

The Best of....

Creative Writing  
by  
Family Physicians

2003 Award Winners

Presented at the 2003 STFM NorthEast Region Meeting

By the

Family Medicine Education Consortium  
[www.fmec.net](http://www.fmec.net)

## **Sponsored by the Family Medicine Education Consortium**

### The FMEC Creative Writing Project

In 2002, the Board of Trustees of the Family Medicine Education Consortium, Inc. created an award to encourage and recognize creative writing by Family Physicians. The idea was to promote the writing of prose and poetry that draws upon the experience of teaching/learning or practicing Family Medicine.

The criteria for the awards process are as follows:

- The submission must derive from the experience of teaching/learning or practicing Family Medicine.
- Faculty, residents and students and all Family Practice clinicians in the northeast region of the US were eligible to participate.
- Stories, poems, and other forms of unpublished fiction or non-fiction writing were welcome.
- A panel of reviewers composed of Family Practice faculty and creative professionals experienced in manuscript evaluation was established.
- Each submission was evaluated with an eye to its critical reflection, emotional honesty and technical merit. A blinded review process was followed.
- Submissions could be no longer than 1500 words. Pieces previously published at a national level (magazines, journals, books with a national circulation) were not eligible for this award.
- An author could submit a maximum of one poem and one prose piece.

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# The Best of . . .

## Creative Writing by Family Physicians

### 2003 Award Winners

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## Prose 1<sup>st</sup> Place Winner: *Pay Attention*

Our patient sat on the table curled around a big ball of a belly cradled between her short legs. She wore her gray hair long, straight and limp, in the same style she'd probably worn for thirty years. Her fingers were adorned with a multitude of rings, each gouging into her flesh. Alice not only gave off the strong odor of cigarettes, but also emitted a subtle smell, acrid. Her skin looked slick. When I introduced myself, her hands felt damp. Her bare feet, peeking out from under the sheet, puffed up so her toes looked as if they'd been pinned on.

"What brings you in?" I asked.  
"I can't breathe." Alice demonstrated this with a wheeze.  
"How long has this been going on?"  
"One week."  
"Any asthma?"  
"I haven't been to a doctor in 28 years."  
"I noticed you smoke. How much?"  
"Pack to two packs. Depends."  
"Any alcohol or other drugs?"

Her son's girlfriend, who stood at the head of the table, behind Alice, nodded vigorously.

"I'll have a beer or two after work."  
"OK. Let me take a look at you."

I washed my hands and thought at the sink: anxiety; depression; alcohol abuse; chronic bronchitis; something cardiac. That belly could be ascites.

I turned and faced Alice. She looked scared.

"I'll tell you everything I'm going to do, before I do it. I'm going to start at your head. First, I'll..."  
"I don't need a tour."

"OK." I felt her scalp and neck. No lumps. Each cheek, where it merged with the bridge of her nose, bore the tattoo of an alcoholic. "How long have you had these?"

"What?"  
"These little red blood vessels on your face?"  
"Hadn't noticed them."

Her lungs sounded congested, with generalized wheezing (cigarettes) and coarse breath sounds (fluid) in the lower fields. Her arms were thin, compared to the rest of her. Her palms had deeply etched red creases—"palmar erythema"—symptomatic of liver disease.

When I asked Alice to hold her arms out in front of her, her hands shook in a fine resting tremor. I asked her to put her wrists up, as if she were a police officer ordering me to stop. She did: no liver flap. If her liver were far gone, her hands would flap uncontrollably. Did I have her do it the right way? "Could you do that again?"

"I could, but I won't."  
"Fair enough. Can I look at your belly?"  
Fine. I'm not lying flat, though. I can't breathe when I lie flat."

"How about if I raise the head a bit?" She lay back wearily. "I really appreciate your cooperation."

Alice exposed her globe of a belly. She had *caput medusa*, raised veins in the wild array of Medusa's snake hair around and above her belly button. I tried to elicit a fluid wave; I couldn't. But her skin looked tight, the way it does when expanded by fluid. When expanded by fat, it looks softer, like dough. I thumped on her belly to find her liver edge, but I couldn't. Was fluid in the way? Had the liver already shrunken?

Alice's legs appeared withered. Had her body used its own protein to fill in nutritional gaps? Her feet were edematous. Was her heart inefficient? Did her liver fail to produce enough albumin? Both?

"OK. I'm finished. We'll need to get some blood work. I'll be back."

I relayed my findings to the resident, who repeated parts of my exam: her heart and lungs, her liver. Alice wouldn't look at him.

"OK, Miss Dunne. We are going to admit you," Matt said. "We need to work up your liver. We also need to check your heart. Since you haven't seen a doctor in more than 25 years, we need to begin at the beginning. How does that sound?"

"Like a bad idea. I only agreed to the ER. I didn't agree to be admitted."

"Miss Dunne," I added gently, "I feel confident we can figure out why you haven't been feeling well. We can get you some medicine, find a doctor for you to see regularly—"

"Who says I want to see a doctor regularly?"

Her son's girlfriend stepped forward from behind the table. "Mom, I think you should give it a try. You'll feel better."

"OK. Fine. I can tell you all are going to gang up on me until I agree. So admit me. Go ahead," Alice said, her face looking a mixture of resignation and relief.

"Do you know the most important order we need to write for Miss Dunne?" Matt quizzed, then answered: "CIWA protocol. And if you don't put her on CIWA, what happens?"

"She can die. Alcohol withdrawal can kill patients who go cold turkey."

"Ten points. And the other things we have to worry about? That she might leave AMA. And that we can't talk a nurse into taking care of her."

Miss Dunne stayed with us for 10 days. She hated her roommate, so we found her another. She hated the food, so her son brought in McDonald's. She hated Matt, whom she called a Nazi, even though he was Latino.

I visited her whenever I could. She would motion for me to sit on the side of her bed instead of in the visitors' chair, so I did. I was "managing" her nutrition. Alcoholics are renowned for terrible nutrition, forgoing food for booze. We tried to get protein into her in various ways, but other than Big Macs, she wouldn't eat any. She'd ask if I wanted the yogurt off her lunch tray, because she wouldn't eat that "granola shit". I would take the yogurt, eating it as a late-night snack. I felt it made things more equal between us: I helped care for her, and she, by feeding me, helped care for me.

Her abdominal ultrasound proved that her belly was full of fluid. A CT scan of her belly revealed no tumor in her pelvis or liver, "just" cirrhosis. We made plans to discharge her. I tried to hook her up with Alcoholics Anonymous, or a therapist who specialized in substance abuse. Alice would have none of it. She was furious



It was one of the many assignments in our physiology course. I was neither looking forward to it nor dreading it - just one more thing to do. A check box with the words 'attend autopsy' next to it, a vague sense of annoyance that this activity could not be neatly scheduled into my already too busy existence.

The pager went off and I headed to the morgue with my classmates. What I experienced there will be forever indelibly imprinted deep within me. As I entered the room, the first thing I saw was a naked dead woman my grandmother's age having her chest sawed open. I remember the curve of her hands draped off the gurney and the exact color of her chipped pink fingernail polish. I remember the smell of death and burnt bone that was so different from the formaldehyde stench familiar from gross anatomy. I remember wanting to leave or pass out or cry or vomit and expending absolutely all of my energy to do none of the above and pretend that the person lying there was just a body and an interesting learning experience and not a woman with a family who had been alive that morning. I remember that her name was Madeleine and being oddly disappointed knowing that I would never be able to use this name that I loved for any of my future children. I remember being so overwhelmed and underprepared that I considered leaving medical school for good that day.

Soon after came my dream. In it, I had to do a rotation on the death ward. To get there, I had to go through many sets of double doors. The halls were dark and deserted except for a lone, silent, stone-faced guard at the last set of doors. Beyond him was a brightly lit room (the same room where we had attended the autopsy) filled with many people working industriously. Someone opened a huge freezer on one wall and I saw rows and rows of heads and feet - dead people lying down, waiting for anatomy class. I fled back down the dark hall. In a room off the corridor, there were four beds with very sick, very old people sleeping. Some of them were in large plastic garment bags. Depending on how sick they were, the bag was placed at the bottom of the bed or it was up around the waist or at the neck of the person/patient. They all had very sweaty legs in their bags. A tall female doctor in a long white coat was working there. She was envious of me that I could leave and she could not.

After that, I became scared of even being in hospitals, which was problematic as an about-to-be third-year medical student. I was truly afraid of seeing dead people and was on the watch for them everywhere now that I knew there was a morgue in the basement. I remember my racing pulse and sweaty palms outside the gift shop in the lobby of the hospital when I spotted a stretcher with something on it covered by a white sheet, my relief when it turned out to be linens.

My first funeral. I remember sitting by the little girl's open casket with her doctor and hundreds of others, all of us crying. I cried for Madeleine, for me, for this girl and her family, for her doctor, and for my future patients who would die while I was their doctor.

Those patients have since been numerous and each has given me a gift in their passing. How to do a paracentesis, eight times in eight days. How to gracefully accept a gift of gratitude, to feel very uncomfortable that it was cash, and to buy a plant that I still have and to donate the rest to charity in the patient's name. How to open the window so a soul can leave. How to call a stranger in the night and tell them that their mother has died. How to teach students and residents to do these things well but to never neglect themselves the way I had at my first autopsy.

*When my grandmother became gravely ill, I was a new attending and that dream from medical school came back to me. Only then, after many more years caring for many more patients, could I understand it. The doctor in that room had been me at the end of my training. Anxious and afraid. Would I be able to handle the immense responsibility of caring for dying patients? How was I going to balance seeing all this death with leading my own life? I found out when my grandmother died.*









