The Best of….

Creative Writing
by
Family Physicians

2006 Award Winners

Presented at the 2006 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- Stories, poems, and other forms of unpublished fiction or non-fiction writing were welcome.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.

Creative Writing Award Project
2006 Review Committee

Julie Schirmer, MSW (Chair)
Maine Medical Center
Family Practice Residency
Portland, ME

Bertie Bregman, MD
Columbia University,
Center for Family Medicine
New York, NY

Andrea Gordon, MD
Tufts University
Family Medicine Residency
Malden, MA

Paul Gross, MD
New York Medical College
Department of Family Medicine
New York, NY

Ms. Diane Guernsey
New York, NY

Craig A. Irvine, PhD
Columbia University
Center for Family Medicine
New York, NY

Ms. Courtney Spencer
Milamy Partners LLC
Cumberland Foreside, ME

Administrative Support
Laurence Bauer, MSW, MEd
Ms. Lisa Schwieterman, CAP

Questions about this project can be directed to
Julie Schirmer, MSW at schirj@mmc.org
or
Laurence Bauer, MSW at Laurence.bauer@sbcglobal.net

The Best of . . .

Creative Writing by Family Physicians

2006 Award Winners

Table of Contents **Page**

Prose Winners		4 – 10
1st Place:	Smoke	4
2nd Place	The Perpetual Lesson	6
3rd Place	Isaac	8
Honorable Mention	Care of the Underserved	10
Poetry Winners		11 - 18
1st Place:	My Patient Returns Home	11
2nd Place:	Memorial	12
3rd Place:	Washing Feet	13
Honorable Mention	Big Blue Van	14
	2007 Creative Writing Flyer	18

Prose 1st Place Winner*:*

Smoke

Stem cells smell like rotten eggs. I learned this standing by my brother's bed, in a clean green room overlooking a sea of housing projects. Our parents were there too, and Grandma Molly, with a tuft of white hair poking up above the back band of her surgical mask. The oncologist, a thin, quiet man in a dark suit, brought the infusion bag, packed in a picnic cooler. It looked like a regular IV bag, with the same square bar code sticker.

"I feel like we should all hold hands and pray, or something," Eli said. Nobody moved, though; we just watched the straw-colored fluid drip through the machine, as the chemical odor filtered into our masks.

In high school, I hid behind my silence and my tortoiseshell glasses. Eli, though, was dangerously popular, and inspired a distracting anxiety in our parents which overpowered our dinner-table conversations like an incessant car alarm. They worried that Eli was cutting class, driving drunk, smoking pot, dropping acid, or knocking up the downstairs neighbors' daughter. It never occurred to anybody, Eli included, to worry that the gnawing ache in his knee was anything more than growing pains.

After the biopsy confirmed bone cancer, a CT scan showed lung metastases. A social worker came to our family meeting, armed with a box of tissues, but nobody cried; we were sure Eli would come out on the winning side of "20% chance of long-term survival". We didn't understand, then, that Eli's odds were really all or nothing, his sentence as predetermined as it was unknowable.

During Eli's first admission, his wild, curly hair added several inches to his height, and he endlessly tormented the staff. He sneaked his girlfriend into his room, and the night nurse found them *in flagrante delicto*. When he was immunosuppressed, in the isolation room, he hacked his way out of the hospital-approved computer network and tried to sell his cardiorespiratory monitor on eBay.

However, when his cancer recurred, Eli reformed, faithfully extending his arm for blood draws, and taking pills at four in the morning without complaint. Except for the smoking, he was a model of compliance. He had taken up cigarettes while bored at home after his stem-cell transplant, and refused to quit.

"I *like* smoking. It tastes good, it's relaxing, and why shouldn't I smoke- I'll get cancer?"

"Do you have to make this even harder on us?" my mother pleaded. "Ora, you talk to him."

I halfheartedly lectured Eli on the evils of Big Tobacco, but bossing my little brother was as futile as ever.

"All right, then, whatever you say," he chirped, grinning.

A young resident came into the room, white coat swishing behind her. "How are you feeling, Eli?"

"My pain's okay. Can I have a cigarette?"

The doctor's smile never wavered. "Now, we've discussed this before. Smoking is against the rules in the hospital, and I can't let you go outside without an escort."

"So, where's my escort?" Eli raised his eyebrows.

“Right now no one is available, but if you’d like to discuss this more later, that would be fine,” she replied, irreproachably kind and professional.

Eli grunted something unintelligible, and the resident pushed a few buttons on the morphine machine, smiled goodbye, and swished out.

“Ora, I want to smoke a goddamn cigarette!” I looked at the pile of rejected substitutes on his bedside table: Nicorette gum, nicotine patches, a cellophane bag of sourballs.

“Eli, do you really need a cigarette? The doctors will flip out if you leave, and you can’t smoke in here.”

“Oh, screw the doctors! They’re so compassionate they could kill you. I though if you got cancer at sixteen you got whatever you want, and I want to feel like a normal person for one afternoon!”

I reminded myself to breathe. That resident *was* irritating, it was true. “Eli, okay. I’ll sneak out with you, if that’s what you want.”

Eli dressed, pulling his sweatshirt hood over his sad scalp, while I ineptly turned off the IV machines. When the floor secretary took her break, we slipped into the hall.

The children’s hospital elevators were decorated in an outer-space theme, with a shifting, planet-like lamp on the ceiling.

“Tenth floor. Please watch your step!” the elevator announced pleasantly.

“From here, we take the stairs,” Eli said, opening a metal door marked “Emergency Only”. Our feet sent echoes clanging down the stairwell as we slowly ascended five more flights. Panting, Eli shoved open the steel fire exit, and we burst into an early-summer sky, blue enough to swim in.

The roof was a bare asphalt expanse surrounded by a low rail. A few aerials and steam vents protruded, protected by mesh cages.

The sun was warm on our backs. Eli spread his arms, palms upwards, closing his eyes and tilting his head back to catch the light on his face.

We walked to the far end of the roof and stood by the ledge.

“Look that way,” Eli pointed, “there’s the zoo. The elephant pen is over there, but they never come close enough to see.”

Near the zoo, a sparkling glass dome capped a green hill. “Hey- there’s the Botanical Garden!” I exclaimed. “Remember the rainforest room, and all the cacti?”

Eli nodded. He sat down on the ledge and leaned against a low pillar, placing one foot precariously up on the rail. “It’s so clear today. I wish I had binoculars.” When I stood by the edge and looked down, my stomach lurched. Eli, though, was perfectly at ease. He pulled a cigarette out of the pack of Marlboros in the back pocket of his jeans, spinning it between his first two fingers. With his other hand, he deftly flicked open a metallic blue Zippo. As he put the lighter back in his pocket, I spotted the engraved letters: EJS.

“Where’d you get a personalized lighter?” I asked.

"Oh, I got the radiology tech to pick it up for me," he replied. "I have friends in high places."

Eli exhaled a thick gray stream. "It's too windy for rings," he said. "Too bad I can't smoke inside."

"All right, give me one of those," I said. Eli stared at me. "Since when do you smoke?"
"First one," I smiled.

Eli took out another cigarette, and lit it for me.

"Here-" he instructed, "Inhale- but not so deep!" He laughed as I bent over, coughing.

I didn't like the taste, but I persevered. A bit of glowing ash fell onto my shoe as I tapped the cigarette with my index finger.

The sun had dipped below the tops of the high-rises, but the roof was still saturated with warm late-afternoon light. I lit another cigarette myself, then settled onto the ledge and watched the ashes swirl away on the breeze.

The windows turned bright in the nearby buildings. In one of the rooms, a man dressed in white looked up from a microscope.

"We should probably go," I said.

"Hold on, Ora," Eli said as I moved toward the fire door. "You take this." He tossed the lighter and I caught it in my right hand. As Eli pushed the door open, I ran my finger over the engraved initials, the metal cold and heavy in my palm.

The stairwell was hot, and the painted brick walls smelled of latex and soap. Six floors below, the ward awaited us, with its enveloping hum of hopes and anxieties. I blinked under the fluorescent lights, the night's freshness still palpable on my cheeks as I started down the stairs.

Melissa S. Tesher MD, Residency Program in Social Pediatrics, Dept. Family & Social Medicine,
Montefiore Medical Center, New York, New York

∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝

Prose 2nd Place Winner:

The Perpetual Lesson

Saturdays rarely fulfill the pledge of rest people promise themselves every Monday as a reward for surviving another workweek. One weekend in June 1981 started off as an exception. It was late afternoon. My husband and I had just enjoyed a day of swimming and water skiing. We sat on the front porch, which overlooks the lake, so we could enjoy a few more precious moments of relaxation. I allowed my senses to be entertained while savoring the "good tired" feeling that prevailed. It was in contrast to the "not so good tired" feeling one experiences as a family physician. The shimmer of the late afternoon sunlight dancing on the water appeared in concert with the crescendo-decrescendo movement of waves created by passing motor craft. The steady drone of boat engines was hypnotic and only interrupted by the squeals of children tubing or the occasional bark of a neighborhood dog. It was a luxury to be immersed in the moment, oblivious to the world beyond the range of my senses. The warm breeze I felt against my face brought smells of suntan lotion and the hint of lilacs and roses.

We left the idyllic setting of the porch to start preparing dinner. The police scanner perched on the kitchen counter began to squawk. A distorted voice said that a boating accident had just taken place across the lake from where we were. My husband, a physician, suggested we go to the scene to help. I was two weeks away from completing a family medicine residency and moonlighted three to four shifts a month in the emergency room. I was confident that we could handle whatever awaited us.

As we arrived at the scene of the accident and exited the car, my senses, which a few minutes earlier had been soothed, were now being assaulted. I scanned the area quickly, trying to process what my eyes saw but my brain could not grasp. A motorboat was loosely tied to a dock at the water's edge. Two men in their late thirties were sitting motionless on the ground that gently sloped from the road to the lake's shore. Sitting nearby, sobbing softly, was a girl about twelve years old wearing a blue-striped bathing suit. She appeared uninjured. Two boys about ten years old were laying on the ground closer to the dock. They were not moving. My husband headed toward them with an out of town emergency room physician visiting the lake on vacation. I walked toward the moored boat. In the middle of the boat, on the floor, I saw the body of a young woman with a bloody stump where her right arm should have been. A man gently placed a piece of tarp over her. The dancing waves of earlier now appeared cruel, showing no respect for the woman on board, as they relentlessly jostled the boat. Overwhelmed by the sight, I turned away.

Soon after, I became aware of more people gathering including divers with scuba equipment. The sounds of horns blaring and people yelling filled the air. Wailing sirens signaled that ambulances were approaching. Engine sounds from motor boats that earlier were calming now intruded on this tragic scene. Smells of motor oil, sweat and seaweed filled the air. My senses, which had delighted me earlier, now tortured me.

As the scuba divers prepared their tanks to enter the water, I asked for details about the accident. They said the motorboat tied to the dock had eight people aboard, two families, each with a father, mother, daughter and son. It was traveling across the lake when another motorboat was seen moving with excessive speed at a right angle toward it. The speeding boat hydroplaned and crossed in the air over the middle of the first boat. The blades of the motor had struck at least four of the passengers who had been sitting in the middle of the boat, the mothers and sons. The fathers had been sitting in the front of the boat and the daughters in the back. Seven of the passengers had been accounted for and they were diving for the eighth, one of the mothers.

Panic seized me as I tried to figure out what I could do, what I should do. I was having difficulty thinking clearly and tried to reverse the mental paralysis the emotions of futility, anger, disbelief and sadness created. Feeling both helpless and the pressure to do something productive, I realized that all the medical training and experience I had did not prepare for me for this.

I struggled to find something to do that would help, anything that would make me think, not feel. Then, a woman in her sixties approached me and said one of the girls on the boat had been taken across the street to her yard. She asked if I could come over and take a look at her. Crossing the road, I noticed a girl stretched out on the front lawn. Her eyes were open and staring at the sky. She wore a green tank top and navy blue shorts. As I approached, she turned to look at me but maintained an expressionless face. Her eyes seemed to say what she must have been feeling. I knelt on the ground beside her and asked her name.

"Katie," she replied.
"What a pretty name – how old are you?" I asked.
"Thirteen."
"Do you hurt anywhere?"
"No."

She remained quiet as I examined her. I asked if I could lift her shirt to check her belly and she nodded yes. Underneath I found a fresh horizontal laceration about 8 inches long across the middle of her abdomen. It was a few millimeters deep and not bleeding. She did not indicate that she knew it was there and neither did I. After gently replacing her shirt, I just held her hand quietly until the ambulance had arrived. No further conversation took place but in the silence I could feel her fear and confusion.

After she was moved to an ambulance, I went to help my husband and the ER physician who were caring for the boys. Both boys were in critical condition. The prognosis was poor. The boy with apparent head trauma was to be sent via helicopter 30 miles to a hospital with neurological services. The other was to be transported via ambulance to a hospital 10 miles away. My husband chose to go with the first boy and I went with the other. As I rode in the back of the ambulance to the hospital, I forced myself to focus on the clinical status of the boy in an effort to avoid thinking about the circumstances that brought us together. I accompanied the litter through the short corridor to the emergency room, knowing that he would never walk out of the hospital. A few hours later, the late night news reported that both boys had died and the body of the second mother had been recovered.

The front page of the newspaper the next day gave a detailed account of the accident. The families had come to the lake for ice cream and a boat ride to celebrate a victory earlier in the day of the boys' baseball team. Four people dead and two families shattered.

Almost twenty-five years have passed since that Saturday in June. It is said that experience is the greatest teacher. The lessons I learned could never be taught in a classroom or a clinical setting. I saw how strangers banded together to help. I developed a new respect for paramedic and ambulance crews as I saw the challenges they deal with regularly. I learned that sometimes just holding a hand is the best thing you can do for both yourself and the patient. My awareness of how fragile and transient life can be was increased. I saw that even though I had experience, my limitations as a human being were the most restrictive. I discovered that the emotional impact of a critical situation could impede efforts. I realized that I have to actively compartmentalize my emotions in order to be effective and then deal with those emotions after the crisis has passed.

Life consists of events that serve as defining moments. Despite the passage of time, I continue to learn from this experience that took place when I was young and early in my career. This is because it is the point where one is in their personal and professional life when an event occurs that determines its impact not the actual event itself. This is perhaps the most important lesson that I am still trying to understand.

Maureen Litchman, MD, Wyoming Valley Family Practice Residency, Kingston, PA

∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝

Prose 3rd Place Winner:

Isaac

End of life is always hard, particularly so when it ends at its beginning—with stillbirth and fetal death. When I was a family practice resident I was deeply disturbed when doctors' well-meaning but paternalistic actions deprived the grieving mothers of their own needs in order to make the clinicians themselves more comfortable.

I remember two cases in particular—one young mother, close to term, who had been in a car accident and cried with disbelief as she lay in the delivery room, sonographic evidence confirming no fetal heart beat. Without asking her, she was given IV medication "to calm her down", and she proceeded with the labor and delivery in a state of somnolence. I remember feeling outrage—she had every right to cry, she had lost a child, for goodness sake!! Who were we to rob her of her grieving??

Another case involved a teen, who, for the second pregnancy in a row, was going into premature labor at a mere 19 weeks. Being the resident on call, I examined her first and still recall the awful, sickening sensation of a bulging amniotic sac and feeling tiny feet within, kicking wildly as if they could somehow climb back into the dark, warm safety which was releasing them. Both the neonatologist and the OB attending refused to come in, saying that there was nothing they could do, and that I should be able "to handle it" myself. I, the second year resident did "handle it" as best I could, hopefully with empathy and kindness, though my heart grieved when the young boy a-borning, unable with tiny lungs to even cry, merely voided once, and died in my arms. The teen mother held him in a state of disbelief, uncertain what to do, how to feel, and not out of the woods, yet—oh, no, for the placenta, as often happens, had refused to relinquish its place. Again the OB attending refused to come in—"just sedate her and we'll take her to the OR in the morning." I hoped that practices would change and allow for a more dignified and sympathetic handling of future such situations. Little did I know at the time that twelve years later I would have first-hand patient experience.

It was with great anticipation that I went to my routine sonogram at week 19 of my fourth pregnancy, wondering if we were expecting an Isaac or a Madeline. I was immediately aware of a problem—the placental blood flow seemed only one way, and the technician's face lost its smile. I, of course, went into "mother mode", not MD, and looked with joyful wonder at the little head, perfect little spine—(the folic acid worked), and eagerly anticipated seeing more, when she suddenly stopped, saying, "It's routine to get the doctor to check on the sonograms. I'll get her. It will only be a minute." As a "minute" turned into *25* and then 30, with brief interruptions by the tech to ask, "when did you see your doctor last?", "what office?", my unease grew, but I held my belly protectively and still, yes, STILL, felt movement within.

The radiologist arrived and gently began to move the sonographic wand. Again, the little head, the spine, the chest, which I now could see was inexplicably silent, no movement. She said nothing , but looked at me for a moment. Before she could speak, I helped her out—"There's no blood flow, no heart tones, are there?" "No, there isn't," she said quietly, "I'm so sorry." I was still in disbelief, still certain that I felt the little life moving inside me, there must be some mistake, but I got dressed and prepared to make some necessary calls. I had hospital coverage to arrange and resident teaching duties to delegate, not to mention breaking the news to my husband.

When Dr Brown, (all names are changed), who was on duty for my OB group, called me later, he was respectful and kind. He stated that the best option was for a D and C and E, which would most likely be scheduled for Thursday, (today was Tuesday), as that was the next time the group had early OR hours. Dr. Johnson, who would be the attending physician that day, was actually at another facility at this very moment doing the same sad procedure. Dr Brown further explained that "the products of conception" could be removed at 7:30 in the morning. I'd recover from anesthesia, and most likely be home by noon, ready to eat something if I wished. (Food was the last thought on my mind). He also wanted me to know that Dr Johnson offered another option. "It sounds like torture, but you deserve to know that you can come in and we could induce labor. We would do it in the delivery suite, but we would put you in a far corner for privacy. You'll have to endure all the usual pain of labor. But don't worry—they'll make sure you have medication for pain and some sedation." I was definitely not sure I wanted "sedation", and asked if an epidural was possible. No, that was generally not done in these situations. Without a moment's hesitation, I opted for the "torture" of labor.

We arrived at an LDRP room exactly at 7 a.m. on Thursday, after two valuable days of emotional working through the anger and guilt. I was out of the way but could still faintly hear the "wumpa, wumpa, wumpa" of a fetal monitor down the hall. Rather than being distressed, I was comforted to know that somewhere new life continued when my own did not. I had a speech rehearsed—"I know it's silly, but I can swear I still feel movement. Please have him check again before we begin." The nurse assented. "And please—they won't dope me up, will they? I want a clear head." No, she said, they would not give me anything I didn't want. Dr. Johnson wanted this to be as natural as possible.

The prostaglandin suppository was many times the dose used to induce a term labor. He warned me that it would be miserable and had lots of side effects—fever, nausea, headache, diarrhea. Anything I needed for comfort I could have, don't be afraid to ask, as it was not going to change the outcome any. He was very sympathetic and respectful of my choice to forgo drugs as much as possible, but he also warned that I might need doses every four hours if things didn't progress. "You never know," he said. "Sometimes these little ones appear quickly, sometimes it takes a while." "Little one", he had said—not "products of conception," not "tissue", but "little one"—my little one. I was grateful.

I did, indeed, suffer every promised side effect, all without the haze of medication during the next several hours of labor and delivery. Afterwards they brought me Isaac, wrapped up in a receiving blanket just like any other newborn. The clinician in me saw the distortion of his occiput, the soft and curved limbs, the erosion of some of the more delicate features from being in the fouled amniotic fluid so long. The mother in me, however, merely wept to think that he might have had distress and pain. I was glad that I had given him my own pain, the only gift I could present him. I gazed on the little broken body, but saw only that he was beautiful. He had broad little shoulders, narrow little hips, and ten perfect fingers and toes. I gently touched him all over—he was so cool and soft and fragile. His spine was indeed perfect, as were his two tiny ears. I touched his lips and noted his brilliant, blue eyes. How handsome he would have grown—probably a blonde and gentle giant like his father. Softly I sang him his first and only lullaby—"Hush, little Isaac, don't say a word, mama's gonna buy you a mocking bird..." When the song was over I said my last goodbye, and allowed the nurses to take him.

The following morning I left the hospital with a lovely box of mementos that I will cherish forever—Isaac's smudgy little footprints, nameband and photograph. I left, too, with a deeper understanding for patients. My clinical and precepting encounters for follow-up miscarriages now encompass more than just the medical facts and exam. We speak the baby's name, if known. We acknowledge that their unborn life still has meaning to others. We may even share a hug or a tear. And never, even for early miscarriages, do we use the term "products of conception".

As physicians, we need to embrace, not shun, our life experiences, thereby taking better care of our patients as well as ourselves. Empathy is a strength, not a weakness. After all, the doctor/patient relationship is first and foremost a relationship between two human beings

Maryellen All Schroeder MD, UPMC St. Margaret, Pittsburgh, Pennsylvania

∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝

Prose Honorable Mention:

Care of the Underserved

9th and Carson

Twelve patients in a waiting room small enough for four. A young man whispers his sexual history while a makeshift partition away another man tries hard not to listen. A free medicine cabinet, expired lidocaine, a psychiatry consult in a closet, falling plaster. The United States spends over one point seven trillion dollars on healthcare.

Tapan (Smith), MD
Faculty Development Fellow

I Had No Idea

He said the Zantac helped his heartburn. The house was quiet when she came home. He had no other complaints. The steps to the attic were lowered. His exam was normal. He was on a rocking chair. He thanked me and shook my hand. He put a gun in his mouth and pulled the trigger.

Tapan (Smith), MD
Faculty Development Fellow

I Have Saved the World

Stars have aligned themselves above in the **C**old nig**H**t. The pres**I**dent know**Z** who i am. So i cam**O**uflaged myself by the dum**P**ster. As the conspiracy grows, my mind connects t**H**em all together. i am the key to a f**R**agmented **E**xiste**N**ce. **I** must hide to s**A**ve the world from it's own destruction.
Steven (Smith), DO
Faculty Development Fellow

Alone

Elderly, frail; thinning gray hair in cornrows; quietly dignified. No diagnosable malady, just old age. Her time had come and we both knew it. They told me to order another test. She just wanted to go home. But, she endured our unwillingness to give up, only to die on the transport stretcher. I wept alone.
Sandra (Smith), MD, MPH
Faculty Development Fellowship Faculty

Missionary Medicine

Every six months the people come to see *El doctor Americano*. They share their pains from the prior six months and those they fear in the next six until *el doctor* returns. I am *el doctor*. I heard these complaints six months ago. I hope to make a difference. I fear it's a revolving door.
Philip (Smith), MD
Faculty Development Fellow

The Smallest Piece

Words spoken. Hands shaken. Pleasantries exchanged. Talking, listening. Questioning. Examinations. Explanations. Expectations. Testing. Waiting. Prescribing. Forced smiles. Insincere nods. Agreeing to plans that won't be followed. Treating diseases that can't be cured. An unsatisfying visit. Asking permission; touching his shoulder; praying together. Only seconds. The smallest price. The smallest piece? "Thanks doc. That really helped."
Jackie (Smith), DO
Faculty Development Fellow

Fighting The God Fight

Struggling less and less and less. Praying none, for fear God would help her. Dreams gone of liberation from her white master she hates, but has elevated. She bows: genuflected-head down-eyes closed-nose open "Sell all you have to follow me," he beckons. "…i will…" she snorts her all powdered god.
Stephen (Smith) MD, MPH
Faculty Development Fellowship Faculty

Joel H. Merenstein MD, UPMC St. Margaret, Pittsburgh, Pennsylvania

∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝

Poetry 1st Place Winner:

My Patient Returns Home

Horses? Crochet and Knitting? Angels?
She wonders what I like.
I like survival.
Connecting. Nature's work.
Sleeping more than six hours in a row.
Recognizing moods as transient.
Not persistent beeping – of the monitor, the pager.

But yes
persistent beating, of heart.

I like that she is back in the exam room,
walking this time to the door without collapsing.

Daily I went in, called other strangers who were
Making decisions about how to
Reel her back in off of the precarious edge, for another day,
Watching so many complications thrown her way.
I need a calendar for
Keeping track.
I can't imagine how all that happened in three weeks.
More than body seems to have changed too.

She was always cheerful.
On the in breath:
So sorry that I caused a commotion in your office.
On the out breath:
I would like to be home for Thanksgiving.
Oh, but I am willing to give thanks here.

She has now eight meds, we recite them together,
And make a plan to wean her off them.
Her body is improving all the time,
Except that the incision that connected her leg and heart and the blood of strangers
Is not sealed up – she is open to the world and
Pleased at the shift.

Tina Holt MD, Maine Medical Center, Family Medicine Residency, Portland, Maine
∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝

Poetry 2nd Place Winner:

Memorial

I didn't know you were the first person in your family to go to college
That your home was a gathering place for neighborhood kids
Who you taught to do cartwheels
And helped catch frogs.

I didn't know you sang first soprano in the church choir
Had impeccable taste
And are still famous for your apple pie.

I didn't know you were beautiful
(Though your skin was still lovely)
That you had many suitors
But eloped against the wishes of your parents
A shoebox of letters proof of the passionate beginning of a fifty-year love.

I didn't know you were young once.

I met you when you came to live with a daughter
With a healing hip and a failing memory
No longer able to live alone.

I sometimes resented you
For your demands on my energy and time
For resisting my medicines
For being old.

I was away the weekend you died.

I almost didn’t go to your memorial
My sense of duty competed with
Saturday errands
Second guesses about your care
Fear of your family’s blame.

I was welcomed as an honored guest
As if my presence proved your importance
(And elevated mine).
I sang the hymns and said the prayers
I listened to the stories of your family and friends
I celebrated your life
And I was healed.

Carla Jardim MD, Hunterdon Family Practice Residency Program, Flemington, New Jersey

∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝

Poetry 3rd Place Winner:

Washing Feet

Being thorough, I remove a holey sock,
to view a diabetic man’s filthy feet.
I use the time to complete our talk
of what drove him to live on the street
as I wonder how any of this can help.

While he tells me more of his medical past,
I run warm water into a stainless bowl.
I immerse both his feet, and begin to ask
myself what good it does for this poor soul
to allow himself to undergo this ablution.

Silently I sluice the water between his toes
and soap the crusty callous at his heel.
I marvel at his arch, and notice how closely
it fits my palm. I know he can feel
this proximity too. He shuts his eyes.

Months of useless layers peel away,
revealing layers useless weeks ago.

Removing the tough brown hide of yesterday
yields clean pink skin, but we both know
this ritual will be useless days from now.

Still, this moment may withstand time's test,
teaching us each lessons unknown before.
I learn the medicine of selflessness.
He learns what medicine is really for—
the hope that basin, soap, and touch can bear.

Robert Fawcett MD, MS, York Hospital Family Medicine Residency, York, Pennsylvania
∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝

Poem Honorable Mention

Big Blue Van

life it not a clinical vignette

a person isn't a patient, a patient is a person

there are as many stories as there are people
usually more

there are thousands of ways to abuse another human being

the kid with the worst track marks will be the most afraid of shots

in a four by eight room you can stand more than a million miles away from another human being
or touch their soul with a tissue and an extended hand

when you are the same age as your patients
they are going to ask you out
(this may also be true when they are not the same age)

children will do anything for stickers
so will their parents

a tortured child
never escapes

there is a direct ratio between the number of piercings and tattoos a teenager has
and the amount of disdain they have for their own existence

a shower and clean clothes contributes significantly to one's dignity

if you are not uncomfortable
neither are they

medicine is a social justice issue

you won't like some patients
some patients won't like you

the patient that hates you the most
is the one that most desperately needs your love

some babies are ugly
but not to their mothers

a child will vomit on the single article of clothing you can not remove
and which requires dry cleaning

never wear anything that requires dry cleaning

don't wear a white coat if you don't have to

every child is smart
tell them so

it's never too late

say thank you

no stds this time
doesn't mean you are a superhero

the girl who comes in two weeks late for her depo shot is already pregnant

condoms -- 'sometimes'
does not prevent AIDS

children will listen

nipple piercings commonly become infected

some tattoos are beautiful

there is something terribly terribly wrong in our foster care system

when you keep up your end of the conversation
the patient doesn't notice you've completed the physical exam

listen

you will broaden your definition of "home" in order to survive

patients will be embarrassed
don't you be

condoms break

some parents are not meant to raise children
knowing when to revoke that right
is a terrifyingly painful decision

mothers will sneak many things into their newborns bottle
they will tell you if you don't forget to ask

don't scold
counsel

every physician is a psychologist

every patient has something to teach you
some lessons are more painful than others

you will pick up the crying child with scabies

hold every baby

half the strength of a physician
is the competence of the assisting staff

you will tell a patient you will address something later
write it down
address it later

the child brought in by the mother's friend
will have a fever and no consent note for treatment

rules are not truth

hugs are incredible medicine
the most irritating five year old
will hold the most cure

they will notice that you are white
if you don't mind
neither will they

speak their language
hablate su idioma

when you ask how much they smoke
ask how many ounces
and how many cigarettes

sometimes straight is straight
sometimes it's curved

sometimes you sell the only thing you have left
let there be no shame in that

don't judge

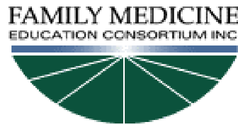
make eye contact

explain

sometimes
you can't help

Sarah C. Nosal, PGY-2, Beth Israel Residency In Urban Family Practice, Phillips Family Practice, New York, New York

∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝∝



www.fmec.net

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 2007) are not eligible for this award. An author may submit one poem and one prose piece.

The best submissions will be honored at the 2007 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). 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 2007, if necessary.

The deadline is April 1, 2007

The awards will be presented at the 2007 STFM: NorthEast Region meeting
October 19 – 21, 2007
Hilton Pittsburgh
Pittsburgh, PA

For more information contact: Ms. Julie Schirmer, MSW schirj@mmc.org or Paul Gross, MD pgross@pol.net or Laurence Bauer, MSW, MEd laurence.bauer@sbcglobal.net, 937 428-7866
Please share this announcement with your students, residents and community-based colleagues.