



**Helping Hands:  
Reflections on Humanities in Medicine**

Indiana University School of Medicine  
2007-2008

### **About the Cover Art:**

The mosaics reproduced on the cover and pages 1, 28 and 76 are the result of the Cancer Mosaic Collaborative, an initiative of the Indiana University Cancer Center. The Collaborative provides facilitated workshops during which people affected by cancer gather, share their stories, and transform their collective stories into a piece of art. Mosaic making, like the experience of cancer, may be described as one of breaking followed by the discovery of hidden resources and personal strengths that lead to a greater, but different, whole. Mosaic-making is also a community building process that reminds us that we are all unique pieces that become enlivened as we become part of a larger community. To create a mosaic is an act of witness; it is an act of sharing with oneself and one's community. The Cancer Mosaic Collaborative was established by Dr. Larry D. Cripe of the Cancer Center, Liza Hyatt, a local mosaic artist and poet, and John and Tina Gianfuga of Creating Hope.

Cover Photo: *Paths of Life*

From the IU Cancer Mosaic Collaborative

*From the strong tree trunk, a leaf and hands emerge, reaching to the sky. The healing presence of nature was important to the mosaic artists. By overlapping the leaf and the hands, the group wanted to show that the lines of the palm and of the leaf were both lifelines, and that they found strength to help on the cancer journey by both reaching out to each other, and by being rooted in the natural world.*

## **Note from the Editors 2007-2008**

*“We are all cups, constantly and quietly being filled. The trick is, knowing how to tip ourselves over and let the beautiful stuff out.”*

*-Ray Bradbury*

***Helping Hands: Reflections on Humanity in Medicine***, is a collection of literary and artistic works by members of the health care community at Indiana University and Clarian. This volume is the fourth in a series that began in 2004 out of collaboration between the IU School of Medicine Relationship Centered Care Initiative (RCCI) and the Office of Medical Education and Curricular Affairs. It presents the work of health professions students, faculty, and staff as well as patients, patient families and friends. They employ a variety of forms of creative expression to reflect upon, interpret, and share their experiences in our community. It is our hope that this art will provide opportunities to witness and understand each others’ ordeals and victories, improve our capacity for empathy and professionalism, and foster dialogue about the quality of relationships and medical care to which our community aspires. Our thanks to all those who “tipped their cups” to contribute to this collection. May it provide inspiration for your journey.

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## Introduction

When pondering the responsibility of a medical school to instill the values and ethos of the profession, I gain clarity by trying to see medicine from the perspective of those outside the profession. When I see a particularly poignant description, I literally cannot get it out of my head and I persevere on it. A recent example is an editorial by Elie Wiesel, a Holocaust survivor and Nobel Peace Prize recipient that was recently published in the *New England Journal of Medicine* (352: 1511-1513, 2005). He wrote his essay in remembrance of the 60<sup>th</sup> anniversary of his liberation from the Buchenwald concentration camp. The focus of the editorial was on how the talented and well-trained physicians of Nazi Germany had lost their conscience and been willing participants and leaders in the horrors of the Holocaust. He challenged all of us by concluding, “Am I naïve in believing that medicine is still a noble profession, upholding the highest ethical principles? For the ill, doctors still stand for life. And for all of us, hope.”

It is easy for us to visualize taking care of a critically ill patient and how we could be seen by the patient and family members as “standing for life.” But Wiesel reminds us that as a truly noble profession we have a responsibility far more profound than life and death—“for all of us, hope.” This responsibility is to organizations like medical schools but most particularly for every individual with a medical degree. Thinking of such profound responsibility to society leaves me in awe, humbled, energized, and committed. I feel truly privileged to be even a small part of such a wonderful profession. That privilege is even greater as part of a medical school that will graduate future generations of physicians who will perpetuate HOPE.

D. Craig Brater, MD  
Dean, Indiana University School of Medicine



***Revealing the Light***

**IU Cancer Mosaic Collaborative**

This image was created by nurses from the inpatient Hematology-Oncology Unit at Indiana University Hospital. It symbolizes the intimate and enduring relationship between a nurse and a person with a serious illness. As a result of their shared presence, the dark curtain of illness is lifted by a life force greater than any one person to reveal an unexpected brightness that both share, enlivened.

**Pearl**

Abigail Weliver, Class of 2010  
Indiana University School of Medicine

I came to you one night to read  
The lines of Desiderata.  
You needed a proper Kaddish amongst  
all the noise and laughter  
That disturbed this room - hours each day.  
I recall the day we opened your chest  
Pandora's box  
That warrior over the years, protecting the fluttering  
Guarding the fragile, cage of white and crackling.  
I found your hand in mine, unknowingly, unwittingly  
Tiny, the indentation of a wedding band  
A callous (perhaps from the pen) the tortured joints  
and twisted fingers  
and your delicate almond shaped nails  
flakes of carnation pink, still clinging stubbornly.  
The three broken ribs over your heart  
found still warm on the floor.  
You were loved.  
And so it seems  
we named you well, Pearl.  
small  
delicate  
precious.  
*"You are a child of the universe,  
no less than the trees and the stars;  
you have a right to be here."*



### **Three Simple Words**

Judith Bealke, MD

Indiana University School of Medicine

Looking back on the many hours of study, test taking, clinical rotations, on-call hours, and priceless mentoring, it is difficult to believe that the foundation for my practice of Psychiatry rests on three words given to me by a fellow medical student and good friend at the end of our first year in medical school. I remember the spring day that I watched the minutes crawl by in the basement of the Medical Science Building, weighted with dread but magically hoping that if I held up my end of the bargain and stayed until the end of the lecture, somehow everything would turn out all right. Instead, my world was turned upside down. That was the day I ran from Physiology class to University Hospital to learn that the surgeon had discovered the worst – my dear grandmother didn't have a benign bowel obstruction. She had carcinomatosis. And perhaps three weeks to live, with no chance ever to go home.

My grandmother was a formative experience for me, the person I wanted to grow up to be. She was strong without offense, clever without conceit, humorous at no one's expense. She kept a supply of slice-and-bake cookies, frozen mini-pizzas, and the ingredients to make sherbet "freezes" just in case I came around, which was all the time. Together we formed what she called "the Mutual Admiration Society," which thrilled me; first, that she could admire ME, and then to know that she knew I admired HER. We spent countless hours on her front porch swing, just swinging in the still, summer air. I cherished the times she recounted her rollicking days in college, her love of botany and zoology, her memories of relatives long dead.

By the time I was five, she had taught me to spell the name of her college sorority by its Greek letters; naturally, I became a member. Her house, which had been inhabited by her grandparents and parents before her, was a virtual treasure trove of family artifacts. She often took me on various house expeditions to visit, for example, her mother's cedar chest, which contained my great-grandmother's wedding dress and my grandmother's honey blonde locks which had been shorn at the age of four. My grandmother would also indicate, "in case anything happened" to her, the current hiding place for "the good silver" (as if that would deter serious thieves) at which point I would be thinking, "I don't want your silver, I just want you to be here!" Which brings me back to my tragedy and the awful moment I knew I would face gaining the silver and losing my grandmother. No bargain, there. I despaired to my friend that once my grandmother was at a normal, conscious level again after recovering from surgery, I had no idea what to do. I was certain there was something that needed to be done, or fixed, because I was, after all, a medical student, and I should know how to say or do something helpful?! My friend shook her head and said, "You don't have to DO anything fancy. You don't have to SAY anything special." Then she gave me that gift. Those three simple words: "Just show up."

So, every day for the next three weeks, I trudged to the Medical Science Building and, whenever I had a break, I took my book bag to University Hospital and showed up, mostly with nothing special to say but, "Hey there, how are you doing?" I showed up whether I was weary from studying, anxious about finals, or fearful she might not be there when I arrived. Every

day I had to stare at something I had never faced full on: an impending, unimaginable loss. I endured heart-break on a daily basis but still I did what my friend suggested, I showed up, and allowed my heart to break as my grandmother's body and mind deteriorated. I was blessed to be present when she passed on to the other side, wherever that is. I like to think that my conscious attitude of "not doing anything" except being present for her was, in fact, helpful.

These days as a practicing psychiatrist I encounter other challenges: some days my tolerance for others' distress may be low due to my own stress, some patients are needier than my perceived reservoirs of giving, and some patients' problems are a true burden to bear. But whenever I begin to lose my patient-focus, or start day-dreaming about my next vacation in the midst of a session, or dread going into a session with someone because I know it will be emotionally draining, I remind myself to "just show up" – to be fully present – in the presence of this one person at this particular time. It can be heartbreaking or anxiety-making, but always worthwhile, to temporarily remove my hesitations and distractions to become immersed in this immediate experience in order to reconnect with my patients and my work. For some whose psyches are so badly damaged that neither my exotic combinations of medications nor my very best psychotherapeutic maneuvers can alleviate his or her suffering, I must admit my helplessness and resort to the only thing left in my arsenal – just showing up and bearing witness to that person's pain. This is not evidence-based medicine, but rather advice from a good friend.

Although I got this advice from a friend, I began learning my technique a long time ago from a great

teacher. Whenever I arrived at my grandmother's doorstep, she stopped whatever she was doing and was there just for me, as if I was the most important person in the world. I believe when we contract with our psychotherapy patients, that this is what they secretly long for, to be the most important person in the world to his or her therapist for that appointed hour. I was so fortunate to experience it in real life. I still miss her.



**Blood On My Shoes**

Troy Mattox, MD  
Indiana University School of Medicine

Blood on my shoes.  
Blood on my shoes and I can't remember the person  
from whom it came.  
It was only 1 week ago. . . Why can't I remember him?  
It was a "him", I remember that.  
Face covered in blood, unconscious. Room 8. I remember that.  
Why can't I remember him?

We deal with flesh and blood every day.  
The blood from the flesh of a man is on my shoes.  
I see that, but I don't remember him.

We deal with people every day.  
Mothers, fathers, sons, daughters, wives, husbands,  
sisters, brothers . . .

Why can't I remember him?

Room 2:

"I guess it's up to me to live up to everything that he was."

"He was such a caring and intelligent man,"

She said about her husband of 60 years.

Dying.

No tears.

Collapsed at the store. Large intracerebral hemorrhage.

Not survivable.

I remember her as she remembered him.

A different family in the quiet room:

"Your father's brain hemorrhage is not survivable."

Shock, distraught, wailing, tears.

Disbelief. Refusal. Hostility.

Later, peace at the bedside. Smiles through tears.

"Let's let dad go. He wouldn't want this."

Quiet. Peace.

I remember them and him.

A different family in Room 6. Grandpa with chest pain.

Confused. Bradycardia. Asystole. Code.

Compressions. Tubes. Drugs.

"Stop! Please stop! He wouldn't want this. It's ok for grandpa to go."

Peace. Family.

I remember.

It bothers me that I have blood on my shoes from someone I can't remember.

### **Atlas**

Rachel Vreeman, MD

Indiana University School of Medicine

The first time I looked at your hands, I was looking for a single palmar crease. I was looking for the line from one side of your tiny palm to the other that would help to answer the question foremost in my mind – does this little boy have Down Syndrome? Sitting on the couch in your parents' front room, I held your small and bundled body in my lap. Instead of seeing if your newborn fingers would sweetly wrap around my larger one, I spread your hand open gently and looked for the crease, looked for the curve of your pinky, looked for signs of what might be wrong with you. Instead of the usual next-door-neighbor conversation about the garden we shared or about our friends in common, we talked about what this might mean. Your dad and his parents asked me medical questions, prediction questions, and I tried to answer what I could.

The next weekend, I saw you cradled in your mother's arms. I had seen her cradle your older brother, a guitar, an armful of vegetables from our shared garden. But I did not see her familiar cradle of mother's arms when I looked at the pair of you. I saw your fast breathing, how pale your skin was, how you grunted with each small exhalation. And I sent the pair of you to the ER for X-rays and oxygen and medicines to treat your heart failure. I called the back number to the ER and described my concerns to my colleagues, to the physicians who would see you there, who were also my friends. "Don't worry," they said. "He will be in good hands." I repeated that to your mother. "I know who is on in the ER today. You'll be in good hands."

A few days later, I was looking at your hands again. You had been on the hospital wards, just two floors down from my office, because of your problems with feeding, but now, suddenly, you needed to move to a new place in the hospital. I came down to visit you, and the cluster of residents outside your room looked at me with fear and concern in their eyes. They pulled me aside to brief me before I went into the room. You were breathing faster and faster. You were not as alert and awake as you should have been. And wherever your nurses or doctors had stuck you with a needle to draw labs or place an IV, you were bleeding. Your little right hand was horribly swollen and discolored where they had poked you, and it was getting shinier and bigger almost every minute. "No beds available in the ICU," we heard. So, we pushed your bed down to the ER. You looked very small, lying in the middle of the rolling crib, with nurses and doctors on all sides, your mother following closely. I came along to interpret, to offer support, to make sure you were cared for. When I looked at you, I knew that you were sick, sick, sick. When your mother asked me if we should let the nurses try to stick your little, bruised hand once more to send off urgently needed labs, I had to pause. I knew the doctor answer. I was not quite as sure about the neighbor/friend/mother answer.

As I stood next to your bed that day, for so many hours, moving from the emergency room to the operating room to the recovery room to (finally) the intensive care unit, I began to realize that I was seeing you with two eyes. One eye to watch the monitors, to evaluate just how much worse the bleeding and swelling in your hand had gotten, to continue to evaluate whether you would hold out with your CPAP or if you needed the

intubation tube after all. But, one eye to see your mother's fatigue in the midst of her strength, to see your father in the chair next to your bed with fear in his eyes, to watch your breathing with concern for each breath and not just for your overall respiratory status. To look with two eyes. One eye to check the monitors and one eye to cry with your parents. I didn't know this before, Atlas. I had learned to look at a baby with professional evaluation and not with love from way down deep in my heart. I did not see the grief and worry from "simple things" like an oxygen cannula in the nose or a tube going down into a belly. I did not see the joy and gratitude from hearing that the CT was normal or that a baby could try to swallow milk through his mouth again. You taught me to see with two eyes.

Your name, "Atlas," makes me think, of course, of Atlas with the world on his shoulders. You do carry the weight of our broken world imprinted on your body, right down to your genetic code with its extra chromosomes and strange variations, giving you this crazy combination of Down Syndrome and Hemophilia. This is the world visible in your hands, in the tell-tale crease, in the unusual, unstoppable bleeding. The world of disease and hospitals, the world I usually think of as my own. When I first heard about your birth and about the questions about your health, I remember thinking that your parents had entered into my world now. And yet, your hands have helped me see another world so much more clearly.

I have seen a photograph of you and your mother, a photograph that I love. In the picture, you are lying on your back in a bassinette. Your mother stands over you, looking down at you with her hands resting on the



head of the bassinette. Your hands are clasped together, and you are looking up at your mother with eyes full of love, more radiant than the sunshine floating in through the nearby window. It is clear that your eyes are locked with hers, that you see only her and she sees only you. When I look at that picture, I see baby hands expressing delight and mother hands offering security and comfort, close by if needed. I see you, Atlas, with both of my eyes. Your hands hold both worlds. Thank you for showing them to me.



**Ultrasound Hand—**  
Fetal hand at 32 weeks  
Submitted by Jeffrey Rothenberg, MD  
Indiana University School of Medicine

## **I Have an Update**

Chris Mulry Clausman

On July 24, 1999 my life changed forever. My best friend, husband and father of my children, Mike, died in a tragic car accident. The accident occurred around 7:00 p.m. on a balmy summer night. Mike and our son, Patrick, were out taking a ride together in Mike's convertible (something they both enjoyed) when they were hit by a train at an unmarked crossing. My daughter Meghan and I were shopping for Mike's birthday. We were to go on vacation the next day and thought we would be celebrating his birthday together, but instead had Mike's funeral and buried him on his 41<sup>st</sup> birthday.

The biggest fear in my life was to lose my husband or one of my children, and now it was a reality. I did not think I could ever survive the loss of Mike, but when you are responsible for children that you love, you find the strength. I still miss Mike every day. In sharing my story, I hope to make a difference in the medical world.

When the accident occurred, Mike only had seconds when he realized it could not be avoided. Trees blocked the railroad crossing sign. When Mike saw the tracks, he slammed on his brakes and the car stopped but jolted on the track. The car would not start and the train was right there, so Mike threw himself over Patrick and saved his life. I still find it amazing that there were no serious injuries to Patrick, a true blessing of that night. Mike was a real hero in life and in death.

There were several things that happened that night that still haunt me. It started with the phone call I received about the accident. I now had to make a horrible decision. They told me Mike was airlifted to a ma-

jor trauma hospital in the city and Patrick was taken by ambulance to a smaller hospital in the suburbs. As a wife and mother I wanted to be there for both of the people I loved. My husband was fighting for his life, but my twelve-year-old son must have been petrified. It was an impossible choice to make.

Patrick ended up getting transferred to the trauma center because he lost consciousness, so we did end up getting to be together. I realize that there isn't anyone to blame in this scenario, but after facing that choice, my hope is to see the practice of taking family members to different hospitals eliminated whenever possible. No one should face making that horrible decision.

I want to share a series of events that occurred that night in the hospital. The first problem I faced was getting answers from anyone as to what was going on with Mike. He did live for about four hours and finally at one point after begging for information, a doctor came out to talk to me. She wanted me to sign some papers so that they could take Mike to surgery. She told me that there was internal bleeding and Mike needed an operation to fix the damage. I pleaded with her to let me see him for just a second. She said no, that there wasn't time. I remember crying and telling her "then I don't care what condition you bring him back to me; you just have to bring him back." She just turned and walked away into the surgery and I never saw her again.

I truly believe that having the opportunity to see your loved one and tell them you are there is so important in that life and death situation. I still don't know if Mike was ever awake, was he in pain, was he scared, did he ask for me, did he feel abandoned, did he need ME to tell him to hang on.....I needed the gift of hold-

ing his hand, giving him a kiss, telling him I loved him. I could have told him to hang on, or let him go and said goodbye. I think that whenever possible the family member has the right to see their loved one, even if for just a few seconds. I realize it would not change the outcome, but I do believe it would have helped a little with some of my grief. I had nightmares for months wondering if he knew I was there when he was leaving this world.

During Mike's surgery I was with Patrick while they were doing many tests to see if there was any real damage to him. In between tests I was desperately trying to get someone to give me information about Mike and how the surgery was going, but I couldn't get anyone to answer me. At one point a doctor that I had never seen came to Patrick's bed and asked if I was Mike's wife. I said yes and he said, "I have an update on your husband, why don't we step out into the hall." When we got out there he asked if anyone else would want to hear the update. I said that my daughter Meghan, my sister and my Mom were in a room down the hall. He said "why don't we go down there."

When we got to the room I was surprised at how many other people were there from hearing about the accident, about 30 family and friends were there. The doctor was young and didn't look that nervous, so I remember thinking because of that and with all these people present; his news wouldn't be that bad. Then the doctor said, "I have an update on Mike's condition. He died." I started screaming and fell to the floor, my poor eight-year-old daughter started throwing up and my elderly Mom was a mess. A room full of family and friends were standing there in shock. Meghan was so scared, her Dad was dead, and now she was watching

her Mom fall completely apart. I do not consider that kind of news to be an update that should be shared so bluntly with a huge group of people present, and even more importantly in front of our eight-year-old daughter. I had the difficult task of telling Patrick, but he at least heard it with compassion.

I asked if we could please see Mike, and they said we could but needed to wait for a while. My assumption was that they were getting Mike cleaned up for our visit. After waiting quite a long time, when they finally let me see him, he was still laying on a metal table in a pool of blood with tubes coming out of his neck. I am so glad that the kids did not go with me. It was a horrible sight that still haunts me to this day. I think someone should warn the family member what they are going to see. I found out later from a nurse friend that when an autopsy needs to be done they can't remove anything. These are all procedures that are understood by the medical field, but the lay person does not comprehend any of this.

Next they told me that they needed to take Mike's body to a different hospital to do an autopsy. I never knew why they needed to do that or why it couldn't be done where we were. I had to sign more forms to let them do this. I just felt so lost, uniformed and neglected.

As the night went on, our treatment never got much better. They wanted to keep Patrick for the night for additional tests, so they let Meghan and me stay in his room. I kept trying to get them to give Meghan something to calm her stomach, but they said it needed to be signed off by a doctor and none were available. Meghan kept saying "Mommy, why am I not crying?", but I told her that her belly being sick was her body's

way of showing her sadness. My sister also tried to get them to give me something to calm my nerves, but the nurse told her I just needed to face the fact that he died and start dealing with it.

We were all in a state of shock, and the lack of compassion being shown was unimaginable. The only thing we ever received from the hospital after that night was the bill and a letter addressed to my husband asking him to rate his care during his stay with them.

When I opened the letter I remember crumbling to the floor and feeling all the pain and lack of compassion come flooding back. That is an amazing mistake in this computer age and was very hurtful for me to receive. To me, medicine is so much more than just a world of science or a job, it is the opportunity for medical professionals to kindly guide patients and families through one of the most difficult times in their lives.

### ***Epilogue***

*This article is an account of the personal experience that started my involvement in the Relationship Centered Care Initiative. After this very difficult experience it became my passion to try and make a difference in the medical world and save others from this type of treatment. I felt that doing something in a positive way would not only help others, but be a healing endeavor for myself. As the patient advocate on the Discovery Team, I have done presentations for the medical students through Ethics at Lunch, and serve as a member of the Family as Faculty and volunteer in other areas whenever possible. I have also done some grief work and presentations on The Compassionate Care of the Sick and Dying. All of these experiences have been very rewarding to me and give me the feeling that my husband's death was not in vain.*

**On Losing a Son**

Fran Brahmi, MLS

Indiana University School of Medicine

Dark black olive eyes  
bright and attentive  
Snowy-white woolly hair  
Cool ebony nose

Perky as a pup she once was  
And even now, while dragging her hind legs,  
She was always ready for a treat.

I knew it was time  
and yet...  
I wanted her to hang on just  
a little longer  
She was Craig's after all...  
How could I let her go too?

As we sat in the vet's office  
Waiting  
She fell asleep.  
She too must have known  
it was time.

### **Looking in the Mirror**

Dave Harvey, Class of 2009

Indiana University School of Medicine

A few months ago, I saw a patient that gave me a lot to think about. My physician mentor is a neurologist, so I see a lot of patients with strokes, brain hemorrhages, multiple sclerosis, and the like. We were going over patients we'd be seeing at the hospital, as always, and one patient stuck out—a 23-year-old male transferred to Lafayette for management of what was said to be a stroke. For the most part, 23-year-olds don't get strokes, so my mentor had a wait-and-see attitude. Before we went to see him, we went back-and-forth trying to think of reasons why a 23-year-old could stroke: clotting disorder, diabetes, those kinds of things. Usually this is a useful exercise, but it wasn't in this case.

When we got to the hospital, we first looked at the MRI images taken before he was sent down to Lafayette. My mentor's face immediately fell after putting them up. They showed a large, irregular lesion of some sort in the right temporoparietal region causing mass effects in that hemisphere, with some midline shift. It didn't correspond to any particular blood vessel, and he didn't have any risk factors for clotting, so a stroke didn't seem likely. He didn't have a fever, so an abscess was a long shot, too. "It must be a tumor," my mentor said. Nothing else made sense.

Then we went to see the patient. I liked him - he seemed like a nice guy. He was about my age. He'd *just* gotten married. His wife was there along with his mother and sister. Aside from the sudden onset of nausea and vomiting earlier that day and a headache, he said he felt fine and his exam was unremarkable. I was



dreading having to be there while my mentor told them what he thought the problem was. Then he surprised me—he didn't. He said he wasn't sure, he needed to do an MRI with contrast in the morning. Then he could tell them. I just stood there, no doubt looking somewhat dumbfounded, but I tried my best not to let my face give away what I knew.

"I don't understand," I told him when we got back to the dictation area. "You told me that you knew it was a tumor. Why didn't you tell them?" He told me that he couldn't justify telling the patient and his family that he had a brain tumor without being absolutely sure what it was, and he wasn't. What he was comfortable telling me and what he would tell the patient were two different things. He wouldn't give him and his family anything less than a definitive diagnosis and a management plan. For that, he needed an MRI with contrast, and he wouldn't have that until the next morning.

All I had considered up to that point was the patient's right to know what was happening to him. I hadn't really thought about what a weighty diagnosis a brain tumor is. As soon as many patients hear those words, they no doubt start thinking of it as a death sentence. I'd never delivered this kind of news before, but my mentor had—so he knew if that was what he was going to tell them, he had to be very, very sure about it. Thankfully, I don't have to answer the question of what I would've told the patient and his wife and when, but I'm glad I've had some time to think about this before I'm the one in that position.

The next morning, it was all a moot point anyway. The new MRI confirmed the mass as a tumor. My mentor likes to tell patients and their spouses separately so that when he talks to them both at the same time, each

has already gone through the initial shock and can be strong for the other. After he told the patient's wife and said that she had to be strong for her husband so that he could be strong for her, she said, "I'm not the only one he has to be strong for." She was three months pregnant. Neither of us knew. My mentor told me the next week, after I asked how he was doing. The look on my face was obvious: we both knew I'd never forget about this patient.

He was sent to Indianapolis for surgery, which was successful. Pathology determined that the mass was a low-grade oligodendroglioma, a slow-growing tumor with a good prognosis. He could live a long, long time, and I hope he does.

Even after all his years in practice, my mentor's concern for the patient and what was best for him affected every one of his actions dealing with the case, whether he was with the patient, his family, or me. That basic sense of compassion, the kind of thing for which we all tell ourselves we're going into medicine, was always there.

### **The Third M**

Richard Gunderman, MD, PhD, MPH  
Indiana University School of Medicine

Every story can be told multiple ways. In choosing how to tell it, we reveal a great deal about ourselves. What elements strike us as most important? What aspects do we omit? How does our view of the story's moral shape the way we tell it?

*A resident was called at 1:00 am to see a pediatric patient who had been brought by her mother to the emergency room. The mother believed that her child's surgical wound was bleeding. The resident inspected the site and determined that the brown discharge oozing from the wound was not blood. He informed the mother, and made preparations to discharge the patient. When another senior resident inspected the wound, however, he felt that the discharge represented blood, and made preparations to take the patient to the operating room for surgical exploration. In the operating room, a bleeding vessel was ligated. The patient recovered uneventfully.*

As presented at surgery morbidity and mortality conference (M and M), this story conveys at least two lessons. First, the resident who initially evaluated the patient failed to recognize postoperative bleeding. To address this problem, the surgical residency program might provide a more thorough discussion of operative complications such as bleeding. Second, adequate hemostasis was not achieved at the first operation. In the future, the surgeon might resolve to check the operative site more thoroughly before closing the wound. These are technical problems with technical solutions.

Here is another version of the story, this time including the perspectives of a wider group of partici-

pants.

*A resident was called at 1:00 am to see a pediatric patient who had been brought by her mother to the emergency room. When the resident arrived, the mother told him that her daughter had been discharged from the hospital that afternoon after undergoing an abdominal surgical procedure. She reported that during the late evening, she noticed what she thought was blood oozing from the surgical wound. Following the discharge instructions, she immediately brought her daughter to the emergency room.*

*The resident inspected the wound, and determined that the discharge was not blood. Frustrated at the waste of his time, he snapped at the mother, "That's not blood. Are you color-blind?" Hurriedly making arrangements to send the patient home, he was interrupted by one of the nurses. "I looked at the wound," she said, "and I think the mother is right. I think it is blood." The resident looked up from his paperwork, glanced at the mother, who was listening nervously to the exchange, and responded sarcastically, "Well then, I guess it's a good thing we don't pay you to think, isn't it?"*

*When the resident left, the nurse called a more senior resident to inspect the wound. After inspecting the wound for himself, he phoned the attending surgeon and made arrangements to take the patient directly to the operating room. There the surgical team ligated a bleeding vessel. The next day, both the mother and the nurse registered complaints about the resident's behavior with the attending surgeon. Mortified, he immediately summoned the resident to his office.*

*In this retelling, it is clear that the case offers more than technical lessons. Were we to focus all our atten-*

tion on technical errors, we would overlook crucial educational opportunities. These opportunities concern the moral perspectives of three key participants: the patient's mother, the nurse, and the attending physician. Each rightly felt that the most serious failure was not the technical error but the moral short-sightedness of the resident.

The mother felt morally offended by the resident's manner. Her discharge instructions, which seemed routine to everyone involved but her, explicitly stated that she should return to the emergency department if her daughter developed fever, swelling, or bleeding. In her mind, she was doing her best to safeguard the health of her daughter. When the resident treated her as a nuisance, she felt betrayed. When he asked if she was color blind, she felt insulted.

The resident's attitude was equally offensive to the nurse. Though below the resident in the chain of command, she had worked in the emergency room for 15 years and had seen more cases of postoperative bleeding than he. She does not expect residents to agree with her on every case, but she does expect them to take her input seriously and to deal with her respectfully. Instead he had ridiculed her.

The attending surgeon felt angry that a member of his team had treated a patient and a colleague in such a derogatory manner. He recognized the damage the resident's attitude had inflicted on the relationships between patient and physician and between nurse and physician. He could have simply called the resident onto the carpet and upbraided him for his unprofessional conduct, even threatening him with serious consequences should such behavior ever occur again. Instead, however, he sat the resident down and discussed

what happened and why. His goal was not to berate or punish the guilty party, but to foster insight and understanding. He encouraged the resident to discuss the encounter from the points of view of the mother and the nurse, and then to speak with them about it.

The attending surgeon made sure that the incident was not simply swept under the rug. He saw the resident's lapse not merely as a mistake but also as a learning opportunity, offering a moral lesson no less important than the technical one. If those of us in medicine are to perform and be at our best, it is vital that we attend to both the technical and the moral dimensions of our practice. Morbidity and mortality are both crucial, but no more crucial than this third M of medical practice. The key to truly caring for patients is the moral dimension.

## **Reaching Out**

Soy Lim, Student

Indiana University School of Dentistry

Further back than my memory will allow me to recall, I was a political refugee. Pictures as well as stories told by my parents create a part of my past that I can not remember. None the less, they contribute greatly to who I am today. I was born in 1979 in a small village in the jungle just outside the border of Thailand, at the end of the rule of the Khmer Rouge regime. It was the end of four years in my family's history in which my parents endured starvation, near executions, and the loss of two children. They walked through the jungles of Cambodia, traversing fields embedded with land mines, trying to reach refugee camps established in Thailand by the American Red Cross. When I was a child, my father would tell stories about the country he left behind, and even as a child I could recognize the strength of the human spirit. These stories taught me that a person can endure much pain and, even in the most difficult times, the capacity to give and reach out with a helping hand remains one of our strongest assets as people.

There is a story of the doctor and his family fleeing the country who crossed paths with my family; my older sister was very sick and there was no medication and nowhere for her to get medical care. Our families camped together that night and the doctor cared for my sister with the limited supplies he had. Our families eventually went separate ways on our journey to Thailand, but my parents never forgot that kind gesture from a stranger that may have saved my sister's life. When my family, like many others, finally reached the

American Red Cross camp in Thailand, they were greeted with open arms. In the two years that my family was at the refugee camp, waiting to come to America, small gestures of the Red Cross volunteers impacted our lives every day. They helped my parents fill out paperwork to come to America and taught my then thirteen-year-old brother how to speak and write English. It is stories like this in my childhood that instilled in me an innate desire to help others.

As I grew older the stories were told less and less, and eventually, that part of our lives was tucked away. As my high school years came to an end and I got ready to start college, I did all the things one should do to become a well rounded person. I volunteered at the local Veteran's Administration hospital, the AIDS clinic and food bank, and the American Red Cross. It was through these volunteer experiences that I believe my life came full circle.

What began in my high school years as an "application builder," developed through the years into my own personal experiences of giving and helping which allowed me to grow as a person. I remember sitting at an American Red Cross blood drive, when I was in college, and looking at the people donating blood. There sat several strangers in a room, willing to give their time and a part of themselves to help others in need.

As I sat as a volunteer of the very organization that had once helped my family, I realized that I truly wanted to be part of the healthcare profession. I wanted a career that would fulfill my desire to give back to others and allow me to provide care to others. In the fall of 2005, I began dental school at Indiana University School of Dentistry.



During the fall semester of my sophomore year in dental school, my husband and I set out for what we thought would be an ordinary trip for groceries. It was raining, and we missed our exit. We got off on the next overpass when the car hydroplaned and began to swerve out of control. I put my hand out to reach for my husband and watched the glass break as the car rolled down the grassy embankment.

At that moment, I thought there was no way we would live through this. The car rolled down the embankment two times and landed right side up. I blacked out and when my eyes opened, an older man with a gray mustache and beard was asking if I was okay. He was a truck driver who had stopped to call for help. Our possessions had flown out of the car and our cell phones were nowhere to be found. In that brief moment, a stranger decided to stop in the rain instead of continuing his drive. I don't know his name or who he is, but it is kind gestures from others like him that continue to reinforce my desire to continue the cycle of lending a helping hand.

I have learned that no matter how small or grand the gesture, one can make a difference by lending a helping hand. Whether you are volunteering time at a local blood drive, alleviating a patient from pain, stopping on the road to help a stranger, or traveling halfway across the world to a country at war in hopes of making a difference, we can all positively affect another's life by reaching out to others.



***Hope—IU Cancer Mosaic Collaborative***

This mosaic shows that a heart broken open by the experience of cancer can find a spiritual transformation, seen in colors of yellow and blue that swirl out from heart. Through this process of healing, an unexpected hope emerges.

### **Helping Hands for Robert**

Laura Oxford, Staff

Indiana University School of Medicine

When I think about *helping hands*, immediately I think of Robert and the Herman B. Wells Center for Pediatric Research.

Robert worked in the Department of Pediatrics for the Herman B. Wells Center for Pediatric Research for over a decade. He was a true gentleman that everyone, from the director to the delivery person, looked forward to seeing. His kindness to all people was admirable, for he saw no barriers with race, religion, culture or position. His smile was so warm and welcoming that he made each of us feel like we were his “only” best friend. He was gentle, humble, funny, witty and content. He didn’t waste precious time grumbling or complaining, but rather offered encouraging words, a quick laugh or his trademark smile. In short, he consistently put forth an enthusiastic attitude and the hallways of the Wells Center were always a little brighter as he walked through them. Perhaps you can begin to understand why we felt so distressed when we learned he had Multiple Myeloma, stage four.

Robert’s disease hit with such fury that it still seems surreal. In December 2006, a quirky accident led him to the Wishard Emergency Room. X-Rays were taken and within hours, he was at the IU Hospital cancer ward. Later that day, a team of *helping hands* from the Wells Center met with Robert at IU Hospital. Together, those special friends explained the disease in a way that he could better understand. The road ahead would be a difficult one, but with his faith, his friends and his family, Robert was willing to make the trip.

As soon as the remainder of the Wells Center community realized Robert was ill several *helping hands* got busy. Human Resource issues were willingly taken care of by Wells Center directors, managers and staff. Personal support of all kinds was offered, and of course, every day, his friends walked over to University Hospital to spend time with him. His sister, mom, aunt and other family members were always at his side and took time to welcome everyone. It was easy to see where Robert's fine habits came from. His family was loving, inviting and gracious to one and all.

As he would rest in his hospital bed, he would often say to me, "You have to be nice to everyone all the time, because you just never know." Robert could have no way of knowing that one day the very scientists and medical doctors he had worked for all those years would now be the ones he would lean on for knowledge, understanding and strength. Moreover, his doctor of record was a frequent visitor of the Wells Center. Indeed, we should be nice to everyone all the time!

The next several months were spent with the *helping hands* working desperately to surround him with positive thoughts and prayers. It was painful to see the changes in our friend, but it didn't stop us from visiting and having hope.

During this difficult time, the most unusual transformation took place. While Robert grew weaker, we grew stronger. Our understanding of his needs seemed to somehow supersede our own. Our prayers for a miracle instead became prayers for God's will.

The last time I saw Robert was in late December at University Hospital. Soon after I left the hospital, Robert was discharged with his sister and his aunt at his side. Hospice would now offer him care. Robert des-

perately wanted to go home to be with his family and to sleep in his own bed again. For him, this was a joyous decision. For the rest of us, it was profoundly sad. Though we wanted our dear friend to be released from his suffering, we did not want to let go. On January 1, 2007, while in his own bedroom, Robert went to sleep for a final time.

As I look back on everything, I realize that Robert was ready to go “home” long before we were willing to let him. It’s almost as though he stayed strong for us until we could catch up with him. He had the courage all along, but we had to be taught.

I am reminded that death will come to each of us in its own way and in its own timing. By becoming a *helping hand* we can make the journey much less frightening and far more bearable for not only the patient, but friends and family. While our intentions were to rally around Robert through his journey back to wellness, he instead rallied around us through his journey to die. He taught us to have courage beyond what we believe we have, to be kind every single day to every single person, and to trust God above all others. I miss my friend immensely, but I trust that he is now in the care of the ultimate *Helping Hands*.

**What Caring Hands Do**

Kelly Jo Edsall, Student  
IUPUI

Her hands  
Bear the etchings of  
Seventy-five years of life  
A daughter, a sister, a mother, a wife,  
They have soothed crying babies,  
Fixed boo-boos on knees,  
Tested fevers on foreheads  
Crocheted blankets, pulled weeds,  
Played the church organ,  
Cared for those that had less,  
Served meals-on-wheels,  
And countless friends and houseguests,  
Wrapped gifts, and made perfect  
A family home  
Tended hearts and touched lives  
the true number unknown  
Two hands; ten fingers  
Big impact, small size,  
Just imagine what could be,  
If more hands organized?

## **Caring Hands -Part 2**

Kelly Jo Edsall, Student  
IUPUI

In a world where “new” is most desired,  
And there is little regard for things retired,  
where shiny and smooth obscure weathered and torn,  
and things are discarded when they’ve become worn,  
reflect for a moment on what you hold most dear;  
it’s not the new things you’ll replace in a year.  
And the people, whose hands work to comfort and  
soothe;  
the Helping Hands that are best, are the ones that come  
used.



## **Understanding Death**

Kathleen Wunder, Class of 2009  
Indiana University School of Medicine

drip drip drip  
the numbing sound of morphine replaces the absent  
words  
a great man overcome  
one miniscule mutation exposes the fragility of life  
so *this* is what this feels like  
twenty-four years without understanding  
no book could ever explain  
I watch him as he sleeps and a sense of peace over-  
whelms me  
of all the lessons my grandfather has taught me  
I will cherish this the most



**Skin**—Painting

Amanda Hatch, Student

Indiana University School of Dentistry

My painting spans two different pieces of canvas to emphasize a distinct division. Somewhere in the middle of this division there is a collaboration. This collaboration or union of color and texture should ideally be the most beautiful part of the painting, but as in life, beauty is in the eye of the beholder. I say “ideally” because the most beautiful thing for our world to do would be to embrace all of the colors and textures of humanity. As individuals, we each have a choice. We can use our hands to harm, or we can use our hands to heal



### **The Non-Discriminatory Helping Hand**

Dinorah Rene Milner, Class of 2009  
Indiana University School of Medicine

As humans,  
we are constantly caught up in labels,  
from the type of tree to the periodic table,  
we classify,  
until the dark of night,

However, when you study anatomy,  
there is not the Hispanic vessels,  
nor African-American muscles,  
there is not the Korean astrocytes,  
nor the Burmese dendrites,

The classification is brought about,  
within the human mind of thought,

We choose through which glasses  
we will see the world,  
We choose what type of helping hand we will lend,  
Will we see the world through  
imaginary cataract-obscured eyes?  
or a toxic narrow mind,  
Will we see the world through  
dreamer's sparkling eyes?  
or a caring energetic open mind,

The non-discriminatory helping hand,  
feels one pulse....hears one heart rate....  
sees one respiratory rate,  
and is within a continuous humanistic mental state,

The non-discriminatory helping hand,  
does not judge the individual they're helping to stand,  
they reach out from their life's ship to extend their  
hand,  
to any drowning swimmer passing by,

Perhaps, it's a utopian view,  
but, why not challenge oneself to a new life's groove?

Perhaps, it would take a great  
deal of work on your part,  
but why not give it a running start?

And hopefully,  
along your journey of opportunity,  
you will see the mystery,

Of viewing a multi-colored sunset,  
without the pressure of labeling,  
its indescribable beauty.

### **An Ode To My Imaginary Patient**

Marc Newman, Student  
Indiana University School of Dentistry

To you I surrender my hands  
For I am here to help and lead  
When you have a problem of any sort  
My hands will tend to your every need  
Trust me like a best friend  
Because my mind is open and free  
Just like my gentle hands  
That practice honesty in all philosophy  
I strap rubber gloves on my hands so tight  
And your mouth opens up so kind  
My hands feel their way around inside  
As they examine all of what they find  
My hands help by exploring  
And illustrate ideas outspoken  
My hands replace old crowns  
That have been cracked or even broken  
When you feel sharp pain  
Either in your teeth or deep within your jaw  
Even when my hands are playing golf  
They quickly take the emergency phone call  
My two hands prove pride and care  
Whose movements are quick on the fly  
When the diagnosis is uncertain  
They find facts that help figure out why  
Maybe it's a lesion that is slow to heal  
Or a growth that is gradually growing  
An abscess that is painful to touch  
Dry mouth from glands that stopped flowing  
My hands help to guide waxed floss  
In those spots that are difficult to reach

And they scale hard calculus and plaque  
Diagramming ways of prevention as they teach  
Whatever it is that needs attention  
My hands assist to express and see  
With the help of my mind we identify  
A plan to move forward to live healthily  
Sweets will do your teeth no good  
But provides your tongue a pleasant taste  
If it weren't for honesty and the truth  
My hands would slowly go to waste  
Oh to my patient dearest I hold you closest to my heart  
I extend my helping hands and generously perform my  
part



### **Sara's Pin**

Larry Cripe, MD

Indiana University School of Medicine

Sara is a soft-spoken nurse who one afternoon walked into the narrow office off the corridor leading to 5 North, the Hematology-Oncology Floor of Indiana University Hospital. I was leaning back in a swivel chair in front of the computer monitor which sits on the wide cluttered shelf—mounted to the wall at desk height the length of the office—that barely accommodated, in addition to the monitor, a fax machine; a printer; the computer; two telephones; an untidy stack of medical records, x-ray files and textbooks; and the occasional forgotten cup of coffee or can of soda. While she stood behind me Sara's distinguished service pin fell into the wastebasket. Why write an essay about

rummaging through the trash for her pin? I share the story because, if you are like me, you, too, may occasionally misplace—amongst the many complicated tasks of trying to restore health or prolong a life—the humanity crucial to care for someone when the restoration of health or prolongation of life is not likely. And it is good to discover, at such times, that your humanity is safe within the simple tasks that affirm our connection with one another.

At some point each day I take time in the office to review the orderly display of laboratory test results on the computer monitor, consider my impressions, and formulate my treatment plans. Then I revisit the patients I had interviewed and examined on morning rounds with the fellow and internal medicine residents to discuss the most recent test results and whether any further tests or medications are necessary. Most second visits are brief since there are no unexpected complications or test results to discuss. A few second visits, however, require more time. There is more at stake.

As I stared at the numbers arrayed in rows—each specifying a particular test—across the screen and intersected by columns that specified the date and time the test was performed, Sara closed the door softly behind her. I glanced over my shoulder and nodded hello. In a sense, these numbers told the story of a young woman who I will call Cynthia. If I chose, I could click the gray ‘next page’ box repeatedly and find the column of results from 39 days earlier when she was admitted emergently to the hospital. That column would contain the irrefutable evidence of the relapse of her disease—an elevated number of immature white cells in her blood—and the impending failure of her kidneys and liver.

Cynthia and I had met three years earlier when she

was diagnosed with a rare and very aggressive lymphoma. At our first appointment, I explained how the masses in her abdomen and kidneys—discovered when her family's physician ordered a CT scan over her objections—caused the pain and swelling that she insisted was due to a muscle pulled while pitching a shut-out in the high school girls' softball state semi-finals. The second time we met, I discussed the results of the biopsy, the treatment plans, and my recommendation that she postpone her athletic scholarship for a year or so.

Can it be cured, she asked, wiping away with her shirtsleeve the few tears that escaped from the corners of her eyes?

There's a definite chance, I replied, there are no guarantees, but there is a chance.

Eighteen months later she lost the use of her legs when the disease recurred around her spinal cord. Is there still a chance she asked?

There's a small chance I replied. And she accepted the recommendation to undergo a bone marrow transplant following chemotherapy. When the disease recurred for a second time, she was bright yellow with jaundice from liver failure and swollen because her kidneys were failing.

I doubted she would survive if I administered further chemotherapy. And yet I was unable to imagine that there was not a chance—that it was time to speak of her dying—so I arranged for her sixth admission to the hospital, ordered and interpreted tests, recommended and prescribed medications and further tests, consulted colleagues for advice, and visited her several times daily in a bustle of activity. Unexpectedly, she improved.

Is there any chance she asked?

If you can withstand the therapy and the disease responds, there may be. But it is not likely.

Do I have a choice?

Not much of a choice, I agreed, but it is a choice.

And so I prescribed chemotherapy again. She tolerated the administration of the drugs remarkably well, the abnormal and normal cells disappeared from her blood, the kidneys and liver improved and it became a matter of waiting to see if she would recover. We waited longer than any of us had expected. Daily I sifted through her terse replies to my questions about respiration, ambulation, and elimination; illuminated the surfaces of her mouth and throat opened wide on command; listened to her heart and lungs; laid hands on her abdomen and side; and then I returned to the office to look for evidence of any progress in the day's laboratory tests.

Cynthia rarely asked anything of me. She lay in bed with her head turned to the window; her thin legs tapered wick-like to her motionless and outturned feet. She was distant and remote; she grew more wary with each passing day.

Any questions, I would ask?

Silence.

Most days, when I walked out of Cynthia's room, it was as if I had not been there. As I left I could feel the space collapse behind me. But that day—minutes before Sara's pin fell into the wastebasket—Cynthia asked the question that I did not want—had not wanted—her to ask. As I walked into the hallway, she asked, will I ever go home?

Let me review the blood tests from this morning and I will be back, I replied.

Later, as Sara stood behind me in the office shuf-

fling through a loose sheaf of papers precariously stacked on the red vinyl three-ring notebook she held close to her chest, I saw, out of the corner of my eye, a faint sparkling—like the first firefly at dusk. After a moment of uncertainty, I asked, did you lose some jewelry or something?

It must be my service pin, she replied looking down at the laminated identification badge, which was pierced with other pins, hanging from a strap around her neck. A thin strand of light pierced through a single unoccupied hole. It doesn't matter, she said. I looked under the shelf. There in the crease of a discarded piece of paper in the wastebasket was Sara's pin. Here it is, I said. When I reached for it the pin fell deeper into the wastebasket.

Dr. Cripe, Sara laughed, it really doesn't matter. I can get another.

In truth it did not seem to matter. I did not—and do not to this moment—know Sara well. We frequently greeted one another and exchanged pleasantries when I saw Sara—her short neat hairstyle and pressed uniforms of subdued colors indicating an understated approach—in the hallway carrying a bedpan, or an armful of the day's linen, or plastic bags of intravenous fluids or medications, or little white paper cups with pills. But as I sat there, uncertain about what to do next, I recalled Sara, from several months before, as she sat on the side of the bed next to an older woman, who I will call Mrs. Johns.

I had entered the room to discuss the results of the diagnostic tests and my treatment recommendations with Mrs. Johns and found her vomiting. Beside her sat Sara—quiet and attentive—leaning toward her while balancing the pink emesis basin on her lap and wiping



her forehead with a wet washcloth. The curve of Sara's body reminded me of the abstract, almost circular stone sculpture of the Madonna and Child in the church my family attends. She conveyed in her companionable silence a similar sense of timelessness and caring.

I will be back in a few moments, I mouthed to Sara.

Later, Sara approached me in the hallway and said Mrs. Johns is ready to see you now. I think she was mostly just frightened.

As I sat there in the office, I was struck by Sara's compassion for Mrs. Johns and the loss of her pin began to matter. It mattered a lot. So, for the next five minutes, I removed—one piece at a time—coffee-soaked crumpled yellow face masks, wads of paper towel and facial tissues, candy wrappers, a piece of silver foil, an apple core, and the jagged pieces of a Styrofoam coffee cup that I had shredded earlier that day in order to retrieve Sara's pin. After I handed it to Sara—who wore a bemused expression—I returned to Cynthia.

This time I visited her with a heart less heavy, feeling less distracted and more engaged. I sat on the edge of her bed and said I am not sure if or when you will go home. She cried. I waited silently. She then spoke about the things she missed most about home during her lengthy hospitalizations. She laughed when she remembered other things—including the neighbor's barking dog—that she didn't miss at all. And she cried again when she talked about all she had missed in the last three years. After several moments of silence, she began to sob and said I am afraid to die. I sat there nodding my head, meeting her gaze the few times she looked away from the window. What after all was

there for me to say?

Had Sara's pin not fallen into the wastebasket, I might have returned to Cynthia's room and said many things. I might have reassured her—after all there was no evidence the disease had not responded. I might have acknowledged that the prolonged period without recovery of her blood counts meant the disease had not responded to treatment. Or I might have suggested a further test. But I have realized over the years, as I sat in the office uncertain of the answer to Cynthia's question, I was praying. And the answer to my prayer—in a sense—was Sara's pin falling into the wastebasket. The seemingly insignificant act of retrieving her pin provided an opportunity to turn away from the technically complex elements of medicine and discover the full measure of my humanity as a physician.

As I master the increasingly technological skills required to provide medical care to individuals with serious illnesses, I have come to understand that, at times, I may inadvertently deemphasize the importance of my relationship with that person. My relationship with Cynthia was based upon "doing." But, that day, there was nothing to "do." There were no symptoms to elicit, no physical examination to perform, no tests to order or interpret, no more diagnoses to consider, and no more interventions to formulate or explain. But, as I thought about the qualities I value in Sara and other nurses, I realized that, during Cynthia's illness, I had misplaced those qualities. I realized that the full measure of my humanity includes the desire to witness and acknowledge the suffering by being fully engaged regardless of what there was to do.

This is an epilogue of sorts. Eventually Cynthia did go home and further testing demonstrated the lym-

phoma was in a third remission. During her convalescence, I grappled with the question of whether to recommend further chemotherapy in an attempt to delay or, perhaps, prevent relapse or whether I should counsel her to avoid the risks of further chemotherapy, enjoy her remaining time at home and accept the near certainty of relapse. In the end, I recommended that she receive further chemotherapy. Several weeks later she died from complications of chemotherapy.

As a physician, I am expected to prescribe treatment that will restore health or prolong life. I also know that this is not always possible. For that reason, I carry Cynthia's story close to my heart. As I grow older I realize that mastering the technology is easy; preserving the humanity is hard.



### **A Hero Among Us**

Chad Weaver, Class of 2008

Indiana University School of Medicine

Whenever I have a difficult day on the wards, I always think back to one of my professors for inspiration. This professor helped teach gross anatomy and neuroanatomy. We all knew her as the all-knowing anatomy guru who knew the location of every nerve and vessel (and all their minute branches!). What we didn't learn about her until later is that she had suffered a major hemorrhagic stroke many years ago. While she

was a research scientist at Harvard, she awoke one morning with a terrible headache and fatigue. She later realized during her morning shower that she was having a stroke. How ironic for a young, world-class neuroscientist to recognize the different parts of her brain malfunctioning over time! Eventually, after an hour of struggling, she was able to call for help. She was diagnosed as having a ruptured arterial-venous malformation, and her prognosis was poor. However, her mother never gave up on her and continued to push her recovery forward.

She remembers the many people who visited her during her recovery. She said that even though she was not entirely conscious, she could feel the energy of the people that entered the room: those that were genuinely interested and those that viewed her as another task on their to-do list. She said the positive energy made her want to keep fighting for recovery, while the negative energy encouraged her to give up the struggle. Thankfully, she experienced mostly positive energy and was able to fully recover over many years to the surprise of the medical community.

I will always remember from her story the importance of treating everyone with compassion and concern, even those that are written off as “brain dead.” Also, I gained new appreciation for struggling against adversity. It still amazes me that she has managed to re-learn all of her extensive knowledge of anatomy and neuroanatomy after losing so much of it! She is a true hero, and someone I will always remember during my life as a physician.

**Just Passing Through-Night Call**

Jeffrey Rothenberg, MD

Indiana University School of Medicine

Last night I helped a woman deliver twins  
This morning I saw a pair of black  
throated green warblers  
They arrived too early, I hope they stay warm

Diminutive, yet possessing all the required parts  
To make the long precarious journey  
Emitting ethereal sounds, drawing the curious in closer  
So full of color, character and life---spectacular  
Subtle and small—almost easily missed,  
were it not for careful observation  
Full of complexities--which size  
and environment influence

Their appearance heralds the spring  
Seeped with the promise of life, cloaked  
in the shadow of death  
Years of study, observation and  
impressions detail variations  
In every aspect of behavior, appearance and voice

It is a matter of scale, a long precarious journey  
Or an instant flicker dazzlingly ablaze  
Forever altering those around  
Trying to fulfill the promise of life

Last night I helped a woman deliver twins  
This morning I saw a pair of black  
throated green warblers  
Undersized, but distinctive and active  
They will need help staying warm

### **Electrocardiogram**

Abigail Weliver, Class of 2010  
Indiana University School of Medicine

What swan song is tracing its notes across the unending  
paper today  
Another file in your manila envelope  
A veritable face, in spite of your face, to be recognized,  
and named.  
Mobitz third degree. Wolf-Parkinson-White.  
You.  
And your valves gaping open, wider and wider  
The contraction of love, the pitter of danger, the thud of  
fear  
The snap shut,  
and slow hiss.  
Again. Again.  
You always thought the word murmur was apt.  
Since you were 9,  
and the harmless soccer tryouts physical detected a slur  
in your  
supposed-to-be-crisp, beating.  
The unending wires, the technicians in latex gloves,  
the stick of adhesive for days and days,  
the cold stethoscopes, the beeping insistence of the ma-  
chines (speak)  
the needles and tubes and boxes suffocating you (gasp)  
the white coats and blue scrubs  
the buttons and codes and language and you.  
Again.  
Still waiting.

### **Julian**

Richard Frankel, Ph.D.  
Indiana University School of Medicine

Through the picture window  
the sun is beginning to set  
as I enter the Apple Diner  
in Julian, California.  
Population 450;  
little more than  
a crossroads  
in a vast and barren space.

I soon learn from the local paper,  
that Julian is one of several  
"back country" towns  
on the edge of the desert.  
The copy of the Julian News  
I am reading is dated April 18, 2007.  
Two days after  
the horrific shooting  
in Blacksburg VA  
and a day after  
another 55 civilians were  
killed by suicide bombs  
in a senseless war in another  
desert.

Astonishingly,  
there is no mention  
of either of these  
horrors,  
nor any world news  
for that matter.  
Instead,

the front page  
carries a story  
entitled, "The Dream Caught,"  
which is about the opening of the  
Santa Ysabel Casino  
and the jobs it will  
bring to the community.

On page 2,  
there are two  
letters to the editor.  
One is from a  
family expressing  
appreciation for  
a fund raising project  
to replace a dog who  
escaped while  
waiting to be groomed  
and was run over and  
killed by a passing motorist.  
The other, much longer letter,  
is from a neighbor of  
the shop owner  
describing the great  
love of animals  
and despondency  
that the owner  
has experienced over the loss.  
The letter implores the community  
not to rush to judgment  
and empathize only  
with the family  
whose dog lost its life.



I think about the students  
I work with in medicine.  
I wonder, will they  
forgive their trespasses on others  
as easily as others on them?  
Will they truly understand  
that their role is to  
be a healing presence in  
the community  
as well as 'defending' their own actions?  
That they are the gatekeepers  
at whose hands a patient  
may lose their life  
at the same time that they  
are citizens in and of the  
the same human family and community.

In the midst of my reverie  
my dinner arrives.  
It's the special "Homemade  
Beef Stroganoff with Bowtie Noodles"  
It's delicious  
Restaurant 'home cooking' at its best.

While eating I return to the paper  
and read about a 450 year old  
tree that was killed  
in "the great fire of 2003."  
The tree, it seems has been reborn  
as "The Phoenix,"  
an immense wood sculpture  
crafted by a Russian immigrant  
who now lives in Julian  
and became a US citizen in 2006.

I finish my meal,  
leave an unusually large tip,  
and get back in  
my car for the long  
trip back to San Diego.

The meal,  
the newspaper,  
with no mention  
of world events,  
the groomer  
whose mistake  
cost a dog its life,  
the medical students,  
the Russian immigrant  
sculptor,  
the desert  
so still,  
so expansive and dry  
but still very much alive  
all seem strange  
and yet somehow  
close and familiar.

I approach  
the city in 8 lanes of traffic.  
Even though it's only been 4 hours  
since I left, it feels alien.  
A world of neon bathed concrete and steel.  
Cars are everywhere  
like so many ants in a colony.  
Going nowhere and everywhere;  
everywhere and nowhere

Not to worry.  
The feeling of strangeness will likely  
pass when I return  
to my own concrete city.  
Tomorrow.



**Medals4Mettle**

Steven Isenberg, MD  
Indiana University School of Medicine

I graduated from medical school over thirty years ago, but I just experienced the true joy of my profession within the last few years. I have experienced some rewarding moments that were not encumbered by managed care, malpractice threats, government oversight, and the standard overhead concerns of any business owner. Nonetheless, in spite of putting Hippocrates' quote on all my holiday cards, I never really understood what he meant with the words: "Where there is love for humanity, there is also love for the art of medicine."

I have always enjoyed running. My Midwest childhood buddies and I used to time each other as we ran around the block on those endless summer nights. In high school, I was a mediocre runner on a disorganized cross-country team and, except for medical school and residency, I have continued running throughout my life. Running has been a stress management tool, a sleep anecdote for the night phone calls, and the source of cherished solitude as I sort out the challenges in my life. However, I still cannot explain why I chose to start running marathons when I turned fifty-two. I was tour-

ing the Exhibit Hall at the Indianapolis Mini-Marathon, and the next thing I knew I was registering for the 2002 Chicago Marathon.

The day after completing the Chicago Marathon, I was making patient rounds at the hospital with my cherished finisher's medal when I learned that my colleague and friend had been re-admitted for treatment of newly diagnosed prostate cancer. Previously, I had diagnosed and treated his head and neck cancer, and I dreaded seeing him under these circumstances.

For personal reasons, physicians must maintain a certain distance from their patients. Otherwise, how can an oncologist enjoy herself at her daughter's soccer game after counseling a terminal patient earlier in the afternoon? And how can a heart surgeon really focus on dinner conversation if he allows his mind to drift to an earlier procedure when he sawed through a patient's sternum, and then carefully sutured vein grafts on the treasured heart of a fearful family's father and husband? Still, in the midst of many stories that comprise a physician's practice, there are usually some patients who become part of their doctor's soul. My cancer-riddled physician-patient-friend was one of those patients.

He also suffered from polymyositis, an unusual and dreadful muscle-wasting, life-threatening process that worsened when he grew a new cancer. In medicine it is sometimes said that ninety percent of the disease is in ten percent of the population. My friend was the embodiment of that statement.

His room was decorated with medical paraphernalia. Intravenous lines, urinary catheter bags and the scent of alcohol surrounded an emaciated middle-aged man with a long scar on a rock-hard neck tattooed by

post-operative irradiation. He smiled when I entered his room for my courtesy visit.

I simply did not know what to say. This once vibrant internist, who had also completed an anesthesiology residency, had suffered so much that it was uncomfortable to engage in trite conversation. I considered bringing up the marathon, but that certainly seemed inappropriate. Then, with a spontaneity that I cannot explain, I pulled my first marathon finisher's medal from my pocket and placed it around his neck.

"I want you to have this. It is the medal I was awarded when I finished the Chicago Marathon yesterday. I know that you cannot run a marathon, but you are running a much more difficult marathon than the one I completed."

His shock and silence were only exceeded by the exuberance that I felt. When there was nothing else to do or say, I felt that I had expressed my admiration for his mettle more effectively than I had ever expressed it before. I had given him a part of me. It was a wonderful feeling. I wanted to run more marathons so I could earn more medals to give to my patients.

I did. I gave my New York City Marathon medal to a patient and friend who had lost his hearing and part of his vision in Vietnam while I was deferred as a student. And I gave my next Chicago medal to my first cancer patient whose survival and encouragement has accompanied me throughout my career. Awarding these medals was more than making the correct diagnosis or executing the appropriate surgical technique- it brought me closer to Hippocrates' statement than I had ever been before.

I soon realized that I had more deserving patients than medals I could earn. I also realized that other phy-

sicians might feel the same way about awarding medals to patients and, on an even larger scale, perhaps others would like to donate their medals to the cause.

Medals4Mettle now collects finishers' medals, and other medals, and distributes them to adult and pediatric patients who demonstrate mettle in the marathons they must run to live their lives. The medal transcends the bureaucracy, legal issues and financial hurdles that currently impact the doctor-patient relationship. The gifting of a hard-earned medal from one human being to another is a celebration of the collective courage of humanity. As technology and societal trends continue to separate human beings, perhaps the simple gift of a medal, anonymous or personal, reaffirms our need to establish direct contact with each other.

I recently treated a patient with a very unusual first name. When I asked him how he gained such an unusual name, he informed me that it was the first name of the physician who delivered him during the Depression. "We didn't have anything to give him, so my parents said they would name me after him." My mind immediately formed an image of a dedicated physician who probably delivered a child in a dimly lit room in the middle of the night. Such a physician surely must have loved the art of medicine and—as Hippocrates asserted—also loved humanity. My patient's parents and a tired Depression physician shared the satisfaction of giving someone a piece of your soul—when there is nothing else to give. And now, after thirty years in medicine, so have I.

## **The Silent Conspiracy**

Asok C. Antony, MD

Indiana University School of Medicine

What are the formative influences in our career path that lead us to advocate for a specific group of patients? The intellectual challenge of their disease? An experience with a patient or family member? A gifted teacher? Yes, any of the above!

But perhaps overriding all these is an invitation that coincides with our highest ideals, a promise of fulfilling a romantic void deep within—one that touches and heightens our senses, our sensitivities, and restores balance to our lives.

And then, there is the lure of patients themselves—cheerleaders involved in a silent conspiracy.

For me, this call began with drama bathed in tragedy. It was mid-summer 1972 in Ludhiana—within the Indian side of the vast Punjab—and the air was thick with a sickening blend of phenol and the sweat of labor. The exhausted mother had just let out a primeval scream as we witnessed—and collectively experienced—the unspeakable horror which accompanies the unexpected birth of a baby with anencephaly.

That near normal face with no brain is a haunting image...*even today*.

But this baby was breathing, so they swaddled and laid her in a bassinet by the far side of the delivery room—until she departed silently....without fanfare or tearful goodbyes.

Little did I realize then how much this baby would affect my career choices.

Just over five years ago, armed with a Fulbright scholarship, I traveled to my alma mater to ask a simple

question: “What’s going on with prevention of neural-tube defects (NTDs)—[anencephaly and spina bifida]—in India?” That adventure led to the shocking discovery that the incidence of NTDs in vast areas throughout North India was among the highest in the world!

Not unexpectedly, the Spina Bifida Association of India wanted me to relate this story at their inaugural meeting in Mumbai.

But I should have known better—*the conspiracy of the silent witnesses was at work.*

This high-powered scientific conference was rife with unforgettable memories and images for those who peered even deeper....

On entering the auditorium we were politely greeted by dozens of children with spina bifida who sat among us—evoking indulgent smiles, warmth, and strengthening bonds—each embraced as a hero. *How very correct!*

“Today is our special day,” one of them looked up at me beaming, as we posed for pictures, holding fingers in ‘V for Victory’ signs. “We even got *chhutti* (holiday) from school!”

At the opening ceremony, a dozen such children with varying grades of paresis gamely helped one another up the stage—in a silent rendition of “*He ain’t heavy, he’s my brother!*” Their invocation hymn—as dignitaries lit the traditional oil lamp—was from the internationally-acclaimed 1950s Indian film [“*Do Ankhen, Barah Haath*”—Two Eyes, Twelve Hands] which was about successful reformation of hopeless criminals...against all odds.

But was I the only one who saw deeper connections—between “the-hopeless-as-yet-not-born-with-



NTD” and the hope of NTD-prevention?

And did I just hear 12 innocents with folded hands implore us to keep *them* in our prayers?

There was this handsome Muslim couple who brought their baby with meningomyelocele for an ultrasonography demonstration; that child’s mother taught us something about the dignity and solidarity of motherhood. Just before placing her baby on the pedestal, she straightened herself, threw back her veil, and with slow deliberation scanned the audience proudly with a half-smile. Then she whispered “*Assalamualaikum*” (Peace be with you) as she bowed her head and raised her right palm to her forehead.

But was I the only one who heard her wordlessly say: “*Look at me...my baby is as beautiful as me!*”

Indeed—she was grace personified...“*Walaikumsalam*” (Peace be with you too).

*Yes, my sister—may all good things come to you!*

Every speaker had a unique story or encouraging message to share.

This European artist, founder of an international organization dedicated to NTDs, was father of “...*a wonderful and intelligent daughter who fully enjoyed her life. Who loved music, art, had many friends, went to an ordinary school... ..and fell in love every second day! She had spina bifida and died when she was eleven, after shunt revision....*”

The Belgian physician-advocate against euthanasia, a mother from the Dutch NTD-Support Group, the Australian physiotherapist, a champion for global folate food-fortification from the CDC, and a heterogeneous congregation of academic pediatric surgeons, urologists, orthopaedicians, and neurosurgeons from the UK, USA, and India—*they just could not help being there!*

So the conference organizers—once lone voices in the wilderness crying for change—were now among *family! More warmth!*

The American pediatric neurosurgeon who operated on over 3,000 Ugandan children for hydrocephalus and spina bifida had more to tell us about his call—so much greater than how he had tamed the ravages of hydrocephalus using an indigenous catheter and a pioneering technique.

These were indeed cause for celebration—and that we did, collectively!

But there was still cause for concern: A peripatetic obstetrics nurse from Kansas—flitting between 19 mission hospitals in India—observed a troubling all-pervasive apathy towards advising women about the ease of primary *and* secondary NTD-prevention with folate supplements. The consequence? Soon after a lecture on NTD and its prevention for 500 factory workers in Punjab, a woman came forward weeping uncontrollably—she had delivered *six* consecutive babies, each with anencephaly, and just realized with horror during the lecture that she had *still* not been given the right advice before her seventh pregnancy!

An Indian social worker mesmerized us with graphic pictures and described in painful detail the innumerable problems faced by children with spina bifida in villages.

*She was a captive and would surely snare many more to “the cause” with such lectures, I thought!* In the end, she blurted out: “I’m going for a PhD—for *them...*!”

Finally, there were the courageous mothers of children with spina bifida—Brave Hearts, Pillars of Strength for one another, each an embodiment of grace

under pressure, carrying a burden greater than anyone else.

Each conference participant was heeding a personal call, and experienced what Wordsworth beautifully wrote in *Lines composed a few miles above Tintern Abbey*:

“And I have felt  
A presence that disturbs me with the joy  
Of elevated thoughts; a sense sublime  
Of something far more deeply interfused....”

That “presence” that “rolls through all things”, together with innumerable ‘little helpers’ have targeted us all in a silent conspiracy—to maintain focus on their behalf.

Now three decades later—with the clarity of hindsight—it all makes sense! *But at each crossroad, how did I manage to ask the relevant questions*—how does folate enter cells, cross the placenta, and then enter the developing fetal brain? *Was I not led...?*

“From origins in fundamental research to now hoping to effect policy changes that dramatically improves the nutrition of millions of women in India...?” students and peers ask rather incredulously, “Isn’t this *well beyond* your training?” And a little voice inside challenges: “You’re not afraid or intimidated—no fear of failure?”

*Hardly!*

Just after I outlined challenges for India (about food-fortification with folate and vitamin-B<sub>12</sub>), this Hindu mother carrying a paralyzed child on her hip instinctively reached up and tenderly stroked my face in an expression of love. Then she said: “If *Paramatma* (God) wants you to succeed, *no one* can stop you!”

I seriously doubt she read any of St. Paul’s letters.

But her quiet confidence felt like....*a benediction!*

So what does moving far out of our comfort zones and immersion in such enterprises—getting wet, in the thick of the battle—do *to* us?

I speak only through nascent experience: Yes, there are moments of “numinous consciousness.” And with each prompt, we perceive seed events in guidance, until all work appears permeated with this sense of reverence! Then work itself [happily] becomes the applied edge of our deepest beliefs—and we are being gradually transformed into our highest ideals.

Finally, no event or effort is entirely wasted....

Twenty-eight years following that delivery room experience, I saw a baby with meningocele curled up in a formalin jar in an anatomy museum.

*What a waste*, I thought initially. But was it *really*...?

Not long ago, when I held one of these babies in my hands, it was yet another surreal moment: Here we were, surrounded by 25 babies with NTD just lifted out of a formalin container—*looking for ‘the most photogenic babies’!* Those heart-rending photographs have now been shown to thousands of women in India—[they are even in a best-selling hematology textbook]—with a victorious message: *‘Yes, NTD-prevention is possible!’*

So did those babies make a difference to even one prospective mother?

What’s next on the agenda you ask? With recognition of a significant problem in India comes the challenge to try to change the status quo—especially for 200,000 ‘very-special-little-persons’ each year!

*A deafening call from the unborn—to me!*

While preparing for another week’s experience

with jetlag, I discussed these plans with a friend and colleague. Tom, a past-president of the American Society of Pediatric Neurosurgeons, was tired from having operated all day, but listened intently. Then he put down his glasses, looked *through* my eyes, and softly said with conviction: “From my perspective, if you can prevent even *one* baby from getting NTD, your entire trip would be more than worth the effort”!



### **Musings**

Katie Hinchey, RN  
Clarian Health Partners

11/7/2005

Today I found a lump in my right breast. I waited one week to see if it would go away and it didn't. I knew that I needed to have a mammogram. Almost five years prior I had found a pea-size lump and, at 35, I had my first mammogram. They said it was a fat lobule. They could have said it was anything as long as it wasn't cancer. The doctor had recommended a repeat mammogram when I was 40.

This lump was different. I was 39 years old. It was larger, non-tender and I could almost wrap my fingers around the one side. I knew in my heart it was going to be cancer. People say that sometimes we just know. I called my family doctor. He could not see me for 10 days and wanted to assess me before he ordered any further testing. Those were the longest 10 days of my life. When I saw the doctor, he agreed that he felt something, but the earliest they could do the mammo-

gram was Monday. I am so scared. I wanted to be optimistic but I had a bad feeling about this one. Waiting is so hard and I knew I just needed to be patient. I told my parents and they cried. Their response, "it probably is nothing."

11/21/2005

The mammogram showed a 1.7cm mass in the right breast. The radiologist had seen a lymph node in my armpit that was enlarged also. How could that be? I didn't feel anything and it wasn't bothering me. He commented to me that it looked "nasty." Wow, I wouldn't have chosen that word, maybe alarming or concerning. He said that he was 95% sure that it was going to be cancer.

This was the Monday before Thanksgiving. I had to find the results out before Thanksgiving. There was no way I could wait until Monday. This is my life. A million things were going through my mind. How was I going to tell my kids? Every time my dad saw me he cried. He could barely look at me.

11/23/2005

Sure enough, it was cancer. As humans we know that at some time in our life, we will die. When you have cancer, death is brought closer to the forefront. It is a real possibility and it can happen sooner than later. I needed to start chemo today. Unfortunately, I had to wait almost two more weeks for insurance approval. Another wait! The tumor felt bigger each day. The doctor assured me that after the biopsy, sometimes there is bleeding and it is a hematoma not the tumor. This is my body and I want this thing out of me.

12/24/2005

My first chemo was 12/6. I knew my hair would fall out in 2-3 weeks. How does one prepare for this? My hair was all over everything. There were clumps of hair in the drain of the tub. My hair follicles hurt. They are tender. "I am ready for this and I am OK with this." We shaved my head today. Macauley thought he might want to shave my head but when it came time he couldn't. He just stares at me. I know he is scared, me too. This is it, I really have breast cancer. He took a piece of hair and put it in a baggy as a keepsake with the date and "Mom's after first chemo."

12/28/2005

I am trying to work as much as I can but the fatigue is incredible. Today I left work and couldn't find my car. I have always been sharp and could recall anything. Is this what they call "chemo brain?" I forget things and have a difficult time recalling. I must write things down. This is not me. A close friend told me "You have cancer but the cancer doesn't have you." I must remember this. I recalled this multiple times when I was bald, feeling like eraser face with no eyebrows and the disfigurement with the lumpectomy.

1/1/2006

I had 10 inches of hair. It was just enough to donate to Locks of Love. I had always said that if I ever got cancer I would donate my hair. Everything feels like I have no control over it. This is the best day of my life. I can give to someone else. This is who Katie is. Other people just didn't understand. They wanted me to save my hair for myself and make a wig for me. I have noticed that people mean well with their com-

ments but they do not realize how that affects me. It hurts.

3/2/2006

Woke up today and somewhere from the bed to the mirror, half of the upper right eyelash was lost. I can't figure out why now, and my eyebrows now are falling out. It makes me feel less like myself. Ellen thought I looked like Shrek. There were many days that I felt green with nausea. Humor has become a big part of our existence. It seems to help the kids.

### *Epilogue*

*I have been an oncology nurse for the past 19 years. Most recently I have been working with patients that have leukemia. As a nurse I always felt like I could empathize with my patients except that I really didn't know what it was like to have cancer. Then in November, I found out. It has made me a better nurse in that I know what it feels like to go through chemo and radiation, the changes in your body with hair loss, the lumpectomy, nausea and weight loss. I feel like the patients respect me more and are willing to talk more openly and ask me about my treatment. I am a survivor. The tricks that I learned from my patients I now was putting to use. I have had a few bumps in my journey but my treatment is done except for hormonal therapy and I am in remission.*





**Hands**  
Drawing by  
A. Vincent Songco, MD  
Indiana University School of Medicine

### **The Gift**

Soon Bahrami, MD

Indiana University School of Medicine

“A few months back they discovered the lesions in her liver and lungs,” the hospice nurse shook her head from side to side. “She had been tumor-free for over two years; then it came back with a vengeance”; she took a deep sigh, “so young.” She was filling me in on the 42-year-old woman’s history; we were stopping in to make a routine hospice visit. I was two days into my elective hospice rotation as a fourth-year medical student. As we drove into the west part of town, I stared out the window. It was a brisk November North Dakota day but especially gray. I shivered despite the heater blowing hot air in my direction. I felt ghouls of anxiety in my stomach.

The rotation had been all reading and orientation up to this point; I didn’t know what to expect now that I was going live. “Her family is very supportive and helpful,” she stated as we drove up the driveway of a brown-story-and-a-half middle-class Midwestern home. She paused for a second and looked over at me; “Pain control has been our biggest challenge with her; she has wanted to be alert but it’s been hurting too much lately.” With that, she reached into the back seat; grabbed some supplies, and looked back at me with a smile. “Ready?” I nodded and opened the car door to a gust of cold air that almost made me gasp.

As we proceeded up the sidewalk, the door slowly opened and an elderly woman motioned us to hurry in, “C’mon, c’mon it’s cold out there!” Frail arms leading to gnarled hands wrapped around the familiar hospice nurse; a breath of relief, “I’m glad you’re here, she’s really been in pain since yesterday.” Blue eyes with a

sea of sadness behind them looked my way indicating the appropriate time for an introduction. "I'm student doctor Bahrami; it's nice to meet you." I squeezed her hand tightly and in return she provided a warm smile of approval. A bony finger pointed upstairs urging us to the bedroom that had been converted into a makeshift health care facility. Peering in, I saw a husband gingerly lifting his cachetic wife off of the bed and carrying her to the adjoining bathroom; "we'll be just a minute," he said. The door was left open and I glanced to witness a true life enactment of what love is as he tenderly stroked her back, brushed her hair away, and cleaned her after she was finished. It was almost too much for me to bear on a first experience out on hospice care. I turned towards the stairs we had just come up, fighting tears and reminding myself "get a grip, control yourself."

The old woman was sitting downstairs at the kitchen table, dabbing her eyes with tissues; slumped over partially from osteoporosis but mostly from sadness. One tenet of hospice is care and support for the entire family. I felt I should make myself useful so I went towards her and lightly placed my hand on her back so that she was aware of my presence. She turned and motioned for me to sit down. "It's so hard", she lamented in anguish, "I'm her mother, I'm the one that's supposed to go first." I clasped her hands in mine. They were as rough as sandpaper and distorted from years of wear and tear yet they were distinguished and elegant for all the hard times they had survived.

For the remainder of the hour, I sat with her and listened as she gushed stories about her daughter from the time she was born to the present. Her words built a diorama of her family's experiences. I nodded my head

and listened attentively and she suddenly slowed down; “and now this,” she ended. Her eyes looked down at her lap for a moment and when she looked up, she seemed to straighten up a bit, looking somewhat lighter and a bit taller than moments before. “What about you, young lady?,” she asked, “What are your plans?” I briefly told her about my goals for the future. “Well, I get the sense you’re going to be a fine young doctor.” I had heard similar statements throughout the course of medical school from various attendings, professors, friends and family members. However, somehow it paled in comparison to the affirmation I received from this brave woman.

Before we left, she asked for my address. Though unexpected, it was not unwelcome and I glanced at the hospice nurse for her approval. She nodded and I quickly wrote it down on a pad that was handed to me. Leaving, I had the same nervous stomach I experienced on the way here. I wondered how much time this young woman, ravaged by cancer, had left.

Over the course of the next few months, I continued on with my usual routine of rotations and prepared for various exams, living the typical life of a medical student. One afternoon, my roommate mentioned a package had arrived in the mail for me. I wasn’t expecting anything so I moved towards it wondering what it could be. I didn’t recognize the small North Dakota town that it was sent from. I opened the box to find a lovely handmade quilt with a floral motif. Underneath was an envelope with a note on fancy stationary. *Dear young doctor*, it started, *it has been many months since she has gone to a better place*. I realized immediately who had sent the package. I eagerly read through her update and on to the final sentence: *You gave me so*

*much comfort that day you visited last October. I made this quilt for you so that you can have some comfort when you are working hard and studying for your exams. Thank you.* I spread the quilt out, marveling at how many hours her worn hands had spent putting it together. It was at this moment that I learned what the real definition of being a doctor is.

And to this day, it is not something that I am able to express in words. It is a feeling like no other, a feeling that I am so honored and privileged to experience. No book or journal article could ever impart the knowledge I gained that day.

I haven't heard from her since the day the quilt arrived. Many years have passed. Many milestones accomplished. The quilt is always within reach and regularly used when I curl up with a book. It's getting a bit tattered and has lost some of the threads that originally held it together. But it has only gained in its significance and the comfort it provides; a constant reminder of what it means to be a doctor.

### **Fallopian**

Glasswork and photograph by  
Jeffrey Rothenberg, MD  
Indiana University School of Medicine

Fallopian is the Latin name of an illustrious 16th-century Italian anatomist who contributed greatly to early knowledge of the ear and of the reproductive organs. He made detailed drawings during dissection of human cadavers and outlined them in *Observationes anatomicae* (1561). He discovered the tubes that connect the ovaries to the uterus known as Fallopian tubes. This piece represents the plications and folding of the Fallopian tube with an egg which is stuck inside the tube.



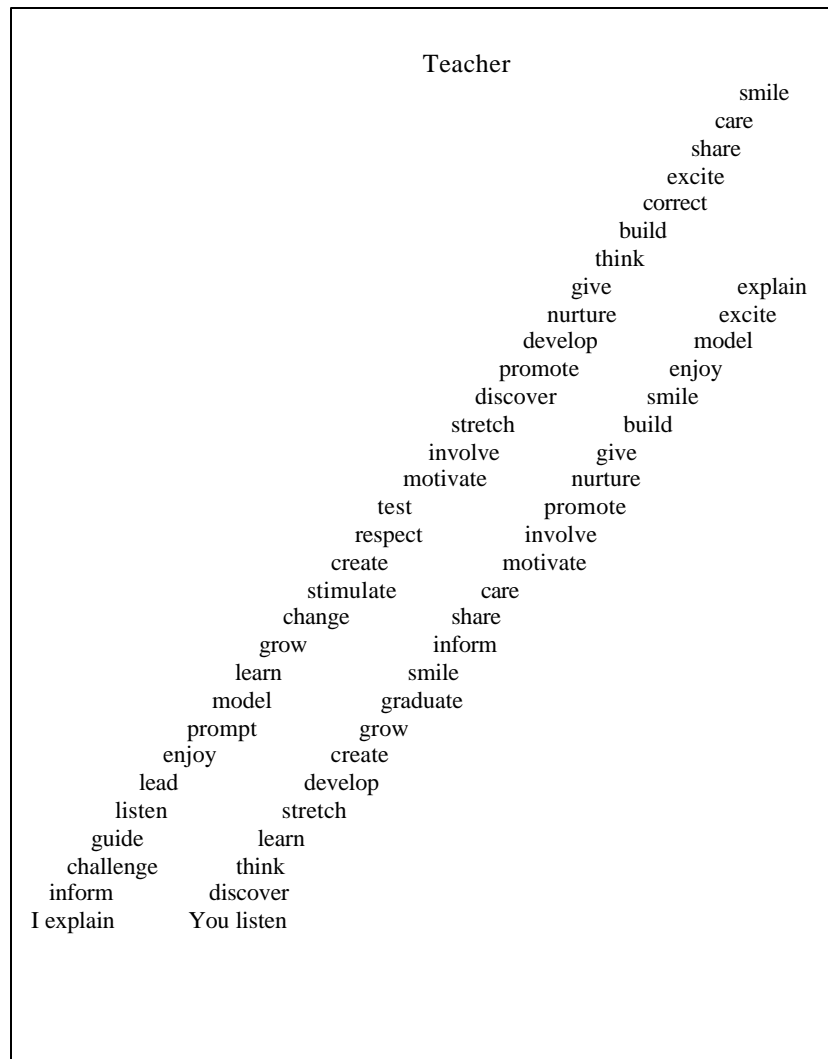
### **Teacher**

Kimberly A. Mitchell, Student  
IUPUI

Author's note:

*Teacher* should be read from the bottom up, starting with the column to the left. Once you reach the top, read the right-hand column, again from bottom to top. It will become apparent that mid-way in the second column, students take on more and more actions of the teacher. Thus, the poem ends where it begins, with the word *explain*. The circular nature of teaching continues. The upward, stair-step movement represents the dual growth of the teacher and student in the teaching-learning process.







### ***Growing Hearts***

#### **IU Cancer Mosaic Collaborative**

The imagery of smaller hearts contained within increasingly larger hearts represents the support of family, friends and caregivers and the individual awakening to greater compassion for self and others. Those dealing with cancer often describe these two experiences of being held within love as essential to their healing journey.



# **SCHOOL OF MEDICINE**

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