



UNIVERSITY OF CENTRAL FLORIDA
COLLEGE OF MEDICINE
ARTS IN MEDICINE PRESENTS

the SCRIPT





UNIVERSITY OF CENTRAL FLORIDA

College of Medicine

UCF COM Arts in Medicine's Literary Arts Magazine

the SCRIPT



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Who Is Arts In Medicine?

FOREWORD FROM THE DEAN



“Where the spirit does not work with the hand there is no art.”

~ Leonardo da Vinci

Visual art, music and the written word celebrate the spirit that lives in us all. Experiencing, understanding and appreciating art adds to our own health and helps us bring healing to others.

Art helps us celebrate life and make sense of pain and loss. It inspires us to grow and look at people, circumstances and challenges in new ways. Art shows the power that can be achieved when things come together. Just as individual brush strokes, musical notes and words must work together to make a beautiful piece, our collaboration in medicine makes us stronger and better in the service of our patients.

As physicians, we spend most of our lives in the world of science. Yet the world of art enriches what we do. It touches our hearts and allows us to better communicate because at its very core, art is communication. Great doctors are good communicators and experiencing the arts can enhance our ability to connect with all for the good of those we serve.

I hope you will enjoy this third edition of *The Script*. I am thrilled that our young medical school has created this literary magazine so early in its history as we and our community celebrate the healing power of art.

Dr. Deborah German
UCF College of Medicine Dean
Vice President for Medical Affairs

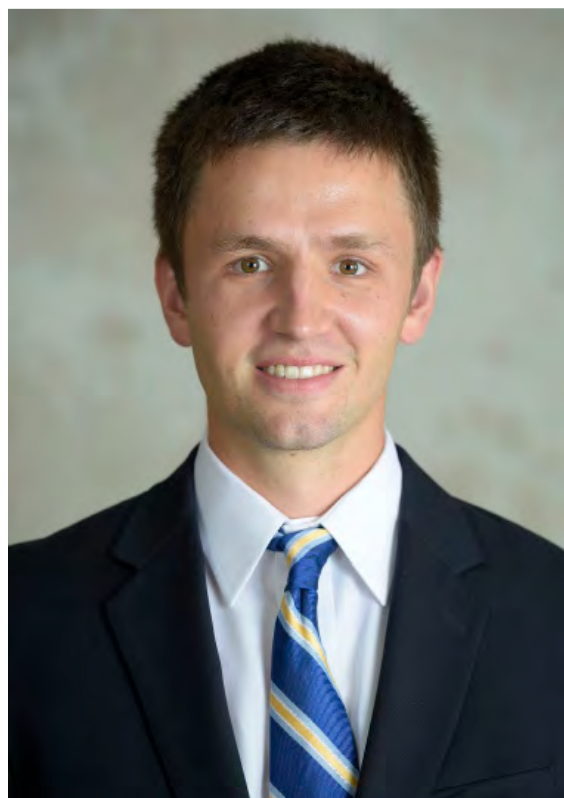
LETTER FROM THE EDITORS

This year's edition of *The Script* is proud to carry on the tradition of providing a pedestal for students and faculty who have found the fruitfulness of an artistic outlet for making sense of their experiences in the field of medicine. As medical students, we are striving to become both technically competent and emotionally available physicians. It can be easy as we progress into the demands of our training to fall into the trap of emotional detachment, focusing ever more on the logic of matching treatments to diagnoses. However, in finding ways of stepping outside the labyrinth of diagnostic algorithms through artistic expression we are able to retain a humanizing perspective.

Whether it is offering consoling words to a family coming to terms with the loss of a loved one, or sharing in the joy of a family bringing life in the world, to all of the myriad of ailments and achievements in between, as empathetic physicians we will be better equipped to respond to the demands of the circumstance. It is exciting to see how many fellow students are already finding an outlet through art early in their career. In distributing their work through this publication we hope that readers may enjoy their many talents and take encouragement to find their own mediums of expression.

Annie Chen
Arts in Medicine President 2016-2017

Jacob Coleman
Arts in Medicine Literary Arts Chair 2016-2017



SOUNDLESS NEST

Ramin Beheshti, MS-2

Over a lofty,
Parched hemlock tree
There lies a bird's nest
Not so tall, so I may see,
Gentle hummings at rest

I have descried many birds,
I've watched pine cones plop
But not a single song has spurred
From this flock that lies atop

And noting the absence of a song
Amid my delicate hear,
The fault must be of nature's wrong
And unrelated to my passing near

But wind bears a patch of shed frond
To gently join the fallen pine
And once more, nature's sound has yet to respond
So perhaps this fault is mine.



RAIN

Gurjaspreet Bhattal, MS-4

The blue transparent of rain,
Sliding down our window pane.
The smooth melody of your piano
And the warmth of my coffee mug
Blending perfectly together
To celebrate our young love.

We love in silence;
Enjoying the comfort of our cozy place.
On a lazy Saturday evening
Just you, me, and the rain.

Halting our lives for a little while
And dissolving in the
Calmness of this moment.
No hurry, no worries
No regrets and no fear.
Just love - pure and clear.

With ease we melt,
Into each other's arms
Hoping for this moment
To forever last
While these beautiful drops of evening rain
Keep sliding down our window pane.

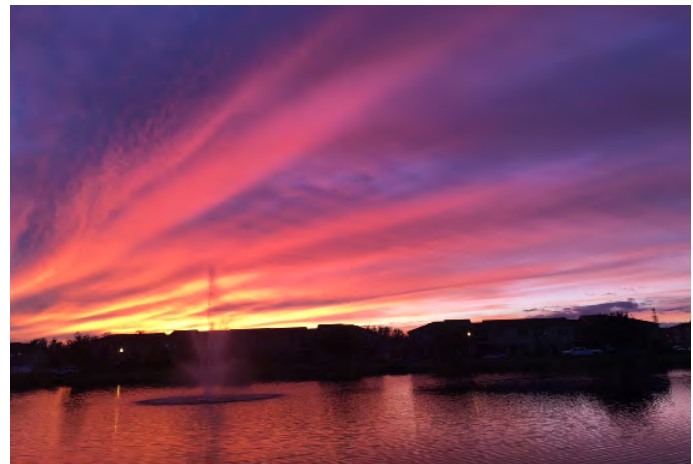
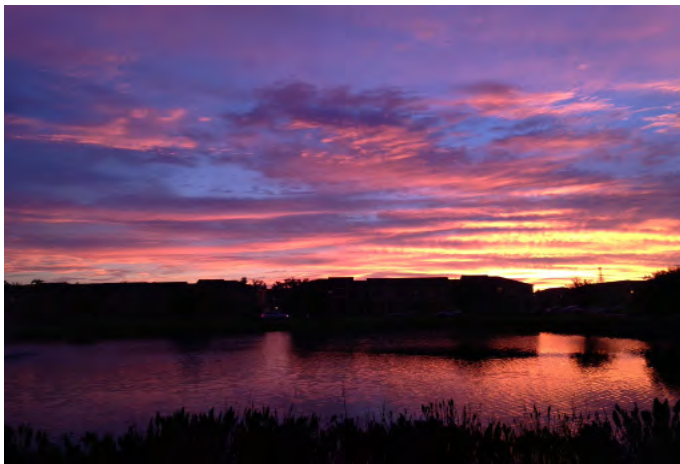
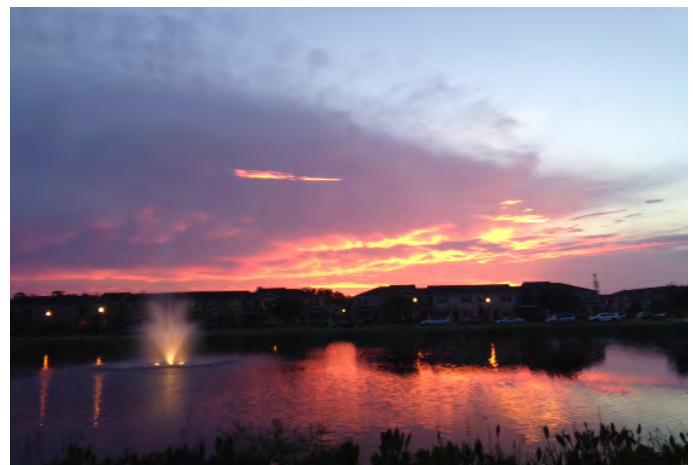
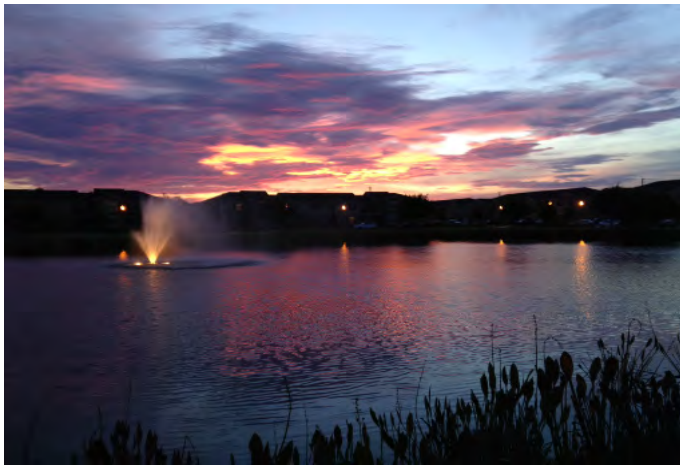
THE ART OF SAVING LIVES

Michael R. Pranzatelli, MD

Shakespeare rushes to the OR,
 gloved and latex-free.
Reaching into opened chest,
 he clasps the heart - Shall I
compare thee to a summer's day?
 Thou art more lovely and temperate -
Paddles. Stand away! Again. A rhythm's made
 - Nor shall death brag you wand'rest in his shade...

Shelley is an intern
 on a conference call,
then mouth-to-mouth
 with cyanotic Frankenstein
- behold all-a skylark flutters out.
 Moved, the monster sits and speaks:
My soul is an enchanted Boat
 Which, like a sleeping swan, doth float...

Donne scurries to the ER,
 paged to see a drug OD.
A spritz or two of Narcan,
 coma's gone, the woman's free
to hear a pager clang and bleep.
 What is that wretched sound,
she weeps, Is it for you or me?
 Send not for whom the bell tolls, ma'am. It tolls for thee ...



"People are just as wonderful as sunsets if you let them be. When I look at a sunset, I don't find myself saying, 'Soften the orange a bit on the right hand corner.' I don't try to control a sunset. I watch with awe as it unfolds."

- Carl Rogers, American Psychiatrist (1902-1987)

Molly Williams
"Night Lights"

SORRY, I'M SHY

Andrew Knott

A father and his son walk into a coffee shop. As they approach the counter to place their order, the boy, three years old, hides behind his father's leg, his eyes cast down at his feet.

"Hi there! What can I get for you this morning?" the girl at the cash register greets them.

"A latte, please. And a blueberry muffin," the dad says.

"You like muffins, little guy?" the girl says to the boy.

The boy doesn't speak. He keeps his head down, his dark black hair shagging over his eyes, safe behind his dad's leg.

"Sorry," the dad says to the girl. "He's just shy."

The boy listens.

The boy, now four, is playing with his mom in their front yard. He laughs and squeals as they chase each other, taking turns pretending to be monsters. His legs, pudgy and soft just a year before, are now lanky and strong.

A neighbor walks by on the sidewalk. She stops and smiles.

"Hi! You guys look like you're having fun," the neighbor says.

"Yep. But watch out, there are monsters on the loose," the mom replies.

"Oh no! You're not going to get me are you, buddy?" the neighbor asks the boy.

The boy stops, suddenly quiet. The laughter and squealing stops. He turns away and looks down at the grass, thick and long from the recent rain.

"I'm sorry," the mom says. "He's just a little shy."

The boy listens.

The boy starts school. On the first day of kindergarten, he is sitting at a square table with three classmates: two girls and one boy. There is a canister of crayons in the middle of the table and multi-colored construction paper carefully stacked in a neat pile.

The teacher tells the children to choose a piece of paper and draw a picture of their favorite animal.

The boy lets the other kids at the table choose first, before selecting a piece of yellow paper and a blue crayon.

"I'm drawing a kitten. What are you going to draw?" one of the girls says.

"A snake!" the other boy exclaims.

"Ew," says the other girl. "I'm drawing a giraffe."

"What about you?" the first girl says to the boy.

The boy stares down at his paper, thinking. He doesn't speak quickly enough.

"I think he's shy," the second girl says.

"How do they know," the boy thinks. He concentrates on his drawing and decides to remain quiet.

The boy is in third grade. He loves music. Over the past two years, every day after school and almost every weekend, he has spent hours in his room teaching himself to play the small guitar his parents gave him for his seventh birthday.

For once, on this cold and rainy day in March, he is excited to be at school. Today is sign-up day for the school talent show. He is going to do it. When the teacher asks who wants to sign up, he is going to raise his hand. He is going to say, "I would like to play my guitar."

Last night, instead of practicing his guitar, he stood in front of the mirror in his room and practiced this line. He said it over and over, making adjustments. He tried speaking faster or slower, louder or softer. He watched



Sirisha Reddy Thambuluru MS-4
Digital Photograph

his face, checking for any odd movements or expressions when he spoke. Finally, after many tries, he was satisfied.

He is ready. *I would like to play my guitar.*

The day passes by at a crawl. At last, two o'clock comes: time to wrap things up before dismissal. The boy sits nervously at his desk, staring down at his hands, picking at the base of his fingernails. His heart starts to beat faster and his face feels warm.

"OK, class. It's a special day today. It's time to sign up for the talent show. Who has a talent they would like to share? Please raise your hand," the teacher says.

Several hands go up, but not the boy's.

After the bell rings, the boy stays in his chair. "I'm still going to do this," he says to himself. "I would like to play my guitar."

When the other kids are gone, he stands up and walks toward the teacher's desk. She has her back to the room, shuffling papers.

"I would like to play my guitar," the boy blurts out.

The teacher spins around, startled.

"I mean, in the talent show," the boy stammers.

The teacher stares. She squinches her eyes and studies the boy's face.

"Are you sure?" she asks. "Do you think you could do it in front of all those people? Or would you be too shy?"

The boy doesn't speak, he just shakes his head and turns to walk away.

The boy is sixteen. The softness around his face is gone now. His face is dotted with acne and his shoulders are often slumped. He keeps to himself a lot. Being alone makes him feel neither happy nor sad. He still plays his guitar, but only in his room.

He is sitting on a bench outside the cafeteria at school. Alone. The air is cool, but the high sun warms his bare arms and face.

He is eating peanut butter crackers, deep in thought about nothing, when a girl walks up and sits down at the other end of the bench. She is small and quiet.

The boy flicks a cracker crumb from his lap and glances toward the girl without turning his head.

"Oh, I didn't mean to bother you," the girl says.

"No, it's fine," the boy says hesitantly. "Sorry, I'm shy."

"That's okay," the girl says. "People say I am too."

The boy nods and returns to his crackers. They sit and eat, together, in silence.



Bonnie Jan, MS-2
Watercolor



Kathryn Sparks, MS-2
Digital Painting

Matthew Mui, MD
Digital Photograph





WHEN I MET BRAHMS

Michael R. Pranzatelli, MD

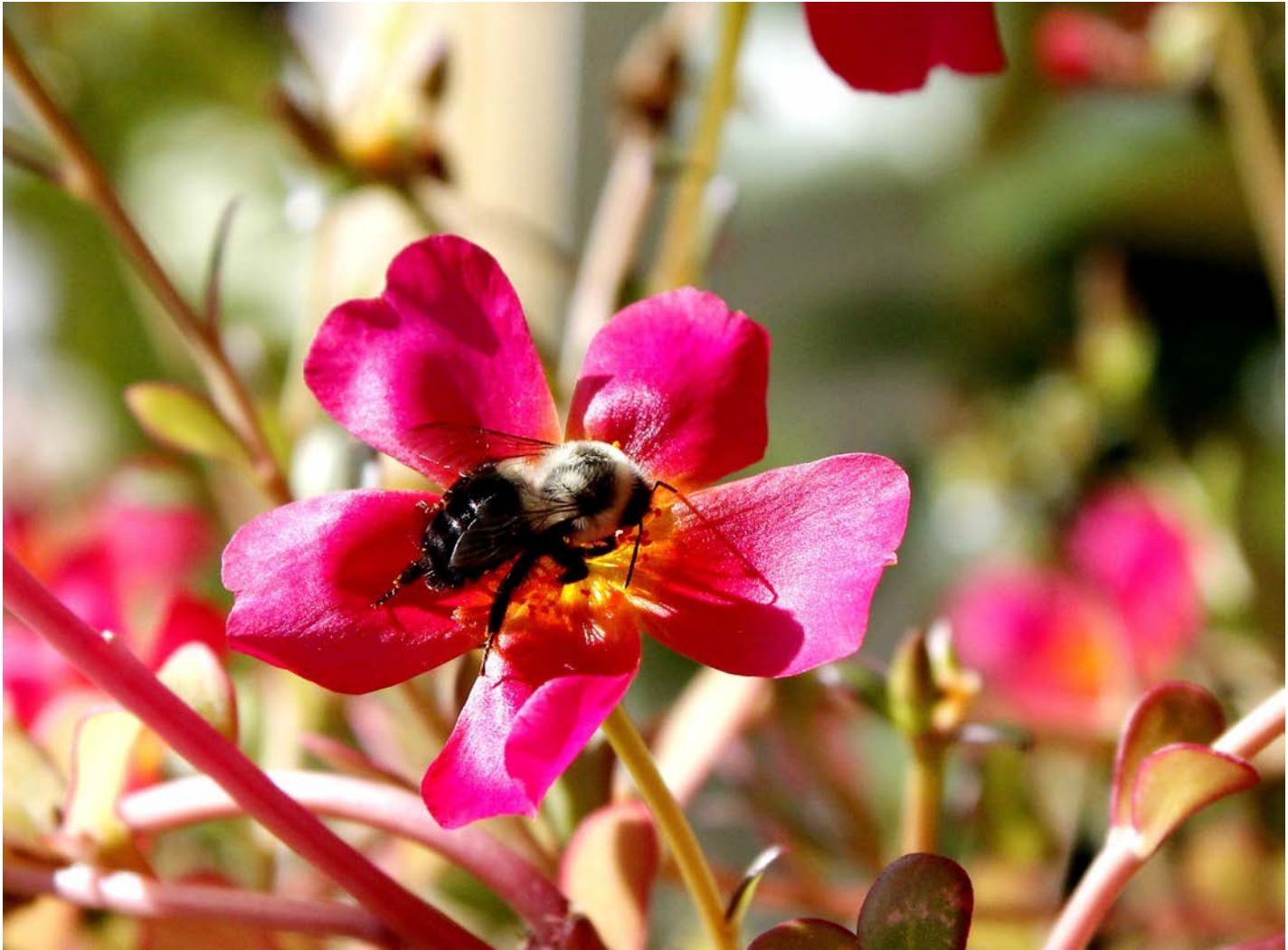
He spoke not German,
Had no beard or paunch,
No baton, nothing to prove,
Not the least bit staunch.

Above the patter of footfalls
Across terrazzo floors,
Bustle, chatter, drone,
Clack of hospital doors,

Just simple pleasant tones,
At first a group of three,
Gentle, slow, melodic
Surprised and cradled me.

No one in the hallway stopped,
Notes cascading by the bunch;
Conversations ambled on
Along the way to lunch.

Then as my smile faded,
The music inwardly restated.
So it is a baby's born today;
Johannes passes quietly away.



Sirisha Reddy Thambuluru, MS-4
Digital Photographs



Sirisha Reddy Thambuluru, MS-4
Digital Photographs



5:22 a.m.

Michael R. Pranzatelli, MD

You're three years young
in your blanket,
even fell asleep
through that raucous click-
clicking. Into your C-spine
the magnetic giant peaked
and glimpsed a lesion
indolent until the day
the town was due
to set off firecrackers and rockets
the way the news exploded your mother's world
and the tears flowed silently from her eyes.
How I envied her ability to cry

But it turned out
not to be a tumor, just a virus
(just?) Transverse myelitis—
luckily, he might do well
with rehab, tincture of time...
and she cried again,
this time relieved
until the words set in:
he may stay paralyzed for life...
And the tears stopped.
Her lips did a turn,
Mona Lisa-style.
How I envied her ability to smile

WITH LOVE, TO ST. PETE'S

Gurjaspreet Bhattal, MS-4

This city, a little offshore
Sitting calmly above the ocean's depths
A little disconnected from the rest of the world
Yet, thriving at its best.
This city of young hearts
Growing younger along the beach
The city where I fell in love
This city of St. Pete.

Simplicity in its people
And originality in its culture
In the fresh air of the ocean
This charming city breathes.

John's Pass bustling with tourists
And fresh fish
Grilling along the boardwalk.
The sun shining on the sparkling
waters
And music around the clock.

Food of an amazing variety
From Lana Thai to Sweet Sage to Nitaly's
And somewhere in there
Bongo Beach Bar and 3 Daughters Brewing
This city is a charmer
And will draw you in itself
And before you even know
You'll be in love with St. Pete.

This city is a secluded ...
... world of its own
And if you have a lover
Even better for your soul.
An evening walk along Madeira Beach
With fingers interlocked,
It's like the sun is in your reach
And the ocean at your watch.

So here I pour my heart
To what this city means to me

And someday I wish to return
With love, to St. Pete.

A SIMPLE PRAYER

Wael Sankar, MD and Sayed K. Ali, MD

Very effective but, seldom recommended.
Simple and easy.
Outcome multiplied, benefits augmented

More potent than prescribed medications,
Chaperoned by numerous expectations,
Strengthens family cohesion.

During tough times,
Melancholy, chaos; rampant emotions
Thorny abundant vines

Teary eyes, a will profound,
Performed anywhere, all time around.
Knees often to the ground.

Initiation usually the key,
Bearing seldom necessary,
A simple prayer – one's best advisory.



UNTITLED

Lea Meir, MS-3

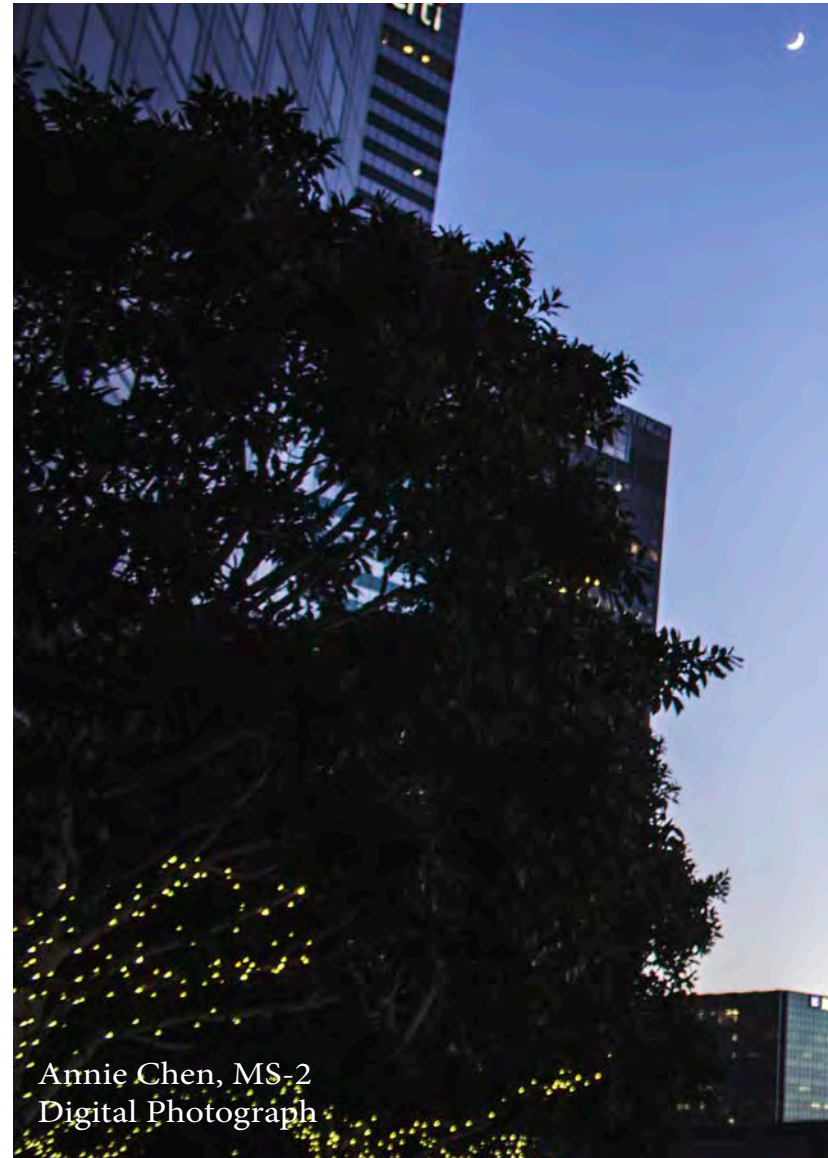
“Second to the right and straight on till morning.”

When I was younger I wanted to follow this pathway to Neverland, a magical place where people never grew up, time stopped, and dreams were born. Seemed ideal to me, all it took was just a sprinkle of pixie dust and happy thoughts to reach this secretive location. I lived in the movies as a child, but the premise behind Peter Pan’s home was both captivating and enchanting to me. Peter Pan had assembled a family of individuals who were lost, isolated members of society and guided them towards this mystical place where time stopped and was filled with the promise of possibilities.

Through age I have come to realize that “Neverland” doesn’t quite exist and happy thoughts may not make you fly, but there is one main concept that is apparent through the fabric of this fairy tale story: as a society we change as we age. This was the primary reason for the very fabrication of Neverland, a place where the minds of children remained open, filled with curiosity.

As we age though, we begin to develop stereotypes, scripts for how we should act, and make everyday decisions through heuristics. While our mind makes these mental shortcuts for the sake of “efficiency,” there is a danger to this: the possibility of unconsciously mislabeling people and molding them to fit a preconceived stereotype. This is particularly dangerous in the field of medicine where these stereotypes have the potential to impact health outcomes.

Unfortunately, stereotypes have permeated throughout many specialties in medicine, but there is a certain stigma attached to the field of psychiatry, and in particular, the psychiatric patient. Working on a consult liaison service in psychiatry for my first rotation has provided me with a unique perspective on this matter. There is a lot of weight that gets put behind a psychiatric diagnosis, and this is one which follows the patient with every health care provider. At times psychiatric patients get overlooked; their symptoms may get termed psychiatric in nature even if they are not. Patients may get labeled as “difficult” or “psychotic” because the patient is acting out of the ordinary when an underlying organic medical condition may indeed be at fault.



Annie Chen, MS-2
Digital Photograph

The stigma, interestingly enough, does not only apply to the psychiatric patient but extends to the health care provider as well. For instance, a patient may believe they do not need a psychiatrist because that could mean there is something wrong with them or they are “crazy.”

“I don’t need a shrink,” was one of the first comments I had heard on my rotation from an elderly patient as he lay in bed across with a stoic look. As the elderly patient spoke to me and my resident, I could hear a feigning of certainty in his voice. Through our conversation, we discussed his mood, how he was coping with his diagnosis of cancer, and his overall state of mind, and he began to become receptive to us as the interview progressed. In fact, by the end, he stated that talking it through was extremely helpful. While this is certainly not the case with every patient, the initial resistance to being seen by a “shrink” is not uncommon.

There are additional barriers that may influence a psychiatric patient’s willingness to seek help: the concept of self-blame and guilt over a fear of a psychiatric



diagnosis. While a cardiac patient who experiences angina for the first time may typically seek treatment without guilt, the same cannot be said for a patient experiencing depressive symptoms or a patient who has been sober for years but relapses in the face of multiple stressors. There is a common misconception that patients diagnosed with a psychiatric illness are at fault for their own disease. Unfortunately, this self-blame makes it particularly difficult for initial consultation and compliance with treatment. This makes a provider's nonjudgmental approach to a psychiatric patient all the more important. Communicating to the patient that their illness is legitimate may relieve a self -emplaced burden the patient may unconsciously hold. These are just some of the barriers that can be found between psychiatric patients and healthcare providers.

What I have found through my experiences is that the stain of stigma begins to wash away through communication with the patient. Health care providers begin to understand patients more, and the patients

begin to understand themselves better. The healing process behind the history of this stain can only begin by having a listening ear, maintaining a heart for inquiry, and through passion and care for patients.

Until these barriers are removed, a comparison could be drafted between the tale of Peter Pan and the psychiatric patient. Just as in the story of Peter Pan, the isolated members of society can be compared to patients diagnosed with a psychiatric illness. Many are overlooked and tagged with a stigma, which can continue to be removed through proper care, individual attention, and respect. This can be done by providing a thorough interview to a patient and listening to their symptoms and their story with an open frame of mind and without judgment.

Only here, pixie dust is not what brings us closer to the creation of a brighter world filled with possibilities, rather, communication is. If this can be done, who knows, there just be a Neverland after all.

OCTOBER 18TH

Morgan Beebe, MS-2

An open letter to anyone in medical school who is losing grips with reality:

What matters in medical school?

About two months ago, someone I love very much lost someone truly special. I had just started medical school, and this news really jerked things into perspective. Life is not a passive force; it is something we are meant to live. Too many people go through life not caring about anything. They live contented with apathy and ignorance, and they die never knowing what it meant to truly live.

That was the moment I decided to begin making a change. I began to remove the people from my life who were toxic, and I tried to begin putting more into the relationships I value and need to experience raw happiness (Seriously though: don't waste your time with someone who is going to yank you around. Wear your heart on your sleeve and embrace the pain. It's the best reminder we have that we are alive right now). It drew me away from my studies, but it made me a better person. Because at the end of the day, our lives don't really matter to anyone except ourselves and those we touch in our lives around us. My cousin is one of the strongest women I know. I don't consider her brave, because she didn't ask for this. Bravery is putting yourself in a tough position and getting through it. Strength is getting slapped in the face by something you never asked for and not letting that slap destroy you. She cried. I encouraged it. Tears don't make someone weak. Giving up makes someone weak. I always wonder why she doesn't give up; I can't say if I lost someone I loved so much so suddenly I'd be as strong. I've learned a great many things in these last two months about what it means to love someone and how important love is in the lives we are given.

When I die, no one is going to care how I did on my HB-1 exam; they aren't going to care how much research I performed in medical school; they won't care how many clubs I was an officer in; they certainly won't care that I had a tattoo. Most people I have known will not bat an eyelash when this phase of my

life is over, and they'll never see me again, and that's okay. The sentiment is probably mutual. But for the people in my life who do matter and who love me because I'm a neurotic, impulsive, genuine, loony red-head, they will remember all the people I healed, what my smile looked like, and how I affected their lives. It's fruitless for me to sit around and compare myself to everyone else, because the people who love me don't honestly care about everyone else. They care about me, just like the people in your lives care about you.

What matters? What matters is the way we touch others. We are healers, and we are human. We have the capacity to love, and this is a gift that never runs out. It's one of the only emotions we are able to experience that does not ever see a plateau, and it is so often wasted. People matter. The people we love matter. The person – NOT THE STUDENT – we are matters. Don't lose yourself and your ability to love in the chaos that is school. Do not become so narrow-sighted that you forget how to love (I already feel a little jaded). Before our parents even knew what we were capable of, they loved us. Before our stellar academic performance became our reputations, we made friends as toddlers and in kindergarten. Before we were accepted into medical school, we had friends who were there, no matter what. Our self-worth is not intrinsically bound to our identities as a student. We forget that. Please, do not forget that. Do not forget what matters. Because at the end of the day, if this world burns to the ground, we only have each other. No phones; no wallets or bank accounts; no cars; no clean underwear; no Facebook or Instagram or Snapchat or Twitter or Venmo or Uber. We have one another.

You don't realize how precious life is until it's snuffed out. Don't waste the time you have being passive. Be a force. Discover the love you have and let it consume you, and you'll never feel alone. Medicine is not life; medicine is only a tool that helps sustain it. Take care of yourselves. It isn't selfish.

You matter.

To all of my amazing friends and family: Thank you.

BLOOD

Simon Ho, MS-4

Peninsula of self doubt
In a sea of distant sympathy
How could—you—understand
The love of an imposter
Perfect symphony of dream destruction
And yet a miracle of life.
Your few joys, my joys
Your frequent pains, my pains
Do—you—know,
How you tear on the lines that sustain you
Or how guiltily lucky I feel
To hear the silence of your harsh breathing
Interjected with monstrous bark,
Or how tired I am of waiting?
Talk to me child,
When can we really communicate
The intricacies of my world
Or yours?

I had the privilege of providing for a young girl and her father. The child had neonatal complications leading to a permanent tracheostomy tube and was non-vocal at three years of age. My trepidations as a future father exploded as I interacted with this patient and loving parent. In my few short moments with them, my mind swirled with anticipation, guilt, grief, joy, and pride. Truly, the most difficult challenges in my life are still ahead.



Fabliha Anbar, MS-2
Drawing



Kathryn Sparks, MS-2
Pencil



Cara Sherrill, MS-3
Digital Photographs

THE THUNDERCLAP (HEADACHE)

Michael R. Pranzatelli, MD

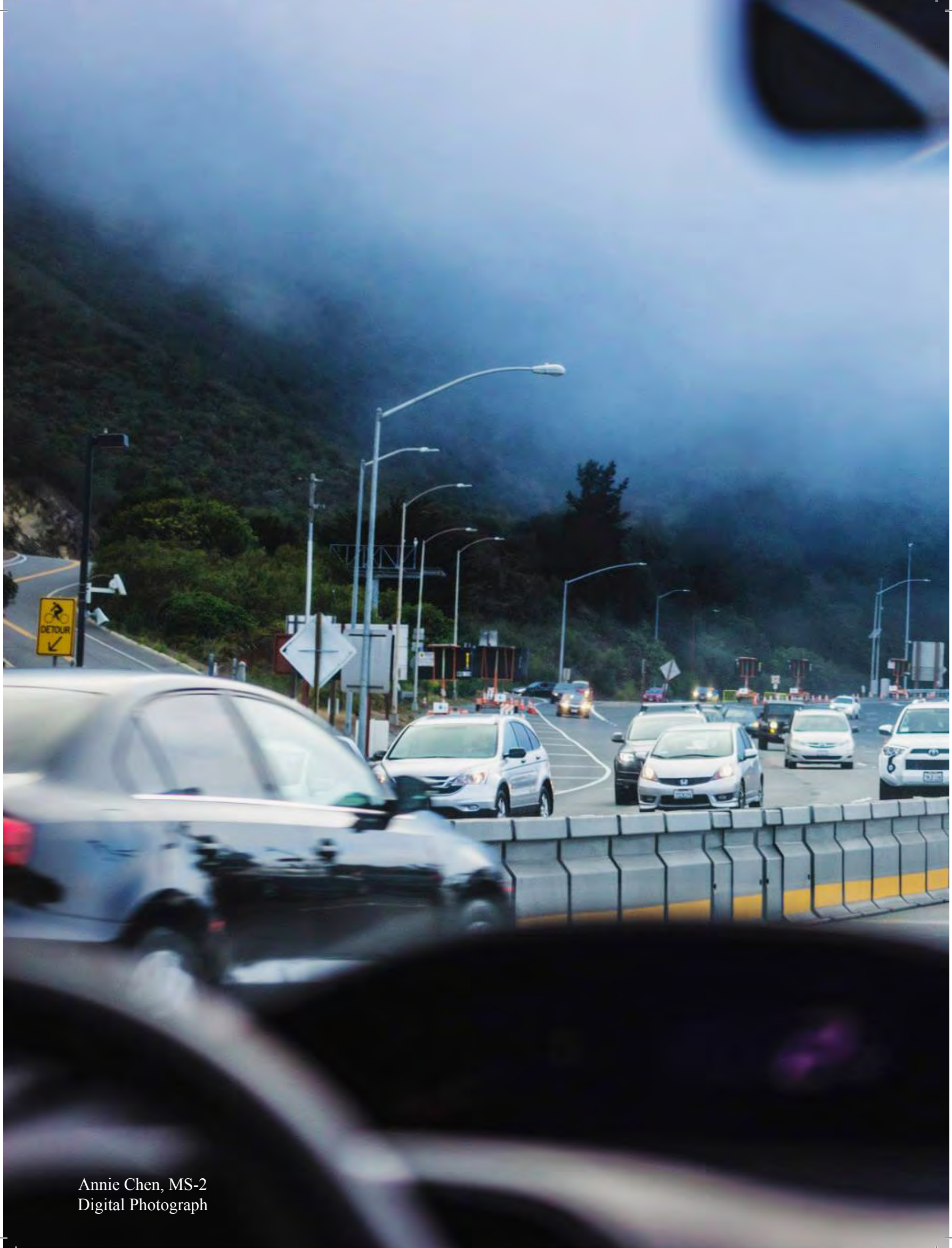
four voices Mommy! MOMMY!
plead with the force that yanked her,
coffee cup in hand,
into the howling dark vortex, up
into the wind-wracked trees
upreared and tossed
flipped and hurled
into tree-less realms

Suddenly quiet.
At the podium in a daze.
In the spotlight, she cries.
Stabs, not words,
in the place she used to think.
How does it feel?
(that audience of shadows, probing eyes)
Are you afraid?

So far below,
those eerie red flashes
Has something happened to the children?
—arms outstretched, mouths in angelic O.
—stretcher whisked. Why is he sitting in the driveway?
He never weeps

—tail lights past the seamstress shop,
lured by the wailing
down the street to the grocery store,
the parking lot she'd found
that lucky \$20 bill, a vacant church,
a cemetery hiding headstones
beneath a cape of dusk

countlessly around,
clock hands in the town square
searching for that moment
anesthesia rushes through her brain
when you're in the sea, you must swim—
aneurysm freed up, a shiny clip approaching—
she treads
how she treads ...



Annie Chen, MS-2
Digital Photograph

OUT OF CONTROL

Lindsey Warner, MS-2

It's a busy morning. I am running late and hurriedly open the fridge to grab the orange juice. Laden with all of the various belongings I am carrying with me out the door, I fumble for the half gallon plastic jug, trying not to drop anything. After all that, it's almost empty. "Oh well, I'll drink the last of it at least," I think as I twist off the cap and tilt my head back to take the last swig.

It was at that moment that I realized I could not tilt my head back. A little panicked, I let all of my things slump to the floor and tried again. And again I could not; the last sip of orange juice swashed at the bottom as a taunting reminder of my new limitations. I was four weeks into physical therapy and had regained much of my range of motion, but I hadn't realized I had even lost this ability. I exhale slowly, and with my breath, I feel a dull pain enter my chest as I think back about the accident that got me here.

It was another busy morning not unlike this one. I was running late, hurried to my car and was driving to class. Yoghurt in hand and thinking about my Chem II project, I veered a little and hit the curb. As I went to correct, a slight turn of my steering wheel sent me three lanes over. The week before, my car's power steering had gone out. I took it to the shop, had it fixed and hadn't thought much about it. But the mechanics had overcorrected. My steering was now oversensitive, and I was used to having to put muscle into maneuvering my vehicle, having driven it for two months without power steering before I could take it in. This was a very bad combination. All the way in the far left lane, confused and in a full panic, I corrected again, sending me into another overly sharp turn heading almost directly toward the sidewalk. I instinctively jerked my wheel back to the left. At this point my back wheels spin out behind me, my whole car facing backwards and still skidding towards the left shoulder of the road. I was completely out of control, sliding sideways and backwards at 50 mph towards a curb. Every muscle in my body tensed.

My Subaru flipped as it hit the curb and, to my horror, still did not slow. My car slid over the 10-foot-wide grass cul-de-sac upside-down into the oncoming traffic lanes. I was suspended upside-down by my seat belt. I was acutely aware of the real danger I was in. The knowledge that I could be hit by an oncoming car

at any second and must get out pervaded my entire being. One hand bracing myself, the other reaching up to unbuckle my seat belt, I fell onto my shattered windshield, raised myself onto my knees and quickly opened the door. I remember blinking, struggling to see and fully process and grasping with all my strength at the consciousness I knew I needed to make it to the grass. I made a blind, disoriented dash for the cul-de-sac before losing consciousness, falling backwards onto the grass. My next memory is a woman holding my hand and asking me questions with several others gathered around calling an ambulance. I could not move. I laid flat on my back looking up at a blue sky and a concerned face.

Thankfully, the light had been red for oncoming traffic, and the people in the lanes turning onto the small highway had seen my car flip before picking up too much speed. One of those people was a nurse whose name I will never know but who I am forever thankful for. Her quiet expertise, reassurance and direction to others kept me calm in what could have been a chaotic and terrifying experience. The first things she did were hold my hand, gently stroke my arms and catch my confused gaze.


"Look at me sweetie; I'm right here. You are going to be ok, OK just stay with me. I'm going to stay right here. Look at me, can you see me?"

My eyes and ears struggled to process, but I felt myself coming back.

"I'm going to ask you some questions, okay? I'm going to be right here with you, and the ambulance is on its way."

She asked if I could move my toes and if I could remember my date of birth, parents' names and medical allergies. She asked if I had a cell phone, where it was and had someone call my mom. She stayed with me as police, firemen and finally paramedics came to the scene. Lastly, as I was being strapped into a neck brace and lifted onto the gurney, she asked the paramedics to which hospital they were taking me and called my mom to tell her. From there, I remember the uncomfortable ambulance ride, speaking to ER personnel, getting an X-ray and CT scan and being grateful for only soft tissue damage; Then finally being released exhausted, shaken and grateful for just a muscle relaxant prescription and directions for self-care and PT.

"What a close call..." I think, looking back on that day, orange juice still in hand. I look down at the container and feel grateful that this small limitation is the extent of my worries. I pick up my books and bag and walk out into the sun with a new appreciation.



ILL AT NIGHT
Michael R. Pranzatelli, MD

staring at the filament
in the ceiling light
until you close your eyes
and see a purple rim
on limy green
shimmering in the unfathomed

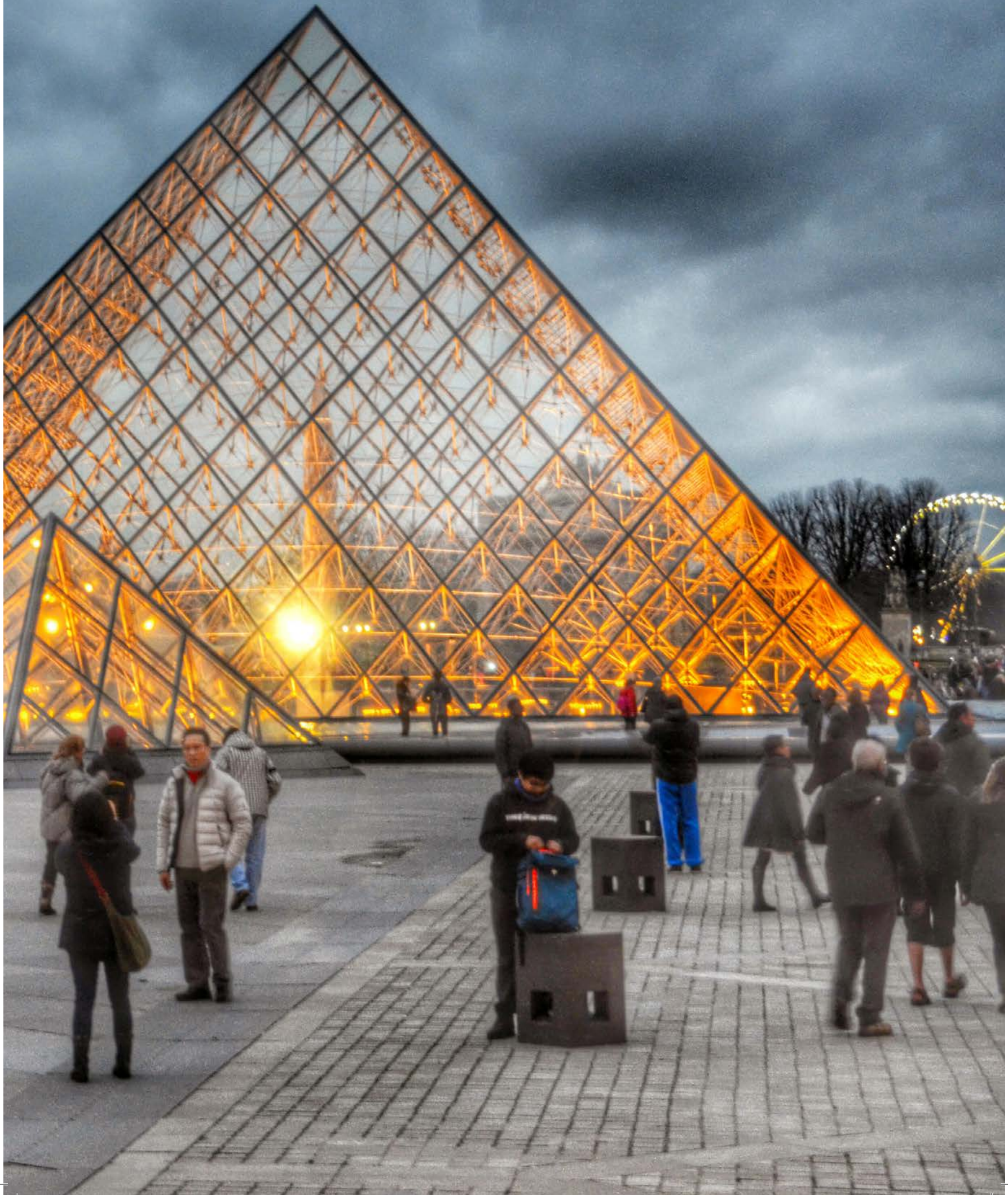
Not the orgiastic or crepuscular light,
but an arc that sends out
artificial rays that shed no warmth
until you're caught invisibly
between your world
and the might of one

that leaves you scared and
blanketed against the rigors.
Don't ask what you're doing here—
words do not work.
Dare stare longer and endure
the yellow and magenta afterglow

Delight in that spark of hope,
a beacon beaconing
it's going to be alright,
from a time to come, a signal
freeing from panic and fear,
illuminating by mere tenderness

Embrace the drowsiness;
wipe away the tears.
Let your body fly away
to extraordinary heights
in yearning to be free—just
get through the night

Sohum Patel, MS-1
"A gloomy evening at the Louvre"





Bonnie Jan, MS-2
Watercolor

NAINAI MEANS GRANDMOTHER/
ANATOMY LAB

Christina Dai, MS-2

Breath contained, nostrils shut, eyes wet with ink,
I stand before her, a ghostwriter penning the past,
The lines of her face dance in motion - I blink,
Melting the wall between nainai and her, at last.

Like her, my nainai sleeps in a cage of metal,
Stolen by the crab burrowing free from its cell,
Who buried her remains before the dirt even settled,
And left only a shadow in my memory - farewell.

I follow that shadow down to the sight,
Of cheap ruby lacquer splashed over her toes,
The red hue glitters under fluorescent lights,
Blinding us to forget she was once a blue rose.

My weary gaze takes flight above her shell,
And soars through the open window amid the birds,
The shutters slam behind it - and just as well,
To seal the gate between prologues and afterwords.

MELT

Ming-Da Qu, MD

“My friend had a hernia, but one day it burst. What’re my odds?”

“That doesn’t actually happen,” I started. “That hernia is a weak spot in your groin that lets a pouch of intestines bulge out. There is a low chance that the pouch gets stuck and is unable to be pushed back in. That’s called an incarcerated hernia. We’ll definitely operate if that happens. Incarceration is painful. More importantly, if left like that long enough, blood flow is inadequate, and your bowel will die.”

He winces.

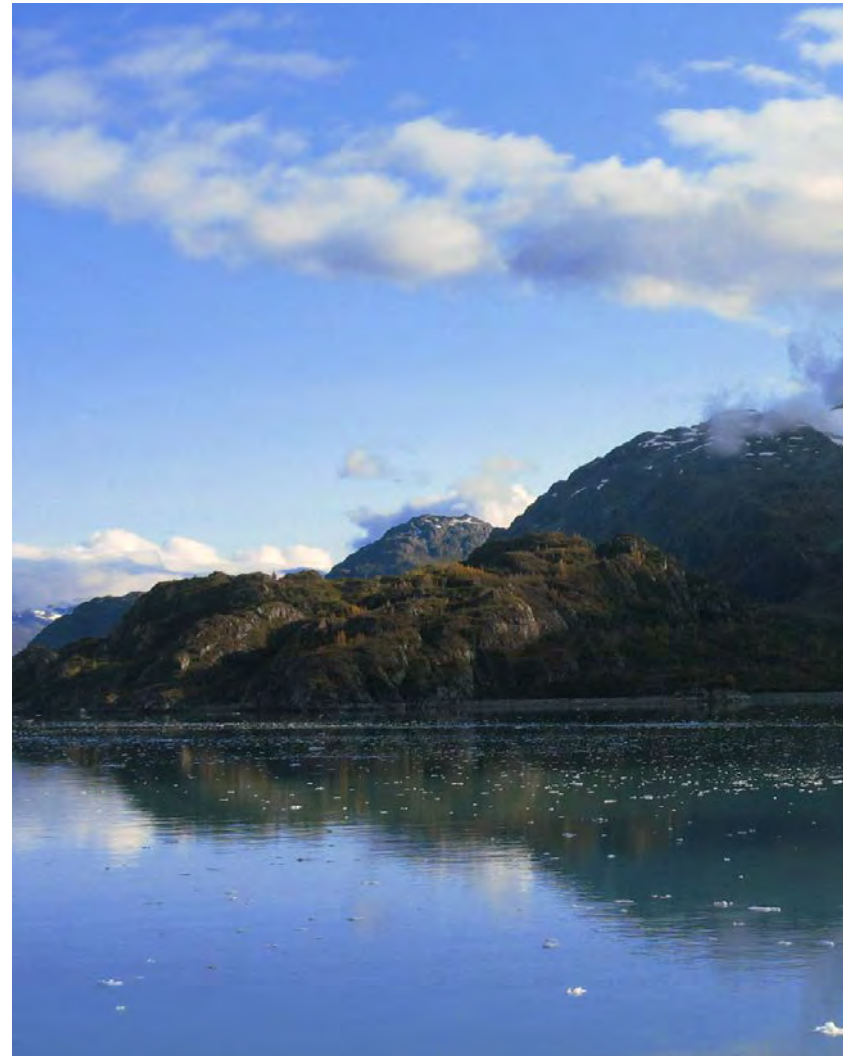
“Maybe that’s what happened to your friend.”

“So, what, his intestines melted instead?”

“Thankfully,” I continue, “inguinal hernias have been studied to death, and the rate of incarceration is actually lower than the complication rate for repair. You can choose to have it fixed now, but you don’t have to do it.”

I check the case board for his name two weeks later. OPERATING ROOM | STARTING TIME | PATIENT NAME | PROCEDURE | SURGEON | FIRST ASSISTANT | ANESTHESIOLOGIST. He’s in OR 3, starting in an hour. I’m still green, wearing matching scrubs, but I know the routine. He is wheeled into the holding area, where nurses and an anesthesiologist ask their usual questions before finishing with a “thank you for your service.” I mark the site, make small talk, and thank him for giving me the chance to learn something. He is wheeled to OR 3.

He is drugged unconscious gently before an easy intubation. Up come the drapes. Our gloved hands grip sterile covers on the knobs of the lights above to lower them. I’ll spare you the rest of the boring details.



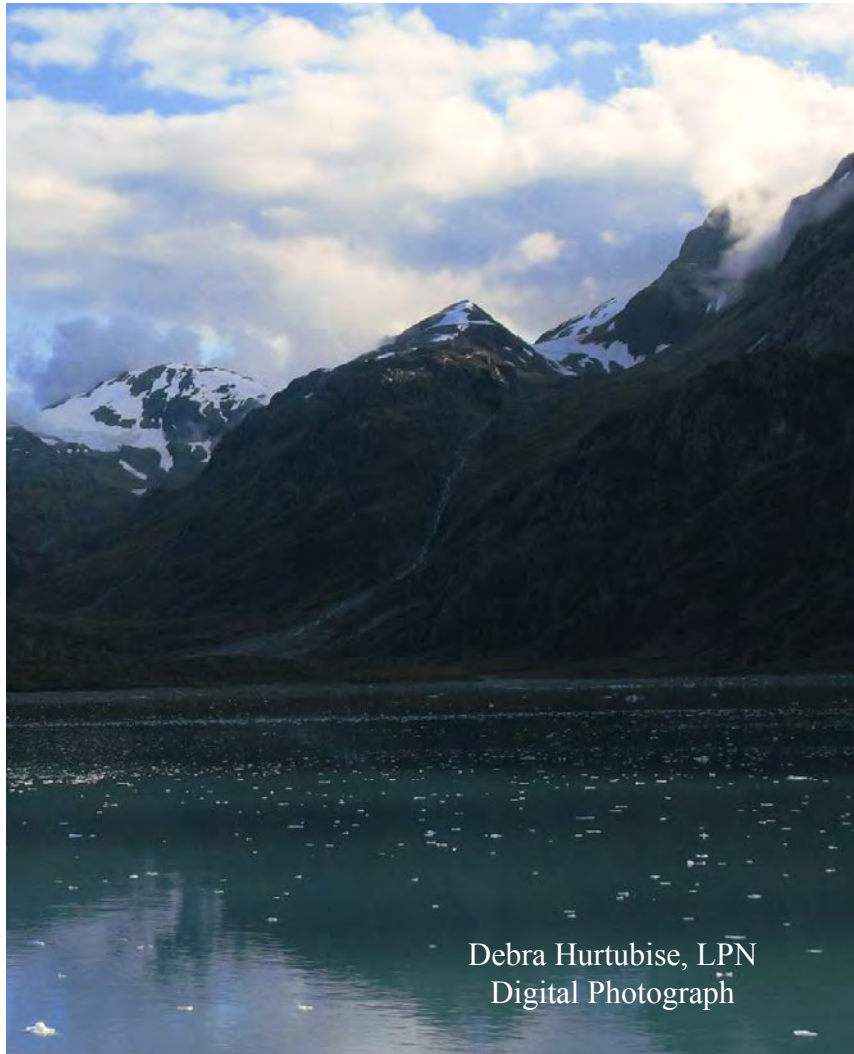
But I won’t spare you this:

See a man, a different man, is lying in a hospital bed but not in an operating room. See him how you’d like, from head to, well, let’s just start with his head. Maybe he’s smiling, relaxed and looking out the window at the lovely vista outside. Better than what he actually sees: the hospital parking lot. Next, picture his torso. Is his gown untied? Is it lightly stained? Is it obvious that no one’s shaved his chest for weeks? Whatever you want.

“Did you give him the Dilaudid?” asks the resident.

“An hour ago,” says the nurse.

The resident and I grab gloves from the cart outside,



Debra Hurtubise, LPN
Digital Photograph

along with our disposable minor surgery kits. She raises the bed and stands at his bandaged left leg stump. I stand at the other.

We unwrap the gauze. What remains of his femurs is ringed with dry, pale facsimiles of flesh. Odorless.

She pokes around the bone. “Did that hurt, Mr. [REDACTED]?” He shakes his head.

The principle of debridement is to remove dead tissue so that underlying viable tissue may heal unimpeded.

My right hand holds the scalpel, my left the forceps. I lift an edge of “skin” resembling yellowed paper and butcher clockwise. The hunk falls away, but the tissue beneath is still listless. I lift it higher and scrape till a

slow, bloody ooze starts. Blood is good. It’s a sign of life.

He winces.

“Which leg was that, mine or his?” she asks.

“Yours.”

“Sorry, Mr. [REDACTED].”

“It’s fine. I know you have to do this.”

She continues. Her stump is half red rather than salmon pink. This stuff looks like paper, but it sure doesn’t give like it. I am slow, but the rim of dead flesh finally is mostly gone. Surgical debridement can happen in the operating room or at the bedside.

My right hand holds the scissors while my left holds the forceps. I am cutting the debris rimming the femur itself when I expose a cavity at 10 o’clock from the bone.

The smell comes first. Ideally, we would’ve drained all the pus yesterday, but even vigorous irrigation couldn’t get it all out. I expand the cavity. Old blood and pus had congealed, caking everything. Lifting it was like grabbing hard taffy. I rip a chunk off. Red ooze.

Mr. [REDACTED]’s face screws tight. He moans and clenches his fists.

“Sorry, Mr. [REDACTED],” I say. He moans again before I grab the next piece; her doing.

“I’m sorry, Mr. [REDACTED],” she says.

“Do what you must.”

He moans again. “Sorry,” I say. At some point she stops apologizing, but I become an automaton. Slice. Ooze. Moan. “Sorry.” Repeat.

“That’s enough for today,” she eventually said. “We’ll see you tomorrow.”

DESIRE

Gurjaspreet Bhattal, MS-4

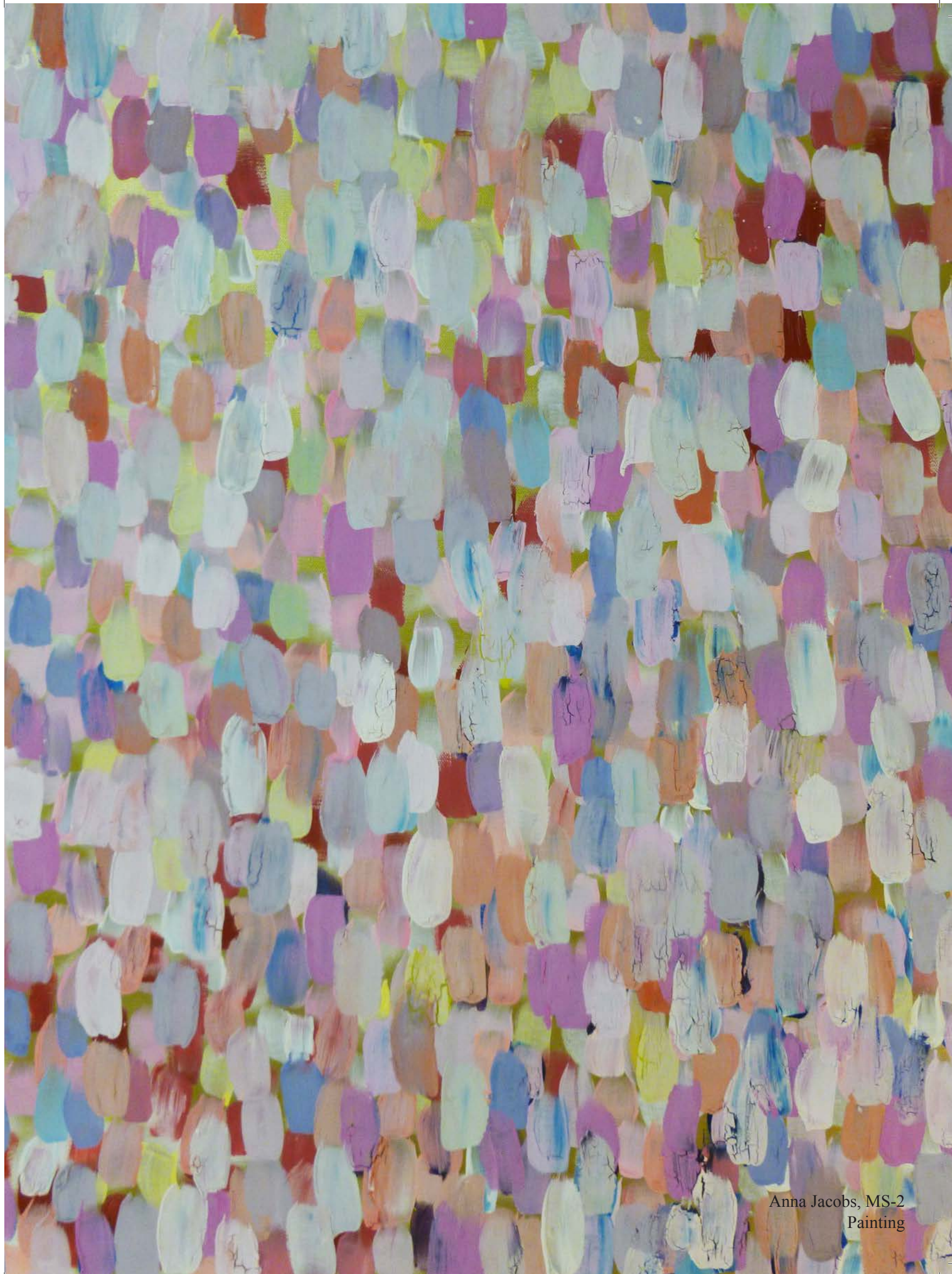
All you want is not the end
It's just the beginning of desire's slavery.
Before you'll know, you'll desire more
And yet one day when you have it all,
You'll still crave for a little bit more.

With every bit you acquire,
Desire grows a little
And so does the agony
Of not having it all.

To rid yourself of this torment,
You sacrifice some more
And before you know
You've lost a little more.

A wife at home waits a little longer
And a child at game expects you a little less.
All while you're struggling to possess.

One day however,
Your body won't comply.
Your wish of having it all
May then start to subside.
But what will increase is your agony,
For you'll realize how much you've lost
In those days of desire's slavery.



Anna Jacobs, MS-2
Painting

RED WINE

Anonymous

Summers in Oregon are like none other. The 85 degree days with ocean blue skies and swirling pure white clouds sprawling off into the horizon; the air crisp and clean, having been washed by rain, moistening the rich dirt allowing for the most diverse rainbow of greens as far as the eye can see. The leaves work magic, turning the luminous rays into sugar sustenance for the buds to blossom, interspersing their colors through the jade backdrop. The long days seem to detest fading into night, as the sun refuses to set until nine, and the blood reds of its last dying flicker mingle with the glasses of pinot held in loving hands as they rock in rhythm with the night's commencement.

And that had been their routine for the past fifty-seven years. For the first fifty-two, it seemed as if winter's chilling darkness was only a dream, a distant thought only present for a moment, and when he tried to remember the hard times, it was gone. And although the disease tried to claw its way in, he would remember that there was him and there was her, there was the garden of fruits and vegetables and roses and lilies, and there was their house.

He had built it with her in mind. She had wanted two stories with two bedrooms, a large kitchen, solarium, living room, and a dining room. She had wanted a wraparound porch so that she could see the sunrise and the sunset, and so she could watch her garden grow in all directions. He had given her exactly that, and in it they had made their lives. It was the place from which they left for work: he to the hospital and she to the restaurant. It was the place they spent their weekends: she tending to the garden and he working in the wood shop. It was the place where they tried spectacularly, although unsuccessfully, to start a family. Yet that is what they had, and she was all he needed. He could only hope that she felt the same way, and she had told him so nightly for 57 years.

Together they would spend hours in the garden, working with the ground, producing something organic for their table. They would wade through dinner, eating, drinking, and talking until words would slip away as they did to the porch, and sit in the swinging chair, fingers interlacing, and they would watch the sun set, allowing the dark to overtake them intimating it was time to make their way to bed.

And then it had come. It had invaded her life, and his, as if it had no interest in how comfortable their lives had been, in how comfortable they were. The last five years had been spent in and out of treatment. Countless hours inside the cage of a radiation machine were followed by regimens of chemotherapy drugs, and he watched as her body shed weight and hair

fell out. He had tried to do what he could: drive her to appointments, make their meals, keep the house clean, tend to the garden, and every night he would carry her frail, emaciated 70 pound hollow body wrapped in blankets to keep in the warm night air and set her gently in that old wooden swinging chair. He would then retrieve two glasses of pinot noir, which the doctor agreed would aid in her recovery.

Her body had been voluptuous; she had had curves in the right places, padded with soft fat and delicately smooth skin. Now she was a skeleton, a ghost. No longer was there fat, nor smooth, nor delicate areas of her body; those places had become as thin as sand, twice as rough, and were gray and lifeless. Every night, upon carrying her back to bed, he would sit with her, watching her sleep, noticing the stuttered rhythm of her chest's rise and fall with her ragged breath. He would wish that her skin would regain its color, its luster, its tenderness. But the want that tinged her veiled glances at their wedding pictures on the dresser left his wishes unsaid.

It was this that brought him to today, to this moment, on his knees in the garden stabbing the soil beneath the rose bushes in an attempt to break the roots from their bond to the ground. A faint voice wafted through the hot, still noon-day air and caught his ear; an apparition of her stood in the doorway, calling him inside. The brisk walk that took him over the porch and through the door allowed for a manner of concerned thoughts to dart in and out of his mind. What she had must be important as to have endowed her with the strength to make it down the stairs from the bedroom and call out.

She was already seated when he entered. Deliberately pulling out a wooden chair blocking the table allowed for the wine glass in between them to catch his eye. It glittered with condensation from the hot air and contained a thin red wine but was otherwise unremarkable: clean, plain, and a glass that they had used for as long as he could remember.

"We need to talk." The faintness of her voice was overpowering; its lack of depth was almost unreal.

He carefully seated himself, his eyes moving from the wine glass to her, and her face was down, her gaze on the glass.

"I have something important that we need to discuss. It's... difficult."

Her breath was labored, her lips barely forming the words.

"I don't think it can be resolved with one conversation."

Words like that make any heart start to race, and his did.

"I've been... thinking about it for a long time. It's my decision, but we need to talk." She looked up at the completion of the sentence. A tear was delicately balanced on her lower eyelid and slowly began to fall, its motion mirroring the droplets on the wine glass.

“This cancer is unbearable. Every day is worse than the last. Each morning I wake up, and I feel like I didn’t sleep.”

The tear was slipping down through the dry, wrinkled chasms of her thin cheek.

“I’m exhausted just from lying in bed. My hair,” a hand instinctively rubbed the raw baldness that was the top of her head, “my hair is no more. I miss washing it, working with it, I... miss it.”

The tear peached on her jaw. Gravity was pulling with all its force, elongating the droplet, calling it towards the ground. It fell and disappeared below the table. More welled up to take its place.

“My body is nothing. I have no appetite.” He watched her raise a gaunt arm and gesture to its lack of fat, although its absence needed no indication.

“I am in pain all the time. The pills are endless. They dull it, they dull everything. Life is not what it used to be. Everything isn’t what it used to be.”

He slid his hand across the table and took hers. He did not ask what the point of the conversation was but just moved his chair closer, sat, and held her as she continued to cry.

The tears took all of her energy, so he laid her on the couch and made dinner. He brought it into the living room and ate. After, he lifted her in his arms and took her out to the porch. With their glasses of wine, they sat together, slowly rocking back and forth to the motion of the night, and watched the sun set. She arose with him the next morning and with his help again went down to the dining room. The wine glass with the thin red wine still sat out, the condensation in a puddle at its base.

“We need to talk.”

He was more prepared this time, but his heart still skipped a beat.

“I know that I’m dying. Five years of prolonging life has given us more time. But I’m only avoiding the inevitable.”

What was she saying? Her words were definite, without ambiguity, but he could not discern their meaning. Where was this leading?

“We have been together for most of our lives. Together we’ve seen a world war, equality for women, television, computers, and air conditioning. Together we’ve built this house and made it our home. We’ve been happy together. Our love has been shared. I can’t imagine living life without you.”

He still sat in silence, considering, listening.

Her eyes glistened over, “You know I love you. You know that you’re my all, everything. You know that I want us to be forever.”

“But you have to know that I must think about myself. We’ve continued with this for too long. I want it to end. I want it to end now. I don’t want to carry on any longer.”

She reached across the table towards him and picked up the glass. Gently pulling it towards her, it came to rest with her hand wrapped around its base. Her

leathery fingers caressed the stem.

“In this glass is pinot mixed with a barbiturate. You know the Oregon law; the doctor provided me with it. Death with dignity allows me the right to choose. But this choice is partly yours, as I am yours. Together we will make the decision.”

It was too much, the gravity of her request. He pulled back from the table and blindly made his way outside.

The air was warm and the ground firm underfoot. Walking amongst the plants cleared his mind. He wandered along the paths snaking their way through the gardens, past the beds of vegetables, through the blossoming irises, all the while allowing what had been said to sink in. She wanted to end her life, to end her pain, to end her disease, and to move on. But in so doing he would be left alone, without his soul mate and without her love. It was selfish of her to die just so she could separate herself from her pain, and it was selfish for her to not accept herself as she is, not as she once was.

A weight had begun to build in his stomach and was making its way towards his extremities. It was similar to a feeling he had once had, a feeling of dejection, of despondence after they had first met, after he had felt a burning need for her, and after she had refused to answer overtures for a date. A feeling of terrified loneliness, of not having someone to share life and love with, of being alone. Was this not selfish as well, could it be more selfish than ending a life of agonizing misery?

The walk had brought him back to the porch, and he proceeded inside. The sun’s failing light left the dining room dim; flickering candles cast giant shadows on the wall and left him feeling tiny. She was still sitting at the table, hand around the glass. Her head rose to meet his gaze as he settled back down into the chair.

“I know how difficult it is to ask for your permission. I can only guess what’s going through your mind. Please try to see my position; please try to see how difficult life has become. You know I love you. Please... Please.”

He paused, collecting his thoughts. Words slowly began to stumble out.

“I love you so much, I love you more than I can fully intimate, more than I could ever say. What you are asking me to agree to isn’t something I could’ve ever imagined considering. You want to kill yourself, you want to end your life, and you want my permission to do so. How could I truthfully say, ‘yes, I’m okay with it?’ I could never be okay with it.”

His left hand was in his right; he was vigorously wringing his fingers in an act of concentration.

“But I want you to be happy and healthy, which you clearly are not. I hate seeing you in bed, in pain, and your sideways glances at the photos; and I remember how beautiful you once were.”

your sideways glances at the photos; and I remember how beautiful you once were.” His brow

furrowed, memories came rushing to the forefront.

“I remember working outside in the sun, sweating, pouring our energy into the garden; I remember us going out for a night on the town; I can remember meeting you for the first time, how your air took over the entire room, how I choked and was immediately hooked, and how you were the only woman I could see. And now I only see you in bed, without energy; I can see the radiation taking a portion of your soul with every treatment.”

His focus was on the glass, his words directed to the poison it held.

“It’s because I love you that I can come to a conclusion. And it’s because I know that if I said no, and because I know you love me, you would continue on in this state, becoming steadily weaker, wasting away until at last your body gave out.”

The revelation was a surge of strength rippling through his body, and he found her eyes.

“But I would be selfish to ask you to continue on like this. I would be selfish to ask you to slowly waste away, just so I wouldn’t be alone. Love doesn’t need a physical body; my love for you will be here even when you’re gone.”

She was shaking, convulsing with grief, but he vigorously nodded his head, resolute in the truth of his words.

“Yes... Yes.”

He lifted her into his arms and for the last time took her to the porch. Setting her on the swing, he went back to the kitchen to pour a glass of wine for himself and took her glass from the table. She was still sitting as he had left her.

The sunset was no more spectacular than any they had seen previously. They sat as usual, but with tears flowing freely and words choked back. The sun slowly descended, and they sat swinging, fingers interlaced, his figure supporting her broken and brittle body. He sipped his wine slowly, savoring each taste, as he savored his waning movements with her, as the light slowly faded away. She held her glass cautiously, almost reverently, waiting. When it was black, with only the stars in the sky, her free hand turned his head. He met her gaze, and looked through her eyes, and for a moment a light burned bright in them.

“I love you.”

The words felt unnecessary, superfluous, but their power was in their fortitude and in the light he could see her resolve.

“I love you.”

Through weeping eyes he saw her tilt back and drink the liquid. He took the empty glass and set it on the porch, took her head and held it close. Her breathing was soft and shallow, her body relaxed, and for five minutes they sat and swung back and forth, until it was

only him breathing, and she lay peacefully.

The funeral provided closure to her life, but his still went on. For a week he was restless; he would pace around the house, keeping it spotless, tending to the garden, making meals and doing the dishes. People would come with condolences and leave with reassurances of their friendship. He found that there were more acquaintances available to talk than words to say. But he would remain at the house, in the same bed that they had shared, eating at their same table, and everything reminded him of her. She was in everything; she was everything.

A week and a day after her death and life had become too much.

Walking through the garden that day was walking through the memory of their lives. His hand was trailing along the stalks of corn, and he could feel her beauty in them. He could feel her essence, the work she had put into tending the ground, into making something from nothing, and he could sense his sweat mixed with hers from those years he worked alone. His reverie took him to the table, to when they would eat the tender yellow meat off the cob, and he could taste her sweat, and his, with every bite. His hand continued to glide along, now on the rhododendrons, now the roses, now the lilies. Suddenly it was too much, and in one motion he collapsed to the ground in a heap of knees and arms and body. Tears streamed down his face as he flailed at nothing and only struck air. Rising up to God, he begged for an answer, commanding the sky for direction. The red-brown of caked blood had coated his hand; the another of a lily had stained his palm. It was as if God had responded, as if his wife had issued a reply through her beloved garden: even it was bleeding without her, even a flower could not go on without her.

He knew what he wanted, what needed to be done. His tears were dry; the only trace were the smudges on his face. Picking himself up from the ground, he methodically put one foot in front of the other through the dirt path and up the wooden stairs, across the porch and through the door. There was still a half bottle of pinot noir on the rack. Filling the wine glass half way, he set it on the counter, opened the refrigerator, and found the half-full bottle of barbiturate. Ignoring the caution on the label, he mixed it together with the wine.

The swinging chair was in the same place as usual. He permitted it to accept his body, his weight, and his grief. The redness of the liquid again caught his eye as he raised it up in the air. The wine and poison were completely miscible, but the consistency was different as the liquid oozed its way through his lips and down his throat.



With all the preventive measures we have nowadays, and for the sixth decade in a row, mortality rates secondary to cardiovascular diseases have exceeded all other causes of death in the United States and in the world. We present this art work, “The Heart in The Art,” to represent the freedom of the most important organ in the body, “the heart,” from diseases. We aim to raise the public awareness of cardiovascular disease and its prevention.

Sarah M. Dhannoon, MD and Ali A. Alsaad, MD
"The Heart in the Art"

FALLEN FIG LEAF

Ramin Beheshti, MS-2

Out in the mornings unruffled dreary
My eyes gape about a secluded Fig tree
Standing upright beyond lights bleary
And a sole grounded leaf peers to me

So I gently lift the frond aloft the dirt smothered bare
And discern two sides yelping a screech for uncovering
The fore, is withered and spent by the suns unrelieved glare
While the rear spews a sprightly placid green coloring

But the fore has gazed amongst deserted luster bred through day
As the rear merely faced a shaded ungiving, but bearable ground
The fore settled vain nights, submerged in a merciless agonized lay
And the rear free and unexposed, lied gently, hear-less to pains plunging sound

So in all, the leaf is but mine to surmise,
But if it be known to where I lean
And if noted of my favor
I pick, in particular, the side less green
For sustained life in the bleak unseen
Is but a life to savor.



Erica Leigh Cohen, MS-3 (top),
Sean All, Daniel Ng, and Aaron Smith, MS-3 (bottom)
Digital Photographs



ODE TO AN ACTOR

Allyson Brown, MS-2

Do you know that you're my first?
The bite of antiseptic
Still sharp in the air
Lingering cold on my hands
We shake
You have told me your name
But I have forgotten
I barely recalled my own
You have sized up my white coat
Ignored how my hands tremble
Folded across my knee
Toes tapping in the too-tall chair
And have offered an esteem
That I have not earned
You wait patiently
As questions crawl out
To bounce and tumble through the air
Stilted as a child's first speech
Waiting for the questions that you know
should come
That I do not yet know enough to ask
We are finished, exercise over
I stand up and shake your hand again
Thank you
The last question left unasked
A lifetime of patients
Wait in the shadows
Do you know that you're my first?

THE AMERICAN RACE

Sayed K. Ali, MD

The social unrest in Ferguson and New York City,
Brings to light an issue that is grim and gritty.
What happened to Garner and Brown,
Is possible to others, all across America, in any town.
Both of them regrettably died,
Their families and friends in sorrow cried.
The officers involved were acquitted,
Jury of peers permitted.
It makes me ponder of inequalities in health care,
Is this an issue we choose not to spare.
Is subtle discrimination everywhere?
In every hospital and institution where we provide care?
Discrete and subtle, I wonder,
Perhaps unknowingly and under.
Is this blindness on our part?
Or something that lies hidden deep in our heart.
An oath we took to help heal,
Regardless of race, color or gender appeal.
Maybe it's time for reflection,
An issue that certainly needs further dissection.

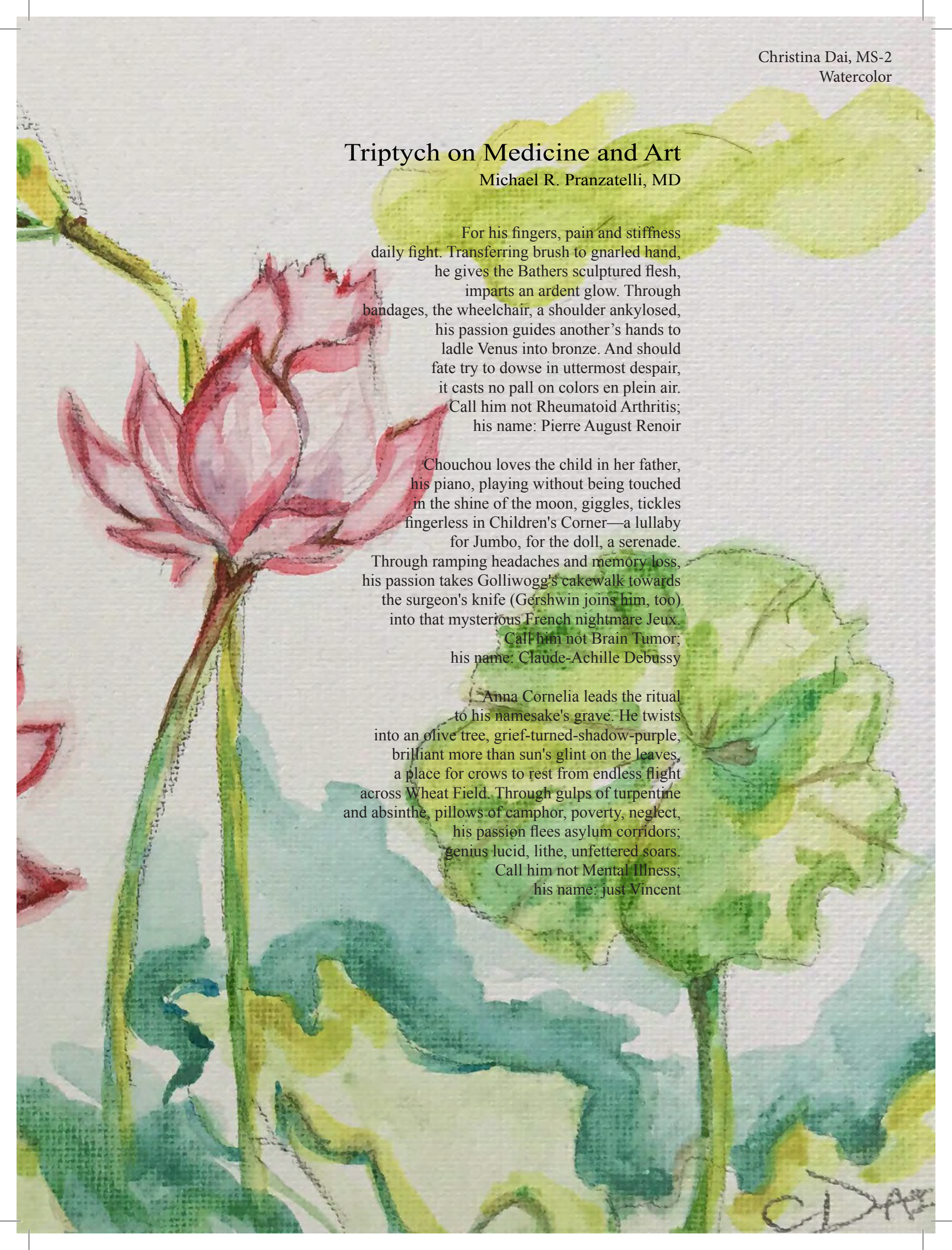
One of the strengths of the United States remains its diversity. However, recent events in Ferguson, Missouri, and Staten Island, New York, have brought to light the obstacles that accompany a growing and diverse population. Intertwined discretely with the rights we have in this country, many continue to face inequalities based on religion, color, and often sexual preference.

I chose to write this Poem as we can often extrapolate these inequalities into the medical field. Not only the physicians, but often the patients have a preconceived notion of the care they anticipate or get based on a name, color, or gender. I have personally, perhaps far too often, been the target of such ideas based on my name and darker skin color. A few decades ago, in the United States, racism and inequalities were openly prevalent in the medical field. Many of us vividly remember those gray days. Even though times have changed, for the better, many can testify to subtle experiences of such inequalities even today.

For the medical community to overcome this deep seeded issue, we have to first acknowledge the very existence of these inequalities. Next, we have to discuss them without fear of retribution. These are difficult discussions to have among peers but even more challenging to teach to our students, residents, and fellows. However, it remains our responsibility to foster such discussions and learn from each other in order to become better, more tolerable physicians in the future. This Poem is my initial contribution with the intention to help foster a change.

Triptych on Medicine and Art

Michael R. Pranzatelli, MD

A watercolor illustration of a pink lotus flower in full bloom, with several large green leaves. The painting is done in a soft, painterly style with visible brushstrokes and a gentle color palette. The background is a light, textured paper.

For his fingers, pain and stiffness
daily fight. Transferring brush to gnarled hand,
he gives the Bathers sculptured flesh,
imparts an ardent glow. Through
bandages, the wheelchair, a shoulder ankylosed,
his passion guides another's hands to
ladle Venus into bronze. And should
fate try to dowse in uttermost despair,
it casts no pall on colors en plein air.
Call him not Rheumatoid Arthritis;
his name: Pierre August Renoir

Chouchou loves the child in her father,
his piano, playing without being touched
in the shine of the moon, giggles, tickles
fingerless in Children's Corner—a lullaby
for Jumbo, for the doll, a serenade.
Through ramping headaches and memory loss,
his passion takes Golliwogg's cakewalk towards
the surgeon's knife (Gershwin joins him, too)
into that mysterious French nightmare Jeux.
Call him not Brain Tumor;
his name: Claude-Achille Debussy

Anna Cornelia leads the ritual
to his namesake's grave. He twists
into an olive tree, grief-turned-shadow-purple,
brilliant more than sun's glint on the leaves,
a place for crows to rest from endless flight
across Wheat Field. Through gulps of turpentine
and absinthe, pillows of camphor, poverty, neglect,
his passion flees asylum corridors;
genius lucid, lithe, unfettered soars.
Call him not Mental Illness;
his name: just Vincent

C. Dai



Kathryn Sparks, MS-2
Digital Painting



Michael Metzner, MD
Mixed Media



Paul D. Schumacher, MD
Digital Photograph



THE GRIM DIAGNOSIS

Sayed K. Ali, MD and Arfa Faiz, MD

My body shivers, palms quiver.
The grim diagnosis resonates, loud and clear.
From the sockets, a steady river.

All else there-after, appears muffled.
I feel dizzy, punched,
My world instantly reshuffled.

Was my past tainted?
Thoughts tangential, I can't recollect.
Reminiscence good acts; perpetually sainted.

Regular exercise, many greens,
Circadian prayers, no smoke or drink.
Barely obscene.

Foggy this all seems.
Veins bulging, jaws clenched, head pounds.
Could this be a bad dream?

An unexpected hug. A warm embrace.
Out of the abyss,
Open my eyes to a kind face.

I have felt them before
Kind and soft.
Lips I can count on to ease my sore

A whisper... "It will be alright".
"Always by your side",
"Together we will face this, my shining knight".

Into the unknown,
Slow the pace home.
Holding hands, hopeful, thankful, I am not alone.

WAR

Debra Hurtubise, LPN

A place where peace and love should be,
To all who live and laugh and see.

To all who care enough to say,
"Why can't this night fall into day?"

Someday our dreams will all be gone,
For war will wipe away the dawn.

The moon will sit and the sun will cry,
For the fault will fall on you and I.



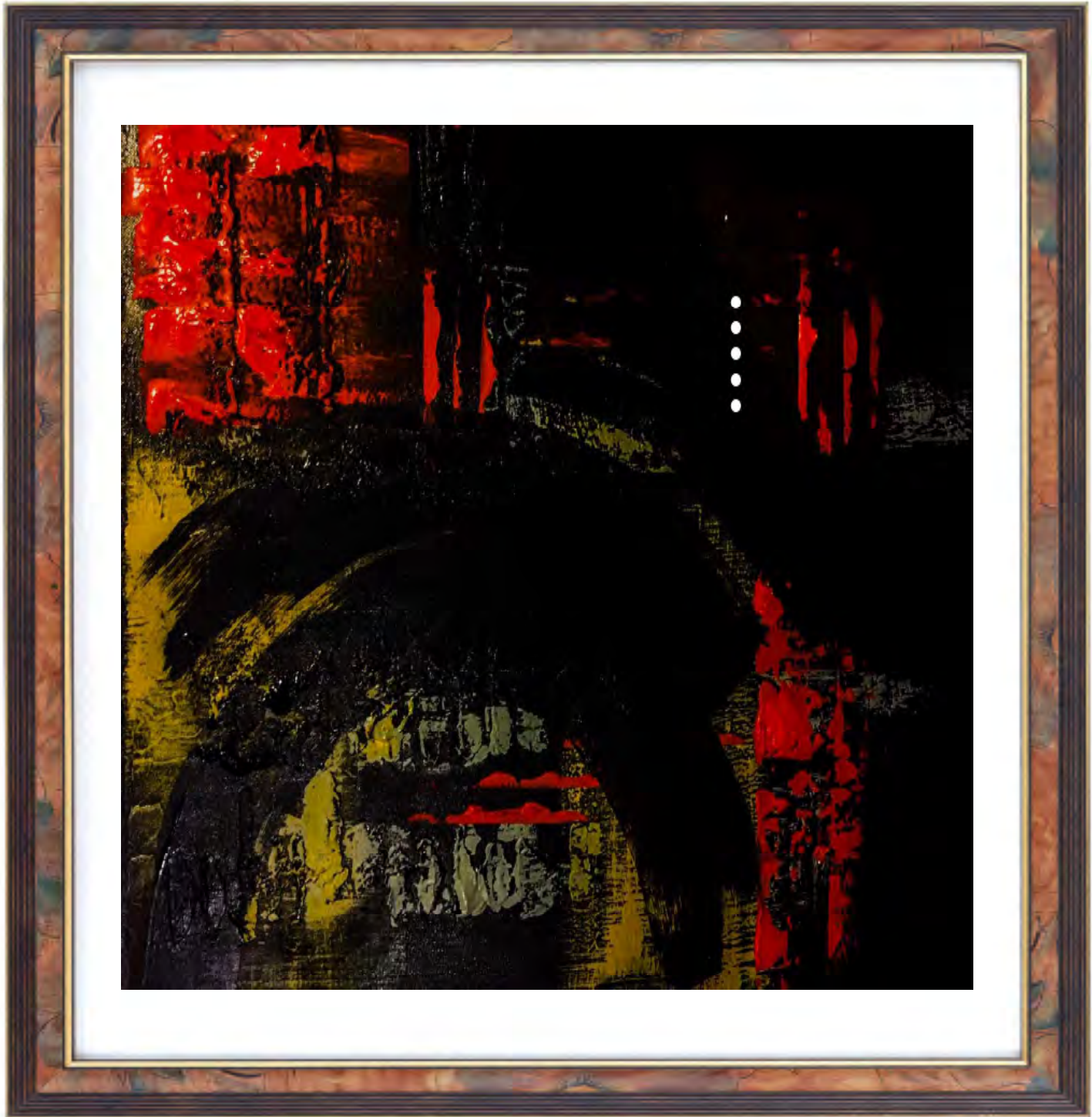
A NIGHTMARE SO DEAR

Anonymous

I woke up this morning and my first thought was of you
Wondering where the meandering mind of night lead to
A silhouette floating up through the sky blue
And the emanating rapture by angels as you enter through
Alight upon a cloud, taken in as one of the chosen few
I'm astonished to learn of your nightmares of hell
The sound of the knell would ring out if you fell
Angels would unite in a battle for your soul
A cherubim charge fought in the fiery depths below
Each willing to sacrifice for your radiant face on the banner pole
Please see that all of your fears are unfounded
Never could a soul as pure as yours be grounded
And listen because these words are more than true
Heaven would be hell if it were without you.



Maribel Amaro-Garcia
"Hurricane I"
Ink, Crayon, Watercolor, & Acrylic on Paper



Maribel Amaro-Garcia
"Hurricane II"
Acrylic on Canvas

HAVE WE NOT SEEN TOO MUCH DEATH?

Michael R. Pranzatelli, MD

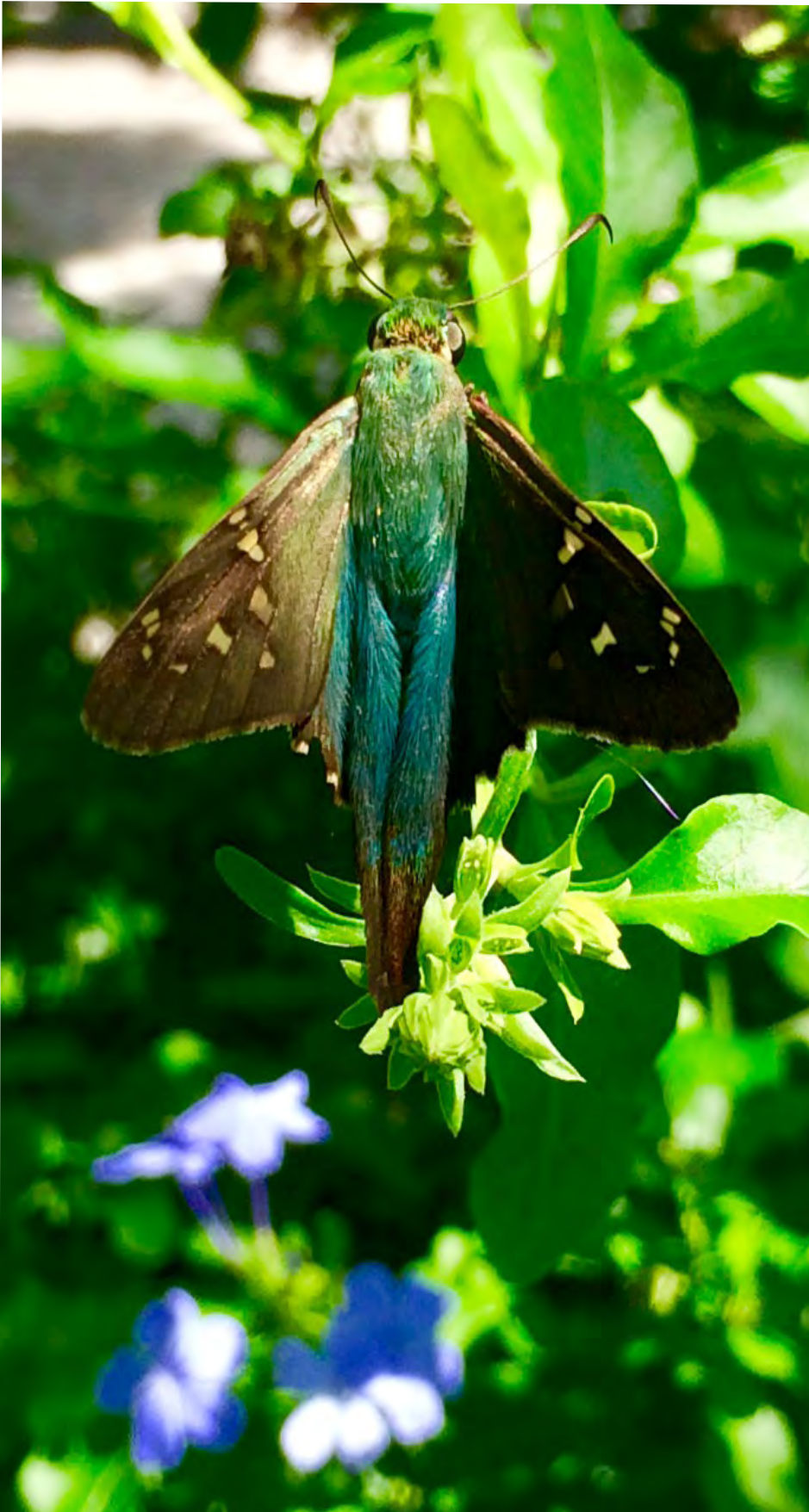
Have we not seen too much death,
my soul cries to me,
that planation of equanimity
by the dark and gloomy Styx,
the alluvium of the living
blandished to oblivion

tired of eating with the dead
of sleeping with the dead
of waking and driving with the dead
of trying to forget about the dead
to scrub them like dried blood
from the hands,
from soap-split skin

those who treated them,
who tangled fingers in hope with them,
who watched them struggle and then lose,
told their families they were gone,
wrapped them for the gurney
and the long lone elevator ride
to that well-hidden place

what does it matter if by
pestilence or heart attack,
drugs or accidents,
if by stroke or cancer,
violence, HIV,
mindless or mindful
they were consumed—

the question is the same,
though we write uncharted lines
or drink deep drafts
to rid us of that odium,
or listen to the silence of the clouds
awaiting passage of time...



Sean All, Daniel Ng, and Aaron Smith, MS-3
Digital Photograph

HEARTS

Allyson Brown, MS-2

Some say that the heart is the seat of the soul
They swear upon it
Sing about it

It is
Love, passion
Vitality

It sits between my hands
Shrouded
Glistening

Frustrated
I tear at the tissues that encase it
To reveal vessels winding roads across the surface

Forgotten for a moment
Is the heart
And all that it stood for

BEYOND THE SCIENCE OF ART AND MEDICINE

Jeremy Gomer, MS-3

Long has it been repeated that medicine is both a science and an art. Some may think (perhaps those with an evidenced-based inclination) that medicine is more science than art. Others (who may favor a more historical perspective) might conclude the opposite. However, I would like to submit the following claim, namely, that both sides have it wrong. Medicine is neither primarily an art nor a science; instead, it is chiefly a spiritual discipline.

That claim may strike one as odd, especially when students of medicine review their educational careers; they certainly have been immersed in lectures and textbooks full of science. Artful techniques for interviewing and understanding difficult patients may have been passed along through mentorship as one advanced through the various levels of medical education. However, in what manner has the student of medicine encountered the spirituality of medicine?

To clarify, by “spirituality” I do not necessarily mean “religious,” though I also do not exclude it. Though of course it may be debated, it is helpful to think about spirituality as a human being’s most fundamental and also most ultimate beliefs—the beliefs on which people are willing to live for, fight for, suffer for, and die for. These beliefs can include (but are not limited to) one’s mission in life to oneself and to others; in general, one’s spiritual beliefs comprise the totality of one’s beliefs about the meaning and morality of life. Thus, a religious person can be a spiritual one if that person prizes their religious beliefs above all else, but one can see that religiosity and spirituality are not necessarily synonymous.

With this definition of spirituality in mind, let us consider the issue again: in what manner is medicine primarily a spiritual discipline? Recall that spirituality is what human beings are willing to live for, fight for, suffer for, and die for. Rarely, if ever, are the spiritual premises of medicine spelled out in detail for those in the midst of it, probably due to the busy nature of the field that often precludes one from leisurely analyzing it. However, it is the spiritual beliefs of people that drive the field of medicine. For example, the belief that life is good, along with the beliefs that health and happiness are to be desired and promoted are undoubtedly spiritual in character.

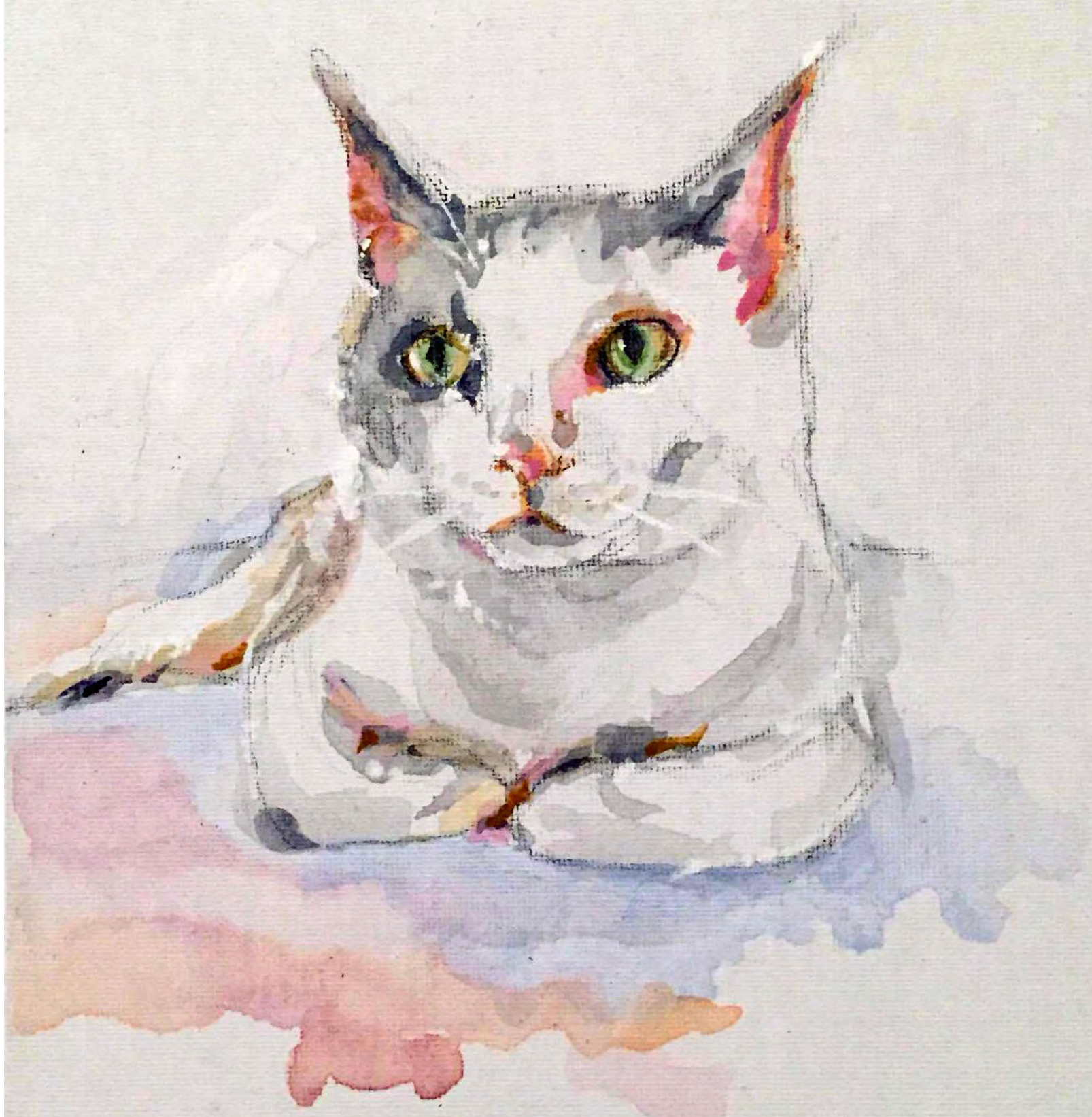
These spiritual beliefs are fundamental to the

art and science of medicine. In fact, it borders on the unimaginable to conceive of medicine without the fundamental premises that life is good and that health and happiness ought to be promoted. Why bother with the art of understanding the motivation of patients or the doctor-patient relationship if caring for the ill were not regarded as virtuous? What is the value of the science of medicine if the goals of medicine were regarded as trivial or evil? Were it not for the driving force of spirituality in our lives, the art and science of medicine would be woefully underdeveloped at best; at worst, they may never have existed in the first place.

“So what?” may claim the person skeptical about the importance of spirituality in medicine. “It is obviously true that life is good and that health ought to be promoted.” This person may then argue that the science and art of medicine are clearly more important to the practice of medicine. To this I would reply that the art and science of medicine are usually just tools or instruments for advancing the spiritual beliefs of the practitioners and patients of medicine.

Consider the debates on abortion, or cloning, or euthanasia, or any number of other issues in medicine. Abortion, in particular, provides for at least two competing and contradictory uses for the art and science of medicine. That is, should the art and science of medicine be used for preserving the life of the fetus or baby since it is accorded some spiritual significance, or should it be disregarded as simply foreign tissue present in a mother’s body? The science of medicine will inform us how to terminate or preserve a pregnancy; the art of medicine will inform us how to go about talking to a mother about aborting or carrying through her pregnancy. However, it is only in thinking about the meaning and morality of this situation can we begin to direct the art and science of medicine to some particular end—an end that is determined by one’s initial spiritual beliefs.

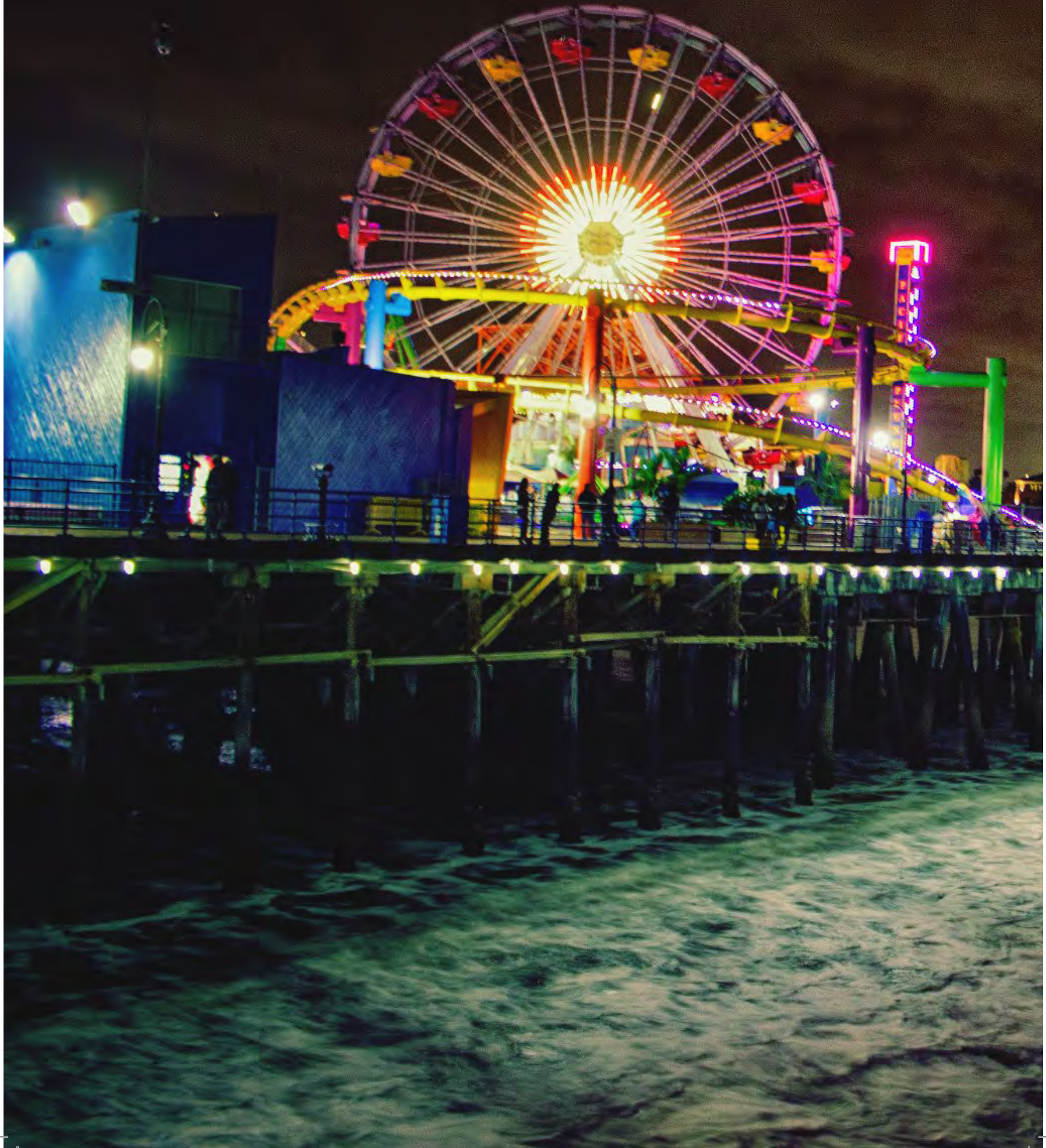
Medicine is both a science and an art. But embedded almost invisibly in the beliefs of medical practitioners and in the culture of medicine is the spirituality of medicine that is fundamental to the art and science of medicine. We, as those about to formally practice medicine, care about something to the utmost degree. Many of those beliefs happen to coincide with what medicine is considered to revolve around—the goodness and value of human life and health. Medicine is a spiritual discipline because its practitioners are spiritual, and we are spiritual because we all have something that we would live for, suffer for, fight for, and die for.



Christina Dai
Watercolor

A stylized signature in green ink, consisting of the letters 'C', 'D', and 'A' intertwined in a fluid, cursive manner.

Annie Chen, MS-2
Digital Photograph





CARDIAC ARREST

Kaitlyn Hite, MS-2

Inconsequential, and then you see it.
A one liner so strong, it threatens to melt your heart.
Or break it.

No one can know until it is happened upon.
By chance they see it:
out a window,
from a bus,
in the rearview mirror.

Like a flash it's there,
and then gone as if it never existed
I love you so much.

A promise in dripping white.
On the lofted rail line,
long since abandoned.

Breaths catch in passing.
Continuing, it's gone.

Inconsequential and then you see it.

WHO IS ARTS IN MEDICINE?

Arts in Medicine (AIM) is a University of Central Florida College of Medicine organization founded in 2012 with the goal of empowering students, faculty, and the medical community through the power of self-expression. In a matter of a few years, it has grown into a robust group of students, faculty, and staff that are united by their love for the arts.

AIM is composed of the following branches: Dance, A Cappella, Music Performance, Writing, and the Visual Arts. Each branch spearheads an aspect of the arts through community service projects and activities ranging from writing and producing theatrical productions to singing at the bedside of pediatric patients. Through our efforts, we hope to create a vibrant community not only at the University of Central Florida, but also in Central Florida as a whole. AIM has partnered with numerous distinguished Central Florida organizations, including The Pabst Art Foundation, Dr. Phillips Performing Arts Center, Nemours Children's Hospital, Florida Hospital, Relay for Life, and Community Based Care of Central Florida.

Those of us at AIM live by the philosophy that within each person is an artist. We encourage you to join us on our mission to spread the spirit of self-expression through our community and brighten each day one brush stroke at a time.

Find us online at www.ucfaim.com.

The 2016-2017 AIM Executive Board

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THANK YOU FOR YOUR SUPPORT



The goal of the Jules B. Chapman and Annie Lou Chapman Foundation is to elevate the values of professionalism and humanism within the practice of medicine. The Foundation advocates for humanism through activities within medical education and the community. A long-term goal of the Foundation is sustained involvement in promoting the values of humanism both in medical education and in the practice of medicine.

Thanks to a gift from the Jules B. Chapman, M.D. and Annie Lou Chapman Private Foundation the College of Medicine created the Chapman Humanism in Medicine Initiative, which will support a variety of programs that foster humanism and promote students' wellbeing.



The American Medical Student Association (AMSA), with a half-century history of medical student activism, is the oldest and largest independent association of physicians-in-training in the United States.

Today, AMSA is a student-governed, national organization committed to representing the concerns of physicians-in-training. AMSA members are medical students, premedical students, interns, residents and practicing physicians. Founded in 1950, AMSA continues its commitment to improving medical training and the nation's health.

The UCF College of Medicine (COM) chapter of AMSA is proud to support a publication constructed entirely through the dedication of medical students. This resource demonstrates both the passion and creativity of UCF COM's future physicians, and serves as a reminder of how medicine is intertwined with the many facets of life.

David Hutchinson
UCF COM AMSA, President

