On July 30, 2014, the UMKC School of Medicine said goodbye to Marjorie S. Sirridge, M.D., a pillar of the school from its inception. During more than 40 years at the School of Medicine, Dr. Sirridge served as dean, docent, and founding director of the Sirridge Office of Medical Humanities and Bioethics. Her deep appreciation for the arts and medical humanities led her to start a new publication — the *Human Factor* — to showcase the creative talents of the school’s students, residents, faculty, staff and alumni. While time and resources affected the publication’s annual print schedule, its original purpose and meaning remained through each issue. As we present this edition of our humanities magazine, we honor Dr. Sirridge by sharing her final, handwritten introduction to the *Human Factor*.

**Vision**

"Welcome to Volume 8 of the *Human Factor*. It is to be published annually by the Sirridge Center for Medical Humanities and Bioethics. In my introduction to Volume 1 in January 1999, I stated that in our many medical humanities courses emphasis is placed on describing the human experiences in poetry, stories, essays, music and art. It is from such creative activities that the many personal articles in the magazine have come. I have reread the printed issues and am impressed with their relevance. So I am glad (that) this kind of publication will continue and I urge students, faculty, staff and alumni to continue to contribute. We hope to include more about bioethics in the future. This is a way for you to stay in touch with your school, your classmates, the faculty and other connections from your lives here at your alma mater. I wish you well as you continue your efforts to serve those needing your help and your personal contributions to the health care of the people and communities you serve."

In this issue...

- Healing Arts Awards Winners .......................................................... 2
- Student and Alumni Submissions ...................................................... 7
- Faculty and Resident Submissions .................................................... 14
- Special Highlights ............................................................................. 18

**ON THE COVER:** Artwork by Trent Myers, M.D. ’13

Please send your essays, poetry and other artwork for future issues of *Human Factor*. To submit your entry or for more information, contact Marilyn Pesto, Director, Sirridge Office of Medical Humanities and Bioethics, at PestoM@umkc.edu or 816-235-5882.
Welcome to the *Human Factor*, the UMKC School of Medicine publication that celebrates the connection between art, humanities and the practice of medicine.

In 1992, founding physician-docents Marjorie and William Sirridge established The Sirridge Office of Medical Humanities & Bioethics. Its purpose is simple: to integrate arts, humanities and bioethics into the study and practice of medicine at UMKC. The Sirridges understood this connection was critical to educating the best future physicians and medical professionals. And we agree.

In this issue of the *Human Factor*, we showcase the wonderful creativity, imagination and talent of our students, alumni, residents, faculty and staff. We also recognize the winners of our Healing Arts Awards, honoring the very best pieces of literary prose written by students in our medical humanities courses. Congratulations!

All of the printed words and images featured in this publication make the important link between an appreciation of art and compassionate patient care — illustrating the significant role of medical humanities.

We hope you enjoy this issue.

---

Steven D. Waldman, M.D., J.D.
Associate Dean, International Programs
Interim Chairman and Professor,
Department of Medical Humanities and Bioethics
I Will Stay
By Lisa Brown, M.D. ’15

Will you stay just two more years
So I can follow you, not just by tears
Remember me. And please call
Once twice a week,
I expect some not at all

I will stay in this town
Wishing you were still around
This place from which you came
Will remain the same
But you will be changed

And don’t be scared
I’m right there
Just a phone call or plane ride away
Even 3 hours plus driving time today
Then when it’s my turn to choose
I’ll be looking for you
To lead the way, but for now

I will stay in this town
And hope to see you around
And this place from which you came
Will remain the same
But you will be changed
And it was exciting and it was frightening
And it was oh so many things
And then all alone, strangers at home
And the view was just a memory
That we all still dream
We’ll all leave this town
And wish we all were still around
And this place from which we came
Will remain the same
But we will be changed

Imagined
By Sally Azer
Third-year medical student

Imagined, still unforetold are the possibilities
Encompassed in a white coat,
For a firm knock before entering
Opens doors to the ensuing journey.

Formulas fail to positively predict the value of this opportunity,
For from charts we set sail toward uncharted territory.
Unknown until explored
We boldly proceed
Cautious of the risks,
Intelligibly equipped with caffeine.

Soon our findings form a differential
Between what once was and what may be.
Alleviating factors discerned amid pain
We learn to forget transient complaints
Chiefsly for the oath we keep in reverence
Will find its worth sustained.

A dose of reality can be intoxicating,
In quantities not taught in pharmacology
Nor prescribed per patient ID
We happen upon medicine by choice and by chance,
And it treats us as we let it.
Side effects are felt in adversity and in triumph,
In continual inching through this valley of death,
We come to find healing in its end.

The question stands,
After all exam bubbles have been filled
Will those cold hands remain to poke and probe
Numb by the years of bearing a yoke?

No matter the depth an ophthalmoscope offers
Eye level grants us the most sobering sight,
For there we see
We have been clothed in hospital gowns
All the while.

To keep an art from disintegrating into a sterile field
The sharp or dull quality of our attentiveness
May be the factor to favor the fate of health,
For presently we write history
So seize the moments as they come
And let history document itself.
Someone Else’s Angel

By Danielle Cunningham
Fourth-year medical student

It was the last day of Hospital Team Experience. I was excited to round with the older students, to learn from them, and work to become more knowledgeable. During rounds, the team encountered a patient in agonizing pain. He was suffering from end stage liver failure and a lack of support. During my lunch break I went to sit with him, to listen to his stories and help him forget the pain for a short while. After laughing together over a shared appreciation for odd movies, he sighed and looked at me, and hoarsely whispered, “I think you’re my angel.”

Touched, and with a song in my heart, I went to go fulfill my final rotation half-day in Truman’s ophthalmology service, learning, discovering, and wishing for more time in the hospital. When it was time to go home, I looked at my cell phone for the first time that day, only to see seven missed calls, many from an unknown number and several from my mother. As my stomach lurched into my chest, my trembling fingers made the call. My mother did not answer. I called the other number, which responded “ER.” Terrified, I gave my name and stated that I had received several calls. They said my mother was very ill and I should get there quickly. Frantically, I raced to reach my mother. Each heart-wrenching thought crossed my mind and threatened to tear me apart. I arrived and was quickly ushered into her room.

“Baby,” she said, breathlessly. “I’m so sorry.” Tears welled in my eyes. “What happened, Mom?” I said, toeing the line between being a concerned daughter and a medical student, holding my white coat in the crook of my arm and holding back tears in the same moment. I grimaced at seeing her intravenous lines and nasogastric tube.

“I’m sick again,” she said in a shaky, scared voice.

My mother had been healthy, but faced a dangerous, rare autoimmune disease that threatened to exit remission at unpredictable times. She was frequently hospitalized during my childhood, but miraculously was free of symptoms for five years. We are each other’s only family; without her I would be alone.

It was hopelessly devastating to think that while my mother was being admitted to the hospital alone, I was off being someone else’s angel. While she desperately tried to reach me, I was chatting with patients to boost their spirits. While she was being loaded into the ambulance, I was walking the halls and finding inspiration from older students. In the midst of my priority, there was crisis. I looked over at my mother, such a powerful and formidable role model, in the worst pain of her life. I felt unable to cope with seeing her in such excruciating pain, and the thought of losing her was more than I could bear. I prayed for my mother’s angel to end the pain and return her to health.

After several surgeries and nights in the intensive care unit and over a week in the hospital, I could finally take her home. Watching my mother’s disease return with a renewed vengeance turned my life upside-down. As I struggled to return our lives to a semblance of normalcy, I made several realizations about becoming the angel I wished my mother had for managing pain aggressively, calling for surgical consults as quickly as possible, putting nutritional orders in the computer promptly, or updating families during long surgeries. Becoming a physician means caring for people when they need it most, often ahead of one’s own needs. Saving lives and easing pain is the noblest of professions, and every time I help my mother to stand or comb her hair, I am singed by the fire for medicine that burns in my heart.

I am singed by the fire for medicine that burns in my heart.
Upon the Meeting of New Friends

Great minds were meant to meet
Yea, good friend of mine.
These are how great feats are made
Yea, we think in rhyme.

RE: A Heart

On a helipad she arrives
Almost out of time,
Almost without the heart she needs;

Through bursting doors
To the surgeons’ wards,
To let the maestros do their deed;

While ticking time
Throws a stich so fine,
Between ice and a mother’s kiss;

And behold!

This heart-to-heart,
Spoke hand-to-hand
Declares the gloves came off for this:

That when she awakes
The dead, fresh from dreaming
All of us quake in our shoes.

We ache in relief — Nay!
We rejoin in our trembling!
One of us has made all anew!

Test Day

Happy the one hard-hitting his head,
So happy his relief when he’s done.

A proof to the world of his learning’s delight,
A proof to himself that he’d won.

And now, with this wisdom so heartily met,
It is time and a half for some fun.

To a Burn Victim Upon Becoming a Fire Dancer

On the Occasion of New Year’s Eve, 2005

Fire dancer, fire eater,
Fire walker, fire seeker.

Spinning flames with your own hands,
Spinning fate in the manner grand,
Spinning life and death around,
You spin our hopes high off the ground.

But do you know what you mean to us?
Do you fathom all our thoughts as such?
You’re like first fire to firstest men,
A burning hope giving us first strength.

And this is why we honor thee,
The goddess fire who sets us free,
Who keeps us safe in darkest nights,
And warms us through our coldest plights.

You’ve danced around with all our fears,
You’ve faced the death that draws us near.
You’ve lived to see what lies beyond,
You’ve fought the flames that spark us on.

So leap and dance like living flames,
And sing us all our hidden names,
And spin us up to skies above,
Like heated prayers to what we love:

And what we love is life itself,
And how you show us all its wealth,
You show us how to live our lives,
You spark our souls and make us rise.
My White Coat

By Nathaniel Hayward, M.D.’14

I know this kid who has this white blanket.
He takes it whenever he goes away.
He says it protects him from aliens and their deadly space rays.
No one can harm him as long as he has it on; like he’s bullet proof.
I smile every time, but he always responds, “It’s true! It’s true!”
Funny, right? I laughed when I first heard it, too
And thought, this kid is “playing pretend” like I used to do.
But then I thought about how I still do the same thing.
But I don’t have a white blanket; I have a white coat.
I put it on every day as I go into the hospital thinking that it will protect me from deadly space rays
That I see other people suffer from like diabetes, dementia and AIDS.
My white coat makes me immune to aliens that my body knows as foreign.
From gun shot wounds, chlamydia, autoimmune disorders, pneumonias, and Lymphomas.
When I have it on, I am protected from heart attacks and strokes
And financial crisis and public shame that ordinary human beings go through.
But not me because I have a white coat.
It’s true. It’s true. My white coat is my defense.
From any evil that exists.
Until I take it off and see that the evil aliens and deadly space rays are hurting my family and friends.
And, eventually, they will take me in the end.
Ironically, I laugh at the kid with the blanket, but he’s really laughing at me.
Because he’s still naïve but what’s my excuse?
My knowledge deceives myself into thinking I’m Zeus.
A god who can cure the sick; save people from death
Walk on water and give the lifeless breath.
I may be smarter than most but I don’t have magical powers
I may be more dedicated but my day is only twenty four hours.
I need to take this statement to heart for my own sake.
My white coat is not Superman’s cape.
Because when I forget that it’s not, I’m just “playing pretend”
Because I don’t want to admit that I can get hit by the same space rays I try to prevent in the end.
“Hold My Hand”

By Vanessa al Rashida
M.D. ’14

I thought this was going to be an observation only and nothing else. My Interventional Radiology month was supposed to be observational only.

“I need someone to please hold my hand” she said. She did not explain why she wanted someone to hold her hand. I was told to take her hand by the attending and reluctantly did so. Her hand felt like a raisin in the sun.

The patient brought in on her bed by a transporter. She had a huge ascites from her liver disease that was causing her great pain. Her hand held onto mine like a vice grip. I wanted to tell her she was hurting me but my words fell silent.

With the use of the ultrasound machine, we were able to find the ascites. There was a large amount of fluid.

I did not understand why she needed someone to hold her hand. Her hand was also dry.

As the procedure was coming to an end, the attending by that time have already left the room. The resident then explained how the draining might take a while, cleaned up his workspace, signed a few papers, and left the room.

She wanted someone to hold her hand. It could have been anybody. I thought the nurse would have done it. As I was holding her hand, my reluctance soon transformed into something profound. It was as if we were not only physically connected by our hands but emotionally connected through our hearts. It was not until towards the end of the procedure that through holding her hand, I saw this procedure through her eyes, through her feelings about it. When she winced at the needle sticking her, I found myself wincing too. When she squeezed my hand, I squeezed hers in return. It was until then I understood why she needed someone to hold her hand. She did not need words to explain why, but through her actions. In the end, I no longer was reluctant but glad to have been the one given the responsibility to provide her comfort during this time.

When the appropriate amount of fluid was extracted, the tube was removed from her abdomen. She released my hand and tiredly said, “Thank you for holding my hand.” I looked at her for a second and could only find myself to say, “No. Thank you.” From this invaluable experience, I have learned to always provide not only the medical needs to the patient, but a helping hand as well.
For Days of Sorrow

By Azka Afzal
Sixth-year medical student

Life is a struggle
We can't always have it all figured out
When it seems like things are breaking you down
Just know that they are adding to your complexity
When you shatter a vase
And are able to glue the pieces back together
You have turned something ordinary
Into something magnificent
And multi-faceted
Like a new pair of jeans,
It's only through breaking it in
That you are able to get comfortable in your own skin
As life is progressing around you, you are constantly evolving
Like a piece of clay
Being constantly remodeled
By the familiar hands of a pottery maker
Who comes to recognize
And understand
His masterpiece
More and more
As each day passes
It is only when the pottery maker glazes over the clay
That you should start to worry
For unlike a piece of artwork,
For as long as you keep living,
You are never done

Serenity

Poem and photo by Hasan Bader
Sixth-year medical student

As I walk out of the medical school in the twilight hours,
after finishing an exhausting call or a late night of intensive studying, Hospital Hill seems to change. The same spot during the day goes unnoticed by the people frantically bustling in and out of school. But during the night, as the moonlight shines — it becomes surreal. So still. So peaceful. It allows me to take a moment and reflect on why I am standing here. As medical students, we become so preoccupied with ongoing exams, clinical rotations, and constant reading, that we tend to loose sight of the bigger picture. Moments like this make us appreciate the work we put into our academics, remind us why we do it, and inspire us all over again to exert even more effort towards reaching our goals, hopes and dreams.
I'm Fine

Original artwork and manuscript by Apurva Bhatt
Sixth-year medical student

I constructed this painting after learning one patient’s plight against depression. My dog Ozzie and I are a certified therapy animal team through Pet Partners, and we visit a local behavioral health hospital every Saturday. The first time this patient attended our group therapy session, she made no eye contact with Ozzie nor me. She sat in the circle, but didn’t say a word as the other clients poured over my dog. What was more interesting was seeing Ozzie’s reaction to her. He had never been so openly rejected by a patient before. He gently nudged her hand, hoping for a response, but she withdrew and faced the opposite direction. I didn’t want to make her uncomfortable so I redirected Ozzie to interact with another patient. The next weekend, I tried harder to engage her, offering her an opportunity to give Ozzie a treat. She looked up and to my surprise, said “yes.” When Ozzie approached her, she gave him the treat and a pat on the head, but that was that. The week after that, she seemed different. At first I couldn’t put my finger on it, but then I realized she was smiling. She still did not utter a single word, but as Ozzie went up to her, she smiled and pet him. On subsequent visits, she began to express herself more. Each week she politely asked if she could give him a treat, and I always obliged. One day, she told Ozzie her story, about how she couldn’t fight her self-destructing thoughts, how she would tell people she was fine even though she wasn’t, how she felt alone, and how she missed her cat. I suppressed tears as I tried to maintain my composure. I could tell it was a breakthrough moment for her. Then she said, “everything changed when I stopped saying ‘I’m fine.’” After seeing the remarkable progress she had made, I began to understand the profound impact mental health treatment can have on an individual. Her story resonated with me, and I decided to depict her struggle through art. Thus, this piece entitled “I’m Fine” was born. This piece was featured in Every Mind Matters, an art gallery dedicated towards raising awareness and fighting stigmas of mental health. People with depression struggle with the symptoms and disabilities that result from the disease, and are challenged by the stereotypes and stigma that result from misconceptions about mental illness. As a result of these challenges, people with depression can have a reduced quality of life due to their illness affecting their job, home, health, and loved ones. Often times, they do not reach out for help until it is too late. It’s unfortunate that in this day and age, individuals suffering from depression undergo so much pain and suffering when there is ample help available. Treatment works. It is important to recognize the signs and symptoms early on so that these individuals can live healthier and happier lives.
Release
A spoken prose submitted in writing
By Ehren Ekhause, M.D. ’14

Tears fall, hitting a weathered cheek warmed by a heat that’s been burning within, yet until this very moment, a coat had covered these nerves, numbing, hiding the awareness of the inferno within. “Yet what coat,” we object. “For my skin feels the wind.” With a certainty of God we yell, “my body feels the warmth! So now you, speaker of blasphemy, what be of this coat?”

What be of this coat? What be of this coat? … But a withering skin, a shell that attempts to carry you within. We are told, you can’t change who you are. We are fed, you are defined by your past. But wait … stop … question, who am I? Who is it that can’t be changed? I, in these clothes, in this role given to me, can this not be changed. And who’s past? Men who enslaved another, with some distinction that you and I, though separate words, are somehow distinct from a whole.

Man standing naked once sin to my eyes, yet here, shed of the proverbial fore skin of my fore fathers, I burn my coat. Here now, exposed, vulnerable, and naked, I am the fire.

Can’t change this body? My body, what body? We are all but massless forms, existing from one moment to the next, illusions of a constant. Yet believe in this illusion and you will find pain. A pain dating our earliest memories. The illusion that we are a solid, unchanging form, this is what turns us off, shuts us down. This is the blanket of smothering lies. For from womb to tomb, we are but a flame, burning with each outward lash, a collection of particles that come and go. As a cloud forms, reforms, so are we. Yet, our infinite form is collapsed. How? By the coat, which distorts our perception into believing that my fire cannot blend together with yours, creating the inferno.

Tears fall, hitting your cheek as you persist. “But my skin feels the wind?” This skin? This skin is not you. For no standard shape keeps your true form. For as wind blows, so does the fire’s potential. And there will always be wind.

Connection
By Julia Esswein
Third-year medical student

Connection. That’s all we desire as humans. We crave connection with our entire being. Why? I believe that deep down inside we don’t want to feel like we are the only ones trying to navigate the uncharted territories that are our lives. Because for me, finding out that I am completely alone in any aspect of my life would be a haunting realization. And yet, that thought leaves a silence, always lurking in the background of my mind, shearing my heart instead of my ears.

Why is it I crave connection so desperately, but am so hesitant to share parts of myself with another person? It’s discouraging how much easier it is for me to connect two complicated scientific concepts than it is for me to connect to a single, other human being. And I can only conclude that it is because connection with others requires vulnerability. Vulnerability is something that I am taught not to have. Be strong. Be confident. Don’t let others see you struggle. But when I reflect on the relationships I have, I realize that my most cherished ones are with people who understand and accept that I too have battles.

This innate yearning we all have for connection is the reason we are “taught empathy” in medical school: to remind us that, no matter how much success is reflected in our grades, we cannot help the whole person without establishing some sort of bond between ourselves and our patients. But establishing such a relationship is challenging because people are unique so there is no step-by-step guide on how to bond with everyone.

Unfortunately, we seem so focused on showing how much we can accomplish on our own that we don’t take time to understand the deep inner workings of one another. Nor do we realize how utterly empty this loneliness leaves us feeling inside. We aren’t made for the solitude that so often results from this mentality. We are designed for connection. It’s easy to see this physically: in how naturally our hands hold another person’s; in how effortlessly our shoulders can cradle the head of another.

I know what I can do to change such empty relationships in my life. But instead, I will frantically suppress these obstinate desires. I will put on my face of confidence and fullness that people have come to expect, because that’s just what I do. I smile on the outside, though it does not match my inner feelings of intense yearning for a deeper understanding and connection with another person. I will pass by my classmates in the hall and will quietly wonder, who else is wearing the same smile as me?
Finding the Om in Ohm
By Rucha Kharod
M.D. ’14

Even the tiniest, strongest, most stealthy microbe you can possibly infect your neighbor with today has the potential to be attacked by an antibiotic. Resistance is limited. Even the strongest rubber band, when stretched far enough, will snap. Force is limited. Even the most technologically advanced iPhone that may hold one million applications will eventually run out of battery. Power is limited. Even the most meticulously detailed, well-thought out plan can change in an instant. Control is limited. Newton said it himself, folks: “What goes up, must come down.” Yes indeed, science is limited.

Science may prove a flower is of a certain genus or species. But what gives that flower the beauty that we admire? Science may tell us our blood is red. But why does it not turn blue after we eat that blueberry Pop-Tart? Science may explain how a fetus grows in a woman’s womb. But how is this intricate development of the fetus regulated? Yes, some of you may say genes, of course? But tell me, where do these genes come from? If you think you can answer that, then tell me, why are my genes different than yours? “Why.” It is such a small word, but one that holds so much depth in the realm of science, so much unknown territory. Yet it is in this territory that it is easy to remain unconvinced and dissatisfied.

This is the exact point at which frustration begins, the point of no satisfaction. Science has proven itself to be something that is forever changing, something to which we never seem to have all of the answers. No matter how many books we read to cram the plethora of theories and facts into our hungry brains, our minds will never reach satiety because we feel as if we must prove each and every piece of information that crosses our path. Just as we find ourselves to finally have proved something, the satisfaction is ripped away from us in just a few minutes when we realize there lay many mysterious, unopened doors ahead.

So when do these limitations end? When am I able to confidently tell myself that I am fully in control of something? Something that cannot be taken away from me? Something that brings me undying, everlasting satisfaction? It almost seems as if I was more satisfied when I knew nothing rather than this partial, incomplete knowledge I seem to know now. All of a sudden, with this incomplete awareness, my ego pulls me in two directions: One side tells me I am intelligent and that I should demand respect with what I do know. But just as that confidence begins to build, the other side tells me, really? That is all you know? There has to be more. You can do better. Keep searching for true satisfaction! And as my ego plays a game of tug-of-war with my mind, I remain in the middle, distraught and disappointed.

I truly believe John Locke had it right with his theory of tabula rasa. When we were born, we were clean slates. Nothing phased us as babies. When we cried, we knew exactly what we wanted. We had a motive. Once that motive was achieved, our cries ceased. Why? What did I have then that I seem to be lacking right now? How was I so satisfied as a baby, when I was so clueless, but today, with the education and awareness I have attained, I cannot seem to remain satisfied for more than a couple minutes at a time?

You see, it is because we are mistaken. As a baby, we were never clueless. We were faithful. I had unwavering faith and trust that as long as I did my part, my letting out a little yelp, someone would be there to catch me so I wouldn’t fall, feed me so I wouldn’t starve, and take care of me so I wouldn’t suffer. Yes, it was true faith. As a baby, we do not consciously tell ourselves “if you jump off of the couch, you will fall and hurt yourself.” Sure, it may be proven that gravity will pull us down. But had we all been baby Einsteins and stopped ourselves from experiencing these falls, then we would never have developed. At that point, it was faith that helped us grow and learn from our mistakes.

This is what this society needs today. Faith. There has to be a point at which we are able to see that science cannot prove it all. Now, I do not believe we would be functional without science. Don’t get me wrong, science surely holds the secrets to the mechanisms of why we’re breathing, walking, and living. Science is what makes me who I am and you who you are. Indeed faith without science is blind. However, at the same time, science without faith is a bottomless, purposeless pit. We must realize this science did not just appear out of nowhere. Who decided that the genes I have would be mine and the cells you had would be yours? What determined that humans would have legs and snakes would not? Or birds would fly and we would not?

You see, this is the stopping point of science and the starting point of true faith. We have studied cellular biology. We have gone to the depths of molecular biology. We have picked apart the chromosomes and examined the smallest of genes. We have created a map of the entire genome of our persona. So what now? Do we keep picking it apart until we can no longer answer our own questions? I like to think this is why all scientists have messy hair. They just don’t like quitting until they are worn out. It is this point where we need to stop scratching our heads at science and instead turn our heads to the creator of this very science we are trying to control. Because you see, we will never be able to fully grip science without a foundation of faith. Faith, unlike science, is something that has been proven over and over to us to be something that NOTHING can destroy, not wind, fire, weapons, water, man, or
animal. So wouldn’t it be easier to take control of something that can never be snatched away from us rather than something that will forever be out of our control? Look at science with the eye of a devotee, not the eye of a close minded, faithless theory-prover. It is only when you start seeing the beauty of creation from a divine stance that you will truly enjoy the mysterious realms of science and find true peace and gratification in your life. This will be the OM (peace) you have been looking for all along.

When you have come to the edge of all light that you know and you are about to drop off into the darkness of the unknown, science will hold you back, forcing you to believe that if you take one more step, you will fall. But faith will be knowing and believing that one of two things will happen: You will have something solid to stand on or you will be taught to fly. And it is faith that will help you to find the peace amidst all of the theories, all of the limitations that science could not free you from. Yes, it is faith that will help you find the OM that you have been eternally searching for.

Artwork by Michael Price
Fourth-year medical student

---

**What is Human?**

By Nneoma Wamkpah
Fifth-year medical student

What defines a human?

On one hand, human is empathy
For the love of humanity.
It is our civic duty
To treat others with dignity
To behave in a manner humane.

The other, darker hand – to be human is to err,
To make acceptable mistakes, common mishaps.
Perfection is an abnormal insanity,
An ill-sought fantasy, arcane to all.
Yet it is OK to feel hatred or prejudice.

The same human that could stare into your eyes
And save your life from a calamitous fate,
Could also stare into your eyes
And then avert their gaze as you fall.

The same human that could lead a revolution
Forging new freedoms for man,
Could also lead a charge against a defenseless foe
Under false pretense of a threat.

The same human can exclaim: “I love you!”
While their eyes seer jealous rods into your chest.
Or run into your arms for a warm embrace
As they drive a hidden knife down towards your spine.

The mechanism behind the human condition lies in shadow.
Generosity, love; selfishness, hate
Humans have romantic, idealistic views of themselves
Only to hold themselves to simple, animalistic standards.

So, again I ask: What defines a human?
Global Medicine

Photographs by Omar Karadghy, fifth-year medical student

These pictures are from the annual Global Medical Brigades trip, organized by UMKC’s medical students who spend a week in a Third World country to bring medical aid to those who don’t normally have access to it. This year’s destination: Nicaragua. These are a few of the many images we have that describe the trip better than any words could. I hope through these pictures the viewers will be able to get a small taste of the wonders of international volunteering.

(Top) A picture of the workhorse of our clinics, the triage station. Here we have two fourth-year students and a third-year student working along side a translator to examine a local.

(Bottom) This pretty awesome kid knows what’s up. A third-year medical student poses with a child after teaching him the proper technique of brushing his teeth.
Le charabia
Par Katie Seahon
Étudiante en médecine de quatrième année

Nous lui avons montré une photo:
Un voilier.
Que voyez-vous?
Elle nous regarde comme des fous.

Le corps est constitué de circuits avec des connexions,
Et le cerveau est au centre.
La régulation de la pression artérielle
La régulation des mouvements du corps
La régulation de l'expression.

Mais ce qui arrive
Quand une connexion se détraque?
Il pourrait être provoqué par toutes sortes de choses:
Une tumeur, un accident vasculaire cérébral, même nos propres mains.
Comment pouvons-nous nous connectons?

Elle a eu un accident vasculaire cérébral -
L'aire de Wernicke.
Le cerveau a fait
Ce qu'il avait à faire.
Il a formé une autre, incompréhensible connexion.

Nous lui avons montré une photo:
Une tortue.
Que voyez-vous?
Elle nous regarde comme des fous.

…

Nous ne pouvions pas communiquer avec elle.

Gibberish
By Katie Seahon
Fourth-year medical student

We showed her a picture:
A sailboat.
What do you see?
She looks at us like we're crazy.

The body is made of circuits with connections,
And the brain is the king.
Regulation of blood pressure
Regulation of body movement
Regulation of expression.

But what happens
When a connection goes haywire?
It could be caused by any number of things:
A tumor, a stroke, or our own hands.
How do we connect?

She had a stroke -
Wernicke's area.
The brain did
What it had to do.
It formed a different, incomprehensible connection.

We showed her a picture:
A turtle.
What do you see?
She looks at us like we're crazy.

We couldn't connect.
The Joy of Exercise

By Ed Kraemer, M.D.
Assistant professor, Community and Family Medicine

Having trouble getting started
On an exercise routine?
I often hear that from my patients
And I know just what you mean.

But I hope these lines of poetry
Will provide some motivation,
For there’s a growing epidemic
Of obesity in our nation.

You try to make smart choices
In the foods you eat, no doubt.
But to lose weight and keep it off,
Exercise can really help you out!

The benefits of exercise are many
And can be grouped onto “more” and “less”:
Less heart disease and diabetes,
More energy, strength and happiness.

To get results, you must start somewhere.
You must do more than sit and talk.
Why not start with something simple?
Go outside and take a walk.

At the very least, when nature calls,
You can certainly walk your dog.
If you’re feeling energetic,
You can break into a jog.

Explore parks and nature trails
As you take a pleasant hike.
Or throw on a bright shirt and helmet
And head out on your bike.

And in case of nasty weather,
You should have a backup plan:
Go walking in the mall
Or on a treadmill with a fan.

For a monthly fee, some folks prefer
To work out at a gym.
And if you really want to make a splash,
Try going for a swim.

Avoid the elevator when you can.
Why not take the stairs?
Heck, folks in nursing homes
Can exercise in their chairs.

Or how about getting into shape
Doing Tai Chi or Karate?
And it’s hard to beat the benefits
Of practicing Yoga or Pilates.

If you get bored with your routine,
Try mixing it up… Make it fun.
Play some upbeat songs on your I-Pod;
Before you know it, the workout’s done.

Of course adults should avoid getting
Into a dangerous position.
Before starting any exercise program,
Better visit your family physician.

And kids, you need exercise too!
Riding, jumping… running free.
Avoid too much time sitting around
At the computer, video games or TV.

How often should you exercise?
Every other day is good, but hey,
As long as you don’t overdo it,
Why not work out every day?

Exercise for better health;
There’s really nothing to it.
No excuses. Don’t delay.
Just start today and do it!
The Doctor’s Angel: A Physician’s Perception of Care

By Jennifer Martin, Ph.D.
Hall Family Foundation Professor of Theatre
Emerita Medical Humanities Board Member

The noontime sun was shining on Aspen’s icy slopes. No problem for an avid and experienced skier. George, a retired pediatrician, had just set off down the mountain when… POW! He was blindsided, propelled onto his shoulder and lay crumpled in the snow. His first thought, “What just happened?”

Within seconds he was flanked by two skiers. One knelt, facing George. She laid her hand on his arm, removed her goggles and looked straight into his eyes. In a calm voice she said, “You’ll be OK.”

“You’ll take care of your skis.”

“Just relax.”

Maintaining contact, she continued, “Take a deep breath.”

“We’ll stay with you till the Ski Patrol arrives.”

Her words were calming and he felt the sense of panic begin to recede. She continued her connection to George with her touch, eye contact and soothing words until the stretcher arrived and he was being transported down the mountain.

Meanwhile, the second skier remained standing beside George’s back. He, too, spoke but posed questions.

“Are you seeing double?”

“How many fingers can you see on my hand?”

“What’s the pain?”

As a physician, George recognized the neurological questions and was reassured that he was in good hands. The second skier also stayed until the Ski Patrol assumed responsibility.

As George was relating this experience to me, I asked him what the difference between the two care givers had been. They both seemed to offer reassurance.

“Yes, I was reassured by both in very different ways but one was an angel.”

George had reconstructive surgery on his shoulder and, following months of rehab, has a pain-free, functional shoulder. As I pondered my friend’s account, I wondered what had contributed to his “angelic sense” of the first skier. Was it the touch of her hand, her calming voice, her eye contact? Whatever it was, George still maintains that he was visited by an angel that day on Aspen Mountain.

Travelling: Textures, Tones and Turns

By Rebecca Rainer Pauly, M.D.
Professor, Internal Medicine; Docent;
Associate dean, Faculty Development

Red, so sticky
Clay
On my new shoes
The pebble – sharp and pointed
Difficult to walk the mile
Mine or theirs

Bumps in the road
Sharp turns
Out the window
Now seeing crisp shamrock green
Rolling hills, fragrant from cutting
Detour ahead
CAUTION
Off ramp, exiting

Which way
Technology – GPS
Forks – less travelled or more
Smoothly paved midnight black asphalt

Weigh station ahead – stop
Valuable cargo on board
Toll – PAY NOW
Untitled

By Molly Uhlenhake, D.O.
Assistant professor, Internal Medicine

Overbooked at the end of the morning
A mandatory noon meeting across town hurried me along
I knocked on the door and held my breath
Hoping for seasonal allergies or even back pain
Instead, I found E Gonzalez
A 15-year-old female here for headaches
Something about the way her head hung heavy
Drooping like a week-old rose
Caught my attention and slowed my pace
Her back was slumped
Her eyes were suctioned shut
In her palm was a used tissue that occasionally blotted at her nose
And I wondered, is she crying?
Her left hand sometimes wandered off to massage her temple
And I thought, is she in pain?
Su mama, most familiar with her mannerisms, was just as confused
De repente
All of a sudden she was silenced, no longer speaking
Desperation hung thick in the room like an early morning fog.
No pediatrician had examined her since she learned to walk
In a small town in Mexico
This doctor noticed her special traits
Her slanted eyes, short fingers, and single palmar crease
She caught her soft murmur and slightly hypotonic muscles
As well as the excess skin at the nape of her neck
She was their 47, a beautiful trisomy
A move across the border left her doctorless
De repente
All of a sudden lost to follow up
No CBCs, thyroid screens, or atlanto-axial x-rays
No vision or hearing screens
No yearly echos or weight checks
Her mom without documents
Unsure how to navigate in unfamiliar territory
Afraid of being “illegal”
Terrified about incurring a debt she could never repay
Suddenly roused by a daughter gone mute just a few weeks ago
I glanced back and forth at mom and daughter
Something was seriously wrong
My mind raced
No insurance, no papers, no funds, no resources
I looked up
Pondering how to orchestrate the choir of services needed yesterday
Down and out
She is now our 47.
A Request to My Trainees

By Stuart Munro, M.D.
Adjunct professor, Medical Humanities and Social Sciences

For about the past twenty years, students on our psychiatry clerkship have listened to me read a short story about a medical event and responded to my follow-up questions. The author is Ernest Hemingway and the title of the story is “Indian Camp.” Because it is only five pages in length, there is sufficient time in the remainder of the hour for a rich discussion. I have never been disappointed.

“Indian Camp” is a story of the unfolding of a medical emergency that takes place in a single night. There is a physician involved, providing an opportunity for the students to evaluate his clinical performance. We discuss the process of peer evaluation, how frequently they will be called upon to do so in the course of their careers and how important it is for them to be willing to engage in this process in an honest, fair and humane manner. This leads naturally to consideration of how one evaluates clinical performance. I take this opportunity to advise students to avoid labeling a physician as a “good doctor” or a “bad doctor,” because they are unlikely to be asked to evaluate the moral equivalent of a Mother Teresa or an Adolph Hitler.

Our discussion also addresses this physician’s performance as a teacher and as a father. Most of them will surely serve in these roles as well, sometimes all of them at once. This leads naturally to consideration of how to prioritize and triage these responsibilities. In a marvelous dialogue between father and son that ends this story, the physician responds to his son’s questions as an effective teacher would. Then his son asks, “Is dying hard, daddy?” The empathic, protective father answers, “No, I think it’s pretty easy, Nick,” while the honest physician goes on to state “… it all depends.”

It is a simple five pages of prose; simple yet complex because of the meanings that we, the readers, may draw from them. As I have finished the session in recent years, I have made a request to the students that I shall make to the reader of this piece. I ask that they, and you, find a piece from the humanities that has impacted and moved them in the way that this short story has obviously touched me. Find that poem, or piece of music or work of art that reaches out and takes a hold of you and will not let go. Find a way to mold your own presentation of this piece into a clinical teaching moment for the many students that you will have the privilege of influencing. Pay it forward, as I have done with the great gift of the love of the humanities that my teachers have given to me.

If you do this, I would ask you to then take the next step. Send me a description of what area of the humanities you have chosen and how you have molded the clinical teaching opportunity from it. Not only will it make my day, it will add one more petal of meaning to the rich flower of meaning that has brightened my life.

Bibliography

A Timely Reflection

Japan’s March 2011 Disaster and Moral Grit

In 2012 – one year after Japan’s triple disaster of earthquake, tsunami and nuclear meltdown – Michael Brannigan, M.D., professor of philosophy and noted author on health care ethics, presented the William T. Sirridge, M.D., Medical Humanities Lecture at the School of Medicine. He spoke not only on the importance of humanity in medicine, but the sense of “in-betweeness” in Japan’s aftermath, and its relevance to that country’s grief and recovery.

So moved by Japan’s ethical and philosophical influences, Brannigan wrote the book, “Japan’s March 2011 Disaster and Moral Grit,” in 2015. And within its pages, he acknowledged his fond connection and shared interest with the School of Medicine’s medical humanities program:

“When honored to deliver the Dr. William T. Sirridge Medical Humanities Lecture at the University of Missouri-Kansas City School of Medicine, I spoke on Watsuji Tetsuro’s notion of ‘in-betweenness’ or aida, in the context of the Japanese disaster. Dr. Marjorie Sirridge inspired me through her singular scholarship and presence. I can never forget my beloved friend and mentor Marjorie and our conversations about literature, especially Tolstoy, and medicine. She passed away in 2014, and my work on the importance of presence in health care is always written in her memory. Marjorie’s sons Dr. Christopher Sirridge, esteemed specialist in hematology and oncology, Pat and Steven, well-respected lawyer and psychologist respectively in Kansas City, and daughter Mary, professor of philosophy at Louisiana State University, all showed their strong support. I will also always cherish my dear friend Marilyn Pesto, director of the Sirridge Office of Medical Humanities and Bioethics. Marilyn is never without a smile, one of the kindest people I know, and with saintly patience. She never ceases to bless and reassure through her steady guidance, counsel and friendship.”

In 2016 – marking the fifth anniversary of Japan’s triple disaster – Brannigan returned to the School of Medicine, where he shared his reflections with students and attended the Sirridge lecture on medical humanities as an honored guest.
Disaster Medicine and Ethics

Dr. Michael Brannigan’s book, *Japan’s 2011 Disaster and Moral Grit*, touches on many key themes of disaster medicine and ethics — trauma, suffering, recovery, vulnerability. This fast-growing and important area of medical study is one that UMKC’s Department of Medical Humanities and Bioethics has incorporated into its curriculum.

The definition of disaster is “a sudden event, such as an accident or a natural catastrophe, that causes great damage or loss of life.” While the causes and extent of disasters vary, they all share the inability of the affected community or society to deal with the consequences with standard responses, laws and ethical constructs. As mankind has repeatedly learned throughout history, and as recently as Hurricane Katrina, Japan’s earthquake-tsunami-nuclear meltdown disaster, and the Boston Marathon bombings, that there is no one-size-fits-all solution to the problems that arise. This is especially true when these problems present difficult ethical dilemmas for health-care workers. One of the goals of the Department of Medical Humanities and Bioethics is to explore the myriad bioethical challenges faced by health-care providers to provide each student, resident, and fellow with a proactive ethical framework when faced with tough decisions when caring for disaster victims.
Jazz Night

A Special Celebration

Through the history of the Sirridge Office of Medical Humanities and Bioethics, Jazz Night has been a special celebration where we honor those who support our efforts, as well as celebrate our own mission and accomplishments. As highlighted in the photos, Drs. William and Marjorie Sirridge, the late founders of the school’s humanities program, joined many people and organizations to share an enthusiasm for humanities. Through the years, Jazz Night celebrations have bolstered our efforts to bring these studies into the classrooms, and we thank all who continue to support our efforts.
A Day at the Museum

The UMKC School of Medicine is fortunate to have a wealth of cultural experiences within its community, enriching the school’s humanities curriculum. This past winter, several medical students joined Humanities professors at the Nelson Atkins Museum of Art, one of the top art museums in the United States. The group toured a special exhibit highlighting music and art from the World War I era. A highlight of the visit was viewing Claude Monet’s Water Lillies. The painting was composed within Monet’s earshot of the shelling taking place on WWI’s front lines. Monet painted this serene scene to provide an image of peace following the war. A special thanks to museum docents Marilyn Carbonell and Sue Shinkle for their participation in our Humanities program.