2018

THE PULSE

COVER FEATURE
"MORRIS AND MORRIS"
Neighbors of North Philadelphia Project
See inside for details

THE PULSE

Lewis Katz School of Medicine at Temple University
SPRING 2018

Welcome to The Pulse, the literary magazine of the Lewis Katz School of Medicine at Temple University (LKSOM). The Pulse is a student-run publication featuring poetry, prose, and artwork by medical students. Our mission is to promote humanism in its various forms and to create an environment in which creativity in medicine is celebrated and shared. This edition is the result of an initiative undertaken by three members of the Class of 2018 as inductees into the Gold Humanism Honor Society.

This year our magazine begins with a series of vignettes entitled "Neighbors of North Philadelphia," a narrative medicine project in its second year which celebrates the vibrant neighborhoods and community around Temple. This project, led by Michael Vitez, is part of an elective course exclusively for first and second year medical students at LKSOM.

After this series of vignettes, our magazine is arranged informally, with written word and visual artwork intermixed. We encourage you to flip through at your own pace and linger on whatever catches your attention.

At the end of the magazine you will find an index, which can be utilized to locate specific works by either title or creator.

We welcome you to explore and share!

The Pulse Team

NEIGHBORS OF NORTH PHILADELPHIA

Stories and Photographs by:
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Ernestina Gambrah, M1
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Cover Photograph
"MORRIS AND MORRIS"

Sweat dripped down Morris Hayward Jr.'s forehead. In his arms was Morris III, age 2, whom he had just picked up from daycare, a daily routine that requires two buses and a subway ride to get home in Northeast Philly. The father, who works at Outback Steakhouse in Jenkintown, feels his son has been moved too many times, so he keeps him at Shake, Rattle and Roll on North Broad Street. Morris Jr. named his son after his own late father, whom he misses terribly. "My dad had cancer and Temple took care of him, extended his life."

"A CHOIR OF ONE"

Jaden Steward is 12.
He was playing basketball with his twin brother, Jordan, and friends on his street after school.
We asked Jaden what else he likes to do.
He told us he loves to sing.
It took some coaxing, but leaning against a white Chrysler, Jaden broke into a church song, I Love You, Lord.
We stopped in our tracks and listened.
A choir voice rang out, hushing the car horns and ceasing the sounds of the city.
It ended as quickly as it began, but for a few bars of music we were parishioners in the chapel of North Philadelphia.

Tory Sullivan, a self-described "Jack of all trades," was hanging out in front of a corner market. He was happy to share his opinions on many matters of life in North Philadelphia. One of the pros: "Beer stores, Chinese store, churches, all on the same block." A con: "They have cameras on every corner and that's not stopping anything." To get by, he advised, "see and don't see, hear and don't hear." He also asserted: "Racism is not as much on the surface, but it is still around." And finally: "I am not rich, but to my son I am the greatest guy alive."

"NEIGHBORHOOD PHILOSOPHER"

"THE OPTIMIST"

Charles "Chuck" Darnel Williams was playing Frisbee - with a can lid. He popped a big smile and told us about his life, from detailing cars to helping his mother pay rent and keeping his brother on a straight path. Chuck radiated optimism through his positive persona. Humbly displaying a chain around his neck, he explained it is a remembrance of his grandmother, handed down from his father. He gave us a big grin - "You guys need to come out here more often" - and went back to his game.

Nearly everyday, Charles Rice, 79, sat on his front porch making friends with students and faculty walking between the parking garages and medical school. He would just strike up conversations. “All the women loved him,” said his wife, Deborah, with a laugh. Just how could Mr. Charlie befriend all these people? "They trusted me,” he said. All fall, Mr. Charlie had been missing from his porch, and students were asking, “Where is Mr. Charlie?” He’d been battling esophageal cancer, and died on Dec. 6, 2017. We visited him on his beloved porch weeks before his death. Mr. Charlie laughed and smiled as he told us about his life. He was a butcher for Penn Packing Company for many years. Asked what it was like to kill pigs and then cut them up, he replied without hesitation: “A job.”

“MR. CHARLIE”

"ONCE YOU'RE HAIR, YOU'RE HAIR FOREVER"

Takeeya "Keeya" Green wears many hats at Hair Forever. "I do shampoo and I do hair and advice," she stated, tossing a handful of honey blonde faux locks over her shoulder. Owned by her brother, the hard-headed Rock, Hair Forever gives confidence back to patients after long hospital stays by styling their hair. Keeya offered future doctors this advice: "In this neighborhood a lot of people have hard times. Just give them the love they don't get out here."

Kevin Robinson sits with his granddaughter, Kayla, in front of his repair shop. The mural above, Generation, is of Robinson and his parents, painted 30 years ago. Robinson says the mural, "is about building the neighborhood. It's about staying acquainted with the people and appreciating all the different types of people." At the moment he's in a legal dispute to save his property, and says he's been a victim of fraud.

"GENERATION"

"THE BIKE DOCTOR"

"Sell 'em, fix 'em, strip 'em." Bruce D. Young, better known as "Doc", is a man of many talents and few words. Running his own pop-up bike shop on West Ontario St., Doc will let neighborhood kids fix their own bikes and use his tools. He seems more comfortable serving his community by fixing gears than doling out advice. He offers a single tidbit: "When you take stuff apart, you should always know how to put it back together."

Helen McNeill has lived in the neighborhood for 47 years. When asked how things have changed, she replied, “Oh, Lord, it’s changed tremendously,” adding, “the neighborhood, with the kids, has gotten kind of wild.” Still, she has taken great pride in her home and property, cleaning the street herself. Sadly, because she can’t climb stairs any longer, she will be moving out, but staying in the neighborhood because her family is nearby and all her doctors are at Temple. Her advice to future physicians: “Have a little more patience.”

“THE MATRIARCH”

"WHY NOT BE KIND?"

Roberta Aaron has lived in the neighborhood for seven years, and looks out for the medical students. One year during Christmas, Aaron packed up all the food she had made -- turkey, greens, potato salad, mac and cheese, stuffing, sweet potato and sweet potato pie -- and took it to a house full of students who hadn't gone home for the holidays. "They were so appreciative," she said. She had advice for medical students: "We all have to live together, why not be kind?"

Troy "Kyrie" Weston is as real as it gets. From his passion for culinary creations to his discipline in cardio and weights, Kyrie exudes joy throughout his daily routine. As a cook at Max's Steaks, Kyrie had the opportunity to cameo in the movie Creed – one of his favorite life experiences. After some friendly banter and savory talks about cheesesteaks, he went back to work and left us future doctors with this advice: "Keep it up, don't stop."

"AIM HIGH"

"BLOWING KISSES"

Beverly Bell has been a crossing guard for 13 years, and is a fixture for the neighborhood kids who cross at her corner. Kids greet her as they pass and she looks after them, giving them hugs when they need it. Here she is blowing one a kiss. She says that the blocks around her corner are very family oriented—not in the traditional sense, but everyone "looks after each other."

Jack Cheng, M2

ICE

Joseph Corcoran, M1

In the winter, North Philadelphia is slick with ice.
Black,
and overlooked.
It shortens your stride,
and limits your movement.

Students
shuffle quickly
on their way to class.

Headphones in.
iPhones out.
They don't notice what goes underfoot.

Sometimes… they slip.
But even when they fall,
others help them up.

They continue as though nothing happened.
One more block means time for one more song.
Volume cranked up. Eyes straight ahead.
Heads tilted back ever so slightly.

Holding eye contact long enough to get by,
just not long enough to make any connection.

Ahead, our destination looms above
brightly lit and well-shoveled sidewalks.
Much of the ice is gone,
and salt litters the cement in its place.

Our pace quickens now with longer strides,
as we seek to leave the cold, the wet,
the icy and unforgiving behind.

We enter the golden door,
which spins
to keep our worlds separate.

We pass through:
security,
turnstiles,
11 gleaming floors of
windows that do not open.
Barriers to insulate us from the ice.

We strip off our hats and our mittens - our common-man layers,
and insulate ourselves in new wrappings:
white coats and latex gloves,
the sterile swaths of our profession.

We diagnose idiopathic cervical radiculopathy.
Because how could we say
something is wrong with your neck
and I don't know what it is,
when that would reveal imperfection,
and self-doubt?

When that would strip away all the dressings
we so carefully applied?

When that would melt all the ice?

ECUADOR, SPRING 2017
TEMPLE EMERGENCY ACTION CORPS (TEAC)

Eric Curran, M2

HISTORY AND PHYSICAL

Elizabeth J. Volpicelli, M1

On the first day of Anatomy, we were introduced.
I was assigned to learn from you.

We started off on a superficial level—I learned
your sex and your age. Initially, I couldn't help but to
judge your outer appearance—your slim frame and
your small muscles.

Yet, with time, I began to know you on a deeper level.
I examined your idiosyncrasies, noting where your nerves
split and merge and where your intestines twist and turn.
I analyzed your intricacies, exploring the complex highways
of your arteries and veins and the unique peritoneal folds
of your omenta and mesenteries. I discovered your habits,
observing the poor condition of your lungs and the clogged
coronary arteries of your enlarged heart.

During these past few weeks, you've selflessly opened up
to me, and for that I am truly grateful. But, part of me wishes
that I could know more – that I could stare at you face to
face and have the courage to say, "You have showed me the
muscles, the vessels, and the nerves that construct your
hands, but how did you put them to good use? What were
the fruits of your labor? You let me touch the tarsal bones,
the metatarsals, and the ligaments that form your feet, but
where did they take you? How far did you go? You graciously
allowed me to trace the flow of blood throughout your heart,
but who made your heart beat extra fast?"
I wish you could tell me more.

WHITE COAT EULOGY

Katherine Donches, M4

At first it's crisp. Starched. Sharp edges, blindingly white. You touch it gingerly, handle it like you handled your Halloween consume as a child, afraid that some of the magic will wear off. You keep it in your locker, on a hanger or in the plastic casing from its last dry cleaning. You iron the lapels. You proudly display your pins.

You bring it out now on Tuesdays or Wednesdays. Once each week you put it on, feel like you are in fact wearing a Halloween costume. The sleeves are too long. The men's coats have an extra inside pocket and you're envious. It's wrinkled, but you remind yourself that your patients are just actors. You took the pins off before you dry cleaned it and haven't put them back on.

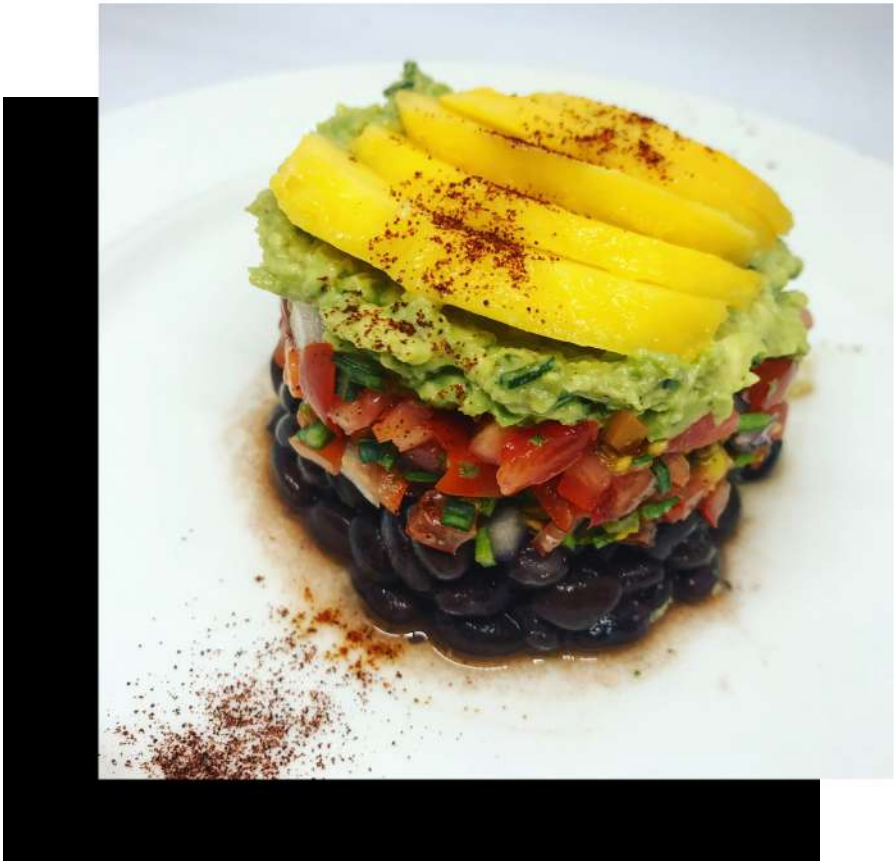
Now you just roll it up and stuff it in your backpack. It's polka dotted with coffee and pen stains, the occasional stain of unknown origin. The pockets overflow with papers, tape, gauze, an unnecessary reflex hammer, melted granola bars. Sometimes you loathe the extra layer, blame the unbreathing fabric for the sweat dripping down your back as you present to your attending. Sometimes you button it up and hug it to yourself, grateful to have something between you and the chill of the hospital. Now it's lucky to get thrown into the washing machine. You have long ago lost the pins.

These days it's just a formality. You're so close to residency, but you feel the inches of fabric missing from the bottom set miles of distance between you and your superiors. You wear it with a mixture of frustration and embarrassment. It's now the uncommitted grey of dirty dish water.

As the year ends, you realize these stitches have been your unwavering companion. The pocket on the right had the suture removal kit your

resident desperately needed. You flung it to the floor when you delivered your first baby. You were wearing it when your psych patient said you looked like Dr. Taylor Swift. It hid your goosebumps as you helped tell a family their loved one's illness was terminal. Your lapel bore a Ninja Turtle sticker bequeathed by a generous 5-year-old with leukemia.

You part ways as old friends.



"MANGO AND BLACK BEAN SALAD"

Dennis Vaysburg, M4

I HEAR TEMPLE SINGING

Katya Ahr, M1

Inspired by 'I Hear America Singing' by Walt Whitman

I hear Temple singing

Proud and kind, struggling upstream against
leagues of injustice in a world we didn't create
but are an inextricable part of.

I hear Temple singing

Voices raised for subjects too delicate for any
dinner table but ours, far removed from the
houses of others in our profession.

Our choir is as diverse as it is intelligent,
invested, pragmatic.

In the trenches, confronted with all the things
that make America uncomfortable.

I hear Temple singing

United from the top, priorities handed down to our
first days as students and beyond, sewn into an
ostensibly desolate community.

I hear Temple singing, clear and strong.

Jack Cheng, M2

MAKING A MESS OF DYING

Tim McKinley, M3

It was autumn, and rains soaked the park's soil. Through the large floor-to-ceiling window, Professor Morris watched as several children gleefully ran for cover. He sat on the stone hearth of a great fireplace, with family photos from holidays long past adorning the mantel. Lifting a frail arm, he pointed at the empty hospital bed sitting along the far wall of his living room. "This is where I will die, warmed by a fire and with a final sunset reaching across a snow-blanketed park".

The previous summer, Professor Morris stood at this hearth next to the large window and addressed the staff gathered at his home for an annual barbeque. As the chair of a college physics department, he was excited to announce the acceptance of a manuscript. After years of research, writing and editing, the department's framework for a new textbook was finally nearing publication. The professor loved these gatherings. Since his days at Cambridge, he thrived as the center of attention. He particularly enjoyed his moments teaching in front of undergraduate students, equal parts educator and entertainer.

A week following the party, Professor Morris noticed a painless lump on the side of his chin. A biopsy revealed a rare cancer of the salivary glands. Despite several rounds of chemotherapy and radiation treatments, the cancer metastasized, wandering through his body and lodging into his spine and lungs. In October he taught his final class, imploring his students to follow their passions. The following month he decided to cease treatment and enter hospice care.

Now I was sitting in his living room, tasked with interviewing a hospice patient as part of my Family Medicine rotation. A pillar of the local community, the professor had grown accustomed to inquiries of his physical health. Long admired for his accomplishments in life, he was now called upon to set an example in death—as if the professor's final

lesson would be the art of dying. With sorrow, I report a man frustrated with balancing the expectations of a community against the inevitable realities of his disease. As he described, "A growing lung metastasis will gradually asphyxiate me. It will hardly be the model of a graceful death." For years, the professor has managed to raise a family, lead a large department, and teach weekly lectures, yet today he sat on his hearth, stressed by the prospect of making a mess of dying. "When I get close to the end, I want nothing more than to remain calm and resolute. But I fear, when I get to that point, my strength will be broken."

As Professor Morris grew frustrated with his predicament, I asked him to describe how he would hope to die.

> *I picture myself in a flat bottom boat back in Cambridge, just floating down the River Cam. The sun is shining, and a calm breeze beckons me to shore. I am warm and comfortable, and any time I can reach my hand over the side and dip it into the water, peace is that close. How easily my hand slips under the water. I expect to be here until sunset. How easily I slip under…*

If the community truly looked upon the professor for guidance, then they would undoubtedly see his peace and clarity. No friend or family member would expect him to travel thousands of miles to Cambridge for a final voyage on the River Cam. Rather, they would join with him by the hearth for a warm fire as the sun set on a snow-blanketed park.

Two months following our meeting, I received word that Professor Morris had passed. A visitation was held in his living room with countless friends and family in attendance. No fire roared upon the hearth that day; nevertheless I imagine that the friends who gathered there took note of the commanding stone fireplace and the memories perched upon the mantel.

NICARAGUA, SUMMER 2016
TEMPLE GLOBAL HEALTH BRIGADES

Chris Michel, M3

REMEMBER WHY YOU STARTED

Chris Michel, M3

"I've been so stressed out lately," my patient said as her eyes welled with tears. I was interviewing Maria, 24, supporting her mother and boyfriend in a delicate situation at home, who had come in for a cough. I was less than a week into my Family Medicine rotation, an abrupt change of pace compared to the last 4 weeks on Thoracic Surgery. While I enjoyed talking with the patients, little had gotten my adrenaline flowing. But then Maria opened up to me. Less than 2 minutes after I introduced myself as a medical student, this young woman confided in me. She told me how down she had been feeling and how ending her life was always plan B if she couldn't deal with her burdensome family situation anymore. She shared intimate details of her struggles, and in that moment, I felt privileged to be the one to listen to her.

The 10-minute conversation was invigorating. After, I rushed through the clinic to find my resident and report what I thought was information key to the patient's well-being. After I summarized the chief complaint, I began to tell how Maria struggled with day-to-day tasks due to the pressure of supporting her family, cried frequently and had even thought about hurting herself. To my dismay, my resident let out a groan and said, "We only have 15 minutes per patient; I don't have time for this today," and continued to type a note on her laptop. I had expected concern about Maria's mental health and perhaps a little praise for unearthing an unknown situation. What I had gotten instead was contempt.

Defeated, I followed my resident into the exam room with Maria. My resident introduced herself, sat down in front of a computer screen in the corner and began to obtain a medical history. The resident would ask a question without looking up, type for a minute or two and then ask another question, never even noticing the patient's body language. As I stood there silently watching, Maria looked down at the floor and dejectedly answered questions with reddened eyes and cheeks still wet with tears.

Every bone in my body wanted to tell my overworked resident to look at the patient for more than a few seconds. Instead, she had reduced Maria and her needs to a set of checkboxes on the electronic health record. "Have you tried anything for the cough?" inquired the resident. "No," Maria answered flatly. Typing interspersed with clicking ensued for the rest of the interview as the resident asked pointed questions about everything but how Maria was actually feeling.

It frustrated me that the resident was too stressed to listen to our patient, and I began to wonder what I would be like under similar stresses as I became a resident. Maria was clearly quieter with the resident than she had been with me, and didn't share anything about the pressures at home or her thoughts of hurting herself. I wanted her to open up and for the resident to listen, but this seemed like the last thing on the resident's mind. Maria was just another obstacle between the resident and leaving work on time.

After 15 minutes, the resident walked out and I followed. "Did she seem dejected to you?" I asked my resident as we left the room.
"She's fine," she replied, "just needs to follow up with social work."
"Do we ever treat depression here?" I asked, frustrated that my patient and her problems were being turfed to a specialist.
"No, there's not enough time. 15 minutes per patient," said the resident as she hurriedly scrolled through the next patient's chart. I saw Maria leave the clinic, looking down, defeat and disappointment on her face. I had to stop myself from saying "I'm sorry." We had told her that she had a viral upper respiratory infection and that the cough would subside in a few days. I was sorry that we hadn't fixed anything for her. I was sorry about the constraints of 15 minute appointments. But most of all, I was sorry my resident hadn't listened.

As students move from the library into the clinical years of medical school, the reality of modern medicine sets in. In our first two years, we are trained to treasure the doctor-patient relationship. We are taught how to listen and that listening intently is paramount to making the patient feel respected and to building that bond, to making a connection. In our third year, however, on our clinical rotations, we encounter an environment in which the residents, the young doctors who shoulder so much of the burden of hospital care, are

stressed and overworked. Patients understandably become dissatisfied when they feel they are not being heard, and how can they feel heard if they are talking to a physician hidden behind a computer screen? The feeling of connection with the patients, the privilege to hear about the most private aspects of their lives—that feeling is what excited me the most during my third year of medical school. As I head now toward graduation, toward becoming a resident myself, I hope that no matter how tired, busy, or stressed I am, I don't lose sight how remarkable the connection between a doctor and patient is. In retrospect, the part of the encounter with Maria that frustrated me the most was how little that connection that she and I shared mattered to the resident. The relationship we are taught to cherish between a doctor and patient seemed to have lost meaning for her. After the rotation ended, I told myself I would never reach the point where caring for patients becomes so onerous that I cannot listen with my undivided attention. It won't be easy, but the feeling of connecting with another person in a way few others can is what will help me maintain my humanity and prevent the reality of modern medicine from becoming my reality.

"UKRAINIAN BORSCHT"

Dennis Vaysburg, M4

"APPLE AND CHEESECAKE COBBLER"

MS. D

Kurt Koehler, M1

I am engrossed in learning the different kinds of drug receptors —G protein-coupled receptors, ligand-gated ion channels, cytosolic receptors…enough. I take a break to shadow my preceptor, Dr. Kraemer. I meet Ms. D, Dr. Kraemer's first patient of the day, in the primary care office. At first, I sit alone with Ms. D as Dr. Kraemer takes a look at her medical chart outside. I shake Ms. D's hand and introduce myself as Kurt, a first-year medical student (not a doctor, despite my white coat) and assure Ms. D that despite what she may think, I have no idea what I'm doing yet. She laughs and asks what kind of doctor I want to be. I tell her I really enjoy talking to patients and hearing their stories and that I'm interested in being a primary care doctor. She mentions her blood pressure is high today. I ask if it's ever been high before, and she replies that she had been treated for high blood pressure previously but no longer required treatment due to good blood pressure control. Ms. D also tells me she is concerned about the cough she developed recently. I ask her when it started, how it felt, what made it worse or better, and how it has progressed since. She tells me it started on Monday and that episodes occur in the middle of the night when she is sleeping but are alleviated by drinking water. I suggest the vague possibility it may have to do with "the change of the seasons." Then we talk about everything and nothing—the abnormally warm winter weather, the forest fires in California, the recent earthquake in Philly (she playfully emulates the way her chair rocked back and forth as she was watching TV when it struck her area and her bewildered reaction when she realized something was wrong), and about her children and grandchildren, who came over for Thanksgiving. She seems content with life. She goes for walks and enjoys going to the casino; she was just in Atlantic City over the weekend with her friends. For those few minutes, I become absorbed in Ms. D's life. Everything else melts

away. I have found my antidote to the tunnel vision of my medical studies in simple human conversation and immersion into the lived experience of a patient. I am reminded that this is what it's all about. The spell is broken as Dr. Kraemer opens the door and asks what we had been talking about. Ms. D says, "Oh, you know…life," and flashes me a smile. Maybe I do know what I'm doing.

GUATEMALA, SPRING 2015

TEMPLE EMERGENCY ACTION CORPS (TEAC)

Desiree Clement, M4

REFLECTIONS FROM ECUADOR

James A. Zebley, M4

After riding in a bus for three hours en route to our clinic site for the day, we had to leave the bus behind. The road to this particular site was especially difficult. We drove up a mountain, down a mountain, winding our way through fog until finally the bus could go no further. However, while the road was unwelcoming, we were met by a friendly man atop a donkey who could not have been happier to see us. Though we did not understand each other, he rode alongside us as we trekked from the bus to the site, another fifteen minute walk. He stayed on his donkey as we set up the clinic, as if supervising everything we were doing.

Marlee and I prepared to see our first patient. Who walks in but the man who had greeted us at the bus. He was short and walked hunched over a cane, excited to be seen. He shook our hands with a big smile. As we began the history and physical, we learned this man was one of the community leaders who had worked all his life as a farmer, like most of the people in the town. He was in his early 70s and had not seen a doctor in many, many years despite living with chronic knee pain. There was little we could do for him. In the states, he might be a candidate for knee injections, joint replacements, and a comprehensive pain management regimen. But those were not options for him. Instead, we were able to give him some topical cream to apply to his knees no more than twice a day that would last him maybe a month. We also told him about some of the alternative therapies for joint pain that one of the Ecuadorian doctors taught us.

It was humbling to talk with him. He understood when he came to the clinic that we could not cure him of his knee pain. He came to check on this group of doctors and students who would be treating his community. Many of these communities are composed of indigenous peoples who are not accustomed to being treated with dignity by the Ecuadorian medical establishment. It takes a great amount of courage on their part to let a group of outsiders into their communities, and we were honored to have been welcomed.

ECUADOR, SPRING 2017
TEMPLE EMERGENCY ACTION CORPS (TEAC)

Eric Curran, M2

"LEADER"

AN AFTERNOON IN CLINIC

Miranda Haslam, M1

One afternoon in clinic.
One doctor, four hours, fourteen patients.
Fifteen patients, if you count the one who showed up but didn't have an appointment.
Dr. N saw him in the waiting room anyway.

He came in a wheelchair, oxygen tank in tow.
He didn't introduce the man sitting next to him in the waiting room.
He didn't need to. The similarity in their facial features left no doubt they were brothers.

The clothes he wore were a symbol of poverty.
The lines on his face told a story of hardship.
The wheelchair and oxygen tank consumed his personhood,
a badge of illness.

We were already running behind in seeing patients for the day.
The nurse practitioner had called in sick, and there was only one medical assistant for all three physicians in the pulmonary clinic.

When a nurse told Dr. N that the man in the wheelchair was in the waiting room, that he didn't have an appointment, that he was requesting to see her specifically, I expected her to tell the nurse to send him away. To tell him that she was too busy. To tell him to come back when he had an appointment. I think the nurse expected that too. But instead, Dr. N walked out of the clinic and into the waiting area without hesitation.

She crouched down by his wheelchair so she could speak to him at eye level, as if it were completely natural for her to be seeing a patient in the waiting room. Meanwhile I stood awkwardly to the side, unsure of how to approach a patient outside of the familiar boundaries of an exam room.

I learned that the man was recently discharged from the hospital for a

COPD exacerbation, what I gathered was the last in a long chain of hospitalizations for COPD exacerbation. Later, I learned that he had just completed treatment for cancer, that he had an inoperable tumor. He was living in the limbo of waiting to learn if the treatment worked. With his oxygen flow on high, he was still struggling to breathe. His brother sat by his side, not saying anything. He didn't need to. As a first-year medical student, I may not know much medicine, but as an older sister, I know the face of a concerned sibling.

The man in the wheelchair told Dr. N that it was getting harder to go to work. I was shocked. Shocked that this wheelchair-bound man with his poverty and hardship, with his oxygen tank and distraught brother, with his incurable disease and inoperable cancer, had a steady job. "I can't do much there anymore, I pretty much just show up," he said. It sounded like he worked in some kind of warehouse or factory, somewhere that would be hard on a body with healthy lungs. His rail thin body had been visibly weakened by the string of hospitalizations and years of steroid treatment for his COPD.
I told myself that I was not judging the patients we saw in clinic that day. I was shocked again when I discovered my own lie.

After writing him a prescription for pulmonary rehabilitation, Dr. N and I walked back into the clinic. She told me that the man's best hope was a lung transplant. Having recently finished treatment for his cancer, he had to clear the landmark of two years cancer free before he would be a transplant candidate. She told me that she hopes he will make it the two years.

If I were the one allocating organs, I thought, I would give one to this man. The man with the brother who loves him. The man who keeps going to work, despite debilitating illness. The man who kicked cancer's ass only to fight a losing battle with his own lungs. The man with the audacity to show up to see a doctor with whom he didn't have an appointment because he cares that much about his own health. I told myself I wasn't judging the patients we saw in clinic that day, yet somehow, I had decided that this man deserved new lungs.

Jack Cheng, M2

THE WAITING ROOM

Daniel Pustay, M4

At 19 years old, he was a skateboarder. He didn't just skateboard for fun; he obsessed over his board, he practiced past when most would think it was fun, and he competed on his own dime. He drove four hours to enter competitions in New Jersey; he used any extra money he could find to buy new wheels; he practiced his footwork in the house and perfected tricks on his street until it was dark and he couldn't see his board under his feet. His dream was to go pro, and he was getting close. He started winning more and more, even talking to local skate shops about sponsorships. Then he missed on a landing and broke his arm—broke it badly. After a few surgeries, he was left with a plate and nine screws, and he couldn't skateboard for a month. But worst of all, he had pain.

His doctors gave him Percocet, which helped immensely. After the prescription ran out, he got another from his primary doctor. When that one ran out, he went back for more. He couldn't stop himself. He didn't want the pills, but he just couldn't bear the pain without them.

His doctor refused. So he went to a friend of a friend. He bought a few Percocets, but they were pricey. So the "friend" sold him Oxy instead, and that satisfied for a while. But then he needed more, and the Oxy cost too much, so he tried heroin. He hated needles, so he snorted it instead.

His cravings grew stronger. One year after surgery, he was snorting 8 bags of heroin a day—until police caught him in a sting.

After a few months in jail he was placed in a methadone maintenance program. They started at a high dose, making sure he had enough to stop withdrawal symptoms and hopefully stemming the cravings. The hope was that he had enough independence to develop new habits, find a new environment with new friends and change his life around. Then he could wean down until the withdrawal wouldn't be intolerable.

Arranging his whole schedule around making it to the clinic every day was a

hassle, but he found a way. He made it every day, without fail, for ten years. In the meantime, he moved. He ran with a new crowd and met a new girlfriend. They got married, they had one daughter and then another. He worked for a construction company, roofing. He got an apartment/home for his family, was on top of the bills and still made it to the clinic every morning. He started to wean, from 100 mg all the way down to 6 mg. He was getting close, ready to take the leap off of methadone, away from the addiction that occupied his last 11 years.

Then his grandfather died, and he tracked down his old dealer two days later.

It's hard to explain why, beyond the unexpected, the pain and loss he couldn't resolve. At first he only needed a couple bags, but he stopped going to methadone. For the first time he was injecting, and his use was growing faster than before. He still made it to work for a few months, but all the money was going towards heroin. His wife started fighting with him, angry and betrayed. He never used at home, but the embarrassment and guilt he felt when he got home just made him want to use more. He didn't know why he was using so much. He never worried about overdosing, but he knew he was being reckless. Then his wife took the kids. He had never spent a day without them.

The next day he went to the Crisis Response Center, asking for detox. He was excited to get clean again, looking forward to calling his wife, asking for forgiveness, showing he was making a change, pleading that he could get back on track.

"There aren't going to be any beds opening up today," the nurse told him. "You can wait in the chairs till tomorrow when we call again or go home and come back." Hope vanished and so did he. He walked straight to find a bag and get rid of the sweating, anxiety, shakes and pain he had endured all morning in the hopes of placement.

He had insurance coverage for detox, but there were simply no beds available. The doctors at the crisis center told him he could call the rehab himself to find a bed; the approval was good for a while. He called and he called, hundreds of times. He was on the phone trying to find a bed every day for three weeks, injecting with heroin between calls. He was losing hope, and pictured losing his family every day that went by. Every pang for more heroin was a reminder of his

dependence, of his family drifting away.

After three weeks of trying, he went back to the hospital. The insurance approved his methadone program again, pending the wait for a bed. Another day gone, still no beds available. He went home again and returned to the hospital the next morning. Still no beds. Back home only to return the next morning.

According to the Mayor's Opioid Task Force, there are an estimated 70,000 heroin users in Philadelphia. The governor has declared a state of emergency. There are only 2 centers in Philadelphia that provide inpatient rehab with methadone maintenance, with 38 beds total. An estimated 15 people per day seek out an open bed at one of these 2 facilities.

After 24 days the attending physician called and the insurer promised to make a special arrangement. Programs would hold a spot for him or make a new bed if he needed.

A nurse passed out the brown bag lunch, a turkey sandwich on white bread. He sat back down in his cracked pleather chair in the crowded crisis center waiting room, waiting for his bed and his chance to get his life back.

"MONKEYS AT ATHIRAPPILLY FALLS, KERALA"

Michael Izzo, M4

THE PATIENT NO ONE WANTED

Kristie Bauman, M4

The patient no one wanted hit too close to home.
The man looked like my cousin, lying in bed alone.
His hair disheveled, his beard grown long.
It's funny how a stranger can make an impression strong.

He looks so small now, dwarfed by his surroundings.
His eyes closed, intubated, and yet his heart's still bounding.
A cruel twist: his family begs for him to keep on fighting,
But his eyes won't see and his ears won't hear.
Their pleas drift into the air.

His wife and sister entered as we finished our exam.
They went to his bedside and took hold of his hand.
There was no response, no flash of movement when our reflex hammer struck,
And so his hand laid limp. He'd run out all his luck.

I wish he would have helped himself. I wish he would have quit.
I wish he could have stopped instead of take his final hit.
I wish his children had their father, he'd be a husband to his wife.
But most of all I wish we could have somehow saved his life.

“TANZANIAN SCHOOLCHILDREN”

Michael Izzo, M4

Kurt Koehler, M1

Scrubs, gloves, goggles,
gown draped around my body,
forming an insulating layer
between mine and yours,
shielding me
from your parts
which are now so openly exposed.
But what mental tools do I have
to insulate myself against
the ambiguity I feel
when I invade you?
When I wield my scalpel
and peel back the tough flesh
of your hand,
I know not,
whether I am fulfilling your Wish,
whether I am stripping you
of your Personhood, your Dignity,
or whether I am simply inadequate,
an amateur doing gross injustice
to your complex Beauty.

I have no insulating layer
to protect me from the sadness I feel
when I see your lifeless body;
the vessel of your humanity,
from which there once radiated
light, joy, wisdom.
No insulating sheath:
I am just as vulnerable as you.
Perhaps my vulnerability is preferable
to desensitization, to indifference,
to the absence of that very humanity
that drives me to learn from you.
Perhaps the piercing gaze of my eyes,
my prying probe,
searching your vessels, fibers, crevices,
is giving you meaning,
even in death.

What have I learnt about you,
but those cold, hard facts
gleaned from your remnants?
Once dynamic, synergistic,
now still.
I am silenced by
the contradiction
of cutting you:
I know you inside out,
but I know nothing
of You;
as my knowledge grows,
so does my ignorance.
Such is the danger
of becoming a physician—
taught well in the school
of the medical gaze;
concerned with the
objective, impartial, empirical;
but with time,
vulnerable to the erosion of
feeling, loving, caring.

I fear this greatly.

I fear the dissipation of my
humanity, altruism, kindness
as I become
scientific, clinical, sterile.
I fear the objectification
of beings taking precedence over
the Care of Beings,
the treatment of diseases
but not Patients,
the commodification of drugs
but not the Healing of Persons.
The medical gaze
is my strength
and my Achilles;
an ambassador of the truth
of bodies,
a tool for reasoning;
yet a vehicle of reductionism,
of narrow-mindedness,
of tunnel vision,
a weapon against itself,
undermining its very own cause.

I resist.

I scrutinize your eyes
with mine,
using the medical gaze
to understand your ocular
muscles,
nerves that control them, their
movements;
elevation, depression, abduction, adduction.
But I refuse to let these facts
define you,
lest I dishonor you.
I conjure images,
try to picture your
lifelike eyes,
not the gray haze
that now clouds them,
but the blue, brown, green
they once were;
luminescent pearls of
light conveying
meaning, and
your Essence, your Soul.
I try to imagine your eyes,
crinkled by a smile,
face animated, playful, jubilant—
all that is revealed by your
countenance: your quirks, oddities,
idiosyncrasies transcending
empiricism.

I am plagued by guilt
at the unjust balance
of our relationship:
what have I done to
deserve your generosity?
And what can I do to
return it?
You have given me
knowledge
and I in return
wreak havoc
on the beautifully organized
meshwork of your body.
I learn what you teach me
so elegantly
but I dismantle your order
into chaos,
tearing, cutting, carving,
an act of violence,
assault, harm,
the very acts my profession
condemns.

To offset the unjust balance,
to level the cosmic scales,
I do my work diligently,
carefully, respectfully;
every nerve, vessel, fiber
a lesson, a teacher,
a bridge,
between that which
is unknown,
and that which becomes known,
between absence and
presence,
presence marked by the
entry of your reality
into my consciousness,
thought transformed,
forever changed,
indelible.

Thank you
for the gift of your pedagogy,
a gift of the most intimate kind—
the vessel of your life being
preciously transferred to me,
so that I can in turn help others.
And while you have reminded me
that my Fate
is the same as yours,
I am forever thankful
for your presence.

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