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- ◦ *Front Cover: **Tatras** by [Leah Acosta](#)*

Note: names in these writings were changed to protect confidentiality.

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The First Lesson

:: Lanre Omojokun ::

M

y patient died yesterday. No, a man with a family and 83 years of life died yesterday. Three months ago, he was golfing every day, savoring his retirement, grateful for the mental and physical strength that he and his wife were still blessed with.

Then, pneumonia knocked him down. On his knees, struggling to rise and return to the life waiting for him, he was told of what he feared most. Indeed, he had suspected that the masses found in his esophagus, liver, and lungs were cancer. He quickly deteriorated. He stopped getting out of bed and was not getting enough nutrition through the 3 IV fluid bags hung by his bed. His wife came and cried. His daughter came, anxious to talk to a doctor about her father's prognosis.

In the workroom, we talked extensively about sodium levels, techniques for administering parenteral

nutrition, the differential diagnosis of dysphagia, but not how to counsel a dying patient and his family.

In the room with the patient, we spoke of "options." We all thought to ourselves, "Let him die in peace." We all said to one another, "Let us put in a PEG tube tomorrow and start radiation of the esophageal mass next week. That might shrink the tumor and help him swallow. Maybe we should consider placing a stent." The decision changed daily... PEG and radiation... PEG only... then finally, a rational decision - comfort care.

We did our best to control his pain and anxiety, and his wife kept vigil by his bed. He passed away yesterday, as his wife held his hand and whispered into his ear. Despite what the doctors told her, she knew he could hear her. Ten minutes later, I stood weeping with her and her daughter. His wife, who had been the true caretaker for the past week, thanked me, the inexperienced medical student. These people, who had just lost their husband of 60 years and father, spoke only of the superb care he had received in the hospital.

I felt ashamed that we, the medical profession, could not have done more for him. Certainly, we cannot expect to cure every disease - we're only human, after all. But isn't that precisely the point? We're all human, thereby inextricably linked. What comforting words would I want my father, mother, brothers, sister, friend - or myself - to hear in those last days on earth? How would I want their suffering eased? I think not of the authoritative doctor-patient relationship, or even the patient-as-teacher relationship, but of our connection simply as human beings. We learn about speaking a few extra words of understanding, that extra effort to think less about our own discomfort, an extra moment to touch the person with our hands and not just our cold stethoscope. Yesterday, I learned that these should be standard and not "extra."

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First Love

:: Elizabeth Gagliardi ::

W

hen Jack died, I was fourteen and he was thirty-two. I knew he was sick and living in California. His parents did not seem to mind that he was sick so much or that he was far away. I never understood why they hated San Francisco so much. Normally, I would not have known, but I was listening, you see, because he was my first love. He had such beautiful golden hair and grey-blue eyes with lashes long enough to touch his cheeks. He talked to me as no one else did and listened, truly listened, to all I said. He looked at me like I was a person, not a child. And with his attention came love, unconditional love. When he left, I was devastated, but they all said he would come back. It's just a job, they said. He must get away from his parents, they explained. They are smothering him, they whispered. So, I waited. But, he did not return. He skipped holidays and weddings and funerals and christenings. Then, his sister left to be with him for a while. He was sick, the message explained. Could my mother help take care of her children? So, we spent our afternoons with her babies and waited for news. I knew he would be better. He had to get better. But, the news got worse by the day. Hepatitis B, they said. It was not a disease we

knew much about, then. His liver was shutting down and he had multi-organ failure. But, I knew he would recover. He must. Then, word came of a pneumonia. They could not understand how he caught it. It was a rare pneumonia and the treatment was not working. It seemed that his immune system could not fight back. He went quickly after that. When he died, his parents refused to have a funeral. They had not gone to California during his illness and they would not allow his sisters to memorialize him. His friends had a memorial service in San Francisco, which his sisters attended. That was the last we spoke of him. I heard they brought his ashes home. I wonder where they placed him. I wonder where he has gone, my first love.

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:: Jennifer Quay ::

I saw his family everyday when my team rounded. His pediatrician sent him to our inpatient service after palpating a mass during a yearly physical exam. The CT scan is back. My intern sat next to him, "You have a tumor in your liver." "A big one?" His voice betrayed curiosity only. "It is not so big as you are." In truth, it has more than doubled the size of his 11-year-old liver; our attendings were worried. His mother had almost silent tears running down her face and neck. He was stoic. His dad patted his hand, looked at the floor, and gently said, "Buddy." He looked face-to-face, registering everything that remained to be said. When his wide eyes met mine fear hung between us like a drop of water.

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My First

:: Uttama Sharma ::

M

y first day on Internal Medicine was also my first day in the Coronary Care Unit. Half an hour after I arrived, they assigned me a patient. I spent a good deal of time going through his chart and I was just about to go meet him when he coded. Mr. Doe. A tiny, 77-year-old, withered white man. The staff acted reflexively, simultaneously calm (we've done this hundreds of times) and panicked. He went into sustained ventricular tachycardia and they shocked him a few times. They were also doing compressions on him and giving him oxygen but did not intubate, as he was DNI. I watched, trying to stay out of the way, and thought about his wife, the people who loved him, what he meant to them, and tried to keep the tears from my eyes. I couldn't believe I was about to watch a man die. They gave up after a few shocks, since that's what he'd specified earlier. Luckily, he and his family were prepared. In fact, his family had left just minutes before he coded. The exact moment of death was ambiguous (they had turned off the monitor), not how I thought it would be, and without warning. He was here and then he was gone. Simple. Unglamorous. Painfully ordinary. Nothing to mark his exit.

I was glad to sense sadness in some of the nurses and residents. It added humanity to the room and dignity to the man's death: it mattered that he was no longer alive.

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:: **Andrew Koo** ::

H

er blood pressure more down than up, in a calmer moment.

If your breathing stops, do you want us to put a tube in your throat?

No.

If your heart should stop, do you want us to push up and down on your chest?

No.

She looked towards her husband.

"Dear?" he sobbed, looking away.

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:: Jennifer Quay ::

My Senior Resident's pager went off. "Radiology," she mumbled as she dialed the number. It was a quick conversation and when it was finished, she explained to me that a woman with twin gestation at 30 weeks and 2 days had come in for an ultrasound. Twin A has died. Do I want to come with her to watch her tell the woman that she now required a Cesarean? No, but the question was rhetorical. My senior sat next to the woman, put her hand on the patient's shoulder and said, "Mrs. Langston, I am Dr. Jennings, the OB Senior Resident on call today. I am so sorry for your loss." The patient looked up surprised and confused, "You must have mistaken me for another patient. There's no loss here." The radiologist had not told this woman of his findings. I felt like I had walked into a land mine. I shouldn't be here; this is what doctors do.

Thirty minutes later, my senior and I are jogging through the halls. A patient is pushing. I tear off my white coat and haphazardly don a paper gown. "This one's yours," she yells to me over the commotion. My heart leaps to a new pace. I'm smiling and scared to death behind my crooked mask that fogs with every breath. There is a second that holds eternity and a tiny, wrinkly, screaming baby is in my arms. I

am lost. "Get that baby to the nurses. You're not finished here." What? My mind had slowed into that moment and now it struggled to catch up to the present. It is not my job to stop to hold a baby. Doctors keep moving. I finish the delivery, write a note with shaky hands and move on, beaming down the hall. It is 11:08 am.

The afternoon is loaded with Cesareans; there are no patients in active labor. I am in the designated 3rd year medical student place at the operating table, holding a retractor. Next case. I struggle to be perfectly still as my left arm is doused in amniotic fluid up to my shoulder. Next case. My feet are killing me. My hand is tired. I'm bored until the baby comes. My attending let me close the incision. Next case. Amniotic fluid sprays toward the ceiling and toward me. Molecules hang in the air and swirl, duking it out. In an instant, brown, chunky fluid covers my left arm. I resist the urge to recoil a second late. Someone repositions my retractor. There is a smell completely foreign to me. Meconium? Maybe. My senior is cupping her hand deep in the uterus and bringing up a tiny bit of something brown. Tissue? From what? My mind races through all that I've read and there is one answer: something is going wrong. God, please don't let me see something terrible. She's holding an arm. It's an arm! But it's tiny. Something's wrong. Something's wrong. Something's wrong. Stop it! There is a rubbery body attached to that arm, like a child's drawing of a baby doll. For God's sake, something is wrong! This baby is dead. It's a dead baby, oh my God; it's a dead baby. My mind reels. It spins. It turns into a skillsaw and slices me open, splaying me out, red and dripping onto this operating room floor. Don't pass out. Please don't pass out. "Jen, JEN! Are you okay?" My senior drags me back for the second time today. Am I okay? She forces me to take stock. I can't. She has looked up from the job at hand and into my eyes. Look away! There is nothing to see here. The contents of my mind are no doubt thrown onto my face. I think that she said I could leave. I can't. I'm glued. This is the woman with twins. I need twin B to save me right now. I have to have something to do. Don't look! Don't look at dead baby. I have to hold this retractor. Hold the retractor. I didn't mean to be here for this case. This is the kiln that makes tough skin. Maintain, Quay, maintain. This is what doctors do.

He emerges from the living grave that is his mother's womb with vigor. A gurgled cry washes the room, giving voice to my sentiments. No doubt, crying over the loss of his brother. Don't think about it! "Are you okay?" "uh huh" "Scrub out, Jen!" "I'm okay!" "Honey, the case is over." "What do you want me to do?" Tears peek out of my eyes. "Scrub out." "I know! After that, give me something to do!" "Go to your call room, it's okay." "I'm okay, give me something to do." "Go to your call room. I'm going to mine. Sometimes that is what doctors need to do." The mother asked to see her babies as I tore off my soiled gown. My retractor, the big one, lay heavily on the floor. She held them. One was a tiny, fragile, pile of skin, the other, a crying, kicking baby blinking his eyes. I left the room, falling all over my tired feet, mourning her loss. I fell onto my call room bed, buried my face and tried to mourn mine but I could not.

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The Bull

:: **Jessicah Phillips** ::

Y

ou beast. You villain. What aggravates you so? Readmitted to the psych ward after controlling your 23-year-old testosterone-driven urges for an entire seven days. You are surrounded by the desperate, the disabled, the despairing, the hopeless. And here you are, the bull. The young, ugly, fiery bull. You say that you will kill Rodney if we don't admit you. Homicidal ideation. Fantastic. But, I already know about you. And I know and you know that you will try to kill me if you are in the hospital.

However, I, as a member of your psychiatric team, have no choice. Homicidal ideation - absolute required admission. You should be in jail, but instead you are in my hospital.

As with your previous admission you waste no time becoming acquainted with the staff. Within the first 24 hours, you attempt to attack the nurses. Kick open the nurses station door. Ransack the room. Six

security guards tie you down. Maybe a little Haldol and Ativan will help?

Last time, it was the physician. You, in his face with your fist drawn back. The eye contact. You didn't even blink.

I wish I had hope, but really I just want you to leave. You scare me. And I know and you know that you will kill someone someday.

Two days later you are feeling better. You talk about leaving the hospital to sign your record deal. You think that you are smooth, suave, handsome. Liar. But you must know that we don't want you here. Let's pretend like the depakote helped.

Rehabilitated. You are free. Go home. Don't kill Rodney. But please, don't kill me.

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:: **Stephen Collins** ::

I

It was as if for a moment, she had lost all sensation. She wanted so desperately to feel something, to scream, to cry. Outside the sun had cast shadows on the painted landscape with faded yellows and pinks along the skyline outlining the rows of shops and houses in the distance. The nearest building outside the clinic window was a brilliant orange. The sun, lowering on the horizon, showered it with gold. She had promised John she'd be home early that evening, before dark, so that she would be ready for the alumni group annual dinner party. She knew it meant a lot to John, his first year as partner in the established firm. She had been so excited for him, for them. And she loved to dance. And she knew there would be dancing. Though John was not particularly fond of the ballroom dance classes, he had gone along with them. Back lines, ball flats, toe heels - she loved all of it, the rhythm of their movements, the feel of his hand in hers.

But at that moment, she felt nothing at all.

The doctor told her what she knew to be real already. She had known eight days ago - she had felt it -

but hadn't wanted to admit it to herself. And she didn't want to tell John. How would he react? What would he say? No, she didn't want to trouble him with it now. She went that same morning to a small coffee shop on the corner to meet her friend Karen and cried it out. She didn't remember much more that day.

The next few days, she buried herself into her work. She loved numbers - checkbooks and records and financial reports; she loved the order, the exactness of it all. She had been drawn to such things in the moments of her childhood when her father would hunch over his calculator and pour over each month's numbers. She shrieked with laughter when he shook his fist at the machine and had to start over again. She loved it when he brought her to his lap and let her punch out the numbers herself, one by one with her tiny fingers. She didn't understand it fully, but she found it exciting. And in some odd way, it felt comfortable to her.

And now here she was at the beginning of it all really. This made her feel quite uncomfortable, uneasy. The biopsy was miserable - a long, cold needle piercing her skin, piercing her breast, to an ungodly depth. It hurt to her core. Later that afternoon, on the porch swing with her computer, she had thrown up.

Her memories of her mother came back to her often, though she often wished she remembered more of her. Every few months, she would open the brown album and look over the pictures her mom had left for her. In the back were some old drawings. This was what she remembered most about her mother - those quiet afternoons she spent at the kitchen table, working on sketches like the ones in the album. She later found out her mother had been an architect. When they went into the city, her father would always point out the dome building with the black clock and say, "Look, see - that's one of your mommy's buildings."

When she was five, she remembered being told that her mother had the disease. She hadn't understood it very well at the time. She remembered the hospital trips when it got really bad. She hated the smell of the long corridors and dark rooms, and those dull gray drapes that covered the view of the sky. She had gotten lost once during one of her visits with her father and spent the rest of the afternoon scared and in tears. She was frightened of the people, and the noises, and the sounds, all so unfamiliar to her. And she cried seeing her mom in bed at the place, so tired and brave. By age six, her mother was dead.

Two days later, after her biopsy, she got a phone call. That same day, in the evening at the clinic, she found herself hearing the inescapable: 'poorly differentiated infiltrating ductal cell carcinoma.' The words emerged so effortlessly from her doctor. She tried to sound them out to herself again but stopped, scared at the words. And then she shuddered. The clinic room felt so lonely to her, and the setting sun made dark shadows on the walls. A profound sadness rose up from her, and she thought for a moment she would not get through this. It seemed a very real prospect indeed.

For nearly an hour, she sat and listened and tried to take it all in. She would not cry, she told herself, not here like this. She was stronger than this. But the coldness slowly consumed her like a million small needles, stabbing her one-by-one, first her toes, then her feet, then her legs - upwards until it enveloped

all of her. She winced at the pain, somewhere now inside her. She had no words that moment. But she had questions swirling in her head, overpoweringly unanswerable ones. What was she to do next? How could this happen so soon? How could she face it? The doctors' words started melting together, and she felt her head spinning. It was like trying to listen to a radio station with a poor reception; she heard the sounds but couldn't make out any of the words. Besides, she wasn't really listening. She knew the odds. She knew the pain - it was as familiar to her as the absence of her mother growing up.

She was surprised she made it home that evening without any help. She thought about calling Karen or John or another friend but thought she should be strong for herself. The 'T' took her home quickly enough, such that she had even gotten there before John.

The house was dim, unlit and fading in color as the sun's final rays danced off the walls. She summoned her strength to walk to the bedroom and with full exhaustion, sat at the edge of the large, circular bath. Thoughts of the visit exploded in her mind. "Stage III... lymph node involvement... ER and PR negative... surgery..." She didn't know how she could handle it. It seemed so unfair. It seemed so callous. It seemed so real. As she turned over such thoughts, she closed the bath drain and turned on the hot water until the steam began to rise over her, up towards the ceiling. She adjusted the water until it was comfortable to her skin and, peeling away her clothes with all her effort, she slid into the warm water. It felt so good, she thought to herself. She then thought about her childhood, her mother, and her struggle to find meaning to it all, but the running water seemed to soften her thoughts. She slowly lost them altogether. The water continued to run and swirl around her, so soothing and perfect to her senses. She slid back and let the water come up to her chest, then her neck, then her chin. She felt as if she might be rid of this heaviness. The water offered such warmth and calmness. She closed her eyes and breathed in and let out a sigh, as she sunk lower into the water. Over her body the water ran. Into her mind came peace.

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Psych Visit to Augusta County Jail

:: Lanre Omojokun ::

A

young man sits in a small room and writes a story of death, sadness, and loss. His pen gently makes contact with his book and he weeps silently, thinking of his father...

Dad's death last month made the news. A man whose life had been wasted on crime and drugs. He robbed people to get the money to buy the drugs that made him crazy and want to rob people. He was serving the second year of his fifth prison sentence, this time for armed robbery. He had always been angry in jail, as though he thought violence would buy him freedom. On his last day alive, he shoved yet another inmate. One simple push, and fists were flying. Corrections officers appeared, primed with their batons and tranquilizer guns. One officer stepped between the two men, and was greeted by an elbow to his jaw. Dad's elbow. The officer reciprocated with a shock of the tranquilizer gun into dad's back. Dad's heart stopped beating and his 6-foot-2-inch frame crumpled to the cold, concrete floor. A heart that had begun to shrivel years before finally gave up. The death certificate said he died of a heart attack, but

what really killed him was his own anger. The next day, his story was in the local papers:

Prisoner dies from tranquilizer gun

Fifty-two years shattered into five words.

Five years ago... Dad was alive, in jail again. I was sixteen, and I tried to hang myself. Call it depression, hopelessness, whatever - life isn't worth living, not when your mom's dying of AIDS and your brother has a bullet in his back. He can't even walk anymore. Don't talk to me about living better, or making the best of a situation. I spent hours every day in my room feverishly spitting my thoughts into written word. Writing has always been a refuge, but I finally got to the point where I was tired. My brother found me just as I was losing consciousness, tried to push me back up and release the tension around my neck. Mom appeared suddenly from her bedroom, deftly cutting the rope - her skill betraying our family's secrets. How many have you had to cut down, mom? I loved and despised them for finding me before I was dead. I survived, but with no purpose.

Until eight months ago.

I saw him again. Arrogant swagger, soulless eyes, deep scar on his right cheek. He was unmistakable, even from the opposite side of the store. The bastard who shot my brother and sentenced him to a wheelchair. No justice. I knew I had to do it that day. My fingers closed around the cold metal tucked into my jeans, and I followed him to his car. His day had begun with blinding sunrays creeping through his curtains, and ended in a bullet searing through his back. Justice after all.

The young man closes his book, but he knows that no book can contain his pain. He turns to the wall, the only witness to the tears now carving rivers of his face. The six o'clock horn sounds. A man with a cart stands outside of the room. The young man wipes away the tears with the back of his rough hand. He erases the evidence of his emotional weakness, steps off his bunk, and walks to the front of his prison cell. He takes the tray of stale, unrecognizable food between the cell bars. Dinner time.

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:: **Andrew Koo** ::

Time I Have Left

W

hen we first spoke with our patient and his wife of twenty years, no one seemed to have discussed with them the prognosis. He optimistically said, "I'd like to at least see sixty." He wondered if it was okay for him to drink a little wine. With a twelve-pack a day alcohol history, his wife thought he'd drink more than "a little." For someone with not much time, should he be allowed to do what makes him happy?

During a later visit, he said, "In the short time I have left, I'd like to be happy." I was hopeful that maybe he did realize how short his time was. He had only revised the decade to several years, staying on the optimistic side. He was confident that radiation and chemotherapy would take care of the rest of the cancer. Chemotherapy and radiation also have their share of side effects. He wasn't ready to think about those yet. In fact, he lived quite in the now. The future was more of an abstract thought that he would deal with when it theoretically came. He wanted to make the most of now. This was really a first major life crisis for this gentleman, going from being healthy to suddenly having the possibility of a

significantly shortened life. Unfortunately, we didn't have much time to watch that develop now.

Retirement

His plans are to retire after leaving the hospital. He talked of tending his garden and fruit trees of many varieties. He also maintained a stock of blueberries, strawberries, and other berries. A sly smile from his wife seemed to say that she likely did much of his gardening. What must it be like to know that you may not get to see your fruit trees in bloom again? He talked of working with his tractor as well as restoring old cars. He has a cabinet shop and various projects he wants to do. He was genuinely happy that he would not be going back to work. His retirement is going to be a busy one. There's a lot that you suddenly realize you want to do when you're told that your time is short. That's a lot to do, though, when, as an outsider, you see how truly short the time is. You don't want to go with unfinished business.

He was a truck driver for twenty-six years. Local driving within the state, seven to five, load, drive, unload, home every night. Never having been out west, he wanted to go out to California, take a train through the Rockies and points in that direction. Never having been on a train before, he wondered what it was like. Can you sleep on a train? Do they stop at a town for a few hours and let you off to look around? Maybe he should rent an RV and have someone else drive so that he could sleep along the way? Not his son, though; never take the kids on a honeymoon, a second honeymoon.

Pain Crisis

Now. Now was his pain. One day, he had an inadvertent trial off of his epidural when it malfunctioned. His post-surgical pain became severe and he veered off the road to discharge. The epidural was repaired in a few hours though its memory was ingrained. When he talked about his pain his speech would become pressured, he'd become animated, wide-eyed. He wanted to not be in pain. "When I go, I want to go easy." Needless to say, his weaning trials failed. He learned to push the button on his PCA in anticipation, building up the morphine for when he would be without, hoarding for winter. Perhaps, in a way, pain was a surrogate for his cancer, or perhaps a different kind of crisis that loomed as large as a terminal diagnosis.

Despite the anxiety, he maintained a sense of humor throughout. He referred to his walking companion as R2D2, the IV pole with the myriad pumps and bags of solutions. Preferring not to have that umbrella when he left the hospital, he decided he'd rather have a miniature version of that machine in his back for company.

A New Person

It seems easy as an outsider to wonder why someone is focused on something such as their pain instead of the larger picture of their illness and its terminal nature. But how can you tackle the larger picture when you are so uncomfortable? Now free from R2D2 and pain, I wonder what reminder is there of the cancer and what will motivate thoughts about the time left? Without the pain, where is the immediacy?

What will be the new now?

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Third week in the ER

:: Uttama Sharma ::

I was doing my first rotation in the ER, a crazy place where people in pain sleep on beds in noisy hallways. I had just finished with my last patient when my resident informed me he was going to put in an intraosseous line over on the Pediatric side. It was a rare chance for him and he jumped at the opportunity. Never having seen this done myself, I wandered over to watch.

The room was full, at least twenty medical professionals, running around, doing important life-saving things. I sensed a current of panic running under the pervasive atmosphere of routine. A six-year-old girl lay on the stretcher in the center of the room. She had intravenous lines in the soft creases of her elbows, neck, hands, thighs, and my resident was working hard at putting a line in her tibia bone. I squeezed into a spot at the foot of her bed. From there I had a view of everything.

I am convinced that one of the many reasons people are drawn to children is their soft, fleshy skin. It calls out to be touched in the same way a cashmere sweater or sheepskin rug draws the curious hand. So it was with her toes that were in my direct line of sight. Firm and fresh, lined up like a row of peas, they called me to pull on them. Her feet, young and alive, seemed ready to run into the breaking waves of a sandy beach.

The rest of her did not. She had been the unrestrained passenger in the front seat of a two-car accident. Her mother, seven months pregnant, also unrestrained, was having contractions in another room; her two-year-old brother was on a backboard. Why hadn't she been wearing her seatbelt? I wanted to scream.

People were scrambling everywhere. We put an EKG on her but couldn't track a heartbeat. Someone brought an echocardiogram into the room. The wonders of science: if we couldn't get a tracing of her heart, well, we would just look at it ourselves and see if it was beating. The barely perceptible contractions of her heart were almost useless. We were bagging her with oxygen and performing continuous CPR. We were trying to feed fluid into the nearly useless lines. Her blood was coming out pink, "the color of Kool-Aid," I heard one resident say, in contrast to the dark ruby red of healthy blood.

After maybe forty-five minutes the leader of the code asked if everyone would agree to stop the code. Give up. There was quiet assent. Clean-up began. No other words were spoken. I sensed disappointment in the room even though death was relatively common in the ER. But this had been a child. Machines were returned to their proper places, bloody trash tossed into the hazard containers, and a sheet brought to cover her body. A resident showed me her pupils, fixed and dilated, a sign of severe brain damage, and how her jawbone had come through the skin of her chin. What were we trying to do anyway? Bring back the dead? If we had kept her alive she would have been brain dead and paralyzed. Would we claim victory and success then?

My resident reappeared and asked me to see an old man with a slow, non-urgent nosebleed. He didn't mention the last harrowing forty-five minutes or the fact that we had just seen a child die. For me, the first child I had ever seen die. Sure, I had seen a few seventy year olds, extremely sick, and ready to go, pass away. They had lived their lives- worked, laughed, and loved. She hadn't and it wasn't fair, I thought, as my resident casually asked, "Why don't you go see the nosebleed in Room 33?" How could he switch so quickly from major tragedy to a little nosebleed? This was his third year working in the ER. This was my third week. But I knew that even in the ER, the death of a child was rare. I kept my thoughts to myself, held back my brimming eyes, and walked to the next patient.

When I finally returned home and opened my mouth to tell my boyfriend the story, sobs overtook me. Before going to bed, I, who never pray, prayed for the little girl and her family. Had I come home to an empty house, I would not have told the story and I would not have cried. I would have gone to bed, numb from the heaviness of my heart.

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The Match

:: Julie Moyers ::

The Application

P

rogram directors call my approach "shot gunning," and they disapprove. Radiology is competitive, and stories that make shot gunning the approach of choice abound. One tale is of an applicant from Brown who completed 15 interviews and actually matched to the program that he ranked number 15. The moral of this story is that you dare not turn down an interview. Apply all over, any place that you could imagine living.

Few students start medical school as confirmed future radiologists. Some opt for radiology because of lifestyle. Some just don't want to do anything else, and radiology is a default. As for me, I had my choices narrowed down to three fields - palliative care, physical medicine and rehab, and radiology - and

I'm still not sure that I have made the right decision.

My classmate and friend Josh is the anomaly. He has been a radiologist from day one. Early on he completed radiology research that was published, and his CV is solid.

Josh applied to the standard 35 programs, but he was much more systematic in his selections than I have been. Long before submitting his application, he began studying the characteristics of each program. He created spreadsheets with columns containing data regarding hours worked per week, weeks of vacation, benefit packages, number of residents accepted per year, real estate options, on and on. By August he had a gigantic national map mounted on one wall of his office. Stick pins of various colors (representing radiology residencies, surgery preliminary years, medicine preliminary years, and transitional programs) dotted the breadth of the United States.

His map marks only one California program - our school's - and that is his fall back plan. His wife Angel is adamant about leaving southern California, and he shares her distaste for the overpopulated, smoggy, brown desert that is the Inland Empire. A Montanan and an Oregonian, they have had enough. The majority of the pins litter the northern parts of the US with occasional dips into more rural regions of the country like Nebraska. He refused to consider anything in the South. Due to an appalling trip to Birmingham, the entire South stands under condemnation.

To view Josh's map is to experience great disquiet. I have no map or spreadsheets. In fact, sometimes I have a hard time remembering whether I actually applied to a given program, or if I just thought about it.

The Black Suit

It is a uniform of sorts - black and plain; cut well, but not stylish. The only variables on an interview day are the shirt beneath the jacket and the pants versus the skirt. When the interview is at a program that I am ambivalent about, I go with the pants and a thin blue jewel neck sweater. For interviews that are more valuable to me, I unfailingly go with the skirt and a blue dress shirt. It is a code.

The other radiology applicants are also dressed in black suits, although from time to time one may run across men in dark gray suits or women in solemn colors, sometimes with pinstripes.

Initially, I felt self-conscious. During the inevitable periods when we wait to be interviewed, applicants sit and stare at each other. I often see suits that I like better than mine. Women wear high-heeled shoes unlike my own, which are flat and sensible. I have decided that I can no longer sacrifice my feet on the altar of fashion. I made this decision after a particularly painful evening in which I had to haul eight bridesmaids' earthly belongings (seemingly all of them) from a church to a reception. The resulting painful blisters made me so angry that I threw my shoes in the trash can as soon as I got home. I sometimes regret this as I look at the nice looking feet assembled around me.

As work uniforms go, I suppose the black suit is okay. Nevertheless, when I am finished with the

interview season, I feel that a ritual burning is in order.

Help

My radiology mentor sits behind his desk and says, "You'll be coming here, of course, but maybe you'd like to take a look around the country and get the flavor of other programs. I find it useful to see how things are done elsewhere so we can build the program here. If you would like, I can call some colleagues in St. Louis and arrange for you to be interviewed. Since you have so little research, they won't likely offer you an interview otherwise." He is generous, but I am reluctant to accept his offer.

I do not disillusion him about my staying in Southern California. He is not only my mentor but also a member of the residency admissions committee. The cardinal rule to obtain a radiology residency is that every program must believe that you plan to rank them highly - otherwise, they will not rank you highly. I guess how far down on their rank list they have to go to fill the residency program is a point of pride.

The Preliminary Year Interview

Perhaps the low point of prelim interviews occurred when I was quizzed on cell histology. Not that other disagreeable things never happened - I had several cattle call interviews with too many applicants. One program director started out the day by saying, "If you're looking for an easy prelim year, I suggest you leave now. There's a great mall down the street. No need to waste your time and mine."

But now I am in Santa Barbara. Today the question of "What interests you in our program?" is easy to answer. Look out the window - there's your answer. But aside from this, Dr. Gersoff, the director, has one of the most realistic philosophies that I've heard. The prelim year is to teach me how to think, not to cram me full of information. He is a wise man, perhaps even a prophet. I would like to start looking for an apartment right this instant.

Mid-interview, he pauses, then asks, "Are you sure you want to pursue radiology?"

No, I'm not. That's what I'm thinking, but I hear myself saying something glib like, "That's what I've said on all of my applications." Then out spills the truth, which I am not allowed to admit during my radiology interviews. In fact, I do not even let myself to think too much about it. "But no, I'm not 100 percent sure."

Dr. Gersoff looks at me kindly and smiles. "Well, you are an internist," he says, much in the way that one pronounces a diagnosis.

He is the second physician to break this news to me. The first was my neurology attending at Kaiser Permanente. She had been sitting at her desk typing a note while I read about migraines between patients. She suddenly turned around and said, "You're still applying for radiology? Your skills will be wasted. You're an internist." It is a little unnerving that this keeps happening. I've told the radiologists

about it. They laugh and say that I am choosing well, not to worry about it.

After the interview, I sit out on a patio with one of the other prelim year applicants. I confess to her that I am afraid. If I open my match letter on March 17 and it doesn't say Santa Barbara, I may cry. Of course, I'm not sure that I get to open a letter. It might be a phone call for all I know. I am fuzzy on the logistics. I just know that on March 17 the next five years of my life will be announced to me via one medium or another, and my stomach is queasy whenever I think about it.

Radiology Interview

I am sitting in a small conference room in Rochester. A group of six of us wait here while three at a time are pulled out for interviews. At present, the two applicants with me are a girl going to school in New York and a guy from Alabama.

I ask her my typical question - so what do you think?

"I am going to go to the place with the best name," she replies tersely. She does not elaborate on whether the Mayo Clinic is a big enough name in her book, nor does she disclose what programs she is gunning for. She stares for a moment at the large screen images of CNN, then says, "Is Minnesota a blue state or a red state?"

"Blue state," I reply with a smile.

"Oh," she groans. The Alabama guy is excited by her response - a fellow Republican, he stands to extend his hand across the table.

"Good for you! An intelligent woman!" he says, shaking her hand vigorously. I am silent.

"I don't mean to be offensive," the girl begins, which is how most offensive statements are introduced by people who know better. A little later, during their mutual commiseration regarding the blight that is the Democratic party, the Alabama man hits upon a profound thought. "They can't go taking all of the money out of medicine. I mean, what's the incentive if there's no money?"

The future of capitalist health care is sitting here with me. Time for the sack cloth and ashes.

In Portland, I did not know the other applicants as Blue or Red, but as fellow travelers in a long, drawn-out process. Websites advise not listening to what other interviewees relate about their experiences at various programs - specifically, they hint that others have an incentive to mislead you. But we sat around the conference table comparing notes anyway. I wonder how much of my impression is based not so much on the program, but the other applicants. Maybe that is not such a bad barometer.

Turbulence

The plane shimmies from side to side. In the light from its tip, I can see the wing outside my window shake, battered by gusts of wind. We plunge, then bounce back up again. I am sweating. The overhead vent is open wide. A stream of air is coming out, but it is too warm. As I sit forward, I try to casually check to see if the seatback in front of me has a vomit bag. I don't want to alarm the attendants. I am the only person in Row 17 of United flight 1127 to Denver. The plane is almost as empty as United's bank account.

I should not have eaten the turkey sandwich.

The pilot is saying something about the automatic landing system - the pilot cannot land the plane visually when Denver is shrouded in fog. "So we'll see how well Boeing's system works," he jokes. Cut the chit chat and fly the plane. The flight is so rough that the attendants are told to sit down. The attendant who just passed me was having a hard time making it to the back to her seat. She had to grab onto the headrests to keep from being knocked over. Denver is usually a bumpy ride, but tonight it feels like we are being shot out of the sky.

Try to think of anything, anything other than the churning in my stomach. I am interviewing tomorrow morning. It is a waste. But I am on the circuit. I have said that I will be ready at 8 a.m., that I will be sitting in the Internal Medicine program office. I lacked the courage to call and cancel. It seems ungrateful, after having applied, to reject an offer for an interview for a preliminary spot at my home school. I don't want to stay there for another year. Well. I'm almost sure I don't. I feel ready for a change.

The Parking Garage

The plane lands at BWI at about 11:45 p.m. A man with a clipboard is hurrying back and forth on the curb outside baggage claim, shouting that shuttles aren't running tonight. The crowd is restless. He offers cab rides to parking areas for \$10. Some desperate travelers take him up on the offer. Shuttles not running sounds fishy. Somebody would be in big trouble if shuttles were not available, even at midnight.

After 10 minutes, the shuttles start rounding the circle. "Long Term A." That looks right - I parked in a gigantic new parking garage, definitely A. I am nearly trampled in the press toward the bus. My glove rips as I attempt to grab my bag out of the path of destruction. I heave myself and my bags onto the bus, and I sit down with a sigh. The shuttle slowly creeps forward. It is leaving the airport grounds... and passing my parking garage without stopping. We ride for several blocks and enter a surface lot. Stop 1. Stop 11. Stop 23. I am the only one left on the bus. The driver seems unconcerned.

"Uh, I think I am on the wrong bus. This one doesn't stop at that parking garage, does it?" I point out the window to the structure looming ahead of us. I have a faint hope that he will stop outside the garage on his way back to the airport terminal.

He turns tired eyes toward me briefly. It is now 12:45 a.m. "You on the wrong bus. I take you back to

the terminal." I sit quietly while he wheels the bus into the departing flights area. "Get out here, go inside, take the escalator down. Daily A picks up down there." He is not even dropping me off in the right area.

The airport is deserted. I follow his instructions, and as I come out on the curb outside baggage claim for the second time, I see the Daily A fly past me. The driver sees me. He sees my arm. But he's not stopping. Why? Because I am not standing directly in front of the parking shuttle stop. I am ashamed to say that this is when the curses begin to fly.

Now I am standing in the precisely right place. Every bus is stopping except Daily A. Long Term A. Long Term B. Express Park. Ten minutes pass. It's past 1 a.m. I stand alone. The bus drivers pull over for me, and I begin shaking my head no when they look at me. Keep moving. Make way for the Daily A. One nicer driver stops, and she wants to know which one I'm waiting for. DAILY A. "Oh, he's coming. We just had change of shift." Empty buses keep passing. Finally Daily A makes his way to the stop.

I board alone. I arrive in the parking garage, then reach my car. It is in this instant that I realize that I can't find the parking ticket. I empty my bag. I search the car, my coat, my bag again, all pockets, jeans, everything. It's missing. One thirty a.m., and I can't find my ticket. No one else is in the garage. Normally I would be a little edgy, being alone in a garage so late. But I am so angry that wrongdoers should be edgy about meeting me.

At first it's just a sniff and my eyes burning as I try to blink away the tears. Soon things have progressed to sobbing. The only tissue in the car is a McDonald's napkin. Resignation sets in. If they charge me \$100, I'll just have to pay it. On the way down to the toll booth, I try to compose myself. I pull up to the window, tears streaming down my face.

The booth worker is unfazed. She does not acknowledge that I am crying. She needs my airline ticket stubs. I do not have any. I always throw them away once I collect my bags. She needs proof of when I came into the garage. Tuesday afternoon about 3 p.m. is when I arrived, and I have no proof. She frowns and asks for my driver's license. She begins copying down information. Then she steps out of the booth to look at the license plate of my parents' car. She is scribbling something onto her clipboard. When she returns to the booth, she picks up the telephone and calls someone. This other person evidently is willing to let my delinquency slide and take me at my word. Or maybe they're somewhere watching a corroborating videotape of me pulling into the garage. She takes my money and gives back change. We're done. But I don't want to leave yet. I want to explain. I say, "I'm not crying because of the ticket. My boyfriend is dating someone else." I can see that she does not really care one way or the other - whether it's an errant ticket or boyfriend.

Plane Ride Number 21

As I massage my feet, which are blistered from running through Bush Intercontinental in dress shoes, a pair of eyes glances back at me over the top of a seat. Initially I ignore this, but then it happens twice

more. The third time, I make eye contact - a mistake. Before take off, the man in the row in front of me has turned around and started talking, and he does not stop for two hours. The announcement of safety information, take off, snack service... nothing deters him. I am being interviewed for the sixth time today. Eventually he gets through my CV. Now he goes in for the kill, which I wish he would have just done from the start. Do I have much spare time? Am I dating? Oh, I am? Where is my boyfriend? On the West Coast? Well, long distance relationships never work out. Besides, two doctors should not date each other. They bring too much work home with them. Dump the boyfriend. There are millions of men out there, not to mention the one in here.

My friend, you are walking in a mine field. You do not know your peril.

In the end, he wants my e-mail address. I start to give it to him, too tired to refuse - cassidy97217. At the last minute I change the last 7 to a 9.

The Rank List

The interview process is a challenge to one's integrity. For a competitive specialty, we have to apply to many programs. We know that some of them are long shots. It is just casting a wide net to see what we can haul in. There are the fish that we want. Then there is what we may find when we pull the nets in. The prevailing philosophy is that any fish is better than no fish at all.

Let's say that I am flying to Death Valley to interview. While I am there, the program director asks, "So what interested you in Death Valley?"

What interested me? You have a program.

I have interviewed at 11 programs. Of these, I am able to eliminate two due to malignancy and instability. The top five or six programs emerge, and by default the remainder fill out the bottom of my list. I am nowhere near establishing a definite order.

Josh has finished his rank list. We are a month away from February 23, the deadline.

My brother says it's time to come back from California. I don't belong there.

Josh and Angel say that OHSU in Portland would be a good fit for me.

My parents want me to come home, or at least closer to home than California.

My radiology mentor believes that my selection of residency at Loma Linda is a foregone conclusion.

But I don't know my own mind in spite of routinely being asked to divulge my thoughts on any number

of subjects.

Sometimes I have been asked the same question so many times that I feel that my response is canned. Press the "10 years from now" button, and you'll get a response tailored to whether this program is university or hospital based. The true answer is that I have no idea where I will be in 10 years. My only hope is that I am not in residency or fellowship any longer.

My interview at Loma Linda was about the sixth on my itinerary. When asked the 10 year question, I started to give my standard "university-based practice, not completely research" answer. I stopped midway through, faced my interviewer, and said, "Actually, that's probably a lie. When I interviewed at Mayo I became so excited about the research that was being conducted that I would have signed up then and there as a researcher."

I am having a hard time knowing the truth anymore. Do I want to stay in California? Do I want to come home? I want both. I've said both, and they're both true. I hope to be with my boyfriend. And my family. And residents I like. And staff who are laid back. But all of these things are in different places.

I am afraid of loneliness. Interviewers interpret my questions about program sociability as a single woman's fear of having no dates. While I don't relish the idea of a stagnant romantic life, what I am actually afraid of is sitting at home alone, without the phone ever ringing or anyone coming over for coffee. Radiology is not known for its close working relationships. People read your reports, but they may never see or talk to you. One physician observed, and rightly I think, that radiologists tend not to bond like residents in medicine or other specialties.

As the interview season progresses, I feel a mounting sense of panic. I anxiously listen to what other people have to say. One applicant tells me, "If you go to an academic center, it really doesn't matter which one you choose. All of them have to be accredited; you'll learn what you need in any of them. So it comes down to geography - where you want to be." But where do I want to be?

A Decision

When I was debating where to go to medical school, my friend Ralph gave me some advice. You can make any program the right choice - the big thing is deciding and then not looking back, second guessing yourself. I am fortunate to have alternatives to consider.

My cat Micah prances in front of the keyboard, ready for her treat. She purrs, a steady low rumble that is palpable rather than audible. The rank list is unfinished, but there is still time.

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Ode to Sadness

:: Samuel Andrew Taylor, Jr. ::

To rest I lay my cares,
In a pauper's grave.
Absent are tears of grief,
That fall upon the black pall of mourning.
Absent eulogy, words of peace,
Spoken in their stead.
Nowhere to be found laurels and wreaths,
To adorn this solemn chest.

Farewell to thee, I bid thee farewell,
In grave of time's remembrance.
Many the night I bore you upon my shoulders,
Your burden found my brow and I knew you well.
The furrows count the occasions,
From which grow maturity's flower,
Whose sweet fragrance offers me comfort,
In your passage.

Night my jailer,
Bedroom prison
Bars of linen about me lie.
Rest is but illusion,
For I writhe in anguished thought.
Sleep, find me and give peace
In this one sweet hour of nocturnal bliss
Before the sun-lit chase and it begins anew.

* * *

Below your earthen walls you sing
A song set upon the wing
Of my heart and soul,
A treasure sadness stole.
Let rest with you within this tomb,
The knell of death and of doom.
Mine if not your sacrifice,
It alone must evermore suffice.

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Joined Humanity

:: [Leah Acosta](#) ::

My gaze pierced through the wire fence today.
The grass beneath my feet looked just as green
As that which grew some twenty feet away.
The vast expanse of sky that I had seen
Stretched indiscriminately. Small birds searched,
Now arching wings alight for distant tree,
Releasing claws from their barbed wire perch.
A guard then turned to train his eyes on me.
We both have ears to hear and eyes to see,
The self-same sinews binding flesh to soul.
And yet I choke upon the air I breathe,
Made acrid, lacking freedom that they stole.
My spirit now is cognizant of the
Transcendence of our joint humanity.

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I want to know

:: Uttama Sharma ::

He had smooth, chocolate skin
shining white teeth
a constant, radiant smile

Played basketball with teenagers
and beat them.
Talked all day,
never got tired.
Could jump up and
hit the ceiling,
all by the grace of God,
he told me.

He could have been
my grandfather.

Listen

to his calm, hurried voice
sharing boundless optimism
love of life
gratitude
and a constant praise of God,

Watch

his twinkling eyes
his smiling mouth.

This old man,
full of wisdom and joy:

he was crazy

they told me.

The psychiatrist
warned me
not to fall

into thinking
the patients are
normal.

They aren't.

What is so crazy
about loving life
and loving God
and playing basketball at 60?

He was manic
they said.
Delusional too.
But what's wrong
with being happy
all the time?
I want to know.

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Blight

:: Gabriel Spring ::

If I decided one day to protest, to whom would it be?
The president, the congress or the courts?
The leaders of our schools must be somewhat responsible
For the cold detached existence that I see

If I decided one day to knock on the door
Of the one whose decree led to this injustice
On whose door would I bang?
Surely our parents or our teachers or that doctor in the city
Or the power-hungry businesses in charge

Oh, what a relief it would be!
To march up to the soulless heart of thee!
To look you in the face and say "Begone! Release your
grip!" But what form do you take?

Yes I could cure this one disease

This plague in our society
I'd shout from all the rooftops "Come receive your
anecdote!" If I only saw the bug. The elusive parasite
Destroying any goodness left in me.

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A Tacit Understanding

:: Leah Acosta ::

I thought we had a tacit understanding.
When you left I didn't want to guilt-
trip you and prematurely force your hand.
I think we'd both agree a friendship's built
On mutual trust, respect. To obligate
Precludes the common act of selfless gift.
Communication's started to abate,
And thus the space between becomes a rift.
For my part I would say it's not for lack
Of trying, or of feeling any less.
Our lives had paralleled along a track
Upon which now they've started to digress.
This doesn't nullify the wonder of
The love we shared. It just was not enough.

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Loss

:: Elizabeth Gagliardi ::

Fall to the floor.
Howl of angst.
Clawing the carpet
I gulp for air,
Cannot gain enough for
The next scream

Heart burning in chest
Bear down to suppress
The pain but
Instead vomit it out.

Cannot live, not
Past today.
Must call for help
But who
For she is gone...

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Field of Dreams

:: Leah Acosta ::

The corner lot beside my childhood home
Was full of weeds. We never recognized
As much; instead we marveled, free to roam
About the endless field: before our eyes,
A golden dandelion carpet strewed
Luxuriously in the summer's heat,
Which then became a tufted white imbued,
With fairy wands that swayed beneath our feet.
Our mother told us that whene'er we blew
Upon a single blossom, wishes would
Be granted, one for every seed that grew.
So recklessly we plunged because we could...
Was it reality or dreams to which succumbed
Both wishes unfulfilled, and wishes yet to come?

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As He Sits

:: Samuel Andrew Taylor, Jr. ::

Gray skies above mountains soar,
Raindrops fall like tears from the sky,
Leaves dance lazily on boughs of sycamore,
As birds fly idly by.

* * *

Head bowed to earth,
Between weak hands clasped,
Legs rest quivering, so tired, praising the rest,
As he sits.

Eyes unfocused staring
At the floor.
The feeble rays from the desk lamp light
Only a portion of the room,
As he sits.

Just then there is a rasp of pitiful laughter,
Why
Strangely sad, despite the wry smile on his face.
A passing wanderer may have mistaken it
As a sob,
As he sits.

He looks up at the cold, white ceiling.
Whatever it was did not seem quite as amusing now.
For he realized that
He wished he were crying,
But truly,
He did not know how.

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