

OMENTUM

BAYLOR COLLEGE OF MEDICINE -- VOLUME 4 -- 2023-2024

Literary and Arts Review



LETTER FROM THE EDITORS

We are immensely proud of our authors and artists who submitted their works this year; the Texas Medical Center is filled with talented individuals and it is a privilege to recognize those whose passions include interpreting medical experiences through the written word and visual art.

For many, expressing their stories, both personal and professional, through art is not just a pastime but therapeutic. Our hope for readers is that within these 56 works there is one that speaks to you, and perhaps inspires you to use your experiences to fuel creativity and connection.

Thank you for supporting Omentum's fourth volume.

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MASTHEAD

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SUBMISSION GUIDELINES

This annual publication features original poetry, prose, visual art, music, and multimedia from current members and alumni of the Texas Medical Center. Submissions should connect to the healthcare experience in some way and should not have been previously published elsewhere.

The confidentiality of information related to any patient or patient encounter is an ethical and legal obligation of all healthcare providers, and this publication seeks to uphold those same standards. Therefore, submissions that contain HPI or identify another individual will not be published unless signed permission is included. In addition to written details, this includes artwork and photography that could reasonably identify an individual.

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ABOUT THE COVER

The acrylic-on-canvas piece *A Daily Dose of Healthy Habits* shows that health-conscious behaviors integrated into our daily routines can play a positive role in overall health outcomes. Proactive approaches to wellness, such as maintaining healthy diets, engaging in regular exercise, attending annual check-ups, and receiving recommended immunizations, can not only benefit individual health outcomes but also alleviate the strain on the entire healthcare system.

Macy Bell attended undergrad at UT Austin and is currently a first-year student at Baylor College of Medicine. Being involved in the arts has allowed her to appreciate the ways in which artistic expression and the practice of medicine overlap. Motivated by this, she is pursuing her interest in the medical humanities in hopes that it helps foster a more humanistic approach to medicine that not only focuses on patients' bodies but also their minds and stories.

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Two Halves of a Whole — Michelle Miao



Watercolor on paper

There are a great number of things that can be learned from both what is living and what is not. Oftentimes the two are not so far apart and can be found within one another. This watercolor painting is meant to portray two halves of a whole or opposite sides of the same coin. The nature of medicine is based on scientific understanding, an understanding that requires the study of both the living and the nonliving.

Michelle Miao is a first-year medical student at Baylor College of Medicine. She began watercolor painting in high school and enjoys doing portraits of people in watercolor whenever she has the time.

The Apotheosis of a Breath — Jean-Pierre Nguyen

I've grown up going to church all my life, but I could hardly ever feel the presence of God there. In the arms of hundreds outstretched in worship, in the sacred words of the priest offered up in exaltation, nothing. And yet, here in this hospital, never have I felt something so clearly. In the beeping of the heart monitor, the transmitted electrical impulse of a heart beating on, here, I feel God.

As we enter the room, the pediatric ICU team tells us this: the mother has left all decision-making to her son. She says that it is all up to him. In separate discussions with her, she recounted the story of her neighbor's son who had the same condition. The neighbor wished to do everything for her son, and she put him on the ventilator against his will. In between her sobs, she described the haunted look on that mother's face as she saw her son every day, forced to breathe and watching his face pleading for her to stop. And so, the patient's mother decided that there was nothing to say. That all decisions about her son's life must be left up to him.

Walking into the eye of the storm, amidst the torrent of beeping alarms, in the tangles of IV lines, there is peace. On the bed lies a 15-year-old boy, his body emaciated as his muscles slowly break down. As his respiratory muscles start to fail, his chest wall collapses in on itself. He sits calmly, as a monk beneath the bodhi tree would. You can hear his breathing. Ragged and shallow, each breath rising in his chest is somehow in exaltation of the spirit within.

When we talk to him about his life, his story begins like any child's. His parents have immigrated from Latin America; he grew up with a happy childhood and enjoys playing video games like any other teenage boy. But then he gets diagnosed with muscular dystrophy and is handed a life sentence. The whole family gets tested, and his little brother gets diagnosed with the same terminal condition. Gradually, he grows weaker until he is unable to walk. He starts having respiratory distress and now his home is not the suburbs of Katy, but the ICU. Notably, as we speak to him, there is no sadness in his voice. We ask *it*, the question every psychiatrist skirts around asking until it is the ripe moment: "Do you ever think about killing yourself?" For some reason, it

immediately feels disingenuous. He responds, “No. All I really want is to make it to the next life.”

In a conversation I did not expect to be having with a 15-year-old who has been diagnosed with a terminal condition, somebody who other people would view as sentenced to die by God, he talks to us about faith. Like me, he grew up Catholic and believes that there is life after death, that if you die as a good person, you get to spend eternal life with God. And to him, further interventions would be futile. They would only cause pain and prolong him from eternal glory and happiness with his Maker.

As he speaks of eternal life, he looks up to Heaven and a light shines upon him from the single window in that dimly lit ICU room. There is silence and stillness in the room, punctuated by his shallow breath. Each breath itself is an act of creation, giving life to his failing body. Each breath giving prayer, fueling thanksgiving for one’s own existence.

As we leave the room to give the primary medical team our recommendations, my attending asks whether we think he was depressed and whether it came from a place of wanting to die. The question again feels disingenuous because it doesn’t adequately capture the patient’s whole experience. Is he depressed? Most certainly. Does he want to die? Obviously. Does that make him suicidal? The answer to that question eludes even my attending. He flip-flops on this issue when he talks to the primary team.

Months later, I have now finished my clinical rotations and have witnessed a breadth of human experiences. The trauma of childbirth, the jubilation of a family when their child finally beats bronchiolitis, the tempest of a family confronting their son’s first psychotic break, the relief of women who finally beat breast cancer, all the way to the goals of care conversations where the doctors have already made up their minds while the patient confronts death.

I deal with it all by praying for my patients and for their families. I haven’t been a particularly religious person in the past couple of years, having dealt with all sorts of religious trauma in my upbringing. I still don’t know to whom or to what I pray to. Is it to the God of my parents, who loves all his children and yet subjects some to terminal genetic conditions? Is it to the Divine Feminine, Buddha, Krishna, or someone else?

Is it to Medicine itself?

And yet, with all my doubts, I pray anyway. I pray for healing. I pray for hope. I pray that when I feel the presence of God, I don't sully the moment by asking about suicide. And finally, I pray that one day I will be as certain as my patient, my patient who left his last breaths to God.

A psychiatry consult team is confronted with the bounds of what psychiatry can tell us about the human experience.

Jean-Pierre is a queer Vietnamese-American artist who is interested in how art can succinctly capture complex psychological states. He is a third-year medical student at Baylor College of Medicine and in his free time, he cultivates an orchid collection and contemplates the meaning of life (probably getting more orchids).

Autumn Elegy — Isabella Smith

Beneath the sprawling oak, its limbs outspread,
Leaves whisper secrets, rustling overhead.
Their hues, once vibrant, now softly
dim. Their essence, it is said,
melds into the earth
and nurtures life anew in silent rebirth.

In the garden, I observe the man
as he sits quietly, his gaze
spanning the horizon, light dancing
upon the creases of his face,
thoughts woven with threads
we cannot trace.

Stories, told by his son,
had drifted away—gradually,
at first, just the plots of tales
and then the paths in the park, and then

the sound of his voice, gently
drifting away as if through
the spaces between his breaths.

If only human departure
were akin to autumn leaves—
if only there were such grace
in forgetting,

shedding parts of ourselves
into the soil, where

our essence can blend and embrace
all those who've nurtured the earth
and enrich
all those who flourish.

But I can only extend my hand
to his son's shoulder
and share the silence.

Through the metaphor of autumn leaves and a personal narrative, I wrote this poem to explore themes of memory, loss, and the natural cycle of life.

Isabella Smith is a third-year resident in pediatrics. She has a strong interest in child and adolescent health, especially in intersection with immunology.

In a Hospital, at a Bed, I Don't Remember — Collin English

I'm sitting on my couch, and
I'm thinking, while
I eat corn puffs.

Intrusively knocking
on the front door of my mind
is a doctor teaching me.

She seems somber, looking at me
and the student next to me.

"It's not normal, to see
what we saw today"

I nod solemnly, my face
casting down to the floor

But for some reason, I just can't
quite see,
what it is exactly
that I abnormally saw.

I'm startled back to my couch,
my dog is looking at me.
She wants a corn puff.

Profound moments in medicine are commonplace. On my couch one day, I was thinking about an attending comforting me when, suddenly, I realized that I couldn't remember what it was that happened that required comforting. My horror of forgetting was sharply contrasted to the banality of my present moment - which included my dog eyeing the corn puff in my hand.

Collin English is a 3rd year medical student. He has multiple obsessions: cooking, baking, coffee, plants, and computers. Far from least is reciting poetry in the shower.

How A Cross-Country Bike Ride Prepared Me to Be a Medical Student — Raymond Kitziger

This is how a 45-day, 2,000-mile cycling trip prepared me more for medical school than any courses, extracurricular activities, or conversations with faculty and students ever could have. I am sharing this not because this is the only way to approach medical school, but because I think back to the lessons learned from this trip every single day. I do not consider myself an expert in medical school success; in fact, I fail often and have much to learn. Read no further if you seek a bullet-point list to honor your clinical rotations or crush exams; continue if you wish to share in my reflection on a stressful, performance-based lifestyle that is much analogous to the life of a medical student.

Before I proceed, some background information regarding the bike ride is in order. This bike ride is traditionally a 70-day, 5,000-mile summer trip from Austin, Texas to Anchorage, Alaska that is undertaken by 60 or so students at the University of Texas at Austin in a student organization called Texas 4000 for Cancer. It's the world's longest annual charity bike ride.

Known colloquially around campus as "T4K," Texas 4000 for Cancer requires its members to raise thousands of dollars, volunteer in the community, and log 2,000 training miles before the big send off on the first Friday of June. After splitting the larger team into four routes (Sierra, Ozarks, Smoky Mountains, and Rockies) that traverse the country, the team spreads its three pillars in communities across the States and Canada: hope, knowledge, and charity in the fight against cancer. Over two months later, the routes arrive in Anchorage and celebrate the completion of the mighty feat. At least, that's how it's supposed to be.

The 2020 T4K team, my original outfit, was canceled due to COVID-19. Luckily, I still had another year of college, and thus another year of eligibility for the summer ride. I deferred to the 2021 team with the hope that my dream to pedal into Anchorage would be realized. However, the locked-down Canadian border forced our hand into a "Lower 48" ride that entailed a start line and finish line in Austin. This modification ended up being a blessing in disguise for me, though. While I had to depart the ride on Day 42 to report for medical school

orientation, one important caveat to the Lower 48 ride was that it would afford me the opportunity to easily rejoin the team on their way back to Austin, as my medical school was just a handful of hours away by car.

With my affairs in order, on June 4th, 2021, I clipped into my Giant Contend SL-2 road bicycle and set off on a 6-week journey that would change my life forever.

Instead of serenading you with tales of the West Texas sun or Utah's salt flats or Montana's mountains, I would instead like to share some of the lessons I learned along the way.

First, and perhaps most importantly, the bike ride taught me how to be a teammate. A good teammate is someone whose actions speak for themselves. Being a teammate requires sacrifice; you must put your own desires aside and serve your teammates. You get your hands dirty changing a teammate's tire when they're too tired to do so. You push yourself out of your sleeping bag because you don't want to be the last person ready to go. You go an extra mile while on SAG ("support and gear," i.e. the teammates driving the vans and setting up rest stops on any given day) to get a hot dinner donated for the team. When you boil it down, being a teammate is embodying selflessness.

Second, the adage, "the early bird gets the worm," applies to life on the road. Leaving at 5 AM versus 9 AM in a Texas summer makes all the difference between a successfully completed ride and a hellish torture chamber. To this point, you must anticipate obstacles before they arise. The early bird knows the three or so biggest threats to the team on any given day and prepares to adjust the day's plan to (un)foreseen complications.

Third, the power of companionship cannot be overstated. Our Pike's Peak challenge day was an epiphany in this regard. I thought I was physically and psychologically tough before embarking on the 18-mile trek up Pike's Peak. The first six miles were the most difficult pedal strokes of my life, but I felt strong. The following six miles slowly beat me down into a shell of the person I thought I was. The immense elevation gradient had stratified our ride groups into individuals fighting gravity alone, and the loneliness and fatigue began to melt my will to continue. The final six miles were a gut check — forcing me to ask myself, "who am I? Does my mind falter when my body falters?" I will not lie— I wanted to quit. Lucky for me, I looked back in my draft on mile 16 (or thereabouts, I blacked out at different points on the climb) and there

was KJ. A mountain of a person with an even bigger personality, KJ was my fire. Without a doubt the all-around strongest person I know, KJ exudes persistence and strength. She simply does not back down. With her by my side, I knew I would get to the top. We pedaled together stroke for stroke for what felt like an eternity, but with KJ's infectious willpower, Pike's Peak could not break us. As we approached the summit, I looked at KJ and said the sincerest words of my life: "I could not have done this without you."

Fourth, mindset is everything. T4K teaches you that there are no objectively good or bad days. A night without hosts, warm meals, or cozy blankets is a night you get to laugh over campfires, wake up to Elk roaming in your campground, or cuddle your new best friends in a freezing tent all night long. It is remarkable how one negative opinion can sweep through the group and taint everyone's experience. It is up to the individual to reframe seemingly negative situations into positive experiences. In fact, every day has negative elements, but every day has positive elements as well. And if you can't think of a positive thing that happened during the day, go do something positive yourself.

And finally, I learned how to make my own luck. Don't wait for someone at a gas station to ask you about the jersey you're wearing, approach them and share a story or two, let them know what you're all about. You never know what you could parlay a gas station chat into. Be an active player in your life, don't let the tides of entropy push you around. While you can't control everything, understand what you can control, and put yourself in a position to be successful.

With tears streaming down my cheeks and these lessons in my back pocket, I boarded a plane in Helena, Montana bound for Texas. While the first weeks of medical school presented their own challenges, I kept up with my teammates via text and FaceTime to capture the moments I lost. As fate would have it, my medical school's White Coat Ceremony was scheduled for August 13th, the exact same day as Day 70 of the ride. If I wanted to finish the ride with my teammates, I wouldn't be able to formally celebrate the next chapter of my life with my future colleagues.

While I told people it would be a tough decision, in my heart the choice was obvious. On August 11th (Day 68), a fellow medical school classmate who was a member of the Ozarks route joined me as we

reunited with the team in Waco. After a grueling 90-mile ride to Georgetown, a suburb of Austin, the following day, we laid our heads to bed for one last night as a team.

Day 70 was epic. We spent nearly an hour before the short 35-mile ride sharing stories, dedicating our ride to cancer fighters we had met along the way, and relishing in the moment together. When we arrived at UT, we hollered down the main campus driveway and splashed in the Littlefield Fountain, a celebratory tradition at UT for Graduation Day, sports victories, and memorable Saturday nights. At the finish line, we chanted, sang, and embraced with our loved ones and supporters. We even put on a White Coat Ceremony.

This essay is a brief exploration of the lessons I learned as a member of the 2021 Texas 4000 for Cancer Rockies route. I find these lessons to be particularly pertinent for life in medical school and beyond.

Raymond is a 3rd year medical student at the Baylor College of Medicine. He attended the University of Texas at Austin as an undergraduate where he earned degrees in Plan II and Chemistry. He enjoys spending time with his roommates and exploring restaurants in the Montrose neighborhood.

Patient Encounter — Mahita Maddukuri

please tell me about yourself
I want to know everything
when did you first notice
the pain
onset and location
you say the headache
began last week but
your pain is different
it's always there
you carry it with you

you ask me if you're
talking too much
no, please tell me more
tell me everything
on some days, you say
everything is too much
your story is a familiar knot in my chest
I'm sorry to hear that
thank you for sharing that
with me
the hollow words echo
but you're not alone

next, can I examine
your fingernails
and check your circulation
I want to grasp the faded tips
of your fingers with mine
and tell you
you're not alone

I hear the clock ticking
I stand up
Wait, you say
don't you have more questions for me
I check my notebook
I don't
but I have so many
I sit again
yes, I say
I want to know everything
please tell me about
yourself

This poem explores the complexities of a patient encounter from the perspective of a medical student who is attempting to master fundamental clinical skills while grappling with the larger emotions that are evoked by the interaction. The poem includes both spoken and unspoken words in the form of dialogue to reflect phrases of the conversation between the student and the patient that remain unexpressed.

Mahita is a first-year medical student at Baylor College of Medicine. She first discovered her passion for poetry during her time at Baylor University, where she studied Biology and English Literature.

Chords of Light — Chelsea Wu

1. Open the window for every droplet of rain
feels cooler on the skin.
2. Germinate honeyed almonds until you learn
to feed your sons & daughters, your father
who comes home late to a sleeping house.
3. Count the conductor's strokes whose baton reminds you
of a raised hand.
4. Hope it strikes in music.
5. Call the doctor and ask her for a list
of names she mourns.
6. Draw the hands of ghosts who dared
to leave us.
7. Hope — it strikes in music.
8. Watch the shrapnel slice into the body.
9. Write this list in the dark, your eyes
a blurry ink — calligraphy for the dead.
10. Listen to the hum of an abandoned city.
11. Mourn the news of the tumor.
12. Read each name aloud as the juices
of ripened peaches slide down the throat.
13. Calculate the photons emitted from a nursery
of stars,
dense and hot as the dust
pulls in on itself
a pulse so great it collapses.
14. Slice open this light
every particle a small soul.
15. Build a bomb.
16. To shrink the cancer.
17. And watch.
18. Observe.
19. See.
20. The cherry blossoms flower like a mushroom
blushing in the sun.

Our world is filled with so much uncertainty, injustice, and violence. How do we approach our daily lives when we are confronted with an overload of information? What is our responsibility to each other and to the past?

Chelsea Wu is a second-year internal medicine resident at Baylor College of Medicine. She enjoys drinking tea, reading poetry, and eventually hopes to adopt a cat.

Basics of Ventilation — Chelsea Wu

The string hangs from the balloon inside
the tube, cinches this pipe into the lung.

Oxygen enters the body like it belongs there,
silken worms in wafting dissent—a sanitized enclosure.

We learn the mechanics of breathing. It's not as easy
as *in and out*, it's more like trigger and then a rush,

a plateau into a ballerina hold, and a slow release.
Sometimes so slow, the air balloons, trapped inside a mine.

The mechanics need work, it's not easy to replicate
how the lungs quiet when our mothers brush our baby hairs

or how we catch mid-sentence in a lover's quarrel, all the midnights
we spent holding our breaths until every lie built its frame

into our tongues. Every swallow pools to the base
of the lung. Every breath is measured. Every last

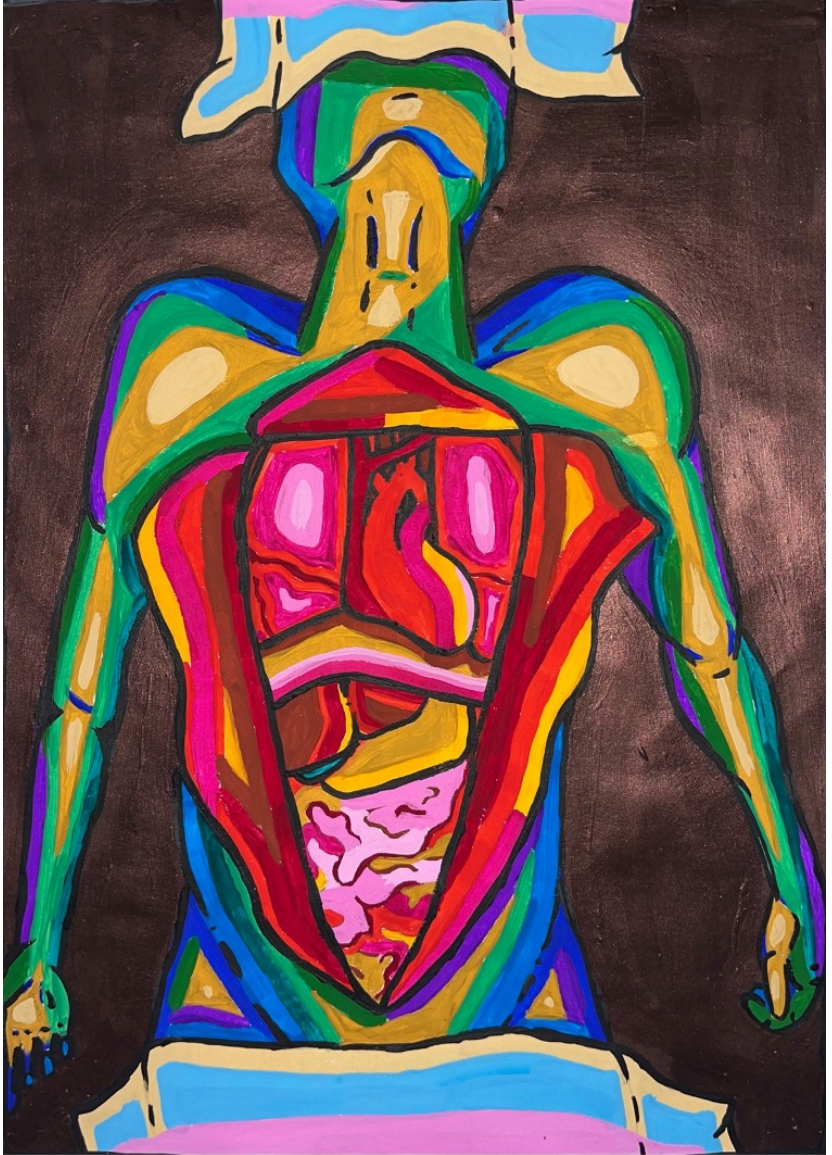
word is saved and remains unspoken—the vocal
cords dampened and untuned.

I love you. I imagine is common. Or *why*
does this hurt. Please suction me. I am sorry.

We turn up the dial on the ventilator and imagine
how balanced the next arterial stick will be.

I have taken care of many ICU patients who are intubated and sedated. The nature of their illness often strips away some of their humanity—sometimes, you never even hear their voice. I always wonder what their last words were, what they wish they could say if they could speak again.

Peace in Death? — Adrian Boehnke



Gouache on paper.

This piece is one in a series of paintings created over several months and inspired by an amalgamation of experiences with death, including anatomy lab, the catacombs in Paris, shadowing forensic autopsies, and death in Adrian's own family.

Eat Fresh — Adrian Boehnke



Gouache on paper

Inspired by a cooking elective Adrian took this year, this piece was an exercise in thinking about how much of an impact diet can have on our health, both positive and negative, and times when a better diet is not the answer.

Adrian Boehnke is a second-year medical student at Baylor College of Medicine. She is a graduate of UT Austin and a native Houstonian. She paints to wind down and relax, and she is often inspired by bold colors, surrealism, and post-impressionist artists.

Drifting Flows — Sophia Ellis

Not this heart, not this faltering beat;
Not this vessel of whispers, fraying at its seams,
straining under the weight of each pulse—this weary drummer.
No, it wouldn't do to hand it over—too fragile;
too laden with echoes, this stuttering metronome
—a faltering rhythm, an unreliable measure.
I couldn't bear to offer you something so diminished,
frayed at the edges and fading within.
I might reveal it—split open to let you peer inside
to see that my heart is merely a shadow,
a collection of chambers and the ebb of tides.
There's little to marvel at here,
none of the splendor of a grand declaration,
nor the warmth of an embrace's glow.
I could only present a handful of sighs, the weary curve of my veins.
Let it rest, it holds scant charm for you;
this hesitant timekeeper, hollow and echoing,
fumbling and faltering, quivering and quieting;
I could not place it in your care,
cannot bear to see how it shimmers and slips,
falters and then finds silence.

Diminished Beats — Sophia Ellis

In the quiet of our room, he's 32, and I watch him crumble like ancient ruins.
Consult after consult. Test upon test.
His strength wanes.
Muscles, endurance. The grip of his hand.
His laughter fades into shadows of despair.
"At the end, I wish to give my heart," he whispers. I envision his chest,
empty,
bereft of the heart that loved so fiercely.
"You'd never know," he murmurs, a ghost of a grin. "Just a line under the shirt."
Yet, that thought haunts my dreams more than his affliction.
He believes because they can't grasp the beating heart as they do the stilled.
"They ought to have yours," he chuckles weakly. "Vibrant."
His heart: a rhythm. Heard in the silence.
A melody of skipped beats. Frayed strings. Echoed in
diminished beats.
Maybe,
his heart could unlock mysteries. For they never
foretold that his heart could falter like this.
"I can't endure this," he confesses through sobs. And there,
I dream of a life infused with his essence.

These pieces are tributes to an individual who had been battling a rare congenital heart disease. He knew his days were numbered yet chose to love and be loved until the end.

Sophia Ellis is a physician assistant in UTHealth's Physical Medicine and Rehabilitation Department. She enjoys baking, gardening, and playing with her two golden retrievers.

Transcending Space and Time — Nima Harris

Ella was just eight years old when her world turned upside down. Her father, a stoic man of few words, gathered Ella and her older sister to visit their mother for one last time in the quiet of the hospital room. They stood together, a small, somber unit, reciting the Lord's Prayer in hushed tones. As they turned to leave, Ella hesitated, then darted back to the bedside. Clutching the edge of the bed with her tiny fingers, she whispered, "See you later, Mom," with a conviction that belied her years. It wasn't a farewell; it was a promise of reunion.

Ella's mother, Clara, had been the epitome of vitality, her laughter a constant echo in their home. But a sudden, unexplained fatigue that wouldn't lift led to a series of tests. Clara, ever the optimist, joked about her condition, saying, "Looks like I've got a mystery that even Sherlock Holmes couldn't solve!" Her wit was as much a part of her as her breath, finding humor in the darkest of times. She had a small sign in their living room that read:

*Life is not about waiting for the storm to pass,
It's about learning to dance in the rain.*

And dance she did, through every challenge life threw her way. Clara's approach to motherhood was woven with the same threads of joy and resilience. In a letter to Ella during her final days, she wrote:

My dear Ella, my sunshine, your laughter fills our home with light. Naming you after my beloved grandmother was a gift, a legacy of strong women for you to follow. You've brought so much joy into our lives, my little one.

The diagnosis came as a shock: advanced ovarian cancer. Despite the gravity of her illness, Clara's spirit remained unbroken. Her hospital room became a small sanctuary, filled with the fragrance of countless bouquets and the soft murmur of visiting friends and family. The community rallied around her, their love tangible in every card, every flower, every whispered prayer.

As Clara's condition declined, her husband, trying to bring a semblance of normalcy, arranged a small celebration in her hospital room. They shared a simple meal, their favorite dishes served on the fine china they'd used on special occasions. It was a brief respite, a moment of shared tenderness amidst the storm.

But the aggressive treatments couldn't stem the tide of her illness. Clara's vibrant spirit fought against the encroaching shadows, but the battle took its toll. One night, sensing the end was near, she penned a note to her husband, a final testament of her love and concern for the family she would leave behind.

In her last hours, Clara's heart raced, a stark counterpoint to the stillness of her room. In a moment of lucidity, she scribbled a single word on a piece of paper: "Peace." It was her final wish, a silent plea for tranquility in the face of the inevitable.

Ella's goodbye was not an end but a pause, a moment suspended in time until they could be together again. In her heart, she knew this was not the end of their story, but a brief interlude in a love that transcended space and time.

This is a short story about love shared between a young girl and her mother, who faces untimely demise to advanced ovarian cancer.

Nima Harris is a second-year PA student at UT Southwestern. She aspires to specialize in family medicine, where she hopes to build lasting relationships with patients and contribute to the continuity of care in her community.

Theater of the Mind — Yasamin Rastgar

Thunderous echoes fill the room
The theater of my mind goes dark
An audience of one trembles with doom
On stage, a blurry outline stands on its mark

Thoughts of sadness, anger, despair
Whirl around my head
I gasp for air
And suddenly they're laid to bed

A graceful waltz welcomes a new chapter
Hues of pink add a gleam
Relationships abundant in happiness, kindness, laughter
My thoughts flow in a laminar stream

I look closely at the stage for the culprit
In the theater of my mind
I see a puppet
With something tied behind

A guitar riff pierces through
I'm ready to jump out of my seat
Until a song I once knew
Brings a memory that causes me to retreat

Why is this happening?
What is the cause?
The turbulence is challenging
I see all of my flaws

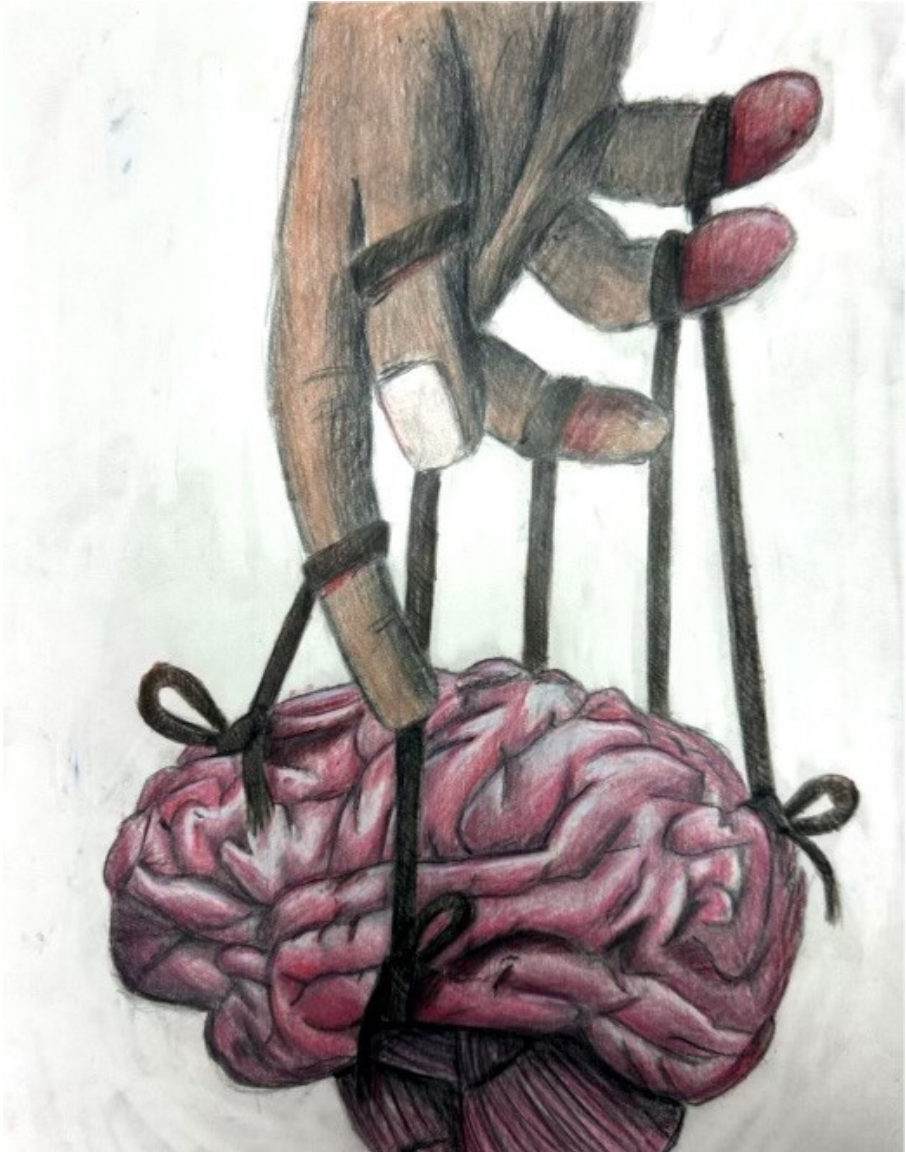
A spotlight shines on the star
A break for applause
A peaceful moment feels bizarre
A final bow fills the pause

The mastermind reveals itself
The one who commands
I see a part of myself
My own hand

I have been the puppeteer
I composed the melody
I am the pioneer
I am my own worst enemy

It's comforting to see
The only one pulling the strings
Is me

Theater of the Mind — Mattin Rastgar



The artwork was illustrated by Mattin Rastgar and the poem was written by Yasamin Rastgar. Together, these pieces portray the diversity of human experiences by linking thoughts and emotions. While everyone has a different scenario in the theater of their mind, there are universal themes. Imperceivable to the naked eye is a whirlwind of drama inside someone's head that should be considered with every interaction. These pieces are about taking back control and highlight the commonality between every person.

Mattin Rastgar is a freshman at the University of Houston majoring in psychology. He is a current Terry Scholar and pre-dental student. Yasamin Rastgar is a second-year medical student at the University of Texas Medical Branch at Galveston with interests in obstetrics/gynecology and gastroenterology.

Nothing at All — Samuel Sheno

Seven years into school
I must have learned
Something?
Though everyday it
Doesn't seem to feel that way.
Knowledge is like
The stars in the sky
Obfuscated by light, sound, clouds
And on those rare clear nights
When it seems like you can finally see clearly
There they lie, blinking
Is that the Big Dipper?
Or the Little one?
Is that Leo? Is there even a Leo?
Why does it feel that every time
You come back
Ready to map the stars
To draw in the atlas of your mind
With a permanent marker.
There seems to be one less star
Or maybe it moved?
And when you open your atlas
And stare down at the pages
Filled with years of your scribbles
There seems to be
Nothing at all.

This piece reflects what it feels like to be a student trying to learn medicine. As a preclinical student, you are taught bits and pieces of information, but once it comes time to put all the pieces together, it ends up being much more difficult.

Samuel Shenoj is a third-year medical student at Baylor College of Medicine. He is passionate about the intersection of computer science and medicine, and he is planning on applying into Internal Medicine.

In/Sensate — Madeline Chaput

Her face is behind a blue drape, but I know what I would see
A Glasgow smile
On a baby-toothed girl, flung from an old Ford Ranger
The kind with sideways jump seats in the back

Her viscera smells of rust and wet dog
I'm steaming under the white lights
Holding back intestines while those in charge rummage around
Like they're looking for a passport at the gate

It's so hot

I feel foreign hands squeezing my stomach, pinching off arteries
Whose names are quickly leaving my mind
Words waver past me, and I suppose I should listen, but

I'm so hot

The smell is in my mouth
And the words are out
"I'm sorry, I feel sick."

I had to excuse myself twice during my year of core rotations, and this pediatric exploratory laparotomy was the second. I scrubbed out, squatted alone in the hallway as gurneys wheeled past, and scrubbed back in once my body was regulated again. Although it was embarrassing in the moment, I learned that I am far from alone in being subject to vasovagal vicissitudes.

Madeline Chaput is an MS3 at Baylor College of Medicine who loves writing, traveling, and "working with her hands". She graduated from Trinity University in San Antonio with majors in History and German Studies.

Pharmaceutical Flora — Jayne Hubscher



Acrylic on canvas

This painting is a romanticized and comic representation of what is so often seen on patients' bedside tables: medications and flowers. The combination of images, which are so familiar to the healthcare provider, is made humorous and intriguing when shown to cohabitate.

Jayne Hubscher is a Doctor of Nurse Anesthesia Practice student who enjoys making all types of art, including drawing, painting, embroidering, and jewelry making. She runs her own Etsy store in her free time, where she sells original pieces and commissions.

Between Life and Eternity: A Resident's Vigil — Lucas Kim

In the sterile silence of the ward,
Where life and death hold whispered court,
A doctor stands, a solemn guard,
Bearing witness to life's final retort.

With hands that heal and eyes that see
Beyond the veil where shadows play,
They stand on the edge of eternity,
Where souls, like tides, ebb away.

Death, a visitor, silent and cold,
In rooms where pain and hope collide,
Takes the young, the brave, the old,
Leaving the living to mourn and abide.

Yet in the doctor's steady gaze,
Lies a depth of understanding,
For they've walked through life's intricate maze,
And stood firm when death was demanding.

They've seen the final breath, a sigh,
A surrender to the night's embrace,
And though they're trained to save, they know why
Each soul must find its own resting place.

But ask the doctor what they feel,
When the battle's lost and the light fades,
They'll say, "Death teaches us to heal,
To cherish life in all its shades."

For in the dance of life and death,
Where tears and laughter intertwine,
Each passing is a shared breath,
A moment where human hearts align.

So though they face death, day by day,
Doctors carry a beacon of light,
Guiding the living on their way,
And honoring those who've taken flight.

This piece is a poignant reflection on the human experience through the lens of a first-year internal medicine resident. The poem highlights the emotional resilience required of doctors, who must navigate their own feelings while providing care and support to patients and their families.

Lucas is a first-year internal medicine resident at Houston Methodist. He had formative experiences working with cardiology fellows and attendings during medical school, and he hopes to pursue a cardiology fellowship in the future. In his free time, he loves running, eating/grilling Korean BBQ, and watching the San Antonio Spurs.

J.V.D. — Jane Buell

A distended jugular vein
They marveled
Like it was Niagara Falls
With seven onlooking students
To a great wonder of the world
But he did not feel like a great wonder
He may have felt like a waterfall
Being drowned by his own heart
Filling, filling, congested
Disconcerted by big eyes
Like watching a fire start
Feeling something is wrong
But no way to stop it
And the crevices open, whites widen
Trying to take in every detail of the scene
Like a car accident
They cannot look away
They marvel
They marvel at the brink of death
But death is no marvel
Just Very Dark
And they ask millions of questions
But he only has one
Why can't I breathe

Credulous — Jane Buell

I once met a pediatrician
who whistled looking into the ear,
unsure of what she might see or hear,
yet so comforting to the children filled with fear.
Then again, what is so scary about looking into an ear?
Do they worry what she might find in there?
Some secrets, a treasure, a half-eaten pear.
Do they think she will look directly into their brain?
And discover thoughts that are totally insane.
Might she see to the other side of their head?
And expose the emptiness we all fear when we're dead.
Could she visualize the light peeking out at the end,
Hoping to see someone she knows, maybe a friend.
Can she look to the heavens and the stars that reign?
And identify the moon as it may wax and wane.

So finally I asked her,
as she did it so mundanely,
and she answered quite plainly,
It distracts from the pain.

My compositions have been largely inspired by my core clerkship year, which has been full of deep emotions and new stressors. Sharing these feelings and experiences on paper has brought me peace and time to process. Some of these moments I hope to never forget.

Jane Buell is a third-year medical student at Baylor College of Medicine. With a liberal arts background, she enjoys exploring narrative medicine and sharing it with others.

Blue — Elise Brickhouse

The OR is quiet but loud, chaotic but calm.
You scrub in, unsure of your place among the sacred sterile blue.
Somewhere under here is a patient
whose face and person are now somehow entirely divorced
from the flesh that has transformed into the sterile field.
Calls are made for tools to cut and carve;
the bovie smells of red, like the blood it boils into the air.
Student hands sit awkwardly-
paralyzed with fear of breaking sterility.
Stitches fly and skin is once again brought together,
like almost nothing had been done save for a tiny incision
held together with monocryl.
The no-longer-sacred, no-longer-sterile blue is torn away.
The patient appears back in the room,
but somehow, they never came or left.

This poem was written during the narrative medicine course that occurs following the surgery core clerkship at Baylor College of Medicine. This course is a time devoted to using the arts to express ourselves and work through some of the more difficult aspects of our medical training. One thing I struggled with throughout my surgery clerkship was the depersonalization that occurs during the process of surgery and its preparation. As a student, I also struggled with the idea of finding a place in surgery where I could learn and gain experience, while not being in anyone's way, a nearly impossible task at times.

Elise Brickhouse is currently a third-year medical student at Baylor College of Medicine. She plans to pursue a career in internal medicine, with the intention to remain involved in both research and advocacy work related to access to care for underserved communities.

Intricate Webs — Prem Kumar

As a medical student rotating in the oncology department, I encountered Mrs. Johnson during my first week at the hospital. She was a middle-aged woman recently diagnosed with cervical cancer, a fact that seemed to envelop her entire being in a shroud of despair. From the moment she entered the consultation room, her apprehension was palpable, her movements hesitant, her voice barely above a whisper. I began to take her medical history.

Her daughter accompanied her, serving as both a pillar of support and an advocate, inquiring about the specifics of her mother's condition and the available treatment options. Despite the gravity of the diagnosis, there was a glimmer of hope: the cancer was detected at an early stage, and if treated promptly, the prognosis was promising.

However, as I delved into the details of potential treatments, weighing the benefits of surgery against the side effects of radiation therapy, Mrs. Johnson seemed distant, lost in a tumult of emotions that rendered her speechless. Noticing her distress, I paused, reaching out to gently touch her arm in an attempt to bridge the gap that her fear had erected between us.

"Mrs. Johnson," I began, striving to infuse my voice with as much warmth and reassurance as I could muster, "I understand this is overwhelming. Do you have any questions or concerns about what we've discussed?" Her response was a silent shake of the head, her eyes fixed on some distant point, as if searching for solace in the sterile confines of the room.

The decision-making process seemed an insurmountable task for her in that moment, a sentiment echoed by her daughter's protective embrace and the tears that finally broke through Mrs. Johnson's stoic facade. It was a poignant reminder of the human element that underpins the practice of medicine, the fears and hopes that accompany a diagnosis, and the profound impact of our words and actions on the patients we serve.

I suggested they take some time to consider their options and reflect on the path forward. Yet, when the follow-up appointment came, Mrs. Johnson was absent. A phone call later revealed the heart of the matter: a deep-seated skepticism towards medical intervention, fueled

by stories of suffering and disillusionment with the healthcare system, particularly prevalent within her community.

This encounter was a stark lesson in the complexities of patient care, especially within diverse populations. It underscored the importance of understanding the cultural, social, and personal factors that influence health decisions. Mrs. Johnson's reluctance was not just about fear of the disease or treatment but also about a historical mistrust of the medical establishment, a sentiment not uncommon in African American communities affected by systemic disparities in healthcare access and quality.

As medical professionals, we are tasked not only with treating illness but also with navigating the intricate web of individual beliefs, experiences, and fears. Building trust, offering compassionate care, and ensuring clear communication are as crucial as the treatments we prescribe. Mrs. Johnson's journey through her diagnosis and treatment became a defining moment in my medical education, a vivid illustration of the challenges and responsibilities that come with the privilege of caring for human lives.

A California native, Prem Kumar is a fourth-year medical student at the University of Texas Medical Branch at Galveston and aspires to pursue orthopedic surgery. He enjoys reading science fiction, baking cheesecakes, and riding dirt bikes.

Myself Without the Fight — Benjamin Martin

It took a total of twenty
Twenty years of hiding
I buried myself in medicine
Medicine felt more binding

Too long I was ashamed
Ashamed of wanting more
I resisted his advances
Advances to explore

Instead of further pain
Pain that drained my core
I started school in August
August came with more

While focused on my studies
Studies that kept me grounded
I tested the word “boyfriend”
“Boyfriend” had been founded

Immediately I noticed
Noticed it overnight
I felt more like myself
Myself without the fight

Immense comfort followed
Followed my coming out
I used my newfound confidence
Confidence replaced my doubt

Now, looking to cultivate
Cultivate my career
I benefit from the experience
Experience of being queer

In medicine my goal
Goal both far and near
Is fostering a culture
Culture that supports all, no matter the identity of a peer

The following piece of poetry is a brief reflection on being a member of the LGBTQIA+ community and how it has impacted my journey in medicine so far. My hope is that other individuals find comfort in knowing there are individuals like themselves who are working towards successful careers in the field as well!

Benjamin Martin is a fourth year MD/MBA student interested in a hybrid career that blends his passion for orthopaedic surgery, business, and LGBTQIA+ care. His hope is that his experience as a clinician in training and as a member of the LGBTQIA+ community is reflected in both his art and his future work as a practitioner in a field that has historically low levels of LGBTQIA+ individuals.

The Scales of Life — Shea Maxey



Acrylic Painting on Canvas

Medicine has been represented by many symbols: the Rod of Asclepius, the Caduceus of Hermes, and the Hippocratic Oath. Each of these symbols is an aspect of an even older story that is well-known from ancient Egypt: the weighing of one's heart against a single feather. We cannot just give our minds and our bodies to the people we serve. We must strive for the impossible— perfection. Our duty as doctors is to face eternity— we must, above all, "Do No Harm." The art of medicine is more than just memorizing anatomy and physiology, but also communicating compassion and navigating the delicate balance between healing and suffering.

Shea Silhan Maxey is a first-year medical student at McGovern Medical School. She is an artist and ex-gymnast from West Texas and hopes to specialize in pediatric orthopedics.

My First Goodbye — Ashton Davis

I did not expect to meet you
I did not expect to say goodbye

We met in a room, a room in a flurry
I stood there
Crash cart by my side
Wondering if I might be called upon

To compress your chest
To move life through your veins
Pushing
Pressing
To keep your blood moving
Pressing
Pushing
To keep you alive
To see another hour, another day

A physician commanded orders
Yet life had already left you
I stood there
In a room, a room in a flurry

I will never forget meeting you
I will never forget my first goodbye

The poem "My first goodbye" was written early during my third-year clerkship year after reflecting on the sudden passing of my first patient. Medicine is undoubtedly a calling, but there is fullness of life and purpose that can be found outside the sterile walls of a hospital.

Ashton Davis is a third-year medical student at the University of Texas Medical Branch John Sealy School of Medicine with a scholarly concentration in global health. His interests outside of medicine include running, reading, mentorship, and spending time with his wife.

Compassionate Dermatological Care — Sarah Muir

If there is indeed an overarching narrative to the events of my life, then the division between Acts I and II must be the summer of 2011. Before this summer, my main experiences with physicians had been through primary care — doctor’s appointments for a sore throat, back-to-school sports physicals, or routine vaccinations. The clinics I went to in Corpus Christi, Texas as a young patient were all remarkably similar. The examination rooms were small and plain with heavy fluorescent lighting, and all of them had the same maroon exam tables with the roll of paper on top that crinkled as soon as you sat down.

But in 2011, my life changed when both of my parents were diagnosed with cancer, a few months apart from one another. At the age of thirteen, I did not understand much about what this meant, except that my parents were unwell and that I did not know if they would be well again. They opted to seek treatment at MD Anderson Cancer Center, so as a family, we traveled to Houston and spent the better part of that summer there for their treatments.

To a thirteen-year-old, the Texas Medical Center felt like its own bustling labyrinthine ecosystem. We stayed in hotel rooms and ate our meals from the wide variety of dining options, which fascinated me as I had never seen such meticulously detailed nutritional information corresponding to each entree. I tagged along with my father to his appointments, sometimes traveling far enough to need a shuttle within the buildings. I dutifully contributed to every puzzle I could find in the waiting rooms. I watched the fish swim peacefully in their massive aquariums and wondered how much money was spent on fish food. I met other patients my own age and younger. But all this time spent waiting did not prepare me for the gravity of the conversation my father’s surgeon would have with him.

I understood the following: my father would have surgery to remove the cancer, then subsequent surgeries would be performed for reconstruction. What was unexpected was the revelation that, for a time in between these surgeries, my father would need to have a live graft. I distinctly remember the surgeon tracing my father’s forehead with his fingers, marveling at its smoothness. He explained that, for most

people, the scarring would not be very noticeable, as it lay between wrinkles on the forehead, but that my father's lack thereof presented an unexpected challenge. It is moments like these that stay with me, even now. The compassion and care that he had for my father, combined with his expertise and desire to do good, is something I hope to provide throughout my career.

It is difficult to put into words what that summer was like for me. Certainly, it changed my perspective on the value of time in relation to life and the wavering nature of one's health. I do not revisit this time in my life very often, but lately, I have been reflecting about my path to medicine and what has brought me here. My time in medical school has given me a greater appreciation for the many doctors that contributed to my father's treatment: the dermatologist, who recognized the lesion and biopsied it, the dermatopathologist, who studied its histology and gave a confirmatory diagnosis, and the plastic surgeon, whose efforts were ultimately restorative.

Now, I feel that as I explore career paths in medicine, I am rapidly approaching yet another crossroads in my life. These experiences will continue to shape my life as I move onto Act III.

I wrote this personal essay while reflecting on my path to medicine as a current medical student. Revisiting this chapter in my life has helped me remember what has brought me to where I am today.

Sarah Muir is a second-year medical student at The University of Texas Medical Branch at Galveston. She is particularly interested in dermatopathology.

Seasonally — Austin Williams



Colored pencil on paper

Though not as apparent in the warm Houstonian subtropics, autumn brings forth a period of rest for many a creature and tree. But for some, it beckons a more anxious time, with longer periods of nighttime darkness and waning sun intensity. For Austin, Seasonal Affective Disorder, appropriately shorthanded as "SAD," predisposes to existentialism and welcomes fear-provoking thoughts of death. Memento Mori have served to remind ideologues of their mortality for centuries. Through art, Austin chooses to reflect on death throughout the warmth of summertime, to become therapeutically desensitized during the cold of winter.

Austin Williams is a third-year medical student at Baylor College of Medicine pursuing a career in Plastic Surgery, specifically Craniofacial Surgery. He graduated from Texas Christian University in 2020, majoring in Biology with a minor in Studio Art. Austin frequently paints organic elements such as plants and skeletons to encourage his viewers to reflect on mortality, integration with the natural world, and the role of science in society.

Just Beating Isn't Enough — Austin Williams



With the rise of artificial intelligence in diagnostic imaging and robots in surgery, the 21st-century physician seems to be leaning more on technology than ever before. While this offers many advantages, many have voiced concerns regarding the important role of human care in medicine. Highlighted in this painting for his undergraduate honors thesis is the conflict between manually checking a pulse rate and relying on a smartwatch for the same task. While modern gadgets can help reduce mistakes and provide precise data, they must be well-designed, thoroughly reviewed, and used correctly. To best care for patients and society, it is essential for modern physicians to not simply watch technology grow, but to enthusiastically participate in its development.

One Last Visit — Muhammad Saad Shamim

Hey little one
It's ok
I know mommy and daddy aren't here
But don't worry
I'll talk to you the whole time
We'll say a prayer together
Just you and me

Don't worry
This is the last appointment ever
No more shots
No more IVs
No more surgeries
No more pain

You never felt our hug
But know our hands were most gentle

We never saw you laugh
But know your smile was the cutest

Your feet are so cold
Let me drape you

You only had a few months
But the knowledge you impart will last lifetimes
Thank you little one

Tonight, I will hug my daughter most tightly
I will tell her I met a brave little boy

These were my thoughts during my first pediatric autopsy.

Muhammad Saad Shamim is an MD/PhD student who worked on computational genomics in the Aiden Lab at Rice University and Baylor College of Medicine. He is a former Paul and Daisy Soros Fellow and previously served on the Executive Council of the American Physician Scientists Association. Muhammad intends to pursue pathology for his residency training.

When Charts Become People — Alexandra Drinnon

It wasn't my first day-call day as an intern. Six months in, and I had already done my time on wards, suffered through taking late-night cardiology consults, and spent the tortuously long hours running through my first ER rotations. To be honest, this wasn't even my first ICU call.

And yet, in a single moment, it had just become my hardest.

"You're supposed to be there," the night nurse told me, her expression somewhat pitying, "You have to be there when they withdraw care."

I heard the words she left unspoken. Of course, you have to be there. You're her doctor. Don't you know that?

I stared at her, hoping for all the world that the horror didn't show in my expression. I was a doctor. At least, that's what the little piece of paper hanging over my desk at home told me. I could do this. Hadn't I seen dead bodies before, cut and sliced into them to learn just where every little vessel and nerve went and what they attached to? Hell, I had helped with futile codes more than once, stepping back with everyone else when the physician in charge called an end to the chaos. Somehow though, this was different.

The same nurse was staring at me expectantly, impatience beginning to show through.

Fighting the urge to run, I followed her down the dimly lit halls to a room I had come to know far better than I ever would have liked. An older woman with fire truck red hair that contrasted with her conservative attire met me just outside. She smiled and shook my hand, introducing herself as one of the chaplain residents here to offer support. To the family, not to me.

"This is the first time I've ever done this," The words came out quickly, all in one breath, as if, by saying them, they might feel less true.

Her weak smile and whispered, "*Me too,*" made me feel only a little better as we were ushered through the sliding glass doors. The room itself was dim and far fuller than I had ever seen it. While other units had relaxed over the last few months, at least somewhat,

here in the MICU, COVID restrictions were still in full effect. Visitor numbers were kept down to one or two on most days, three if the unit secretary was feeling lenient. Perhaps that was why the crowded room came as such a shock. People, ten at the least, from the tiny baby in one man's arms to the familiar face of the older gentleman staring unblinkingly down at the hospital bed, stood silently in the dim light of the television.

A woman, still except for the mechanical rise and fall of her chest underneath the crisp hospital sheets, in front of them.

I had known this woman or, more accurately, her medical history and the irregular numbers that flashed across her screens, for the past two and a half weeks. She had been here long before I was, her notes filled with little blurbs about a lively older woman who had slowly decompensated to the point of intubation. To be honest, in the weeks since I had arrived, I hadn't thought much about the woman behind those notes. I had seen symptoms, treatments, and all the things I would be expected to handle as a nervous, and often overwhelmed, intern.

On seeing her my first day—pale, unresponsive, like a mannequin or wax figurine with a tube lodged down its throat— she had remained that way in my mind: little more than a test of my meager ICU knowledge and, when she worsened, an obstacle for my self-esteem as a doctor. I cared, of course, but wrapped up in my own worries, I often forgot about the human being behind the declining lab values.

Her husband was at her side most days, just as he was now. Every so often he would be joined by a friend or a child or whomever decided to come by that day, but he alone was always there, sitting quietly in the chair that had all but molded to his body shape. Nurses whispered to each other about his son, who was also sick with some unknown disease, and about the way he stared at his wife with eyes almost devoid of hope. Almost. But not quite.

He had asked me questions every day, the kinds of questions I was still afraid to answer—afraid to be wrong, afraid to give too much hope, afraid to not give enough. To my shame, I had begun to avoid the room, to avoid *him*, as much as I safely could.

Now, that wasn't an option.

There wasn't much fanfare to the whole ordeal. No sermon, no storm crashing outside the shaded windows. We, the chaplain and

myself, introduced ourselves to the hollow-eyed crowd and explained our roles: observers, supporters, witnesses. They hardly seemed to hear us. We watched as the woman's husband, the tall intimidating-looking man now made small by the weight of tonight and the long months that had led up to it, -whispered something we couldn't hear in his wife's ear.

There was nothing more for me to do but watch, something that I, so accustomed to reacting, to putting in orders, to giving medications, and to fighting the inevitable, struggled with. Yet, as the machines were turned off and began to drift into silence, I watched as the patient I had cared for the last few weeks slowly became a person right in front of my eyes. She wasn't just the ARDS patient in 1001, she was my mom, my grandmother, my friend, and, as selfish as it may sound, she was me.

Just as she always had been.

In the end, it didn't take long, a single blessing for a family that had already been through too much.

When it was all over, the chaplain and I left the room together. With a hug, tight and quick, she left me, returning to work while the family just beyond the door grieved their loved one. Another day on the job. And yet, as I walked back to my computer and a pile of unfinished notes, I did so with a new reminder of the humanity behind medicine. I would be lying if I said I don't forget sometimes, when the workload or the stress get high, but it's moments like these, *people* like these, that serve as a reminder as to why I went into medicine in the first place.

A short story describing an impactful experience during my first year of residency. In it, I recount a moment that helped to shape my approach to residency and to remind me why I went into medicine at all. While short, this serves as a reminder not to spend so much time focusing on myself and my own pride but rather to focus on the people—and their families—that I care for every day.

Alex Drinnon is a second year Internal Medicine Resident at Houston Methodist Hospital. She has a particular interest in nutrition, diabetes, and obesity medicine with aspirations of becoming an Endocrinologist in the near future. In her free time she enjoys reading, writing, baking, and strength training.

Soon to be Winter — Evelyn Tran

It's warm,
My grandma said
The soup,
Painstaking, hours to make
Bent over the burner as football is on
My grandpa was watching, he's the only one that does
We sat down as a family
All six of us, seven with my gerbil,
Passing around bowls
Full of love
And of soup.

It's warm,
My sister said
When she tucked under the covers
I took out of the dryer
After legions of laundry
I swatted her away
"Get out of my room!"
"But it's warm," she murmured
Full of feeling
And snuggled in deeper.

It's warm,
Will said
As he eyed the composition
"What do you see?"
I asked
"The sun,"
He answered.
I looked on, scrunching my nose, squinting
To see what he saw
And seeing only what I did
Full of care
We looked, and scrunched and squinted.

It's warm,
Emma said
After a shift overnight
On labor and delivery
We swaddled ourselves in blankets and
Rubbed our stethoscopes in circles on our palms
So as not to freeze the
Soon-to-be-moms.
And when the sun came up
And our shift ran out
Full of light
She stood and basked and glistened.

She's warm,
My mother said
As my grandma lay there softly.
The hums of people I knew and didn't
Coming in, then coming out
Worry etched along their mouths
I felt her forehead
And took her hand.
Full of love
Full of feeling
Full of care
Full of light
It was warm.

It is soon to be winter
But I remember the warmth.

This piece was composed in reflection of a year filled with love, loss, and learning.

Evelyn Tran is a third-year medical student at Baylor College of Medicine. She loves to think and write and think some more; poetry is a work in progress for her to follow her instincts and keep moving forward. She believes firmly that life is found in the little things.

Together — Ashley Chavana

I wish I had better news to tell

And that today you were feeling more than well

While the word cancer can shake anyone to their core

The patient must remember that they are more

More than their diagnosis and the disease at play

Waking up to find the little joys in each day

In medicine there are not many things to guarantee

But on one thing we can all agree

A physician should never leave a patient's side

Compassionate, attentive care they must provide

Oncology is a field with many emotions

Compromised of physicians and researchers with one devotion

To find effective treatments and one day a cure

But until that day there is one thing that physicians can assure

That this is a journey we must walk together

Through sunny days and stormy weather

My poem entitled "Together" reflects on the role physicians have in accompanying a patient on their treatment journey. There will be days of sunshine and days of stormy weather but each day the patient can be assured they are not alone.

Ashley Chavana is a second-year medical student at Baylor College of Medicine with an interest in radiation oncology. Her research and volunteering efforts center on improving the quality of life for patients facing a hematologic or oncologic diagnosis and instilling a sense of hope. "Together" reflects the role she, and other future physicians, have in walking with patients on their treatment journey.

Night Sweats — Aaron Nguyen

I knock on the door, rub hand sanitizer in my palms, and enter the room.

“Hello, my name is Aaron. I’m a first-year medical student helping around clinic today. It’s nice to meet you.”

I pull up a stool and sit down facing the patient. My short white coat dangles down the sides of the chair. I had to size up since my normal size would have been too tight around my shoulders, but now the arms and length are too long. Looking closer, the fabric is pristinely ironed without any ripple or tear that you might normally find on a more experienced provider. In fact, this is just the second time that I’m wearing my white coat; the first was at my white coat ceremony a couple weeks ago. I hope she can’t tell this is my first time alone with a patient.

“Before we begin, can I just confirm your name and date of birth?”

“Hi, I’m Mrs. G, January 1950”

“Ok, and what brings you in today, Mrs. G?”

“I’m just here for my yearly check-up. Though, I’ve been having these night sweats recently. It’s gotten so bad lately that I’ll sweat through my sheets. It’s pretty uncomfortable for me, and my husband definitely doesn’t love it either.”

I pause to take notes. Entering the medical field was different than I expected. One might think it feels like pulling back a curtain and slowly coming into being a competent provider. I’ve found it feels a little more like jumping into a pool of Jell-O: swimming through an uncomfortable substance and never really being sure how far you’ve come. I’ve never felt so sticky and disoriented, and I’m sure that feeling never goes away.

I turn my attention back to the patient. Mrs. G is an older woman who came into clinic alone. She’s wearing a pink cardigan even though the Texas heat is sweltering outside, probably because the AC blasts on full in the hospital. She’s kind and cooperative during our conversation, and she seems to be completely comfortable in the room, a sign that this isn’t her first time here. I write down “night sweats” for her chief complaint and quickly jot down “OLDCARTS” to remind myself of what questions to ask next.

"I'm sorry to hear that. It can't be easy to sleep like that, especially with all the humidity too. When did these night sweats first start?"

"Probably about two or three years ago. It started happening maybe once a month, but it's been happening almost every night now. Normally, I'll go to sleep around 10, and I'll wake up around 3 or 4, dripping in sweat. It gets worse later in the night, and I feel faint when I wake up in the morning too."

I'm furiously writing down notes as Mrs. G tells her story. Ok, we've covered onset and duration. Do night sweats radiate, or do you even have to ask that if it happens all over the body? Maybe I'll ask about severity next? I don't want to waste her time by asking the wrong questions. I gather myself enough to speak again.

"On a scale from 1 to 10 with 1 being you barely notice it and 10 being the worst you've ever experienced; how would you rate the severity of these night sweats?"

"I guess I'd say an 8 or 9? I hadn't really noticed until more recently because I had an accident about 6 weeks ago. I fell and hit my face, had to get a bunch of stitches from the plastic surgeon in the ER. That kept me distracted for a while. Well, that and my daughter just started at a new school, but it's been hard to get a full night's sleep with everything going on lately."

"It sounds like you've gone through a lot over the past couple of months. Maybe let's talk a bit about your past medical history. Have you had any surgeries or hospitalizations other than that recent ER visit?"

"I've had two daughters and a hysterectomy a while ago. Of course, I also had that liver and kidney transplant. It's been almost five years for the liver and four years for the kidney. My kidney doctor's been keeping track of me since I've had a couple of UTI's over the past year." I look down at my notes template. Two child births, hysterectomy, and the transplants go under past surgical history. I guess the ER visit and fall go under hospitalizations? I can't believe I forgot to ask her about her transplants. This is a transplant clinic, after all.

"Do you have any history of chronic or childhood illnesses?"

"I have hypertension and diabetes. I think I remember they told me I was hyperglycemic before this appointment."

"Any family history of hypertension, diabetes, or any other conditions?"

“Not that I know of.”

“How about, are you taking any medications?”

“It’d honestly be easier to ask me which medications I’m not taking... maybe you should just search that up.”

“Any allergies?”

“I’m allergic to some fruits and plastic tape. I learned that the hard way as a retired teacher. I used to get the worst rashes when I had to take down the kids’ art projects. I also must remember to tell the nurses whenever I’m in the hospital since y’all are obsessed with putting sticky labels on everything and everybody.”

I continue writing down her past medical history and notice I’m almost to the end of my template. At least these last sections don’t seem too complicated. Who would’ve thought a transplant patient would have such a complicated history? Did I forget to ask something? Before I can finish writing, Mrs. G asks the one question on both our minds. It’s also the one question I surely won’t be able to answer.

“So, what do you think is causing these night sweats?”

I pause and look up at her. At this point, I’ve been in medical school for less than a month. I probably know less about night sweats and transplants than Mrs. G does. But, at this moment, I’m sitting across from her, and I’m the one wearing the white coat.

I could explain to her that I’m just a first-year medical student, and I don’t know anything yet. It’s the truth, but it might make it seem like she’s wasted the last 20-30 minutes going through this exercise for no medical reason. This is the first time that I feel like my education is a burden on the patient. Mrs. G is obviously very accommodating and kind enough to humor my questions, but it feels wrong to make her long appointment even longer for my own benefit. How else am I supposed to learn, though?

I could also try to come up with some reasoning with my limited knowledge, with the caveat that I’m not fully qualified to make that assessment. That feels wrong as well, but at least she might realize that I’m trying my best. I could guess that it has something to do with her previous hysterectomy; I think that can cause night sweats. Or maybe it has something to do with her transplants or her fall or even her recurrent UTIs? I’m definitely not qualified enough to even speculate.

I mull over my options before I hear a knock at the door. Saved by the bell.

When the attending enters the room, he stands in the middle of the room in scrubs behind a rolling computer station to take his notes. Compared to my white coat, his has a few tears and stains that he's probably collected over the years. It's enough to be noticed as a symbol of experience.

He expertly covers the entirety of our entire conversation in three questions. First, he takes a moment to ask about her family. It seems like he already knew about her husband's complaints about sleeping and her daughter starting school. Second, he rules out tuberculosis or another opportunistic infection and sets a plan to follow up with a urologist. Night sweats can be caused by tuberculosis? Finally, he checks in about Mrs. G's recent accident and makes sure that she has the right support in case it happens again. I had almost forgotten that she told me about her fall amidst all the information floating around in our conversation. After his efficient visit, he thanks Mrs. G and moves out of the room. I'm left reeling from the masterful whirlwind I just witnessed, but I follow suit and thank her as well.

Mrs. G grabs my arm and points to my attending as he leaves, quickly reminding me, "Learn everything you can from him. You're in good hands."

I turn to exit the room and notice a black smudge on my sleeve from my pen. I close the door behind me.

This is a fictionalized account of the first patient encounter I had as a medical student. Through narrating my own experience, I reflect on and explore the internal conflicts that medical students and trainees might experience as they work toward becoming physicians. For patients, the piece provides insight into how their grace and patience plays a vital role in training the next generation of physicians.

Prometheus — Aaron Nguyen

Prometheus in a hospital bed,
bound as the eagle descends,
alcohol, diabetes, a rare parasite,
ravenously eating the liver whole

icterus flies foolishly, stalking
the whites of eyes
now tinted with whispers
of a sickly fire
that burns low, defiantly

Prometheus rests in anxious anticipation
for a tomorrow foretold yet uncertain,
his eyes close in yellow hues,
his body writhes.

In Greek myth, Prometheus is the titan who stole fire from the gods and gave it to humans. As his punishment, he was chained to a mountain, and every day, Zeus's eagle comes to eat his liver, which constantly replenishes itself for the next day. In this poem, I imagine Prometheus as a patient.

Aaron Nguyen is a second-year medical student at Baylor College of Medicine. He earned degrees in English and Biosciences from Rice University. In his spare time, Aaron likes to crochet beanies, watch Survivor, and submit entries to the weekly New Yorker cartoon caption contest.

Midnight Rounds — Noah Levine

Midnight Rounds. The clock hands intertwine.
The ward whispers in its fitful, dreamless drift.
The doctors note the whispers of the night—
trace rhythms, gauge the breaths, and sketch
the path ahead. I glide through silent halls and mop
the echoes of the day with my worn-out coat.
A beacon in the fog of weary minds,
the break room beckons. Just one corridor away.
The ICU's quiet. A rare calm
broken only by the soft hum of machines
and the gentle murmur of night owls in scrubs
sharing tales over lukewarm tea. They laugh softly.
The next case is a journey into the unknown.
Shakespeare stirs with the sterile glow
and empty corridors, or perhaps it's the reverse—
a mariner's prelude to the dawn's embrace
(at midnight the world holds its breath in suspense).
I whisper a weary doctor's farewell,
ascend to my sanctuary above the wards,
nestled between the beats of heart monitors and the hum
of life-saving machines, and sink into a chair crafted by
the dual lullabies of hope and exhaustion.
(Midnight. Silence. Until the next call – Beep Beep Beep.)

Navigating the quietude of the hospital at midnight as a fourth-year medical student, I find myself enveloped in a surreal calm, a stark contrast to the day's chaos. The ICU's tranquility, punctuated only by the soft cadence of machinery and hushed conversations among my peers, offers a momentary respite. As I retreat to my own space, surrounded by the rhythmic assurances of life-preserving devices, I'm reminded of the delicate balance between fatigue and the relentless pursuit of healing.

The Barrier — Noah Levine

In the hush of twilight's embrace,
I stand alone, a silent witness
to the dance of shadow and light
across the cold, indifferent pavement.
Crimson whispers trace the ground,
a silent testament to the chaos
that danced here in the moon's pale gaze.

The city breathes a weary sigh,
its heartbeat slow beneath the stars,
as I walk through its veined streets,
each step an echo in the void.
The night air carries whispers
of lives intertwined with the dark,
their stories etched in the spaces
between the flickering streetlights.

In the quiet, I find solace,
a momentary refuge from the storm
of human frailty and forgotten dreams.
The world around me fades to gray,
a canvas painted with the hues
of loss and the fragile threads of hope.

I reach the sanctuary of my door,
a barrier between the tumult
and the quietude of my own soul.
I pause, a silhouette against the night,
and listen for the echoes of my heart,
finding in its steady rhythm
a counterpoint to the world's dissonance.

And in the stillness, I am reminded
of the resilience that dwells within,
a flame that flickers but never fades,
even in the face of the night's cold embrace.
I step inside, the door closing softly behind,
leaving the night to its silent vigil,
as I seek refuge in the warmth of my own light.

In this poem, I try to offer readers a contemplative perspective on finding harmony within oneself and the environment, despite the inherent dissonance of life.

Noah Levine is a fourth-year medical student at UT Southwestern, having graduated from The University of Texas at Austin in December 2019. With a strong interest in internal medicine, Noah is passionate about making a positive impact in the lives of patients through compassionate care and innovative treatments. Outside of his academic pursuits, Noah enjoys socializing with friends and indulging in his favorite dessert, lemon cake.

Catch and Release — Alex Fanning

The dawn breaks gently as I wade into the river, the cool water enveloping my legs, sending a shiver up my spine. I carefully select a nymph from my box, tying it to the tippet with practiced fingers. The first cast is a whisper, the line unfurling gracefully over the water, the nymph sinking silently into the depths. I watch the line, making minute adjustments to keep the drift natural, the fly mimicking the subtle dance of an aquatic insect.

Mrs. Thompson passed away this morning. She had been battling end-stage renal disease and had recently started on dialysis. Despite the initial hope that dialysis would extend her life, her body gradually succumbed to the complications. Her family, understanding the gravity of her condition, had been by her side, offering love and support. The medical team had done everything possible, managing her fluid balance, electrolytes, and dialysis schedule with precision. She had been a fighter, her spirit undiminished even as her physical strength waned.

The river speaks in hushed tones, the sound of flowing water a constant companion as I make another cast. This time, the nymph lands near a submerged log, a likely hiding spot for a wary brown trout. The current carries the fly into the shadow of the log, and for a moment, everything is in perfect harmony.

It was her third week in the hospital. Despite the challenges of dialysis, there were moments of hope. She would share stories from her youth, her laughter filling the room, a stark contrast to the beeping monitors and clinical environment. Her resilience was inspiring, a beacon for both the medical staff and her fellow patients. She had become a fixture in the ward, her presence a comforting constant in the ever-changing landscape of hospital life.

As the nymph drifts past the log, there's a sudden tension on the line, a jolt that sends adrenaline surging through my veins. I raise the rod, setting the hook, and the water erupts as the trout fights for freedom. The battle is intense, the fish's strength against my skill and experience.

The code blue alarm shattered the morning calm, a stark reminder of the fragility of life. The medical team responded with urgency, their actions a well-rehearsed dance in the face of crisis. Despite their efforts, the rhythms on the monitor faltered, the lines telling a story of a heart struggling to beat. The room was filled with a tense silence, the outcome hanging in the balance.

The trout finally tires, and I gently bring it to hand, admiring its beauty before releasing it back into the river. The moment is fleeting, a brief connection between man and nature.

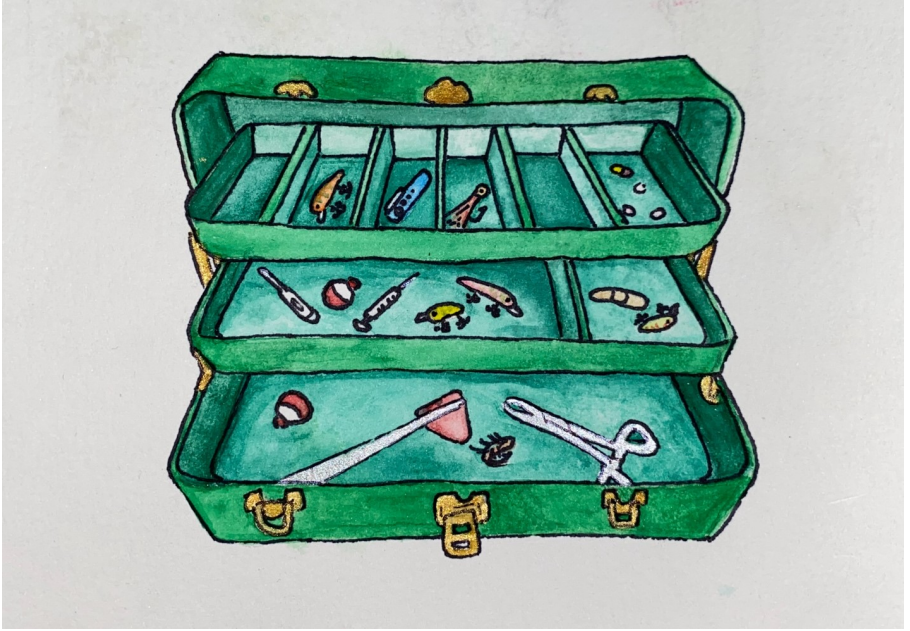
The debriefing was somber, the team reflecting on the day's events. The loss of Mrs. Thompson was felt deeply, her absence leaving a void that was hard to fill. The conversations were hushed, the usual banter replaced with quiet contemplation. The reality of medicine, with its highs and lows, was never more apparent.

As the sun dips below the horizon, I make my way back to the bank, the river's song a bittersweet lullaby. The day's experiences, both on the river and in the hospital, are a reminder of the delicate balance of life, the thin line between holding on and letting go.

“Catch and Release”, a contrast of life's fragility with the continuous flow of existence, details one of my memorable experiences with a patient from my intern year in IM residency.

Alex Fanning is a second-year internal medicine resident at UT Houston McGovern Medical School. He hopes to go into critical care medicine for fellowship.

The Tackle Box — Jade Evenstad



Watercolor on 140 lb. cold press paper, 6" by 4.25"

"The Tackle Box" is a cartoonish watercolor piece depicting the overlap between profession and hobby. The physician-fisherman's medical tools are interspersed among their fishing supplies in an old tackle box, which is meant to represent how although neither activity takes priority over the other, career can seep into personal life.

Jade Evenstad is a third-year medical student at Baylor College of Medicine interested in child and adolescent psychiatry. Although she never formally studied art, she has been drawing and painting her whole life and plans to continue.

Echoes of Doubt — Sofia Martinez

He dwells in the shadows
of my mind and soul,
A tenant uninvited,
in control.
Despite my pleas for silence,
he remains,
to echo,
to haunt,
to claim.
"You will always fall short."
I fight against his hold,
but only ensnare myself.
"You will always fall short."
With every step I take,
his scrutiny burns cold.
"You will always fall short."
I try to drown his voice
with laughter,
with distractions.
Yet on some days, he murmurs,
but still he speaks.
"You will always fall short."
His whisper is the loudest sound.
I don't know how to silence him.
I don't know how to be
more.

Many medical students face an internal struggle with self-doubt, which can at times undermine their sense of self-worth and ability to progress in their career. With this piece, I try to capture the emotional turmoil and the quest for self-acceptance in the face of such internal adversity.

Sofia is an MS3 at UTSW. She graduated from Trinity University in 2020 and hopes to pursue a career in Pediatrics.

She/Her — Michael Petrus-Jones

Gray eyes
Magenta hair covering
Who sees her?
Shallow breath
Vortex of gray
Coral shoes
Standing in shadow
Smile disguises
Does she realize?
Gold polish
Digging into ashen palms
Gray shield surrounding
Ruby heart
Do they know?
He says, "She"
Deep breath
Emerald peers through magenta
Gray falls.

"She/her" is a reflection and amalgamation of my interactions as a pediatrician with LGBTQ+ identifying patients. As providers, our support for individuals struggling internally, particularly within this population, can provide color and hope to even the darkest of situations.

Dr. Petrus-Jones is a first-year fellow in Academic General Pediatrics with interests in advocacy, medical education, and serving the underserved. He enjoys utilizing narrative medicine in both his individual work and his educational efforts with residents and medical students within the Department of Pediatrics.

Life After Death — Paul Nemer

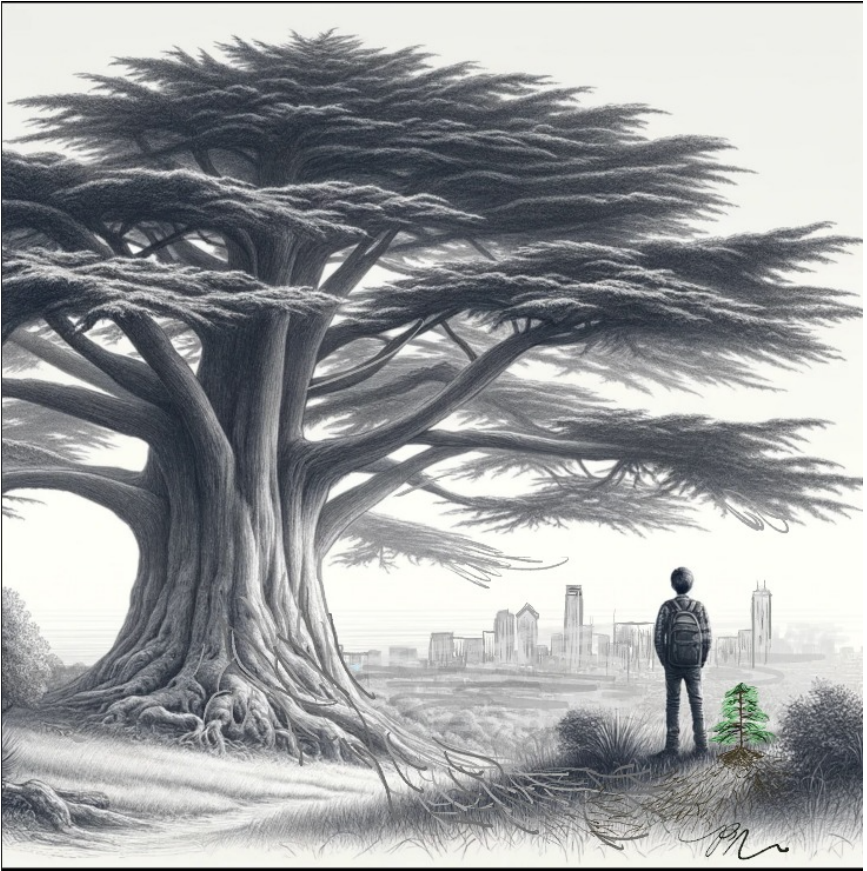
The fruit may fall from the tree
But only then does its seed sprout
Death may silence the body
But only then does its soul sing

The son of immigrants built the medical
towers of Houston from its red dirt
And bid farewell

But only since then does his soul sing forever.

Just as his ancestors sailed from the Land of the Cedars
We, the children of different roots but the same tree
Come to build with you.
And with a passion.

Every night as I leave the library and pass by you
I bid you farewell
But promise that I will return tomorrow a stronger student
But promise that I will tend to the heart of the fruit and not just of its shell
But promise that I will prune the branches of the same tree
So that it too may have seeds that continue to grow.



'Life After Death' explores the cyclicity of medicine through a tree's rise, fall, and rebirth. It reflects on the legacy of those from different roots coming together to build. This is the beauty of medicine, and this is the beauty of the Texas Medical Center. The poem delves into the themes of passion, inspiration, and education, capturing the essence of persistence and the perpetuity of the soul. Medicine is a spiritual and poetic calling that draws all students of the art together as branches of the same tree.

Paul Nemer is a second-year medical student at Baylor College of Medicine. He is inspired by Dr. Michael DeBakey, the son of Lebanese immigrants, for his sacrifices in giving back to his community, his country, and the betterment of mankind.

A Beacon of Light — Chelsea Zhang

He's a canvas of contradictions, sprawled across the hospital bed that seems too rigid for his kind of fluidity. His skin is a mural of ink, each tattoo a chapter from a life that has been anything but linear. His arms, draped casually over the side of the bed, are littered with symbols and scripts, vibrant against the sterile white of the sheets. His face, though worn by illness, is animated by an ever-present grin, a silent rebellion against the gravity of his condition.

His laughter, a rare and treasured sound, echoes through the clinical corridors, a beacon of light in a place too accustomed to shadows. It's his shield, his way of disarming discomfort and deflecting the sympathy that often accompanies the hospital gowns and IV drips. He insists on being seen for who he is, not the disease that occupies his body.

His sister, ever vigilant, occupies the chair beside him, her presence a constant in the fluctuating tides of his health. Their interaction is a dance of humor and heartache, a shared language that speaks volumes in the unspoken.

As a medical student, I'm drawn to his room, not just for the clinical learning but for the human experience he offers so generously. Our conversations start with the mundane, skirting the edges of reality before diving into the depths of his treatment. He is keenly aware, dissecting medical jargon with an acuity that challenges and engages me.

In the quieter moments, when the laughter subsides, I catch glimpses of the vulnerability he so skillfully masks. It's a haunting reminder of the fragility that underpins our existence, the thin line between health and illness.

The chemotherapy suite, with its sterile ambiance and the relentless hum of machinery, feels like a stark departure from the warmth of his personality. Here, amidst the beeps and the clinical efficiency, he seems diminished, his vibrant tattoos a stark contrast to the pallor of his skin. His jokes, though still frequent, carry a weight-- a subtle acknowledgment of the battle being waged within.

As the treatment unfolds, I stand by, a silent witness to the quiet courage that defines him. It's a humbling experience, one that teaches me more about resilience and the human spirit than any textbook could.

Our discussions about future treatments and potential outcomes are steeped in realism but not devoid of hope. His determination, a fierce refusal to be defined by his illness, challenges me to view medicine not just as a science, but as a partnership, a journey shared with those we aim to heal.

The moments of doubt, the nights spent pondering the 'what ifs', are an inevitable part of the journey, both his and mine. They serve as a reminder of the delicate balance between offering hope and facing the stark realities of medicine.

When the time comes to discuss the progression of his illness, the room fills with a tangible tension, a mix of fear and defiance. His sister, a silent pillar of strength, holds his hand, a vow of unwavering support.

"What's next?" he asks, his voice steady, but his eyes searching for something more than just medical answers.

The weight of his question, the expectation of honesty tempered with hope, feels immense. This is a crossroads, not just for him but for me as well. This moment is a test of my resolve and my commitment to the oath I've yet to fully claim.

"We fight," I say, the words not just a plan of action but a pledge, a commitment to stand by him, to exhaust every avenue in the pursuit of healing.

Watching him leave, his steps measured but unyielding, his sister's arm a testament to their shared strength, I'm struck by the profound impact of human resilience, the ability to find light in the darkest of times.

—

The news, when it comes, is a quiet devastation.

In the silence that follows, I'm left with the echo of his laughter, the memory of his courage, and a deep-seated understanding of the privilege and the weight of the path I've chosen to walk, a reminder of the transient nature of our connections and the indelible mark they leave on our lives.

This piece is about one of my most memorable patients during 3rd year clinical rotations. He was known for his vibrant personality, beautiful tattoos, and tremendous courage while facing his illness.

Dr. Chelsea Zhang is an artist, writer, and pathology resident.

Collision of the Wave and Rock — Katherine Sheffield

Some days, I am the rock,
With only micro-dust eroded by the wave.
Other days, I am the wave,
Hurlled against the rock by forces too powerful to control.

In medicine, the collision of experience and knowledge,
Is, at best, tumultuous,
Like the collision of the wave and rock.

Knowledge, like the rock,
Is foundational and finite,
Grounded and holding fast,
Minutely changing relative to time.

Experience, the wave,
Is in constant flux,
Chaotic and ephemeral,
Waxing and waning with the moon and her tides.

Walking home from an exam on cancer,
I called my mother for something random,
Only to learn she had just been diagnosed,
With cancer of her own.

Experience collided with knowledge in that moment,
Knocking me from the stability of the rock,
And, I must confess,
The waves may take me under.

p53, Rb, apoptosis
Oncogenesis

I know the definitions of these words,
And their consequences when they go awry.
Yet the experience of their malfunction,
Is like something I will never understand.

Shock.
Denial.
Anger.
Never acceptance.

Emotions ebb and flow,
Crescendoing,
And crashing on my otherwise grounded existence,
Submerging my head and heart.

Define and discuss the meaning of grade and stage,
And their relationship to neoplasia.

As I recite the empty knowledge of their clinical importance,
My experience tells me they are only categories,
defining how close loved ones are to death,
How close my world is to irreparable destruction.

Rock and wave, knowledge and experience.
Each is powerless to avoid the other.
The rock can no more move out of the path of the wave
Than the wave can redirect its path out to sea.

Each is at the mercy of the forces guiding its existence.
Each surrenders to the other to find harmony.

I feel nothing even close to mercy or surrender,
Or harmony.

Another exam approaches,
And I can only hold fast, for dear life,
To the rock,
As the storm kicks up the waves,
Crashing and pummeling my exhausted form
Threatening to pull me under.

This is a piece I wrote after hearing of my mother's diagnosis with cancer. It was asymptomatic, found by accident, and stage 4 on diagnosis. This is on top of the fact that my brother has terminal cancer of his own, so needless to say, I was crushed. Being at medical school, separated from my family, in the midst of discussing neoplasia and pathology, made for a surreal experience that collided harshly with class. I wrote this in an effort to make sense of the dreadful feelings I felt, as emotional catharsis to try to move forward and study while life as I knew it disappeared from underneath me. We are all ok for now, and there is still treatment available for my mother, but for me, this piece stands as a stark reminder that even though we are here to learn how to take care of patients and their families, that never keeps us from becoming patients and their families. This experience has added a level of depth to my training that I would never ask for but will gratefully learn from.

Katherine N. Sheffield is from Austin, TX and is a non-traditional, first-year medical student at the University of Texas Medical Branch in Galveston, TX. She is interested in psychiatry, neurology, and trauma-informed care. She is dedicated to engaging with the humanities, mainly through writing and painting, as a way to process emotions, experiences, and the stress of too many flashcards.

Hospice — Pramod Lad

Derived circa 1818 from the French, a refuge
built by monks in the passes of the Alps
known also as a place of rest from the nudge
of a new night, where the need for help
is contained or disappears. Buried in morphine
blissfully unaware of pain and almost anything
else, nourished by life's essence, saline,
salt and water from which the ultimate kings
of the planet arose, oblivious to the happy
blinks of the ever watchful oscilloscope,
what would it mean, the hoped
for delay in the thin grass green scrappy
crawl of a flattening line; who knows to tell where breath goes,
in pitiful gasps, when the new night stalls, or what it does
mean, when mercy strikes and the pupil's curtain closes.

Taking Care of a Horse — Pramod Lad

At the last visit my dear and glorious physician
Informs me that “things” were not all that good.
I had lost much muscle mass, and the dexa scans had come
Back. It was, as he had, in detail, mentioned;
The bones were brittle. I was old, that was understood,
But the decay had hastened. It is not clear why in some
This occurs. The New England Journal advises a less cumbersome
Approach, a look at the obvious, a caring assessment of both mood
And appearance, which gives a better understanding of how long
The patient will live. To get to the point. This reminded me
Of a story I vaguely remember, of a horse tied by a strong
Leash. Each day the leash is shortened, the horse, belly
Distended, dies. The doctor says who knows what the future will bring?
And we will never know, will we, who pulls the strings.

The poem “Taking Care of a Horse” is based on a New England Journal article which advised doctors to consider the whole patient rather than adopting an organ based diagnostic approach. However, as the poem suggests, outcomes in both approaches remain uncertain. The reference to the horse is inspired by a story written by Emile Zola.

Pramod M. Lad was born in India, educated at King’s College UK, and completed his Ph.D. in Biophysical Chemistry at Cornell University, NY. He was a scientist at the National Institutes of Health in Bethesda Md, and was a member of the scientific team led by Martin Rodbell which elucidated the molecular basis of hormone action, work for which Martin Rodbell was awarded the Nobel Prize for Medicine. He has published over one hundred research articles in various peer reviewed science journals. He has received several awards and grants for his research. Some of his poems have been published in an anthology published by the Washington Writers Group.

Lines Between Literature and Life: Edgar Allan Poe's "The Cask of Amontillado" and Psychiatric Patient-Physician Interactions — Camille Villar

Edgar Allan Poe's 1846 short story "The Cask of Amontillado" follows first-person narrator Montresor in his revenge murder plot against his acquaintance, Fortunato. On the night Montresor decides to execute his plan, he approaches a drunk Fortunato at a party and—under the temptation of tasting Amontillado (a Spanish sherry wine)—leads him to a deep crypt. Montresor ultimately chains Fortunato to the wall and immediately sets to work closing off his chained prisoner, burying the man alive.

a low moaning cry

then

obstinate silence.

Gothic literature is a genre teeming with macabre stories elevated to their full terrifying potential by elements such as ghosts, hallucinations, violence, and—as exemplified by Montresor—madness. In fact, perhaps the most bone-chilling aspect of "The Cask of Amontillado" is how Montresor's thoughts and actions are not far from those of real-world sociopaths.

Infamous criminals such as John Wayne Gacy, Jeffrey Dahmer, and Ted Bundy are all textbook cases of antisocial personality disorder (ASPD)—given this, it is no surprise that this mental disorder is often considered the disorder of serial killers. While Montresor in "The Cask of Amontillado" only commits a single murder, his attitude towards his victim Fortunato very much aligns with the sociopathic behavior characteristic of ASPD.

Montresor clearly displays the impairments in self-functioning and interpersonal functioning characteristic of this disorder. He "vowed revenge" with "definitiveness", and he waited and worked long and hard for that goal ("At length I would be avenged"). His plan culminated in action (burying Fortunato alive) that clearly can be considered, in the

words of the American Psychiatric Association, “failure to conform to social norms with respect to lawful behaviors”. Montresor also severely lacks in empathy towards Fortunato, demonstrated by his explanation of how “I continued, as was my wont, to smile in his face, and he did not perceive that my smile now was at the thought of his immolation”: more so than just the “lack of remorse” that characterizes a lack of empathy, here Montresor actually derives pleasure from thinking of Fortunato’s “immolation.” The DSM-5 also posits antagonism as a symptom of ASPD—a symptom Montresor clearly demonstrates through the manipulateness, deceitfulness, callousness, and hostility of his treatment of Fortunato.

[redacted] loud and shrill screams [redacted] from the throat of the chained form [redacted] thrust me violently [redacted] I hesitated, I trembled.

While Montresor’s attitude, intentions, and thoughts about Fortunato remain fairly consistent throughout, there are a series of odd breaks in Montresor’s resolve to kill Fortunato that all occur at the end of the story. These breaks in resolve are signaled by instances in which Montresor pauses his construction of the wall: the pauses suggest a hesitation uncharacteristic of the aloof, confident, deceitful Montresor that eagerly desired Fortunato’s “immolation” earlier in the story. The first break is the slight pause Montresor makes between constructing the first two layers of the stone wall: “the intoxication of Fortunato had in a great measure worn off. The earliest indication I had of this was a low moaning cry from the depth of the recess. It was not the cry of a drunken man”. The second instance is a visceral reaction: “A succession of loud and shrill screams, bursting suddenly from the throat of the chained form, seemed to thrust me violently back”. He pauses again as he places the last stone in the wall: “now there came from out the niche a low laugh that erected the hairs upon my head. It was succeeded by a sad voice, which I had difficulty in recognizing as that of the noble Fortunato”. The final break in resolve occurs right before Montresor seals the chamber, as he notes “My heart grew sick—on account of the dampness of the catacombs”.

now [redacted] a low laugh [redacted]
[redacted] a sad voice [redacted]
I had difficulty recognizing [redacted] noble Fortunato.

The main symptoms of Montresor's ASPD pertain to his "revenge" upon Fortunato and the unusual, apathetic calmness he possesses when explaining and executing the crime. However, the instances of hesitation enumerated above reveal his momentary doubts or even brief remorse: his "heart grew sick". Despite him attributing this to the environment—"on account of the dampness of the catacombs"—the unreliability of his narration leaves enough room for the possibility of this sentiment being remorse.

"Fortunato!" [redacted]
[redacted] p a i n
[redacted] My heart grew sick—
[redacted] For half of a century [redacted]

Notably, all breaks in Montresor's antisocial, murderous intentions (the inconsistencies in his ASPD symptoms) occur in response to Fortunato's vocals: "a low moaning cry," "loud and shrill screams," "a low laugh," "a sad voice." Also, in every instance of hesitation, Montresor has difficulty perceiving Fortunato as the Fortunato he remembers; in fact, sometimes he has difficulty seeing Fortunato as even human: for example, the cry was "not... of a drunken man." Objectively, Fortunato is still intoxicated at this point; not associating the cry with a "drunken man" means not associating the sound with the Fortunato from earlier in the story, the man Montresor resolved to murder. Additionally, the screams came not from an imprisoned human, but from a "chained form." Finally, Montresor even confesses "I had difficulty in recognizing [the sad voice] as that of noble Fortunato."

Montresor's beliefs motivate his sociopathic actions, which have been meticulously, specifically targeted toward a certain individual: the Fortunato who, in Montresor's eyes, committed a "thousand injuries" and "ventured upon insult". When Fortunato deviated from Montresor's

conception of him—a conception that, in his mind, warranted murder—the inconsistency between the original target of revenge and the pitiful half-human, half-animal screams and cries of “the chained form” led to confusion. As seen in the four instances mentioned earlier, this cognitive dissonance manifested as momentary hesitation: a break in Montresor’s sociopathic intentions.

While the diagnosis of Montresor’s ASPD is not definitive and while real-world discourse on the ASPD diagnosis is controversial in general, there is no question that the realistically compassionless thoughts underlying Montresor’s less-realistic actions could very well be exhibited by psychiatric patients. “A Cask of Amontillado” reveals moments that break Montresor’s sociopathic resolve, and those moments all emphasize the importance of exploring and dismantling patients’ pre-existing beliefs that drive disruptive behavior. Overall, when interpreted in this manner, “The Cask of Amontillado” serves as a reminder of the importance of centering patient-physician interactions on eliciting, understanding, and modifying antisocial patients’ perspectives.

Narrative literature mirrors reality in many ways, big and small. Teasing out these parallels between literature and life, this essay applies a psychiatric diagnostic lens to the murderer in the gothic short story "The Cask of Amontillado" in order to glean potential insights into conducting effective psychiatric patient-physician interactions.

After graduating from Rice University with a double major in Biochemistry and English with a concentration in Literature & Literary History, Camille is now a medical student at Baylor College of Medicine. Within the medical humanities, she is passionate about the intersection between literature and the practice of medicine.

Fading Echoes of the Self — Isabella Smith

He first felt its encroachment
in the faltering steps
of his once steady gait,
in the slow fade
of names and faces,
from vibrant portraits
to blurred outlines.
Now navigating
the narrow corridors
of his existence,
he clings to the fragments
of a life richly lived.

Each morning,
with a steadfast resolve,
he dons his weathered cap
and polished shoes,
echoes of a time
when his stride was sure
and his direction certain.
Seated in his favored chair,
he gazes through the window
at the world moving beyond his reach,
the daylight's arc
a silent witness
to the ebbing tide
of his cognition.

Night falls
like a curtain on his thoughts,
each star a note
in the symphony of his past,
his hands, once skilled
in the art of creation,
now rest, uncertain,
on the fabric of his lap.
In the quietude,
he searches for the melody
of his identity,
his essence
a flickering light
in the gathering dusk.

My grandfather, a once esteemed chemical engineer and professor, has been battling Alzheimer's disease for the past several years. This piece portrays his journey grappling with the erosion of memory and identity, once vibrant and sharp, now fading into the shadows of uncertainty.

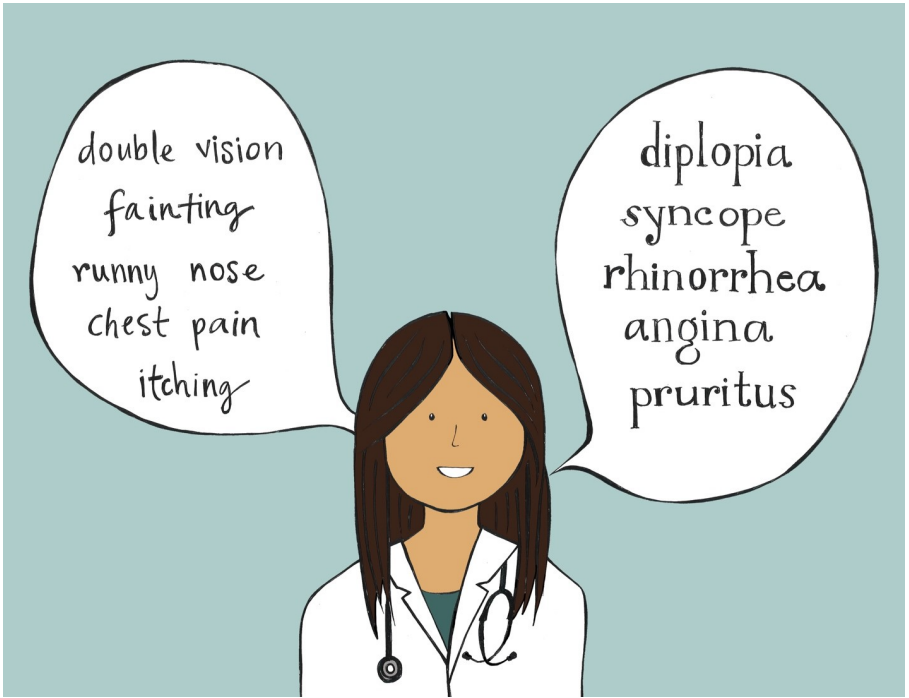
Common Root — Sujal Manohar



Digital Photograph

Tree branches serve as a metaphor for the ever-expanding subspecialties in medicine. As a student deciding which specialty to pursue, it can be overwhelming to select one “branch” for the rest of your career. However, all branches share the common root of medicine – they are not as far apart as we may think.

Medical Jargon Translator — Sujal Manohar



Ink pen and computer illustration

This piece depicts the process of learning medical terminology while utilizing common language with patients. On clinical rotations, I often found myself “translating” between the worlds of medical notes and radiology reports to informal conversations with patients and families. A clinician must be able to seamlessly switch between these two languages, serving as an interpreter for patients who do not speak medical jargon.

Sujal Manohar lives and thrives at the intersection of the arts and medicine. She sees art as a tool for connection and healing, as well as an avenue for health-related advocacy and awareness. View more of her work at sujalmanohar.com.

Leftover — Samyukta Jhavar

When I was eight, my great-grandfather told me
To read. They say it helps your mind
Stay sharp.
“Mark Twain’s real name was Samuel Clemens.”

When I was nine, my grandmother told me
To chew each bite 32 times. They say it helps your stomach
Digest.
“It’s harder with dentures.”

When I was eleven, my swimming instructor told me
To practice more. They say it helps your bones
Stay strong when you get older.
“In the deep end, you always float up.”

When I was fourteen, my biology teacher told me
That we play host to tiny living things. They say the microbiome has
A life of its own.
“Bacteria have cell walls. This will be important later.”

When I was twenty-one, my mother told me
To buy more face masks. They’re saying the virus spreads quickly, but
We don’t know much else, yet.
“Let’s go for a walk.”

When I was twenty-three, a woman with waves in her hair told me
To go and join the others twirling on the wooden floor. They say dancing
is good
For the soul.
“I think I know this one.”

When I was twenty-five, I thought of them,
as I scoured the pages of my *Pocket Medicine*
And dug into a leftover candy bar.

I wrote this poem while reflecting on tidbits of health advice and individual ideas about wellness and living that have been shared (and stayed) with me over time.

Samyukta Jhavar is fourth-year medical student at Baylor College of Medicine, currently completing her MBA at Rice University. She completed her undergraduate education at the University of Texas at Austin.

Jam Session — Karissa Chesky

“Alright, what should we play?” I’m excitedly asking two of my close friends and medical school classmates, Sam and CJ, as we’re sitting in Sam’s living room. After months of attempting to line up our very busy schedules, we’ve finally gathered to have what we’ve coined a “jam session.” Sam plays the sax, CJ sings, and I brought my cello. Although somewhat of an untraditional ensemble, I couldn’t be happier in this moment. It’s taken months for the three of us to finally dust off our instruments, and I can’t help but feel fortunate for this time to make music together, no matter how unorganized, silly, or vulnerable it may be.

As medical students, it feels like things that are at the core of who we are can be easily forgotten. As for me, I’ve identified as a musician for nearly my whole life; growing up with a jazz trumpeter and a classical pianist for parents, it feels like music has been a part of me since I came out of the womb. There wasn’t a day where I didn’t practice my cello and piano, or a weekend where I wouldn’t take long road trips with my dad to go play in a competition. I continued to be an “orchestra kid,” carrying this identity with me even into college where I and a few other students would frequent a local hospital lobby to play for any welcoming ear walking by. However, as I near the end of my second year of medical school, I’ve noticed that I seldom make music anymore. This silence is loud, and I am saddened by this unfamiliar creative void.

I definitely think that there is a connection between the imaginative, quick-witted flow of music-making to the doctor’s thought process for patient care. It’s telling that musicians with a penchant for the perfection of their art often become physicians who also seek to master their craft with lifelong learning and practice. Because of this connection, I’ve been so fortunate to meet people on my path through medicine that also share a love of music.

Simply put, they’ve helped me reconnect with such an integral part of who I am that has been neglected in the face of the never-ending responsibilities of medical school. It’s easy to get so caught up in the whirlwind of constant talk about studying or how on earth we’ll someday be making one correct diagnosis after another, but they help

me see that there's no reason to be embarrassed. I *do* in fact love going to the symphony, finding an hour to play my cello, and reminiscing about my favorite jazz festival. They remind me that it's okay, and even necessary, to celebrate our passion for music, no matter how invalid it may feel. We *can* talk about whether we want to attend a local concert, the kinds of music we listen to back home, or how much we enjoy an artist. And as of late, I've found so much joy in their willingness to make music with me. There's something about letting people in via musical articulation - this kind of conveyance can emote or unearth things that may not be able to be spoken, and that can be wildly intimidating. But making music with the right people can set you free, if only for a little while, allowing you to see one another in a way only revealed through chords and harmonies. It's truly special to find those who understand how music can allow for such unique expression, unity, and a much-needed release from the deepest parts of your soul.

I've wholly missed my time being a musician, and I'm grateful for those who have helped me allow myself to again be so. The world needs more of both music and good doctors, so thank you Sam and CJ - I can't wait for all the jam sessions to come.

This essay encapsulates the balance of handling the struggles of being a medical student while maintaining hobbies and things you love. I've been fortunate enough to build relationships with medical school classmates that I have grown to hold dearly. They have helped me navigate this experience, and through these relationships, I have been able to redefine my identity as a musician and continue celebrating music.

Karissa Chesky is a second-year medical student at Baylor College of Medicine. She is originally from Denton, Texas, but considers Tokyo, Japan and Baltimore, Maryland to be her homes away from home. She enjoys music and writing as two of her creative outlets.

There Are Good Things Here — Ruhi Thapar

And so, I prompt myself to ask, what are the good things here?

Can you see the flowers growing from within the cracks of a stone wall as if they are spontaneous creations bursting out of nothingness?

Can you speak your mind, even when you fear you may not be understood, as a powerful service to yourself rather than an act of appeasement to others?

Can you relish the moments of sacred rest you allow yourself, sprinkled throughout a day, hiding in the shadows or out in the bright sunlight, soaking in a peacefulness you have always cherished?

Can you allow yourself grace in all situations, combatting the fierce self-criticism you often deploy in places you have never been before, in first-time triumphs that should elicit celebration of self rather than deprivation of joy?

And so, I ask again, what are the good things here?

I view writing as something that powerfully unifies self-reflection with service to others when we share it. This piece is about looking for the goodness in our daily lives, a practice that is all the more important for healthcare providers who are often surrounded by suffering. It was sparked from my experience as a first-year medical student being thrown into the world of medicine and my struggle to navigate this whole new world while being kind and patient with myself.

Ruhi is a first-year medical student at Baylor College of Medicine. She is passionate about having a multifaceted career in medicine, and she hopes to continue writing and using her platform as a physician to bring about positive social change.

Trials of the Theatre — Amina Johnson

In surgery's stern theatre, where stress lies thick,
Where bright lights glare and sharp reprimands sting,
Young acolytes of healing learn their trick,
Amidst the tension that each day may bring.

The gown, once pure, now stained by swift mistake,
A sterile field breached by an errant hand,
Each error magnified, each slip, each shake,
A trial by fire, more than they had planned.

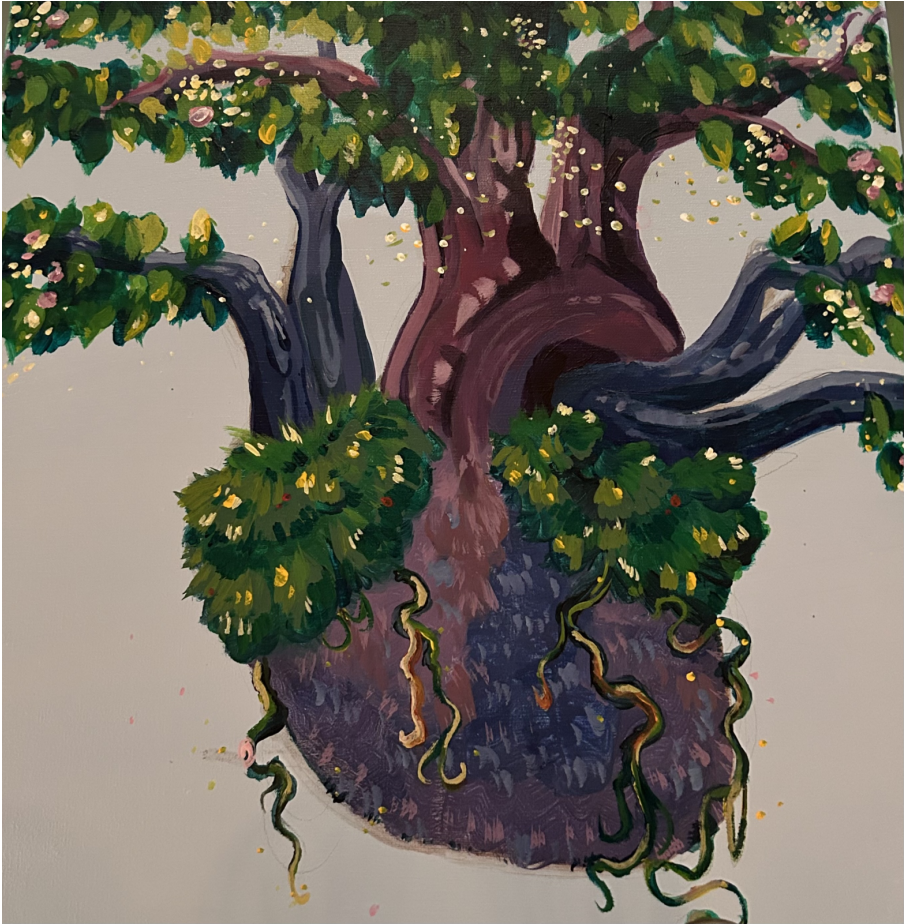
Yet from the crucible of harsh critique,
Where every fault is laid so bare and raw,
Emerges strength, resilience unique,
And wisdom found in every flaw.

For though the path is fraught with trials untold,
It shapes the healers brave and bold.

As a third-year medical student deeply immersed in the rigors of surgical rotations, this poem resonates with the intense and sometimes unforgiving environment of the operating room. It captures the high-stakes atmosphere where every action can be critical, and the margin for error is slim.

Born and raised in a small town with limited access to healthcare, Amina was inspired from a young age to bridge the gap in medical services in underserved communities. Her path led her to McGovern Medical School, where she's currently studying and enjoys being deeply involved in community health initiatives. With dreams of specializing in family medicine, Amina is determined to return to her roots and establish a clinic that provides holistic and accessible care to those in need.

Spring from the Heart — Annie Chen



Acrylic on canvas

This piece was created last year for the donor ceremony held during early March, mirroring that spring is considered a season of rebirth/new life. It was made during a time of new beginnings for budding med students. Just as blood is pumped from the heart to deliver life giving oxygen, the tree branches sprouting from this metaphorical tree heart parallel the arteries and veins as they branch out from someone's actual heart.

Annie Chen is a second year medical student at Baylor College of Medicine. She majored in Kinesiology at Rice and uses various art mediums to convey various themes. In their free time they enjoy working out/dancing, going thrifting, and spending time with friends.

W.T.D. — Austin Weynand

“Colby” is my first hospice patient. I am still a teenager. Standing uncomfortably with a hand in my pocket, I realize I have no idea how to interact with him. I feel like an intruder. But he sees me, waves me in with his hand – and soon we’re watching *Cash Cab* together. He says little, but he’s invested in the show, and he looks to me each time a trivia question is asked, smiling and nodding to my answers. Until I start missing them, at which point he shakes his head. Still smiling.

“Wilma” is sunshine. Through her, I grow immensely as a companion. She’s a delightful woman, wheelchair-bound but endlessly optimistic. With Wilma, the weather is always “nice.” The breakfast from earlier was always “delicious.” Yes, of course she’s in the mood to chat. I bring her cokes and skittles, usually. She has an unfortunate family situation, and though she always talks about them, she says they never visit. She holds my hand. She calls me nephew.

“Dalton” was sordid. He expresses controversial and grossly outdated opinions on certain types of people. His filter is nonexistent. He is dying, but he has stories which he waits all week to tell me. I don’t agree with his attitudes, yet I don’t want him to be alone. He challenges me in that way, but through time, I see that his heart is good.

“John” breaks my heart. He’s young – far too young. The prion slowly crippling his nervous system petrifies his family, who face the uncertain future. I’m no longer a teenager, but I have no idea what to say to him that would do any good. What do I know about receiving a death sentence while you’re still raising a family? I sit with him while he drinks beer in his garage, and sometimes we watch *Gunsmoke* together; other times, we just sit. He speaks little out of embarrassment for his shaky voice, and I don’t press. But the things he does tell me – about his sons’ futures, his bucket list, his regrets – never leave me. I don’t know how much I help him, but he teaches me stern truths about unpredictable tragedy and how to face it. His wife keeps up with me after he passes. John’s family is as tenacious as any I’ve ever seen.

My grandmother is an intense woman. Her wit is sharp and peerless, and that famous sense of humor has survived immeasurable hardships I’ve never had to face. She expresses her love through

cooking, as does my mother, and she no longer cares to talk about herself. "Tell me more about your dizzying life," Gramma insists (it's mostly studying). But she's dying of cancer, and even though we move her to our town to be close, it's not enough time with her. When I ask about her pain, she tells me she's "W.T.D." – which, morbidly, is her very original acronym for "waiting to die." My mother and I know she's tired of outliving prognoses. One can only endure so much loss and suffering across a long life, and she's tired of being numbed by pain medication. Our company, however, she grows only fonder of.

Waiting to die.

It's funny, when somebody with a terminal illness and severe comorbidities survives long enough, you find it easy to forget they're still technically on the tightrope between life and death. Multiple myeloma, at this stage... that's a couple years, maximum. But then we go on remission and suddenly, it's been five. Having a seizure, passing out alone in your apartment and needing a week of in-patient recovery? That's... not a good sign. An infection from a cat scratch, her skin is like paper. Now we have a metastasis, but you're still putting on makeup and holiday-themed clothes and smiling. Are you invincible, Gramma?

And then one day you find out they're not.

All of the people I've kept company through hospice have died. Sometimes you get a call from the facility, but other times you don't know until you show up that week, and regardless of how you receive the news, it rocks you in your gut, it takes the wind out of you. When my grandmother passed, I was reeling. I had so many questions I never asked her. I feared I didn't visit enough. I yearned for another phone call just to talk about ... anything.

Waiting to die.

The only person not sad about Gramma passing away was Gramma. Even in grieving it was easy to recognize, and we're fortunate in that sense. There are many more people, like John, who haven't resigned to their fate – those who aren't done living yet. What Gramma and John, and almost every other companion of mine had in common, was what they wanted when their time had come. Company.

It dawns on me that Gramma didn't feel like talking about herself because she was long through with putting her stories out into the world. In her final days, she wanted to drink up as much as she could about the people she loved; to take it with her. Colby wanted someone

to watch trivia with. Wilma wanted someone to hold her hand in the evening sun. Even Dalton longed for somebody to talk to, and he deserved at least that.

It's a fact of nature that should be obvious, yet it is so easily missed by the young and healthy who don't have to think about it. Nobody wants to die alone. It might be the most terrifying outcome imaginable, and for many it's a reality. These things are hard to talk about. They're hard for the old and dying to talk about, too, but they don't have the luxury to ignore it. As your world becomes more and more fragile, as pain becomes the expectation, it must be shared, or at least dulled, by people who care. Anybody can spend time with hospice patients. Everybody should.

For a decade I have sat with hospice patients in various cities and heard their stories. Becoming acquainted with the process of dying has been integral to my development as a young physician, and few experiences have provided me more insight into the human condition. My essay is meant as an anecdotal window into hospice volunteering; beyond that, it's a call-to-arms for those who haven't done it.

Austin Weynand is a third-year medical student at the University of Texas Medical Branch on the global health track. His interests include infectious disease, pediatrics, and palliative care. He hopes to work as a physician-scientist in a primary care setting, conducting epidemiology research alongside caring for patients.

Homelessness — Shervin Nouri

Snapshots in the family album
Look more like lily pads in a pond.
Memories wisp away like candlelight,
Of a life that used to be so fond.

Family has lost all familiarity,
And strangers have become my friends.
An empty shell of what I used to be,
To which I must make amends.

I see glimpses of reality,
Between imaginings dark and traumatic.
Visitor's voices: like distant radio stations,
And this receiver only hears static.

Loneliness has become a symptom
Of my very being in this life.
I fought and fought and fought,
But to no avail in this strife.

My mind falters, yet time goes on,
Leaving my memories without a trace.
The once-strategy of repression, a new-found poison,
Indiscriminate of what I love and hate.

I try to reminisce of a place with a dome,
But I sink further into this dull abyss.
A place of melancholy,
 a place alone,
 Homelessness in the house that I once called my
 home.

To take the perspective of a patient is to truly understand the hardships that they endure. This poem takes the hypothetical perspective of a patient with Lewy Body Dementia. As their disease progresses, so do their lapses in memory and judgment, ultimately leading the individual to a very isolated place. In the hectic schedule of treating patients, it's grounding to take the patient's perspective to understand how their illness affects them as an individual.

Shervin Hosseingholi Nouri is a 3rd year medical student at Baylor College of Medicine. In his free time, he enjoys reading and writing poetry, cooking, painting, and playing soccer, tennis, and volleyball.

Prelude Op. 32 No. 5 in G Major — Sergei Rachmaninoff, performed by Harrison Zhu

“The Spirit of Medicine”: Through my medical journey, I have kept this piece in my repertoire because I believe it represents a beautiful metaphor for the spirit of medicine. A gentle and passionate soul with a soothing touch is wandering through, carried by a flowing stream. Suddenly, there is a minor key transition, which could be turbulent, disruptive, or difficult to accept. However, this is only temporary; there is an eventual return to the major key, which ultimately leads to a delicate ending, representing the beauty in the lives we hope to touch.

Un Sospiro — Franz Liszt, performed by Harrison Zhu

Originally written by Liszt for one of his three concert etudes, Un Sospiro translates to ‘a sigh’ and is perhaps one of the most beautiful pieces I have ever learned or performed. The feeling of its namesake is tangible. It can be interpreted in many ways, but it’s undeniable that there is a sense of profound sentimentality that I believe captures many facets of medical practice.

Audio recordings are accessible here:

<https://www.bcm.edu/education/academic-faculty-affairs/student-and-trainee-resources/student-engagement/omentum>

Before college, Harrison played piano competitively for over 10 years. Afterwards, Harrison continued to perform for public audiences and taught children and adults for over 4 years. Now, Harrison learns and maintains pieces of his repertoire to stay in touch with his artistic side during medical school.