

# CADUCEAN LIGHTS



A MAGAZINE OF  
ART AND LITERATURE

2021

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# Introduction

We are pleased to release the second annual edition of *Caducean Lights*. The first edition was compiled last year just as the collective BIDMC community began to see and care for the first patients diagnosed with the novel COVID-19 virus, and before we had gained experience in treating an illness that has dominated most aspects of our lives since then.

While none of us knew how to treat COVID-19 initially, we went back to basics. As a community, we cared for patients with COVID-19 just as we care for any patient -- with humility, grit, innovation, perseverance, and compassion. The ensuing waves of COVID seemed to flood the workspace and tempo of the entire BIDMC community, but never extinguished the lights of healing and hope which burned brightly from the spirit within this community. This same spirit is reflected in the contributions of this year's edition of *Caducean Lights*. We hope you enjoy.

Warm regards,

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

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

# Title Origin

In antiquity the Caduceus was the magical staff entwined by two serpents belonging to Hermes in Greek mythology. Hermes gifted Apollo the musical lyre and in return Apollo presented Hermes with the Caduceus. Not to be mistaken for the Rod of Asclepius -- the Greek god of healings' staff entwined by a single serpent, the Caduceus was thought to be able to comfort the dying and even return the dead to life. While, the Caduceus may be incorrectly associated with medical care, its association with exchanging the arts for rejuvenation and healing make it fitting for a collection of art and literature dedicated to the medical humanities. In 1996 the Beth Israel Hospital merged with the Deaconess Hospital to form the new medical center. The stylized striped Caduceus that served as the mark of Beth Israel and represented compassionate, patient-centered care was joined with the flaming light from the Deaconess' ever-burning candle which represented the light of new knowledge. The symbol has guided the members of the BIDMC community throughout the years to provide humane, patient-centered care with an everlasting commitment to education and research. It is our hope that *Caducean Lights* will continue to serve as a beacon for Beth Israel Deaconess Medical Center's dedication to humanism and patient-centered care by guiding artistic reflections unique to the transformative health care experience.

# Cover Photograph

“Winter Wonderland in the Longwood Medical Area” by Nisha Nepal

# Katherine Swan Ginsburg

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



It is an honor to dedicate the second edition of *Caducean Lights* to the memory of Katherine Swan Ginsburg.

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# A taste of what you once had

Johnna Marcus, Licensed Independent Clinical Social Worker  
Addiction Psychiatry

I think about pain often-tears of muscles, burning of fingers, joints moving in ways they shouldn't.

We live in bodies that focus on survival at any cost- and protection is pain.

We protect ourselves to prevent greater damage- warming up to prevent tearing muscles, wearing mitts on our hands when cooking so not to get burned, not running on ice so we don't break a bone.

We strive to listen to our bodies in order to know when to stop. This instinct seems natural.

It becomes challenging when we meet those who have another kind of relationship to pain- those who do not feed themselves because hunger is meant to motivate, those who cut because they believe it will heal, those who push on the gas pedal to 100mph just to feel what the wind feels like at that speed.

Even when they know the risk of pain is higher.

We look at people with addictions as those who lack motivation and somehow choose suffering- pick up the drug and you will feel pain eventually...

but is there a choice? and if so, why choose this?

The truth is that we know pleasure and are motivated by it- stepping on glass barefoot to find the alleviation on the other side. Is there satisfaction in wearing the blood that was shed to get there? Will it be worth it, if you survive?

There is a faraway memory (but is it so far in the past? It is hard to tell....) of what this substance once meant and there is willingness to explore how to go back there.

Maybe once, perhaps weeks or years ago, this experience was something different.

The taste, taken drop by drop, filled you up like a balloon. Popped into nothingness.

How long will you spend looking for it again?



# A Stormy Shift

Fatima Abbas, RN  
Clinical Nurse II  
Farr 5



# After a Year

Adeel M Khan, MD, MPH, MS  
Divisions of Hematology and Oncology, Department of Medicine,  
Fellow

When I returned after a full year,  
I saw age in my mother and father.

The plague of COVID separated us for too long,  
with thousand-mile distances that could not be traversed.  
Amid sickness surrounding us, the loving choice to stay close was to stay away.

Before these deranged times I saw them often - their creeping age was insidious.  
I did not notice them struggle imperceptibly with the voluminous jug of water.  
Nor did I notice the slower pace to my mother's stride and the leftward leaning.  
I certainly did not notice the field of gray waging successful war on my father's scalp, leaving the barren  
bald earth underneath.  
Oblivious to the obvious, we carried on.

Yet after one year, the wear of time was too plain to ignore,  
like COVID itself, both deafening and blinding, immediately captivating all attention.

Why does my mother now prefer drinking her tea with the television off?  
Why does my father insist on retiring to bed so soon?  
And why did they have to ask twice their own friend's name?

Amid that melancholy in feeling the circle of life, I could at least share my own news to these aging  
people, "you're going to be grandparents."

Stunned for a moment then overflowing with joyful tears and merry shouts, the sparkle in their eyes  
returned.

But I could not help but notice how robbed they were of their previous luster.

# Moscow, Russia

Eli Gelfand, MD  
Cardiology



Eli Gelfand | mirabilevisuphoto.com

# Aleteo: Flutter

Leonor Fernández, MD  
Healthcare Associates, Primary Care

## **Aleteo**

Un pajarito colorido  
se ha posado a nuestro lado,  
y casi desapercibido,  
nos señala esplendor

Se pasea por encima  
de la bulla y la rutina  
y busca flores escondidas  
entre vendas, filas largas y ascensor

De repente, con ternura  
alguien distingue su hermosura,  
y en ese roce de dulzura  
nos presta vida el picaflor.

## **Flutter**

A colorful little bird  
has perched beside us,  
and almost unnoticed  
he signals splendor

He flutters  
above the din and routine  
and looks for flowers hidden  
amidst wounds and dressings, and busy wards

Suddenly, with tenderness,  
someone notes his present beauty,  
and in that touch of thirst and honey  
he lends us life, the hummingbird.

# YOU

Andrea Garvin RDMS  
Staff Sonographer, HMFP Radiology





The world is a heavy place right now. So many of us have suffered unimaginable tragedy on a personal level . Many of us have witnessed it through our patients and their families. It has taken a toll on our lives and our mental health. We are caretakers by nature. It's who we are. It is important for each of us to be at our best ...so we can give our best. Each of us must find our own way to cope and de-stress. Try to take time so you can nurture and heal yourself. I have found nature to be my healer. I love to hike, bird watch, and Photography. I have read about Professor Yoshifumi Miyazaki and his research of the positive effects on the body just taking a short walk in the woods. It's called the art of shinrin yoku (forest bathing). Also , a paper in Bioscience states that the more outdoor birds people see the less depression, anxiety and stress they have.

So don't forget to take care of YOU.

# The Stairwell.

Glenn Bublely, MD

Associate Professor of Medicine, Division of Hematology/Oncology

The first time I met Tom I knew he would be one of those patients who would have more trouble than most accepting the inevitable decline from metastatic disease. I'm in his hospital room just a day after a surgery to remove a metastatic lesion that compressed his spinal cord. He is awake, but still can't move his left leg and might not ever be able to. As I sit by his bedside, he sees me and says quietly "Hi Doc". I said hello and then we both sort of lapse into silence, listening to the device on his IV pole make incessant beeps. After a few minutes, I said good bye. Tom sadly nodded. On this morning, this passed for rounds.

I leave his room quietly, and then at the end of the hall instead of heading into the elevator lobby, I duck into the stairwell. The stairwells of this building are from 1904, cavernous, poorly-lit and solemn. They're also deserted, so as I start my descent from the tenth floor I suddenly decide to stop walking and just sit down on the stairs. Like everyone else in this medical complex, I always have places to go, but I feel the need to stop and decompress.

Tom's story is like a lot of my patients. He was going along with his life full speed as a successful real estate developer, building condos, and buying and selling properties. Divorced, he loved his work life and would easily put in 60 plus hours every week. About 2 years ago he developed an atypical back pain that worsened over two weeks. His PCP ordered a MRI and sent him to Oncology after she got the results. As Tom told me on our first visit, "something's eating away at my spine". A few days after a CT guided biopsy, I called him to tell him he had metastatic prostate cancer. Tom was at work of course when I called. He told me when he got the news he sat behind his desk and looked up at his bulletin board with all of his projects and wondered if he would see any of them completed. "One day" he said, "I was worried about construction costs and contracts, and the next I'm lying on an MRI table in a johnny and told not to move as they slide me into a hollow tube that felt like a coffin".

I like this stairwell especially. I started to take the stairs more often in the early days of the pandemic, thinking it was a better way for social isolation than elevators. Now, even fully vaccinated, I find I still gravitate to their calm silence. The stairwell in this building are spacious, with stairs are sixteen feet wide and concrete worn by medical folks walking their treads for more than a century.

In the 2 years since Tom's diagnosis, except for a few short months when my prescribed treatment called a truce with his cancer, he has dealt with more or less constant loss. The initial treatment resulted in fatigue so severe that it made getting out of every morning a chore. The next treatment resulted in a loss of libido and erectile function. At that point he told me he decided to "cut his girlfriend free", telling her he had nothing for her, his man hood taken away by drugs that made him castrate. Then we went on to chemotherapy, this resulted in a loss of what was an abundant mane of

grey locks and its stopped working anyway after only two months. We are now we are out of treatment options. All that is left is stopping aggressive treatment and moving towards hospice, but Tom isn't having any of this talk. He tells me he needs to be on the job the next few weeks to supervise the latest condo construction. In a conversation a few weeks before in my out-patient clinic, I had the same message, we are near the end. Family members aren't allowed in these days, but for Tom it didn't matter, there is no wife, or children or friends to call on our speaker phone. Tom has had to adsorb all of this sadness alone. The last thing he said when he left my office the last time was "death is not an option; at least not now. You have to come up with something that will give me more time".

This stairwell is ageless. I think of its history, to a time like the early '50s, when the doctors were all men and the nurses were mostly all women. Probably clandestine relationships were formed between couples as they smoked cigarettes here and escaped the busyness and eyes of the ward. The house staff all wore white coats then, short ones for interns, longer ones for residents. In the pocket of every coat would be a spiral bound book that told you everything you needed to know to practice medicine called the Washington manual. Now there is ten thousand times more information on their thin cell phones than in those tattered manuals.

One of the idiosyncrasies of being an oncologist is after initial review of a pathology report, you usually know how the story ends, even if you don't know exactly when. Sitting on these steps I know there is no earthly reason that sooner or later someone won't be reading my path report too. Now in my 70s, if I'm on this earth for the next decade it will likely be one dealing with the increasing sorrows of aging, with loss of friends, and even my own strength and health. It isn't morose, it's just the statistics. Unless we have what might be mercifully considered "sudden death", many of us will be wheeled on gurneys, propelled by people in scrubs into an OR or radiology suite to assess a mass on an x-ray or blockage of arteries. Under those bright lights we will begin to meet our fate. Jackson Browne said in the end there is one dance you do alone. I wonder if he knew about hospital gurneys, how they are all too thin to hold any more than one.

It's so incredibly weird to think that one day the am news will come on channel 5, with the weather and the red sox scores and we won't be there to see it. The baseball season will go on without us and two teams will be in the World Series, like this year and the year after that. And at some point my grandchildren will go to college and fall in love and marry, but we won't be at their wedding to drink beer on a hotel patio and feel the sun on our face as we happily watch our grandchildren's lives progress.

Flannery O'Connor wrote about a "gift of an illness" before dying. I think she meant that this was a time for clarity of purpose, where what was important in life came into sharp focus. A time when old wounds between family members could be breached, and the stillness of a morning sunrise could bring tears of joy, if only for the fact that our sunrises become painfully finite in number. Tom isn't close to any sort of Flannery O'Connor resolution and never will be. The whole thing seems like some stupid tragic thing. At our last visit he told me he couldn't believe he used to get mad in traffic jams and at the electrical union.

From out of the stair well door a floor below a younger physician, probably a resident, comes bounding up the stairs. He smiles at me as he pushes through the door above me into the hallway. I'm aware I likely look like a tired old grey-haired man, so I get up quickly and wave to him as if I was just sitting



there for a second. Maybe he will be here for over 40 plus years like I have. If this building is still standing, so will this stairwell and its thousands more stories. What will that young man's life in medicine bring? There will of course be more treatments and outcomes will be better, but the patients like Tom, however reluctantly, will eventually find their way into what will be likely revamped private rooms. The caregivers from this building may retreat, as I did, to this hallowed, hollow stair well space, here to silently ask God for strength for themselves or mercy for their patients. Or they might just come looking for a place to hide, even for a short while, before they push through these double hall way doors and into the bright unrelenting light of their patient's rooms, each filled with a story that is to varying degrees, heartbreaking.

# Blue

Laura Sammons, BA, RDMS  
Sonographer Practitioner, Radiology



# Behind the Waterfall

Jonathan Yeh, MD  
Palliative Care, Instructor of Medicine

We are learning to be here  
to care so deeply that it hurts  
to smile from our eyes and, when words fail  
to let our silence speak our loss  
We are learning to love in new ways  
powerful ways, that can't be blunted by restraint  
or absence, or distance, or death  
We are learning to be together  
with what we do not see, and cannot know  
to be radically honest, and uncomfortable  
to be outpouring, and vulnerable  
to accept grief with wondrous, heavy arms  
We are learning to follow the creek  
to the source of the sound  
We are beginning to look past  
behind the waterfall

# Harvard Boat House

Danny Sands, MD  
Healthcare Associates, Primary Care



# Today is Some Day

Julian M. Aroesty, MD  
Cardiology

Francis X was a close friend who eventually became my patient. He generally avoided physician visits and fortunately required relatively little ongoing medical care. Although my practice was limited to cardiology, I agreed to be his primary physician. I would see him once a year to check his physical findings and some blood tests. Except for obesity, his overall health was good. Once I had retired from active practice, I had urged him to find a PCP closer to his home.

Fran had an amazing ability to engage with others, as a consequence of which, wherever we were in the Boston area, we would meet someone whom he knew or with whom he could find a South Boston connection. The conversation was always the same.

You're from Southie? Which parish?

Do you know ...? The next 5 minutes were consumed with making multiple connections. In Dorchester, not far from their home, Fran's family owned the oldest continuous body repair shop in the US, passed on from grandfather to Fran's Dad, to Fran and his brother Harry and finally to Harry's son. Everyone in the neighborhood knew this was the place to have your auto repaired. Everyone also knew that Fran would not hesitate to help those that were in need.

Fran had delayed choosing a new PCP. He called me one day to report that he had developed hematuria which he had ignored for several weeks. Finally he saw a urologist who had scheduled a uroscopy which had to be aborted because the standard instrument was not the size needed and the urologist did not have the proper size instrument immediately available.

At that point I took an active role in his care again. I referred him to our chief of urology who determined that he had bladder cancer. I was not surprised since he was at increased risk from years of smoking and the use of paint solvents in his body shop. Treatment with BCG was successful initially, but the tumor eventually became resistant, after which chemotherapy provided some palliation. Cystectomy was being considered although his surgical risk was high. He was 75 years old and had gained a great deal of weight. Walking less than a city block made him very short of breath.

Nonsurgical treatment having reached the limit of its usefulness, cystectomy was scheduled, in preparation for which pre op imaging found that the tumor had spread widely. Future treatment would be aimed at palliation, not cure. I encouraged him to find a nearby primary physician within the Beth Israel Hospital system and reassured him that I would remain involved to whatever degree he found useful but would not be directing his care. He chose a primary physician from the list provided and went to see him for his initial visit.

As his new physician entered the examining room, he said to Fran,

“What day is this?”

Fran’s first thought was “What am I getting into here? He needs to ask me what day it is?”

“It is Tuesday.”

“No, he replied, It is not Tuesday, it is some day.”

“Some day? What does that mean?” Fran replied.

“I was an intern living in Dorchester when we had a freezing rain that coated my car. I had lowered the driver side window to clear the rear view mirror which broke the mechanism with the window in the partly open position. It was 5:30 AM and I needed to get to the hospital before 6:30. The lights were on at your shop so I drove in and asked if you could free up my window so that I could get to work.”

You took apart the inside of my car door, went to one of the cars awaiting repair that happened to have a heavily damaged driver side door. Fortunately, it had a similar window cranking system which you installed in my car and had the repair completed in 20 minutes. I thanked you and asked if I could pay the bill with monthly installments. You said, ‘You don’t need to pay me for this. Go to the hospital now and help your patients. Perhaps some day you will be able to return the favor.’

Well believe it or not I am that intern, and this is some day. I had told so many people about that episode and have never forgotten your thoughtful kindness. I am honored to accept you as one of my patients and to have the opportunity to repay you.” True to his word, he added urgent outpatient visits as needed, coordinated nursing home care, answered every phone call promptly and continued to take care of Fran through the final days of his illness.

# Monarch of the Flowers

Danny Sands, MD  
Healthcare Associates, Primary Care



# Plaques and Tangles

Sophie Afdhal

Department of Medicine, Communications Specialist

She speaks only in questions now, the starring lady in the cinema of inquisition:

*What are we eating? I played the flute? How is blue?  
You have very nice hands,  
do I have nice hands? Why are they telling me I'm forgetting?  
I remember this.*

We arrange her photos beside her bed: when she met her husband, she wore cat-eye sunglasses and white pearls or at least I'd assume they were white—it was a black and white picture after all which I hold and try to remember for her. Behind her the blue of the ocean, still like a frozen tongue. The sky, like a beckoning smile.

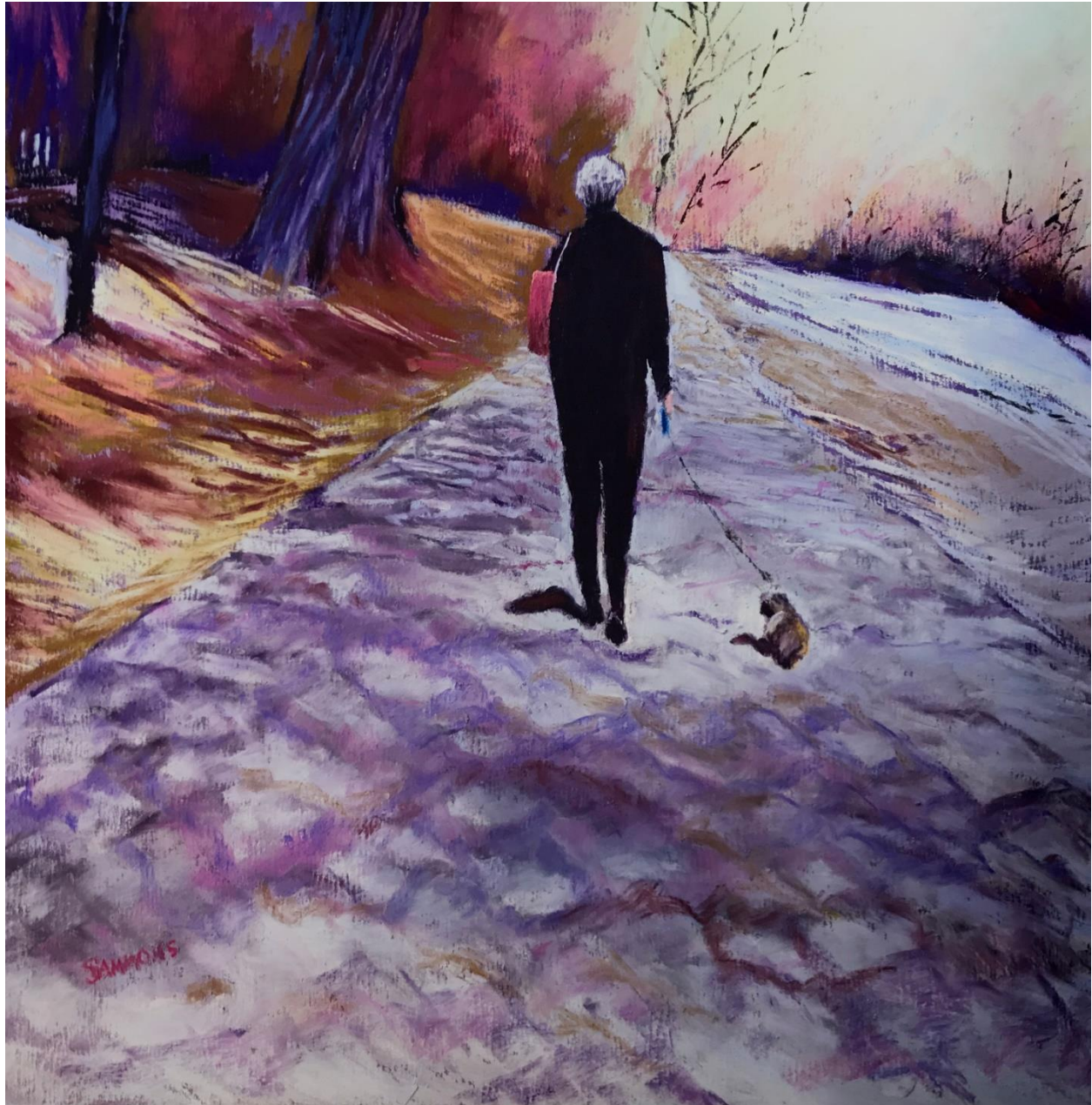
I'd like to explain to her that it's the plaques and tangles, that this is not a mystery without a prime suspect, that beta-amyloid and tau have stopped playing by their own rules. Instead, I answer each question as she asks. We sit together in the room where the light comes through the tilted shades and she wears no pearls and her gown is cotton now and her face is youthful once again, with a searching fear.

Yes. You have very nice hands, I tell her.  
They fit—just like that—  
in mine.



# Muddy River Walk

Laura Sammons, BA, RDMS  
Sonographer Practitioner, Radiology



# Fannie in the High-Rise

Janet E. Fantasia RN, BSN  
Ambulatory Nurse Care Manager

2005

Fannie-your name even made me smile.  
On your balcony, a sun-bleached chaise covered  
the pigeon's nest replete with eggs,  
Towels hung on the rail and a pinwheel  
twirled in the breeze.

Up the lumbering elevator I came  
and snaked my way through  
a maze smelling of strange  
foods and insect spray,  
metal doors, all shut tight except yours.

You sat reading the Herald, the better to recall day and date;  
four feet eight topped with a donut of white hair  
scanning the pages through puffy slits,  
a defiant cigarette in the corner of your mouth,  
waiting for a breakfast of bagel, cream cheese and coffee.

While you bathed, I felt between  
the stacks of folded towels  
and pulled out the plastic column of your pills.  
Once a week, I filled the box from bottles  
high in the cabinet where you could not reach.

The fridge, a tired sentry, needed routine sweeps for spoiled food.  
The freezer, its mouth choked with layers of ice-  
I remember the times you defrosted,  
a river of stale water seeped across the floor  
while you sat oblivious in swirls of smoke.

The cabinets are too small, you said,  
and unbeknownst to me, stored Cheerios in the oven,  
But forgot, then heated your Meals on Wheels for lunch.  
The stove, exhaling streams of smoke, set off alarms.  
Hazy halls and flashing lights.

They wouldn't listen when I called to tell them things

were in control. We have to come, they said,  
four abreast, in full attire and axes swinging at their sides.  
When the toaster oven, clogged with crumbs ignited,  
They came again and ceremoniously pulled the plug.

Unaware of year and month,  
you went to Bingo once a week  
when your friends called;  
I haven't been out in weeks, you said;  
Bingo chips and lipstick smeared said otherwise.

Dressed in doll-like clothes, you shuffled to the parlor  
with your ever-present cup of joe,  
and feet dangling off the velveteen couch, watched *Jeopardy*.  
I can't believe the category, you cackled-"menstruation."  
No Fannie, I corrected: Alex said "maps of the nation."

# Fenway Garden

Fatima Abbas , RN  
Clinical Nurse II  
Farr 5



# Grocery List

Barbara Lam, MD  
Internal Medicine, PGY-3

Eggs, bananas, mushrooms, chicken thighs,  
carrots, peppers, onions, peas, and grapes.  
A loaf of bread, that garlic kind I like,  
an avocado, just softening. Flour, milk,  
scallions, salmon, mozz, that pricey hummus—  
we're not eating out—a bottle of wine,  
or three. A full tank of gas while you're at it,  
the will to floss tonight, and a clear plan  
for vaccinations. The date when I'll hug my friends,  
student loan forgiveness, perhaps, and for my  
parents to feel safe when they walk to 52 and 8th.  
Is that too much?

# Masterpiece in the Sky

Rebekah John

Farr 8 Unit Coordinator, Cardiac Surgery



# Words Can't Bring Me Down: First Lessons from BIDMC

Megan Mirsha, Class of 2023  
Harvard Medical School

*"You did that stitch really well. Come over here to the other side and do this one too!"*

*"She's clueless and doesn't know anything. Why are you letting her help?"*

*"Thank you for being so helpful today."*

*"It's so hard to teach you when you don't bother to prepare for your cases or learn about your patients. Then you just stand there, and you don't know anything and can't help with anything either."*

*"She always took the initiative to do extra background research on each of her patients."*

These are just a few of the comments I have received from attendings, nurses, and residents over the last few weeks of my first clinical rotation at BIDMC. Some were said face-to-face in front of many other people and others slipped into end-of-rotation feedback forms. Many overwhelmingly positive, still a handful discouraging and disparaging.

As I reflect on my first days in the hospital, all I can hear are these phrases, especially the negative ones, echoing through my thoughts. Am I really clueless? Unprepared? Unhelpful?

I close my eyes and picture the annoyed looks I received all week whenever I asked a "dumb" question or was not fast enough to finish a task. I quickly learned it was better to be silent, put my head down, and get to work, lest I be thought of as lazy or getting in everyone's way. My scrubs, face shield, and mask became a form of armor I put on each morning as I set myself on guard against any sharp words or barbed expressions that might come my way.

I am no stranger to critiques. I have been a dancer since elementary school. When I dance, I must perform in perfect harmony with my fellow dancers, our movements flowing in sync with the music on the brightly lit stage around us, much as all the staff at BIDMC come together to care for patients each day. As I perform, I know that each of my dance steps is either right or wrong, either coordinating with the troupe or clashing. And if it is wrong, I will be corrected. Sometimes again and again until I get it right. Then perhaps a few more times just for good measure. Yet these corrections are never personal, they are strictly constructive – intended to help me improve and are often accompanied with words of encouragement and useful feedback.

However, it does not seem that this always holds true in the hospital. Of course residents and attendings can have bad days or difficult cases and may inadvertently take out their frustrations on medical students, but when these harsh criticisms extend over several days, it takes strength not to internalize. I

am not sure if I would have enjoyed dancing all these years if my practice sessions were enveloped with negativity, my rehearsals spiked with thorns. I would like to think that my love for dance would allow me to persist through anything, but I know that slowly my drive would wither away, practicing less, improving little, learning nothing.

If there is one thing that I have been quick to learn from my clinical rotations thus far it is that other people's opinions of me do not define me. I know that I work hard, prepare thoroughly, and try my best to learn and help the team each day, no matter what feedback I receive to the contrary. The best I can do is to take in each piece of feedback, peel away any harsh words, and use the remaining kernel of wisdom to improve myself for tomorrow.



# Morning Begins and the Sky's the Limit

Barbara L. DiTullio, DNP

Senior Clinical Operations Liaison / Perioperative Services



# Oblivious

Janelle Baptiste MD, MPH  
Instructor of Medicine, Pulmonary, Critical Care

“There you are!” he said emphatically, as he grappled to loosen the mask strapped to his face.

I could barely decipher his words above the rush of air from his BIPAP mask.

His baby blue eyes held my gaze as I stood in the doorway. He continued: “I have been waiting for you!”

“Clearly not!” I thought out loud. Apparently, he had no recollection from earlier this evening, of the numerous times I had repeated, “Sir, I am your doctor and I need to put this line in your neck.”

As I stood at the head of his bed with the finder needle in my dominant hand, did he even recall the numerous times I had repeated, “You are in the ICU, sir. I am your doctor; you cannot go home right now”?

Sigh.

Now exhausted, I stood in the doorway of his room again, the line in place in his neck.

But before I could even smile to update him, he belted out: “I thought you forgot me, lady. You see that tray, right there?” (He pointed with a skinny finger towards the foot of the bed.) “Well, you can take it back now. Looks like my doc isn’t gone let me have breakfast today.”

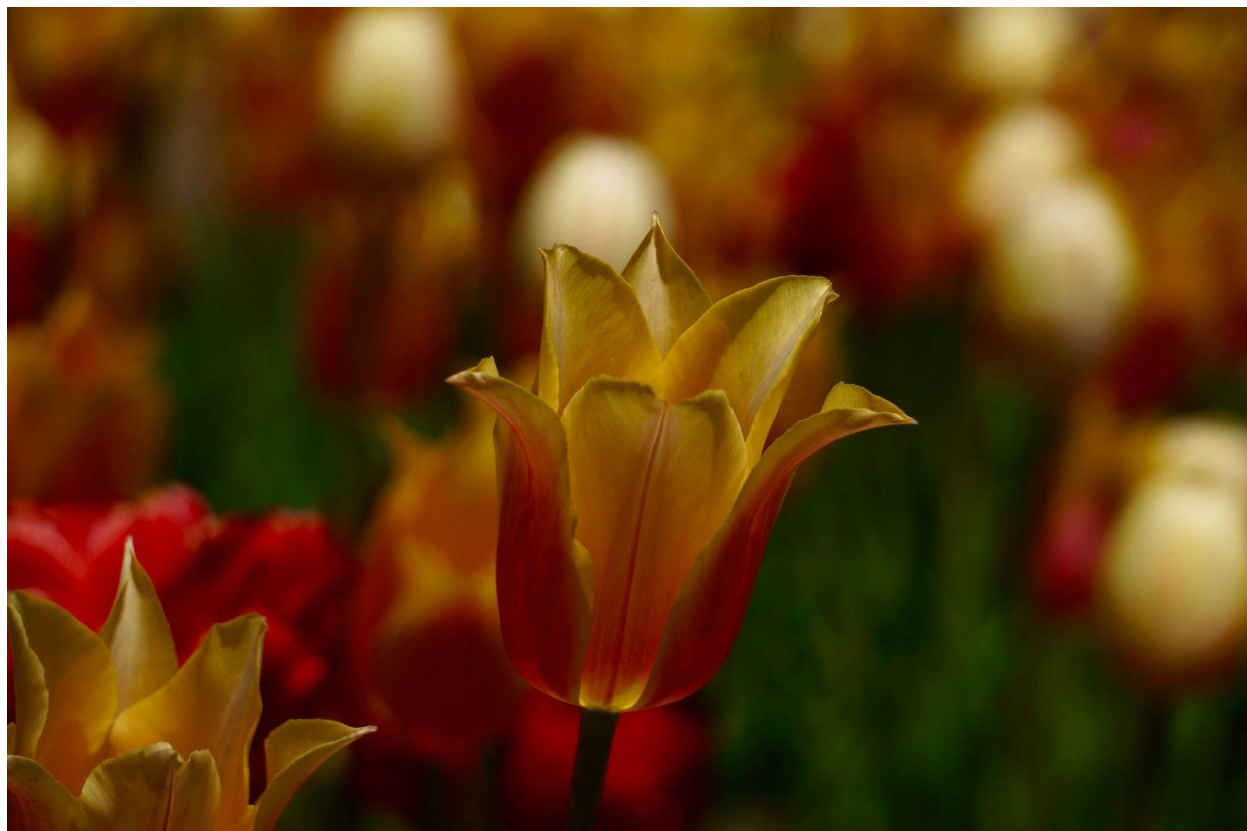
He thought I was here for his tray! My intervention had kept him alive through the night and all I wanted to do was scream: “No sir, I’m your doctor!” and he thought I was here for his tray.

Sigh.

Yes, ... There I was, standing in the doorway, and *there* is where I will always be.

# Tulip

Danny Sands, MD  
Healthcare Associates, Primary Care



# Chefchaoun, Morocco

Eli Gelfand, MD  
Cardiology



# Tetris Effect

Ellen Zhang, Class of 2023  
Harvard Medical School

Before, it was with scrabble,  
Rubik's cube, and now, EKGs.  
These days, I dream in voltages  
on red chart paper. So much on the  
line than just de- and repolarization.

Yesterday, a father told me that  
he didn't know how to quit smoking  
after 23 years. It is not enough that  
his son has lung cancer. I went home,  
dreamt of QRS intervals etched  
into my eyelids before sleep. Seeping  
into my dreams. I wonder if it works  
the same way for him. The tap of  
cigarette against ashtray, slow exhale  
of smoke in the dewy mornings,  
solidity of pack in his back pocket.  
His son coughs and coughs late  
into the night. I almost ask him about  
his dreams, nightmares. Does he play  
with guilt the same way I do graphs?

# The Black Tax

Dan Dangler, Senior Program Manager, Talent Management  
Human Resources/Organizational Development

The Black Tax. Is what many blacks call it.  
But they don't just call it that. They live it.  
They live it, day in and day out. Here in America.  
And they definitely pay if they're pulled over in a police stop.  
And then every. Single. Solitary. Day. They pay it.  
The Black Tax. Every day in America. They pay.

They pay just to walk, and talk and feel safe.  
They pay if they stay too long in a coffee shop.  
They pay if they look at a white person the wrong way.  
They pay it in the day, they pay it in the night, they pay whenever there's a white person in sight.  
They pay in their health. They pay in their wealth. They pay in their lives. They pay in their deaths.  
"I'm exhausting from paying this tax" says every black woman and man, in America.  
Every. Single. Solitary. Day.  
They pay the Black Tax. Just for being black in America.

Inspired by Brian Gumbel's speaking about the Black Tax on Real Sports with Bryant Gumbel

# Xinaliq, Azerbaijan

Eli Gelfand, MD  
Cardiology



# The First Hospitalization

Charlotte Grinberg, MD  
Oncology Hospitalist

When is the doctor coming?  
When is my procedure?  
When can I leave?  
When will you know?  
And when will you tell me?

You hit the call button again and again.  
You are displeased.  
You are overwhelmed.  
You say this is unacceptable.  
This is what we call a hospital?

I finally come talk to you.  
I have come from seeing many patients.  
Quiet patients.  
They nodded when I said this and that might happen today.  
Or it might not.  
When I said they might be ready to be discharged today.  
Or maybe not.  
I can't be sure.  
I can't make promises.  
I've made that mistake before.

Maybe those patients were once mad like you.  
By now they have endured so much.  
The uncertainty.  
The miscommunications.  
They are tired from their illness.  
They are numb to the chaos.  
It is all too familiar now.

I can tell this is your first hospitalization.  
I share your frustration.  
I too want to know what will happen today.  
You don't feel in control.  
I don't feel in control.  
It doesn't matter if I'm the doctor.

I hope this hospitalization will not be long.  
But I worry your illness will bring you back.  
I imagine you will become another quiet patient.  
A quiet patient that lets us do whatever, whenever.  
And I will be both grateful and devastated by your silence.



# The Patient and The Advocates

Rebekah John

Farr 8 Unit Coordinator, Cardiac Surgery

Generally when one thinks of an advocate a family member comes to mind, parents, a daughter, a son, spouses or a really close and dear friend. But a stranger or someone you may have just recently met? Is that possible? Here at BIDMC it most certainly is and it happens on a daily basis nurses and physicians advocate for their patients daily. But that's a given wouldn't you agree?

What about an environmental worker, or a nutrition assistant or a patient transporter, or a dietary aid, can they advocate for a patient? When our loved ones are hospitalized we never really think of the different people that may end up being an advocate for them and the ones outside the box are not directly involved in patient care nevertheless they advocate for them.

A patient who is in respiratory distress whose breathing declines drastically cannot continue to stay on a regular floor and his or her nurse advocates with the team for the patient to be transferred to the ICU. A patient transporter returns to the floor with a patient who went down for a test and it could have been a Cat Scan or an x-ray or ultrasound. Prior to returning the patient shared with the transporter "I need to urinate quickly" or shared "I feel nauseous" or shared "I am having increasing pain from the incision area" as soon as they get back to the unit the transporter tells the unit coordinator this patient urgently needs the bathroom. The UCO then pages the PCT and the nurse sharing with them that the patient is back and what the patient transporter said. A different patient transporter also brings a patient back to the unit and shares with the UCO that this patient is in pain, the UCO tells the nurse who happens to be at the nurses station what the transporter said that the patient is in pain. The nurse goes in the room and assesses the patient and goes to get the pain medication for the patient.

The PCTs spend a significant amount of time with their patients as they do the vital signs bathe/ wash their patients daily. On this particular day while assisting the patient to get to the commode the patient begins to slump against her and protecting the patient from falling yells help! Within seconds nurses are running towards the room to see what is happening and if there are any doctors or NP on the floor they too go to see what is happening. The appropriate care is given and the patient is alright. The PCT being in the room at that particular time prevented the patient from falling and being seriously injured. There is a patient who is a high risk for fall and the patient is also on a bed alarm. A nutrition assistant walks by going to see other patients to collect their food selections and notices the patient with legs hanging through the bed rails as his curtain was open. She quickly retraces her steps back to the nurse's station to tell of what she just witnessed. The nutrition assistant had no way of knowing that this patient was a high risk for fall or that the patient was on a bed alarm she simply advocated for the patient's safety.

A dietary aid while delivering meals to the patients came to the desk asking for a box of tissue for a patient and he waited and when the box of tissue came he took it and said I will bring it back to the patient. He is a person of his word and he kept it by bringing back the box of tissue to the patient who asked for it. The EVS worker enters a patient's room to clean and sanitize it and while in there the patient shares in a whisper that the pain is unbearable and medication is needed as soon as possible. Using the call bell in the patient's room the EVS person calls out to the nurse's station sharing that the patient is in unbearable pain and needs pain medication as soon as possible. The UCO pages the nurse and repeats what the EVS person said.

Another EVS person while cleaning the hallway shared with the UCO a patient said she is not feeling well and wants to see her nurse and once again the UCO informs the nurse of the patient.

These are just a few examples of advocates who are outside the box as they generally do not provide direct patient care but advocate for patient's safety and wellbeing. They advocate for the needs and feelings of the patients and all it takes is a heart that carries compassion, love and care.

The following are some thoughts that were shared with me from others: "So the nurses and staff of the unit are the orchestra and the UCO is the conductor. We are so fortunate with our conductors because when they are here the floor runs smoothly (the music is perfect), "a nurse said about a UCO when I see her I hear a symphony and becomes happy when she comes to the floor" what an incredible compliment to pay someone!

"The exceptional Nurses and PCTs are the heart of Farr 8. Every patient is so fortunate to have any of the Nurses or PCTs taking care of them on Farr 8 as they care for their patients like they would want their own family members to be cared for. The Nurses and staff are exemplary of what patient care should consist of and what an amazing team looks and functions like. Their compassionate caring manner and the support they give their patients and each other always impresses me greatly. I am so fortunate to work with such extraordinary people."

# Winter Wonderland in Longwood Medical Area

Nisha Nepal, Medical Assistant—Research  
Clinical Research Center



# The Wounded Heart

Rebekah John

Farr 8 Unit Coordinator, Cardiac Surgery

It bleeds silent bloody tears that nobody sees  
Wounded from someone close  
For a stranger can never  
Wound so deep  
A friend  
You  
See  
Is the one  
Whose  
Words  
Were used as a scalpel to pierce  
The heart  
And caused it to expel  
Silent bloody tears  
As the scalpel  
Went in to  
Wound  
The heart  
It  
Became  
Inflamed  
Oozing  
Out  
Flames of orange and red  
The chest cavity is now hot  
So hot  
It feels like it's been set ablaze  
In silent reverence to  
Adonai  
A silent cry went up  
From the wounded heart that said  
Please heal my heart for this  
Wound  
Runs  
Deep  
It hurts oh so bad  
The balm of forgiveness  
Went out unbeknownst  
To the one that wielded

The  
Scalpel  
Formed with words  
For only the healing balm of  
Forgiveness  
And time  
Can and will  
Bring healing and freedom  
To the wounded  
Heart  
That is now in the process of  
Being healed  
Time You See  
Is  
A  
Friend  
That will gently cause the wound  
To heal  
With concentrated balm of  
Forgiveness  
Applied as often as needed  
To  
The once Bleeding  
Heart  
The human heart  
Is about the size of a human  
Fist  
It is a most powerful organ  
Our emotional and mental heart  
Is just as powerful  
That needs to stay healthy too

# Summer Palace, Beijing

Danny Sands, MD  
Healthcare Associates, Primary Care



# Tongue Twisters

Katherine Rich, MS3  
Harvard Medical School

I first met J on my first week of clinical rotations during an early morning of pre-rounds. He'd come in the night before after realizing he could no longer write his name. J recalled to me later – almost ruefully – he had stared at his pen for a while wondering why it wouldn't write, before realizing it wasn't the pen. By the time he arrived at the hospital, he was having trouble speaking, frequently mis-stating words. Telemetry found his heart in atrial fibrillation and a scan showed punctate infarcts in his frontal language processing area. A former speech therapist, he found the location of his stroke cruelly ironic.

That first morning we met, I had hesitantly pulled the curtain around his bed. I secretly dreaded the moment of waking a patient to shine a light in their eyes just moments after meeting. But his eyes met mine before I had even finished a good morning. He'd slept fitfully and had already been up for hours. As I leaned over the bed to introduce myself, he reached out and gripped my hand, cutting off my introductions.

With his ongoing anomia, it took after several attempts, yet soon it was clear - his back had been hurting all night and he was miserable. "Please figure it out." We agreed to continue with an exam - with a focus on both his pain and his neuro exam – and I tried to sound reassuring that the rest of the team would be in to answer questions and address his pain. I left the room discouraged. We'd gotten along fine, but it didn't feel like I'd even begun to contribute to his care.

It didn't help that earlier that morning, while pre-rounding with another patient, I hadn't been able to draw a cube for the patient to copy. Her stroke had been in her right parietal lobe and impacted her spatial processing. The humor of me, tired and rushed, struggling to draw a cube, just as she had struggled the day before, was not lost on either of us. It'd been a moment of levity between us, but I had also left the room feeling like I was wearing a toy stethoscope.

As I walked back to the workroom to find my resident and begin rounds, I was thoroughly flustered. Luckily, rounds finished on the early side and the afternoon was relatively quiet. There was time for what my resident referred to as *empathy rounds* - time to check in with patients without an agenda, and for me and the other medical student to go back and retry exams and gather further history.

That afternoon, I learned of J's love for tongue twisters and lyrical poems. Despite his speech deficits, he soon began reciting several of them. The words were often mixed up but after a few minutes he'd gotten enough out for me to write one down. We agreed that I would practice and try again the next day.

And so, for the next few days, JG and I had our routine. During the morning he'd copy out tongue twisters and, in the afternoon, we'd practice saying them out loud. During rounds, we'd often all repeat the rhyme. For the team, it broke up the repetition of the typical neuro exam. To track J's recovery and improving dysgraphia, we'd compare notes from day to day. In a beautiful way, the activity that kept the patient feeling human and connected to his outside world was also providing better treatment. However, I suspect these minutes of tongue twisters were more important to me than to J

For me, these moments reciting tongue twisters slowed the kaleidoscope of neurology terms and disease processes and reconnected me to the patients I had met before medical school, whose stories had convinced me to pursue medicine. J had shown me that within the relentless pace of rounding, the stories of patients and nuances of personality still mattered deeply.

I'd been given the advice before beginning clinical rotations to always find something a patient was "famous for" - an interesting fact or quality that was special. It needed to be something that defined the human not the patient: playing in a band, loving chocolate ice cream, or memorizing tongue twisters. When I first heard the advice I'd nodded, fully agreeing with the need to remember the human within the patient. But I'd separated the idea from other advice I'd been given about learning "clinical medicine." In a way, I had carried two buckets of advice - one on how to remain empathic, and another on how to learn mechanisms of disease. I imagined that eventually I'd learn how to balance the two. I'm not completely there, but it's starting to feel as if those two buckets must be mixed.

Special acknowledgment and thanks to Dr. Liz Dunn for continued mentorship, as well as feedback and edits to this piece.



# 50 Yards

Lee Dixone OT-C, CST  
Orthopedics



My husband & I have been a long-time season ticket holder for the patriots but due to the COVID19 pandemic we've been unable to attend the games. The Patriots hosted a season ticket holders' Christmas picture on the 50 yard line event and my husband and I went. In the Picture my husband Chris thought it would be funny to wear a hat and earmuffs to look like both Yukon Cornelius and Julian Edelman. It was a wonderful experience and we got some great pictures to use on our Christmas cards. A Christmas to remember for sure!

# Inspirational Office Wall Hangings

Stafford I. Cohen, MD  
Honorary Senior Physician, Cardiology

When I retired after 51 years of clinical medical and cardiology practice, I missed the patients but not the constant vigilant responsibility of caring for them. I was able to practice slow medicine because I had control of my time. After the patients had transferred their care to other doctors, I was not surprised to learn that most were dissatisfied with abbreviated office visits punctuated by the required distraction of their new doctors filling a computer screen with data for the electronic medical record.

After making certain that all the legal and ethical requirements were in place to cease my organizing medical care for the patients and to leave my medical building, I failed to realize that I would also miss the inspirational wall hangings that had been carefully positioned about the perimeter of my office consultation room.

They were paintings, prints and lithographs that were created or gifted by patients of inspirational leaders in science and medicine. There were also photographs of mentors or role models that I had posted to be reminded of the special pleasure that accompanied learning while training under these master teachers. Their photo portraits were on the far side of the wall that faced my desk and me. I wanted my teachers to watch over me; to protect me from straying beyond best practices; to remind me not to cut corners in haste.

On the same wall, directly in front of me was a famous portrait of John Hunter, the British surgeon and anatomist that was created by Joshua Reynolds. Hunter was among the first to describe the arresting symptoms of angina pectoris. The description was very personal; being those that he suffered when provocations required his heart to receive more oxygen and nutrition than was possible because of its narrowed and blocked coronary arteries.

Also facing me were images of Albert Einstein and Albert Schweitzer. Einstein was better known for his science than for his humanism. But he was the embodiment of both. If he were asked, “What is our purpose on this planet?” he might answer, “satisfaction of the desires and needs of all... and achievement of harmony and beauty in the human relationships.”<sup>1</sup> Einstein might add that the least we can do is help others on their journey.

Schweitzer was a multitalented man. He was a minister, a master player of the organ and a late-in-life physician who transformed words into action by treating the medically destitute in a remote African Village. The watchword of his mission was to have *Reverence for Life*.

The wall behind me, that the patients faced, had a large painting by an artist that had blended overlapping heads and shoulders of a woman and two men. Each face was racially different; they were African, Asian and European. I believed that the picture represented the bonding of humankind. There was another picture-print that patients could not miss titled *L’Chaim—To Life*. It depicted a Rabbi, with a wine glass held high toasting *To Life*. The patients loved it and asked where could they purchase a copy?

Rather than be absorbed in the messages I wished to convey to all the patients in the consultation room, some intently searched for wall hangings that were absent. They didn’t care about empathy or

compassion. They wanted to know if my medical qualification were superior or at least satisfactory. Those certificates of achievement and honors could be found elsewhere. They covered the walls of the examining room. They were the result of past labors. I wanted inspiration to do my utmost-best-doctoring in the present.

1. Albert Einstein. *The Human Side*. Ed. Dukas H and Hoffmann B. Princeton, New Jersey 1979; Princeton University Press. Page 26-27

# CADUCEAN LIGHTS

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