The title of our journal has raised a good deal of speculation. The wild onion is a common garden-variety weed, a hardy plant that grows almost anywhere and tends to spring up in unexpected places throughout the woods and fields and roadsides in this part of the country. It blossoms into an unusual purple flower and its underground bulb, if tasted, yields a pungent, spicy flavor. The wild onion is a symbol of the commonplace yet surprising beauty that is living and growing around us all the time, the spice that though uncultivated, unexpectedly thrives and – if we only take time to notice – enhances life.
Wild Onions Vol. XXII: 2008

Wild Onions is an annual publication funded by The Doctors Kienle Center for Humanistic Medicine, Pennsylvania State University College of Medicine. It is a journal of poetry, prose, photography, visual art, and music created by members of the entire Hershey Medical Center community.

Entries are selected on the basis of artistic merit, representation of the broad diversity of the medical community, and recognition of the interplay between science and creativity that is essential to medicine as a human endeavor.

Faculty and staff, both clinical and non-clinical, patients, families, students, and volunteers are invited to submit original (not previously published) literary or artistic work on all topics. Photography or drawings may be submitted in either black and white or color format. All entries may be submitted to the Department of Humanities or electronically via wildonions@hmc.psu.edu. For an unbiased selection process, we ask that identifying information (author's name, relationship to Milton S. Hershey Medical Center, mailing address, and telephone number) be listed on a separate sheet of paper and sent along with the entry. If you wish to have your entry returned, please include a self-addressed envelope.

No portion of the journal may be reproduced by any process or technique without consent of the author. All submissions, inquiries, and requests for authors and current or past issues of Wild Onions can be directed to Managing Editor, Department of Humanities, MC H134, Penn State University College of Medicine, 500 University Drive, Hershey, PA 17033.

The aim of The Kienle Center is to advance the appreciation, knowledge, and practice of humane and humanistic medicine, defined as health care that is sympathetic, compassionate, and effective. Wild Onions serves this goal by encouraging literary and artistic work that seeks to describe and understand, with empathy, the experiences of giving and receiving health care.

Activities of The Doctors Kienle Center for Humanistic Medicine include:
- The Kienle Service Grant, co-sponsored with the International Health Interest Group, for medical students engaged in volunteer work with underserved patients.
- The Doctors Kienle Lectureship, which brings national leaders in humane medicine to Hershey Medical Center.
- The Experience of Care Project, which teaches medical students through participant-observation studies.
- The Doctors Kienle Prizes in literature, art, and music.
- The Galleries Within, an exhibit of biomedical art.
- The Doctors Kienle Collection, materials concerning humanistic medical practice (located in the Harrell Library).
- The Student Humanitarian Award, co-sponsored with The Association of Faculty and Friends, for a medical student.
- The Mary Louise Witmer Jones Humanitarian Award, given annually to an outstanding resident.
- The Nurse’s Humanitarian Award, in honor of Lawrence F. Kienle, M.D.
- Humanism in Medicine Awards, co-sponsored with The Arnold P. Gold Foundation, for a graduating medical student and for a faculty member.
- The Kienle Cultural Series, a series of presentations in the arts and humanities.
- Patient Portraits, photography exhibit by Joseph Gascho, M.D.
Introduction

George F. Blackall, Psy.D. Pediatrics

Welcome to *Wild Onions*! In this issue we will finally put to rest the age-old question, “What is the Best Medicine?” Actually, if the history of this publication is any indication, we will more likely shed an artistic and thought-provoking light on this year’s theme.

*Wild Onions* serves as a beacon, reminding us amidst the technological revolution in medicine of the human side of illness, suffering, and healing. It gives voice to our community. And our community has a voice! Furthermore, it is through the expression of our many diverse voices, that we expand our vision.

“*Wild Onions* serves as a beacon, reminding us amidst the technological revolution in medicine of the human side of illness, suffering, and healing.”

At The Milton S. Hershey Medical Center and the Penn State College of Medicine, we are adept at seeing the person as part of an illness. After all, we pride ourselves on our Department of Humanities and the strong presence of our Department of Family and Community Medicine. So why do we need a literary journal to help with our vision?

The answer lies not in breadth, but rather in depth. Artistic expression helps us get to the core of human experience. To say someone is suffering can be a bit hollow. But if we read their words of searing pain or study their painting of anguish, we get it. By get it, I mean that in some way, we are changed.

I remember an essay written by Keith Swetz, a first-year medical student at the time, in the 2000 issue of *Wild Onions*. It was titled “3:40.30”. In the essay he describes watching a swim meet in which a handicapped swimmer entered a race with able-bodied competitors. It was the 100-yard breast stroke and most swimmers completed the race in about one and one-half minutes. The title of the essay was the girl’s actual time. Her struggle during the race was clear and as she neared the finish, the crowd roared with amazement at her courage. The paradox in the essay was how such a poor time in a race could signify such a great accomplishment in life. Here it is, eight years later and I am still moved, changed actually, by that piece.

So enjoy this issue of *Wild Onions*. I hope that our community’s voice in the pages that follow will speak to you. Perhaps even change you.
Contributing editors

Poetry Editors

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Darren Dolly
MSII
John Magruder
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Michelle Quirk
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MSII
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Fady Wassef
MSIV
What is the Best Medicine?

Welcome to this year’s Special Section of *Wild Onions*

With the development of miracle drugs, molecular diagnostics, and innovative surgeries, science and technology are revolutionizing modern health care at an astonishing pace. The price of progress, however, can be a loss of perspective. It has become increasingly difficult to reconcile the new emphasis on evidence-based practice with the traditional importance of the human connection between patient and physician. In the context of this paradigm shift, we must not lose sight of our basic purpose: to search for the best medicine.

How do we define the best medicine? Is it love or compassion? Laughter or hope? Faith or friendship? It is not simply one of these, but all of them. It varies as widely as each patient, constituting a form of customized therapy that even genetic engineering has not achieved. Even in the smallest doses, it fulfills unspoken needs and relieves unseen symptoms.

Discovering the best medicine is a journey for the doctor as much as for the patient, an important goal from both sides of a clinical encounter. It is both a collective experience meant to be shared with friends and family and an individual quest for understanding.

This special section of *Wild Onions* contains your responses to the timeless question, “What is the best medicine?” Scattered throughout the pages that follow you will find statistics compiled from an online survey completed by members of the Milton S. Hershey Medical Center community.

Through photography, art, poetry, prose, and music, you have shared unique insights into the type of medicine that cannot be taught but must be experienced. Thank you for your creativity, enthusiasm, spirit, and support. We hope you will find as much inspiration and enjoyment in this issue of *Wild Onions* as we have.

Ramez Ethnasios, MSIV
Senior Co-Editor of *Wild Onions*

Ramez grew up in a suburb of Los Angeles, CA and was heavily involved in the Coptic Orthodox Church, serving as deacon, cantor, Sunday school teacher, summer club director, and basketball coach. He received his B. S. in Biology from UCLA and attended UCSF briefly. His non-traditional path to medical school found him working in a broadband media technologies start-up, teaching high school biology and chemistry, and teaching vocational college. Ramez authored one of the first websites on Glucose-6-Phosphate Dehydrogenase (G6PD) deficiency. He will be entering Internal Medicine residency at the UCLA-Olive View Medical Center in the San Fernando Valley where he grew up. He hopes to continue his research in G6PD deficiency, continue his work with humanities and art in medicine, and broaden his interests with medical technologies. He will be getting married in October of 2008 to the love of his life, Samia Rafeedie.

Reema Kar, MSIV
Senior Co-Editor of *Wild Onions*

Reema was born in Calcutta, India, and grew up outside Allentown, Pennsylvania. After earning a B. S. in Biology, she spent a year at the National Institutes of Health studying the molecular genetics of zebrafish development. Since coming to the Penn State College of Medicine, Reema has been involved in health care education initiatives through American Medical Student Association, AMSA, LionCare, and the Harrisburg YWCA. A strong supporter of the arts and humanities, she sang alto and soprano in Med Notes, an a cappella group, and has worked with Wild Onions for the past four years. As an avid traveler, she has been involved in international health projects in India and Uganda, and hopes to continue pursuing clinical experiences overseas. In her limited spare time, she enjoys reading, creative writing, film, and painting. This summer, Reema will be starting her training in General Surgery at the University of South Carolina.
The Best Medicine
© Barbara L. Hoffmann, M.D.
Family & Community Medicine

The Best Medicine
… Is not always the right medicine.
… Is most often the least medicine.
… May not be medicine.
… May be no medicine at all.

Therapeutic Journal
© Renate Mott  Patient

My Journal
My loyal friend
My companion on my search for my authentic self
You help me
    To pay attention to myself
    So my underlying thoughts become clearer.
You know
    Which of my distorted beliefs is the cause
    Of my negative feelings and thoughts.
You help
    When I am being flooded with memories
    Of abandonment and rejection,
    Shame and worthlessness,
    Feelings of rage, helplessness, panic and emptiness,
You record
    The changes in moods
You are there
    When I try to lift the dark shadows from my soul
You still listen
    When I am afraid of the sound of my own voice
And you always answer quietly
    Giving me another empty page
    To fill with introspections
And when I feel speechless
    You show him the symbols
    So I will not give up
    And utterly alone
    Crawl back into my prison of loathing and despair
    From where apparently no escape exists

Because you know
    The solution lies within me.

At World’s End
(Cabo de Sao Vincente, Portugal)
© Amanda Mallonee, MSI

75.8% consider HOSPICE
a meaningful and important
healthcare modality.

The majority of respondents
believe that chronic fatigue
and insomnia are best
treated with EXERCISE.
It was New Year’s Eve Day. I typically try to visit with hospitalized folks every holiday I can. I’ve been doing volunteer work with my dogs for over 12 years, but particularly at Hershey for the past three years. So off I went with Maggie, my hospice dog.

I have two certified therapy dogs, both of which work at Hershey Medical Center. Casey loves to make folks laugh with his silly antics and tricks, all while wearing his red sunglasses. He lets you pet him and he’s ready to move on to the next patient. Casey, like me, doesn’t want to miss a patient.

Maggie, on the other hand, would much rather just sit quietly at your side, endlessly, while you pet her and talk with her. She is intuitive. Maggie came from a high profile abuse case and was only meant to be a foster dog. I knew she was special and couldn’t let her go back into the system to be adopted. So Maggie went to live in Selingsgrove with a wonderful couple. Unfortunately, Maggie’s human best friend became very ill. Apparently Maggie was a therapy dog long before we ever knew it. I do believe she sat for hours with Glen while he was ailing. She provided great comfort to Mary, too, Glen’s beloved wife and caregiver. Upon Glen’s passing, Maggie came back to live with me. I realized her potential immediately and had her evaluated to become a therapy dog and join us at Hershey Med. She doesn’t do any tricks. And she isn’t much into wearing her diva sunglasses, but she will if it makes you smile. She will, however, sit on your bed and snuggle into you while you pet her beautifully soft coat.

Our New Year’s visit was to a hospice patient we never met. Upon entering the room I introduced myself and Maggie to Donald, Betty’s husband, and told him why I was there, showing him our official ID badges. He took one look at Maggie and smiled. He got very excited to tell his wife that Maggie and I were there to visit her; however, Betty wouldn’t, or couldn’t focus on either of us. When Donald got in front of her she would stop thrashing and smile. Clearly she was the love of his life. Donald was a bit upset that Betty couldn’t really pay much attention to us. He apologized repeatedly, telling me she was having a bad day. I patted his back and said it was alright, we were there as much for him as his wife. Donald pulled up a chair so I could join him bedside. I placed Maggie on the bed beside Betty. I tried to stroke Maggie’s back with Betty’s curled up little hand, to no avail.

Donald and I engaged in conversation. “How long have you and Betty been married?” It was clear he was devoted to his bride of 59 years. He told me stories of their youth. How they met. When they married. All about their children and their grandchildren and he named them all, showing me photographs. He told me all the places they lived. He even told me of the dogs they had in their lifetime together. We laughed…and then we cried. Donald told me a story of just a week before when his daughter was with him to visit Betty. Betty hadn’t spoken a clear word in weeks. She looked at Donald when he was close to her and said, “I’m ready to go, I love you.” Tears filled Donald’s eyes, and mine. I stroked his hand, and for a while we talked about
that and how it brought him peace although he didn’t want to lose his life partner, best friend, wife, and mother of his children. We became so engrossed in our conversation and the new friendship that we didn’t even realize Betty had become very still and quiet. Both of us looked at her and she was holding Maggie close with her arm wrapped around Maggie’s little furry body, her frail fingers scratching Maggie’s chest. Donald looked at me sweetly and said, “I think she likes Maggie.”

Shortly thereafter there was a knock on the door, one of Donald’s friends he made at the facility during his daily visits to his beloved wife. He stopped in to say hi and Happy New Year. He was bearing brownies in the shape of Christmas Trees and graciously gave me one. He instantly noticed Maggie and began to pet her as well. Next thing you know, nurses were trickling in… to see Maggie. Even a doctor stopped us in the hall and got down on the floor at Maggie’s level to pet her. The doctor looked up at me and said, “I feel better already; see this pet therapy stuff really works.”

I spent a good hour or so with Donald and Betty. I left my card and told Donald to please call me if he thought either he or Betty could use another visit. I’m very sorry to say that Betty passed away shortly thereafter.

So what is the best medicine? And for whom? That day I learned something. I learned that I made a new friend in Donald, and he was quite an inspiration to me in his devotion to his wife and family. I learned something about faith. Maggie taught me something about patience, as she sat there patiently waiting for Betty to notice her…or need her. I learned that through my volunteering and therapy work I have made some very special friends and that we have touched many lives. I learned that the doctors and staff benefit from these fuzzy lil’ volunteers as well, if not more. I could quote the statistics of the benefits of therapy dogs, but what I witness every day is something the statistics can’t show.

Casey and Maggie are licensed therapy dogs through KPETS, Keystone Pet Enhanced Therapy Services. The writer is a volunteer with Hershey Medical Center.

Names have been changed to protect patient and family privacy.
Curled in a fetal position
Sobbing.
“Doctor, I’ve lost all hope,”
Says this
Previously high functioning man
Now riddled with cancer.

Time for emergent action.
I establish a sterile field
By
Placing all other duties on hold
And
Giving him my untainted attention.

I prepare my instruments:
Empathetic words at the ready.
Then I prod with a
“Tell me how you feel”
And watch as anger and
Frustration start to drain.
A few strategic
“I understand”s
Keep the purulent feelings flowing.
“Anyone would feel that way”
Breaks up some last emotional loculations.

By the end of the procedure
The patient is sitting up in bed
Smiling, thankful and relieved.
And I am once again reminded
That like a well-placed chest tube
Well-placed words
Can
Heal.

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Triumph
© Sarah Smith, MSIII

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82.0% of respondents agree that LOVE is an essential component of good medicine.

66.7% indicate that VISITING A DOCTOR / HEALTHCARE PROVIDER is a useful and practical way to access healthcare.
A Quiet Final Gift
© Linda Amos  Wife of Liver Transplant Patient

As she returned home
from the gut-wrenching,
tears-soaking-her-face-and-dress
debacle of a funeral,

there was a quiet knock at the front door.
Dragging herself up and out of her chair
she glanced up to see a floral deliveryman
standing nose-to-screen.

"Delivery," he shouted.
"Just leave it," she sighed.

"No ma’am! I’ve got explicit orders
to deliver these in person to the lady of the house."

She gathered what little strength
she still had and ambled out the door.
He placed in her hands a long white box
tied up with a big red bow.

The card read, “Roses for my dear wife, Linda.”
She looked confused.
She was touched with the poignant tenderness of this moment.
She was totally disarmed by this quiet final gift.
They were from her husband.

Consolation
© P.R.J. Smith  Husband of Diane Smith  Anatomic Pathology

There is none
You cannot save the drowning with tears
You cannot fight water with water
Better to rest my hand
On the back of your neck
And allow you to weep openly
And unobscured by words
Made impotent by their speaking.
Consolation is not in words
It is an open hand
Expected not to be grasped
It is to be present
Without expectation or result.
It is to be there
And leave you alone
Sorry I can’t do that.
So my hand is on the back of your neck
While you weep
But I will try
To be silent.
And I will try
Not to speak.

MEDICATIONS and SEEING A PHYSICIAN are the two most popular methods for treatment of pain.

Window Painting
© Michael J. Green, M.D., M.S.  Internal Medicine and Humanities
Hospital Poem
© Karla Campanella, M.D. Psychiatry Resident

Her son is dying
Slowly
Painfully
While she watches
At his bedside.
I ask for a few moments
Of her time
Just to clarify his medical history.

With the facts
Come tears
And grief
Sadness
Anger
Frustration
A flood of negative affect
That threatens to wash me away.
Facts forgotten
I comfort as I can
Then leave her to her suffering.

But her sadness goes with me
Unpleasant, burdensome
Like a heavy blanket
Around my shoulders
But maybe
Just maybe
Her pain is a little easier to bear today
Because
I have carried some of it away.

78.0% see EXERCISE as a great way to maintain health and well being.
The Oncology Ward
© Doris Jean Silva Mother of Jeannette Gullett Microbiology & Immunology

It is 1985 and I have cancer at a time when tunnel vision towards an incurable disease is the prevalent attitude. People think of cancer as a contagious disease, and they avoid me while trying to outrun contagion. Bad news usually happens to someone else but when it happens to someone that you know, it is best to pass the news along quickly. That way you are rid of it.

My gynecologist sits across from me at his desk. He is trying to explain the disease with pictures of the different phases of cancer. Bad news is always best with pictures. The cancer is actually quite pretty under the microscope, doing nothing more than multiplying itself in an act of sexual competition with other organisms. “Wrong place and wrong time,” come to my mind and I smile as I realize that my sense of humor has not yet deserted me.

There is a neutral, unemotional expression on the doctor’s face. It has taken many years to understand this detachment. In the 1980s, a doctor’s failure rate at saving patients very much exceeds his success rate. It is best to keep an emotional distance.

In the end, he delivers a short and neatly expressed general truth. An aphorism about death usually follows stage 4 cancer patients. This is the stage that I am at and the only hope is to operate immediately.

After surgery I am taken to the Oncology floor. It has a smell to it, mucky and oppressive. An air of lugubriousness hangs over the floor like a fog. The smell of death is everywhere. It sticks to my hair and clothing.

The hospital staff consists of nurses with malleable personalities, capable of being shaped by each patient’s stage of cancer. They have an immense amount of patience and empathy towards their patients. I have seen this empathy before with my mother, a registered nurse. She brought her sorrow and frustration home with her many times.

For the first time, I look around and take stock of the other patients who are little more than non-specifics with only their names on charts at the end of their beds to differentiate them from each other. They are grouped together according to their various stages of cancer. They are Hope, Hopeful and Hopeless.

The Hope group are the cheerleaders of the ward. They are newly diagnosed and they fully believe that they will survive this parasite. They are very dogmatic. The Hopeful are patients with faltering hope and they are more subdued. They have an element of resigned helplessness but fatalism is not in their demeanor yet. They rely heavily on the idea of a demiurge that will rid them of their fear of dying. They suffer from lassitude and apathy. But something can be said for pain and suffering. At least you know that you are still alive.

The Hopeless patients are in a world of their own. They exist in impenetrable boundaries. This is the point where something ends and something else begins.

Morphine, which is given to handle the pain, alters their body chemistry and puts them in a delusional state. Each breath is tedious and they exist in a paradoxical sleep, only awakening when hallucinations make them scream in pain and fear. Look into my face: it says no hope, goodbye and farewell. What is the difference between the spirit and the unconscious mind? These patients are an aberration of what they once were. There is no talisman here.

I survived cancer back in the 1980s. In the end, I found that even the most cynical and disillusioned person has to believe that there is more to life than just one’s self. Suffering creates existential moments of the mind, body, and spirit. You start thinking in broader terms of mankind rather than of yourself.

The world is constantly changing due to science, but the fatal hubris could be the religious opposition to science. Important events cannot change a person. But important events do bare the soul, just like a strong gust of wind can reveal a tree’s true shape.

RELIGION / SPIRITUALITY
is the most common way
to cope with
death and dying.
Laughter is the BEST Medicine
© Sarah Frey  Staff
Jake Gittlen Cancer Research Foundation

It starts at the corners of the mouth rising to greet the eyes getting wider exposing pearly gates opening for a low rumble from deep in the soul growing intensity and volume salty tears roll down and the stomach hurts (in a good way) dying down with random relapses pure joy

61.6% of respondents find that TALKING TO SOMEONE can be therapeutic and healing.

RELIGION, SPIRITUALITY, and LOVE are all vital approaches to coping with the death of a loved one.

Freshly Fallen
© Dennis Hicks  Staff  Surgery

Togetherness
© Arunangshu Das  Assistant Professor  Biochemistry & Molecular Biology
Healing
© Cindy Keller, RN  NICU

A body scarred
Whether by trauma
Or surgery
Or disease.
Physical wounds heal
Yet scars remain
Some obvious
Some unseen.
What of the soul
The innermost part
Of a person’s being?
Can the soul
Conquer the scars?
We’ve seen these people.
Perhaps on the television,
In the house next door,
Or working beside you.
Stoic warriors
In the biggest battle
Of their lives.
With a strong faith
And an indomitable spirit
When body and soul
Accept each other
And face the scars,
The two become one
And true healing occurs.

When encountering a new disease diagnosis, SEEING A HEALTHCARE PROVIDER, EDUCATION and READING are the preferred methods of understanding an illness.

Rosaline
© Luska Khalapyan
Daughter of Tigran Khalapyan, M.D.  Surgery

During hospitalization, SEEING A HEALTHCARE PROVIDER, TALKING TO SOMEONE, and LAUGHTER, HUMOR, or JOKES are all equally important.
Alone and soon departed, Doctor, braced we stand apart
Your brilliant mind would not survive the violence of my heart
I’ve struggled over hills and mountains higher than your fear
And I would sing a thousand verses just to make you hear
You plugged me in and read my signs and claimed I had to fight
You feed my tubes all through the day and drain me through the night
Your hunger for my convalescence like a sad devotion
Like somehow you could stop the storm or settle this commotion
I lie and watch you operate this orchestrated bliss
And wonder what you’d say without your “medicine” to assist
I’m so far gone I don’t remember natural sensation
Or when it was that last I had a normal conversation
My husband gone, my children tired, body weary and worn
Every breath counts back from now, I remember the day I was born
It’s not for nothing, but the wrong thing, you never seem to see
There’s more than blood and bones and drugs that churn inside of me
Some days I cry, some days I bleed, some days I barely blink
Some days I curl up deep inside and settle in to think
You come and go, you sign the forms, and ever play the game
You know my stats and numbers here but not my middle name
If you were me, if I were you, if nothing here was real,
You’d feel this ugly artless grind, what torture a woman can feel
So when I fall weak, if I can’t speak, if my condition should decline
I beg you find your heart and stop; let the last moment be mine

I stand up with my check, but
She sits me right back down.
“They found some spots inside my brain
The second time around.”
Some spots to match the symptoms that
I still try to deny.
Double-vision, slurring-speech;
She’s only twenty-five.
All the signs point towards MS,
The progressive type, they say.
She treasures her tea, sip by sip,
Until fine movements go astray.
Uncomfortably, my eyes shift;
Sometimes knowledge is a curse.
This gloomy fate for my college roommate.
Can the prognosis get much worse?
“Don’t feel bad for me,” she says,
With a sly and carefree smile.
“We’re only dealt what we can handle.”
Who’s the healer now?
Standing up, both this time.
Two old friends part ways.
This late night at the diner
Was one for memories.

The majority of
respondents think that
PSYCHOTHERAPY is
the best way to treat
anxiety, depression, or
addiction.

© Annalee Baker, MSII

© Dawn Flosnik, MSIV
Research Year
As I walked through the halls of the hospital, my eyes swept the crowds passing in the halls. I saw workers hurrying to their next task, doctors and nurses reaching for their pagers. I saw students trying desperately to keep up with the group on rounds. I saw patients being transported and those who were attempting to get to appointments under their own power.

I also saw what was not truly visible. I saw the pulse of an organization that exists to help and heal. I saw people intercepting others who looked lost and offering directions. I saw hands reaching out to deliver small but needed touches. I saw smiles.

And I thought to myself…“this is what medicine is.”

Sure, it’s the treatment that literally saves lives. It’s the medication that curbs symptoms and the advice that changes lifestyles. But really, it’s a group of people, dedicated to the health and well-being of others, even if it means doing something that might otherwise be considered insignificant. Like helping someone locate a loved one who had surgery. Or, getting the phone number for a taxi service so a patient can get home. It’s bringing a blanket or pillow for a family member in a waiting room – exhausted from travel and fear.

The best medicine is the way people, with their hearts and minds, come together to heal each other.

To Touch, To Feel, To Hope, To Love

© Sherri Dale, R.N. NICU
What Makes Good Medicine?
(The observations of family members over a four-year period at the M.S. Hershey Medical Center)

© Linda B. Stoe, R.N., M.Ed. Facilitator of the Huntington’s Support Group

- A Nurse who (like clock work) checks on his patients hourly and asks, “Mr. _____, are you OK and do you need anything? I’m making my hourly check!” (CONCERN / INTEREST / SECURITY)

- A Family Practice physician who has studied hard and long to be able to diagnose his patient accurately, giving him four plus more years to live when his only complaint was that he was “getting old too fast” and that “I was short of breath when I walked from the barn to the house!” Dr. R – now retired. (KNOWLEDGE AND A GOOD LISTENER)

- A Nurse Patient Advocate who protects her client when the rush of new patients compromises the care of an immuno-suppressed patient as “double bunking” was being initiated in an over-filled Emergency room. (PATIENT ADVOCATE)

- The Emergency Department physician who, in responding to a code on their son, asks family members, “Are you people of faith and would you like me to pray with you in the waiting room as your son is placed on a ventilator?” (FAITH PROMOTING – HUMAN BEINGS HAVING A SPIRITUAL EXPERIENCE)

- The male Patient Assistant who is always smiling, courteous and helpful. (POSITIVE, UPLIFTING PEOPLE)

- The staff with a sense of humor! Cute, clean jokes—makes you smile when you find you are being assigned to that floor! You start saving your best e-mails in your “hospital bag” for the next time you see her. (HUMOR)

- The Emergency Room Nurse who checks your ringing bell when the other caregiver is involved with a very sick child. (PROMPT SERVICE)

- The Resident who offers to get you a fresh glass of water (with ice and a straw) so you can take your pills that you brought from home for pain and neuropathy as the person assigned is busy with a new admission! (SEE A NEED, FILL A NEED)

- The Pain Department Nurse who pushes you back to your husband who is having surgery in another department when she realizes you are in severe pain. (OBSERVATION OF SYMPTOMS -TEARS)

- The Speech Pathologist who loves gardening and flowers and the Nurse who is a new mother. (HUMAN BEINGS HAVING A HUMAN EXPERIENCE)

- “I’m sorry but your age of 69 precludes your joining a research project because you are over age 65!” (TELLING THE TRUTH EVEN IF IT HURTS)
Laughter is the Best Medicine [How Laughter Benefits Health]

© Barbara E. Ostrov, M.D.  Pediatrics

Across
1  Sea creature
5  Ovum
8  Angle or fold preceder
11 Marrow stimulating hormone, briefly
14 Over the
15 Taoist philosopher, with 44 across
16 Lord of the Rings’ McKellen
17 Cancel, refuse
18 BENEFIT: INCREASES ___
20 IV nutrition
21 Actress Susan of LA Law
22 BENEFIT
24 Ass'n.
25 Dull, heavy sound
26 Confederate general
27 French I verb
28 Get rid of
31 Computerized charting sys.
32 Pale, sickly
33 ___ Lang Syne
34 Sculpture, for example
36 Comedian Johnson of Laugh-In fame
37 Sault ___ Marie
38 BENEFIT: LOWERS ___
41 Race part
44 See 15 across
45 BENEFIT: RELAXES ___
46 Jaffe, NPR correspondent
47 Say psalms in Alsace
49 NY subway
50 Small antelope
51 Contradict
53 Fuel additive
55 Faith in Arabic
56 Arrow poison
57 School grp.
58 Title
61 Dog doc
62 BENEFIT OF LAUGHTER
63 Hormone supplementation after menopause, for short
64 Seine sight
65 BENEFIT
66 Shirt tag abbr.
67 Road curve
68 French friend
69 To the wind
70 Isr. neighbor
71 Big Band’s ___ Brown
72 Noise
73 Pass on

Down
1 Westernized Chinese martial art, Tai Chi ___
2 “___ of the Ancient Mariner”
3 ___ mater
4 Shouted out
5 Teddy’s secretary of state (1905)
6 Secure community has this feature
7 Spanish “Father of Modern Art”
8 SOUND OF LAUGHTER
9 Medical term for “seam” or “fold”
10 Bellybutton type
11 BENEFIT: RELAXATION OF ___
12 South Dakota city
13 BENEFIT: BETTER USE OF ___
14 Degree leader
15 Advanced legal degr.
16 Superlative suffix
17 Final
18 On the ___: not speaking to
19 BENEFIT
20 Org. for unified workers in France, England, Spain, and others
21 ___ we there yet?
22 Flu-like illness
23 Sleeping prob.
24 Prof. type
25 Cut short
26 Poetic contraction
27 “King and I” part
28 BENEFIT: DECREASES ___
29 Famed engineering sch.
30 Regret
31 Certain mountains
32 Soup dough balls
33 BENEFIT: INCREASED ___
34 Fuel additive
35 Faith in Arabic
36 Arrow poison
37 School grp.
38 BENEFIT: DECREASES ___
39 Weighty
40 Beneficial
41 One of the Stooges
42 Actress Jessica
43 Clothed
44 ___ of Man
45 Israeli historical figure
46 Raced

See answer key on page 49
Prizes are awarded yearly to authors of prose or verse works that are considered to be of exceptional artistic and humanistic merit. An outside judge determines awards, which range from $100 to $300. This year’s outside judge for the Kienle Competition in Literature is Therese A. Jones, Ph.D.. Dr. Jones is an Associate Professor in the Department of Internal Medicine’s Division of Medical Ethics and Humanities at the University of Utah Health Sciences Center. She received her doctorate in English from the University of Colorado, Boulder, and completed a three-year postdoctoral fellowship in medical humanities at Northeastern Ohio Universities College of Medicine. Her scholarly and teaching interests include literature and medicine and the visual arts and medicine. She is the editor of The Journal of Medical Humanities, published by Springer.

First Place

One, Three, Two
© Clayton Hess, MSI

“Not polyps, son. Stage one, at least.”
Dad’s telephone-voice silenced our feast,
Haunting what-ifs tormented me.
And next I heard, “one” became “three.”
My daughter, learning to count to five,
Will she know “Gampah,” will he survive?
“One…” Yes, child, what’s next? She says, “Thwee”
No, darling, what lies in between?
Mom’s elated call interrupts us:
News? What corrected diagnosis?
“Of course I know, Grandpa I do,
What comes next?”
Her answer back: “two.”

Second Place

On Buying Our Gravesites
© Ronald Domen, M.D. Pathology

_The living know that they will die,
but the dead know nothing…_
- - Ecclesiastes 9:5 (RSV)

Snow begins to fall once again
on this windswept knoll along
the Lehigh River where the black
bony trees and dark gravestones
dot the slope of Nisky Hill
and the crisscross tracks
of small animals about their early
morning business are visible
in the whiteness.

We stand on the eastern portion
of the northern one-half of lot
two in section G and survey
the nearby family names etched
in granite where our corporeal selves
will huddle among the oaks and sycamores
in our shared hallowed dirt
the affairs of earth like Cezanne’s
black clock with no hands.
Third Place

Summer's Over
© Judy Schaefer, R.N.C., M.A. Kienle Center Member

The bright sun has brought a red, green,
and golden harvest to our smudged door
with fingerprint of cousins and grandsons
Reluctant to swipe it clean, look around
We find footprints on the floor, a summer to remember
And not wanting to be entirely clean and clear
of this brief season, we wax and wane
Search under the scratchy leaves for a red tomato
Finding none, watch the squirrel prep his store
We savor old wine
Consider the pleasures of a new neighbor
Loss of a father and burial on the plains
in one hundred and seven degrees
The bright sun shines on
Still time to prune the trees
Caulk around the door
Prepare for bitter cold
Honorable Mention

A Second Life
© David Dudek, MSI

Let me pull back this sheet and fold it at your toes. Stunning canvas—I’ll use the watercolors today.

At the moment, I’m sleeplessly occupied with you—this idea you’ve given me. I will tell you all about it, but that’s second. First, I need to get something off my chest.

I know I wasn’t as gentle yesterday as you expected. To be sure, I meant no disrespect, and I apologize for my impatience. I won’t cut corners like that again. Sure, I began cleverly. I used that skinny birthmark over your thigh as the proverbial landing strip for my first incision. But, I finished crudely. I saw that fat, fat/fascia everywhere. I was told about this nerve down deep, and I—when I began—I wanted to help you show it off to the others. But there was still that fat, and I was poking and pulling and scraping and slipping; oh, the slipping; scissors tip; blunt tool; blunt tool; arms ache; fat flung; formaldehyde saturates; my sweaty brow; “Screw it.”; a scalpel glides; it’s all gone. I couldn’t show you off anymore, and I walked out.

I’m sorry. You were vulnerable; I abandoned and embarrassed you. Selfish. Please trust me again. I appreciate you more than I let you know—truly.

Now where was I?

Ah yes, the idea: I really need to remove the word ‘lifetime’ from my lexicon. Really though, I can only use it vaguely and probably mostly improperly. For instance, I formerly classified lifetime as synonymous with timeline—you know, like those one-dimensional train tracks along which 4th grade artists demarcate milestones of 18th century American history. However, there is an obvious problem herein; a lifetime at least demands a two-dimensional representation. Dissimilarly, a timeline indeed demands only one: “the time” (it lacks “the life”). I started thinking about this when I received a spread sheet with the following information: Table 1. Female. 62.

62. Is that your life’s defining characteristic; does 62 encapsulate you? I promise it isn’t; it doesn’t. It only tells me your time. I remind myself I know nothing of your life, but that’s what I’m obsessed with. Your life—the one that grew and sustained these muscles, these bones, and that nourished this wonderfully textured skin; amorphous chocolate chips in a sea of French vanilla ice cream.

So, help me learn; let me ask—assuming you still use the word I’m escaping—how did you define your lifetime? Did you add up all of those fractions of minutes and decimals of hours until the summation was 62 years? The times you cried (and, sadly, I know you cried), did those count at all; did they count for double? The times you smiled—and I can tell you had a beautiful smile, with uniquely placed wrinkles on your face suggesting you did so often—did those times count for triple, or single, or half? And when your knee failed, along with your left hip, and your other knee—were those moments part of your lifetime; and what was their relative value? When the cancer came back more insidiously than ever, what value did you assign to those times of your life? In essence: Where did you draw your life’s lines—and what of their beginnings, intersections, and endings?

And, absolutely, there were endings.

During your final moments, for example, I imagine you could have drowned among loved ones. I suspect they were like a down comforter: thick, warm, all around you. They wished to cloak you from the inevitable. “Ah, warm memories.”—and you smiled. And—infatuated with that smile—they smiled. She’s running out of paint; the canvas is full. They cried; you cried, with smiles as gutters for tears—a fittingly colorful ending. The 4th grade artist of your life completed her two dimensional painting. X and Y; life and time. And I beg that you answer me: What did you think of that painting?

I ask because in many ways I feel as though—through my myriad imaginary interrogatives and narratives of your life—I am that young painter reincarnate. And with each stroke I help you live a second life.

I’ve never seen the first portrait, but I want you to know that the second is breathtaking.

However, I won’t, I can’t, ever complete it. That is a testament to your impact on my life. More importantly, it is a strong declaration that I will positively impact others’ lives in ways I couldn’t have without you. Thank you.

A million times thank you.
The Doctors Kienle Competition in Art

Prizes are awarded yearly to artists of photographs and original artwork that are considered to be of exceptional artistic and humanistic merit. The awards range from $100 to $300. This year’s judge is Jennifer Henneman. Ms. Henneman received her Masters in Art History from Richmond the American International University in London. She now works at the Smithsonian American Art Museum and for the Morris Graves Foundation.

First Place

Spirits from the Other Side
© J.S. Reid, M.D.  Orthopaedics & Rehabilitation
Second Place

Journey Through Cancer

© Doris Jean Silva  Mother of Jeannette Gullett  Microbiology & Immunology
Third Place

Experience

© Anna Joong  Daughter of Elizabeth Crowe-Joong, Ph.D.  Humanities
We removed the contents one at a time and placed them in a plastic bag: one pair of scrubs, a green Hersheypark sweatshirt, an empty Littman stethoscope box, 7 packs of gum, an assortment of pens and pencils, a contact case and solution, a small bottle of hand sanitizer…..

I stood there and stared into your empty locker. It looked exactly the way I felt. It was at that moment that I realized that you would never be coming back to this place. This place where we spent so much time together and where you spent your last hours before your life quietly slipped away in the wee hours of the morning. That quickly, you were gone. It’s something that I have to remind myself of every day… and each time I do, I feel a sense of panic and a sinking feeling that consumes me and creates an emptiness that is overwhelming.

I am consoled only by the notion that you are still here with us, that you live in our hearts and come alive in our memories and our dreams, that all that separates us is time and space, things which are transcended by love. I’ll think of you every time Mardi Gras rolls around, every time I open a bottle of Pink Truck, every time I slip on my red patent leather heels, and every time I pass the table where we ate lunch together the day before you died. I’ll wear your pink ribbon on my chest and I’ll tell people about the kind of person you were and how there’s no one else in the world like you.

I know that I’ll see you again some day and until then you will be here with us when we gather for family dinners or drinks at Houlihan’s, when we put on our white coats on the first day of our first rotation, when we open our envelopes on Match Day, when we celebrate weddings and babies, and when we gather to remember you and celebrate your life. For every milestone you’ll know how desperately we wish you were here with us and you’ll wish that we knew how very close you are to us at those moments.

Words are not enough.
Thank you for the wonderful gift of your friendship.
All my love forever,
Carrie

I got to know Christina during graduate school. I had the privilege of being a part of her life: being there the night she met Zach, helping her plan parts of their wedding, seeing her achieve her dream of going to medical school, and most recently celebrating her doctorate. She really changed into an independent woman over those 5 years. She was also a part of my life; our puppies played together, traveled to conferences, went on shopping sprees (irritating our husbands), and had a blast dressing up for several Halloweens together. Over the years, she taught me a lot about fashion, and thanks to her I receive almost daily compliments on my makeup, shoes or clothes (even being 37 weeks pregnant). Plus, she was with me through some of the hardest times of my life and some of the best times. I never truly realized until now what a huge impact she had on my life, and I wish I had told her that. She was a beautiful human being, inside and out. My heart goes out to Zach and her family. She is a great loss.
Airport Fantasy
© Ron Domen, M.D. Pathology

In a few hours I could be
at a fresh point of departure –
Seattle, Houston or Miami
beckon as quiet ports.
Flight 53 to Charleston
is now boarding through gate 12.
Memphis, Billings or maybe
Los Angeles – now there’s
a black hole city one can drop
into and never stop falling.
To board a different flight
and watch the sun disappear
behind a new horizon
learn the names of new streets
grow a beard and make new
friends and better choices.
But who can truly run away?
I arrive at my designated gate
and take my assigned seat –
my seatbelt fastened tight
in case of turbulence.

I Am Poem
© Zach Warren 12 years old
Family Member of ALS Patient

I am tall and smart
I wonder if global warming is real or not
I see the all beautiful wonders of Alaska
I hear the sounds of Alaska
I am tall and smart
I pretend to be funny
I feel happy all the time I touch my dog’s fur
I worry that they won’t find a cure for ALS
I cry when I am hurt
I am tall and smart
I understand that you have to work for what you
want
I say everybody should have equal rights
I dream about being a pro sport player
I try to do my best at everything
I hope that researchers find a cure for ALS
I am tall and smart

A Promise Kept
© Linda Amos
Wife of Liver Transplant Patient

If she hurried she might just catch
the promised pink sunset
a brief moment in a harried day
when the east mountains
would begin their daily glow
only a few minutes of reflected light.
Before he died she had promised him
that she’d watch as many sunsets
as she could and think about him.
This evening she kept her promise.

Ice Angel
© Grace Sousa, MSIV
Each snowflake
Tiny. Insignificant
In its power
To stop my mother
From getting in her old car
To visit her sister
One more time
Before Christmas
Deaf to the reports
Of drifting and
White-out conditions,
She ventured out and
Began the two-hour
Expedition.
A shovel carelessly tossed
Into the backseat.
A frosty motor forced to
Life.
There would be no
Lying in a hospital bed
Alone.

Drifting on a white cloud of
Pain meds
Auntie Betty waited.
She waited for the comfort of her sister.
Waited for the eddies of upward-falling snow
Swirling about her window to settle.
And mostly waited for her doctor
To say that her
Health forecast had
Improved.

Well-meaning carolers quietly sang
Down the hall of the
Oncology ward.

The blazing speakers
Jingle-Belled my Christmas-loving mother
To irritation.

The car radio abruptly turned off.
Windshield wipers and defroster turned up.
Steering wheel white-knuckled as
Stray cars in the ditch ignored.

The storm had upped its ante
As flakes gave way
To ice.

Sisterly love
Enveloped the pair
Separated by mere
Geography.
A fevered brow
Gently stroked as
The white clouds
Entered the sterile room.
The tired woman’s body coaxed
To her deep and final
Sleep.

A mass of tears burned
Behind my mother’s
Smiling eyes
As she carefully turned
The car around.
Her sister had not been
Alone.
Molly was special to us, even though we knew with her genetic makeup, she was not expected to live more than 15 years. But she was ours. We each had children from previous marriages, but Molly was ours together and our opportunity to raise someone from birth.

The day Molly came home I was determined to share in her care. We initially decided to alternate nights to get up when she cried. The first night was Lynn’s. The second night was mine and I was irritated to find that, when I got up and briefly went to the bathroom before going downstairs to Molly, Lynn had already gotten up. My anger turned to concern when I discovered Lynn lying on the floor in pain. She had fallen, with Molly in arms, down the stairs and had hurt her ankle. Not being sure whom to attend to first, I decided to make sure that Molly was all right and secure, then attended to Lynn.

A brief visit to the ER determined that Lynn’s injury was just a severe sprain. But for the next two weeks Lynn was relegated to a chair and Molly spent most of her time in Lynn’s lap. Except for toileting and feeding issues, Molly slept and snuggled in Lynn’s arms. Despite her genetic “deficiencies” and expected short life span, Molly was adored by her siblings and she always looked forward to their visits, despite the fact that they were all out of school and living away from home.

The early years were the usual: toilet training, controlling rambunctious behavior, attending to growth and development. We were a truly happy family.

At around 8 years of age something changed. Molly seemed to be in pain even though she could not express exactly where or how much. She began to lose weight and did not seem as interested in food, particularly those items that she grew to appreciate as special treats. Her hair seemed to thin unexpectedly. Her primary care doctor said he thought she might have a virus; that stress can sometimes cause hair to fall out. Her tests were normal, and he thought she would most likely get better. But she didn’t. Repeated visits to her doctor did not provide any answers, and Molly continued to decline. Sure, we did not expect her to live past 15. But... just 8?

Frustrated, we took her to another doctor who was equally concerned, but unable to find anything either. He suggested we take her to a specialist in Philadelphia, and we made the arrangements for the following week. The doctor in Philadelphia, who was very business-like and competent, suggested an abdominal ultrasound. I still remember looking at Molly as he and his nurse took her back to the exam room. When he came back he was frank with us. “I don’t like what I see. Molly has numerous tumors in the abdomen that appear to have started in the liver. I’m afraid it is inoperable.”

On the way home I remember calling Lynn’s parents to tell them Molly had inoperable cancer. I started to cry and was angry when, in true Scottish heritage fashion they said, “Well, just keep a stiff upper lip; these things happen and everything will be ok.” Because it wasn’t going to be OK.

Molly seemed to rally some after the tests. She seemed to enjoy food more. She was more active and even enjoyed playing some. But this was not to last. Soon, she started to show fatigue, took little interest in any activities, and sometimes seemed to be in a lot of pain.

Lynn and I considered our options... another doctor, surgery, some other alternative. But we finally came to our decision on a Saturday afternoon. Molly was not enjoying life and was losing her dignity. It troubled us to see her this way. Despite the fact that we desperately wanted her with us for as long as possible, we made our decision. We called her primary care doctor, told him we thought Molly’s death was near, and arranged for an appointment.

When we arrived, Molly’s doctor examined her, confirmed that Molly was dying, and asked his nurse to start an IV. Then the doctor administered a medicine that put her to sleep. After several minutes, Molly stopped breathing and died peacefully. The doctor then left us alone with her for 10-15 minutes so we could stroke her hair and say our goodbyes.

When Molly’s doctor came back in I said, “You know, sometimes I think we treat our pets more humanely than we do humans.

“You got that right,” he said.
Red and purple mountains bake under the hot Dominican Sun. Motorbikes dodge buses and goats. The dusty bus ride takes three hours along a sometimes paved, frequently potholed road. Rhythmic Latin music pours from brightly painted cinderblock shacks in the passing barrios. “Americano, Americano,” is the shouted greeting from the remote boy’s orphanage. A sea of smiling brown faces with outstretched arms welcomes us. Our medical mission unfolds.
Mayflies
© Jeff Feehrer  Patient

March snow on the ground
And ice in the air when they met.
Both of them loved reading and writing on the beach.
Soon he began suggesting
That they should go to the sea, when things were warmer
say May.
She once had lived near sand, studied there
and he knew the nation’s oldest seaside resort
like the back of his hand.
But she hesitated after each offer.
Hey, this time next year she didn’t want
to be kicking herself because she didn’t go
he plied after every deliberation.
Raining, a smell of worms through
coils of fog, slithering just above the streets—
omens he would read later—
as he strapped her bike beside his to the car.
The curb straightened and thinned
like a mooring line before breaking away.
They flew for the waves, 70-75 mph
subconsciously, speed and distance would help them escape
He couldn’t believe he was doing this
pulling it off, he said.
Sometimes she was dozing.
Can’t believe it. Can’t believe it. Man
He repeated it on the turnpike, expressway, parkway,
and crossing the humpbacked bridge at Great Egg Harbor
he told her he felt like a businessman
on a junket with his secretary.
It sounded relevant at that moment.
Although he wasn’t white-collar, she would become an office person
of sorts.
Holding hands, wading icy surf and toeing hibernating sand
he said, perfume and brine wonderfully in his nostrils,
this was the dream, his dream he had envied of others
strolling the beach and nights with a beautiful woman
who loved him.
They would return in fiery sunlight and tans
and promises to do it again, soon.
He watched her sleep passing Philadelphia.
On Monday, he came home from work
parking as usual beside her car
sighed then climbed out, swallowing, walking nonchalantly
to the door, another deep breath, entering but a half-step slower.

continued on next page
continued from previous page

She was making supper or on the phone with her sister or describing the kids’ day at school. How did his day go? Everything norm, domestic. He ate heartily and she went to work.

Almost a week, this parallel routine. The fifth day he forgot job or ocean or an imbecile driver obstructing his mind strolled into a silenced home no scents, pressurized air, an intuition of snow.

She sat on the arm of the couch arms and legs crossed—he knew that language—her face chiseled to a stern cameo eyes as black and stormy as sea, The breaths and spit went out of him. His preoccupied mind blanked, startled into neutral. Her words weren’t icicles through his ears or daggers into his heart. He had known what she would say, just not when.

The Sea Mist had called. . .the manager. He said the maid had found his wife’s watch half-under the dresser mirror. Should he mail it? She asked with a level head and gaze. Did he care to explain?

Before they visited sand again he handed her a bouquet of paling purple lilacs, hand-clipped, dripping blossoms. The woman smiled faintly; there was a big bush in her back yard.

Home afterward, stripped hangers welcomed him chiming warnings and sadness from every closet like far buoys and just as temporary.

Simple
© Genevieve Hasek, MSIV

I could do this
I thought
as I watched a young woman push her child into the world. She moaned and grunted as she approached the finish line and finished the race in the ninety-degree heat. Sweating, panting, shaking, with a huge grin on her face.

I could do that without the help of an epidural, just like the lucky ones who evade the additional torment of those inexplicable “complications.”

Unless everything proceeds smoothly, happens naturally, and turns out perfectly, I’m not so sure anymore if I could do that.

Daydreams
© Jeannette Landis Daughter of Susan Landis, C.R.N.P. Anesthesiology
The odor was unmistakable—reminiscent of the summers I worked as a hospital orderly. One of my jobs was to prepare bodies for autopsy by the county coroner. Some deaths are messy—leave a body in the summer heat a few days and it attains a certain ripeness that leaves an indelible imprint on that part of the brain that also remembers the aroma of freshly baked bread, roast turkey, rose petals and newly bathed babies. I wondered at how that scent managed to stand out among the smells of fields, the dog, the mustiness of the old farmhouse and Mr. Vladim’s liniment. But there it was—the distinct olfactory signature of decaying flesh.

“Hello, Doctor. Come in, please, come in. She’s in bed.” Mr. Vladim met me at the kitchen door of the old farmhouse as usual. “Thank you for coming.”

His wife of 65 years, Katherine, her name anglicized from Ecaterina, lay in her bed in the next room. Mrs. Vladim was paralyzed on the left side from a stroke about a decade before. The tiny blood clot started in her heart, traveled up the first artery in its path headlong to one of her brain’s arteries and stopped at the point where the artery was narrower than the clot, blocking it like a truck trying to negotiate an alley.

I had never seen Katherine walking. Her daughter who lived a hundred yards away brought her to my office for regular check-ups but movement had become too painful for her, making it difficult for her daughter. So every three or four months I traveled to the far end of the county to see how she was. Today was not one of those routine visits. Katherine’s daughter had called me to check her leg that started hurting a couple weeks before and was swollen and discolored. I expected the worse. Knowing she was diabetic, I had suggested they take her to the hospital because there was a good chance her symptoms were due to poor circulation. Katherine’s left leg had been amputated years before because of it. The earlier treatment is instituted, the greater the chance of saving her remaining leg.

“It’s so hard to move her, doctor. And she has too much pain. Please come make a house call,” her daughter pleaded. Fortunately the call came on Wednesday. My patients referred to Wednesday as my “day off”—the day I had no office hours so I could make nursing home rounds and house calls and take care of office business.

Before Mr. Vladim even opened the door, I knew. The smell of decayed skin is pungent yet slightly sweet. Her remaining leg, the “good leg,” was uncovered, the weight of the single cotton sheet too painful. The coolness of the mottled calf transitioned to a cold, blue ankle and foot and terminated in a set of black toes. It had started weeks earlier, by the appearance. The pain had to be intolerable.

It was clear what she needed. Her toes were gangrenous, and the foot itself looked close to death. She needed an arteriogram to evaluate where the good circulation ended so a surgeon would know where to amputate.

After assessing her heart and lungs and trying to find a warm area on her leg to show there was at least some blood getting there, I sat in the chair by the bed. By this time, the Vladims’ daughter joined us as she always did when she spied my car in the driveway.

“This is not good,” I observed with as much calmness as I could manage. “Mrs. Vladim, I’m sorry to have to say this, but your foot has gone gangrene; it’s dead. The circulation has been cut off. If it’s not removed, it could lead to serious infection.

“No, oh, no…,” she wailed.

“Doctor, isn’t there some medicine she could take?” her daughter wondered.

I’ve often been amazed at the capacity of people to deny a problem. Here was visual, tactile and olfactory input that was screaming amputation and Katherine, her husband and her daughter shared a fantasy that somehow her leg would recover. It was as though by insisting there was no problem, they could make it go away.

All of us have done it. The car makes a funny rattle and we hope it’s nothing, trying to avoid a costly repair. Chest pain develops and hoping it’s just acid indigestion, we put off evaluation. But this was no transient symptom—this had to hurt. And the smell….

On a previous visit, the Vladims told me of their nephew who escaped the Ciaocescu regime by crossing borders at night, fording icy cold rivers and traveling in darkness along dangerous trails over mountains, always in fear of discovery, but eventually reaching a safe haven. He brought his entire family with him. They were obviously

continued on next page
proud of his feat, yet they spoke of it in a subdued way, as though they were discussing a more mundane family crisis like losing a job or a divorce. It was almost as if they thought by discussing it, they would experience it themselves—that the validation of its existence could draw them into its reality, as though speaking of ghosts could cause one to appear.

I wondered if that was why none of the family wanted to acknowledge Mrs. Vladim’s dead foot. Despite the pain, the grotesque appearance, and the odor of rotting flesh, by acknowledging what it was, it would become real and unavoidable. If only the doctor could give her some medicine or consult a specialist at the university hospital where the latest techniques were available, all would be well. As patiently as possible, I tried to get them to accept reality: nothing anyone could do would restore her foot.

It was clear to me that I would not change the mind of this strong, determined woman. Once, when the cows broke into the cabbage patch and ate most of the crop, Katherine insisted her husband bring in a couple of damaged heads and make a meal of it. She was a woman who got her way, not because she was insensitive, but because she was the self-reliant type who believed in personal responsibility. She lived by the same force of will and gritty determination as her nephew fleeing Romania. I could have insisted on a course of treatment or withdrawn from her case because she was being noncompliant. To do what I thought best, I would have to destroy her confidence and determination. That would have been worse than letting her keep her foot.

I visited her frequently over the next few months. Narcotics helped with the pain, but I was worried that her foot would become infected and kill her. It took a long time, but she finally agreed to see a surgeon who recommended amputation. Naturally, she refused.

She died some months later. Although she was over 90 with multiple medical problems, the foot probably contributed significantly—or maybe not. Maybe she lived to spite her foot; she would not give in to its demands; she would live her life her way, even if it meant crossing the icy river of limb pain in the darkness of unseen futures to some imagined safe haven.

Most people who develop gangrene accept the usual road of amputation, prosthesis and rehabilitation. Mrs. Vladim took the road less traveled and, perhaps, for her as for Frost, that made all the difference.
Life, Art, Medicine
© Ramez Ethnasios, MSIV

LIFE is in ART
I put my hand down before I start
and I listen to the quiet solitude
I hear what it tells me
I am alive and beautiful
even when my body no longer exists
I have a connection to every living thing
let art invigorate me with life

ART is in MEDICINE
oh how I love it
write a poem for my health
draw a picture of my mind
listen to soothing music
ask a provocative question
art is revealing
art is healing
I embrace it

ART is in LIFE
the expressions of God all around me
living things that give forth fruit
yes, they take all sorts of forms
black and white and green and flowery
furry and dirty and majestic
the beauty of life is in the variety
let it inspire me

LIFE is in MEDICINE
a smile of a newborn
the joy of a new parent
the caring touch of a nurse
the subtle gesture by a physician
a humanistic appreciation
the breath of life
breathe it to my loved ones
As a young boy you learned to run, jump, spin, and tumble. Your childhood was carefree and you learned to love the feeling of the wind on your face as you ran at top speed across freshly-mowed grass. It was exhilarating.

Soon, your talents took you to college to play football. Although grueling, you loved the challenge of the workouts, the mental preparation for your opponents, and the balance of school and sport.

With a young family, you entered medical school, thrilled at the prospect of increasing your skill and knowledge to help mankind. You endured countless hours of studying, many nights away from home taking care of patients and moonlighting to pay student loans. You trained in your specialty. You made it through the countless nights without sleep. Finally, you were a doctor.

Your medical practice was well-established. You were enjoying the good lifestyle with your family of six and many friends in the community. You finally had accomplished your dream of a home, family, car, practice, etc. Your athletic training and youthful age still allowed you to play sports with your four sons and enjoy running and reminiscing of childhood freedom and fun.

A summer afternoon changed all that. You stalled a flip on the backyard trampoline. You heard a “pop” and everything went numb. You were a physician. You knew what had happened. You immediately thought that all was lost; and it seemed to be.

You underwent surgeries and procedures. You were given grim prognoses and were encouraged not to have much hope. Four months in the hospital; four long months. While you lay, unable to move in your hospital bed, you contemplated what would happen to your family, your marital relationship, your relationship with your sons, your medical practice, your ability to do surgery… your ability to walk. The simple things in life taken for granted by most, were now denied to you. All those skills acquired from years of medical training now stolen. What was the point?

Not to be discounted, especially at this time, was your innate stubbornness. Despite all your medical knowledge that quadriplegia is a permanent condition, you were determined to beat it. You knew that determination plus faith equals miracles. After your four-month hospital stay, you were walking again. You could not sprint across the grass as you once did, but you could walk. You did not stop there. You trained and eventually were chosen to run with the 2002 Olympic torch. You can now drive a car, you can dress yourself, and you can feed yourself. Will these simple blessings ever be taken for granted again?

The person you were, is somewhat lost as a distant memory. However, the person you have become is awe-inspiring. Where you had friends before, you have admirers. Where you had love with your wife before, your bond has endured the fire and been forged even stronger. You have become the inspiration for your sons, your former patients, colleagues, friends, neighbors, and many others.

While the onset of this condition was purging and difficult, the refiner's fire has cast a much stronger person now from its flames. Still, there's a part of you that yearns to take off sprinting as fast as you can and feel the wind on your face again. But without that trampoline, who would you be now?
Time
© Charity Kates, MSIV

I remember that time
I lie on the cold hard floor
And weep
Bottom to top
Each tooth clenched
Each muscle tensed
I attempt movement
The breath of will
Rising in me like a bird of flight
I continue on
In this daily fight
As the children play outside
I watch from within
A stream of light leaves the room
Recedes to a place before rhyme
I am almost out of time

Retrospection
© Ananya Das Staff
Orthopaedics & Rehabilitation

The falling leaves
the approaching dusk
and old photographs
make me cry.
Unshed tears
my limited time
and pills large and small
constrict my throat.

Precious moments
the fugues
in time
and the halcyon days
swim before my eyes

The touch of your hands
and hope in your eyes
and the smile on your face
are all I need to go on.
The Warmth Within
© Elizabeth H. Sinz, M.D.  Anesthesiology, Critical Care Medicine & Neurosurgery

Thousands of penguins in a great huddle, the eggs at their feet.
All waiting for their wives to come home so the future hatchlings could eat.
Through the harsh stormy night one penguin took his turn outside the group against the ice.
His frozen feathers burned.
Another bird suffered through the snowy night, but his heart was warmed knowing the dark would soon be light.
One warmed another with his belief that nothing could go wrong, and that all the new little chicks would be healthy, warm and strong.
The sun comes out to warm the flock, they realize the cold night has passed.
It seemed like the night would never end, but the sun came out at last.
The hatching egg at the father's feet keeps him warm inside, knowing he has fought death to help the chick survive.
Across the ice they spot their wives, their beaks turned up in a grin.
They didn't die from the cold outside, they survived from the warmth within.

Corporal Truth
© Sowmya Ballakur, Ph.D.  Graduate Student

You know, it’s a lie.
Everything they’ve told you - everything you’ve read -
about death and your life thereafter, About loss and what matters...
Lies...all lies.
You know, they tell you that the external is transient
deceptive and finally irrelevant..
Big picture, they promise- the soul is all...
and the soul is timeless ...
Perhaps.
But I tell you this:
It is not the soul
that you will miss, it is not, the essence of the man either-
you never miss what you will always have.
I miss him-
him in his body,
not this abstract, formless, wordless being I talk to, everyday.
I miss his small, ruddy soft hands-
the ones that held mine
when I first learnt to cross the street; strong, disproportionally long arms - that gave the best hugs;
his ache-y back-
where I learnt to knead out pain.
I miss his smile-
the kind that always held a tease.
the kind that transformed him and us, around him.
I miss his smell, his words, his accent, his mannerisms, his thoughts-
in that body, in that voice, in that face.
Sometimes... I think they say what you really want to believe.
Most times... I desperately want them to be right.
And yet, the human body of the ashes and dust ignominy, of the basket of the soul virtue, might just be-
our last temptation, our last refuge and our lasting pain.
Beneath the Surface

© Rebekah J. Sangrey, MSI

Surrounded by foam, the ocean crept towards the shore.
Watching, she sensed pain, tears, loss.
In her staring, one seemed to stare back at her.
His eyes, unblinking, windows to an empty house.
She stretched out her arms - the waves met the rocks.
She called - the roar fell on the deaf.
A night spent this way, then she returned
Carrying the man beneath the surface
To keep him there, until one more brave
Curiosity-driven, should seek the depths
For what lay hidden beneath the surface.

Looking at you, I see that ocean, I hear those waves.
Perhaps with the sand on my childhood toes,
I've seen you somewhere, one long-lost day before.
The enigma in your face, it bothers me.
Courage has taken hold – I will explore your depths.
What mysteries I invade, I do not know.
The dark secrets I pass by, leaving them to be
Forgotten, lost forever beneath the surface,
While the treasures I unearth, gripping tightly.
Wisdom awaits discovery beneath the surface.

Epitome of teachers, you have imparted to me
Without a word, more than most dare.
I, courageous for this journey of exploration?
Brave for this invasion, this sacrilege?
No, it is you, who with fortitude chose to teach
One that you would not know, trusting
That I would benefit from your choice, your sacrifice.
Atlantis disappeared beneath the watery depths,
And sand has buried many men; perhaps you fear I forget
Your name? Rest in peace, I cannot forget
What I never knew; yet you have changed me, touched me
Somewhere beneath the surface.
You, my teacher, have watered, nurtured my dream of
Healing pain lurking beneath the surface,
Of removing the needless suffering, of giving hope, of
Allowing laughter to break forth once more.
All this, for allowing me to glimpse
Beneath the surface.

December 24th, 2002

© Stephanie Cole   Patient

I was going to try to keep a little of my already fading Christmas spirit, but when “It’s The Most Wonderful Time Of The Year” was filling the car as I followed the ambulance to the hospital, I reached my limit and the radio went off. The silence was much more honest. It held the scared breathing of four kids and the hint of a siren in the distance. This is our Christmas. This is not “The Most Wonderful Time Of The Year.” I wished I could trade lives with anyone who was listening to that song and singing or humming or smiling or thinking of anything that was even remotely related to Christmas, instead of thinking about Emergency Rooms and Dilantin levels and brain tumors and seizing. With anyone who saw the precipitation as beautiful Christmas Eve snowflakes instead of a cold, wet nuisance that was keeping me from driving as fast as I would like to. Fast enough to keep up with the ambulance. I wish it, but I don’t. It’s not a fair trade for anyone to make with us. But it really doesn’t seem like this is fair to us either.

And so this is Christmas
And what have you done
Another year over
And a new one just begun
A very merry Christmas
And a happy New Year
Let’s hope it’s a good one
Without any fear.

A journal entry from Stephanie Cole, while her father, John Kulfan, was battling brain cancer
Stoops

© James Thomas  Patient

I walked down the street today
Where my mother used to live.
The houses all look alike:
Rectangular
With stoops for porches
“Same-y,” as my ex-wife used to say.
I wonder if our souls are all alike?
“Same-y.” With stoops.

For Little Emily

© Ananya Das  Staff
Orthopaedics & Rehabilitation

You asked for so little
So brave in the face of pain
The bald head in crocheted pink
The IV stuck in the vein.
Do I look pretty mommy?
Will I be as tall as dad?
Will you read me a story mommy?
Why do you look so sad?
The questions I couldn’t answer
The tears that fell like rain,
On that cold snowy day in January
When I knew I wouldn’t see you again

Flower

© Renate Mott  Patient

Life
a flower white
quite small and quite gently
grows forth from the gravel
out of the rubble
and stretches itself towards the sun.
They stand before it
completely in awe.
They could not believe it
just like this flower succeeded
She did.

Love Revisited

© Eugenia Shelton  Retired Employee
Psychiatry

Love revisited
Bodies bruised by time
Melt together
Again
Familiar comfort
Newfound joy
He doesn’t care that my lips taste like
yesterday’s coffee
Stolen chocolate
Or that my body is soft
Yielding
Compliant to his touch
I run my hand through the hair on his chest
and wonder how it got so grey
wasn’t it only yesterday
we fell together for the first time
and dared to dream of forever
Reflections on Loss
© Michelle Quirk, MSIII

If you watched my grandmother's aged hands work through ravioli dough, you would experience magic. She approached meats and cakes in the same manner – tenderly, carefully, and ultimately, artfully. But she also added the right proportion of spunk to all of her recipes and to life.

You could say she survived cancer, and you would be right. But in the aftermath of the chemotherapy storm, she progressively deteriorated, and I was left with a shadow of the woman who had been my grandmother.

She could barely make it to the bathroom with her oxygen tubes tangled at her ankles. Always afraid to fall, she hobbled down the hall grabbing at door handles and countertops for stabilization. And every moment of every day ran through her mind in this way, her movements carefully plotted according to an intricate algorithm she made up based solely upon oxygen reserve and will to live.

Once, I showered my grandmother, naked and wrinkled in the bathroom light. I let her skinny, worn body rest against mine as I dried her and tried to breathe my strength into her. Fifty years between us, together we stood on the tile floor, hurting.

Although there remained pieces of her former self which lit up on certain occasions in tiny moments that glittered bright with love, I finally accepted that she had begun to slip slowly away.

Circle of Life
© John E. Mingo  Heart Transplant Patient

Hear the beats of life, as they grow slow,
My old Heart did its part, now time to go.
I will wait, while they do seek,
For loving Donors who give each week.
Sometimes the wait is long you'll feel,
With eternal dreams you must deal.
Friends and family give love and hope,
While time does pass, that I may cope.
Special feelings and loving care the nurses give,
From their hearts with their support, so I may live.
That day did come, a new heart they find,
One that fits my body, soul and mind.
So many wait with hope with prayers and sharing tears,
While Doctors work so hard, it seems like years.
With God's help the doctors touch my heart to start,
New beats of life now sound from my new heart.
New Life was given to me this special day,
From my heart I now express my love to say.
Within life's circle that love we share and see,
How special each day in life can really be.

Dance of Joy
© Susan Landis, C.R.N.A.
Anesthesiology
A Mother’s Tears
© Susan Landis, C.R.N.A. Anesthesiology

To make a mother cry
Who could wish for this?
On the best days, it just happens.
Meticulous
The beat of African drums
Precise
The shrill song of bagpipes
Engrossed
The sweet sound of an old French legend.
With practiced skill
He works to eliminate
The gaping hole
Where a smile should be…
So as a mother first lays eyes
On her transformed child,
She cries.

Generational Disharmony
© Carol Tringali, M.S., R.N. Hematology/Oncology

All day I fought back tears at work,
Sometimes I lost the fight,
I couldn’t stop my thinking
Of the words we spoke last night.
Communication tangled,
Phrases misunderstood,
Misconstrued intentions,
Forsaking any good.
Knowledge of each other
At certain times is tough,
Poke and tug and peel away
The surface lies in rough.
Communication tangled,
Phrases misunderstood,
Misconstrued intentions,
Forsaking any good.
Hurt defeats the healing,
Pride chokes pardon’s call.
We are who we are.
Love abides through all.

Field Trip in Bangkok
© Megan Whitehead Research Assistant Humanities
Arise! Walk!
© John Messmer, M.D.
Family & Community Medicine
UPG Palmyra

Stuck in bed, you said
You’d never walk again.
Daunting is the challenge
Just to stand unsupported.
Walking should be easy –
Next foot follows this.
A feat you mastered well
Before the stony grip on
Neural roots cinched tight the
Connections to your will
That had you rounding bases,
Pushing a mower and
Walking down the aisle
Arm in arm, as one.

Stenosis is an ugly word.
Bone garroting nerve must be
Rabetted until the root is free.
Like a prisoner unchained,
Mobility, long sought,
Should have arrived but
Remained unaffected.
Though skilled hands opened the door
And pointed the way
You could not leave.
Too long flesh and sinew were fallow.
Fear, like stones, lay in your path.

“You will walk again!”
Asserted I, “For
There are lawns to cut
And snows to clear
And strolls to take.”
Though freedom was restored
And obstacles removed,
Only conviction and courage
Bolstered by human caring
Enabled you to take
The first, joyous step.

Even at the End of the World
© Vimal Desai, MSI

Outside the Palace
© Lauren Massaro, MSIII
Monetary Portrait  
© Zackary Jensen, MSI

Penny for Her Thoughts  
© Emily Bethards, MSI

I remember her vividly  
though sparingly  
and happily
I remember her smell, the way she looked and felt  
crossword puzzles she used to do  
a gold bell she handed down  
the lovely ring I hold so near and dear  
train rides that we used to take  
her tiny apartment  
a bath with too many toys  
pennies we once hid in the backyard  
grandma’s head  
the ache, the pain  
a tumor that would not go away
surgeries, lost hair and hospital stays  
six children stood by her  
all believing, all hoping for a cure  
an ex-husband, some children blame  
the abuse she endured her whole life through  
a point that speaks to the pain – the disease –  
the illness she tried to conquer fearlessly  
a reflection of his ways, the anger, the rage  
the science may not prove this point  
the doctors may not believe  
but is it enough that we believe?  
or is it merely to pass the blame?
the life she led  
so vibrant, so strong  
slowly drifted away
one last phone call before  
with my grandmother dear  
had her confused and unclear  
she couldn’t remember  
the dinner she’d had  
the right words to say  
how to calm my fears
I remember now for her  
the difficult yet tenacious life she led  
the people she changed with her kind smile  
the beautiful children she loved so true  
if only I could remember  
where we hid the pennies that day  
that’s one thing that will never go away
Looking for Trouble
© Dennis Gingrich, M.D.
Family & Community Medicine
I pull the chart. Mrs. Stevens, a new patient. Our nurse was told she has a poor appetite and is tired.
I enter the exam room and see an elderly woman who slowly brings up her eyes to meet mine, then down again.
She seems pale, probably anemic. Perhaps nutritional if she is not eating. Or maybe a GI malignancy that caused dysphagia and is bleeding.
I wash my hands and extend my hand to her. Her handshake is weak but her hand is warm and there is no arm tremor. Her arms are thin, but her ankles are swollen. The edema could be due to an abdominal malignancy. Low circulating protein if she is malnourished could contribute. Or she may have liver or kidney disease. Congestive heart failure? There is no visible venous distention of her neck.
I sit down next to her. Her abdomen seems full beneath her dress. Ascites from hepatic metastases? Cirrhosis from past alcohol use?
I smile. She smiles back then drops her eyes again. Shy or depressed?
Her skin seems dry. Perhaps she’s hypothyroid.
Well, after she tells me her story I have a good idea where my questions and exam will focus, and that her workup will include CBC, reticulocyte count, iron panel, hepatic and renal function tests, electrolytes, and TSH. Let’s hope for something correctable.
I’d better get started.
I smile again.
“How may I help you, Mrs. Stevens

To My First Patient
© Abby Podany, MSI
In the morning, I met you. Draped and drenched in alienating, yet somehow enticing, wrappings. Removed, ceremoniously, and replaced each day. As we began to cut, tentatively, we traced the lines of your arms, your knees, your neck, so perfect. You must have run your hands (washing, maybe dressing) across your shoulders a thousand times. And now to allow us so much deeper than you could ever see yourself—a magical, vividly wrenching privilege. Did you know, when you looked at the scars on the back of your thighs that someone, one day, would wonder (unable to ask) what happened?
Then in the afternoon, as we became used to visiting with you everyday, I peered inside you. Again and again, day after day I explored the secrets held within your fragile skin. I must admit I forgot, at times, to pay attention to your whole as I absorbed each tiny building block; I was lost inside you.
Until I held your hand, and then your kidneys—the reason you died, they say. But your hand—still strong, skinless. I wondered again. Who held your hand before me?
And in the evening, after the eleven week flurried hurricane of learning, we said goodbye. Not properly. There is no way to say goodbye to someone you’ve known as well (and as little) as I know you. I wish you knew me. And how much you gave me. Most of all, I wish you knew:
When I close my eyes, I see you. And I will for the rest of my life.

Doorway to the Aegean, Santorini
© Peter Lewis, M.D.
Family & Community Medicine
Dear Anorexia

© Sallie Bohlen   Patient

Dear Anorexia,
I followed you down a road not knowing where it led
We walked hand in hand
You taught me many things
You taught me how to lie
You taught me how to live
You held my hand through countless trials in my life
Through school, abuse, my learning disability, and family
You opened new doors
Gave me a safe place to hide
A shelter from the world
For so long you were a friend shielding me
From harsh words, mean laughs, and awful treatment
You taught me how to live
I followed you down a road not knowing where it led
You told me you were my friend
You gave me a safe place
As the years wore on I soon learned how wrong you were
You have given me nothing but pain and hurt and a broken heart
You said you were my friend
Because I did not know any better
I trusted, listened and followed you
I followed you down a road not knowing where it led
Looking back on years of hell I see the place it led
It led me to a painful life full of sadness, lost friends, hurt relationships, and a broken self
I can't believe I trusted you, I can't believe I listened
All that time you said such good things
While all I got was hurt
You truly can not be a friend of mine if you caused all this
I followed you down a road not knowing where it led
After years of pain, suffering, and betrayal by you my friend
I am learning to be my own friend
I have people around me that are true friends
This I know for sure
I have people that care about Sallie not the monster you have built
I am learning to trust myself and learning who I am
You took away so much of my life I will not let you have the rest
This time I will not follow you down that road
Instead I will make my own
Goodbye my friend
I no longer need you with me
I have the strength to finally survive
and with that I cast you aside.
David and I were married on July 25. We moved from Idaho Falls, ID, to Hershey, PA, on July 31. We packed up a car full of belongings and drove for four days—straight into medical school. We arrived in Hershey on August 3rd. We had been married for nine days. We drove to the hospital first, to get the keys to our new apartment. Since I had never been to Hershey and David had only been once before, we ended up walking from the furthest corner of the hospital over to the College of Medicine entrance. It was our first stop out of the car that entire day, except for quick gas fill-ups. The ground felt foreign to my legs, like it was pushing back up against my feet. It was as if I was learning to walk all over again.

We entered the hospital, but I don’t really remember how we arrived at the information desk. I only remember still life images playing forward like an old slideshow projector from the 60’s: David and I riding upwards in a glass elevator, the smells of coffee and cleaner, a gift shop with balloons in the far left corner, and people—many people. I was steered through crowds, past hallways, and up staircases. Eventually the disoriented collage of images settled on a man at a desk.

“Hi,” David said as we approached, “We need to pick up the keys to our apartment and I was told we could do that here. We’re over in the university housing complex.”

A thick folder was handed to David, and we slowly made our way back through the hospital and into the car. My legs felt more comfortable there.

Jim was David’s “big.” That sentence meant absolutely nothing to me—enter the strange new world of medical jargon. I was unloading another box as David explained the terminology to me. I blew a single strand of hair out of my face as I lifted a load of mismatched items onto the bed. As if medical school wasn’t complicated enough, someone had to go and make a subculture with more complex phraseology. Perfect.

Essentially, a “big” is a mentor student. Someone to guide us “littles” through this new experience. Jim and his wife Sara proved to be the perfect “bigs” for us.

We sat in their front kitchen, while Jim and Sara flooded us with new information.

“Anatomy’s not so bad; you just smell like formaldehyde for 11 weeks straight,” Jim began.

“CMBMP is like the black hole of medical school; it never ends,” Sara related to me.

“The tests are brutal, but once you get in the swing of things—"

“All the professors seem to be really concerned about the students—"

“Now if you make it through Step One, Step Two isn’t as big of a concern—"

“You’ll really like Hershey; it has as nice small town feel—"

“After dinner we’ll run up to the ‘crescent.’ Show you around in case you’ve missed some things,” Jim said amidst the swirl of conversation.

“And then we can go by the library,” Sara turned to me; “One of the other med-wives works there.”

“Midwives?” I asked, finally able to cut in a clarifying question. “They have midwives at this hospital? Why do they keep them in the library?”

“No,” she responded with a smile, “med-wives. Medical wives. Those of us who have husbands going to medical school.”

We cleaned up dinner while I was left musing. I had no idea that I was already in a category.

I remember David’s first test. The week was tense. Nights spent studying, days spent worrying. David told me every morning that he dreamed of anatomy. I told him that he smelled of it.

I was at my job the day of his test. I texted him throughout the day, even though I knew his phone would be off. Silly messages like, “I love you no matter what your cadaver looks like,” and “I think you are smarter than Albert Einstein. And don’t forget, he failed math.” I told all my co-workers that if they believed in any sort of Supreme Being, to please pray to it for my husband because he was taking his test today. They all looked at me funny, but once or twice I think I saw a head bow.

I got home before he did. His test was going to take around six hours, so I wasn’t surprised. I flitted around the apartment, anxious to hear the results. Eventually continued on next page
I heard his key turn and his feet clunk up the steps. I ran to the edge, “Well,” I questioned, “How did it go?”

“I think I passed,” he said with a smile. That was the extent of what I understood for the next two-hour blow-by-blow account of his test. But that was all I needed. I sat back on the couch, exhausted from worrying all day. I felt as if I had just taken the six-hour test, even though I was fully aware that I would never even hint at such a feat.

Throughout that first year, I became a med-wife. But oftentimes, I felt like a midwife. I helped David as much as I could, but there was not much I could really do. I could not do the labor of study for him, nor become the doctor when all the work was done. I just did things here and there, in between, to make his life easier.

Midwives were not known for any extraordinary ability, nor were they respected for their profession. They were not the laboring mother putting forth all the effort to bring new life into the world. They were not the new creation to be held and revered by a new mother. A midwife was the in-between person. Not the laborer or the glorious creation—just the one who comforted, coaxed, and helped birth the baby into the world. But without her, it is hard to say where mother or baby would be. Eventually the midwife must step back and decide if that is enough. Looking at our first year of medical school, I often wondered if it would be—and sometimes I still wonder. Sometime I wish I could do more, be more. Pressure strikes in on all sides. But really, where would the mother be without the midwife? And where would the doctor be without the med-wife?

In three more hours we should know they said
He should be able to breathe on his own by then
Three more hours for fate to decide
My whole life passed before me in those three small hours
Every segment that passed I would gladly trade
For something longer than three hours
I had not held him
I had not come to know his face with my eyes
All I knew of him
Was Plexiglas and wires
The skin I could see was a good pink
But there was so little skin to see
I haunted the NICU and the chapel
Alternating my attention beyond myself
How selfish my life seemed at this moment
How blindly self-absorbed
Oh what you promise God in moments like these
Three hours passed and more
As I stood at the window
Watching for blue as oxygen levels changed
Standing vigil for a fragile life
Already reconciled to change my own
If only, if only, more hours would pass
Without the wires and the Plexiglas
Epilogue: Eleven years on
Three hours have passed 32,000 times
Each time feels shorter than the first
I find myself wishing the hours would slow
So I could savor the life no longer fragile
Begun in vigil a lifetime ago
Colors Bleed

© Kristy Hertzog, MSIII

It rained all day
On the day we were wed...good luck I was told.
Joining two halves of the same person
Finalized when blue eyes met brown.

You see, my eyes were blue when I was young
A blue that made the young men notice
A blue like the deepest pool.
A blue to be lost in forever...or so said my husband.

We lived a hard life I guess you could say
But it was lived in many hues.
Large visions of the future and with little we made plenty.
A life of riches with empty pockets.

It rained all year
On the day that I buried him.
A rain that was icy and cruel.
A rain to be lost in forever...or so I whispered to my husband.

With time I had hoped the tears might dry
But in politest silence I sit and drown.
The strangest shade of nothing runs
Now bleeds from blue to brown.

I believe that physicians need to be acutely aware of depression in elderly patients. With an obvious amount of attention paid to physical health it may be easy to overlook psychological health in older patients, especially when these patients feel like a burden to loved ones/physicians and will not readily address the situation. This is especially important, as many changes are occurring in this stage of life, such as the loss of a spouse, loss of independence, etc. The results of a physician neglecting or not noticing these issues could be tragic.
The Hospital is an Hour Away
(An Ode to Clinton County)

© Sarah Frey  Staff
Jake Gittlen Cancer Research Foundation

We worried about getting lost on the way
with “vague” directions
and lack of cell phone reception,
And the hospital is an hour away.

We prayed for God’s Will:
that the car would stay on the road
and not plummet down the ravine,
Because the hospital is an hour away.

We thought the town was shady
(like in horror films)
with crazy people waiting to kill us,
And then we thought about wildlife
(like the bear head mounted on our cabin wall)
And the hospital is an hour away.

A hike through the woods sounded nice,
but it’s hunting season
and orange is in short supply,
And the hospital is an hour away.

The guys brought guns
and set up a rifle range
shooting off the porch,
And the hospital is an hour away.

They said don’t drink the water
(or you’ll die)
and watch out for sparks
(if you sit too close to the fire)
but the cabin is cool and the fire is warm
And the hospital is an hour away.

We wanted a weekend to-get-away
from the stress of the world
to reach out
and embrace beauty
--slow down--
but who knew life could be so messy
in the middle of nowhere,
when the hospital is an hour away!

Appetizing Addictions

© Patrick Seaton
Brother of Kelly Seaton, Graduate Student
Five Minutes
© Jill Telford  Friend of HMC Patient

It was 7:05. Not 7:00. Five minutes late...300 seconds too late. The line at KFC for chicken. Waiting. Chicken. Five minutes. We arrived at 7:05 with a two-liter bottle of Pepsi and soggy bags from the heat of the chicken. We were late. Searching the parking lot for an empty space. Going in circles. Our resort was the street. We were five minutes late. Three sisters late and unwarned.

We were two steps away from her room as a nurse greeted us with a smile and pleasant conversation. There we stood, two steps away in the hallway, smiling until the nurse realized who the chicken and soda were for. She took an awkward breath and asked if our aunt called us. We told her no.

Then she began to say “sorry,” but the throbbing in my throat deadened my hearing, and the thoughts inside me began to destroy my mind. It was not true. It couldn’t be. We were only five minutes late. I knew what was coming. Before she could finish, the soda had thudded to the floor, along with the food, causing a flood of mashed potatoes and gravy beneath our feet.

Releasing it all and grabbing hold of me, my sister was as unsteady as my grandmother the day she drank way too many beers. There I stood in that endless hallway with loss-stricken voices echoing off of every closed door. I stood with my sisters, but feeling so alone; reality caught me off guard and convinced me that I was motherless. I felt the change, but it did not change me. She was still my mother; I was still her daughter, just five minutes late.

Set the timer for five minutes, and in that five minutes see what it does to you. Loss at 6:59 was nothing more than losing a mere quarter. As I stood in that hallway at 7:05, loss was at the core of my world. Time had the upper hand.
Healing is Difficult
© Stephanie Cole  Patient

My belly had collapsed into its own emptiness
and blood, breast milk, and tears were flowing from me
I was being drained of life
and for that I was glad
I felt I had died with my daughter
I was angry to still be alive.

But life did not leave me entirely
though I begged it to with all of my heart
And the wreckage of my body began to regain its form
The milk realized its uselessness and dried up
The blood slowed, then stopped
Only the tears continued their flow
though they seemed to drain me less and less each time.

The ache and longing are still present now
but in a less suffocating way
And sometimes her pictures make me smile a little
before I break down and cry.

I guess you could call that healing
but I know I don't feel healed.

There will always be a gaping emptiness
in the Madeline-sized hole in my heart
But lately, sometimes, on sunny days
when I'm lying in the grass
and I feel the stir of new life inside of me
I realize that while I still miss her desperately
And though I still hate that this is my life
I'm not always so angry to be alive anymore.
You've got your evidence-based practice
You've got your hometown remedies
You've got music therapy, lower heart rates
And chicken soup that's guaranteed to please
You've got pharmaceuticals from everywhere
And old practice from folklore
Don't forget the neighbor's best intentions
Or that drink powder from the on-line store
Medicine
What is the best medicine?
Is it science or art
A gift from the heart
That will improve the way we feel?
Medicine
What is the best medicine?
When we're striving to cure
There's one thing for sure
We're also striving to help them heal
We give a pill for this and a shot for that
Then take a scan to see what's there
In the meantime all that the patient sees
Is in the mirror there's no hair
Along with the medical history
Comes family love that will not cease
Through the despairing, caring, crying,
laughing jumble inside
They're looking for that little measure of peace
Medicine
What is the best medicine?
Is it science or art
The gift from the heart
That will improve the way they feel?
Medicine
What is the best medicine?
When we're striving to cure
There's one thing for sure
We're also striving to help them heal
When we're striving to cure
We're also striving to help them heal

This song is available for download from the Department of Humanities Website:
www.hmc.psu.edu/humanities

Purple Flowers of Yellowstone
© Diana Perry  Staff  Fiscal Systems
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Wild Onions can also be viewed on the humanities website at http://www.hmc.psu.edu/humanities/onions/index.htm