

The background of the cover is a photograph of a building with a bright blue wall on the left and an orange wall on the right. A white-framed window is visible on the blue wall. Three young children are at the bottom of the image: two are standing on the blue wall, and one is standing on a small ledge on the orange wall. The word "SCOPE" is printed in large, white, bold, sans-serif capital letters across the middle of the blue wall.

SCOPE

**UT Southwestern Arts & Humanities
Journal**

VOLUME VIII 2018

SCOPE

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FROM THE EDITORS

Welcome to the 8th issue of SCOPE, the arts and humanities journal of UT Southwestern Medical School. In these pages you will find a selection of art, poetry, and essays from students, inspired by their experiences while pursuing medicine. We hope some submissions will be relatable to you, while others will give you a fresh perspective.

The SCOPE editor team would like to thank the contributors for sharing these very personal works of self expression. We strongly believe that medicine and the humanities are inexorably tied, each enriching the other. We hope this magazine will serve as a small reminder that emotion, creativity, and empathy are vital to our future professions.

-2018 SCOPE EDITORS

SCOPE is published by the Medical Humanities Interest Group, a registered student organization. SCOPE is not an official publication of UT Southwestern and the following works do not represent the views of the university or its officers.

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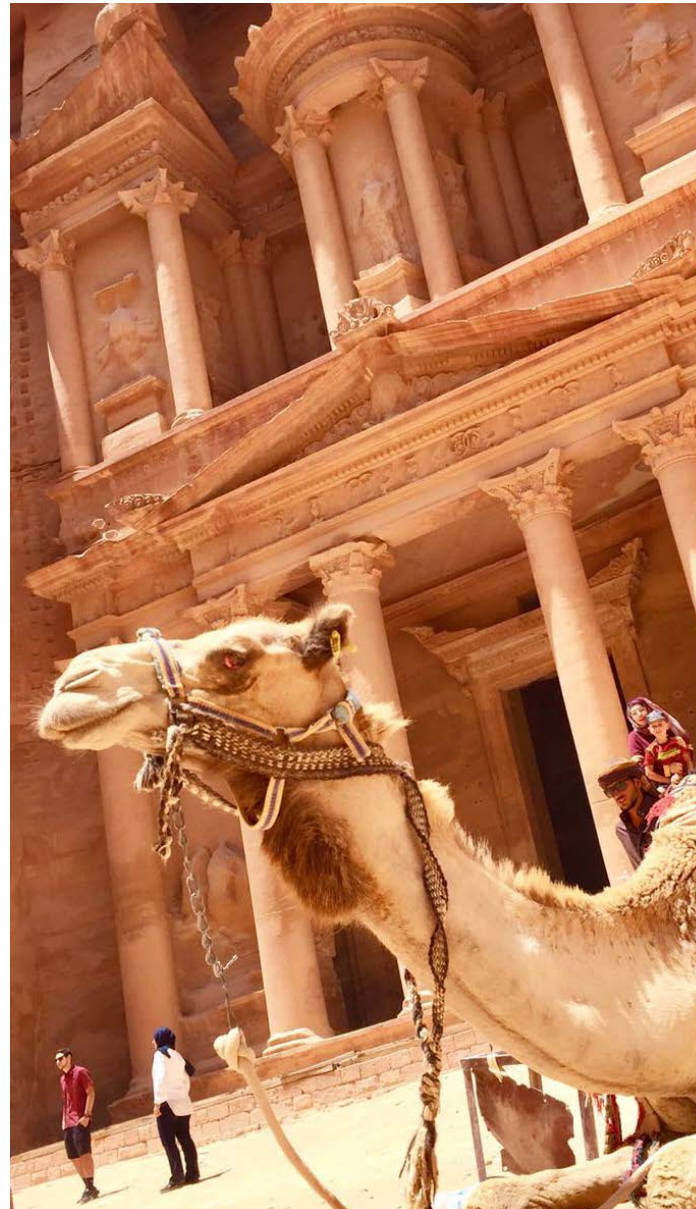


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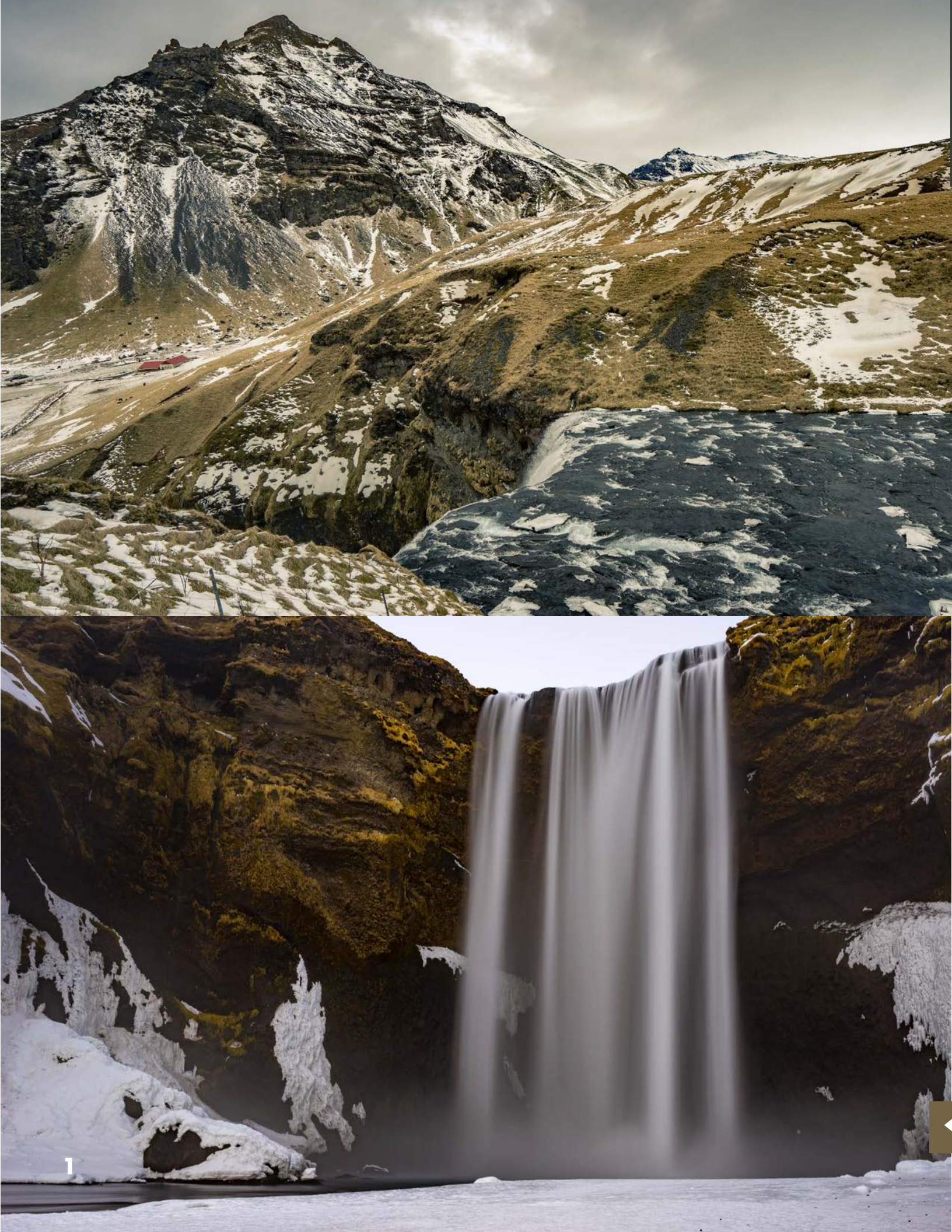
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"Musing" by Anna Tomkies





AN MS1 MEDITATION

by Zoe Tao

When things get hard
I just remember that it's a miracle we're all here
Alive and
Breathing
And kicking, moving our limbs and
Breathing
And making things happen –
Hearts beating
Look at your wrists
When was the last time you let them rest?
Let them gently hang by your sides and think of all the work they've helped you do
The notes from lecture you frantically write
The hands you hold to let them know it's alright
The yawns you stifle
Are they shaking?
Now to your abdomen
Your gut has probably let you know – more often than not – when it's uneasy
Even though you quite literally destroy its insides with caffeine
You trust it
Maybe
And your legs
Probably yearn to be free
Instead you've sat still for 5 hours studying
yet they've stayed with you this entire damn time
Now, for your brain and mind
I can't speak to them – they're too infinite and amazing
And too filled with love and life for you to despise them just because they can't
remember that last fact, that last figure, that last page
You are weary and
You are enough
now breathe
please promise that for me

OUR BODIES

by Lelia “Errett” Williams

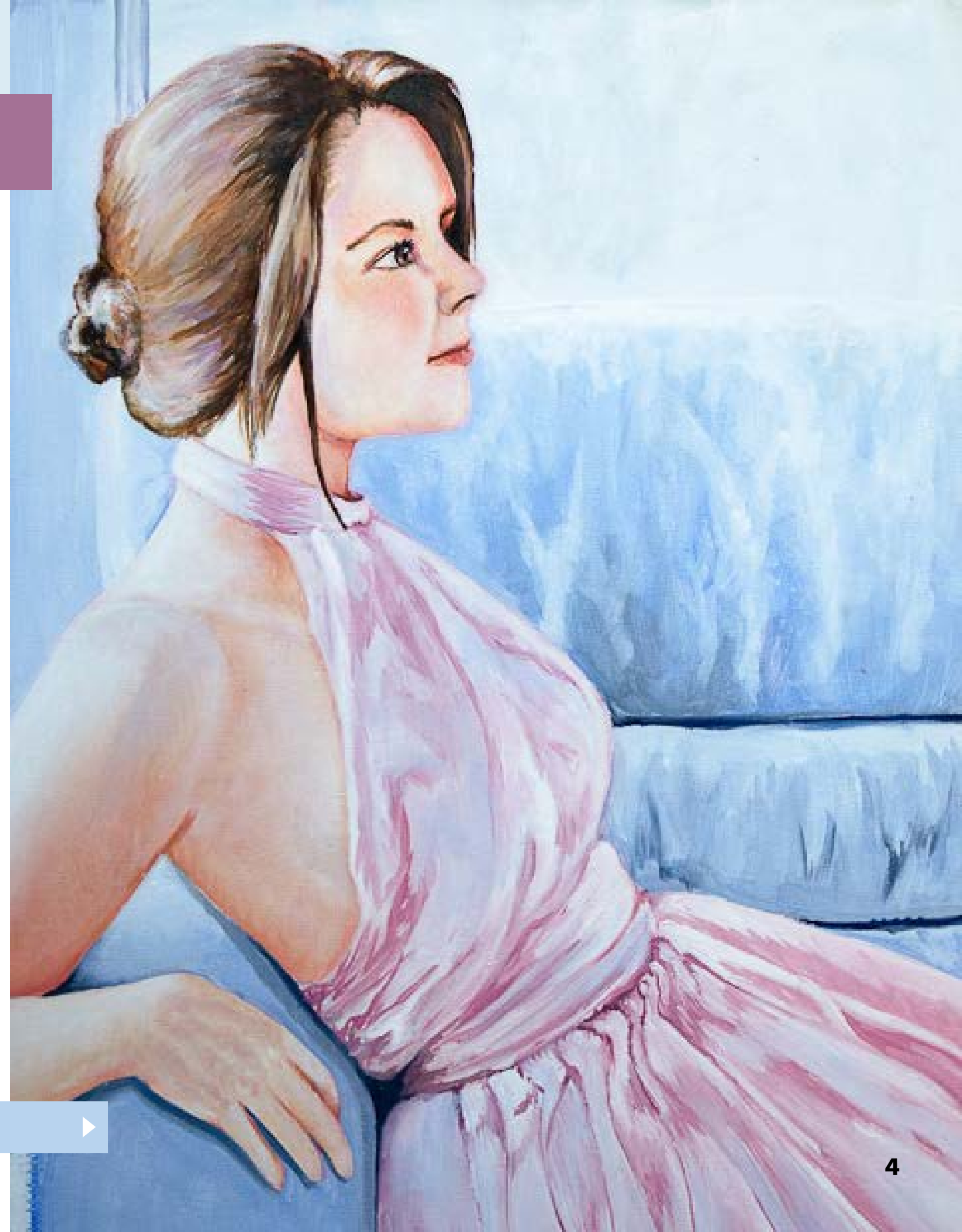
She was so thin, and she had such a nice tan, that woman. I would have been jealous, if the circumstances were different. I couldn't see her face until the cloth slipped. Sure, her breasts were out. Sure, they sliced out her ovaries and her uterus and her vaginal canal and they held it up to the camera like a child with a captured toad. They tossed her breast implants into a bucket and sliced her liver like cranberry sauce, but it was the sight of her face, mouth agape and eyes closed, lying there so calmly as they gutted her.

What does it mean for an experience to be visceral? It took me twenty-two years to realize that my body was a body in the physical sense. Before that I was just a being, an existence of thought alone, manifested in the world with a form that resembled neither of my parents but whose lips curved in the pattern of my grandmother's.

He started the procedure with three quick slices, pulling the scalpel from her left clavicle to the midpoint of her sternum, and then repeating the movement on the other side. From the sternum, he drew a line down her stomach and deep into the flesh of her groin. In movies they always show blood bubbling in red lines along the cuts, but instead yellow fat emerged slowly, like a half inflated balloon, swelling then settling in the lines of the cut.

In my lab we perform mouse dissections. We induce breast cancer, and when the mice are a certain age we kill them, dissect them for the tumors and weigh the malignant tissue. To begin a mouse dissection, you pin them to Styrofoam with legs and forearms splayed. With tweezers, you lift the loose skin of their stomach and cut up to their necks, and down their limbs. You pull the skin flaps taut, away from the ribcage and the little grey-brown sac that contains all the organs of the digestive and reproductive systems. The inside of a mouse is very neat and contained.

Humans don't come apart like mice do. To pull the triangular flap of skin beneath her neck up, he hacks at the underlying tissue, a mess of yellow fat and red muscle. As he moves down her stomach, he pushes the detached skin downward and away from her axis. It compresses like panty hose, forming unnatural lines that look like gills on her hips. A single twisting loop of her small intestine pops out, free finally in death from the dark, pumping cavity of her abdomen.



“Musing,” a self-portrait by Anna Tomkies



OUR BODIES

After pulling back the skin, I put the scissor tip to the bottom of the ribcage, and cut up through the ribs toward the neck, leaving the lungs and heart exposed. Just killed, the lung tissue is still pink. It clings to the heart and to the tweezers. I cut the inferior vena cava and blood pours into the cavity. A heart, the size of a Nerd's candy, lays nestled in the pink lung, which rises like a raft on the flow of blood. I put the lungs in formaldehyde and they float on top of the liquid, expanding one final time.

My mother lies in bed in a long, grey nightshirt. There is a moth hole in the soft cotton over her left breast, and I can just see the dark pink of her areola. The skin of her face is pale and gaunt, stretched tight over thin cheekbones. I can see a blue vein in her forehead. Her eyes are closed and her breathing is soft, chest swelling up and down, up and down. I am 64 years old, I think to myself. Because when my mother was born, I existed inside her tiny infant ovary, a single cell. We have been together for her entire life. How many daughters does a woman let pass before her death, ten thousand? How many tear their way out? I weighed ten pounds on the day of my birth, and I was 41 years old.

He has her open now, her abdomen strangely full. He pulls out organ after organ. He pulls out her ovaries and he slices them. He says she must have just ovulated, because there, in the folds of her tissue, lies the burst follicle. Another daughter lost. He folds back the tissue of her vaginal canal and holds the exposed cervix up to the lens. "The shape of the cervix indicates she has had at least one child." This is someone's mother? He sticks a finger through the hole, widening it.

We think of our skeleton as existing inside of us, a structure that supports us. But our consciousness is an element of the brain. And the brain, is it not held captive by the skull?

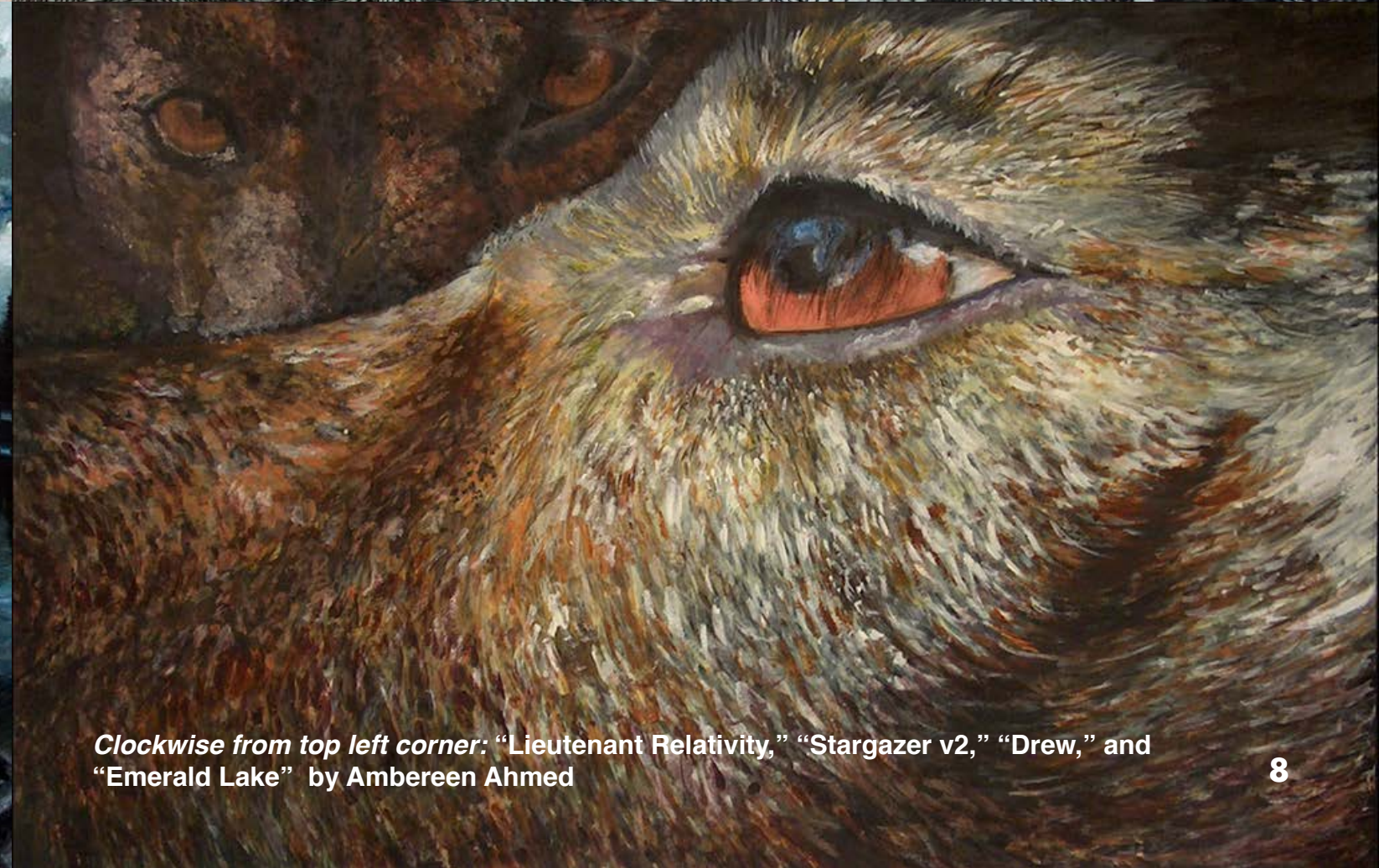
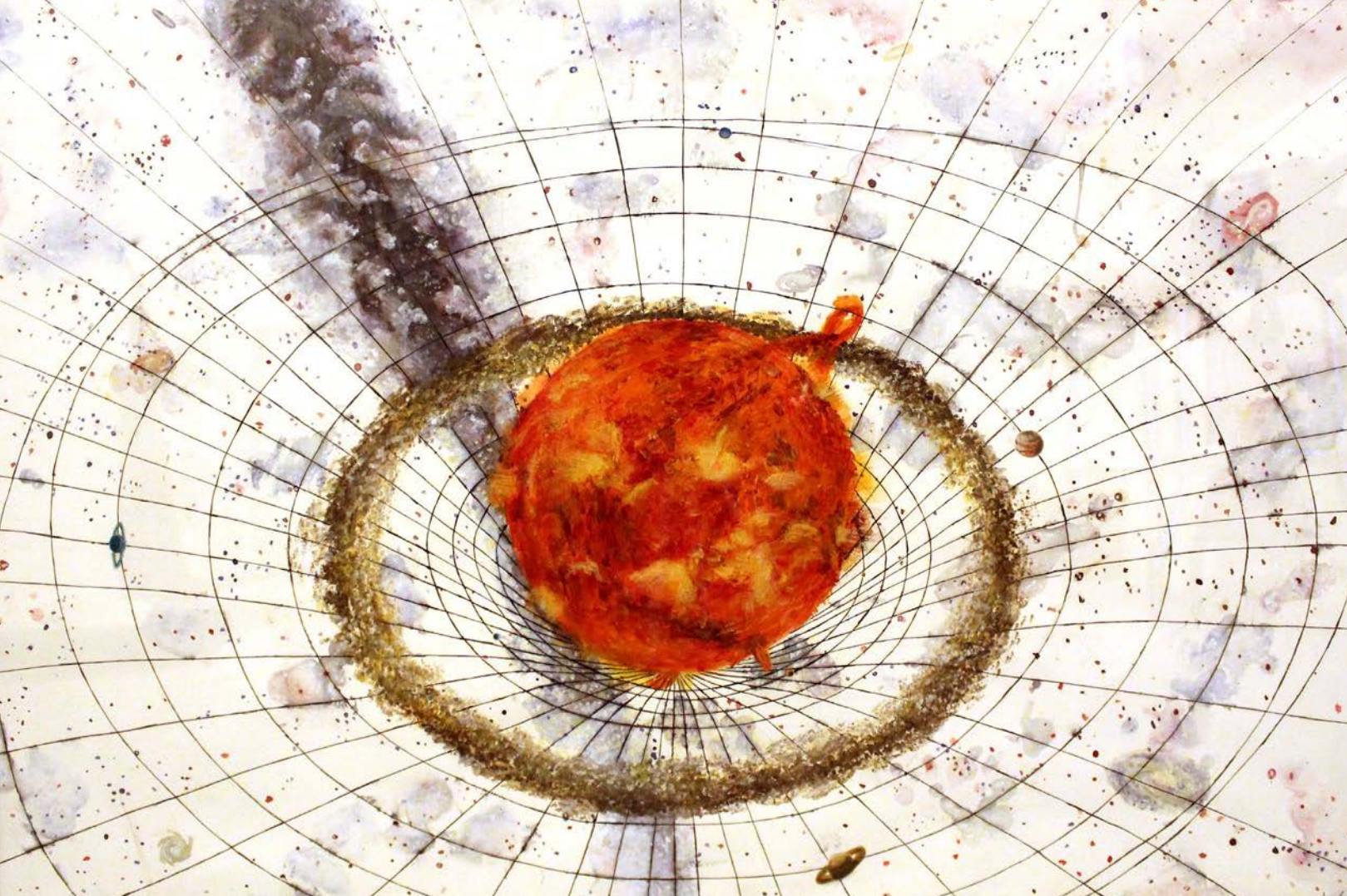
He cuts along her temples and folds the skin of her face down over itself. The dark brown hair of her scalp folded to lie parallel to her mouth. The skull is exposed. He picks up a saw and cuts a line along the side. A miniature crowbar, inserted into the cut and one forceful push. The cap falls off and her brain flops a little toward the back, no longer protected. He caresses it almost lovingly, before grabbing the frontal lobe in his right hand and lifting it to expose the optic chiasm, the thick white X of nervous tissue that connects the brain to her eyes, probably brown. He cuts the brain away from the brainstem and pulls it out, exposing the empty skull. It is covered, he explains, in dura mater that must be removed to access the hindbrain and the spinal column. With forceps he pulls at it, and her head slams back against the table with each wrenching tear. "It's really tough," he laughs.

After the dissection is done I peel the mouse from the Styrofoam. I fold the skin back gently over the organs, pick it up by its tail and head, holding it like a child holds a shirt full of apples. One flap of skin slips and the blood runs down my glove and into my sleeve. I pack this remnant into a plastic bag, pushing it down with tweezers to make room for the next. When I'm finished the bodies will go in the freezer, and eventually into the trash. The tumors are all that is left, and the lungs, preserved in formaldehyde until they too are thrown away.

How could he possibly make this empty sack look like a person again? He removed her organs and piled them all in a bucket and she is left empty, her spine exposed, skin sagging, breasts hanging below her armpits. Her face has been peeled back, her brain is in the bucket too. Is she in the bucket or on the table? Will he give these organs back to her after he slices them? Does he try to put her back together again before he stitches her back up? Humpty dumpty sat on a wall. Or does he fill her with something else? Something that won't rot and bloat, something that was never her but looks prettier and smells better. Humpty dumpty had a great fall. Will he lay the brain back inside her skull, place the cap back, stitch her face on? Will he throw the brain out, throw her out? Will they burn her? Bury her? What will happen to this human sack? Will she ever be put back together again?

When a mouse is born it is the size of a jellybean with pink, transparent skin. You can pick one up and hold it between your fingers and feel the pitter patter of its beating heart, the fervent expansion of tiny lungs. Its little fingers are feather light against my skin as I watch the blood move behind its sealed eyelids. When this pup grows up, I will remove it from its mother, and she will reach up for it as I carry it away. She will search for its scent, and it will search for her warmth, but they will be separated from each other by plastic and metal and the bodies of hundreds of other mice. Still the connection remains, two bodies that were one, now many.

My mother lies beside me in bed, and she tells me a story. She rubs my back as I drift to sleep, and the hairs along my arms rise at her touch. Thousands of nerve endings tingling. Skin against fabric against skin, her warmth surrounding me, the sound of her heartbeat in the quiet dark, bones in my ears transmitting her vibration. I know that the pupils in my eyes are dilated to let in light, but still her face is shrouded in darkness. The lines of skin against muscle over bone, and within the beating rushing electricity that is my mother. She watches me and I watch her. And inside me, my own daughters wait to be born in blood or to be expelled in it.



Clockwise from top left corner: "Lieutenant Relativity," "Stargazer v2," "Drew," and "Emerald Lake" by Ambereen Ahmed

PLAINS OF SAME

by Janie Cao

Comfort, the antithesis of
Growth but Fear,
its lifelong shadow.

so the temptation.

the lull to linger and stay in the flat expansive
plains of same.

but, ideas! at times they come!
at times pouring out!
straight from the open sky, like rain drops in July
begging for your eyes

your ears,
your passion.

most folks on most days
without a pause, a flinch, a doubt
would run and hide.

but perhaps one day we stop
and momentarily look up.
catch sight of a beautiful
could be.

we see a chance to fix the ivory tower

so we smile, but just for a second
because so wet the rain!
must it be so wet?
what discomfort!

and so much the rain!
must it be so much?
why yes...on second thought —
there could even be a flood!

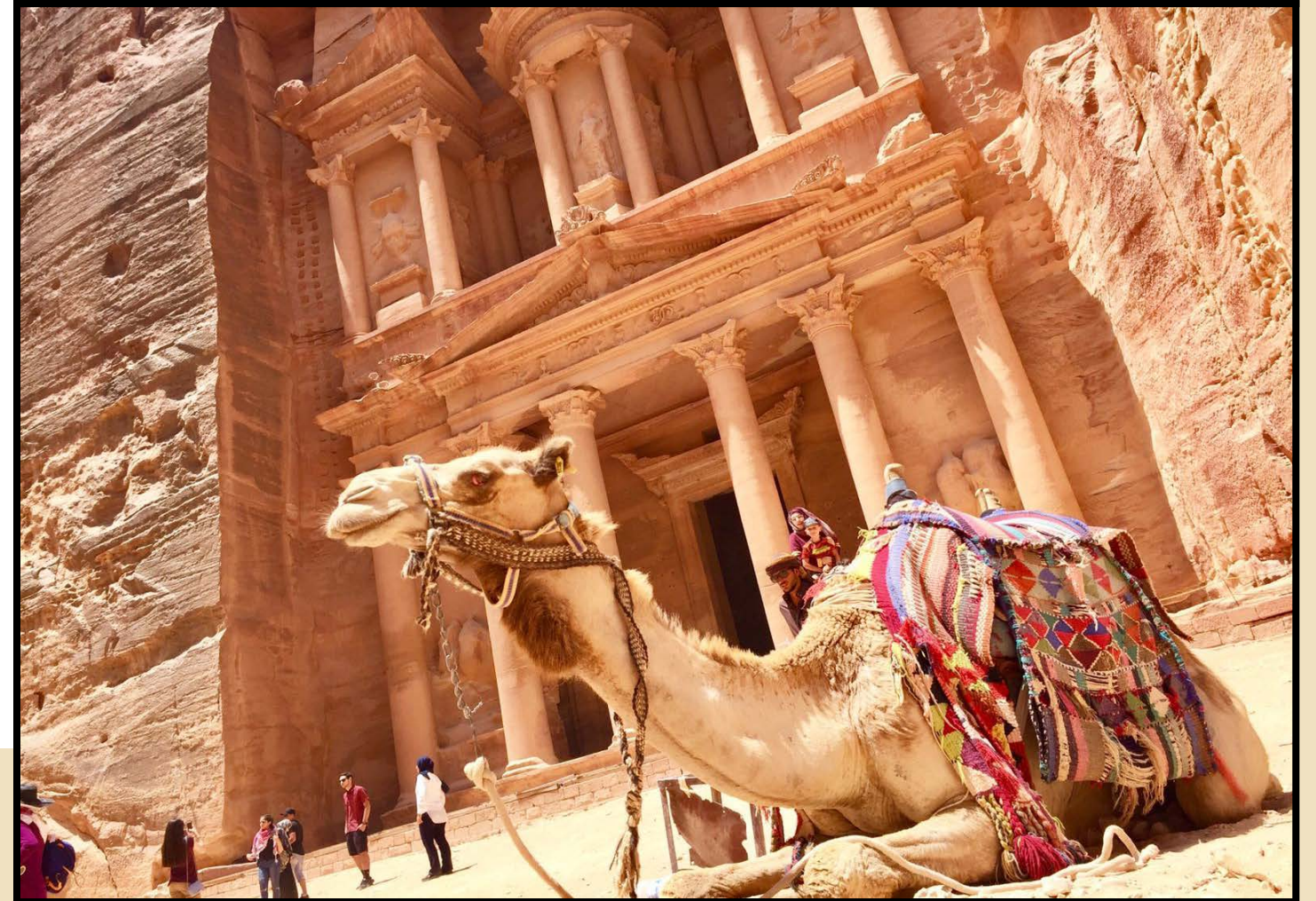
good thing there was cover (and a drainage
system).

so we bustle through life
around the tower of less-than
and let Fear tell us all we can't.

in the flat, expansive
plain.
old.
same.

*The original version of this poem was written
and performed for the Block 3 Ambulatory Care
Clerkship Art & Poetry Slam in 2017. Thanks
to Elise Burger, Parker Lawson, Christian
Leal, and Gunjan Singh for their support and
dramatic performance. Thanks to Drs. Roman
and Salazar for their commitment to medical
humanities.*

**Top to bottom:
Wadi Ram, Jordan
Petra, Jordan
by Aseel Dweik**



When asked “Why do you want to be a doctor?” I have never heard anyone say “to bear witness to human suffering for the rest of my life.” Mostly, I have heard “to help others,” accompanied by a story about a loved one getting hurt and the medicine man coming to the rescue. Somehow, this made them believe in the superpowers of medicine and convinced them to devote themselves to this selfless cause of “saving lives.”

I wanted to be a doctor because my curious mind wanted to uncover whatever lay beneath the seemingly harmless, superficial layer we call skin. Naturally, when I finally got to anatomy lab in medical school, I loved it. I enjoyed digging through the lifeless and soulless human that lay in front of me, finding buried civilizations complete with arterial pipelines and the nervous telecommunication system. It was fascinating to learn, to see.

Suddenly, I was seeing patients who were real people, air breathing, heart beating, soul living people. Living. Somewhere between cutting ruthlessly through the heart of a cadaver and receiving my white coat dry cleaned for my first day in the hospital, I was supposed to have learned something about the art of medicine. Of course, we had video interviews with practice patients and some scripts outlining how to handle “difficult patients,” but the mind fogs up when a patient’s wife breaks down into tears at the sight of him being wheeled off to yet another test, which to him is yet another source of suffering. In that moment, as I stand there just hugging her, I didn’t know what to tell her or how to transform her sea of suffering into light white clouds that can float away with the cool wind. So, I just let her tears roll down on my shoulders. I let her suffer.

Sometimes, I am forced to wonder, “Is suffering a side effect of living, or is it the main active ingredient of life?” Suffering is your best companion, always there during difficult times. And we have been told that the antidote to all of this is “hope.” But how can I hope for a homeless man with schizophrenia with no loved one to care for him? He came to the hospital because he was scaring people on the streets, and someone called the police. We treated him for a few days, he improved, and we discharged him. Disposition? Right back onto the streets. And so the wheel keeps turning. Is the power of hope enough to break this cycle, to treat, really treat, this homeless man? I’m afraid we don’t want to think about the answer. My white coat doesn’t have the answer.

The white coat for which my heart once ached for seems to get heavier every day. It’s heavier from all the stories it now holds, all the pain that lingered in the rooms to which it has been that slowly seeped into its white fabric. The more you stare at it, trying to get lost in the endless cotton white, the more you realize it’s not white, not anymore. It’s stained with the coffee I ordered last week, a cappuccino with

an extra shot of espresso just to stay up till morning rounds. It’s stained with the salad dressing from the free chicken Caesar salad with lettuce as dead and chicken as dry as the plant I bought, thinking I could take care of it, last month. It’s hard to even take care of myself. It’s stained in sweat from all the hours of walking around in the overheated hospital floors during winter, the blood that got there somehow from the scrubs I wore into the C-section, and the tears of that patient’s wife.

While I was busy trying to learn medicine, I noticed that I haven’t smiled lately, not like I used to anyway. Not a real smile that makes the eyes shine. How can I smile while staring into the eyes of a six-month-old who has never seen the world outside this hospital because his heart was molded into the wrong shape? How can I smile when his heart now struggles to beat hard enough to keep him alive? Yet, the six-month-old smiles, and just for a second there, I smile with him. But I can’t stay because I have to finish my notes. Later in the afternoon, when I pass by his room again, he is asleep as calm as ever. Maybe he is dreaming about a magical world. But I can’t stay because I am supposed to be studying for the shelf exam. I am supposed to be memorizing the high-yield information in the textbook. The more facts I learn, the larger the dark forest of the unknown appears. And I feel small. All this while, we must wear a façade of the always-excited-curious-ready-to-learn-never-tired-medical-student with no escape from this masquerade ball in sight.

Soon, we realize that we are not going to transform into a superhero by the powers vested in us through this medical training. Maybe we will save some lives, and maybe we will help others. But mostly we will play charades with suffering and pain and lose. After years of being surrounded by the storm of suffering, the darkness inside grows. The creatures of darkness suck at our soul every day, little by little, and one day you are empty, hollow.

As I lay here in darkness, I wonder what is it that keeps me going. What is it that makes me lift up the heavy white coat every day as I shrink under its weight? Outside the window, the sun, which was held captive by the dark clouds, suddenly appears for the first time today. Just for a moment, as if to answer my question. A memory of one of the women in gyn clinic telling me, “Call me when you become a doctor. I will want you to be my doctor.” The feeling of warmth that followed was enough to melt the constant icy fear of loss and pain that surrounded me for a while, at least. As I continue down

this rocky path to add two letters after my name, those memories carry me through, like little bursts of light, as if the sun is peeking from behind the clouds. I find myself turning to hope, again. I hope it lasts longer this time, before the clouds seize the sky again.



Middle: “Wisp Of Time” by Chelsea Zhang



Can I go home today?

No.

Around and around we go.

Solving one problem while causing another.

Are we helping him?

Or helping ourselves?

Can I have more water?

No.

He only has months left to live.

But around and around we'll go.

Same story, different day.

He'll ask to go home,

but he'll stay.



A MORNING AT THE AUTOPSY

by Tiana Raphel

My first glimpse of the bodies was through the glass of the common meeting room. Their life-like expressions and brightly colored skin were all dressed up in everyday attire, hinting at both their lives cut short and at how different they were from my cadaver in anatomy lab. Dilated pupils and heart fluttering, I was panicked. Would I even make it into the examination room?

As if he had read my mind, our guide mentioned, “If you can’t take it, please don’t be afraid to step out.” This was my chance to flee, but I took a deep breath and continued.

When I stepped into the examination room, it felt surprisingly comfortable and reminiscent of the time I spent shadowing in the operating room. The easily washable floors, wall of personal protective gear and clear delineation of clean areas felt like home. As I gazed on the bodies lying on the examination tables, I wondered who they were, how they died, and most strongly, what their last thoughts must have been. I was sure that few woke up thinking today would be their last day.

With the help of a medical examiner, I soon learned that the answers to some of my questions lay in case files spread throughout the room. Reading the succinct pages, I gained a glimpse of the circumstances of their passing, and in doing so, the circumstances of their life, too.

The medical examiners, through rigorous inspection, deciphered lesions which were acquired through everyday life from those which were pathologic and lead to death. To my untrained eye, the line between the two seemed so thin. Even more than deciphering causes of death, the examiners gave a voice to those who could no longer speak, helping write the last pages of each deceased person’s life story.

Contrary to any prior assumptions, the medical examiners’ bedside manner was alive and well. Yes, they did play a hand in ensuring justice could be served beyond the grave but they also provided vital answers to the families of the deceased. When a parent called, wanting to know whether their child had suffered in their death, it was the medical examiner who would not only answer but explain in layman's terms the reasons behind the answer. To do so required the combination of empathy, grasp of physiology and tact that makes medicine such a profoundly resonant marriage of science and the humanities.

I left that day full of respect for the medical examiners, the way they chose to honor human life, and reminded of why I decided to become a physician in the first place: so that one day I can help someone reach a stable state of health from which they can continue to write their own stories. To me, the heart of our existence lies in the stories we continually tell to ourselves, to our friends and family, and, through our everyday actions, to our world at large.

LEARNING TO APPRECIATE

by Courtney McNeely

Get closer.
Be still.
Just listen.

“There’s a regular rate and rhythm.”

But each familiar beat pulses
a little faster than the one before.
As you grapple with your bell
and continue staring at the floor.

You don’t hear the voices
echoing through his head,
whispering lies,
tormenting him inside,

Telling him he’s better off dead.

Get closer.
Be still.
Just listen.

“Sir, how’s your diet?”
“Do you exercise?”
“Have you been compliant?”

“Pt admits to drinking, smoking weed,
and occasionally using meth.
Pt provides that he spent 10 years in prison,”

...which was the last time he had a bed.

Get closer.
Be still.
Just listen.

While you palpate for tenderness
in the absence of gentleness,
you overlook his

Chronic.

Gaping.

Wound.



“From Above” by Sean Zhou



“Bananas” by Khadijah Mazhar



“Pigeon’s View” by Sean Zhou



“Autumn Light” by Chelsea Zhang

MEDICINE: A UNIQUE COGNITIVE NEXUS

by Mishi Bhushan

While walking through the Street Art Fair in Ann Arbor, Michigan the summer after my first year of medical school, a unique booth called “Bioartography” captured my attention. Throughout the majority of my educational career, I had always learned about science and liberal arts as two separate entities. On the one hand, science is a systematic method utilized in research experiments and applied to real-world questions to enhance our understanding of how our bodies’ complex biological mechanisms correlate with everyday function and disease pathogenesis. On the other hand, the field of liberal arts is a world full of abstract theories that gave rise to works of art, literature, and philosophy. However, the “Bioartography” artists captured a world where the two coexist. They explore the deep affinities between medicine and visual art with respect to the human body, spirit, and environment by utilizing immunofluorescence to illustrate how the field of medicine brings the molecular level of disease to life.

I acquired a deeper glimpse into the intersection of art and medicine during my family medicine rotation, which emphasized how intricately the social determinants of health and medical disease are related. Driving through the remote roads in the countryside in East Texas to visit and deliver medications to patients in their homes opened my eyes to the isolation of these patients from society and the healthcare they needed. I felt myself becoming apprehensive as we approached one of the most isolated, small, and cluttered homes of the day. I asked the hospice nurse, Joyce, questions like: “How do these people purchase groceries?” and “What type of access to food do they have?” While this family had viable access to healthy foods, my concern for and interest in public health interventions and medicine did not stop there. In fact, it has been a recurrent theme throughout my pursuit of a dual MD/MPH degree in Health Disparities. From researching methods to improve veteran engagement in diabetes prevention to serving as a leader of the annual Carnaval de Salud community health fair, I have come to appreciate the power of public health programs in taking multiple approaches to enable individuals to make healthy choices. Reading about how exposure to adverse childhood events was associated with negative health outcomes was fascinating, and yet, I had this unfulfilled curiosity about how these children are affected by their past as they transition into independent adults. Diagnosing an 11 year-old with Type 2 diabetes and stage I hypertension led me to realize that children are now being afflicted with what historically have been adult-onset diseases. I began to understand how the lack of resources and education about healthy lifestyles was contributing to an increased incidence of obesity and hypertension in children. Through the Service Learning at Student Run Free Clinics elective, I implemented a food insecurity screening questionnaire and determined barriers of care contributing to eating nutritious foods.

My pediatric rotation further revealed the field of medicine as a unique cognitive nexus - a place where the art of effective communication and the application of clinical training could come together to treat the most complex human illnesses throughout one’s life. As I cared for ML, a 2 year old girl with a history of premature birth at 29 weeks, congenital CMV, a history of being ventilator dependent from birth to 18 months, necrotizing enterocolitis with surgical resections and resultant short gut syndrome, chronic lung disease, cerebral atrophy, dysphagia, and DVT, I was a bit overwhelmed. She was born to a mother whose pregnancy was complicated by chronic hypertension, intrauterine growth restriction, sickle cell disease, substance abuse, breech presentation, and pre-eclampsia. Upon chart review, I read a note from the Complex Care Medical Services Care Coordination Program that addressed her social environment as thoroughly as each of her medical problems. The interdisciplinary approach towards ML’s multiple medical diseases piqued my interest in the continuity of care for children with multi-system congenital anomalies and reaffirmed my desire to pursue a career as a pediatrician.

To be allowed to be into some of the rawest and most vulnerable times of people’s lives, to alleviate their suffering, and to restore their state of health is an honor beyond description that I hope to pursue throughout my medical career. The complexities of delivering healthcare do not end at diagnosing a disease, prescribing the appropriate medication, and trending laboratory values. Each patient is a physical, intellectual, social being whose illness exists in the context of their environment. I understand this not only from my clinical experiences as a medical student but also from my personal life. As someone who has moved across the United States, from Kentucky to Connecticut, from Washington state to Texas, I have observed how healthy and unhealthy behaviors are, in part, influenced by status, income, and education. As a medical and public health caregiver, I hope to develop relationships with patients through a holistic approach, considering their physical disease as only a component of their entire well-being being, while also staying attuned to caregiver stress, living situations, access issues, and barriers to change, because only then can I be satisfied that I have truly treated my patients.



“Untitled” by Ashley Goad



“Greek Donkeys” by Taylore King



“Glacier Bay” by Ashley Goad



“Paleta Man” by Ashley Goad



CONDITIONAL LOVE

by Kelvin Pho

The man had wire-rimmed glasses covering a permanently furrowed brow as he voiced his deep distrust in the government. He hated everything about the Armed Forces except the Veterans Affairs (VA) healthcare system. The government took away his youth and innocence, but the VA cardiologists "saved his life" multiple times. The previous day, he presented to the VA emergency room with chest pain. On initial workup, his Troponin levels came back elevated, but his EKG displayed no ST-segment elevations. So that morning, he went to the Cath lab for a stent placement — his 5th in as many years.

We were preparing him for discharge, and my job was to make sure he knew what to do when he went home. He stated that he did not want to have another heart attack, and my medical education had taught me exactly how to counsel him: stop smoking, eat healthy, and exercise regularly. He had an extensive smoking history, and when I asked if he knew that smoking cessation would decrease his chances of a repeat heart attack, he replied, "Yes, but I'm not going to quit. I need to smoke." He added, "If I have another heart attack, they'll just fix me up." I had grown accustomed to responses like this, but I still never knew how to respond. I asked him if he was willing to change his lifestyle to prevent future attacks, but he said, "Probably not."

His BMI was 38, and he was diabetic, qualifying him as morbidly obese. But he did not want to change his diet, create an exercise routine, or take insulin or any diabetes medications.

I was stuck.

How was I supposed to help him if he refused to help himself? I struggled to keep my gaze neutral; internally, I was getting frustrated. I asked him what his healthcare goals were, and he replied, "To keep living and not get a heart attack." My lips had been in the slightest smile, holding hope for his future, but my facial muscles went limp. He felt that the VA should be making him healthy. He had given his life for the country, and he felt the country owed him for his services. He showed up to the VA whenever he had chest pain, but he was unwilling to do anything to prevent recurrences. He was not the first disgruntled patient I encountered at the VA, but he was the most cynical and stubborn.

Though I treated him with respect and provided the best care I could, on the inside, I felt angry. I felt like my efforts were for naught. I was providing him with the best care I could, but he would not take any of my advice to help himself. I knew I was supposed to be impartial, but I was tempted to spend less time, less energy on the man in front of me. However, if medical school has taught me anything, it's that physicians are expected to love each patient unconditionally, and this love doesn't always come naturally. Sometimes it requires conscious effort, and sometimes it doesn't come at all.

KNOWING IS HALF THE BATTLE

by Kelvin Pho

An elderly gentleman sat in the examination chair with his hands holding a stack of crisp papers. I came into the room with a resident surgeon. She introduced us and then asked him what brought him in. He looked down at the numerous printouts from WebMD, Medscape, and other online sources as he claimed to have the same symptoms of subclavian steal syndrome and found the surgery he “knew” would fix him. The surgeon interjected, saying he was a poor candidate for surgery, and explained how she was uncomfortable with the risk. He looked defeated, and she immediately got up to leave the room.

The patient sighed; his eyes and jaw sunk. I stayed in the room, telling the surgeon I would be out in a minute. Looking back at him, I acknowledged his worries. Then, I asked him what worried him the most. He was afraid he would never be able to lift his grandson up ever again. His left arm had gotten so weak; he could barely lift a gallon of milk. I imagined him as if he were my own grandfather and then myself as a grandfather in his situation, and I let him know that I understood his concerns. But I also knew that what he sought was impossible. I explained to him the disease process and how surgery could potentially help him, but that the surgeon knew what she was talking about. After a few minutes of further explanations and suggestions, he smiled at me and said, “Thank you so much. I really appreciate you taking the time to explain all this to me. I’ve just felt hopeless.”

I felt like I had actually helped him. My spirits lifted. I didn’t unclog his blood vessels, rehabilitate his arm muscles, or give him any anti-clotting medications, but I took five minutes and informed him. The action was simple, but it might have been the best thing that had happened to him that day. I felt the pain of his physical handicap, but also proud of helping him understand his prognosis. It was a bittersweet victory, and I almost felt bad thinking of it as a win for me. This man would never lift his grandchild again, and here I was celebrating my ability to help him cope. Part of me was happy that I helped, and I wanted to use that energy to drive me to relate to patients in the future. But part of me felt defeated. Modern surgery could do nothing to stop his vitality from fading. When I look back, that’s how I still feel, but I am still coming to terms with how I should feel.



“An Ant’s Point of View” by Chelsea Zhang



“Morning Ride” by Anna Tomkies

A MORNING OF VOICES IN PALLIATIVE CARE

by Zoe Tao

“It sounds so...final,” a worn-looking woman responds with tears in her eyes, having just been told that she should consider hospice care. The physician reassures her that it is not about dying, it is about living.

“I will do everything in my power to get you what you need.”

Doctors in palliative care often make a world where formalities dissipate and walls are broken down. As soon as she walks into a patient’s room, the physician exclaims – “Girl you’re a mess – what are we going to do with you?”

The patient and her daughter smile, possibly for the first time in a while.

The physician leaves briefly. Not sure what to do, I say, “sometimes when I’m in pain, I close my eyes and try to breathe into it, like this...”

I take a breath. She takes a breath. She settles a bit into her seat.

After the visit we exit the room, the doctor leaves me, and I am taken to another room with a staff member presenting advanced directives to a patient who only speaks Spanish.

“Would you want us to continue life-sustaining treatment?” he asks with earnest eyes.

“No,” she says with a smile. Doesn’t miss a beat.

“I would choose the same,” he says to her.

Then a prayer, with the three of us holding hands. They reach for my hands, then hesitate – “did you want to pray with us?”

I nod. I’m not Christian, but I feel the space melting.

“Dios nuestro, que sabe todo de sus miedos, sus alegrías...”

Later, another physician and I drift over to a room where a small woman sits with crochet needles in her bag. There’s what looks like a large crocheted scarf stuffed into it. She’s just here for a check-up, and her face lights up as soon as she sees the doctor come in.

As we leave, she gives each of us a smile and a big hug.

Right after, we see an elderly man who speaks Vietnamese through the phone translator. He is stating adamantly that no, he does not want light treatment for his psoriasis.

“Everyone knows I will die of lung cancer before any skin lesion turns cancerous.”

When we get back, a nurse is frantically searching the Internet for Rohingya translation services; he cannot find written language for it. A refugee man from Burma has just entered the clinic, and there is no translator in the hospital.

The fellow sees the patient. We walk to our lunch meeting.





biographies

Ambereen Ahmed, M.D. Class of 2018. In her own words: “The world is a palette of colors all bleeding into each other. When I look at an object, I think about its outlines, shapes, what amounts of primary colors are used to create the unique color I see, and the brushstrokes it would take to recreate the color, texture, dimension and perspective. Someone once commented on one of my pieces saying “I never realized there was so much color in cement, I always just saw it as gray.” I feel very blessed that I have this skill that allows me to see how much beauty and color our world is made of. I’ve been training on how to use different techniques to add depth and life to my art. I used to avoid using color, as I thought shades of black and white made art strong, but then I learned that even the darkness has color. Over the years, I’ve found inspiration through books, movies, my views on the universe, the world around us, and the world that exists in our souls. Lately, I’ve felt like focusing on the theme of the universe and outer space, not just because it’s cool, but because of how beautifully intertwined all the aspects of math, science and spirituality tie together into it.”

Mishi Bhushan, M.D. Class of 2018. Mishi will be a Pediatrician in July. Her deep appreciation for the medical humanities started in high school, where her column “Mishelaneous” inspired discussions across campus. From reading the works of Gabriel Garcia Marquez as a Spanish minor at Emory University to spearheading the first annual Gingerbread making competition at UT Southwestern, she has always loved discussing literary works and creating artwork. Her piece, “Medicine: A Unique Cognitive Nexus,” explores how the field of medicine provides the perfect intersection between art and science.

Janie Cao, M.D. Class of 2019. Janie is working to become a child psychiatrist. She is particularly concerned with preventive mental health. When not learning medicine, she tries to learn as much as she can about other subjects because she believes that everything is interrelated and very interesting. She also enjoys participating in the arts — all forms pretty much. In the future, she aims to make this world a safer place via creativity and collaboration.

Tara Clark, M.D. Class of 2019. She wrote the poem “606” for the internal medicine reflection assignment and thinks poetry and art are a great way to reflect on meaningful experiences that we encounter during rotations. Tara lives in Euless, TX and loves to sew, read and spend time with her husband and dog.

Aseel Dweik, M.D. Class of 2021. Aseel graduated from UTD with a B.S in Healthcare Studies and an M.S in Biotechnology and loves to use photography as a means to capture special moments and memories!

Ashley Goad, P.A.. Class of 2018. Ashley grew up in Dallas, Texas and graduated from the University of Arkansas with two Bachelor’s Degrees. She fell in love with photography when playing with her mom’s film camera around the age of 8 and hasn’t stopped since. She primarily shoots nature scenes to increase awareness of climate change and promote conservation of our majestic planet.

Taylor King, M.D. Class of 2021. Taylore hails from Southern California. She attended Johns Hopkins University for undergrad where she was a varsity swimmer and received a B.S. in Molecular and Cellular Biology. In her free time, she enjoys traveling, hiking, camping, surfing, and photography. At UTSW, Taylore is focused on pursuing an MD with a Distinction in Global Health.

Khadijah Mazhar, M.D. Class of 2021. Khadijah enjoys engaging in visual arts, especially in painting still-lives and landscapes.

Courtney McNeely, M.D. Class of 2021. Courtney grew up in Allen, Texas and attended Baylor University for undergrad. There she received a Bachelor’s of Arts in Biology and Medical Humanities. She is currently pursuing a Medical Degree and Master’s of Public Health at UT Southwestern. She loves being outdoors and is an avid runner. She also just recently adopted the cutest puppy in the world, Bellatrix (“Bella”) Lestranger.

biographies

Kelvin Pho, M.D. Class of 2019. Kelvin relishes in experiences that make him feel the full gamut of emotions from uncomfortable to sad to ecstatic. He enjoys conveying these in both written and video form. He believes that art can change the world, one perspective at a time.

Tiana Raphel, M.D. Class of 2021. Tiana is a first-year medical student deeply interested in reflection, story-telling and communication. Her piece is an impression of how our narratives persist even after we're gone. In her spare time, she blogs, dances and makes infographics.

Shruti Singh, M.D. Class of 2019. Writing is her way of reflecting on her experiences, or just penning down her thoughts. She wrote this essay as a part of thinking through her experience during medical school.

Zoe Tao, M.D. Class of 2021. Zoe has a Bachelors of Arts in Religion and Psychology, and a vocal love for the humanities. She likes reading, annoying her neighbors with her piano-playing, and frying tofu.

Anna Tomkies, M.D. Class of 2019. Anya loved art since she was young and drawing heart people (aka. hearts with faces, arms and legs). She continued this passion through high school and college during which time she majored in Visual and Dramatic Arts along side Biochemistry. This interest drives her desire to pursue surgery and continue working in a hands on environment.

Lelia "Errett" Williams, M.D. Class of 2021. Errett is co-head of the Radiology Interest Group and an anatomy TA, and has a particular interest in women's health and medical education. Errett grew up in Indianapolis, IN and Fort Worth, TX, and majored in Biology at the University of Chicago, with a minor in Creative Writing.

Chelsea Zhang, M.D. Class of 2019. Chelsea smiles often, listens always and sees beauty everywhere.

"Wherever the Art of medicine is loved, there is also a love of humanity"

Hippocrates



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VOLUME VIII 2018