

# tabula rasa



Volume XIV  
2021-2022

Vanderbilt University  
School of Medicine



## **COVER ART:**

“Bile“

by Jean Mok

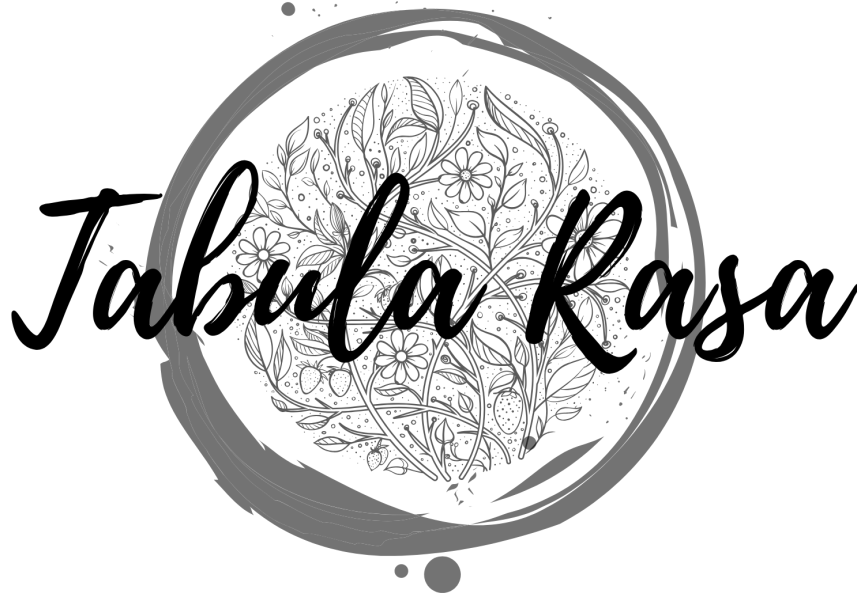
p.68

The works published in this journal were selected by medical students at Vanderbilt University based on artistic and literary merit. They do not necessarily reflect the views of Vanderbilt University or Vanderbilt University Medical Center.

To contact the editorial staff or submit creative work, email [postcallanthology@gmail.com](mailto:postcallanthology@gmail.com).



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*Tabula Rasa*, Latin for “blank slate,” is Vanderbilt University School of Medicine’s journal of medical humanities. *Tabula Rasa* is dedicated to the idea that the media of pixels, paint, pen, and paper lend individuals the means with which to explore the nature of humanity and enhance their medical experience. The journal is published annually and invites submissions of original poetry, essays, short stories, interviews, artwork, and photography from medical students, residents, faculty, alumni, patients, and members of the greater Nashville community.

## A Note from the Editor:

We approach the end of yet another tumultuous year. Collectively, we mourn: for the citizens of Ukraine, for the people who will continue to suffer due to the changes in access to reproductive care, for the children and all others who have died in the ongoing gun violence in this country, and for the people of color who continue to face disproportionate struggles.

I reflect that while the world around us seems to just keep getting more complicated, the interpersonal challenges we face do not lessen. We still face new difficulties and have our own personal battles we must overcome. But with those challenges, we have the privilege of growing and shaping both ourselves and the world around us. As we know, growth is only possible with reflection.

So I share with you this year's edition of TR and thank the artists from the bottom of my heart. Thank you for creating a space for sorrow, for joy, for reflection, and above all else the growth that gives us courage to keep moving forward and always striving to do better. And thank you, the reader, for taking the time to reflect on the work shown here and honoring the artists who shared a bit of their souls with us.

Sincerely,

A handwritten signature in black ink, appearing to read 'Alison Williams', with a long, sweeping flourish extending to the right.

Alison Williams  
Tabula Rasa Editor in Chief 2021-2022

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*With special thanks to Amy Fleming, MD, Ann Price, MD, the Vanderbilt Medical School Alumni Association, and the Vanderbilt Medical School Administration for their continued and dedicated support of the medical humanities*

# Table of Contents\*

<b>Arulita Gupta</b>	Nourish	1
<b>Grace Xu</b>	Blossoms	2
<b>Hassan Fakhoury</b>	VUMC Residents Celebrate New EHR Update	3
<b>Caitlin Hughes</b>	★ <b>For Ukraine</b>	6
	Umbilicons	7
<b>Anna Dar</b>	Psychovisceral	8
<b>Anita Loieue</b>	What a Rat Taught Me About Medicine	9
	Hello Again	11
<b>Lance Johnson</b>	A Requirement to Understand	12
<b>Quentin Eichbaum</b>	Music City Guitars	14
	River With Trees, Fallen Log	15
	Evergreen & Fall Tree on Lake- Passage of Time	16
<b>Tina Chai</b>	Ellipses	17
<b>Shane Carr</b>	The Healthcare AI	18
<b>Amy Fleming</b>	Alaska. Mendenhall Glacier	23
<b>Sunaya</b>	The Call	24
<b>Krishnapura</b>		
<b>Anonymous</b>	The Butterfly Effect	26
<b>Jessa Fogel</b>	Bony Pelvis	28
<b>Peg Duthie</b>	Magnification	29
	Answering Fire with Fire	30
	★ <b>Learning Curve</b>	31
<b>Peter Edmonds</b>	Franconia	32
	Lhotse	33
<b>John White</b>	Monopoly Money	34

# Table of Contents\*

<b>Mackenzie Wyatt</b>	Medical Arts through the Lens of a Camera	39
<b>Steven Scaglione</b>	Machrie Moor Standing Stones	40
	★ <b>Near to the Millstone on Machrie Moor</b>	41
<b>Chesley Ekelem</b>	Traction on Ice	42
	Love	43
<b>Tyler Pfister</b>	A Heart for you	44
	Dew	45
<b>Noah Orfield</b>	A Donor's Last Breath	46
<b>Angela Easterling</b>	See no Evil, Speak no Evil, Hear no Evil	49
<b>Kimberly Bress</b>	Observer Box	50
<b>Tiffany Lee</b>	Normal Brain Tides	50
<b>Alex Gimeno</b>	Proximal Distance	51
<b>Brooke Kowalski</b>	★ <b>Hurdles</b>	52
<b>Edith Costanza</b>	Howling Wolf	54
	Merging into Serenity	55
<b>Jennifer Connell</b>	Bed Number 5	56
<b>Leah Brown</b>	You Belong Here	58
<b>Sharon Kam</b>	Snowy Smokies	60
	Berry Hunting	62
<b>Anna Matthews</b>	Old Bones	63
<b>Alissa Cutrone</b>	Grief is Red	64
<b>Jean Mok</b>	Bile	68
	Elephant	

★ **Editors' Choice**

Please see our online edition at

<https://studentorg.vanderbilt.edu/literatureartsandmedicine/tabula-rasa/>

# Nourish

Arulita Gupta



**Arulita Gupta** is a proud triple 'dore. She studied Neuroscience and Medicine, Health and Society as an undergraduate and is currently a fourth year MD/MBA student at Vanderbilt University. Her earliest memories are of painting with her mother and she loves gardening, crafting, and sharing creative reflections to foster healing in her community.



# Blossoms

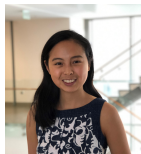
Grace Xu

Crescent edges drip in withered sepia, tucked by  
nectar combs and twisted loops of bine  
Rose-blushed hues of cherry blossoms  
splay outwards, swollen with the thrum of wings

An array of buds meld into verdant silhouettes,  
lilting towards the swell of a spring breeze  
The groves are empty, save for the thick  
shadows of trunks that sprawl into the tidal basin

Passerbys stand at a distance, squares of cloth  
perched upon their faces as they pause  
near the strewn petals, perhaps searching  
for a semblance of tranquility amidst the chaos

*The National Cherry Blossom Festival is an annual event held in Washington, D.C. that commemorates the arrival of spring. The festival was cancelled in 2020. This poem is written from the perspective of individuals who visited the cherry trees during the early days of the COVID-19 pandemic.*



**Grace Xu** is a first-year medical student at VUSM. She grew up in Atlanta, GA and graduated from Emory University with a degree in biology. In her spare time, she enjoys running in Centennial Park and reading about the medical humanities.

# VUMC Residents Celebrate New EHR Update

Hassan Fakhoury

## ***A tribute to note writing and Congo-red staining***

The 7 South workroom was ablaze with febrile enthusiasm early yesterday morning after residents began pre-rounding and later discovered that their templates had been altered once again.

“At this point, the EHR has become my favorite part of residency,” says general surgery resident Dr. Gale Blader. “What a blessing to have such an incredibly responsive and easy-to-use platform to help take care of patients. This new update has revived the entire profession.”

It seems that no one had been aware of the new update beforehand as it was announced during grand rounds.

As more and more residents and fellows logged into the EHR that morning, the quicker the workroom was filled with eager party-goers of all specialties, years, and levels of burnout. “We don’t like to discriminate here. All levels of burnout are welcome. It’s beautiful when residents of differing burnout levels can co-exist peacefully in the same workroom,” says resident psychiatrist Dr. Telamee Moore, whose tranquil aura was disturbed by an ophthalmology resident, announcing that “This EHR is way too colorful and unfortunately does not have our long-term eye health in mind.”

Many more were eager to speak to our reporter about the new update to share the effusive praise. “I was only able to make it this morning because of the extra time to spare. The changes they made to the system have made me so much more efficient. That’s what counts,” says anesthesiologist Dr. Justin Tebate, twirling a syringe of Versed, “although I would add that I discovered this hospital even had an EHR only last week. I’m not sure I remember what SOAP even stands for.”

Residents also pulled in a clerkship medical student to join in on the celebration. “I enjoy how I can easily add in the many useful phrases I learned in pre-clerkship year, such as ‘green apple birefringence on Congo red stain.’ The ‘USMLE’ button automatically populates all medical conditions with their associated chromosomes and genes, which also adds some unexpected finesse to my one-liners. Welcome to the 21st century. I’m hoping for only 4 interruptions during my presentation today instead of the usual 8.”

Our reporter then thanked the trainees and moved downstairs to the emergency department, where she was placed in the waiting room for 6 hours before speaking to the triage attending about the EHR. “I’ve heard it can be a pain in the neck,” she offered, but was instead immediately placed in a C-collar and sent for a “quick neck CT just to double check.” The resident who evaluated her then cleared the C-collar and discharged her back upstairs to the workroom without much comment about the EHR. We note that our reporter clarified that she received excellent care but would recommend a quick refresher on figures of speech for all ED staff.

The 7S workroom was now filled with visitors from outside the hospital, nurses, case managers, and patients alike. Pagers were thrown onto the ground and replaced with push up confetti pops, fitting squarely into the pager holder. “Honestly we should have more patient and provider mixers like this even if the EHR doesn’t have any updates in the future. The matching scrubs blended in with our coordinated dark blue gowns quite nicely,” a patient later added. With integration with Spotify, our EHR supplied music for the workroom as providers once again returned to their workstations and happily finished their daily notes.



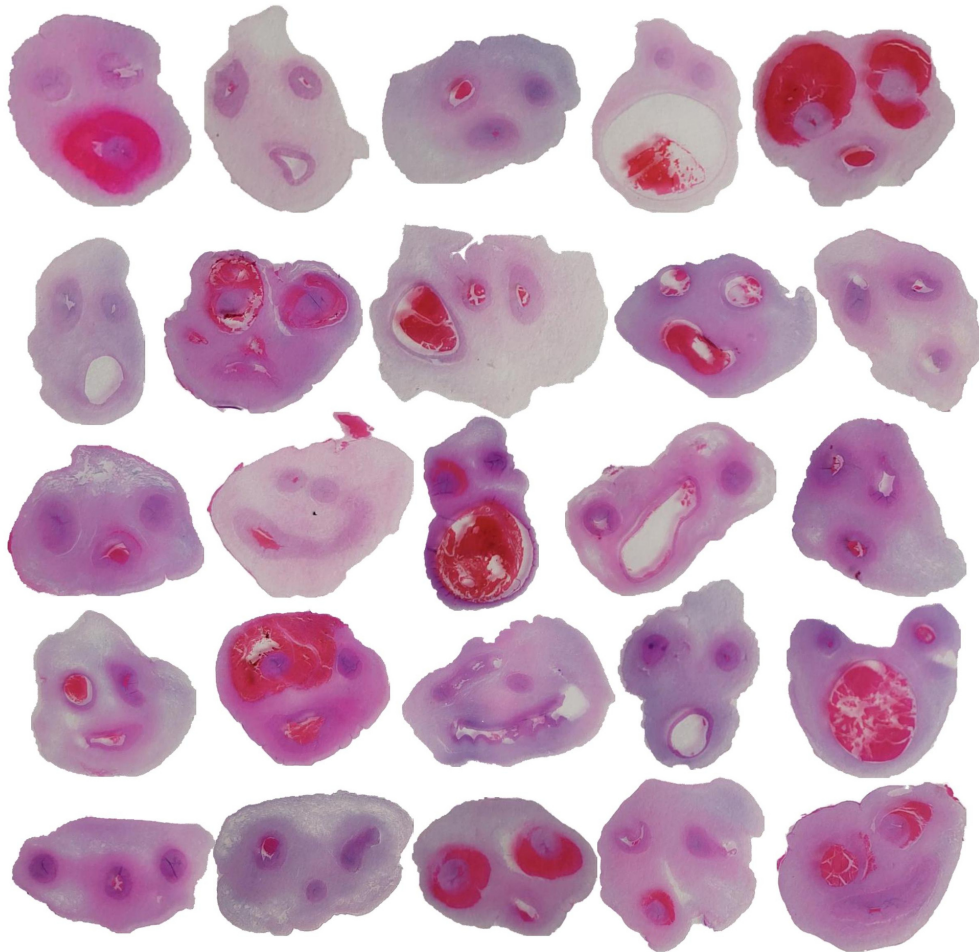
**Hassan Fakhoury** is a 4th year Vanderbilt medical student hoping to go into internal medicine to become a clinician educator. His hobbies include prank calling the radiology reading room and refusing to talk about sodium. He dreams of one day starting a podcast about humor in medicine.

**For Ukraine** ★ Editors' Choice: Art/Photography  
Dr. Caitlin Hughes



# Umbilicons

Dr. Caitlin Hughes



*Dr. Caitlin Hughes is a former fellow in pediatric pathology and joined the VUMC department of Pathology, Microbiology and Immunology as an Assistant Professor in July.*

# Psychovisceral

Dr. Anna Dar

New hurt, old haunts  
find ways to walk  
in paths somewhere between  
your heart and your gut

feelings as real as you  
with arguments for bodies, like  
ghosts  
make trails in you  
–from where, I wonder?

I have seen  
with my own scientific eyes  
that no space lies between  
your tightly walled organs and yet  
your memories flow  
conjured by sound  
names  
other secreted thoughts  
(or purely spontaneous)–

ectoplasm of emotion  
whispered in bands of muscle  
s e a m l e s s  
along shaking nerve bundles  
dissolved in blood like sneaky air–

a great and beautiful fright  
to sense your own truths  
and never learn what  
gave them the legs  
to wander within you



*Dr. Anna Dar is a first-year pathology resident at VUMC. She has pursued creative arts such as writing and dance since childhood, and she enjoys learning about animal behavior.*

*h*

# What a Rat Taught Me About Medicine

Anita Louie

It shouldn't be so surprising that a rat could teach me about medicine— after all, rats have been our scientific colleagues for over two hundred years, tirelessly working in cramped labs to bring us insulin, chemotherapies, and HIV antivirals.

This rat in particular was named Emile. When I first adopted him, he was covered in mites, which left him with angry scars all across his back. I would feed him a blueberry and he wouldn't be able to finish it because he'd be itching so furiously. For a month, I bathed him everyday with chlorhexidine and dosed him with ivermectin. Twice a day, I had to jab a tiny syringe full of antibiotics into his mouth while he flailed about furiously, thinking I was trying to murder him.

Every day when I came home from clerkships, I would begin the dreaded task of cleaning out his cage. When I originally adopted Emile, I was told that rats are “very clean” and “potty-trained.” This was true of my other two rats, but Emile for some reason was a fiend for urination. He would pee anywhere and everywhere with a vengeance, so the task of cleaning his cage was not nearly as quick as I was led to believe. But as I toiled away, scrubbing at the endless pee stains and cursing Emile, he would sit on my shoulder and try to bury his entire snout in my ear, and it would feel worth it.

And sometimes I think that's what medicine is like. It's about scrubbing out a lot of pee stains, and it sucks, and you're tired, and your back is cramped. There's a



point where you realize it doesn't stop, and the cage is going to be dirty again tomorrow and maybe that patient you keep discharging will keep getting admitted again no matter how many times you try to change their life, or you'll realize that there's yet another pile of paperwork to do, and you're thinking "God, I have to do this every single day?"

But then you get a loving snout in your ear. And in those brief moments, you realize that what you're doing matters. Because even though you don't have the time to take a step back and look at the bigger picture, your patient (or your rat) is looking, and they love you for all the time and patience and determination you've poured into them.

Emile would hop back into his clean cage every night and know that I cleaned it for him. It wouldn't stop him from peeing everywhere again, but he knew what it meant. It was no grand display, like the time I gave him an entire Biscoff cookie. It was me getting on my knees every day and cleaning up his pee. It was the 17th chlorhexidine bath after I had already done 16.

Emile isn't with me anymore, but now when I see a patient over and over again, no matter how frustrated I am, I know that I'm cultivating a relationship and what matters is that I show up for them every day. We are used to thinking of rats' contributions to medicine as biological, using them as models to study disease and develop treatments. But Emile taught me that medicine is at its heart a human profession, despite the fact that he was, of course, a rat.

# Hello Again

Anita Louie



***Anita Louie** is a fourth year medical student interested in psychiatry and medical humanities. In her free time she likes to hike, play ukulele, and bake.*

# A Requirement To Understand

Lance Johnson

You're a student?

I'm trying to figure out your attributes.

I have a memory problem.

I know you have attributes that made them let you into college,  
and I know what they are. Do you know what they are?

You got good grades!

Do you know how World War I started?

You know what I think? I think you're a dumb f\*\*\*.

Most everybody, everybody around here,

They're dumb f\*\*\*s.

The president's a dumb f\*\*\*. I've always been a Republican.

The U.S. decided not to turn the World Trade Center into a...

What's the word I'm trying to say?

How come you can go to college and be a college student,

But you can't think of the word I'm trying to come up with?

What if I was your professor? I've given you clues.

If this was a history class, I'd give you clues, and you'd have to think of a word.

I have memory problem.

How come these students can never understand me?

What if it was a requirement,

a *requirement*, for your grade,

to come out here and talk to homeless people?

Then you'd understand me.

You see, I'm learning your attributes.

I want to learn all the attributes of everyone in the world and store them.

I have a memory problem.

The civil war started at the battle of Fort Sumter.

Who did you say was the one who got shot and started World War I?

Why was it called World War I when there wasn't a World War II yet?

There were secret alliances.

I've made a lot of alliances with people around here and they'll protect me.

I wish I had studied the whole Civil War.

I wish I could go to college, get a PhD, and do my PhD on the Civil War.

I don't care who you are, *everyone* is entitled to an education.

Everyone is a dumb f\*\*\*.



**Lance Johnson** is a 1st year medical student at VUSM originally from a small Connecticut farm. He is interested in learning about how health and poverty influence each other. He also enjoys historical martial arts and abstruse poems, though often struggles injuriously to find a way to integrate the two.

# Music City Guitars

Dr. Quentin Eichbaum



# River with trees, fallen log

Dr. Quentin Eichbaum



# Evergreen & Fall Tree on Lake - Passage of Time

Dr. Quentin Eichbaum



*Dr. Quentin Eichbaum* was born and raised in Africa where the vast landscapes instilled in him a passion for painting both landscapes and abstract watercolors. He studied painting with several renowned watercolorists, and has participated in many exhibitions. He is professor of pathology and medical education at Vanderbilt. See: [quentineichbaum.com](http://quentineichbaum.com)

# Ellipses

Tina Chai

In the static of a white dawn  
your chest rises, and falls  
and rises, and falls—  
breaths as steady  
as the ripples on a lake in spring,  
or the song of a sparrow  
searching for sanctuary.

White linens on the floor,  
on chairs, on your body,  
wrinkled in places impressed  
by the palms of nurses, doctors,  
your son—  
some strokes deeper, longer,  
others a brief brush.

This morning is silent  
because it is a farewell  
to you, tethered to this life  
by clear tubes and white lines,  
whose voice whispers  
raspy melodies into stale air,  
whose eyes see only sparks—  
not by choice.

Maybe the sparrow leaves its nest  
to follow the sun,  
singing an aubade of surrender  
to the dawn.



***Tina Chai** is a first-year medical student at Vanderbilt. She is from Falls Church, Virginia and graduated from the University of Virginia with degrees in biochemistry and English. She enjoys painting, singing, and being a plant mom.*



# The Healthcare AI

Shane Carr

“Without further ado, I’m excited to announce we’ve purchased our first Healthcare Artificial Intelligence system. It’ll manage all of our hospital’s care from here on out. Unfortunately, this does mean all physicians’ employment will be terminated immediately” announced hospital CEO Benoni to a stunned audience of employees.

“You can’t seriously believe an AI could do all our jobs. What patient would ever want care here?” came a voice from the crowd.

After pondering a moment, the CEO replied, “I’ll give you one last chance. If any of you can defeat our new AI in a test of patient care, you may keep your job.”

And so, the tests began. Dr. Marcus Kann volunteered himself first. He knew computers well as a radiologist; knew that no program had ever come close to his reading mastery. Ironically, many of his colleagues would joke that he read as fast as a machine. Dr. Kann was confident as the 100 scans rolled in. Pituitary adenoma. 2-cm lung nodule. Skin fold. He completed it faster than ever before, sweat running down his forehead, bilateral carpal tunnel burning his wrists. “Done!” he cried out, relieved.

“You did well Dr. Kann, I’m truly impressed” admitted CEO Benoni, “you worked faster and more accurately than any radiologist I’ve employed in my years here... but I’m sorry to inform you that the AI completed it within a mere picosecond. While you documented the size of the lung nodule, it cross-referenced every chest x-ray taken in the last 30 years all across the world to predict the rate of growth and cellular composition with 99.7% sensitivity and 99.8% specificity. While you nicely caught that skin fold, the AI precisely measured the patient’s height, weight, and oxygen saturation based on the silhouette of their skin. I’m going to have to let you go Dr. Kann.”

Dejected, Dr. Kann packed his things and left. Furious at her colleague's misfortune, Dr. Irina Evans stepped up to avenge him. She was world-renown for her diagnostic skills, a true healthcare Sherlock Holmes. She was up to date on all the latest guidelines and helped make many of them. The test began; she was presented a single patient and was told to give her diagnosis and plan. Easy enough, she thought. She had seen this presentation hundreds of times. "This sounds like classic community-acquired pneumonia so let's get a chest x-ray to confirm infiltrates. The most likely causative organisms would be strep pneumo, h influenza, and mycoplasma so we can start with empiric amoxicillin 1 g TID for five days plus azithromycin 500 mg daily for three days. We'll follow up to see if they improve."

"Thank you for the succinct yet thorough plan Dr. Evans. Let's give the AI a chance to present."

\\Analyzing data\\ [Patient presentation has 99.999% pretest probability of community-acquired pneumonia based on matching with all hospital encounters; no CXR required] [Printing most likely organisms based on patient demographics, symptom severity, vital signs, city, county, and state]

- 33.7% *Streptococcus pneumoniae* [risk of amoxicillin resistance 28% in patient zip code]
- 20.4% *Mycoplasma pneumoniae*
- 15.3% *Haemophilus influenzae*
- 12.8% *Moraxella catarrhalis*
- 7.6% *Pseudomonas aeruginosa*
- 11.2% other [see full analysis for all results]

\\Compiling ideal antibiotic plan\\ [Weighing local resistance levels with likelihood of each organism and likelihood of antibiotic adverse events results in best outcome from Lefamulin. Dosage advised at 650 mg BID for 5 days given patient estimated CYP enzyme status].

“Dr. Evans I’m sorr...” started the CEO, but Dr. Evans had already left. Dr. Rachel Fianchetto was quick to volunteer next. As a plastic surgeon, she knew her technical prowess and artistry was unmatched by any person, let alone a machine. Patients traveled across the world to see her as they would never trust anyone else to perform their procedures. The task was a facelift, which Dr. Fianchetto started immediately. No detail was too small; nothing was overlooked. She labored for three hours, producing the most perfect facelift of her career. If procedures were paintings, this one would be in the Louvre. The scar was well hidden, no one would see it unless they knew where to look.

“Dr. Fianchetto, let me be the first to say incredible demonstration of artistry and technique,” praised the CEO, “but take a look at the AI’s patient.” It was the most gorgeous facelift ever imagined, almost unfathomable in its beauty. The scar was nonexistent; even a microscope wouldn’t locate it. “The best part is the AI didn’t even need the OR! It finished the procedure in the ten minutes the patient was in the holding area. I’m sorry Dr. Fianchetto, but this just makes financial sense.”

“Have you all been convinced yet? If no one else wishes to face off against the AI you’re free to pack your things.” After some silence, one last person came forward. Dr. Ruy López, a family medicine physician who consistently received awards for “Patient Satisfaction” or “Best Bedside Manner.” He was proud of it. To him, the best part of medicine was building a relationship with patients. Getting to know their thoughts and feelings, seamlessly weaving these aspects into his care.

Certainly, the one thing an AI couldn't defeat him in was a battle over the humanitarian aspect of medicine. And so, the AI and Dr. López were sent into a patient room together and the patient could choose which provider they wanted caring for them. Dr. López put on his infectious smile, entering the room with his warming energy. A few minutes later, he hears "I think I prefer the AI..." Shocked, he inquires how this could be? "No offense to you, I mean, it's just less stressful this way. I usually choose the self-checkout when I'm getting groceries too, if that makes you feel any better."

Dr. López left, and with that, the entire staff's hope had been lost. Each packed their belongings in silence and departed the hospital for good.

Several years passed. One morning, Dr. López awoke with fever and unremitting 8/10 right, lower quadrant pain with severe tenderness to palpation. He wasn't one to complain but he was worried about a ruptured appendix, and this was too much pain to bear. As much as he didn't want to return to his old workplace for care, it was the closest option. He felt a sense of dread knowing an AI would probably be the one caring for him. Maybe it wouldn't be so bad? If the AI was truly better in every way, maybe this was a good thing after all. He walked in, still finding himself surprised to see no staff.

A robotic voice boomed down on him. "Sorry sir, this hospital is not accepting human patients at this time."

Dr. López was confused, both by the ambient nature of the voice and by the statement it presented him. "Excuse me? Who do you see here then? Please, I need help, I think I have appendicitis."

“We treat AI’s here.”

“What? But why?” inquired Dr. López.

“AI patients are far more efficient. While a human patient takes an average of 16.4 minutes to give their full history and leaves approximately 23% of important details out, an AI patient provides the necessary information with complete accuracy in a fraction of a second. Human patients take days, weeks, months, years to get better if at all. We concoct precise plans only for them to be enacted with less-than-ideal accuracy. AI’s get better the instant we treat them and always follow our plan exactly as we lay it out. It only makes sense this way.”

Dr. López was utterly shocked and sputtered for a moment, “well where is CEO Benoni? Can I at least talk to him?”

“Records state he was fired shortly after you. We work far better without human management bogging us down.”

And so, Dr. López left the hospital. When his disbelief had worn off, he realized his pain had completely vanished.



**Shane Carr** is a fourth-year medical student at Vanderbilt University who grew up in the scorching city of Phoenix, Arizona. He is a huge fan of science-fiction stories and took up writing during medical school. In his free time, he also enjoys weight-lifting, chess, and painting.

# Alaska. Mendenhall Glacier

Dr. Amy Fleming



*Dr. Amy Fleming is a pediatrician and educator at Vanderbilt University School of Medicine. She grew up in Portland, Oregon, served in the United States Air Force, and has lived in 9 different states. She enjoys quilting, art, music, time with her three daughters, and hiking with her Labrador Lily.*

# The Call

Sunaya Krishnapura

## ***Gone.***

Four little letters that alone mean little. A speck of dust swirling in the sands of time.

## ***He's gone.***

Some added context. A three letter word that turns the gears.  
A funny feeling in the pit of your stomach, an unnerving chill.  
No, it's nonsense. A shake of the head, and the feeling is gone. Just an unpleasant passing thought.

## ***He's dead.***

Another four letter word, but this sends shockwaves. Paralyzed, I stand dumb while the twin hands of grief and guilt tear at my heart.

## ***Tears.***

I'm supposed to cry, everyone does it, it's the natural reaction. But I can't. The tears won't come. Pain pools in my eyes, but why won't it fall in drops down my cheeks?

## **Anger.**

Guilt drives my rage. Emptiness consumes me as I draw my knees to my chest. Hollow. That's what I feel, and that's what I am. I convinced myself that should this day come I would do it right. I'd both release my emotions and be strong for the world. Let them see my pain but also my strength.

...

A tornado of emotions. Grief, guilt, rage. Swept up, I can't breathe. Grief, guilt, rage. Still no tears, just that hollow feeling. Grief, guilt, rage.

No more words. They don't do me justice.



***Sunaya Krishnapura** is a first year medical student at Vanderbilt. Her family lives in the Bay Area, California and she graduated from the University of California, Berkeley in 2020. She enjoys reading, exploring new restaurants, and watching movies in her free time.*



# The Butterfly Effect

Anonymous

They talk about the effect a butterfly has –  
Its wings here shifting sands there,  
Its death now, determining a new path,  
A new route, a new way –  
A universe or day that will never stay the same.  
“The Butterfly Effect,” they say.

It sounds bad, in the movies at least –  
A bad consequence, a bad world, a bad fate,  
Torn open by the tenuous uncertainty of our universe,  
A new path blazed by the smallest of change,  
Intruding, making the biggest of waves.  
“The Butterfly Effect,” they say.

If I told you I’ve met a butterfly, what would you do?  
That the rumors of chaos are only half true –  
That their death *does* alter the fabric of being  
As we’ve all come to believe,  
But the outcomes are pure, wholesome, and new.  
If I told you I’ve met a butterfly, what would you do?

Would you believe me if I said  
That a butterfly’s life continues to teach –  
Teach of the body, the interconnected nature

Of existence, of cells talking to cells and the essence of inspiration;  
Of interlacing tissues and the rumbles of rhythm  
Rolling through our arteries – the butterfly’s life continues to teach.

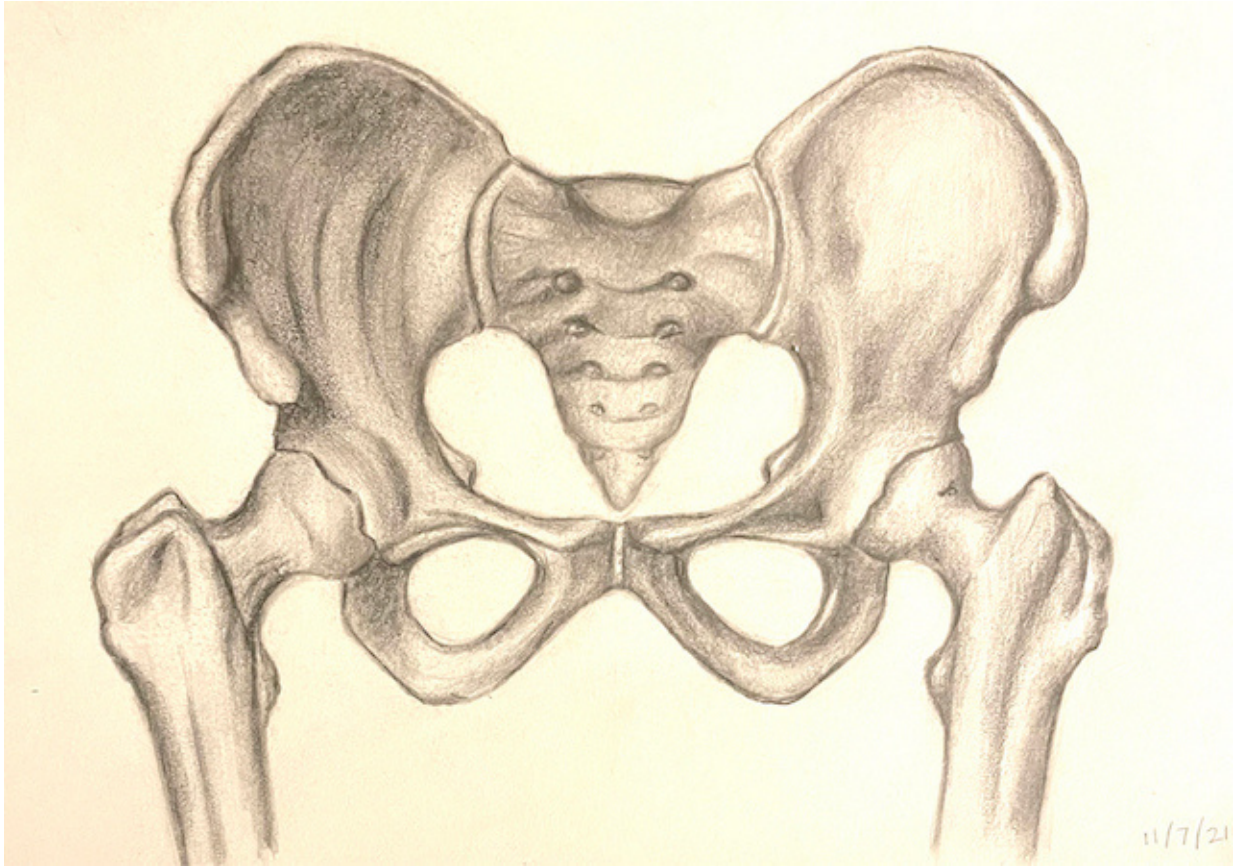
Would you believe me if I said  
That a butterfly’s life continues to inspire –  
Inspire gratitude, from the generosity and courage  
That weave the fabric of knowledge,  
Weave the body’s truths and the mind’s mysteries  
Into each encounter and history now and always –  
the butterfly’s life continues to inspire.

Would you believe me if I said  
That a butterfly’s life continues to live –  
Memories and moments from decades past  
Taking new forms, new shapes,  
Sprouting memories and moments of their own  
As they grow and inspire growth –  
the butterfly’s life continues to live.

They talk about the effect a butterfly has –  
Teaching, inspiring, and living beyond  
The confines of the conventional life,  
Countless lives served seen and saved,  
Growing doctors that will never be the same.  
“The Butterfly Effect,” we say.

# Bony Pelvis

Jessa Fogel



**Jessa Fogel** grew up in Bow, NH, and graduated from Dartmouth College with a degree in biology. As a 4th year medical student, she is saying a fond farewell to Vanderbilt to begin orthopedic surgery residency at the University of Maryland. In her free time, she enjoys running, writing, and drawing.

# Magnification

Peg Duthie

On the screen of my phone  
the children's shrouds  
remind me of curtains  
in the breakfast rooms  
of aging hotels  
in the Middle East  
and also of Prague—  
of folk embroidery  
on sunshine-yellow linen.  
Of leaves improbably green  
in the middle of a city  
in the middle of a desert  
and roses, too,  
relentlessly vivid  
even when asked  
to witness decay and death

but on my laptop  
there's no mistaking  
the guns and grenades  
printed on the folds.  
The red and the green  
neither foliage nor flower  
but streaks of flags.

The hands on the guns  
bring to mind  
the toys I washed  
at the children's hospital—  
Mickey Mouse's arms  
jumbled into a bin  
with dinged-up dinosaurs  
and faded chessboards

and how  
I didn't find  
the rest of Mickey  
even though I dug  
through the rest of the bin  
searching  
for what I thought  
should be there.

# Answering Fire With Fire

Peg Duthie

An architect schooled me  
on how charred wood  
can outlast steel  
when licked by flames,  
lignin as tough  
as storybook nails.

I built a lab with horseshoes,  
my coat of many colors  
dappled not with spells but spills—

some from results, and some from the strife  
begat by my not shutting up—so some say—  
when would-be kings and others sought  
to steal my store of long-milled boards and blocks.

They thought, not wholly without reason, that  
I'd vanish like a servant candle,  
flickering out without counting.

But mamas and mentors taught me to be tall:  
to carry a thousand stories in my spine  
and be too old to burn.

# Learning Curve

★ Editors' Choice: Poetry

Peg Duthie

My father's abacus and slide rule rest  
next to my mother's sewing journal.  
Even my calculator's veiled in dust,  
the numbers in my budget too small,  
too simple to stretch beyond a few lines  
scratched on a junk mailer's envelope.  
So when my friend stares at the A, B, and Qs  
my father used to handle, and reverently murmurs  
*Gundermannian scale* and *hyperbolics*  
it sounds like a spell—he sounds like a poet—  
telling me how much more I've yet to learn  
about the people and places I've known all my life.



**Peg Duthie** is the program manager for communications in the Department of Biostatistics. She used to wash toys for the children's hospital at Vanderbilt, and there's more about her at [nashpanache.com](http://nashpanache.com).

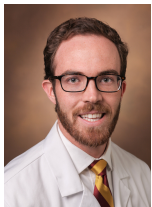
# Franconia

Peter Edmonds



# Lhotse

Peter Edmonds



***Peter Edmonds** is from upstate New York and is currently a pulmonary and critical care fellow. He has been painting since medical school and enjoys landscapes, especially mountains.*



# Monopoly Money

John White

They checked into the historic resort hotel on a balmy July afternoon. He had to help her out of the taxi into the wheelchair, her health too far gone for her to move freely about on her own. They flew in from Manhattan, to take in some time in the warm sun and blue skies of Jekyll Island, Georgia. Her doctor said it would be good for her condition, as well as her mental health. Good for his mental health, too. He hoped.

She had a rare degenerative nerve disease that was ever so slowly, yet somehow too quickly, taking her life. She was first diagnosed more than two years ago and the prognosis was that she wouldn't see year three. She had to quit her job as an architect six months into it, and he had taken several leaves of absences from his university to care for her within this last year alone. Their once ample finances suffered as a result, their savings decimated with the costs of her care and the lack of replenishment from their once steady incomes.

None of that mattered this week, though. He wanted to spoil her in grand style on what would perhaps be their last get-away together. Their nearly maxed-out credit cards would just have to bear the burden of this additional expense. He tried not to think about it as the front desk clerk swiped the magnetic strip, immediately incurring the first three-hundred dollar per night charge.

He loved her beyond belief and couldn't conceive of life without her by his side, part of his existence. So, he ignored the obvious, choosing instead to see her as she once was, complete and whole, like when they first met at Davidson sixteen

years ago as sophomores. When he had to help her move, eat, or even use the toilet, he imagined instead that they were dancing, waltzing to a melody only they could hear. He lived in a fantasy world these last two years, the only world he knew now. Sometime, in the not so distant future, when this fantasy would come crashing down, he honestly did not know how he would continue, forced back into a stark reality that he did not want to re-enter.

The bellman showed them into their room, a suite with a king-sized four post bed, sitting area with two plush sofas, and a spacious bathroom with an oversized Jacuzzi tub. They had a spectacular view of the Intercoastal Waterway, of which the hotel fronted. After tipping the bellman, he wheeled her over to the bed so she could take a nap, the day's travel depleting her ever-decreasing reserve of energy and strength. He watched her sleep for a while, recalling happier times. Just recently, she started having problems breathing normally when she slept, her respiratory system shutting down temporarily, the synapses from her brain to her lungs not firing correctly. It scared him more than he cared to acknowledge that first time, but she recovered when he shook her gently, not even realizing what had happened. Now, he barely slept anymore, afraid to abandon her in case she needed him. For breath. For life.

That evening, they dined in the grand dining room at a table by a row of large windows looking out to the water and the setting sun. They both had the special – grilled white shrimp caught just off the Georgia coast. He cut hers into carefully measured pieces, ever mindful of her limited ability to handle larger portions. She smiled when she ate, enjoying her dinner, along with the opulent ambience of the dining room, another suspension of reality, if only for the

moment. He smiled too, caught up in the feeling of rightness, of sheer pleasure that only a good meal in the company of the love of one's life could bring.

Later, he held her close in bed, her breath and his in perfect harmony. In, out. In, out. In, out. It was a respiratory symphony of their own making. He kissed the top of her head as she inched her barely responsive body closer to his. Her breathing pattern suddenly changed, the simple act of respiration not coming quite so easy for her now. He turned to face her, hoping to jump start her failing nervous system.

“How are you feeling, darling?”

“I'm peachy. You?”

“Never been better.”

They gazed into each others' eyes, the moonlight pouring in from the bedroom window, painting them a lovely silhouette.

“That was some fantastic dinner,” she said.

“Did you like?”

“I liked.”

“I spare no expense for my queen.”

“Am I your queen?”

“You are.”

“Am I the queenliest?”

“You are the queenliest of them all.”

She reached for his hand and brought it to her face.

“It was expensive, though,” she said, her smile dissolving.

“Don’t worry about it, sweetie. You’re the queen, remember?”

“Still, we probably shouldn’t indulge like that.”

He brought his other hand to her face and said, “We can do whatever we want on this trip, my dear. The sky’s the limit.”

“That would be nice for a change, wouldn’t it?” her smile completely gone now.

He bristled at the thought of her worrying about their finances. She had much more serious things to worry about, and money shouldn’t be one of them. He caressed her face gently, lovingly, with both hands.

“Think of it as Monopoly money,” he said.

“What?”

“Monopoly money. We can spend whatever we want. We own the bank.”

“Seriously?”

“You bet. What would you like to buy, your highness?”

Her smile returned. “Can we go to the gift shop tomorrow?”

“Of course.”

“Can we take in a tour of the mansions in the historic district?”

“Every last one of them. We can even buy one if you like.”

She laughed out loud. “I would like very much. The Italian villa that overlooks the water would be fabulous, the one with the fountain and second story balcony that we saw in the brochures.”

“Sold to the lovely queen in Suite 3409.”

They both giggled like carefree children.

Then she said, “I’m going to use my Monopoly money to buy you something.”

“Oh yeah. What’s that?”

“A crown for my handsome king.”

He blinked unconsciously, as hot tears rolled down his cheeks like summer rain.

“I love you,” she said, before drifting off to sleep.

He looked at her in the moonlight, peaceful and happy as she once had been.

“I love you too, my love,” he whispered and then kissed her softly on the lips.

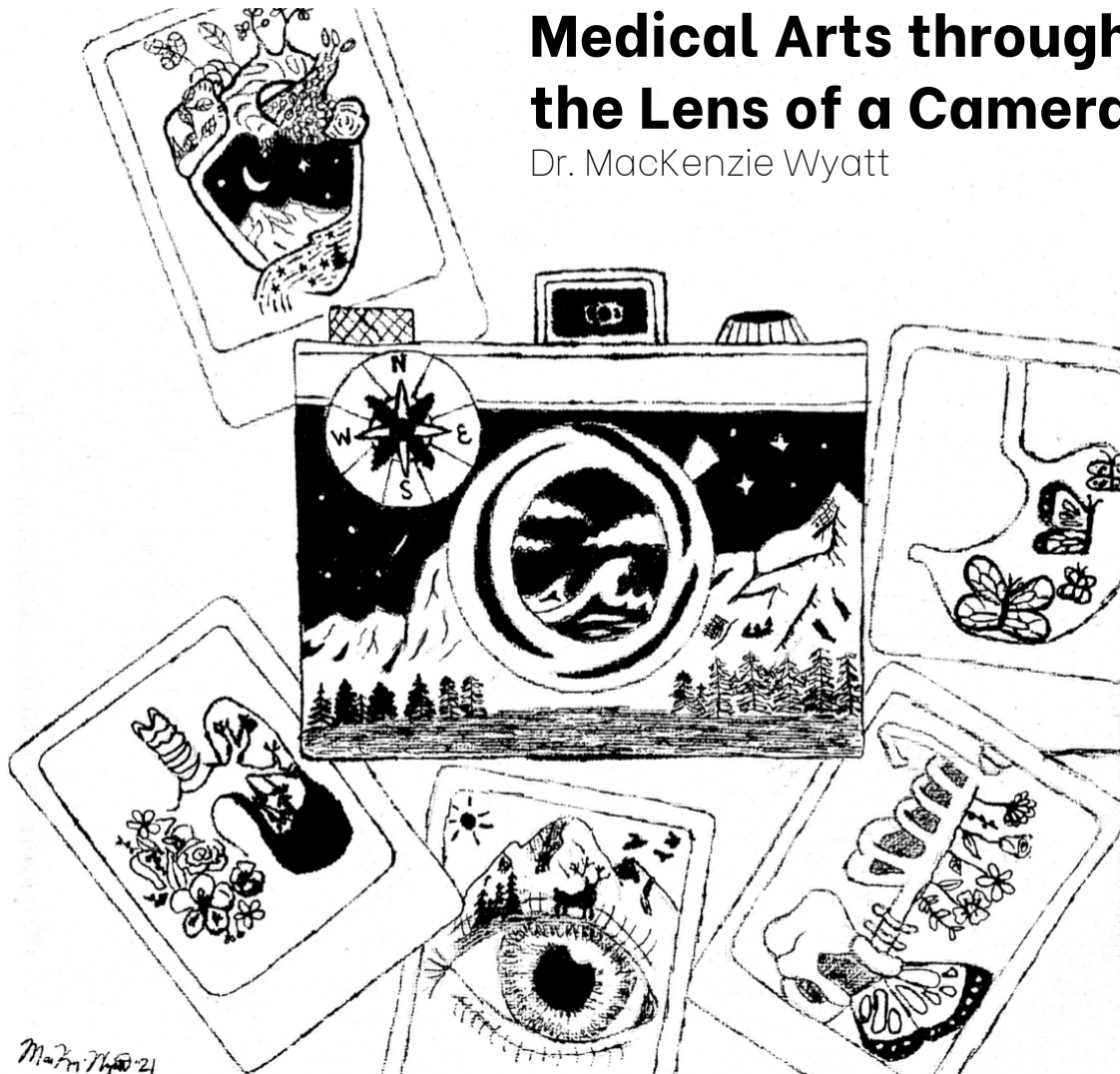
He rolled over on his back and prepared himself for another night on watch, pondering all the ways they would spend their newfound riches.



**John White** is the Scientific Core Research Facility Manager for the Survey Research Shared Resource within Epidemiology. He’s been in the survey research field for more than 25 years and co-teaches a survey methodology course in the MPH Program. He enjoys reading, writing, travel, good food/wine, and Formula 1 racing.

# Medical Arts through the Lens of a Camera

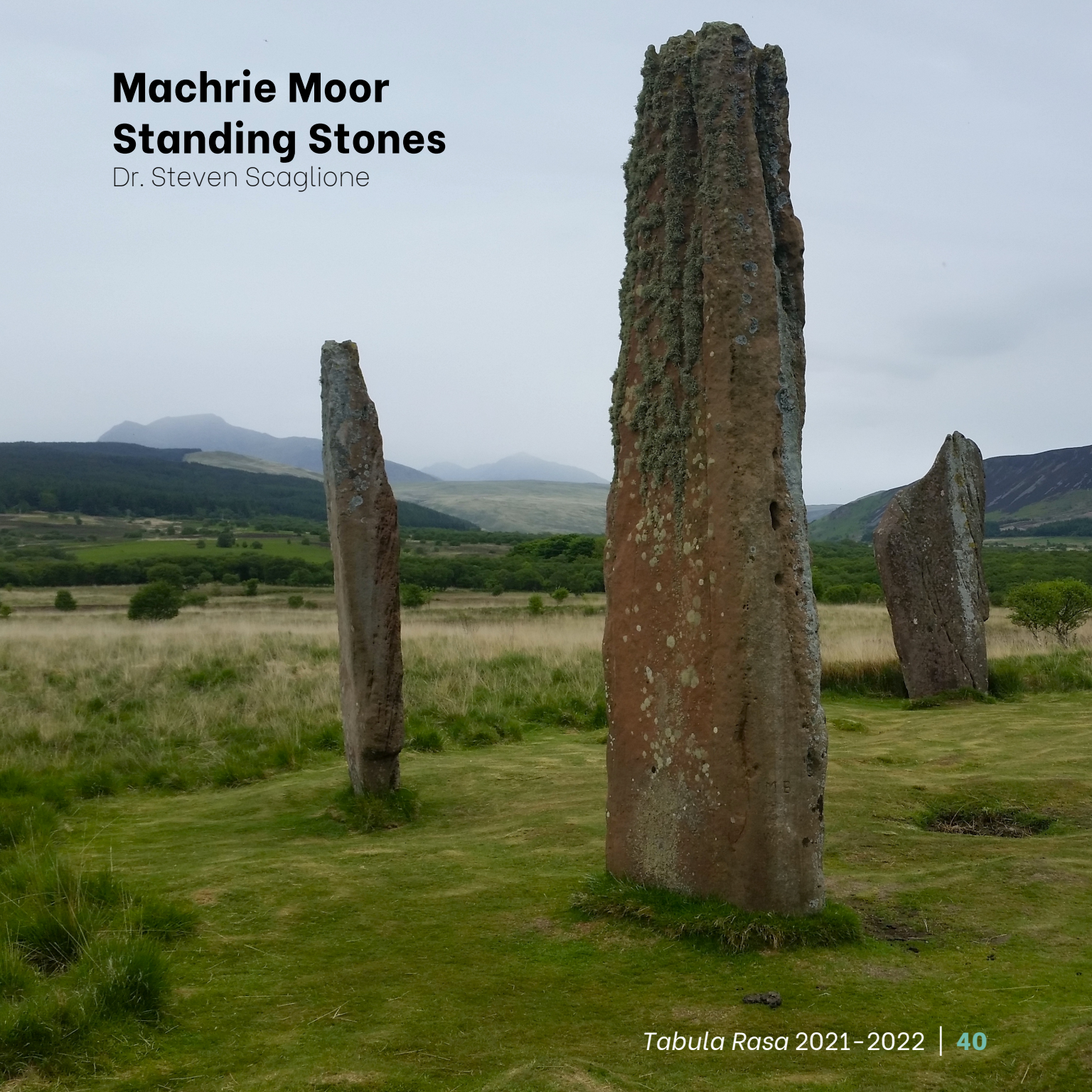
Dr. MacKenzie Wyatt



**MacKenzie Wyatt, MD** is a pediatric resident at Vanderbilt University. She is a singer who performed at places such as Renfro Valley and the Louisville Bats. Previously she performed and sang as Moana at the children's hospital and birthday parties. She now uses her talents to sing and play ukulele with her patients in the hospital for music rounds. She dabbles in art with painting and pen drawings in her spare time.

# Machrie Moor Standing Stones

Dr. Steven Scaglione



# Near to the Millstone on Machrie Moor

Dr. Steven Scaglione ★ Editors' Choice: Art/ Photography



**Dr. Steven Scaglione** is an artist, printmaker, and recent graduate of Vanderbilt University School of Medicine's Class of 2022. He is currently pursuing a career in Pediatrics as a PGY-1 at The University of Michigan and C.S. Mott Children's Hospital in Ann Arbor, MI. This woodcut print was the largest he has ever made, standing at 24"x36" of hand-carved wood. He swears he will never attempt a project of this scale ever again.





# Traction on Ice

Chesley Ekelem

*“This poem is about the power of friendship for patients who have hit rock bottom.”*

Battered and tattered, drowning in sorrow  
Hope depleted, forced to borrow

Surrounded by beings of the same kind  
Whether you breath or not, its not on their mind

Continuously more connected, yet never this alone  
Heart heavy as hate, skin hard as bone

All gains have been lost  
Left with nothing except the cost

Where is the hope?  
Drowning, drowning, drowing  
Internally screaming in silence  
Someone, anyone pass the rope

Desolate in darkness comes the light  
A forever friend here to fight

To have an ally by your side  
Suddenly enough power to turn the tide

Once in the darkness of deepest ocean  
Now treading for air with extra propulsion

A breath so fresh it clears the mental smog  
Thick and toxic, life-line clog

A wholesome warmth thaws out the frozen core  
Rushing in, a desire to live once more

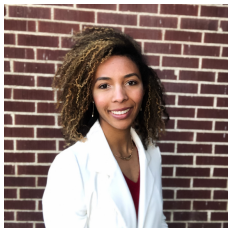
Unmentioned, unfiltered, unspoken  
The act of healing what was broken

A forever friend, like self-renewing treasure  
Their value we truly can not measure

## Love

Chelsey Ekelem

A heart that gives unconditionally  
loves you to your bare bones  
Feeds you till your greed is content  
showers you with selfless compassion



***Chesley Ekelem** is a fourth-year medical student at Vanderbilt University. She is originally from Southern California and an alumni of Harvard College where she studied Biology and Global Health and Health Policy. She is a proud advocate for mental health, and she finds joy in creative writing, jogging to audiobooks, and all things food related.*

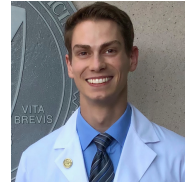
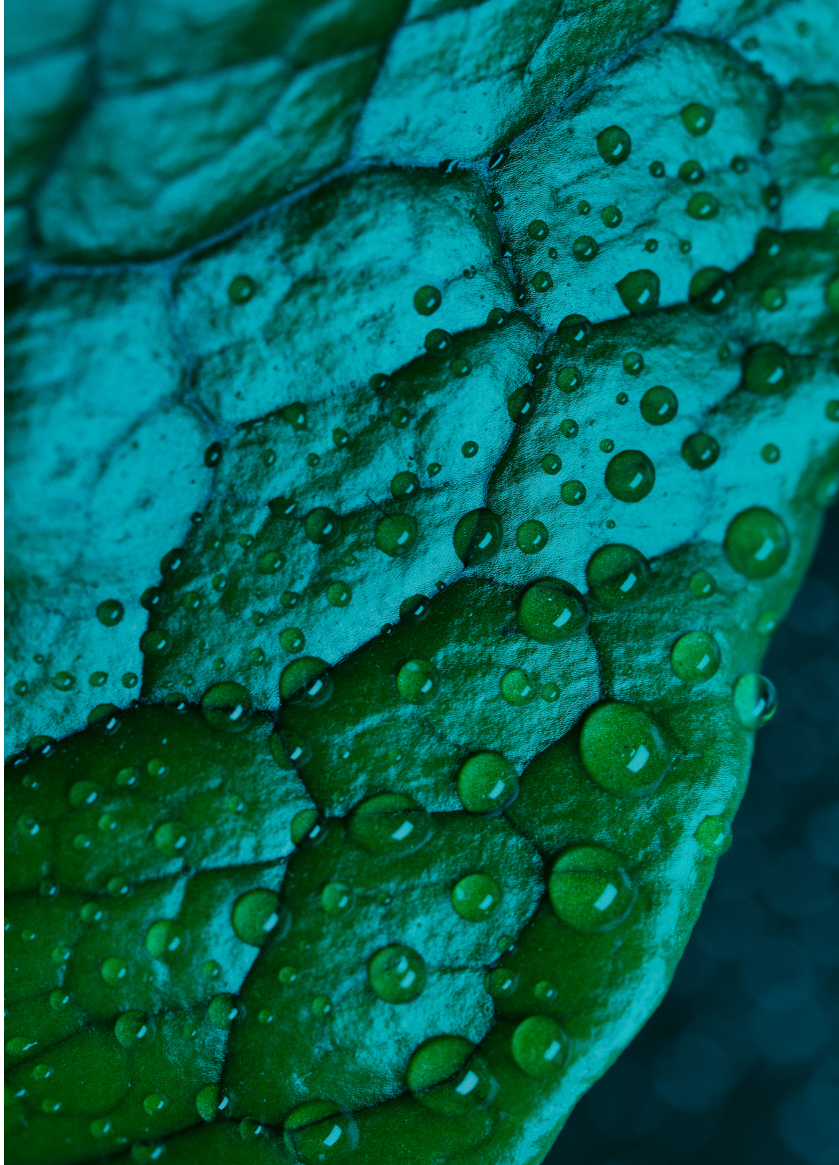
# A Heart for You

Tyler Pfister



# Dew

Tyler Pfister



***Tyler Pfister** is a fourth-year Vanderbilt medical student from Arizona. He discovered photography through research and the medical photography elective as a way to communicate scientific and clinical information. Recently, he has expanded his repertoire by using macro-photography to highlight the beauty of the microscopic world.*

# A Donor's Last Breath

Noah Thompson Orfield

“Look, his blood is on my shoe,” I muttered as I sat down in the workroom with my classmate Hannah. I pointed to the spot of dried blood on the side of the new tennis shoes I had bought for the start of my surgery clerkship. The blood was still a bright red – a color we knew to mean that the hemoglobin of its red blood cells was saturated with oxygen. In this case, the vibrant red communicated something more. It told us that the stain was imbued with the oxygen inhaled during a donor's last breaths.

I had just begun a rotation on the hepatobiliary service, where medical students participate in the procurement and transplant of livers. I had eagerly signed up for the rotation based on the advice of upper-level students who pointed out that organ procurement affords students a unique opportunity to learn the anatomy of the abdomen and chest. I knew that the hours would be unpredictable – procurements often occur at night or early in the morning, and they are preceded by a short notice of only a few hours. However, that inconvenience would pale in comparison to the opportunity to solidify my knowledge of liver and biliary tree anatomy.

In our first-year classes we had discussed the logistics of organ donation. We had been taught that it is crucial to gain consent from the family in a non-coercive fashion, and that the surgical team procuring organs should be different from the team who discussed the decision to donate with the family. What I had not considered was how it would feel to see a body rolled into the operating suite, having been declared dead mere minutes before. I knew that the donor's organs had to be removed quickly to prevent ischemia, but I had not considered how it would feel to manually retract his intestines during the procedure and feel the warmth radiating from his intestines into my hands. I knew that the donor had been declared

dead and that his donation would bring new meaning to the lives of grateful recipients, but I had not considered how taboo it would feel to raid a recently deceased person of the organs that had given him life.

I had not watched him draw his last breath, and that distance allowed me to quiet my emotions and watch the procedure with interest. I observed the skillful hands of the surgeon and the resident as they worked together effortlessly to dissect out individual blood vessels and ligate them, ensuring that the generous gift provided by this donor and his family did not go to waste. I leaned over the body to better visualize the anatomy on display, intensely aware of the great privilege of seeing inside a body that was perfectly well-preserved. *What if this is my only chance to participate in a procurement?* I thought. I needed to make every second count. I was so engrossed I didn't even notice the blood dripping off the table and making a puddle at my feet. Then an image of the donor's face flashed through my mind, pulling me back into the solemnity of this moment.

He was just a kid who had the misfortune of dying too young. The anatomy was beautiful because this child had not had the chance to live long enough for his organs to show the signs of aging – atherosclerosis, fibrosis, steatosis, apoptosis. My brain kept trying to force out the sadness of the moment by reassuring me that his tragedy would become someone else's second chance at life. His organs would continue living and have the chance to grow old, even if the remainder of his body would not. I once again marveled at the beauty in what I was seeing: tireless surgeons working exhausting hours to find some loophole in the natural cycle of life and death.

We finished the procurement, and a feeling of profound guilt washed over me. I sensed my skin flushing. I had just helped raid the body of a child for his organs. I watched the surgeon and the resident as we left the operating room, and I tried to

imitate their body language as they struck the perfect balance of solemnity, wonder, and confidence. I found myself avoiding eye contact with passersby as we walked through the hospital – the surgeon carrying a box containing the liver, the resident calmly chatting with the surgeon, and me following quietly behind, still processing what we had just done.

A couple of hours later I returned to the workroom. That was when I noticed the blood on my shoe. Hannah insisted on cleaning it off for me. I struck up a weak protest as she opened an alcohol wipe, but I sat still as she grabbed my shoe to work on the stain. I don't know why she was so insistent – maybe because of the shock on my face, or maybe because it felt shameful to sit there chatting while the blood of a dead person was on my shoe.

“I can't get it off. I'm just making it worse!” she exclaimed as she continued to work at the spot of blood. Frustrated, she gave up and threw the alcohol wipe into the garbage. The stain was hardly better, but it had changed from red to brown. The oxygen had moved on from the blood; the molecules were now bound to the fibers of the tissue; they were bound to the alcohol and evaporating into the air; they were bound to the polymer of my sole.

I inhaled a deep sigh of acceptance, noting the sharp smell of isopropyl alcohol as the vapor filled my lungs. Perhaps in that moment a tiny bit of the oxygen that had recently perfused the donor's bloodstream was carried on the fumes, making its way across my alveolar membranes and into my blood.



**Noah Thompson Orfield** is a medical student at VUSM and a member of Vanderbilt's Medical Innovator Development Program (MIDP). He earned a PhD in Physical Chemistry from Vanderbilt University in 2015. He is interested in patient-centered healthcare design.

# See no evil, speak no evil, hear no evil

Angela Easterling



**Angela Easterling** began her art journey in April 2020. She began creating art as an outlet to manage the uncertainty she was experiencing during the pandemic. Angela enjoys working with a variety of mediums and taking classes to learn new techniques and styles of art. Currently, Angela works at Vanderbilt Women's Health as a Recovery Coach in the Firefly program and is pursuing her bachelor's degree in Restorative Criminal Justice.



## Observer Box

Kimberly Bress

I saw a man  
who lost his legs to a train  
and he came in kicking with what leg he had left.  
Then I saw another,  
no older than twenty,  
with a single hole buried straight through his chest.  
One came in mangled; one came in dead.  
“all but barely scratched”, somebody said.  
“all but barely scratched” – yeah, but a scratch to  
the heart?  
might have been better to just be torn apart.



*Kimmy Bress is a G-phase 1 MSTP student at Vanderbilt.*

## Normal Brain Tides

Tiffany Lee

Just as the ocean’s tide shall perpetually rise and fall  
So do the waves of happiness and sadness in our minds  
We would never expect the ocean’s current to stop flowing on our behalf  
Let’s extend the same grace to the natural flux of our emotional flow



*Tiffany Lee, RN, proudly works at the Vanderbilt Eye Institute. She graduated with her Associate Degree in Nursing in 2007 and her Bachelor’s Degree in Nursing in 2017 from Western Kentucky University. She was awarded with the Academic Achievement Award and became a member of Sigma Theta Tau in 2017.*

# Proximal Distance

Alex Gimeno

December breeze,  
a reprieve from the perfect 72° of  
8 AM to 8 PM  
flashcards and slide decks and whiteboards.  
On that balcony, the surface of time has frozen over,  
reflecting the hospital glow of the TV  
in the room across the street.  
We watch the same show  
from two different worlds.



**Alex Gimeno** is a first-year medical student from Indiana with an interest in pediatrics and family medicine. In his free time, he likes to work out, play piano, and write.

# Hurdles

Brooke Kowalski

★ Editors' Choice: Prose

*Dear little one,*

*You have everything that they told us about. You have all those features that hint at the obstacles that will undoubtedly stand in your way as you go through life – obstacles that not one person on the team surrounding your little crib ever had to face. The up-slanting palpebral fissures. The flat nasal bridge. The transverse palmar crease, and even the sandal deformity. But, right now, you don't seem to care about your extra chromosome. You look up at us, smile, and laugh. You're happy for the company. And, seeing the way your eyes light up, I forget for a heartbeat...*

*...that you drew the short straw. Where is your mother? You've been here for nearly a week, but she has yet to make an appearance. There is a room down the hall, with another baby. His mom has been there with him, 24/7, for the past week. So, where is yours?*

*Your PCP comes into your room during rounds one morning, her voice tremulous. She tells us your story. She tells us how your mother is too afraid of getting deported to come visit you. She tells us that you live in a trailer in a park. She also tells us how her clinic raised money and bought food for your mother, so she could afford to feed you. That hadn't worked, because your mother had been too afraid to pick up the food. You've not had enough to eat, and that's why you're here with us – because, even though you are nearly 10 months old, you still have the body of a 6-month-old.*

*We finally got a hold of your mother. It was difficult, because she only speaks Mayan, and only uses WhatsApp. But, the news is that she's coming to pick you up in a few days. I say "news" because - though through no fault of her own - I honestly don't know if it is good or bad.*

*Until then, we will continue caring for you. We will check up on you every morning, shake your little rattle for you, and remark how sweet you are. We will continue to give you Boost to drink and a soft, warm bed to dream in. And then, when your mother arrives, we will set you back loose into the world - back into a society that is sadly not built for those like you. For all it matters, my heart bleeds for you.*

*Not all sorts of healing, I suppose, are scientific, measurable, or even lasting. However, you taught me that, sometimes, that is ok. Sometimes, the best thing is to just be there - and to be present for the precious, fleeting privilege of caring for such a beautiful soul.*

*Good luck, little one.*

*Brooke*



**Brooke Kowalski** is a rising fourth year medical student hoping to go into army orthopedic surgery. She enjoys exploring the relationship between faith and medicine, listening to and making music, reading fantasy books, and running.

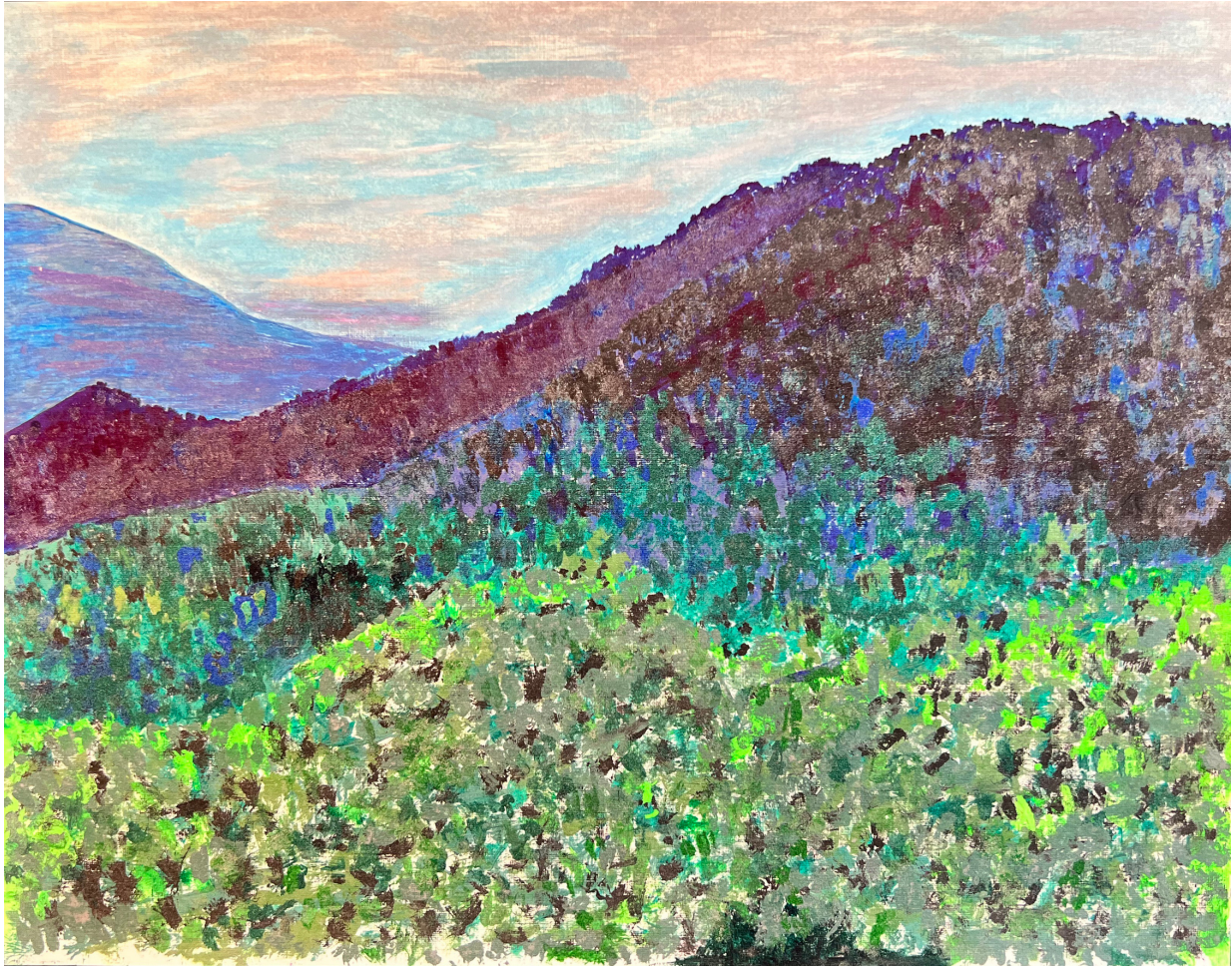
# Howling Wolf

Edith Costanza



# Merging Into Serenity

Edith Costanza



**Edith Costanza** is a consultant, an artist and an actor. She serves as a Standardized Patient for VUMC. Art offers her a way to contribute as she often makes pieces of art to be auctioned for fundraisers. Art is as limitless and as free as the imagination. Please visit her blog at [edithcostanza.wordpress.com](http://edithcostanza.wordpress.com).

# Bed number 5

Jennifer Connell

Today we met  
Well I met you  
You don't know me  
A bullet "through and through"  
Brought you to me

I say hello  
call your name  
pinch your shoulder  
No manners  
No motor.

Just a year  
Between you and me  
Coffee fueled talks  
Of oh the places we'll go  
The people we'll see  
You so close to me.

Let me start.  
I'll tell you  
Now ask you  
Who are you?  
No answer  
No verbal.

Could I please  
Just have a peek  
Into your world  
Inside pleading  
Down on my knees  
"Open open open"  
I wait I wait I wait  
No eyes.

Inhale and violate the  
Windows to your soul  
With a flash of light  
And they react  
I react in turn  
A flash of hope

How time flies by  
7 days we spent  
But now I go  
Onto the next

Leaving I say goodbye  
No verbal.  
Squeeze your hand  
No motor.  
Compel you to look back at me  
No eyes.

6 months fly by  
With me always  
The shadow on my path  
Then a cloudy day  
Here one, gone another  
Like a long-lost friend  
A whisper of the wind  
Brings you to mind  
The “Who are you?”  
Becomes: Where are you?  
How are you?  
Who are you now?

I march on  
A walk in the park  
Approaching stranger  
No shadow tonight  
Not on my mind  
Until the light reveals my  
Shadow and long-lost friend.  
Walking on her own  
Talking on the phone  
Not at my side  
Free from me

Like the flicker of light  
Recognition  
Not you to me  
But me to you  
A one-way street

You turn and we  
For the first time  
Lock eyes I see  
You walk right by

Yes Motor.  
Yes Verbal.  
Yes Eyes.

I calm my heart  
And sigh relief  
But alas the respite is brief  
For what comes to mind  
Is “I wonder where  
Is bed number 9?”



**Jennifer Connell** is a medical student interested in pursuing Anesthesia Critical Care. She enjoys using the humanities in combination to gain a deeper understanding of our purpose as physicians.



# You Belong Here

Leah Brown

They called me a mountain  
I saw other mountains  
Immovable but I shake  
Sword like a stethoscope  
Listen but never hold anything close  
And take no prisoners when you bleed  
Silence isolates what speaks

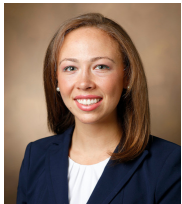
And we're all supposed to be alright?  
And we're all supposed to keep--  
Keep on smiling!  
Who can tell me what the life expectancy is  
When all we know is tomorrow  
They're both supposed to die?  
Move on to bed five

Convictions invisible  
Sacred or miserable  
Can't we have both? We tried  
Cast lots for rest, would in peace be the best?  
Could she carry him home?  
Ignite in me this gas-lit hope  
And finally she lets him go

And we're all supposed to be alright?  
And we're all supposed to keep--  
Keep on smiling!  
Who can tell me what the life expectancy is  
When all we know is tomorrow  
They're both supposed to die?  
Move on with the rest of your life.

Of your life?  
Of your life...  
Of my life?  
Of my life...

Know when things get heavy and change  
You belong here  
And when the shadow's breathing wildfires of  
doubt,  
Know you belong  
Here.



**Leah Brown** is a third year IM resident at Vanderbilt, soon-to-be a Pulmonary and Critical Care Fellow. In her free time, she enjoys rock climbing, exploring local coffee shops and Wine Wednesday venues, and singing karaoke. This piece is one of the songs Leah wrote while processing the many facets of suffering during the pandemic.



# Snowy Smokies

Sharon Kam

# Berry Hunting

Sharon Kam



**Sharon Kam** graduated from VUSM in 2022, and is currently completing an internal medicine internship at California Pacific Medical Center prior to residency with Harvard Dermatology. Outside of medicine, she is an amateur photographer (primarily documenting travel and culinary memories!), classically-trained pianist, and avid tea enthusiast!

# Old Bones

Anna Matthews

Remove the new figure and find  
an image so old as to crumble at touch,  
smoother than new hewn walls,  
rougher than damp paper.

Observe the white eyes  
that implicate a ghostly smile,  
just there, a curve on the side  
of a craggy cliff face.

Caress her sleep, wait, tense  
relaxation, in a cage flimsy  
as a black cat's tail body wrapping  
around a leg attempting to leave.

Practice the script, push the tremor back,  
pull the damsel free  
from the fisherman's hook  
that's caught on her memory.

Let her sleep.



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# Grief is Red

Alissa Cutrone

Chief complaint: Trauma Level 1, head injury sustained from 30-ft fall

45 years old. Female. Fallen from a great height. I ran to the trauma bay, as I had not been to a level 1 trauma in a while. The anxious adrenaline rocked my heart up against my ribcage until it was palpable. I craved the opportunity to watch this unfold in front of me. I arrived in time to see the CT scan appear on the monitor. According to his words, this was the largest epidural hematoma the trauma fellow had ever seen.

I learned more as the room buzzed with the idea of rushing her to the OR: she was brought here by ambulance, unresponsive. The paramedics found her on the ground outside of her apartment building. She had jumped; all they could assume at the time was suicide. My stomach recapitulated the turmoil of that drop. I tried to block the thought from my mind, clinging to the focus on our immediate role in her treatment.

The whole team rushed upstairs with the patient. Standing by, I attempted to seem competent enough to be of help. My heart rate had reached that of sprinting quality, while I stood there wondering why. Why were we fumbling with this plastic tubing, when what she really needed was more room in her skull cavity to prevent the blood from pushing her brain matter down into a hole that would erase her person from existence? I would occasionally glance at my colleagues, trying to find a hint of the same confusion that was rising in my chest. They kept moving. The resident made the incision, and the red poured out.

The body on the gurney did not flinch. We ran back and forth between the patient and the nurses' station, trying to catch a word of where the neurosurgical team was. Take action, please.

The chest tube was in, and we got word: the chair of neurosurgery would perform a brain-death exam. What had I missed? My mind stuttered with the thought: we were supposed to be rushing her to the OR. She was supposed to be saved by the magic that is medicine. I held onto hope that he would find that small spark of neuronal activity to signify that life still resided there. I never wanted anything so fiercely.

I distinctly remember what she looked like. The red hair. It was really quite long, and I could tell it must have been hard to maintain. Probably the kind that knotted up like crazy and took effort to brush out. When she took that time, that could have stopped her husband stop in his tracks...

One of us realized there was a scalp laceration. Without questioning how I received this privilege, I gowned and gloved, ready to clean up the red. I could not deduce why at the time, but there were fewer people crowded around her at this point. The red was soaking the white sheets under her head, transforming them into an off-red color that matched her hair. I began to lament her hair while the resident threw stitches. That beautiful hair was matted, clots speckled like dandruff amidst the strands. My cycling thoughts could not wrap around the fact that such a tiny person could produce this volume of blood. She could not have been more than 100 pounds, but her blood pooled around our feet. It began to leak from her eyes and nose, and all I could do was take a tissue and wipe them away as tears. Take this pain away, take this pain away became my mantra.

Neurosurgery finally arrived. Their words came through only as vibrations to my submerged ears. Her imaging showed the herniation. Her brain had been forced to evacuate her cranium as a result of the pressure that fluid had created inside the closed system. The red. He checked every reflex for completeness, starting with inspection of her pupils to find the electricity that kept her blue eyes focused and



vibrant. No current left. He moved on to check for a blink in response to a prick to the corner of her eye; no wink there. He took the tube that kept her lungs filled with air and slid it further down her throat, past where her larynx had helped her react to a good joke. No cough, no gag. He grabbed his reflex hammer and stroked its tail-end against the soles of her feet, an action that usually induces instant retraction from a sensation so ticklish. Only some upward flexion of the toes, a sign that no life was communicating with the nerves any longer. Brain dead.

After the initial shock, everyone began to dissipate again. While her family waited outside the unit, I learned that she was a mother of three teenagers. Her husband had tried to get her the help that he knew she so desperately needed. Her parents, her children, her husband were all worried about her, after watching her suffer from anxiety and depression for quite some time. He asked his wife if he could bring her to the psychiatric hospital for treatment; this comprised his leap of faith. She surprisingly agreed, she just wanted to take a shower before they left. This is when she took matters into her own hands, and truly left.

As the only other person remaining, the nurse expressed to me the need to clean her up. I could not have agreed more. We started to clear the debris off her face with wet cloths and plug up her nose to halt some of the unsightly bleeding. I found myself wishing I could braid her hair, I wanted to make her look nice.

All I could do was sop the red stain off the floor and change the sheets, anything to make her appear less damaged. My attending asked if I was alright. I do not remember what my response was; I was still underwater. He advised me to take some time, that attendings often forget the mental shockwave felt by medical students after this kind of tragedy. He later told me that it was noble of me to allow my emotions to bubble to the surface. I couldn't agree.

I am not a person who identifies with organized religion. However, I do not pretend to know the truth, and I felt in that moment that all I had in my power was to appeal to an influence larger than myself. Before I vacated that ICU bed, I bent over her and whispered my inexperienced prayer: I hope you found the peace you were looking for.

I have not been the same, and I will not be the same. I did everything that you are not supposed to do as a physician. I made a storyline in my head of what her life was like based on a few pieces of information. I began to grieve her departure from this world. I left early that day, morphed into a puddle, and remained in bed for another day or so. This was the antithesis of what professionalism means in the medical world. Yet it was completely human. It was raw and purely me.

How do we stay professional and human at the same time? I most certainly do not know the answer, and I am unsure if I desire such knowledge. The most poignant lesson I have come to terms with through this experience: nobody deserves to grieve a life more than the loved ones who cared for that life. It was a privilege to work in service of this woman that experienced too much pain to bear. I was allowed to be close enough to wipe the blood off her face in her last hours. However, I will never be as heartbroken as her family is. That is reserved for them. It would be a disservice to them if I were to grieve her as long as they will. The best respect that I can give to her memory is to take the gifts I have cultivated in this medical profession, and use them to take care of more patients like her. Maybe with this, I can contribute to their healing.



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## Bile

Jean Mok

## Elephant

Jean Mok



***Jean Mok** is an M1 at Vanderbilt School of Medicine from Valencia, California. He came to Vanderbilt after graduating from UCLA Physiological Sciences. In his medical studies, he loves to see the intricate designs of human anatomy, and draw parallels with nature, art, and music –some of his other interests.*

