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MISSION STATEMENT

Ether Arts is the literary and visual arts magazine of The Ohio State University's College of Medicine. We are committed to the publication of artistic works by Ohio State medical students and alumni, as well as students and staff outside of the College of Medicine. We seek to demonstrate the artistic discussion within the community, allowing the exploration of what it means to be a medical professional and what it means to be a patient, blurring preconceived notions of what it means to be either.

SPECIAL THANKS

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Chickadee Justine Schneider OSUCOM Class of 2023 Honorable Mention, Best Visual Art

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Dirty Mirror
Haleigh Sockwell
OSUCOM Class of 2023
Honorable Mention, Best Visual Art

LETTER FROM THE EDITOR

Dear Reader,

Thank you for picking up this year's issue of Ether Arts, the literary and visual arts magazine of the Ohio State University College of Medicine. Our editorial team hopes you will enjoy the diversity of works in this edition, from poetry and prose to photography and painting.

Medicine has often been described as an art, but also as a science. Wherever your opinions may lie on this matter, it's impossible to deny that it is a complex field, where compassion, creativity, and communication of all forms plays a critical role.

This year, we're proud to say that *Ether Arts* contains over fifty works of literary and visual art, submitted by medical students of all years, undergraduates, residents, practicing physicians, faculty, staff, and alumni—and it is our honor to present these works to you.

Of course, this magazine would not be possible without those that have continued to support us year after year. We'd like to thank the editors from past years, who have given us the much-needed guidance to produce this year's issue, as well as Sarah Burns, who has arranged everything that you see before you. We'd also like to thank Dr. Anna Soter for her editorial guidance, Dr. Daniel Clinchot for his foreword. And of course, we are overwhelmingly grateful to Medicine and the Arts and the Medical Alumni Society for their continued funding of this endeavor.

We would like to give special thanks to Dr. Linda Stone, the namesake of the "Linda C. Stone, MD, Program for Humanism and the Arts in Medicine." Her steady vision, patience, and inspirational passion for this program has truly put the Ohio State University College of Medicine on the map when it comes to humanism, and her leadership will be missed.

And finally, thank you to all our contributors, editors, and readers, who have shared so much with us. We hope you will enjoy *Ether Arts*, and that it may inspire you to take time out of the day for yourself, whether it's to write, draw, reflect, or simply relax.

Best,

Jerry Cui

Editor-in-Chief

FOREWORD FROM THE DEAN

I personally consider it a great honor to be asked to write the foreword for the 2020 *Ether Arts* compilation. The unique assortment of literature and visual arts enables a wide range of patrons to engage in a way that is ideally personal.

Art in all its forms allows for the humanistic expressions of joy, sorrow, excitement and peace. It allows the artist and the person experiencing it a way to contemplate and reflect no matter your current life circumstance.

Ether Arts is a wonderful collection of poetry, prose, photography, and more and is a terrific way to feature the artistic talents of our Ohio State health sciences community. The magazine enables readers to see an integral aspect of our medical community and be reminded that, through art, we are all human. Embracing this facilitates our journey to self-actualization.

Our students, staff and faculty are to be congratulated on crafting another tremendous edition of *Ether Arts*. I implore you to take the time to reflect and fully enjoy this creation of humanistic expression.

Sincerely,

Daniel M. Clinchot, M.D. Vice Dean for Education Associate Vice President for Health Sciences Education Chair, Department of Biomedical Education and Anatomy Professor, Physical Medicine & Rehabilitation





PATIENT No. 1 Alex Zha OSUCOM Class of 2020

A ghost tightly wrapped I saw you from the darkness Emerge as a man

Automaton Jerry Cui

Leave of Absence

The bridge spanned the calmest section of the river. The setting sun cast its light on the pale grey planks, revealing wear and tear. Near the middle, a man sat on the edge of the bridge, toes skimming the water, fishing rod in hand, shoes and socks neatly arranged beside him. A woman was walking towards him

"I can't believe you're here," the woman said, fanning herself with her black hat.

"Every Sunday. You know that," the man replied.

"But this Sunday? After yesterday, there's still so much left to do. Everyone else may have left, but we still need to clean, to send the notes—"

The woman paused, swatting a mosquito with particular ferocity. After another moment's silence, she whispered, "To put things away..."

With a nod, the man said, "I know."

She turned away, gazing towards the rushing water downstream.

"How can you go on like this?"

"I just do."

"You go to work, you come back home, you eat, you sleep, you go back to work, you come home—"

"It's all I can do."

"No. No. You can't say that. You just can't say that. Things aren't the same anymore."

He set down his fishing rod, meticulously placing it behind his shoes and socks.

"This is all I can do to feel like I'm in control. Like things are normal."

"But—"

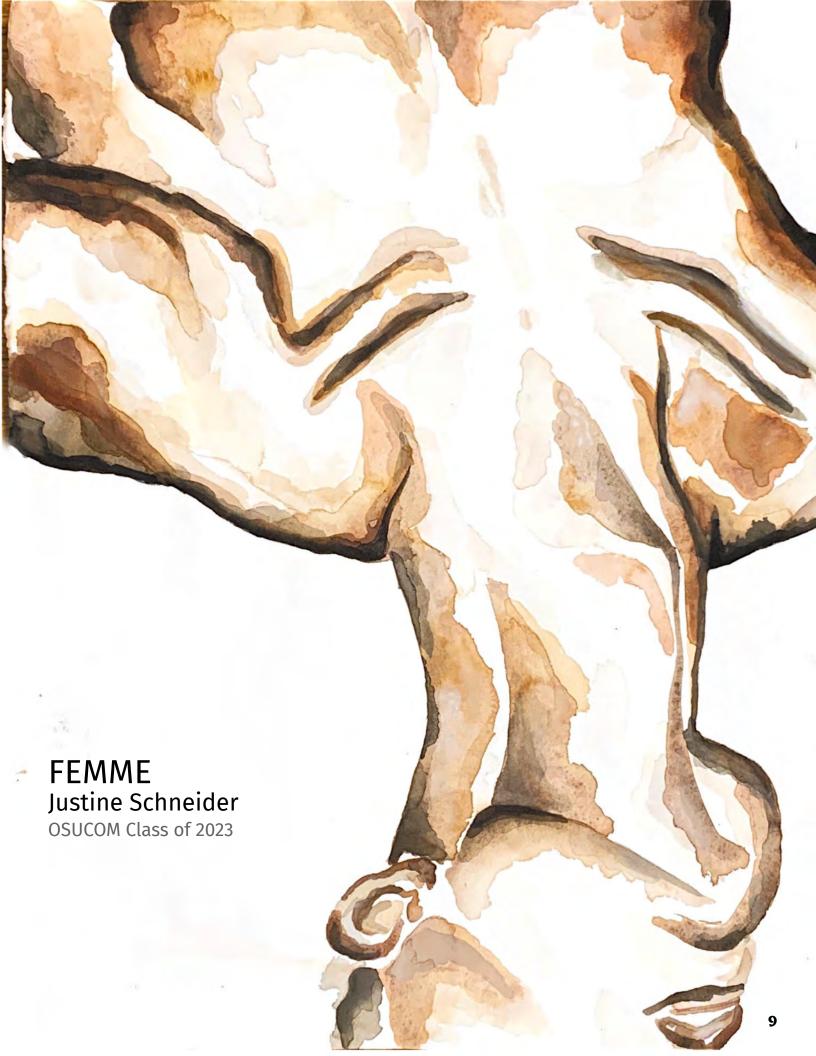
The man sighed, and stared down towards his toes.

"I promise. I'll pack up the playroom tomorrow."

The woman's shoulders fell, but she quickly recovered, staggering away, hat falling behind her.

The man slowly stood up, walked over, picked the hat up, and sat down.

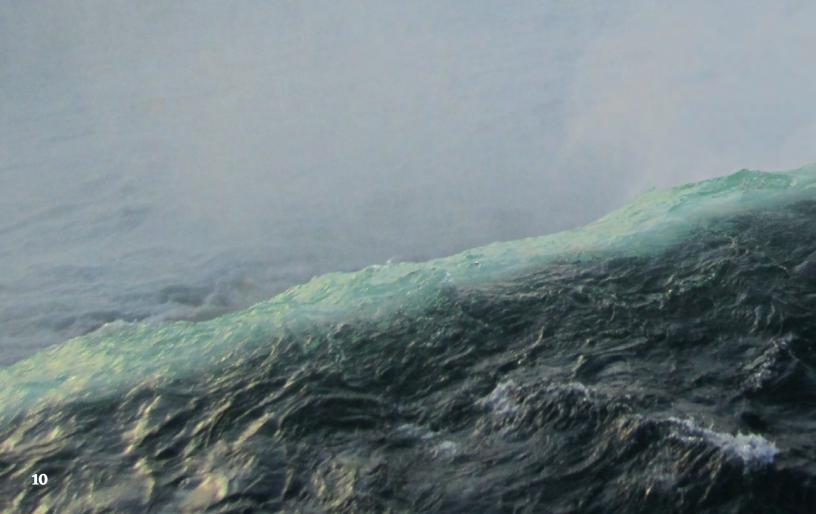
"For us," he mumbled. "For the two of us, there still is a tomorrow."



FOR MAMA Jessica Rutsky, MD

Pediatric Resident

You are unwavering in black and white A scene from an old photo album in which you are the mother of every child, the protector from all that can be cured by a hot bowl of matzo ball bowl soup. You always said your worst fear was that I wouldn't know you -So they say and I gently turn the pages, etched with time and worry in your brow. I cannot remember your hands as they tenderly touched my infant face but I cannot forget that which is a part of me that which courses through my being as a young Jewish woman. A strong force that knits a family together that which you gave me is me and with each breath, I know you.



HORSESHOE FALLS **Grace Lee** OSUCOM Class of 2021 FOR PAPA Jessica Rutsky, MD Pediatric Resident You, I remember. Fleeting memories of a kind, weathered face a mix of love and hesitation I was not too young to recognize that the house you lived in was not a home that this place was a daycare for people much bigger than me faces filled with memories of faces eyes pooled with wise uncertainty You pressed into my hand a small pin with a unicorn on a carousel covered in the same sparkles you saw in my innocent eyes It seems like just last year that you sat at the head of the table creating legacies raising your voice with your glass of wine raising a family unafraid of hard work, telling the hard truth especially then, as we left and you returned to your New York Times and stranger's faces I ran into you the other day searching dated medical journals flipped to your name above mine realized all the things you gave me; I can feel them now a stirring inside to serve the ones that I love to preserve all that I hold dear saving one life to save them all. 11

CODE BLUE, ROSS HALL

Erin Bishop

OSUCOM Class of 2021

I heard the pagers go off and felt a rush of adrenaline as we bolted out of the room. I tried to keep up and felt myself falling behind as we tore off toward the hospital, trying desperately not to sprain an ankle in my Danskos. I was surprised by how out of breath I was when I got in the elevator -- did I really just run ten miles yesterday like it was nothing? Because this is embarrassing.

We get to the room and see the crowd of people buzzing about, the action and the noise overwhelming and yet somehow still organized. Amidst the commotion, I noticed his wife in the corner and felt a pang of remorse for the excitement I had felt before arriving. I remembered that this was happening to a husband, a father, an uncle. But then I remembered what my role was -- I refocused, put my gloves on, and got in line.

I watched the first three rounds of ACLS. I felt a rush of excitement as we achieved return of spontaneous circulation. I stepped out of the room for a moment, mistakenly thinking that we were done and remembering the advice not to stay in codes if you're not being useful. I went to the bathroom, came back, continued to watch from outside of the room. Not too long after, I realized that they had lost the pulse. I regloved my sweaty hands and I got back in line to perform compressions.

I watched the minutes count down. It was eight minutes before I was at the patient's side, on deck. I remembered what I had just nights ago read in the book, *The House of God*: "Rule number 3: at a cardiac arrest, the first procedure is to check your own pulse." As I waited for my turn to perform CPR, I sat there for two minutes with my finger on my own radial pulse. I looked down at my watch- my heart rate, normally in the 50s, read 132. I took a deep breath. It was my turn, and I had an important job to do.

It was the longest two minutes of my life. I thought about how I had boxed and how those rounds of 90 seconds had felt like an eternity, but it felt like nothing compared to this. The stakes were nowhere near as high. I felt my glasses falling off the bridge of my nose, the sweat forming on my forehead, the blood rushing into my cheeks. I felt myself getting tired, but I knew that his circulation depended on adequate compressions, and it kept me going. When I was done, I got back in line.

It was ten more minutes of organized chaos before it was my turn again. Shortly after, I felt his hand on my arm and I looked down at his face. His vacant eyes were not moving, and no other part of him seemed to be aware of the bodies around him, poking him, uncovering him, feeling for pulses, compressing his heart. It felt like he was weakly trying to push me away, like I was hurting him. I really felt like I was hurting him; I couldn't get over that. I finished my round and got back in line.

But I did not go again.

Instead, I watched the CPR stop. I watched his wife stand up and walk to his side. I listened to her pour her heart out to him in their last minutes together. I heard her cry and her anguish and her love. I walked out quietly to let her be with him and just him while he passed. I hastily tried to wipe the tears from my eyes before anyone else saw. I wasn't successful—the team saw. I got a hug, a pat on the shoulder. I heard the pager go off again, and we rushed downstairs to another of our patients who was experiencing worsening chest pain.

I didn't have time to think about it, and maybe that was good for me, being forced to move on and stay busy. But the more I think about it, the more it bothers me that I didn't know his name, his age or anything about him. I did not know if he had kids or pets or if he was from Columbus. I knew he was admitted for biventricular heart failure. I knew that he got three rounds of adenosine and countless

injections of epinephrine, more than I could count. I knew that we ran ACLS for over 30 minutes. I watched him die, as he was poked and prodded, with his ribs newly broken, laid out on the bed naked and dying and I didn't even know his name.

I feel some guilt that I had been waiting so long for this moment. I had been waiting to see a code, to do chest compressions. I had been... dreading? but waiting for the day that my first patient died. I know that I shouldn't feel guilty for that. This is one of those "first experiences" that everyone has to have, but sometimes I forget that these firsts have to happen to a real patient. I know I shouldn't feel any guilt about something out of my control, but I still feel strange about the anticipation and excitement I felt. I've spent over thirty minutes staring at this last paragraph, trying to put my feelings into words. I haven't quite figured out how I feel yet. Even days later, I feel better, but I'm still trying to figure that out, and I know I will continue to do so. Ultimately, I want to carry this experience with me always, for forgetting would mean losing sight of the humanity in medicine.

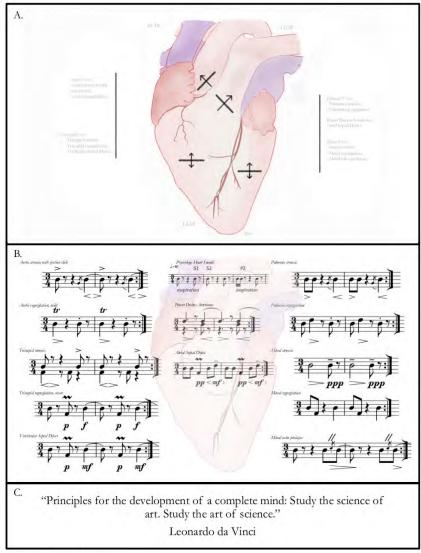


Figure 1: Heart Sounds

FIGURE 1. HEART SOUNDS Audrey White OSUCOM Class of 2021

WINTER cang 7 hang

Yongkang Zhang
OSUCOM Class of 2023



Tala Nashawati OSUCOM Class of 2021

diaspora. dysphoria. jealous of each other in twisted ways the bookshelf is dark without all the books open your mouth, black, swallow fireworks outside and a flag-splayed skyline in the corner the keyboard is gathering dust the air conditioning turned off and I can hear again writer's block, this, debilitating hear the train and watch it pass the blanket is heavy on my feet wanna guess my mother's accent I haven't worn those scrubs in a while ankle blisters, bled-through socks plants are supposed to droop like that her house when we meet will be all drooping plants the neighbors saw me when I changed my clothes white walls, white bed, white coat a handmade Japanese mug on the window cat scratches in the carpet the melatonin is kicking in now tomorrow I don't have work so I'll sleep until noon if it were raining I'd sleep on the balcony lo-fi me to sleep the clothes in the corner look human and this pen isn't good anymore



MY BODY AND I SAT DOWN Charlene Fix, PhD

Co-Chair, The Hospital Poets

Like lovers who know they are better off apart but find this hard, sharing so much history and heart,

my body and I sat down in the sanity of afternoon, poppies and sun-skimmed tile dispelling gloom,

toast and cups of tea balanced on our lap, to examine with curious devotion the map

of the future. Body's eyes met mine and told as tenderly as hazel could that the weld won't hold.

I expressed gratitude for her fine filter of joy, fear, anger, love, lust, spring to winter,

for hands' delights, and those of belly, organs, feet, for opening me to their manifold treats.

I shared responsibility for joints that hurt, and promised not to take her to court,

nor hire lawyers, nor curry the favor of judges, nor go under the knife to remove her smudges:

to let no slow shuffle result in an energy-sapping suit, but rather to keep consuming her, my commissioned fruit.

So we faced our inevitable parting, affixing no blame while she agreed to keep breathing me, my bellows, my bane.

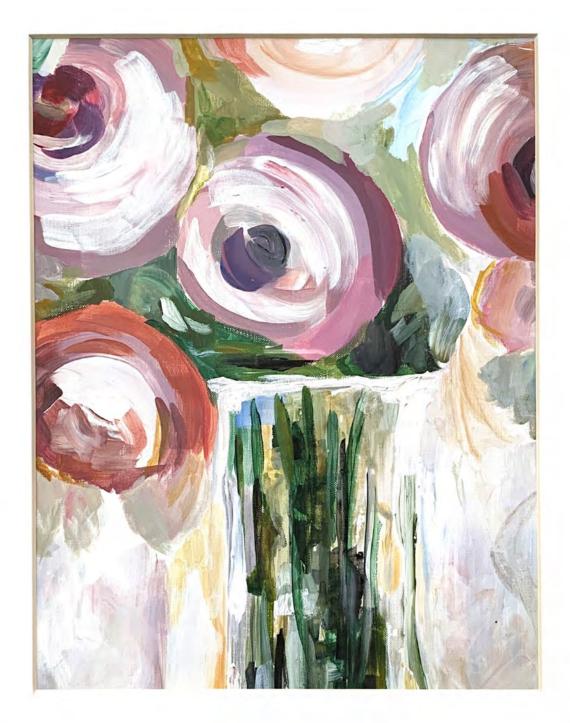
THE GLOAMING Linda C. Stone, MD

Founder, Humanism and the Arts in Medicine

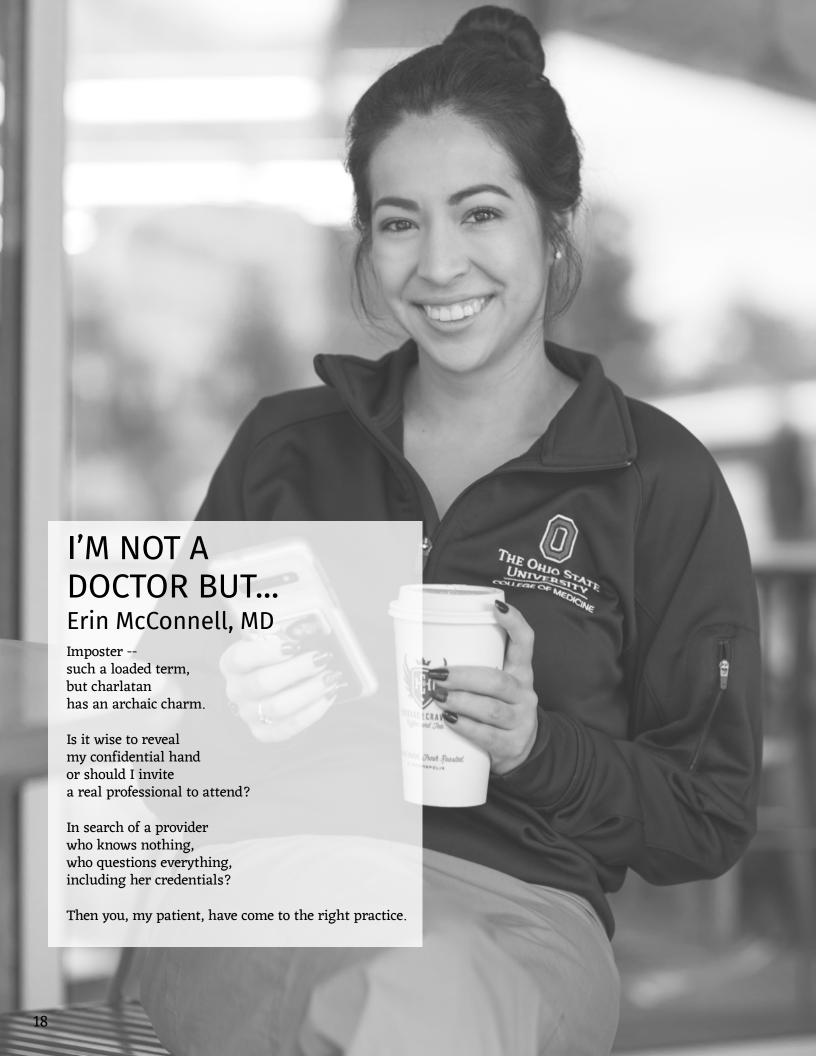
And now it has begun,
The gloaming and then the night.
No more Sir Harry Lauder and his song,
No more courting, no more sweetheart, no more romance.

The morning light no longer shines, The memories dim and dim again. The noon, the afternoon have gone, The memory gloaming now has come.

Soon the gloaming too will fade, Soon the twilight too will vanish, And into the night we will descend, Into the night, all thought, all memory.



FLORAL Justine Schneider OSUCOM Class of 2023





Undergraduate Honorable Mention, Best Poetry

Ι

He walked in - cold, rushed.

My mother shifted, uncomfortably in her chair.

He rambled, looked straight through her concerned,

confused face.

She grew smaller; he grew larger.

The room colder, sterile.

II

He was a doctor.

He walked in - calm, warm.

My mother relaxed, sighed, in her chair.

He explained his procedure in ways even I understood.

Just two people talking
The room warmed, alive, brighter.

He was a doctor.

UNTITLED MEDICAL STUDENTS 2 and 3 Philip Anjum

OSUCOM Class of 2022



FOLKTALE David Chen

OSUCOM Class of 2020 Honorable Mention, Best Prose

Once...

There was a man, and there was a monster.

The monster was an ancient one, and had preyed upon mankind for untold generations. It was insidious and grotesque, appearing in many forms to many people. Though it could sometimes be beaten back, always it would return: escaping death, seemingly immortal. But for all its strengths it was a cowardly thing, slowly leeching its victim's vitality as it grew fat and large – but never sated.

The man was smaller than he had been in his youth, with more grey hairs than he perhaps would have liked. With age his strength had waned, and he fatigued more easily. But he was kind, happy to greet you in the morning – no matter how early you slipped into his room to take his blood pressure – and gracious, never asking much, never complaining. He worked as a cook in his family's pub and enjoyed woodcarving in his free time.

The man fought the monster.

Like her son, the man's mother was patient and kind. Like her son, she had once battled that monster, and though she had emerged with a scarred throat and a scarred voice, she had emerged triumphant. And thus she did not fear for her son, because she knew that the monster could be defeated. What mother believes that she will outlive her son?

So he fought. Because that was his way, and his mother's way before him.

But despite his courage and his kindness, despite the love of his mother and the medicines of the physicians, he fought a losing battle, for not all monsters can be overcome. Slowly, slowly, he began to lose ground. Slowly, slowly, the monster grew stronger.

Yet he fought on. Because that was his way.

On the day of his last birthday, I – for I was amongst those who had aided in his fight – organized the nurses of the floor to throw a grand celebration. At the gift shop downstairs I purchased balloons and a card. The man's physician, the finest I know, called the kitchen and asked them to send him a soda, the taste of which he had craved for many long weeks.

After lunch we paraded into his room, singing and bearing our gifts. Strewn about us were the implements of his struggle: a spare IV pole tucked in the corner, a blood pressure cuff wrapped around the bedrail, a well-worn pair of compression stockings draped over the arm of the chair. His mother stood by me as we sang to him and she wept, for they had fought the monster for so long that they had begun to forget what it was simply to live.

And I wept to see it.

As we finished, she turned to me and murmured two words that, despite her scarred throat, I understood perfectly:

Thank you.

And the man? He looked at me and smiled. For though he could not defeat that monster, Cancer, he realized in that moment that there was one simple, crucial thing which it could never take from him: his humanity.

UNTITLED

Franklin Privette

OSUCOM Class of 2020

The room was just like any other hospital room at 7 in the morning. Dark, quiet, stagnant. While prerounding, I had read uncontrolled diabetic, delayed presentation STEMI, acute heart failure. In the room I saw a young 63 year old man smiling at me through the fog of this new day. He was laying flat, normal weight. As I talked to him, I learned that he had been playing golf in order to exercise more and actively trying to stop smoking. He wasn't at all like the patient that I read about. After talking to him, listening to his heart and lungs, assessing his volume, and trying to practice medicine as I'd learned, I asked if he had any questions. "No man, I'm good, just keeping on" he declared as he offered his hand for a fist bump. I told him my name was "Franklin, like the Turtle" to help him remember.

"A pleasant 63 year old man with a history of..." I started on rounds. Rounds are too cold sometimes, so I try to interject a little personality when I can, throwing in a "pleasant" here or a quote there. Every day it was the same, "No man, I'm good" and a fist bump. I learned about his trip to Florida, his loving wife, and his daughters about to graduate from high school. Now each morning, both him and his wife would greet me at the curtain: smiling, eager participants in his care.

His story was complicated but the plan was fairly straightforward: to diurese him and get him ready for his CABG early next week. Every day the same "pleasant 63 year old man ..." and his wife continued to smile, and ask me what they could do to help. "Think of rushing water and waterfalls" I would joke as I told them his fluid status. As the week progressed, everything was happening as planned. His lungs were clear, his ankles were visible, his jaw line no longer pulsing with backed up blood. He was taken into surgery.

"Your patient," my attending said solemnly the next morning, "the surgery had a complication. They found pericarditis when they opened him up. They couldn't do the surgery." My heart sank. Bad things happen to good people. I had learned that quickly enough on my neuro critical care rotation. There is something about seeing post-stroke patients in the ICU for a month that makes you want to keep a healthy emotional distance from your patients. Even so, I couldn't get him off my mind. I had seen him every day for 2 weeks, smiling and eager, and we had fostered a relationship on those cold dark mornings. Why did he have to be the one to have a complication?

I went to see him in the cardiac ICU, and there he was smiling and grounded as ever, his wife popping up from her chair to greet me. "There's our man!" they exclaimed as I entered the room. I told them I had stopped following them in the chart, so they proceeded to tell me what had

been going on. I told them it was because he wasn't my patient any more. True, in part, but in reality I didn't want to know what was happening. I could see the writing on the wall and I didn't think this story would have a happy ending. Being a social visit, the conversation quickly drifted again to family and sports. It was like visiting an old friend at this point, hearing about his kid's sports teams, and their upcoming birthdays. I told him my parents were coming into town that weekend, and how I needed to clean my apartment. "Some things never change do they," he and his wife stated with smiles across their faces. It was ignorant bliss.

I told them I would be back, I still had another week on rotation and I would come to check on them. The next time I went to see them, however, he was intubated and on pressors. He was so vulnerable, so small in that bed, I wanted to yank that tube out and yell at him to breathe! Instead, I put an arm on his wife's shoulder as tears streamed down her face. We sat there for what seemed like hours, in silence, exchanging knowing looks. She told me this was temporary, that he got an infection and that they were just trying to clear it. I hoped she was right. She looked away, staring out the window. She told me that she had fallen back in love with this man, that "a person reveals who they are at times of stress. This man," gesturing over to her husband, "this is the man I fell in love with those years ago." When I left that day, I did what I would do for any old friend. I bought him a get-well card and wrote about how much his smile and attitude meant to me

On my last day of the rotation I went back one last time. He was extubated and appeared to be doing better. How much better I didn't know. I didn't want to know. I brought him his card, and tears welled up in his eyes as he read what I had written. His smile came back, his voice seemed to grow stronger as he thanked me for everything I had done.

"I was just doing what any good person would do, take care of those who need it" I whispered in the silent room.

"You did so much more." Those words will stay with me forever. Muttered in the still room, with the soft beeping of call lights and the fluorescent glow overhead. We were three people now, no longer a medical student and a patient, we were three people doing whatever we could to support a man and his recovery.

I will continue to do so much more, for all of my patients. His wife asked if my email was public. I told her it was, and she told me that she will send me a picture of him sitting on his front porch, taking life in the cool morning glow. I cannot wait to receive that picture. I hope that I receive that picture.







Holl

OBSERVATION ON SERVANT LEADERSHIP

Linda C. Stone, MD

Founder, Humanism and the Arts in Medicine

It has been 50 years since Robert Greenleaf coined the phrase, "servant leadership". He simply stated, "The servant-leader is a servant first...It begins with the natural feeling that one wants to serve, to serve first. Then conscious choice brings one to aspire to lead. The leader-first and the servant-first are two extreme types of leadership."

Recently, in reflecting on the meaning of Servant Leadership, my first thoughts were about life as a medical student because entering the medical profession calls on you to think about so many things including leadership. Every medical student wants to obtain the knowledge and skills to be a good physician and, also, wants to keep alive the caring and compassionate part of themselves that brought them into medicine in the first place. Our patients expect the knowledge, the compassion, the skills and the caring to be a part of their own physician and that their physician knows that serving others is the highest calling. But medicine asks that we serve patients in many ways: First, through our one-on-one patientphysician relationships; second, through the relationships we build with our patient's families; third through our relationships with our health care team colleagues; and fourth through our relationship with the many communities we serve. It is in all of these areas that we are asked to find our role as leaders and as advocates as we all face the challenges of the ever-changing face of medicine.

Robert Greenleaf knew that a philosophy that "creates a more just and caring world" fits many professions and would build strong organizations. And, his model for leadership has been the perfect fit for those of us in medicine. He asks us to see the potential in those around us and to encourage that potential. He asks us to find ways to support the people around us so that each of us may find our own strengths and our own capacity to serve. And he asks us to care about everyone whose lives we touch.

During the past 20 years, I have witnessed many servant leaders trying each day to compassionately serve their patients, to teach students and residents in a way that inspired their medical learning and to pursue meaningful research with an eye to a brighter future for medicine. I am writing this essay today to ask that we all look at those around us and recognize all over again the servant leaders that inspire, that care, that guide and that continue to serve our profession.

Over the past few weeks, I have been doing just that: thinking about those servant leaders in medicine that I have been privileged to know. My list is very long but here are a few of the stories of those who still inspire me

today. I hope they remind you of those special people who have touched your lives.

I met Sheryl Pfeil, MD, when she was a medical student who came to my office as part of her medical training. I was in my first year of practice and was wondering why I had agreed to have an eager, young medical student peer in on my new life as a family physician. But, she was bright, inquisitive and my patients loved her. All these years later, I still see in her the heart of a servant leader. She is the compassionate physician to even the most challenging patients; she teaches her specialty with dedication and a true desire to see students, residents and fellows succeed; she takes on huge responsibilities including directing the Clinical Skills Education and Assessment Center; and with all of that, she is the first to reach out to a student or colleague in need. She has served so many in the College of Medicine by highlighting their achievements and helping them build the life they envision. The list of her many contributions is a long one but the list of those she served is many miles longer. It is no surprise that today she also serves as the Chair of the Courage to Teach Board, a physician organization that honors servant leaders in medical education.

Andy Hudson, EdD, was one of the first people I met when I left private practice to enter the academic life. Brave soul that he is, he agreed to evaluate my early efforts in giving lectures in the humanities portion of the College of Medicine curriculum. In my first 90-minute lecture on professionalism, he did not focus on the fact that I tried to fill 90 minutes with every little detail I knew about professionalism but, instead, he focused on the few good features of the presentation. I soon discovered that he was the personification of servant leadership and that he worked every day to support and encourage the faculty around him to find their greater abilities and to share those gifts with the College of Medicine. He was able to find the core of what each faculty member had to offer and then he diligently worked to make sure their potential was reached. His role as a founding member of our Humanism in Medicine initiative was monumental.

Larry Gabel, PhD, was a skilled researcher and administrator within the Department of Family Medicine when I arrived on staff in January 2000. His office was next to mine and he quickly made sure that he was aware of what the department hoped to accomplish through our work in encouraging medical students to pursue a career in Family Medicine. As we developed a mentorship program, a Family Medicine Interest Group, an Honors Program and a leadership development program; he never failed to stop by to comment on the successes and

discuss the things that had not hit the mark. He took his many years in family medicine education and research and used that knowledge to help someone new become a contributing member of the department. He spent as much time helping us 'newbies' as he did constantly supporting the Chair of the department. He was that 'unsung hero' you hear about. His greatest joy was seeing the success of others. He was a servant leader of the highest magnitude.

Wiley Souba, MD, was the Dean of our College of Medicine when I retired as the Associate Dean for Student Affairs in 2009. We visited in the months before my retirement date and he was intrigued by our efforts to teach humanism as a part of the professionalism curriculum. He wanted to look at expanding the scope of the program to serve all in our medical family. He hoped to support those in our medical community who wished to create a more humanistic environment in patient care, medical education and research. He was looking for a servant leadership approach to such a project. As Dean, he could have created anything he wanted but he trusted his servant leadership instincts and pushed each of us to contribute what we thought would open up the humanism possibilities in the college and the medical center. He made all things possible through his belief in everyone around him and because of that, the gifts of so many were part of the foundation of our Humanism in Medicine program today. He set the standard for the Deans that followed and supported us including Drs. Lockwood, Funai, Ellison, and, our current Dean, Dr. Kent who, in 2019, gave us the support to begin a new chapter in the life of the Humanism in Medicine program. Our humanism family today has a long tradition of servant leaders and, for that, we are truly grateful.

Each one of us has a life filled with people who made a difference in who we are. In the beginning, it was our family and friends. Next are those that served as our teachers and mentors. Then, we began to form our own families at home and within our chosen profession and though all of this we found that none of us stands alone. Today, I am especially grateful for the people who helped to build our early humanism program; people like Ron Shaull, Karen Hartker, Steve Gabbe, Anne Harding Jeff Walline, Patti Fertel, Eileen Mehl, Alicia Alcamo, Abby Davids, Paul Weber, Anna Soter, Dan Clinchot, Jane and Bryan Martin, and Larry Stone, among so many others.

As much as we each accomplish, we are here because others cared about us. It is OK to think for a moment about those that tried to make life as difficult as possible; but, most importantly, remember to take a lot more time thinking about those that loved and encouraged you. They were the servant leaders in your life. Please take a moment today to thank them.



FORGOTTEN Haleigh Sockwell OSUCOM Class of 2023





A MEDICAL CASE STUDY: THE CARDIO IMPLICATIONS FOR THE GRINCH

Michael Massa

Alumnus Award for Best Prose

A trailblazing study examines the psycho-social implications of this curious patient, born with the misfortune of having a heart 'two times too small'. In times like ours, many are sadly afflicted with the ailments exhibited by this patient.

The 'Grinch', descended from the species 'Grinches miserius', presented to the clinic with complaints of malaise, lack of joy, streaks of pathological nastiness and a severe lack of love. He was also noted to have a variant of kleptomania, because of which he attempted to steal Christmas from the hearts of all good people and children.

A complete medical work-up, ECG and cardiology consultation revealed that the patient was suffering from advanced microcardia (born with a heart two times too small). At first the condition was deemed to have been congenital and exacerbated by Whoville's high altitude alpine climate, but further studies indicated otherwise.

It seems that the patient's condition was caused by adult-onset pessimism and hardening of the soul.

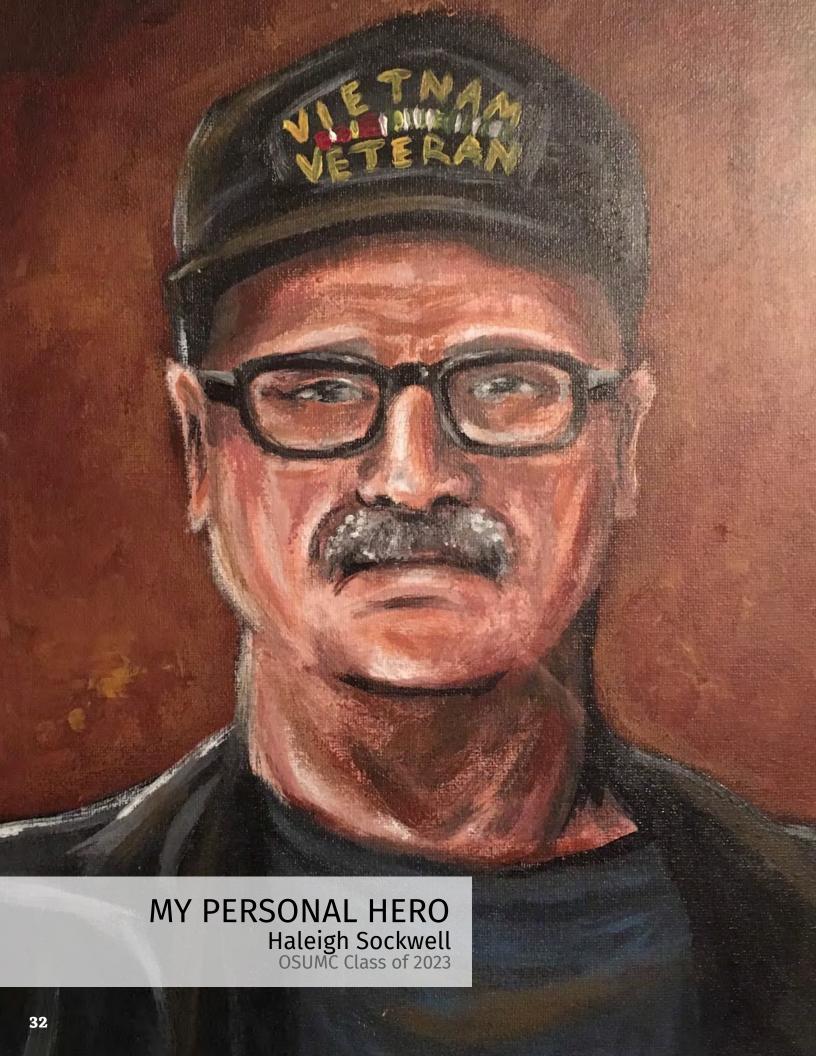
Treatment Plan: A consortium of physicians and psychologists designed a treatment plan for the patient, one which would integrate both medical as well as psychological rehabilitation. The psycho-social regimen included living with townsfolk and frequent social interaction with people, particularly when accompanied by a chosen friend, a four-year old female by the name of Cindy Lou Who.

Longitudinal Study: After 36 months of medical therapy and psychotherapy, which included intensive social immersion with the denizens of Whoville and numerous exercises in love and tolerance, the patient made a miraculous recovery with tremendous results! The Grinch's heart appeared to have grown not only to normal size with sufficient atrial and ventricular output, but had indeed grown a bit larger than normal, yet it posed no threat to his overall health.

** The Treatment Plan was deemed an astounding success, and the patient continued to grow healthily in body, mind and soul, with a large heart that overwhelmed everyone he met and touched. The only thing he would ever again steal: people's hearts. The bottom line, as noted by the Wizard from The Wizard of Oz," is that "a person is not judged as much by how much he loves...but by how much he is loved by others..."

^{*} Patient File Closed





JOHN Jodie Makara

OSUCOM Class of 2023

My heart sank,
face flared heat
as the first layer of wrapping
was removed from the cadaver.
A few hours ago I'd been excited
to cut open a dead person for the first time that's exactly how I phrased it too.
I'd had no idea what to expect
nor intended disrespect.

Our professor removed the second layer of wrapping revealing the outline of a frail body.

The hairs on the back of my neck that of a porcupine,
my face not much different from that of a tomato.

He shifted the body.

I caught a glimpse of part of the arm, somewhat shriveled, scrawny, the farthest thing from life I'd ever seen.

I held my breath for the final reveal
as the last sheet was removed.
I glanced at the body,
then at my peers,
they looked unfazed.
I fought back the tears
I didn't know I had for this man.
I could only ponder the life he once lived.

He died at 60.
Did he leave a family?
Did he have children?
Did anyone mourn his loss?
If not, I was in this moment where
I couldn't bear to think of how he got here.
And yet, I saw a remnant of a smile.

When I made the first cut on his back
I half expected him to turn and say "Oww!"
I looked at my companions who so easily
started skinning, seemingly without a second thought.
They'd read his history card because they had to.
John Smith? John Doe? Just John.
I would have liked to know more,
but it would only have made it harder.

So from here on out, anatomy is a conversation with the patient. What's the story behind his chest tattoo? People lie, but our bodies don't.



MISE Jerry Cui

Leave of Absence

Trying not to spill the plate
Or disturb the curling steam
With a jarring thud against the table
You ask me
If I like to cook

If I enjoy this Modern day alchemy This kiss of flame This dance of blades This artillery of sound And aroma

To this I have No answer

When I wake in the morning Can I say "I enjoyed my dream" If all I can remember Are fragments Which only fade further As the day drags on

In the kitchen I can feel
The heft of my knife
The curve of the bolster
My hands moving to peel the garlic I crushed
With the side of the blade

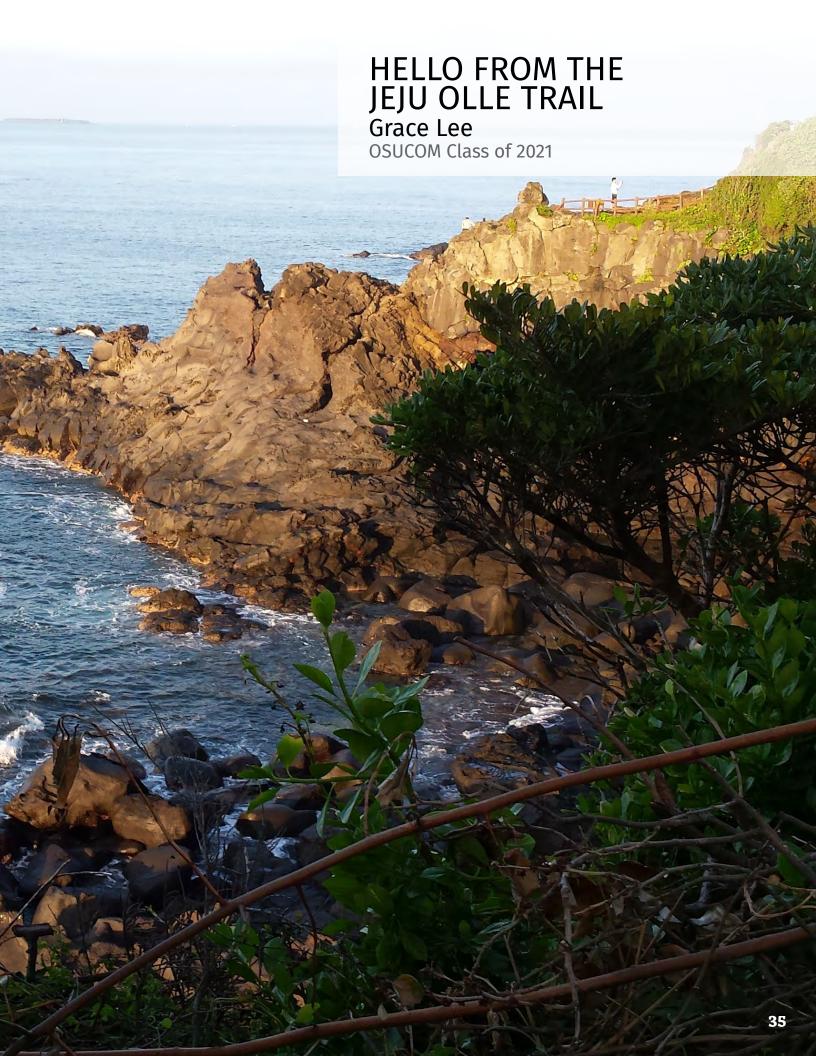
I can hear The shnick Scallions make as they yield The click Of sparks Before the gas Ignites The furious whoosh Of wine Dashed into The pot

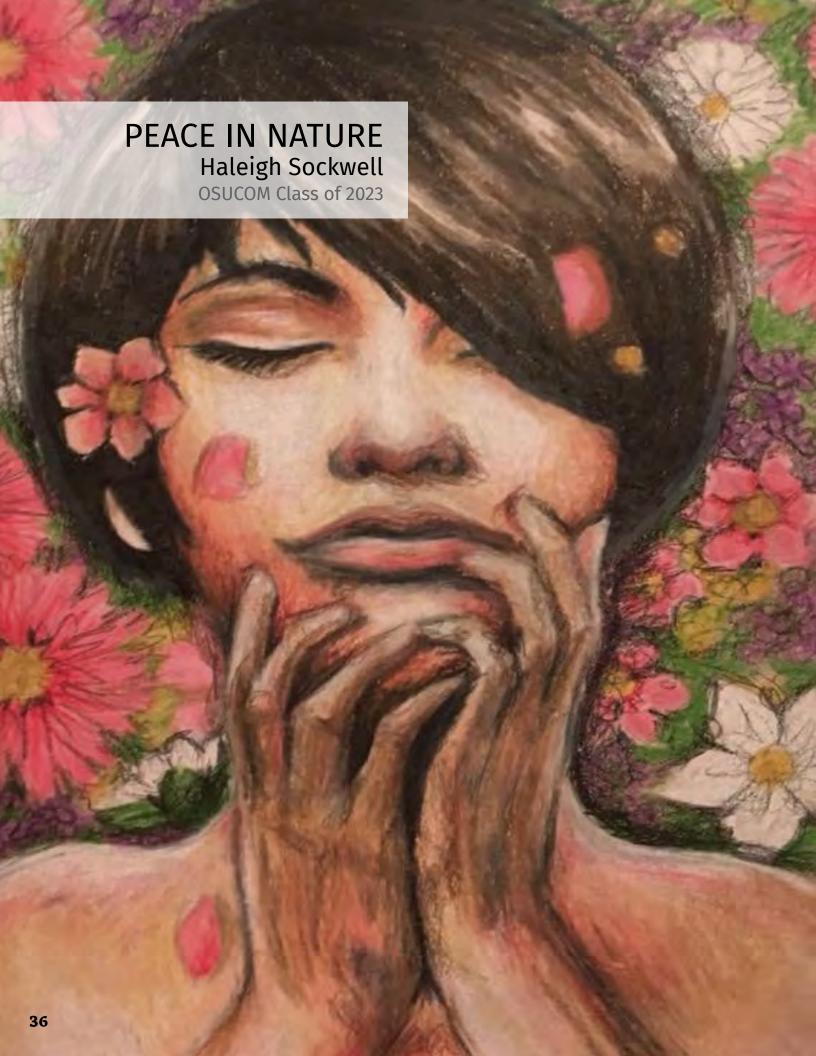
I know this dance The same way I know Where my arms are When I close my eyes

The thud of cutting boards my percussion
The roll of drawers as they open and close
The chatter and sizzle of oil and water
Ingredients jumping from pan
As minnows from shark
Salt scattered from above
Buffeted by steam
As leaves tossed by wind

You ask me if I enjoy This blur This flurry of movement

Perhaps I do But in it I lose myself





WITH ALL THAT GOES WRONG AMAZING IT EVER GOES RIGHT

Allison LaRocco

OSUMC Class of 2020

We are blood and bone and skin carbon, oxygen, hydrogen in a barely balanced spinning din

Electrical signals pulse and rush through oily cords in a Stygian crush start chemical clouds making matter us.

Twisted threads of nucleotides wind round each other and carefully divide millions of motes coalesce, collide

Reactions based in random chance, applied by controlled circumstance, what a complex ancient dance

That keeps our cells alive and thriving, aggregating and dividing, against blind entropy surviving

All that we feel and think and guess: electric signals interconnect leaping through three pounds of flesh

A billion balls juggled in the air from Cleopatra to Voltaire a miracle that we're even there.

THE SAD OLD MAN

Rachel Townsley

OSUCOM Class of 2020

I

I met a sad old man today.
Chief complaint read "back pain."
More chronic pain we just can't treat, I thought.
The third such patient of the day.

He shuffled through the entryway, leaned low across his walker. His eyes sad beyond his pain, The attending warned me he was a talker.

I introduce myself as the doctor's student, He says that's just fine. "What can we do for you today?" I ask, My thought being referral to spine.

He talks a little about his pain.

Though slow, his transitions are rapid.

Before I know it I am hearing of his family,

Work and life.

He was born on a farm nearby,
The ninth of thirteen kids.
His mother had them all at home.
He laughs at how they'd all be in the yard,
Wondering what was wrong again with mommy
Until they heard the familiar cries
And knew that all was well.

All the other boys gone now, Just he and two sisters left. His eyes turn sad again.

He drove truck for years and years
For a well-known grocery chain
And then the boss called him in for a meeting.
"I need a regional manager," he said.

And that afternoon the old man's life changed. He tells of inventory mix-ups, staffing snafus, building contracts. For so many years the buck stopped with him.

Now retired, he passes time in his house alone, His wife of sixty-five years passed last summer. I see the shadow of tears welling. To show me he's not despondent, He declares the Lord's blest his life.

He tells me of the family Christmas just yesterday, Lists everyone who came. He had one daughter, and she had one herself, Because of health she could have no more.

After twelve siblings growing up,
A family reunion of only four.
They watched It's a Wonderful Life together.
I'd watched the same on Christmas Eve.

H

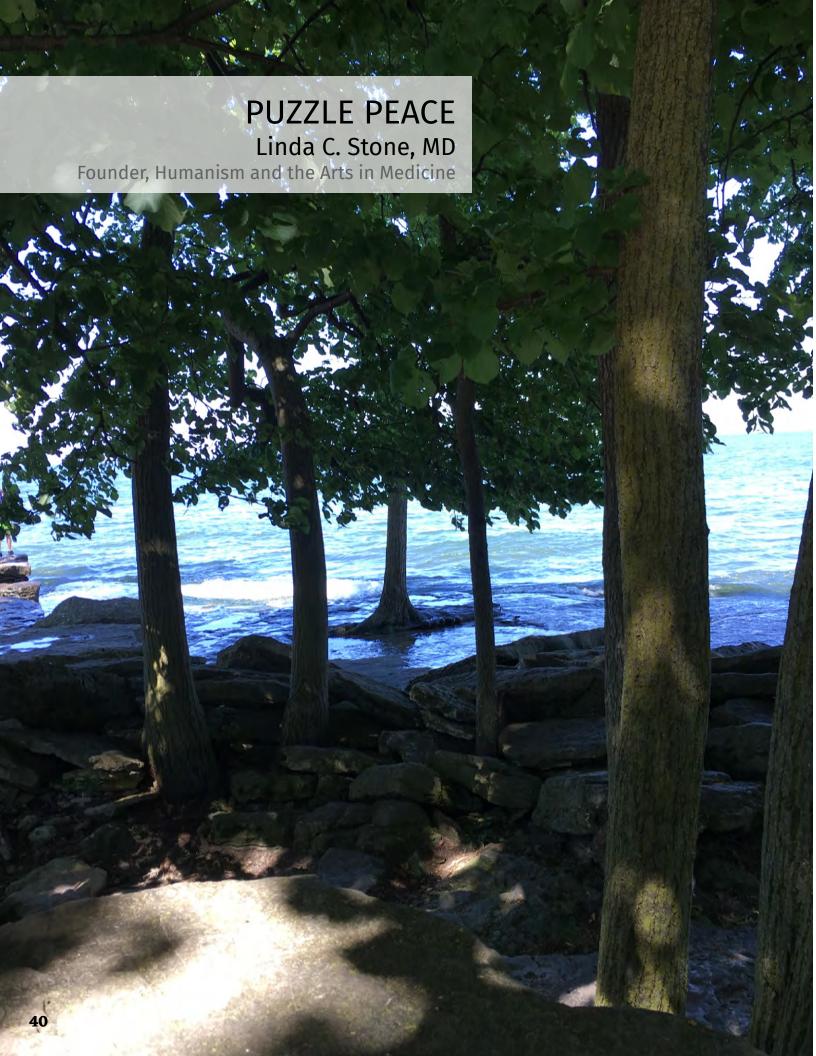
We were tight on time as always,
I knew I should have been muscling focus.
But his stories were so detailed,
So important for him to say.
I felt I got to know him, in our brief time today.

Finally we return to his back,
I come to his biggest fear.
He's afraid he can't do for himself.
He'll have to go into a home he says,
Equates this with a death sentence,
returns to how things used to be
"Used to be that families would care for their elders.
My mother did it, and my wife and me."
I sadly, agree that the world has changed.



I CHOOSE LOVE

Emily Gates OSUCOM Class of 2023



ANXIETYFranklin Privette

OSUCOM Class of 2020

A battle rages
The sides locked in pitted argument
Who is good
Who is bad
I don't even know

All the struggles of the world Seem to fall at one shoulder Fear pain and loss

While the other longs for adventure Into the unknown To run away from this world forever

Locked in fight Shouting ever louder I am paralyzed

Caught in two worlds Spread ever thinner Butter over too much bread

I breathe Awkwardly as if I Had never breathed befoe The voices soften Swords lowered as the People turned to listen

A voice from the heavens Omniscient and omnipresent It speaks, calming the people

I breathe again and The voice grows Louder and louder still until My ambivalence retreats

The battle is over
I have won for the moment
A victory in the never ending war

Like water held in your hands Happiness, peace Cannot be contained as if it were An object to hold

It must be cherished For the short time That it is yours

ONE DAY Fred Andrle

Co-Chair, The Hospital Poets

One day you will put aside all your complaints you will cease listening to the nostrums, to the well-intended advice you will see the world as it really is.

The awkward brown dog snuffling the white snow your hands before your eyes, elegant beyond full knowing the homely flushing and filling of the toilet each carved branch of the mulberry outside your window.

You will no longer fear the opinion, the unkind word no longer reach for a desire to staunch every anxiety you will know yourself as you really are right now, in pain or in rapture, perfect and lovely.

No more struggling against the moment no more wishing for a fate other than your own you will live at peace, joyful and complete you will feel each instant as whole and extraordinary.

Believe me, one day you will do this.



REFLECTIONS ON THE POWER OF ORDINARY LANGUAGE IN POETRY

Anna Soter, PhD

Co-Chair, The Hospital Poets

In a recently republished poem, "Love in Darkness," Moná Ó Loideáin Rochelle writes:

It's midnight in Zugdidi, mission post on the east hills of Georgia. I'm fractured like the cracked glass in my room. I write my name on the frost

to remember who I am.

We read some poems and savor specific lines in other poems, again and again, and never weary of them. We read others, such as the few lines drawn from Moná Ó Loideáin Rochelle's poem, "Love in Darkness" that cut us to the core, yet likewise, never weary of them. Such words in the lines of such poems do not become clichéd. Interestingly, the language of such words isn't obscure, intellectually profound, or dazzling as examples of verbal gymnastics. Such words can be (and often are) sharp, unsparing (like the cracked glass in my room), not soft like so much of the poetry that we

sense as comforting and uplifting. Yet, even such language, and the images it conveys, however harsh and blunt it might be, can be profoundly stirring and challenging.

Similarly, some lines that follow from Mary Oliver's poem, "A Visitor" have, likewise, yet to cease bringing forth a gasp of deep recognition as to their significance (to me, at least) that surpasses classic poetic analysis. Not one word requires a dictionary, not one word is beyond two syllables, and not one word individually signifies profundity. Yet, when uttered together, when conjoined, these words stop the breath, spontaneously bring forth tears as I recall how I have often not "loved in time," and what was felt when I, too, was not "loved in time." We have all been there.

And I greeted him and asked him into the house, and lit the lamp, and looked into his blank eyes in which at last I saw what a child might love, I saw what love might have done Had we loved in time.

It is this power of poetry which prompted me to create, in 2010, *The Hospital Poets*, to bring poetry to a place where illness can no longer be denied, and to a place where poetry can contribute toward healing among those who "treat," as much as for those who seek "treatment," and where it can, in the largest sense of the word, enable healing to happen beyond the scalpel, beyond the machines, and the medications we also submit to. As Adrienne Rich wrote in "What is Found There: Notebooks on Poetry and Politics," poetry is "...the crossing of trajectories of two (or more) elements that might not otherwise have known simultaneity," and that poets believe, that if we have been "a good parent to the poem, *something* will happen to you who read (or hear) it."

So, what is the nature of this kind of language that wields such freshness, instantiates such magic that it draws us

SPACE BETWEEN US Justine Schneider

OSUCOM Class of 2023

back across days, weeks, and even years, to re-experience that magic, such profundity no matter how sparsely and simply expressed? We recognize clichés because the latter are akin to other superficial behaviors. Perhaps individual lines or phrases in any one poem might become a clichéd expression over time. However, clichés generally don't spring from the heart; rather, they spring from what I call the "social" mind, and in doing so, become clichés when they're empty of what I call profound "feltness." Granted, one could argue that the statement, "I love you," is a cliché, but it never quite reaches that level of superficiality when sincerely meant, and it is sincerely meant when it is "felt." In fact, we want to hear such words, and we wither, and even harden when we rarely or never hear them.

Poetry cuts to the chase. I recently sent a friend a copy of Mary Oliver's poem, "A Visitor," the poem quoted from in the preceding paragraph. Every time I read that poem, silently or aloud, I'm physically, emotionally, and intellectually moved to another space, a more enriching space, than that which I'd occupied just prior to reading lines such as those. "The Visitor" is not Oliver's most famous poem, (arguably, "Wild Geese"), and I've found that in general, it's much less familiar as a "stand-alone" poem. In "The Visitor," Oliver writes of a figurative welcoming back to her door of her estranged father. It is a sparse poem in which there is no evident striving for a sentimental effect, and yet, in its sparseness, lies its power. We don't know if the speaker's father literally arrives on her doorstep on the dark and stormy night referred to, but that's not the point. It is impossible for me to read this poem without moving into the same space that prompted her to write it, even if I too may have been unwilling to "open" that door myself, to let my equivalent father-figure or other, in, and to have the generosity to forgive, and as she puts it so simply and yet powerfully, that on opening the door, and greeting him, and "asking him into the house/and looked into his blank eyes," see that "at last, "I saw what love might have done/had we loved in time."

This is spare language, and yet in its plain way, opens us to our own histories which most of us will recognize, histories that contain stagnated relationships, or relationships that have never blossomed, because whatever brought about this distancing for whatever reasons, prevented us from discovering what "love might have done/ had we loved in time." The sense of loss for me, when I read those lines, each and every time, is great, is profound, and is captured in that extraordinary, deceptively simple phrasing.

It's this use and facility of language that made me its servant in bringing that consciousness to reading poetry in medical settings, not primarily for those on the receiving end of treatment (i.e., the "patients"), but in this case, for those who provide service to others who may require treatment. One can become dazzled with the seeming power of technologically-oriented language, because such language implies by default or otherwise, a level of expertise and technological and scientific knowledge that suggest we know what we're about, that is, what we "know" at the mental level of experience. Such language can also mask uncertainty, and always implies authority, the kind of authority embedded in the kind of knowledge acquired only after years of study of the technologies of the body, and its treatment. Such language, however, also bypasses the heart - that is, the heart of the deliverer of such knowledge, and in doing so, also the heart of the recipient of such knowledge, that is, the "patient." It inevitably creates distance among those participating in the drama of a diagnosis and the treatment of whatever that diagnosis revealed.

Regardless of the source of an illness, we are also now gathering information as to the effect of patterns of discourse on the ways we think, and ultimately, on how we emotionally feel (our emotional under-life, no matter how suppressed, no matter how overridden by our detached technological minds), on how we even physically feel, through what we communicate (thought-language as well as body-language) even if no words have actually passed our lips. Over time, I believe (and these thoughts are increasingly supported by some scholarly writing) that we can even become physically marked by our habitual, linguistically-expressed thoughts. Detachment of the kind that arises from the authority of technological and scientific knowledge, treats the body as a kind of vehicle of the being who inhabits it. However, we are not, I believe, our bodies. Rather, our bodies are the physical vehicles we inhabit and over time, vehicles that manifest our habitual preoccupations, our thoughts, our feelings, our physical and psycho-emotional habits that either support whatever genes we have at the physical level, or undermine them.

Is poetry "medicine"? Not all poetry is "medicine," in the sense that not all poetry has the capacity, let alone the goal, of "healing." Nor has poetry traditionally had "healing" as a goal. Across time, poetry, has been a servant of philosophy, of political critique, of technical gymnastics, of ego, and of the mind, as well as the marriage of heart and mind). However, poetry has also, across time, expressed truths that reflect our human selves, whatever our genders, denomination or religious and ethical affiliations, national and political boundaries, and even across translations, such as these translated lines from "Sarmiento Says That The Ships Are Narrow But Never The Journey" (from Christian Formoso's "The Most Beautiful Cemetery in Chile," p. 326).

Whether it's a dream that remains Or a broken testament My sign of love waits here My blind persistence My blank letter stamped on a blank page.

Even in this poetry of protest, even where exploitation across time has worked its sad and terrible consequences, poetry enables the expression of that which is most noble and pure in all of us despite anguish and loss.

In my vision of the future place of poetry in our world, the experiencing of poetry in ways described in the foregoing discussion, would be included in the training of all medical personnel. Poetry experiencing such as described in this short paper, would become a core part of such training to counteract the potential hardening of the scientific intellectual component of medical training (albeit necessary and clearly also beneficial). However, if the latter is dominant and excludes the humanizing role that poetry and other humanistically-oriented components of a medical curriculum, we risk the outcome entailing a perception of the *human being* within the human body as comparatively insignificant to the vehicle (i.e., the body) that contains it. When we enter a profession, particularly of the kind that requires years of intensive and extensive technical and technological information, many if not most of us are unlikely, for obvious reasons, to have had the opportunity to experience poetry in the ways described in this paper. In general, there will have been a continuous subordination of the literary in favor of the scientific and technological aspects of the profession as a whole. Even if we had experienced poetry during high school or during early undergraduate education, poetry would most often have been experienced mainly through a 'literary' focus (typically analysis-focused), and/or experienced as an "historical/literary artefact." That is, poetry would have been most commonly presented as something to be "analyzed" rather than embraced as a mysterious creature that invites full, felt understanding. that is, of the kind that reconnects heart, mind, and body.

Every poem in Ether Arts, since its first issue, reveals in one way or other, the struggle to embrace and handle the emotional experiencing of illness from the physician's (and sometimes, the patient's) perspective. These poems also have conveyed the sense of powerlessness (whether intended or not), the uncertainty that is often entailed in treating major illnesses, the witnessing of sorrow and the magnified anxiety that occurs in hospitals, places I've sometimes described as hothouses of emotions often unable to be dealt with because the body and its repair gains temporary ascendancy. Writing and reading such poetry enables the expression of these contradictions, oppositions; writing and reading poetry that voices the doubts, the occasional powerlessness on either side of the hospital bed, the compassion felt for the patient, the anxiety voiced by the physician-to-be, provides opportunities to express, to acknowledge, and even to embrace the otherwise inexpressible.





