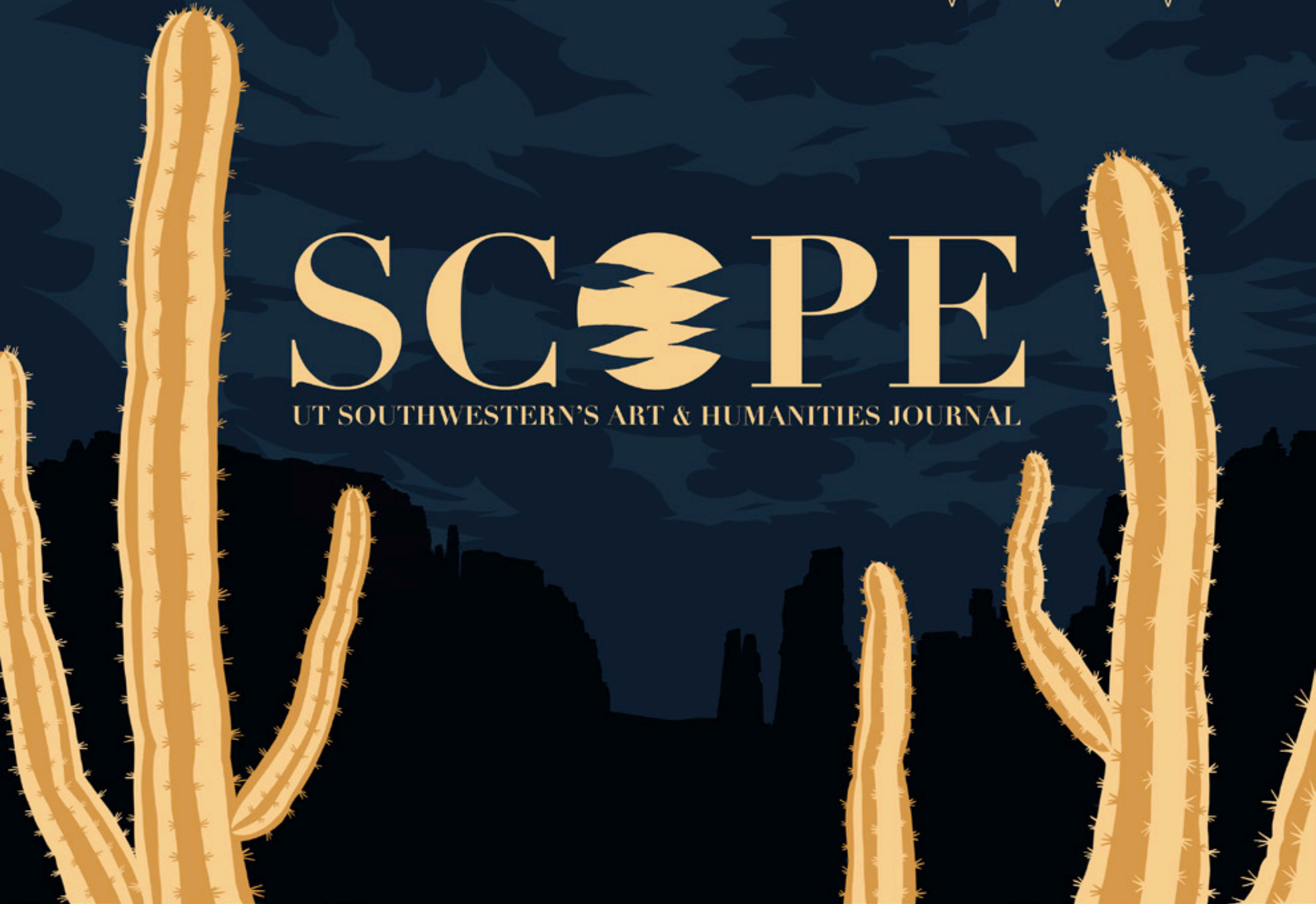


VOLUME XI 2021



SCOPE

UT SOUTHWESTERN'S ART & HUMANITIES JOURNAL



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Editor's Note

The contents of this volume reflect a wide view of the medical humanities. This issue contains, among other contributions, poetic ruminations on life in medicine, artistic reflections on the impact of social ills on health, and a short essay on the nature of the medical humanities. Even the works that are not medical at first sight may be seen with an eye tuned to the medical, as a showcase of the impressive talents of those who spend much of their life engaged with medicine. These works represent the sides of our fellow students that we don't see when we pass them in the hallways of the hospital or study with them over Zoom. They are a peek into the experiences of those who learn and work in medicine after they close their textbook or return home after a day on the wards.

It must be noted at the outset of this issue that this year has not been a normal one. As we write, more than three million have succumbed to the COVID-19 virus worldwide, and many more are suffering indirectly from the implications of the pandemic. Unsurprisingly, this edition features a number of pieces that deal with the impact COVID-19 has had on medical trainees. As students, we have had our own struggles during the pandemic. Many of us entered the daunting world of medical education only to be faced with social isolation and online learning. Many have met only a handful of their classmates. Others have had their training disrupted in the midst of clinicals. The face-to-face experience that forms the heart of medical practice has been diminished, with faces invariably hidden behind masks and face shields. This issue contains many thought-provoking and beautiful expressions of the difficulty we have all faced over this past year.

We, the editors of SCOPE, sincerely hope that you find interest, solace, and a chance for reflection in this issue.

Co-Editors,
SCOPE Medical
Humanities
Journal

Christian Lumley

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Lonely Road

Aaron Hong

What Are the Medical Humanities, Anyway?

Christian Lumley, MSc.

As medical students, we have all come across electives, books, and initiatives that advertise themselves as part of something called the “medical humanities.” For example, electives titled “Medical Humanities: The Healer’s Art,” “Humanism in Medicine,” “Introduction to Biomedical Ethics,” and “The Art of Observation” (this last example is one of the most popular electives available) are all offered at UT Southwestern. Further, many students have engaged with similar material in their undergraduate studies or on a personal basis. Look on any medical student’s bookshelf and you are likely to find medical humanities classics such as *When Breath Becomes Air* by Paul Kalanithi or *Being Mortal* by Atul Gawande. This essay asks a deceptively simple question: what is the connection between all of these things we refer to as the “medical humanities?”

To start, we can pretty quickly observe that the medical humanities are often represented as the antidote to something bad in modern medical culture: bureaucracy, uniformity, dehumanization, burnout—the list goes on. Poetry, illness narratives, art, and music have thus been tapped to serve the roles of educational aid, “supportive friend,”¹ and burnout cure. In this vein, a review of the state of the medical humanities in 2016 summarized that work in the field had in decades past centered on the “three ‘Es’”: education, ethics, and (patient) experience.² The medical humanities have thus been used by educators as a conduit to encourage strong ethical reasoning skills and empathy for patients among healthcare trainees. Many envision that a focus on the humanities, mainly through narratives and the expressive arts, is an optimal vehicle for understanding

what it means to be “sick” in our day and age, and how we as (future) medical professionals may productively incorporate this deeper understanding into our work.

This “antidote” definition of the medical humanities is one that we as medical students are at least tacitly familiar with. For example, the Art of Observation elective mentioned earlier uses art as a tool to foster many desirable “soft” skills that are seen as perhaps lacking in the contemporary medical world: one session covers empathy and compassion, another tolerance of ambiguity. Popular books such as *The Man Who Mistook His Wife for a Hat* by Oliver Sacks or *Still Alice* by Lisa Genova likewise fit easily into this framework through their goal of illuminating patient experience. But the medical humanities can be more than a moral band-aid, a patch-up to

medicine's demands and cruelties. In the inaugural volume of the journal *BMJ Medical Humanities*, the editors describe a more ambitious vision for the field. Such an “integrated” view, as they call it, aims “to shape the ‘nature, goals and knowledge base’ of medicine itself.”³ Inquiry in this mode often takes the form not of education but of bona fide humanities and social sciences research: history, philosophy, sociology, literature, anthropology, and more. Academic medical humanists today may ask questions such as: how was illness experienced in seventeenth-century China? What insights can this give us into how we experience illness in our current context? Is the social position of physicians justified? How have advances in medical science shaped our

perception of ourselves? Such questions open doors to insightful new (or old) ways of thinking about medicine. In sum, the medical humanities are more than just a tool for combating burnout. They can offer fundamentally new ways of understanding medicine, health, and illness.

The most succinct definition of the medical humanities I have heard, on which I will close, was given by one of my professors at King's College, Dr. Neil Vickers: “the medical humanities are the application of humanities methods to questions in which medicine has a say.” This may involve looking to the past, diving deep into accounts of illness, contemplating artistic expression, and much more, all as it relates to

health, illness, and medical care. These pursuits are bound together by a kind of intellectual ethos to become the discipline of the medical humanities. Medical humanists seek to break new ground, and to illuminate the medical experience — always with the aim of making medicine more humane, more self-aware, and more attuned to the needs of patients and practitioners.

¹ Howard Brody, “Defining the Medical Humanities: Three Conceptions and Three Narratives,” *The Journal of Medical Humanities* 32, no. 1 (March 2011): 1–7, <https://doi.org/10.1007/s10912-009-9094-4>.

² Anne Whitehead and Woods, Angela, eds., *Edinburgh Companion to the Critical Medical Humanities* (Edinburgh University Press, 2016).

³ David Greaves and Martyn Evans, “Medical Humanities,” *Medical Humanities* 26, no. 1 (June 1, 2000): 1–2, <https://doi.org/10.1136/mh.26.1.1>.

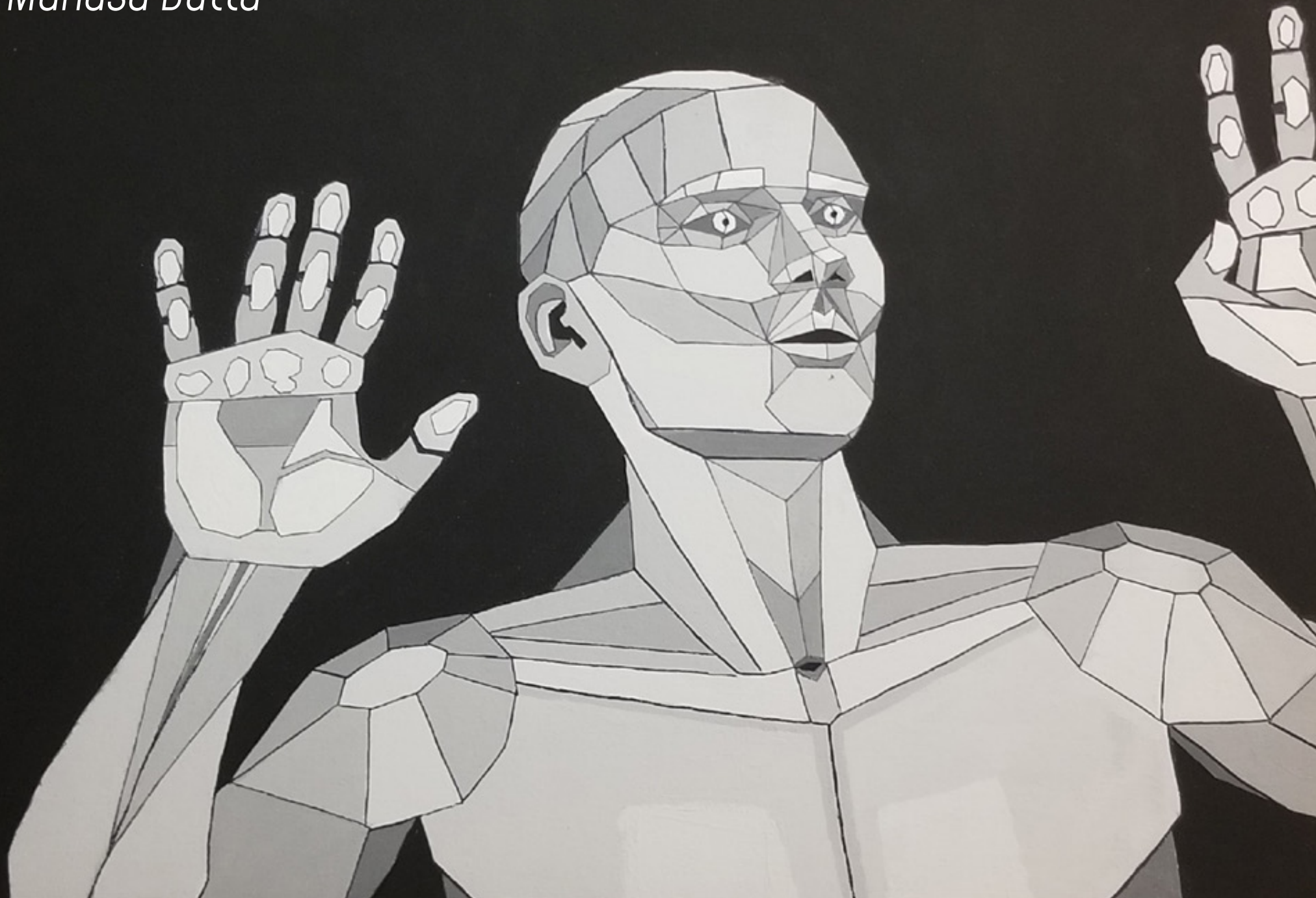


City of the Incas Lost in a Cloud

Clementine Young

Cornered

Manasa Dutta



Monkey Wrench

Zara Khan

Late that June, she would find that her leg didn't work at all. It refused one morning to accompany its partner over the side of the bed, and it refused the next morning, too, and by the morning after that, she knew better than to ask. A firm grip of the nightstand edge and a little twist-turning got her to her feet well enough. As she made for the bathroom, one steadying palm to the wall, she considered its paint color, deep plum, and thought: it's time to lighten up.

Three toothbrushes lived by the sink, while a fourth, retired from dental work, lived in the cabinet underneath, emerging every now and then to scrub grout. The bathroom window looked out upon the street, a design misstep she had come to cherish, watching parents parade their children to the nearby kindergarten as she waited for the shower to heat. One Thursday, Dana had stood beside her, and they named the children.

"Robin," she pointed.

"Vesuvius."

"Flora."

"Monkey Wrench."

Monkey Wrench was probably now in second grade, third, being taught to multiply, nosing through lengthier chapter books. Several teeth have excused themselves from Monkey Wrench's smile, which shines for friends on the playground and for parents who allow gaming after chores, mostly dishes and collecting the laundry. (That's what her parents had assigned her, while Dana swept the floor and wiped the counters, often simultaneously, so: sloppily.)

She took care to towel off completely before stepping from the shower. Once she had almost fallen, having forgotten her leg's obstinance over the

course of her soak in the steam. Robe-wrapped, she pulled herself to the fridge, removing the yogurt and an egg to boil. Her laptop continued to seethe from atop the pile of books where she had abandoned it yesterday. Beside the books was Farid's daily note, a recent phenomenon, pledging his love and his return after six miles. She let this note rest with its predecessors in the recycling bin. His morning run had been entrenched ritual since freshman orientation, and she was sure he loved her around Thanksgiving, although it would take him into the new year to swallow the lump in his throat and say so. "It's the way he looks at me," she had announced to Dana during winter break.

"Oh. So the way you look when you talk about him," Dana replied.

"What? I – no. He's a friend."

"Okay. Just tell me what to wear for the wedding."

It would take seven years, but she would tell Dana lilac. Dana nixed lilac, and they would decide together on navy.

She was peeling her egg at the table when Farid returned. He placed his palm on her cheek.

“Good morning,” she said.

“How are you today?”

She salted the egg, lightly, and poured the pepper freely.

“I really do think we should get it checked out.”

She pressed her cheek into his palm. “I’ve been thinking...” she started.

“Yes?”

“Can we repaint the bedroom?”

He frowned. “What?”

“Something lighter,” she continued.

He took the chair beside hers. “Sure,” he said. “We can paint the bedroom. But can we also get your leg checked out?”

She gazed in the direction of the recycling bin. He loved her—and Dana, too. He had helped Dana from the taxi she had had to take to the wedding, even though the restaurant was two blocks from her apartment. The third toothbrush by their bathroom sink was Dana’s. Monkey Wrench was still learning the alphabet when it was last used.

She could feel her eyes smarting as he soothed her.

“It’ll be all right,” he said, rubbing her back. “It could be nothing.”

She sighed. “It could have been nothing,” she said.

Shifting slightly away from him, she ran her fingers over the laptop trackpad, awakening the heated device. Several tabs were open. She turned the screen toward him and stood to put her breakfast things in the sink.

“Should I call Dr. Darr’s office line?” he asked.

She spoke over the sound of the kitchen sink. “For the paint: maybe lilac?”



The Little Things

Adrienne Joseph

In Poverty

Jamie Lehnen

I've slept in my car for weeks at a time
Arranging faux curtains, blasting the heat
The car shudders to death and the warmth dissipates
Until ice in my knees drives me from sleep
And yet still I was eager, rounding the wards
Running the sink, to drown out the silence
In single-stall bathrooms, craning my neck
Like a bird, using spigots to preen at my feathers
The swan song of white trash (soon-to-be-doctor)
Donning my white coat to crown my new molting
But that face of mine, haggard in Quick-E-Mart mirrors
Has followed me now as *what-could-have-been's*
In hospital beds, triage bay specters
Apparitions with tracks in their arms
No address
Smuggling grip socks inside of their pants
Shuttling pears and napkin-rolled bread
Women with bruises and kids who don't call
Or those who feign chest pain, a pardon from cold
For the ER is free and directs to its court
Those who will crumple its paper directive
Prescribing *two pills, clean dressings, and rest*
What a joke, when your sleep is dotted with cars
Awoken by men who will bruise you new colors
Lower back clenching from working three jobs
Deep wrinkles formed from a stiff upper lip
And a shame that is sparked like a summer's dry tinder
Cleaving its furrows, the raze of dead land
When you unlock the bathroom, hair soaking wet
And feel the dissections, pinning your pride
Pickling you and all of your ghosts
These phantoms, bleak babies displayed in my mind

Perfume Girl

Manal Ahmed

The dawn light filtered through the clouds, carving into sharp relief the woman's curved back, a question mark against the soft, watercolor sky. She paused with each step to examine the slab of concrete ahead of her. The cars rushed by, blurs of light and color gratuitously confident in reaching their destination. The woman's halting movements brought her closer to the end of the block, each step forward pushing her further into the past.

“Perfume girl over at the department store downtown. The manager said I'd be perfect.” Lina set her purse on the dining table, taking off her jacket. Lina's mother looked up from the couch, folded within her uniform. “What do you think, Ma?”

Ma's face creased and uncreased. “You think you can keep your head down, stay out of trouble?”

Lina laughed, exposing straight, white teeth that flashed easily against her bronze skin. She walked with her head tilted back, welcoming the sun, challenging it to light her skin on fire. “Well, I can do as good as pretend.”

Lina got up before the light, bumping around the bedroom she shared with Ma to get dressed for her shifts. In front of the bathroom mirror, Lina curled her lashes, combed her hair, and applied a deep, red color to her heart-shaped lips. She excelled in her work; customers—men—lined the counter, pointing at this or that whimsical bottle bouncing light every which way. They walked home, arms laden with bags of pastel tissue and floral scents, dreaming of red, heart-shaped lips and begrudging the apologies they concocted for their wives, on their knees, perfume bottles as expiation for their bottomless sins.

The counter stood empty and silent, the usual flock of customers spurned by the ice and the cold outside. Lina leaned over the glass top, flipping the pages of the catalogue before her, her eyes blurring from the glare of the overhead lights on its glossy pages. “Dammit, I've got the whole day to go.”

“Well, let’s hope I put you to work, then.”

She looked up to see a tall man approaching the counter, his eyes shadowed by a strong brow. The man’s wool coat glistened with melting snowflakes, teardrops collecting over his shoulders. Lina cleared her throat and straightened, relaxing her features into disinterest. “How may I help you?”

“A perfume, the kind that bewitches and steals, kills and holds to no mercy.”

“I’ve got perfume, just perfume.”

He smiled, “That will do.”

Lina turned away. She reached to the back of the cupboard, pulling out a dusty, brown box. Despite her excellent sales record, Lina’s manager reprimanded her for failing to sell her quota of the ugly, dull perfume from last season. The scent fell from the air, acidifying and spoiling into a musty, primal sweat. Lina wiped the dust off and placed the box into a bag, handing it to the man and holding his gaze steadily.

He came by frequently after that, loitering by the cosmetics, feigning interest in the rows of powders and blushes and lipsticks before he ended up before Lina. Each time she packaged



Butterflies
Dalia Mitchell

E.V. 7/2

Dalia Mitchell

a new, dusty perfume, and each time she met his shadowed eyes unwaveringly.

The short winter hours meant that Lina stood at the perfume counter from dawn to dusk, her fading red lipstick the only sign of time passing. As she stepped from the warm, orange lights of the store into the blue of evening, she saw a shadow move from the wall. The man, bag of dusty perfume laced within his fingers. Lina frowned and turned up the collar of her jacket. The bus usually came just in time for her to make it down the block; she squinted into the gathering darkness to make out the usual, thin crowd of people under the shelter.

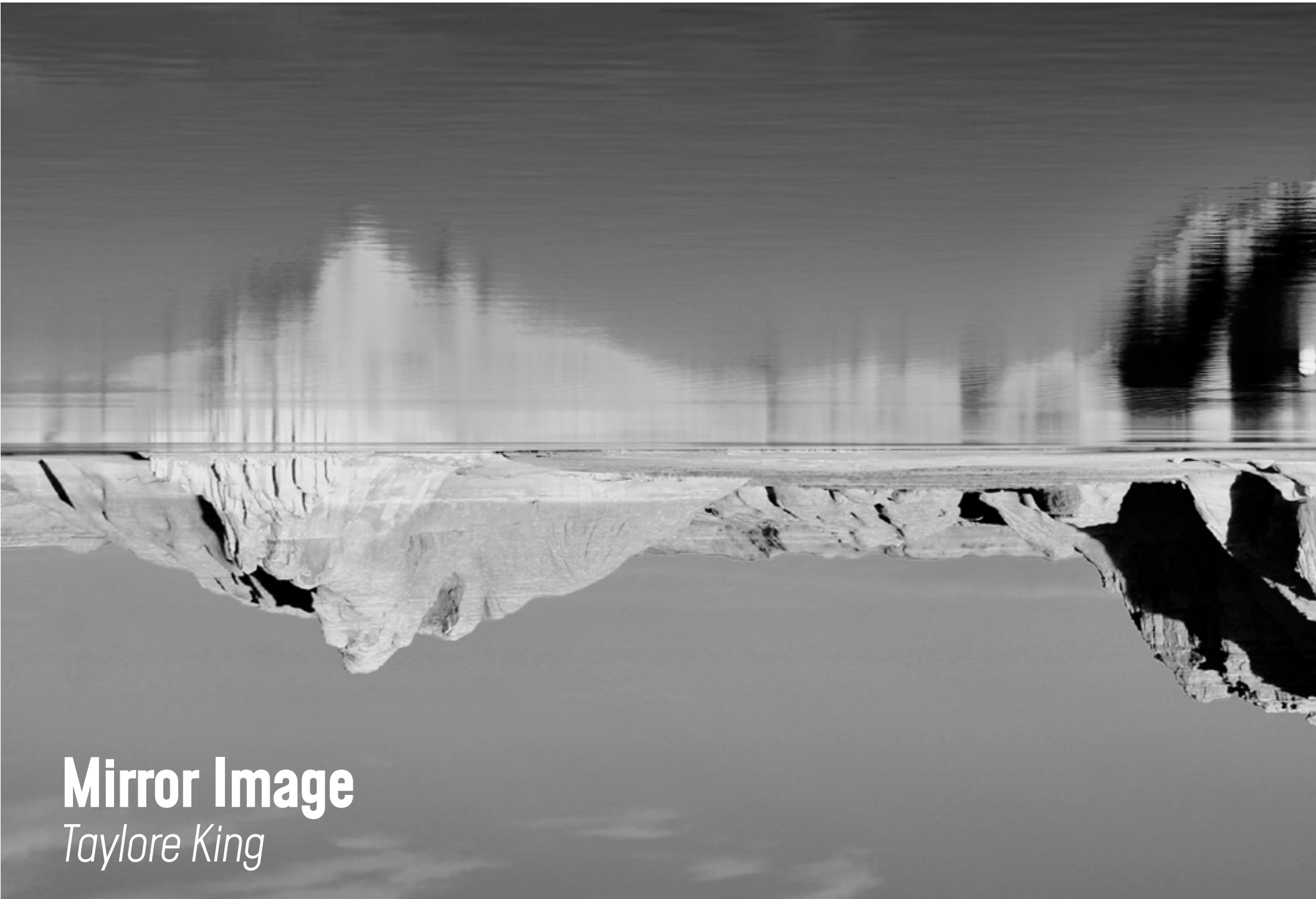
“Lina, wait!” The man’s voice from behind her. He was closer than she had thought him to be. The sour smell of the perfume reached her as his hand grabbed her shoulder. Lina spun around. From the corner of her eyes she saw the approaching bus, headlights breaking through the night.

In recent years, the woman had started to shrink. Her bones ate themselves away, chewing, gnawing faster than they could build. The pictures, which she taped to her refrigerator, all showed a certain, significant hollowness, an emptiness that the physicians pointed towards with doom.

The woman had reached the end of the block. The steps she had taken bowed her even lower than usual. Her spine trembled with ghosts.

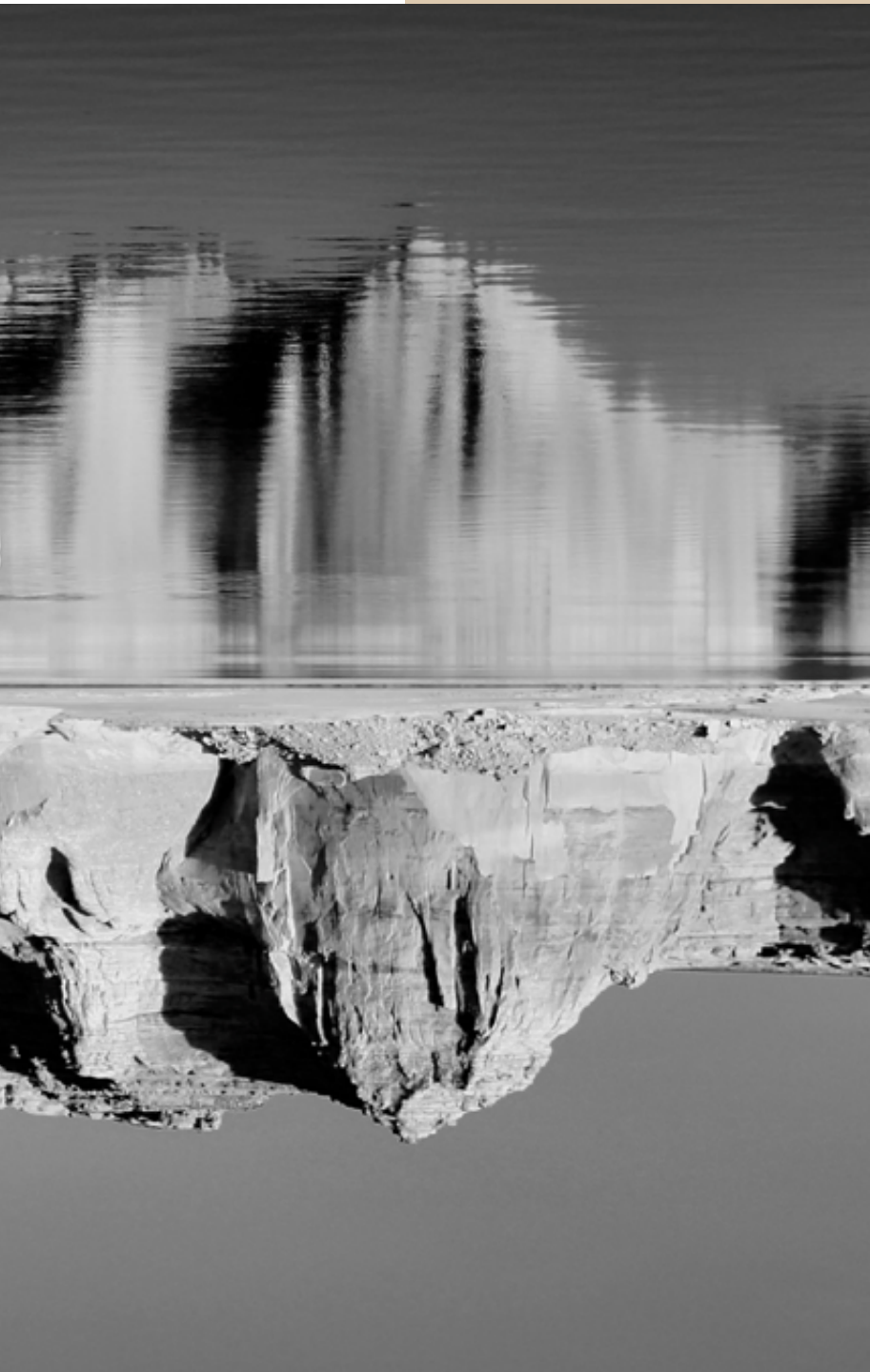
The man moved towards Lina, leaning his head in. His lips shivered to reach the perfect heart of Lina’s, purple, a bruise in the dark. The acrid perfume consumed the dissipating air between them. Her head spun. The man before her became the next and the one after that, the line of customers crowding the counter. The bruise of her lips failed to split into a smile. She pushed the man, the full length of her body slamming into his core. Lina watched as he fell into the embrace of headlights. A ghost settled in her back.

The woman turned the corner of the block. Straining against the curve of her spine, she brought her chin up to meet the gaze of the dawn. Ruby, heart-shaped lips kissed rays of sun as they lit her skin on fire.



Mirror Image

Taylor King



Manic

Jamie Lehnen

I think, today, my head is heavy
A weighted thought, a family trait
A doctor in the eaves,
I wait
To stopper aches and staunch my brain
To sear black bile,
Melancholy
And bleed good humour from my vein

I think, today, my head is light
A buoyant baby, cast to stream
Patients in the reeds,
Beseech
As fevered dreams plague my sleep
Am I drowned in Depakote
Or reared by Queens to part the sea

**Doctor's
Daydream**
Michelle Mao





Starry Night

Aaron Hong

In the Dementia Hall

Jamie Lehnen

The woman, elderly, tight-lipped, translucent
Staring past me, eyelids drooped
Veiny curtains, veils of dusk
I itch in the doorway
Bag in hand
Cheap, glitter purple, brimming makeup

My husband is here.

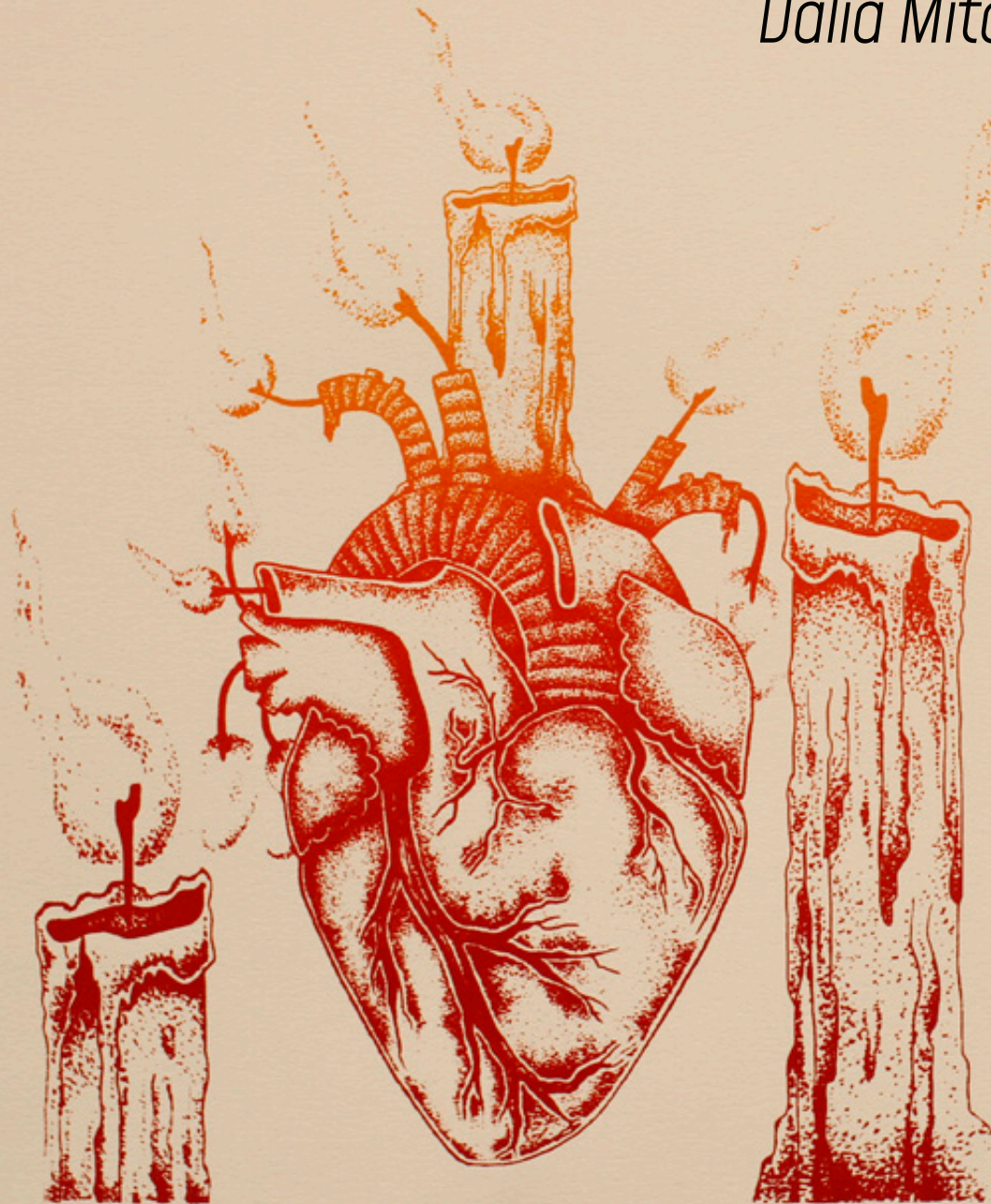
On the cheap, plastered wall,
Squares display
The same paper faces from the room before
Military men, their bright-lipped wives
A wedding, a baptism
With cheeky babies
A whole life, crammed in Walmart frames,
Forgotten if not for these paltry stars.

I crouch before her bleached-tree legs
The pressure kisses smelling damp
Her robe is open, wide,
A hollow
Modesty, a youthful trifle
The sickly body cannot hide
For shame is saved for those with time

I paint her tight lips dark maroon
And color cheeks with caking rouge
The eyelids quiver under brush
Her skin, a pallid gossamer wing
My husband, yes, he's here today
And every single day before.
A phantom man to haunt the hall
And knock at six, her dinner's call.

Burning Heart

Dalia Mitchell



Burning Heart

1/6

Dalia Mitchell

In my piece entitled "Burning Heart", I created an image of the anatomical heart - the very essence of warmth and life in our bodies - with the vessels burning like candle wicks. I created this piece with silkscreen, using an opaque ink drawing as a stencil.

Patient Stories in 55 Words

Adelaide Kwon

- Patient L -

Yellow eyes, yellow skin. Your color like a smiling face—
But you are not smiling.
We sit, we talk. You and me.
My family, you say, I must see them.
Liver failure, I tell you. Infection. Cancer.
You say again, my family. Yellow lips almost smile then.
They're more than this. I understand.
You go.

- Patient C -

Like a scene from a movie, flesh opened on your legs.
Blood drains out and fat stands visible.
You say months, and I look and I think, how?
Heroin, you say, my fault.
But you want to stop.
This is not a movie. This is not your happy ending.
But perhaps it is a beginning.

- Patient B -

Transjugular intrahepatic portosystemic shunt.
What does that mean?
Perhaps you break it into parts and read,
Across vein, within liver, blood vessels, tube.
But what does that mean?
Slow down, you say, I don't understand.
I hit pause for a moment that is an hour.
You roll into surgery, and you know what it means.

Peonies

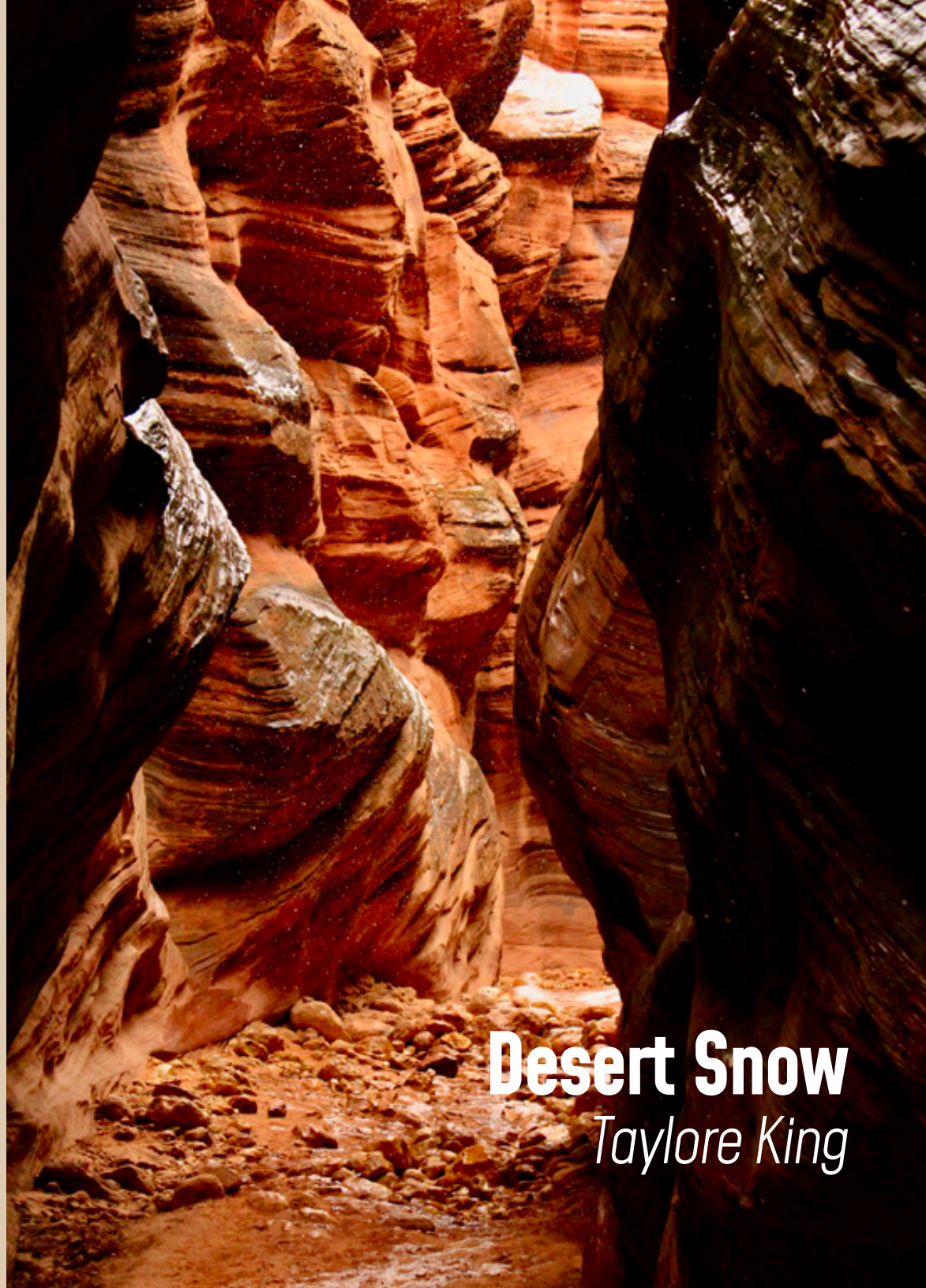
Steven Duncan

fresh peonies line the windowsill
cut from pastel garden plots

once nourished by the rain
to a consummate flourish

the bedside monitor warning bell
means something has disconnected

a stem pulled from the tender peat
silk petals falling in slow curl

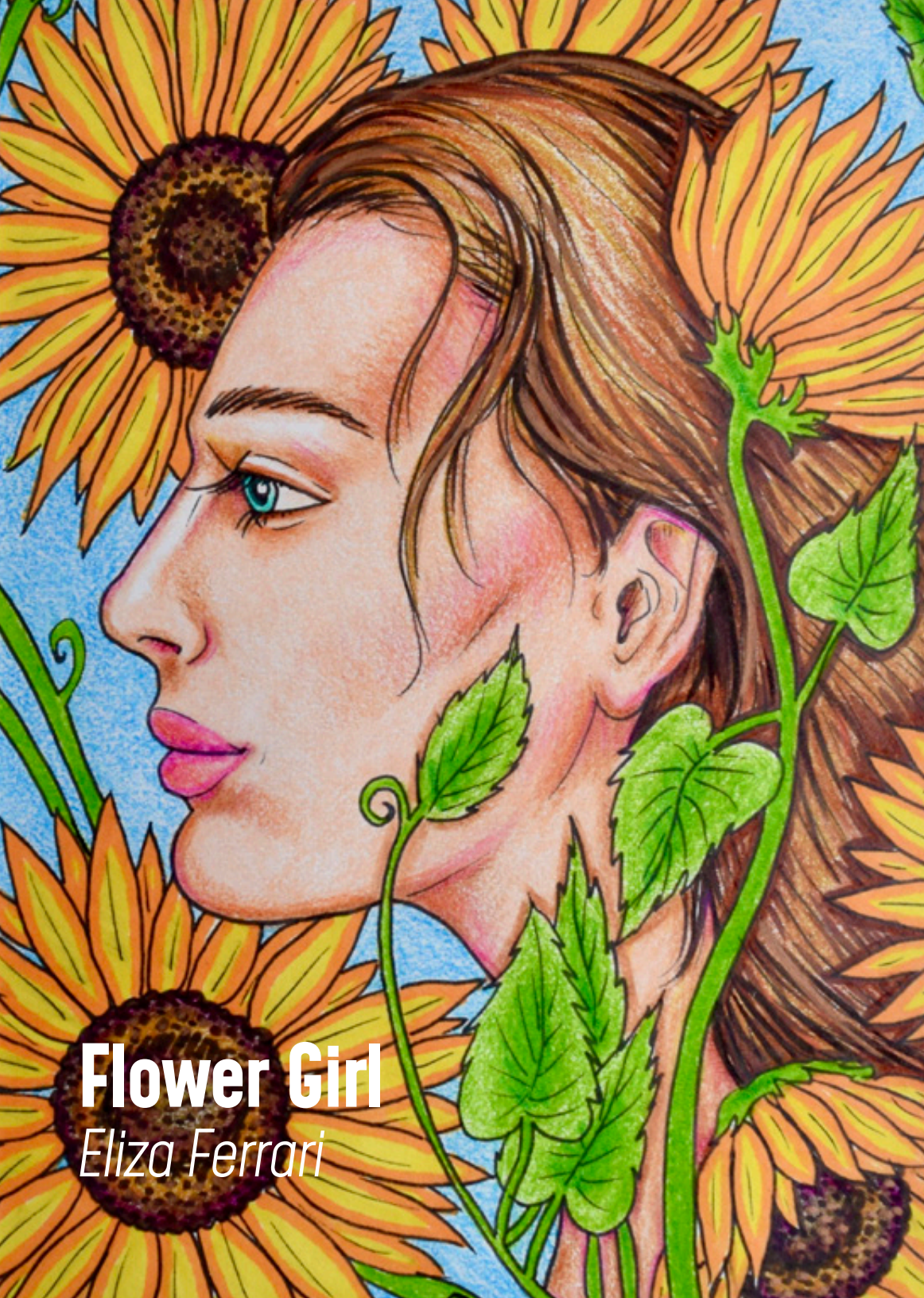


Desert Snow
Taylor King



Emptied Spaces

Jenny Kim



Flower Girl

Eliza Ferrari

Jungle Medicine

Steven Duncan

she carved a ring
into his neck

scraped and pricked
with needlepoint

left it open, raw
enough to bleed

and drain like sap
from a Chechen tree

a mother must
protect her child

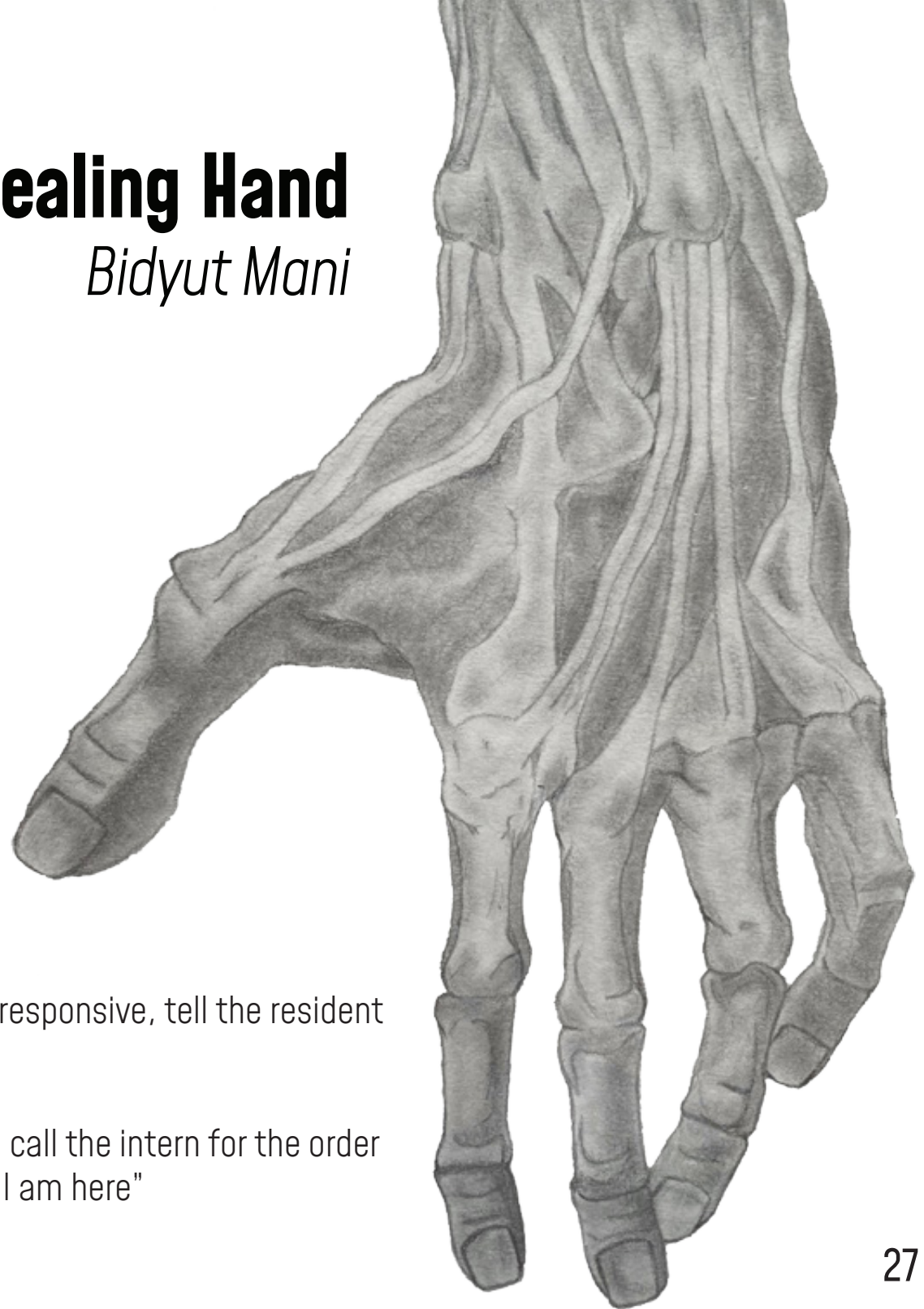
from the jungle's touch
the fever's rub

a mother knows
it must be done –

infections will spread
if you let them

Healing Hand

Bidyut Mani



How Can I Help?

Courtney Prestwood

Pleasant patient steadily improving, suddenly unresponsive, tell the resident
Call the RAT, how can I help?, go get a mask
Urgent Brain CT, how can I help?, steer the bed
Neurology suggests Keppra, resident tells MICU, I call the intern for the order
Patient in distress, holding his hand, whispering "I am here"
Asking to help, observing, doing.

A Prescription for Self-Forgiveness

Amulya Pratapa

Content warnings
Death, Depression

To my fellow healthcare students,

When I wrote this letter for SCOPE last year, it was a confession about a crime I had committed—one that had caused someone I loved to die. But over the past year, hindsight has been kind to me, and this story has morphed from a crime into a prescription for self-forgiveness.

It all started on July 2, 2018, when I was visiting my dear grandmother in India. Having raised me for the first few years of my life, she was a second mother to me and one of my closest confidants. Finally, after two years of Facetime calls, I rejoiced at having the opportunity to see her in person. That same night, she hesitantly told me that her chest had been aching intensely over the past few days, but that she was too terrified to go to the doctor alone. She asked if I would be willing to go with her, and I immediately promised her that I would take her to the cardiologist the next morning. Therein lies my crime; I waited. Had I known what was coming, I would have never waited.

She had a stroke before I woke the next day to take her to the doctor. As she lost control of her body I held her in my arms, holding back tears and praying for the ambulance to come faster. In her final moments of consciousness, she grasped my hands tightly until my knuckles turned white, her eyes wide with fear, looking helplessly into mine. Eventually, her grip weakened, her eyes closed, and her body gave away to unconsciousness. A week later, she was gone.

July 11, 2018 - The day of her funeral. As I stared down at her pale, cold, and immobile body, I couldn't fathom that it was the same warm body that had teased me, hugged me tightly, laughed, and danced with me just a few days ago. How could a body that had been so full of life, love, and laughter now be so still? Taking in the scene around me—Mom sobbing, Grandpa crying for the first time in my life, my uncle howling in pain—I teetered on the edge of sanity under the weight of my unbearable secret. I had known about her chest pain that night, yet I had done nothing. If I had taken her to the ER

then, would she be alive now?

I wanted to scream until I lost my voice. I wanted to bang my head against a wall until I could think no more. I wanted to run far away into the unknown until something somewhere put an end to my suffering. For 10 years, I had been an atheist, but in that moment, I had to believe in God to stay sane. Living in a world without a Higher Being who had the power to forgive me was excruciating.

In the two years following my grandmother's death, I adamantly refused to go to therapy, feeling that my depression was a justifiable and well-deserved punishment. Guilt and grief dictated my everyday life, adulterating my social life, sleep, and confidence. There were many times that I woke up in the middle of the night, gasping for air as I panicked about how much time I had left before another person I loved died. It wasn't until the pandemic, when I thought about the nurses, PAs, paramedics and doctors experiencing profound loss while working tirelessly,

that I found the words I should have said to myself long ago, and the words I want to share with you all today.

In those moments of grief, despair, and darkness, when our truths become doubts, when we feel broken beyond repair, I hope that one of you will turn back to this letter and remember: someone else's death and illness is not your fault. No matter what you try to convince yourself or what anyone else

might say to you in anger, it is not your fault. As healthcare workers, our ability to care deeply is often one of our greatest gifts, inspiring us to improve with every opportunity; however, in distressing situations, it can become our heaviest burden, causing us to blame ourselves for things beyond our control. As we move forward after loss, we must remember that it is not selfish to want peace and self-forgiveness. Looking back on my journey, one of my biggest regrets is not

seeking guidance sooner. It is essential for us to seek help and reach out to loved ones, before we think we need to and especially before we think we deserve to.

Take my prescription with you as you go: while you care for your patients and loved ones, remember to take care of yourself too.

Love,
Amulya



In Transition

Lilly Carter

This piece was inspired by the change and hope that was felt after our community started receiving vaccines. Although we are still in the pandemic, there is hope that we are "in transition" to a brighter and better day.

Like in the Cartoons

Adelaide Kwon

“I think I should give up,” I announce, because sometimes you have to persevere through hardship but other times you really need to just quit. This is one of those times.

Also, my toes are getting cold. I glare at my boots for this betrayal, because they are supposed to be winter boots and obviously I have been scammed.

“No, no, I think it’s not that bad!” my roommate says because she is kind and supportive and also apparently a liar.

“It is definitely that bad,” I tell her. I poke at the misshapen white lump of fluff piled in front of me and frown. It isn’t even vaguely round.

It also topples over when I poke at it, so.

“I feel like making a snowman shouldn’t be this hard,” I say. “It’s never this hard in the cartoons.” Which are my only primary resource for snowman-making at this point given that I’ve lived in

Texas my entire life, where it snows approximately once every seventeen years.

My roommate scoops up a handful of fluff with a determined glint in her eye that I usually see on NPO pre-operative patients asking for food. This is, objectively speaking, a very arbitrary comparison, but medicine has taken over a lot of aspects of my life, including my analogies. I’ve long since gone through Kübler-Ross’s five stages of grief about this matter and arrived at acceptance.

My roommate takes the white fluff and squishes it between her cupped palms. I refrain from raising an eyebrow at her when I’ve already tried and failed at that exact strategy because insanity might be doing the same thing over and over again and expecting different results, but inpatient medicine teams also collect the same history from a patient over and over again and sometimes get different results, so you never know.

My roommate’s studying medicine too. She gets it.

She cups the snow tight between her gloves and holds the shape for thirty seconds. Then she opens her hands and the fluff falls right back out onto the pavement, mocking our nonexistent snowball-making skills with a soft little puff of white dust as it hits the ground. She tries a second time because, again, patient history-taking, but unfortunately the result is the same.

It’s all very discouraging.

“I think we should give up,” I say again, just as a reminder.

“How about we go for a walk instead,” my roommate agrees.

The way the fluff covers the roads and sidewalks in a fresh white blanket is much less discouraging than the way it refuses to mold into a ball, and this cheers me up immensely. There’s no sun,

but it's not dark either, and the white crunches very satisfyingly underfoot as we make our way down the block. I take a moment to note that the cartoons never really point out how crunchy snow actually is.

The white is also very cold and still freezing my toes off through my probably-not-actually-winter boots, but that's besides the point. I figure we won't be walking around long enough for me to develop frostbite for real, and even if I do, according to UWorld you treat that by rapidly warming the extremities up in warm water, so clearly I already have an assessment and plan should I return to the apartment and rip off my rip-off boots to find blue toes, or something.

My roommate is experimentally pressing her foot down into a particularly deep mound of soft fluff that the wind built up next to an empty parking lot. Her probably-superior boots sink almost a foot down into the stuff. It's impressive but also a little funny seeing this one boot-shaped hole smack in the middle of a pristine layer of white, so I stop to take a picture.

"Hey," she nudges me, as I obsessively attempt to find the perfect angle to properly spotlight the depth of the boot-

hole. So I'm a minor perfectionist and have a Type A personality, what of it? I'm in medical school; that describes, like, eighty percent of us.

"Yeah?" I respond. I also finish taking my photo because I'm not about to leave a task incomplete, who do you even take me for.

"Look," my roommate says and gestures to the parking lot. It's one that's normally very busy, but we as a city don't actually know how to drive on snow, so there's not a single car now. The lot is pristine, covered in soft white so perfectly flat I can scarcely believe it's natural, as clean as a fresh sheet of paper and as crisp as the biting cold. It is not glittering—there's still no sun—but it's beautiful in its stillness, perfect untouched pure fluffy white.

It also reminds me of that one Sketchy video about Candida, not because of any actual resemblance but just because that video also involved snow and that is apparently enough for my useless brain to uselessly drag it to the forefront of my mind. I elect to stop thinking about that.

"Wow," I say instead, "It looks like we could make snow angels in there."

"It does," my roommate agrees.

Neither of us move.

"Do you want to make snow angels?" I ask.

"Um," my roommate says.

Neither of us move.

I feel that this is fair. Given the history so far, I have a high degree of suspicion our snow angels won't turn out like in the cartoons.

We stare at the lot some more. The cold is seeping past my toes now to numb my entire foot. I spare a moment to wonder if this is what diabetic neuropathy feels like.

"Well," I announce after a moment, "Want to walk back?"

A few minutes later, my roommate opens the door to our apartment. "You know," she says as we step inside and nearly bang our heads on the floor, because another thing the cartoons don't tell you is that snow—not just ice—is extremely slippery. I manage to not die via traumatic brain injury and yank my boots off to find, to my relief, that I do not in fact

have frostbite as she continues, “I know snowflake patterns are supposed to be microscopic and stuff, but I wish they weren’t. They’re supposed to be these intricate, hexagonal patterns, but how do I even know that’s real? Like, I wish you could see them fall from the sky like that.

Real snow looks like, I don’t know, dandruff or seborrheic dermatitis or something.”

I ignore this very accurate but also very unfortunate bit of medical imagery to hone in on the important part of her

words. “You mean like in the cartoons?”

She looks me dead in the eye.

“Exactly like in the cartoons.”



Big Tex
Eliza Ferrari

Strive

Clementine Young

Medical school is a radical shift. Two hundred and forty students picked from the cream of the crop, now taking exams together and all hoping to remain at the top.

When I started medical school four years ago, I was hopeful I could stay on top. After all, I managed it at every step prior. Elementary. Middle. High. Undergrad. Why not medical school?

As the information overload became too much and the label “below average” shattered my confidence, P=MD became my source of comfort, an excuse to stop trying as hard.

On to the wards, where I was reminded of who I was doing this for – the patients. They deserved more than P=MD. They deserved the best I could give.

My advice in hindsight – give it your all every day. You don't have to be the best in the class. It's OK to be below average in your class of brilliant peers. But strive to be the best you can be, so you won't let your patients or yourself down. Create your own average in effort and determination. Do your personal best, and you will find your path and thrive.



Untitled
Christian Lumley



Stand Tall
Taylor King



**Quarantine
Plant Parents**
Claire Abijay

Why do I always–
I lose myself
 Devolve
 Spiral

Gentle crests
A turbulent surge, frantic, unyielding
And I stare
Waiting for the crash

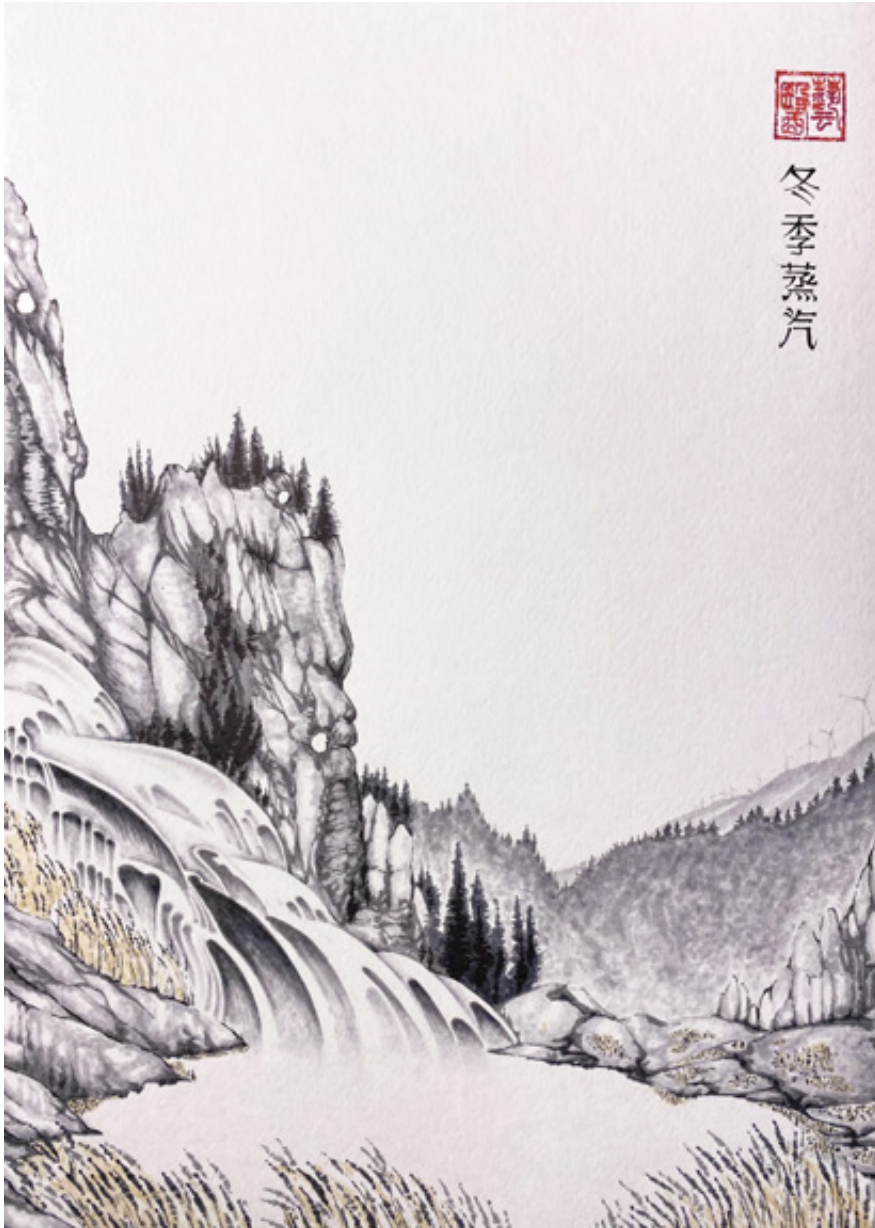
And in this moment, it–
It burns
It pierces
A familiar agony
–my mind–on fire

Within this infernal eternal internal moment, my soul exquisitely abused, sore, aches–nearly rends unto itself
The climax
And the pain doesn't recede
It settles
Slowly
Steeps
But I find comfort
In knowing
This knowing
In knowing
I can sleep
I finally sleep dreamlessly
Until the next

:The Weight *Ailing Yang*

Winter Steam

Leo Cho



Reflection

Aidan Strother

When Cries Become a Calling

Alana Carrasco

A baby cries in the background. The cries and laughter of little ones could be heard throughout the clinic all day long, but this time is different. This time, there is a baby on the verge of death. A child whose mother carried him through our doors as the sun was setting and the clinic was empty. A little boy struggling to breathe against the inflammation and infection that was likely raging in his lungs.

With every cry, my heart sinks, but my heart nearly stops beating every time the cries stop because I fear the worst. The clinic is not equipped to handle an infant this sick. Nonetheless, our team hastens to do what we can to stabilize the child. An IV is inserted into this 7-month old's tiny arm and pure oxygen is blasted in his face in hopes that it will reach his lungs. After an hour that felt like a lifetime, his fever breaks and his breathing eases. We know he has to go to the hospital, but the closest hospital is a 90-minute drive away. We immediately begin to call for an ambulance, a taxi, anything to get him to a hospital. We eventually get on the phone with the local volunteer firefighters and are told that they will bring an ambulance. So we wait.

And wait... and wait...

An hour goes by, and still we wait, hoping that the baby doesn't decompensate before help arrives. Minutes begin to feel like hours, and hours like days. Finally, as we are all becoming more consumed in our own despair and worry, flashing red and blue lights appear outside the window, lights that mean the possibility of salvation for this little boy.

The baby and his mother are loaded onto the ambulance, and we send them off with the miniscule amount of oxygen we have remaining in the clinic, hoping that it will be enough to keep the baby stable. One of the ladies at the clinic had called the hospital to notify them that our patient was on his way.

As we all stand outside, the air is still and the darkness feels heavy, and we watch the ambulance drive away into the unknown, hoping that what we did was enough. Hoping that this baby makes it. Hoping he can be saved.

Words As Medicine

Steven Duncan

The healer's hands must deliver
each treatment, touch and wait
for the progress of prediction.
There cannot be salvation
without a newness of blood.
But the healer's balm resides
narrowly behind the teeth, caught
just before swallowing. The palate
holds the dose that each man needs,
soberly adjusted for dispersal. Syrupy
and generous when the news is a future
walk through the park in autumn, deep
and satisfying breaths, more slow
dancing around the kitchen at night
when the children have gone to bed.
The medicine cannot always be
given with sugar, though every
lucent scan appears at first
a halo in the dark. Sometimes
the physician must lift up
the chin and chest and try
to speak without choking.



Milford Sound
Clementine Young

We want to end this edition by taking a moment to thank the healthcare professionals that have been on the frontlines of this pandemic since March of 2020. We are so grateful for your immeasurable dedication, compassion, and sacrifice throughout this year, and want to recognize your incredible efforts that made it possible for us to begin to return to normalcy.

