

Florida State
University
College of Medicine
1115 West Call Street
Tallahassee, FL 32306

THE AIL

Humanism Evolving through Arts and Literature

December 2011 Newsletter



Inside this issue:

The Heart in My White Coat Natasha Demehri	1
The Departed Georgia Christakis	2
Doctor Stacey Farran	2
Flight Yaowaree Leavell	2
My Best Friend Cathaley Nobles	3
Spirit Guide Yaowaree Leavell	3
A Changed Perspective Katie Love	4 5
Photographs Kim Hoang	4 5
The Poignant Platypus Andrew Lane	6

Editors:

Saritha Tirumalasetty
Joseph Duren
Margaret Hilder
Dimple Patel
Tana Jean Welch, M.F.A.
Janine C. Edwards, Ph.D.
Benjamin Kaplan, M.D.
José Rodríguez, M.D.

The Heart in My White Coat

Natasha Demehri, Class of 2012

3rd place in the Arnold P. Gold Foundation

Humanism in Medicine Essay Contest

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"S is in a coma. Florida Hospital—Ginsberg Tower. Help." My mouth dropped, my heart began to race, and my mind went blank. It was my first day of my Internal Medicine Rotation and my first day on ER-call. I was rounding on patients as my phone vibrated, but needless to say that text message was not an ER consult from my resident team, it was a text notifying me that my close friend had gone into a coma. My attending asked if I was okay as I stumbled to the nearest chair, but I couldn't speak. I showed him the text message and he immediately excused me to see my friend.

Shaking, breathing heavy, and thoughts racing, I finally made it to the 8th floor of Ginsberg Tower. The place that I frequented for months during my surgery rotations had suddenly become an unfamiliar nightmare. As I stepped slowly off the elevator and toward the waiting room, trying to compose myself, I saw S's entire family gathered in shock. The smell of salty tears filled the air, and his family stared blankly out the window. As they noticed me, they smiled almost with a sigh of relief that I had arrived; at that moment I realized I was no longer seen as S's friend but as a third-year medical student. The responsibility that I carried in my white coat was far greater than I had expected.

Slowly, S's mother sat me down and began telling me the story. It was well-known that S was an insulin-dependent Type I Diabetic, always managing his sugar very well, yet something, somewhere, somehow went terribly wrong. That morning, Valentine's Day, S's mother woke up to her six- and seven-year-old daughters crying as they found S lying unconscious, unresponsive, and not breathing on his bedroom floor. He was supposed to drive them to elementary school that morning. The paramedics arrived to rush him to the hospital as his blood sugar was 628, far above the normal limit. As I instinctively created a list of differential diagnoses in my head, his mother held my hand and led me into S's hospital room. The silence was deafening. I have felt empowered by working on several surgery rotations from transplant to trauma, felt helpless as I watched my mother recover from being severely burned in a fire, and felt humbled by treating patients in every ICU from the SICU to the NICU, but nothing in my medical school training prepared me for this moment. Seeing my friend lying in bed with his eyes fixed open in a blank stare, no reflexes, and no autonomic control, my heart sank deeper and deeper. Inside I knew that everyone was watching me; I was the "medical student in the white coat," no longer S's friend. Maintaining my composure was critical, but on the inside my world was crumbling.

That evening I had the opportunity to meet the physician that will forever hold a place in my heart. He was the neurologist, Dr. X, who was following my friend's case. After S's family had left the room, Dr. X came to round on S that evening, and he immediately noticed me. I had seen him on rounds in the hospital before, but this encounter was different. Dr. X took a seat next to me on S's bedside couch without saying a word. He placed his hand on my shoulder above my medical school patch, and said nothing. Immediately I began to tear, almost instinctively, and I removed my glasses and looked down in silence. He stood and examined the patient, checked his respirator and fluids, and returned to my side on the couch. He then broke the silence, "Right now you are this family's medical connection. You

are the student, the doctor, and the nurse. But, to S, you are his friend and always will be. And to you, S is not your patient and never will be. Keep your faith, keep your hope, and maintain your ethical boundaries, for these three things will help you realize the emotional strength it takes to become the great doctor you will be." He stood up, shook my hand, and left the room like a gust of wind. "I will see you tomorrow."

The week slowly progressed and I returned day after day, but S's condition had not improved. I remembered Dr. X's advice and held strong as I comforted S's family and my friends. It was difficult not to read his chart and know the answers to the instinctual questions of a medical student following a patient, but I knew this was necessary. As Dr. X said, I had to maintain my ethical boundaries, for it was my place to support S and his family, not to be his doctor.

Each day Dr. X would wait until 6pm to round on S in order to ensure that I would be there after work. He could sense my eagerness as I craved the answers to each question that jumped to my consciousness, but he kept me focused on S's recovery. He would bring in an article each day on the benefits of human touch and voice on recovery from coma, motivating me to be there for S, mind, body, and soul. All I had to do was "step away" from my white coat.

Thursday evening I made my way back to Ginsberg Tower, but something was different. I walked to the waiting room and the neurologist was speaking to S's family as they sobbed tearfully. Before I could listen I stepped out and walked to S's room with my heart beating strong. This time, I did as he said and "stepped away" from my white coat, hanging it on the door as I entered the room. Holding S's cold hands tightly, I watched his respirator inflate his lungs with a perfect rhythm, and soon I found myself breathing to the same beat—inhalation, exhale, inhale, exhale. I felt the tears come down my face as Dr. X walked in the room, and at that moment he told me the two words I dreaded most: "brain dead."

I shook my head tearfully as he escorted me to the couch where we sat the first day I met him. He explained that the hyperosmolar coma left S in a state that was now irreversible, something I thought about several times but refused to admit to myself. Then he said, "A dying man needs to die, as a sleeping man needs to sleep, and there comes a time when it is wrong, as well as useless, to resist." He walked to the door, pulled my white coat off the hook, and handed it to me. "This coat will forever define your profession, but your heart will forever define your person. Keep your heart in your white coat, always. Remember this moment every single time you have a patient, and you will fight the fight for them."

Friday morning, 8:15AM, S was disconnected from his life-support. I never thought the first patient I would lose would be my friend. The truth is that the practice of medicine is inexplicable; from the outside looking in you can't understand it, and from the inside looking out you can't explain it. Though we will always be touched by those we are closest with, our true character is defined by how we treat those who can do nothing for us. As doctors we must face the worst in the world with the best in our hearts.

My white coat is ready.

The Departed

(A Poem for the Cadavers)

Georgia Christakis, Class of 2015

Don't look for me in there,
For I've been a long time gone.
The doors are locked, the shutters sealed,
And there's no one at home.

This is an empty house.
See the shattered window pane;
It's a shell of what it used to be,
An empty picture frame.

You can come in seeking shelter,
But I'm not inside.
You will find the hallways empty,
And the cupboards bare and dry.

You see now but a skeleton
Of where life once was lived.
The hearth and parlor fireplace
Have no more warmth to give.

But it's not all lifeless!
Weeds will soon burst through the floor,
And what was bare and empty
Shall become a home once more.

So come in, explore each corner,
And inspect each subtle crack.
Through your thoughtful explorations,
You may one day bring life back.



Flight

Yaowaree Leavell, Class of 2015

Doctor

Stacey Farran

It is amazing how you see so many of us patients, backgrounds none alike;
You stop your world for us, with such careful strife.
These walls in which we meet are the barest of them all,
But with your knowledge they flourish and feel golden, like a mountain is tall.
You listen, you search, you take us all in—you accumulate and answer, that helps our
healing begin.
No, you're not God—but God did choose you to use your mind and body to help others get
through.
The days must get long, the hours too—but for our good fortune you do what you do.
So thank you, for I am only one patient, one voice you see;
But you met me in my worst condition—you believed in me.
Each time I arrive here; I remember where I've been,
So Doctor, thank you for caring within.

Hey girl, or hey boy,
That was his standard greeting
Depending on your gender,
But no matter your age.

He couldn't read, couldn't write;
He was a sheer mathematician.
He may have not always remembered your name;
He never forgot your face, where he knew you from, or whose son or daughter you were.
He never forgot dates that bills were due,
He never missed a doctor appointment,
And he never, ever forgot how much money you owed him.

He no longer drove, but owned four vehicles.
We went everywhere together, mostly to Publix.
He stopped eating meat years ago, before my time;
We made a grape and banana run every other day.
We always took the same route, drove past the same sights, repeated the same words at the same spots. For example: I have a bad habit of not coming to a complete stop at stop signs. He would say "Read that sign." I would say "S-T-O-P," and he would just say, "Well, then."

A couple of years ago he had a pacemaker implanted.
Every 6 months he had follow-ups at the health center in Quincy. I drove the usual 45 mph, the usual route, in the usual time.
The nurses fussed over the 5'5", 128 pound patient.

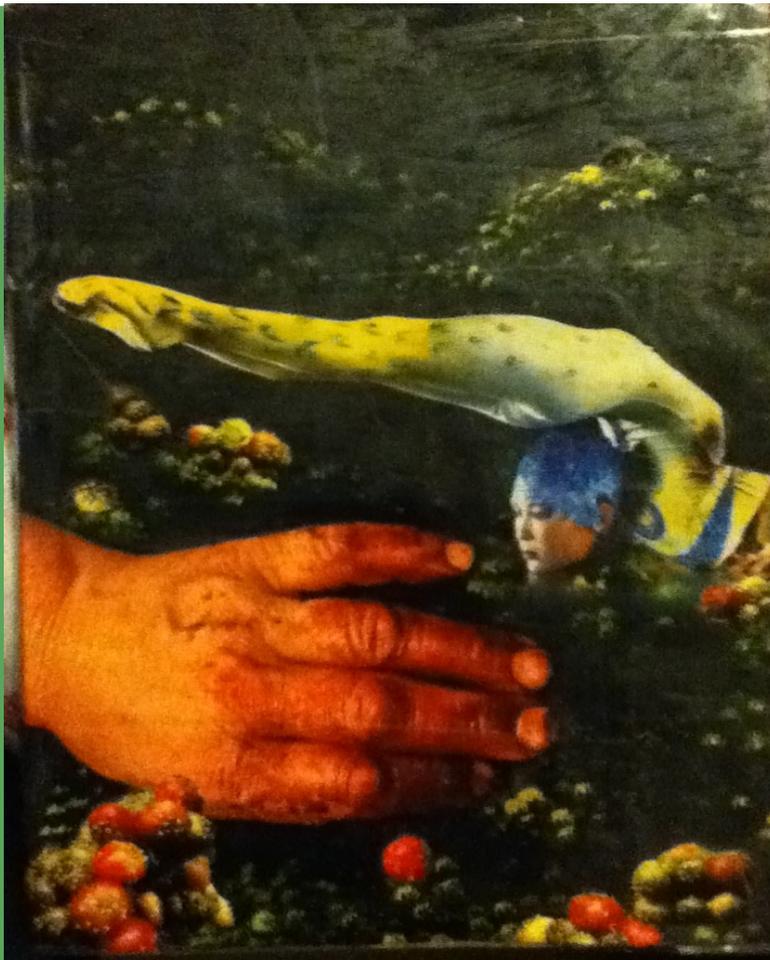
Once, I followed him to the back as he shuffled along in his bedroom slippers. When I came to, his heart specialist was beating me in my chest and a bunch of people stood over me, including my best friend. Well, as he would say, "To make a long story short," I had had a heart attack.

He died January 2011.
He would have been 100 years old, August 2011.
He was not religious, but he lived the way God wanted!

He and I had countless adventures—some larger than others—but each day with him was a gift from God. I miss my best Friend.

My Best Friend

Cathaley Nobles



The Harvest

Yaowaree Leavell, Class of 2015

A Changed Perspective

Katie Love, Class of 2014

When asked by friends, loved ones, and strangers how my trip to Managua, Nicaragua was, my answer was unequivocally, “It was amazing.” My doctor raised her eyebrows at this news, “Even with the GI infection?”

“Oh yes,” I responded. “We basically didn’t have AC for all ten days either.” The incredible part definitely was not the condition of the toilets—or, more accurately, holes—we used at clinic, nor was it the swarms of mosquitoes and flies that dive bombed our PB and J’s. What made this trip amazing was that it changed my perspective of the world.

To be honest, I hadn’t done much research on Nicaragua before going on the SIGH (Students Interested in Global Health) trip. If I had, I would have known that Nicaragua is the second poorest country in the Western hemisphere—the only poorer country is Haiti. I hadn’t expected the poverty we encountered. On our first full day, we went to “La Chureca,” which translates as “the Dump.” And it is just that, a garbage dump. The horrifying part is that people live there. Children live there. On our bus tour through the area, we saw a girl walking around the muddy street—if you could call it a street—barefoot. I found the saddest aspect of the situation in the Dump to be the fact that missionary groups routinely buy or build homes for families living there, and the families immediately must sell their houses and move back to the Dump. To me that indicates a serious problem with the economic and social structure in Nicaragua. Elizabeth, our hostess in Nicaragua, explained that people do this because they can make a daily wage at the Dump by sorting recyclables. Elsewhere in the country, payday is only two times per month, and the salary is not much.

We did clinic in three different villages: Los Cedros, Los Romeros, and Monte Fresco. About one hundred people from the community lined up to be seen. Many of the patients were clearly not sick, but they complained of general symptoms, such as headaches, fevers or a cold, so that they could have medications like Tylenol or cough drops available for when they really were ill. They were always grateful for any medication we provided. We did not have prescription pain medications, but a man with severe back pain from a herniated disk was extremely glad to get Ibuprofen. His attitude contrasted greatly with the patients I had already encountered in my preceptorship. In the United States, a patient with that amount of pain likely would have laughed at the suggestion of Ibuprofen and then would have demanded something much stronger.

The patients evidently had a large amount of respect for health care providers. They came to our clinics, which were often outside, dressed very nicely even by American standards. They did not shuffle into the office in pajamas or sweatpants; instead, they wore some of their best clothes. Many girls, for example, wore beautiful floral dresses, which probably also functioned as their Easter dresses.

My favorite day of the trip was going out to the community for home visits. Women who were leaders in the church at Los Cedros took us in groups to see people whom they knew were sick, or had a chronic illness, but could not make the trip to clinic. Sometimes the people would invite us into their homes, and we saw how they lived. Again, their gratitude was very evident: when we left, some women even hugged or kissed us goodbye.

There was clear disparity in the community’s wealth. We went to one home which had tile flooring and a porch, while other homes had dirt floors and aluminum walls. One man met us in the street while we were doing home visits. He was having severe abdominal pain and vomiting, and a portion of his abdomen was distended. We indicated that we needed to perform an abdominal exam and that we needed a place for him to



lie down. He said that we could go to his home, so we followed him as he hurried ahead to straighten his bed. We eventually saw that his house consisted of aluminum walls, a dirt floor, and two pieces of furniture—a neat bed and a desk.

Even riding around in our bus, we could see the poverty in Nicaragua. Trash littered the roads. Unneutered, underfed dogs roamed around. The bumpy roads were severely in need of pavement. An interesting sight in Managua was that, even in June, Christmas decorations were up, a remnant of a Christmas celebration two and a half years prior. The government did not even have money to pay workers to take down Christmas decorations. Still, the lights were turned on every night.

My heart truly goes out to the people of Nicaragua who live in poverty. Since returning from the trip, I have found myself extremely grateful for the basics, forget luxuries like a television or computer. I will never complain about being hot again. I have readily accessible air conditioning in my apartment and in my car—I can deal with Florida heat. I have all the water I could ever want, and it's clean. I have an apartment with insulated walls, carpet, and furniture. I eat three meals a day minimum. Now, when I think I'm having a bad day, I remind myself of these things. I also feel extremely fortunate that I have been blessed with so many wonderful educational opportunities. I might flatter myself by thinking I've gotten this far solely because of the effort I put into getting to medical school, but I would never have made it to medical school if my parents had pulled me out of school when I was ten years old to work because we didn't have enough food.

In addition to gratitude, I also feel a renewed responsibility to help people who weren't born into the luxury that I was. The unfortunate part about medical mission trips is that the volunteers only treat the symptoms of the real problems a country is facing. As someone who has chosen a career in healing, that frustrates me. Poverty is caused by social and economic issues. Providing people with basic medical care is like putting a small band-aid over a cut which has already progressed to a systemic infection. Nevertheless, I want to continue doing outreach to third world countries, because even if I'm not changing the problems, I am helping to alleviate suffering. And the gratitude of the people we saw showed me that, even if we can't generate the radical change I would like to see, we are making a positive impact.





The Poignant Platypus and Other Misadventures in Online Dating

Andrew Lane, Class of 2012

So, it had come to this, had it? The realization of what he was about to do had come down upon the platypus hard. Here he was at two-years-old, the peak of development for his species, and the platypus was alone. He couldn't comprehend where he had gone wrong. The platypus had done everything he was supposed to do his entire life.

He was an adept fisher, his coat was thicker, fuller than most, and his tail, his tail was rippled with muscle. He was an amalgamation of the best features of several animals. All of their strengths, none of their weaknesses, with venom thrown in for good measure! His species laid eggs! Sure, it was a bit unnerving to witness first-hand, but an effective ice breaker nonetheless at any social get-together. He had had seen the way the beavers' wives eyed his thick coat.

The blasted beavers! Don't get him started on the damn beavers. Despite their ignorance and audible mouth breathing—a consequence of that ridiculous overbite no doubt—even the beavers were all married. They were happy and the platypus hated them for it all the more.

Sure, he had been in love. He had his fair share of romantic escapades. He doesn't want your pity. He had

paddled beneath the full moon with ducks. He had swooned a swan. He had even fathered a litter of illegitimate children with another platypus while her husband was away on business. Her husband was always away on "business." This business was usually down in the other river across the railroad tracks.

The humans had built the railroad dividing the once united river, both literally and figuratively, which left each side spiteful of the other. It was a well-known fact that the other side of the river was for loose females and even looser morals. As far as the platypus was concerned, anyone going over to that side of the river deserved to be cuckolded.

There was also that drunken night with a peacock, but that isn't really an appropriate story, for this forum or any situation really. But yes, the rumors about peacocks, they are all true.

However, as always, these rolls on the hay at the nearby farm, had to come to an end. The husband would return, the parent's would disapprove, a pregnancy scare would erupt, the list went on. These events all lead to his present state. Disgusted, he turned to the last frontier that he could think of for love: online dating. He closed the shutters and sat with his back to them—just in case a stiff breeze should blow them open, revealing to a pedestrian his present state of shame. Chai in hand, he sank heavily into his chair and set about the task, also at hand, the other hand.

To be continued...

Submit to *HEAL* via email at:

heal@med.fsu.edu

Thank you and we look forward to your excellent submissions.

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Acknowledgments:

Guest Editor - Mwedusasa B. Mtenga