



FLORIDA STATE UNIVERSITY  
COLLEGE OF MEDICINE

# HEAL

Humanism Evolving through Arts and Literature

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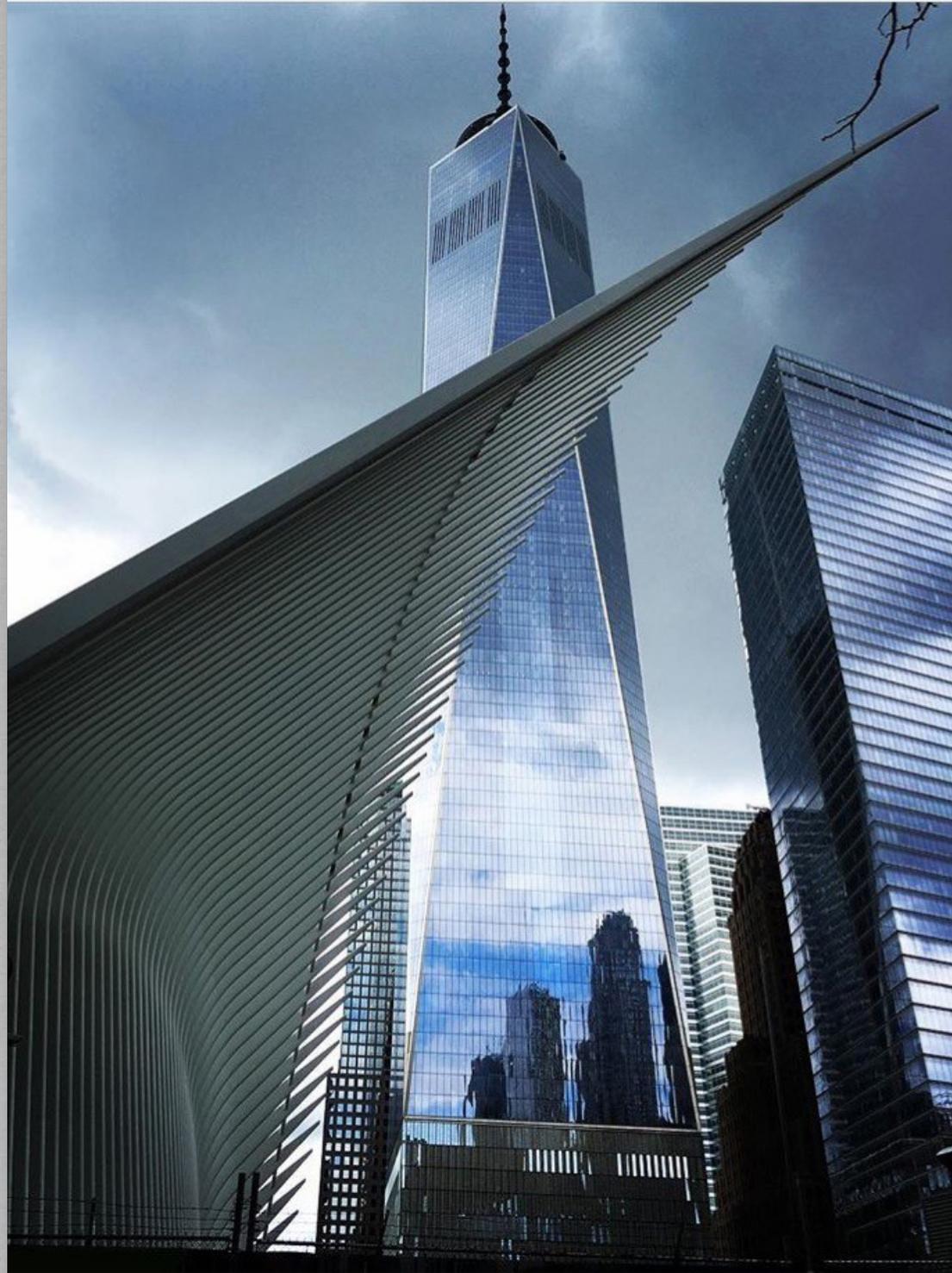
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**ONE WORLD**  
Daniel Farinas Lugo, Class of 2019

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## NEW IN HEAL:

Submit your music or spoken word poetry to HEAL! Just upload a digital file of your recording to our submission website: [journals.fcla.edu/heal](http://journals.fcla.edu/heal)

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.

## DEFINING DISABILITY

Abbey Goodyear, Class of 2020

The first time I spent one on one time with my (at that time) future stepfather was when he took me to my first Father-Daughter dance. Although a quadriplegic who was injured in a car accident when he was 17, he twirled me around all night as if there was nothing holding him back. As a 6-year-old girl who did not know her biological father, this meant the world to me. I will never forget him coming to pick me up in his van, the door for which opened up automatically, allowing a ramp to unfold magically, as if it were a red carpet being placed down for me.

I grew up with him as if he were my primary father, and have always been inspired by his positivity. Although he requires full time care for basic daily living—someone to lift him in and out of bed, change his urinary drainage bag, bathe him, etc., he doesn't see the things that hold him back; he only sees possibilities. I have never heard him complain a single day in my life. He is the kind of person who wakes up in the morning full of energy for the day, zooming around in his motorized wheelchair with no time to waste. Being the positive person he is, he turned his disability into an opportunity to help others who are in the same position as him, and opened up a modified van rental business, supplying transportation to persons who otherwise might avoid the activities many of us take for granted, such as going on vacation, because they are unable to get around.

As I entered medical school, he opened up more about the medically related challenges he faces with his injury, and his thoughts on treatment. Because of him, I naturally took a fervent interest in all the current neuroregenerative research. Excitedly, I've engaged in discussions with him regarding the incredible progress we've made towards post injury neuroregenerative repair, and the idea that one day these clinical trials may actually lead to a cure. It struck me that one night, in response to my excitement, he said, "You know, Abbey, even if they came up with a cure for my injury, something that would allow me to be completely able bodied, I'm not sure I would want it." I was so excited about the advancements in research that I forgot to think about the implications it would have for him as a person. He has been injured for so long that he does not see his disability as a disability, just a difference in capabilities that he has grown accustomed to. In my eyes, this adaptation is more elegant than any kind of cure, as though the challenges he faced earned him angel wings, or super powers of some sort—the kind of super powers that allow him to be an inspiration to others, and to me.

In medicine, we are taught to heal people, and sometimes we get lost in the idea of fixing a problem, rather than healing the person. People like my stepdad remind me that medicine is much more than solving a problem. Medicine can remove illness. However, the art of healing requires a gift of tailoring treatment to each patient's individualized needs, so they can live life to their fullest, happiest potential, as they imagine it. The life that makes them get out of bed in the morning, and run (or zoom) in the direction of their dreams.

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## HIDDEN WATERFALLS

Samantha Cleveland, Class of 2019

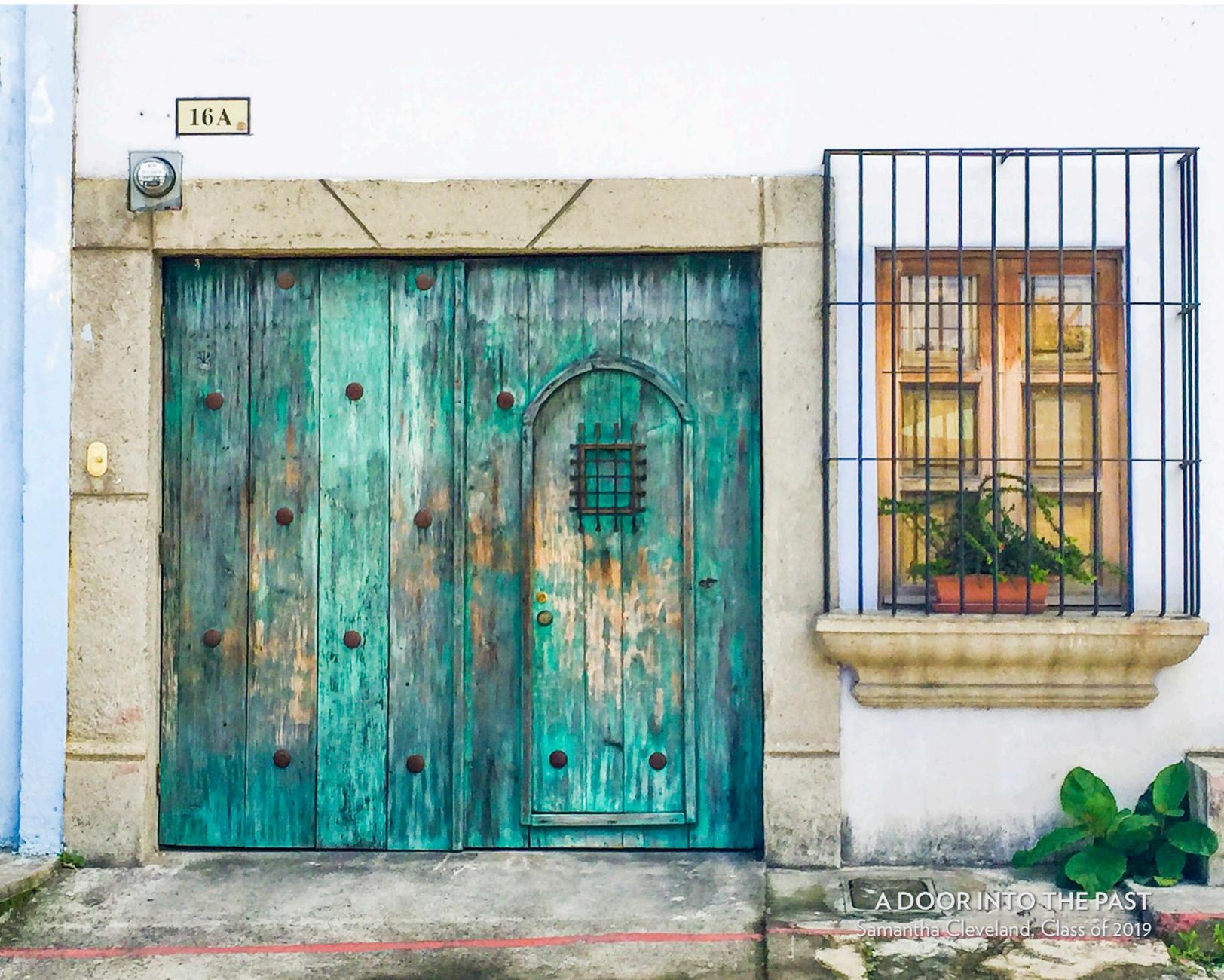
# TOOKEY AND THE LITTLE BOY

Ludonir Sebastiany, Class of 2019

Each morning on our commute to school, Tookey forced me to read every street sign and billboard. With her help, I excelled in the classroom and was the top student in my classes. She picked me up on afternoons from school and took me to her home where she fed, bathed, and tutored me. I knew the capitals of all fifty states before my classmates knew how to add and subtract. Tookey even hired an employee at our favorite Chinese restaurant to teach me Chinese. And when my teachers suggested that I be placed on Ritalin because I was a disruption to the class, it was Tookey who said, "No, not Ritalin! But violin!" A violin and a beautiful high school student were provided for me the very next week to teach me the instrument.

In her later years, Tookey experienced many health hardships, but none more difficult than her recurrent battles with breast cancer. It was the care I gave her throughout her chemotherapy treatments

which opened my heart to medicine. See, Tookey cared for me as a young child, so as I grew up it was my duty as her "little boy" to repay her, and to give her the care she so rightfully deserved. In the moments I tended to her while holding her hands after chemotherapy, radiation, and surgery, my heart softened and I learned to become a more compassionate individual. I loved her with all my being and I am certain she would be exceptionally proud that I've dedicated my life to improving the health of others. If there is one thing that I want Tookey to know, it is that I am forever grateful for all that she has done in my life. Her love truly made me a kinder, more loving human being towards the world.



A DOOR INTO THE PAST  
Samantha Cleveland, Class of 2019



## HURRICANE IRMA

Kevin Sherin, MPH, MD

Hurricane Irma crawled up Florida's shore  
Wreaking trauma and havoc more  
Key West bore much of the giant storm  
Many others would face her harm

Her name in German means Goddess of war  
Wish she went out to sea and would war no more  
Caribbean islands were not spared her wrath  
The fearsome winds that followed her path

Remind all of dangers after the storm  
Don't touch live wires that bring more harm  
Stay away from waters that carry disease  
Keep kids inside until its safe outside, please

Place the generators far from the house and the vents  
Above all use lots of good common sense

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[Listen to Kevin read "Hurricane Irma."](#)

**DODGE AND BURN**

Juno Lee, Class of 2018



**AZOLES**

Michael Morgan, Class of 2021

# HUMANISM IN MEDICINE

Jarrold Robertson, MD, Class of 2017

Humanism in medicine is commonly thought of as the outward expression of compassion and caring that is shown by a physician for his patients. What is often overlooked is the expression of humanism in much more subtle ways and in even the most mundane of tasks, even those done when the patient is not around.

I learned this lesson all too well during a 4th year acting internship at another institution. It was my first week on a new and exciting surgical oncology service. I was working feverishly to stay on top of what was an incredibly busy service with the sickest patients I'd ever cared for. By the end of my first week I found a routine that worked. My days started at around 4:00 AM which gave me enough time to write down numbers, pre-round, and write notes on my 7-8 patients before the intern got there to do her pre-rounds at 6:00 AM. My morning was going very smoothly until the chief texted me with a consult on a possible pancreatic head mass to see before rounds at 6:30 AM. By now, this ominous diagnosis was not a shock to me on this service. I pulled up the patient's CT scan at my workstation and saw for myself the pancreatic head mass and what looked to be obvious liver metastases. I entered the patient's room to find a middle aged man in terrible pain accompanied by his sweet wife. They were very kind despite my 5:00 AM intrusion. I proceeded to take a quick history and physical and explained to them that he would be admitted to our service to undergo further evaluation of his findings and that I would ask our chief to write for some pain medication to help until we saw him later that morning.

As usual, after our cases finished in the OR we made afternoon rounds with our attending. An incredibly gifted surgical oncologist with great attention to detail, he demanded the same from those working on his service. He preached to us that these complex cases in surgical oncology are only successful in the operating room if the work is done to make them successful outside of the operating room. And because of this philosophy, he took meticulous care of his patients. As we came to the end of rounds, it was time to see our new patient.

We entered the room to find a still very pleasant, but obviously uncomfortable man lying in bed. As I quickly glanced at my notes to prepare to present the patient to my attending, it dawned on me that in my rush earlier that morning I had not yet learned enough about my patient to confidently report a comprehensive history and physical. I was missing labs. I had neglected key components of his history; all minor details, but details that would be essential to formulate a comprehensive plan of care for this patient. As I fumbled through my presentation, the attending stopped me when



## PROTECTORS OF THE STEPS

Stefano Leitner, Class of 2019

## HUMANISM IN MEDICINE (CONTINUED)

I could not report a particular detail and looked to the intern who could not offer the answer either. Finally, he looked to the chief, with the same result. Our attending concluded the exam and apologized to the patient. As we left the room, we all offered our apologies to the patient and followed the attending into the hall for what we knew would be a harsh admonishing of our actions in that room.

As we prepared for the tongue lashing we were about to receive, I think we were all surprised by what the attending said first. “How dare you?” He yelled. “How dare you? That man is dying and deserves a hell of a lot more than what he just got in there.” We were all stunned. We knew that we had all fallen short. We knew we were going to deal with disappointment and punishment from our attending. What we did not think of is how disrespectful we had been and how we had failed this gentleman, our patient. The attending didn’t say more, he didn’t have to. It’s easy to show compassion and care in front of patients, to do the things in their presence that we feel is our way of being compassionate physicians. It’s when we are scrolling through numbers at 4:30 in

the morning and going to see this “consult” that rolled over from the night service that we often forget that we are caring for people. It’s difficult to see how I am being a compassionate physician by paying attention to how much this drain put out overnight, or what this potassium has crept up to, but when we stop to think that the greatest show of compassion we can offer is to be the best stewards we can of someone’s life and health, then we realize that to be great humanists, and to show these traits in medicine, we must think far beyond what happens in front of the patient.

I had the great pleasure of getting to know this patient and his wife over the course of my rotation. I unfortunately saw his decline over those several weeks, to the point where on my final day he was being discharged home with hospice care. I was able to thank him that last day for all that he had taught me during our time together. And as I prepared to leave that room, saying a very different and very real goodbye, I knew that I would never forget the incredible lesson in humanism he bestowed upon me in his waning moments of life.

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**HAMMOCK RAYS, NICARAGUA**  
Tamara Marryshow Granados, MD



**DRINK JUICE**  
Samantha Cleveland, Class of 2019

## HALL OF FAME

Drew A. Williams, Class of 2018

BC, a 31-year-old mother of two children, presented to the labor and delivery unit triage, along with her husband, while I was working the first day of my OBGYN clerkship and also my first day of OB call. After being notified that BC had just arrived to triage, already dilated to 8cm with her third child, I quickly made my way to the room to meet the couple who would soon take up a small spot in the long-term memory region of my brain.

On entering their room, I met a wonderful husband and wife who were elated by the nurse's recent confirmation that she was, in fact, in active labor. They would not be going back home to wait for active labor to take hold; they were here now, having a baby, about to meet the 5th member of their growing family who has caused so much nausea, discomfort, back pain, and sleepless nights of tossing and turning. At first introduction, BC and her husband seemed a little apprehensive and unsure about this male medical student standing in front of them asking questions, and about me being a part of their most personal and joyous process of delivering a new life into this world. In between the intense contractions that were about three minutes apart, we each learned that their two other children, one boy and one girl, were about the same ages as my two children. They almost immediately seemed much more at ease on learning that I too, am a parent, and even more so on learning that I had previously been a part of numerous deliveries as a firefighter paramedic. I soon felt welcomed and even appreciated by this great couple. What they didn't know though, is that deep down, I was a little nervous. Nervous about being a part of the delivery of their child in a new role, wearing a white coat and embodying the honor, trust, integrity, and responsibility that comes with the weight of these white sleeves.

Despite the overwhelming thought among all of us that she would be delivering soon, BC was able to hold off rapid progression of her labor long enough to get the epidural anesthesia that she so longed for. Following her epidural, in a new state of relative comfort and anticipation, we were able to discuss further her other children, how excited they were to soon meet their baby brother, and her plans to breastfeed exclusively, as she had done twice before. Then it was finally time to bring the little guy into this world. I rapidly donned my gown, boot covers and sterile gloves with the haste of donning my fire bunker gear in the middle of the night to head off to some emergency. Although I can say with certainty that the latter would have been seen by some onlookers as much more fluid movements.

What happened over the next five to ten minutes should in no way ever be used as an example to a primiparous woman about what vaginal delivery is like and what to expect. The combination of effective epidural anesthesia and a multiparous women, in this case, resulted in about three active pushes and what might be considered a low-tone grunt. BC's baby boy entered this world into the welcoming arms of a male student doctor now smiling ear-to-ear, internally reflecting on the joy he felt at the births of his own two children. Three people entered into the hall of fame that evening in March 2017; I into theirs as the student doctor who helped deliver their youngest son into this world, and they into mine as the couple who gave me the honor of being a part of the birth of their son, the first while supporting the weight of this white coat on my back.



A MAN-MADE ARRAY, NICARAGUA  
Tamara Marryshow Granados, MD