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Focus on Arts & Humanities

"Death is Like a Movie Star"

Jeffrey Shelton, WOSR Regional Chair, Oregon Health & Science University SOM

I was assigned to work at a local hospice during my second year of medical school. When I arrived on my first day, my attending said, "Go talk to the woman in room three." He hadn't even looked up from the note he was writing.

As I stood by the bed of the patient, I tried to recall the guidance of teachers who had prodded me through the first two years of my medical training. I was coached to first and foremost get a chief complaint. I asked the patient why she was in hospice. She said, "I'm dying." Could "dying" be classified as a chief complaint? I panicked. I wanted to do well in this preceptorship. I admired my attending and wanted to impress him. Forcing myself to remain calm, I asked her why she was sick. She explained she had both heart and liver failure. OK, I thought, now I have something to work with. I started working through her symptoms in a systematic manner: Difficulty breathing. Angina. Decubitus ulcer on the coccyx. Edema in both legs. Acid-reflux. I compiled a problem list and some possible solutions.

Upon further questioning, I was shocked to find that the only medication she was on was morphine. No ace-inhibitors. No beta-blockers. No proton-pump inhibitors. Just morphine. My mind raced as I went over my notes. Why isn't she being more aggressively treated? I tried to ask more questions but the woman had either fallen asleep or was ignoring me.

I walked over to the nursing station where my preceptor was sitting. Again, without looking up at me, he said, "Go ahead." I marched into my presentation in the organized way I was taught. He interrupted me before I could finish my spiel. "What are you doing?" I looked at him with horror. What had I forgotten? Vital signs? Medication allergies? Past surgical history? I sat there frozen. He said, "Do you know where you are? Do you understand what we do here?" I was silent. "People come here to die. What I wanted you to do was just talk with her. She is your patient but she is also just a scared, lonely old woman."

It's amazing how, in a flash of a moment, much of what you think can turn on itself. I sat there recognizing my error. I had walked into a room of a woman who is dying alone but for the temporary, well-meaning strangers who provided her care. I had drilled her for information so I could impress my teacher. I had provided no comfort and had refused to acknowledge the certainty of her death.

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“Go back and *talk* with her,” my preceptor said.

When I sat down next to her bed she looked up sleepily and asked what I wanted. “Nothing” I said quietly and clasped one of her hands with both of mine. She smiled at me and asked me if I liked medical school. I said I did and we began an enjoyable two-hour conversation.

I returned to the hospice three days later. “She’s going to die today,” were the first things out of my preceptor’s mouth. I was taken aback. I understand death is part of life but, like most Americans, I’ve been removed from its actuality.

I walked into the room and was struck by what I saw. The woman who had talked for hours a few days ago now was unconscious. I walked over to the bed and said her name. Nothing. I squeezed her hand. Nothing.

I sat down to watch my first death. Mesmerized. Voyeuristic. Her breathing became slower and slower as the respiratory muscles gave way in an ascending pattern. In the end, it was just her jaws gasping for air. Once I realized she had died, I walked over to my preceptor and told him.

“Help the nurses prepare the body for the family,” he said.

The only other time I had worked on a dead body was during my anatomy class at the beginning of medical school. That had been in a sterile, academic environment. I had not spoken with the cadaver before I dissected his liver and lungs. I had not talked with him about his family before I sawed off his cranium.

I walked in the room again and saw the naked corpse of the woman. She seemed so under-sized and pitiable with deflated breasts and gray skin. A nurse was in the room removing the urine catheter. I asked her what needed to be done. She told me and then left me alone to complete the task.

I got a large sponge and a bucket from the closet. The woman had lost control over her bodily functions during the last minutes of her life and there was a great deal of feces in her diaper. She spilled bile from her mouth as I sponged her abdomen.

After finishing the sponge bath, I brushed her hair and moistened her lips with Vaseline. I even managed to overcome unbending limbs to get her into a clean gown. When I was finished, I took a step back and looked at what I had accomplished.

What I felt wasn’t a sense of completion but despondency. She was still dead. Despite working to make her look less ravaged by the process of death, I was not able to resurrect. The reality of her death hit me and I felt depressed.

I walked out of the room and wondered how the people who worked there could see death every day and not be walking repositories of Prozac. I walked to the nurses’ station and sat down. A nurse sitting across from me asked if I was OK. I asked her how she dealt with seeing so much death.

“Death is like a movie star,” she said. “It’s mysterious and overwhelming to those who don’t know it. But to those who see it every day it’s ordinary and not too exciting.”

I expected mysteries in medical school. Things like G-coupled protein receptors, Lesch-Nyhan Syndrome, and fibrinolytic pathways were the type of obscurities I had been prepared to face. Little had I known the greatest mystery in medicine would not be the secrets of science but the inscrutability of life.

"The scientist and the poet"

Amy Huberman, MS3, Johns Hopkins
School of Medicine

The autumn I discovered science
we looked at dragonflies' wings
under the microscope.

I had to catch my breath
at their intricacy - the details
held me there for hours
until my eyes could take no more.

Then my mind turned
to the living dragonflies
I've known for all my summers:
their bright wings, blue and purple, resting -
only for a moment—on the side of my
canoe;
then gone, like idle thoughts, flitting
to and fro across the lake.

Do you remember the day
you, a scientist, and I, a poet,
stood side by side, while wild geese
overwhelmed the sky above us?
Their calls, like the final blow
of the shofar on Yom Kippur,
were all spirit, all abandon,
and I could scarcely keep my balance
until the last strong beating of wings
had long passed.

Then you turned to me:
"Thirty-seven."
They had seemed like millions!

I thought of this again
that autumn at the lab bench,
still bleary-eyed from counting
each side of each Platonic form
hidden in those shining wings—
those shining wings pinned lifeless
to the specimen tray in front of me.

And I lay my head on the bench to grieve
that I could not have it both ways.



Trapped in Myself Photography by Reuben Chou, Class of 2006

"Fifth Column"

Brian McMichael

The tip of my right, ring finger
begins to ache
it swells into a tender knob
hot against my cheek
The surgeon says
it could be cancer
The game plan is:
I go under
they go in
a biopsy goes to pathology
Depending on the findings
I wake up
repaired
missing my finger up to the wrist
or missing my right arm up to the shoulder.

“Gung Gung Road”

Erick Cheung, OSR Chair-Elect, Albany Medical College

He was such an incredibly strong, gentle, and loving man. I remember days when it was too cold for me to play outside, my hero would be doing tai chi exercises on the frosted back porch—in perfect harmony with the elements around him. I was around the age where one can stare at a frosty snowflake for a long time marveling at its beauty and intricacy. He walked me to school whenever he was staying at our house; for whatever reason, he really loved to walk. His face was long for an otherwise small stature, his wrinkled cheeks hung loosely, and his black and silver streaked hair was always parted from left to right.

Many people may have thought that my grandpa was a simple man. But, I knew that behind those smiles and laughs he concealed a lifetime's wealth of compassion, adventures, dreams, and hard work. Our only verbal communication was by the English that I had taught him when I was 10 years old. I learned more about Gung-Gung (the Chinese name for grandfather) from the endless hours that we sat playing Chinese chess than from any conversation we ever had. He was the one who taught me the meaning of compassion, how to look inside a person.

Cancer was his only enemy. Gung-Gung used to visit our house in California at least a few times a year. Four years after he was diagnosed with prostate cancer, he could no longer make the journey and was forced to remain in Panama under the care of my uncle. I visited him several times and was witness to the changes in Gung-Gung. At first he could no longer swim with me in the pool, instead he watched. He started sleeping a lot more. Gung-Gung was a tailor in his younger days, and into his later years he was still sharp with a needle and thread. This skill was one of the first to go.

Instead of playing 5 or 6 Chinese chess games at a time, we played 1 or 2. Worse, he could barely leave the house for a walk. Another year went by, and I was scared the next time I saw him. He seemed to shrink before my eyes, his face was sunken in so that his cheekbones became overly prominent, his hair was no longer thick and black and silver—there just wasn't much of anything left at all. No more walking, he could barely even make it up and down the stairs as he was infinitely tied to the metal cart that carried his catheter bag and his oxygen tank.

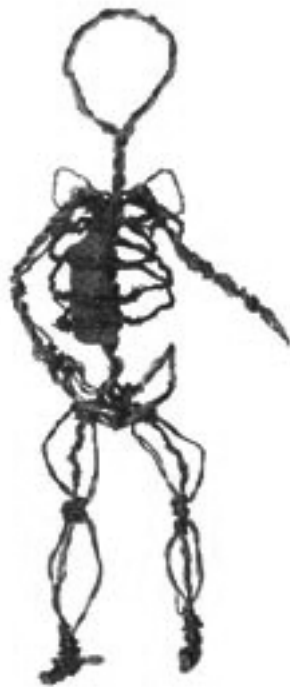
My initial fear of his physical appearance turned into pity, into anger, into frustration, rage... with thoughts of this cruel, injustice, inhumane beast that was eating away at my grandpa. I cried. It is so unfair, it is so cruel. I wished that crying could make things better, I wished that crying, that something, that anything could make our pain go away. Cancer has a special ability to humiliate and degrade its victims. And make those around him suffer in other unspeakable ways. These are the rare times when you are reminded that you are one little person, on one continent, in one planet, in this never ending universe.

The home nurses fed him orange gravy, brown gravy, and green gravy. Once upon a time, Gung-Gung was a man who really knew how to appreciate a fine Chinese dinner. Now he slept... and slept... and slept. I remember the day that there were no more chess games. That really made me sad.

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Around this time, eight years ago, was the last time that I saw Gung-Gung. In his bed, he lay still, immobile, having lost almost all bodily functions. Cruel, dishonorable, despicable Cancer. He couldn't eat. He couldn't talk. No one knew if he could understand anything that was said to him. I wondered if he would even know that I was there...

He knew. He looked at me with the warm and carefree eyes that belonged to the Gung-Gung I knew as a child. He was still thinking of the English lessons, the long walks and tai-chi in the cold. Neither of us dared to speak. Neither of us dared to breathe. We looked at each other for a long time, we were both thinking about the final move of our chess game. You know, he always won.



"Mary Dean"
Sculpture by Miya Allen,
Class of 2007

Plexus, Journal of the Arts and Humanities— UC Irvine School of Medicine.

**Jason M. Phillips, OSR Representative, UC Irvine School of Medicine, jmphilli@uci.edu
Brian McMichael, Editor-in-Chief, Plexus 2005, UC Irvine School of Medicine, Class of 2007, bmc Micha@uci.edu**

Are you a hard working medical student by day and a closet artist by night? Do you like to photograph, paint, or write poetry? At UC Irvine School of Medicine, medical students have created Plexus, *Journal of Arts and Humanities* (www.ucihs.uci.edu/plexus), to express their feelings and showcase their artistic abilities. Founded in 1999 by two medical students and supported by the Office of Medical Education, *Plexus* is a forum of expression for all members of the UCI Health Sciences Community. According to *Plexus* faculty advisor, Dr. Johanna Shapiro, the magazine “allows students the opportunity to see their peers and their instructors in a different light while stimulating them to see medicine and the world around them, well...a bit differently.”

Famous to all students or anatomy, a plexus is an intricately interwoven combination of elements that function as a coherent structure. True to its name, UC Irvine’s *Plexus* encourages students to use literature and the arts to gain a more balanced perspective on the world around them. Second-year student Tracy Slone relates her experience: “Being in touch with who I am as an artist helps me to release some of the tension and stress that I encounter every day as a student-physician.” In fact, students who submitted pieces to *Plexus* described having pride and feeling supported in their exploration of the emotional side of medicine.

But beyond exploring one’s artistic and emotional side, there is education in this process as well. Publicist Ken Lam (MSII) notes: “Research suggests that having a venue to explore and express ourselves through art and literature can be a great way to develop communication and empathy skills” (Shapiro & Rucker 2003). Art also provides an outlet for coping with difficult situations. Often, students write powerful pieces about their experience with anatomy or with a dying patient. According to Editor-in-Chief, Brian McMichael, “*Plexus* creates a community for reflection and allows students to step outside their emotional barriers to deal with very difficult issues.”

Expanding on multiple fronts, *Plexus* continues to play a continuing larger role in the UC Irvine health sciences community. Initiated last year, *Plexus Audio* (www.plexusaudio.com) accepts submissions from musicians, dancers and performers. In addition, *Plexus* puts on an art exhibit at the annual Winter Formal and its contributors support projects including the annual talent show, anatomy closing ceremony, and the Art of Doctoring course. Where does the future of *Plexus* lie? Only the future medical students can say. But we are passionate about our journal and would love to share our ideas. If you are interested in starting a humanities student interest group, please don’t hesitate to contact the writers!

“Liquid Paradise”

Sara Brenner, OSR National Delegate for Communications
U. of Iowa-Carver Roy J. & Lucille A. Carver COM

“Liquid Paradise” placed first in the Carol A. Bowman Creative Writing Contest for Medical Students. The entire literary work may be found online at: www.interfacemag.org

OSR Calendar

March 31–April 3

Northeast Regional Meeting—Pittsburgh, PA

April 4, 2005

Humanism in Medicine Award Nominations Due

April 7–10

Southern Regional Meeting—Winston-Salem, NC

April 14–17

Central Regional Meeting—Rapid City, SD

May 1–5

Western Regional Meeting—Monterey, CA

June 14–15

OSR Ad Board Meeting

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