

# MEDICAL MUSE

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*An occasional journal devoted to the inquiries, experiences, and meditations of the  
University of New Mexico Health Sciences Center community*



*George Grove*

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# MEDICAL MUSE

Welcomes submissions (literary or visual), letters, and participation from all members of the UNM Health Sciences Center community.

Electronic submissions may be sent via e-mail attachment to:  
medicalmuse@salud.unm.edu

Hard copy submissions may be dropped off at Dr. David Bennahum's office, c/o Sandra Naranjo, Dept. of Internal Medicine, ACC-5.

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We are pleased to bring you this edition of the *Medical Muse*. This semiannual arts journal is meant to provide a creative outlet for members of the greater Health Sciences Center community: patients, practitioners, students, residents, faculty, staff, and families. In this business of the scrutiny of bodies and minds, it can be all too easy to neglect an examination of our own lives. This journal is a forum for the expression of meditation, narrative, hurting and celebration—all the ways in which we make sense of what we see and do.

It is our hope that in these pages you will encounter a range of experience from the outrageous to the sublime. What we have in common binds and steadies us, yet there is much to be learned from the unfamiliar.

We see the purpose of the Muse as a way of encouraging members of the Health Sciences community to express their creativity, and we encourage all to submit. Unfortunately, due to space constraints we cannot publish every work that is submitted in the print copy. We wish it to be known that our worst fear is that in selecting submissions we are discouraging the same creativity we wish to foster. We therefore sincerely thank all those who have submitted in the past and ask that you continue submitting. Without your creativity and courage to share the Muse would not exist.

– The Editorial Board

**NOTE:** Submissions to the *Muse* are accepted on a continual basis and may be sent via e-mail to [medicalmuse@salud.unm.edu](mailto:medicalmuse@salud.unm.edu). Please include your name, affiliation, and contact information.

# The Call of the Stall

by Greg Franchini, M.D., Department of Psychiatry

It was a busy Friday morning, and the three cups of coffee I had downed had taken their toll. All I could think of during the final fifteen minutes of my 9:00 a.m. therapy session was “Will I ever last till 10:00?”

At that moment, my unknowingly generous patient looked at the clock and jumped up saying “I have another appointment that I can’t miss so I’ve gotta leave right now!” I was in no shape to explore the possible underlying meanings or resistances behind this early departure and simply wished him a fond farewell. As soon as he was comfortably out of sight, I ran across the hall to finally relieve myself in the men’s room.

As I was standing triumphantly at the urinal, I faintly noticed that someone had entered and slipped into one of the stalls behind me. I finished my task, turned and approached the sinks as a “new and very relieved man.” While washing my hands, I heard my name being called in a manner that seemed to be asking for help. I quickly shut off the water and answered with a concerned and resonant “Yes?” Hearing no immediate

reply, and without a moment’s thought, I moved toward the occupied stall. “Do you need me?” I asked as I peered into the crack between the frame and the stall door. Through this intimate slit I caught a clear glimpse of an unnamed but well-known public figure sitting and leaning as far to the left as possible, hoping to somehow escape my gaze. The look on his face was one of terror mixed with bewilderment.



At that moment, it dawned on me! What I had heard as a plea for help was, in fact, a loud, abrupt and melodious fart! As the reality of that frightening and horrible thought began to register, I jumped back and made a hurried retreat from the men’s room.

Once back in the safety of my office I replayed the unfortunate experience repeatedly in my head. As the shock and embarrassment waned and the humor of the whole episode began to unfold, I started to laugh uncontrollably. With tears streaming down my face, I instinctively locked my door and put up my “Do Not Disturb!” sign just in case the unintended victim of my misunderstanding decided to pay me a visit—although I would imagine that would be the last thing on his mind. □

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## KING GEORGE

There’s no way to delay  
that trouble comin’ every day  
There’s no way to delay  
that trouble comin’ every day  
there’s terror in the skies  
and blood upon the land  
King George says he’ll bomb  
and only he can say  
and Congress like a lamb  
tells him ‘Hey, it’s OK’.

There’s no way to delay  
that trouble comin’ every day  
The Saudis and the Pakis  
say they are all with us  
but us they mostly hate  
we bomb ‘em here and there  
kill ‘em left and right  
Democracy everywhere.

There’s no way to delay  
that trouble comin’ every day  
Terror kills the innocent  
how are we not like that?  
Collateral damage?  
are we all insane?  
collateral damage  
we bomb ‘em and they die.

There’s no way to delay  
that trouble comin’ every day  
King George says it’s war  
he’ll do what we must do  
democracy is dead  
and I can say this to you  
There’s no way to delay  
that trouble comin’ every day.

– Terry Mulcahy, Research Tech



## Meditation on Labor River

Like meandering headwaters of a mighty river  
A net defying origin and cause  
Begins the movement  
Toward human birth

In the meadow  
imperceptibly moving  
flowing without ripple...  
but the meadow knows it's there

Water body consciousness  
Gently rising flow  
Gives note of awakening forces  
To those aware

At spaces,  
Rustling of tiny rapids  
The other senses know  
Labor ushers baby

Gathering energy as river descending  
Encountering rocks becomes a roar  
Each moment that passes  
Receives the mounting power

Releasing in waterfall  
Spouting forth to emerge  
The infant glides  
Through rocks below

Safely arriving consciousness  
The gift of human birth  
Grants possible enlightenment  
Embraced by loving mother

Flows forth again  
The golden river  
Reuniting after separation of birth  
Nourishes anew new being

River of labor  
Consciousness flow  
Never and always the same  
How do you know?

– Barbara Overman, College of Nursing

# That Was My Sister in There

by Andrew Carlson, MS '05

“That was my sister in there,” a young boy of about six told me rather matter-of-factly as he tugged on my pant leg. I didn’t know what to

tell him. I mumbled something lamely about how sorry I was and that maybe he should go see her to say goodbye. The rest of the family was less composed than the boy. The girl’s mother was doubled over in agony, wailing that she had no more reason to live—why couldn’t God just take her too she begged. Her aunt was screaming desperately at the family that they should have gone to a better hospital, and screaming angrily at the doctors that they should have done something.

The grandmother could only ask, “what happened... what happened?” the girl’s father could not speak English well, but understood “dead” well enough, as he was currently being worked up by the staff after collapsing on the floor and becoming unresponsive. Other family members

whom I had not met or interviewed were in various states of shock, acting out a rather morbid Kübler-Rossian tableau. It would have been perfect for teaching new medical students: “The aunt on the left is clearly in denial, the older sister is angry, the uncle in the far corner is bargaining...” and so on.

The patient herself lay still and peaceful apart from the occasional shake or stroke from a grieving family member. She was born fifteen months ago and had a very healthy life until yesterday, at which point she started vomiting and becoming more fussy. Later that night, her breathing became more labored and rapid; she also stopped playing, sitting, and smiling. Her parents took her to the ER at nine in the morning. At eleven forty five, her heart started beating erratically, and after an hour and fifteen minutes of doctors, nurses, and paramedics desperately trying to tug the baby back into the world of the living, she was pronounced dead.

Her family were not the only ones grieving. No one

who had been in the ER walked away untouched that day. The staff was strong and supportive for the family, but privately crying onto each other’s shoulders, lamenting their

confusion at what had happened or thinking of their own children at home and offering a little prayer of thanks that it had not been them in that room today. The doctor in charge offered encouraging words and promises of answers to anyone who cared to hear, then retreated to her office in tears, taking a few minutes apart from everything before she had to cheerily move on to the growing stack of patients who had built up while the young patient was dying.

The family eventually left the hospital to grieve elsewhere and the girl’s body remained peacefully lying on the bed. A parade of officials took their turn questioning the staff and looking over the body, determining what would be done. The representative of the Office of the Medical

Investigator spent careful time with those of us who had done the medical workup to probe if there was any evidence of abuse by the family. They searched for any inkling we might have gotten that there might have been a mysterious accident. I had none. Outside the room, a doctor told me, “You know, forty percent of deaths that we used to call SIDS were actually homicide. It may even be that there is no such thing as SIDS...just abusive families.”

Understanding no doubt brings a certain degree of satisfaction and acceptance to people, and there were few answers to be had that day. There was not only the confusion of a world where small children are allowed to die, but there was a sense of impotence and failure of medicine. We ordered all the right tests, we started antibiotics immediately just in case there was a serious infection, the pediatric dosing table was laid out beside the dying child and every dose of every medicine was given over and over. These powerful drugs that are reserved for only the most critically



George Grove

– continued on page 5

# The Human Touch

by Barbara Hapke, MS '03

He found himself trying to catch his breath as he walked up the stairs at the hospital. Ever since his diagnosis of heart failure at the age of 41, he had tried to stay away from the cigarettes that had polluted his lungs and poisoned his blood vessels; he was walking daily as he knew he did not want to die now, not yet. He still had so many things to achieve in his lifetime: watching his daughters get married and meeting his grandchildren.

However, the damage was done and his time was drawing nearer as his damaged heart failed. His doctors recommended hospital admission for more interventions to prolong his life, for a little more time. Yet, he began to feel death call his name and called for the people in his life to come and say their goodbyes.

I walked into the room and felt love filling the small space as well as sadness for a life cut so short. A nurse was with him, asking about his wishes for his end of life care. He told her how scared he was to die, that the unknown was terrifying. He believed in God and an afterlife, but was not comforted, as he knew his life was in the closing stages. The nurse took his hand, offering comfort to the dying man. He asked her to pray with him that his end time would not be painful or frightening. She shed tears as they both prayed together; her voice was filled with assurance as she prayed for his wishes of calmness and for the cessation of pain as his body continued to cry out from oxygen deficit. She continued to stay at his side, reading him passages from the Bible between visits from his children and family. She asked for more morphine as he began to gasp for air, reassuring him that his life would soon be much better on the other side. He silently drifted off to sleep and died quietly without pain. The nurse approached the family announcing the end of his suffering and the beginning of his new life in another place. She reached out to the broken hearts with embraces and the sharing of tears. She helped this man pass without as much fear or pain; she helped him to pass with the dignity he deserved.

I saw the look on the face of the nurse—a mix of sadness and sureness knowing that she had fulfilled her purpose for the night, for this life. She filled a role that no other could have filled that night. I was grateful that she was in our presence that lonely night because the patient was my father and the caring, humanistic nurse, my mother. □



*Dustin Cole, Pediatrics*

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## That Was My Sister in There

(continued from page 4)

sick people seemed to have no effect. The young patient should have had no choice but to come back to life, we were breathing for her, we were beating her heart, and there was a tube into her lungs. That is all you are supposed to need to live. My drug reference is very clear on the subject... Epinephrine causes “maintenance of heart rate and blood pressure,” but the doctors might as well have been giving her nothing at all.

I left before anything had been decided or done. The stack of patients to be seen was dwindling, the family was gone, and the trauma room had been neatly reordered in preparation for the next person who might end up on the bed. In fact, the only reminder of the event was the body of the girl herself, who still lay on the bed in a private room with the door tightly closed. Good doctors will tell you that it takes more than medicines and operations to heal a person—that you need compassion and foresight and empathy. Unfortunately, sometimes even that is not enough... □

# Bronchogenic Squamous Carcinoma

(Taking the cliché to the breaking point and beyond.)

I am the first to break,  
The first that has endured.  
From the teeming siblinghood  
Tight-junctioned once about me,  
I was robbed of my birthright:  
A sentry exquisitely engendered  
To endlessly destroy or propel upward  
Invaders to our Fibonacci passageways  
Spiraling ever downward.  
Mettle to equal, meager-meted mettle,  
We formed a colonnade of lindens,  
Strong, wafting in the regular breezes  
But vulnerable, fragile, in our own way.  
I am the first to break,  
The first that has endured.  
Bereft of this anonymous commonweal-brief life,  
A banal if necessary existence, I am become at once  
Life giver and devourer.  
This fate I did not seek; I was no extraordinary vassal  
To shiver off the measured role of sentinel  
But was altered against my will by  
Burning poisonous vapors of a most foul addiction  
That flooded down our grand, defended entranceways.  
In my livery of concentric, umbered glassiness,  
In my dark, unbalanced center  
Of combustion and production,  
My lovely, pale, swaying sisters  
No longer recognize me.  
I am the first to break,  
The first that has endured.  
Spews of noxious agents thus refashioned me,  
Foundling and founder of a rough, clabbering clan  
Whose lifespans of the steel-brushed toughest  
Extend beyond 40 feckless generations??  
(To create, one destroys.)  
I have pushed aside my conformist, slender sisters  
Supplanting them with my own brawny, misshapen progeny.  
We have breached the former ramparts  
They so stodgily, stoically garrisoned,  
Establishing a beachhead in slowly yielding territory.  
Elastic, supple supply lines we garnered,  
Conscripting and enslaving the builders  
With intoxicating, irresistible drugs.  
Their pipelines, perforate with hastiness,  
Groping like wan, loosening, monocot sprouts  
Entwine through our primary site.  
They will more than do.  
I am the first to break,  
The first that has endured.  
We have met resistance,  
A militia appealed to by my formerly fond siblings,

A force well honed and led but crafted for  
External threats not sly, deceiving traitors.  
The very weapons used against us  
We have turned on our gallant, foolish foe.  
Their deadly armaments have cleared our path;  
Friendly fire opened space for us.  
I dictate a meritocracy of survivability,  
And though many die, some have molded  
A vitreous armor impervious to  
Their desperate, imperial assaults.  
I am the first to break,  
The first that has endured.  
There is less room than ever for moderation  
In our hardscrabble cadre; the weakest die un-mournd,  
Their husks annoying detritus crumbled about us  
As we pierce, push, and squeeze through the barriers.  
Chameleon-like, we travel in hard-won disguise;  
The alerted but exhausted battalions  
Patrolling his Excellency's highways  
Find us odd but tolerate our peasant plainness.  
A dissimulation fatal to locals throughout the kingdom,  
As we mercilessly settle the countryside,  
A slash and burn and slash and scar affair.  
Some of us will die but others prosper  
As we, mercurial, adjust to circumstances  
But steadfast, at least, in this,  
Suck the vital juices of our neighbors.  
We even mock the Praetorian Guard  
And encamp in the Forbidden City.  
Ruffian invaders,  
We feast on dwindling viands  
And smugly soil the silken furnishings.

I am the first to break  
The first that has endured  
This is no pitiful, plaintive,  
Long-term coexistence strategy!  
Our tactics are brazenly myopic,  
They lead wholly to our own advantage:  
A concupiscent network of noisome,  
Hugger-mugger nests of prescient brats.  
Our wake is sere wasteland.  
Public works are fallen and eroding.  
Their troops, decimated; their bodies  
Fill the channels and the sewers.  
The riches of the kingdom  
Are rice-paper memories.  
We will take what we can, when we can  
As long as we can  
And when the pickings drop to zero  
Why so will we  
But we will be the last to die.  
I am the first to break,  
The last to have endured.

– T. Bocklage (Department of Pathology)

# Swimming

by Paul Meier, MS '05

I see Jeff again as soon as I walk into the locker room. My greeting is a reflex. "Hey, how are you doing?"

"Not so great." Anger flashes through my mind. He always says that. Why do I always ask him? "But thanks for asking. How are you?"

"Doing pretty well. I'm looking forward to my swim." A half-truth. I'd really rather play basketball or soccer but a pulled muscle limits me to swimming and biking this month.

"You're telling me. Swimming saves me. You know, swimming hasn't let me down in twenty years. Not once."

"Yeah?" I reply in a half question. I concentrate on untying my shoes because I really don't know what to say.

"It gets me out of this wheelchair for 45 minutes every day. Best part of the day for me."

"That's great." I mean it, but my words sound forced. Hollow. Stupid. So I concentrate on untying the other shoe.

"I can just let all my cares out into the pool. I get out and it's the best I feel all day." I just nod. "It sure is a nice pool here." Good. Back to small talk. We chatter about the remodeled locker room as I change, and then I shower. I find my goggles and walk toward the door. "You know my son got married this weekend?"

"No," I reply, "that's wonderful. Congratulations. Where did he get married?"

"Colorado Springs. On Saturday."

"Did you make it up there for the ceremony?"

"Yeah, I did. It was a beautiful wedding. But I almost missed it."

"How's that?" I ask.

"I got stuck in a port-a-potty. Uncle George took me to the port-a-john but then he forgot about me. But he remembered after about an hour. I made it to the wedding just in time." Jeff laughs.

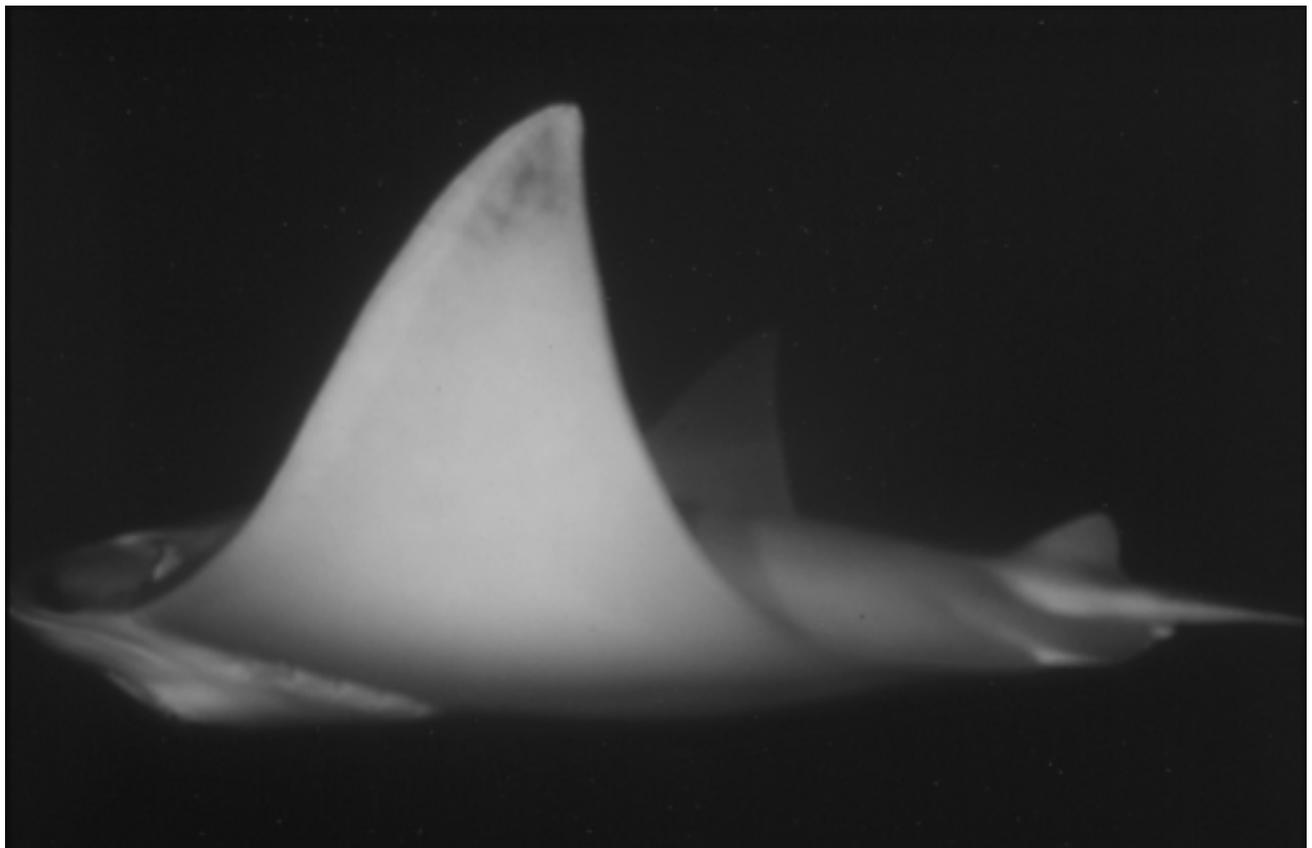
I manage a half-laugh. "That sounds terrible." And it does. I edge closer to the door.

"How's med school?"

"It's going okay," I reply. "I like it pretty well, all in all. Keeps me out of trouble. Hey, have a good swim, alright?"

"I'll try. Thanks for talking with me. You know, I'm proud of you. It takes a special person to be a doctor."

No, Jeff, I'm proud of you. But I don't say it. I'm already out the door and looking for an open lane. □



George Grove

# Two Families

by Bert Umland, M.D.

Department of Family and Community Medicine

i.

Groggily I looked at the clock. “Bert, I’m so sorry to bother you this early.” Five minutes to 6. I recognized the voice.

“What’s going on Mike?”

“One hell of a night. My hip started hurting, by midnight I couldn’t stand it.”

“Can you meet me in ER, Mike?”

“I think I can be there in about half an hour.”

“I’ll see you there.”

So I got up, took a shower and called my friend John Sutter. John was a senior resident in orthopedics. I knew he’d be up.

“John, I’m sorry to bother you this early but one of my patients with a hip prosthesis is having a great deal of pain. I’ve asked him to come in to the ER and wonder if you’d help me evaluate him? I’ll get some basic lab studies and films and then page you.”

So Mike came in to have his blood tests and X-ray. The hip had been replaced years before with a titanium prosthesis for degeneration of the joint. This pain was the worst he’d ever experienced.

His blood count was normal and showed no evidence of infection. X-ray showed the artificial hip joint with no sign of loosening or other abnormality. We strongly suspected an infection in the artificial joint, which is a medical emergency. He needed to stay in hospital and have a test to check for pus in the joint.

Mike had taught at the University for more than 30 years. Today was the last day of the semester and, far more important, his last day. He had decided to retire to spend his time painting in oils. He needed to be with his students that last day. Nothing on earth would keep him out of the classroom on his last day as a professor of art. So he said.

John and I explained the risks. The infection could get very bad, very fast. Mike said he understood the risks.

“OK Mike” I said. “This seems cruel but I’m not gonna give you any pain medication to fool yourself into thinking the infection is getting better.”

He shrugged, said he understood and limped out of the emergency room.

Late that afternoon there was a message at my office

that Mike had come into the hospital after classes. The orthopedic surgeons were evaluating the infection. I hunted Mike down in the X-ray department where a senior orthopedist was using a large needle to withdraw pus. The next day he underwent surgery to remove the hip joint. For a whole year the surgeon was unable to put in a new prosthesis until every vestige of infection was gone, so he spent his first year of retirement learning to paint while standing on crutches in front of his easel.

\* \* \*

My interactions with Mike and his family had been complex from the beginning. I met the family when I started seeing his mother-in-law, Mildred, an elderly lady with a keen sense of humor. After a variety of tests and thorough examination for unintended weight loss, I could find no cause.

We admitted her to a hospital for more tests. Then one day there was a small, ominous lump in her neck. It was a “sentinel node,” associated with ovarian cancer. We briefly tried chemotherapy but she responded poorly and we decided to let nature simply take its course. I remember very clearly the day that she died because we spent several hours reminiscing about her, as her vital functions gradually closed down. I became friends with the whole family that day.

ii.

I had been taking care of Bertha, an elderly woman with severe emphysema. She needed an operation, but when the surgery was over, her lung disease did not permit us to stop the ventilator. Her condition deteriorated slowly and soon it was obvious that her brain no longer worked normally. We didn’t know what caused the deterioration but she had reached the stage that doctors call “brain dead.”

Cynthia had come from Boston to be with her mother. The relationship had been difficult for many years, and her mother’s second marriage to Jimmy, a Chinese man, had made the daughter very unhappy. I never understood why.

She had barely spoken to her mother for several years, but when she found her mother was ill she took a leave of absence from her job as an academic clinical psychologist to stay with her. It was inconceivable to her that her

mother would die, although the evidence was mounting daily. Each afternoon when I finished my other duties, I would visit the family. Jimmy sat on one side of the bed, stony faced. Cynthia sat on the other side, agitated. Frequently she got up and walked around the room. When I arrived she would ask if we could go outside.

We would go down to a usually deserted area between two buildings and she would weep and sometimes scream. How could she survive without a mother? I had no answer and could only listen as she wept and carried on. After 15 or 20 minutes she would calm down, and we would go back to the room. I would always ask Jimmy if I could do anything for him and he would always smile and shrug and shake his head.

This went on for about six weeks. Each day I would simplify Bertha's treatments. Withdrawing a medication, no longer doing routine tests, lowering the amount of oxygen delivered by the ventilator. Each step had to be approved by Jimmy and Cynthia. The nursing staff was quite annoyed that I didn't just stop the life-support measures. The situation was hopeless. But Cynthia and Jimmy could not give up. The minister at Jimmy's church would come in fairly regularly and tell stories of a miraculous recovery because everyone prayed. I never asked if those patients were also brain dead. It seemed somehow impolite. So we persisted, sort of.

We reached the week when she was receiving no medication, no supplemental oxygen in the ventilator and only small amounts of intravenous fluids. Her temperature was falling and her heart rate slowed. I tried to prepare the family.

On Saturday afternoon the nurse called me to say that Bertha's heart had finally stopped, although the ventilator continued to pump air into her lungs.

I confirmed the nurse's conclusion. The heart monitor showed a flat line. My stethoscope heard no sound in her chest. I shut off the ventilator and called the family. Cynthia nearly screamed: "Why didn't you call me sooner?" I understood her grief but it seemed odd after all those weeks of preparation.

Bertha died the day before Mildred. One family saw life as a cycle that ends with death. I think Cynthia never forgave her mother for dying.

A week or so after Bertha's death, Jimmy showed up at my home one early evening with two huge T-bone steaks. □

## The Funky Buddha

I cannot comprehend  
This shallowness of heart  
This slight of hand  
Reflected in the mystical mirrors of  
The somnolent unreality  
Where I walk the cheap thrills hallways  
At dawn on Sunday

I cannot understand  
This unspoken language of  
Brush-up-against-me-on-accident-on-purpose  
Whispering your name in my hair  
Arrogant oblivion breezing through the air  
Across the east streets of the city at 2am

I cannot feel  
This windswept, high upkeep persona  
Created for the public, enjoyed in private  
In the deep, dark alleyways of  
Desperate heat, weak heart, mind gone awry  
Detention center existence where  
Your words are my prison  
My only safety, the cage of my soul

– Christina Hoff, Preceptorship Office, SOM



Sean Kelly

# A Contrast in Loves

Trevor Martenson, MS '06

The following story is originally an East-Indian fable, retold and expanded with western symbols and words in an attempt to capture universal themes.

\* \* \*

John met Desiree one summer at a brass concert in Laurel Park. He and his friends played there in the gazebo on Thursday nights, and people would crowd the green wooden benches to talk and listen to the horns while the summer dusk stretched past nine and the pigeons made their final rounds before dark. He watched her sitting alone on a corner bench for three Thursdays in a row, and by the fourth his friends had heckled him so that he overcame his shyness and talked to her once the jazz had finished. He taught high-school band and was 33 years old. She was 36, had curly red hair and worked for an insurance agency. He quickly fell in love.

That Christmas he told his mother that they would marry the following May. She laughed and tousled his hair and insisted on telling a story and singing a song that John had heard so many times before. "Your father used to sing it to me the summer that we fell in love" she said, and that night for the first time his musician's ears recognized that it was joy that carried her clean tenor notes so well. She loved song as much as he. She finished the memories for the evening by giving him the oak jewelry box dad had made for her when he came home from war.

John married Desiree that spring and took a road-trip honeymoon to Canada that summer and did not return to Philmont high to teach band the following fall. Instead he found a better-paying job with computers so that Desiree could stay home to get the new house in order. There was nothing he wouldn't do to make her happy. She liked southwestern and wanted to learn designing. By the end of their second year of marriage she had hopes of making a career of it in California, and by then John had quit playing on Thursday nights. Desiree did not want to take the interior designing course at the community college by herself, and he wanted nothing to stand between them.

The following fall John's mother fell ill, and the hospitals and chemotherapy only made her sicker. After six months she decided to simply go home and die. Originally John wanted her to stay with them, but Desiree didn't think they had the space for both mom and the nurse's aid

that would need to care for her. Death did not arrive as soon as the doctors expected, however, and John spent the little time he could find driving across town to visit her. She had lost her voice in the main struggle, but as he spoke she could still admire him and squeeze his hand in the appropriate pauses. Days stretched into weeks, weeks into months, and then half a year passed and she was still alive.

Late that summer John drove over to his mother's house after work one day and did not find the same nurse's aid that normally watched her weekday evenings. This one was older and too caught up in the television program to give him complete answers on his mother's condition. When he walked into her bedroom she was sleeping, and when he began to speak her deep breathes continued but she didn't open her eyes. "Desiree said she will go without me if ... if we can't go soon," he wept. She softly squeezed his hand. He sat quietly, wondering how much longer his mother would live. There was nothing he would not do to keep Desiree's love. After a few minutes he stood up, placed his palm on his mother's chest and slowly began to push downward. She opened her eyes and looked up at him questioningly and then through pupils large with fear. He silenced her gaze with the sheet and pushed harder. Twenty minutes later he called to the nurse, frantically begging her to revive his dead mother.

By Thanksgiving they had moved west, and while Desiree went furniture shopping he looked for jobs and unpacked. The insurance deal had gone quickly and paid well, and one day Desiree announced that she wanted to start looking for new car. John decided to stay home and unpack. "I love you baby," she said upon leaving. He began in the living room but half way into the second box found something that belonged in the bedroom. Stepping down from the wooden floor to the cream-colored tile of the hallway, his socked foot slipped out from under him and he quickly found himself on the floor with his nose slightly bloodied, his hand throbbing and the object he had been carrying shattered before him. He rose to his knees, stretched his fingers back and forth and wiped the blood from his mouth. As he began to collect the fragments of dark oak wood, a clean tenor voice called out from the broken jewelry box before him. "Are you all right, my son? Are you all right?" she asked, for there was nothing that he could do to make her not love him. □



## Goodbye Addiction

To you, sad drugs, the time has come  
 Finally I can see  
 The choice is mine, I draw the line  
 You'll take no more from me.

So many years have disappeared  
 Into tragic history,  
 All my laughter turned to cries  
 You'll take no more from me.

My hopes, my dreams, now shattered things  
 I'd lost my family  
 A blown career, for lines, for beer?  
 You'll take no more from me.

My love, my life, my beautiful wife  
 My soul-mate for eternity  
 You stole the years we had together  
 You'll take no more from me.

My will to live, to love, to give  
 Shattered, broken, no longer free  
 I tried to make it end, one final sin  
 So you'd take no more from me.

Then the darkness turned to light  
 Damnation, Death weren't to be  
 My Higher Power returned my sight  
 Gave back what drugs had took from me.

Lord Jesus took me in His arms  
 Filled my heart so spiritually  
 I'm born again, clean of sin  
 He returned sweet life to me.

My will, now His, now I live  
 Restored to sanity  
 My choice returned, to drugs I burn  
 You'll take no more from me.

My hopes are back, again I laugh  
 In love with my new family  
 Cocaine and beer, you I once feared  
 You'll take no more from me.

To you, my addiction, my life-long affliction  
 Goodbye, I say now, peacefully  
 You're meaningless, you're powerless  
 You'll take no more from me.

(The author requested to remain anonymous)

# Reflections on a Battle

by William P. Noel, RN, UNM Hospital

It had been a long night in the Pediatric Intensive Care Unit (PICU) in Albuquerque. Five-month-old Milagro had come so far for her care; thousands of miles, all the way from Panama to a strange land with a strange language. Fortunately her Spanish-speaking parents, Rosa and Manuel were with her. Rosa was sleeping on the cot, where she had slept every night, next to the cold steel of the crib that cradled her second child, Milagro. Rosa hardly stirred when an alarm went off, she was so tired, so very tired. The alarms – there were so many of them: IV pumps, SatO2 dropping, blood pressure rising, pulse rate falling. “Was this noise important?” she wondered. The nurse walked in and pushed a button while mumbling under her breath, “Baby Milagro, do you need some suctioning?” The nurse tended to the baby’s airway with an efficiency that showed her 19 years of experience of caring for the sickest of the sick. Rosa dozed back to sleep where she began to dream. She dreamed of Milagro playing with friends in their village in Panama. Another alarm and Rosa stirred again. Was that a good dream or a cruel trick her mind was playing on her? Rosa sat up in the cot and looked at the monitor. With just one look she was mesmerized by the waveforms. Praying aloud Rosa said, “Please just stay above 90 so the alarm won’t go off. Those damned alarms. There are so many alarms now! How can my baby get better with all of the alarms!” It had been 48 long days since Rosa had seen the outside of the PICU unit...48 days in the subdued lighting of the PICU watching Milagro fight for her life. Rosa was always there for Milagro, right at her bedside.

The shift change at the PICU was just like any other shift change. Tired nurses longing for sleep gave reports to oncoming nurses clenching hot coffee...nurses who would take up the battle with death and hold it off – for an hour, for two hours, for however long it took. They were ready, ready to do battle, and so was I, a student nurse assigned to the PICU for the very first time. The report on Milagro was long and detailed. There was so much to talk about. It had been a long, rough night and the night nurse was glad to be getting a break. Respiration rate, heart rate, BP, I/O, procedures and meds given were all reported about. “What about the x-ray?” the day nurse and my mentor, Jill, asked. “Not good – she’s getting worse. I think they’ll want to change the vent today,” replied the night nurse. “Change the vent,” mused Jill as she silenced another alarm. This was going to be another very busy day.



Kendall Rogers

\* \* \*

Three rooms down the hall, the night nurse was reporting on six-week-old Destiny’s condition to her relief day nurse. The usual facts were recited about Destiny. Destiny had had a “good” night, as good as one can have in PICU. She was scheduled for a minor surgery this morning. Destiny had undergone a serious heart procedure to partially repair a deformed heart; but now Destiny had developed difficulty eating. It was now back to surgery, this time for a G-tube to be placed into her stomach. Destiny’s father, Michael, thought to himself, “This will be easy compared to the heart surgery.” But he would never say that to Mary, his wife, who stood at the side of the crib looking at her beautiful looking daughter. “How can she look so perfect and have so much wrong?” she thought to herself.

\* \* \*

The morning assessment on Milagro was performed by Jill who too had an efficiency that only years of experience could bring when assessing pulses, cap refill, and breath sounds. It was the breath sounds of our tiny patient that caused Jill to pause. It was true, Milagro looked worse than 12 hours prior when Jill had seen her. Handing the small pediatric stethoscope to me, Jill asked, "Want to listen?" I knew it was bad – I could hear the rales in Milagro's lungs just standing beside the crib, but I put on the stethoscope and listened intently to her lung fields. Her lungs were crying out with the severity of her disease. As I listened, I was aware of being watched. Rosa was watching my every move as I listened to the symphony of noises coming from her baby's lungs. Not showing any emotion, I took the stethoscope from my ears. Then Jill looked up at me from Milagro's side and her eyes said it all – Milagro may die.

\* \* \*

Down the hall, Destiny was getting ready to go to surgery again. This time the surgery would be a minor procedure compared to the intense Norwood Procedure she had undergone only couple of weeks ago. The Norwood Procedure reconstructed her heart, which was genetically malformed while Destiny was in the safe confines of her mother's womb. Destiny's was heart so badly malformed that surgery to create a usable heart was her only chance at survival. Her heart reconstruction was successful, but now she had developed problems eating and needed help again. The doctors decided to do a simple G-tube insertion.

\* \* \*

Dr. Thompson, Destiny's surgeon, looking as though he was ready for bed in his soft hospital scrubs, had just walked into Destiny's room, giving her parents one last chance to speak with him prior to the surgery. "Well, are there any further questions?" he asked Michael and Mary. Michael asked the doctor how long the surgery would take, feeling as if he needed to ask something and not being able to think of anything else. Dr. Thompson answered, "About an hour." Mary, standing beside the crib, looked down at Destiny and said, "about an hour." This was a necessary step to get Destiny home, Mary reassured herself. "Another long hour, when will it end?" she thought.

\* \* \*

Beep, Beep, Beep – another alarm sounded in Milagro's room. Jill and I walked in from the mini-nurses' station right outside of Milagro's room. "The maintenance IV pump needs to be reset," Jill said. It pumped 5 cc's per hour

into Milagro before it maxed out at 20 cc's and needed to be reset, which was every 4 hours – or "q4h" in nursing jargon. As Jill and I attended to Milagro's IV pumps, Dr. Miller, the PICU Intensivist, slipped in and was studying Milagro's chest films. "Her films are worse," he said calmly. "How's she doing?" Jill recited a shortened version of the report to him while he studied the chest films. "Let's put her on the oscillator," he said as he went over to his patient. While Dr. Miller listened to his patient's breath sounds I questioned Jill about the oscillator. She explained that it was a different type of ventilator, a ventilator that would allow lower pressures to be used in the inflation of her congested lungs.

"Let's put her on the oscillator" – with that short statement, a sequence of events began that I never would have imagined. We had things, many things to prepare and time was running out for our little patient. Jill was already on the phone with the Respiratory Therapy (RT) department. "We're putting "F" on the oscillator," she said softly into the phone. After a few "rights" and "OKs" she hung up the phone.

"We'll need a bigger room," Jill said, thinking out loud. "We're in luck, Destiny is going to surgery so we can move Milagro into Destiny's room and move Destiny across the corridor; after all, Destiny isn't on a vent." Jill cleared the idea with the doctor and informed the unit secretary – our interface with the bureaucracy of the hospital machine.

As Jill and I prepared for the move, the sheer scope of what we were about to do hit me. This would not be a simple little jaunt down the hall. This was going to be a major event for little Milagro with all her life support equipment. As Jill and I were discussing the complexity of what we were about to do, I spotted a rush of activity down the hallway. Destiny was off to surgery. "There goes Destiny," I said, and immediately we began our transfer.

Jill and I got some of Milagro's things together – a supply cart, an extra IV pump, and suction equipment – and started down the hall. Housekeeping had just finished mopping the floor as we got there. "Destiny's moving across the hall," I informed the housekeeper as I motioned to the vacant room. The housekeeper, a kind, older woman who could have been a grandmother to any one of these babies, took off her gloves and helped move Destiny's things – things that should have been in her own crib at home...a crib with a music box and a Mickey Mouse mobile above it, not the cold steel cribs of the PICU. Colorful stuffed animals were moved to the windowsill of Destiny's new hospital room. I picked up a hand-drawn get

– continued on page 14

well card – from a brother or a sister, I imagined – and placed it on the new bulletin board. Blankets and pillows used by Michael and Mary as they kept vigil by their daughter’s bedside were placed in a chair. Everything was ready for Destiny’s return. Now we could move Milagro.

As Jill and I moved the final supplies to Milagro’s new room, Rosa and Manuel gathered their blankets and pillows and started down the hall. They could only be thinking that this move was a bad omen. This time, as we arrived in the room Debbie, the RT, was setting up the new ventilator – the oscillator. Debbie was intently connecting cables and tubing to the wall outlets. AC powers, oxygen, suction, and water for the humidifier chamber were all connected. Debbie double-checked some of the connections then finally turned the oscillator on - whomp, whomp, whomp. The sound reminded me of the air compressor I used to fill up my car tires at the gas station. This ventilator would breathe for Milagro in a completely different way. Instead of the 34 breaths in and 34 breaths out, this vent would breathe close to 600 times per minute – 600 tiny little puffs to keep her fragile lungs inflated all the time – in a continuous airflow.

Back in Milagro’s room, Jill was telling me what meds we would need to have on stand-by. These meds would be drawn up and ready to use when we moved Milagro. But first, we’d need a STAT ABG (arterial blood gas) drawn to get a baseline before the move. Then we’d have ready 50 cc’s of O+ blood, several 60 cc syringes of normal saline for boluses and 10% albumin in a 50 cc syringe. All of this was prepared just in case the unthinkable happened and Milagro “crashed” during the move or shortly after being attached to the new ventilator.

\* \* \*

Bad news travels fast in a hospital, and today was no exception in the PICU. “Did you hear that Destiny’s SATs are in the 60s?” traveled through the unit like a wildfire. Dr. Miller was paged to the OR STAT. Things were not going well for Destiny. In fact, Destiny was dying. Deep in the recesses of her reconstructed heart, a thrombus had broken free and traveled to her patent ductus arteriosus, a small vein that acts as a shunt in utero and should have closed by now but was providing life-sustaining blood to her body. Finally, we got the news that Destiny was gone. Gone to a better place, I thought to myself.

As Jill and I waited for Dr. Miller to return from the OR, I walked down the hall to check on Milagro’s new room one more time. In it, sitting side-by-side, were Rosa and Manuel reading from a Spanish Bible. Over their hushed private worship was the steady “whomp-whomp-

whomp” of the oscillator as it sat in the corner; the very machine that would give their small daughter life’s breath. Not able to understand Spanish, I could only wonder what they were saying; something to give them inner strength, I was sure. As I turned to go back, I saw a nurse holding a clear plastic bag with the stuffed animals from Destiny’s room. Her things were being gathered to be given to her parents. They were precious reminders of a daughter that only hours ago seemed to have a chance at life. Someday, Michael and Mary may be able to look at those toys and smile, but that day was surely far away.

Dr. Miller returned from the OR, and without a word, it was time to move Milagro. In what seemed like a rehearsed dance, six nurses and 2 RTs showed up from being hidden in the wings of the PICU. Jill placed the portable physio-monitor at the foot of the bed and transferred all the life-sign monitoring to it. As life-signs were disconnected from the permanent in-room equipment, alarms would sound and then be silenced. The RT disconnected Milagro’s ET tube from the vent and started to bag her by hand on 100% oxygen. Another nurse grabbed the IV pole with the maze of tubing and pumps, and yet another nurse held the doors open. Milagro was on the move!

The move down the hall was uneventful. Dr. Miller took over bagging her in the hall until she was placed on the new vent. Rosa and Manuel watched from the hallway window as Milagro was placed on the new vent without incident. Her body was vibrating all over from the rapid puffs of air. The physio-monitors in the new room were attached and her respiration rate read zero; the small puffs of air were too small for the machine to register a respiration rate. Milagro adapted to the new machine, and we didn’t need any of the drugs we had prepared – this time.

And so it was time for me to end my clinical experience in the PICU. In a short span of four hours, one baby went to her creator and another was still engaged in a battle for life. How would it turn out with Milagro? I will probably never know; but I was there and in some miniscule way may have helped to win the battle - at least for now and as I walked out of the hospital and felt the warm sun on my face I remembered, Milagro is Spanish for miracle. □



“Standing in the middle of the city, alone and dizzy, at a metro egress, watching couples pass, arms snaking around each other in an anticipatory strangle hold, ever so slowly tightening as the morning hours approach. they appear like phantoms from the shadows of a dark Parisian night, brought to life by my art deco streetlamp with its soft oval sprawl of luminosity. ephemeral apparitions, nameless actors in a repeating play, take two steps and return to inky blackness, leaving only a slowly dwindling song of clickety clacks and macho laughs, echoing residues in my lonely expanse.”

–Nathan Boyd, MS '05



George Grove

# A Postmodern Conversation: Trauma and Cooperation

(Condensed)

By Linda Petri, M.A.

Radiological Technologist

The telephone ringing shocks me out of blissful sleep. A hospital operator is efficient and abruptly wakens me from my dream state. "Code Red...gunshot wound...you awake?" Code Red...some emergencies are more life and death than others. It's January in Minnesota and it's cold...very, very cold. Sleep still hangs on my eyelids while my foot pushes the gas pedal...fast on the freeway...4:00 am...no traffic. I enter the emergency room and tell the clerk, "I'll be ready in ten."

I sit at the computer console of the CT scanner and program what is needed for the exam, 5's through the posterior fossa, 10's the rest of the way; a routine x-ray procedure for one of life's exceptional dramas. The ventilator arrives first, pushed into the room by the respiratory therapist. We wait, not long, until sounds drift in from down the hall. The wheels on the cart vibrate wildly as it is pushed fast creating an echoing racket in the vacant hallway; metal clanking against metal and voices first heard as murmurs are now loud and directive as they reach the scanning room doors.

The closed eyes bulge as blood leaks into tissue. Fragments of bone and brain mixed in hair surround the sleeping face. We hover over him, move him, breathe him by machine. A body not yet dead, IV's forcing fluids to parts of the person not interested in receiving.... the mind blown away.... the heart doesn't know that yet.

The conversation comes in sporadic bits and pieces. "...let's go....move that over...finding a ride...I need a name...drinking into the night...you here?...watch that line...what a mess....over there....where's the chart?... some hotel room....open this....his mother.... paper-work....who's got the meds?...hurry up....you on call again?...be here soon...police with a warrant....ready when you are... plug in over here...he shot himself...I'll do that...can you deal with this?...everybody set...where's the line?"

We are pulled into interaction within the same sporadic conversation. Eight people moving each within their own constructed purpose. We mimic Donna Haraway's "pleasure in the confusion of boundaries" as we move around each other, bodies touching, reaching over, underneath arms; hands replace hands in tasks that need cooper-

ation. No orchestration... just spontaneous movement. The words dance around like we do, all fragments of the whole, an intermingling texture in the scene. The rules of separation do not apply. We have transcended the particulars. There is no ideal in this situation, only reality. There are no categories as the young man is moved onto the scanner's table.

The chaos of the move is over. The door closes separating his body from those who hovered over him. Vigilant eyes seek out machines and monitors. Our access to the body now arrives through the reconstructed images on the scanner's monitor screen. The exam takes 5 minutes to complete. The same mess of movements is set in motion and those who entered a few minutes earlier leave for Intensive Care. The ventilator is left for later retrieval. It is still turned on whooshing oxygen into the room from the dangling hoses.

My role is to operate the technology that allows physicians to see sections/slices of the body. The technology, that separated us from the body in order to do the scan, now dissects the body into 5 and 10-millimeter reconstructions on a computer screen. We watch the monitor as the segmented images of the head replace one another showing the bullet's path — a slow motion replay of violent destruction that took less than a second and happened far away from the x-ray room.

"drinking into the night...police with a warrant...some hotel room...he shot himself..."

The "event" now encapsulated on x-ray film becomes transportable. The images are erased from the memory of the computer. The reality of the destructive moment is replaced by an imagined reality. There is no blood dripping from the film. No mother's grief comes wailing out of the images. The body long ago buried has become a case study for students of medicine.

In a previous career, I worked on-call at hospital trauma centers. As I review this scene in my mind and now on paper, I discover much that is relevant for postmodern analysis. As I separate out the players I think about the differences. The respiratory therapist's demeanor is mostly non-verbal and abrupt. One of the nurses is a trial to work with for most of us while the other is a model of cooper-

tive efficiency. The ER doctor is high strung and edgy, the neuro surgeon friendly but distant. One ER aid is controlled in manner, the other haphazard. The CT technologist is pushy in her domain. Other support staffs come and go, the medical technologist for blood work, and the clergy for family, if any arrive.

“his mother...finding a ride...be here soon..”

We were different colors, genders, and sexualities. I had worked with these people long enough to know “things” about their lives, and they about mine. Some of us didn’t particularly like each other. But none of this mattered. Our focus was outward, the ego gone. The cooperative efforts in this event placed several people, each different, into working together for one purpose. This postmodern conversation of fragments and differences didn’t separate practice from theory in the reality of the situation. In other words, real life did not allow it. If it is in the transcendence of egos where cooperation resides, can we give up ego long enough to get the job done, whatever that job is? Perhaps, if it matters—at least, it is an idea to ponder. □

## Being Able

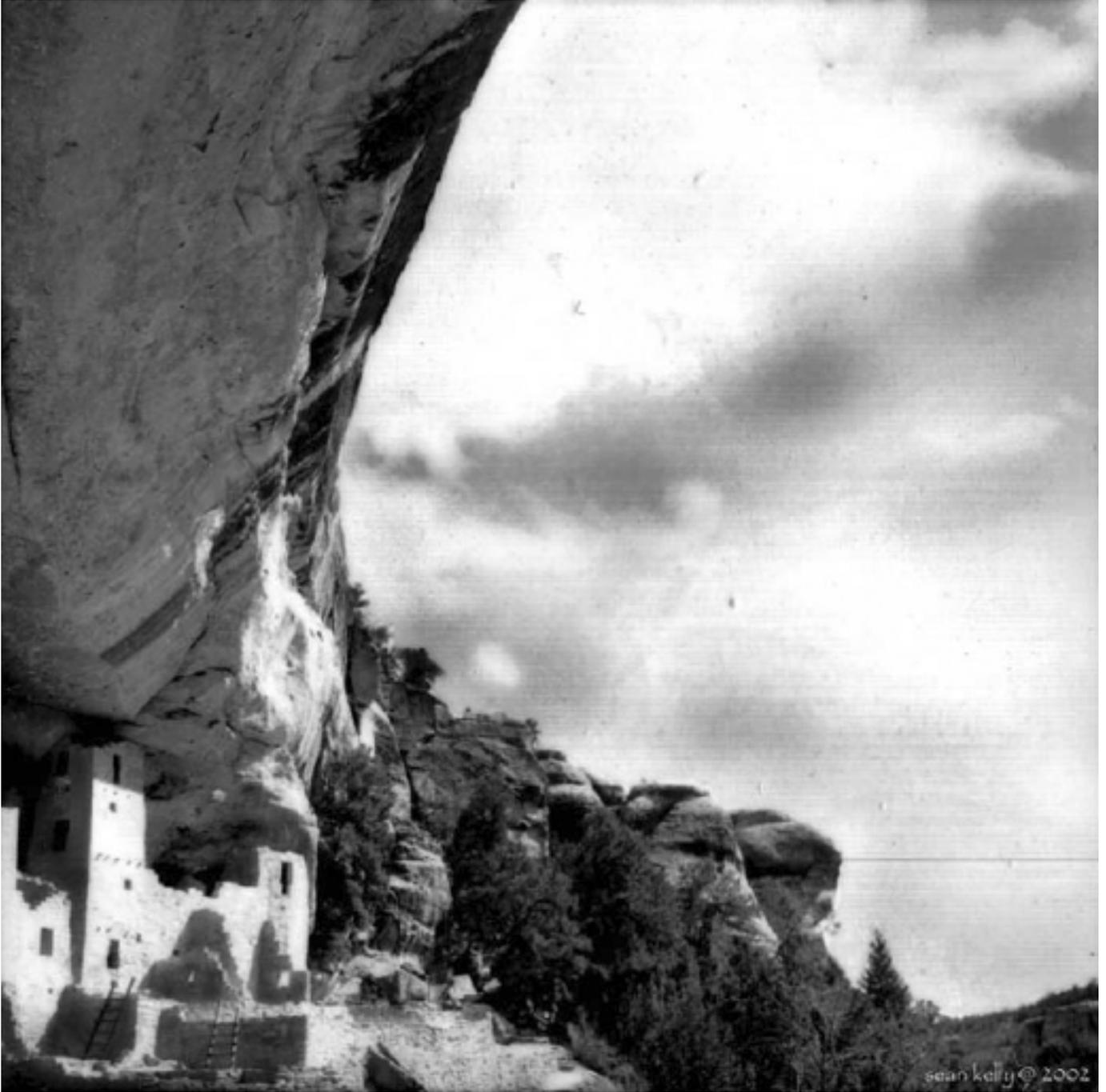
The sun shines its rays upon all the beauty in the world,  
but will I be able to stretch my arms out that far?  
The wind dances as a butterfly through visions of peace and  
hope,  
but will I be able to move with such elegance and grace?  
The bird sings with happiness and love,  
but will I be able to keep all that within my soul?  
Or will I be forever lost in the depths of darkness  
being able simply to survive.

– Jory Mazzola



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Sean Kelly



Sean Kelly



*George Grove*



*Kenyan women waving goodbye*

*Tiffany Snyder,  
Resident Family & Community Medicine*



*Overlook – Great Rift Valley, Kenya*

*Paul Akmajian*