

The Asclepian



*Cooper Medical School
of Rowan University
Journal of Art and Literature
Volume VI // 2021-2022*

A note about the cover piece...

[remorse]

DeepDream JPEG generated via WOMBO Art

Archit Gupta, Class of 2025

The cover of the magazine, along with the poems that accompany it, were inspired by the 2021 Annual Berkowitz lecture presented by Dr. Emily Damuth and Dr. Anthony Rostain, “Bearing Witness to Suffering.” Dr. Damuth describing her unique experience in the ICU is harrowing, but carries a relevant and poignant message. I encourage you, reader, to watch it on the coopertv YouTube channel.

Fair warning: keep a box of tissues handy.

I was also heavily inspired by watching the pandemic unfold in real time while working in New York in 2020 and while rounding at Cooper University Hospital in 2021. And, of course, living through the pandemic firsthand. Coronavirus, COVID-19, pandemic, “all in this together,” “flatten the curve.” “Anti-vax, anti-mask.” Just hearing the words is like an anesthetic. Numbing words. Nothing can numb the memories. The ghost of collective pain and anguish lingers. The racial disparities in the communities and families disproportionately affected, while acutely aware of my own, invisible privilege.

Mothers giving birth on ECMO ventilators. Babies and toddlers on their parents’ caskets.

Art has always been used to process trauma. Trauma is one of the strongest and deepest parts of ourselves—richer than emotion, long lasting, and subtle. Recently, I was shadowing a doctor who mentioned that, historically, advances in human creativity and achievement have been sewn out of the silver linings of dark clouds. It is hard not to draw comparisons to the collective trauma that American society has faced in this pandemic, which will likely extend long after any arbitrary end. With the Covid-19 pandemic seemingly, *seemingly* winding down, we as a society have a lot of reckoning to do. We continue to be plagued by childhood malnutrition, epidemics, senseless invasions, and death. Yet, we still cultivate hubris and tribalism, clinging to ramshackle structures and schemas set by ancestors with foreign tongues.

But times *have* changed. All one needs is 4 words, the magic of artificial intelligence, and the internet to create something poignant and remarkable enough to grace the front cover of a prestigious magazine. Is this what the future of art will be? I have always been envious of artists for their ability to draw what they experience and feel with relative ease. The ability to create art on demand, move hearts and minds at the frequency of a Pez dispenser...the future is now.

And medicine is next.



Editor's Note

Dear Reader,

It is with great pleasure that we present the sixth 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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Help Me Help You Help Me

Niharika Padala, Class of 2022

I've gotten used to this.
Needles in and needles out.
My once pale arms are now colorful
With reds, purples, and hues in between.
It's quite beautiful actually
Like abstract tattoos lacing up my arms
Or sunsets and sunrises I haven't seen in days.

I've gotten used to this.
The sitting, the waiting, the sleeping
And the interruptions in between.
The looks of recognition when they see
My glistening bare scalp
My gown sticking to a chest
where breasts once were
I, too, look down once in a while.

I haven't gotten used to this
The parts of me that once nourished my baby
That were a bed for her to sleep on
Are now her source of burden.
Every night she puts my head on her chest
Instead of putting hers on mine
She smiles and holds my hand
When she should be
Smiling and shaking hands at college.

I've gotten used to this
The chemo, the doctors, the hospitals
The uncertainty and the bad news.
Cancer's no monster in front of money.
I've fought many battles and I've won
But I lose again and again to the guilt
Of her unconditional love.

I haven't gotten used to this
I'm supposed to be her mother.
Not the other way around.
I should be the one there for her
"Help me help you help me"
I want to tell her.

I haven't gotten used to this
Waiting for the day when
I become her mother again.



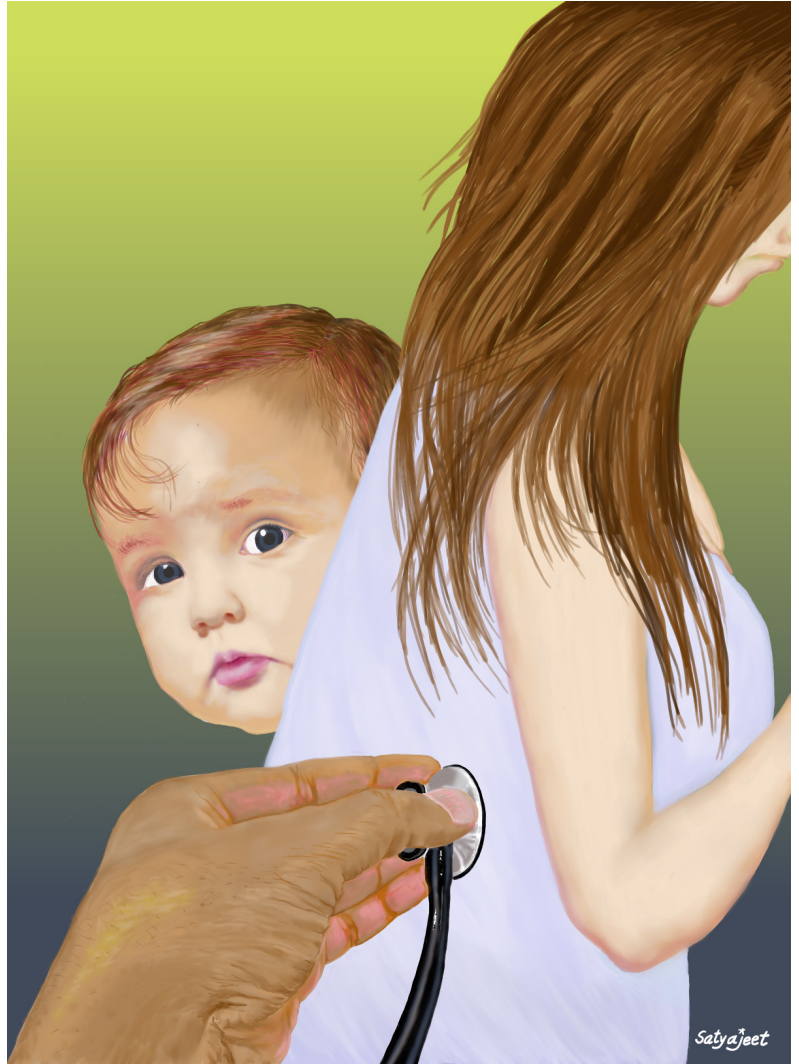


Identity
Photography
Alex Grafstrom, Class of 2025

A Curious Chaperone

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

A chaperone in clinical practice serves as an impartial observer for both the patient and the health care professional in order to protect them from harm during a medical examination and/or procedure. Over the last three decades of practicing internal medicine, I had the privilege of meeting many great individuals who dedicated their valuable time to closely observe my patients and myself during clinical encounters. They were very professional, sat or stood at a safe distance in the examination room, maintained silence, and refrained from distracting activities.



Watercolor-on-digital canvas

Sometimes, my patients brought their young aged children with them, who either sat on the examination table or on their mothers' laps. Those little chaperones observed every move that I made, especially when they followed my stethoscope wherever it went. I often got distracted by their naïve curiosities, especially when my eyes locked with theirs while auscultating their mother's heart and lungs. I painted this portrait using watercolor-on-digital canvas, which captures one of such irresistible encounters that I had with one of my little chaperones. Although these chaperones are hardly professional, they sit close by, clinging on to their mothers. They do not refrain from heart warming activities that are pleasantly distracting. Nevertheless, they bring immense joy and I look forward to meeting them as my curious chaperones.

Moments

Nisa Mohammed, Class of 2023

An emotional pull led me to gently place my hand on hers. It was my form of wishing her “good luck.” She immediately accepted my small act of touch and held on even tighter. The joints of her fingers folded over to latch on to my palm. I could feel her heart in my hand.

Don't let me go.

She smiled deeply at me. Through the layers of interwoven fabric hiding half of my face, I'd like to think I returned one back to her...or at least the emotion of one through my eyes.

It isn't always easy for me to smile with my eyes, especially when the anxiety that third-year rotations press upon me. But, this wasn't my moment. I've been told to think of something that brings me joy to be able to genuinely smile with my eyes through my face mask and shield... but how could I think of a joyful moment when this patient was here taking the next step in her battle with cancer? Instead of joy, maybe acknowledgement was enough of a motivator. I knew of her journey through a chart review and felt inspired and humbled to be present in this moment with this patient. I acknowledged her. I felt warmth in our eye contact and maintained it while my anxiety eased away.

Acknowledgement takes more than a glance.

If it is true that our eyes are the windows to our soul, I hope mine sent her a message: *I am here with you. I support you. I see you.* In her window, I could see fear mixed with hope mixed with exhaustion mixed with resilience.

What if this doesn't help me progress

I want to take all the measures possible to cure this

This process has been draining on me

But I am continuing on

I met her just a few minutes before her surgery and I felt it my duty to lend her my presence for however long she needed before her surgery: I am here with you, I support you, I see you.



NICU / [remorse] / NICU

DeepDream JPEG generated via WOMBO Art

Archit Gupta, Class of 2025

NICU

Blue lit babies buzz and
glow
Gentle in that harsh light
Hands are still, eyes
yet closed
To an inauspicious night
A subtle snake
In harried haste
Attempts to exit first
A slender trap
A cord prolapse
Is called in by the nurse
All at once, the troops
ordained
From medical ivory towers
descend
A suffocating beast to
cut and contain
Two pure and innocent
lives to defend
The work is quick, a smear
and snip
An abundance of hands
make haste
The OR lights burn as
organs churn
And then gaze upon a nascent
face
Quickly snatched and swaddled
and soothed
Neonate's box bleeds flowers
and tubes
The blue lights buzz,
the new babe leaves
The stone-faced angels
perch back on their eaves
A phenomenal task for
6 in the morn
A life is saved; a baby
is born



[remorse]



VICU

Moral injury to mortal
wounds
Fully scrubbed in yet
stuck behind glass
Mazes and mounds of chux
and plastic
Painted fingernails lie
still
Chest rising against all
will
From dry eyes tears spill
And stain
No gloved hands wipe them
away
Katy Perry plays
As they operate
Does she dream
Of younger days?
Nostalgic haze.
A baby on the way
as her oldest plays
Deep breath in
She won't say
I gaze
She won't say
Deep breath out

OR: Operating Room
NICU: Neonatal Intensive Care Unit
VICU: Edward D. Viner Intensive Care Unit



Language Line

I.
First sounds emerge from virgin voicebox,
fade into mother's relief.
The urgent tongue,
understood by even the most untraveled.

II.
Masked strangers, above
light stained — all eyes, strange words.
little sister
nods...
recovers. ...falters...

III.
Recognizing glances, smiling eyes
pierce gray grime —
Understand.
Understood.

D + C under local

Tears pool, escaping down
Her cries of anguish ascend,
unheard.

Bilious Season

Yellowed eyes plead
— dry leaves swirl, cling to the branch.
A little more time,
another chance.

Saint Jane

Enshrouded under the overpass
the wind tunnel disturbs everything
— except her.
She meditates on her reflection,
steady hands searching for softness
— to ease the spike into blood's river.
With all the patience
and perseverance of the saints
— for the pain to wash away,
pray for us.





Ebb and Flow

Photography

Shivam Patel, Class of 2023

Missed Connections

Trina Van, Class of 2023

As physicians, we are expected to know so much.
Each day, I realize I know so little.
The first time I ever experienced heartburn:
My heart
 in boiling water.
My chest
 on fire.
Was it a heart attack?
If I told a doctor I had 10/10 pain,
would they have believed me
if I were not screaming?
How could I have repeated “PMHx: GERD”
so many times
and never understood?
Like the morning train that arrives, each day
at the same time in the same place,
yet I still miss the connection.

Then, it was COVID.
I was so short of breath.
My throat
 aflake.
My chest
 so heavy.
My spirit
 in despair.
Without the sunlight on my masked face,
Without my friends, six feet apart,
at the dog park where we meet
every Sunday when we pretend
that the world looks something like how we left it
in twenty-nineteen.

And now I think:
What else do my patients go through
that I just don't understand?
When I ask them to get a colonoscopy
 or an MRI
 or even a blood draw,
do I realize how much I'm asking of them?
They are not all invasive
but they're still an invasion
maybe of privacy,
freedom to move,
their bodily integrity.
We put our patients through
 so many
 invasive
 procedures.
Do we warn them?
How do we warn them
when we know nothing about it?
And when we do,
when we have faced addiction or trauma,
how do we help them
when it feels like no one understands?



And how do we connect



when we do understand?



How Do We Connect

(Inspired by and a reflection on “Missed Connections,” by Trina Van)

JPEG created using BAZAART

Marina Najjar, Class of 2024

The Most Important Thing I Have Learned Since Residency

Kevin D'Mello, MD
*Associate Professor of Clinical Medicine
Cooper Medical School of Rowan University*

The most important thing I have learned since residency, in part, has to do with Bloom's Taxonomy.

Upon completing my residency training, I began my career in academic hospital medicine, caring for hospitalized patients while teaching residents and students. While clinically competent during my first few years, I was not particularly confident in my educational abilities during this time: I didn't have a great grasp of what to teach, how to teach it, or really even why I was teaching. Honestly, I didn't even know exactly why I was practicing medicine.

As I built my educational abilities, I learned about Bloom's Taxonomy. Simply put, this model organizes one's teaching objectives into imparting some combination of knowledge, skills, and attitudes. "Knowledge" includes facts and information: WHAT to know. "Skills" are the psychomotor ways we use that information: HOW we use the knowledge. Attitudes involve recognizing the value of the material being taught: WHY the specific knowledge and skills are valuable to learners in any way.

Early on, my lessons had a heavy emphasis on imparting knowledge. I still am not sure whether I felt that the facts were most important or whether I just wanted to prove to my learners that I knew more than they did. My first 60-minute lecture was on anemia and included over 70 slides... It didn't go well. Later on, in an effort to offer more practical lessons beyond just medical knowledge, I emphasized imparting skills to learners, including diagnostic algorithms and bedside lessons. After years of consistently teaching to the glazed-over eyes of unengaged learners, I began to place a greater emphasis on attitudes before addressing knowledge and skills, highlighting why any of what I was teaching had any real value to my learners. Emphasizing the WHY before addressing the WHAT and the HOW seemed to result in the most engagement.

As I continued this practice and considered how each lesson I taught had any value for my learners, I found myself thinking about what my learners and I found most meaningful in our work in healthcare. In my experience so far and from frank discussions with my learners, the meaning that most of my learners and I value in healthcare corresponds with that of the vast majority of physicians nationally: we seek to help others, improve the lives of our patients, help our community, and make the world a better place.

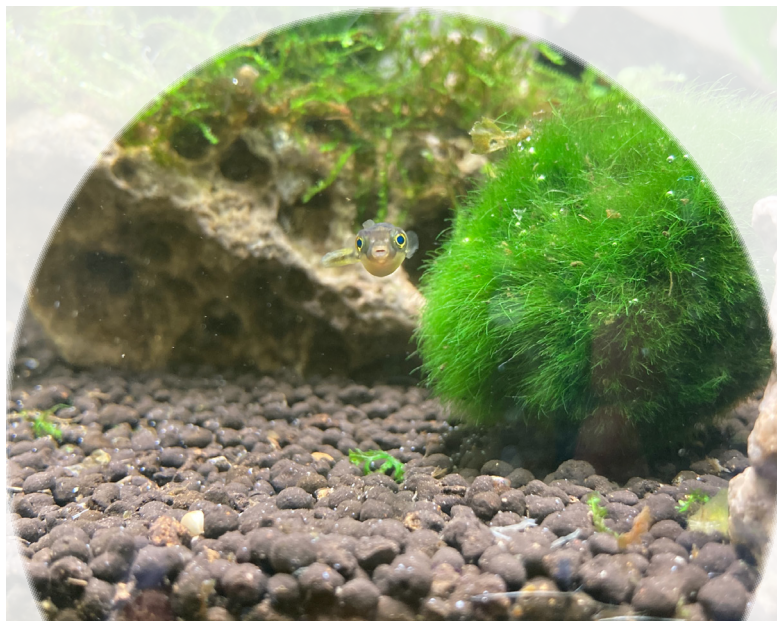
Putting every lesson and even every action of my interdisciplinary clinical team into the context of this collective purpose, focusing on the WHY, has proven to be the most valuable practice for me in my work in healthcare. This is, of course, not a mind-blowing concept in 2022, as every self-help YouTube video emphasizes being purpose-driven. But this simple idea has truly helped me and my relationship with my work. As Nietzsche said, "He who has a why to live for can bear almost any how." And in healthcare, we as practitioners struggle with the frequent daily "hows": the non-compliant patient, the insurance red tape, the overwhelming workloads, the institutional frustrations, the societal systems that fail our communities—the list goes on. It is truly no surprise that nearly half of physicians experience burnout!



Being mindful of the overarching meaning and purpose I find in my work has allowed me to be more aware of those moments at work that I appreciate so much: the smile of a now-asymptomatic patient, a patient's grateful clutch of my forearm as I say goodbye on their hospital discharge day, or the look in a resident's/student's eyes when they feel those very experiences. This practice has also helped me identify components of my work that detract from that purpose of truly helping my patients. Trying to improve these aspects has been a collective challenge for my colleagues and I but will always remain a worthwhile endeavor.

The most important thing I learned since residency is that, especially in this challenging field of healthcare, I must always start with WHY.

Ultimately, remaining mindful of my purpose in my work in healthcare has inspired me to appreciate the moments in my day-to-day that resonate with that purpose, to identify the systemic aspects of my work that detract from that purpose, and to assist in changing them for the better.



Small Fish in a Big World:
Pea puffer explores this 10 gallon home

Photography
Aleem T. Mohamed, Class of 2024

"Peace" in Polarity

Simran Kripalani, Class of 2022

There are a lot of people who look like me here.

Instead of pride in my people and comfort in the possibility of a united and unified identity, my brain is somehow programmed to think that we, as a collective, are just not "good" enough.

What is the point of me fighting for justice and equality, when even I am brainwashed to believe that I am somehow inherently less than my white counterpart...?

In high school, it was okay that the teachers confused our names because we all "looked the same."

Simran. Sonam. Sonali. Sam. You there.

But every Michael and Matt and Max were unique.

In college, it was okay for my advisor to generalize me and the other two South Asian students as oppressed and demure.

And that's why your participation points were lower. You are too shy. Your parents probably did not let you speak out of turn at home. Do all of you want to be dentists? Are you from a family of doctors?

You know nothing about me.

In medical school, it was okay that the patient looked at my white colleague instead of me for help.

We both went to college, passed the MCAT, attended the same medical school, passed Step 1, and were here, standing before the patient. Even my posture was straight this time. Mom would be proud.

But the patient did not look at me. It did not matter if I listened. My advice was not sought after. After all, I was not the one "in charge."

Instances like these chip away at your confidence, your self-worth, your personality.

Instances like these permeate into your brain and soak up the judgement and inferiority.

I won't end this piece with resolution of my inner conflict, dissolution of the dichotomy that I grew up with and still struggle with today.

There exists a polarity of my being: pride in who I am, my roots, my culture and reluctance in accepting the implications of this in a society where whiteness pervades.

I know what is right. I know how I should think. I know that feeling inherently inferior is wrong—it belittles what I stand for, the progress we as a collective have tried to achieve.

Yet, right now, I focus on how to accommodate the duality within me and uproot the drowned programmed thoughts and feelings at the same time.

Open to All?

Shivam Patel, Class of 2023



The End of Days

Mara Gordon, MD

Assistant Professor of Family Medicine

Cooper Medical School of Rowan University

There's a hurricane outside, and nobody is coming to see the doctor. The air is humid and the wind is fierce.

The rain blows sideways against the clinic windows. We sit at the front desk, talking. High no-show rate today. Maybe we'll get home on time.

The 4 p.m. checks in. Three-year-old with a nasty cough. Mom looks haggard, like sleep won't come. "All my kids are like this," she tells us as we place stethoscopes on his bony little back, listening to him rattle and wheeze. "When the weather changes." She looks up for a moment and meets our gaze. "The weather has been bad lately. Bad for my kids' breathing."

Prednisone, Albuterol, a prescription to change the weather. We do what we can, but it's not enough. The 4 p.m. is still coughing, hunched over with raspy little gasps.

More and more kids like that, these days. Mom tells us that she's thinking of moving to the desert, where the air is better for asthmatics' lungs. "But the west is full of fires." She shows us a photo from the news on her phone: "the end of days," right there on the CNN app. It's California this time, but could have been anywhere. Now, our phones are pinging with flood warnings right here in Camden. Nowhere is safe.

The 4 p.m. leaves after his neb, and we turn off the lights, jump over puddles to get to our cars. We go home — glad to live in homes without basements — and squeeze our babies.

What is this world we are leaving them?



Purpose

Mixed Media on Canvas
Shrina Patel, Class of 2022

Life as a Bolt

Photography

Daniyal Syed, Class of 2024





Picture worth a thousand volts: A collage of screenshots from a video capturing a lightning bolt from start to finish in Camden

Anki

Bo Choi, Class of 2023

Author's note: Anki is an open-source flashcard program originally created for foreign language learning. Its spaced-repetition algorithm makes Anki an effective, ubiquitous tool for medical students.





Control

Photography

Alex Grafstrom, Class of 2025

What's yours, but everyone else uses more?

Jagathi Kalluru, Class of 2024

Jagathi [Juh-guh-thee] (n.) *Sanskrit* - sacred Earth. Up until undergrad, I always introduced myself with the unaccented version of my name, far from how it's actually pronounced. Although I introduced myself in this manner to make life easier for the majority of those around me who overtly struggled, I also dishearteningly made this decision with the intention of minimizing my culture and assimilating. It wasn't until I met a friend in undergrad, who insisted that he learn the traditional pronunciation of my name, that I realized my name was not difficult to pronounce at all. Sure, it took some practice, but hearing him say my name accurately had evoked feelings of embracement and validation that overturned years of accommodation. Surrounded by such friends, I began to introduce myself properly, and by doing so, reveled in parts of my identity that I was previously terrified to disclose.

During the first few days of medical school, I hesitated to speak my name. After growing up in a predominantly Asian town and attending a diverse undergraduate institution, this was one of the first times that I was surrounded by a population that was mostly Caucasian. Flashbacks from middle school resurfaced of having to correct teachers and classmates daily only to painfully repeat it all the next day, until I eventually surrendered and simplified myself for their sake. The fears of being excluded had also resurfaced. If I introduced myself differently, would it be simpler for others to include me in activities, or work with me in groups, or grab my attention, or....

As much as I'd love to say that these fears subsided and I was confident that my experience years later would be different, the reality was short of a compromise. Yes, I pronounced my name properly the first time but after that, I accepted whatever distortion of my name was convenient for others. Some days, it is extremely difficult to not swim back to the watered down version of my name, especially when it translates to physicians remembering me on the floors or classmates recognizing me in club meetings or small group activities. Some days, I want to correct people and articulate that accepting my name was a transformative, vulnerable journey for me as I, like most immigrants, struggled to brazenly accept my culture. Most days, I defeatingly swivel my head in response to any word that is phonetically similar.

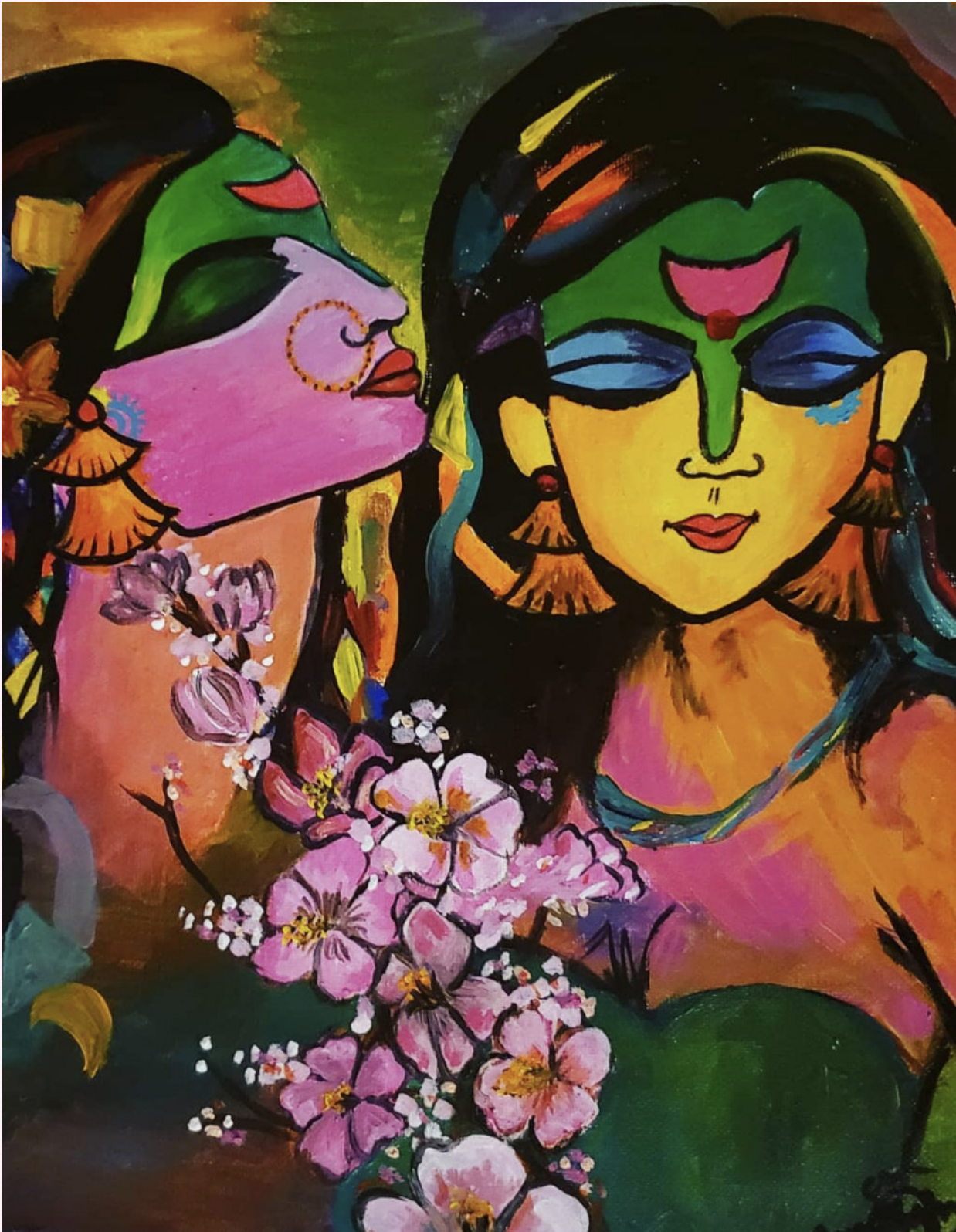
Names are powerful vessels. For one of my best friends, it marked the completion of his gender transformation. For me, it holds years of ancestral history that I finally hold dear and am excited to discover, express, and share. For some, it is how they triumph over discrimination and land rightfully deserved opportunities, but for most, it's probably just an objective identifier. However, regardless of significance or lack thereof, it is of utmost importance to respect preference. As students, we are trained to ask our patients how they would like to be addressed, yet I rarely observe this phenomenon implemented in clinical practice. On the floors, greetings are generalized with no pronunciation attempts. Perhaps this stems from feeling guilty and uncomfortable with knowingly mispronouncing a name and admitting to such (even though mistakes are how we learn), from unrecognized bias, or from desensitization. Regardless, pronouncing one's name accurately may be one of the first steps to gaining trust, showing consideration, and creating an hospitable, accepting environment.

Advocating for diversity and inclusion and cherishing an individual's life experiences does not always require magnanimous gestures or specific events of recognition. Its foundation lies in minute change in habit that subconsciously encourages and nurtures others to candidly put forth their true selves.



Māyāyantra

Acrylic
Simran Kripalani,
Class of 2022



Māyāyantra is a Sanskrit word that loosely translates to enchantment or an instrument of illusion. This painting, done in acrylic, was meant to invoke the feeling of being spellbound by human emotions such as desire. This was done with the purposeful use of rich, bold colors and sensual undertones.



The Inner-Self

Photography

Farooq Sheikh, Class of 2025

I ponder about time: how it flows so silently and so smoothly. I wonder why time has chosen me to live through it. I'm genuinely curious because I seem to be only a passenger in our life that we try to endlessly but fruitlessly control. Instead, we can just let go and yield to the natural forces upon us and God, as we are humbly grains of sand in a titanic desert. Let the burden of the world fall off you and be. Just be a part of the world. Marvel is being in awe at your surroundings' and welcoming the earth you call home is in fact in the middle of a vast dark universe, causing sunrise and sunset in your bedroom. Awake from the TV and let go. Learn about you, the extraordinary grain of sand you are, vastly different but so strikingly similar from the millions, billions of others currently, and those who came before you. Another grain of sand will be formed, ready to experience the life you lived all over again. Let go and yield to God's natural forces around you to live your best story and be who you were destined to be.



Copy of van Gogh's Self Portrait

Watercolor
Alexandre Hageboutros, MD
Professor of Medicine
Cooper Medical School of Rowan University

Inspiration for this painting:

“If you hear a voice within you say you cannot paint, then by all means paint and that voice will be silenced.” – Vincent van Gogh

A copy of *Self portrait with Grey Felt Hat*, 1887, the original of which is located in the Van Gogh Museum, Amsterdam (Vincent van Gogh Foundation). This is one of more than 30 self-portraits of Vincent van Gogh, a prolific artist who suffered from mental illness, the etiology of which has been a subject of several scientific papers discussing the role of alcohol such as the absinthe liqueur, digitalis plant and the predominance of the yellow color in some of his paintings, temporal epilepsy, manic depressive illness, neurosyphilis, M Weniére's disease, lead poisoning and acute intermittent porphyria in the creation of his artwork.

Credit: Van Gogh Museum, Amsterdam (Vincent van Gogh Foundation)

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Special Thanks

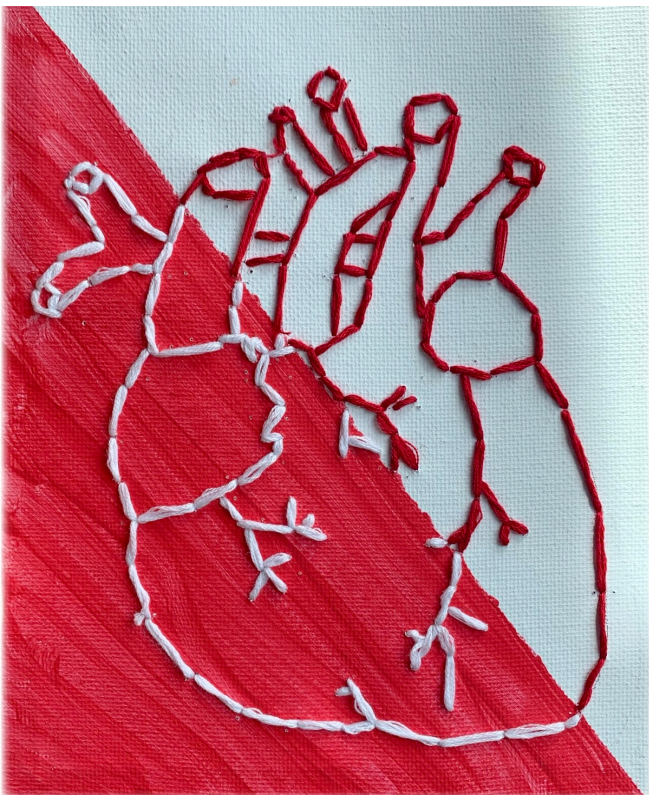
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Heart on Fire
Erin Sanzone, Class of 2025
Mixed Media: Acrylic and Yarn on Canvas