

# MEDICAL MUSE

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



*The Vestibule, Rebecca Coalson*

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# MEDICAL MUSE

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Submissions may be literary or visual, and may include letters to the editor. 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](mailto:medicalmuse@salud.unm.edu)

Please include name and contact information.

*Reviewers for this issue:*

Sally Bergen

Ann Morrison

Terry Mulcahy

Jeremy Phelps

*Advisors:*

David Bennahum

Richard Rubin

Norman Taslitz

*Art Director/Designer:*

Paul Akmajian

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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.

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

# Dreams of Flight

by John Phillips, MD

Dept. of Neurology

“You are beautiful, take me with you.” I was startled, shocked really. I never heard that before. It came from Sergay, a 13 year old boy who hadn’t seen many men in his life. An orphan since infancy, his life was the orphanage; a heavy labyrinthine compound dating to prewar times, he knew nothing else. But he dreamed of running with children his own age and flying with eagles above the orphanage, soaring through fluffy white clouds (what do they feel like?) to foreign lands. Unfortunately, like many untreated children with spastic cerebral palsy, his body wouldn’t cooperate. His legs were useless, twisted and stiff like an angry old vine, he was kept in bed because he couldn’t walk. His arms jerked out of control when he tried to use them. He wore diapers.

I had heard about Sergay before meeting him. For years Sergay never left his cot. He couldn’t. Never left the 30 other kids in his orphanage room. At some point I suppose one could wonder whether he existed at all—like a stubborn plant that won’t bloom or die, if you feed it occasionally and give it a little sunlight, it just keeps on living. Doesn’t grow, won’t die. I guessed that might be Sergay; fed three times a day, each meal under a minute long, diaper changed twice a day, and every morning he got his butt rubbed with alcohol. That’s it, about as much work as caring for a plant. Not much there I thought, until I met him and we started talking.

“Hey, look at me” he says. I was busy doing something else. “Over here, come over here and let me talk to you.” It’s a foreign language but I know exactly what he’s saying. “You are beautiful” to me again. This time it’s translated. So now he’s got my full attention. Someone calls me beautiful, I pay attention. “Listen to my poem” and he recites a poem. Very sweet I think. “I can count to 100” and he starts counting. I cut him off—kids are always counting to

100 for me, which I can’t stand because it takes too long. “Do you like music, I will sing a song for you.” And he sings a song. Angelic child’s voice, singing here seems so odd and out of place—its really pretty damn depressing, a bunch of kids mostly retarded stuck here in the fading afternoon sunlight. No one was listening but me. “Did you like my song?” And it was heavenly. Beautiful, I tell him, your song is beautiful. So we start chatting, little things, careful not to go scary places (Do you remember your parents?

What do you want to be when you grow up? What do you like to do with your friends?). Finally, out of safe nothings to talk about, I see a mural on the wall. Some cartoon ducks sitting on a hill. Old and faded, it’s as cheerless and depressing as the whole scene here. It fits, I think, might as well be consistent. “What’s on the wall Sergay?” Lets

see how he tells a story I think. “Some ducks.” “Yes, I know, what are the ducks doing?” “It’s just some ducks.” Pressing him “Sergay, what do you think the ducks might be doing up there on your wall?” He answers, angry now, like I passed over a forbidden threshold. “They’re not doing anything, they’re just some fuckin’ ducks, that’s all, just some fuckin’ ducks.” As I looked up again I saw that he was right, there was no story—never had been—it was just some fuckin’ ducks. □



Jennifer Maito



# Closure

by Brain Shelley, MD

Family & Community Medicine

As medical students we were randomly assigned to cover all of the patients on the surgical floor. There wasn't much to learn about them from the one-page list, but one woman stood out. She had been in the hospital for 65 days and she was my patient: María Ventana, age 29, enterocutaneous fistula. What was that? I did not have to wait long to find out. On rounds, the team of eight people filed into María's small room and surrounded her bed in a horseshoe of white coats and blue scrubs. I saw a very thin Mexican woman who looked very tired. A large bag of white paste hung on her IV pole, and a large dressing covered her abdomen. Dr. Morado, the attending physician, asked to see underneath the dressing. María nodded almost imperceptibly and then turned her head away. The dressing was heavy with fluid. It covered a four-inch square patch of red granulation tissue which was dry except for one corner in the upper right quadrant, where a small hole leaked milky green fluid, every day for the previous two months. This fluid was called succus, a mixture of intestinal secretions and food on its way to becoming stool. María still had her head turned away. She didn't need to look to know that the succus was there, nor did she enjoy having eight people staring at her devastated belly. Dr. Morado quickly showed me how to dress the wound and then encouraged María to be hopeful. He reassured her that they were doing everything possible to allow the fistula to close, which included withholding food. María, eyes still averted, nodded in silence. The team filed out of the room but I walked over to the side of her bed to meet her gaze. "Nos vemos," I said. She nodded without smiling.

After rounds, Dr. Morado told me more about María, mother of four by age 25, and now completely unable to work in the local North Carolina textile mill because what remained of her intestines would not heal properly. With the birth of her fourth child via cesarean section in the U.S., the obstetrician had perforated her colon. As the first hole was sutured, two more holes appeared elsewhere. Eventually her extremely friable colon and ileum were resected, and she endured a long healing process. Two months ago, during an exploratory laparoscopy for possible ovarian cysts, her bowel was "nicked" again, leading to an enterocutaneous fistula, literally a "pipe" from the gut to the skin. During her next surgery, intended to remove the

fistula and the surrounding tissue, her bowel disintegrated before Dr. Morado's eyes. He ended up resecting the small bowel three times in a 14-hour operation, but a small fistula still remained at the edge of her open abdominal wound. Surgery would not work, and watchful waiting began, including "resting the gut," which meant no food by mouth (NPO). Nutrition would be delivered intravenously. Weeks later there had been no progress and Dr. Morado was making fewer visits to her room. Meanwhile, María had lost significant weight and was depressed. A psychiatrist had been consulted. She visited María daily and documented that she was severely depressed and passively suicidal. But since she was NPO and there were no intravenous anti-depressants, there was no medical therapy available. A sitter was stationed in her room each night to watch her, but she did not attempt suicide.

My task each morning on rounds was to take down María's dressing, note the amount and quality of the succus, clean the area and reapply a new wet dressing, all in a minute or two so that I could scurry to the next room ahead of my team. Without a large crowd in the room, María would watch intently, hoping in vain that there would be no leakage but it was always there. On the third day, tears welled in her eyes and she told me she was never going to get better. I was desperate for something optimistic to say, something new and hopeful, but I could only repeat the same reassurances which she had heard countless times already. The resident poked her head in the room to tell me that I was needed in another room, now. I left María's room feeling like I had nothing to offer her. The resident told me not to worry about it, that I should just use this case as an opportunity to learn about the factors which impede the proper healing of fistulae which, by the way, I'd be sharing with the rest of the team on rounds the next morning at six.

Despite the resident's soothing touch, I did worry about it. True, the best thing for María's abdomen seemed to be to leave it alone, but what about her spirits? I had just finished my psychiatry rotation at the state psychiatric hospital in Raleigh, and María reminded me of severely depressed patients I had known there. Those patients barely responded to me at first, but would begin to open up ever so slightly after many hours of playing Scrabble, chat-

ting, or just sitting together. I decided to try that approach with María.

When I was not required to retract in the O.R. and when María's family was not visiting, I would occasionally spend time in María's room. Our initial conversations had many silences which left me time to ponder. Could she smell the coffee on my breath? Was she aware that everyone around her was eating normally, even as they took it for granted? Did she want to be left alone? What did she like to do? She liked to do puzzles and soon agreed to tackle a jigsaw puzzle that had been given to her but remained unopened. While we worked on the puzzle, she told me she also liked to take care of her daughters, but this was too painful for her to dwell on in her current, gutted state. She also liked to read in English, but hadn't really felt up to reading in her second language in the hospital. I asked, "What if somebody read to you instead?" Yes, that she could handle.

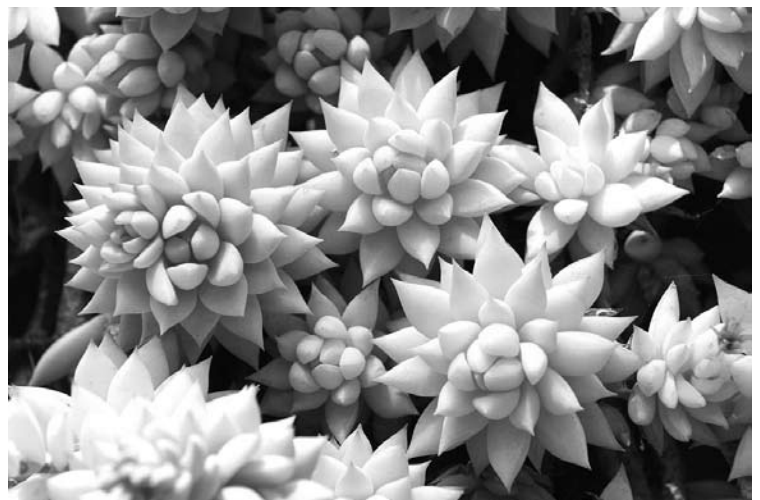
At home I wondered what would be appropriate for María, who was not only depressed but still learning English. Opting for something light, I brought her a collection of Mark Twain stories. We read "The Notorious Jumping Frog of Calaveras County" one afternoon when the surgery schedule was light. She liked being read to, not caring that she had missed a lot of it. She was ready for more readings, and next I chose a section from the Blakney translation of the Tao Te Ching for its simplicity:

Thirty spokes will converge  
In the hub of a wheel;  
But the use of the cart  
Will depend on the part  
Of the hub that is void.  
With a wall all around  
A clay bowl is molded;  
But the use of the bowl  
Will depend on the part  
Of the bowl that is void.  
Cut out windows and doors  
In the house as you build;  
But the use of the house  
Will depend on the space  
In the walls that is void.  
So advantage is had  
From whatever is there;  
But usefulness rises  
From whatever is not.

Instead of being impressed, however, María dismissed these concepts. She was too concerned with the physical world of her body, and her survival, to dwell on flimsy ideas. I froze: I thought I had upset her and blown the trust that we established over several weeks. But, I later realized, when she saw that I could handle her rebuttal without becoming offended myself, she must have decided that I was someone she could talk to, because that's when she then began to tell me what was really bothering her.

She said that most people in the hospital could not handle criticism or the truth. She felt that her surgeons didn't come to see her much to avoid dealing with their limitations. The gynecologist who perforated her bowel had never once come by to see her since the incident. She said she had forgiven him long ago, but now thought Dr. Morado was deceiving her by telling her to keep the faith yet knowing that she would never get better. After surviving so much and still interested in some of life's pleasures, María was now losing hope because she thought her doctor was losing hope. Despair, however, had not been included in my brilliant recitation of the factors which impede the proper healing of fistulae on rounds.

Dr. Morado was a busy man, but truly concerned about his patients and not above taking suggestions from medical students. I urged him to visit her room alone and to be prepared to answer some tough questions about her prognosis. He went the next day. He honestly restated that there was nothing more that he could do for her, that things indeed looked bleak after two months of waiting, but emphasized that the fistula could close at any time. He had seen this happen before. María believed him and saw that his optimism, while guarded, was still intact. Two days after their talk, her fistula stopped leaking. A week later she was discharged to home, eating a regular diet. □



Javid Kamali



Christopher Knotts

### surreal I

surreal appeal of silhouettes  
spinning tops like alice  
in wonderland's machine  
smoky stroboscopic elements  
purporting supporting casts  
hollywood invented gyrations  
blue moons adorned goddesses  
whipping in tempo springs.

### surreal II

impersonations obliterating  
latino tango steps within  
old rhythms too long to linger  
a dramatic figure new  
like gold and ice is rue-ing  
beautiful tools and beauty tells  
us take the leading leaning fools  
and bless their sexy mules.

– David Wilde

### THIS schizophrenia

Sooner or later  
You get reminded  
Every step of the way  
Then it becomes every half-step  
Then steps that reverse  
Slowly subtracting from even  
That long-advanced two-steps-forward-one-step-backward

But you step anyway  
For the sake of stepping  
Because your kid sister  
(Whom you've humiliated yourself with  
By living as a corner in her space)  
Would otherwise die to see you frozen  
Maybe this time  
Killer Anxiety that she's now become

– Arun Ahuja

# A Compilation of Many that Could Be None

by Almea Matanock

Across what seems like a great chasm of a desk, she sinks into the cool metal chair. I calculate quickly. D.O.B. 1992.... Twelve. Her body is still straight, androgynous, a lanky child, except for the belly and breasts protruding ever so slightly. I get up to close the door, to be a little closer to her as she tries to get a little further away from what is happening. Her friend stays on this side of the flimsy particle board door that is the only pretense of privacy we have. A privacy that will not be afforded her as soon as she has to wear what has happened to her on the outside, a baby drawing her forward into life from a navel that is so young it almost remembers the tightness of the plastic clip that tied it off.

I sit beside the desk. We talk. There is no way she can tell her parents. She will be "out." He doesn't want to give up the baby. She doesn't want her to be pregnant. She knows she can't hide it much longer and then where will she go?

A story all her own, heard many times before, my mind starts to wander to before... was there a condom, birth control, rape, did she, does she understand...?

But frantic tears press in, the present. We discuss aid and where she can go; only a moment is spent on the W.I.C. program, the reason she is here in the first place.

The accompanying friend leads her out, her head down knowing that the burden she is carrying is much greater than just the head that will crown from her in a matter of months. She will now have to decide someone else's fate, while we still don't let her decide her own. We will

not tell her about her options, but expect her not to make this mistake again. We expect that this is a mistake that should never have been made in the first place because she should have known what no one is willing to discuss with her, what her innocent ears should not hear. An innocence that is so easily lost without knowledge. Knowledge that was kept from her to preserve that very innocence.

Now her frantic tears keep my mind from the peace of sleep. Her burden crushing down on me, my thoughts echo against the many walls we have put up to keep her as many... limiting access to health care, to birth control, to sex education, to talking about sex,

but not seeing it on TV, the internet, clothes catalogs. Illicit it is to be done, punished with consequences lasting a lifetime.

She is many, multiplying, but on the other side of the wall, walls we are continually constructing, I can see none. □



Photo: Magdalena Hurtado, Ph.D. (From series of the Ache natives of eastern Paraguay)



# Vladivostok Journey

by Jennifer Maito

Last year I was offered the opportunity to travel along with the Firefly organization to Vladivostok, Russia to participate in their early intervention and deinstitutionalization program. Briefly, early intervention, begun at birth, is a multidisciplinary approach to improving the mental and physical development of children with disabilities.

The type of early intervention practiced here in the U.S. and proven by research to be effective is not well-known in many other parts of the world, including Russia. Since very few children receive effective early intervention as infants, their full potential is not met later in life. Although in our society there are laws and regulations protecting people

with disabilities, such as equal opportunity employment, and building and transport codes, there is little to no support for people with disabilities in Russia. Therefore, when children with disabilities are born in these countries, doctors and family members usually recommended that parents give those children over to the orphanage. Essentially, being born with a disability commits those children to a dismal future.

When I started working on this project I assumed that “disability” meant paraplegia from spina bifida, severe cerebral palsy, or other devastating CNS disorders. I was shocked to find that most of the children had Down syndrome while others were simply missing a limb or a few fingers. Problems that are so easily managed in our society were considered unsalvageable in Russia. It was our goal on this trip to Vladivostok to assess the attitudes toward children with disabilities and to hopefully select a team of individuals dedicated to starting an early intervention program in their city. While in Albuquerque, we prepared various lectures to discuss the evolving perceptions of people with disabilities in our own society, the principles

of early intervention, and the role that parents can play as advocates for their children. However, once in Vladivostok, it became clear through various focus groups with parents, orphanage workers and hospital staff that our main focus should be bringing awareness that disabled children are, in fact, capable human beings. Some of the

comments we received through these focus groups included that “a mother should have an abortion rather than raise a child with disabilities in Russia”, or that “Down syndrome orphans should first be taught to feed themselves before efforts are made to develop their brain because most are uneducable anyway.” One mother



Jennifer Maito

who is raising a son with cerebral palsy stated that even if there were a school for her son to attend it would be very difficult to get him there because the buses have no accommodations for people with disabilities and the sidewalks are too worn down and broken for him to travel with his walker.

It was evident that improving the lives of children with disabilities in Russia would take more than educating parents and healthcare workers about early intervention. There are stereotypes that need to be broken, funding that needs to be made available, laws that need to be written and adhered to, and organizations developed to support parents of children with disabilities. However, all change needs to start somewhere. The Firefly organization is boldly introducing a new idea to the people of Russia. With the support of Firefly, Russian healthcare workers and parents can begin to change the way children with disabilities are treated. It is a change that will hopefully gain momentum. □





*Taos Pueblo (taken while on a rural rotation), Keri Shafer, MSIV*



*Marian Berg, RN*

## Rickety Bridge

*What are you thinking?*

Your way, my way straight up clashing

How exactly do your traditions explain things to you?

Street talking cultures. Immediate. Important.

Your thoughts, my words...

We do each have something to discover, to see, then disown

Keeping the cards close

You show me yours first, then

I'll show you mine.

I may keep the best parts to myself

And meanwhile, willingly allude to the public square

Of the way we are

The expected seems to work,

But what about the way we can be?

You are tender in your own sphere

Can you be tender in mine?

When I need a soft heart to listen

Will you postpone what's familiar

And allow for a moment of dissonance?

You can see me then.

We communicate well when it doesn't matter

Dailiness intrudes

To confound listening

With practical action

This we call working together

Not to be confused with

Understanding,

Appreciation, or the

Soft realness of *connecting*.

– PH DeVoe

## The riddle

I have caused great pain and suffering

yet neither God nor Devil be

Death and persecution in my name

and yet I am not a King

I've lived a life so twisted

many lessons gone awry

Some people thought so bad at times

they assumed I'd want to die

Still people claim they know me

and defend to the end

So long as I suit their purpose

a never dying friend

Time can wither my appearance

and people reshape my name

But the essentials never falter

I never really change

As the rainbow to the shower

or thunder to the storm

I have no set description

I have no placant form

I am to you as you are to me

an accompaniment, a part

You could not live, I would not be

without me in your heart

I'm the drum that's banging loudly

or the whisper never heard

Broken down in simplest form

a book, a page, a word

Conscience is my bedfellow

contemp, mine enemy

Every man sees me different

I am Morality

– Bret Tallent

# The Colors of Jerusalem

by Marianna I. Borkovskaya, MSIV

Israel has never been an easy country to visit. There is an old joke that explains this well. One day Ronald Reagan was on a conference call with the Israeli Prime Minister, Yitzhak Shamir who asked: "How are you doing?" The American president replies: "Well, it is not a simple task to be the president of the United States. So many citizens, such a big country, and only one president." Shamir responds: "I understand your troubles, Mr. President, although my troubles are somewhat different from yours. Israel is such a small country with so many citizens and each one of them believes that he is the president."

We drove from Haifa to Jerusalem on a Thursday. Thank G-d, it was not a Friday, the Shabbat. On Shabbat, the traffic gets very dense. Everyone is trying to get home on time and the cars get rerouted from the Orthodox neighborhoods that start the evening with precise punctuality.

As we approach Jerusalem, there are more and more teenagers alongside the road handing out the orange stripes. The orange is the color representing opposition to the resettlement of the Israeli Jews from the Palestinian territories. This is how it is now called, "Israeli Jews," "Palestinian territories."

These are the definitions of the modern times. The closer to Jerusalem, the more orange bands we see on the car antennas, in the girls' hair, on the balconies, hanging off my cousin's backpack. (Katusha studies Ecology at Hebrew University in Jerusalem. I never asked her about the orange band. We try to avoid political arguments in the family.)

There are also anti-Gaza settlement Israelis standing alongside the road who hand out the blue bands that symbolize the "pro" resettlement. They are fewer than the orange. They say, the opposing force is usually more vocal

and visible. Perhaps, this is the case. However, there is also an underlying thought that there might be more Israelis who oppose the resettlement than those who support it or if it was a political action driven by the power of the highest rather than by the citizens' will and choice... Orange is the predominant color in Jerusalem. What color would you choose?

A good friend of the family, Lev, who lives in Haifa and was the commander in the Israeli Special Forces for twelve years says: "No one asked for my opinion and I do not force it on anyone but if I had been asked, here it is. After all I've seen (while on duty), I believe that we have nothing to do there

(on the territories) nor should we be there." I believe Lev has a right to say. He has been there, he is still there. He also knows others who are not here anymore because they've been there. Others, like myself, who live in the comfort of delusional economic stability, in varying shades of ignorance of the world events, mesmerized by the manipulations of the mass media, overly concerned about Hollywood star divorces, ignorant of the history, with no existential stake in the place, all others have no right to judge what is right or wrong in the Middle Eastern situation. And if any action is there left for us, then it is to pray for peace for all the people. □



Marianna Borkovskaya

# Red Letter: A Twenty-Something's Love Affair With Her Pediatric Cardiologist

by Elaine Almquist

September 15, 2005

6:00 AM

Dr. B—!

I silent-scream your name. Are you awake too? Are you hunched over today's headlines, wearing your pinstripe pajamas and drowning the gravel from your voice with your morning cup of coffee? Do you know I'm coming to see you today? As I lean over the bathroom sink and think of you, do you lean over your plate of salted scrambled eggs and think of me? Do you think of me more than once a year? I expect not. A disproportionate ratio of thoughts. But

I can't help but think of you. I love you. And I hate you. And I'm coming to see you.

At first, I hated you. I didn't understand. A young girl uncomfortable with her own body. A handsome, audacious man with cold hands. I started to grow up. I admired you. You made me giggle when you winked and said it's okay to drink, smoke, and get tattooed so long as my parents aren't looking. You made me laugh aloud when you philosophized that we're all born with a certain number of breaths to take, so why waste them on exercise. Year after year you made me happy by exempting me from P.E., just so I could take extra art and illustration classes instead. And one year you surprised me by quietly admitting that relationships have been the hardest experiences of your life.

Then I respected you. You directed your comments toward me, instead of to my parents. You explained my health in terms that I could comprehend. You adjusted my paper towel shirt to allow me as much privacy and dignity as you could afford to give. You stepped in front of me

when you led me down the hallway toward the contemptible echo room, pulling open the sides of your gray suit jacket for me to hide behind like giant elephant ears.

Now I love you. You exhibit confidence and charisma each time you talk your way through a catheterization. You literally make my blood boil when you inject your vial of contrast material into my veins and analyze the me-



*Gull in Flight, Rebecca Purvis*

chanics of my heart. Near the end I always doze off—I trust you enough to do that. I smile as I remember how you were the first person to tell me that I talk in my sleep. And I believe you when you remind me that it's really okay, not every body is made to be thin. You've seen me naked more often than you've seen me

clothed. Can you blame me for loving you?

Once a year I still wake up hating you. I hate knowing that it will hurt, and that you'll let it hurt. You'll sit by my side in the echo room and ignore me as I pinch my face and pretend I'm not screaming inside as the transducer pushes over the terrain of my chest, eventually leaping onto the small of my neck. You'll do your macho Tommy Lee Jones impression as I silently curse my anatomy—oh how easy life would be if my breasts and my aorta had better form. But I have no insecurities as your eyes flicker then linger over my M-mode and continuous wave Doppler and you tell me I'm beautiful. I trust you with my life; but I'm wary of your fancy machines and what they will reveal about me when they spit out grids and lines and numbers that I don't understand. I especially hate not knowing what you'll say to me after these machines make my insides public, like a formal decree issued from the mouth of a lisping divinity. Am I better this year? Worse? Will I need another catheterization? Will your machines

tell you to tell me that, no, I can't have children after all? Will this be the year the opportunity passes me by? I hate not knowing.

Most of all, I hate not knowing whether this will be the year you send me away.

8:15 AM

I've come to see you. I wait for you up top the maroon examining table, smushing the soccer playing, jump roping teddy bears beneath me. I've never been in this room before. I don't like it. I want the room with the 1984 balloon poster. This room has a series of Barney paintings staggered across the wall. He swims over my stomach; through an ill-fitted snorkel his black eyes smirk at me and my paper towel shirt. I sneer back. I hate you for making me wait under his gaze; but, then I love you more because someone you know hand-painted these pictures, so you proudly hung them up for your young patients to see. I fixate on the perforations in the ceiling tiles. My parents' idle chatter about airports and haircut appointments makes me drowsy and my toes grow cold. I'm mad at you for keeping me waiting so long.

9:05 AM

You burst open the door and saunter in like we've never been apart. You immediately begin to heckle me about my sandal socks. What are these? Never seen anything like them, you exclaim, and that must be why my toes are so cold. Kids these days. You shake your head incredulously. On to the exam. You brought someone with you. I was expecting that. But this is a stranger. A strange woman. I wanted Jane. I like her. She cares about my psychological heart. You sense my tension and ask me about school. About my mentor. You want to know his name. What he studies. I tell you. I try not to smile. You don't know that I'm in love with this other man too. But it doesn't matter because I still love you more.

You take my wrist and feel my pulse. Then my ankle. A brief moment of intimacy. If my heart skips a beat, does it sound normal? Does the murmur flee at your touch, just for that single rush of life pumped through my misshapen aorta? Something noncommittal propagates through your gravelly voice before you leave the room. Leave me with her. Her touch is warm but her speech is brisk. She has no concern for my paper towel shirt. She finishes examining her specimen. You reenter the room and I breathe easy again. But just for a moment.

Your stance. Your facial expression. Your body language. Your aura of authority. I catch my breath. I both love you and fear you at this moment. I know what's coming: your annual declaration of my health. You set your eyes on me and casually announce that I don't need to be slimed by the echo machine this year. No pain. I love you for that. And more good news, you exclaim: you're cutting back my meds. They're working. As you chatter about chemical changes, I'm forced to look away. Look down. In the back of my closet I have a box filled to the brim with money wasted and years shaved off my life expectancy. I've been lying to you for a long time, assuring you that I've been taking X milligrams of this and X milligrams of that—as prescribed—for the last ten years. But I only take them intermittently. On again off again, sometime skipping weeks at a time. Sometimes months. Suddenly it occurs to me that you've known all along that I've been lying, haven't you? I look at your face. Yes, I think you might know. So then you might also know that I love you.

You pledge that next year I will not escape an intimate encounter with the echo machine. I hate you again for a brief moment. Then you startle suddenly, your characteristic way of topic switching. My attention is involuntarily yanked along by the sight of your stethoscope swaying around your neck like oversized marionette strings. You tell me that my hair looks nice. Boy, it sure does look nice. You tell me that I'm glowing in a way that some years I don't. We talk about grad school. Go to a sea level city you say. I'd feel better. Go to Austin you say. I'd like it there. I ruled out Austin long ago, but for you, I'll reconsider. We talk about what to do for health care after I move. You'll recommend a good doctor no matter where I go. You'll send along a copy of my three and three quarters inch thick chart. And a letter of introduction. But for continuity, you still want me to check in on my scheduled breaks. For the second time this day, my heart skips a beat. This will not be the year that you send me away. I still get to spend at least the next four years loving you—except for the four times that will I wake up in the morning and hate you. □



# The Moment

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Urology Division

I had just suffered through my fortieth birthday. Surprisingly, it had not been that bad. Birthdays that bother me always relate to the fractions of a century. My twenty fifth bothered me because I was a quarter of a century old. My fiftieth bothered me as well, it being the half century mark. Everyone told me that forty would be bad but it really had no impact. Even though forty very nearly guarantees that you are more than half way there, I was not able to relate to the concept of having lived forty percent of a century. All the bad jokes about being over the hill, I brushed off without too much effort. My wife was kind enough not to give me a fortieth birthday party, so the whole thing became just one big non-event.

That is not to say that I did not suffer a mid-life crisis. In fact some would argue that I am still in one. My crisis was fairly mild however. I didn't change jobs or wives. I didn't buy an expensive sports car. I just went out and bought myself a new guitar. I have to admit that this was not just any guitar but a fairly expensive Martin that I had wanted since I was a kid. Mostly because of that purchase, I was feeling young again. The graying temples betrayed my age to some degree but I was fairly free of wrinkles and there was no doubt that I was still feeling very young at heart. Life was good. I was still young and free.

I remember the day, in fact the moment, when all that changed. It occurred in a most unexpected way shortly after my guitar purchase. Now I must assume that everybody has a moment of this type in their life but they just don't talk about it. It's that moment in time when you potentially become and old person...an elder...a senior...over the hill so to speak. Perhaps I am wrong about this point.

Maybe those old guys who have hair that never shows a sign of gray are never confronted with "the moment". I wonder if hair dye can forestall it? Did Ronald Reagan ever face "the moment"? Maybe people who have face lifts never experience it or at least delay it until they are very old. I don't really know. All I know is that on that particular day when the dreaded event occurred, I was clearly

not one of those people. But oh how I wish it could have been so.

I was on my way to work when I pulled into one of the local hamburger chain restaurants that serve breakfast. As I approached the counter, the girl serving customers certainly did look younger than most. She could easily have been a high school student earning a little extra money for the prom. She wore the uniform of the joint with the small red baseball cap. I do recall that there was a small crowd in the place that morning and this created a fair amount of noise. In retrospect, I can only hope that under different circumstances, maybe things would have happened differently. When my turn came, I perused the menu and quickly concluded that all

I wanted was a decaf coffee. My mental faculties were still working properly. Next, I said quite clearly, I thought, "Could I have a large decaf please?" With those words began what I now refer to as "the moment". It could otherwise have been called my senior moment.

The young girl behind the counter screwed up her eyes as though she had not heard me clearly. The next words out of her mouth brought a sense of complete and utter shock to my system. My fragile forty year old ego went into panic mode. She looked at me and calmly said, "Did you say senior decaf?" Had she really asked me



*Cultural Relativism, Michael Puglia*

if I wanted a “senior decaf”? For a second, I knew I had heard her wrong. After all, I was miles away from being a bonified senior. According to the government, I had at least twenty five more years before I could get my social security. Surely she had just misheard my request. Perhaps she thought I had a grandparent waiting in the car who needed a decaf coffee. My panic eased and I regained my composure. I quickly put her straight and said, “No just a regular decaf, please.” Now clearly, that should have been the end of it but she screwed her eyes up again in that look of, “I don’t understand.” It could just have easily been the look of, “I couldn’t hear you.” Either way, I knew I was in trouble because I would be forced to retrace my words for the crowd standing close by. I was positive they were all listening to every word of this conversation. But in that fleeting second, I saw a look of calm come over the young girl’s face as she realized her predicament. In that instant she had found the perfect thing to say.

In one sense, it really was the perfect thing to say. First, there was the smile. Now this was not just any smile but that very special smile reserved for the elderly. We have all seen it. It’s a smile that says, “I realize you are old and can’t hear me very well so I will try to speak more clearly.” Then there was the voice. Now this was not just any voice but the voice that is used with a hearing impaired older person. It is very sweet and much louder than most in order to guarantee that the person will get the message. It is also a voice guaranteed to broadcast loudly throughout a hamburger joint so that at its conclusion, everybody in the place would know of my plight. Then there was the body language. She had that slight tilt of the head that you see sometimes when young people address the elderly. I suppose it is entirely possible that all of this was concocted in my head during that fleeting second but this is how I remember it. Next in that sweet loud voice she said, “You know you do get a discount!”

There are many things this young girl could have said but I don’t think any of them could have driven the dagger home more cleanly. She could have asked if I needed a senior decaf for my aging grandmother. She could have said something like, “I can’t believe a young looking man like you would want a senior decaf?” Instead, she innocently managed to spear me like a reef fish. I don’t know but I think I may have quit breathing for a few seconds. My throat went dry while I swallowed hard. In that flash of an instant I knew fully well what had happened. I had become old. I had become a senior citizen. There was just

no way around it. I tried hard to keep composure and in as dignified and as youthful a voice as I could muster, I calmly replied, “No thanks, just a regular decaf would be fine.” That was enough to finally bring an end to the torture. She scurried around and quickly brought back a regular decaf. I happily paid the regular price. Her face betrayed no sign that she had just gutted me. In fact, I thought that for an instant I sensed a little bit of pity or perhaps disbelief as though she was saying to herself, “Poor fellow. I had it right and he’s just afraid to admit his age.” Again, this may all have been a mental distortion of reality brought on by severe emotional distress and shock.

I have never feared growing old. Growing old usually means to me that I should be wiser for it. It was just the thought of being made old before I was ready that threw me. Now that more years have gone by, they don’t even ask. They just give me the discount. I don’t say anything because “the moment” has already passed. I have thought about that conversation at some length since that day. It has never happened again and in some ways this is unfortunate because I have now very carefully worked out my response. I really hope that one day it will happen again before I am actually statistically old. By writing this, I thought that I might be able to help all those poor afflicted souls who find themselves in similar circumstances and who have not carefully prepared for “the moment” ahead of time. My advice to all of them after giving very careful and thoughtful attention to the matter is this....take the discount! □

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### **Life, so fragile**

A life, so fragile, growing like the rose  
I wonder what magic can make this so  
A flower with beauty that does not stay  
when nurtured, blooms brightly, then fades away

I saw that rose again this morning  
growing just outside my mind  
Someone picked it without warning  
how can life be so unkind

A life, so fragile, growing like the rose  
I wonder what magic can make this so  
A life, so fragile, is all we are  
I wonder what magic brought us this far

– Bret Tallent

# The Power of Living

by Ellen Yaeger  
HSLIC Staff

Last year I had to have an iron infusion due to a severe case of anemia. This narrative however is not about me, but the experience I felt while going through this procedure. The procedure took place in the Cancer Research Treatment Center in one of the chemotherapy rooms.

We hear the word cancer and despite all of the breakthroughs science has made it holds connotations of death. You would think the people in the chemo room were just waiting to die and going through the motions of being treated. Having been an observer of the human condition for most of my life, this gave me a unique opportunity to observe a group of folks doing what they could to stay alive.

As I looked around the room I saw people of different ages and gender and wondered what they were thinking while toxic chemicals were being poured into their bodies to kill an even more dangerous foe. What did they feel, not just physically, but emotionally? The emotional aspect interested me more, for I know what the physical side effects are.

One lady was reading and seemed quite content to pass her time here that way. Another lay quietly on a bed with her husband by her side. She seemed to be the sickest

in the room. A gentleman sat stoically in his lounge, not moving, not talking, just staring into his own space. Then there was the young woman, who lies quietly and slowly fell asleep as her treatment started. I thought to myself what a shame, such a young life and having to suffer through a devastating disease. It made me wonder whether she had any outside support or was she alone. Another woman had a friend with her and they sat there chatting about everyday things, not really acknowledging the place where they were.

As I sat there for almost eight hours I was struck by the calmness and strong will I could feel emanating from these people. One, they wouldn't be there if they didn't want to get better, and second, being in their situations they have chosen to meet the beast head-on. Though their bodies were weak, they had strength that was unparalleled. No matter what lay ahead of them they were not giving up. The emotional strength was unbelievable and those of us who are healthy or relatively healthy take it for granted. We surely can take a lesson on the power of living from these folks and stop and be thankful for every precious moment we have on this earth. □



Brian Shelley, MD





Light, Our Lady of the Assumption Catholic Church, Jovdi Kamali

## Seeing My First Surgery

by Christine Lovato, MSII

I was thinking today about the first surgery I had the opportunity to see since starting medical school. Having completed my first year at the time, I found myself straining to remember the names of all of the layers of fascia the surgeon would be cutting through. I thought back to a time in anatomy lab when I was the one standing there holding the scalpel, wondering how deep to cut, scared I was going to cut through some random nerve that I was going to be tested on; and if I cut through it there was no way I would ever learn it.

The surgeon probably didn't think about things like that. It seemed as though his motions were so automatic, so skilled. Was he ever scared like me? Well, not exactly like me, because I was never responsible for cutting through the belly of a live person. The kind of scared I was used to feeling is when your ears start to burn, your mind starts to race and you can't think straight to save your life. When regardless of all the knowledge you've gained you can't seem to remember ANYTHING. And all the information becomes a giant train wreck in your head. I was fast becoming accustomed to that feeling. It was not a fun feeling.

It would be nice to know if this skilled surgeon felt anything remotely close to that at least sometimes; then I know there's hope. Hope that you can feel fear and still be a great doctor. We are not perfect, but we gain the knowledge and we read the books and we practice. Now that's something to think about. Doctors PRACTICE medicine. Do we ever get it completely right? I'm sure this surgeon gets really, really close. Maybe that's good enough. That should be the goal of a PRACTICING doctor; get as close to perfection as you possibly can, and realize that you can't know it all, do it all, get it all right.

Right now I'm practicing studying. Can't wait til I get to practice so many other things. Learning comes first though, then practice. Can't wait til I get to the point where regardless of being a proficient doctor I am driven to keep reaching, keep practicing, keep learning. I bet this surgeon still feels that. I bet there's a tiny bit of fear in him. But I also bet that his fear has less to do with the safety of his patient and more with the fact that after PRACTICING for so long, he might feel like he doesn't have to practice anymore-like he's just a surgeon who operates (OPERATES). □

# Power: A Primer

by Aroop Mangalik, MD

Power is an odd phenomenon. Some people have it, some don't. Some seek it, others find it burdensome. Most do not understand it.

I want to share some simple observations about power based on my experience. This is not a systemic study by any means, but meaningful to me and hopefully to you.

It seems to me that power and its effects lend themselves to dividing people into four groups — not rigid categories but different enough, like a spectrum to separate violet from blue and green. There are many “greenish blues” and “bluish greens” — those with features of more than one type.

First are those whose life's focus is to have power — power for power's sake. You find them at different levels of life and in various settings. They are in families, in sets of friends and in organizations. They are themselves affected by power and by their attempts to achieve it. They also have an effect on others over whom they seek power.

Next are those who watch the process of power grabbing. They see what is going on, and although they might be as capable as those in power, they do not seek it for themselves. This group takes on responsibilities, and even has some authority but does not have the “power.” They could seek power but do not because they do not want to do what it takes to get it. They do their job with responsibility, and do it without fanfare; they have no need for power to give them personal satisfaction.

In between and overlapping with these two are those who do want power but are unable to achieve it. They get their power by associating with the powerful. They do the bidding of the powerful and hope some day they will have power themselves. In the meantime they bask in the shadow of the powerful. They sit in the wings hoping to get the power by loyalty, opportunism and other means they can find. They are useful to the ones in power — but the ones in power know that there is a tension in the situation and the balance can shift without warning.

Finally there are the powerless. Some are unaware of how much power others have over them, others are helpless and frustrated when they find themselves exploited.

Those who have the power are certainly smart. They may not be the most intelligent but they are clever. They understand and seek power. They have figured out the nature of power and are willing to do what it takes to get

it. How it affects others is not their concern. They do not, however, understand that there are many kinds of power. They don't think, for example, about the difference between the power of a racehorse and a horse that can pull heavy loads, since both are powerful in their own way.

To achieve power these people work hard, compromise and pull themselves up as they push others down. They use their power for their own benefit using any method that is available. How else would thousands and millions go to war, toil for low pay and accept disparities, hypocrisy and deceit? Yes, there are exceptions. Jimmy Carter and Martin Luther King stand out among many who use power for good causes.

Those who understand power but do not seek it also have their rewards and frustrations. They may have a clearer conscience and can face themselves without guilt or shame. They at least can bring up issues of right and wrong and speak for those who cannot speak for themselves. But they might accept that they often do not succeed in achieving their goals. Their reward is in their own dignity. They know what should be done even if they don't know how it can be done.

The powerful are looked upon as the doers, pressing on with action in a given situation. The second group are the thinkers, analyzing and observing.

What the powerful can do is to move, control and exploit those who do not understand what power is, who just accept what is expected and follow without questioning. When the powerful cajole and inspire the followers, the followers follow. They believe the rhetoric, the ambitious plans and goals that are set for them. Kings and generals have done this through all of human history. Small chiefs and chief executive officers do it again and again. The “folks” don't see they are being used. Those who see through the falsehood can voice their opinion. Only rarely can they change the course of events. Recent decades have shown how extremists on either side can bring out the worst in ordinary decent folks.

The remarks and analysis given above may sound judgmental — and it is, however, that is the way it is, has been and most likely will be. That is the nature of power and leadership.

It has helped me to write this. It is my way of feeling good. □



*Photo: Magdalena Hurtado, Ph.D. (From series of the Ache natives of eastern Paraguay)*



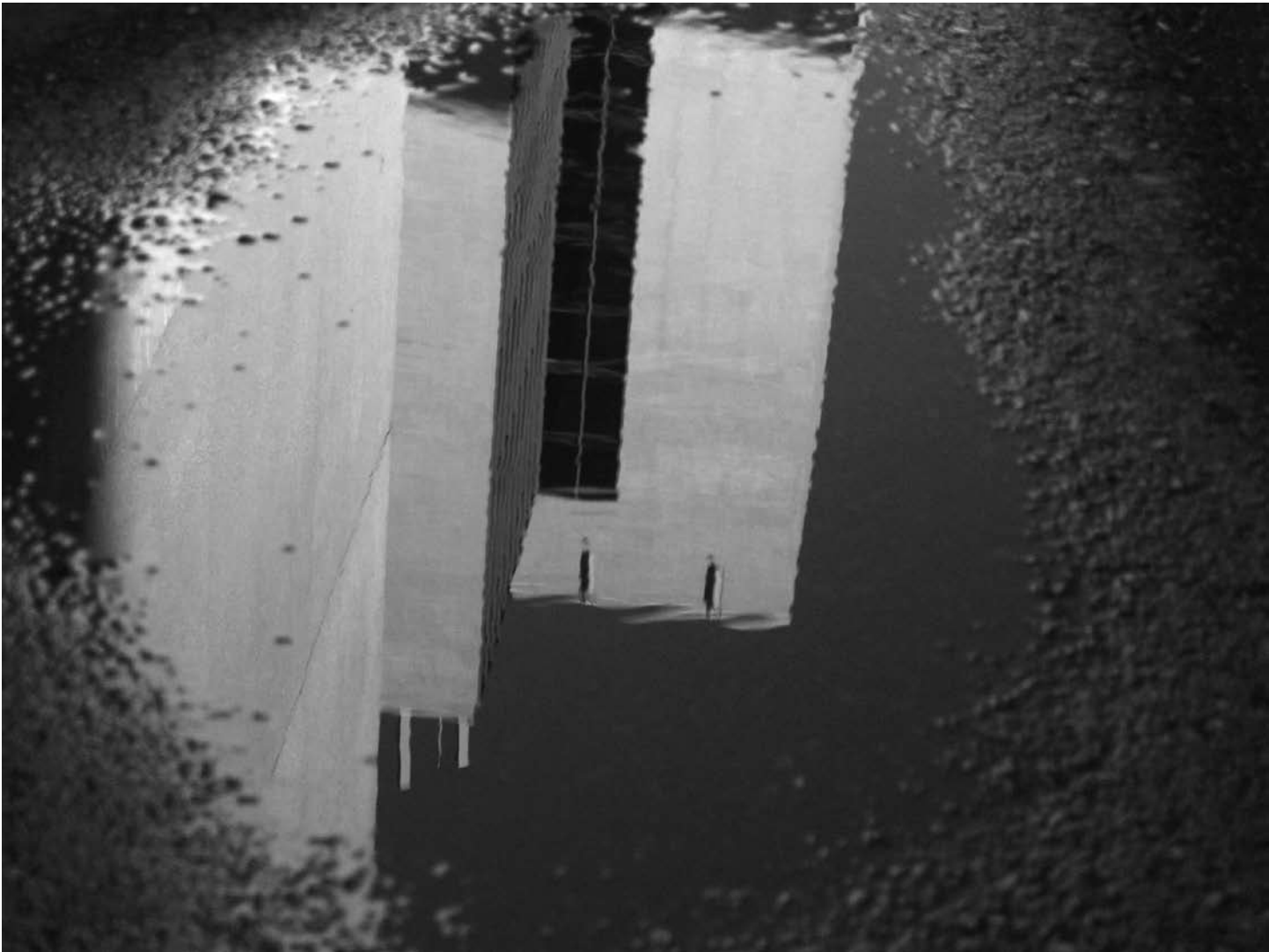
*Donostia, Michael Puglia*



Marian Berg, RN



*Rebecca Coalson, MS II*



*Christopher Knotts*



*Brian Shelly, MD*

