

Cooper Medical School
of Rowan University

Magazine of Art
and Literature



THE ASCLEPIAN

Volume Three
2019

A note on the Front Cover:

“Concentration”

Water on paper

Satyajeet Roy, MD

Associate Professor of Medicine

Cooper Hospital, Internal Medicine

"Concentration of a Sadhu" were the last few words of advice that stayed with me among many other advices that I received from my parents and loved ones when I left my home to join my medical school. I roamed around on the banks of Ganges River and observed many Sadhus in deep concentration, fully focused on their attention, completely detached from their immediate and remote surroundings. I visualized concentration as a finite one dimension of a two-dimensional act, a powerful opposite of inattention. Concentration is a pinnacle, and it just can't be a little, somewhat, or a bit more. It is either present, or absent, and nothing in between. Just like the colors black and white, and nothing in between.? This black-and-white watercolor-on-paper artwork titled "Concentration" was born during my first year of medical school.

"Concentration" remains with me as a source of my inspiration and a constant reminder of paying my full attention during my many roles in my life, such as a student, a researcher, a teacher, a husband, a father, a son, a brother, a colleague, a friend, a mentor, a singer, an artist, a musician, a handyman, a multipurpose worker, and above all a physician providing care to my patients.

Editors' Note

Dear Readers,

It is with great pleasure that we present the third 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,

Kali Staman, *Editor in Chief, Class of 2020*
Mark McShane, *Senior Editor, Class of 2019*
Ameena Rana, *Senior Editor, Class of 2021*

Thomas Clyde, *Associate Editor, Class of 2019*
Brenda Arthur, *Associate Editor, Class of 2021*
Michael Bieszard, *Associate Editor, Class of 2021*
Meghna Bhattacharyya, *Associate Editor, Class of 2022*
Callyn Iwuala, *Associate Editor, Class of 2022*
Shrina Patel, *Associate Editor, Class of 2022*
Elana Perlow, *Associate Editor, Class of 2022*

Dr. Elizabeth Cerceo, MD, *Faculty Advisor*
Dr. John McGeehan, MD, *Faculty Advisor*

Contents

Full Circle – <i>Kali Staman</i>	5
Flora 1 – <i>Lars-Kristofer Peterson, MD</i>	6
Before I Met My Patient – <i>Janeni Nagayan</i>	7
Living Life in an Identity Grayzone – <i>Michael Springer</i>	8
Mirrored – <i>Alyssa Lee Chang</i>	9
Unshed Blood from Unseen Wounds – <i>Anonymous</i>	10
A Plea – <i>Simran Kripalani</i>	11
Millennial Skin Care – <i>Kelsey Coolahan</i>	12
If I Can Make It Here – <i>Aarushi Chopra</i>	13
The American Dream Panopticon – <i>Matthew Nelson</i>	14
Untitled Theatre Monologue – <i>Keiry Rodriguez</i>	16
Surgery Rotation: A Collection of Drawings – <i>Jessa Hernandez</i>	17
Modern Consumption – <i>Kelsey Coolahan</i>	18
Flora 2 – <i>Lars-Kristofer Peterson, MD</i>	19
The Mind Unwinds – <i>Michael Bieszard</i>	20
The Anxious Patient – <i>Richard D. Lackman, MD</i>	21
The Hostile Patient – <i>Richard D. Lackman, MD</i>	23
A Quantitative Misdiagnosis – <i>Elana Perlow</i>	24
Seated Spinal Twist– <i>Sabrina Morris</i>	25
River – <i>Mark Andrew McShane</i>	26
Anatomical Heart – <i>Sabrina Morris</i>	27
We are all growing – <i>Jessa Hernandez</i>	28
Our Dogs – <i>John McGeehan, MD</i>	29



Full Circle

Kali Staman, Class of 2020

Her belly is big
the way we would stuff balloons
under our t-shirts when we were babies
giggling
like we were ever going to be ready
to take care of someone else

And now –
when we are asked to take care of someone else –

She looks at me
in the sterile OR lights
like my eyes
past the scrub cap & splash shield & face mask
like my steady voice

*(breathe, mama
you can do this)*

like my hand on hers
are the only reason she hasn't given up yet.

But then new love comes screaming into the world
at exactly 1:46 am

*(you did it, mama
congratulations)*

and she holds my hand
until she can hold the little girl
that will grow up to hold balloons to her belly
giggling



Lars-Kristofer Peterson, MD
Assistant Professor of Medicine
Assistant Professor of Emergency Medicine
Cooper Hospital, Critical Care Medicine

Flora 1

Black and white photos of flowers and foliage allow the viewer to focus on the juxtaposition between the organic nature of the form and the precision of the photographic medium. This is especially seen in the veins of the leaves and the petals of the flowers.

Before I Met My Patient

Janeni Nayagan, Class of 2020

Two months before I met my patient, still new to the clinical side of medical school, I walked into the OB/Gyn clinic ready for four hours of pelvic exams and pap smears. One of our first patients that afternoon was a young woman, G3P0, presenting that day for a prenatal visit with her husband. Before we entered the patient's room, my attending paused and warned me: "Today is the one-year anniversary of this woman's last miscarriage, who was aborted at 36 weeks gestation for unknown reasons."

I have learned something about tragedy since starting my clinical rotations: there is a subtle art behind mourning with your patient while still giving them a sense of hope. What my attending had to do, and has to do every time she sees one of her patients with more complicated histories, is dance along a delicate line of comforting and confident. She needed to make sure they had faith that even with the patient's past pregnancy episodes, though the fears they have are valid, this one will be okay.

As my attending walked me through finding Baby's heartbeat, I kept my eye on the patient and her husband. Our patient had a warm smile on her tired face, her hand tightly grasped in her husband's. The couple joked and laughed as my attending asked our patient about her symptoms and the baby's activity, but their anxiety was palpable in the air.

I've been told many times that I would learn the most medicine from my patients. Quickly, however, I found that I was learning even more about the human experience. When we make a point to give them the space to air out their worries, our patients give us something that many of our closest loved ones often do not – raw vulnerability. Free of filters or saving face, this woman and her husband choked on their words in front of me, even at the sound of good news. In their vulnerability, I saw nothing but courage. I saw people who, one year prior, experienced the deepest sorrow on the road they were currently walking down again. Still, they let love guide them more than their fear. I saw resilience in the face of adversity in the form of a couple determined to not let a bleak past shadow a bright future.

And the morning I met my patient, I saw the fruits of it all. Stepping into a cozy room in our hospital's Mother-Infant Unit, softly flooded by December sunlight, I was met with the voice of a woman: "Hey! You're the girl from the Gyn office with the cold hands!"

And next to her bed lay my patient: Eight pounds, two ounces, with hands tiny enough to wrap around your fingers, but strong enough to steal your heart away. My patient, a rosy-cheeked baby boy, was brought into the world, and in spite of all of the struggle leading to that day, I had never witnessed such pure joy.

Living Life in an Identity Grayzone

Michael Springer, Class of 2021

Growing up, my parents would always tell me that I wasn't disabled because I could do "almost everything" all the other children could do. To them, they didn't want me to think of myself as a burden, and it was an admirable effort from their point of view. But the problem is, it birthed this dichotomy in me that affected my personal identity growing up. I hated using accommodations for my hearing loss in grade school because it was admitting there was something "wrong" with me. I had this harmful notion that I was stronger if I pushed through school without accepting help; that my disability wasn't a hindrance. It was a real Napoleon complex – which didn't help in terms of my career outlook either. I always wanted to join the military, to follow my parents' footsteps, to not only serve my country, but also make my parents proud. But I couldn't because of my physical limitations.

Not wanting to distance myself from the military, I spent my high school years volunteering at an amputee clinic where my parents work. I learned a lot about the military viewpoint on disability. I remember early on asking my mother about the amputees adjusting to their new disabled lifestyle and she got rather upset, saying that they aren't disabled just adjusting to their "New Normal." And let me tell you, they worked their ass off with their prosthetics to reach the highest level of functionality possible. But they also sought to prove to themselves and others that they can be useful. There are some that even went back to active duty with prosthetics. As an aside, I'll tell you, amputees have some dark humor – my personal favorites are "missing parts in action" and "some assembly required." I personally attribute some of my self-deprecating humor to their influence, for better or worse. The problem was, I looked up to these wounded warriors, who never complained about their missing limbs or ever called themselves disabled. So who was I to complain about my seemingly minor problems in comparison? I only saw my disability as a negative. I grew up fighting against a part of my label. I grew up hating a part of my identity.



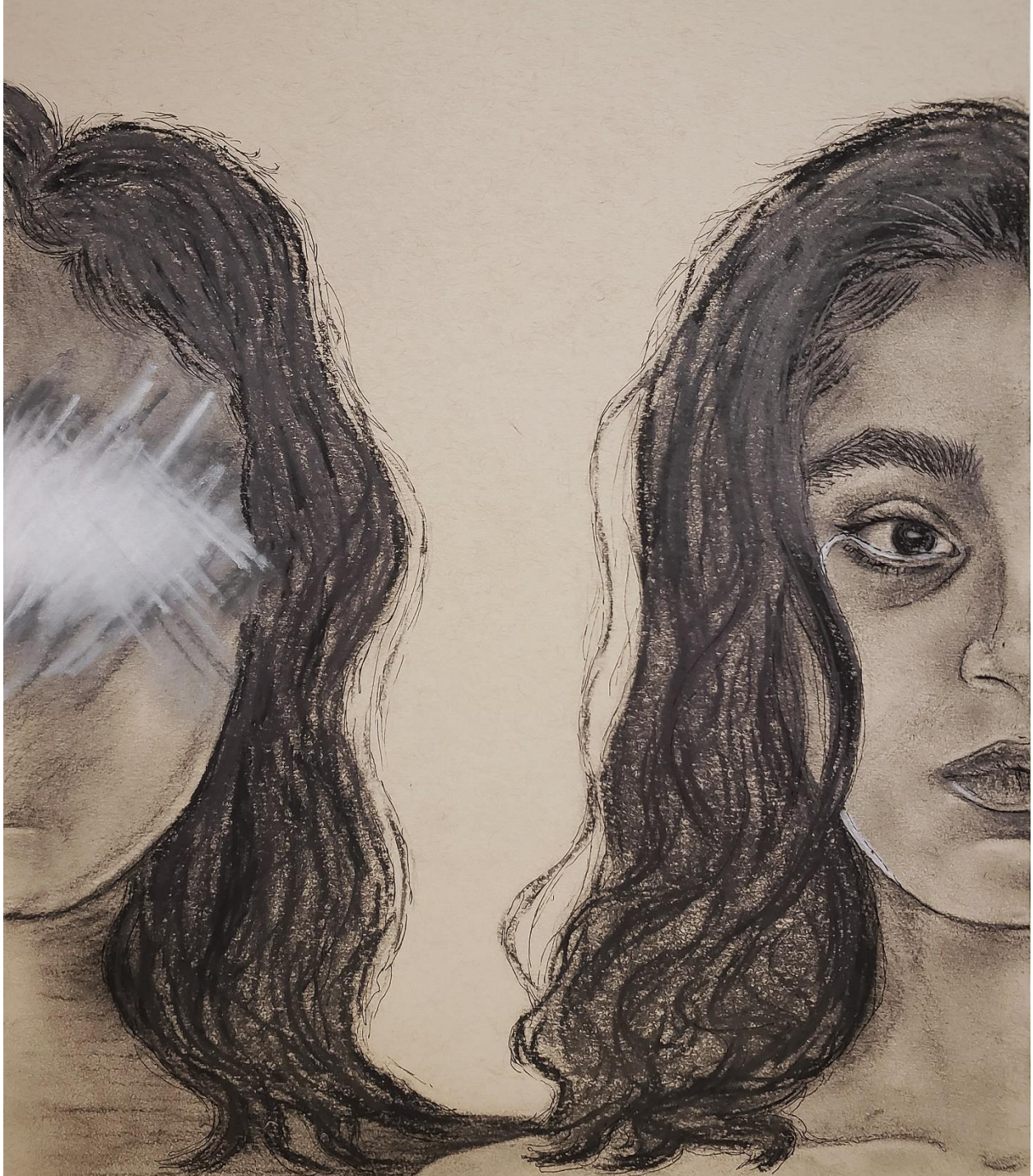
Mirrored

Alyssa Lee Chang, Class of 2021

[Background] *A 12-year-old Caucasian girl was raised by a single mother for most of her life. Her father was present for the first couple years of the girl's childhood; however, he fled after the death of his two soon-to-be daughters, as it was too much for him to bear. The mother received all the appropriate prenatal care, but sometimes life is unfair, and the family faced the unfortunate passing of the two little girls right after their birth. The mother proved emotionally stronger than the father, as she made sure to be a parental figure to her only daughter (the young girl got her mental and emotional strength from her mother). But with time, the emotional burden took a toll on the mother, which eventually led to the health complications that resulted in her passing. The young girl was placed in a foster care system where therapy services are offered.*

[Setting] *The young girl is in a therapist's office, and the therapist asks: "How are you coping with the loss of your mom?"*

When I raise my right arm, she raises her right arm. When I twist my hips from left to right, twirling my skirt, she does the same – flaunting the same exact pink skirt. She's such a copy cat! I keep my lips pursed, trying to hide my annoyance. I expect to see her smirking in return, but I am surprised to see the same pursed lip expression. I'm looking into her eyes... and slowly her face morphs into my momma's face. Now I see her weeping... in a hospital bed. She's holding two little ones, but they aren't moving – lifeless. I don't really remember what happened in that moment, but I hear what my momma whispered over and over to me, "All I wanted was to give you sisters." Those words linger in my mind, and I see my momma's face disappear as the more familiar face reappears. Now I am confronted with a teary-eyed girl, but as I wipe away my own tears, I see a smile of strength emerge on her face. I don't have two sisters, and now I don't have my momma, but I guess I'll never truly be alone – I have myself.



Anonymous, Class of 2022
Unshed Blood from Unseen Wounds
Charcoal on paper

A Plea

Simran Kripalani, Class of 2022

The other children look like they are having a great time

Facebook and Instagram sure say so

Paris and Japan

The beaches with warm sand

Dinner with family on Thanksgiving

While my parents work overtime

Barely making a living

Extensive wish lists for Christmas

While I lie here

Pleading

Crying

Begging

Wishing

For one more breath

One more month

One more year

For fresh air

For my mother's tears to dry up

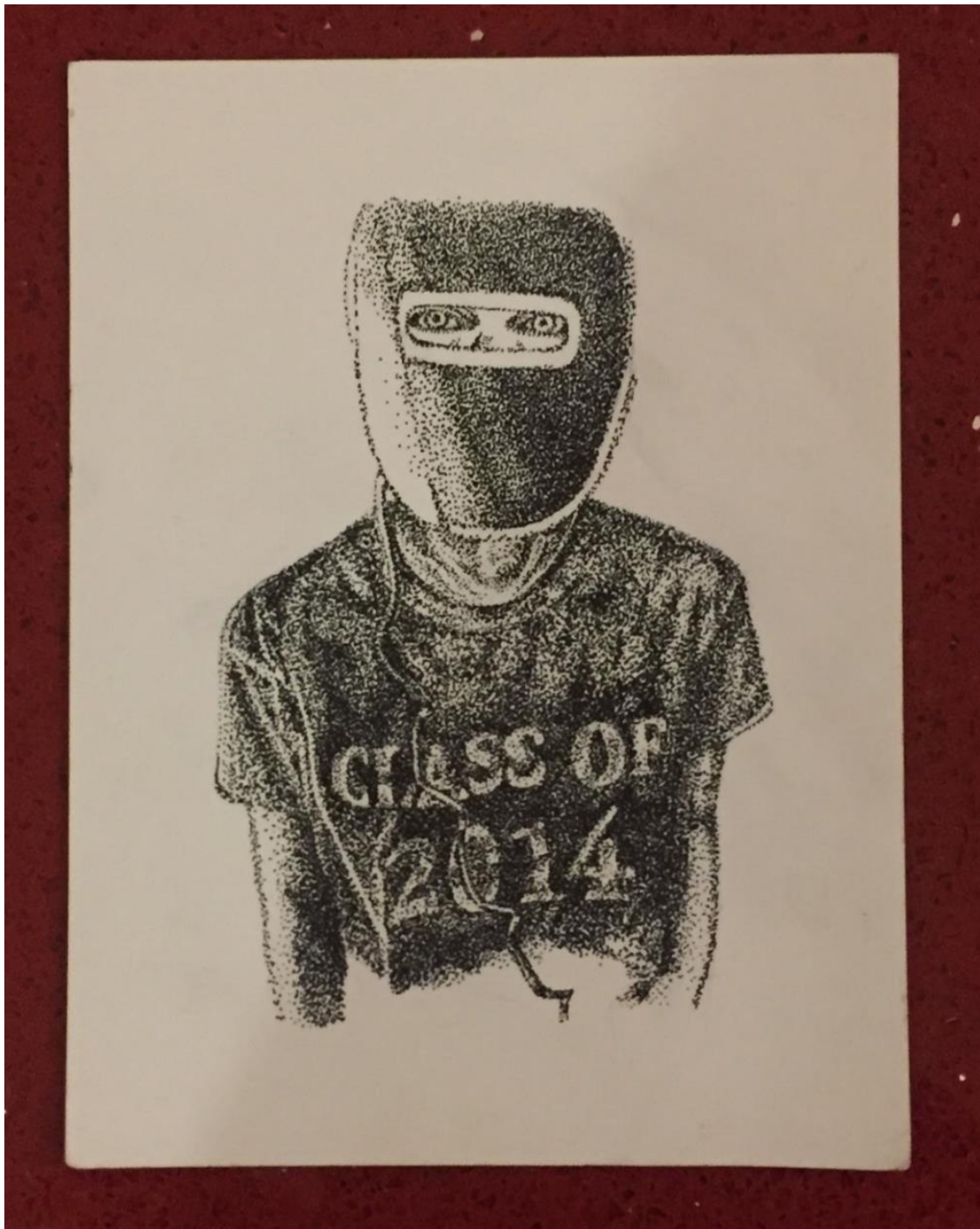
For my brother to stop worrying about me

For my father to stop working two jobs

The other children look like they are having a great time

If God chose one life

Why did it have to be mine?



Kelsey Coolahan, Class of 2021, MS4

Millennial Skin Care

Marker on paper

This is a portrait of a 21-year-old girl wearing a Neutrogena Light Therapy Acne Mask. It was drawn using pointillism to emphasize our ever more pixelated reality and the influence of technology on the relationship between unity and fragmentation.



If I Can Make It Here

Aarushi Chopra, Class of 2021

I used to love New York. I never thought I would love a place quite like I loved Cephalonia, but I loved New York. With all my heart. And for 24 years, it loved me right back. On the eve of December 13th, 1987, I inherited a rather odd...inheritance. A tattered corner newsstand in downtown Manhattan's bustling Astor Place. I knew the owner from a former job. He passed away suddenly and his stand became mine and I did not know it then but, in a similar fashion, his life's work would too ...become mine. With a new coat of paint and the first drachma I ever made taped on the wall, my newsstand soon became Astor Place's premier destination for everything from cigarettes to lottery tickets. I was a long way from home. From olive trees and grape vines. Some may say I lived the American Dream. A Greek immigrant who comes to America in search of a better life. And the people who say that...they are right. You hear such terrible things about New York. That it is cold. That it is cruel. That she is a real *you-know-what*. And maybe my experience is unique. But I never got a hug so warm as the one I got from New York. Though, while in America, I found warmth, friendship, and love, I could not escape an undeniable truth. No matter how far I traveled from the shipping yards of my coastal village in search of a better job and a better life, I took this body with me. And in this body, unbeknownst to me, was a cancer, growing slowly, but surely. As sure as the sun rose every morning on the East River. As sure as the A train I ride every morning from Astoria to Astor (well, that wasn't always a sure thing, if I am being honest). It has been exactly three months since I found out I have Lung Cancer and that my body isn't my own anymore. It belongs to the tumor who will now decide how many more times I will breathe in the strangely intoxicating mix of cigarettes, Starbucks and exhaust that swarms me each time I open up my stand for the morning rush. My life is no longer my own. But, the moment the doctor told me the blood in my handkerchief was more than a cold, I did not despair for I was in one of the most medically advanced nations in the world. Surely they would cure me. But doctor after doctor kept saying the same thing. *You are too far gone*, they said. But there is still hope. *This is what happens when you smoke, buddy*. But I never have. *I'm sorry, this must be very difficult for you, but the disease has progressed to a point of...no return*. There is no return now. Suddenly, I am made nauseous by the taxi fumes and disgusted by the greed of morning commuters buying PowerBall tickets with slot machines in their eyes. I wince at the smell of coffee on their breath and turn a blind eye to tourists in search of New York's best slice. I think of my home now more than ever. No, not my Astorian palace, with its Murphy bed, kettle, and can of soup du jour. I am dreaming of the olive trees that line the perimeter of my grandparents' home where I grew up. Their branches have likely run dry and fallen. I am dreaming of the grapes we would eat each morning. Bitter, but yet, so sweet. I am dreaming of my grandmother's face as she sent me off through clenched teeth and watery eyes. I am wondering if in death she has forgiven me. I need to go home, where I can breathe my last labored breaths in peace. No cacophony of horns and of dreams shattering on the floor.

I used to love New York. Now I want to go home.

The American Dream Panopticon

Matthew Nelson, Class of 2019



This photo was taken in the summer of 2015. I was volunteering with a group interviewing Central American refugees recently released from detention facilities in San Antonio, TX. The ankle that is the subject of the photo belongs to a young woman from Honduras who had arrived with two small children in tow and a clunky bracelet strapped to her ankle. It was the “gift” of a judge who had allowed her to exit detention and enter the “land of the Free and home of the brave” under the condition that she ritually connect her now lopsided ankle to an outlet when the battery got low, as if she were an old-model MacBook.

The image is seared in my mind and has continued to resurface in my thoughts recently as anti-immigrant rhetoric has risen to a boiling point and the issue of detention centers and family-separation has taken center stage in the fight for immigrant rights. To be fair to the current political moment, when this photo was taken, Obama was still president and while his executive actions pushed for immigration reform, simultaneously ICE saw its scope of deportation expand exponentially. The overall tone was still hopeful though, and there was no “wall” or “bad hombres” to be heard of or seen.

Words have a lot of power. “Illegal” can be applied to an activity just fine, but when applied to a person, it has the power to strip them of their personhood. History has many examples of the dehumanizing power of certain words applied to certain groups of people. To paraphrase Rabbi Abraham Joshua Heschel, who was active in the civil rights movement and marched with Dr. King, the worst response we can have in moments like these is to numb ourselves and not be surprised. Here’s the full quote from Rabbi Heschel:

“I would say about individuals, an individual dies when he ceases to be surprised. I am surprised every morning that I see the sunshine again. When I see an act of evil, I'm not accommodated. I don't accommodate myself to the violence that goes on everywhere; I'm still surprised. That's why I'm against it, why I can hope against it. We must learn how to be surprised. Not to adjust ourselves. I am the most maladjusted person in society.”

Pensamientos en silencio

Keiry Rodriguez, Class of 2021

I've been waiting here for almost an hour. Ah, I hate all this wait time.

Why are they taking so long? Is it that they found something else? Is it that it is worse than what they expected? Is it that there is no remedy to my ailment?

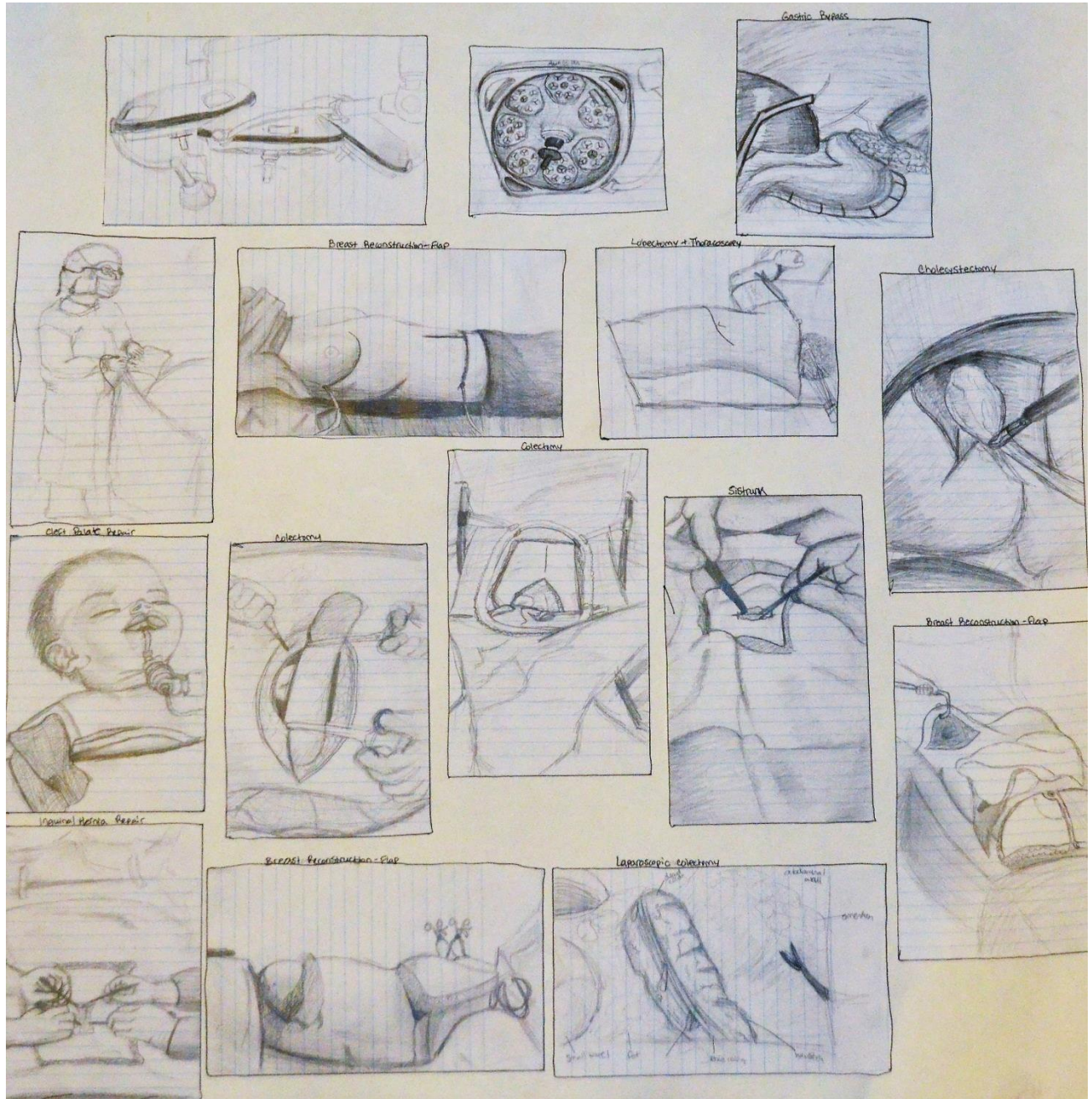
No Evanna, stop! Don't go down that hole, Joseph is here. You need to be strong, he cannot see a sign of weakness because you don't want him to worry. He already has so much going on and he's taking care of all the insurance and paper work. I can't have him worry more. I need to be strong for my son.

I know I have a lot of problems, I just didn't think I could have more. I didn't think it could get worse. I'm scared. I have never had to have a surgery of this magnitude and with all of my other conditions, how will I be able to get out of this one strong? With every hit to my health, the strength to keep going starts to wane.

No Evanna, stop! Positive thoughts! God is with you and your family is here to support you. You will walk out of this strong and all will be fine. Keep your head up! This is just one fork in the road out of many, and you are resilient, you will get through it!

Sigh! Here comes the medical students, finally!





Jessa Hernandez, Class of 2019
Surgery Rotation: A Collection of Drawings, 2018
Pencil on notebook paper



Kelsey Coolahan, Class of 2021, MS4

Modern Consumption, 2018

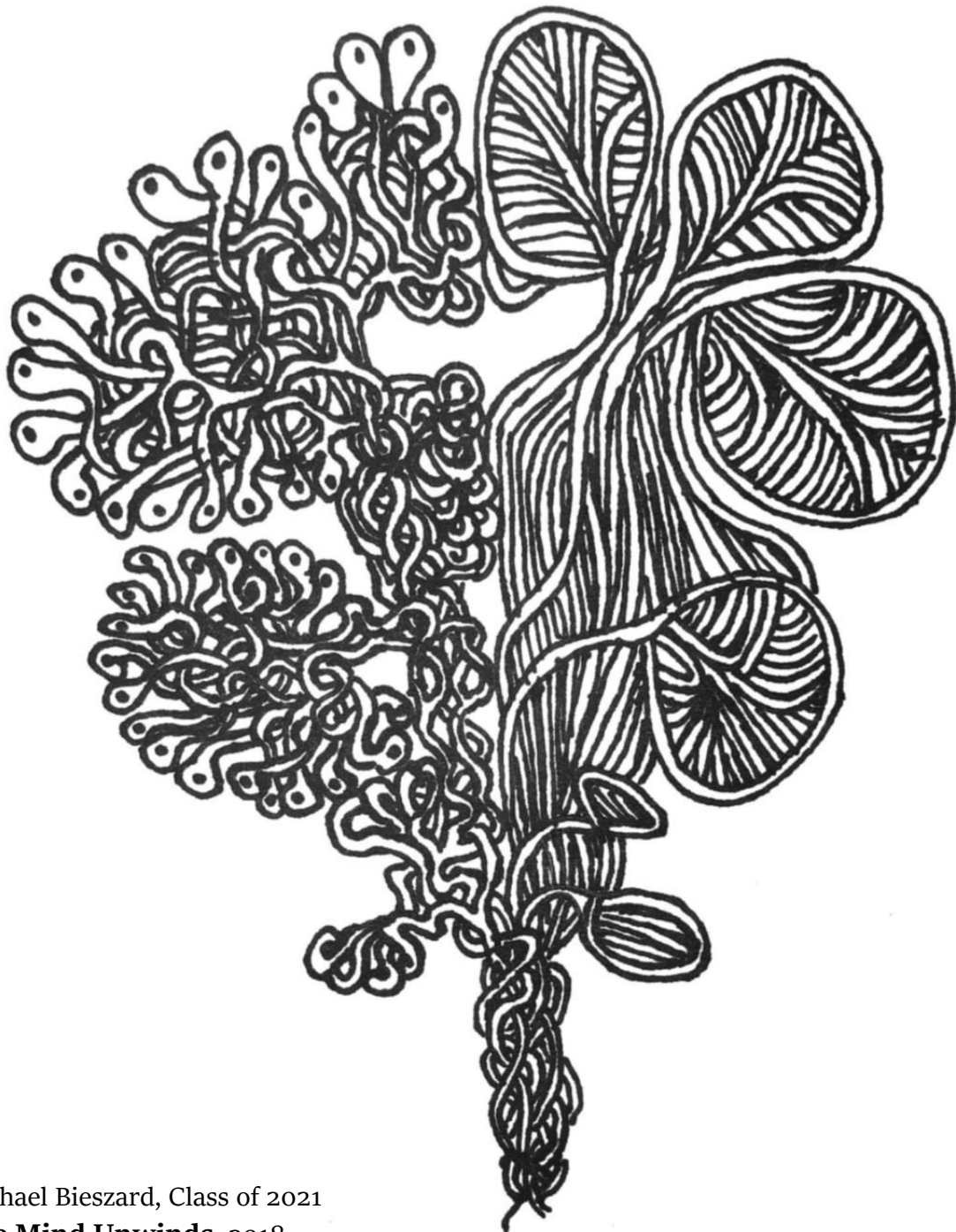
Self-portraits of the artist, photo transfers onto muslin cloth

Modern technology and social media coax us into consuming images of the female body more than ever before. Kids scroll for hours through images of artificial beauty, either feigned with Photoshop or purchased from plastic surgeons. What is natural is becoming uncomely, rotten. I've watched my friends go under the knife for bigger breasts, for sharper features, for plumpness in one area at the expense of another; I've listened to girls, not yet of legal drinking age, tell me about their lip injections and future spoils. I can't help but wonder about the future of the female body, about this modern consumption as both an act and a wasting disease, and about medicine's role in quelling an insatiable hunger for aesthetic.



Lars-Kristofer Peterson, MD
Assistant Professor of Medicine
Assistant Professor of Emergency Medicine
Cooper Hospital, Critical Care Medicine

Flora 2



Michael Bieszard, Class of 2021
The Mind Unwinds, 2018

This is the artist's depiction of how the brain separates its thoughts. The creative vs. the analytical sides. These two sides create thoughts that are entirely different in origin and nature, sometimes polar opposite. However, in the end, it is necessary to reach a balance and have the two entangle and come together as one so that we can think, act, and live in harmony.



In the course of medical practice, each of us will experience many types of patients. Some are appropriately anxious due to the severity of their disease. Others are simply anxious as a part of their normal emotional state. In either case, it is not sufficient for the physician to treat the disease without addressing this anxiety in a kind and constructive manner. This is just one of the many attributes required of us as physicians in order to practice well.

The Anxious Patient

Richard D. Lackman, MD

Professor of Orthopaedic Surgery

Cooper Hospital, Orthopaedic Oncology and Surgery

I don't feel right

I'm sure this is the start of something bad

I know I'm right

I would not feel this way unless I had

Some bad disease

I only hope that Dr. Smith can find it

Put me at ease

Believe that there is something more behind it

I know before

That I have had so many false complaints

But this is more

I hope he won't approach me with restraint

His attitude

So cocky and his righteous indignation

His comments rude

I never understand his explanation

And now my head
Is throbbing like my stomach and my back
Oh how I dread
His typing while I only see is his back
I'm good as dead
I'm sure that this gets much worse by the hour
Put me in bed
Don't say you can't. I know you have the power
This won't take long
Believe me and just order lots of tests
I can't be wrong
Just say you ordered them at my behest
So I was right
He told me that all I have is a cold
I need to fight
This virus or pneumonia may take hold
I'll take his words
For now and I'll be sure to heed his warning
But what he heard
He'll hear again when I call in the morning.

Another challenging, but less common, occurrence for each of us is the hostile patient. I must admit that I enjoy the challenge that these patients present. I simply do not let them leave until I have won them over with kindness, understanding and obvious concern which typically takes only a few extra minutes.

The Hostile Patient

Richard D. Lackman, MD

Professor of Orthopaedic Surgery

Cooper Hospital, Orthopaedic Oncology and Surgery

I understood his hostile tone and why he doubted me
So many had he seen before and yet they could not see
Below his hard veneer of anger which his pain induced
Symptoms which were quickly to hysteria reduced

How to breach his thick defenses and obtain his trust
Before discussing his condition first I knew I must
Communicate with him as simply normal people do
Establishing rapport and then approaching things anew

My overstated kindness and my obvious concern
Left him feeling quite defenseless as he did discern
That we could hold a conversation wherein facts would be
Clear of misconception as together we would see

And so his diagnosis from obscurity appeared
Nothing fatal, fortunately not what he had feared
I did not save a life that day and yet I surely learned
The value of compassion and the trust that I had earned

A Quantitative Misdiagnosis

Elana Perlow, Class of 2022

Blinded by the ophthalmoscope, the physician's pupil cannot see the wisps of fear and despair quivering behind the middle-aged man's collagenous cornea. Like a small boy, he cowers behind his flanneled big brothers, Pride and Masculinity, who threaten him not to follow after their sister, Vulnerability. He listens to their command and burrows inside himself again, burying the past, the pain, the person.

The physician moves the ophthalmoscope from one eye to the next, watching his pupils modulate the amount of light entering as she meticulously tracks their dilation and constriction. The light travels from side to side. His stubbled jaw tightens and his brow tautens; he does not let light enter.

"Look to the right... now to the left," she instructs as she measures the motion and speed. He feels his eyes shift, but his sight is stuck. To move would be to fail to carry the weight, and he is strong and does not fail. He can carry weight. He can carry burden. He is brave and can fight gravity and time and age and this. He will not stumble – he is paralyzed and cannot stumble.

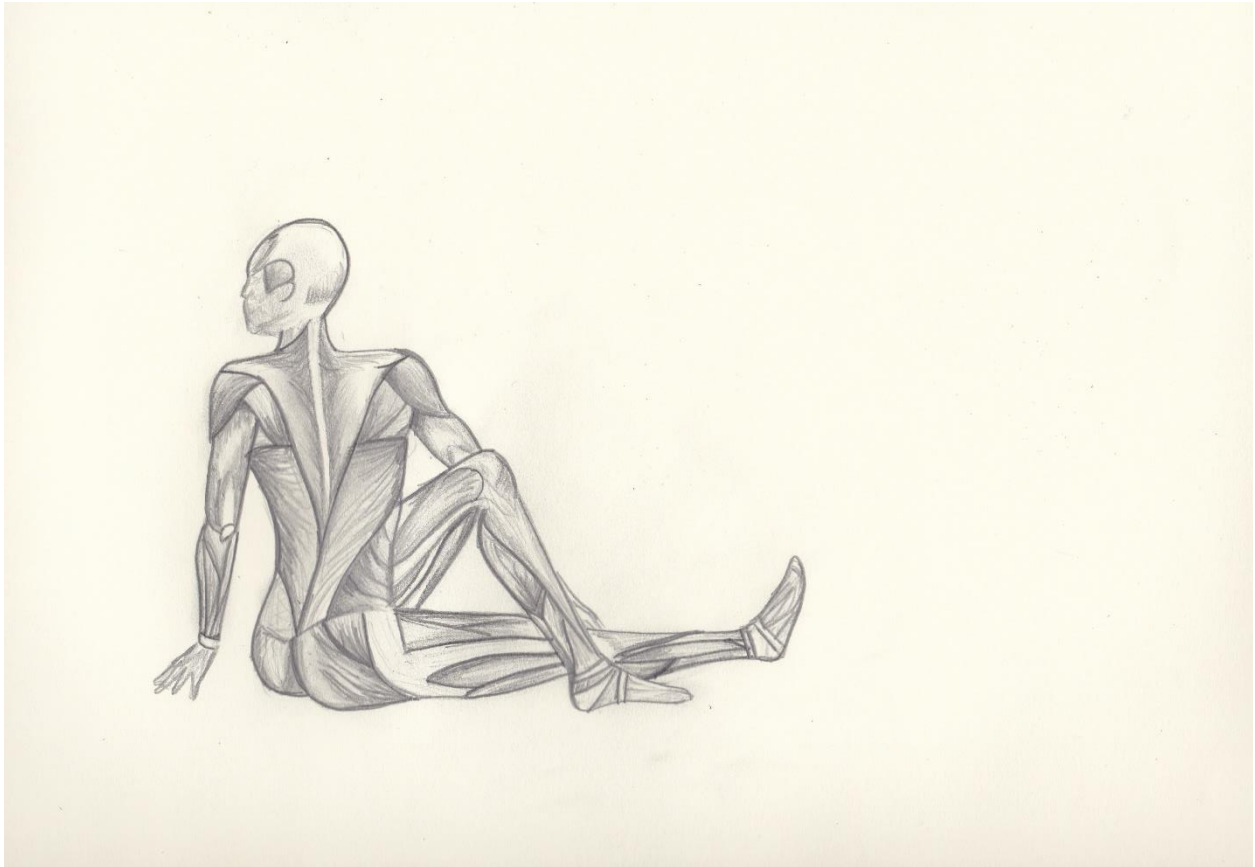
Pulling out her rubber hammer, she lightly taps to test his patellar reflex and chuckles at his surprise to the knee's automatic reaction. He stares back at his leg, confused, and tightens his thighs and locks his ankles. He will not move; he cannot move.

His sister encourages him to forget their brothers' advice. To allow the light in and let the darkness out. To speak. To move and be moved. But she's silenced by Pride's booming voice as the man dangles his legs over the edge of doubt, dangling like a lost child waiting for answers.

The physician places one end of the stethoscope in her ears and the other on his heart. A direct line to his self-doubt and despair, to the little boy whispering his secrets and worries into the resonator, but she does not hear. Instead, she quantitatively listens, counting beats and breaths, tracking the moment with the watch's second hand.

"Sounds normal and healthy," she cheerfully replies over the muffled boy's cries. He stares straight back at her face as she sits down, her glasses reflecting the foreign blue light as she checks boxes and types keyboard shortcuts that document his visit. The clatter of her fingers on the keyboard and the PC's steady hum hover just there as he sits chilled in the thin paper gown, his back exposed to the glossy faces on the magazine rack. "It was a pleasure getting to know you today, Mr..." she pauses, glancing at the screen to confirm his name, "...Stilman."





Sabrina Morris, Class of 2020

Seated Spinal Twist

Pencil on paper

River

Mark Andrew McShane, Class of 2019

A River runs in fading Light,
Without its rush – no heat, no sight.
From mighty source of beat and pound,
Down winding paths, through wounded grounds.

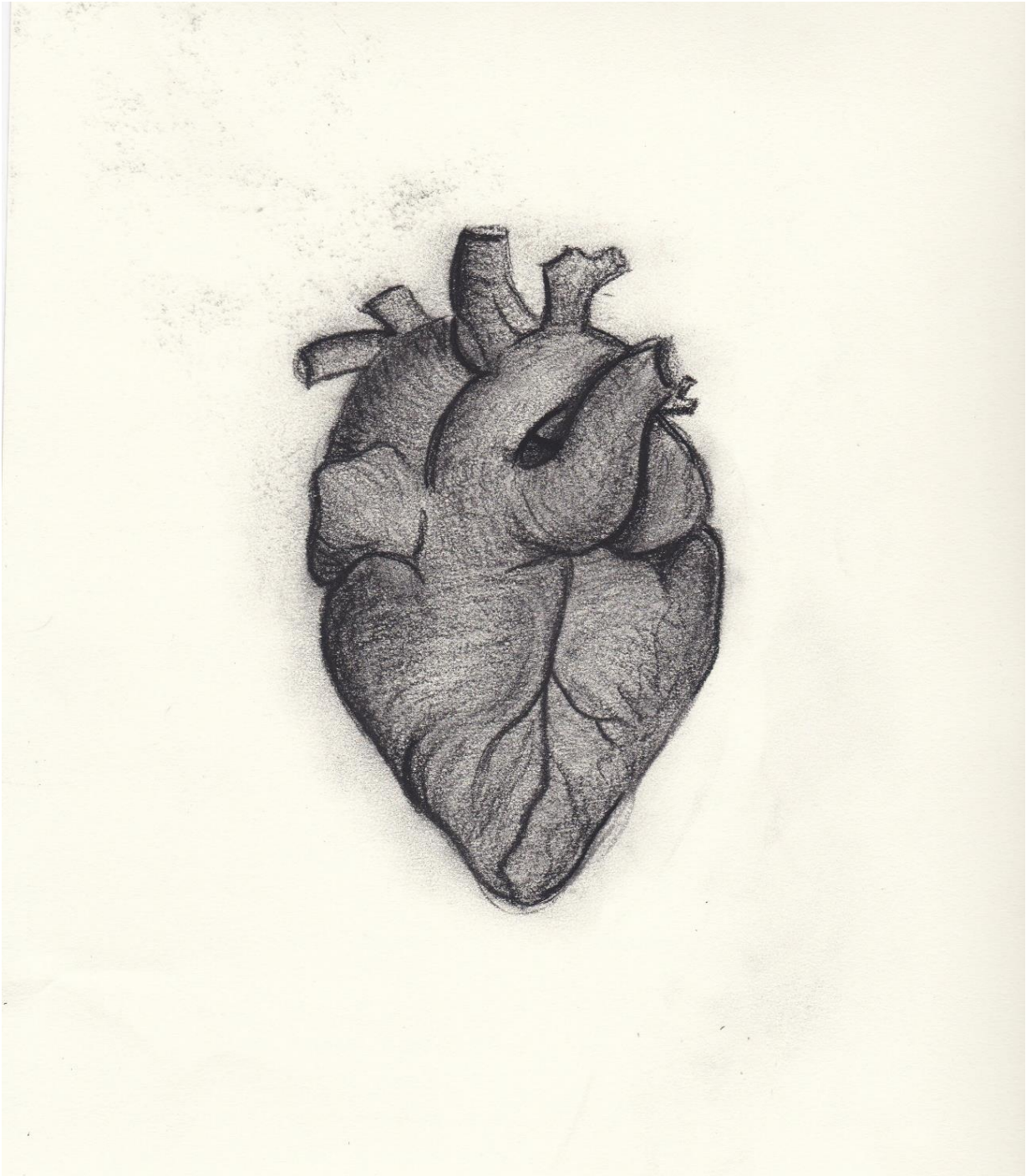
A tale of chaos wrought by betrayal;
By the quiet neighbors turned harbingers of Hell.
Ivory peaks of farthest reach turn darker shades
As the grand marshals of this dusky parade.

The River rages in tunnels too tight,
Thrashing, throbbing, flailing with fright.
Lands in chaos cry out for more
But icy dusk befalls the life-giving shores.

River sputters through the blight,
Its banks have turned a putrid white.
They leak and spill from every side
And leave behind a shallow tide.

Now calm and cold, River meets Night,
For the steady source has lost its might.
Vigorous machines idle and decay;
Devoid of flow – the end of Day.

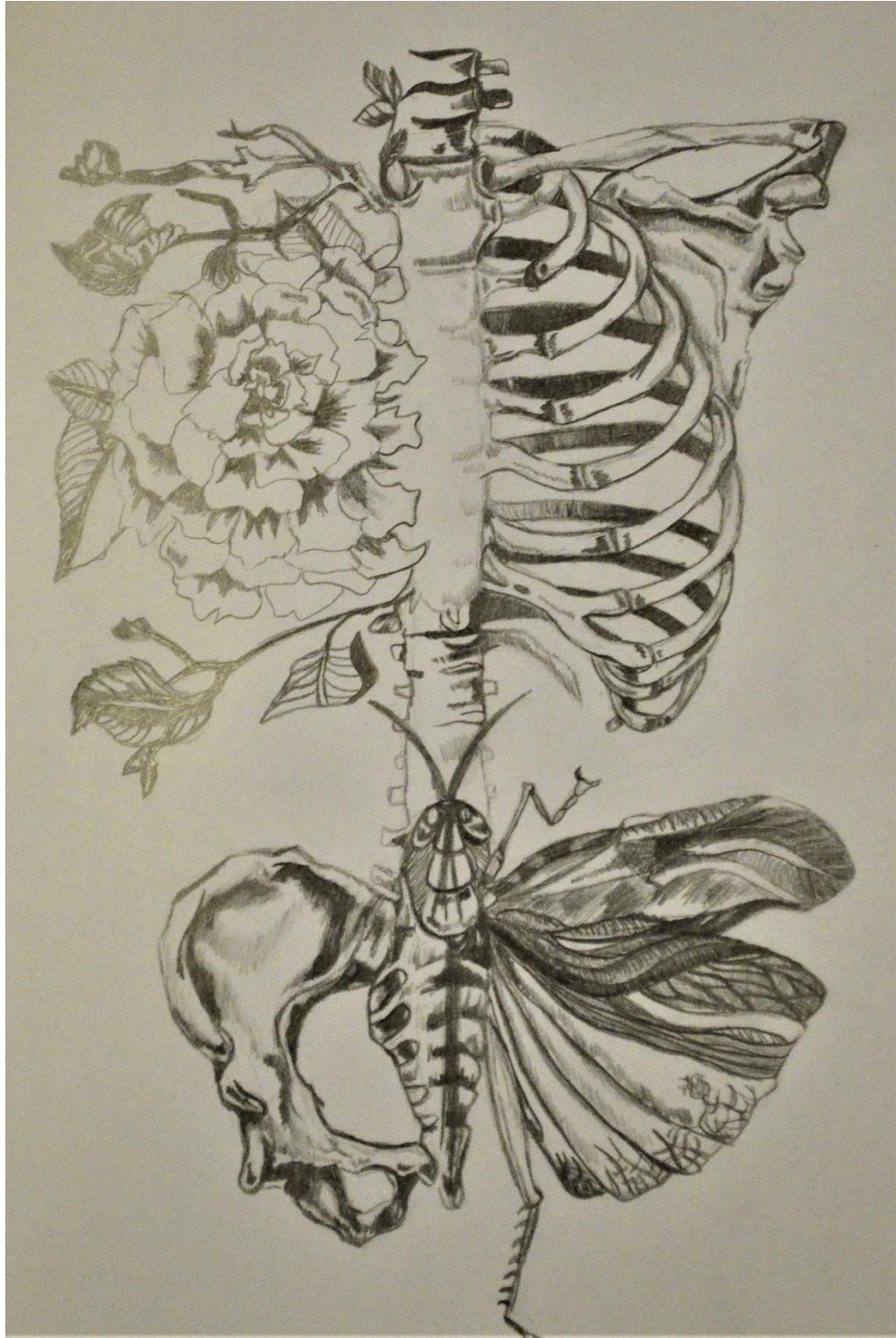




Sabrina Morris, Class of 2020

Anatomical Heart

Pencil on paper



Jessa Hernandez, Class of 2019

We are all growing

Pencil on paper



Our Dogs

John McGeehan, MD

Associate Professor of Medicine

Cooper Hospital, Internal Medicine

Growing up, I never had a dog. My wife always did. I never wanted one. As with most things in a good marriage, we arrived at a compromise and got our first dog a number of years into our marriage – after our three children were old enough. She was a puppy. She was a golden retriever. She was smart and happy and playful and a bit mischievous. Autumn quickly became a part of our family and changed our lives for the better. At age 10, she suddenly fell over without any prior warning. We took her to the Vet, who told us to take her to a teaching hospital. I was shocked when I faced the reality of what we would do for a dog. Autumn had become more than a dog to us over those ten years. At the hospital, we learned she had a cancer of her heart – which had bled suddenly. We were given options and told what might happen. The options were not good and they recommended we take her home and make her comfortable. We decided to create a “doggy hospice” for her! She was now allowed in the pool! She could eat ice cream and all kinds of “people food!” She was happy and was not suffering.

After a few weeks, she was acting normally. We knew that did not change the fact that she had a cancer, and we took every day as a gift. We got another puppy – Madison, another golden retriever – and with her new friend, Autumn became even more energetic and they played daily. One day six months later, while in the yard, Autumn fell over again and died. For many weeks, Madison would sit exactly where she died and look around for long periods of time. There is so much we do not know. We all missed Autumn. Doggie hospice was a brilliant idea.

Madison enriched our lives for many years and eventually died as well. We were both working and very busy, but agreed that there was a void in our lives worsened by the departure of children to college. My wife came up with the brilliant idea of adopting an adult golden retriever and found one not far from our home who was used as a breeder dog. We went to meet her and, out of many happy dogs and puppies at this wonderful home in the country, Sierra came right to us and jumped up on my wife. It was love at first sight in all directions and she was soon in the car heading home. She was amazing – seventy pounds of pure love. She never barked and never begged and followed us everywhere, even without needing a leash.

At age 13, she suddenly became weak and we knew immediately what was wrong. It was a horrible déjà vu. She could not walk and was breathing heavily. The Vet took blood from her

heart sack and confirmed that she had the same heart tumor. This is apparently not unusual in this breed. She improved dramatically, but days later it happened again. She did not die as had Autumn but was clearly suffering. She looked at us with such sadness. We knew what the right thing to do was for someone we loved.

The staff at the Vet knew her and they greeted us at the door. I carried her in and the seventy pounds proved not an issue with emotions fueling adrenaline. We put her on the floor and got down on the floor next to her. The Vet was nothing short of amazing and spent more time comforting us than I ever expected. Sierra kept her eyes focused on us and did not move. We both pet her as an IV was started. She did not flinch. Perhaps we read into what a dog thinks, but after years one gets to know their pet and it was clear she was not anxious and knew we were there for her. The medication was administered, and she closed her eyes and shortly after stopped breathing. It was so beautiful. It was so comfortable for her. It was so sad for us. It was so right. She was a special dog and is missed every day. She left this world without pain and surrounded by those she loved.

I have been a primary care physician for decades and have seen many people die. I have lost parents and currently have one in Hospice. I know first-hand that we cannot relieve all suffering, even with advances in palliative care. I know that those dying do not want to be alone and they do not want to suffer. In only a few states in this country do we allow the dying to have the option of assisted suicide. The current expressed concerns will eventually give way to the fact that the dying deserve better. When my time comes, I would hope to leave this world as did Sierra - with my dignity, without suffering, and surrounded by those I love.



Special Thanks

Our Editorial Team would like to extend our gratitude to the following groups and individuals, without whom this curation of artwork, prose, and heart would not be possible.

The CMSRU Center for Humanism – for the support they provide to the “soul” of our school and the continuation of the arts at CMSRU.

Dr. John F. McGeehan – for his endless patience, mentorship, and the gift of his stories.

Dr. Lisa Cerceo – for her willingness to jump on board with this project, and for her exuberance in doing so.

The talented students and physicians who contributed to this issue – We are humbled by your courage to share your work and your dedication to the practice of humanistic medicine.

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