VOICES

a literary journal

FALL 2016 · VOL 6, ISSUE 1
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VOICES

letter from the editors

One of the most treasured aspects about a place like Duke is the drive and energy to achieve better. A new day is a new opportunity to take a few more steps on the neverending quest for improvement. Therefore it is with the greatest pleasure that we share our enthusiasm for this issue, as it marks a milestone in *Voices*'s journey to reach more individuals. With this issue, *Voices* joins forces with the Trent Center for Bioethics, Humanities, and History of Medicine, in a synergistic effort to raise medical humanities to a larger platform and spread *Voices* to a broader audience. And so we expand our leadership team of editors with Vinayak, Dr. Karen Jooste, and Dr. Ray Barfield.

We begin the issue with a description of the academic medicine journey by Alex Vaz. It is a long and arduous path for a career of service and self-sacrifice. Marissa Happ then brings us to a moment of triumph and a firm reminder of the joys inherent in a healthcare career. Similarly Vinayak Venkataraman describes his experience with a patient on cardiothoracic surgery. This compares carefully with the reflections of Ashley Adams and Jania Aria Ramos in their community partner essays during their first year of medical school. After all, we are reminded that our lives will one day be memories of the journey that we traipse, as Kelly Ryan Murphy sculpts a patient's past into the present. After we pass, we are memories that can always be brought forth by recalls of our loved ones as Mary L. Bernard does beautifully in two persona poems.

We hope you enjoy this issue as much as we have working to put it together. And as always, if you have any interest in writing for or joining Voices, please let us know at *dukemedvoices@gmail.com*.

Your co-Editors-in-Chiefs,
Rui Dai
Vinayak Venkataraman

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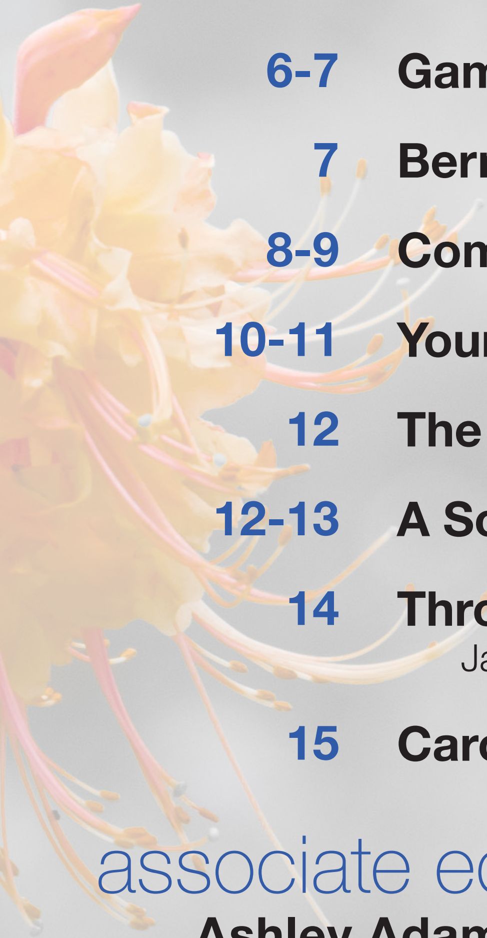

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Academic Medicine: being lost in the journey

I can barely remember what day of the week it is. I just spent the last 3 hours trying to debug the code I was writing, only to remember that I had already accomplished this last week on a different computer. I check my watch to find that it is 3:15 am, giving me about 5 hours before my last anatomy exam.

Needless to say, my first year of medical school to that point had been less than ideal. In short, my mental capacity had been split between my long-distance girlfriend, my single mother an equal distance away, several manuscripts in varying stages of review and preparation, and the various clinics, labs, and exams associated with the basic science training of medical school.

At first it was fun. After all, the people I look up to balance seemingly endless arrays of disparate projects. I remembered reading early on of Elon Musk sleeping 4 hours a night while coding during all of his waking hours and toiling away in a rented office that doubled as a home. Isn't this the stuff of legend?

However, I increasingly found myself dissociated from where I was. Being emotionally connected to loved ones who were far away and intellectually connected to research projects that were also occurring elsewhere left too little of myself available to my medical school experiences. Nihilism, the ugly cousin of exhaustion, took residence in my mind, and made committing to any individual endeavor all the more difficult.

The very essence of the path of a physician or physician scientist is one of delayed gratification.

In this context, medical students and professionals ostensibly and invariably view their training as a price to pay now in order to reap the rewards later. What often goes unsaid is that this price comes with a heavy tag, including anxiety and a loss of meaning and self-esteem.

I could justify that my dissociation from my classmates and the more genuine experiences of medical education was the price of getting ahead in the world of academic medicine. But that acknowledgment left a bitter taste— why couldn't I be emotionally invested in where I was currently while being professionally invested in where I wanted to be in the future?

I knew the right words to say. It's the journey, rather than the destination, that makes us who we are. The experiences we have now constitute not only the types of physicians that we'll be in the future, but also the caliber of men and women that we'll be in our everyday lives. But putting these platitudes into practice mostly was lost upon me.

Checking my watch again, it is now 8:15 am. I get up, promptly trip over the piles of research articles on the floor, and eventually make my way to the bus stop. Bleary eyed, I wonder about things far in the future, with the present only as a weight to be unceremoniously shed upon the eventual addition of the letters M.D, Ph.D. to my white coat.

Alex Vaz is a second year medical student who enjoys cooking and playing guitar in his free time.

Balance
Photo Credit: Jania Arcia Ramos, MS2

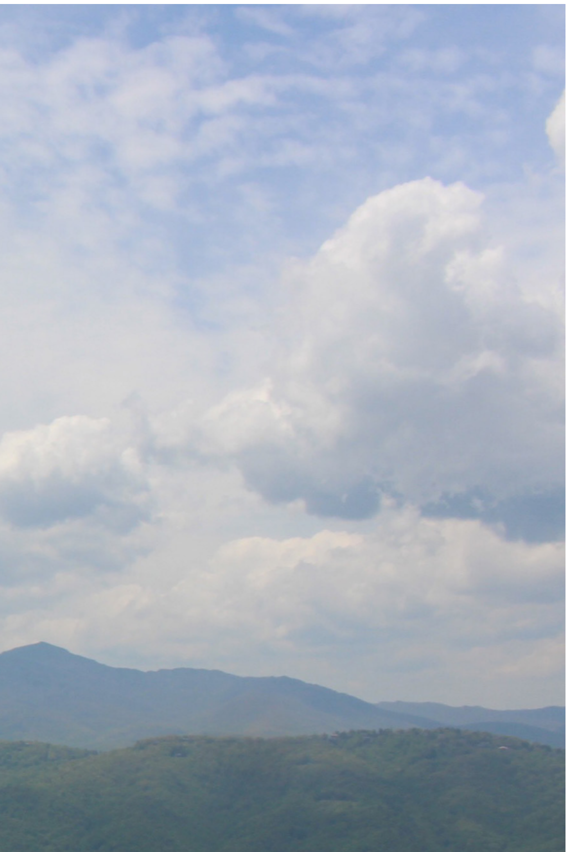
Gratitude Revisited (25 years later)

As a clinical social worker teaching and working within higher education and medical systems, I have seen the courage and tenacity of patients as they face illness, injury and pain, moving always in the direction of health.

I have also observed profound heroism in physicians who practice excellence in their work and truly understand the vulnerability of the patient.

The finest example of what medicine can be is best expressed if I return to a moment where I faced a life-threatening issue and was met with medical expertise coupled with empathy.

Soon after our youngest child celebrated her first birthday, we found ourselves en route to the local Emergency Department with a baby who was struggling to breathe. A bad cold had taken a sudden turn and the unmistakable barky coughs of croup were threatening to take over. In contact with our pediatrician throughout the night, we had tried the steamy shower mists and the bundled–up walks outside in the crisp night air; each had provided only temporary relief.



Dr. Daniel Schulman personally took each phone call and advised us to proceed to the hospital where he would meet us. I knew that he heard the panic in my voice; his calm and steady directives helped me function effectively when time was of the essence.

Racing down the road, I kept assuring myself that “we don’t lose babies anymore to croup” but I could see the terror in my baby’s eyes as she struggled for air.

Alerted to our imminent arrival, the ED staff flew into action and the rest is a blur to me. What I do remember is the supportive and professional manner in which we were served and the voice of my doctor.

I could surrender my baby into their competent hands because I knew their highest priority was saving her life.

Our daughter was admitted to the Pediatrics unit, and yes, she did survive. The following three days included potent medications, frequent respiration therapy treatments and constant surveillance.

I felt like the entire world revolved around the welfare of our baby, no questions asked.

This would not have been possible if our physician had not advocated for us. On the night of her admission, when I heard discussion in the hallway about policy, Dr. Schulman’s voice rose above the others with the definitive word on the matter.

He informed the staff that to minimize trauma for our baby, I should be allowed stay around the clock rather than be forced out after visiting hours, and that furthermore, I had his permission to crawl into the croup tent with her. Separation would only complicate my baby’s journey back to health; presence could streamline it. Attachment mattered to Dr. Schulman and he refused to let it be disrupted.

I climbed into the tent with the assistance of the charge nurse and over the following 72 hours came out only to eat and go to the bathroom.

Triumphantly, we both emerged three days later: Deborah was breathing well and I was shaped like the letter Z. No matter; my baby was alive!

Do doctors get thanked enough? I do not think so. Dr. Schulman, I will never forget you.

Cheers and kudos to the physicians who understand the medical needs of their patients and the emotional needs of the ones who love them: you showcase medicine at its finest.

Marissa Happ, LCSW, is an Assistant Professor of Social Work at Aurora University (IL) and coordinates the Health Care and Gerontology Specializations

Game of Orbit's Universe

Patt's excitement burned through the exhaustion that usually accompanied the second dawn on X'Aer. Ah, fatigue would not be something that a pure would have to deal with. She waved her hand over her chest sensor, cycling through her outfits. She settled on her most formal one, tightened her bionic limbs, and boosted out the door.

Edet Surr's first 10 draws zoomed up from the Gravitas machine: 3 giants, 3 class IVs, 2 coms, a yellow, and a red. At least the coms are useable. Edet picked up a small gray stone from the pile and placed it down in the bottom right corner of the board. As soon as it touched the surface, its tail sparked to life. Only a 1G opening. But Edet was saving the gas giants, and wasn't risking any of the dwarf stars or class IV planets on the first turn. After all, Edet's opponent today was the only other undefeated Game of Orbits player in the universe.

Log, move 1 (Edet Surr): Comet X/2455, Sector7. Gravitons +1/0.

"Hey Patt! You're late!"

Her friend's voice boomed into her left earpiece and made her wince.

"Way to make me feel guilty, Trake. And deaf."

Patt quickly ducked into the open seat next to her friend. They were in the front row of a completely packed stadium, the largest on X'Aer, and she was feeling a bit self-conscious.

"Oh yeah, sorry. I forgot that we were on the same frequency already."

"You idiot. That converter was your own invention. Anyway, how's my dad doing?"

An uncharacteristic pause.

"Uh… slow start. Down by 15G."

"What?!"

Log, move 18 (145.33): Aldebaran, Sector3. Gravitons +2/-1.
Log, move 19 (Edet Surr): WASP-52, Sector3. Gravitons +3/-2.

Patt nervously scanned the board. The translucent surface extended out from the center of the Gravitas machine, representing the astronomical scales of spacetime on a 10certa x 10certa grid. As the two players took turns placing their pieces on the board, the fabric of spacetime warped according to the gravitational strength of each piece. Her father's best moves not only warped a large portion of the fabric, but also caused his opponent's pieces to orbit around his own. Each player's warps and orbits were translated into a Graviton count, a quantitative measure of the influence the players had over spacetime.

Log, move 32 (145.33): Alcyone, Sector5. Gravitons +4/-2.
Log, move 33 (Edet Surr): Deneb, Sector9. Gravitons +7/0.

Patt felt her pulse quicken. The calculations became much more difficult at mid-game, and for the first time in her life, she suspected that her father was at a disadvantage. She had heard that his pure-mech opponent had long ago abandoned the second-gen Monte Carlo and third-gen Riviera searches. It instead used a modified Shenkov-Maruyama-Bronstein algorithm, the same base code that had cracked P vs NP in one masterstroke. But this was the Game of Orbits. It still belonged to the bio-mechs. Her father just had to prove it, one more time.

Log, move 57 (Edet Surr): Kepler-214, Sector7. Gravitons +11/-5.
Log, move 58 (145.33): Castor, Sector8. Gravitons +6/-9.

Patt could hardly breathe now. She saw her father calmly surveying the center of the board, where the pieces were arranged with the greatest precision, where the ripples in the fabric of spacetime were the most exquisite. She recalled his voice from when he had first taught her the game as a child. All curves lead to the center.

Edet Surr waited as the next 10 draws came up. And finally saw it. A class I rolled out of the Gravitas machine, and a confused hush fell over the audience. It was a piece that Edet had chosen counter to established theory, which regarded it as one of the least valuable planets in the standard repertoire. But Edet had calculated that this piece would be critical against this particular opponent, at this specific time. Edet placed the class I straight into the center, between two gas giants circling around one another. With a flash of blue and green, the tiny planet began to sparkle. Then its axis tilted ever so slightly, pulled just enough by the force of a dwarf star on the other side of the twin giants. The delicate tension governing the middle of the board shifted, warping the fabric slowly at first, but then with increasing speed, as star after star toppled into one majestic orbit. The rippling of spacetime between the players mirrored the waves of shock rushing through the crowd, which quickly overflowed into all of the hundred worlds.

Log, move 71 (Edet Surr): Terra, Sector1. Gravitons +45/-45. Tesuji.
Log, end (145.33): Resigns.

Patt slowly stood up. Her eyes met her father's. They both knew that this was a moment they would never forget.

A pure-mech had finally solved it.

Jong Park is a second year medical student who loves science fiction, board games, and gravity. This science fiction short story was inspired by two recent scientific breakthroughs: the experimental confirmation of gravitational waves, and the Go match between Lee Sedol and AlphaGo.

Bernhard's Letter

from my grandfather Bernhard D., who died in 1919, when my Mom was nine.

Dear Granddaughter Mary,

You only knew my wife Lizzie
during her bad patches.

Her troubles began when our girls
got old enough to catch the eye
of Uncle Leo. If I'd'a lived,
he wouldn't 'a dared.

But don't you judge all
them Holtermanns on account
of Leo. Sister Mary sweet
as they come with a true faith-
calling to be a nun.
Your Great-Aunt, the maiden Mae
who sent you birthday cards
and stayed in the background
which made you love her more.

Education was different
in them days, country folk
and immigrants not prized
by schools and such. 'Twas
Lizzie who taught them girls
nicer ways with words and
manner. 'Twas Lizzie I loved,
first and last, such a fine lass.

And, dear granddaughter,
she loved me back nice and equal.
I got off the farm for her, for us,
and drove that delivery truck,
every turn taking me closer
to the last drop-off, when I'd
get to go back home to her.

Funny how strong young men
can fall to such a small thing
like a germ. Folks didn't rightly
know in-flu-en-za nor e-pi-dem-ic
til it knocked on their own front door,
and knock on mine it did.

You got your red hair from me
your love of sports,
and your fate, to be an exile
within your own family,
as I was for reasons
I was never to know
on earth.

What's a letter from the grave,
my dearest granddaughter,
without a mention of death?
There at the last,
in the darkened bedroom
off of your Mom's kitchen,
you heard Lizzie moan
between sips of brandy.
Moans don't always mean
pain though,
you'll know that well
when your time comes.

Always and Forever
Your Grandpa

Persona Poem by Mary L. Barnard, who is a Chatham County NC resident. When Mary steps onto her gravel road for an early walk, she doesn't know yet what image or thought will inspire her next poem.

Community Partner Essay

As he opens the door to find us on his doorstep he yells, “what do you guys want?!”, even though he fully knows who we are and why we are there, and it works to break the ice. We all laugh as we awkwardly shuffle to take our shoes off and settle in on his couch. He explains that this is where he and his partner are staying while they recover from a fire that took place in their home months prior. He apologizes for the place, though this takes me off guard, as it is much homier than my apartment. We sit in an open living room with photography books piled on coffee tables. Framed paintings of figures in peaceful meditation are propped up against the wall— I suppose this living arrangement is too transient for them to be hung— and his two cats ignore his protests as they find their way onto our laps.

So, how are you doing?, we ask, after some small-talk as a desperately subtle way to invite him to talk about his illness. During this initial meeting we are only months into our first year of medical school, and we hold onto these stock phrases out of our uncertainty in this new role in which we can ask the most invasive of questions and receive an answer nine times out of ten. We know nothing about him other than his name at this point, and in true medical student fashion we are uncomfortable with not knowing. Luckily he understands and begins to tell us his story.

He was found to be HIV+ in his 30s in 1989. His voice remains steady as he explains that he was shocked at this diagnosis, as he had been previously married to a woman and had only been with one man up until the time of his diagnosis. We ask him how he responded to this news and he goes on to explain that he moved to the western part of North Carolina to immerse himself in the beauty of the Nantahala River. He worked for ten years guiding people on kayaking trips, living in various places, including a minimalistic living community at one point and with a physician friend at another. We detect a thread of regret in his voice as he reminisces, and putting two-and-two together, we sheepishly ask about his medical treatment during this time post-diagnosis. This is my first time speaking with someone who is HIV+ and the moment encompasses everything I both love and fumble over when I talk with patients: dive into any discomfort of their story without causing them to feel as though they need to rush back up for air.

The doctor he had been living with at the time prescribed him a slew of antiretroviral medications in an irresponsible and detrimental manner, taking him off of them only weeks after starting when he determined they “weren’t working”. He shakes his head in disappointment, maybe equally at himself and at this physician’s practice of medicine. (At our next visit, when he discusses how he now always independently researches his physicians’ advice before making medical decisions, I reflect on how he has grown in confidence and self-efficacy as both a patient and as a person through his experience with illness.) After ten years in the mountains he made the decision to come back to Durham, where he has been receiving treatment at Duke. There have been lows (literally, with a CD4 count <300 as well as the fear accompanying the broach of the term AIDS by his doctors) but also the highs of finding his partner of over 10 years and receiving clinical trials and treatments that have kept both his CD4 count and his spirits up.

He is taking more frequent sips from his water bottle now, which he apologizes for, saying that his medication makes his mouth dry. My fellow student and I stumble over each other as we jump at the opportunity to talk about his physical symptoms, something we have more experience doing, but we quickly learn that there’s no divorcing the physical from the mental. His lack of energy has led to an inability to work, leading to a lack of confidence in his image of himself as a man. On more than one occasion he laments his “protease paunch” and skinny arms that he can’t overcome despite healthy eating habits and working out on good days. I find it remarkable how open he is to discussing such sensitive topics: a suicide attempt during his time at Nantahala and consistent dysthymia since his diagnosis. These admissions float in the air as we consider how to respond, the difficulty of which reminds us that we are people first, medical students second, or maybe third or fourth. I think we just nod and let our silence reflect our respect for what he's overcome.

He glances at the clock to find that it's been an hour and a half. He remarks that he is getting tired, so he makes a genuine attempt to end on the positive. He notes that his diagnosis has led him to recognize the uncertainty of life, and the importance of living with intention each day. It's changed his life and relationships for the better, he says, and I believe him; he's been so honest with us. It's also easier than the alternative.

***

On a brisk March afternoon we show up on his doorstep for our second meeting with him. We have more knowledge now, including specifically about HIV/AIDs, and I'm feeling more confident in my abilities in talking with patients. Ten, fifteen minutes go by, though, and no answer at the door. I half expect him to open the window curtains and shout something outrageous at us again. He doesn't, and we spend a few days in vague concern until we receive an e-mail from him. He's so apologetic, explaining that he forgot to add the appointment to his phone's calendar. He also adds this: withdrawal from Methadone has been really hard! I do a quick Google search on my phone to fully understand the implications of that. I consider that I have no idea how his family and friends must feel if I am capable of feeling concern for a man I've met once.

***

It isn't until April that we see him again, but the difference between this conversation and the first are palpable. He is chattier, overflowing with confidence over having successfully weaned himself off of Methadone. We talk about how hurt he was when his partner confided that he felt like more of a caretaker than a husband during his withdrawal, but also how much more free he feels with relying on a spinal cord stimulation implant for his pain rather than a drug.

He is visibly animated on his feet showing off his new pain device, teaching us how it works. In the most difficult moment of our conversations for me, he tells us that before his diagnosis he had always wanted to become a doctor. I begin to feel self-conscious, I guess for having an opportunity that he had lost, until he reflects on how great of a life he has. He meditates daily, he says, has a supportive partner, and the energy to do things that are important to him, such as working out and being politically active in the LGBT community. He also reflects on the wonderful people he has to rely on, and includes us as people he is thankful for in helping him through the difficult times. It becomes clear to me that chronic illness resets one's life to consist of a constellation of highs and lows. While I am surprised that he would think of us as being so meaningful, it solidifies the point that patients gain so much from simply being heard through those highs and lows.

Around 4pm, he realizes that he has to meet his realtor at the new house he and his partner are buying. He excitedly talks about the new furniture they are going to buy and all of the space they are going to have. As he walks us to the door to see us out and thanks us for the time we've spent with him, he apologizes for talking too much— he gets nervous when he thinks about the new house, he says. He's concerned that something will come up, preventing the deal from closing.

As I walk to my car, I smile, noticing how normal of a worry that is.

Ashley Adams is a second year medical student who prefers studying to the soundtracks of Pixar movies.

Young Heart Mending

We first met when I was midway through my rotation on the Cardiac Surgery service. Most surgeries I had seen involved older patients whose hearts had grown weary with old age, genetics, or decades of damaging lifestyle choices. Many patients were getting coronary artery bypass graft, in which superficial veins were "harvested" from their leg and connected from the aorta to the ends of the coronary arteries. Other patients had surgeries to replace heart valves that were no longer doing their job of regulating blood flow.

Today, I was seeing another aortic valve replacement. But the patient today was different. He was not elderly, nor did he have years of damage to his heart. He was my age. He was the same height and build. When we cut into his chest and split apart his sternum, I couldn't help but feel a vicarious sensation of pain under my surgical gown.

He had suffered a lot in the days leading up to Christmas. Born with a common congenital defect, he had lived a fairly normal life. Although he had a long history of Type I diabetes, he never had issues with his heart. While he was driving to his mom's, he suddenly lost consciousness. When he woke up, he was in the trauma bay being treated for femur and wrist injuries from a motor vehicle accident. More emergently, his heart was not working. The culprit was likely a bacterial infection of his aortic valve. It had become so diseased that on imaging, it did not even appear to be present. The infection and resulting inflammation had caused bits and pieces of diseased tissue to break off, travel up his carotids, and cause a stroke. He needed emergent heart surgery to have any chance of surviving. That's where our paths crossed.

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The surgery was very successful, but his hospital course was long and complicated due to the extent of his injury and his Type I diabetes. Every afternoon, I'd come up to the CTICU to spend some time with him. Many of our conversations were pretty simple, sometimes slightly comedic:

"How's the food?" I would ask.

"Oh, I just got the broth today. It's pretty good," he'd say with a smile. "But man, the broccoli and cheese soup, that one's by far the best."

"Ha I'll bet," I'd reply. "Know what you're getting for dinner?"

He was alone during the day, but his mom would come every night after work. She would occasionally bring food from his favorite restaurants, like Which Wich or a sushi place nearby their hometown. Other times, he'd resign himself to the whim of the hospital's chefs.

"You know, man, it was a tough one," he'd say. "But I think I'm going to go with the veggie lasagna."

Aside from food, we also talked about life. He was originally from a different state, where most of his extended family still lived. He told me about them — especially his grandmother, whom he had lived with during college and had taught him her "world-famous" family gnocchi recipe. After college, he had moved with his mom down South to chart a new life journey.

A true lover of science, he had a degree in biology with plans of pursing graduate school, but he changed career paths to try his hand in business. A budding entrepreneur, he told me about the two companies he had started a couple years prior. One was a comic book and memorabilia e-commerce company; the other was a sales and marketing consulting firm. They were both one-man operations, and he recounted some of his recent successes and setbacks.

I think we connected because we were the same age, and I could understand his fear and his frustrations. He was an independent man, in his late 20s, living his life on his own terms, accountable only to his dreams and expectations. Without warning, his world had turned upside down. And while he had a good prognosis and was making positive strides each day, his recovery was slow.

His busted heart had caused liters of fluid to collect behind his lung, which took extra days to drain. Because of his stroke, he had to work everyday with occupational therapy to relearn simple activities of daily living. Because of his skeletal injuries, he had to work everyday with physical therapy to get back his stride. And after leaving the hospital, he had months of neurologic and physical rehab ahead of him.

He was also stuck in limbo

with his care. He was not a pediatrics patient, and he was not an adult patient — at least in spirit. Few could understand what he was going through because most did not understand what it felt like to be a heart surgery patient far sooner than you ought to be. Though I barely knew enough medicine at that point to provide medical advice, I could provide someone to talk to who (obviously) understood what it was like to be in your late 20s.

It helped that his surgeon was young and spoke to patients and students as a HS football coach would. He would spend a few moments each day with him and keep him motivated with necessary realism. “I know it sucks what happened, man, but you’re ready for the future. It’s going to be a couple months of rehab, but you’ll get through it. Start planning what you are going to do three months from now.”

Further complicating things, he was facing not only his acute challenges, but also transitional challenges as a lifelong Type I diabetic facing his condition as an adult. Growing up, he had access to a supportive pediatric endocrinologist. As an adult, he had difficulty establishing care, navigating a complex system, adhering to his medications, and staying afloat financially. His illness left him isolated from his peers and feeling limited in his ability to pursue his dreams. In the hospital, he found it helpful to talk with me about his passions and brainstorm ways to confront his immediate post-surgical challenges. However, he was always mindful of continued struggles and limitations with his chronic illness.

I didn’t really know how to handle these existential conversations, having had very limited practice so early in the year. I would try to mimic my surgeon’s ways -- channel my inner coach.

“I’m scared, man,” he would frequently tell me. “But I’m hopeful.”

“You should be,” I would reply, with confident demeanor.

He would smile and nod.

“I know how hard this is for you, man,” I would continue, “It’s slow progress every day. But you’re going to get out of here and on with your life.”

“Yea, I have to focus on the positives,” he would say, trying to pep himself up. “Plan for the future. Away from here.”

He talked about going back to school and pursuing his new passions. He did not know if he could afford it, but he resolved to at least explore the option. He hoped to mend relationships with family members living in his home state. He had lost touch with many, but the accident had sparked new perspective in him. He also wanted to try to become closer to his step-dad, who would visit him with his mom. He knew he had to live with both of them for a few months while recovering, but he adamantly refused to become a burden. He was used to being free and independent since moving to the South, and he very much wanted to return to that life as soon as possible.

Getting to know him was a joy and allowed me to connect with someone very similar to me on a personal level. He inspired me to think more about my life goals and mend relationships that had previous been fraught. Because well, you never know what can happen to you. You’re only “young and invincible” until something flips your world upside down. When it happens, it takes you by surprise and few support networks exist to help you through it. The “abstract” systemic void I knew to exist – at its transitions – had been personified through him. I tried my best to fill it for him in the acute setting, but I also observed how much more work needed to be done. In all, it was an incredibly emotional, educational, and humbling experience, and I look forward to many similar ones.

Vinayak Venkataraman is an MS4 who enjoys writing, home brewing, cooking Indian food, playing tennis, drinking coffee, and cheering for the Buffalo Bills.

The Sailor's Ebb

At present—
Lying flat, still afloat.
We survey the forecast,
Standing at ready.
Still with hope
Waiting still.

Before us,
How hard to see.
The sailor tattered,
Tossed against, waters rough.
With evenings' tide, there goes
His Self. Leaving behind
The sailor tormented.
Oh, how hard
to see.

Antidote—
Sigh, we have not.
But anecdote, a' many,
Salvaging the once was
Replacing the
what is.

A glimmer! Alas, an account of times past.
A sign of recognition with Hope renewed,
In plenty, in bounds, with praise for our care—

But a mirage.
All for naught—
A flash in the water.
For again goes the Self,
Cast out, with evenings' tide
Into dark and murky waters.
And on and on and on
The sailor teased.
Oh, how hard
to see.

Drifting on
and on endless ocean.
Precarious—newly delicate.
Against winds, sent easily astray.
But we see not just a buoy
Fighting rough waters.
For we remember
The forgotten—

The sailor
the purple heart
of the Battle of Anzio.
Once brawn, once bold
once time well spent.
Left here, with us—
to follow the sun
and chase the
horizon.

Kelly Ryan Murphy is a fourth year medical student who began her days as a volunteer at the Durham VA while an undergraduate student at Duke. She wrote this poem about a recent patient—a WWII veteran with delirium—a patient she will always remember.

A Sonata in

Whence Nature all creates, and multiplies
And fosters all, and whither she resolves
Each in the end when each is overthrown.
This ultimate stock we have devised to name
Procreant atoms, matter, seeds of things,
Or primal bodies, as primal to the world. ~ On the Nature of Things

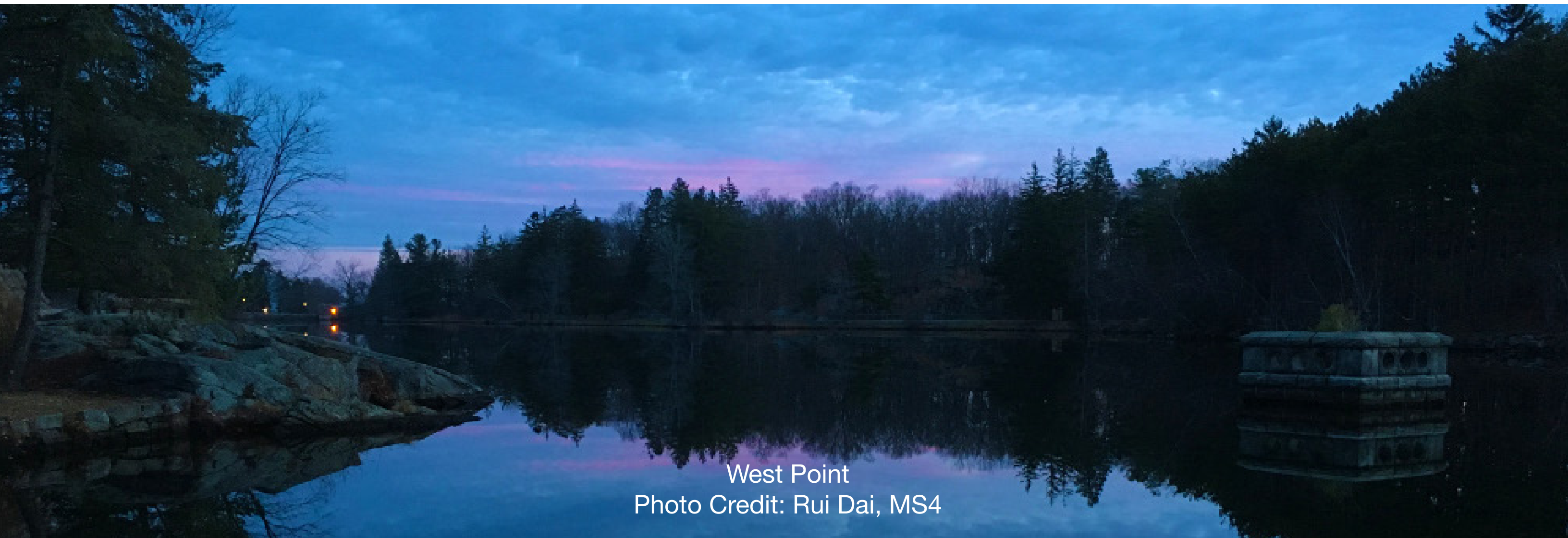
I celebrate myself;
And what I assume you shall assume;
For every atom belonging to me, as good belongs to you.

~ Song of Myself

Act I
Scene I

Events are set around September 2008, and Act I centers on the impending suicide of actress Choi Jin-Sil (Oct. 2, 2008). Although the event has yet to happen, a pall is felt throughout the scene with grey lighting, grey furniture, and minor keyed music.

Scene I opens on a Seoul



West Point
Photo Credit: Rui Dai, MS4

apartment, two rooms split by a scrim running the full length of the stage, bisecting it vertically. One a kitchen, sterile and organized, the other, a living room with modern Scandinavian furniture. A Korean woman age ~50 stands in the kitchen separating leaves of cabbage and inspecting them one by one. She wears an apron, and stares intently at a cutting board.

M: (in Korean) …And they all were talking about how the food was no good anymore, and how the service has really gone downhill since Soon had that heart attack and died three years ago, and that Incheon was full of crooks now and… (switches to English) Jimin are you listening as I'm speaking to you?

A young man about twenty sits on a long couch, glances up from a book.

J: Hm? Yes, I'm coming, I was just reading.

M: I didn't ask you what you were doing, I asked you if you were listening.

J: Oh, oh yes, but I missed the last part.

M: I said you're aunt said that her neighborhood is really going to the dogs, and that her favorite butcher is not very good anymore since the wife who ran the counter died of a heart problem, but she still goes back because it's what she knows and she likes the cuts of pork belly they get because the husband knows a farmer out in the sticks, but if it wasn't for that she would go somewhere else because it's far from where she lives now, and there's really no reason for her to go there, but it's what she knows.

J: Is this Mi Cha or Mi Ok?

M: No, it's your father's sister, the oldest one, Ae Cha, the accountant who is living in Songdo, which is full of Chinese laborers pouring concrete and crooks selling plated dinnerware as silver and pickpockets taking advantage of the tourists as they stare off into space at the steel struts being lifted up and floating in air as if they had never seen a tall building before. As if the city was on the moon and made of ice.

J: Right. Do you need help with dinner? Are you starting kimchi? I can help if you want, I'm not really busy.

M: No, this can wait, this cabbage is not very good, covered in dirt and bite marks from bugs. And you should be practicing your piece for the recital next week, don't you think you still need to work on the fingering for the last three bars on page 5?

J: I think I have it now, but you're right, I could go practice, are you making kimchi, do you have the right fish sauce? I could go get some of the right kind of fish sauce if you don't have it, the squid kind you know it's better than the one with the laughing Buddha on the front.

M: No, this fish sauce is fine and the shrimp are fine and the only thing that I want you to do is practice, I'm sure your father wants to walk in and hear the Mazurka and how can he walk in and hear it if you're not already playing when he comes.

J: He won't be home till 9:00, I've got 2 hours until he would even step in the door. The train has been running really slow these days.

M: All the better for you to practice and impress him when he gets here. You've got the notes down but not the timing, wouldn't you say? And the train has not been running slow, it's being delayed with all these students throwing themselves in front of it. All these engineers getting their term grades back and leaping from the walkway at Bongcheon, slowing your dad's train from getting into Sadang and him transferring over. It should only take him an hour but every time it happens they have to stop the train and see what's happened.

But why am I telling you this? It happens every year at this time and you know as well as I do why he is late. I still think he should start taking the bus or riding his bike, although it is slower than the train when it is running on time.

J: Or maybe someone should help the students and prevent them from throwing themselves in front of the trains.

M: Oh, wouldn't that be a nice thing. Now go practice please, your father should be home any minute.

Kristian Becker is a fourth year medical student who enjoys reading, writing and arithmetic.

Through My Community Partner's Eyes

Watching the stars on a clear night sky. Seeing the faces of your loved ones at a distance. Reading a book before you go to sleep. All of these things and more are possible when you have good vision. For Mrs. F, these are no longer possible. Mrs. F suffers from age-related macular degeneration; a disease so common that before I met with her, I didn't even think twice about its implications. Adjusting to her gradual loss of vision has been one of the most difficult processes Mrs. F has had to overcome, even above receiving a cancer diagnosis.

Mrs. F started noticing the changes in her vision over 20 years ago. At first, the changes were manageable with no major adjustments. Over time, however, her vision became increasingly worse, requiring major life adjustments. She first had to give up driving which meant losing independence, but with good humor she overcame this loss. As her vision worsened, she had to forgo further independence and agree to live in an assisted living community.

These major changes, which I imagine would be difficult for anyone to accept, were not the worse part of her illness. For Mrs. F, losing the ability to read has been the biggest challenge of dealing with her chronic illness. Reading has always been her passion. She used to read a newspaper every morning to start her day. She used to read books at night to go to sleep. Mrs. F was a schoolteacher before she retired and reading was a part of her daily job. Even after she retired, while her vision permitted, she volunteered with local children to help them learn how to read. Her vision loss has progressed to a point that she can no longer do any of these things. Loss of her independence was one thing, but loss of her passion was another.

Mrs. F has great humor and outlook on life to match. At 87 years old, she feels fulfilled and ready for whatever may come next. Her vision changes have strongly changed the way she lives her life, but with supporting family and friends, she has found ways to adapt and continue despite the challenges this poses. For instance, her family gave her a machine that magnifies text so she can put a newspaper under the magnifier to slowly read articles that way. A friend also gave her an iPad so she can enlarge text and read more easily. Now she uses the iPad to read before bed as she had always done. She still manages to operate a phone, live on her own within the assisted community, and most importantly, she maintains a positive spirit with everything she does.

When I first spoke with Mrs. F, it was a phone call. During that call, she mentioned she was legally blind. I naively assumed that her blindness must be a congenital problem –little did I know that her blindness resulted from a disease that affects so many people in the world! I was a shocked to discover that her blindness was a result of age-related macular degeneration. As I learned more about her medical history, which includes living with diabetes and having been diagnosed with liver cancer and been given only 6 month to live, it further surprised me that when we asked what the biggest health challenge has been for her, she answered the vision loss associated with age-related macular degeneration. She mentioned that when she was diagnosed with liver cancer, she never believed that it would kill her. Her family was worried, but she said that even if the worse were to happen, she was ready and that at that point she made the decision to forgo any major surgeries or medical procedures in the future. However, her vision change is something she has to face every day, making many of the things she loves more difficult. From her perspective, blindness surpasses a terminal cancer diagnoses as the most difficult illness she has had to overcome.

Age-related macular degeneration is a disease that many people face as they age and its high incidence means it might be something I have to face in the future! Before meeting with Mrs. F, I never even thought of it as a disease, I thought of losing sight as something many go through when they get older. Now, I understand that it is a disease; one with many difficulties associated and limited preventative measures. However, I also learned from Mrs. F the importance of staying positive. Not once did I get the impression that Mrs. F was defeated by her illness. Instead, she kept pushing forward, finding creative ways to overcome the difficulties. I hope that as I get older and have to fight whatever age-related illness that comes my way, I will remember Mrs. F and model her positivity.

Jania Arcia Ramos is a second year medical student, who is a Practice Course writer in the making.

Caroline's Letter

from my grandmother, Caroline B., who died in 1914 when my father was three.

My Dearest Granddaughter
Mary:

The first words I write must be:

Thank You
for bringing my firstborn son
to lie next to me.
I could feel the heat of the day
and your feet alongside mine.
Your mother held back,
seeking shade under a tree
from a sun untroubled by
clouds.

You dropped a small purple
flower
the color of a plum
for your father to take with him.
Down it dropped
the earth shook with its weight.
I could feel the shudder.

Your mysteries are meant to
inhabit you.

This morning the mist widow-walks
in the high branches,
yet tonight the mist a squatter
on the surface of a lake.

Oh Mary
Tuberculosis
such a loud death,
that grappling for air.

I wanted to spare
the walls of our cottage
the multiple agonies of my inhalation.

I wanted to spare
the clean white linen
the bloodied spittle of my exhalation.

The little beach house
finished on the day you were
born
wasn't there when my sisters
walked me one last time
to the windowed porch
to look upon the lake.
The trees so young I could see
over their needled tops.

Even on the darkest night,
look upon the water
where a reflection
can always be found.

Both kinds of love to you.

From your father's mother,
Caroline

Persona Poem by Mary L. Barnard, who is a Chatham County NC resident. When Mary steps onto her gravel road for an early walk, she doesn't know yet what image or thought will inspire her next poem.

Taking a Break
Photo Credit: Jania Arcia Ramos, MS2

PHOTO CREDIT: Aarti Thakkar, MS2

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FALL 2016 · VOL 6, ISSUE 1