call light constantly; he couldn't stand being alone. More than once, I found him sobbing in his bed when I returned from caring for other patients. I would read to him until he fell asleep. Other days we'd go for long bike rides around the unit, his IV pole trailing behind us like a stubborn tail.

After all the time, complications, and costs, his graft failed. He'd have to do it all over again.

Technology infused every part of his care. His diagnosis was sequenced, his chemo precisely dosed, his transplant carefully timed. But none of that could comfort him. It couldn't explain where his mom was. It couldn't hold him while he cried. That was left to us: nurses, techs, physicians, volunteers. The strangers who stayed.

Sometimes after hard shifts, after I lose a patient, or when I begin to lose sight of why I'm doing all of this, I come back to a quote by George Saunders: "Find out what makes you kinder, what opens you up and brings out the most loving, generous, and unafraid version of you — and go after those things as if nothing else matters. Because, actually, nothing else does."

For me, that thing is medicine. Because for all that technology can do, it can't love my patients. It can't grieve them. My patients mean so much to me; technology can't replace that.

EXPANDING HORIZONS
Ariana Genovese, Class of 2027

Dedication

Felix Balak, Class of 2027

Do the last few grains of sand,
As they dwindle down,
Do the gears which turn the hand,
As they turn around,
Ever fear to be the last,
The moment 'fore the end,
To spend the final second vast,
Alone without a friend?

Can the final petal fall
Onto fresh spring grass
Without a green glass veiling pall
Of jealousy, be cast?

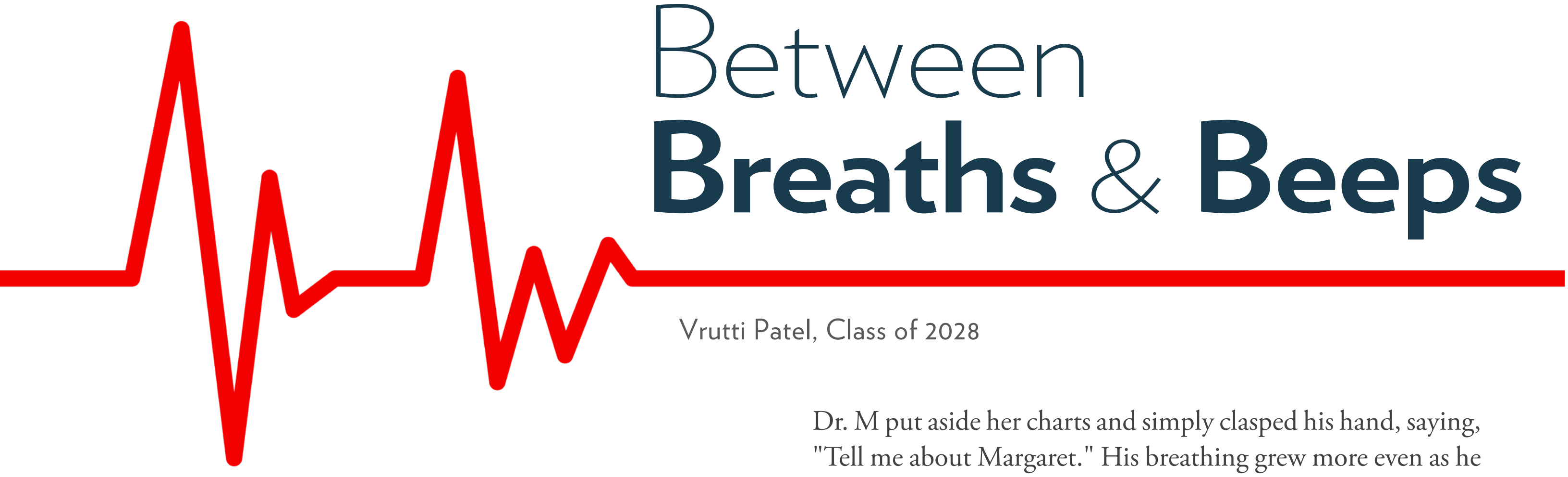
Should he hope to hold the glass
Unto his future trials,
Or is it best to hope to pass
Unnoticed by all eyes?

There is always a step to take
Before one marches forth.
He does because he's made a stake
In compass pointing north.
He's chosen now to place his bet
Not on a brilliant mind,
But trusts that only blood and sweat
And all that he's enshrined,
Will let him bear and not forget,
All that he leaves behind.

What has he done with all his time?
The sand and gears may ask.
He rarely paused when in his prime,
Naught came before his task.
No reward awaited him
When all was said and done,
There was no golden harp nor hymn,
But that which he had won.

As the time does slip away,
There is no need to fear.
Yon approaching fated day
Will very soon be here.

2nd PLACE | Daniel Van Durme Humanism in Medicine Essay Contest



Between
Breaths & Beeps

Vrutti Patel, Class of 2028

The hum of equipment resonates in the hospital room, a relentless rhythm punctuated by the beep of monitors, the hum of respirators, the soft clicks of a physician scrolling through an electronic chart. Here, in this place where science and humanity intersect, technology is both lifeline and obstruction, a double-edged scalpel cutting the terrain of modern medicine.

I remember witnessing for the first time a robotic arm close a very small incision with accuracy beyond the reach of the human hand. The physician's fingers steady, gaze focused on a monitor, controlling the machine with a smoothness so precise he could have been practicing on himself. It was amazing evidence of how far we've advanced. But in the same room, I saw the informal language of medicine: the reassuring words in a doctor's voice, the pat on the shoulder before anesthetic took hold. Technology could cut, stitch, and save, but it couldn't comfort. The union of electronic records and artificial intelligence has streamlined care to patients. Those days of digging through paper charts, of lost lab reports, and illegible handwriting are behind us. Medicine has been streamlined, but in its quest for accuracy, something vital is in danger of being lost, the soul of healing, the art of humanity.

My hospice experience revealed this truth in all its starkness. I saw patients whose bodies were burdened by time and illness, where no formula could ease pain nor prolong their days. Mr. Kim, a retired English professor whose eyes still twinkled despite his frail body, taught me the most poignant lesson. In the evenings, his oxygen machine provided a gentle background noise as he talked about his adventures in Europe during his younger years. One night, as his mind was befogged by pain medication, he became restless, constantly asking for his dead wife. Medical explanations could not soothe him. Dr. M put aside her charts and simply clasped his hand, saying, "Tell me about Margaret." His breathing grew more even as he spoke of their first dance, her laugh, the way she wore flowers in her hair on summer nights. The monitors showed his vitals leveling off, though he was not given medication, nor were there any ordered tests. When he finally slept, his face peaceful, I knew that what he needed wasn't in any medical textbook. He needed connection, dignity, and the space to remember love. Technology can track vital signs, but it will never be able to provide a weary soul solace in the dying breaths.

What makes a physician indispensable is not the knowledge, but the humanity physicians have. It is the skill to sit with a bereaved family and provide solace where there is no cure. It is the understanding that healing is not just prolonging life but making it more dignified. It is the understanding that the cure is not in prolonging life, but in making the worth of life. It is the understanding in knowing when to speak and when to listen.

There remains an asylum where the soul of medicine anchors safely; it is in unique human characteristics that no formula can replicate, no machine can replace. It is in empathy, which I have seen in the eyes of physicians who remain at their bedside long beyond the hour that monitors are read and data charted. I have heard it in the voice that softens when delivering bad news, in the silence that creates space for sorrow to breathe, in the hand that touches when words fail. It is in intuition, which I have seen in the ER as the untranslatable art of experience that cannot be imitated on a machine. It is the voice that makes a physician look beyond the standard test results, question the diagnosis that fits too neatly, listen more deeply to the patient whose words say one thing but whose eyes say another. It is in the insight that develops not from the analytical mind but from the awareness of human life in all its messiness.

Technology will continue to shape medicine, making it faster, sharper, more accurate. But it is humanism that will continue to make it whole. As we stand at the threshold of an era where artificial intelligence can potentially diagnose with greater accuracy than any physician, let us not forget that patients don't need merely a diagnosis, they need understanding, empathy, reassurance. They need us. The very heart of medicine is not in the functioning of a device or the programming of an algorithm. It is in the gentle words of comfort, in the mutual load of suffering, in the heart of a physician who sees beyond the chart, beyond the scans, beyond the diagnosis, to the hurting human person who wishes to be gazed upon, heard, and embraced with tenderness.

What makes doctors important is not so much medical expertise but the art of caring, not the information collected but the sense that doctors assist in creating from it. It is the capacity to bear witness to pain without looking away, to walk with patients through disease's darkest corridors, to rejoice in the victories of healing, and to introduce dignity where cure is not an option. Technology will change the tools of medicine, but not the nature of medicine. Medicine, at its most basic level, has been and will always be a vocation, a priestly calling that has to do with those who suffer and those who have devoted themselves to soften that crossing. As the era of electronic health emerges, I am a believer in uniting the potential of technology and the insight of individuals, a vision of an era when everyone is provided with care that is scientifically state-of-the-art and personally intimate. Between new and old, machine and touch, data and judgment, lies the future of medicine, a future where cure is not just achieved through wires, but through that special human touch, which has always been at the heart of the healer's art.

REALM OF SOLITUDE
Heather Hare, Class of 2027

Vrutti Patel is a medical student at the Florida State University College of Medicine and holds a Bachelor of Science degree with a minor in Pathogenesis from the University of Florida. She is passionate about patient-centered care, health equity, and hopes to integrate compassion and advocacy into her future clinical practice.

3rd PLACE | Daniel Van Durme Humanism in Medicine Essay Contest

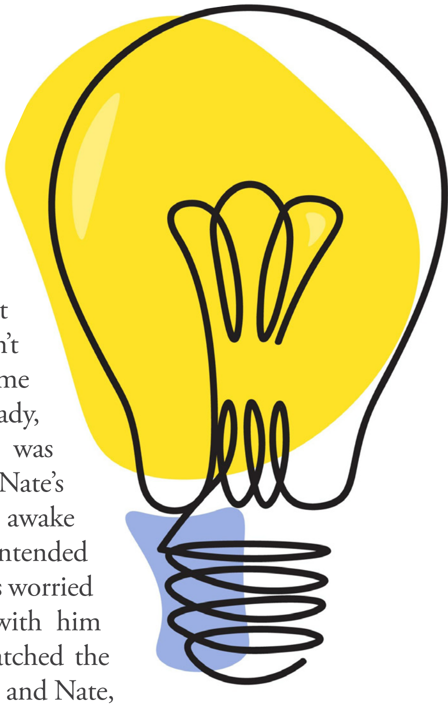
Three Pounds of Humanity

Shivani Patel, Class of 2027

Although it only weighs three pounds, the human brain holds entire lifetimes within it—every memory, every emotion, every dream. It is the command center of our bodies, the source of our identities, the guardian of our secrets, the keeper of unconscious gestures that make us who we are. And yet, in neurosurgery, there is the immense task of cutting into this delicate organ, knowing that a single millimeter can mean the difference between preserving a patient's essence or altering it forever.

Still, even in a world where surgeons can remove a tumor that is infesting someone's brain with robotic technology, one truth will always remain: technology alone will never be enough. It cannot replace the trust between a patient and their physician, the human connection that is the heart of medicine. I learned this firsthand when I met Nate at the Mayo Clinic neurosurgery department last summer.

Nate is a 19-year-old college student with passions for cooking, engineering, comics, basically everything under the sun. He also has a brain tumor threatening the nerves that control his ability to smile, hear, and balance. He has Neurofibromatosis Type 2 (NF2), a genetic disorder that causes tumors to grow like weeds along the nerves. His latest battle required an awake craniotomy, a procedure where he would stay conscious while surgeons carefully removed the tumor, ensuring his nerves remained intact. Despite the technology guiding the procedure, the success of his surgery depended on something no machine could replicate—his ability to connect with the surgeon in real time.

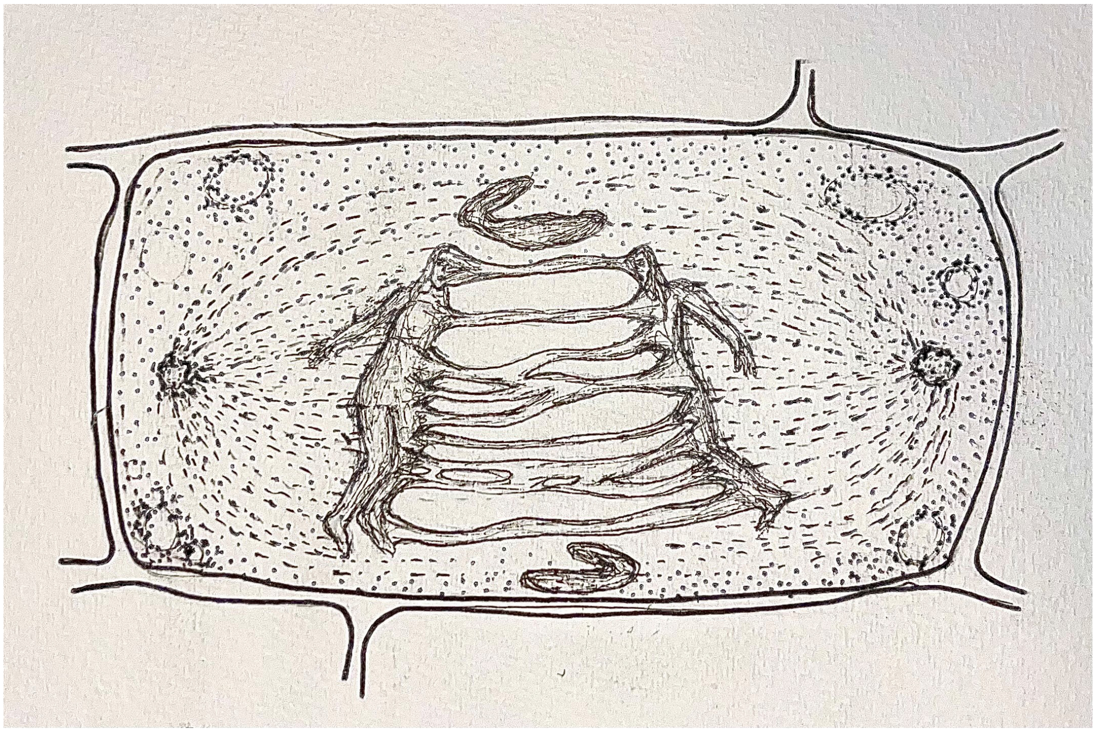


When I first met Nate, he wasn't afraid of the operating room or the complexity of the procedure. His biggest fear was losing a part of himself. "What if I wake up and my face doesn't move? What if I don't look like me anymore?" His voice was steady, but the weight of his worry was undeniable. The surgeon held Nate's hand and reassured him the awake portion of the procedure was intended to preserve the functions he was worried about losing. He would be with him every step of the way. As I watched the encounter between the surgeon and Nate, I could see the worry slowly melting off his face as he was comforted by the confidence and empathy radiating from the surgeon.

The day of surgery, the operating room was a symphony of technology, the surgeon the conductor. The surgery relied on high-resolution imaging to navigate, electrical stimulation to map the brain, and advanced monitoring to track the slightest nerve responses. I remember staring in awe at the amount of information that flashed before my eyes every second. But the most critical element wasn't a machine—it was Nate himself. As the surgeon delicately worked, he asked Nate to puff out his cheeks, to speak, to lift his eyebrows, repeat words back to him to make sure all nerve function was preserved. With each small movement, hope flickered like electricity through the room. Even mid-surgery, Nate found the strength to laugh, making the team laugh with him in a moment that was anything but ordinary.

When the procedure was over, Nate's first question wasn't about pain or recovery, it was about his face. As he slowly attempted his first post-surgical smile, his expression was uneven, hesitant, but still his own. The relief in his eyes was more powerful than any scan or surgical report. Technology had saved his smile, but human connection had saved his spirit. Neurosurgery is built on precision, but medicine is built on trust. No matter how advanced our tools become, no machine will ever replace the reassurance of a surgeon's words, the comfort of a familiar voice in the operating room, or the moment a patient realizes they are still themselves. The future of medicine will always be shaped by innovation, but it will forever be defined by human connection.

MEET PACKING DISTRICT, NYC
Jesse Greenblum, MD



ANAPHASE
Elena Harbison Pitts, Class of 2028

The Spring

Madison Peregoy, MD

I've come to fear the Springtime.

The Spring of my intern year,
when the darkest days were finally
getting brighter,

another intern was found dead in his bed.

All the thoughts that enter your head
when you hear the news:
Did he take his own life?
I never saw any signs.
What happened to him?
I may never know.

I miss him. My friend.

The Spring of my second year:
with increasing confidence,
my skills growing and my faith returning,

another resident had a stroke.

All the thoughts that enter your head
when you hear the news:
A brain aneurysm? But he is so young.
He was about to graduate.
All his years of sacrifice, gone.

I miss him. My friend.

Can I withstand another Spring?

Will all my friends,
who have worked their entire lives
for the betterment of others,
cross the finish line with me?

Most residents fear the Wintertime.

The days are too short, the nights are too long.
A season that seems like endless work
and no sunshine.

But I've come to fear the Spring.

Of nearly seeing a dream to fruition,
only to be taken away in an instant.
The life you set aside for the sake of a dream,
flashed before your eyes.

Spring is usually full of hope,
full of life:
Birds singing, people socializing.

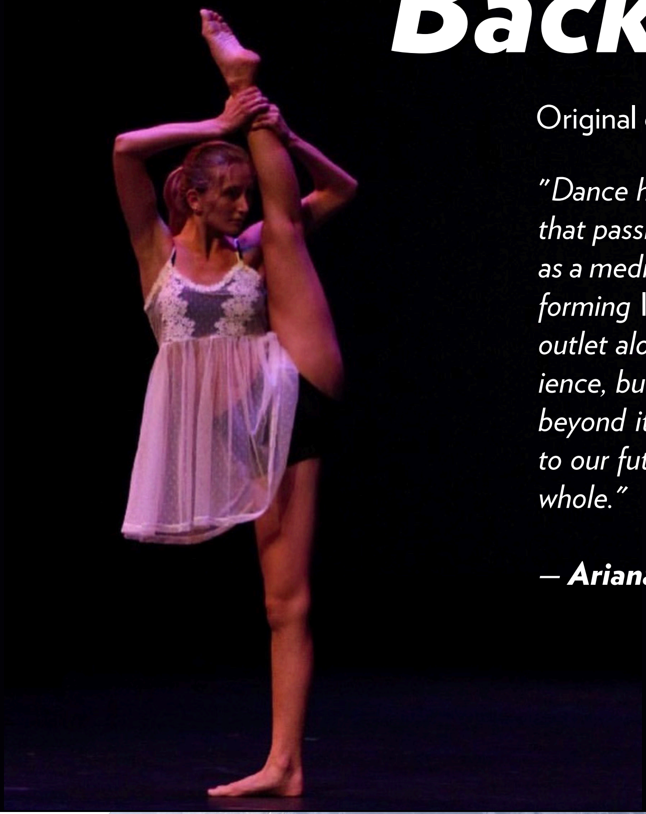
But I've had hope before, so now

I've come to fear the Springtime.

Dr. Peregoy is a Clinical Fellow at Yale School of Medicine.

TREE OF LIFE: ANGKOR WAT
Sarah Shahawy, Class of 2026

It's All Coming Back to Me Now



Original choreography and performance by Ariana Genovese, Class of 2027

"Dance has always been a part of who I am, and I am proud that I have continued that passion throughout medical school. Auditioning for FSU's Level Dance Team as a medical student was ambitious, but opportunities like choreographing and performing It's All Coming Back to Me Now, *allowed me to maintain that creative outlet alongside my education and training. In medicine, we often talk about resilience, but for me, that also means making space to nurture the passions that exist beyond it. Balancing both has been a reminder that while we dedicate ourselves to our future specialties, we don't have to lose the parts of ourselves that make us whole."*

— ***Ariana Genovese***

Scan QR to view the performance

CAPRI
Alycia Savage, Class of 2026

WHAT IF?

Berling Joseph, Class of 2026

A Poetic Reflection on Humanism Beyond the Diagnosis

What if the first thing we reached for
wasn't the login screen—
but the patient's eyes?

What if we paused—
not to review a flowsheet or click the next field,
but to truly see the person across from us?

What if we remembered:
Someone is sitting here,
scared, hurting, waiting
to be seen.

What if doctors,
instead of screen fixation,
lifted their eyes
to witness the weariness behind "I'm okay,"
the grief hiding beneath controlled vitals,
the fatigue of fighting symptoms that don't fit a checkbox?

I've watched it happen—
the growing space between patient and physician,
measured not in feet,
but in firewalls and forms.
The patient speaks.
We nod without hearing,
already charting what they haven't finished saying.
We type their story
before they've had time to tell it.

And yet, it wasn't always like this…
There was once more listening than logging,
more presence than proxy.

Now, we carry the weight of medicine in digital form:
alerts that beep,
guidelines that auto-populate,
histories available with a single click.

Technology has helped us—
no doubt.
It has saved lives, caught errors,
kept us connected across miles and specialties.
But in saving time,
have we lost touch?

How many times
have we missed that patient,
desperately searching for our eyes,
as we blindly type their life away?

The screen promises efficiency,
but often steals intimacy.
It captures symptoms,
but not the sigh.
It measures progress,
but not the feelings:
It doesn't see the trembling hand,
the unshed tear,
the courage it took just to come in today.

Because no algorithm can replace the moment
a physician sits back,
puts down the pen,
and says,
"I'm here. Go on."

That's the part of medicine
no machine can mimic:
to listen beyond the lungs,
to examine the unspoken,
to diagnose not only with knowledge,
but also with feeling.

I've learned—
in the long pauses between questions,
in the quiver of a patient reaching for words—
that humanism is not a luxury.
It's the pulse of good care.

So **what if**
we dared to bring it back?

What if we measured success
not only by metrics,
but by meaning?

What if we reclaimed time,
even just a moment,
to meet our patients in their fears,
their uncertainties,
their hope?

Because patients don't just want treatment.
They want to be seen.
To be understood.
To be remembered as people,
not problems.

What if we remember that—
we become doctors
not to type faster,
but to heal deeper?

What if
we made eye contact again?
What if we listened with the same attention
we give to lab results?

What if we remembered
that the heart of medicine
was never in the hard drive,
but in the human being
right in front of us?

What if we chose to really see the patient again?

Berling Joseph is a fourth-year medical student at the Florida State University College of Medicine (Fort Pierce Campus). His writing gravitates toward narrative medicine and self-reflection as a means of cultivating compassionate care.

Lab Work

Carol Barrett, PhD

We need another phlebotomist the clerk says, *or else another rack*.
She files my folded order behind maybe twenty others, annoyed
it's not fitting well in the slim slot beside her computer.

Sorry for the wait. Someone didn't show up when scheduled,
she relays, as if underlining *scheduled* in her report to the supervisor.
I have heard her tell those in front of me *it will be half an hour*.

Now she stretches to an indefinite *it will be a while. Have a seat*.
I comply, study my compatriots, most with gray hair, working
their phones. A man drops his, has trouble bending to retrieve it.

I consider assisting, don't want to embarrass him. A woman is tuned
to a gymnastics meet, perhaps her granddaughter on the balance beam.
The commentator commends her backward flip. I recall my sister

practicing on the back lawn, bar low for safety sake. Now a woman drops
her phone, despite a purple clutch gadget on the back. She operates
with one thumb. Music plays from another, flute, volume set high. A voice

calls for *Karen*. Two women shift forward in plastic chairs. The one beside
me retreats. *She was here first,* she whispers. *It's gotta be her they want*.
I find myself noticing birthdates of patients checking in. Several near mine.

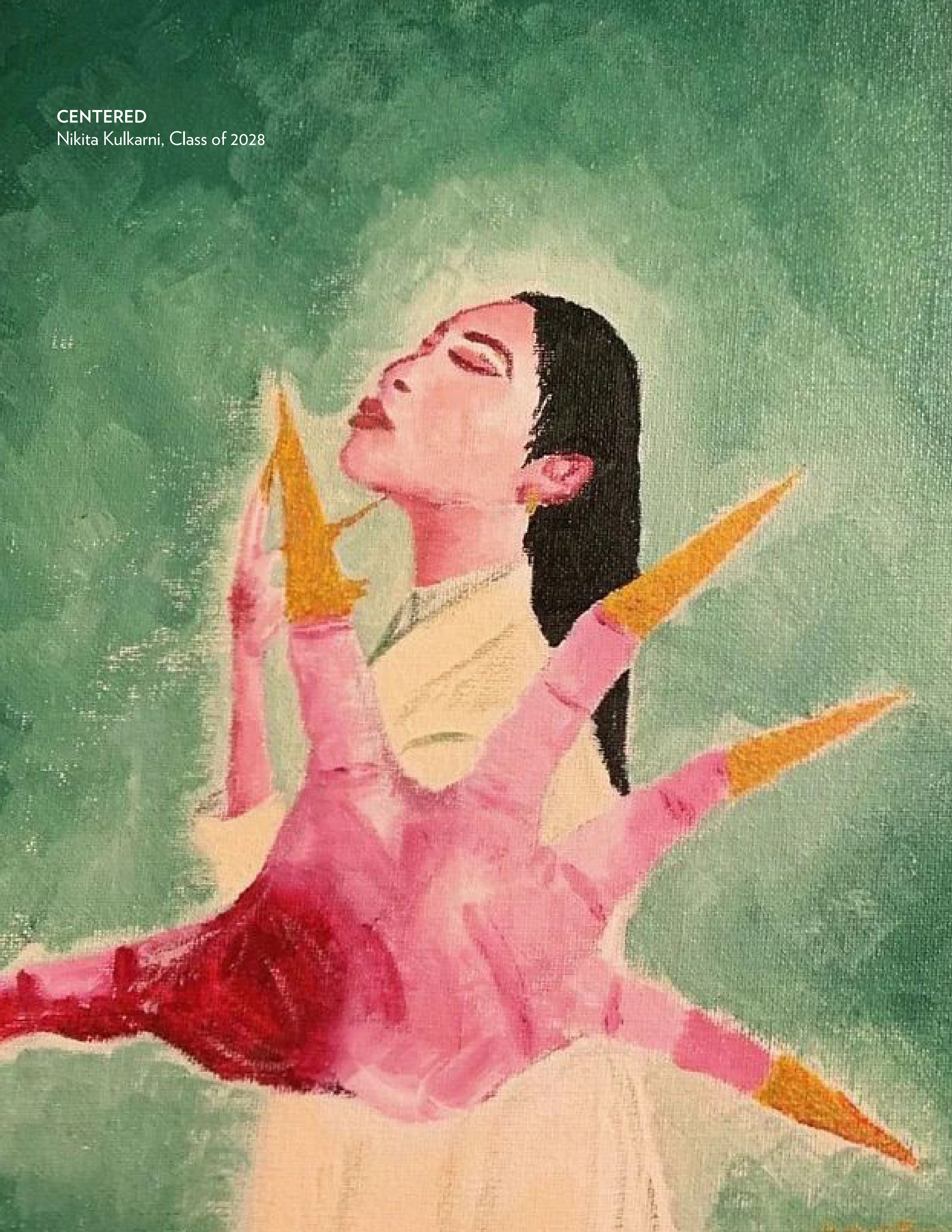
Ah, one the same year! I feel an exaggerated affinity in this crowd, notice
she dyes her hair, hips trimmer than mine, good for her. I consider
chatting, but she doesn't know what we have in common. Might not

appreciate an introduction. She solves it, selects her seat a ways off.
Then a rare one, the year I finished grad school. Amazing, people were still
born then, still needing blood work. As she takes a seat, her long hair

swishes side to side, thick as a towel. I wonder what ails her. A woman
with walker almost up now, can't stand for long, sits her wait out
for the clerk. An hour pokes by. The clerk has reverted to *Good morning*

or *I can help you now*. The names called forth bring up some overflow
in oncology across the hall, glad to move on. I'd like to order a mocha
at the clinic café, but I'm supposed to be fasting. Such a sacrifice for health.

CROHN'S: PORTRAIT OF THE ARTIST
Felix Balak, Class of 2027



CENTERED
Nikita Kulkarni, Class of 2028

EVENING MINDFULNESS
Caprice Niccoli, PhD

Dr. Niccoli is a mixed media artist who felts wool fiber, often combined with silk and glass or stone beads, to create work inspired by the natural world. She is also a psychologist who for over 25 years has taught college students about the important connection between the mind and healing.

Capacity and Care

Jennifer Caputo-Seidler, MD
University of South Florida

Before the COVID-19 pandemic, it was a sign of an exceptionally busy day when the Emergency Department had to place patients in hallway beds. A few stretchers would temporarily occupy the hallway, and patients would wait there until rooms became available upstairs.

Since COVID, our city's population has soared, as have outpatient wait times. Our hospital has over 1,000 beds, but now it's never enough to keep up with the number of patients who enter our Emergency Department in need of care. The hallway beds have become a permanent fixture. More patients are placed here, and for extended periods, because there are simply no open inpatient beds.

One man presented with back pain. He initially wrote it off as having strained a muscle, but when he began having difficulty walking, his family insisted he have the pain evaluated. It was in a hallway bed that he heard from me his back pain was likely due to cancer that had spread to his bones. From his stretcher in the hallway, he went back and forth to MRI and a CT-guided biopsy. He consulted with oncology, radiation oncology, and neurosurgery with only a foldable curtain separating the conversations from the foot traffic in and out of the Emergency Department. It took more than three days for a room to become available for him, the same amount of time it took for his biopsy results to come back and confirm his cancer diagnosis.

A young woman with persistent nausea and vomiting came in after being seen at other hospitals three times with no improvement in her symptoms. The first time she went to the hospital, she was told her symptoms were from marijuana use. She stopped smoking but still couldn't hold down any food or liquids. She'd lost nearly 30 lbs. She couldn't work. The following two times she went to the hospital, they gave her medication for the nausea, and as soon as she was able to drink some water, she was sent home, where the vomiting started again. She was placed in the hallway bed nearest the door connecting the Emergency Department to the main hospital. Every time someone entered or exited, the doors would swing open inches from her bed. I lost count of the number of times the doors interrupted our conversation as I took her history.

A young man came in with abdominal pain at the encouragement of his mom. He hadn't wanted to miss work, but his pain had lasted two weeks, and she saw he was losing weight. His CT scan showed a mass that looked like colon cancer. On this day, even the beds in the hallways were filled, and I had to tell him the results in the waiting room so he could understand why he needed to be admitted to the hospital for further testing.

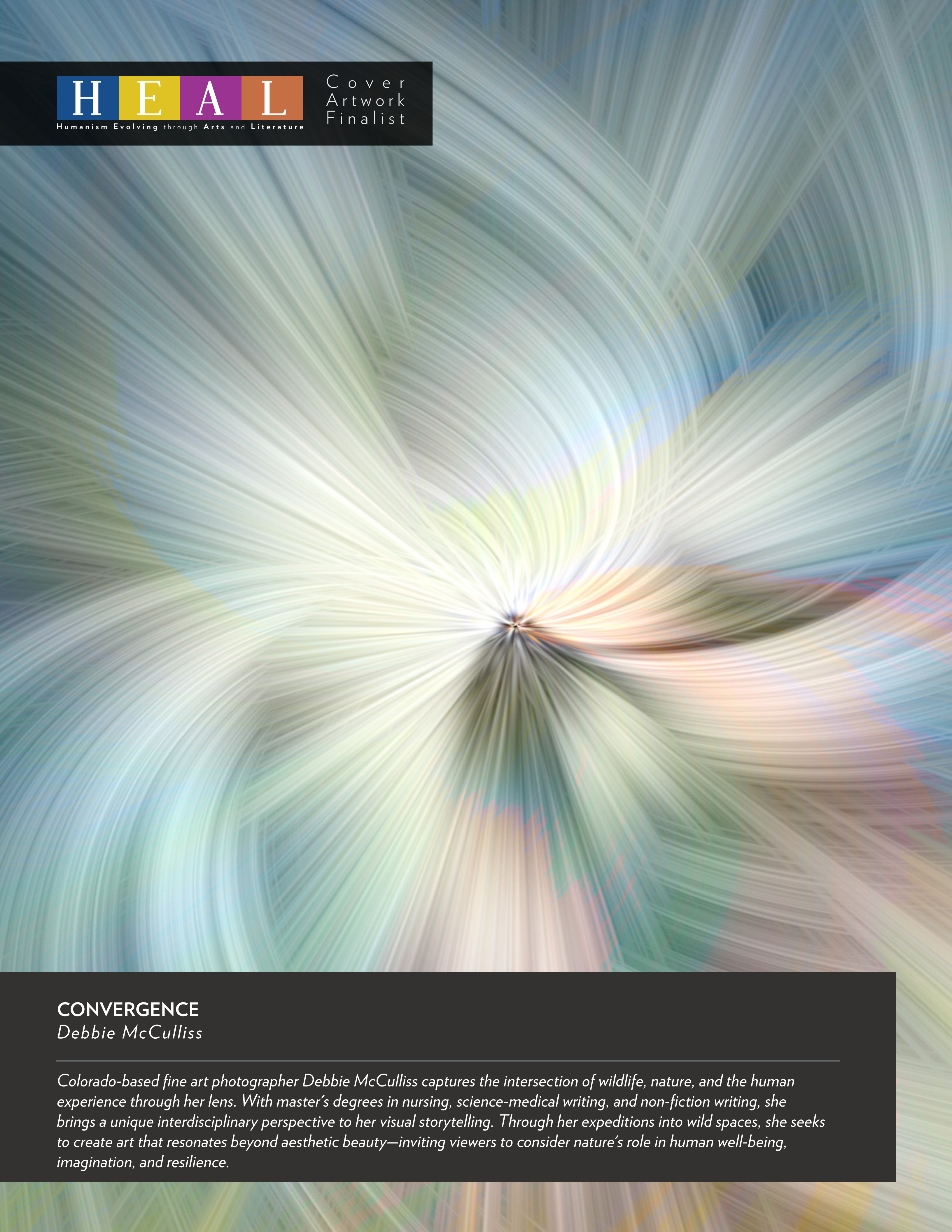
I've been at the same hospital since residency. The familiar building, which can be a labyrinth to the uninitiated, comforts me. But there is nothing familiar or comfortable about medicine this way. Privacy is lost. Conversations about a patient's drug use or the breaking of bad news about a test result are overheard. The basic comforts of darkness and quiet to sleep are absent. There are no private bathrooms. Even a hospital mattress has become an unattainable luxury for too many patients who remain on stretchers or in recliner chairs for hours or days.

The best-laid medical plans feel hollow because they cannot answer the one question at the front of patients' minds: "When will my room be ready?"

Dr. Caputo-Seidler is an Assistant Professor of Medicine in the Division of Hospital Medicine at the University of South Florida. Her interests include medical education, narrative medicine, and civic engagement.

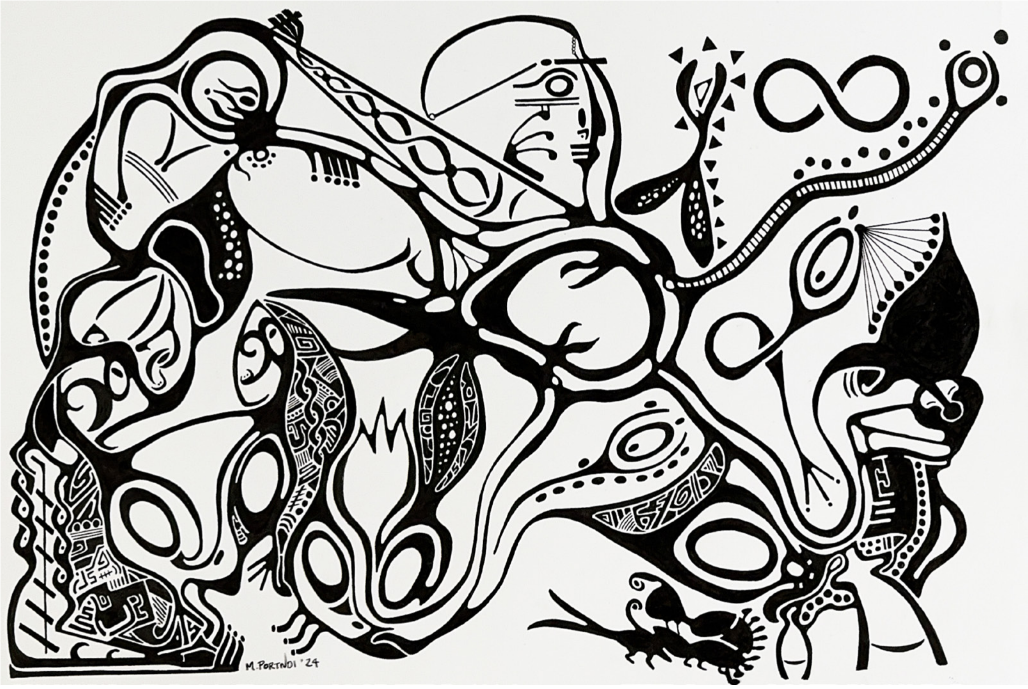
HEAL
Humanism Evolving through Arts and Literature

Cover
Artwork
Finalist



CONVERGENCE
Debbie McCulliss

Colorado-based fine art photographer Debbie McCulliss captures the intersection of wildlife, nature, and the human experience through her lens. With master's degrees in nursing, science-medical writing, and non-fiction writing, she brings a unique interdisciplinary perspective to her visual storytelling. Through her expeditions into wild spaces, she seeks to create art that resonates beyond aesthetic beauty—inviting viewers to consider nature's role in human well-being, imagination, and resilience.



MISSING LINK
Margie Portnoi

CONNECTICUT WINTER
Jesse Greenblum, MD

Faculty Winner | Daniel Van Durme Humanism in Medicine Essay Contest

Humanity in the Age of Innovation:

A Physician's Reflection on 50 Years of Care

Max Solano, MD

Next year will mark 50 years since I began medical school, yet I remember my first patients as vividly as if it were yesterday. As a third-year student, I was assigned to care for a two-year-old girl with meningitis that progressed to hydrocephalus. Her parents lived far away and rarely visited. In every spare moment, I was at her bedside—bathing, feeding, and comforting her. One day, I rushed to her room to spend a few precious minutes with her, only to find it empty. My heart sank. At the nurses' station, with dread tightening my chest, I learned that she had passed away. I cried then, and even now, recounting this brings tears to my eyes.

That moment nearly made me abandon my pursuit of medicine. But a wise professor told me something that changed everything: this pain and heartbreak were not a sign I had chosen the wrong path—it was proof that I belonged in medicine. I cared. Caring deeply opens oneself to sorrow because real healing begins with human connection. That insight became a lifelong lesson I have carried with me—and will take until the day I hope to see my little friend again.

The past fifty years have been nothing short of extraordinary technological progress. I belong to a generation that started with punch cards and now uses artificial intelligence in daily medical practice. My white coat pockets are no longer stuffed with binders, handwritten notes, and the Washington Manual; I carry a whole medical library on my smartphone and more apps than I could ever need. But one thing has never changed: the humanity of our patients.

No matter how sophisticated our stethoscopes, point-of-care ultrasounds, or AI-driven diagnostics become, nothing can replace sitting at a patient's bedside, holding their hand, and offering dignity through presence. A smile from an elderly patient and a grateful look from a worried parent remain the most genuine moments of healing.

Over the years, I've worn many hats: dermatologist, pathologist, family doctor, and hospitalist. My education even took me across Europe. I've delivered babies, performed autopsies, and conducted dermatological surgeries. In each role, from the joy of welcoming new life to the reverence required when examining death, I've carried a single principle: treat every patient with the respect and care they deserve.

One young woman in her twenties came to me with a visible mass between her eyes—an epidermoid cyst. No one had wanted to treat her, likely because of the location and the fact that she lacked insurance. I used a minimally invasive, cosmetically sensitive approach to remove the cyst. After the procedure, she asked for a mirror. She stared at her reflection, started crying, and hugged me. "I feel pretty again," she said—a simple medical intervention, but one that transformed her life in a profoundly emotional way.

Another experience that left an imprint on me occurred when I worked in correctional medicine, where I developed a deep interest in HIV/AIDS. What I remember most is the feedback I received from incarcerated patients: "You treat me with respect and dignity." One patient, living with advanced AIDS and covered in generalized verrucae, looked gaunt and broken. Without thinking, I hugged him. He burst into tears and whispered, "Doc, you don't know how much I needed this. Everyone treats me like a leper. You're the first person to treat me like a human being." That moment reminded me: compassion is not a skill; it's a choice—and it defines the essence of medical care.

These stories are not meant to praise my qualities but to underscore a timeless truth: no matter how advanced our tools become, no technology will ever replace human connection. AI can analyze data, suggest treatments, and perhaps someday simulate empathy—but it cannot truly feel. It cannot offer the quiet reassurance of a hand on the shoulder, the respectful silence of grief, or the unspoken understanding that passes between two human beings in a moment of vulnerability.

One day, machines will get close. But for now—and for the foreseeable future—what defines the practice of medicine is not how fast we can process the extraordinary amount of clinical data or how accurately we can predict outcomes. It's how deeply we can connect. How much we care. And how we make every patient feel seen, heard, and valued—not as a set of symptoms or a room number, but as a person.

As a faculty member and senior practitioner, I believe we have a responsibility to help our younger generation cultivate a passion for our patients, bring joy to our practice, and encourage developers of electronic health records and AI applications to simplify our workflows. This will help reduce our dependence on screen time, enabling us to engage more fully with our patients and their families. We play an instrumental role in their life transitions, from birth to death. We welcome life together with the family and celebrate the memories of those left behind when our patients pass away. If technology deprives us of our humanity, our species will cease to exist as we know it.

After fifty years in this field, I am more convinced that while technology will continue to evolve, our humanity will always prevail. I would like to think that I have made a positive impact on my patients, but I feel that the balance often tilts in my favor as a physician. I have learned so much from my patients, including the importance of recognizing our shared humanity, regardless of skin color, age, gender, sexual preference, origin, socio-economical status, or beliefs. In every encounter, I see a fellow human being who shares with me the common experience of caring for ourselves as a community, and for the world we live in, with the goal of leaving it in better condition for future generations.

> “**That moment reminded me: compassion is not a skill; it's a choice—and it defines the essence of medical care.**”

Dr. Solano is a hospitalist at Ascension St. Vincent Riverside in Jacksonville, Florida. He is an associate professor at Florida State University's St. Vincent's Family Medicine Residency Program, teaching family medicine residents interested in hospital medicine. Originally from Costa Rica, Dr. Solano completed his medical and dermatology training there before migrating to the United States in 1986. In the U.S., he pursued further education in anatomic and clinical pathology and family medicine. He later obtained a Master of Science in Evidence-Based Medicine from the University of Oxford.

ASCENT INTO LIGHT
Jane Hufnagel, Class of 2027

Cartography of an Illness

Veronica Ashenhurst, JD

To bear the day, I touch a print of a map:
this old Venetian portolan chart,
ink on vellum, drawn to guide captains to port.
I once thought I could captain life itself,
and sketched my own map—partial, raw—with ports marked
school, study, and the ventures of love.
But shipwreck came, by way of infection.
Now, on a phantom island, I live apart,
in a bed, with an illness doctors claimed
for years was make-believe. If you saw me
from above—as might a bird or a god—
you would spot my waiting hand. You would hear me
ask “Where am I?” to the compass rose, while
the sea rolls navy blue, and the decades sail on.

Veronica Ashenhurst's poems appear in Health Affairs, MORIA Literary Magazine, Star 82 Review, *and* Wordgathering, *among other journals. Her poetry has been nominated for the* Best of the Net *anthology.*

Lessons Learned from My Son's Autopsy

"… life as you know it ends.
In a heartbeat.
Or the absence of one."
—Joan Didion, The Year of Magical Thinking

Katie Thrasher

Our final goodbye was a cliché. Photos and hugs and kisses and I love you forever and always. All under the watchful eye of Phoebe, a soaring 21-foot-tall pink flamingo, who greets throngs of travelers passing through the Tampa International Airport main terminal. My husband and I walked Adam to the tram for a final hug and a *Have the time of your life*. He did.

Glancing back, Adam waved and boarded the tram that took him over the tarmac to his plane that took him over an ocean. His Florida State University (FSU) study abroad trip was scheduled as two weeks in Croatia and Bosnia and Herzegovina (his favorite countries) discussing the need for international collaboration in uncertain times (his favorite subject).

During his junior year of high school Adam was diagnosed with a rare mast cell disorder and followed a strict regimen of medicines that stabilized his disease. Days before the trip, Adam was told by his immunology specialist, Dr. Alan Halsey, "You are the happiest and healthiest I have ever seen you."

A fellow FSU student snapped a picture of Adam off the coast of Lopud, Croatia, a small island in the Elafiti archipelago on the second day of the trip. Smiling and relaxed, Adam stood along the shoreline of the Adriatic Sea in swim trunks and sunglasses. Before dawn the next morning, the group boarded a bus bound for Stari Most, a bridge originally built in the 1500s that connects cultures and people in Mostar, Bosnia and Herzegovina.

Adam dozed off. He never woke up.

A month later, his autopsy arrived via e-mail from the US Embassy in Sarajevo. Autopsies are intended to provide answers. Sometimes, they teach you much more.

Adam's autopsy was conducted at the Bijeli Brijeg morgue in Mostar by Dr. Drazen Damjanjuk. He cites Adam's cause of death as, "I Na osnovu izvrsene obdukcije t satupila je usljedpog pogorsanja teskog oboljenja srca (aoi rtnpode saateka nozeo) i fibokolnorilastciijme a srcsluca (aeja, lektrsmrt icna je snrcaprirodna a smrt i)."

A note from the counselor chief of the US Embassy states, "I can unofficially inform you that the medical finding … denotes a natural death brought on by aortic stenosis and atrial fibrillation."

Adam never had as much as a heart murmur.

We Google Translated the report. Details were lost in the computer-generated translation, so we requested an official one. While we waited, I reread and reread and reread the botched translation. I believed I was looking for clues. But I was looking for something I did not know I would find: Adam.

Portrayed on television, autopsies appear cold and impersonal. Yet even the oddly translated copy showed Adam.

Dr. Damjanjuk specializes in forensic medicine and unusual deaths. In a YouTube video of a television interview from 2021, kindness was visible on his face when discussing the deaths of a group of young adults in a language I do not speak.

The Google Translate report notes Adam wore a, "cmi dux with a hood; saren pants; blue socks; sneakers." The jumbled mix told me one thing—Adam was comfortable when he died.

I searched Adam's closet and returned suitcase, frantically seeking a missing sweatshirt. I found it. The "cmi dux with a hood" was his favorite hoodie. A black Riot Society bear-balloon-head sweatshirt we ordered late on November 21, 2020, from a room in the pediatric wing at Tampa General Hospital. Adam wore it in the senior picture that hangs in our living room. Adam wore it when he died.

I dreamt I saw Dr. Damjanjuk looking at Adam lying in the morgue, dressed in the hoodie, the bear's head replaced with a bunch of colorful balloons. The calm, lanky physician chuckled at the teenage American in a bizarre sweatshirt, and noted it was a squirrel. The squirrel existed as an integral piece of the autopsy for me, so much so I mentioned it to my husband. Calmly he told me there was no squirrel. I read the reports again, he was correct. No vjeverica. No squirrel.

It felt so real, but it was only a dream.

I was replaying an event I knew happened but had not witnessed and could only read about in a report written in a language I did not comprehend. I was attempting to rationalize the irrational.

The professionally translated autopsy arrived. Sitting in my favorite corner of the couch in the family room, I opened the document on my computer screen. The medically detailed report began with Adam's appearance, "Brown hair, up to approximately 6 cm long," and notes he was 174 cm tall, or just over 5 feet, 7 inches.

I stifled a laugh as tears spilled down my cheeks.

For nearly two years Adam stopped growing. It was one of the many things that frustrated him about his illness. In my mom-knows-best voice I suggested he not worry, that men in my family grow until age 22 or older, that my cousin (who is 6 feet, 4 inches tall) grew until he was 24. Adam rolled his eyes.

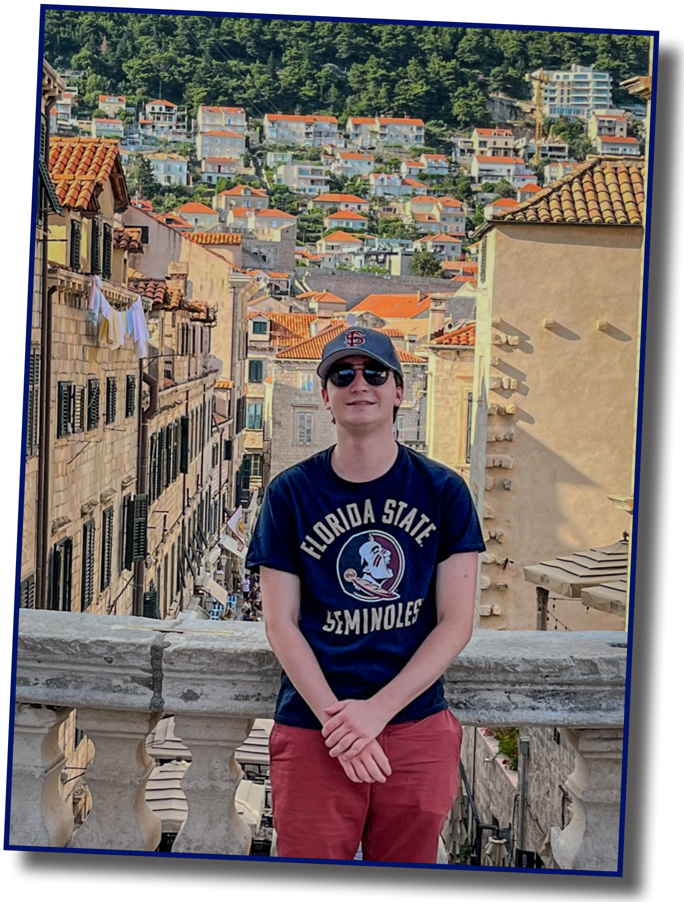
When Adam moved home at the end of freshman year, I told him he had grown. Another eye roll. Turns out I was right. He had grown an inch and a half.

But he was not there with me to share in the I told you so moment with another roll of his eyes.

Adam's autopsy continued:

> *Heart with a diameter of 14x13 cm; the mass could not be measured due to the lack of a scale … The opening of the aorta is slightly narrowed due to changes in the aortic valve of moderate degree, whose semilunar leaflets are completely thickened, deformed, fused to each other, partly deviated, so that they cannot be separated with the tip of a finger, and inserting the finger shows that the opening of the aorta is significantly narrower than normal dimensions due to the described changes. The wall thickness of the left ventricle is up to 22 mm, the right ventricle is up to 5 mm (markedly thickened wall of the left ventricle.*

Adam was captain of his high school swim team and competed in the Junior Olympics. While he no longer swam competitively, Adam walked several miles each day over rolling campus hills in Tallahassee and worked out at the Leach Center with friends. His athletic body likely compensated for his damaged heart, masking symptoms.



Dr. Halsey requested a preserved tissue sample from Adam, preferably from his heart. Running a KIT Mutation test would show if he had mastocytosis—a rare and fatal form of mast cell disease that can cause organ damage. Doctors previously decided against conducting the test, and the necessary bone marrow biopsy for the sample from a living patient, when medications stabilized Adam's condition.

Fulfilling the tissue request was not possible in a facility six times zones away, a facility that "due to the lack of a scale" could not weigh Adam's organs. And so began our backwards game of chess, using logic and research to determine what caused Adam's heart to fail, his fatal checkmate.

Cardiac hypertrophy can be genetic, so our family scheduled echocardiograms. Our hearts were normal. My daughter's cardiologist was able to access an echo Adam had done in June of 2020. His heart functioned normally and had no known markers of genetic disease. We were left with the likelihood that Adam's heart was damaged by his rare disease.

I searched PubMed and found a study in the journal *Inflammation* that concluded mast cells can attack the heart. While the study participants were decades older than Adam, it seemed as though Adam's rare mast cell disease was the culprit.

Dr. Kellet, a fictional psychiatrist in Kate Atkinson's *Life After Life*, says, "There are some Buddhist philosophers (a branch referred to as Zen) who say that sometimes a bad thing happens to prevent a worse thing happening." If Adam's body had given us warning signs, he might be alive today. But he would not be living. He would be in and out of the hospital, unable to ride roller coasters, travel, or return to FSU. He would be wondering if today is the day his heart would stop.

I remember Adam in the hospital bed, back on that November night when we ordered the Riot Society sweatshirt, covered in monitors and dreading the invasive test scheduled for the morning.

I remember Adam standing, smiling, breathing in the salt air of the Adriatic Sea.

Adam's autopsy taught me more than the cause of his death. It taught me that people can be seen between the lines of their autopsy, that even in despair there are moments of laughter. And it taught me gratitude. For while sudden and traumatic, standing in the Adriatic Sea the night before you die triumphs over lying in a hospital bed.

Katie Thrasher is a freelance science writer and holds an MA in science writing from Johns Hopkins University. She writes for her son, who attended FSU and in 2023 died from unforeseen complications of a rare, unnamed mast cell disorder while on his study abroad trip.

Photo credit: Addison Lamoureux

The Photograph

Elane Kim

In the photograph,
your face is slackened.

Soft in the way
only a warm meal

or slow death could leave it.
Zeno says pluralities

have no place
in the world of the living.

This is why I learn and
unlearn your diagnosis.

Why I cannot separate you
from your wounds.

I bury what can fit
in ten square feet:

loose clothes, sharp rain,
your stomach as it

learns to treat hunger
as a stranger.

I want pluralities and
a beating pulse.

I want to remember you
as you were: face pink, fat,

ripe with joy. You, a butterfly
nailed to its final moments.

I tilt the frame
and you are permeable

to light.

Elane Kim is a Korean American writer from California. The editor-in-chief of Gaia Lit, *her writing can be found in* Poetry, Narrative Magazine, One Teen Story, *and more.*

HEAL
Humanism Evolving through Arts and Literature

Cover
Artwork
Finalist

WAVES OF APHASIA, NO. 2

Debi Ausmus, Terry Crews, LaDonna Elam, Jerry Phillips, and Bill Schuster

This piece was created by a team of 5 artists under the direction of art instructor Sarah Taylor. All of the artists had some form of aphasia, which is a condition that negatively affects language and the ability to have a conversation; however, aphasia does not affect intelligence or the ability to express feelings, emotions, and stories through visual art. The Stroke & Aphasia Recovery (STAR) Summer Arts Program occurs annually as part of a community outreach program in Lubbock, Texas. The STAR Program is directed by Dr. Melinda Corwin, speech-language pathologist and professor in the Texas Tech University Health Sciences Center School of Health Professions, who submitted this piece with permission from the artists.

Split

Veronica Tucker, DO, FACEP, FASAM

They wheeled her in
through the same ambulance bay
I've walked a hundred times,
stride sure,
voice steady,
wearing the calm
I've taught myself to carry.

But this time
my mother was the one
gasping.
My name wasn't on the chart,
just written
between every line
of what I couldn't say.

I stood
beside her bed
and forgot
how to be useful.

I knew too much:
how numbers soften
before they crash,
how long the sick wait
for a bed that doesn't come,
how the word boarding
can mean forgotten.

I also knew
how it feels
to become a case
in the department
you've kept upright
with your own spine.

I answered questions
with the clipped voice
I use for bad news.
I tried to stay
in the role
that gave me power.

But she looked at me
like she did
when I was small
and feverish,
and I remembered
what it meant
to be her child,
not her doctor.

I burned
with the helplessness
of watching
and not being able
to do more
than tuck a blanket
or adjust the lights.

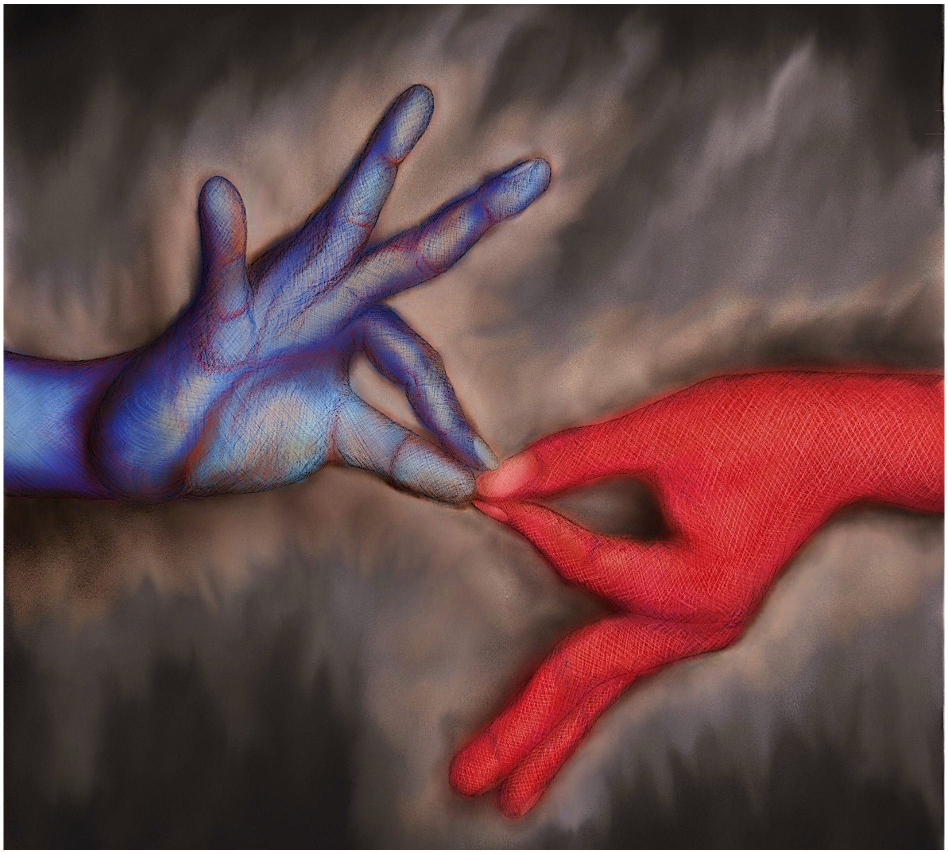
My hands,
trained for saving,
found only
her hand.

I held it
like a pulse.

And when she slept,
I let go
of what I could not fix,
and stayed
not to treat
but to witness.

To listen
for the slow return
of breath,
and to believe
it would be there
in the morning.

Dr. Tucker is an emergency medicine and addiction medicine physician and New England writer who explores the intersections of medicine, motherhood, and being human. She is a Pushcart Prize nominee with work in Rust & Moth, Eunoia Review, The Berlin Literary Review, *and* The Book of Jobs *anthology from ONE ART.*



INTERPRETER
Holly Vu, Class of 2027

GREECE STAIN
Elena Harbison Pitts, Class of 2028

The Light Behind His Eyes

Crystal Lemus
DeBusk College of Osteopathic Medicine

When Thomas fell, it wasn't dramatic. No screeching tires, no high-impact tackle. Just a misstep on a ladder. One foot missed the rung, and his body tumbled backward into the concrete like a puppet whose strings had been cut. He didn't even cry out. He landed with a sickening crack that echoed into the silence of the backyard. His wife found him ten minutes later, still breathing, eyes open, but gone—somewhere far from the world they had built together.

By the time I met Thomas, he had already been intubated, scanned, and stabilized. I was the third-year medical student trailing behind the trauma team, clutching my notes like they were a shield. I remember the attending pointing out the crescent shape on his head CT. "Subdural hematoma," he said, like a teacher reciting from a chalkboard. The words felt clean, anatomical. But when I looked at Thomas, I didn't see the hematoma. I saw a man with the light drained from his eyes.

They let me follow his case. I visited his room during downtime, watched the nurses roll him from side to side to prevent pressure ulcers, listened to the buzz of the EEG that monitored for seizures. I watched his wife read to him from a book of poems, her voice steady, her presence unshaken. Sometimes I sat in the corner of the room, quiet and unsure of my place. Still learning how to be present without trying to fix.

They don't teach you this in lectures—that traumatic brain injury isn't just about swelling and intracranial pressure. It's about ambiguity. About a kind of grief that refuses to settle into shape. About staring into someone's eyes and realizing you can't tell if anyone is still home.

One day in rehab, I watched the speech therapist hold up a spoon.

"What's this, Thomas?"

He stared. No answer. Just silence, the same vast silence that followed him everywhere now. But then—later that day—he lifted his hand, ever so slightly, toward his wife's voice. It was the kind of movement that wouldn't even register in a physical exam, but it stole the air from the room. We all saw it. We felt it.

I remember walking home that night, the shadows long and heavy on the sidewalk. I couldn't stop thinking about how fragile we are. How we walk through life as if our minds are anchored, safe, permanent—and how a single moment, one slip, one fall, can unravel that illusion. It terrified me. And it made me feel something else, too—something harder to name. Reverence, maybe. For the way the human spirit tries to come back, inch by inch, through a fog of confusion and silence.

Thomas' recovery was slow. Unfairly slow. Every gain was a battle. Every word spoken, a quiet victory. His wife told me once that it felt like she was learning to love a ghost and a stranger at the same time. That line stayed with me. I wrote it down in the back of my anatomy textbook. It's still there, underlined.

I don't know how to measure healing anymore. Before Thomas, I thought it came in centimeters and lab values. But now I think it comes in the quiet things—how long someone watches the wind move through the trees, how they reach for a familiar hand, how a flicker in their eyes says, I'm still here.

I'm not sure if I helped Thomas. But I know he changed me. He reminded me that medicine isn't about fixing. It's about witnessing. Holding space. Staying when the outcome is uncertain and the road stretches into mystery.

And maybe, sometimes, that's enough.

Crystal Lemus is a medical student and writer with a focus on neurotrauma and narrative medicine. Her work explores the human dimensions of clinical care—the intersections of memory, meaning, and healing—particularly in the quiet, uncertain spaces of brain injury recovery.

alarm fatigue

Tiffany Westberry

but not tired at all
i'm awake —
hear everything
with wet ears.

every murmur
beep
and mumble.
i cannot turn it off.

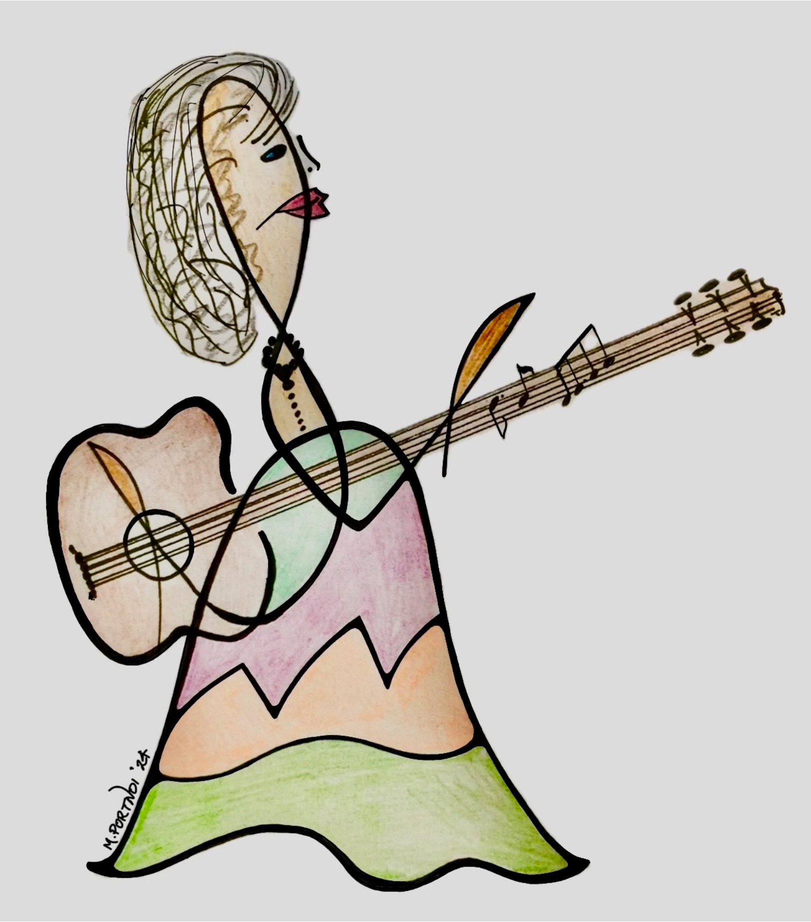
my eyes are leaking
in offices,
sighing and swaying
in hospitals —
trying to catch all the gossip,
the shit-talking,
the tube feeds
and call lights
constantly
going
off.
it's all
going
off.
we're all
going
off.

do you hear that?
you must —
the constant blip
of machines hooked up to bodies
oxygenating blood.

you've learned to ignore it
after all this time —
or your ears
just don't
pick up the sound.

but mine do.
i can't unclench around it.
how the fuck
can you sleep?

my ears
are all i can see.
every sound
picked up off the tile floor —
begging you
to notice.



BAYOU BUSKER
Margie Portnoi

Tiffany Westberry is a lapsed poet living in Cleveland, Ohio, who keeps finding her way back to hospitals. She writes about the messy, tender intersections of body, work and want.

KOI NO YASURAGI

Jesse Greenblum, MD

EVER NEAR: A CARDINAL'S VISIT, A HEART'S QUIET COMFORT
Gabriella Lott

Gabriella Lott is a third-year medical student at the University of Minnesota. She graduated with a degree in biochemistry from the College of Saint Benedict & Saint John's University and enjoys figure skating, hiking, and playing the viola.

What She Carried

Alycia Savage, Class of 2026

I first met her in the breast clinic on an ordinary Tuesday afternoon. The hallway had that usual hum: residents tapping on laptops, medical assistants organizing trays, and the attending moving between exam rooms. But when I stepped into the room and saw her, something in me froze.

She wore a loose, long-sleeved shirt despite the Florida heat and clutched it tightly closed. Her eyes barely met mine. The attending introduced us and gently asked if she was ready to begin the exam. She nodded.

When she opened her shirt, the silence in the room became almost tangible. The cancer was unmistakable. Her right breast was ulcerated, the skin broken and weeping. The mass was large and fungating, stretching angrily across the chest wall. It was far beyond what I had ever seen in textbooks or on slides. It was the kind of image you do not forget. The attending kept her expression neutral and kind and I willed myself to do the same.

After she dressed, we sat down to talk. She said she had noticed a lump almost a year ago. It grew steadily, but she had hoped it would go away. She had been embarrassed. Embarrassed by what it looked like, by how long she had waited, and by the idea of undressing in front of strangers. She was scared that something might be seriously wrong and even more scared to hear it confirmed. So she stayed home. She wore baggier clothes. She avoided mirrors. She told no one.

The unspoken question visible on most faces in the clinic was, “How could she let it get this bad?” But I did not wonder. I did not find her decision foolish or irrational. I found it deeply human.

Over the next several weeks, we saw her again and again. The plan was for neoadjuvant chemotherapy with the hope of surgical resection in the future. Each visit, she seemed a little less guarded. She began making eye contact. She asked more questions. She brought her daughter once, then her sister.

One day after clinic, I sat down to chart and realized I was not just documenting a breast exam. I was chronicling fear, stigma, shame, and in some strange way, survival. She had lived with a cancer that wanted to consume her body and her dignity. But she had come in. And now, for the first time in months, she was fighting back.

Her case forced me to reflect deeply on what it means to delay care, not just clinically, but emotionally. In medical school, we are trained to think in stages, algorithms, and guidelines. But none of those flowcharts can account for the complexity of human hesitation. For patients like her, the delay was not due to lack of access or information. It was rooted in emotion, in embarrassment, fear, and the desperate hope that things might somehow just go back to normal.

The weight she carried reminded me how easily illness becomes intertwined with identity. It becomes more than a physical condition. It becomes a mark of failure, of guilt, of shame. She embodied that burden. But what struck me most was how quickly that burden could start to lift, not with a medication, but with simple dignity. By being listened to. By being seen without judgment.

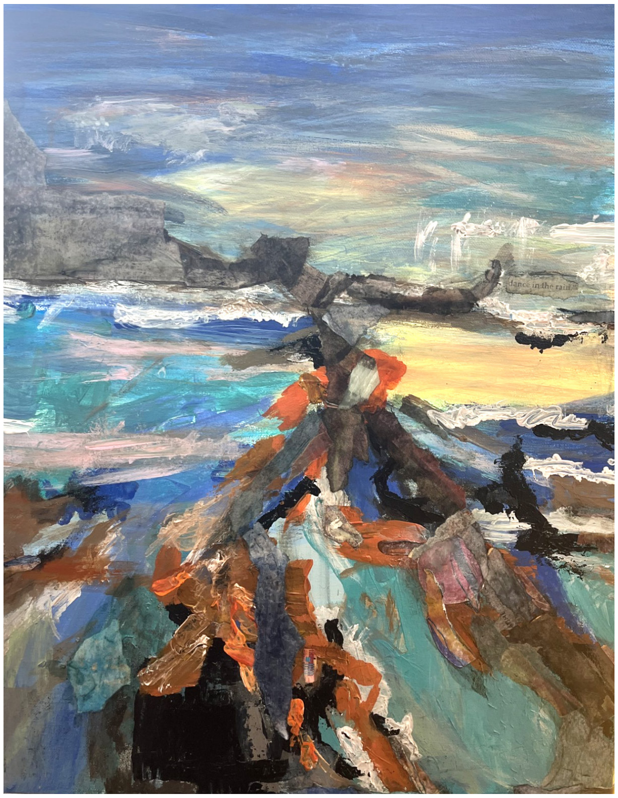
Clinically, her case raised questions about delayed presentations, barriers to care, and the importance of patient education. But ethically, it raised deeper questions for me about compassion, cultural humility, and how we as future physicians confront what patients carry beneath their diagnoses. I did not ask her why she waited. Not directly. I let her tell me in pieces, over time. And what I learned was not that she did not understand the risks, but that she did not believe she would be treated with respect once she revealed what had been hiding under her shirt.

If we want to reach patients like her earlier, we have to start by changing how we respond when they finally show up. Judgment does not make people come sooner. Compassion does.

In our last visit before I rotated off the service, she smiled at me for the first time. A soft, shy smile that said more than words ever could. Her tumor was shrinking. She wore a brighter shirt.

I never told her that she had changed me, but she had. She reminded me that being a doctor is not just about catching disease early or executing treatment plans. It is about creating spaces where people feel safe enough to be vulnerable. Where they believe that even the parts they are ashamed of are still worthy of care.

I carry her story with me now, and when I think about the kind of physician I want to become, I think of her. Not just as a patient, but as a teacher. Someone who taught me that illness is not just a clinical event but an emotional one, and that sometimes the most profound healing begins not in the body, but in the mind and heart.



PURA VIDA
Kelli Trinoskey, MA

Kelli Trinoskey creates compelling narratives, translating discovery and innovation on the ever-evolving field of medicine at The Ohio State University. As an artist, she combines story elements, using memory and imagination to tell a reclaimed narrative.

Dignity in Details

Siddhi Patadia

The staples bend as I pull them out
one by one, resting them in my palm.
My patient watches expectantly, her shoes already laced.
Ready for life beyond these walls.

A new day.

Eight, nine, ten, eleven, each staple leaves its station.
The man's mother glances past the scar now healed,
finding his face, his unmoving gaze,
injuries these staples can never reach.

A new day.

Clink clink clink, staples or the monitor behind me?
Beeps persist, his pulse thready,
the room now a dozen where once stood just two.
The staples left halfway removed.

Each new day I close the curtains, metal wires in hand.
A container for sharps, their home awaits.
Once on her thigh, his abdomen, his arm.
My task the same, its impact unclear.

Who cares about staples when death is near?
Whispers of futility, I push them away.
There is dignity in details, compassion in these actions.
Care. Until the very end.

Siddhi Patadia is a fourth-year medical student at Baylor College of Medicine applying into surgery residency. Through her writing, she hopes to honor the quieter moments of medicine and inspire intentional reflection within surgery.

Home Visit

Elena Harbison Pitts
Class of 2028

Roads get smaller and smaller until they lose their paint and turn to dirt. I come armed with my last pen and my brand-new stethoscope, trying to ignore the coffee stain on my freshly pressed white coat. The past few days have acclimated me to life in the clinic, interviewing patients, and the basics of health management.

Half of doctoring, I was learning, is observation. The way they walk, the color in their face. The collection of medicines between two recliners; the cavernous distance from recliner to bathroom.

Ms. Terry has been emotional lately, suffocating under the weight of her latest hospital stay and the fluid collecting in her lungs. Her arms are torn. A nurse gripped her too hard in transfer, ripped her skin in two. Mr. Terry buzzes behind her, trying to make sure we’re comfortable, that we can make his wife more comfortable—maybe even happier.

“She would never say a bad word about anyone,” he tells me, his voice flecked with admiration. Ms. Terry walks me through her wounds between gasping breaths. Mr. Terry prides himself on honesty, especially when it concerns his wife’s safety. He’s displeased with the nursing staff that left her bloody, the oxygen company whose voicemail he can recite by memory, and home health services, who cancelled her physical therapy because, now, she needs wound care more.

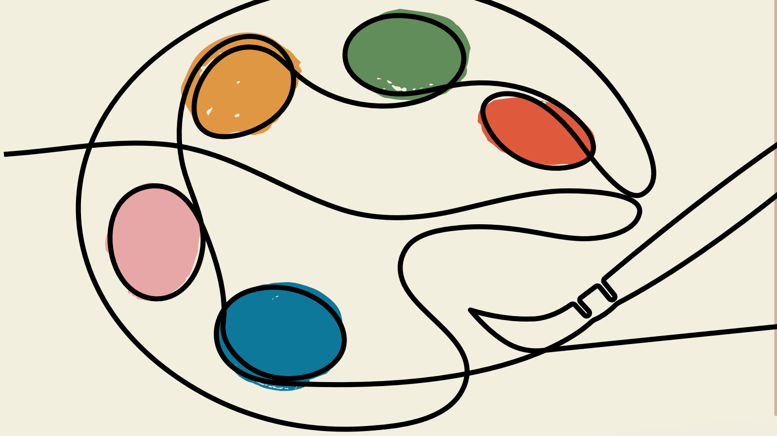
I’m sitting in a time capsule, perfectly preserved from 1985. Floral curtains, wood paneling, linoleum, China cabinets stuffed to the brim. My preceptor opens her vintage doctor bag and produces a stethoscope and pulse oximeter. “Can you please hold out your index finger, Ms. Terry, ” I request, praying that supplemental oxygen is doing the work her tired lungs aren’t capable of anymore.

Ms. Terry’s skinny fingers curve inwards at her knuckles, evidence of 90 years of use. “I can’t hold a paintbrush anymore," she confesses quietly. “My fingers don’t listen like they used to.” I look around the room while I wait for the oxygen reading to stabilize. The walls are adorned with hundreds of paintings, each one signed at the bottom with a name I just learned from her electronic health record: TERRY.

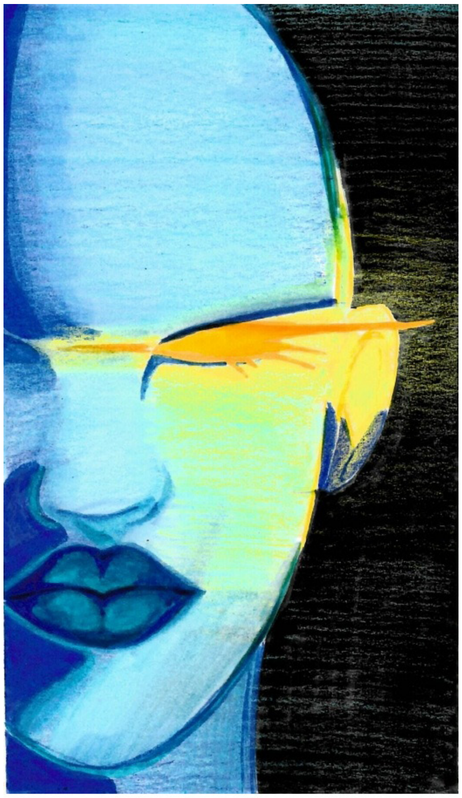
"Ms. Terry," I ask, "did you paint all of these?”

She smiles. Not all of them, she clarifies. Some are hers, but many more are Mr. Terry’s. Now, she simply watches him paint. Scattered among their works are imperfect copies, signed with unsteady, childish hands and accented with glitter. Their girls always wanted to be involved. Through a back window, I spotted a familiar scene, its likeness captured again and again across the room: two wooden chairs, dilapidated from disuse, resting right on the water’s edge.

I ponder how much I never would have known if I met Ms. Terry under fluorescent light.



BLUE DAWNS



FORESIGHT

MELANCHOLY

LATENCIES IN BLUE: #0000FF
Esohe Irabor, PhD

Dr. Irabor is a public health professional, educator, and award-winning science communicator whose body of work spans biology, health humanities, and the arts. Now a Peace Corps Health Volunteer, her daily work consists of public health education and promotion activity around disease prevention, hygiene, and water sanitation.

THE OCTOPUS TRAP

Cara Coleman

Icicle lights twinkled overhead. The scent of lavender filled the room. Bob Marley softly played in the background as she took her last breath. I squeezed and then let go of her hand, buried my face in her chubby cheeks, breathed her in and kissed her one last time. I stumbled out. Hand palming the wall to steady myself. Pressure building in my chest. I walked slowly down the stairs to tell her siblings. *She is gone.* Vice grip tightening with each word. Each breath. Each step. I made it back upstairs. The pressure was overwhelming. I hid in my husband's arms, burying my head in his chest. Gasping for air.

What has brought you in today?

My heart has been feeling funny.

How so? Are you having chest pain?

No. Well, not right now. This sounds cliché, but sometimes it feels like my heart is going to come out of my chest. Like it is alive. I've had these feelings for a while… my daughter… well, my 11-year-old daughter has been dying over the past year. And then… she died. That night, it felt like someone sat on my chest.

Some days in the months leading up to the night she died I itched with anxiety.

It made me sick to my stomach.
My heart raced.
My mind ran through a million lists,
sorting
what could be done,
had to be done,
should be done—

questioning if I had done enough.

Your lab work and electrocardiogram are fine. You did not have a heart attack, but you did experience something called takotsubo cardiomyopathy, also known as broken-heart syndrome.

I walked as long, as far, as fast and as often as I could. One foot in front of the other. Sometimes head down, unaware of anything on the path that surrounded me. Other times, head up, I noticed everything—the granularity of the red clay on the dirt road, each splinter in the wooden paddock fence, the shocking volume of the geese as they flew overhead, the single oak leaf remaining on the tree branch. Just when I thought the itch was scratched and the racing done, my heart jumped. Like it had gulped. As if I could look down and see the ventricles on the surface of my jacket staring back up at me.

Starved
for air,
for love,
for attention.
I felt their fleshiness—all bend, no break.

The palpitations you mentioned—heart skipping a beat, racing, fluttering—are also part of takotsubo. The word 'takotsubo' comes from the name of a pot used by Japanese fishermen to trap octopuses. When the left ventricle of the heart changes shape, it develops a narrow neck and a round bottom making it look like the octopus trap.

The night she died my heart trapped an octopus and then it was pushed to the bottom of the pot, blanketed in stillness beneath the velvety, head-footed mollusk.

Is there any treatment?

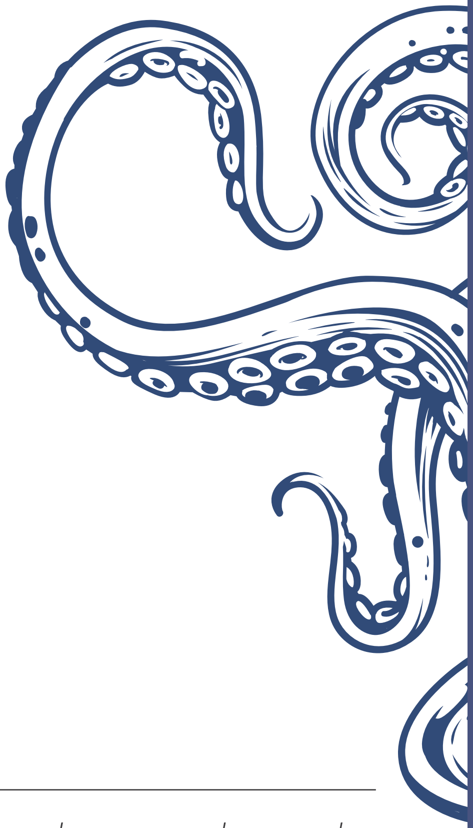
Don't worry too much about it. Most people recover
within a month.
There is no treatment.
And usually,
no long-term damage to your heart.

Years after the night she died, the octopus still haunts my heart. It has three hearts of its own—but it rules mine too. At first, I lurked in the black cloud of its ink. Until, slowly, the ventricles began to try on the shape of their new inhabitant. The smooth, powerful muscles of the eight arms dared to lead a resurrection. They crept, gently draping around my shoulder when I caved inward, hollowed out in otherness and grief. Master of camouflage, the octopus taught me to adapt. Choose my own colors, textures, patterns, responses. Avoid how others pull you, push you, put on you, pity you, split you.

Silence you.

I began to push back, dodge the slights.
When asked, *how many children do you have?*
I stopped hesitating.
I have 4 and one of my daughters…
I turn on the film reel of memories.
I say her name.
… *Justice Hope died.*
They turn away, afraid to speak of the dead.
I am sorry, I don't want to make you feel sad…
but that is more about them than me.
I smile.
The curve of my lips,
tentacles,
extending comfort.

I am learning to live with it,
to lean into the fleshiness of my heart—
all bend, no break.



Cara L. Coleman is a mother, attorney, advocate and family partner. She is Director and Founder of the Bluebird Way Foundation, committed to using the arts, humanities, storytelling and narrative medicine to humanize health care and health profession education.

Hold My Hand

Elisabeth Smith, Class of 2027

"I want to go home," you repeated again.
"You are home," I said.
You shook your head as you laid in your bed.
"Hold my hand."

The disease had gripped your brain,
it was hard for younger me to ascertain.
It robbed you of sweet memories we shared,
like the times you watched me sing and dance,
or when I'd drive you around
with the destination of nowhere.
It stifled your voice, drained your strength,
picked and nipped at your mind for such great length.

As the sun set, you'd forget where you were,
who I was, but you'd laugh,
so I knew you were still buried inside.

"There's nothing we can do," the doctors announced.
"Hold my hand," you said in Assyrian.
I took your one and only hand in mine and kissed it.
If only I knew that would be the last time.

Sitting at the front row of your funeral,
I thought about your hand.
All the dolma, bryani, kubba, and chai you served with just one.
I hope you're home with two restored.
While you are missed greatly here,
I do this for you—
To hear you clap with two hands for the first time.

In loving memory of ܢܵܢܵܐ

YELLOWSTONE RAINBOW POOL
Christina Bobrek, Class of 2027

YELLOWSTONE SKYLINE
Christina Bobrek, Class of 2027

Stargazers

Laura Webb

Stargazer (slang, midwifery): a baby born in the occipito-posterior position, i.e. facing the front of its mother.

It was the first birth I'd ever seen.

Rooted to the bed with clenched fists,
the labouring woman murmured prayers in her mother tongue
– or perhaps curses.

I tried to remember what I'd been taught.
The midwife let me listen to the baby's heart,
talked me through the injections and drips.
Across the bed, the woman's mother
lifted a cup of spiced herbal tea
to her daughter's lips.

Eventually, the girl entered the world
with her face turned not to the earth,
but towards the heavens.
The grandmother said I had been lucky to witness
an ancestor reborn: When an old soul returns,
it looks for the star it came from.

*

That night I dreamed I was a child again,
picking petals for my mother to dry, crumble and steep
to make rose tea. She repeated the superstition
that her own mother had instilled into her:
Never pluck a flower bare,
you'll wake the bairn that sleeps in there.

I started from the edge of a white rose.
One petal for me, the next for my mother,
the next for *her* mother...
They floated silently up and up
into the darkness above.
Generations fell into the sky
as I peeled each layer away.

By the time I reached the heart of the rose,
the night was filled with stars.
Curled inside the final, furled petal was a baby.

She met my gaze, and her eyes were mine.

Dr. Webb is a resident doctor in Brighton, UK, whose work explores themes of illness and healing, folklore and ecology. She co-edits the science poetry journal Consilience *and is studying towards an MA at the Poetry School.*

Freedom

Rosella Coston, Dwellings Resident

Emerge, break free of the chains that bind you, your heart, your very soul.
Be free of the shame that haunts you, of all the days and ways you walked in darkness.

Come forth and embrace the journey that took you to places and seasons, ripe with
adversity and pains left unspoken. Hold fast to hope that the light will guide you.

Believe and cling to the dreams of redemption, restoration. Realize you've been aided
throughout it all by people and situations, without explanation.

Trust and let go of the burdens you've carried, weighed down with years of regret.
The memories of your pain and pain caused to others, be forgiven, forgive.

Let love envelope you and burn away the guilt that has shaped you, held you captive
too long. You were meant to shine light out to others who share your same darkness.

So emerge from your prison and smile in the sunlight as your wounds have been
transformed. The very things meant to break you have given you wings.

> *To celebrate Mental Health Awareness Month this past May, FSU Health Corner at The Dwellings held a creative writing contest with the theme of "Transformation."*
>
> *Judges with creative writing or mental-health expertise selected Rosella Coston's poem "Freedom" as the winner. Coston received a prize and was featured in the community newsletter. Of the poem, Coston notes, "Given a prompt of 'Transformation,' I took the opportunity to finish some lines that have been brewing in me for years. This is the finished piece—a word picture of my journey."*

FSU Health Corner is a Communities in Action for Medical Innovations (CAMI) project. ***cami.fsu.edu***

A MOMENT APART
Riya Rupareliya, Class of 2026

This photo was taken on a quiet evening at the edge of the ocean. Two children are shown at play—one enveloped by the waves and the other standing still on the shore. Both are only a moment apart, lost in their own little worlds, caught in the same frame. This photo, to me, reflects a stillness that is often overlooked. The low tide of the water, the salty air of the breeze, and the quiet of the beach at dusk made me realize that in a life filled with motion and anticipation of the next big event, we have to stop and appreciate the stillness that exists in these moments, the ones we almost miss. —Riya Rupareliya

SUNSET IN COLARES
Shea Perera, Class of 2026

HEAL

Humanism Evolving through Arts and Literature

Cover Artwork Finalist

INTRACELLULAR

Randall Fisher, DPM

A few years before returning to school for premed studies and an eventual career in podiatry, Dr. Fisher received a BA in English. Along with his interest in literature he has had a lifelong love for travel and the visual arts.

THE LATE FALL: CUỐI THU

Nhung Nguyen

Nhung Nguyen is a cancer researcher at the University of Minnesota with a strong passion for art, painting, musical instruments, poetry, and crochet.

Transforming Medical Reports into Poetry

In September of 2025, the Chapman Humanities and Arts in Medicine Program sponsored a writing workshop entitled "Transforming Medical Reports into Poetry." Led by poet Jenny Burkholder, participants used terminology from their medical reports to craft a poem, and in the process reclaimed the disembodied language. Please enjoy the following sample of poems written during the workshop. Language borrowed from the reports appear in italics.

Presenting for Cold Knife Cone Biopsy

Bonnie Wilt, Class of 2026

Presenting for cold knife cone biopsy.
Slicing away the offending material for exam.
CIN-3 extending into the endocervical canal.
If the spread is not cut, the cervix will be overtaken.

"I'm just so embarrassed." The patient begins to cry.
Blue scrubs, blue hats, white gloves, blue masks stare back.
I squeeze her hand.

The patient is placed in the dorsal lithotomy station. Draped in sterile fashion.
Weighted speculum placed, grasped with tenaculum at 12 o'clock.
I am told that patient is asleep; she can't feel the firm grab of my metal claw.

A shaved biopsy of the cervix was taken around the clock.
A flood of brisk red around a gouged surface.

The patient tolerated the procedure well.
Surgical margins negative. No invasive carcinoma.

Left's Lament

Colin Knight, MD

Ft. Pierce Regional Campus, Florida Longwood Hospital

Sinister sickness.
New neurologist.
Nerve injury, stroke, multiple sclerosis. What is the diagnosis?
Mononeuritis mononeuropathy marshalled multiplanar multisequence MRI.
Stripped of metal; squeezed in a magnet.
Possible poorly visualized disc protrusion. This is no illusion.
Disc bulge osteophyte formation. Is this the causation?
Levoconvex scoliosis. Simply atrocious.
Neural foraminal stenosis. What is my prognosis?
The images scare me. I don't want to peer. I need to persevere.

Dr. Knight practices pediatric surgery on the Treasure Coast of Florida. When he's not working and raising his sons, he is earning an MFA in photography at Barry University.

Emergency

Elizabeth Ruelke, Class of 2026

Bitterness for breakfast.
Lips cracked, tongue lost.

Tachycardic, Tachypneic, Tender to palpation

Cold, I can't feel my feet.
Gripping metal to stop falling.

Contact precautions, contagious, college age

Bleach. Bleach and hand sanitizer.
Sticky adhesive gripping my skin.

Febrile, Leukocytosis, altered mental status

Vision is gone, close my eyes.
Light boring through my lids.

Brudzinski negative, significant neck stiffness

Screeching beeping and running voices.
Words. Questions. Bombarded and buried.

Lumbar puncture, Vancomycin, Ceftriaxone

Mind feels like a bomb imploding.
Pressure on my hip, but I can't move.

CSF Unremarkable, Meningitis ruled out, Discharge home

Now was not my time.
I still have tomorrow.

HEAL
Humanism Evolving through Arts and Literature

Cover
Artwork
Finalist

On the Back Cover

COUNTRY LANE

Jesse Greenblum, MD

Dr. Greenblum is a practicing obstetrician-gynecologist and an assistant professor in the Family Medicine residency program at Halifax Health in Ormond Beach, Florida. He paints as a hobby and has had gallery shows in Florida and California.

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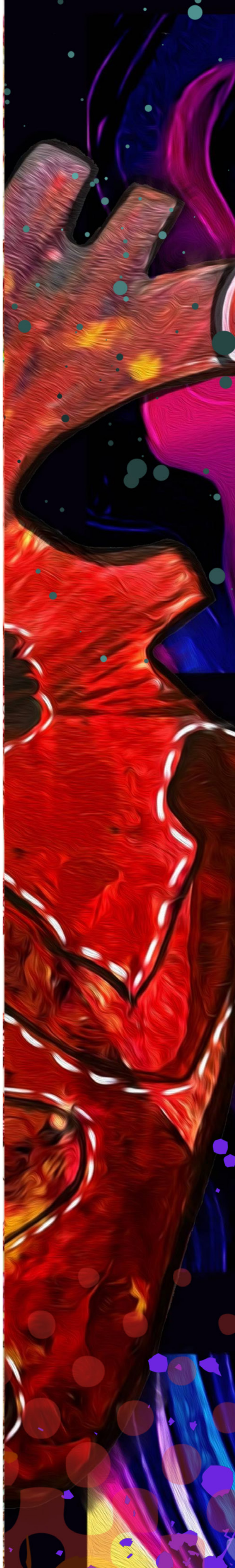

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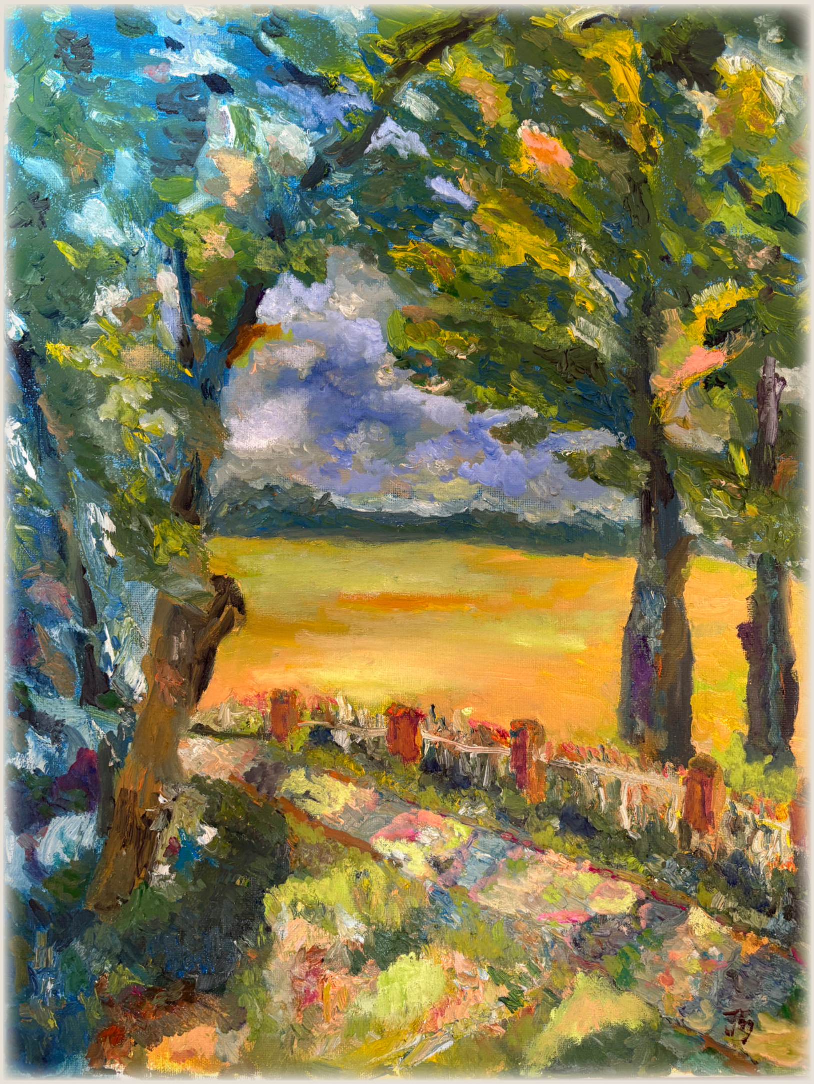

HEAL stands for Humanism Evolving Through Arts and Literature. Bringing together writing and art from a variety of sources, HEAL acts as a platform where medical students share their growth and development, where faculty and staff impart their knowledge gained from experience, and where members of the community express how health and healing have impacted their lives. HEAL strives to bridge the growing gap between patients and their providers while hoping to produce a meaningful creative outlet to those who participate in the publication of its quarterly digital issues and annual print journal. Students, faculty, staff, and members of the community affiliated with the Florida State University College of Medicine are encouraged to submit their art and literary works.

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