

The Best of....

Creative Writing  
by  
Family Physicians

2005 Award Winners

Presented at the 2005 STFM NorthEast Region Meeting

By the

Family Medicine Education Consortium

<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- Stories, poems, and other forms of unpublished fiction or non-fiction writing were welcome.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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Ms. Millie Kantner and Theodore Kantner, MD Foundation.

**The Best of . . .**

**Creative Writing by Family Physicians**

**2005 Award Winners**

<b>Table of Contents</b>		<b>Page</b>
<b>Prose Winners</b>		<b>4 – 9</b>
1 <sup>st</sup> Place:	Health . . . . .	4
2 <sup>nd</sup> Place	The Pronouncement . . . . .	5
3 <sup>rd</sup> Place	Inhibited . . . . .	6
<b>Poetry Winners</b>		<b>9 – 11</b>
1 <sup>st</sup> Place:	CHF . . . . .	9
2 <sup>nd</sup> Place:	Shoelaces . . . . .	10
3 <sup>rd</sup> Place:	Wind Songs . . . . .	11
	2006 Creative Writing Flyer . . . . .	12



## Prose 2<sup>nd</sup> Place Winner:

### *The Pronouncement*

Gladys Stephenson<sup>1</sup> had been one of the few people lucky enough to die in peace in a hospital and protocol demanded that a physician be dispatched immediately to verify her death. As the lowest person on the medical totem pole, just two months into my internship, that was me.

I dragged myself out of bed and stumbled up to her room. I thought I was in the wrong place when I found a woman lying in bed watching television. I apologized for disturbing her, but when she didn't respond, I looked at her more closely. The spinning colors of the Wheel of Fortune bounced off of her waxen face without as much as a blink in response.

I turned the television off and reflexively drew the curtain. The neon light from the hospital entrance sign refracted through the rain-streaked window to throw contrasting shadows across the room. Oxygen still hissed through the canula in Gladys' nose and when I closed the valve on the regulator, she seemed to shrink in the sudden silence. I twisted the loops of tubing away from her ears and hung them over the bedrail.

I placed my stethoscope on Gladys' chest and verified the absence of heart tones and breath sounds. I then pulled a wisp of cotton from a swab and ran it across her eyes to confirm that she would not blink.

A scar marched across the shallow indentations of Gladys' ribs where her right breast had been. Another climbed from her waist toward her umbilicus, marking the site of a vertical Caesarean section, a technique that had fallen out of favor long before I had ever scrubbed in for a case. The thick ridges of tissue – testaments to the gains and losses of her life – felt unreal, like a reproduction of a battleground from a long forgotten war.

I felt very anxious in the chilled isolation that attended Gladys' death. My only previous call night encounters with dying patients had been during codes – raucous wakes thrown in honor of those unable to escape life without notice.

As heart monitors traced the final erratic fibrillations of their lives, we pounded their chests; forced breath into their lungs; injected exotic medications into their core veins and launched hundreds of volts of electricity through their hearts, all with an implicit desperation that absolved us of any doubt or culpability. Codes distilled medicine into its purest, most concentrated form and we thrived on their kinetic rush of clarity.

But like any cultural response to death, codes often benefited the living more than the dead. By doing everything possible, no matter the cost or likelihood of success, we affirmed our patients' significance, and by extension, our own.

When I was summoned to pronounce Gladys, I was pulled from that cultural framework for the first time. With no chorus of monitors and medications to herald her passing, I was left alone to face the reflection of my own significance in the mirror of her desiccated body. It felt like an awful reproach, like Gladys was mocking me for not being able to do anything. Or for being so arrogant as to think I could.

As I picked up her left hand, I felt an indentation around the base of her fourth finger where her wedding ring had honed it over the years. The cruel intimacy of what I was doing suddenly caught my breath; holding Gladys' hand like her husband once did seemed a terrible invasion of her privacy. I pinched the cold nail bed and she did not respond to the pain. I quickly pulled the sheet over her and rushed back out into the greater light of the hallway and the comfortable hum of the living.

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<sup>1</sup> The patient's name and identifying characteristics have been changed.



“When is the pain worst?”

He was really squirming now. “Uh, well...I’ve noticed it most when I’m having sex. With my wife,” he added, rather quickly.

I concentrated very hard on the place when my pen met the paper. “Okay. And is there any discharge or drainage from the pimple on your...penis?” I caught myself hesitating ever so slightly before the last word.

“No.”

“And have you had a fever, or any rash?”

“No fever. No rash.”

“Burning on urination?”

“No.”

“Okay...and have you ever had a problem like this before?”

“Um, I remember having something similar about twenty years ago. In college.”

“And what happened then?”

He shrugged. “It went away.”

“Did you see a doctor at that time?”

“No, I didn’t need to. It went away by itself.”

“Okay. Do you smoke, drink, use any substances?”

“Um, in college. Marijuana.”

“Any injection drugs?”

“Oh, no. Never.”

“Okay. And you’re married.”

“Yes.”

“For how long?”

“Uh, the past thirteen years.”

“And is it a monogamous relationship?” I always hated asking this question. First, it was hard for me to get my mouth around the word “monogamous.” Second...well, it was pretty self-explanatory.

He blinked. “As far as I know, yes.”

“Is your wife having any genital problems that you know of?”

“No. I think she would have mentioned them if she had.”

“Okay.” I couldn’t avoid my next question any longer. “Have you ever had reason to suspect you have an STD?”

“No...but I’ve never been tested.”

“And have you had many sexual partners?”

He shifted his weight almost imperceptibly in the chair. “Well, not since I got married, but before that, many.”

“Meaning...” When he didn’t respond to this prompt, I started throwing out numbers. “Two? Five? More than five?”

“Uh, more than that. Maybe fifty? Sixty?”

I asked him to clarify: 1-6 or 6-0?

6-0, he replied.

Condom use? I asked.

Inconsistently before he’d married, and rarely since then. More for contraception than for STD protection.

“Okay,” I said. “So let me summarize. You’ve had a slightly painful pimple on your penis for about a week which is giving you problems with intercourse. You had a similar episode twenty years ago, but it went away on its own. Correct?”

His face had turned a bright neon pink, but he nodded valiantly.

“Are you okay?” I asked. I hoped he wasn’t having an aneurysm.

He nodded again. "I'm sorry. This is just really embarrassing for me."

I said, "That's perfectly understandable. Everything you say to me here will remain confidential, unless it becomes necessary to share it with other members of the healthcare team, or unless you give us specific permission to let others see your medical record." My voice was cool and clinical. I felt better as soon as I said the words. They were big enough to hide behind.

He nodded with glazed-over eyes. I wasn't sure he'd understood what I'd just said. In fact, I wasn't sure I understood it myself.

Confused, I stood up.

"I'll be right back," I said, and escaped.

Dr. K. was standing in the hallway completing a note on another patient's chart. She was a five-foot-two Korean dynamo who ate kim-chi every day with lunch. She also had a witchy temper. I stood by and mentally prepared a 30-second bullet presentation, aware that my neck muscles had tightened and my shoulders had risen to the level of my ears.

Dr. K. finished the note with a stabbing flourish and closed the chart by slapping its front cover. It fell shut. She glanced at me. "Well?"

I was ready. "37-year-old male with a pimple on his penis. Been there for a week. No fevers, chills, dysuria, or penile discharge. Had one previous episode twenty years ago which resolved spontaneously. Married for 13 years, monogamous, wife has no genitourinary complaints. Sporadic condom use. Never been tested for STDs."

I paused for breath, proud beyond words. It was a perfect summary of the patient's problem. Focused, concise, and above all, fast.

Dr. K. said, "What does his penis look like?"

Huh?

"What does his penis look like?" she repeated.

Only then did I realize I'd spoken out loud. I fumbled for words. "I...thought we could look at it together. You know, so he'd only have to...show us once."

Dr. K. seemed to buy this. She rapped her knuckles smartly on the door and didn't wait for a response before marching in. I followed her. She introduced herself briskly. Mr. X rose to his feet and shook her hand.

"Heard you have something on your penis," she said.

He turned pink to the very tips of his ears. "Uh...yes."

With no further preamble, she said, "Let's see it."

His face still a fiery shade of pink, Mr. X pulled his pants down. Dr. K. spent a few moments examining him.

"Is this the spot you're concerned about?"

"Yes."

"Hair follicle." She looked at me. "You see it?"

Oh yes. I did.

"I think that's what it is," she told him. "Just an infected hair shaft. Harmless. You had it exactly right. It's a pimple on your penis."

He looked relieved and embarrassed at the same time.

"You can pull your pants back up," she told him.

I've never seen a pair of pants rise so quickly in my life.

"Is there anything I should do for it?" he asked.









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# *Creative Writing Contest*

We invite submissions of written materials that derive from the experience of teaching/learning or practicing Family Medicine. Faculty, residents, clinicians and medical students in the northeast region of the US are eligible to participate. Stories, poems, and other forms of fiction or non-fiction writing are welcomed. A panel of reviewers composed of Family Practice faculty and creative professionals experienced in manuscript evaluation will review each submission with an eye to its critical reflection, emotional honesty and technical merit.

Submissions may be no longer than 1500 words. Pieces published or pending publication at a national level (magazines, journals, and books with a national circulation) prior to the award date (October 2006) are not eligible for this award. An author may submit one poem and one prose piece.

The best submissions will be honored at the 2006 STFM: NorthEast Region Meeting in its Conference Abstracts. All submissions will remain the property of the author.

All submissions should be sent via email attachment to Ms. Lisa Schwieterman ([lisa.schwieterman@fmec.net](mailto:lisa.schwieterman@fmec.net)). Please include your current mailing address, phone number and email address so that we may contact you. Residency address preferred, along with forwarding address after June 2006, if necessary.

## The deadline is April 1, 2006

The awards will be presented at the 2006 STFM: NorthEast Region meeting  
October 27 – 29, 2006  
Sheraton Ferncroft Resort  
Danvers, MA

For more information contact: Ms. Julie Schirmer, MSW [schirj@mmc.org](mailto:schirj@mmc.org) or Paul Gross, MD [pgross@pol.net](mailto:pgross@pol.net) or Laurence Bauer, MSW, MEd [laurence.bauer@sbcglobal.net](mailto:laurence.bauer@sbcglobal.net), 937 428-7866

Please share this announcement with your students, residents and community-based colleagues.