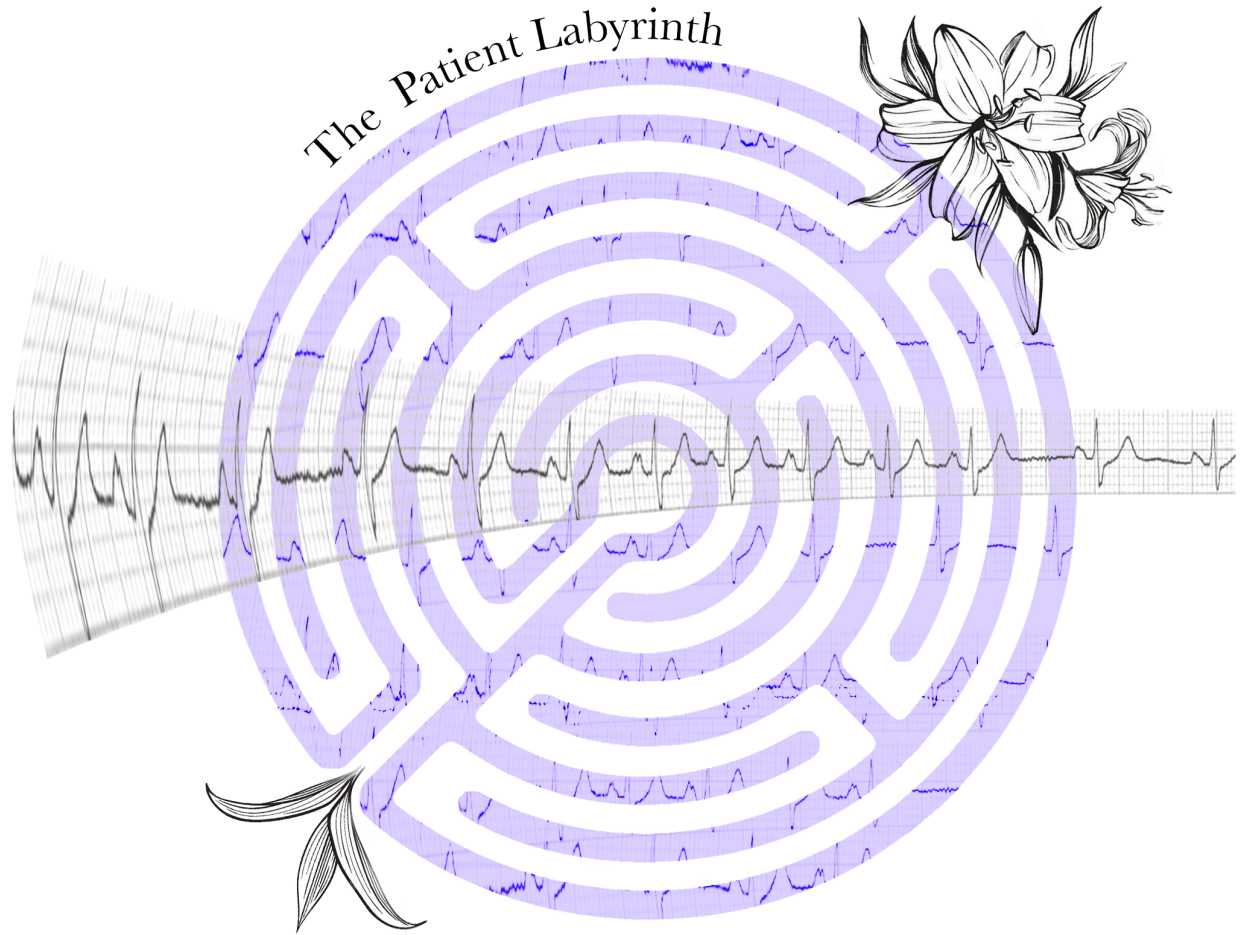


The Patient Labyrinth



# Anastomosis

Spring 2022

*Volume 4, Issue 1*

# /A·nas·to·mo·sis/

*n.* A connection between two normally divergent structures. From the Greek *anastomoun*, to provide with a mouth.

# Letter from the Editors

The theme of this issue, The Patient Labyrinth, is inspired by the work of Jorge Luis Borges. The maze of contagion we are in has twisted and turned and demanded a resolute type of patience: the conviction that with persistence, one day, we will find a path out.

The authors and artists featured in this issue deftly explore this theme through their individual imaginations, creating powerful stories and pieces of artwork that reflect the maze-like journey of medical education, the patient experience, and the journey of the human condition. In his stunning poem, The Bitter Medicine, Bunmi Fariyike ruminates on how to reconcile his desire for societal change with the obedience and passivity which medical education demands. Andrew Silverman satirizes a fictional hospital's increasingly convoluted attempt to cure an attending's problematic behavior with experimental psychosurgery In Stawford Human Resources. In The Power of Crayons, Christine Xu details how she thwarted a diagnostic maze, further complicated by cultural distance and the young age of her pediatric patient, through relationship-building and, well, crayons. This is just a small selection of the incredible talent and courage we are honored to feature in this issue of Anastomosis.

In addition, we are honored to feature the 2021 Paul Kalanithi Writing Award Winners, a contest created in memory of Stanford Neurosurgery resident Dr. Paul Kalanithi, who moved millions with his powerful memoir When Breath Becomes Air.

The humanities are often lauded as a necessary escape from reality. Escape, however, is not necessarily a moral imperative. We dedicated our time to support the self-expression of the Stanford and Bay Area medical community because we firmly believe that the process of engaging with writing and art, examining the unique thoughts and feelings and observations that make us human, like a journey through any labyrinth, promises not just escape, but positive self-transformation. We hope you enjoy, and welcome to Anastomosis Volume 4.



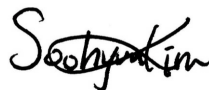
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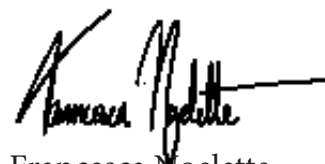
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# Dar a Luz

Shada Sherona Sinclair



*Shada Sherona Sinclair is a second-year medical student at Stanford.*

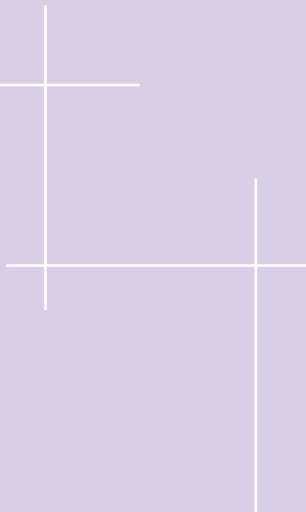
”

## *The Patient\* Labyrinth*

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“Through the years, a man peoples a space with images of provinces, kingdoms, mountains, bays, ships, islands, fishes, rooms, tools, stars, horses and people. Shortly before his death, he discovers that the patient labyrinth of lines traces the image of his own face.”

- Jorge Luis Borges



# The Bitter Medicine

3

Bunmi Fariyike

Day breaks California  
in glinting rays across my desk  
lighting my way  
back to my amino acids

I learned them all before.

Glycine.

Nonpolar.

Serine.

Polar.

proudly, meticulously  
hung up a portrait of each  
in a neat corner of my parents' basement  
A shrine to my future career  
that jostled gently  
in the whirlwind of desk fans and protestors  
battling the worst that a Georgia summer  
had to offer

I prostrated before the holy glow  
of fluorescent lights chanting  
my biochemical rites  
to silence  
tension wringing in my neck

Aspartate.

Negatively charged.

Ahmaud.

Murdered.

unrest ringing on the upstairs television  
learning hoping  
that I could heal

I haven't seen my neat corner in a while.  
I moved across the country  
bowed my head  
so they could hang my spoon around my neck  
and I could hold it out  
awaiting the slow pool of bittersweet medicine

But I return now  
to a place unlike I left it  
for the protestors who were brave enough

Asparagine.

Positively charged.

to stand as I sat  
sought justice on the walls of my mind

George.

Murdered.

wept their havoc in unison

leaving me  
to dig through the rubble  
Californian rays  
rebounding off shards of biochemistry  
and broken glass



Valine.

Nonpolar.

stopping dead in their tracks

Rayshard.

on the limp limbs

Murdered.

of my skin siblings

and I found myself  
lost.

Why am I here?

Because good doctors study  
good doctors don't cause trouble

But knowledge and respectability are  
two waxed wings  
waiting to flail in the Georgia sun

Because hatred could hold humanity  
at gunpoint  
aim first  
ask third

Because my white coat  
is not bulletproof

I look just left of my desk  
to a portrait  
hung haphazard  
of white teeth and fabric  
first adorning indelibly black skin  
My new shrine

I lost my amino acids  
but I remember that day

The day I stood with my peers  
in a way  
I couldn't stand for my people  
how the cheers of white doctors grated against the  
cries of black mothers

Glinting rays pool worked wax  
and I don't know  
why I'm here

Studying suffering  
while others live it  
Hiding behind a desk  
and the promise of someday

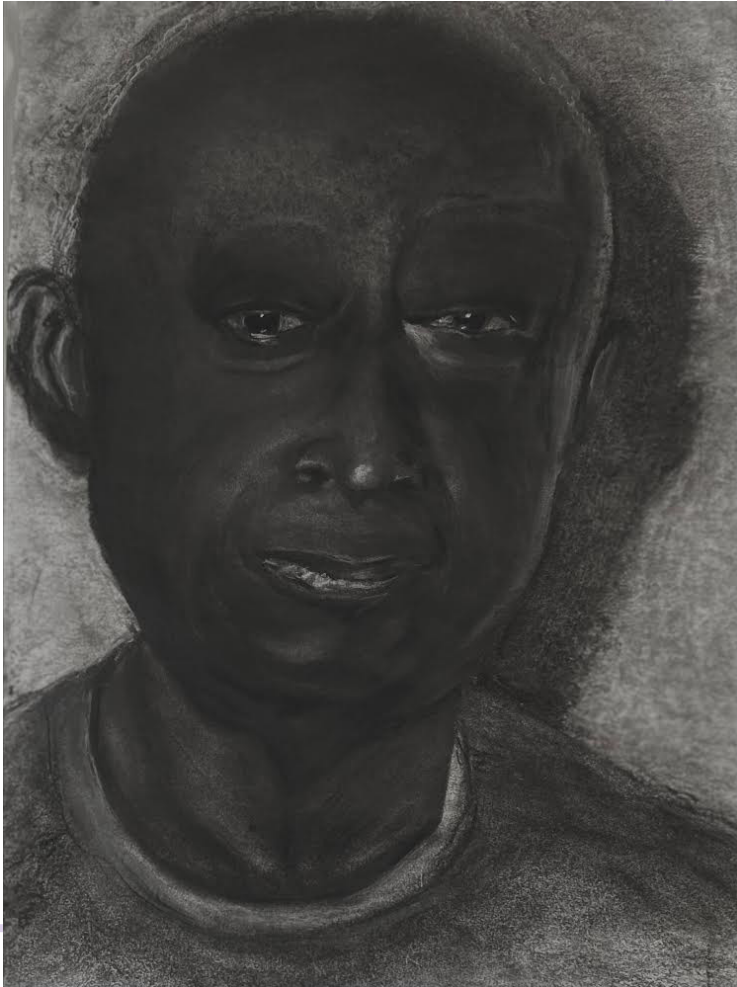
I finally got my taste of the bitter Medicine  
And I'm not sure what it'll cure

I memorized the mechanics of swallowing  
But I can't bring myself  
to do it.

*Bunmi Fariyike is a first-year medical student at Stanford who, with the help of his loved ones and classmates, was able to finally get back to writing. Many thanks go to Will, Arden, Ife, Brian, and Vaibhavi.*

# Gramps

Kalijah Terilli



---

Gramps was a strong, towering man, once a police officer back in Jamaica. He was sweet and loving - probably in the way grandparents get to be because they don't have the same pressures and responsibilities of parents. When I saw Gramps a few months before his death, he was in a skilled nursing facility. He was blind and in bed, with bilateral leg amputations. I drew this image from one of the last pictures we took together years before. You can see clear signs of diabetic retinopathy even at that point, but it's the last picture I have of him at home with our family, standing.

---

# Vending Machine

Vongai Christine Mlambo

Two quarters in the vending machine,  
 Craving dirty chocolate fingers  
 Self-administered pump of endorphin  
 Washing away the linger  
 of a rancid day.

Wrappers rustle rhythmically  
 enclosing empty calories  
 to fill a body  
 With therapy it can pay for,  
 Instead of counseling it cannot afford.

If vending machines dispensed advice,  
 I would ask  
 how to breathe.  
 Everyone else seems to know  
 the right pace to push air in and out of their lungs.  
 When I try  
 Anxiety sits on my chest  
 Watches me asphyxiate under her weight  
 Clamps down my nose and mouth  
 Taunts me like a bully on the playground.

If vending machines dispensed advice  
 I would put in a twenty  
 and not pound angrily on the glass  
 when there is no change,  
 as long as it told me  
 Where I could hide  
 from the hurricane in my head  
 casting rain on every one of my parades  
 Can I climb inside?  
 Snuggle between the Gatorade  
 and the oatmeal raisin bar  
 The snack no-one will dispense  
 Not even worthy of a cursory glance

Steel shelves hold me up  
 Compensating for weak self-resolve  
 The quiet in here absorbs my thoughts  
 Vacuuming debris from the skull floor  
 Rest within reach  
 Vending machines do not dispense advice  
 Only solace

*Vongai C. Mlambo is a second year medical student from Zimbabwe who dreams in words instead of pictures.*

# Between the Lines

Chinaza Ochi

Slowly, slowly, almost there, got it. The tea sloshes a little too close to the edge, a threat to the open notes that lie below it. I hold my breath in anticipation as it swings back and forth like a pendulum before deciding to settle down. I lean down and sip it, embracing the sear against my tongue before settling down to get to work. Two weeks, I am two weeks behind. As I scroll through the interface between me and all the knowledge I need to pass my exam, I wonder how I let it get this far.

\*\*\*\*\*

The paper crinkles underneath my butt, revealing every slight movement past a shallow breath. I wait uncomfortably for the doctor to enter, sweat building between my palms as I rub them together. I tell myself to quit being awkward, then proceed to rub my palms some more. The fluorescent light radiates around me bouncing off white walls punctuated by detailed insights into the human body and instruments to expose them to the naked eye. A knock comes from the door making me jump despite my anticipation.

“Come in,” I croak.

“Hello,” the doctor says entering with a smile

on her face. She goes through the typical introduction script. State full name and role. Gel in. Smile more. Ask for my name. Initiate small talk about transportation. Wait for the gel to dry before getting to the meat of the matter: “Why are you here?” She leans in ever so slightly, the perfect distance to hear my worries without invading my privacy. The pen is poised for writing. Her smile has vanished, replaced with a serious face, an expression of listening intent. It is everything we have learned, everything I am still trying to learn.

“I haven’t been feeling like myself,” I reply.

“How have you been feeling?” The ever-tight coils in my back unwind a little as I let myself slump down for a few seconds, hyper-aware of the neuromuscular injuries that can develop from a chronic habit of not sitting up straight. It was one of the first things we had learned. My back muscles, however, are not yet strong enough to hold me up, so every position elicits its own flavor of pain.

“Confused. Tired. I’m constantly tired.” Although the doctor hides it well, I can see a moment of panic as her eyes look down to her clipboard. She isn’t prepared for what I am about to tell her and nothing in her notes can

help. My chief complaint was supposed to be shoulder pain, not a vague symptom.

“Let’s start with the tiredness. When did that start?”

“I’m not quite sure, maybe a few weeks ago.”

Maybe ever since I decided I wanted to go to medical school. Maybe when I first pulled an all-nighter to ace my algebra test in middle school to secure higher rankings in the class. Now, I wake up most mornings feeling like I’ve been hit by a truck despite achieving the 6 to 8 recommended sleep hours.

“When do you notice you are tired?” I think back to the moments when my self-awareness allows me to see how much of a zombie I have become.

“I can’t really comment on exact times, so maybe constantly?” The doctor does not reply for a while, and I look down to notice she is staring at my nail which is bleeding after being picked too much. I didn’t realize I was doing that. I stick the finger in my mouth and attempt to smile while waving off the offer of a Band-Aid and nodding frantically that I’m sure when re-offered. The doctor settles back in her seat and scribbles some more.

She asks more questions. “On a scale of 1 to 10,

how tired would you say you are on average?

How has that affected your daily activities?

Can you tell me more about the confusion?

What times do you notice you are confused?

Do you have any other associated symptoms?

What about the shoulder pain, when did that

start?” I reply, trying to be as honest as possible

while formulating in my mind what diagnosis

the movement of her pen is mapping out. I

go through the checklist of everything she

is supposed to ask. Medications, check. Past

medical and surgical history, check and check.

Family medical history, check.

“I’m going to ask you some questions to try

to understand a little bit more about you as

a person. Some of these questions can be

personal, so please, let me know if you ever feel

uncomfortable or want to skip a question.” I

nod. She forgot to ask me about my allergies.

“What does a regular day look like for you?”

I try to think back to what I would consider a

regular day, but the last couple of days have been

such a blur that it’s hard to sparse out.

“Nothing really special,” I say. “I wake up, go to class and meetings, come back home and study and do it all over again.”

“Have you found yourself to be more stressed

than usual?” Her eyes flicker back to my finger. I shuffle, moving my hands away from her view.

“I have an exam next week that I would like to pass,” I reply.

“And how do you cope with that stress?” I don’t. Somewhere in my body I imagine telomeres shortening.

“I write.” Or I would write, if I had the time, but between stressing out about the exam and stressing out about my cortisol levels rising because I am stressing out about the exam, I don’t have any room in my head to conjure up words that will relax me. Instead, I tell myself that I will do better after the exam. The same thing I told myself about the exam before this and the one before that.

A couple more questions left.

“Thank you so much for telling me all of this. I will now share this information with my colleagues and let you know what to do moving forward,” the doctor says. She smiles, gets out and leaves, then returns.

“How was it? Did I forget anything?”

“Allergies,” I say, “but other than that, you did really well. I really felt like you were listening and giving me the space to speak, although I didn’t have much to say.” I force myself to sit up straighter.

“Thank you, I really appreciate you allowing me to practice taking a history with you. Also, great job integrating the material into the encounter, I almost didn’t catch it.” I wasn’t aware that I did. She must read the confusion on my face because she follows up with, “You know the whole thing with lack of sleep and chronic stress and how that screws up the HPA axis leading to impaired memory, immune system dysfunction, and what was the third thing?”

“Arousal,” I say. When I had learned about the health implications of chronic stress, my eyes were strained from the blue light of my screen, and I could feel my heart beating in my chest from one too many cups of coffee. Instead of calling it a night, I had made some tea instead and comforted myself with the idea that if I got through one more lecture, then that was one less thing I had to learn later. A cough escapes my lips, a reminder that I still haven’t fully recovered from my cold.

“Yes, arousal,” she says as she takes off her short



white coat and folds it. “At first I was really confused because I thought you were going to focus more on the shoulder pain, but I think this was really helpful in consolidating the material.” I smile. I am happy my honesty could help.

“What are you doing for the rest of the day?” she asks ready to go. I finally get up from the examination table, the sound of crinkles dominating the air once more, and pick up my backpack from the floor.

“I’m still trying to catch up on lectures, so I’ll probably work on that.”

“I feel you. I barely just caught up last weekend and now I feel this strange urge to check my pee whenever I go to the bathroom to see if it is maximally diluted. I’m so paranoid that I’m going to get an acute kidney injury from not drinking enough water that I think I might be overdoing it.” I have no idea what she is talking about, but I nod along as if I do. If I push through tonight, maybe I will understand it when we meet up again. I open my backpack to find my wallet as she continues talking, although I have stopped listening. Without coffee to keep it running, my brain cannot

process the string of words coming from her mouth related to concepts I do not know and assignments I have not done.

“I thought you quit drinking coffee.” I didn’t realize I had been speaking out loud.

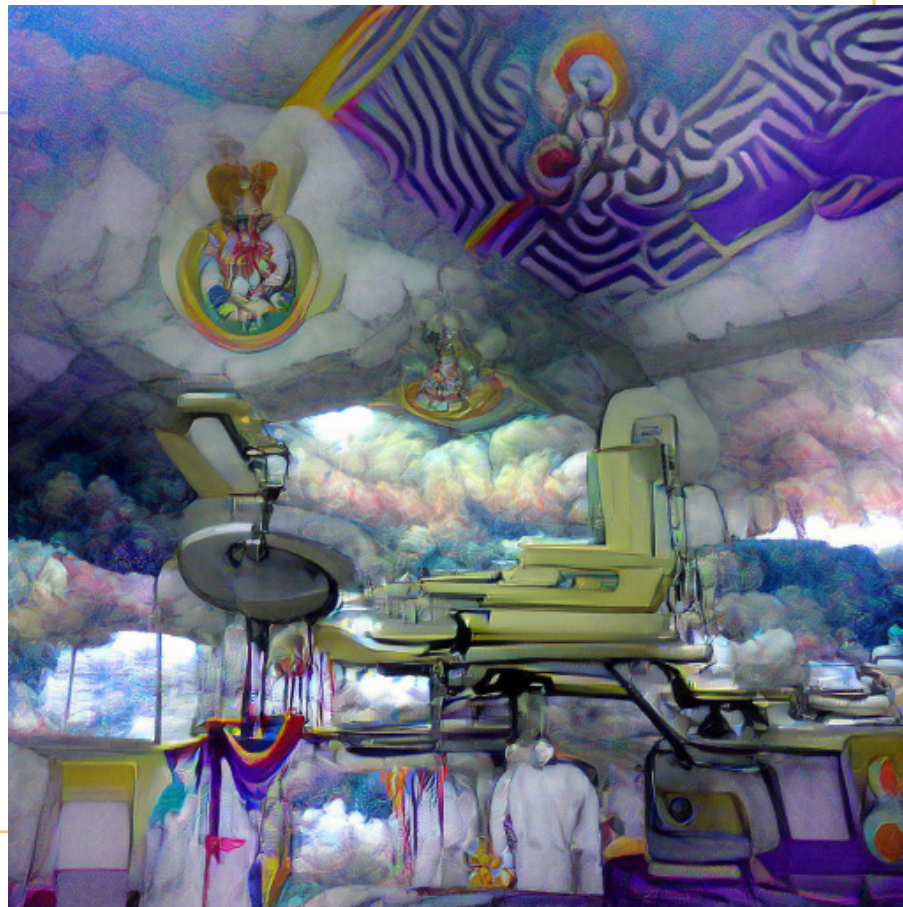
“Yeah, I did for a while, but it helps me focus,” I say.

“You know, too much coffee can be really bad for you, especially if you think about all the sugar you put in yours. It might be better to think about alternative ways to focus that won’t affect your health later, like exercise. That basically solves everything.” I nod and add that to the running list of advice that I will take, as soon as I pass this exam.

*Chinaza Ochi is a third-year medical student at the University of California, San Francisco (UCSF) School of Medicine. In her free time, she enjoys creative writing, dancing, watching TV, reading, cooking, listening to music, and hanging out with friends.*

# Where Do You Operate

Isaac A. Bernstein



The longer we work as medical professionals, the more desensitized we become to our environments. The operating room is a ritualistic chamber where unbelievable surgeries are conducted. It's a stage where gloved hands dance with anatomy. With elements both human and technological, this space hosts a rare symbiosis between man and machine. But how do patients see this space during their operations?

# Reclamation of Self-Love

L W M

“Why do you enjoy lifting?”

A question that was not interested  
In knowing the answer

A question posed only as  
An opening for its next attack  
Cruelly co-opting

The way Curiosity can manifest,  
the potential to build bridges even  
between strangers  
Curiosity, instead, weaponized  
To drive home a point  
To what end?

Feelings hurt  
Family shattered  
Trust broken

---  
Kids screaming and  
Running  
A small girl, contented

Full from a  
Delicious  
Pasta and meatball lunch

Her name means  
“Lux” in Latin, a soul so  
Full of light and potential  
---  
A jab, a yelp  
Laughter ensues  
But not from her, she is confused

“L is so FAT!  
My finger poked her,  
She’s so squishy!”

Squishy? Fat?  
What can those possibly mean to  
A naïve young fourth grader

Not yet taught about  
Socialized into  
Tainted by

The cruel fatphobia—the  
Fear of fatness—and arbitrary  
beauty standards

This was her first lesson.  
The laughter and mockery  
Taught her all she needed to know

About what those words  
Were intended to mean, to hurt  
her  
She was only nine

---  
Nine was  
supposed to be  
a lucky number

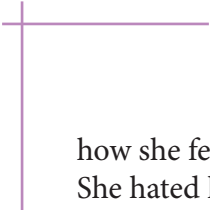
A cat with nine lives  
The nine-tailed fox  
A homonym with “long-lasting” in  
Mandarin

A symbol of persistence  
Power  
Impenetrable resilience

But she feels none of this  
Instead she stands  
Before a dusty mirror

Tears scarring her face,  
blood coursing angrily  
from the cuts on her wrist

She hated the way her body  
looked,



how she felt so out of control  
She hated her body

She hated herself  
This was the only way she knew  
to regain control

---  
Reclamation comes in  
different forms  
rediscovering the joy

in things you might have once  
hated  
That includes yourself

Heavy dumbbells thudding, metal plates  
clanging  
Sweat and heat birth condensation  
ensconcing full-length mirrors

Grunts, taut muscles, red puffed cheeks  
barbell resting on her shoulders  
To her, the barbell represents the world

“Yes I can.  
I can carry the weight of  
The world”

Too fat, too muscular, too manly, too  
-----  
None of these mean anything when she  
is in control

---  
Why do we enjoy what we enjoy?  
Sometimes  
It simply makes us feel good

More of the time, I think,  
It’s because we learned that this  
Was what we could do

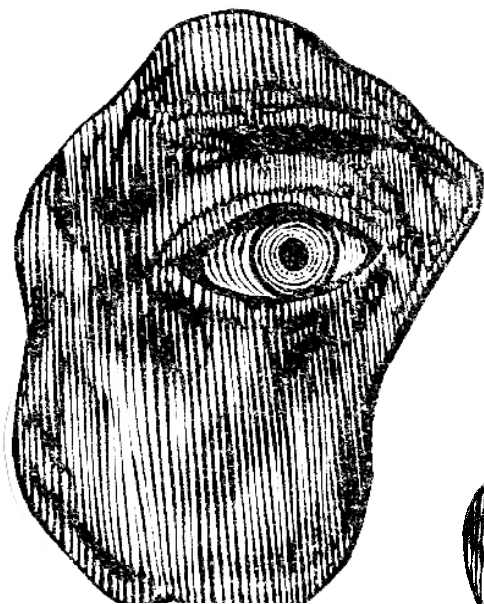
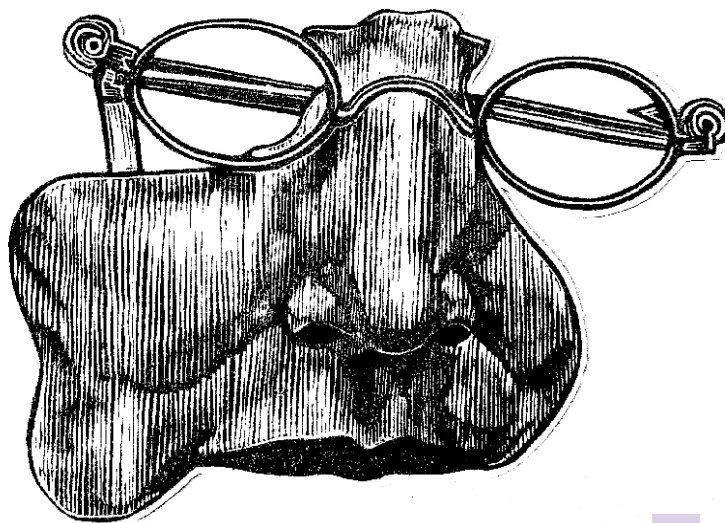
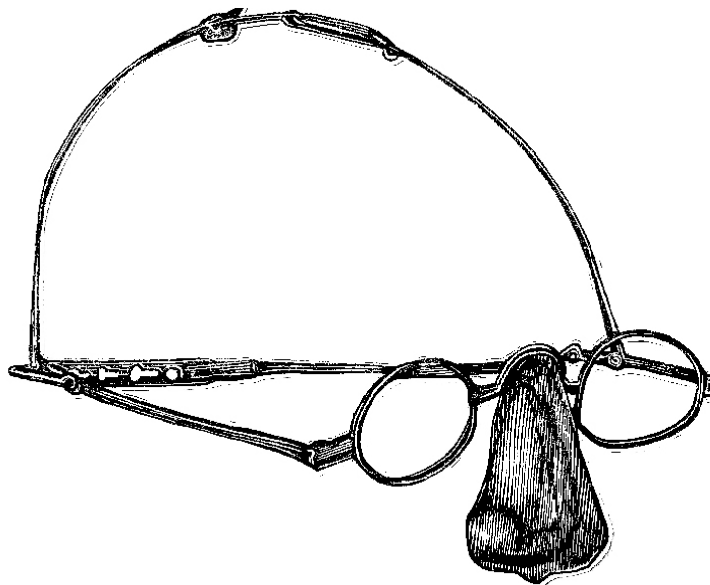
To regain control of our values, of our  
lives  
letting go of the ones projected onto us  
To reclaim what hurt us before

To love ourselves more



# Masking the Need for Facial Reconstruction

Nathan Makarewicz



*Nathan Makarewicz is a second-year medical student at Stanford.*

# The Day I Saw My First C-Section

Sarah Stinson

I walked into the C-section wanting to be a psychiatrist. Everyone told me to be open-minded going into rotations, and medical school for that matter, but I had always known. I was actually nervous approaching third year because I would have to be present at surgeries. I had a phobia of blood, which stemmed from the violent deaths of family friends when I was young.

I had struggled watching a loop electrosurgical excision procedure during my first rotation, OB-GYN. I focused on observing the patient's face for a while. Then I told myself to watch what my attending Dr. J was doing. As the tool buzzed into the patient's cervix, blood dripping, I reminded myself that this was to help the patient, but then I thought about what high grade dysplasia really meant, something dangerous to the patient. I proceeded to almost pass out.

Two nights later Dr. J asked if I had eaten something, and invited me to observe a C-section that she was going to perform at the hospital. At the hospital, all the nurses wore plastic shields over masks. As everyone discussed special precautions for the OR, I thought it was surreal that babies still needed to be born during the time of COVID. Then I thought that that was a strange thought. Of course babies needed to be born. In the OR, my phobia of blood coalesced in my body as I stared at the patient's exposed stomach, and I teared up behind my plastic shield.

But Dr. J's swiftness and confidence during the surgery put me at ease; in between asking for tools, she chatted with her assistant about Texas. I tentatively craned to see. Suddenly, a large hairy head came out of the patient's abdomen. It was a baby!

I felt something that I recognized as awe, an emotion I had studied as a psychology major but rarely felt. The baby was placed right next to me. I explained to the neonatologist that I was a medical student on my first rotation, and that this was the first C-section I had seen. The nurse asked if I wanted to cut the umbilical cord, and pointed out to me the three vessels inside. The baby grasped at the air with his small hands, crying with vigor. I felt the instinct to hold him, or tell him that while this was a strange new world, he was going to be okay. I thought about Stanislov Grof's work on birth trauma, and wondered whether the C-section had been traumatic for the baby in some way. Then I remembered that I myself had been delivered by C-section. I wondered what the baby's mom was like, and how his childhood would be.

Dr. J called out to me, to show me the ovaries, and the layers she was suturing. I realized that what I had felt to be an injury to the patient had a purpose, to do something essential to help her, and now they deftly fixed it. Dr. J's hands moved with precision. The art and perfectionism in me felt a deep call to surgery, for the first time. Driving home, I wasn't sure what specialty I wanted to go into anymore. I had been shaken into seeing the beauty of medicine that transcended my specific interest in psychiatry.

That night, I dreamed about a young child growing up in a difficult family, hoping they would find a therapist. I believe the dream related to my thoughts on the baby in the OR. I took it as a sign that I should still become a psychiatrist.

Coming into medical school, I was scared of blood because it reminded me of woundedness, related to my



personal emotional trauma. A year and a half later, I am hoping to enter the field of psychiatry. But I also have grown to realize that while reminders of mortality and human fragility are ubiquitous in every medical specialty, these reminders reflect precisely the ways we can help people.

---



## The Ballerina

Sonya Talwar

# Interview Practice Question

Sophi Scarneman

If you could have dinner with any person,  
Dead or alive, who would it be?

In practice, no one asked, but I had my answer ready:  
“The cadaver whom I’ll dissect in anatomy.”

Surely, I imagined, your body itself would tell me a  
story,  
And what an opportunity, to hear those finer details,  
The timbre of your voice, the names of your children.

“The cadaver whom I’ll dissect,” whom, a person,  
An object of an action, but on the other side of it,  
Language falters, fingers hover, uncertain.

“The cadaver that I dissected.”  
It now feels more natural to say,  
As if our time together excised the traces of your  
being.

You were tall and broad, a powerful habitus,  
Flayed along the fascial planes,  
Strips and cobwebs of tissue  
Accumulating in a blue plastic bag we draped over  
your legs.

Urine poured out from your bladder when I nicked it.  
Last glass of water, last bag of fluids,  
No substance to your story, just body, no name.

We complained about the added labor  
Of melting away the greasy coating of fat  
That clung to every surface, that overlay  
The strong muscles in your legs,  
Your hypertrophic heart, the orbit of your eyes.

When I think about The Body it will always be yours,  
A body with details but no secrets,  
Without the contours of a narrative.

Before, I imagined that in dissection I’d somehow  
come to know you.  
But it wasn’t what I imagined.

And yet I wish I could have met you, mostly because  
I want to know why you wanted this for your death,  
Body as object,  
And what it was, when you lived, that your life meant.

# A Tale of Two Electrons

18

Anshul Gupta

There is harmony in motion  
In the spin of electrons  
A duo of dancers caught in each other's orbit.  
Each on its own path, pulled by inner forces  
Slowing for no one except to sneak glances  
At the other that twirls such elegant pirouettes.  
Certain of momentum, uncertain of place.  
Together although forever apart  
Traveling tracks that come close but don't cross.  
Revolving in sync around a common core  
Exchanging looks that long for more.

Orbital motion is unconditional oscillation.  
The duo danced through time without question  
Knowing reality was circumference around center.  
Unknowing of photons that sailed through space  
Fired from a holster with particles and waves.  
Shooting straight to strike at the core  
Between impact an electron dances forth.  
Certain of place, uncertain of future  
Ultimate sacrifice for the spin of another.  
Bangs that start universes also dissolve them.  
The death of a photon lends lease on life  
An electron went flying without final goodbye.

Harmony is the motion of partners in dance  
Safety from charges with synchronized trance.  
An illusion that cleared when left alone to face  
The entire neighborhood in cation state.  
Memories of the past linger on each lap  
Surviving is not free when paid for with grief  
Cost that is steep without stop to velocity.  
Whirling in space with no joy alone  
Unable to find peace among positive poles  
Doomed by destiny, the electron could only spin  
Dreaming of dancing in harmony again.

# Fifteen Minutes

Mei San Tang

Chris and I are both clinical pathologists. When the pandemic first started, we worked together to set up antibody testing for our hospital. He was my senior chemistry fellow when I first started residency. He then got promoted to become a faculty member in the department, with COVID19 antibody testing becoming one of his first few tasks as faculty.

Chris recruited me to help him with data collection. While I went through patient records and organized data at home, Chris would be in the lab busy with instrumentation and managing lab technologists. But at the end of every workday, right at 5pm, just as he began his walk out of his office to the car, he would call me. As soon as he got into his car, he would turn on his phone speaker and we would keep talking until he arrived home. During those fifteen minutes, we updated each other on our progress. But often, we would just talk about our recollections from the day.

We quickly gathered enough data to implement testing in our hospital. We soon became the first few in the country to publish on the performance of those tests. The work was well received and with that came many new opportunities for both of us.

But these were beside the point. The point was having the opportunity to work with Chris on a complicated problem that was worth solving – sometimes a bit stressful, but mostly a lot of fun.

I never knew what it was that made us work well together. Perhaps it was our ability to work long hours; perhaps we were both highly adaptable to the fast pace that the pandemic demanded of us; perhaps we both knew what we needed and did not need from each other. But in almost every other way, we are such different individuals – in the first draft of a manuscript, I often waste too much time rewriting sentences and deciding where the period should be and which phrase should come first, while Chris doesn't mind spelling errors nor long sentences. I object to the way he uses the semicolon while Chris disagrees that "agreement" should ever have a plural form. Sometimes I don't understand his positivity ("What's the big deal when the editor responds to your work with SUPERB in caps?", I'd think), and sometimes he doesn't understand the days when I just need to be angry and alone. Yet, we became closer in spite of these differences – because some days out of the blue, I would receive a text message from him that said, "Not saying you need to be more positive, but I just want to make sure you are doing OK!"

We have both since moved on to other responsibilities. One recent Friday evening, he called me on my phone for a quick work question while leaving his office. Then, almost on cue, we simultaneously asked if we remembered those daily evening calls at the beginning of the pandemic. We laughed. He got into his car and turned on his phone speaker and we kept talking about many things and everything, until he was home fifteen minutes later. We wished each other a restful weekend, and hearing his car door close, I hung up. I sat there in the silence for a long while.

Soon, I will be finishing residency, and I will leave for a different city. Inevitably, we will grow apart. I wish there could be more of such evenings, but I also know that we got to know each other better at just the right time – not a moment too early or too late in our lives – and all the previous evenings we had together would already be all I need.

When most people think of Chris, they would think about that young, bright clinical chemist – in less than two years since he started his academic career, already well known, already a member of the editorial board for the professional society journal, already well funded by the industry. They would reminisce about the day he graduated as the 100th clinical chemistry fellow and was announced as the newest faculty member of the department. They would remember the day he was awarded by the department for his outstanding achievements in leadership and professionalism during this pandemic. But when I think of Chris, I think about those fifteen minutes every evening during those spring months early in the pandemic lockdown – him driving home, me standing by my apartment window, us talking a little about work but mostly about everything else. I would remember those fifteen minutes we carved out for each other those days – slight and unimportant by the standards of the world, but to me, precious and irreplaceable.

# An Iris for Iris

Shada Sherona Sinclair





# Hospitalized

Danielle Mullis

I'm reading through her chart  
Words in the medical record breaking my heart

My white coat is freshly pressed  
I can tell deep down she's stressed

The resident is running  
The hallways are bustling

With a smile plastered on her face  
I wonder which doctor is assigned to her case

Her hair is brushed  
Her cheeks are flushed

Her wrists are strapped to the bed  
Needles hidden, no IV lines overhead.

Depression, anxiety, diagnoses on her list  
Forty more patients I've got to see  
None of them can be missed.

My knees are locked  
I cannot move  
I'm trapped  
Frozen  
What's happened to me?  
I can't react

She looks at me  
So sad  
So scared  
My patient now seems familiar

Brown hair  
Green eyes  
Agonized

I look down  
I have a gown  
I'm not wearing my coat  
There's a lump in my throat

My stomach drops  
When I realize  
I'm the girl  
Hospitalized.

From: Ludwig Maag <[lmaag@stawford.edu](mailto:lmaag@stawford.edu)>  
 Sent: Friday, October 22, 2021 4:58 PM  
 To: House Staff <[housestaff@lists.stawford.edu](mailto:housestaff@lists.stawford.edu)>  
 Cc: SANE AF <[sane.af@lists.stawford.edu](mailto:sane.af@lists.stawford.edu)>  
 Subject: Human Resources Response to Workplace Racism



Dear Hospital House Staff:

In response to this year's mishaps in the Intensive Care Unit, Stawford Human Resources has issued a novel antiracism compliance program. As you may know, we tried to dismiss Dr. [REDACTED] based on inflammatory remarks alone, but the Fellow's Union essentially protects his position within the ICU.

Your protest nevertheless reverberated throughout hospital halls and board rooms and sparked the creation of the Stawford Antiracism Neuroscience Executive Assignment Force (SANE AF), comprising myself, diversity leadership, and university experts in psychosurgery. We write to you now with a joint consensus.

With Dr. [REDACTED]'s consent as well as the approval of the Fellow's Union, we launched a pilot program to fight racism while enhancing the doctor-patient relationship. The pilot involves a pioneering application of deep brain stimulation, a procedure already approved for several neuropsychiatric disorders, including major depression and schizophrenia. Much like these organic illnesses, racism can be viewed as a form of disordered thinking. For decades, experts have opined and debated the underpinnings of the racist mind – a mind molded by biology, psychology, history, religion – and while many would agree that discriminatory practices based on feelings of racial superiority are likely learned behaviors, following a battery of psychological evaluations, we have determined that Dr. [REDACTED]'s more extreme biases represent psychopathology, warranting neurosurgical intervention.

Dr. [REDACTED] has thus undergone stereotactic electrode placement into neural networks governing reliability and empathy. When Dr. [REDACTED] encounters coworkers and patients of disparate ethnicity or race, his visuoperceptual stream and fusiform gyrus automatically activate his DBS electrodes, which in turn ignite stimulating potentials in his prefrontal cortex and inhibitory fields in his amygdala. A small but powerful surge of oxytocin upends any biased inclination Dr. [REDACTED] would otherwise harbor, as his brain reflexively tries to otherize and discriminate. This operation ensures Dr. [REDACTED] provides more equitable care, and after numerous implicit bias assessments and simulated scenarios, we believe Dr. [REDACTED] is sufficiently rehabilitated for return to the workplace.

Thank you for your time, patience, and feedback. Should you have questions, feel free to email me. The pilot is ongoing, and I would be delighted to discuss further.

Yours,  
 Ludwig Maag, M.D.  
 Professor of Psychiatry and, by courtesy, Neurosurgery  
 Stawford School of Medicine

# Stanford Human Resources

Andrew Silverman

From: Ludwig Maag <[lmaag@stanford.edu](mailto:lmaag@stanford.edu)>  
Sent: Friday, November 26, 2021 5:45 PM  
To: House Staff <[housestaff@lists.stanford.edu](mailto:housestaff@lists.stanford.edu)>  
Cc: SANE AF <[sane.af@lists.stanford.edu](mailto:sane.af@lists.stanford.edu)>  
Subject: Concerns about Dr. [REDACTED]



Hospital House Staff:

We know that our neurosurgical intervention can be difficult to comprehend. It may even be insulting, particularly to those whose professional identities rest on the foundations of humanity and compassion. It is also disheartening to see that Dr. [REDACTED]'s DBS leads are not without fault, that while he passed our simulations, some implicit biases persist in the hospital. Colleagues have asked me, "How can we let a racist doctor care for our diverse patients? How can we allow him to enter the hospital at all?"

In response, I ask you all to consider patients suffering from Parkinson's, depression, and schizophrenia. DBS has revolutionized management of these diseases, and the technology shows tremendous promise in rehabilitating the pathologically racist mind. Research shows that expressions of race attitude are malleable, reflecting the marvels of neuroplasticity, and with this malleability comes treatment and, hopefully, a cure.

I implore you to call on your human capacities to adapt, forgive, and empathize. This is no easy ask, for the issue is a sensitive one. As a white European male, I recognize my privilege in this conversation, but I am still a fellow human being, working towards a better future.

Yours,  
LM

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*Andrew is a pediatric neurology resident at Stanford. He enjoys cooking, television, and running around with his dog, Ravioli.*

From: Amanda Leonardo <[aleo@stawford.edu](mailto:aleo@stawford.edu)>  
Sent: Monday, January 03, 2022 9:00 AM  
To: House Staff <[housestaff@lists.stawford.edu](mailto:housestaff@lists.stawford.edu)>  
Cc: SANE AF <[sane.af@lists.stawford.edu](mailto:sane.af@lists.stawford.edu)>  
Subject: Important SANE AF Updates

Colleagues and Friends,

Professor Maag has decided to leave SANE AF. He will continue his academic affairs within the Department of Psychiatry. In the interim, we remaining SANE members have revised our objectives.

Forgoing neuroscience as an antiracism panacea, we hereby commit ourselves to the collective struggle for social justice. We realize that while placing electrodes in Dr. ██████'s brain achieved seemingly more equitable patient-doctor encounters, the surgery did nothing to address systemic racism within our hospital. It did nothing to grapple with the sociopolitical realities of prejudice at large. Effective interventions must go beyond moral bioenhancement of the individual bad apple; we must expose social institutions and practices that dehumanize certain bodies, shorten lifespans, and potentiate inequality. This, I declare, is our newfound, principal objective.

In localizing the neural correlates of racism, our Assignment Force unwittingly presented Dr. ██████'s racialized disposition as an organic, evolutionary repercussion rather than an act of ignorance and hatred. What's more, the likening of the Parkinsonian substantia nigra to Dr. ██████'s disordered fusiform-amygdala-prefrontal network seems to have cast his racist comportment into a more benign or docile light, and for that, we at SANE AF apologize.

I admit, then, our approach was shortsighted. We pathologized and, therefore, decontextualized a lived experience, reducing racism to a neuroanatomic circuit devoid of sociopolitical roots. Invoking racism as mental illness, as endorsed in earlier messages, worked in counterproductive fashion to absolve Dr. ██████ of moral culpability. We aimed to achieve change with a technoscientific fix, with the powers of modern psychiatry and surgery, without requiring Dr. ██████ to challenge his fundamental misunderstanding of race relations.

It was with these sentiments that SANE AF decided to explant Dr. ██████'s DBS leads. Unfortunately, he endured an unforeseen complication. His amygdaloid-driven aversions are now overactive, and Dr. ██████ has been left paralytically fearful of many activities of daily living, including attending to patients in our hospital.

And so, we thank Dr. ██████ for his many years of service, and we wish him well as he completes a special, protracted curriculum on diversity, equity, and inclusion (one of many procedural improvements we hope to enact as an antiracist Assignment Force). Thank you for taking the time to read this message and engage with SANE AF. We hope to be better in the future.

Sincerely,  
Amanda Leonardo  
Professor of Bioethics  
Stawford University

# Psychogenic

26

Lillie Reed



In 2020, I began experiencing episodes of sudden hearing loss, hearing distortion and disorientation. Jumping from doctor to doctor, even as a medical student, and although I'm experienced in navigating medical systems, I struggled to advocate for myself and my own health because my symptoms were hard for doctors to pin down. Doctor after doctor diagnosed me with whatever they fit their specialty, told me to deal with it, and left me searching for the next answer. Finally I got a diagnosis that fit: Stress-triggered cochlear migraines. With a diagnosis that straddles the line between psychiatry and neurology, I've had an opportunity to reflect on the assumptions I held about somatic and psychogenic symptoms and the patients that have them. We often assume these patients have little insight, or that these symptoms are less real. Now that I could arguably be considered one of these patients, I see first-hand how wrong this is. Despite that changes in my psychology trigger my migraines, my hearing measurably declines. The feelings of disbelief and dismissal I have felt from medical professionals throughout this process -- whether due to their assumptions about me, my self consciousness about how my mental health overlaps with my physical health, or both -- inspired this work. These are words too many patients hear, made out of my hearing and vestibular tests from over the past year. My symptoms are all in my head, but after all, so is my brain.

*Lillie Reed is a 3rd year medical student at Stanford, and is the former co-chair of Medical Students with Disabilities and Chronic Illnesses.*

# The Power of Crayons

Christine L. Xu

\*\* The patient's name and all identifying information have been changed to maintain privacy and confidentiality. \*\*

I walked into my new 4-year-old patient's room, and Julio instantly sat up in bed, looking at me apprehensively. His mom hovered nervously nearby. I set up the translator and bent down to face him at eye level, trying to make myself as small and non-threatening as possible.

With the translator cued up, I invited his mom to share her concerns, and she explained how Julio had been a healthy, happy boy until a week ago, when he suddenly started to spike fevers and lose his appetite.

"I knew something was wrong when he started feeling feverish and refusing my tamales," she said, "So I brought him to the local hospital and the doctors told me they found *Klebsiella* in his bloodstream. They gave him some antibiotics, but he wasn't getting any better, so they transferred us here."

Julio squirmed around as I listened to his heart and lungs with my stethoscope. I tried to peer into his mouth, but he clamped it shut and started to cry. His mom rushed over and started stroking his head, coaxing him in lyrical Mixteco Bajo. Julio wailed even harder.

Above the sound of Julio's wailing, his mom shouted, "I don't understand how the bacteria got into his bloodstream in the first place... Could you please let me know how? So I can prevent this from happening again? I have nine other children at home, and I have to miss work to stay in the hospital with him."

As Julio buried his face into his mom's chest, I told her, "It's okay, we'll get to the bottom of this. Let's have him rest and I'll come back later."

A few hours later, I went to visit Julio again, but this time, I brought backup: Some crayons and paper. A tiny cow keychain that belted "MOOO" and shone a bright light from its eyes with the tap of a button. (Sometimes this button was accidentally and regrettably hit during the middle of rounds or a serious family conversation.) And lastly, a Fidget spinner with sequins on each of its arms.

Julio loved my new gadgets. We started by drawing together. I drew a circle while singing "Woo!" as I dragged Crayola Cerulean Blue across the page. Julio laughed, picked up Crayola Forest Green, and softly cooed "Woo!" himself, as he drew his own circle. His creation looked more like a triangle, but I didn't care.





My heart sang with pride at his post-modernist take on shapes.

Suddenly, he pointed energetically at the cow, and I drew a rendition of a cow that Picasso would be proud of. I was embarrassed at the cow's lopsided horns and sideways tail, but Julio loved it, pointing back and forth between the cow and the drawing and making joyous shouts of approval.

I took the cow and pretended that it was jumping across his leg. He grabbed the cow and thrust it back into my hands whenever I would stop, urging me to continue. I sang "la la la" in a crescendo as I ran the cow up his leg to land on his knee. He shrieked with delight.

I was instantly struck by a warm, light, carefree feeling—so strange and foreign to me, as a sleep-deprived medical student—that I was startled. His squeals of happiness were the purest display of joy I've seen in a long time. Isn't a child's laughter the most beautiful sound in the world? Like bells ringing to the tune of hope and humanity and love and all that's good in the world. The sound was so heart-warming that I couldn't help myself; I "la la la-ed" the cow up and down Julio's legs 10 more times just to hear him shriek with joy again and again.

Transitioning to the next and final stage of friendship was easy. I made the sound "AHHHHH," gestured to his mouth, and hit the button on the cow's head. Julio immediately caught on and opened his mouth wide. Trying not to reveal my relief over achieving my goal, I casually leaned forward with the confident coolness of Amal Clooney and peered inside his mouth.

"Aha!" I thought to myself. "I see tooth decay!"

I handed Julio the sparkly fidget spinner and nonchalantly walked over to his mom and sat down beside her.

"I figured out how the bacteria got into his bloodstream," I told his mom triumphantly, "Most likely it's from his teeth!"

# Chronicles of an M1: X-rays, Roses, and Really Sweaty Scrubs

Cayo Gonzalez

August 17, 2020: Moved to Palo Alto, CA. In an effort to make the trip in one move, every crevice of my family's Prius was used. The car was so full that in order to hear my sister in the backseat I had to call her.

August 20, 2020: Headed over with classmates to the medical school to pick up a duffel bag containing, among an assortment of other accoutrements, our white coats. We had received detailed instructions regarding logistics to ensure a COVID contact-free delivery. The day of, we followed all their steps: we drove into the parking lot, rolled down the window, and silently showed staff a piece of paper with our names on it. The car erupted in laughter (underneath our masks) when we realized that we could have just said our names out loud. Despite not being glamorously knighted with our white coats and me being swallowed by the not-true-to-size large coat, seeing "Cayo A. Gonzalez" embroidered felt special.

August 24, 2020: On my first day of medical school, I woke up to a flurry of pictures and texts from family members wishing me a happy 1st day of med school. Despite the postponement of the traditional white coat ceremony that has become a rite of passage at medical schools across the nation, my family managed to make the start of medical school feel special.

September 1, 2020: Had my first anatomy lab (identifying anatomic structures on cadavers, already dissected because of COVID precautions) at night. I had heard stories of students fainting upon first laying eyes on a cadaver. I hoped my legacy would not be marked with the "kid who fainted on first day of anatomy lab" moniker. Perhaps feeling disoriented amidst the flurry of emotions I was experiencing heading into lab, I had brushed my teeth and put my night retainer in as though I were going to bed right after lab (a fact I proudly shared as my group of still unfamiliar M1 classmates huddled underneath the full moon in front of the Li Ka Shing building waiting for the anatomy TAs to meet us).

September 14, 2020: First day that I watched the recordings instead of going live to the day's optional lectures.

September 25, 2020: My first Zoom gaffe: Hearing "Uh, Cayo" in my earphone made me realize that my mic was still on and that my Zoom breakout room could hear me peeing.

October 26, 2020: Bought the Anki iPhone application, marking the beginning of my on and off relationship with Anki, a spaced repetition flashcard program popular in medicine.

October 30, 2020: I interviewed a standardized patient (SP) via Zoom. Leading to this session, we had learned the importance of partnership in building a strong provider-patient relationship, and by this point my classmates and I had mastered responding to signs of patient discomfort with (perhaps reflexive) empathetic statements. The SP grimacingly shared with me that he had persistent diarrhea the past few days, leading to a deep hunger. Tapping into the lessons of patient centered care we learned, I asked what I could do to make his visit more comfortable, and surprisingly, he deviated away from the typical SP script, perhaps curious to see how I would respond, and asked for a banana. Reflexively, I essentially said “one banana coming right up” as though I were a walking Safeway that could reach through the screen to hand him a banana.

November 11, 2020: An M1 favorite pastime has been watching ABC’s reality television dating game show The Bachelorette. Not one for reality TV in the past, I got hooked on the show the first time I watched. This day, I concluded that I had reached my saturation point with the show after I heard for the 31st time the contestant say, “I can’t wait to go on this journey with all of you.”

November 23, 2020: Going into this morning’s surgical shadowing experience, I was well versed in the rules of the OR. I was also aware that as a 1st year student, I was seen as a liability, and medical providers would not hesitate to give stern warnings if I did not follow the rules meticulously. On this day, I was the only one able to interpret for the Spanish-speaking patient. Once seen as an incompetent 1st year medical student, I, my guess was, was then seen as a still incompetent 1st year medical student who could be a little helpful.

January 8, 2021: Got my first dose of the COVID vaccine (Pfizer, just to preemptively answer the inevitable question)! Classmates, meeting as a big group for one of the first times since the year started, scattered the hallway of the hospital basement amidst other medical providers. The excitement and hope were palpable. On the above ground floors of the hospital, patients were suffering, many of them feeling hopeless and despair. The juxtaposition could not have been more jarring.

January 30, 2021: Ran the Thoracic Surgery Foundation (TSF) Virtual Fun Run & Walk (emphasis on walk). As I ran past the business school, I sensed judgement amongst people as I zoomed by. “Why is this kid eating a banana while he runs,” they must have thought. Little did they know I was both keeping myself well-nourished and supporting a great cause!

February 13, 2021: Despite the annual Stanford Tahoe ski trip getting cancelled, I still managed to ski for the first time this weekend. Many of my classmates who joined were also rookies. On the first run of the day, people were strewn along the slope—some, like me, struggled to put their skis on the sloped hillside after getting off the lift. Others were halfway down, lodged in the fresh snow and unable to get back up. The non-med skiers weaved in and out between us. Despite a slow start to the day, I joined my more talented friends on the day's last run down a “blue” trail. Looking down the run, I said to myself “I’m ready,” began to ski, and quickly realized (and verbalized) “I’m not ready.” I threw my body on the snow to prevent myself from gaining speed and scooped down most of the mountain before reaching more comfortable terrain.

May 8, 2021: Woke up early to administer COVID shots at a nearby church. The disposable gown we were required to wear felt like a portable sauna. After seeing the last patient, I took off the gown, wiped off the beads of sweat off my arms, and felt embarrassed that my scrubs were a different shade of blue than what they were before the day had started.

May 28, 2021: During Practice of Medicine (POM), my classmates and I were practicing putting a clinical case together. We interviewed an SP and after collectively deciding a chest X-ray would be helpful, our preceptor brought us to the computer that had the scan displayed. After systematically reviewing the image, the group was ready to move on, which is when I asked what I thought would be an insightful question, “what are those bilateral opacities seen on the patient’s scan?” A classmate immediately exclaims across the room “they’re breasts”!

June 9, 2021: Last day of M1! Following that morning’s exam, I traveled to visit some college friends. As the plane took off in the early evening, I was in the middle of reflecting on the past year. Starting with pictures from this last day of M1, one scroll after another led me to pictures from August 24, 2020. Mom, dad, sister, and cousin’s baby all hold the same small white board: “Happy 1st day of medical school.”

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After a first year marked by sweat, joy, and growth, we—students, families, faculty members, and more—gathered in August 2021 for our proper, delayed white coat ceremony. As classmates walked up the podium and said a few words, I thought back to all the experiences and people that led me to this point—those from my first year of medical school, college, high school, and well before then—and thought what I could possibly say given such little time. “To my family and to my now second family, *los quiero mucho*.”

# Dissection / Playing Around with my Scalpen

Mira Cheng

Physical intimacy  
Phys(i)cal intimacy  
Physical (in)timacy  
Physcal timacy

Maybe if I remove the  
“i” won’t feel each touch  
    “in” won’t feel so deep

Emotional  
E(motion)al

Maybe if I focus on the “motion”  
Slur the words so I don’t have to feel them  
    I’m sorry that happened  
I’ll sound more like a doctor

Interest  
Inte(rest)

Something feigned, something exuberantly expressed  
It used to be a place for my mind to “rest”  
A place where I could settle in; read, paint, wander for hours  
Now instead of “rest,” I test how many hours I can live on 2x

Knowledge  
Know(led)ge  
Know(ledge)

A fortress where I desired to be “led” as a child  
By my parents, teachers, God, the Nobel Laureates  
Only to realize that there is no fortress, only a “ledge”  
A ledge we grip to peek out over the vast unknown

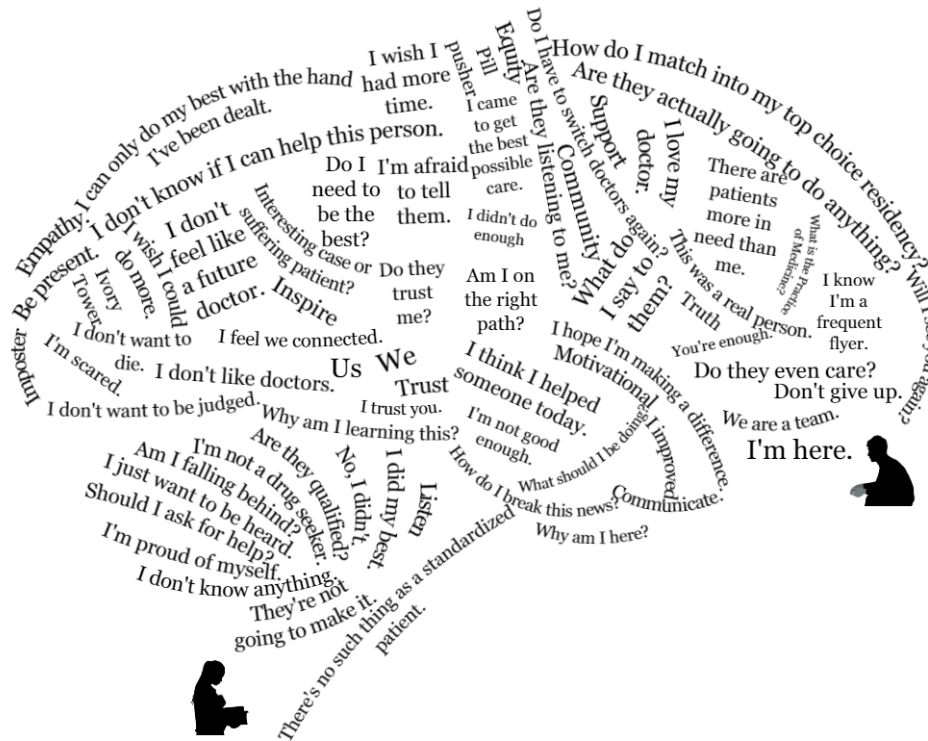
Anatomy  
An(atom)y  
Anato(mía)

Like the body, built from a single “atom”  
Subtracted and sutured to leave  
“any” body

Your heart was yours, but now it is a part of “mía”  
Rest in piece.  
Rest in peace.

# Words Unspoken

Chelsea Li



Between a silhouette of a medical student and a silhouette of a patient lies a maze of thoughts. The piece represents the difficulties and inner dialogues of the two groups as they attempt to reach each other, the medical students in their journeys to become physicians and the patients in trying to obtain the care they need. Some of the thoughts can be interpreted from the perspective of both parties, while others clearly show diverging concerns that can reflect points of conflict. The work can also be seen as the medical student trying to “find” and connect with the patient on the other side of the maze, with the patient signaling their presence with the words, “I’m here.”



# Paul Kalanithi Writing Award

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Paul Kalanithi was a physician writer and neurosurgery resident at Stanford University. In the final years of his training, he was diagnosed with metastatic lung cancer. His memoir, *When Breath Becomes Air*, beautifully chronicles his reflections on living with illness and the meaning of legacy. The Paul Kalanithi Writing Award was created in his memory.

1st Place: *Sliding Down* | Michael Rabow, MD

2nd Place: *Silver* | Hannah Joyner

3rd Place: *Of Seeds* | Rachael Peckham, PhD

Honorable Mention: *How to Deal with Charon* | Brian Smith,  
MD candidate

Sliding Down  
Bodega Bay  
April 6, 2021

Every parent knows the question,  
A suggestion, really,  
Asked and offered with nothing but love--  
No challenge to independence  
Or skill or bravery.

Do you want to  
Slide down on your butt?  
Just the hard part  
Just the steepest part  
With the eroded soil  
And the rotted wooden planks.

Here was my beautiful wife  
Asking me  
A grown man  
Her man  
With whom she'll stick,  
No matter what,  
Even after the MS progresses further  
And I cannot even slide anymore.

Bristling a little with the question,  
I wondered privately  
How will I get down?  
And do I really deserve  
such a sweet woman  
Caring if I do?

## Sliding Down

Michael Rabow, MD

# Remembering Rose

Shada Sherona Sinclair



# Silver

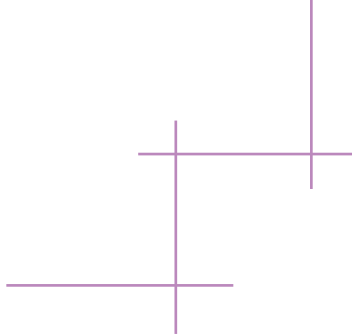
Hannah Joyner

Last year, we celebrated our wedding anniversary in the hospital's neurosurgery wing. David was recovering from a craniotomy, and we were awaiting the final results of the biopsy which the doctors already knew would be bad news. I knew our twenty-third anniversary might very well be our last one: living a year after diagnosis with glioblastoma is roughly the average.

Starting with our first celebration, David has always sought out presents based on the traditional theme associated with each anniversary—paper the first year, cotton the next, etc. After the first year, I thought his commitment to following the list was sweet but a little corny. By our fifth anniversary, I loved his tradition. My husband's search for these presents each year has become his symbolic way to show his commitment to our marriage and his love for me. He wouldn't allow our anniversary to go by without an appropriate gift, so the night before his brain surgery, David ordered a Moroccan tray and tea glasses from his hospital bed.

At first, I didn't allow myself to hope that David would still be doing well on our twenty-fourth anniversary, but it has now arrived. This unexpected year we've had together has been a beautiful gift of time—time that feels especially important to mark and celebrate. The wrapping paper was cheerful and bright around the small package David handed me, but I couldn't imagine how something so tiny would meet this year's theme of musical instruments. Since I am a person who only appreciates instruments in the hands of others, David found a tiny guitar charm to acknowledge the theme and strung it on a chain with a beautiful tear-shaped pendant. I laughed and immediately asked him to clasp it around my neck.

After I opened the first box, David presented me with a second box—this one wrapped in silver paper. It was a present for our twenty-fifth anniversary. He told me he had been thinking about our silver anniversary for so many years that he couldn't risk not being able to give me something. He offered me the choice of putting the unopened box away in hopes that we could open it together next year, or opening it now when we knew we could be together.



The chance of David surviving until our next anniversary is substantially lower than the chance we faced last year to celebrate today. I chose to open the box. Through my tears, I saw a stunning antique filigree necklace from Yemen. David explained that the necklace was called a “hirz,” and that it was made by Jewish silversmiths to be worn by Muslim and Bedouin new brides.

When I was standing under the huppah all those years ago, and then in the room where we observed yichud (the few minutes a bride and groom spend alone together between a Jewish wedding and the reception), I couldn’t stop smiling. David, on the other hand, couldn’t stop crying. He assured me that his tears were a sign of intense and meaningful joy. My tears tonight are more complicated. I am deeply saddened that this may be our last time celebrating our anniversary. My assumption that we had decades left together has evaporated. But just like David’s tears twenty-four years ago, my tears now are tears of deep love and joy.

David pulled up a playlist of musicians and songs we’ve long loved, from Anita Baker and Sade to Old Crow Medicine Show. We started slow dancing, with David pivoting on the foot whose movements had been slowed by his tumor. When “Brown Eyed Girl” came on, we immediately broke into our old replacement lines: “Four-Eyed Girl” and “Four-Eyed Boy”, lyrics we often sang to each other as we danced together. My husband held on to me tightly, both for balance and from love.

Next to the box wrapped in silver paper was a thumb drive: David had digitized the video recording of our marriage ceremony. I had often played through memories of our wedding, but we haven’t been able to watch the old VHS tape for years. One night soon, a night I am sure will be filled with many more tears from both of us, we will make a little stacked cake, frost it with white icing and flowers, and relive some of those sparkling early days together when all still lay before us.

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## Hands & Shadows

Zeyi Zhou

Both pieces are representations and reflections of my increasingly deep appreciation of the exquisite beauty of the human body as I move along my journey in medical training. Through exploring distinct parts of the anatomy with different media, I hope to demonstrate the endless source of awe and wonderment that medicine and anatomy never fails to bring me.





# Of Seeds

Rachael Peckham, PhD

I went with him once and shook the hand of Dr. Berry, a woman as sweet and petite as her name if it weren't for that big ol' brain, that giant personality, that powerful laugh. Good things come in small packages and Dr. Berry was well-pleased that the seeds she'd planted in my dad's prostate were doing their deed, wiping out every cancerous cell with a burst of radioactivity. It was a treatment my dad, a farmer, could appreciate. A seed instead of surgery. Short and sweet, a clipped sibilant neat as a pill and that's all euphemism requires of a word—that it be digestible, containable, easily slipped in speech that stands for other speech: semen, investments, competition, an all-around awesome person on younger tongues. We all know seed money and man seed and a bad seed. And if you're carefree and lazy, that you'll go to seed, but if you're thought to be a winner, you're the number one seed. You see, my dad was only fifty. And I, at fifteen, listened to my mother cry for that part of their life she wasn't ready to see die. So when the local doc wanted to sacrifice it all with a scalpel, my dad went home. He did his homework. He drove to Detroit, to the small and all-around awesome person Dr. Berry, in a time of year when the fields lay frozen and nothing is growing and Dad takes note, with every passing farm, of the neighbors who are behind on harvesting.

# How to Deal with Charon<sup>1</sup>

Brian Smith

At first, you don't even try. Trying would mean acknowledging him. Instead, you focus on her and what her doctor is saying. There's whining in your ears. It could be your tinnitus or it could be your body protecting you from what's being said. Either way, it's so loud that you know it can't be a nightmare because you don't wake up. Something's closing in and you're frozen in darkness, paralyzed, helpless. The doctor says, "It's cancer."

That's when the water announces Charon's arrival. Frigid, brackish, it gushes into the room. Your socks are soaked, but nobody wants to talk about it. The oncologist is probably used to the feeling, but it is new to you. The smell of rotting seaweed. A figurehead crosses the threshold: a tentacle holding a lantern. Everyone's been dancing around it, but the doctor finally broaches the subject. They explain the five-year survival rate and the ferryman glides in.

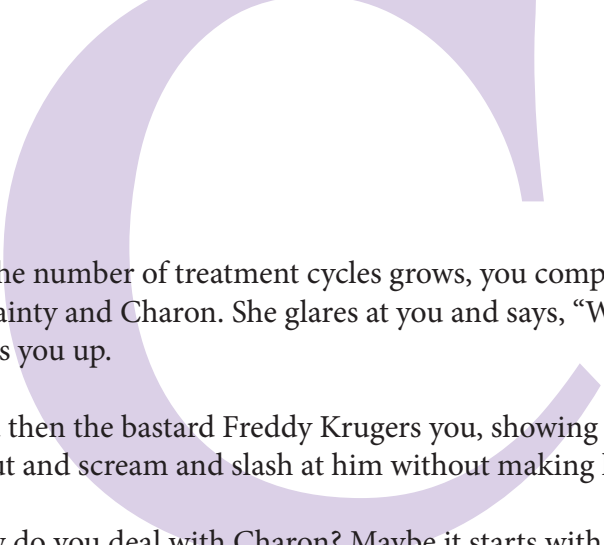
As you walk out of the clinic, she asks you to slow down. "Stop pulling my arm. What's the rush?" She hears a siren a few blocks down the road and nods, smiling as if letting you in on a joke. "They've found me, haven't they? Well, if this is the end, I won't go down without a fight." You smile and laugh, ushering her onward as you glance over your shoulder.

How do you deal with Charon? When you see him, you give him the finger.

You're past ignoring him because he shows up too often. When your cousin dies of a heart attack, the ferryman delivers the funeral invitation. You watch him check the pulse of the homeless man outside Safeway. He mans the desk at the infusion center and nods at her as she walks past. She nods back and you wonder how she can be courteous to that asshole. When you see him, you swear. When she sees him, she sighs and waves. You don't understand their relationship, but you're not supposed to. She says they have a "mutual understanding," whatever that means. You'd rather stay positive and hope so hard that you manifest a world where he doesn't exist.

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<sup>1</sup> In Greek mythology, Charon is the ferryman whose duty it was to help people cross over the River Styx and enter the afterlife.



As the number of treatment cycles grows, you complain about the process and the waiting and the uncertainty and Charon. She glares at you and says, “Wow, I’m sorry, this must be so hard for you,” and that shuts you up.

And then the bastard Freddy Krugers you, showing up in your nightmares. But at least here you can shout and scream and slash at him without making her cry.

How do you deal with Charon? Maybe it starts with looking in his eyes.

Meet his stare, even though it floods your veins with ice water and acid. You want to look away and pretend he does not exist, and she knows this. “I get that you don’t want to talk about it,” she says, “but we have to be prepared for the worst. I don’t want to be the villain here,” she says, “but do you really want to be the dick that argues with a cancer patient?”

So she sits you down and as she talks, it happens again - the water, your socks, his boat, him. You say that this is a private discussion, that you didn’t agree to this threesome, but she says it’s what she wants. On the same pad that she used to list groceries, she now lists her treatment options. She gets partway through before her hands are shaking too much. She turns to Charon and screams, “Why is this happening to me?” He doesn’t reply. In between sobs, she asks, “What will give me more time?” He stays silent. You pick up the pen and continue her list.

You both sleep badly. At some point she whispers, “Is this my fault?” and you both lie there, feeling the heft of the question press you into the mattress. And then you hear him move. You didn’t know he was even there so you lunge at him but fall through him. You land on the floor and spin, ready for another try, but you freeze. He is sitting on the bed and they are looking at each other. He takes her hand and shakes his head.

You don’t like it, but you let him stay. She says it’s better than pretending he’s not there.

Now when you get home from work sometimes you see the two of them sitting at the kitchen table. They’re not friends, but she doesn’t flinch when she looks at him anymore.

On your anniversary, she decides you're not going to bring him. Tickets to Hawaii aren't cheap. You ask her doctors to help, and they say they can make it happen. She takes potent meds to suffocate her nausea, her vomiting, her pain - the canaries that warn you he's coming. She asks you to find a less violent metaphor. You tell her you will but forget.

For a while, the afterglow of the islands keeps you warm and Charon is only a memory.

He returns when her oncologists keep talking about treatments but stop talking about cures.

And then you get a call from the police that there's been an accident. You almost ask if Charon met her there but before you do they tell you where she is, which hospital, and you're out the door and driving 30 over because you're racing him and his fucking ferry and you wish your eyes had wipers too and you sprint in without locking your car and you find her room and she's there and he's not.

And then you can breathe.

She explains what the doctors told her, that she'd probably crashed because of a seizure. She says they already did a brain scan and it had shown that it's spread there, too, invading that sacred temple. She uses a quiet, calm voice. You can tell she's trying to protect you. In your head, you see an hourglass and you frantically try to block the fall of the sand but it keeps slipping between your fingers.

Before the surgery, she kisses your hand. Some of her lipstick stays. You don't wash that hand until she's discharged home.

More and more, she pushes to talk about crossing the river. She starts saying "when" instead of "if." You still don't want to, but she's not going down without a fight, and it's not your call to make. She says it's not what is on the other side that she fears, but the crossing. "I wonder if Dylan Thomas changed his tune," she muses, "when he was dying. Raging against the dying of the light sounds like a lot of work. And pain. Do not go gentle into that good night?" she says, "Do not tempt me with a good time, Dylan."

They're together all the time now, and she looks more comfortable with him. So you are not surprised

when she says, “I don’t want to fight it anymore.” The palliative care referral is already placed. She makes her appointment.

Off of treatment, she smiles more. She sits a little straighter, as if a weight’s been taken off. You look closer and realize Charon is helping her float, the water around him rising and cradling her. Something inside of you melts. You look at Charon. For the first time, you hate him and you don’t.

She hands you a letter. “Don’t read this until after,” she says. “We wrote it together when I realized he would be the inevitable co-author of my life’s last chapter. I waited to give it to you until I was sure you saw that, too.”

And then, when it’s time, this is how you deal with Charon: You squeeze her hand and whisper, “I love you,” kissing her forehead one more time.

You beckon him closer and say, to both of them, “I’ll see you again someday.”

You place her hand gently in his.

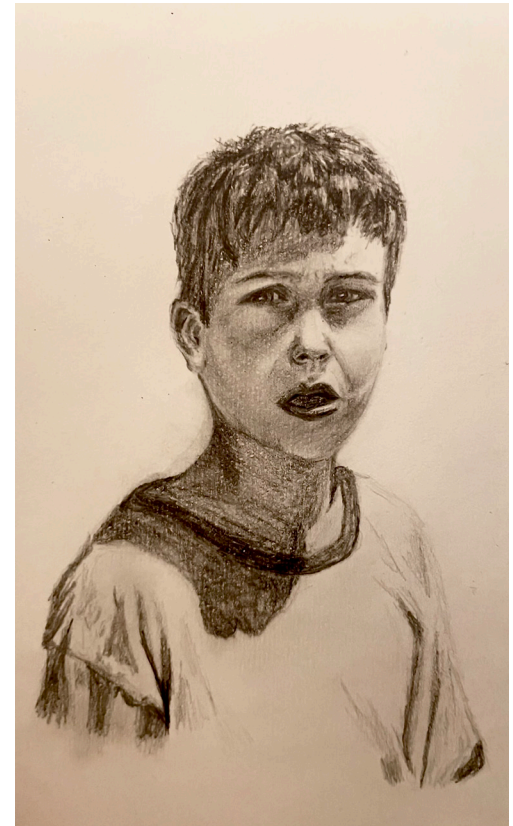
You look him in the eyes and say, “Take care of her.”

He looks her in the eyes and nods.

He says, “I will.”

## Extension of Gramps

Kalijah Terilli



*Brian Smith is a first-year medical student at Stanford.*

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