

CADUCEAN LIGHTS



A MAGAZINE OF
ART AND LITERATURE
2023

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Introduction

We hope that this fourth annual edition of *Caducean Lights*, promoted by the Katherine Swan Ginsburg Humanism in Medicine Program at Beth Israel Deaconess Medical Center, and comprised of art and literature submissions by a wide-ranging group of contributors from within the Beth Israel community provides nourishment for all readers. May this edition continue to serve as a beacon for this community's dedication to humanism and patient-centered care by guiding artistic reflections unique to the transformative health care experience.

Warm regards,

Samantha Pop, MD
Co-Editor, *Caducean Lights*
KSG Fellow, 2019-2020

Jonathan Crocker, MD
Co-Editor, *Caducean Lights*
Director, Katherine Swan Ginsburg Humanism in Medicine Program

Katherine Swan Ginsburg

Katherine ("Kath") Swan Ginsburg, MD, MPH was a medicine intern and resident at Beth Israel Hospital, who died of cancer at age 34, shortly after completing her fellowship training. Kath was widely admired for the compassionate care she gave her patients, the warm collegiality she showed her fellow trainees, healthcare team members and hospital staff, as well as the strong intellect she demonstrated in her practice of medicine. In her memory the Katherine Swan Ginsburg (KSG) Humanism in Medicine Program was established to help foster these values in future physician trainees at Beth Israel Deaconess Medical Center, through exploring and highlighting five key tenets of humanism: Compassionate Care, Communication and Collaboration, Clinician Well-being, Reflective Practice, and the Arts and Humanities. Each year, internal medicine residents vote for winners of annual KSG awards given to the physicians (in faculty and resident categories) who best demonstrate these values in their own care of patients and work. KSG fellowships offer internal medicine residents support in completing a project in humanism in medicine during their junior or senior year of training.



Caducean Lights was the culmination of Dr. Samantha Pop's KSG Fellowship project, and we are delighted to see it live on in this community through annual publications.

Cover Art

“Natural Intricacies” by Pricilla Ray

"We don't have control over a lot of things in our lives. We need to make the best use of the flow and enjoy the journey before the candle burns out."

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The Day this Interpreter Learned Medical Detachment

Marie O'Toole, Bulgarian Interpreter
Interpreter Services

It was late Friday afternoon, October 11th 2013, and I had only two things on my mind: what kind of cake I was going to make for my eight-year-old daughter's birthday party the next day; and how the Friday Boston congestion would extend my already-long commute back to my Central Massachusetts town into well over two hours. I glanced briefly at my clipboard, impatient to complete my last interpreting assignment of the week and get onto the Mass Pike before it became a parking lot.

This appointment was a pediatric oncology appointment; unusual in my career of 12 years at that point. The vast majority of my patients were geriatric, as most Eastern European immigrants who were in university or younger during the fall of Communism in the late 80's and 90's were fluent in English. Nevertheless, occasionally I would see an international patient who came to Boston for a clinical trial or a life-saving procedure not available in their home country, so it wasn't unheard of that I had been called to interpret for an eight-year-old child.

"Ani?"¹ I tentatively asked, scanning the waiting room. A young woman of about 30 smiled and approached me. I quickly glanced again at the date of birth – surely this was not the patient? Despite her positive demeanor, the woman was emaciated, which made me wonder if the hospital had the date of birth wrong. Bulgarian women tend to run quite slender, but this lady made me, at a size four, look obese. She also looked badly in need of sleep.

"Hello, are you the interpreter?" she asked me in Bulgarian. "I am Tanya, Ani's mother. She is not here. She is at another hospital with her dad getting a blood transfusion. I am here for a consult with an oncologist. We came from Bulgaria to see a doctor here. Thank you very much for being here!"

"Of course," I replied. "It is my pleasure." (*Not really. I wanna go home. But I am nothing if not professional.*)

Within a few minutes, we were in the exam room with the oncologist, and Tanya began the heartbreaking story of her child's battle with neuroblastoma, an aggressive form of nerve cancer, that had started when she was a toddler. Just taking Ani's medical history took nearly an hour. "She received this treatment in Sofia², then we went to another hospital, then she was treated in Cologne, Germany and this-and-that experimental medication was tried; the chemotherapy was so excruciatingly painful for her and the oral medications made her so sick she would scream in pain...." On and on the story went.

The oncologist looked at Ani's latest lab work and tests, and calmly told the young woman that the chemotherapy was no longer having an effect shrinking her daughter's cancer. Unperturbed, Tanya

asked, “So, what do we do next?” The oncologist, herself a woman in her forties, had tears of compassion in her eyes; something I have rarely seen in an oncology consult. “Take her home, so her relatives can see her again.” Tanya responded, “Her relatives expect to see her *well*.” At this point, my own tears started flowing although I interpreted the physician’s directive and the mother’s response without my voice trembling or breaking.

The encounter ended without much more commentary, and I walked the young mother out to the elevator and gave her a hug. “I am so sorry,” was all I said. Years of interpreting experience and the coaching of my scheduling coordinator had taught me that you never, ever say “Everything will be alright!” or “Doctors sometimes get it wrong” or offer any platitudes or medical advice. It is, however, perfectly alright to show human compassion and tell the patient how deeply sorry you are.

Tanya wiped away her own tears and sniffled. “Ah....do you know how many times I have heard this? That there is no hope?”

We parted ways, and as I drove away up Brookline Avenue I sobbed openly, galled and ashamed at the injustice of it all. We both had beautiful eight-year-old daughters, whom we loved deeply. Mine was my fourth (healthy) child; hers was her only child. I was going home to prepare for my daughter’s birthday party, whereas this poor woman was going home to prepare for her daughter’s funeral. I no longer cared about cake, a party, or assembling the goody bags that are a requisite part of any grade-schooler’s celebration. I just wanted little Ani to be healed, and I wept and pled with God to perform a miracle.

In the 12 years I had been interpreting up to that point, I had seen my fair share of terminal cancer diagnoses. I had seen many patients pass away over the years, and while it was always sad, it never affected me the way delivering this little girl’s bad news had. I had always marveled at oncologists’ ability to deliver the saddest news possible without breaking eye contact with the patient, and without becoming emotional. I knew it was not coldness, but how could they then go home and eat dinner with their families, and not become depressed over all the patients with terminal cancer they had to see daily?

Two years prior, I had been through the gut-wrenching, vicarious pain of my older son (then 11) losing his best friend, Josh, to bone cancer. When he passed away early one Sunday morning in 2011, it was as unexpected as it was tragic – Josh had never been considered a terminal case and had actually had a good prognosis for survival. He was a sweet, generous 10-year-old boy who wanted to live; play with his Legos; enjoy his family, and trust God with the outcome of his treatment.

God, apparently, had different plans for Josh. I could not remain as stoic as my sons did at his “Celebration of Life” service and sobbed most of the way through, as did his mother and I over the phone many times in the months following his death. She often wondered what he would have looked like as he matured; what kind of man he’d have grown up to be. We were never to know, but that was “Church/Personal Life”. My encounter with Tanya was “Professional Life”, and deep down I knew there had to be a boundary between the two. But how? I was, and am, a mother.

Somewhere between the Marlborough and Worcester exits off of 495 North, I forced myself to dry my tears and face what I knew to be true: ***If I allowed myself to go to pieces over every terminal cancer patient I see, there will be nothing left emotionally for my own children.***

I don't know why God chose to take Ani, or why He had taken sweet Joshua. Nor do I know why He took my friend Margie at age 42, who died of lung cancer, despite never having smoked a cigarette in her life. I could drive myself crazy asking "Why, God?" and get depressed never knowing the answer and knowing it was not in my power to "fix" it; or I could focus on being the best mother I knew how to be to the four children He had given me (as well as being a professional interpreter).

Although it felt instinctively selfish and even cold-hearted, my gut told me to turn off the emotion – as best I could. I had a family waiting for dinner; a daughter about to turn eight who was gleefully anticipating a Princess party; and decorations to hang. The grief would have to be put on hold so that I would be able to function and serve my family. To this day, I do not know when little Ani passed as I never tried to stay in touch with her mom, on social media or elsewhere. To have done so would not have been in either of our best interests, and would have been questionable ethically.

Twelve years into my career in healthcare, I finally grasped what "medical detachment" is. It does not mean I do not care or will not grieve with a patient. It means prioritizing my own mental health in order to be the mother and professional God called me to be all along.

Cake

Huma Farid, MD
Department of Obstetrics and Gynecology

A burst of sugar melts in my mouth as I crunch the sprinkles dusted thickly across the chocolate frosting. I balance the baking pan on my knees while sitting on a step stool in the dark. I can barely see the glint of the fork from the light on my phone. The pantry door is impermeable, protecting me from the needs of the world that threaten to overwhelm me.

My hospital needs me. There are too many patients and not enough physicians. My colleague has COVID. My patient has COVID.

My children need me. Their daycare is closed due to the state of emergency. The emergency daycare set up for the children of essential workers is closed because all their staff contracted COVID. As I juggle patient phone calls, emails, and virtual visits, my son asks me why I love my patients more than I love him.

My house needs me. All the restaurants are closed, so I have become a full-time chef in addition to the myriad other responsibilities I carry. An aura of desperation, fear, and uncertainty taints the grocery store; I glare at the hoarder who remains unashamed of taking the last 4 bags of chocolate chips when I need just one to bake cookies. A fine patina of crumbled goldfish crackers line my kitchen floor.

In a short period of time and by necessity, I have become all the things to all the people, and right now, all I want to do is hide in my pantry forever. There are enough snacks and juice boxes here to last me a few days, and I could stave off scurvy by eating my children's fruit-shaped gummies that claim to contain real fruit juice and Vitamin C.

As I sit ensconced in the dark, I wonder despairingly why I chose this profession that requires me to give all that I can of myself, where my nights and weekends belong to my patients just as much as my days do, and where the worry and strain of people's lives depending on me exist constantly on the periphery of my mind. And this was before the pandemic—COVID has magnified these feelings a hundredfold.

My parents have a polaroid picture of me as an eight-year-old wearing a white coat and holding a toy stethoscope. I beam at the camera, brimming with joy and the certainty that I know what I'm going to do: help people. From that moment, my drive to morph that dream into reality pushes me to succeed. I am the first woman in my family to attend college, and then become the first woman in my family to attend medical school. When I start residency, I think of that picture of eight-year-old me, now probably buried somewhere in the depths of my parents' house in New Jersey, and think how lucky I am to have my dreams come true.

But even in dreams, not everything is rainbows and sweet-smelling meadows and frolicking kittens. The first week of intern year, I lock myself in a hospital bathroom and cry before biking home. I am newly married, and my husband and I, with our looming student loans, are too broke to go on a honeymoon. Even if we had the money, we have no time to even go on a date. I don't remember my dreams anymore, exhausted as I am by working harder than I have ever worked in my life—and I have worked since I was 15 years old, but never at this unrelenting pace. I dismiss that eight-year-old version of me as naïve and silly, just an idealistic kid.

When I graduate from residency, I think that things must get better, because nothing can compare to pre-rounding on 20+ patients at 4:30 in the morning, or having only four days off per month, or spending the equivalent of a year of my life doing night shifts in the course of a four-year-long residency. I am done—done with idealism, nearly done with medicine; exhausted, burned out, and praying that life as an attending is better.

While being an attending is certainly better than residency, the demands on my time as an academic clinician are no less, just different. I have two children early in my career, and just when I feel like I'm about to emerge from the fog of permanent sleep deprivation and that the intensity of meeting the demands of toddlers will abate, thereby allowing me to resume my academic career track, the pandemic hits.

The cumulative weight of being a mother and a doctor has never felt as heavy.

So, I sit in my pantry, weightless and adrift in the dark, with only the cake that I am eating right out of the warm metal pan to ground me. The chocolate frosting piled on a layer of golden cake reminds me of my eight-year-old self, who loved the vanilla cake with chocolate frosting from the bakery down the street from my parents' house. The memory of the child I was—so sure in her understanding of the world and her own place in it, who could see the future with such sharp clarity—envelops me.

Being a mother and a doctor in the midst of a pandemic challenges my ingenuity, my ability to multitask on a few hours of sleep, and my optimism. Can the memory of what I wanted to dedicate my life to carry me through the difficult reality of being a physician?

Now, three years after that first wave of the pandemic, that answer is no on some days.

On the good days, I believe that no other job exists in which I could justify spending my days, nights, and weekends away from my family, except for this one—where I dedicate every hour of my day to healing others. Every day is a challenge, but every day is also a fulfillment of my commitment to a life of service.

On the bad days, I chafe at the innumerable clicks in the electronic medical record, the sheer volume of patient phone calls, email messages, and lab results, and the unrealistic expectations for promotion without the time to publish.

These contradictory feelings that range from passion and purpose to exhaustion and worry balance precariously, tipping the scale one way or the other. I find solace in the very work that simultaneously depletes me. Yet somehow, I find the strength to continue on.

For Whom the iPhone Tolls

Amanda Rutter
Insurance Verification Specialist

The last thing Melvin Clampitt expected after nearly fifteen years in the grave was to open his eyes to the reaching hand of the reaper.

His (their? That's what the kids were doing now, wasn't it? They/them instead of always assuming—it was a nice gesture, but Melvin still struggled to overcome the muscle memory) bones were warm enough, smooth, but strong like a working man's should be. If the reaper were a man. Melvin didn't know.

"This is very unusual," the reaper said. They paused. "Well, not that unusual. More usual that it could be, you know. I'm here to bring you to your appointment."

"I didn't make an appointment."

"I didn't think so. But that's your MRN, isn't it? Medical record number?" The reaper held out a tablet—slate, like the ones Melvin used to use in his classroom as a tot—with a series of numbers next to Melvin's name, date of birth, last known address...all the things that he'd expect a medical record to contain.

"The rest of it looks like me, but I don't know anything about a medical record number."

The reaper paused and looked over the tablet again with their glowing bulbs floating in their eye sockets. Fireflies floating and blinking in a lazy dance through the breeze shaking the dunes. That's what Melvin saw flashing in the space of a blink as he watched the reaper scanning documents on an impossible hunk of rock.

"Well, if that looks like you and this MRN is tied to the appointment..." The reaper punctuated their verbal trail with a helpless shrug. A real what can you do type of thing. As the Grim Reaper, Melvin thought there was plenty that could be done, but he still took the skeletal hand when it was offered.

Decades without physical sensation could do that to a person. Each little textural change over the bones, from the smooth lines to the knobby knuckles, was a treat to explore. "What happens next?"

"Oh, you'll cross the Veil and—" The reaper had the decency to look embarrassed as they turned to glance at Melvin. "Reflex. You understand. It's no different than when you used to do it. When I bring you back, you'll lie back down and you'll go back to the way you were."

"And they'll just accept me? The way I am?" Melvin gestured at himself in his musty but resistant Polyester suit.

“Should they not? Seems to me they should be willing to take you in whatever...condition you find yourself in.”

“You take them as they come. That doesn’t mean everyone does.”

The reaper regarded Melvin for some time, their jaw parted in a way that might have looked like *amusement* on a fleshy face—summer love and ice cream cones in the crowded streets of Boston. That flashed by this time.

“It is possible,” the reaper started, “That they will take issue with you no longer...having organs.”

A Tree in Transition

Rebekah John
Klarman Unit Coordinator



Hudson River Rose

Rebekah John
Klarman Unit Coordinator



The Super Highway of Clouds

Rebekah John
Klarman Unit Coordinator



Commuter Rail Station

Rebekah John
Klarman Unit Coordinator



Broken Bodies

Rebekah John
Klarman Unit Coordinator

The other side of the
Healthcare
Field
Doing the job that
You love and enjoy
Can in the end
Cause
Your body
To
Be broken
In different places
Hands, wrist and fingers
Neck and shoulders
Upper
And
Lower
Backs
Knees
Doing proper
Body
Mechanics
Doesn't prevent
The years of
Wear and tear
To manifest in your body
Running to the direction of the screaming
Sound of the emergency alarm
One may slip and fall and hurt themselves
Your body never quite the same again
Lifting patients, turning /rolling patients
Holding onto a patient
Trying to prevent
Their fall
Your back may
Be thrown out of
Whack in the process
Never to be the same either

Surgeons performing surgeries for a number of years their necks bent in downward positions, their shoulders hunch over, arms and hands working for many hours at a time, standing on feet for many hours saving lives, improving lives, fixing bodies and yet some can and do end up with chronic neck pain, numbness and tingling in parts of their broken bodies

These are / can be the thoughts, feelings and confessions
of some nurses and doctors who are surgeons anywhere in the field of healthcare
This could be the way some careers find their end at the other side of the healthcare field

Strength

Rebekah John
Klarman Unit Coordinator

Strength why are you so strong
You are able to bare enormous weight
Strength why are you so strong
On days when you are hemorrhaging
Others still come and take from you
They never see you bleeding
Because all they see is strength
And you continue to give
Strength why are you
so strong
Even when you
Don't
Feel strong
You
Are
Strong
Strong
Is
What
You
Are
Called
Solid
Dependable
Strong is who you are
Strength is whose you are
You belong to the One

Second Death

Ailing Yang

Brain says, hold...hold...hold...

Then a word, a melody, heart strains and harkens

Heart thrashes, heart weeps, heart inflames, but heart holds, heeding brain—heart holds for months until the memory fades

Until one day, a story by chance cuts anew, and it feels like yesterday

And the pain and the yearning and the doubt overwhelms brain

Brain concedes, *just this once*

Heart relieved, released! pounding—hopeful and regretful:

Nothing.

Still nothing.

Still nothing.

There will be nothing.

In dreams, sadness seeps

Awaken and I've died again.

But life is long

So heart accepts brain, and we move on.

Beyond Limits—Athletes Brave the Rain in Boston Half Marathon

Rodrigo Arean-Sanz, MD
General Surgery



Make Sure to Come Home

Joseph Yap
Clinical Research Assistant, Radiology



Eliot's Prayers

Glenn Bublely, MD

Division of Hematology/Oncology, Department of Medicine

The woman at the Radiology desk handed Eliot what looked like worn-out pajamas and told him that the "johnny" tied in the back. Eliot asked her "are these the gowns what all the debutantes are wearing to the ball this year"? She half-way smiled and pointed Eliot to the men's changing room telling him to undress to his undershorts and put his things in one of the lockers.

After changing into his johnny and fumbling with two strings that tied in the back, Eliot entered through another door. There seated on plastic chairs were the other "debutantes", two men and a woman all at least in their 50s. The men looked as ridiculous as Eliot with hairy legs exposed beneath their johnnies. Everyone also had dark green hospital-issued socks with ribbed bottoms. Bereft of their phones they had nothing to do but stare at the floor. Eliot wondered what these people were going through and if, like him, they had cancer? Seated as they were in this waiting room he could have been sitting next to a vice president from Bank of America or a guy that worked behind the deli counter at Kroger. But here we all are together, he thought, sitting in these ridiculous pajamas waiting to be called into a machine whose results could affect their fate. In the silence of that room an anxious Eliot felt like saying aloud to break the tension "How bout them red sox" (who were currently in last place). But he didn't, and he sat silently like the others.

Today's CT scan was meant to determine if his cancer was shrinking followed 3 cycles and 10 weeks of chemotherapy. Treatments were administered every three weeks, and after every treatment he would feel incredibly tired and nauseated for at least two weeks or more. In fact, he would just begin feeling better about the time that the next treatment was scheduled. It had been a hard road.

Murphy told him that today's CT results were important for determining the rest of his treatment, and it would be "very good" if we saw a response.. Eliot asked what determined a response and Murphy told him it meant that the lung nodules had become smaller, and if they were lucky, disappeared altogether. Furthermore, if he had a response he could come off the chemotherapy and go on a different kind of treatment called immune therapy. He was told that it was better tolerated and often could work for a long time, even months to years. So there was a lot riding on the results from this scan, and Eliot thought, it was all too much to hope for.

He did briefly talk about this scan and what the results might mean to his wife, Miriam. But as had often done in the past he was less forthcoming about the details in an effort to protect her from what might be bad news. Oddly, he felt more comfortable sharing his concern about the upcoming scan with a fellow patient in her mid-50s named Keisha. She was getting the same kind of treatment, cisplatin, as Eliot was, although she was being treated for ovarian cancer. It also so happened that during their treatments they often occurred at the same time and day in adjacent chemotherapy infusion chairs separated by a curtain. Both from these encounters as well as seeing each other in the clinic during weekly blood tests, they had become somewhat friendly. Some weeks back during one of their chemo treatments they decided to ask the nurse if it would be ok if she could pull the curtain back so they it

talk face to face. With each treatment this became something of a habit. They tended to chat about anything and everything, making the long hours of treatment go faster.

Last week Eliot told Keisha about the scan that was scheduled for today. He told her that the results were make or break for him. Keisha was quiet for a few minutes and then looked at him and said “ I will pray for you Eliot”

Eliot could not think of anything to say in response. He had never heard anyone say they would pray for him. After a few minutes he said simply thank you.

Eliot wasn't sure why he was so taken aback by Keisha's comment. Prayer was not a completely new concept to him. When he was 13 and studying for his Bar Mitzvah he was taught to say prayers in Hebrew over the Torah and similar prayers when lighting the Friday night Shabbos candles. But those prayers were mostly rote. Even now on the odd occasion when he brought his family to “high holiday” services and saw the men in tallits or prayer shawls, dovening and murmuring prayers in the back of the temple, he thought that they looked the slightest bit ridiculous.

On reflection, it should not have been so surprising that Keisha would say she would pray for him. Eliot had some inkling that Keisha was “religious”. A few weeks back when he mentioned that he hoped her treatment would work, she calmly looked over at him through her IV lines and said simply “it was all in God's hands:

Eliot wasn't at all sure that he believed in God at all, let alone in a God that had hands that ever touched or influenced any event in our lives. Before this whole experience if he had been pressed to say how things work in the universe, he might have said that events happened more or less at random. People are largely driven by self-serving motives and their latest aches and pains. We are all, he thought, only selfish amalgams of vanity, accidents of evolution, and there is no plan. If one wins the lottery or gets cancer, it's just a matter of luck.

But now sitting here waiting room for his scan, it seemed to him that this was too harsh of a view to hold. Maybe there could be some kind of purpose to all this cancer crap, though he couldn't conceive of what that might be.

As they sat waiting, a woman looking even younger than Eliot's daughter emerged from behind a set of double doors and called out a name. One of the men got up slowly and followed her through double doors noticeably limping. He must have some sort of a knee problem, Eliot thought, perhaps from a sports injury. With a little rest or maybe an orthopedic procedure, he would be able to go out with the guys to a ballgame or golfing. It seemed odd to Eliot to think how unimportant legs are, compared to an organ like our lungs that allowed us to breath.

Unexpectedly sitting in the waiting room looking down at his outstretched pale hairy legs he had the sudden urge to pray, He said softly to himself “God if you are there and hear me, let this scan show that my tumor has become smaller”. But as soon as he said the words, he silently reproached himself for the whole idea of praying. Beseeking God for anything, he thought, was superstitious mumble jumble., After all, everyone with cancer must say prayers, even much longer prayers and prayers said day and night But sooner or later most everyone died of cancer, often after weeks or months of agony either from the treatment, the cancer, or both. Even Keisha, who called herself once a “believer” was

obviously losing weight and declining over just the few weeks that he knew her. He said to himself “do you really think you can change anything with a prayer “Faxstein, you’re an idiot”.

A few minutes later the same woman appeared at the door and called Eliot’s name She smiled at him and told him to follow her to the scanning room down the hall. He couldn’t tell if he was walking to either his doom or into the light, but he felt it must be one or the other, with no middle ground. Gone, he thought, maybe forever, are the days or moments that are just beige.

The young attendant softly patted his shoulder as she helped him on to the CT table. Her touch seemed to convey an unsaid knowledge that she knew what Eliot was going through, and she hoped it was all going to be alright. It came to him suddenly that this is what it must be like to be touched by the hand of God.

She sat him on the CT table and in few minutes the table moved back and forth under the large CT scanning ring. He could hear the soft whir of the scanner motor as it seemed rotate around his body. He held his breath and let it out when instructed to by a disembodied machine-generated voice.

Lying there Eliot suddenly felt like he wanted to pray again. He thought that a more proper, and maybe more powerful prayer, might be better said facing a cross, or over a Torah or even on a prayer rug facing Mecca. But right now that was not an option, as the only thing Eliot could see looking up were a dial with rapidly moving red digital LED numbers and the name General Electric embossed in large letters on the machine’s face. Nevertheless, he thought, let this be my altar as he whispered “Dear God, please help me”.

Support Systems

Joseph Yap
Clinical Research Assistant, Radiology



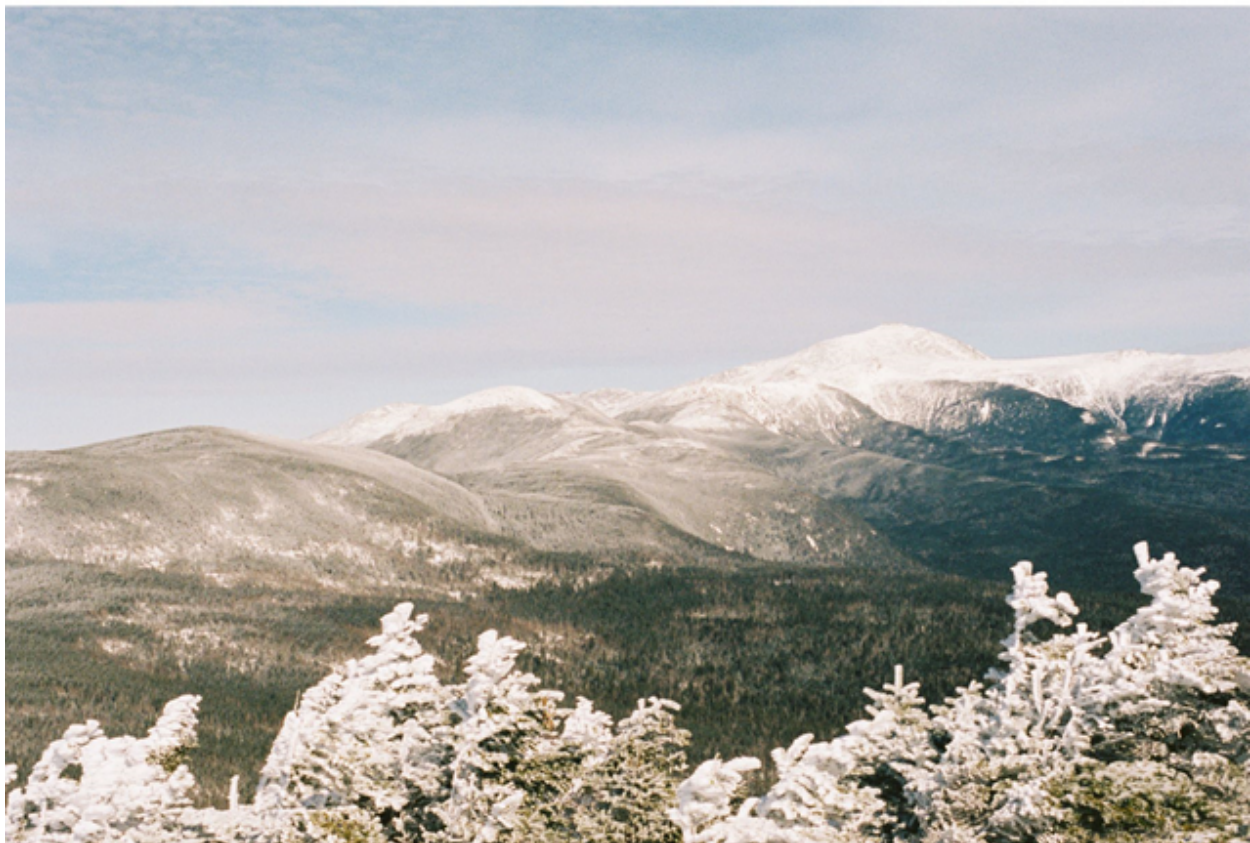
Cellular

Joseph Yap
Clinical Research Assistant, Radiology



The End

Joseph Yap
Clinical Research Assistant, Radiology



To the Occupant of Bed 2

Alys H Nawawi, MSPT

Administrative Assistant; Voice, Speech and Swallowing

An apology

I did not mean to be distant

I seem to run on numbers, they shift and change

with every breath, making decisions for me

So I am adjunct to machine.

I stand, a yellow clad alien

gloved and in isolation gown, so no skin shows

or touches

in this room filled with technology.

And I search hard within myself, for

a safe part of humanity.

Then maybe, for a few paltry minutes that you'll not remember, we can be two fellow humans

And not two strangers in this cold world.

To the Occupant of Bed 2: Chapter 2

A farewell

I do not mean to cry

We watched you die, in passing hours

marked by quiet, and by grieving

daughters, sons

children, friends

Us too. We held your hand, brushed your hair

watched the numbers tell the story

of a slow slide to another world

where you will no longer hurt

and bleed, nor fight for breath

nor feel the cold

You are one of three we lost today

Remembering Walter

Janet E. Fantasia RN, BSN
Ambulatory Nurse Care Manager

I approach your portal, weathered wood of snakeskin amber.
Through the film of gray lace, a shaft of light and you emerged,
a short, hunched figure scuffing towards me down the hall,
withered hands, one melded to the other, straining to heave
open the door so I could give you the shot to oil your joints.

I trailed behind, the nurse's bag digging in my shoulder.
"How are you doing?" I asked.
"SOS" you said and smiled that mischievous
smirk unless concerned about your health or money
which I sensed by your downturned mouth and monotone.

Worn oilcloth covered the large kitchen table
hidden by drug inserts, papers, coins,
novelties, coffee mug and an outdated Pill Bible.
I sat in the dinette chair, but yours was the office
swivel topped with five-inch yellowed foam.

You filled Dixie cups with your daily
pills. Both hands lifting the Princess
phone, a recorder attached
for fading memory, you called
the pharmacy and doctor.

Clever contraptions you devised
made it easier to get through the day-
from the window-shade puller-upper to
the angled piece of tin on the air-conditioner
to deliver the coolest blast on a scorching day.

The stove and fridge were on borrowed time.
A dented saucepan sat tilted on the burner, steam
escaping from the crinkled tin foil cover.
Boiling water crackled for instant coffee to have
with your soft-boiled egg, hemorrhaging yellow.

I examined you and peered at your feet,
two squishy water balloons, dusky and cool,

your toes, gnarled and overlapping,
then a foray into your ancient icebox
for the Tin Man's injection.

Sometimes, you laid on the bed for a treatment.
In slow motion, you shed the tattered blue terry robe.
Hiking up each hip, knobby fists pressing downward
into the mattress, you reached the precipice
and I vaulted your legs to supine.

We commiserated about your latest doctor's visit,
the news or something on your mind
like the time your coronary artery was blocked
and the doctor said *"That was almost it."*
"He shouldn't have said that. I was scared."

A hard binder on the shelf bulged with files kept
of so many admissions, dubbing you a "frequent flier."
Grinning, you showed me an image of your coronary arteries
before and after the stent. On the left, a hazy cluster
of branches and the right, a blossoming tree of blood flow.

You trusted me with your life, my pager
screaming when your heart pounded double-time
and for the pain in your neck, a cervical fracture.
You returned home, an erector set from the shoulders up
and handed me a camera to capture a miniature astronaut.

Alone and frightened, you called
the night your bag broke.
My phone rang at 3 a.m., anxiety
and embarrassment in your voice. Hurrying,
I splashed cold water on my face for the long drive.

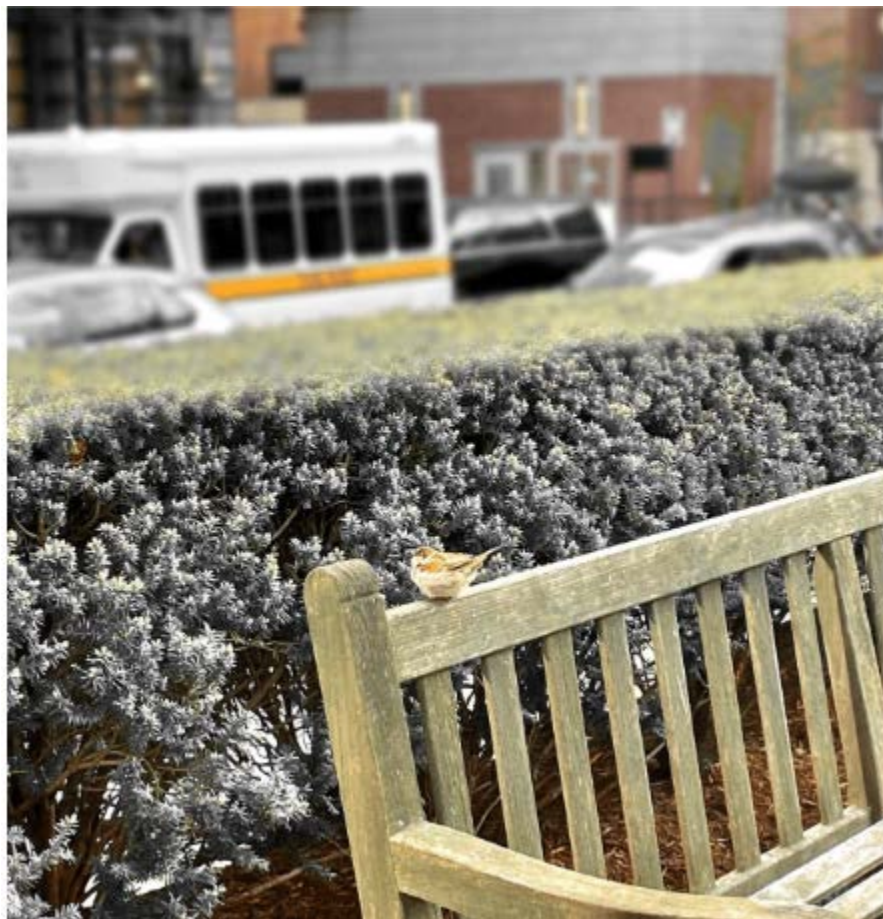
I gave you the "bad" news I was promoted
and moving to another office. Later, I learned
you had died in the hospital
where the nurses knew you by name.
I took this hard, having been your nurse so long.

Since you left, I slow my car while passing your home
half expecting to see your oversized Buick tipped
into the tiny driveway. There is a BMW there now.
I wonder how much has changed
inside and how much of you remains.

Mighty Wings: The Small, Feathered Friend

Laura Aguilar Franco, MD

Postdoc Research Fellow, Cardiology



administrative assistant's assertion

Alfredo (Freddie) Rodriguez
Administrative Assistant II, Gastroenterology

administrative assistant
the bridge, the go-between, the connector, the crossroads

administrative assistant
the doctor's hands, eyes and ears
to do, see and hear what they cannot do, see or hear

administrative assistant
have patience while helping patients
even when they are insistent, persistent or resistant

administrative assistant
no lallygagging
have work to do
got to get the job done

administrative assistant
there can only be one

Goose Near Lowry Building

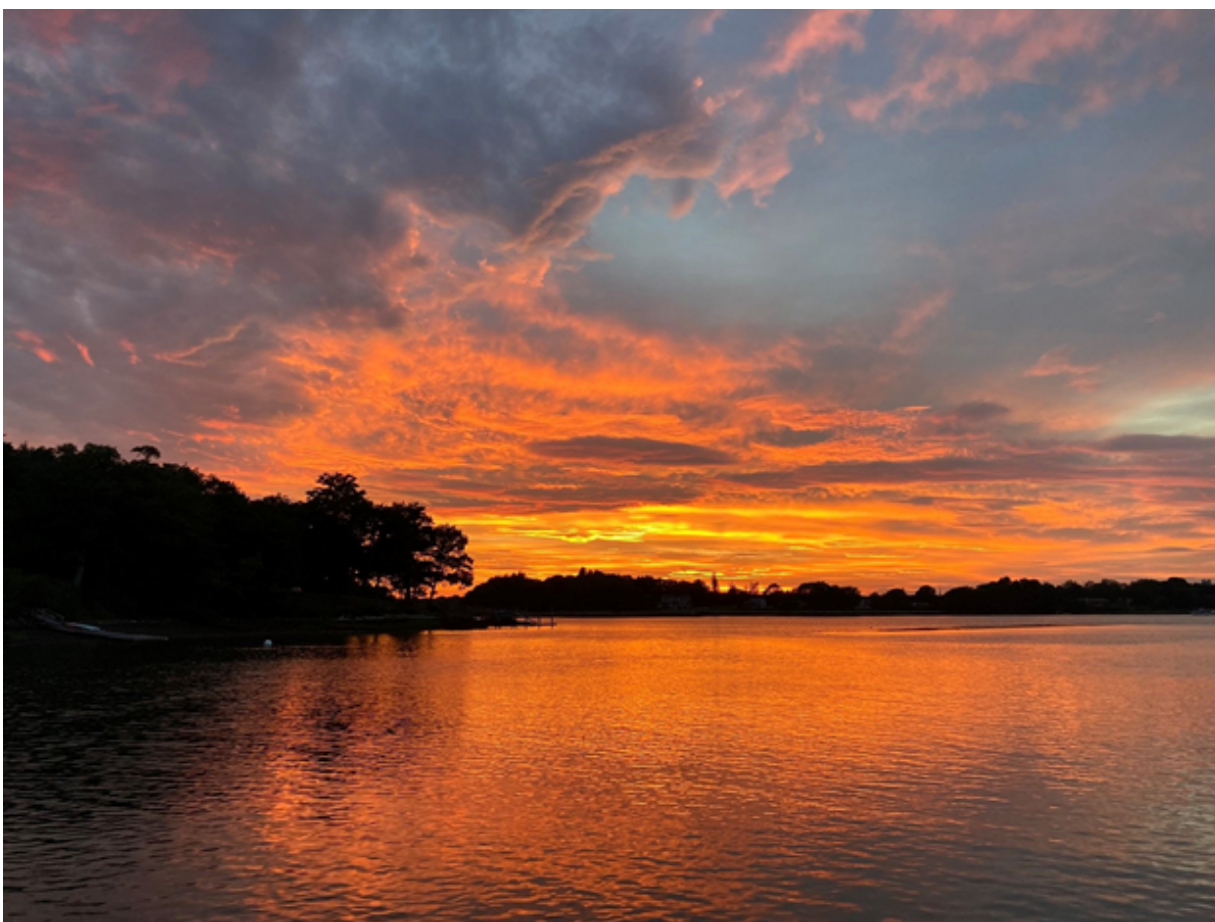
Alfredo (Freddie) Rodriguez
Administrative Assistant II, Gastroenterology



The Ultimate

Pricilla Ray

Research Administrator; Research and Academic Affairs



Life From Under the Maroon Rug

Margaret (Meg) Bolan

Clinical Research Assistant; Obstetrics and Gynecology

Life from Under the Maroon Rug

I used to put cortisone cream on my eczema, dab a little on my finger and
pat pat pat it on and rub it all away, seep it in and let it dance and rhyme,
rub away the dead no part of me stuff, drag calluses on paralyzed floorboard nails
and set off to school.

You showed me how to draw a book, earthquake hands and all, feeling up the spine and raking
down the pages you once told me I was being too stuck up loud dramatic, and to give you
a break.

She could not be anything else but okay, swept your dead no part of me stuff under that
maroon thrift shop rug,
Forgetting she slept with it at night.

He knew he had the stuff inside of him to destroy himself so he would tap tap tap into that good
stuff, spread his name like his teeth once did, only got into college by text messages,
brought booze to class, and drowned in the Mad River that kept cold.

They ducked out sooner than the rattle croak sputter, long before the final wind-up Allah- Ali
delivered by the Hospice care and big red sofa talks I didn't want to talk but I had to. I
am sad. You are too.

I counted up the years, my fingers ran out so I moved to the toes but I couldn't find them under
three wool socks & electric blanket & ugly Christmas gift hat and the house wasn't
helping, the sweat pools in the arches freezing

And when I had bad dreams I'd sneak downstairs, past the ravenous sheep, announced by the
Door, feel your feet, pat pat pat around to form bodies in the sheets, find
or make a stuck up loud dramatic-sized hole in the Universe and bring what I could to
You and her, who filled in the stuck up loud dramatic-sized hole in the Universe with stale breathe
and the transitive force of forehead tap tap taps caught fluid worries but my fingers keep
running out, but

She could not be anything else but okay, crazed eyes curly hair power pervaded where it could
(it didn't reach the vents) and He and I would say "God, look at the her go" and she would
go to work cook clean water receive help give help god what about

He, who ducked out just before the rattle croak sputter, after discovering the magic of cigars and
age, who'd rather be living with Lost Boys about to get lost than being the only one of his kind,
so he went where bald heads boiled over, tears dried up before they came out, and everything
destabilizes in heat, as

They raked down the pages, lost themselves in the understandable, innovated to prevent the
happened, sung the hymns of the false brotherhood, pinched their heads to make a new
name with their own medals, as

I stopped creeping in
and the bed got cold,

the rug was thrown away,
and the dead no part of me stuff got stuck to my skin,
stayed stayed stayed.

Life Under the Maroon Rug (addendum)

She who could not be okay has changed faces, starting over and branching from
Generations and I now laugh like her. The dead no part of me stuff did
Stayed stayed stayed
Until it stopped.

I joined them, finally befriended the sheep until they were no longer ravenous and began my craft
Of boiling the stuck up loud dramatic until it boomed and echoed,
The hole a chasm,
challenging with the might of power pervaded, innovating to prevent the happened, expanding to the
beat of your rattled, croaking, visible pulse,
The crook of your neck that no longer fits that hole in the Universe.
I finally reached my toes.
I almost looked to see if you saw it. Now I run through my fingers and toes seamlessly, a moving picture
that sometimes takes my breath,
Until it stops,
and I start over from that generation.
I showed my coworkers how to draw books, the titles of daughters avenging
lining our sheets, pat pat patting on stickers
Onto tubes and vials of a blood containing more and more lives, blood that makes fathers and later
grandparents, too.
My sleepless nights are spent singing your story in a language that drafty house never knew; I
scream and scream and scream
Hymns of the brotherhood in your name, in the hopes of robbing every home of a maroon rug.

Our dead no part me stuff remains under that thrifted maroon rug to this day,
As it does in other parts of the Universe.

That's Love

Nancy Raines, MDiv, MFA
Palliative Oncology Chaplain

Laura's father sat hunched over, elbows on his knees, head hanging down. His wife sat next to him, arms and legs crossed over her body. She held a tissue to her nose and eyes, dabbing tears.

"I want to start with a medical update if that's okay," the Resident began. He sat to my left leaning forward in his chair, notes in hand. A medical Intern was next to him. With an oncologist, a Palliative Care NP and myself, the chaplain, we formed one half of a circle with Laura's family forming the other half.

The solarium is a large room where we often have family meetings in the oncology unit. It has windows cascading over two walls, letting in sunlight or glimpses of gray skies depending on the weather. In spring a hawk builds her nest on a neighboring building and we watch as, day by day, her babies grow and later take their first flights.

The Resident continued, using phrases like: "she's gone through multiple lines of treatment," and words like "agitation" and "pain." There was a pause.

I said: "I want to take a moment to acknowledge the devastating nature of this meeting and this conversation. I have only known Laura for a few weeks but she is clearly a very special person." Another pause.

"Thank you." Her sister looked straight at me. She had flown in yesterday. I was in the room when she saw Laura for the first time. She had burst into sobs, rushed over and kissed the top of Laura's bald head. They had cried together.

The resident continued: "Unfortunately Laura's body is now in multi-system failure, her kidneys, her lungs..." Next to the resident, the intern was alert and attentive. By next year he would be leading these types of conversations. But not today.

"We are concerned about Laura's body further shutting down. We would like to address what to do should that happen."

Laura's brother straightened his legs, stretched his arms above his head and said: "Well, I think it's selfish of us to put her through this. She has suffered enough." Another pause.

Her sister: "Well, but if there's any chance that she could get better and be alive for a few more days, we want that."

There wasn't full agreement, then, amongst the family. We stayed attentive, measuring the best way to proceed.

Laura's father was her health care proxy, but he remained silent. It was all he could do just to stay in this meeting. He continued to hang his head.

The oncologist then spoke to him: "As a father...this has got to be very sad and painful." His voice broke. More silence.

Then Laura's sister asked what would happen to Laura's body after she died. The NP spoke gently about the hospital morgue and finding a funeral home.

This slow, deliberate, heart wrenching conversation lasted about an hour. No definite course forward was decided: whether to focus on Laura's comfort and allow her body to naturally decline, or whether to continue blood draws, consider hemodialysis etc. The family wanted more time to talk about it together.

We left them in the solarium and moved into the hallway finding a private space to debrief. I met the oncologist's eyes momentarily and we both let out a sigh, acknowledging "that was a tough one." He spoke first: "That was a great example of a truly interdisciplinary approach and I think it was very effective."

Then we considered: What went well? What could have gone better? The debrief was supportive to all of our efforts while also acknowledging that there is always room to learn and improve. It was a short reflective pause in our day, but soon we thanked each other and moved on to other patients, other meetings, other duties.

A few days later I saw one of our patients sitting in the hallway near the nurse's station. He liked watching the buzz of activity there, especially when he was feeling anxious. I pulled up a chair next to him. "How are you doing?" I asked. He gestured to the nurse's station "You see that?" I turned and looked. There was a bevy of hospital personnel in concentrated activity: nurses writing notes at computers, the unit coordinator answering calls, doctors conferring, a physical therapist, chaplain, social worker, medication stocker, environmental services personnel. Everyone was intent on their work, focused, busy.

He continued: "You see all those people working so hard? That's love."

I didn't need more than a moment: "Yes," I agreed.

Then I thought about the meeting earlier in the week. Laura's family trying to decide what to do in an impossible situation, sitting vigil at her bedside. That's love.

And that group of interdisciplinary practitioners relaying bad news in as sensitive a manner as possible, then debriefing, always looking to do better. That's love too.

CADUCEAN LIGHTS

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