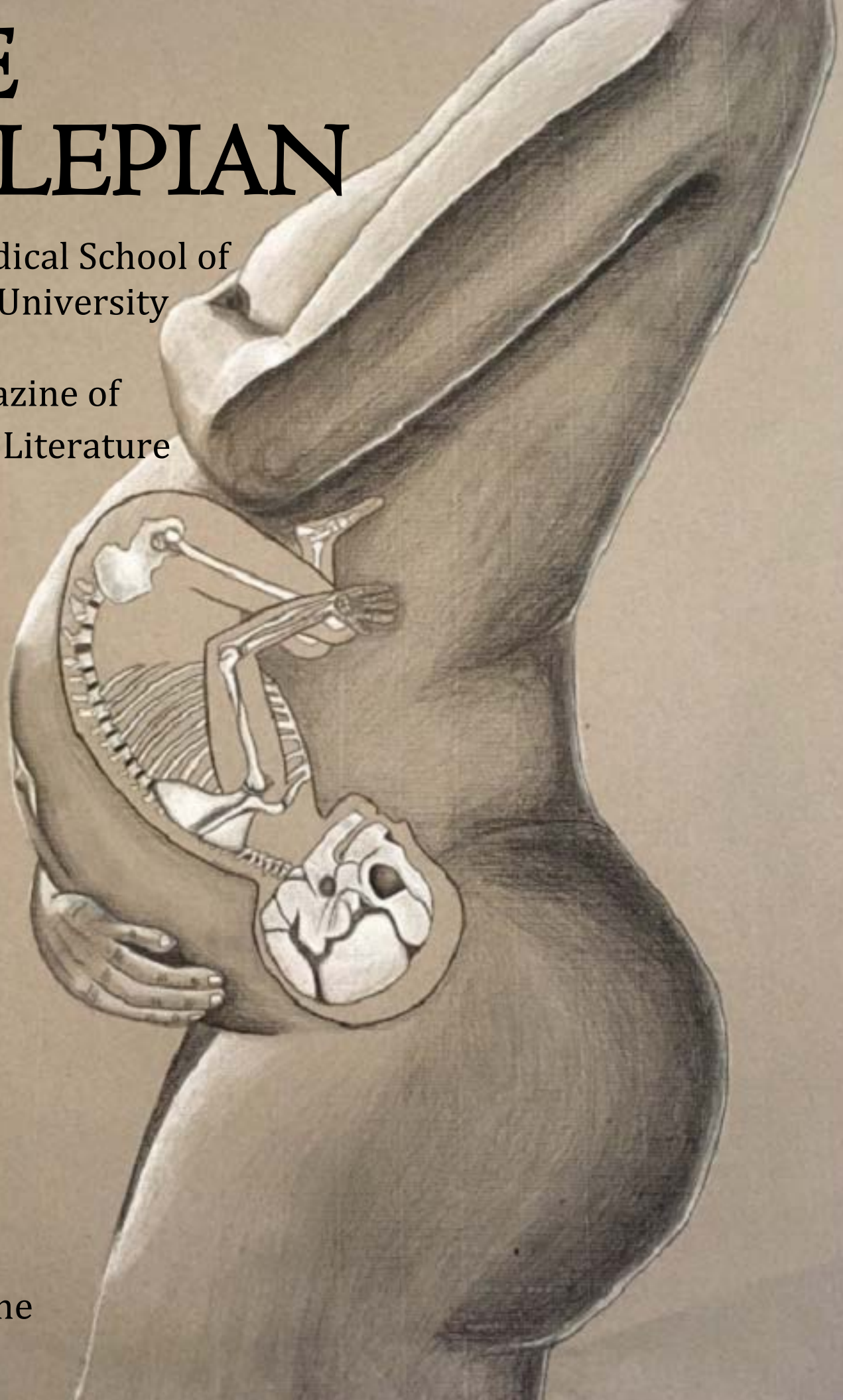


# THE ASCLEPIAN

Cooper Medical School of  
Rowan University

Magazine of  
Art and Literature



Volume One  
2017

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# Editors' Note

Dear Readers,

It is with great pleasure that we present the inaugural edition of *The Asclepian* magazine, the journal of art and literature of the Medical Humanities Student Interest Group of Cooper Medical School of Rowan University.

The title of the magazine pays homage to the hero Asclepius, the god of medicine in Greek mythology. He was the son of the god Apollo and the mortal princess Coronis. When Coronis was pregnant with Asclepius she fell in love with a mortal man, enraging Apollo and leading to her death. When she was on the funeral pyre, Apollo cut the unborn Asclepius from his mother's womb and brought him to the centaur Chiron, who taught him the art of medicine.

Asclepius was born from the dead and brought healing to the world. The birth of Asclepius reminds us of Cooper Medical School of Rowan University, a medical school born to a devitalized city, which is cultivating the next generation of healers for the Camden community and beyond.

We have been deeply moved by the abundance of creativity in our CMSRU community and are pleased to share *The Asclepian* with you.

Sincerely,

Samantha Pop, *Editor-in-Chief*

Amisha Ahuja, *Founder, Medical Humanities Interest Group*

Lily Payvandi, *Founder, Medical Humanities Interest Group*

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# And All of Us Were There for Christmas

*by Amanda Malik, Class of 2018*

“Tell your mother not to worry,” he said into his little black flip phone as we began to wheel his bed from the trauma bay up to the OR. “They’re taking me to surgery, but I don’t want her to get upset.” I had wondered why no family had come to his side over the last few hours, while we waited for the blood from his chest to drain through the tube we had placed in his side. I took comfort now, as I listened to one half of his conversation echo through the quiet halls of the hospital, knowing that his family was huddled on the other end of the invisible line. I pictured them tired, still awake at 1 AM, gathered together in a warm living room with late night TV droning in the background while they anxiously awaited for the next call.

He had only fallen down a single step, losing his balance during his preoccupation with a sandwich. It was the kind of fall that might not have even become one, might have been broken by an outstretched arm, except both hands were tightly gripping that plate. Turkey, he told me, and stuffing and cranberries, a special sandwich made with Christmas dinner leftovers.

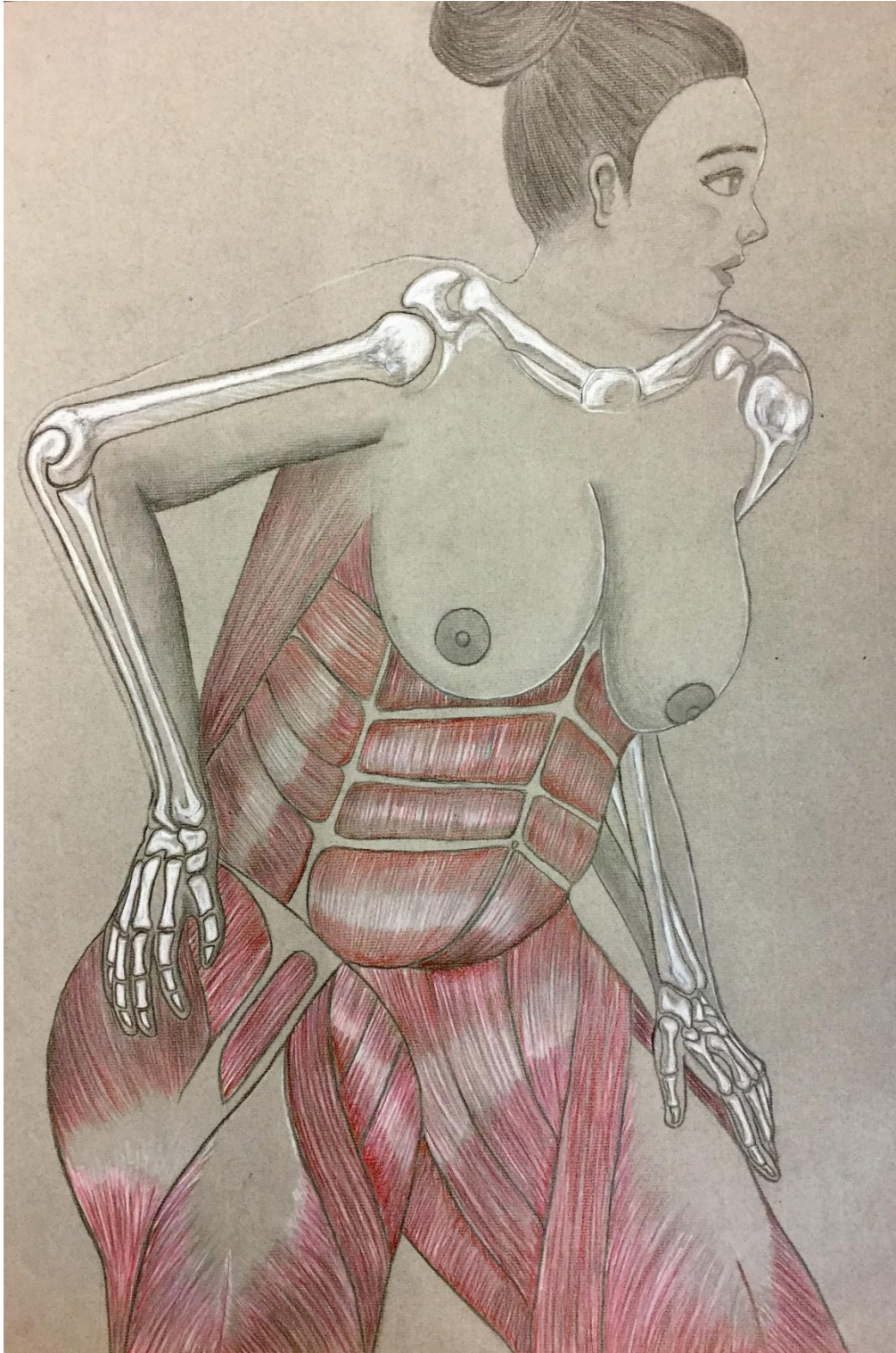
Up in the OR a team of 15 whirled around the small, 67 year old frame in the bed, and the bravery I’d overheard on the phone dissipated. “I’ve got a great-grandchild on the way,” he confessed, “due next week. My second great-grandchild.” The attending took one hand and asked if he knew the gender; I took the other and asked if they had picked out a name. We stood still, barely moving, letting the waves of technicians and nurses and residents crash around us in the rushed preparation for emergency surgery.

That unborn great grandchild was all I could think of when the anesthesiologist slipped a cold needle into his arm and he coded on the table. The combination of compressions and ventilators and monitors, all in the bright lights of the operating room, made me forget that it was 3 AM, that we weren’t supposed to be here, that this grandfather was supposed to be asleep, stomach full and digesting the sandwich he had carefully crafted. A series of stabilizations and crashes reverberated through the night, and suddenly, somehow, it was almost morning and his family was finally gathering at the bedside, their faces reflecting all the emotions I imagined from the phone.

Questions are to be expected when a loved one passes away after surgery, but his wife didn’t ask us any. “We’re so lucky,” she said, “he lived much longer than anyone else in the family.” She put her arms around her granddaughter, 39 weeks pregnant. “And all of us were there for Christmas.”

# Marissa

*by Kiki Li, Class of 2019*



# Underworld

*by Kelsey Coolahan, Class of 2019*

She gazed at me from the corner of her eye as I gazed at the coat on the corner.

I was admiring the limply hanging faux leopard against the rusting barbed wire when she came by to crane her neck with me.

We agreed it was too nice a coat to be abandoned that way. I liked to think it was a cape left by a goddess. She said it had been there for a while. One couldn't help but imagine who it belonged to, how it had been trapped up there, what it'd be like to wear. She left me alone with the coat and a warning.

I could hear him charge towards me, hollering as he gripped a roll of cash. He was making an offering or else demanding mine. I was transfixed by his blinding white clothing - his sky-blue false eyes encased by hellish, fiery-red limbal rims. The sun beaming down on his gemstone belt buckle spilled refractions onto the black tar of the street. They bobbed and swayed around him like servants to a conductor of manipulated light.

*His majesty.*

I was free, so I fled. I left Persephone's coat, abandoned again, in that place. Maybe she escaped, maybe she'll be back when her season changes



*Photograph by Kelsey Coolahan, Class of 2019, taken on Broadway in Camden, NJ.*



# The Waiting Room

by Matthew Nelson, Class of 2020

Waiting.

Lines of people waiting  
Flowing and stopping and complaining

No rooms no beds no hope

“We have a bed!”

“Do you have a bed?”

Call him call her

Call him “crazy”

Waiting.

Waitlisted.

Is this right for me?

Of course it is

No it isn't

DING DONG wake up for work!

Get the research get the research

Monotony.

What does it even mean?

Intubations, resuscitations, defibrillations

Time of death \_\_\_\_\_

Late hours pending dawn

Pending pending pending

My life is pending

Life: pending

How do I get in?

But DO I WANT TO BE A DOCTOR

Yes no yes no yes no yes no

Yes?

Maybe

Sure.

Fine.

Get the letters get the letters get the letters

Apply again

Amcas aacommas interfolio

Relax in Emergency room bliss

Lazy dayz in the ER

Sudden onset panic in the ER

Medical students, residents, fellows,

attendings, attendings, attending,

Leaving.

Leaders in the field

Life or death situations

Coffee or tea situations

Should I stay or should I go

There is meaning there is no meaning

Do I want to be a doctor?

What else?

I don't know

You do know

But what is it I know?

Waiting.

So what's your plan?

What do you want to do?

Where are you going again?

Oh, you didn't get in?

No I'm still

Waiting.

# Not So White Coat

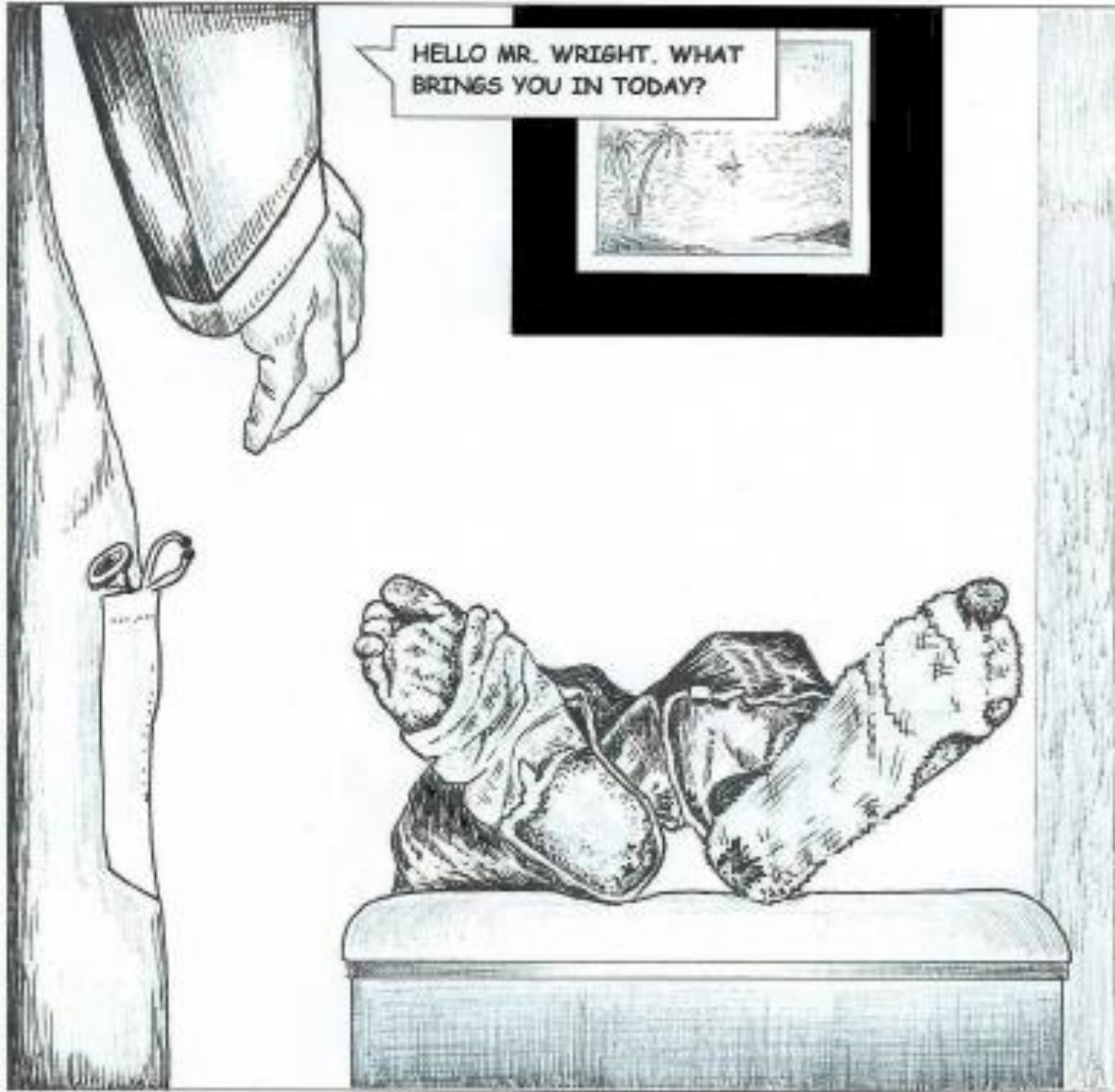
*by Satyajee Roy, MD, FACP*

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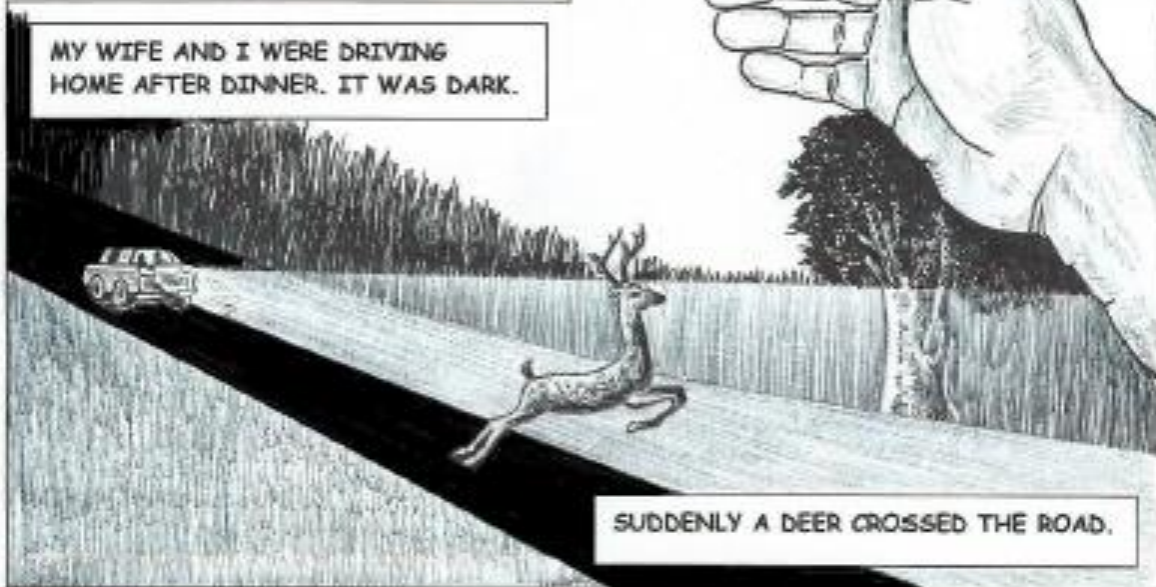
## Introduction

*This is a true story. A form from a hospice agency was waiting in my office for my signature to approve the list of medications. The list contained opioid pain medications and other medications related to hospice care needs. The patient's name on the top brought back chilling memories of the day when I first met him. My artist instinct woke up. I wrote my recollection and sketched that specific patient encounter. The main character of my story is the same hospice patient. The very cause of his dreadful fate had become the only therapy and solace for the stage of his life. What a paradox! My journey through his care taught me about the vulnerability of the mankind, irrespective of the knowledge and wisdom. I hope my humble sketches can leave some impact*



**"NOT SO WHITE COAT"** WRITTEN AND ILLUSTRATED BY: SATYAJEET ROY, MD, FACP

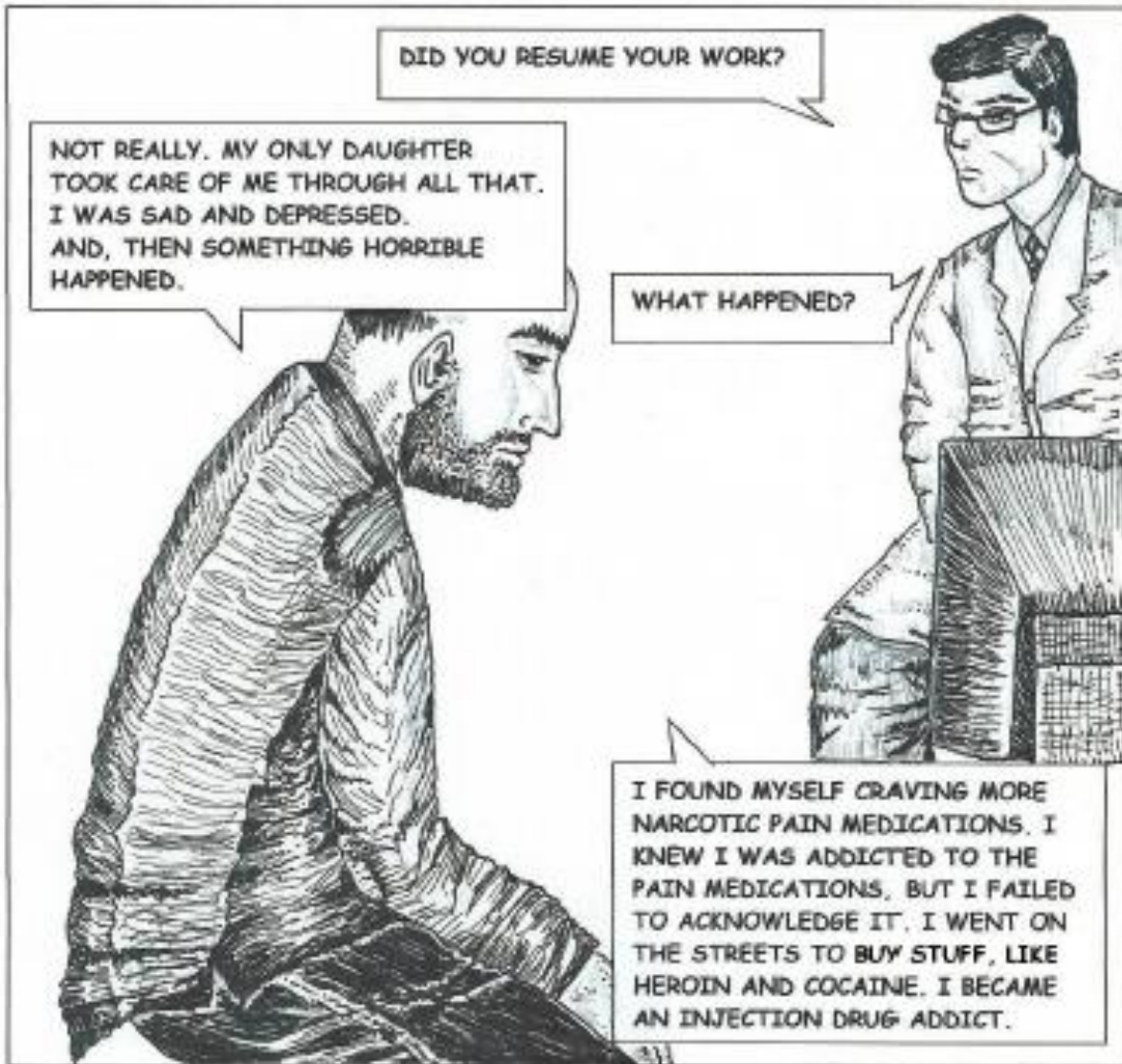






OH. SO, HOW WERE YOU TREATED?

WELL, I RECEIVED EXTENSIVE WOUND CARE, TENDON SURGERIES, SKIN GRAFTS, AND ROUND THE CLOCK PAIN MANAGEMENT WITH INTRAVENOUS MORPHINE. I WAS HOSPITALIZED IN DIFFERENT BURN UNITS OF DIFFERENT HOSPITALS FOR A YEAR.



DID YOU RESUME YOUR WORK?

NOT REALLY. MY ONLY DAUGHTER TOOK CARE OF ME THROUGH ALL THAT. I WAS SAD AND DEPRESSED. AND, THEN SOMETHING HORRIBLE HAPPENED.

WHAT HAPPENED?

I FOUND MYSELF CRAVING MORE NARCOTIC PAIN MEDICATIONS. I KNEW I WAS ADDICTED TO THE PAIN MEDICATIONS, BUT I FAILED TO ACKNOWLEDGE IT. I WENT ON THE STREETS TO BUY STUFF, LIKE HEROIN AND COCAINE. I BECAME AN INJECTION DRUG ADDICT.

ONE DAY, I GOT ARRESTED ON THE STREET FOR ILLEGAL DRUG POSSESSION. I WAS INCARCERATED FOR SIX MONTHS. AFTER I GOT RELEASED, I WENT BACK TO MY JOB. THE CHAIRMAN TOLD ME THAT HE HAD FILLED MY POSITION BY HIRING ANOTHER PHYSICIAN AS THE NEW DIRECTOR OF THE NEUROLOGY RESIDENCY PROGRAM. I WAS INSTRUCTED TO MEET WITH THE STATE LICENSING BOARD,



THEY REVOKED MY LICENSE. I WAS DECLARED AN IMPAIRED PHYSICIAN.

I WORKED AS A HANDYMAN, ...



A GAS STATION ATTENDANT, AND ...



AN ASSISTANT IN A LOCAL GARAGE, ...



... AND I CONTINUED TO BUY DRUGS, UNTIL I LOST MY SAVINGS AND HOME.

ONE DAY, AN OLD MEDICAL SCHOOL BUDDY OF MINE SAW ME PICKING A HALF EATEN SANDWICH FROM A GARBAGE CAN.



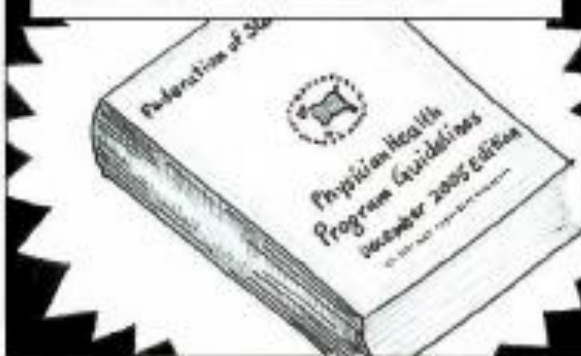
HE TOOK ME STRAIGHT TO A METHADONE CLINIC, AND ENROLLED ME INTO A DRUG REHAB PROGRAM.

IT HAS BEEN THIRTY YEARS. THAT PROGRAM HELPED ME STOP DOING DRUGS. I'M STILL ON METHADONE MAINTENANCE. I SENSED THAT MY BUDDY'S FAMILY DIDN'T LIKE MY PRESENCE IN THEIR HOME. SO, I LEFT THEM WITHOUT NOTICE.



DID YOU SEEK ASSISTANCE FROM THE IMPAIRED PHYSICIAN PROGRAM? THE PROGRAM HELPS WITH THE TREATMENT, REHABILITATION, AND REENTRY INTO CLINICAL PRACTICE.

IN THOSE DAYS PUNITIVE ACTION WAS THE ONLY DECISION THAT AN IMPAIRED PHYSICIAN COULD GET. IN 2005 NEW GUIDELINES WERE RELEASED. I TOOK A CHANCE.



I WENT TO THE STATE MEDICAL BOARD'S OFFICE. I SAT ON THE STEPS, AND CRIED. I WAS AFRAID OF PRACTISING MEDICINE. MORE THAN 25 YEARS OF INACTIVITY HAD WIPED OUT MY MEDICAL KNOWLEDGE. I RAN AWAY.

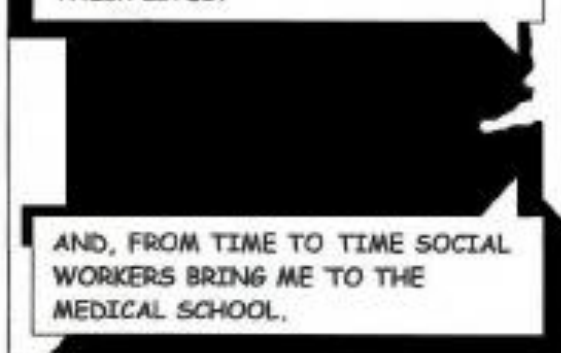


OH. MAY I ASK WHAT KEEPS YOU GOING?



SOCIAL SECURITY INCOME IS ENOUGH FO ME TO SURVIVE.

FOLKS AT THE HOMELESS SHELTER ARE MOSTLY NICE. THEY ALL HAVE AMAZING STORIES. ALL OF THEM WERE NICE AT THE BEGINNING OF THEIR LIVES.



AND, FROM TIME TO TIME SOCIAL WORKERS BRING ME TO THE MEDICAL SCHOOL.





# On the Eve of the Edge of Life

*by Justin Peterson, Class of 2017*

His toenails were ugly; that much was certain. Unkempt and unfurled, they glanced back menacingly at me, tempting and teasing me, confident with the knowledge that now was not the time for me to clip them. I know nails aren't living, but they looked particularly extra dead, as if aesthetic vitality was of no importance to them. They made me think about Atul Gawande's first experience with a geriatrician and how he realized that clipping a patient's nails might serve a patient better than any medicine or medical intervention. I can't say I had the same profound epiphany; I simply wished someone had clipped them or at least covered those suckers with a blanket. I glanced up at the monitor above the right side of the patient's bed (from his perspective, not mine), and saw his pressures hanging precariously in the 60s over 30s. My eyes glanced up the screen a little higher as I reminded myself of his name. Thirty minutes ago, I hadn't even known he existed, much less his name and who he was. He was hanging in the balance between this world and the next.

The vice presidential debate was on earlier in the night. I caught snippets while rounding on patients, assuming it was filled with the usual *deja entendu* cacophony of nebulous ideas, charismatic dilettantes who more often than not change their rigid views once their son comes out of the closet or they become intimately (and financially!) involved with an unwanted pregnancy. Most of them probably have had the convenience of living largely disconnected from the consequences of their actions. I like to imagine my patient would've given his two cents in if his GCS wasn't on par with the bed he was in (in retrospect, his arguably was lower than the beds, given I could get some flexion/extension out of the bed if I applied pressure in the right spots). Pervasive cynicism is all the rage right now and this election certainly hasn't disappointed.

Pressors were flowing throughout his vasculature, fighting a valiant but failing battle against maintaining adequate tissue oxygen delivery. Somewhere, in the microcosms of his fingers and toes, cells normally maintained by minute microvasculature were dying, one by one, joining the state his nails had been in for quite some time. I thought back to one of my first med school lectures, on cell injury and cell death, by one of our most beloved professors. I found it ironic that pressors, in all their magic to keep people alive in such critical situations, were caustic to vessels and would sacrifice less important tissues for one's overall survival. I fought off the urge to look up what *karyorrhexis* meant again; I'd prefer my medical school

experience not be summed up with the one-liner “dude was on his phone during a code...”

Someone in the room made a joke about a staff member being bad luck, playfully alluding that her patient’s coded more frequently. I didn’t have the numbers readily available, so I gave her the benefit of the doubt. There was a lot of casual conversation in the room and I don’t think it was insensitive nor a reflection of calloused and numb clinicians. It’s not hard to imagine the unease an outside reader might develop, envisioning a room full of professionals cracking light jokes while a man’s heart was observably and objectively in the middle of the room, losing the fight against. I’m not trying to make the case that our attitudes and the man’s care were mutually exclusive or independent; no, rather the lightened atmosphere was almost a necessity for the camaraderie and unison needed to attempt to save a dying man’s life.

Last month, another clinician had mentioned a supposedly true story of a cat that would stay at the bedside with residents in a nursing home, all of whom would pass away shortly after. It seemed cleverly allegorical, that an animal associated with multiple lives and shrouded mystery, would serve as a walking grim reaper, so to speak. I couldn’t help but associate our aforementioned staff member as the hospital’s version of the nursing home cat. If you’re reading this, nurse-cat, please forgive my seemingly innocuous association; it was never meant to go beyond innocent fun.

The House of God taught me to check your own pulse first at a code. Even though I would love to train at Beth Israel, I have no intentions of eventually becoming a psychiatrist, so I checked the patient’s pulse instead.

The first time I felt his ribs crack I thought about them puncturing a lung, air rushing out of his chest cavity as it lost its negative intrathoracic pressure, or them ripping through his pericardial sac. “Med student causes largest tamponade the nation’s ever seen,” the papers read. I was cooked, the jig was up. I’ve known I’m an imposter since day one, and it was only a matter of time before the universe caught on. I paused just long enough to hear someone from behind me tell me not to stop. Pushing on, I figured I could hand my badge in after my shift. With each compression, I thought of how painful it supposedly is to have broken ribs. When I was about 10, I stopped short on my bike when I saw a truck in the distance, causing my dad to stop short and flip over the handlebars. If he were a lesser man, he could’ve easily given me just as many broken ribs when we got home. Instead, he got me ice cream.

Unknown fluid seeped up the leg of my scrubs. I thought back to elementary school lectures on capillary action and wondered if any of that applied to my current situation. I then thought back to a night sophomore year in college, when I was a few beers deep and should have been asleep and instead was charging shamwows to my parents' credit card because Billy Mays promised me my life would never be the same. Small spills be damned, I was going to soak up the Atlantic with my first set. I was 19 and had my whole life ahead of me. Imagine my profound disappointment when I discovered they didn't soak up water any better than paper towel. I wondered how many times my patient had high hopes and was met instead with profound disappointment. I wondered about all the seas he never sailed and if he regretted that as much as I regretted that for him.

In between rounds of CPR, I found myself largely alone in a room where everyone else seemed to know each other. I spent most of my time next to a girl around my age. Like a middle school dance, I spent my time averting my eyes and intently focusing my gaze on all the inanimate objects in the room. I watched the clock the way I checked emails for residency interviews. Unsure of the rules of engagement, I said nothing. In hindsight, "Hi" probably would've gone over relatively fine, but instead I watched a Simpsons rerun in the background. Best to play it safe, I reminded myself.

My compressions were at a calm and collected 200 beats per minute. Somewhere in the depths of my neuronal circuitry, "Staying Alive" was being played at double speed, like my recorded lectures. Someone gently suggested to me it wasn't a race. I slowed down. I smiled as I thought of Michael Scott giving compressions to the opening of "I Will Survive." Maybe I'd try my hand in acting after I'm asked to turn my badge in at the end of the night. My mind switched tracks and "Jumper" came on- "Well he's on the table, and he's gonna code, and I do not think, that anyone knows... What they're doing here..." How fitting.

He died sometime around midnight. In a world dominated by documentation, I prefer the inexact and impreciseness of his final moments on earth. Reporting the exact time felt cold, devoid of compassion and compromise. His death happened the moment blood flow was interrupted to his mesentery, setting off a chain of events that became insurmountable to reverse. Or maybe he died the moment plaque first started piling up on his SMA, but that abstract way of thinking feels more nihilistic, Fight Club-esque "on-a-long-enough-timeline" frame of mind. In any event, the "time" reported was no more than some arbitrary fulfillment for legal purposes. Likewise, he didn't expire. Milk expires. Coupons expire. His final lactate was probably written down somewhere to the nearest hundredth and would die in the abyss of expired medical records; it's the poetic liberties that would fill his obituary,

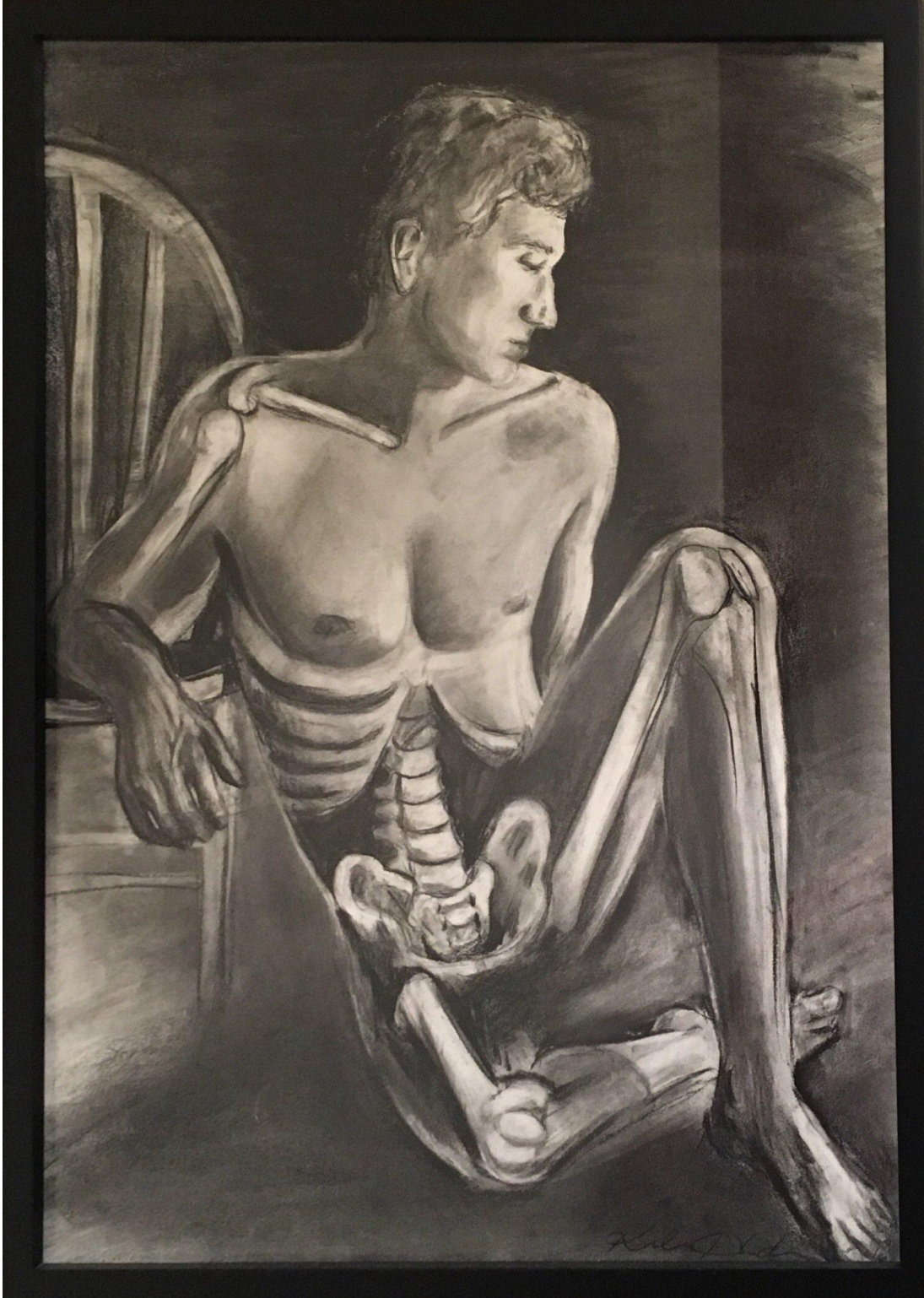
the subjective memories of him that would vindicate his life for those that knew him best. I'll leave the decimals to the lawyers.

It's pretty wild to think he comes from a lineage of men and women over a timespan of about six million years (only 200,000 years if you consider our more relatable ancestry). I wondered if he had children or if the last of his lineage was also to come to end sometime around midnight. I had a minor existential crisis as I tried to comprehend the sheer insanity of our human civilization as an amalgamation of billions of concurrent lived experiences, with this man's interwoven chapter coming to an end. I felt small.

We couldn't get a hold of anyone to tell of his passing. I badly wanted to believe he mattered to others, that someone would miss this man I had almost never met. In perhaps his time of greatest need, it was I who felt I needed something from him, some feel-good reassurance to help me sleep better at night. I wanted him to tell me I was doing a good job, that he had two beautiful children with beautiful children of their own, that he shared the fruits of his garden with neighbors, that he had loved with abundance and unconditionally. It was his universe that had belly-upped and imploded to nothingness and all I could selfishly manage was to notice one less star, one I had never noticed, infinitesimal until it created a black hole in the peripheral abundance as viewed from the center of mine. But what I wanted from him was undoable, unrealistic, unattainable... he owed me nothing, and he had nothing left to give. I wanted him to resuscitate me, to give me life and purpose, but instead he took his last breath and left me with nothing more than broken ribs.

# Bones in the Shadows

*by Karlee Henderson, Class of 2019*



# Tumor

*by Keerthana Krosuri, Class of 2018*

in my dream, it comes back  
with  
a fistful of poppies, no, blood,  
no - teeth, intestines -  
“I was so hungry,” it says,  
“I was so hungry and  
I would not starve  
in silence.”

And I watch it  
empty everything  
out of its hands, its palms  
finally clean,  
its mouths red

# Are we really meeting people where they are?

by Ronald Ikechi, Class of 2019

My experiences in healthcare, working with low-literate, low-resource, low-income communities over the last 10 years has been frustrating. Do not misunderstand me, I absolutely love the people and I love the work, but it is the dastardly ways of how medicine interacts with the daily lives of patients that leaves me unsettled. Physicians know that health is more than a doctor visit, a health fair, or a health class. Similarly, teachers know education is more than simply giving lectures, reading books, and assigning homework. Yet in both fields, physicians and teachers often feel incapable of doing more. Furthermore, when we look at our academic research, most of it is conducted in vacuums—we need to understand the pure mechanisms of different phenomena. However, when our findings are put into practice we *seem* to underestimate the importance of recognizing and giving more gravity to all the variables faced by the populations we serve. To expand, in healthcare we create buildings, projects, and plans and we work on getting people to go out of their way to interact with these constructs. When our patients arrive to these meetings, they nod in acquiescence to our instructions for 15 minutes, and then they go home—we move on and so do our patients. When you witness the system, as I have, it is obvious we are overlooking the valuable time in between patient encounters. As a budding practitioner, now more enlightened about medical practice, I am motivated to changing healthcare delivery.

The people and patients I work with in Camden are not lazy for not adhering to health guidelines and provider recommendations nor are they “non-compliant”. It is not as though they are refusing my recommendations. The crux of the matter is they are tired and left with fewer options than most to be adherent. Again, please do not misunderstand me; I am not absolving all patients for non-adherence. However, the issues they face are grayer than most care to acknowledge. It is not as though my patients lack ability, but rather the capacity to follow through with their plans of action. They get home from work and they want to relax from life’s daily grind. *It takes a tremendous effort for them to receive healthcare.* A one-hour visit with a provider, can easily be a three-hour affair: an hour to get ready and eat a snack, 30 minutes for the bus commute, an hour for the visit—longer if prescriptions/refills are involved, 30 minutes for the return trip. When patients are home, life’s responsibilities of cooking, cleaning, and possibly child care can overwhelm their own health.

At the risk of sounding arrogant, medicine has somehow lost its connection to its public health knowledge base in regards to the patient experience. I am no patient expert, but I know what I know because I ask patients about their lives and I visit their homes—a skill emphasized by my public health training. To mitigate health disparities we desperately need more alternative thinking around our patients' lives, not necessarily more hours and effort.

Some of the thinking we can look to lies in the business world. If you look at the mantra of “meeting people where they are” we see that medicine and business apply it differently. I hear about “meeting people and getting on their level” from time to time among my professors—it seems like they are starting to understand this idea. And so *now*, we are instructed to ask patients about their day not just their health problems. This is why I am amazed how Coca-Cola thinks; its marketing firms have been studying the human condition, and have been “meeting people where they are” forever. Coca-Cola’s research team meets people *everywhere*: from the couch to the grocery store. Coca Cola has no boundaries in our lives. Coca-Cola understands people, and so it does not stop to just meet us at the movies or the grocery store. In public health, we use the term social marketing to influence patient adoption (consumption) of healthy behaviors, as opposed to commercial marketing seen in business. A prime example of this is making teeth cleaning and flossing appealing for dental health. We can do more with these ideas in medicine.

To readdress the point of weighting variables, a few years ago I listened to an interview with M. Knight Shyamalan, the director of *The Sixth Sense*. During the interview, he spoke about his time moonlighting in the Philadelphia school district. While there he noted five reforms to education that could close the education gap. Successful school districts implemented these five practices while failing systems either cut corners or only funded some of the reforms. Shyamalan then drew a strong parallel argument to health behavior change. One of his examples included smoking cessation. He remarked that with health problems, the best sustained improvements come when all elements of the health plan are respected equally. For smoking cessation, the plan involves stop buying cigarettes; developing alternative stress relief skills; and reducing exposure to trigger environments. Any breakdown to the plan places the person’s health improvement efforts in jeopardy. As a physician, I want to work on being less compromising with my patients’ health improvement.

In ten years, as a young attending, I want my clinical abilities to be top-notch. I want to be so confident in my skills that I can answer the “Is there a doctor in the house?” call without hesitation. But while I am learning medicine now, I want to continue thinking about people and patients like Coca-Cola and Mr. Shyamalan. This might seem odd, but the more I can influence my patients to be as excited about their health as I am excited when I order a Jack and Coke, after watching an episode of *Mad Men*, the more satisfied I will be with my medical career.



# Heart Strings

*by Jessa Hernandez, Class of 2018*



# The Heart Aflame

*by Samantha Pop, Class of 2017*

Her fever and shortness of breath  
are met by their shortcoming.  
They see nothing but track marks,  
linear, punctate lesions  
let them judge  
her life  
is off track.

They murmur their disdain  
then auscultate the same  
high-pitched, blowing  
holosystolic hum.  
They say I should listen  
and I think so should they  
as she speaks  
and is not heard.

They watch the pixelated ball  
on the screen whiplash back and forth  
with each pulse and I watch her  
as the scope snakes inside  
tempting me to consider  
she brought this on herself.

When the vegetation breaks off  
and she is left  
vegetative  
they remind me  
that we  
can never be  
the Ultimate Judge.

Endocarditis.  
The diagnosis  
is fitting—  
within, my heart is aflame  
with pride and pity and pain  
and I know why theirs  
must now be sclerotic.

They call me green  
and I begin to fear  
the naïve hue  
is not far from jaded  
and Hippocratic  
not far  
from hypocrite.

# Medical Ego Inflation and a Lesson from Mom

*by Warren R. Heymann, MD*

*Professor of Medicine, Professor of Pediatrics  
Division of Dermatology*

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Last week my 95-year-old mother literally returned from the deceased. In classic Hollywood motif, my cousin Elysa, who was at her bedside at the time she was moribund, was pleading for me to desperately get to the bedside, demanding that the attending do something, as he was asking her about her DNR status. “Can’t you at least give her oxygen?” Elysa asked. He complied, while I was frantically trying to find a parking spot. Finally jumping out of the car, running through the hospital in lunatic mode, I made it to the bedside, where I thought this was the end. My mother had yet another syncopal episode the day before (her repeated very thorough work-ups had been non-revealing); she bruised herself falling in the bathroom and could not get up. When I left the hospital room late the night before, she seemed stable.

“What’s going on?” I asked hurriedly.

“We think she has pneumonia, so we put her on antibiotics. We don’t think she has a PE [pulmonary embolus], but we anticoagulated her. There’s really not much else we can do.”

“Excuse me, but 24 hours ago she was ranting about Hillary and commenting on the latest issue of Scientific American. We don’t want to sustain her life artificially. If you told me she had a massive stroke or MI, that’s one thing, but pneumonia?? She’s not DNR – please pull out the stops – perhaps this is reversible – she deserves that chance,” I declared assertively.

Off to the ICU, with a pH of 7.04, a lactic acid of 8, intubated, and sedated. A gathering of her loved ones congregated, with an overarching disbelief that this is the passing of the matriarch. I went home, exhausted and somewhat guilt-ridden that my decision prolonged the inevitable, and at what cost? The following morning, she woke up, able to write questions, including “What happened?” She alertly absorbed what transpired. When I asked her if I made the right decision, my mind eased when she wrote “yes”. Within 48 hours, she amazed all, by being extubated, her shock numbers normalized, smiling, conversing in her usual manner and out of the ICU. My resilient mom escaped her demise again.

Her pulmonologist and cardiologist think they may have an explanation – possibly worsening aortic stenosis with small volume left ventricular outflow obstruction.

“If she were 52, we’d do a procedure,” the pulmonologist stated, “but for now we’ll monitor it.”

“Monitor it for what? To only happen again? Let me ask my mother, but I already know what the answer will be,” I responded.

“Tell him to treat me like I’m 52. My body may be 95, but my mind is 52” mom opined. I would have been stunned by any other response.

I thought everything was going in the right direction, until yesterday, when her attending advised me to stay close, because her pulmonary status worsened. I asked him outright if I should cancel my visiting professorship to Bob Brodell’s Department of Dermatology at the University of Mississippi, and his answer was an unequivocal yes (I cannot thank Bob enough for his gracious support and understanding this week, as I have been dealing with this. His ability as a dermatologist is exceeded only by his warmth and understanding).

#### Credential Proliferation

As I sit here with mom, holding her hand, there is not much else I can do other than go through emails, and delete, delete, delete. I cannot believe how many requests I get for yet another “Top Doctor” plaque and requests to write an article for another

open access online journal (with a hefty publication fee and deadline!), or join their editorial board.

Don't get me wrong – I am truly honored and humbled by legitimate accolades; however, I do not wish to be taken advantage of by the process.

Awards count. Even Bob Dylan finally acknowledged the importance of his Nobel Prize for literature. The Academy Awards, the Presidential Medal of Freedom, and a World Series ring (Cleveland or Chicago) all bestow singular and esteemed achievements.

Publications matter. Despite the challenges, peer reviewed papers in prestigious journals such as the New England Journal of Medicine, JAMA Dermatology, and the JAAD are essential for advancing knowledge and academic promotion.

The proliferation of awards and online access journals has diminished the meaning of excellence. I am not being cynical in stating that each has become big business by taking advantage of a professional's ego. The ethics of "Top Doctor" awards has been thoughtfully discussed (1) and the undermining of academic integrity of "predatory" journals has been justifiably detailed (2).

#### Motherly Advice

One of the greatest lessons my mother taught me is to look in the mirror and "always do your very best - if any less than that, you're only fooling yourself. There will always be someone richer, but many poorer; someone brighter, but many less so; and someone more generous, but many less caring. Be grateful and keep your ego in check."

She also encouraged me go into medicine rather than journalism – "be a doctor first, you can always write".

Mom, I may be approaching Medicare age, but I pray you pull through. I still need your love and advice.

1. Kirsch B, Grant-Kels JM, Bercovitch L. The Ethics of "Top Doctor" awards: A tangled web. *J Am Acad Dermatol* 2013; 69: 792-4.
2. Eriksson S, Helgesson G. The false academy: Predatory publishing in science and bioethics. *Med Health Care Philos* 2016 October 7 [Epub ahead of print]

# Trace Waltz

*by Calvin Foo, Class of 2017*

The image displays a musical score for a piece titled "Trace Waltz" by Calvin Foo, Class of 2017. The score is presented in two systems. The first system consists of a grand staff with a treble clef on the upper staff and a bass clef on the lower staff, both in 3/4 time. The melody in the treble clef begins with a quarter rest, followed by a sequence of eighth and quarter notes. The bass clef accompaniment features a steady pattern of chords. The second system is a continuation of the same piece, overlaid with a prominent red grid. This grid is composed of vertical red lines spaced evenly across the staff, and a black waveform is drawn across the grid, resembling a heartbeat or a pulse. The waveform has two distinct peaks that align with the vertical grid lines, suggesting a rhythmic or structural analysis of the music.

# Want

*by Caroline Kaigh, Class of 2017*

She felt fine, other than the fact that she couldn't eat.

Her esophageal cancer was all that stood in between her and a normal life of normal meals, a life of dates at Olive Garden with her husband and popcorn at the movies.

She had never imagined that cancer would kill her by starvation.

The surgeon didn't want to place the tube that she needed.

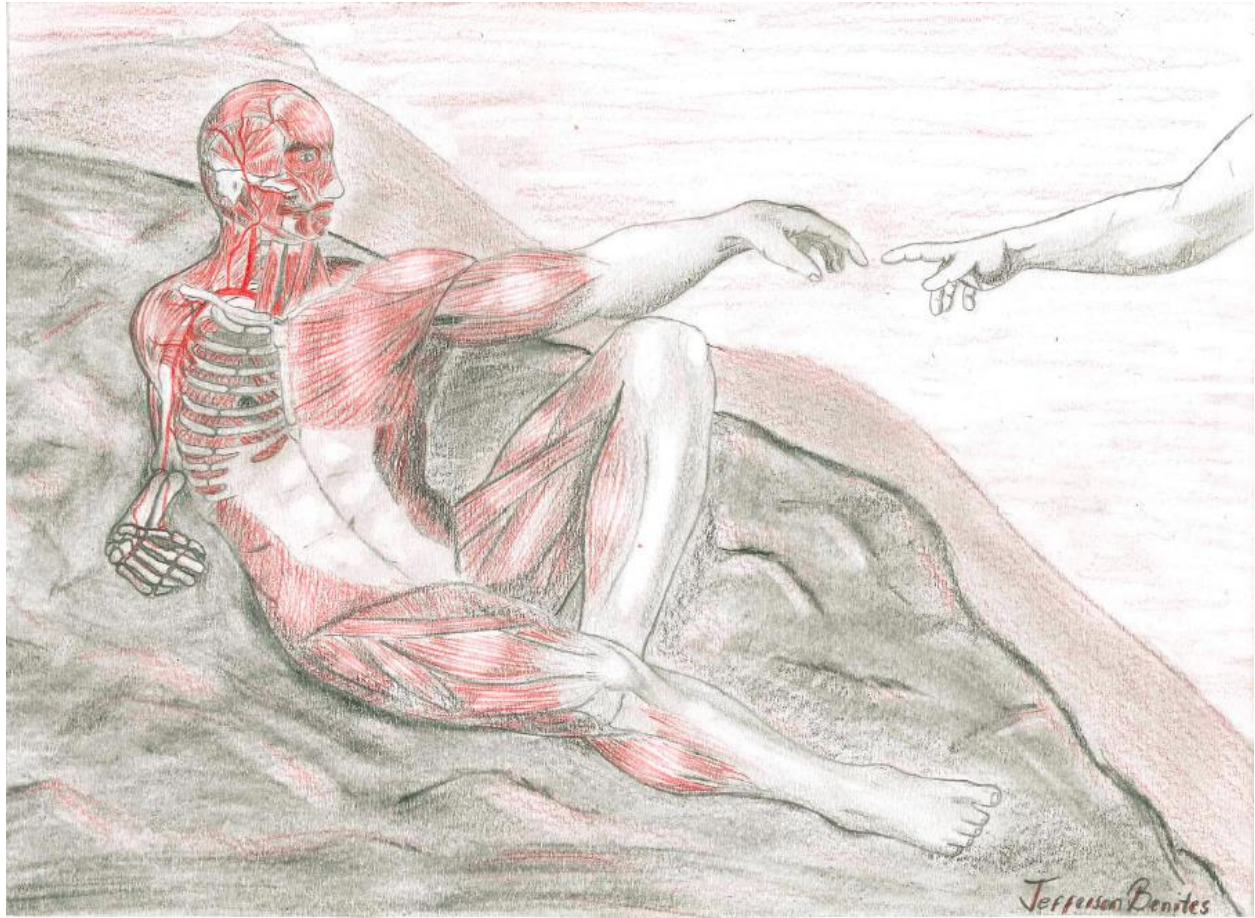
The imaging showed that her bowels were just between her stomach and her abdominal wall; couldn't be done percutaneously.

The lab work showed that her albumin was bottomed out, she had no platelets, her wounds would never heal; couldn't be done open.

She was stuck between the rock in her intestines and her abdominal wall.

# Representation of “The Creation of Men”

*by Jefferson Benites, Class of 2017*



*Drawing represents the relationship between God and men and how complete we are the closer we are to him.*



# Babe

*by Kelsey Coolahan, Class of 2019*



*Babe. I just got my pacemaker put in. I'm 75. But my boyfriend is 60; he's 15 years younger than me. I'm a cougar.*

# Exploring Angles

*by Shemena Campbell, Class of 2019*

I used to dream about Bucky Balls,  
When I was stressed about the future,  
Great (soccer) balls of carbon rings  
Jailed me, but it felt like ridicule.  
I would run my fingers along  
Imaginary (pencil) lines,  
That made hexagons of energy,  
Discrete and symmetric,  
And they felt like electric shocks.  
But that's organic chemistry.  
That was a long time ago.

Now I dream about circular pathways,  
Now that I have given up despair about the future.  
I just gave it up. No point, no room to  
Explore much more than the layers of tissue  
In a dead man's frame.  
The lunging I do into mystery,  
Requires a scalpel and a mental void  
To hide in. It's a straight line, a slow path,  
Which is why you found me staring just then  
At the crook of his tiny bent elbow while he slept.  
I was divesting and remembering.  
I was aching for his dream.

# A Coat Too Cold

*by George Osler, Class of 2018*

Five days ago grandfather died.  
Eight weeks past 80, it brought several tears to an eye.  
Across the country, he had struggled to breathe.  
Forty years of smoking had left him with copd.

Our first year in the hospital has feelings afloat.  
Uncomfortable, trapped in this freshly starched coat.  
It allows us to witness the patient's ordeal.  
They grow distant. The more seen the less one may feel.

Cannot help the sense that something is lost.  
Could it be that grandfather paid part of the cost?  
The illness was terminal. The doctors of course knew.  
But on plans of how to die, they offered few.

Though the patient is dying, responsibility still stands  
To have tough conversations and convey possible plans.  
Can't help but wonder if the coat would fit better  
If we were to take it off and instead don a sweater.

Observation by an MS3

# 24 Hour Parking

*by Emma White, Class of 2017*





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