

COOPER MEDICAL SCHOOL OF ROWAN UNIVERSITY

THE ASCLEPIAN

JOURNAL OF ART & LITERATURE
VOLUME IV // 2019-2020



Editor's Note

Dear Reader,

It is with great pleasure that we present the fourth edition of *The Asclepian*, a journal of art and literature, created by the students at Cooper Medical School of Rowan University and made possible by the wonderful work of the Cooper community.

The title of the magazine pays homage to the hero Asclepius, the god of medicine in Greek mythology. Asclepius was born from the dead and brought healing to the world. The life of Asclepius reminds us of the mission of Cooper Medical School of Rowan University, a medical school born to a devitalized city, cultivating the next generation of healers for the Camden community and beyond.

In an increasingly fast-paced world of medicine, the humanities provide an opportunity to slow down and reflect on the powerful experiences we encounter. As you come across the reflections in this edition, you will have the opportunity to view the world through many perspectives, each of which highlights the importance of empathy in its own unique way. We hope to see the power of empathy continuing to thrive in the practice of medicine because while our medical knowledge and skills may be limited, our compassion for those we serve is not.

We have been deeply moved by the abundance of creativity in our Cooper community and are pleased to share *The Asclepian* with you. We hope you all enjoy it as much as we have enjoyed putting it together.

Sincerely,

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A note on the front cover

The Folly of Youth

Pencil on paper

Shrina Patel, Class of 2022

Identity can be a strange realm of attempting to define ourselves within society. In the past, “society” might have meant a local community or peer group, but today, we must learn who we are in the setting of the world. Access to technology has allowed us to connect with people across the globe, and while beneficial, aspects such as social media also promote unrealistic ideations of beauty and success. How difficult it is to form an identity while comparing yourself to those online, to people you only know externally. In efforts to align yourself with these outward features, you may perhaps lose sight of your worth.

Now more than ever, I have found medicine to be the greatest reminder of my identity as a human. In the medical path, we are exposed to the literal makeup of the human body, peeling back each superficial layer to reveal the internal unity we have regardless of appearance, fame, or power. It reminds me of our sameness, and ironically it is this sameness that has provided the foundation for my own identity. Social media status and physicalities aside, we are alike in the very construction that makes us human beings, a concept that has kept me focused and reaffirmed my worth during the journey of learning who I am.



A Life I Could Not Save

*Dr. Richard D. Lackman, MD, FACS
Professor of Orthopaedic Surgery
Cooper Medical School of Rowan University*

I've thought about this patient many times
Wondering if I had missed the signs
That would have clearly pushed me to pursue
A different course than what I chose to do

As I experience doubt and regret
I move on with my daily life and yet
My memories of this woman linger on
Never from my recollection gone

This is a burden I agreed to bear
A knowing part of what it is to care
And so I take these memories to my grave
Concerning those whose lives I could not save

Among the many experiences physicians must weather is the loss of a patient. Often this is an expected end by the time it occurs and we are just happy to have been of help. But sometimes it is a stark surprise and one for which we are not prepared. In these cases, the memory of the events linger - for a time or forever. While it is very important that we care, remember and learn: it is likewise important that we have the resilience to carry us further in our careers.



Power of Perspective
Pencil on paper
Brianna Yates, Class of 2021

The Elephant in the Room

Nisa Mohammed, Class of 2023

A 27-year-old black male with a history of seizures arrived to the Camden Emergency Department (ED), agitated.

Prior to arrival, he had experienced a seizure at home. He arrived postictal and presented with severe agitation and was therefore sedated by hospital staff. He proceeded to have another seizure in the ED. There was a period of calm broken by an increased agitated disposition; the patient abruptly refused further care, not allowing the staff to touch him, while simultaneously pulling off EKG leads and IV lines. All that could be heard in the background was a collective sigh from the staff—unfortunately, no night was complete without this typical behavior. Nearby, a nurse grasped restraints with an expectation that they would surely be used. A black ED technician attempted verbal de-escalation; this was not his first attempt, and it wouldn't be his last. The technician stood eye-to-eye with the patient, as though they were long-time friends, while other ED staff stood in the vicinity, apprehensive—watching carefully and ready to interject if needed. There was no sense of space between the patient and the technician—the technician did not need one. The conversation was tense, spoken under their breaths. Anger seethed through the patient as he spoke with a clenched jaw. Occasionally, their voices could be heard. The technician was ensuring the patient's security—that if he could calm his attitude right then, no one would touch him, and reminding him that he was fulfilling societal black stereotypes perceived by everyone in the ED. Other patients and their visitors in the ED did not know this patient's chief complaints or medical history—what they saw was two black men causing a scene. But, some of us saw two black men alone, trying to navigate their place in a white society by finding the means to understand and empathize with each other in their own ways, specific to their culture. The patient sputtered, "I don't care about making a scene. You don't know what it's like having a headache all the time for seven years." A quick chart review revealed that the patient had a traumatic brain injury seven years ago and has been suffering from seizures since.

This man is tired. His anger is the culmination of seven years of pain, being ignored, being belittled, being patronized.

He is a young man who lost his twenties.



“Osso Bella” – The Lovely Bone

Human C3 vertebra*, with sterling silver wire and a red jade cabochon

Raquel “Rocky” Digati

Analyst

Cooper University Hospital

*Bones are very ethically and legally obtained; they are retired medical specimens offered for sale on sites that sell medical reference/teaching materials.

These two poems deal with death from the viewpoint of the physician as a patient. We share a common impermanence with our patients, and yet it is often difficult for physicians to understand their own mortality. Hopefully, having more insight into this will make acceptance easier when finally it is our turn.

*Dr. Richard D. Lackman, MD, FACS
Professor of Orthopaedic Surgery
Cooper Medical School of Rowan University*

My Turn

And finally it is my turn, so as a patient I did learn
About my dreadful diagnosis and unfortunate prognosis.
Throughout my medical career I have had a gnawing fear
As to how I would respond or have the strength to look beyond
The darker side of a disease; sink deep or put myself at ease.
This is no easy thing to do; to join my former patients who
Have traveled this uneasy road and carried this most heavy load
I really am afraid to see; will my behavior burden me
Despite what I have always said regarding loneliness and dread,
Amazingly, I think of spring; the warmth and colors it does bring
Or sitting on a summer day behind the house beside the bay.
It seems that naturally I turn inside myself as I discern
The meaning of my time on Earth and emanating since my birth:
My place in life.

A Doctor's Dilemma

I've seen so much of death that I should know
Of my own fate and my mortality
And yet I seem to live my life as though
Death and dying don't apply to me.



Northern Plight
Pencil on paper

Northern Plight

*Dr. Satyajeet Roy, MD, FACP
Associate Professor of Medicine
Cooper Medical School of Rowan University*

The Taj Mahal does not need an introduction. The Taj and I spent more than a decade together - while it was busy being admired by nearly 5,000-10,000 visitors a day, I was preoccupied with my medical school training and post-graduate accreditations at the prestigious Sarojini Naidu Medical College in Agra. The 17th century Moghul Emperor Shah Jahan commissioned the Taj Mahal to be built in memory of his loving wife Mumtaz; its majestic beauty enhanced my artistic abilities, and encouraged me to draw and paint it at all hours of the day, from every angle. At the same time, Taj's history continued to move me: aptly expressed by the acclaimed poet and Nobel Laureate Ravindranath Tagore as a "tear drop on the cheek of time."

The South entrance is where many pose to capture the essence of the Taj Mahal. The road in front is filled with life: tourists, guides, horse carriages, and boutiques all bring happiness to those who frequent the area, as well as the wealthier residents from the surrounding community. I, on the other hand, used to search for a broader meaning from its Northern view, just across the Yamuna River. During my college days, the Northern bank of the Yamuna was home to working-poor communities. Their livelihoods often depended on the water from the Yamuna, a river which was gradually declining in water safety due to growing industrial waste disposal. Men from those communities worked daily, and the women raised their children and washed their clothes in the river. It affected their health negatively in many forms, including a high maternal peripartum mortality rate among them.

Mumtaz died during the birth of her fourteenth child. After more than two decades of construction work the Taj Mahal stood tall for the world. The total cost at the time of completion was estimated to be approximately \$827 million. It is believed that the entire Mogul treasury was invested in building the Taj Mahal. Unfortunately, there is no documentation of allocation of any money to improve the maternal healthcare in order to prevent peripartum maternal mortality.

This black-and-white water color on paper portrays an impoverished mother fetching the undrinkable water from the Northern bank of the Yamuna, trying to remove a thorn from her bare foot: a stark contrast that continues to exist in our society. Her tenacity to face the challenges of daily survival offers a larger meaning than the monument that surrounds her.

Taj, my companion, a tear drop, a contrast overlooking the Northern plight.

A Day in Dominican Republic

Junisse Ventura

Medical Assistant

Cooper Family Medicine at the Kroc Center

In your native country
In my father's childhood home
Crystal and I are with you, everywhere you went, peanut butter and jelly came along
Skipping through Puerto Plata with two muchachitas that mirrored you
Your fishtail braid, red nails for you and clear polish for us. No lipstick because it would have melted off
Everyone turning their heads and saying, "Dios las bendiga a tus nietas Lidia."*
With no hesitation and with the biggest smile on your face, you would say "gracias"
While enjoying dulce de leche ice cream at Helado Bon, your favorite ice cream spot,
Crystal got a brain freeze and I laughed.
We are now grown up Mama! 21 and 18 years old!
You held her first baby, the way you once held us
You cheered for me at my 8th grade graduation...

There you were breathless and still on the brown wooden floor of your daughter's living room
I want to see your face, I want to match my nails with you
I have longer textured hair now, come fishtail braid it
Dad lets me paint my nails now, I can pay for them, too
I will be going to your country soon, let's indulge in some Helado Bon!

**translation= God bless your granddaughters, Lidia.*



Where Do We Come From?/What Are We?/Where Are We Going?

Dr. Isha DiBartolo, MD

Assistant Professor of Medicine

Cooper Medical School of Rowan University

My childhood memories are filled with the glimmer of hummingbirds, the chirping of tropical tree frogs, and the aroma of ripe mangos hanging from the vine in my home country of Venezuela, but also with the displacement of migration, and a shift in my home and my identity. Learning to heal, and learning to tend to the needs of people who had also suffered displacement was a bridge to finding myself - to being able to answer the questions “De donde vengo? Quien soy? Adonde voy?”

I Know How You Feel

John McGeehan, MD

Associate Professor of Medicine

Cooper Medical School of Rowan University

Empathy is defined as the ability to understand and share the feelings of another. It is considered a critical skill for a physician and is “taught” in medical school. The problem is that, by nature, the ability to empathize with another is often an intrinsic part of that person, and when it is taught it becomes mechanical and can lose the element of being therapeutic. Just knowing the right thing to say is different than actually having insight into another person’s feelings. When we say “I know how you feel,” it is actually a lie in most circumstances and thus conveys the message that you do not even care enough about that patient to be truthful with them.

I was present at my three children’s births. It was an experience like no other. To watch my wife give birth to my first child (who happened to be a good-sized baby girl) without any medications at all dumbfounded me. This was in the 70s and the “in” thing was the Leboyer method of childbirth that tried to minimize the trauma for the newborn; delivery occurs in a quiet, dimly lit room, and immediate bonding between mother and child is encouraged. Katrina was handed to me upon delivery, and I was to float her in a large basin of warm water to ease her into this world. I blew it. I was so nervous I was shaking, and the water was spilling everywhere. My wife had a good laugh as did everyone. I hold my wife in the highest esteem after seeing her bring our child into this world. I could not tell her that I knew how the pain of childbirth felt—thank God. I could never have done what she did.

Physicians frequently reply to a patient’s expression of pain, sorry, anxiety, and loss with the phrase “I know how you feel.” I would like to state that we do not have any idea without having had the exact same experience. I use a phrase such as “that must have been difficult; would you like to talk about it more?” My patients have always responded well to that, and I am sincere. Part of healing is listening and to listen best is to both hear and understand what is being said.

The process of truly understanding is difficult for a medical student as well as for a young physician. It is not because they are young but because they have not taken that residency called life. Learning how people feel by actually experiencing what they are experiencing is a very traumatic education, and one that completely changes you as a physician. I did not really know pain until I had major surgery and the narcotic delivery system was not working and no one knew it. I treated my patients in pain quite differently after that. I can tell firsthand now what my patient with mild osteoarthritis is feeling every day. This year taught me the pain from a kidney stone is as bad as they say! I finally knew how horrible anxiety and panic are in my recovery from a long and very serious illness a few years ago. It was doubtful I would ever be independent again. The reasons I completely recovered remain unknown and, for a time, left me with a daily fear of when it would happen again. I can now embrace being fortunate and have yet another tool to use when dealing with those facing death and disability. I try to relay all these stories to my students in hope that they might not have to learn only through personal experience. I encourage others to do the same and share their stories. Allow each patient to open the door for us to learn what illness really is. We need to know how they feel to really care for them.

Life makes us better physicians. Wisdom always trumps knowledge. Experience is the greatest teacher, but one must know how to experience. Being present, asking questions, listening, taking the time to explore the lives of others, and embracing everything each patient shares with us makes empathy effortless. It also makes this profession like no other.



Interatrial Suture

Surgical illustration

Dr. Ramy Doss, MD

Visiting Physician

Cooper University Hospital

This drawing shows a surgical view of the right atrium with an excised interatrial septum during a modified Mustard procedure, an atrial switch operation used to treat late cases of transposition of the great arteries.

Little Girl in the Waiting Room

Saba Daneshpooy, Class of 2023

I thought they didn't try hard enough
I thought they didn't care
I thought they got the names mixed up
I thought it wasn't fair

That I didn't get to see him once more
That they didn't bother calling us in
That I ignorantly watched TV at home,
While they were trying to resuscitate him

What I thought and what I believed
Wasn't right but in the moment it was hard to see
Through my anger, through my tears
That this isn't what they intended when they got their degrees

They didn't do anything wrong, they weren't lazy on the job
For how long can you truly try to save someone
Who's lost too much blood, whose last breath of air was robbed
In silence they watched my parents say goodbye to their son

And as I start this new chapter, there may be a page
Where a little girl in the waiting room will feel the same
That I didn't try hard enough, that I didn't care
It'll bring upon guilt and shame that I can't bear

I'll be understanding, I'll be patient, I'll hold her hand
But I hope that one day she will also understand
That her pain, and her loss, it hurts us too
Because this was the last thing we intended to do

Oh, Beautiful Love,

Nisa Mohammed, Class of 2023

To where have you lost the muscle of your heart?
That which is vital to your being, now a weakened sac:
Disconnected and inefficient.
Your organs, hypoxic, tremble under the burden of your weakness.
You let yourself feel far too much, and your innocent vulnerability tears your heart into two.
Only once did your heart purposefully exist in two pieces –
but even then its destiny was to fuse for your existence.
Why are you allowing your unselfish heart to deteriorate?

Inhale the becoming air that is fresh and full of potential.
Let it rejuvenate your soul and rebuild the cage of your heart.
Your organs will applaud you.



Truncus Arteriosus

Surgical illustration

Dr. Ramy Doss, MD

Visiting Physician

Cooper University Hospital

A BLACK WOMAN'S SUICIDE NOTE

*Chantay Harris
Administrative Assistant
Cooper University Hospital*

I cannot take much more pain...
Of misunderstood emotions and strain.

Nor do I feel that anyone hears...
The voices in my head that cause my tears,

I'm tired of being so sad and blue...
Whatever happened to love so true?

Mom..., oh Dad where are you now...
When my head has been thrown all around.

You were supposed to protect me from this
The knives, the drugs, rape, and the fists.

Oh why? Lord, must it be me...
What do I do, Lord! Where is the key?

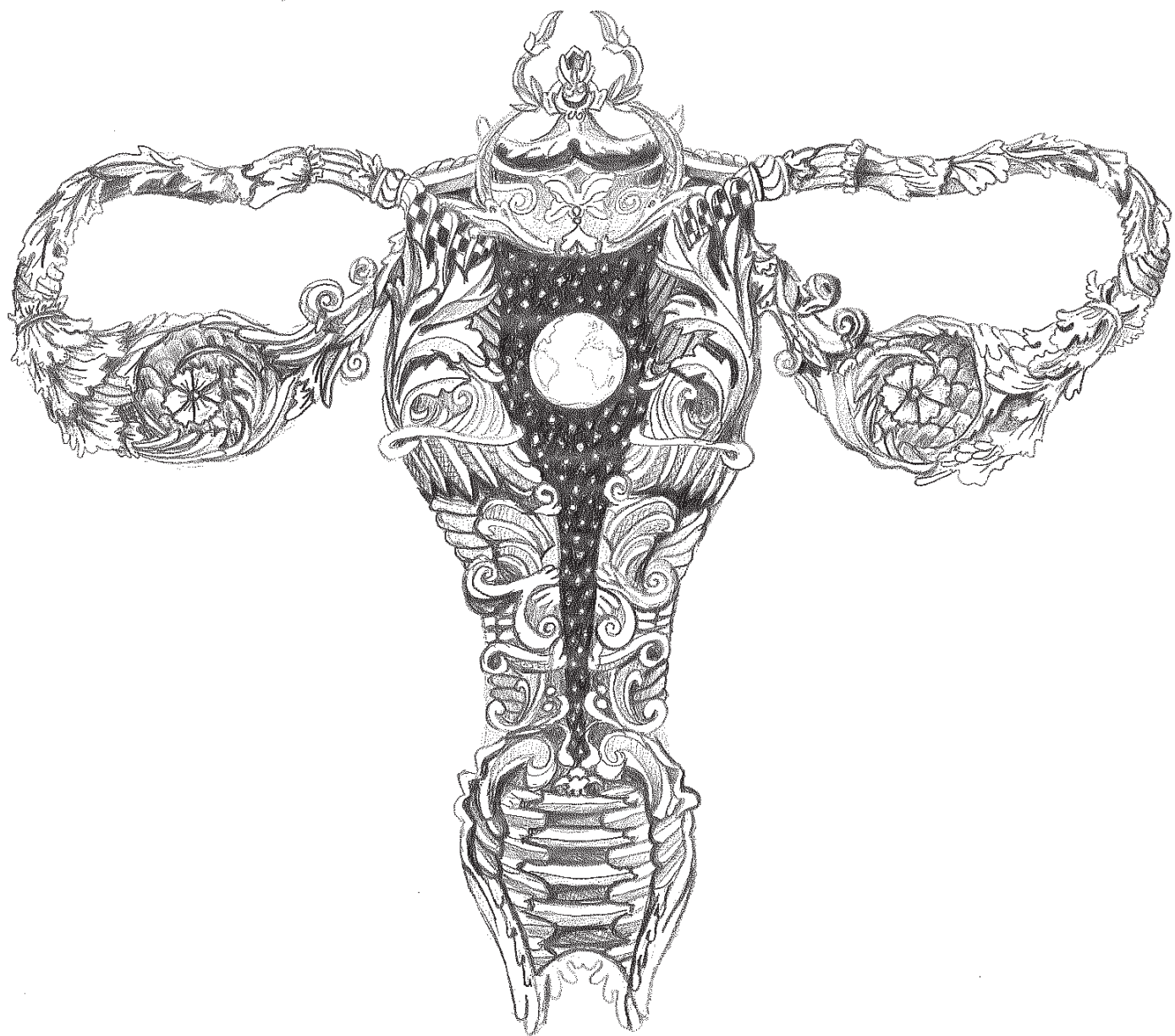
He hit me, raped me, and stole my soul...
Now I die inside and no one knows.

Why can't anyone hear my cry?
I know if I kill myself I will die

Not ever feeling the happiness and joy of love...
From anyone here or above.

LORD GUIDE your Angels to protect me through the night...
And give me the answers as I sleep to escape this fright.

**National Suicide Prevention Lifeline
1-800-273-8255**



We Hold the World

Pencil on paper

Jessa Hernandez, Class of 2020

Unknown Footsteps

Simran Kripalani, Class of 2022

Life conditions us to be tough, to keep our emotions to ourselves, to “man up.” I never really knew what that meant anyways.

This was my third month in anatomy lab, and we were dissecting the lower limb. My cadaver was a fit man. He died at 87 years old due to coronary artery disease, but wow, his muscles were just beautiful. Red, plump, striated. We peeled back the fascia between the layers of his leg and thighs and speculated how his muscles had not atrophied at such an old age.

“Maybe he did a lot of work outside.”

My irrational aversion to feet caused me to temporarily shift to the posterior leg and tarsal tunnel so I could trace the tendons of the tibialis posterior, flexor digitorum longus, and flexor hallucis longus. “Locate the posterior tibial artery and its branches—the medial and lateral plantar artery, too. They are in the foot.” *Great, the only thing I dreaded. Man up.*

I picked up his left leg and put it on a foot rest block, the same block my foot is on when I get a pedicure. *Did he ever get a pedicure when he was alive?* I shook away that thought almost immediately. We were told to maintain a healthy distance from our patients, a relationship, but not one that will hurt you more than help you. *We don’t think of these things. We don’t want to spiral.*

“A gardener or a landscaper or something.”

I took my scalpel and changed its blade. I wanted to be able to cut the fat pad on the heel of the foot easily. I touched his foot and traced around the back of it with my index finger, up his Achilles tendon and down around the arches, thinking about where I should start my cut. I started to tear up. I was always the emotional one in the family, and my mom told me that if something made you irrationally emotional, you were thinking too deeply. *It isn’t a big deal.* But my thoughts were valid. *Yes, it is.*

As I touched his feet, I let myself experience the overwhelming feelings. I have seen this man’s body in more detail than he once saw his own. Yet, I will never know where my cadaver was born, where he took his first steps as a baby, or where he walked to after his first love broke his heart. How fast did he run when he got good news? Did he jump up with joy when he heard? And when bad news arrived, did he just sit there—his feet heavy on the ground with despair?

I will never know these things and that hurts a part of me. But the wonder I feel when I see his feet? Unexplainable.

I marvel at the fact that some things are right in front of you, but you can never know the answers to them. I am in awe of humanity, of life, and of our beautiful and inexplicably intricate journeys. My cadaver reaffirmed that for me. Now, I am not sure what this epiphany was brought on from. Was it because I appreciated the sophisticated anatomy of the human body? Or maybe it was because his life would forever remain a mystery to me, despite how much I knew about him anatomically. Whatever it is, I am forever grateful.



Of Unspoken Stories and Invisible Journeys

Pencil on paper

Margo Gao, Class of 2022

Second Nature Smiles

Aatqa Memon, Class of 2022

Smiling is second nature.

For some, its appearance is an embellishment, plastered only in times of necessity.

Or ones that unexpectedly bloom in moments of unadulterated happiness.

Not me though.

Mine is free.

It completes my personality.

It's a habit rooted in me.

Their abundance in this profession was why I chose this path.

Genuine expressions.

This field was my calling.

Exhaustion but still glowing smiles.

I've never doubted its appearance. Normally, it is everpresent without force.

It's a habit.

So why am I staring at my reflection on the phone screen trying to decipher its presence?

Are my lips crooked?

Do I have a cold sore?

Why do the edges of my pale lips suddenly feel heavy?

What happened to my habit?

It quivers without command.

Its strength is lost.

This feeling is foreign to me.

I'm empty without it.

My only wish is to show my patient that I'm truly enjoying our conversation.

A habit. I'm doubting it. – But I see my reflection smiling back at me.



Inner Workings of the Skull
Pencil on paper
Jessa Hernandez, Class of 2020

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. Mara Gordon – for her enthusiastic and unwavering support in all areas of the medical humanities.

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

Dr. Elizabeth Cerceo – for her willingness to jump on board and her exuberance in doing so.

The talented Cooper community who contributed to this issue – We are humbled by your courage to share your work and in constant admiration of your endless potential.

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



Incoming
Photograph
Kristine Brown
Paralegal
Cooper University Hospital