What the Humanities Can Do for Physicians

Within the Department of Humanities, and under the direction of Steven Waldman, M.D., J.D., we continue a legacy of strong humanities offerings for all students enrolled in the school. Why do we do this? To enrich the experience of developing physicians, allowing them to consider “other ways of knowing” – as stated by noted narrative medicine expert Rita Charon, M.D, Ph.D. These different ways of knowing themselves, their mentors and their patients, lend insight into the human condition, the value of understanding illness and health, and how we ascribe meaning to each. Learning how all of us interpret, express ourselves and see ourselves in art, history, film and literature broadens our capacity to empathize with others. Learning bioethics helps in the development of professionalism, and also teaches approaches to discernment, discussion, determination and doing what is most appropriate in even the most difficult of situations.

Always mindful of our charge, we encourage trainees to learn collaboratively and value all members of the health care team, as well as value and respect all persons they encounter as patients and extended family. Learning the ways of empathic inquiry – that state of being curious and caring – is an education separate from the more formal intellectual studies of preclinical and clinical years. But it comes with the benefits of knowing how to listen and to learn from patients before embarking on attempts to educate them. This moves them toward informed care decisions that yield greater rates of compliance and adherence to prescribed care. It also results in greater patient satisfaction. It teaches physicians to be emotionally attuned – and in so doing, broadens their empathy from a cognitive act of detached concern towards real empathy.

We will help them to become the doctors whom their patients value, respect and turn to for health care advice.

So enjoy this edition of the Human Factor as students, faculty, alumni and friends contribute their insights into the humanities – through art, poetry and literature.

Brian S. Carter, M.D.
William and Marjorie Sirridge Professor of Medical Humanities and Bioethics

On the Cover

IMAGES

RACHANA KOMBATHULA
FIFTH-YEAR MEDICAL STUDENT

Our perception of the world is heavily influenced on our sight as depicted by the glasses. However, everyone sees the world through a different lens, through differing memories and pre-conceptions. There may only be one image, but it can evoke a thousand different feelings.

Please send your essays, poetry and other artwork for future issues of Human Factor. To submit your entry, or for more information, contact Sarah McKee, Senior Office Coordinator, Sirridge Office of Medical Humanities and Bioethics, at hallse@umkc.edu or 816-235-5882 or Relay Missouri: 800-735-2966 (TTY).

Through this magazine, the University of Missouri-Kansas City provides a forum for many diverse, creative voices of the School of Medicine’s faculty, staff, residents, students and alumni. Opinions expressed in this publication are not necessarily those of UMKC. All content posted by UMKC is the property of UMKC and is subject to copyright laws.
Remembering William and Marjorie Sirridge
An Enduring Partnership

As founding faculty members of the University of Missouri-Kansas City School of Medicine, Drs. William and Marjorie Sirridge (pictured below) taught and mentored an entire generation of medical students. The Sirridges were instrumental in establishing the UMKC School of Medicine in 1971. As two of the three original docents, the Sirridges, who had been partners in private practice in Kansas City as well in marriage, strongly believed that the best patient care occurs when the entire health care team works together as partners. This belief in the strength of partnership endures today within our Docent system, where a senior physician, who serves as docent, along with fellows, residents and a junior and senior medical student partner work together to care for their patients. A key element of this learning model is early and continuing contact between students and their docents.

The Sirridges believed that in order to train superlative physicians, a great science education was not enough. Instead, they helped design and accredit a combined undergraduate and medical program that fully integrated the humanities, liberal arts, basic science and clinical medicine throughout a six-year curriculum. This concept was unheard of at the time, with many asking what the medical humanities could possibly do with training physicians. Yet the Sirridges’ partnership persevered and founded and funded one of the first departments of medical humanities residing within a school of medicine. Today, the Sirridge Office of Medical Humanities is an international leader in medical humanities and bioethics.

As you reflect on the great creativity and insight showcased in this edition of the Human Factor, take a moment to remember the enduring partnership that made it all happen ... Drs. William and Marjorie Sirridge.

Steven D. Waldman, M.D., J.D.
Vice Dean For Strategic Initiatives
Chair and Professor, Department of Medical Humanities and Bioethics
I cannot cite for you the day, or even the month, that I met him.  
The meeting lacked the drama of the Livingston /Stanley meet up.  
But I have come to know him well … too well,  
Like an old nemesis, now somewhat befriended.  

At first he made his presence felt by the slightest hesitancy  
Experienced when sitting down at my computer screen of a morning.  
And when I was jogging, it was the sense of running slightly uphill … or downhill  
Even on the flattest of roads.  

Then he began to impress me through the deterioration of my written word  
Made all the more noticeable when the writing was for all the world to see  
As when I made notes on whiteboard in the classroom  
Full of students.  

Then it was the voice that diminished.  
He demanded eventually that I resort to using a microphone (thank goodness for technology …)  

But when he dampened my affect, my capacity to express myself emotionally  
That was when I took notice, because others took notice.  
I, who would use my affect as a teaching tool  
Drawing on its full range to make my point, to entertain and to simply keep my students awake  
Was now being robbed of this capacity to modulate …  
My tone of voice, my facial expression (that would be cranial nerve seven), my posture  

Not so pleased to meet you, and I know your name …  
Colleagues, students … this is my old friend … and nemesis, Dr. Parkinson.
My piece represents the idea that everything is connected, in particular to this piece, music and medicine. Hopefully it evokes the idea that in medicine, we are all one. We all have a pulse – a natural metronome – that guides us and connects patients and physicians.
Serenity ... Oneness

ED KRAEMER, M.D.
CLINICAL ASSISTANT PROFESSOR OF COMMUNITY AND FAMILY MEDICINE

Both photos were taken in June 2019 at the end of a long, joyful day of family reunion activities near Gull Lake in Northern Minnesota. The photos were taken just moments apart, facing slightly different directions.

This photo is of an unknown young paddle-boarder, who seems to be at one with the peaceful sunset scene. I hope the viewer immediately relaxes a bit upon viewing this scene, as I do.

This photo is of my cousin Kevin, relaxing (collapsing?) and reflecting after hosting a family BBQ at his rented cabin. I hope the viewer can appreciate a sense of calm satisfaction, reflection and appreciation of nature (and, in this case, family).

As I expand on the wave of a cilia beat drifting through a suspended space of sugars and proteins, I find myself surrounded by an ocean-like matrix. Just as a hermit crab, I float in the seemingly infinite waves of an obscure world that flow uniformly due to forces I cannot fathom. I perform my duty and secrete osteoid around myself until I am merely the result of my own demise. I am a spec in this ever-expanding world, living in a prison of my own secretion unable to escape. It appears I am destined to live in this lacuna ... until my death.

I feel confused and betrayed, yet I have an overwhelming sense of purpose... but what does that even mean? Who or what is this “purpose” determined by? Is it not just signaling of cytokines? Or are there reasons of a greater good? In my own creation I have trapped myself until inevitable, programmed suicide. How could this be the entire meaning of my existence? Self-programmed death is woven into the simplest molecules of my being! What could have such a will of immense cruelty? Death will become my anticipated release as I am left to a hellscape of my own doing ... alone.

As the cruel, harsh mineralization of inorganic matter take hold, my final moments seem to encroach. However, I begin to feel ... resilient! In my darkest hour, my sense of purpose surges to reality. I triumphantly rise from my ashes; I differentiate into something greater than my imagination could previously conceive. From a mesenchymal osteblast I become an osteocyte! Despite my surroundings, I create canals to reach life-giving vessels and communicate with my peers to sustain myself so I may thrive and contribute to something greater than my own existence. I’m not creating my own chaotic demise, but a beautiful, chaotic perfection. I am creating a new life.

This odyssey of a mesenchymal osteoblast in a developing embryo was inspired by the following Osler quote:

"Be calm and strong and patient. Meet failure and disappointment with courage. Rise superior to the trials of life, and never give in to hopelessness or despair. In danger, in adversity, cling to your principles and ideals. Aequanimitas!"

-Sir William Osler
The 12th-century Trotula successfully blended East-West medicines for women’s health. Here, the female figure draws down ancient wisdom from the stars, as exemplified by the caduceus (a Western variant of the Sushumna, Ida & Pingala Nadis of Ayurveda) and pours this wisdom forth for a thirsty humanity.
The Countdown

ATHIRA JAYAN
SIXTH-YEAR MEDICAL STUDENT

Ten days until she leaves
That’s what she says when she begins her countdown

Nine pills lay scattered before her
Their names forgotten as they coat her tongue

Eight family members here to visit her
At least that’s what they tell her they are

Seven days in a week is what she remembers
But when asked she can’t seem to remember what day is today

Six medical students surround her bed
But all their names blur together

Five times she’s fallen since she’s been here
And now they having someone watching her like a hawk

Four attempts at taking her blood
Her arm is sore and bruised now

Three questions she gets asked every day
But how is she supposed to know where she is?

Two sleepless nights lying awake staring at the monitors
The meds they’ve given aren’t really helping

One question she keeps asking
“Has it been ten days yet?”
I remember being so afraid of what I was getting myself into. I was years into my journey of becoming a doctor and I had fought long and hard for this international elective in OB/GYN. With some room in my schedule at the end of third year and a physician who had a connection with a government hospital with an obstetrics and gynecology unit, I worked extensively to make this trip a reality. When I told my friends, everyone shared similar questions and comments about the experience I was going to have. People knew that the health care system in India would be a challenge. With so many people living in poverty and a system that mostly favors those who can pay, working in a government hospital was sure to be a true test of skills and resources. I was surprised to discover how so many people had predictions on what I will see, visions for what will be in the hospital, and warnings for being safe with their forecast of infectious disease disasters. It did not take long to realize that almost all of these ideas were coming from people who had never seen medicine practiced internationally. Instead, they were filled with inspiration from blogs they may have read or social media posts.

I went to this hospital in January, which they call their “offseason” for deliveries. In January 2018, they had a total of 648 deliveries. While I was overwhelmed by the patient load I was seeing, this was a breeze for the 1,110 deliveries they saw in November.

Next, I was faced with the task of adjusting. I quickly learned that the one-patient-per-room luxury was gone. They
had about 6 delivery tables side-by-side. Often, this meant that all of the OGs and the post-graduate doctors (the Indian equivalent of residents) were occupied trying to deliver the women in a timely manner. Humanism was sacrificed in the essential goal to make sure there were always delivery tables open for new patients. After one delivery, one of the staff OGs could tell that I was upset at how my day was going. I had been too accustomed to the eye-to-eye contact conversations, supportive coaching, and connecting with your patient during a delivery – one of the reasons I fell in love with OB/GYN on my rotation in medical school. She told me that this was the only way to do this. “If we do not deliver fast enough, patients will start to deliver on our floor, and then in the hallway, and so on.” She was completely right. There are certain situations that were out of their control. The obstetrics team was drastically outnumbered by the patients and the supplies were limited. The rate-limiting factor was how fast you could clear a delivery table and sanitize the instruments to ensure you are ready. I failed to predict this circumstance of practicality, but was able to grasp why they had to do it this way.

In hindsight, the question begged to be asked why we have these preconceived notions before we even go to these locations. The concept of “poverty propaganda” or “poverty porn” is a terminology that sheds light on the many damages that we can cause in order to benefit ourselves. Medical communities are most notorious for posting negative aspects of health care or using poverty in other countries as a tool for recognition for working abroad. In the years of news articles and social media on your phone, it is easy for stereotypes to develop for what a labor ward in an underdeveloped country might look like. Rather it is difficult to understand why they look different. I challenge our community to constantly question the “whys” before we marvel at the “whats.” We need to start open conversations with our colleagues about how we can be more responsible regarding the content that we discuss when we return from abroad rotations or other international opportunities.

We need to start open conversations with our colleagues regarding how we can be more responsible about the content that we discuss when we return from abroad rotations or other international opportunities.
I created this piece while reflecting on my time spent at Truman Medical Center. I think as medical students, it is easy to forget that we are treating human beings, and not a number or a diagnosis.
The flowers don’t always bloom after you spent so long planting them. But that’s a part of growth, too. Even when the flowers that once bloomed die – you’re growing, changing and learning for the next season.
A hand over the belly
Feet props up
Sweat beads down
The air conditioning broken
A fan whirrs near the couch
The fan moves air to the mother
The mother circulates air to the child
A constant connection
That umbilical cord
Repetitive beeping
Wails of the newcomer
Wails of the newcomer
Born gasping for air
The Moro Reflex of life
Grasping at what we do not know
Seek it nonetheless
Fatigue and discomfort
A love so pure
Between mother and babe
The air outside now whispers of Jack Frost
Yet the dream of white powder
Sends tremors through the umbilical cord receiver
A chemical imbalance
A foster care order
What makes a good mother?
Surely only I, the psychiatrist, must wonder
A circle of strangers
Tearful Admissions
Paper cups of lemonade
The truth is sour
But hope for flowers
Escitalopram and Celexa
Bupropion for the Marlboros
Prazosin for nightmares
I wonder if it’s fair
Clean as a whistle
Rusted as a nail
Comes back fighting without fail
Hit rock bottom
Don’t reach for highest highs
Because you might have to
Bid another child goodbye
Then why, they ask
Did she have another?
What makes a good mother?
School project winner?
Home cooked meals?
Stories by the fire?
A shoulder for cries?
No
Mommy just has to try
Enosi

CASEY ROSE
FOURTH-YEAR MEDICAL STUDENT

This piece is meant to marry artistic tools with medical tools. The title, Enosi, is Greek for “union.” Also note that Enosi spelled backward reads as “Is One.” Art and medicine are truly inseparable.
The Ponce Inlet Lighthouse is located in Ponce Inlet, Florida, and is 175 feet tall with 203 steps to the top. I had this adventure with my, at the time, 7-year-old daughter Mikayla. This particular picture (I have lots of views of this amazing lighthouse) was taken to remind her of her accomplishment. This view was taken from about step number 190 because anything up from that is hard to let your hands go from the railing.
St. Petersburg beach is where I feel most at home. Although I am from Kansas City, I feel homesick away from St. Pete. The city’s nickname is the “Sunshine City” and this picture really proved to me the name is correct.
An old and crippled woman lay within her small and humble room, and on this particular day she knew she would die. She peered in silence, her voice now gone from the world, taken by disease and replaced with a senile mind. She but laid day after day in her lil’ room, the Sun her only light from a single window to shine upon the walls around her that held not even a single picture of any friends or family, as if symbolic of her memories she herself could no longer recall.

But as the Sun’s light weakened on this last day of her life with the coming eve, she grew anxious, fearful that the Sun’s rays as her only companion would also perish in the coming dark: the last night of her days.

She wanted to cry out, but she had but a soft moan to protest, and so she just laid within the futile fatigue of her disease’s final hoorah as the last rays of the Sun slipped from the floor of the room to the wall to the ceiling. This was the day she would die, and she peered upon that last ray of light as if her only friend, one last time as a mother may so peer upon her one and only child.

Just as the darkness began to settle, a small and infantile light appeared in the form of a candle, who’s holder she could not see. The candle’s flame was enough to illuminate a picture beside her head, and she heard a voice softly and gently say: “I will hold a light for you, my mother” She peered upon the reflection of that light to see a picture of her daughter beside her bed, memories she never even would have of known on her best of days came flooding into her consciousness.

Then another light gawked slowly into the room, again by a mysterious holder, who stood on the other side of her bed, and she heard a voice beckon softly and tenderly, “I will hold a light for you, my love” There beside the soft glow was a black and white photo of her husband in his best and favorite suit, she remembered how he had worn that very suit, sweating through the shirt underneath when he asked her father for her hand in marriage, only to pass out from heat and nerves before he could actually ask her.

She didn’t know if her face was smiling, but her mind was full of joy as she peered upon that picture. Another light slowly made its way into the room with another tender voice that said, “I will hold a light for you, my daughter” And the picture of her parent’s smiles made her feel as if she was eight years old again. Another light entered the room with a voice saying, “I will hold a light for you, my sister” And her mind was flooded with memories of fighting, laughing, screaming, shouting, but always loving with her siblings as the now faded photograph revealed them all gathered around the Christmas tree.

“ I will hold a light for you, my friend” And she almost thought she heard herself laughing aloud as she saw the photo of her best friend and her devouring ice cream cones, getting more on their faces than in their actual mouths.

And in her joy she heard voice after voice as lights began to appear one after the other in succession: “I will hold a light for you, my aunt” “I will hold a light for you, my godmother” “I will hold a light for you, my peer” “I will hold a light for you, my teacher” “I will hold a light for you, my god-daughter”
“I will hold a light for you, my student”
“I will hold a light for you, my grand-daughter”
“I will hold a light for you, my neighbor”
And when the voices stopped the room was completely illuminated with the many candles being held by the faces she could now see as her loved ones, everyone she’d ever loved and all that had ever loved her. Tears rolled down her cheeks for the last time as she mouthed I love you to each and every one of them, and then with the light surrounding her as if in an embrace she let out a final breath and closed her eyes, and even then all she could see was light.

The room became quiet with the cessation of the loud breathing that had mixed with the rattle of the old woman’s terminal secretions. The walls were as white and bare as the old woman’s skin was now turning, recent death still draining her of her color. No pictures were on the walls, no family or friends had come and gone. But a stranger - a hospice volunteer sat holding the old woman’s hand as she had breathed her last breath. The volunteer softly patted the now lifeless and cold hand before quietly exiting the room to inform the facility’s staff. To the volunteer it was just a simple act of compassion to sit with the old woman as she died, to simply hold her hand and be with her. But to the woman, that volunteer and the others whom had held vigil in the hours leading to her death had been enough to alleviate her fear and to light her way.

Dedicated to the Volunteers of Mayo Clinic Hospice who “hold the light” for patients and their families
This is a pen-and-ink drawing of a smiling old man. This was technique practice for me.
This is a pen-and-ink drawing of two kids. I drew this during Inktober 2018, a national challenge amongst artists to improve drawing and illustration skills. This was mostly for personal practice, as well. The reference photo reminded me of my siblings and being at home.
One of the best things parents can do for their young children to help them succeed is to talk to them. A lot.

Dana Suskind, M.D., has spent much of the past nine years advocating for early childhood development by focusing on the importance of language and the power of parent-talk and interaction to build children’s brains. The 1992 graduate of the UMKC School of Medicine discussed her career path at the school’s 2019 William and Marjorie Sirridge Lecture.

A professor of surgery and pediatrics at the University of Chicago and director of the Pediatric Cochlear Implantation, Suskind is founder and co-director of TMW (Thirty Million Words) Center for Early Learning + Public Health. The program offers evidence-based interventions to optimize brain development in children from birth to five years of age, particularly those born into poverty. It combines education, technology and behavioral strategies for parents and caregivers.
to enhance the verbal interactions with their children.

As a cochlear implant surgeon, Suskind realized vast differences in her patients after undergoing the implant. Some grew to talk and communicate well while others didn’t. The gap resulted not only in some children having a much smaller vocabulary, but also impacted their IQ and test scores in the third grade.

*I came to realize that during their first three years, the power of language is the power to build a child’s brain.*

While cochlear implants brought sound to a child’s brain, Suskind found that something else was needed to make that sound have meaning.

“I came to realize that during their first three years, the power of language is the power to build a child’s brain,” she said.

Suskind pointed out that most of the organs in the human body are fully formed at birth. That’s not so with the brain, which doesn’t fully develop until many years after birth. She said the brain is particularly active and rapidly developing during the first three years, making it important for young children to grow up in a language-rich environment.

“At no other time in life will brain development be so robust and active,” Suskind said.

The Sirridge Lecture is named for William T. Sirridge, M.D., and his wife, Marjorie S. Sirridge, M.D., two of the UMKC School of Medicine’s original docents. The Sirridges viewed the humanities as an essential part of a students’ medical training. In 1992, they established the Sirridge Office of Medical Humanities and Bioethics to merge the humanities with the science of medicine. Today, the school recognizes their dedication, compassion and advancement of patient care and medical education in Kansas City with the William and Marjorie Sirridge Lecture.
Seven UMKC School of Medicine students got to start their fall semester in Austria, taking the humanities elective Medicine and Literature at the Medical University of Graz. On Aug. 30, they wrapped up their course work in Austria, which was taught by David John, M.D. ’77, UMKC clinical associate professor and Gold 1 docent; and Roberta Maierhofer, Ph.D., University of Graz professor of American Studies. The students — Saniya Ablatt, Grace Arias, Madeline Johnson, Elizabeth Robin, Adele E. Soutar, Nicole F. Tamer and Debra Wekesa — then had a chance to travel elsewhere in Europe if they wanted. When they returned to Kansas City, they had a few sessions back at the School of Medicine to complete the course. John hopes to offer the class in Graz again next fall.