

An anatomical drawing of a human hand, showing the skeletal structure in a light blue/white color. The hand is positioned palm-up. The background is a textured, brownish-grey color. Two black curved arrows are drawn around the base of the middle finger, pointing in opposite directions to indicate movement or rotation.

Cooper Medical School
of Rowan University

Magazine of Art
and Literature

THE ASCLEPIAN

Volume Two
2018

A note on the Front Cover:

“Medicine” in American Sign Language

Kathryn Fenton, Class of 2020

There is always more than one way to convey a message, a word, an emotion. We all strive to be the physician who can understand and process these methods – eye contact, nonverbal cues, sentence structure, voice inflection, length of pauses, and, of course, language. Therefore, I chose to illustrate “medicine” and how it is signed in American Sign Language (ASL) to convey the skill that we all hope to someday master: the art of medicine.



Editors' Note

Dear Readers,

It is with great pleasure that we present the second edition of *The Asclepian* magazine, the journal of art and literature of the Medical Humanities Student Interest Group at 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 and Cooper community and are pleased to share *The Asclepian* with you.

Sincerely,

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“Medicine” in American Sign Language – <i>Kathryn Fenton</i>	Front Cover

I recently had a very emotional encounter with a patient at our student clinic. What began as a simple encounter with a long-term patient, quickly became much more as I began questioning her about her joint pain and other triggers that could contribute to her pain. She became progressively more scared, more nervous, and soon she was crying in the office. She was fearful due to her belief that physicians are required by law to report work related injuries to the employer. As an undocumented immigrant who speaks very little and quite broken English, she was terrified of losing her physical labor job.

I was raised by my grandparents in China and moved to the United States at the age of 13. Growing up, I never saw my parents – I only knew what they sounded like over the phone. My mom worked as a waitress and my dad worked as a cook at a Chinese restaurant, 7 days a week, 11 hours a day, saving money to bring me to the US. Looking at my patient, I felt like I could understand what it is like to work tirelessly to provide for your family, while also living in constant fear of losing the job that contributes to your pain.

Below is a monologue written from her point of view.

The Unspoken Pain

Shifan Li, Class of 2020

I came to this country with the hope of finding a good home, a good job, and living that good American dream.

Years later, I am broken, physically and mentally....

Why is everyone and everything against me?

What did I do wrong... all I want to do is just to work hard and be happy and see my children grow up without having to worry about food on their plates, blankets on their shoulder, and shelter over their heads.

Why... why... why...

I want to work hard, I want to, I really want to. But where can I work?

I don't speak that American tongue. I don't have that American paper.

Where can I turn, where can I go? I am sitting here in this big land full of opportunities, yet I feel small... so small... too small to find a place where I can settle, where I can call home.

I feel sick, I feel pain – in my heart, in my bones – I am scared, too scared to ask for help. What if I am fired from this job? This job I know I need and I worked so hard to get... what if they find out? What will happen to me and my children?

I don't have the protection, I don't have this network of safety that I can rely called "unemployment."

I only know to keep your mouth shut. Keep my hands busy. Working is the only option.

But what about my pain? My bone pain, Doctor? You can fix my broken bone, but you can't fix my broken heart, my broken situation!

They told me to use a cane, they told me to get an injection. "Oh, they will make you feel better," they said.

But what they didn't tell me is the cane is an entire day's pay... the injection will cost an arm and a leg.

I just want to work... please don't judge me... please don't tell me I am taking your jobs.

I am breathing, but I am not living.



Jessa Hernandez
The Common Thread, 2017
Colored yarn

In the course of my Orthopaedic Oncology career I have seen numerous patients die from lung cancer associated with smoking. This is a difficult challenge for physicians to deal with, especially when the patient is relatively young and will leave behind a spouse and children. Unlike many forms of cancer that have no known cause, some types of lung cancer are closely associated with cigarette smoking, and so strong feelings of guilt often accompany the diagnosis. Understanding this can be helpful for physicians trying to ameliorate the emotional distress of the patient and family. This is discussed in the following poem as told from the patient's point of view.

Goodbye My Love – A Smoker's Lament

Richard D. Lackman, MD

I learned today that I am almost dead
Although I've felt but just a little pain
The cancer in my lung went to my head
And life for me will never be the same

I started smoking at an early age
But never thought that it would bother me
But now my feelings merge into a rage
Oh God above, how stupid could I be

How could I risk my precious time with you
For such a silly pleasure after all
How can I now accept our days are few
And all the guilt which now upon me falls

But worse for our two children, what to say
How to explain that I will soon depart
As my soul longs for nothing but to stay
There are no words to ease my broken heart

I'm sorry for this trial I've put you through
I hope you understand that as I die
My love for you is real and strong and true
So now my darling let me say goodbye

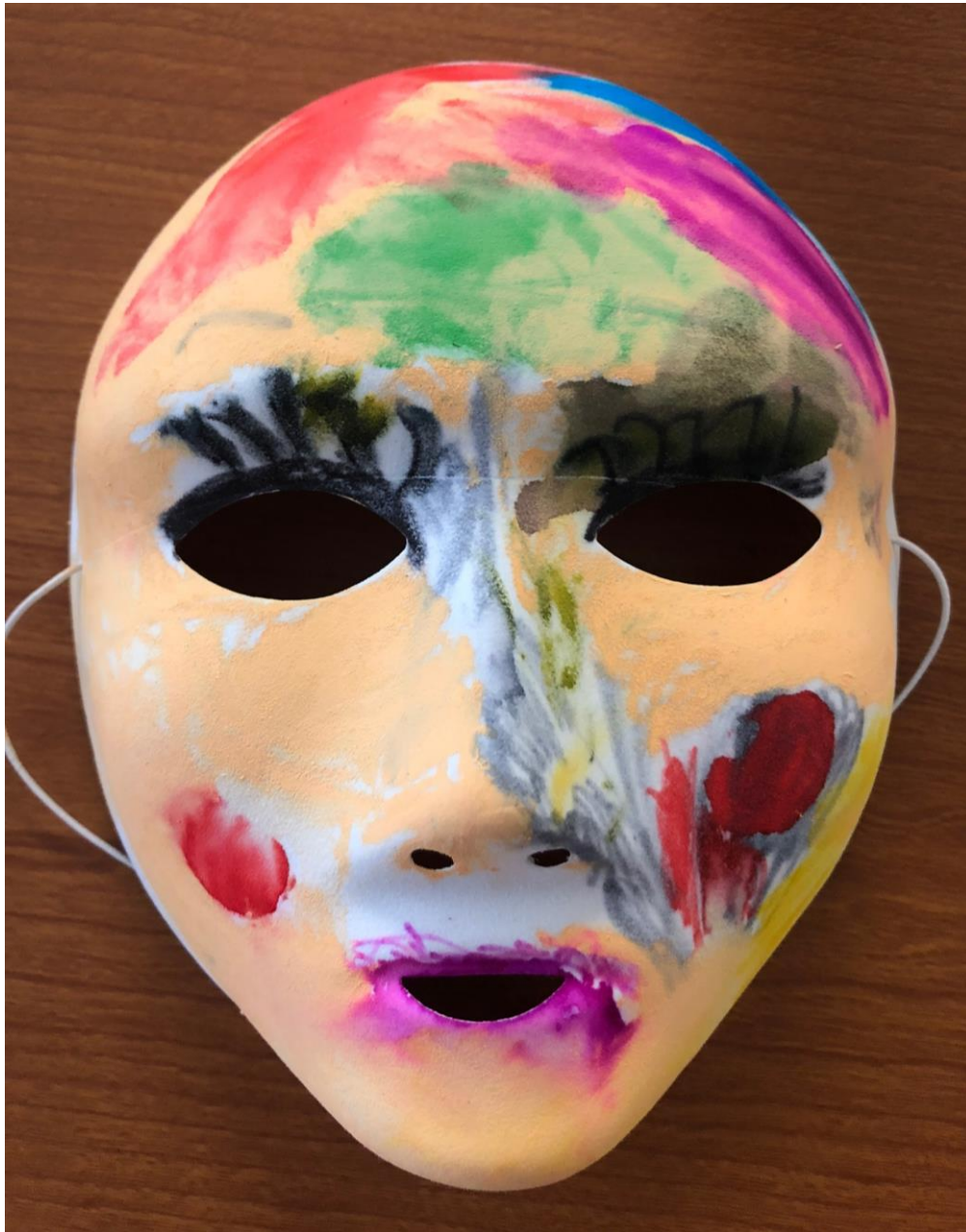


Another difficult experience for physicians is caring for a child or young adult who dies, leaving parents behind. There is something inherently unnatural about children dying before their parents and it is an experience that family members are usually not prepared to face. One consoling fact is that, even though the child has died, the parent's or sibling's love for that person does not have to die. Rather, the loving experience of the remaining family can continue in a way that may be unexpected. This idea is discussed in the following poem about a child named Evan, told from the point of view of his parent.

Evan

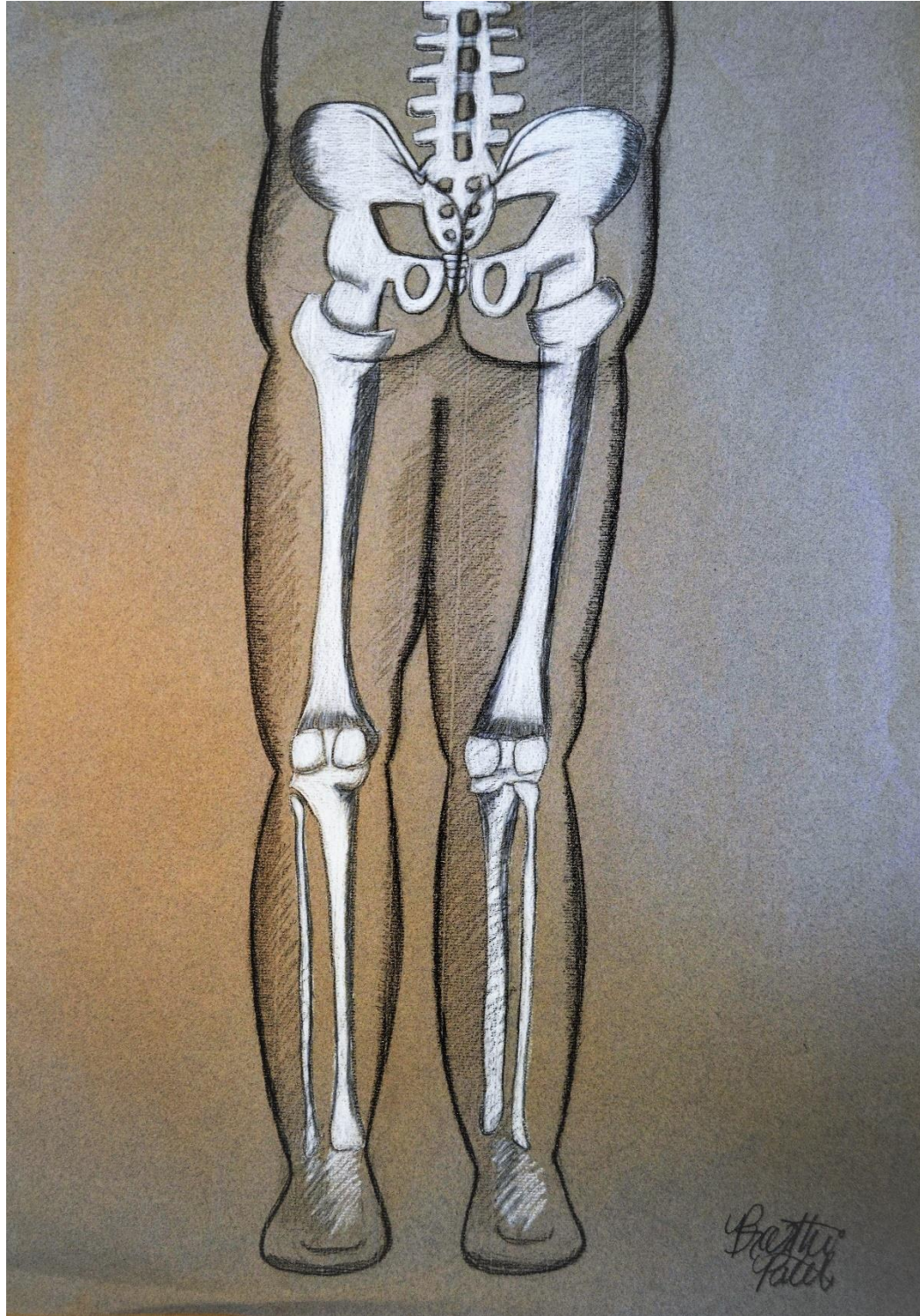
Richard D. Lackman, MD

When I lost my son to a tragedy I thought that love would end
But I never guessed how it could be that my love for him would bend
And sway like a tree in a summer storm and quiver but never break
While the memory of a love well-worn would lessen my heartache
I speak to my son each morning and pray with him every night
He comments without speaking and fills my days with light
My thoughts are blessed with images of his wit and grace
And constantly as I go on I see his smiling face
I cherish what God gave me, although it did not last
And try to live in the present while giving thanks for the past
Yet I know that as long as my will holds fast
We will always together share
Feelings so strong, so deep, so vast
And forever remain a pair



Anonymous patient, Age 14
Play/ Art Therapy Mask

“This is me when I get upset. I try to think of the breath coming down my face and out my nose so I can think of better words to say to my Mother.”



Prarthi Patel, Class of 2020
Standing Strong, 2017
Colored pencil on paper

Caught in Complacency

Mark McShane, Class of 2019

Column originally authored for the Winter 2018 issue of MD Advisor

Her gaze calmly scanned the large, square room that was bathed in blinding white lights. Heavy restraints, which I had fastened myself, held her snugly against a paper sheet on a metal table. She patiently awaited the onset of her medicated slumber. As a medical student, my job was to stand next to the operating table and keep her mind soothed and occupied before her knee replacement surgery. We had conversed for quite some time, covering topics that ranged from quiche recipes to football play-calling. Preparations for the surgery had taken longer than expected though, and we had both settled into a peaceful quiet.

The sounds of crinkling plastic and ripping paper filled the operating room. As she completed her survey of the bustling room, she turned her head to me and said, “You guys create an awful lot of waste in this place. The hospital, I mean. It’s just so much trash.” Caught off guard, I nodded and mumbled a moral platitude in agreement as she continued, “I know it’s not your fault but . . . wow . . .” Before I could respond with a defensive justification about patient safety, the surgeon whisked into view, introduced himself, and set off a chain of events that led towards anesthetic slumber and a successful knee replacement.

Although the patient meant no malice with her comment on hospital waste, it continued to sting me throughout the week, and I couldn’t quite place a reason why. With every sterile gown, plastic instrument wrap, and pair of gloves that I discarded, I replayed her comment in my head. However, I didn’t feel guilty for being complicit with the pervasive habit of creating medical waste because, after all, it was for patient safety reasons. No, this strange feeling—something like guilt—stemmed from elsewhere.

Eventually, I realized that my moral discomfort didn’t arise from simply producing trash; rather, I had allowed my mind to become numb to the issue, to a point where I no longer noticed its ubiquity in almost every corner of healthcare. In doing so, I had unwittingly admitted defeat and abandoned all prospects of innovation and improvement. *That* was the real source of my frustration. If, at some crossroad in life, I meet that woman again, I will be sure to thank her. In pointing out the obvious, but commonly ignored, issue of medical waste, she lifted a curtain that my own mind had drawn against itself.

Every medical student, myself included, has heard some variation of this wisdom: “Your patients will often teach you when you least expect it.” I have found this to be true on countless occasions throughout my first few years of medical school, but none have been so impactful as this encounter. Typically, learning from patients occurs by filling knowledge gaps or learning to handle new situations. In this instance, though, a patient helped me become aware of my own



complacency—and as a result, I no longer allow my mind to hide the uncomfortable issue of medical waste from myself. Although I haven't yet discovered any innovations to help solve the problem, I take solace in a belief that change is possible. With an open mind and a heightened awareness, the healthcare community can begin to combat a problem that keeps on growing.



Anonymous patient, Age 7

Play/ Art Therapy

“This is a picture of me in my room. That’s me on the bed- nurse, my IV, Mom, and the doctor. I was scared. My Mom has purple hair. I drew me with purple hair too. I feel better now.”

Two Strangers Passing On The Street

Richard D. Lackman, MD

The two were different as could be, as anyone could surely see
One was tall and thick and white, the other black and thin and slight

To look at them it would be clear to any stranger standing near
That neither would think of the other as a friend or as a brother

And yet when chance would have them meet while simply walking down the street
The two engaged in friendly chatter as if nothing else did matter

This was truly kind behavior fitting for a saint or savior
The apex of humanity invoking kind civility

I would be happy to report that they were people of some sort
But then I would be a deceiver, they were poodle and retriever.

While this poem is not specifically about medicine, it demonstrates the opportunities we have to look around us and find simple lessons in our everyday experiences that can help us be better people. I have always been amazed at how happy dogs are to see one another in spite of how different they may appear. My thought is that there is much that dogs can teach us in terms of acceptance and diversity.

I recently attended the funeral of a young woman who passed away from cancer. During the funeral, speakers read a poem she had written after finding out about her stage 4 diagnosis. The piece was realistic, but hopeful. She understood her disposition but wouldn't allow it to define her. Instead, she decided to accept each day as a gift. In writing this monologue, I simply expanded upon her thoughts and feelings and tried to imagine life in those final moments.

Mariposa

Patrice Baptista, Class of 2020

I think everyone's mind is kind of set on the end when you hear "stage four cancer." You feel life slipping away from your grasp, and the subtle sound of a ticking clock follows the shattered silence. The past feels no longer, the present but a world of confusion and betrayal. With a half-promised future now cut short, all that really feels left is a race to the end. But—I want to encourage you – it is not the end. It is, in fact, the beginning.

For me, the beginning meant opening up to loved ones and saying "Hi, I'm Marie, and I need you now." Almost like a reintroduction of sorts. It is a beginning filled with new aspirations and goals of what I am going to do here at the end. Now, relinquished from the strongholds of regret in things past, a freedom you never knew you wanted, or needed.

Meeting stage four cancer was like meeting Marie again. I am seeing myself through so many different eyes. I didn't know how brave or how sassy I was. All while constantly being reminded to keep my manners, despite feeling vulnerable in front of strangers. Speaking of strange... it's strange the way people treat you when you are dying. My family pretends nothing is wrong. Perhaps, that is best... for them. I get it. BUT—something **is** wrong. Terribly wrong—and not acknowledging it means not acknowledging me and who I am today. And that leaves me feeling alone.

Recently, a physician told me I should consider putting my estate in order. Ha! Estate. Would you believe that. Me, a 27-year-old, with an estate. Yeah, so let's see: my 2007 Toyota Corolla, those killer knee-high boots I picked up on Black Friday, and don't forget my newest MAC make-up brushes. I saved up big time for those. Thinking about it now, it's actually rather depressing. I won't be leaving behind very much to prove I was here.

In a way, I think Marie at stage four has always been around, and I just never noticed her. I noticed all the things going on around her that I wanted to get involved in. I didn't appreciate the magnitude of love I have for certain things until now. Did you know I love tacos? Actually, the other night I had the most vivid dream of eating Mexican food. Hard shell taco, stuffed beyond capacity, laced with the freshest pico de gallo your tongue has ever graced—food porn at its finest.

But then, you wake up and return to the nightmare. And again, you hear the clock. Time is literally thrown in your face when something like this happens. It's like – WHOA – wait a minute. I need to do so much so quickly. So, all I do is think about all I need to do. Thinking and planning can be terrible. It can make you laugh or cry. It confuses you, angers you, and leaves you bitter. I was going to go sky diving and bungee jumping! I was going to run that marathon! The one with all the colors. None of that even matters now. After all, I can barely walk.

I know now what I have to do, how I have to do it, and I've got a good idea of what it will take to get there. People ask, "What do you want to do when this is over?" The answer is simple – put my feet in the sand and eat a taco, look up to see the ocean and the ones I love enjoying it – all in the same sight. I merely want to suck the nectar out of each moment and focus on the time I have left rather than agonizing over time lost.



Anonymous patient, Age 17
Play/ Art Therapy Mask

“I want to go to cosmetology school for make-up. I love blending the colors on the face. It’s my palette.”



Kelsey Coolahan, Class of 2019

Cadere, 2017

Plaster cast of the artist's body, dried roses 3ft x 2ft

a pale hand, limp on the table's edge, brushes the hip
of a woman whose warm palms enshroud a beaten heart
breathless, still

I imagined roses, freshly cut
a bouquet not unlike countless others
beautiful while on display, dying all the while

admiration through a rose-colored lens seems easier
until the petals fall, and the stems bend back, towards the earth
whence they came

I couldn't grasp fate until I touched it
we are roses amongst roses
displayed atop a bed of fallen petals

*cadaver: late Middle English, from Latin: from **cadere** 'to fall'*

To many of us, the hospital is simply a workplace. To many others, it is the place where they received the worst news of their life. Some things in medicine don't get easier. Nor should they.

Visiting Hours

Kali Staman, Class of 2020

I listen to the woman down the hall.
She wails and beats her hands against the windows
and the rest of the city doesn't hear her
but I do.

The attending leaves the room, pulling off his gloves.
The charge nurse whispers, her husband was just pronounced dead.
She shakes her head
and goes to change a bed pan,
because the world keeps moving.

I hear the woman well into the night, muttering

I love you I love you I love you
again and again and again and again and again
into the empty hospital bedsheets.

The medical student feels heavy,
slumps to the floor at the end of the hall,
considers her love, asleep at home,
and counts the hours until morning.





Kali Staman, Class of 2020

Tired, 2017

Pencil on paper, after a long day



As we pursue our lifelong passion of becoming physicians, we must not forget that we are human as well. We have an inherent responsibility to care for those who seek our services, but we must be in-tune with our own well-being and not ignore our own need for care. The journey we have chosen is not easy, however, you are not walking alone. Family, friends, classmates, and faculty are with you as you strive for your dreams. If you or anyone you know is living with a mental health disorder, please reach out to someone and utilize the wellness services provided by CMSRU and Cooper University Hospital.

Unnoticed

Mihir Jani, Class of 2021

Dark, robust storm clouds eagerly travel southwest towards the hospital garage. From six-stories high, views of the Delaware River and Philadelphia skyline were once breathtaking; but now they appeal less. Thunder roars in the distance, and the sound of rain pelts the windshields of the cars parked on the roof of the garage. Water soaks my black and gray hair. Once a man known for how beautiful his hair was, at thirty-seven I stand with dejection in the grays that have set in. Water droplets trickle down my nose and the side of my cheeks, blending in with the flow of tears from my bag-ridden eyes.

The once bright white coat that presses firmly against my body has gone dull and becomes heavier with each minute; drenched from the rain my career has poured on - the workload, the long hours, the stress, the anxiety, the depression.

Has no one noticed that the light I once shone through the hallways of the hospital has mercifully become a mere flicker as the years go on?

I press my hands against the garage and make a gentle hop, so my buttocks sit along the edge with my feet firmly on the concrete. Colleagues hurry across my path to their cars, trying their best to avoid getting soaked by the storm. I squint my eyes, blinded by the headlights of all the cars that whizz by.

No one notices me.

Maybe the headlights aren't bright enough, or maybe the wipers that furiously move make it hard for them to see me.

Or maybe the signs weren't clear enough.



If only we were better taught to break the stigma. If only we were taught to see the billboards that so many of us put on display. If only better measures were in place to avoid circumstances like this. If only someone had asked the simplest question...

I lean back to join the rest of us who went unnoticed – but with my last breath, I muster the courage to ask a question I couldn't seem to ask myself,

“Are you okay?”

Nearing the end of medical school, students undergo a series of interviews for potential residency positions in whatever field they are interested in. Part of this process is submitting a rank list a month before they are informed of where they ultimately are going. There is a large amount of anxiety over what the order of one's rank list should be - that stressful process served as inspiration for the following piece.

Rankings

Anonymous, Class of 2018

Come February 21st, we rank
And, God willing, on March 16th, we match

But how do I make a rank list based on one days' worth of experience?
All I know is what they were willing to share
and what user FutureMD84 mentioned on a forum about the things they hate there

"This program has a phenomenal reputation!"
Well yes, but I don't need reputation, I need an education

"The residents at this program are extremely happy."
You may say that, but the residents I've seen display nothing but apathy

"The program is located in the heart of a major city!"
With the hours I'll be working, that won't mean anything to me

"We offer you a free iPad mini."
Well, I mean that's cool but does that affect this decision, really?

But no program is perfect
The effort you put in will determine the training you get

I've realized most programs will give the training you need
So I have to ask, "Will they cultivate the values in medicine most important to me?"

With the mystery of the match, who even knows if I'll end up at my number one
I'm just going to say a prayer, go with my gut, and call it done.

Our Paths Do Cross

John McGeehan, MD

It was early in my practice that I met Anna and Ed. They came to me together as new patients and asked to come into the exam room together. Such was their relationship. They were both seventy. They had no children. They were only children and had no relatives. Ed had just retired from his job working in a hardware store for over thirty years. Anna never worked, as was common at that time. They had each other. The way they looked at each other, the way they completed each other's sentences, and the way they comfortably shared silence was simply beautiful. I felt blessed to meet them and have them as my patients, and they became part of a practice I preferred to look at as an extended family.

Anna and Ed had heard about me from a patient who was their neighbor. I came to know that our practices grow and thrive by how we treat each patient. They do not know our board scores; they usually do not know where we went to school, nor do they really care. They do not know how much we know. They want to know that we care. This, and the work each of us does to be the best doctor possible, creates relationships with patients that are amazing. I had many patients in my care for three decades and every visit was like seeing an old friend.

I saw them intermittently over the years and we shared a journey together. One day, Ed presented with weakness and some gum bleeding. He had acute leukemia. I was the one to break the news and give the prognosis and options. His was a terrible disease that defied treatment. Anna never left his side. He died in the hospital with Anna and I at his bedside. The wonderful care that is Hospice had not yet come to be. At that time people spent long periods in the hospital. There were no hospitalists, so as their primary care physician, I shared in these final days and came to know them very well.

Years went by and Anna was alone. She came to my office for minor issues and annual evaluations. She never became depressed or angry. She had her religion and through that, a support group. In her eighties, she became frail and by eighty-five, she was a different person in many ways. She had lost weight, no longer stood straight, and did not have that shine in her eyes. Exams and simple tests did not disclose a reason for her decline. She had the frailty of old age and she was dying. This is a diagnosis that doctors often fail to accept. There always has to be a reason, something to treat. We all die, and often the cause is the inevitable breakdown of this miraculous machine.

We talked about the process and the prognosis. Anna knew and spoke comfortably about death as people often do who have lived a happy life. I asked her to speak with her lawyer to draft a living will and assign a power of attorney for health affairs. She said that she did not need them, as she had me, but agreed to do so. She asked me to promise that she be kept out of the hospital. Ed and a frugal life had left her with resources for home care. She made it clear that she would never agree to a nursing home. The plans were set in place.

Over the following months she got worse and dementia set in. I ordered home nursing and went to visit her on occasion. The house call is a ritual that yields much more than any office visit. She could not eat and did not know where she was. She was in the dying process. By this time, Hospice was now an entity. I consulted them and made it clear she was a DNR, at her request. The nurse told me she could not go on Hospice as she did not have a terminal diagnosis. I was shocked that dying outside of a known cancer or heart ailment was not yet embraced as a natural process. They said they needed someone to speak for her and asked if she had a Power of Attorney for health affairs.

I practiced in a relatively small town. I knew her lawyer, who was also my patient, and gave him a call. He said Anna had made a DPA and kept it in her safe deposit box (a common practice for those who had lived through the Depression) and that she had given him a key. He went to the bank, got the document, and gave me a call. Anna had listed me as her Power of Attorney. I was shocked and now faced with so many realities. I had become her family. The gift of such trust was overwhelming. The role conflicted with my role as her physician. What did Anna need most now: a doctor or family?

I made a call and easily transferred her medical care and records to a physician I trusted – and knew Anna would as well. I knew that I could do more for her as her trusted spokesperson. She died peacefully at home. Friends came to visit. She was never alone. I still miss her.





Kathryn Fenton, Class of 2020

Always Listening, 2017

Pencil on paper

Stepping foot in the cadaver lab for the first time can be daunting – the uncomfortably cool temperature, the pungent smell, and the fear of what is found inside the body bags. During my first experience in the lab with our selective drawing class as an M1, I was slightly startled at first when the bag was unzipped because the cadaver seemed unrecognizable after a year’s worth of dissection by the M2 class. So, I decided to draw the only thing I could find that was still intact and undissected, but more so, something that still resembled the person that preceded the cadaver. That was this gentleman’s right ear.

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The patients who cross our paths – This is only possible because of you. Thank you for continuing to teach and inspire us every day.

