

# UC Irvine

## Plexus

### Title

Plexus 2015: *At the Intersection of Loss and Restoration*

### Permalink

<https://escholarship.org/uc/item/9cm8f1bn>

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### Publication Date

2015-04-01

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Peer reviewed



Wave

Kim Kennedy

Nurse Anesthetist, UCI Medical Center

Silk dyes on Habotai silk - Watercolor techniques

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2015

# PLEXUS

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## Journal of Arts & Humanities UC Irvine School of Medicine 2015

**P**LEXUS is a student-organized publication that showcases artwork by UCI School of Medicine students, physicians, faculty, staff and patients. True to its name, PLEXUS aspires to connect those who seek to heal and to be healed through the unifying language of art.

In 2015, PLEXUS invited submissions to complement our theme of "At the Intersection of Loss and Restoration". The PLEXUS team was astounded by the depth and richness of the pieces submitted, and we thank each and every one of our submitters for their time and thought. Additionally, please find our multimedia submissions on our website, [www.uciplexus.com](http://www.uciplexus.com). Previous publications and submissions are available online as well.

We would like to congratulate this year's winners of the medical student writing competition. 1st: Kyle Barbour, MS1 "Two Months," 2nd: Leigh Goodrich, MS1 "That Good Night," and 3rd: Kimberly Vu, MS1 "The First of Many Patient Progress Notes".

Thank you to our wonderful editors, staff and faculty for their support in making this year's edition possible. We would like to give special thanks to our faculty advisor, Dr. Johanna Shapiro and Dr. Ellena Peterson, Associate Dean of Admissions and Outreach - this book would not have been possible without your guiding hands.

We hope you enjoy PLEXUS 2015 – At the Intersection of Loss and Restoration.

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Winners of PLEXUS Student Writing  
Competition made possible by UCISOM  
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\*\*\*1st Place Winner  
\*\* 2nd Place Winner  
\* 3rd Place Winner

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# Nighttime encounter

Samuel Sampson, MS1

I felt the world narrow  
as I looked at her, a frail woman  
tonight thin and grey,  
lent animus by memory and  
desperation and loneliness.

She gestured weakly as I came  
to her and said something, muffled,  
under the thick, coiled tubing  
which snaked to the mask  
bound about her face.

I took the straps off,  
and at this early morning hour  
she straightened her hair feebly,  
gazing in the darkness  
as the machine sputtered and blew.

I rapidly ministered to it,  
pleading for silence.

Freed now, she spoke;  
Dimly, there arose an elegance,  
rapidity and lucidity,  
an English accent and gentle words  
spilling out in her deprecating way.

She beckoned; I sat,  
and held her hand.

She told me of her time -  
she was a young woman,  
on a boat, falling away,  
journeying overseas, Australia,  
to a new home far removed.

Of a man she had met there, and loved and  
buried.

Of her work -  
she had thought it very important;  
Of the children she had borne -  
how she missed them.

For me, for herself,  
she sketched the arc of her star.

Sitting on a precipice, she spoke:  
What really mattered now, here  
mostly alone, in the dark,  
a small hospital room  
and drawn curtains, fold-out fabric walls.

At times I held that blowing mask  
against her face, to give her the breath,  
at times I asked a question -  
but mostly I listened  
and held her hand.

The machine huffed, disconnected,  
waiting, in the dark.

She smiled as she spoke,  
sometimes mocking herself,  
sometimes wry, sometimes happy,  
on some things she couldn't speak -  
we both understood.

She held a strength, I knew,  
found in those who dare reject hubris.

My pager interrupted,  
it was the world interrupting, really,  
I silenced it -  
and sat with her and listened  
until I could no more.

Her last words,  
said with a smile:  
"I know you're busy.  
Thank you for listening  
to an old windbag like me."

I told her it was my pleasure -  
I have always honored teachers.

I strapped the mask back on  
and smiled at her, constrained,  
buried now, under mask and tubing  
with life and machine  
connected again, far from equal.

She gazed up at me, still and silent.  
I gave her hand a squeeze,  
and left into the world of light,  
and movement,  
and things to be done.

My world had expanded,  
but it was her last conversation. ■



▲ Old Woman  
Rolanda Engstrom  
Director of Art for the Soul  
*Painting*





◀ Remember That You Won't Forget  
Tiffany Cho, MS3  
Charcoal

# Turn

Steve Cramer, MD

Professor of Anatomy & Neurobiology

Raindrops hang on spring's first crocus  
Scintillating buttercups  
A solo daisy on the hillock  
Dances in the late spring breeze

Some by instinct  
Daily deeply  
Sink their finger  
Nails into the fertile land and  
For a moment are a unit  
With their mother they are joined

Maidens round a maypole  
What compels their well trod circles  
Blithe  
Indifferent to the sun  
That now has crept across the sky

Some are carried by the warm breeze  
Til it drops them come what may  
Not this one she learned well  
Never idle  
Learned to tend and  
Keep the garden well

Lawns and paths are weekly trimmed  
The crafty vole's fenced out  
And when the days start growing short  
Old vines are cut brown stems are pulled  
A plot of earth must rest

Among the last thoughts issued from the  
Deepest patches of my mind:  
Her arms then tiny  
Grab my waist  
Forever ■



▲ Rain  
Stefano Sensi, MD, PhD  
Associate Adjunct  
Professor of Neurology

◀ Peaceful Awakening  
Ben Franco



# Instant Karma

Jeffrey R. Suchard, MD

Professor of Clinical Emergency Medicine

▲ He Who Climbs The Ladder  
Michael Abrouk, MS3

“Vicodin refill” was the chief complaint listed by the triage nurse on the electronic patient tracking system. One unfortunate consequence is that it is easy to make premature judgments regarding the validity of a patient’s complaint. The triage nurse usually does not elicit the entire story behind the decision to come to the ED, which may be very logical and justified. Instead, we get a brief and often cynical interpretation. But I can’t blame the triage nurses for this, because doctors do it too. One of my goals in guiding students and residents is to help them avoid becoming too cynical and uncaring about complaints that, at first glance, appear to be ridiculous reasons for coming to the ED. Nevertheless, the history offered by the patient who is the star of this ironic tale was a classic, obvious, and pathetic lie.

My resident had just gone to see “Room 32,” as I will call him. Instead of starting his

presentation in the traditional way (e.g., “Room 32 is a 29-year-old man complaining of pain of one week’s duration after a dental procedure...”), my resident baldly asked, “Is it OK if I physically assault this patient?” I hadn’t thought this resident had any anger management issues, so I was obviously curious as to what had set this off.

Room 32 said that he had a tooth extracted the week before. The dentist had given him a prescription for only 10 Vicodin pills which were now all gone. The dentist was currently on vacation and so Room 32 couldn’t get a refill by calling the dental office. So far, this story was pretty typical, and nothing to set off my resident’s ire. It was the additional supporting facts of the case that caused the ridiculousness to expand exponentially.

Room 32 was drunk. Not falling-down drunk; just word-slurring drunk. It’s no crime and not that rare to be drunk in the ED, so that wasn’t

the problem. When the resident asked the patient for the name of the dentist, he got two different names, although the two names were admittedly quite similar. Chalk that one up to the alcohol, maybe. The kicker was that Room 32 had bummed a cigarette off of the patient in Room 34 (who, incidentally was there requesting a refill of his Valium) and then smoked it inside the hospital. That's just plain rude. It's like walking into someone's living room and relieving yourself on their carpet; well, maybe not that bad, but it's still rather rude.

As you might expect, we were not eager to refill the Vicodin prescription. Yet, I wanted to give Room 32 the benefit of the doubt. I could imagine the following scenario: Assume that the patient actually had a dental procedure done the previous week; that he had received a prescription for only 10 Vicodin (now long gone); and that his dentist was now on vacation. If Room 32 then called the dental office for a refill, I could easily imagine that the other dentists might decline to give him a refill over the phone; I know that I wouldn't do it if I were in that position.

I asked my resident to contact the dental office. If we could at least confirm that Room 32 had had a tooth pulled recently, I still might be inclined to refill his Vicodin. I was not optimistic that either name he gave us was real, so I was astounded when my resident came back to me to say that he spoke with the dentist. She was not away on vacation, as the patient had claimed, and she remembered our patient very well. She confirmed that she wrote him a prescription for 20 Vicodin (not 10), and even gave him one refill after that. When he kept calling her office for more, she decided to cut him off. I

thought this was perfect. We felt that this guy did not have a valid indication for a Vicodin refill, and now we had incontrovertible proof that our first impression was correct.

The only thing that remained now was to finish the paperwork and tell the patient he was getting no prescription. When my resident went to discharge the patient, Room 32 had already eloped from the ED. Either he got bored, or he understood that we were on to his story, so he left without waiting for his discharge instructions. But he had left his "calling card" in the examination room in the form of an empty vodka bottle. I felt totally vindicated and thought that it had been a great teaching case for my resident.

Unbeknownst to us in the ED at the time, the patient's exploits that day continued. He then went to rob a liquor store. It wasn't a flashy robbery where he pulled a gun and demanded all the money from the register. That wasn't Room 32's style. Instead, he grabbed some beers and tried to run away. The operative word here is "tried", since the proprietor saw what was going on and chased him out of the store and down the street.

Apparently, Room 32 was paying more attention to the guy chasing him, and not enough to where he was going. He ran into the street and then right into an 18-wheeler flatbed truck. The truck didn't hit him; he hit the truck. Nevertheless, the truck still won, splitting open Room 32's forehead, but luckily not his skull. Room 32 fell down, and then had his legs run over by the same truck. Someone called 911, police and paramedics arrived, and the patient was transported back to our ED as a critical trauma victim (CTV). We were alerted that a CTV was on the

way, although of course there was no way of knowing who it was, and no one at the accident scene knew that he had just been in our ED.

When the patient arrived, it was evident pretty quickly that he would need to be intubated. He was awake, but his only verbal response to all of our questions was, "Help me!" My resident now got a better look at the patient and told me, "Hey, this is the guy from Room 32 we were talking about." We intubated the patient and he was further evaluated and resuscitated by the Trauma team. His legs were seriously injured from being crushed by the truck's wheels, and we knew he'd need to go to the operating room for this at the very least.

As the patient was whisked away to the CT scanner, I couldn't help but feel really good about the whole encounter. I don't know whether the patient initially had

a significant amount of dental pain that required prescription drugs, or if he was just trying to fool us. Either way, the patient exhibited behavior that would not be tolerated anywhere else but the Emergency Department. I tried to give him the benefit of every doubt, yet he still couldn't generate a story that got him to his goal. I thought this was a great learning opportunity for my resident. It felt very gratifying when we were able to confirm our initial negative suspicions, since this can rarely be done in the course of a typical ED visit. After he left the ED, the patient continued to exhibit anti-social behavior, but then he got struck by instant karmic retribution.

But the most striking and ironic thing to me was the certainty that, when the patient would ultimately get discharged, he would surely get his prescription for Vicodin: just like he asked for in the first place. ■



▶ Film  
Stefano Sensi, MD, PhD  
Associate Adjunct  
Professor of Neurology

◀ Grand Canyon - Little Planet  
Kevin Gustafson, MS2

► **Todoke**  
Xin Shan, MS1

► **Focus**  
Kevin Gustafson, MS2



# Honey

Vivian Yang, MS3

He was a little boy with a name like honey, and a disposition to match. He was sticky and gooey and had oddly bright eyes that you could see in the darkened room from hallway rounds. He craved and sought attention, sweetly adhesive hands wrapping around the nurse, the respiratory tech, the attending, the green medical student with heavy pockets. Hold me, his eyes would say, please let me love you.

The hospital note reported that he would have been in agony for weeks after the incident. Each time someone moved him to change a soiled diaper or sat him up to feed, a million miniscule shards of sunburst bone dug further into the muscle, igniting pain receptors and sending his 18 month old brain into the kind of pain that forces professional athletes off the field in a stretcher. A force perpendicular to the femur, the note said, much like snapping a chopstick, can only be an intentional desire to cause harm to the child.

It was becoming an afternoon ritual. He sits easily on my hip, my arm curved around his small back, his spongy hair grazing my chin. After six laps around the unit, an attempt at a vocabulary lesson at the Christmas tree, and a high five to everyone we walked by, his eyes had begun to droop but his grip tightened as if he knew what was to come.

She was leaning against the doorframe as we waltzed back to his room, a giant stack of papers in one arm sitting on her hip just

as my little boy was sitting on mine. Another shorter lady stood by her with a toothy smile that seemed filled with relief rather than joy. Good news, short lady beamed, we found a home for him and he can go to a home today. The lady with the papers beamed along with her and instantly that pesky beating organ in my thoracic cavity filled with some sort of bile acid and heavy metal.

I squat down to place him on his feet, peeling his honey hands away from my neck and wriggling out of his grasp. His transverse femur fracture, though healing well according to the orthopedic surgeons, has shortened one leg by half an inch and makes him walk with a limp. Strange, to see a child so young walking like an old man. Stranger still, to see him teeter over to the new foster mother, look up with his bright eyes, and raise his arms to be held by this stranger without anxiety.

My pager buzzes and beeps. I have other patients to see. I flash a smile at the two ladies and give him a high five. The baby is babbling happily, enthralled with the new toy that foster mom has bribed him with. Quickly, I slide away from his crib, intending to disappear unnoticed, but I stop suddenly in the hallway to glance back at my sweet little boy.

His eyes catch mine, say, Please don't leave me again. My heart stops a beat. Then as if nothing had happened, he looks back to the adoring ladies and continues to bang the plastic truck against his crib.

Teary eyed, I marched out of the unit with a heavy heart and heavy white coat. Looking towards the future, there was no guarantee for a happy childhood and normal home for this child. As a student studying to be a physician, I like guarantees. I love to be certain that a treatment is going to work, the patient will be cured, and foster children will end up with loving forever families. But really there is never a guarantee in the art of

medicine. For every patient encounter, we try our best to heal, optimize, and improve, and then we leave the rest up to the magic of the universe. I only hope that this little boy with a name like honey, after being taken from a situation of abuse, fear, and detachment, can learn that he deserves to be loved just as much as he love others with little handprints of affection on everyone he meets. ■



▲ Remember the Turn  
Cipriano Hurtado

# Two Months

Kyle Barbour, MS1

would you like a cup of water, I asked her  
so sorry to wake you, it's time for your father's CT  
one more signature before he goes upstairs.  
exhausted, I think about them while nursing a coffee mug.  
forms and perfunctory midnight kindness.

two weeks later, I'm happy they're back -  
that cruelest of hopes, to see a patient again.  
more water for her, coffee for me,  
her father's bum hip paying for our friendship.  
we talk about the weather, our dreams, his schizophrenia.  
as she speaks, I fall through a trapdoor in his mind  
feel the fear greasing the white tile walls.

they come again within a week.  
water. coffee. hip.  
we three know each other better now.  
the ice breaks easily as I help him into bed.  
maybe today he sees my true face:  
an agent of the government, a tormentor, a fellow acolyte.  
she stares at the ceiling's fluorescent crucifixes.  
later, eyes covered, she asks,  
how much can God ask a family to bear?

soon after, another night of acrid chemical prayers.  
he comes in alone, she's off at a wedding.  
no water, I guess. the coffee and hip stay the same.  
as the night quiets down, I sit on the end of his bed  
we talk about the winter cold, our dreams, his fears.

he looks softly at me.  
I was a cop, right out of high school, he says  
won some awards. saved some lives.  
couldn't work once I saw baalzebub sitting on the ceiling fan.  
rain falls outside in the ambulance bay.  
jesus, I say.  
he smiles sadly.  
shifts are hard when you can't tell what's real.

I rest my hand on his.  
apologies. smiles. frozen time.  
my heart breaks.  
we are numb ships drifting on a windless sea.

then I'm off in my cyan armor  
other ships in other beds to drift by. ■





▲ Burnt Light on 34th Street  
Brianna Miner, MS2

# That Good Night

Leigh Goodrich, MS1

He leans back and smiles, adjusting himself on the stiff examining table as if it were his favorite armchair. “You know, I read an article a few years back called ‘Why doctors die differently’. Very interesting. Very well-written,” he starts. The younger physician raises his eyebrows, attentive to his patient’s every word, trying to soak in the wisdom of his mentor. “I’ll never forget the last line of that article. ‘There will be no heroics, and I will go gentle into that good night.’” A pause, as both doctors come to a silent understanding. A handshake and a pat on the shoulder, a nurse asking the doctor to sign a form. And now Dr. Thomas is left in the room with only his wife. She has been watching, listening, thinking, but now that the brief visit is over, she is left with more questions than answers. Mostly, she wonders how someone as brilliant as her husband could be so utterly insane.

When he first got the diagnosis, metastatic pancreatic cancer, he had come home like it was any other day. He was a little late, as he had scheduled his appointment after a full day of seeing patients, but he was often a little late.

After 35 years of marriage, the Thomases found comfort in being a little late, as they both knew it meant that a patient had needed extra help, or a few extra charts needed their t’s crossed. Life had settled into a comfortable routine after their two kids had grown and moved out of the house. It felt like the good old days, when he was a resident and they were newlyweds, only back then they didn’t have the luxury of being a little late to anything. Yes, life was good. Until the day it wasn’t.

Mrs. Thomas reached for her husband’s hand when she heard those words, and he wrapped his arms around her. She thought, in a flash, to all those times when women had looked up enviously at her. “Your husband’s a doctor, how lucky! Just in case anything ever happens!” they would say. When their children were all in grade school parents would call their house, asking about their son’s cough or their little girl’s scraped knee. Never mind that Dr. Thomas was an ophthalmologist, and never mind that the instructions on how many Tylenol to take were written on the label. He always answered their questions, always reassured them. This was what made Mrs. Thomas



▶ **Return to the Ground  
From Which You Came**  
Avital Fischer

◀ **In Flight**  
Ricardo Perez

feel lucky, not that her husband knew how to be a good doctor, but that he never had to learn how to be a good person.

It was the same thing that made his patients feel lucky to see him, that sense they got that he knew how special they were and knew exactly what to do to help them. Over the course of his career, he had performed over 15,000 cataract operations; it was undoubtedly his favorite thing, the thing he felt he had put on this Earth to do. Sure, he treated macular degeneration, dry eye, glaucoma, infections, even the occasional lid inversion. But every Monday when he went into the operating room and started prepping his first patient, he still felt the rush of excitement he had felt the very first time he removed a cataract. Patients knew this about Dr. Thomas, how passionate and dedicated he was to achieving the best outcomes. That's why they traveled hours to see him, and why they called him a miracle worker when they saw better at age 85 than they had at age 15. It was indeed a beautiful operation, and if patients were struggling with whether to go forward with the surgery, Dr. Thomas would always advise them the same way. He would look them in the eye, put one hand on their shoulder, and say "Well, if you were my mother, this is what I would do."

Mrs. Thomas knew, the way nobody else could know, that this was the way Dr. Thomas was with everything in life. The relief patients felt, knowing how confident and decisive their doctor was – it was the same relief his wife felt whenever any decision was looming. Even when it came to choosing what to order for dinner, they would sit down at a restaurant and look over the menu. Predictably, she would be stuck between the chicken and the fish. Both sounded so good and, oh she hadn't even heard the special yet and that might be fresher. But then if they ordered red wine, maybe she had better get the steak. She would peer across the table, past the oversized menu, and her husband would have already set it down, gazing around and taking in the scene. Their eyes would meet and he would say, "I'm getting the pork tenderloin. Side of potatoes. Need some help?" And they would chuckle to themselves, knowing the answer and also knowing that some things never changed.

She thinks about that now, as she sits in the corner of the exam room and hands her husband his coat as he hops off the table and begins to dress. It made sense that he would be so decisive, speaking with such thoughtful conviction when it came to his end-of-life discussion. It made sense that he would approach this decision the way he

had approached everything over the years. But no matter how much sense all of this hypothetically made, Mrs. Thomas still couldn't make sense of any of it. The feeling in her heart couldn't translate the knowledge in her head.

At dinner, all she can manage to get out is, "So that's it? A quote from that Wall Street Journal article about heroics and going into the night, and you're done?" She thinks about all the times that he loved being the hero for his patients and restoring their vision. Why couldn't he have that attitude now? He sighs. "Just as I know how I want to live, and have always lived how I want to live...I know how I want to die. And I want to die, in many ways, how I lived. At peace, with you by my side, knowing that I did things my way." The tears come before she can stop them, not because she disagrees, but because this is what she will miss the most about him. How does he make everything seem so simple? How does he comfort her without even trying?

She has always been the one to overcomplicate things, to see a hundred shades of grey when to Dr. Thomas there was pure black and white. An author of historical fiction novels, she would research her material for months on end before finally settling on a narrative. It seemed every time she decided she understood the motivation behind a political strategy or government policy, she would find a document that subtly suggested otherwise, and she would be back at square one. Her work was messy, complicated, just like her thought process. She always second-guessed herself, and she desperately feared that without her husband to see things so clearly, she would ultimately get stuck in the mess.

"Do you remember that drive on our honeymoon?" he asks her, holding her hand at the dinner table while she wipes her eyes. They had been traveling to Stinson Beach, along the curves of Highway 1, when she had looked around, disappointed at the charred stumps of trees everywhere. She had expected lush forest scenery, and was afraid to say how sad she felt looking at the burned hillside, thinking maybe it was a bad omen to the start of

their marriage. Dr. Thomas, then just Mr. Thomas, had told her calmly, "The forest has to burn and the trees have to die to make room for a healthier, better forest. We'll come back here. You'll see." And they had come back, every year since, and he had been right.

The tears stopped and they were quiet for some time, enjoying the way it felt to be with someone and not have to fill the silence. To just be there. They knew what would grow from this fire, what would be born from his death. It was her turn to have his confidence. In that moment, she knew, in every bone of her body, that he would go. And when he does, she thought, he will go gentle into that good night. ■



▶ Revival  
Tiffany Pham, MS1

▶▶ Jump Freely. Live Freely  
Pauline Santos, MS2

# I Just Want To Dance

Kevin Labadie, MS3



This pain! I wish it would go away.....I just want to dance.

It started with those fevers. And those sweats. How could I forget those? And that yucky cough; I couldn't even breathe. It was the night of my recital, around Christmas time. I performed the Nutcracker. My boyfriend was in the audience... what a good show.

I remember waking up in a drench. And that cough! The thermometer said 103. That's when we went to the hospital. I was tired, I really just wanted to sleep. I danced a lot that day.

The doctors let me go home after a few days. I didn't feel too well, but I got better. I wasn't really sure what they were waiting for; something to do with being "afebrile". They kept saying that I had an infection in the lung? A pneumonia? I wasn't sure. I just remember missing all my friends. We had our first high school dance that weekend. I missed it all. So unfair.

What was even more unfair was that it kept on happening.

I ended up in the hospital again 3 months later. But this time it was worse. The fevers, the sweats, the cough. I came to expect those feelings. I stayed there for close to a week. After 2 months – again, I was back. This time it was really bad. I needed "intensive care" I guess so I was taken to the ICU, as they called it. The doctors didn't know what was going on. I kept getting different answers. They took lots of blood.

Finally during the last time in the hospital I remember this one doctor who came in. He talked to me about my lung: "After reviewing your CT scan..." I remember him explaining. "We found some abnormalities. In the left lower lobe..." I tuned him out at this point. I tried to pay attention but he was looking at the papers in his hands. Who was he talking to? Certainly not me. Was someone else in the room? I watched him speak but didn't connect with the sound waves...kind of like

how he didn't connect with me. I tried to care, but it didn't seem that simple. I just wanted to feel better. I just wanted to dance.

I was shuttled from doctor to doctor. I remember waiting in a bunch of offices. Finally, I met with this one old man. I remembered he sat down with me. He told me I needed surgery. Surgery? Me? Why?

They told me I had a "variant of CCAM: Cystic medial adenomatoid malformation"- I had to look that one up. It just sounded too unreal to be real. Supposedly some people, like me, are born with holes in their lungs... and that little bacteria can live in them and cause fevers. It was hard to believe it was happening to me. According to them, the good news was there was there was hope for my condition. "When we remove this part of the lung with the holes with surgery," the old guy explained, "we shouldn't be seeing any more fevers, it should be all better". I had no choice but to believe in him. I was ready for this nightmare to be over. I just wanted to dance.

The surgery was when it all changed. They took out part of my lung. I don't remember much about the days after. It was such a blur. I remember feeling really good though when the IV was in. I could have stayed like that forever.

But it didn't. I cooled down at least. The fevers were gone, yes thank goodness. But pain came... and soon it became unbearable. Nerve pain they said? Whatever it was, it was sharp, knifelike. Electric. In my chest and back. Horrible, horrible pain. I couldn't sleep, I couldn't eat, I couldn't even really move. I needed that IV, and whatever went through it. Without it, it wouldn't go away.



I thought I had known pain. Hours and hours of rehearsal. Countless nights with muscle spasms and blistered feet. That pain was worth it. I needed to dance.

I had good days and bad. I thought all hope was lost but I didn't give up. The doctors and therapists worked a lot with me. We tried different medicines; we worked on my breathing. I wasn't sure why at first, but it helped more than I ever imagined.

Thankfully now my pain is under control and I am in a better place. I knew I could do it... My life won't be defined by diagnoses and pain, but by my love for the stage. I handle each day like I handled each play: endure the pain for the thrill of performance. By putting one foot forward, by just wanting to dance.

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Much of my strength is lost, but my mom reminds me of how tough I am. I feel tough. As my recovery continues, I remain committed to be being better than I was. As if preparing for the final adagio, each day I take a moment to close my eyes and take in a deep breath, looking forward to all the times I get to smile and dance. ■

# In Quiet Stillness

Giancarlo A. Garcia, MS3

If I could only see once more  
That smile of yours that I adore  
The rosy blush upon your face  
That graces mine as we embrace  
I'd gladly give my life for yours –  
For you the rose, for me the thorns

If you could only know my sorrow  
That there will be no more tomorrow  
They tell me now that you will fly  
With choirs of angels in the sky  
My dear, I did not give consent  
For you to leave, while I lament

If I could have just one more chance  
To hear your footsteps as you dance  
Upon your glow, my gaze affixed  
Your radiance is not eclipsed  
By any other living soul  
You gave me warmth, you made me whole

If you could hear my voice proclaim  
The joyful sweetness of your name  
Warm mem'ries of those summer days  
When your light set the world ablaze  
And how I loved those nights in June  
The violet sky, and crescent moon  
Your gentle hand enclosed in mine  
Our lives forever intertwined

If I could travel at your side  
You'd be my hope, and I, your guide  
Your clement soul, I'll always miss  
As you now cross the great abyss  
And if through darkness you must stray  
Your emerald eyes will light the way

And when you reach your golden pasture  
I pray your heart be filled with laughter  
A world that knows no hurt or gloom  
A garden of hope, always in bloom

Now all is calm, your body still  
Your dreams, I ask, that God fulfill  
As you depart, I, too, must leave  
I will not mourn, I will not grieve  
I'll know that you are always near  
When wind is whisp'ring in my ear  
In quiet stillness, I'll rejoice  
When hearing echoes of your voice

Dear reader, I now say to you  
I hope you do not misconstrue;  
This has not been a tale of lovers  
This is a tale unlike the others  
A mother's love cannot be known  
The bond we share cannot be shown  
She was my dearest little friend  
And bravely fought until the end  
And now that I must say goodbye  
I look upon the halcyon sky  
I grasp her palm, and softly weep  
My darling daughter –  
Rest in eternal sleep ■

▼ Hohoemi  
Xin Shan, MS1



# Everything Changed The Day I Heard Those Words

David R. Lee, MS4

“비행기편 사서 집에 빨리 와. 아빠 heart attack 했데.” This roughly translates to: “Book a flight back to Sacramento immediately. Your dad had a heart attack.” The morning I got this chilling call from my mom was the day everything changed.

I am the type of person who likes monotony, who keeps a schedule and follows it. I wake up at 7am, drink my cup of coffee, get ready for school, and jog at night prior to falling asleep. But this particular morning, I froze. My schedule was broken. I felt numb in my fingers and toes. I had this cold, sinking feeling inside that I couldn't explain. My mind went blank.

When I eventually got to the airport, I regained some warmth in my fingers. “I'm going to organize a vacation for mom and dad. They need to get away and relax for a bit. It's just a heart attack; I've seen so many heart attack patients in the hospital who recover quite well. I'm going to send them on vacation.” With this in mind, I remember pulling out my laptop and looking at vacation packages to Hawaii. I wanted my dad to quit his high stressful job and let loose!

In Sacramento, I realized the situation was more complicated than I imagined. “He had a subarachnoid hemorrhage. It doesn't look good; gather family. Know that it's *unethical* to keep him in this state. We suggest you take him off life support.” *Unethical?* This word resonated in my mind. I developed a fiery hatred towards this neurologist. Who are you to say what is ethical or not? Who are *you* to pass judgment on others? Of course we are gathering family; give us some time!

With my hands and legs shivering and tears rolling down my face, I started to pray. I'm not

a very religious person; the last time I went to church was 4 years ago. But out of desperation and fear, I turned to praying. “Please God, save my dad. I need a miracle. I need to see my dad awake. I need him to go to Hawaii. I'll go to church, just save him God, Please.”

My dad passed away on January 5th, 2013.

My body was frozen with my fingers and toes numb again. I could feel a dark cloud around me with feelings of guilt and sadness. I had no voice. My body was in auto drive, going through the motions, but not processing what happened. I was on a collapsing bridge and my body had just hit the icy ocean. It was hard to breathe, hard to understand anything.

I remember waking up in the morning and looking outside as the frozen grass began to thaw. Winter was coming to an end and spring was approaching. “I can't believe it's already *March*.” I began taking *steps* to reconnect with the world, to rewire my understanding of the future. I stood together with my mom and brother looking at the ocean where we spread my father's ashes, realizing all I still have in this world. The warmth of the sun was against my skin.

Everything changed the day I heard those words.

I now walk the halls of the hospital not as a patient, but a provider. I recall one of my attendings telling a patient's mother, “I'm sorry, there are no signs of any neurological activity.” There was clear terror and grief on her face. Her face was full of tears. I reached out and warmed her cold hands. “You are not alone, we are here for you.” ■



◀ **Jellyfish**  
Shari Atilano

◀ **Cosmic Strings**  
Patricia Kebelis

▼ **Blossom**  
Helen Sy





# Stroke

Carolyn Fall, MS1

**S**troke. With a stroke of a pen I can scratch out these words. Yet a stroke can scratch out so much more. Facial expressions, bowel control, personality, memories. It's a lottery of what will be erased. And what will fill the spaces left behind.

Most of my memories of my grandmother involve flowers. Going to garden centers with her to see what buds the new season had brought. Arranging bouquets for the beautiful Catholic church where she had worked and prayed for longer than I had been alive. Planting pansies in her front yard, letting the tide of colors and the warm smell of newly broken soil speak for us and bring us closer. Wrapping her long, elegant fingers around my short and stubby ones, she shared her passion for the earth with me. And of course, I remember her violets. My grandma had the best African violets in the state. She tended to them as fastidiously and tenderly as a mother tends to her newborn child. She kept them properly pruned, perfectly lit, and devoted an entire room of her home just for her precious violet buds. I always slept in the violets' room because I hated the dark and cold as much as these tender flowers, and so I fell asleep enveloped by my grandmother's passionate work.

The first stroke erased the flowers. Other things went too, I'm sure, but when I think back, the flowers seem like the crucial first stone of the inevitable rock-slide. She awoke from surgery, and the doctor said the bleed had stopped, but we would still have to see what had been affected. Indeed we found her body was almost perfectly sound, but she no longer cared at all for flowers. She found them ugly, especially those nasty purple ones, and just could not see their point. So her once bountiful yard became bare. Her former life's blood, those delicate violets, were thrown in the garbage with all the other useless trash, and their old room became cold and dark. They were scraps of a different time, of a different person.

The second stroke erased her memories. My mother called me to tell me that grandma had another bleed. Again, her body seemed unaffected, but now she could not recognize

anyone or anything, not even her rosary. Thinking back, perhaps it is surprising that in that moment I was more shocked that she did not know what her rosary was than the fact she did not know her own family. Maybe because the idea that her memory of her children, grandchildren, and great-grandchildren, her 50-year marriage, and everything that had made up her life could disappear in a moment was too abstract, too enormous to comprehend. But hearing that she did not know her rosary, that integral, tangible part of her soul that she had carried with her to mass twice a week her whole life and prayed with every evening, was like being told she did not recognize her own hands.

My hope was with time she would start to remember me again, but each time I see her, it is the first time she has seen me. She doesn't know who I am, who anyone is, but she likes to sit and listen to us talk. My mother once lamented that it must be a miserable existence, to lose hold of your past and to forget everyone you knew. I agree, it is a terrible, horrible life...to me. The idea of waking up lost and utterly confused about the world around me, is terrifying, and to see that happen to someone I love is devastating. Yet, my grandma mostly seems content. The woman who she was, who lived a full and independent life, has long been forgotten, so how can she be missed?

I look at her in trepidation that someday I too may lose my memories, my passions, my very self. She just sits quietly, listening to people talk. I go and sit with her. I hold her thin hands, the same beautiful hands that used to hold mine. Her body is exactly the same, and yet everything that I could ever pinpoint as a defining characteristic of my grandmother is gone, utterly erased, and what little that is left has formed someone completely new. No longer a caregiver, she is someone to be cared for. In these moments, when I remember all the things she has lost, I miss my grandma most of all.

She doesn't miss anything. ■



# Three Weeks

Adam Kalawi, MS1

Time plays the cruelest tricks of all  
For it is a prankster with no sense of humor.  
It laughs and grins as it runs past us while we smile,  
As if it couldn't disappear sooner.

We play along as life flows by  
Because we truly don't have a say.  
But when smiles fade and skies turn black  
The days begin to stay.

"Three weeks" she said  
In a hollow voice,  
Reluctant to share words.  
Three weeks until the results are in  
And my final verdict is heard.

In the time it takes to fall in love,  
Or perhaps simply grow a beard,  
I'll waste away on the inside,  
A victim of timeless fear. ■



▲ A Group of Hmong Boys  
Ben Nguyen, MS2

◀ The Little Woman  
Sandra Ruiz



◀ Mangroves and Canoes  
in Panama  
Brianna Miner, MS2

Autumn Leaves ▶  
Kim Kennedy



# The First of Many Progress Notes

Kimberly Vu, MS1

Identification: 56 year old male presenting with stage 4 adenocarcinoma of the left lung.

Fifty-six years old. When I was ten years old, that seemed ancient. Now that I'm in my early twenties, that's disconcertingly young. Even younger is the age of fifty-four, when my uncle was diagnosed with cancer and a newfound appreciation of time was imposed on my family.

Chief Complaint: Difficulty breathing, eating, performing daily functions.

That's to be expected, right? Lung cancer? Edema? Dysphagia? Words that I'd heard before, yet to fully understand their true meaning and cause. The daily functions included things that I took for granted, such as showering and going to the bathroom. It's difficult to forget the look of hopelessness on his sunken and sallow face while my aunt, mom and I assisted with increasingly frequent diaper changes.

History of Present Illness: Diagnosed 2 years ago, currently undergoing chemotherapy.

If we're going to do this justice, we'd have to go all the way back to Vietnam, where he was born and raised. A math teacher from Saigon, with a distinguished reputation in his town, he was uprooted violently and unwillingly from his home as a result of the Vietnam war. After a few torturous days on the ocean in a cramped boat, he found himself at a refugee camp in the Philippines before being sponsored to the United States.

Past Medical History: None reported.

Nothing outstanding. Nothing that was caught anyway. His is the story of missed opportunities for diagnosis, squandered chances to treat. The pain that he had for 2 years was dismissed as being musculoskeletal in origin, but as a former smoker with an impressive pack-year history, it warranted caution and proactivity.

It wasn't until he was laid off from his job and about to lose his insurance that he urged his primary care physician to investigate further. The diagnosis of stage 4 adenocarcinoma was devastating. However, for 2 years, an amazing drug called Tarceva kept the spread and growth at bay.

Family History: A father with dementia, mother alive and in good health.

I've heard it said before that the worst sadness is when a parent loses their child. There's something unnatural about that -- to have the child that you bore and raised leave the world

before you. After witnessing the heartbreak of his mother at the cremation service, I understand why.

Social History: Married, no children.

It's not like they didn't have children out of choice. My aunt, who is my mother's blood sibling, is my godmother. To deal with the sadness of not being able to have her own children, she pours that love into my cousins and me. And so when it came toward the end, I became their surrogate daughter. I was faced with navigating an onslaught of paperwork regarding Medi-Cal, setting up hospice care, and interpreting for my family and the healthcare providers. These were all things that I had experienced with patients in a clinical setting, but never for my own family.

Assessment: End stage cancer with metastases to the brain.

In his last two weeks, there was a very apparent decline in his physical and mental health. He stopped talking, stopped eating, and stopped interacting with us. His body was motionless from exhaustion and his eyes glassy, only responding to pain when we moved him from sitting to standing positions.

Plan: Palliative radiation of the brain to reduce neurological symptoms.

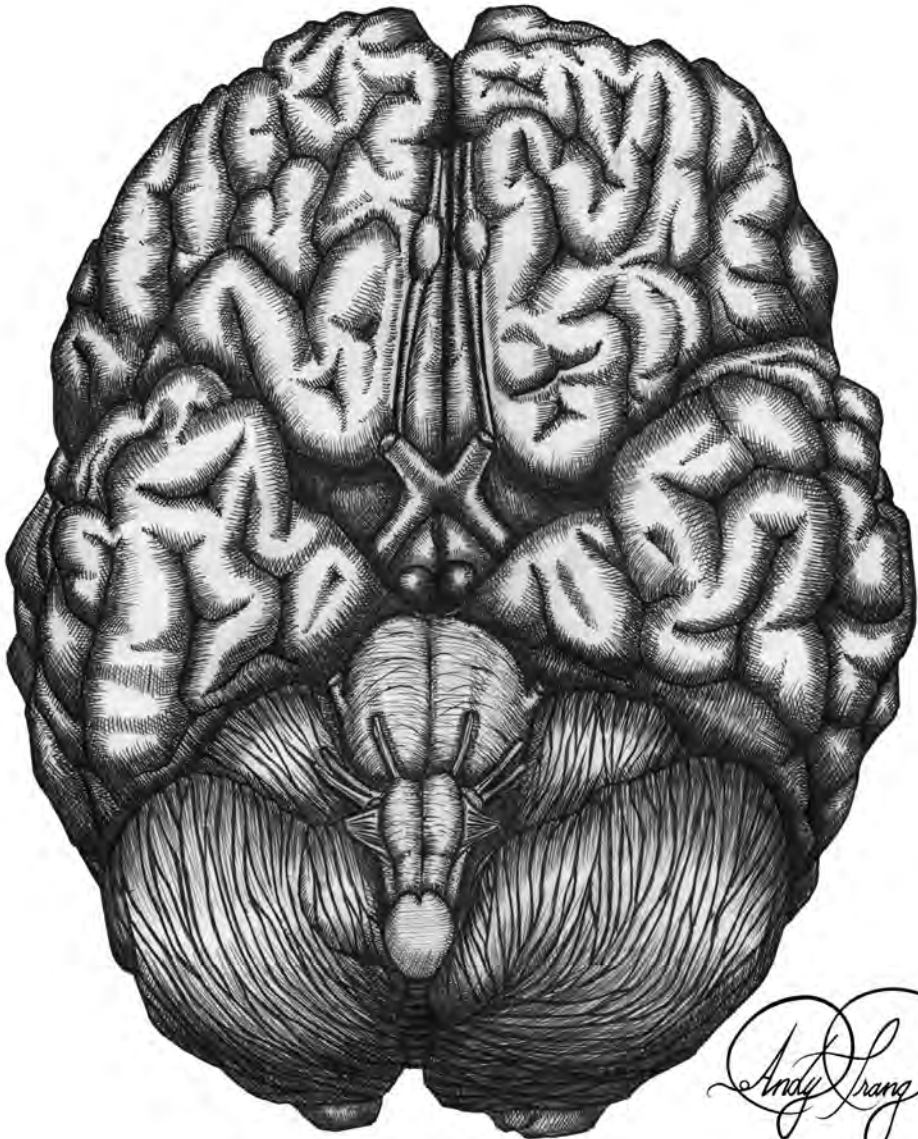
Seeing those words printed in cold, unflinching text on his chart was probably the first time I really knew that he was nearing the end. Palliative -- the buzzword for end-of-life care, hospice, and treatment of symptoms, but no hope for a cure. It was almost as unsettling as the initial diagnosis for us, most likely due to our denial and hopes that he could eventually beat his disease.

Subjective assessment and plan for the patient's family:

On a personal level, his death is bittersweet, especially its timing. For my medical school admissions personal statement, I described my uncle's diagnosis and treatment as some of my motivating factors for a career in medicine. Here, a few days before starting medical school, I faced a poignant and personal example of what drew me to medicine in the first place--namely, the dichotomy of exciting frontiers in science and the sobering limitations of our clinical treatments and healthcare delivery system. Each lecture, anatomy dissection, and talk that I've attended so far in medical school is a testament to this. There's so much that we can currently do, but an infinite amount more to be discovered and applied.

My family is still adjusting to his death. Each holiday this year has been a 'first one without Uncle Son around.' We set aside a bowl of whatever meal we are eating as a placeholder and decorate his burial site with holiday trinkets. There's a fair amount of healing to go, but we're getting there together. ■

Brain Inferior  
Andy Trang, MS1  
Drawing





## Twinkle, Twinkle, Little Star

Dean Spencer, MS1

Two men passed through a sliding door, going in opposite directions, both silently humming 'Twinkle, Twinkle, Little Star.' One older man coming in; one younger man going out, but for very different reasons. They were at Good Samaritan Hospital in the small town of Puyallup, Washington, which has a tradition of playing 'Twinkle, Twinkle, Little Star' over the PA system in the maternity ward every time a baby is born. It is a nice tradition, meant to celebrate the miracle of life.

The older man had been at the hospital for weeks with his wife in the cancer ward as she succumbed to an aggressive cancer in its unforgiving late stages. He had been there faithfully every day and during those long hours, he would pass through the maternity ward halls on his way to the hospital cafeteria. The first time he heard the faint tinkling of that familiar lullaby, he thought it was coming from a single room. It was very soft, not meant to disturb anyone, as if it were background music almost meant to be ignored. He passed through the same hallway many times and sometimes it played, but other times it did not. But any time the song did play, the man would notice because it was special to him.

One day, he heard the song start from the beginning and as he continued down the hall the song did not fade away, but stayed at the same soft volume. He knew it couldn't be coming from a single room. He saw a nurse and asked why the song was playing and she told him about the hospital's tradition. As he sat in the cafeteria he wondered if he should change his route back to his wife's room. He was having trouble dealing with his wife's deteriorating condition and the memories he had of the song made it even more painful to think of losing his wife. He had sung this song to each of his three daughters as a bedtime lullaby. In his mind he remembered the many fussy nights that he sleepily hummed the tune to his girls.

However, on his return trip the man did not change his way back. Instead, he was curious if he would hear the song again. Would he be walking by when another baby was born? He thought of all the times he had heard the song, and how many babies were beginning their lives every single day. He smiled and couldn't help but think about the days that each of his daughters was born. He began looking forward to his trips through the maternity ward hallway.

One day, when he returned to his wife's room, he told her about the tradition in the maternity ward. She thought it was such a sweet tradition. He asked if she remembered how he would sing the song to their daughters when they were young and she smiled as she remembered it well. For the rest of the day the man and his wife talked about their children—about their births, their funny personalities, their awkward teenage years, their accomplishments, their memories of vacations, holidays and family traditions. He did most of the talking, since his wife tired easily. But he knew she was listening because even though her eyes were closed, she would smile or start coughing lightly if she began to laugh at a funny part of a story. Sometimes he even saw tears slide down the sides of her cheeks when he talked about their daughter's weddings, graduations, and children—but he knew they were tears of joy. That day was the best day he had ever experienced with his wife in the hospital since she had been admitted.



Every day from then on, whenever they were alone, the man would talk with his wife about the memories of their lives together. They went through the years, talking about places they had lived, things they had done, or friends they had made. The man felt differently now—he felt grateful and blessed for the life that he had experienced with his beloved wife. He no longer dreaded her passing, but cherished the memories of life that they shared. When she passed, he missed her—but the final week of her life had been happy as they relived memories of their beautiful life together. As he left the hospital for the last time he heard the familiar lullaby melody tinkling softly once again through the overhead speakers of the maternity ward. He continued humming it to himself as he went through the main hospital door, passing a younger man who was on his way in.

The younger man was eager to see his newborn baby, a little girl born just the day before. He had been at the hospital for two days with his wife in the maternity ward awaiting this new chapter in their life. He had heard the song 'Twinkle, Twinkle, Little Star' many, many times gently announcing another child had been born. He always wondered when it would finally be playing for them and frequently found the tune playing subconsciously in his mind. As he entered the hospital to hold his new baby girl he had an epiphany. "This will be the song I sing for my daughter when I put her down to sleep at night, a new father-daughter tradition." He smiled at the thought, as he passed an older man on his way out of the hospital, still silently humming 'Twinkle, Twinkle, Little Star.' ■



◀ Slow Dance with the Sun  
C. Bachlan

▲ Coming Back  
Val Engstrom  
Pastels

# Bones of Time

Larisa Lehmer, MS3

Remodeling  
Destruction amidst construction  
Chaotic order  
Stress leads to strength, fractures to healing

Beginning delicate, flexible  
Skyrocketing to unwieldy heights  
Sustaining bumps and blows  
Callouses contain the memories

Turnover. Both new and the same  
Appearance static  
The substance completely changed  
Rigidly still, moving life forward

Built up, and slowly worn away  
Transparency increases  
Backs sag, necks bow to behold  
Young roots emerge from a calcific dust ■



▲ Life Source  
Majid Husain, MS3

▶ Scorched Earth  
Renewed  
Carter English, MS4



**Mother and Child** ▶  
Melanie Curran

**Natural Beauty  
on the Road to  
Restoration** ▼  
Erica Turley-De Villa





▲ Growth By Fire  
Maryjane Vennat, MS4

▶ Me on Chemo  
Nancy Webster  
Oil on canvas

▶ Therapy  
Susanna Chan  
Pastels





# Breaking Bad News

Johanna Shapiro, PhD  
Professor of Family Medicine

What breaks?  
Something breaks for sure.  
What is it?

The news?  
The words shatter  
sharp shards spilling out  
all around us

The doctor?  
It looks like something  
is breaking inside her  
Poor doctor  
Her face is cracking

Me?  
I am already wrecked  
already broken  
That is no news at all ■




# A Morning Jog

Wilfred Manzano, MS1

Exhaling despair in exchange for new hope,  
He ran for the horizon  
Through mist, fire pulsed the rising sun—  
A glinting orb of energy:  
Invigorating and golden  
Like the marathon medal he strove for  
A dream, shattered by shattered bones,  
Now reconstructed  
By the titanium forged into his knees

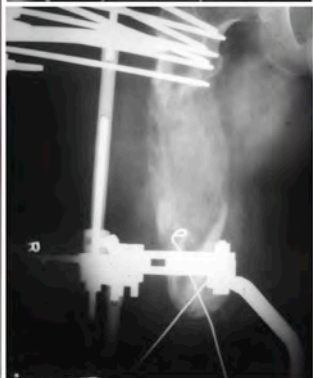
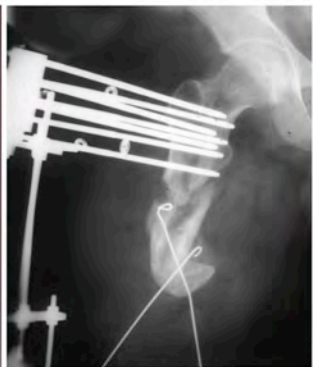
His stride hinged on new hinges:  
Speckling the future with rays of dawn  
Breaking through grim nights of somber immobility  
His bounds, now long and steady,  
Each step a kindling added to a growing fire;  
Melting away the iciness of debilitation,  
As hope warms his lungs with each inhalation ■



► Thanks Doc, I can walk again!  
Stuart Green, MD  
Clinical Professor of Orthopaedic  
Surgery

► Ready to Soar again  
Bev Kilpatrick

◄ Road of Beauty  
Vira Fomenko, MS1



# Illusion of Control

Soe Thein, MS1

I once walked under a clear early morning sky,  
still dotted with sparkles of stars,  
holding a mug of hot mocha flavored with dark chocolate,  
on a path level yet rugged enough to demand my mindfulness

My mind wandered among the stars,  
marveling at the complexity of the universe  
My tongue danced to the hot sweet notes of the Belgian chocolate  
With each step, I enjoyed a light massage from gravels beneath

After a while though I grew tired of the sparkling stars  
My tongue craved plain water instead of chocolate  
And with each step, my feet began to ache

Suddenly, I long for a refuge from the things I once cherished

When my perception of bliss is beyond my control,  
I wonder what can be permanent? ■







◀ A Hidden Treasure  
Carter English, MS4

◀ A Destination  
Unknown  
Jiwon Shin, MS2

▼ Still Waters  
Nancy Webster



# Nightmare Fog

Andrei Novac, MD  
Clinical Professor of Psychiatry

When I opened my eyes  
The sun tried to reach out.  
To penetrate a deep screen  
Of foggy turmoil.

Fragments of fog, low clouds  
Dancing to the sound of celestial rituals.  
Rituals of broken hearts,  
Of fragments,  
Of pieces of broken lives,  
From early days to these days.  
Fragments are here  
To both haunt and resurrect.

Departing for now  
Until it is dark again.  
Until night sleeps off  
This day's haze,  
Until crisp stars  
Will dance to a new tune again. ■

▼ Purgatory  
Adam Kalawi, MS1



# My Geriatric Patient

Hanna Liu, MS4

Under weathered, wrinkled hands  
Lies  
A soft handshake.

Behind thick glasses, gray eyes  
Resides  
A lilting smile  
An inside joke told once upon a time

A trove of stories  
Of lessons learned  
Of friends, sorrows, triumphs  
Of bridges burned

A bittersweet lightness of being  
That only he can describe  
Carrying something precious  
Left behind.

And on he strides,  
Steeped in time  
Old in history, young in life.

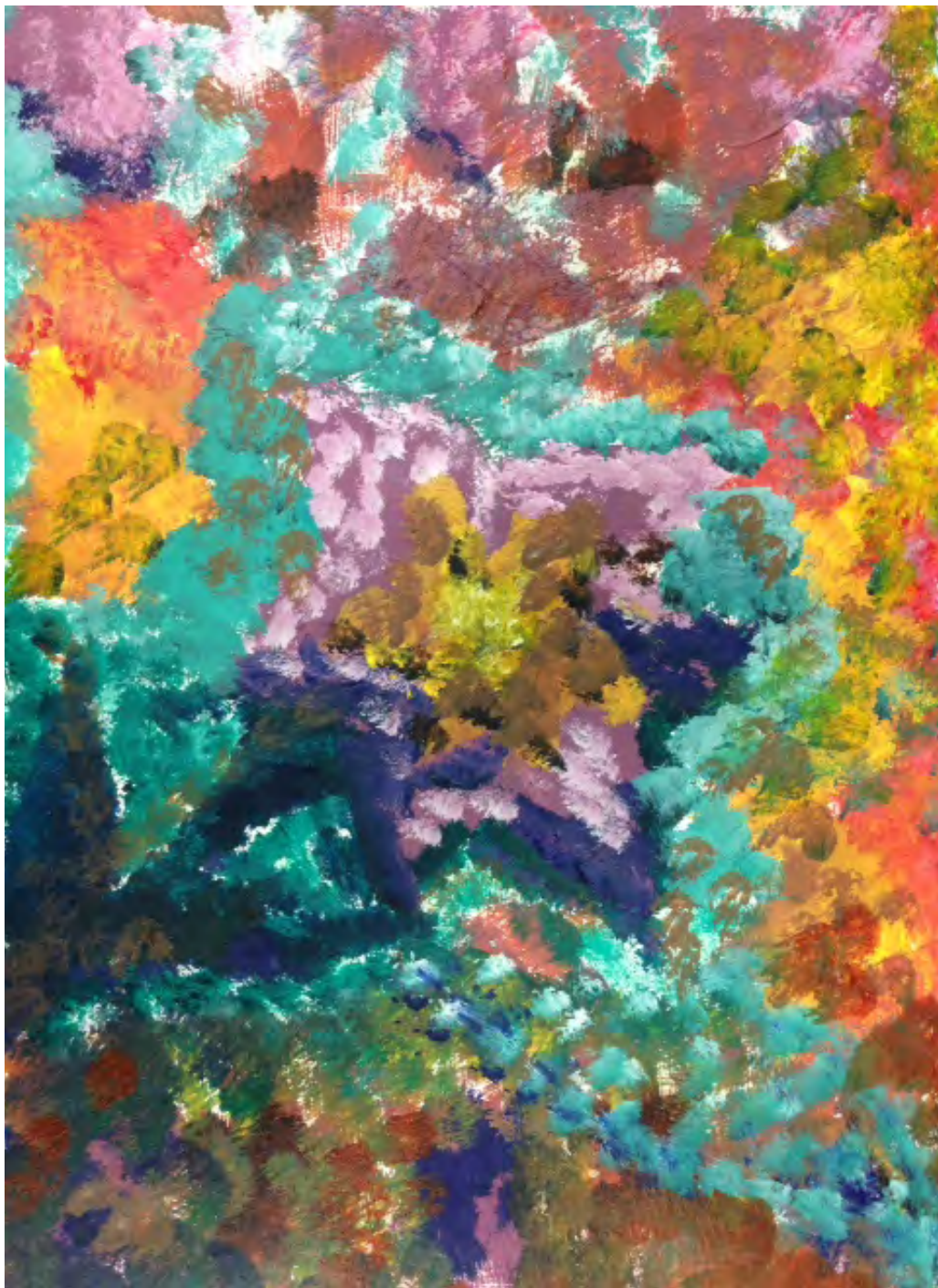
Under weathered, wrinkled hands  
Lies  
A soft handshake

He smiles with his eyes.

*My geriatric patient carries a burden I would not wish upon anyone – living a healthy and fulfilling life while the love of his life continues to destroy herself, and their future together, through smoking. She is a part of his daily life. ■*



▲ At the Edge  
Christine Panganiban



# Nothing Left to Say

Lorianne Burns, MS4

She grabbed my hand when I sat down by her bed  
The two of us alone in the pre-op area  
Tears glistening in her eyes, deep with wisdom  
Of having lived eighty years, now with cancer

She told me it was hard to say goodbye to her family  
Before she left them for surgery  
Which we both knew was risky in her condition  
She said it was more difficult for her family waiting outside

I brought her husband to her bedside to wait with her  
Each of us holding one of her hands  
And her husband telling me how they met  
On a blind date, since married 60 years

He told me he was a pianist  
And she retorted he barely played  
Rolling her eyes, like sarcasm at a party  
Playfully bashing her lover

When the nurse said it was time  
He gave her a quick kiss, while I waited  
For a profound declaration of love  
In the chance this was their last encounter

But there was no such profession  
For it had all been said  
During the life they shared, purposely  
And wholeheartedly lived up to this moment

Eyes locked with a final glance, and then  
He disappeared to the waiting room  
Though he had not waited to tell her anything  
He loved like there was nothing left to say ■

▼ I'm Not Suprised  
Rolanda Engstrom  
Paint



◀ Impressionist's Garden  
Anjali Raasaraani  
Paint