

MEDICAL MUSE

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



Veronika Becker, MA

Queen Conch, oil on canvas, 2004

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MEDICAL MUSE

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Electronic submissions may be sent via e-mail attachment to: medicalmuse@salud.unm.edu Please include name and contact information.

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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. Occasionally, subject matter may be controversial. It is never our intent to offend, however we wish to explore the full range of experiences reflected in our submissions. We apologize if this has not been made clear in previous editions.

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

Being a Hero

by Christine Lovato

July 15, 2005

The room did not smell good. It was reminiscent of a mixture of urine, alcohol and new plastic. The lighting didn't help either, I'm sure it could have been improved by some track lights or something. Mrs. White was looking pretty white, or maybe it was a very pale shade of green. It was strange that this lovely

woman had seemed so calm and collected just a few hours prior. The person I can only assume is her husband is nowhere to be seen. He must have rushed off to talk to family. Lauren, the cutest little four year old girl you would ever see was lying in her bed. I'd like to be able to tell if she was still screaming but I think that I had been in there for so long that my brain had chosen to tune it out and concentrate on keeping my eardrums from bursting. Dr. Conrad was attempting to talk to Mrs. White about the different

causes of intermittent high fevers but I'm pretty sure she was thinking about other things; like the fact that only the previous day, her baby daughter was smiling and laughing; or maybe she was thinking about the news story she had seen recently about the death of a little girl who had 104 degree temperature when she died. Lauren's temperature was currently 104.5°.

But I'm sure all of this is going a bit overboard, Dr. Conrad and I had admitted two other children with similar symptoms that week. Both of them turned out to have a fairly benign viral infection that cleared up in a few days. Telling that to the Whites did not have the effect we had hoped for. I guess it's hard to be that optimistic when your child has been miserable for hours on end. Besides, they knew very well that we had no clue what was wrong with Lauren. Well, maybe they thought we had some clue. We did not. We had ordered all the necessary tests and were waiting on the results but all we could do was give her fluids and keep her temperature down as much as possible. It's amazing because I

knew that those parents had put their trust in us. Mrs. White looked at me while Dr. Conrad was talking to her. Maybe she was just looking for a nod of agreement, or a heartfelt smile. Which would make her feel better? It's sad that I'm having this pathetic case of a dilemma when Lauren is writhing in the bed next to us. I decided

to go with the smile because I did not want to imply in any shape or form that I knew what I was doing. Mostly because I didn't know what I was doing. I had only finished one year of medical school, the safest thing for me to do was just be empathetic.

Ok, digressing here. This is not about me. Dr. Conrad is finished now, time for us to leave Lauren and her family to the nurses on the floor. We'll be back in the morning of course, but until then they will have no answers. We're not even sure that

we'll have answers. All they can do is hope that the fever goes down. We'll hope that too. As we left the room, Mrs. White wasn't even looking at us anymore. I guess we don't get credit for being doctors until we fix what's wrong. That dream I had of being a hero when I entered medical school seems pretty far off right now, especially since Lauren will probably get better on her own. Maybe it's the thought that counts. □



Rosemary in my Garden

Veronika Becker

workaholic

Filling finally a new plate

With possible bouts of laziness

Then getting all pukey

Just by looking at it

– Arun Ahuja

Community

So long without community
In a world where
People
Sit next to people
Walk next to people
without even a hello
almost not caring they are there

So long was I enchanted by
Dreaming up stories about them
Or hearing tidbits of their life
As they speak loudly
Over the cell phone

So often did I see a sad face
And just walk by
Wanting to help
Desperate to help
But feeling as if
It was not my place

So surprised was I
To end up here of all places
In this chair
As you tell me
All the intricacies of your life
Your sickness
Who you are today

So eager to heal
But finding that
I do not yet possess the skills
To do anything more
Than listen
Hoping this is enough
For today

So happy am I
To find community again
In a place I had
Not realized it would be
Discovering it is a larger part
Than I ever thought
In becoming just exactly
Who I want to be

– Sarah McGinn, Medical Student



The Day is Done

Steven Hartman, MSII

the medical student

Attention hung on hummingbird
glanced through glass of library window
 little fella jabbing heart
 of flowers through pink then white
 leaves around it merely shuddering
 tree supporting already swaying
 from wind combed in cooling gusts...

...her cell thrums; she jabs it off
Is back to coloring pink on white
in book on anatomy new seeming so gross,
 she wonders if, having seen it all
 love for her will forever
 ossify into a twig

– Arun Ahuja

The Smell of an Orphanage

by Agatha Norwood, 4th year Medical Student

The quality of an orphanage is measured by its smell; walking through the double doors into the Derbyshkinsky Internat, an orphanage for children with developmental disabilities in Kazan, Russia, the smell of bleach mixed with a school cafeteria is overwhelming. This, I am told, is the smell of a “good” orphanage. At first glance it appears pleasant, the beds well made with clean sheets, the walls decorated with the children’s artwork, large playrooms with toys and stuffed animals neatly put away on shelves. Unfortunately, daily life for the 200 children who only know this institution as home is more troubling than superficial appearances suggest. The day is strictly regimented around bathing, meals, toileting and naps with no attention paid to individual needs. Non-ambulatory toddlers are confined to a separate ward where each child is fed one by one down a line; once the allotted feeding time expires, a child to caregiver ratio of 10 to 1 forces the child to be left behind, whether satisfied or screaming.

Older children wander the orphanage grounds, complete chores and attend art class but are not given the education necessary to integrate into society. A few of the older children retain the cognitive and emotional potential to grow into productive adults but for most the orphanage marks the beginning of lifelong institutionalization.

In June 2005, I traveled to Russia with Firefly Children’s Network, an organization committed to deinstitutionalization of Russian orphans. One goal of our trip was to identify an initial group of children to leave the orphanage for group homes or foster families. The resiliency and delicacy of children is best illustrated by two of the orphans identified as candidates for this pilot group. Kostya, an 18 year-old with diplegic cerebral palsy confined to a wheelchair, mysteriously appeared in every room of the orphanage we entered and wished to leave the orphanage and become an artist. In con-

trast, Archon, a 17 year-old with no apparent physical or cognitive disability, was virtually invisible, refused eye contact and lacked both immediate desires and future goals. Both boys were raised under the same circumstances but the more obviously handicapped of the two proved also to be the more resilient. It is impossible to predict which children will be resilient and which

delicate when faced with such challenges. For this reason, another goal of our trip was to instigate policy reform resulting in the conversion of orphanages into day rehabilitation centers, the housing of orphans in foster families and a change in the way Russian society views its orphaned and disabled children.

Healthcare, like most of Russian society, is compartmentalized with one hospital for birthing and a separate, often distant, hospital for infants and children. The result is that many premature babies die in transport, and for those who survive, their already fragile medical condition is even more perilous. Mothers remain in the

maternal birthing hospital, unable to visit until days later, left only to wonder about the fate of their newborn. Upon release from the hospital, after what must feel like an eternity, the opportunities for bonding are limited as parents are allowed only two hours of visitation per day for the duration of the baby’s stay in the intensive care unit. With little effort to promote parent-infant attachment in a population of newborns at high-risk for medical complications and developmental delays, it is clear why many children are abandoned at such an early age.

As the children grow, the compartmentalization of other departments within Russian Government continues to determine their fate. Shortly after abandonment, all infants are raised in Baby Homes, managed by the Ministry of Healthcare, until age four when they undergo brief testing resulting in classification as either “educable” or “uneducable.” Those children deemed



Schoolshoes

Veronika Becker

“educable” leave the Baby Homes for orphanages, managed by the Ministry of Education, attend school, and at age 18 either enter the workforce or attend University. In contrast, children labeled “uneducable” are transferred to internats, managed by the Ministry of Social Welfare, where they receive minimal practical education and their potential for the future slowly drains away. No distinction is made between physical and mental disability. Many of the “uneducable” children are cognitively normal, with the ability to contribute to Russian society if given adequate nurturing and education.

The mission of Firefly Children’s Network is to improve the lives of Russian orphans who have been abandoned due to real or perceived disabilities. In order for this mission to be sustained, a social change must occur in Russia in which disabled persons are accepted as equal citizens. By partnering with local Government Officials and Russian citizens who already work with disabled children in rehabilitation centers, hospitals and internats, the hope is that the impetus for societal restructuring will come from within Russia rather than as a mandate from foreign aid workers. Over a period of several years, Firefly Children’s Network will provide initial training about how to educate and care for disabled children outside of an institutional setting, with the anticipation that the few Russians trained directly by Firefly Children’s Network will then carry this training to their fellow countrymen. If this can be accomplished, the dreams of Russian children with developmental disabilities will be limitless. □



Shiprock

Veronika Becker

An Unforgivable Lapse

We waited

And waited

And waited

For you to die

And when you did

Not unexpectedly – I’ll give you that –

We were stunned

And angry.

How dare you not awaken?

How dare you simply go to sleep

While we...we

Went about whatever it is that we do?

While you...you,

You who we loved so much -

And always a stickler for decent manners -

Simply left.

Left us.

Wasn’t someone supposed to say good bye?

– Becky Mayo

Mom

by Allison Legler, MSII

My mom just called me today with the good news. “You saved my life,” she said. I don’t think I did. She finally got the courage to go. All I did was pester her. Timing was everything.

Before starting my summer clinical experience as a 1st year medical student, I wanted to practice on a few willing patients. When I moved in with my parents for the summer, I realized that they would be the perfect guinea pigs. I took my dad’s blood pressure: perfect at 118/77. I took my mom’s blood pressure. I must have been doing something wrong, I could still hear a heart beat at a systolic of 160. I kept adding more pressure to the cuff. Finally, I registered 180/93. No, it couldn’t be that high, especially with such a wide pulse pressure. Even my mom knew I must have been doing something wrong. “It hurts,” she said. “You aren’t doing it right.” I wondered where my mistake could be. I situated the blood pressure cuff again and told her that I was going to take it one more time, against her wishes. She kept telling me that I was putting too much pressure on her arm and it hurt. “Mom, I have to do this because I still hear your heart beat and I need to keep pumping it up until I don’t hear a heart beat any longer.” After two more similar readings, and feeling her radial pulse disappear at 180, I knew I had to be doing it right. I looked to my dad for assistance.

My dad has been a radiologist for the past 33 years. Plus, dad knows best, right? He said “Take it every morning for the next five days.” I repeated it for the next few days before it was the weekend and time for me to check on my house near the medical school in Albuquerque. When I returned to their house on Monday, I laid down some ground rules. Every night after dinner, our family would take a one mile walk around the circle. We would start that evening, and only had to go walking when I stayed for dinner. The doctor at my clinic tells his patients that it’s “healthy.” Of course. I made my mom promise. She said okay. She still hadn’t agreed to go to the doctor for a yearly visit. The yearly visit she has avoided since a hysterectomy in 1989.

Our first walk was pleasant, a beautiful evening. They live in a subdivision on the way to the Santa Fe ski basin. Gorgeous sunsets, and perfect running trails. Since my mom prefers to walk in the mornings, we keep our walk easy and stick to the road. The walks the rest of the week were harder. She didn’t want to walk after dinner anymore, she was tired. My dad and I joined forces, and we made her walk. The following week was the same. My dad and I had to drag her

around the circle against her wishes, although she always perked up a quarter mile into the walk. After time, no one can resist the temptation of beauty, scenery and mountain fresh air.

One of those nights, she told me that she sometimes has abnormal heart beats. I thought she was joking. She also said she has some dizzy spells. “Are you serious?? What does dad say?” “Oh, he didn’t say much,” and she drifts off. Again, I asked her if she would go to the doctor. I brought lab slips for her to get her blood work done.

I offered to make an appointment with the doctor I was shadowing for the summer. I offered to call any doctors she wanted to see and make an appointment. She wanted to have dad prescribe medication for hypertension: “Why not Lipitor, that’s good, right?” Of course that wasn’t okay, we talked about why it was best to see a doctor who dealt with patients every day. Not a husband who reads mammograms and x-rays, or an omniscient 1st year medical student. I called my brother and told him the story. I told him to call her. My mom and I joked about it: “Your sons have always been the favorites, mom. Of course I can’t convince you to go to the doctor, but I am sure they can. It was Alex this week. Next week I tell Billy. I’ll give you one more week to make an appointment, otherwise Billy finds out.” She laughed and we joked and I said “I’m serious.”

Walking the next week was the same. We had a pleasant dinner on the patio, and afterwards I looked at my mother with a silly grin. “Ready?” She replied “okay, okay,” and carried dishes inside. I was so excited because it was easier to get her walking in the beginning of the week. I walked inside to start putting the dishes away,



Quantam Baby

Veronika Becker

thinking she was getting her walking clothes on. I walked into her bedroom, then her bathroom, and saw her in the shower. "Oh, I don't really feel very good, you guys go without me. Quit pestering me." Oh. Now I was angry, very, very angry. I was so angry that she had pulled the 'I don't feel very good, I'm taking a shower' trick. My dad and I walked around the circle.

I didn't talk to her when I got back. I didn't watch her favorite TV show with her and I silently put the dishes away. She still hadn't made a doctors appointment. She kept saying that she would ask her friends to recommend a doctor. She still hadn't called her friends. The next morning I was still fuming, but realized that anger was not a good way to get mothers to do what you want. Neither was coercion. I took a few deep breaths and told myself to calm down. When I get frustrated, anger festers deep inside until it all boils over. As a child, I vividly remember times my mom would tell me to relax. I would respond by clenching my whole body and refusing to listen. I hated that: "Honey, just relax. Relax. Really, it will make you feel better, just relax." I did the opposite every time.

I walked into the kitchen and put my arm on my mom's shoulder and said softly, "Mom, I am really worried about you. I am frustrated that every time I come home from work, you still haven't contacted a doctor. Maybe you are frightened of the doctor, or you don't want to go because you are worried something serious might be wrong." "No, no," she interrupted, "it's not that, I am going to call Claire and have her recommend someone." "I know mom, but you haven't. Dad gave you names and numbers of doctors to call, and you haven't called. And it would mean a lot to me if you did. That's all I want, just do it for me. I just want you to go. Maybe I took your blood pressure wrong, and maybe there is nothing to worry about, but it would mean a lot to me if you went. I don't want to worry about it every day as I leave to work, and I don't want to be so angry when I come home and find out you still haven't called anyone. Please, will you do it for me? And for you?" I knew the "its

affecting my life" approach might work. And it was. She would never do it for herself. She has spent her whole life caring for our family and has spent limited time worrying about her own well being. But maybe if she knew I was worried, truly concerned, she would do it.

After blood work, a stress test, an echocardiogram and a scheduled sleep somnogram we have made some progress. She said she has significant left ventricular hypertrophy and that the doctor has given her some medication to start immediately. I haven't seen the results yet, but am so glad she went. She was so happy when she called, "The doctor is so smart," she says, "He was right, he knew that I might have this problem." See mom, its not always as bad as you think. The sunset is gorgeous, the air is cool, let's just go for a walk. □



Downtown

Steven Hartman, MSII

Hippocrates: Another Look

by A. Mangalik

September 27, 2005

Many of the foundations of modern western medicine can be traced to Hippocrates. From my early years in medical school, I can recall the reverence with which my teachers talked about Hippocrates. The great Indian physicians, Charaka and Shushruta, who worked and wrote several hundred years before Hippocrates, were mentioned only in passing. The Hippocratic Ethics, the Hippocratic Oath and the clinical observations made by Hippocrates were central to the coverage of ancient medical history (The Hippocratic facies and the succussion splash are two physical signs I recall vividly.)¹

We did not take a formal Hippocratic Oath, but the Oath was written on a marble slab and prominently displayed in the hallowed halls of the Administrative Building of our medical school (“AB” as it was referred to by the users of the nearby lovers’ lane).

It was only later in life that I started questioning and wondering about the high place that Hippocrates had been given in the medical world. After further reading, I drew a picture very different from what I had absorbed as a young medical student.

For one, I realized Hippocrates was not one person. More specifically, the writings ascribed to ‘Hippocrates’ were written over a span of 100 years in different parts of the Aegean peninsula. The reverence to a personified pioneer and a model human being is thus somewhat misplaced. The Oath of Hippocrates that was commonly taken until recently by young physicians is troubling in the context of today’s social and medical expectations and norms. What was sworn to in the sixth and fifth centuries before Christ does not fit the accepted standards of today. What was acceptable then would, largely,

not be acceptable today. The world was different; society did not even talk about egalitarianism – the community was clearly divided between the “haves” and the “have-nots.” Even the “have-nots” had two tiers: freemen without property nor votes (metics) and slaves. Slaves are estimated to have comprised 70 – 80% of the

population of the great cities of ancient Greece.

For a society that places equitable distribution of health services high on its list of moral priorities, the selection of patients by physicians in Hippocrates’ time would be problematic. It was the norm and the accepted practice of physicians of the day to treat the citizens – those with money and power. The metics were accepted occasionally but the slaves were excluded from care by mainstream physicians. In our day, at least in the economically successful countries, exclusion on the basis of social status is clearly not ethically acceptable. Of course, in



many poor countries, and even in our own, there is a discrepancy between the types of health care available to the rich and the poor. What is available to the poor is inferior to what is routinely provided to the more educated and well-to-do citizens. Still, in theory at least, there is a goal of egalitarianism all over the world (the disparity in the third world is brought into perspective when one notes that in India, some health care facilities are so advanced that they attract patients from rich countries, while the average Indian cannot get adequate treatment for tuberculosis or iron deficiency anemia).

The physicians of the Hippocratic era had a system of charging their patients which might be called “fail safe.” They made a contract with their patient before accepting them into their practice. They were assured

that they would receive their fees and they did not have to worry about unpaid bills. It is not clear to me, from my reading, if the contract was linked to a guarantee of success. Further, it has been suggested that the physicians, who had an understanding of prognostic indicators, accepted patients with self-limiting disease and those with a better prognosis, thus enhancing their reputation.

The Oath and the accepted norms of that society raise other issues in today's world. Communication with the patient and family was limited. It was restricted to generalities and giving instructions. Just enough information was shared to ensure that the patient followed the instructions of the physician. Their practice would be considered paternalistic and problematic by today's standards. Discussion of prognosis and sharing of concerns does not appear to have been their usual style.

Another area of concern in the accepted norms and practices of that period is that of eugenics. For reasons relevant to their time, that society encouraged the creation of a superior class of people. This is not addressed in the Oath, but does give us an indication of the nature of that society. At least in Sparta, weak (or defective) babies were allowed to die in order to reduce the burden on society. Further, the "breeding" of superior men with "desirable" women was encouraged so that potentially healthier, strong soldiers were produced. The irrelevance of the Oath is most obvious when one realizes that surgery was considered to be a separate field, and was banned to those who took the Oath. Also, doctors were not allowed to transfer their skill to others, unless they were in the same school, or students of the same teacher.

Even though some abortions were performed in that period, there was a taboo against the performance of abortions in the Hippocratic Oath. In the days when the population was small and every male baby was a potential soldier, this is understandable. In today's world, with population pressures and many mothers' desire to control family size, such a ban is not acceptable except to a minority.

What I have discussed here is not the medical observations and deductions of the physicians of that time, some of which are still relevant today.

The Hippocratic corpus of work and the changes it brought about in the principles and practice of medicine was revolutionary and pioneering. Systemic observation of circumstances, signs and symptoms of disease and its correlation with outcome is the foundation of many basic principles of medicine such as epidemiology, differential diagnosis and arriving at a diagnosis. This

also led to the prediction of outcome and its evolution to evidence-based medicine. Further, these observations were linked to the understanding of anatomy and physiology, which in turn lead to the development of the fields of pathophysiology and clinico-pathological correlation. These were major changes in the approach to disease. The Greeks of the Homeric period (8th Century BC), the ancient Egyptian healers and the healers from West, South and East Asia, who preceded the healers of Greece in the fifth century BC, did not understand or make use of these principles to the same extent. These earlier healers did make significant observations and developed many important medical and surgical treatments. The systematic observations and correlations made by the Greek physicians of the fifth century BC have had a far reaching impact that is still relevant today.

Their personal ethics is not an issue. We know little about that and there appears to be no indication that they were bad people. The question is: *Is the medical ethics or the ethics of their practice of medicine relevant to today's world, or more to the point, is it relevant to the current practice of medicine in the United States?*

Criticism for the sake of criticism is not helpful. However, critiquing and questioning has value. Those who came before me and questioned accepted practices have produced change – often for the better. Today, the practice of involving the patient in the management of the illness and attempts at providing equitable medical care are some examples of progress. Questioning the relevance of the Hippocratic Oath and putting it in the social and medical context of the day is a useful exercise. I hope many of you will question other givens; it is a rewarding experience. □

FOOTNOTE:

1. The Hippocratic facies was the gaunt and blank look of a patient that predicted impending death. The succussion splash was a sign of hydro-pneumothorax.



Herta Long

by Joel Berger MS II

Herta Long died this spring. She was over 90 years old, had one child—a daughter—grandchildren, and great grandchildren. I used to volunteer monthly at Sunrise Assisted Living center, where she lived for the final years of her life, her long, full life. I wanted to write a short reflection on my time spent with her to give you all some idea of who we lost.

Herta was vibrant, vivacious, stubborn like many elderly can be. She had a glowing sense of humor, sense of wit, and sense of sarcasm. She was a tough Jewish woman with a strong sense of self. Many caregivers might have called her demanding, perhaps difficult at times, but I understood that she only wanted that which she deserved. She was traditional, sophisticated, intellectual, and dignified.

Herta was German, sometimes proud to be and other times ashamed. I believe she never resolved this conflict. She used to say that she grew up in “Faust’s

Metropolis,” what was the cultural center of Central Europe. Unfortunately Herta was Jewish at the wrong time in Europe. She was deported to Auschwitz and bravely sent her daughter off to live with a Christian friend who saved her. After Auschwitz was liberated by the Russians, Herta and her daughter lived for years under Soviet tyranny. They went from being imprisoned by the Nazis to being communist subjects.

After years of persecution, Herta emigrated to the United States with her daughter. They were finally free. I only met her a few years before her death. The living center hosted a small ceremony during which people recalled familiar heart felt-anecdotes about their time spent with her.

Simply stated, this spring the world lost an amazing spirit with an amazing story. Thank you for sharing it with us, Herta. □



Billboard

Brian Buggie



Europe

Brian Buggie



Baked Goods

Paul Akmajian