



FLORIDA STATE UNIVERSITY
COLLEGE OF MEDICINE

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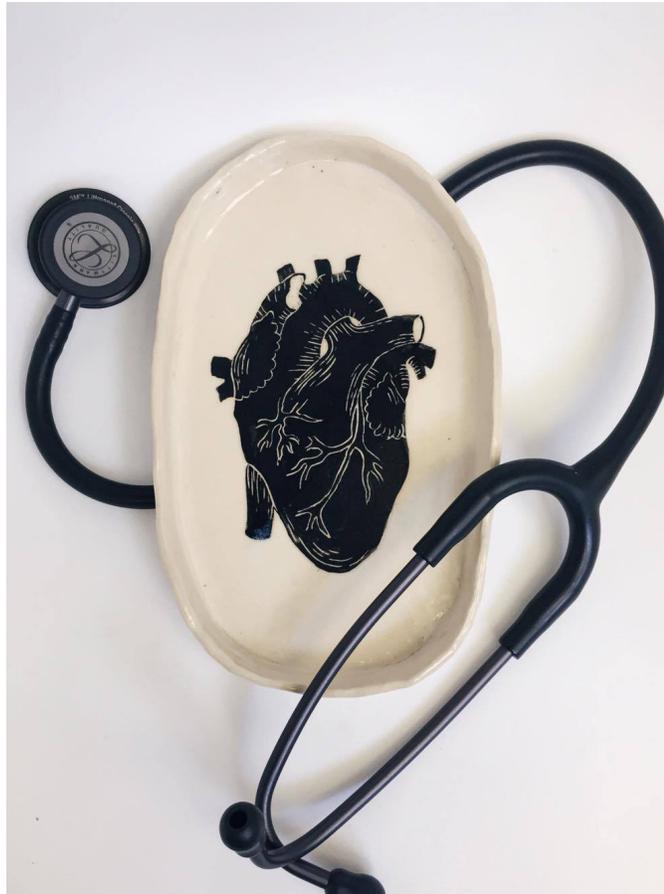
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HEAL

Humanism Evolving through Arts and Literature



HEART DISH
Hana Bui, Class of 2020

THE 2ND ANNUAL “HUMANISM AND MEDICINE” ESSAY CONTEST

Sponsored by the FSUCOM Chapman Chapter of the Gold Humanism Honor Society, in partnership with HEAL: Humanism Evolving through Arts and Literature

1ST PLACE

ARRANGE WHATEVER PIECES COME YOUR WAY

Kristin Magrini, Class of 2018

Monday. 9:38 PM. My first day of surgery rotation. Night, rather—I have been at the hospital since 6:00 AM. One last gallbladder to take out for the night.

Our patient reminds me of my aunt Donna. She is in her sixties and sweet, with a Jersey accent. She is an English professor at the local

college. Her specialty is Virginia Woolf.

Monday. 10:04 PM. The circulating nurse calls the golden moment and my surgeon starts the cholecystectomy. Thirty minutes into my shaky laparoscopic camera driving, the unthinkable happens. In an instant, the camera goes completely crimson and we’re blind. I

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HEAL is a place for medical students to share their growth and development, for faculty and staff to impart their knowledge gained from experience, and for members of the community to express how health and healing have impacted their lives.

We hope this work increases your appreciation for the art of medicine.

ARRANGE WHATEVER PIECES COME YOUR WAY (CONTINUED)

quickly pull out and clean off the camera only to reveal blood pouring into the abdominal cavity. Calmly, my surgeon clamps the source, takes the camera from my hand, and says, “We have to convert to an open operation. Scrub out and get help.”

Stunned, I rip off my gown and gloves and run out of the operating room. The halls are deserted and all the lights are off. We’re the last room operating.

Wednesday. 12:36 PM. Rounding over lunch. Two days post-op and our sweet, New Jersey patient had to be intubated last night in the Intensive Care Unit. We had been watching her closely since her surgery, but despite our efforts, she isn’t improving. The JP drain we left to remove any fluid in her abdominal cavity is filled with thick, dark green fluid. She is leaking bile.

I can see the disappointment on my surgeon’s face. He’s young—only three years out of residency—but already loved in our small community. Patients appreciate the extra time and effort he takes with them. He makes a point to learn about each of his patient’s families and their occupation—insisting on calling his patients by their professional titles. Physicians constantly refer to him because he closely medically manages each of his patients. He is the definition of busy, but thrives on the work.

In the dim fluorescent lights of the ICU, he calls me over.

“You need to come here and listen to me make these calls,” my surgeon says. “This is not a proud moment for me. In residency, I fixed problems like these. But part of being a doctor is knowing when you have to ask for help. I know I could repair the bile leak with another surgery, but when you’re too invested—that’s when you make mistakes. Potentially life-threatening mistakes.”

The first call is to our patient’s son. He’s a theology PhD student in New York that is flying in this evening to be with his mother. My surgeon explains his mother’s condition, answers all his questions, and discusses his plan to transfer her to a larger medical center. He agrees with my surgeon and, despite his palpable sadness, thanks him for doing what he thinks is best for his mother.

The next call is to a surgeon he knows at the larger medical center two hours away. It was surreal to see my confident, skilled surgeon explain his patient and situation with such humility. To witness him admit that he needed help.

He hangs up the phone and without saying a word, he gets up. I follow at his heels. He slides open the heavy glass ICU door and approaches the head of our patient’s bed. She lays with her eyes closed, tubes and wires entangling her. My surgeon places his hand on our patient’s shoulder without any indication that she knows he is there. In a soft, soothing voice he explains to her what is going on and the plan to transfer her. He tells her that he’s sorry that he cannot take care of her here. He tells her everything.

Although I had only known him for a few days, I already respected his knowledge and surgical skills. However, it was at that moment that I truly began to admire him as a doctor. Medicine is a field in which perfection is not only rewarded, but expected. We are trained to be confident and infallible. We are held to seemingly impossible standards.

We often measure a physician’s excellence by their achievements in medicine—developing innovative techniques, performing complicated surgeries, curing deadly diseases. It is easy to praise obvious success and lose sight of our humanity. But we are imperfect beings.

My surgeon revealed to me that real physician excellence is the ability to be altruistic in

ARRANGE WHATEVER PIECES COME YOUR WAY (CONTINUED)

unfortunate situations. As much as doctors want to fix everything, we must make the compassionate choice with our patients and admit when we need help. His forthright admittance of a disappointing outcome, respecting the best interests of his patient, and making it a teaching moment for me demonstrated true integrity.

Tuesday. 10:45 AM. My last week of surgery rotation. I turn around to my name being called in a quiet, but unmistakable Jersey accent. My gallbladder patient is back for a post-op visit with her son.

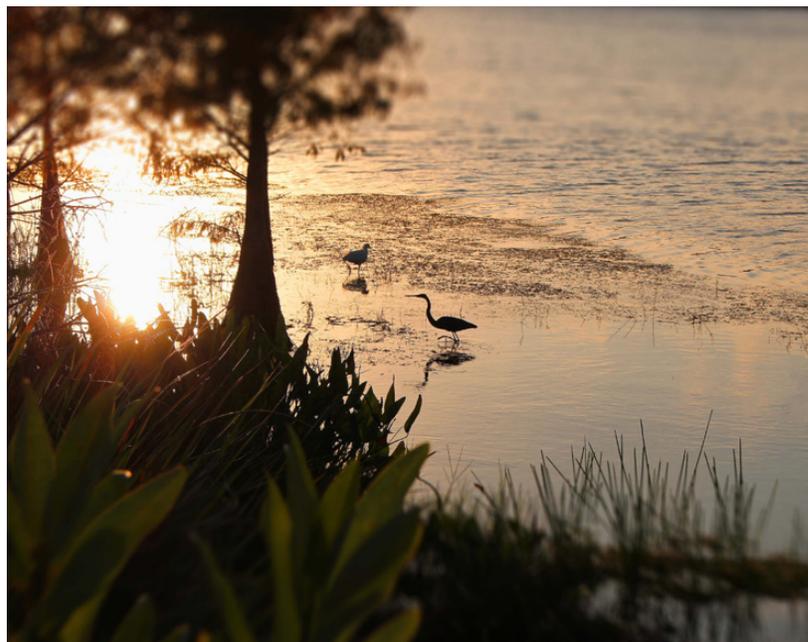
She updates me on what has happened since she was transferred. At the larger medical center, imaging incidentally revealed an asymptomatic tumor in the tail of her pancreas. She told me that the doctors said she was lucky because that type of pancreatic tumor

is typically not discovered until it is too late for treatment. If she had not been transferred, the tumor would not have been found. They were able to repair her bile leak and remove her tumor in the same surgery.

“I’m so sorry to hear that they found a tumor,” I say as I’m removing her surgical staples.

“As Virginia Woolf said, arrange whatever pieces come your way,” she responds with a smile.

My surgeon arranged the pieces and made a difficult choice for the well-being of our patient. He demonstrated to me that an exceptional physician embraces humility, shows empathy, and makes excellent decisions even in difficult moments.



**GREENERY (TOP)
&
SHORE (BOTTOM)**
Dorty Morency, Class of 2017

I understood what made Dr. V passionate about going into work every day.

He was following the life paths of his patients, through the good and the bad.

“HUMANISM IN MEDICINE” ESSAY CONTEST, 2ND PLACE

DR. V

My neighbor has always been there for my family. Not just the “taking our mail while we’re on vacation” type of neighbor, but much more. I remember once during high school, after an unsuccessful afternoon of filling endless job applications, Dr. V called me over as I pulled into the garage. “Figured out your plans for summer yet?” he asked. Frustrated, I complained about how, at best, I’d spend my summer break folding jeans. He stopped short of watering the hydrangeas and grinned. “My office always needs extra help. I’m sure you think what I do is boring but it beats listening to mall music every day!” That following Monday, I was checking in patients at Dr. V’s office.

By the end of summer, it seemed like I had met all of his patients. I felt excited when Ms. Abernathy shared the news of her new grandson, and empathized with Mr. Shaw’s pain after his recent accident. I understood what made Dr. V passionate about going into work every day. He was following the life paths of his patients, through the good and the bad. Eventually, my family became his patients as well.

Last year, as I was living far away from my parents, I listened to a voicemail my father left me while on the subway. I tuned out all the other noisy commuters, as I heard my father’s tired voice say, “Your Mom’s in the hospital. Something happened with her sodium level because of her new chemo meds. She’s okay... but something’s not right with her memory.”

I called my father back. “We got a room now. When the nurse told me who the attending physician was for this night I couldn’t believe it. It’s Dr. V!” he exclaimed. A lot of anxiety was swimming in my mind up to that point, but it quelled when I heard that. Dr. V knew about my mother’s condition before she became another patient assigned to a hospital bed. He was there for us when we discovered my mother’s blurry vision was a result of a growing brain tumor. He was there when we found out not all of the tumor could be removed

from surgery. Therefore, he knew of my anxiety about living so far from my mother that I was not included in her medical care. It was his idea to hold a group call to fill me in on what was happening.

“Let’s have a family talk.” Dr. V said when my father handed him the phone. So we talked. In hindsight I realize I was in denial about my mother’s situation. I read on UpToDate that hyponatremia could cause acute confusion and therefore this obviously explained what was happening. After all, I was an incoming medical student and definitely knew what I was talking about. He agreed this could be an explanation but spoke to me like his equal, gently reminding me what dozens of rounds of radiation to my mother’s frontal lobe could do to her memories. At the time, I wasn’t ready to swallow that new reality, but I’m glad he didn’t sugarcoat his worries to try and protect me. It helped prepare me for the months to come.

I also appreciated Dr. V’s willingness to include my father, brother, and me in the decision making process while my mother was not in a position to do so. He presented all the options available to our family, the pros and cons of choosing an assisted living facility versus caring for my mother at home. Despite being thousands of miles from my family, I felt included. Dr. V presented us with all of our options. But instead of immediately stepping back after dropping this overwhelming amount of information on us, he was an active participant. He told us about how he felt. He expressed his concerns about my father’s ability to take care of her if he continued to work, an uncomfortable subject that I’m sure most doctors would not want to delve into. Dr. V wasn’t afraid of speaking his feelings and showing compassion during this hard and deeply personal conversation. It made me feel like he not only cared for my mother, his patient, but for my whole family as well.

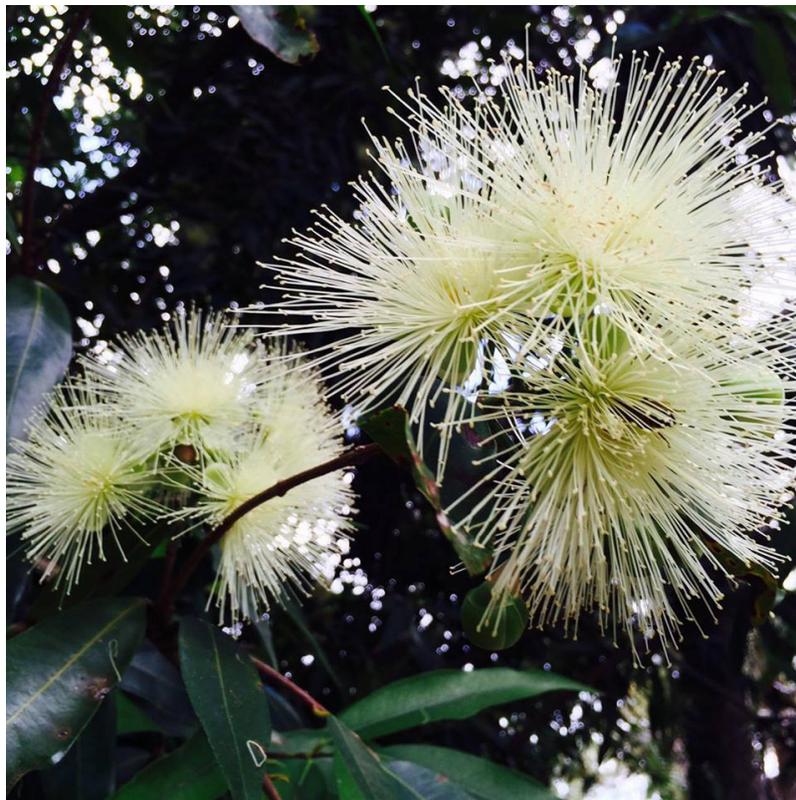
As my mother went home instead of to an assisted living facility, I went to medical school. Six months after starting experimental therapy, my mother’s MRI results were not showing improvement.

DR. V (CONTINUED)

She forgot where I was going to school. Then she forgot what I was going to school for, despite attending my White Coat Ceremony. Then she started to have falls. My brother and I came home to discuss the next course of action.

That night, Dr. V knocked on our door after hearing we were all under one roof. He was wrapped in a cartoon character blanket and wearing fuzzy bedroom slippers. There was definitely not an air of pretension to him. “Let’s have a family talk,” he said. So we talked. A year ago we had many more options: surgery, radiation, chemotherapy. A year had passed since my mother’s diagnosis and since then we had explored multiple paths which ended up being dead ends. Dr. V again presented us with our options. He did not shy away from discussing end-of-life care and most importantly, had us talk about how we felt moving forward. By the end of our

conversation I now understood what the patients I met during my summer working at Dr. V’s office felt during their appointments. Dr. V not only understood the problem at hand, but the full story of my family as a result of being with us as a neighbor, a friend, and our physician. This relationship allowed him to take the time to make us feel included in the decision making process, to respectfully ask the hard questions, and to build the trust necessary for my family to believe he had our best interests in mind when he shared his personal thoughts. He exemplifies the Gold Humanism Honor Society values by cherishing the relationship he has built with our family and taking his role as a partner in health decisions to heart. During this time when it’s easy for me to feel helpless, I remind myself that there is still hope. One day, I can take the valuable lessons I learned from Dr. V to help my future patients through similarly difficult situations.



PRETTY WILD

Mollika Hossain, Class of 2018

INTO THE WOODS

Andrew Clementz, Class of 2018

I watched Mr. J heave himself, all 380 pounds, onto the stationary bike. Grunting and struggling with the intense effort of getting himself into place, he began to pedal feebly, sweat already collecting on his brow and upper lip. His abdominal girth made it nearly impossible for him to pedal appropriately; shifting his weight back and forth from side to side was the only way that he could get his knees up high enough to complete a full rotation. His shirt, barely long enough to cover the bottom of his belly, drifted upward with each movement just enough to reveal his wound dressings. The dressings hid more than any other gym member might have guessed. Watching him in awe, my heart swelled with emotion.

I first met Mr. J many months prior. During a busy day seeing patients in the clinic on my surgery rotation, Dr. Q handed me a thin chart. “Mr. J...here for a hernia evaluation apparently. Go get the history.” Scribbled next to “reason for visit” was “abdominal hernia.” As I entered the room, I laid eyes on Mr. J for the first time. He was a massive man, loud and boisterous, yet teeming with positivity and charming in his own unique way. He told me of how he had been in a motor vehicle accident many years ago, and that he had required an emergency splenectomy due to a massive splenic injury. For reasons that Mr. J was unable to recall, the surgeons had left his abdominal wound open; perhaps they feared infection, or felt they did not have enough healthy tissue to reapproximate the wound. Regardless, Mr. J had been left with an incisional hernia that spanned the length of his belly from the xiphoid process to the pubic symphysis. He divulged that he had been to multiple surgeons in the area, including the ones who had performed his initial operation. The story had always been the same; no surgeon thus far had been willing to operate on him. Some said that it was too risky with the size of the hernia, and the size of Mr. J himself. Others said that it wasn’t medically necessary; that the defect was merely cosmetic, and that the risk of bowel loops becoming incarcerated was negligible due to the size of the hernia. “I can’t live with this anymore. I’m so self-conscious...and I’m constantly

uncomfortable. I look like a freaking pregnant cow! Please, help me. No one will help me,” Mr. J said tearfully.

“It isn’t going to be easy, but we have to help this man,” Dr. Q had said the day of the surgery. We operated on Mr. J for five hours. Scar tissue running the length of his abdominal wall made the surgery harrowing from the start; scalpel blade after scalpel blade dulling during the dissection through the thick, fibrous tissue. His intestines had been herniated through his abdominal wall for so long that it was difficult to stuff them back into Mr. J’s abdominal cavity. A synthetic mesh, reminiscent of a pool screen enclosure both in size and material, had been needed to bridge the gap between each hemisphere of the abdominal wall, which no longer approximated together on its own.

“It went as well as we could have hoped for. But, he’s not out of the woods yet. The wound could break down. The mesh could get infected. If that happens...we are in trouble. We will have to re-operate, take out the mesh, and end up right back at square one. Only time will tell,” Dr. Q had told the family and Mr. J once he recovered from the anesthesia. Mr. J’s recovery course came with many hiccups. We visited him daily, often multiple times each day. Erythema crept up the sides of his massive incision. Drainage seeped from various sites. Mr. J required multiple rounds of antibiotics in efforts to prevent the mesh from becoming infected. He spiked low-grade fevers, struggled with unrelenting abdominal pain and discomfort, worrying constantly about the success or failure of his operation. Yet each day, Mr. J remained positive, and always greeted us with a smile. Dr. Q, despite his chaotic schedule and seemingly endless list of patients to round on, always made Mr. J feel like his top priority. He listened to his concerns, he educated Mr. J, and he always gave the whole truth. He sat on the edge of the bed with Mr. J, clasping his hands and sharing a moment of solidarity and empathy. Mr. J faced a difficult, long, and relentless hospital course; yet he braved it with Dr. Q by his side.

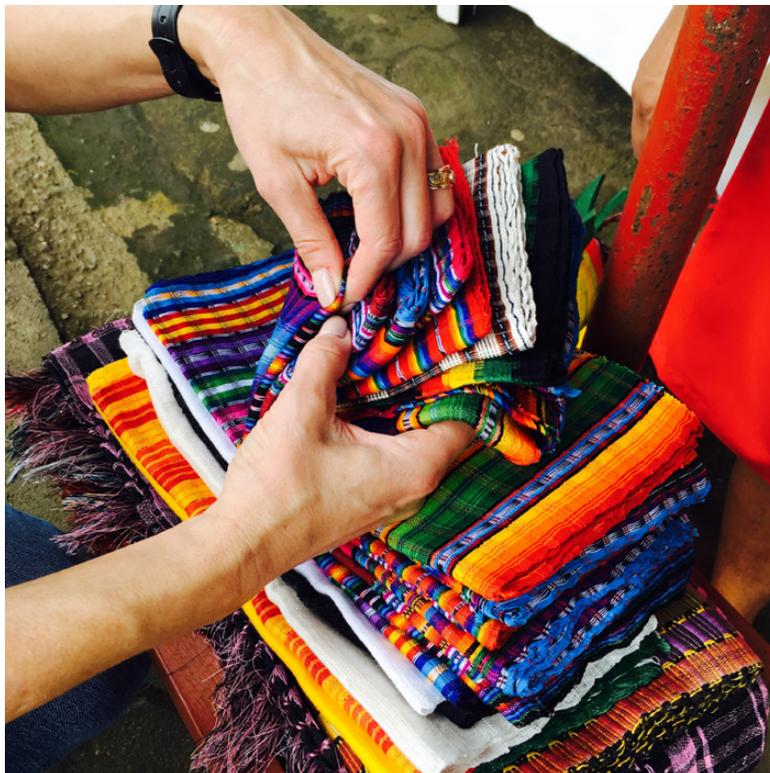
It went as well as we could have hoped for.
But, he’s not out of the woods yet.

INTO THE WOODS (CONTINUED)

The day after I saw Mr. J on the stationary bike at the gym, months after my surgery rotation ended, I received a picture via text message from Dr. Q. Standing side by side, arms around one another, were Dr. Q and Mr. J. Toothy, genuine, almost giddy grins spanned the width of both of their faces. They might have been high school friends. “He’s doing great; the incision is beautiful except for an open area about 8 mm long. Not too deep, no erythema,” Dr. Q had told me over the phone. “He’s not out of the woods yet; but he’s close!”

Dr. Q had told me at the start of our rotation that he wanted to dispel the myth that shrouded surgeons; that they were cold, that

they did not form lasting relationships with their patients. He had undertaken a task that many others were unwilling to do. A harrowing surgery, a recovery plagued with uncertainty, and months of close follow-up. Half a year had passed since my surgery rotation, and Dr. Q was still dealing with the repercussions of Mr. J’s operation. But in the bargain he had also gained a special relationship, the coveted physician-patient relationship we are taught to foster throughout our years in medical school. He had done something for Mr. J that no one else had been willing to do—he had ventured fearlessly into the woods with him, braving the darkness.



**LAS GALLINITAS-
NICARAGUA MARKETPLACE
(TOP)
&
A SEA OF COLOR-
NICARAGUA MARKETPLACE
(BOTTOM)**

Tamara Marryshow Granados,
Class of 2017

I THOUGHT I WAS BRAVE

Cade Guthrie, Tobacco Coordinator
Department of Behavioral Sciences and Social Medicine

I thought I was brave
But I'm not brave

Those were some of the last words she spoke
A tremble in her voice
Surrounded by family
Confronted by her end

I thought I was brave
But I'm not brave

Brash and confident
Loving and laughing
Fear so uncharacteristic
In the wavering voice of this great woman

I thought I was brave
But I'm not brave

Surrounded by family
Confronted by her end
I couldn't say everything I wanted to say
I couldn't give her everything I wanted to give

I thought I was brave
But I'm not brave

I stood at her side
Her hand in mine
I watched her struggle
I watched her fade

I thought I was brave
But I'm not brave

When she could no longer speak
I stood still by her side
A hand on her shoulder
A tear in my eye

I thought I was brave
But I'm not brave

Those words wouldn't leave my mind
They ripped and raged
A maelstrom of despair
Within me

I thought I was brave

But I'm not brave

I couldn't say everything I wanted to say
I couldn't give her everything I wanted to give
I had waited too long
She couldn't hear me anymore

I thought I was brave
But I'm not brave

I couldn't say everything I wanted to say
I couldn't give her everything I wanted to give
But I gave her all the strength I could
I gave her all the comfort I could

I thought I was brave
But I'm not brave

When her breath slowed
And her chest stilled
I thought of everything she was to me
And alongside the tears came certainty

I thought you were brave
You made me brave

HEAL WRITING WORKSHOP

This past October HEAL hosted a writing workshop for the medical students at the College of Medicine's main campus. Students responded to the following prompt: "Describe a common activity— cleaning the house, dancing, fishing, painting a picture, bathing a child, cooking a meal— which could serve as a metaphor for your life, for how you are in the world. Write about this activity in a way that is unique and utterly your own."

Sana Azam, Class of 2020

I get out of bed every morning, unaware of the rooster that will crow in the next two hours. I tackle the blanket shrouding me, to break free of serotonin . . . deep enchantment. My eyes strain against the sanguine digits of the clock, trying to suck the blood from my veins, willing me to stay at rest, despite the peel of the alarm, reminding me there is another day's "cuckoo" still to be heard.

Michael Tandlich, Class of 2020

Cleaning the House

The house hasn't been cleaned in weeks. There is a mat by the front door, and a closet, with a place to leave pairs of shoes, but shoes are never removed and placed there, leaving busy trails on the tile floor. There is a sponge by the sink and a bottle of soap, and even an extra bottle in the cabinets beneath, yet dishes are stacked with traces of being barely rinsed. The home remains a dirt-sprinkled, dust-collecting mess. Behind a hallway closet stands an unpackaged vacuum, its utility as faded as the silence of its dark, cardboard box. The home owner says he has been too busy to clean, yet has had time to open cabinets and open books and leave on the TV. Things are opened and turned on everywhere and left that way.

Anna Fulghum, Class of 2019

You can already feel the heat rising from the bleached sand. Rolling waves beckon cool refreshment. Run, run, run to the water! Splash into waves like you've never touched water before. Dive head first into the oncoming wall of water. Smooth silk running along every pore, envelopment.

Shannon Lyons, Class of 2020

Morning Routine

I start the night before. I need every second I can get in the morning since I'm usually seven minutes late. I pour the water from a jug made of plastic. Not the best for recycling, the weight of the near full jug pulls down like a conscience beaten by hypocrisy. The Malbec colored reusable pod is filled with a strong blend, pre-ground because the grinder I got for Christmas from my mom is still in the drawer unopened. But at least I'm using the grounds which I got at Fresh Market after staring at the options an absurd amount of time, blocking the view of the moms coming by to grab a few nonessentials before 3pm hits and school lets out. The alarm goes off in a dark room and it's time. I push the button and sit on a green wicker chair I purchased for a few bucks at a garage sale with my Mimi, while getting furnishings for my overpriced, under maintained college row house. The smell of cliché fills the air, the silky scent offers a strip tease to my socially acceptable addiction of the caffeine infusion to come. I hear a dampened thud. How can such small feet create such noise? This pulls my mind off the surf of the swirling dust and back to this kitchen in this moment, somehow eight minutes late, out of time. Cup in hand. Bags on arms. Time to going, going, gone.

THE PART ABOUT ROSES

Alexandra Nowakowski, PhD

Departments of Geriatrics and Behavioral Sciences and Social Medicine

--This poem is about the aftermath of being diagnosed with cystic fibrosis just before my 33rd birthday.

You get used to things
breaking down:
computers, internal organs.
Some days are just
one big blue screen.

Gather up papers
and medical bills inches deep
for your tax returns.
Give thanks for the rare things
that come with refunds.

Some things in life
are not so easy.

Children pronounce the name
of my disease like
pretty flowers.
I get so many thorns.

Late nights spent waiting,
memories prick me.
Dive into a black screen
starting over from scratch
like I wish I could do
with this pile of damaged goods.

I remember my father
telling me how to become
a famous scientist.
The secret, he said,
is to prove something
everyone already knows.

Now I hand out Nobel prizes
left and right for seeing
the obvious.
I have records and specimen jars
and shit like roofing tar.

You get used to my stories,
ugly details bound with humor
so that I may not weep.
And then so many questions.
Will you die?

Well, yes.
But probably not soon.
I say it is a blessing.
I say I am lucky.
I am literally and figuratively
full of shit.

After my diagnosis
people got busy
putting 65 roses
on a grave that I
forgot to dig.

Say the part about roses
out loud—aha.
I grow so tired of
explaining things.

I was not meant for living,
but missed that memo
and tick on through tax years
and death sentences
and CT scans
and ultrasounds
and needle sticks
and spirometry
and piss tests
and hopes that swell
and wishes that burn.

Red pills sit like
Sophocles villains
in earplug boxes.
I swallow them in droves,
rattling.
Digestion hangs around
in a coat pocket.

I float on salty water,
oceans I cannot clear.
I suffer tidal waves,
give each a name:
Too Little and Too Late.

THE PART ABOUT ROSES (CONTINUED)

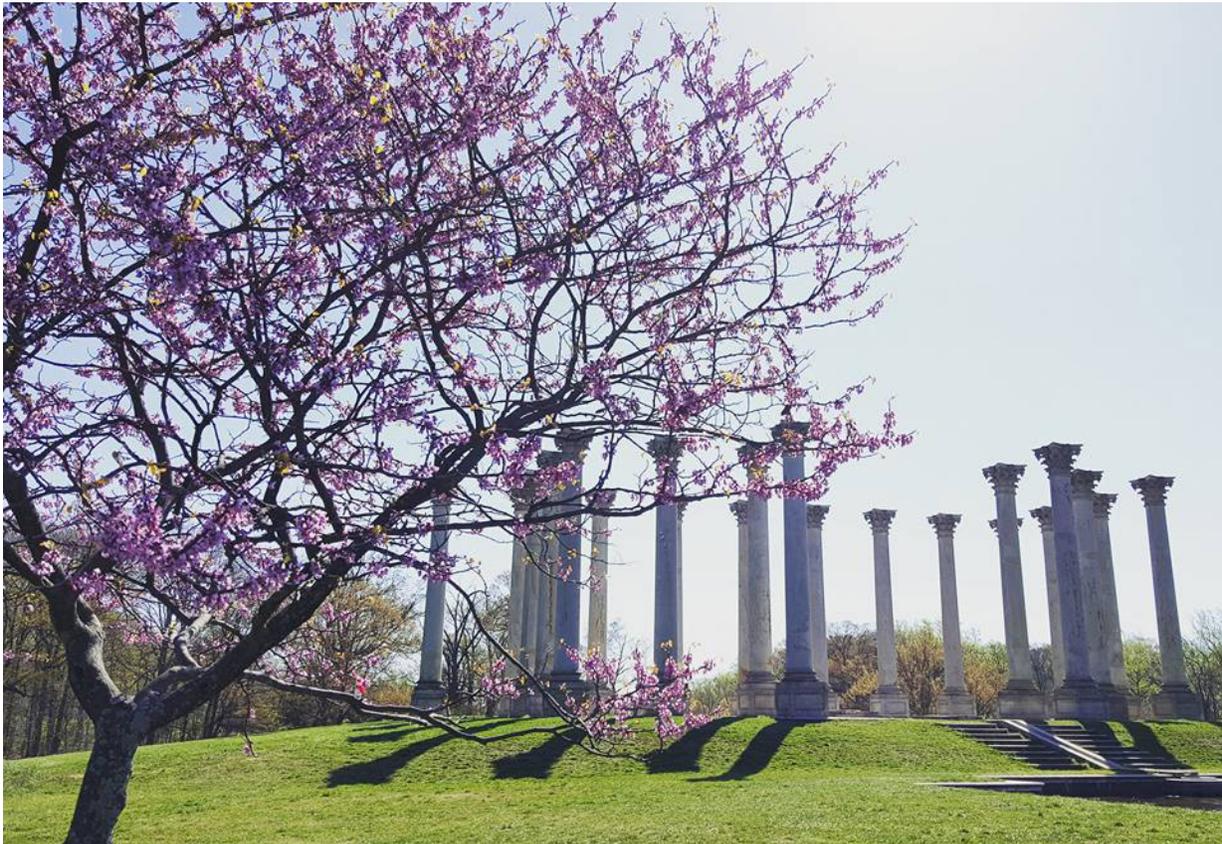
I pay my taxes and
Uncle Sam pays back.
I have never met
this uncle, but I wonder
if he wants me to live.
Sometimes it is awfully
hard to tell.

I talk on the telephone.
Swim in tears that singe
my fissured skin.
I wade into cynicism like
lapping waves, remember:
all life is death and taxes.

Death is a slow drowning
in cement overcoats
of your own making.
And life is a steep
price to pay for 32 waves
of incomplete data.

I boot the computer
so I can file
my taxes,
itemize my losses.
Another year of life
in the books.

Fame carries the old
hollow promises of youth.
Good news wears shoes
forged in concrete,
the same despair
my parents carried
those years they knew—
but could not prove—
what was killing me.



THE NATIONAL ARBORETUM, WASHINGTON D.C.

Liana Angeli Apolis, Class of 2020



**HA LONG BAY, VIETNAM
(TOP)
&
BANTEAY SREI TEMPLE,
CAMBODIA (BOTTOM)**
Liana Angeli Apolis,
Class of 2020