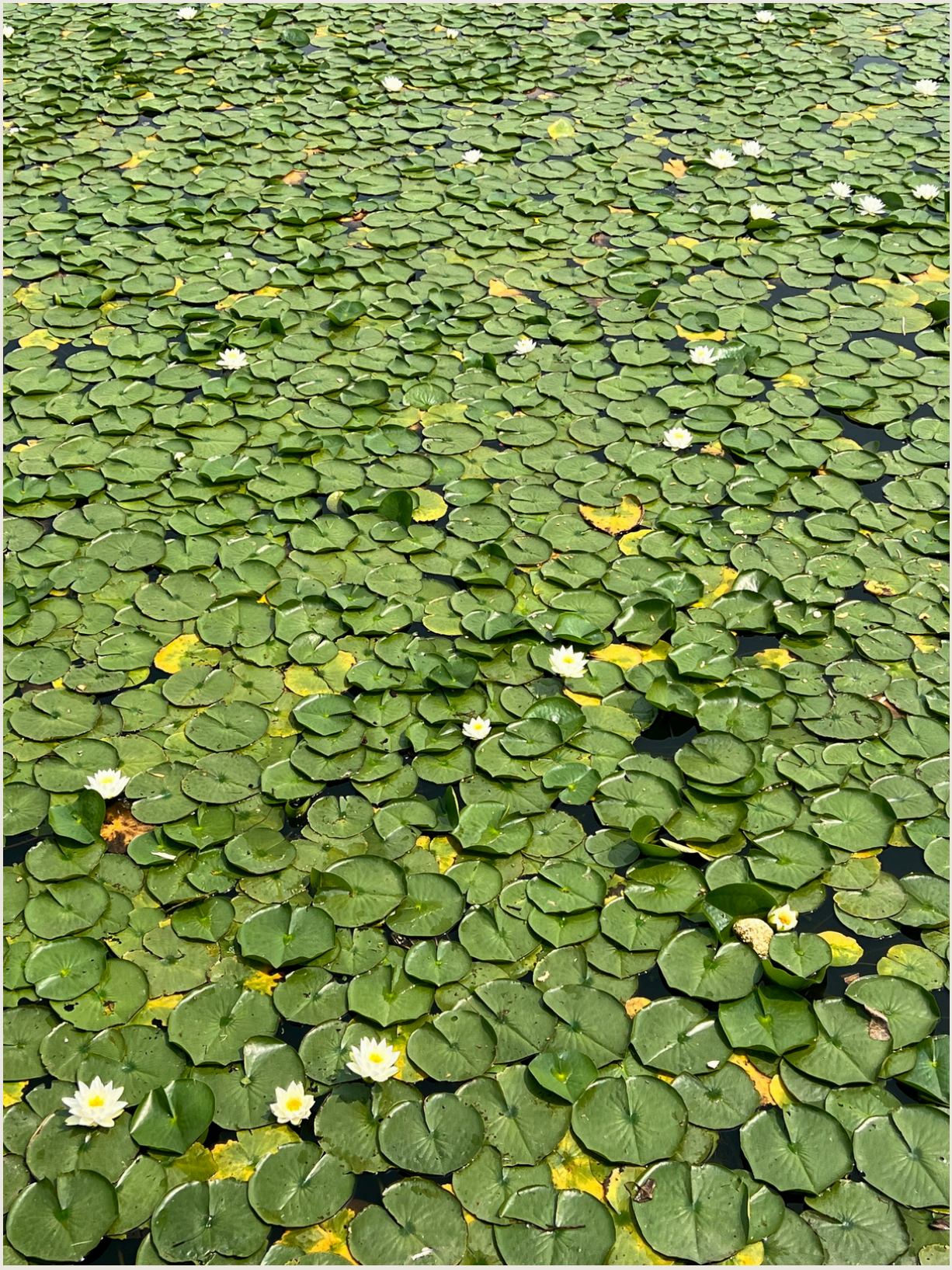
CADUCEAN LIGHTS



2025

a magazine of art and literature

INTRO 2025

We hope that this sixth-annual edition of Caducean Lights, promoted by the Katherine Swan Ginsburg Humanism in Medicine Program at Beth Israel Deaconess Medical Center and comprised of art and literature submissions by a wide-ranging group of contributors from within the Beth Israel community, provides nourishment for all readers. May this edition continue to serve as a beacon for this community's dedication to humanism and patient-centered care by guiding artistic reflections unique to the transformative health care experience.

Warmest regards,

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Cover Art: "Gone Green" - *Rashmi Borah, Regulatory Specialist, Anesthesia*

TITLE ORIGIN

In Greek mythology, the Caduceus, a magical staff entwined by two serpents presented to Hermes by Apollo in acknowledgement of a musical lyre that was gifted to Apollo by Hermes, was able to comfort the dying and even return the dead to life. Not to be conflated with the Rod of Asclepius (the Greek god of healing), a staff entwined by a single serpent, the Caduceus' association with exchanging the arts for rejuvenation and healing make it fitting for a collection of art and literature dedicated to the medial humanities. In 1996, Beth Israel Hospital merged with the Deaconess Hospital to form the new Beth Israel Deaconess Medical Center. The stylized, striped Caduceus that served as the insignia of the Beth Israel Hospital and representing compassionate, patient-centered care, was joined with the flaming light insignia from the Deaconess Hospital's ever-burning candle representing the light of new knowledge. After the merger, an amalgamated symbol incorporating both former insignias guided members of the BIDMC community to provide an everlasting commitment to humane, patient-center care, education and research.

KATHERINE SWAN GINSBURG, MD

Katherine ("Kath") Swan Ginsburg, MD, MPH was a medicine intern and resident at Beth Israel Hospital, who died of cancer at age 34, shortly after completing her fellowship training. Kath was widely admired for the compassionate care she gave her patients, the warm collegiality she showed her fellow trainees, healthcare team members and hospital staff, as well as the strong intellect she demonstrated in her practice of medicine. In her memory the Katherine Swan Ginsburg (KSG) Humanism in Medicine Program was established to help foster these values in future physician trainees at Beth Israel Deaconess Medical Center, through exploring and highlighting five key tenets of humanism: Compassionate Care, Communication and Collaboration, Clinician Well-being, Reflective Practice, and the Arts and Humanities. Each year, internal medicine residents vote for winners of annual KSG awards given to the physicians (in faculty and resident categories) who best demonstrate these values in their own care of patients and work. KSG fellowships offer internal medicine residents support in completing a project in humanism in medicine during their junior or senior year of training. It is an honor to dedicate Caducean Lights to the memory of Dr. Katherine Swan Ginsburg.

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Fallow Time

Huma Farid, MD, OB/Gyn

The bracelet encircles my wrist, its blue beads clinking softly against my skin. I remove it before bed, afraid that in my restless slumber I will fray the fragile thread that ties it together and binds me to the little girl who gave it to me. The bracelet curls up on my nightstand, next to the tower of books that lean precariously with all of my unread intentions. It is the first thing I see when my alarm goes off in the morning; even in the pre-dawn dark, I can see the glimmer of the golden clasp by the light of my phone while I check my email. I slip it on and wander downstairs in my quiet, cold house, where I make coffee and work before my children rise and demand: breakfast, the weather report, snacks for school.

The day begins in earnest with:

School lunches
School dropoffs
Patients in clinic
One in each room
Fifty lab results each day
A hundred emails
A thousand questions
A million different needs and asks and wants
Twenty charts at the end of the day

I click out, sign out, slip out of my heels into sneakers because now there is:

Afterschool pickup
Soccer or swim or math class
Dinner
Bedtime
And the work that never ends

Until I finally lie in bed and remove the blue bracelet.

I never met the little girl who made the bracelet for me. Her mother is my patient and at her most recent visit with me she told me that her daughter had made me a bracelet to thank me for taking care of her mom. In that moment, the reality that I knew awaited me outside–the patients in the waiting room, the unanswered emails, the myriad other tasks and needs that would face me the moment I opened that clinic door–vanished. I stole a moment from my day to sit with this precious gift of gratitude and felt like I had done something well for the first time all day.

Later that night, I showed my children the bracelet and shared the story of my day with them. In the silence after bedtime, I reflected on why this gift moved me in a way that little else had done that day, that week, that month. My work is my duty and obligation and requires no thanks; it is born out of the sacred oath every medical student takes at the beginning of their career. My work is also a joy and a privilege; to care for women at their most vulnerable, to witness the elation of bringing new life into the world, filled me with wonder when I was a medical student. Yet my work has become part of my daily routine and that feeling of wonder faded away both as I progressed in my career and found less time in my routine to reflect.

The continuous pressure on my time whittles away any freedom I have to enjoy more moments like this one. Each day starts out with a calendar so full that it threatens to submerge me. My time at home is fragmented leaving me with only the bookends of my children's days. My time at work is fragmented as I edit a manuscript in between patient appointments and send the student shadowing me in clinic to go eat lunch because at least one of us deserves a lunch break. There is always more to be done, but that more cannot be compressed into the available time. If I measure my adequacy through the metric of productivity, it will always remain true that I could be enrolling my children in even more extracurricular activities, seeing more patients, publishing more papers.

My life as a physician mother in academic medicine allows little time for renewal and replenishment. I discard the precious moments of each day as merely checklists to get through. Each patient visit brings me joy but also brings with it multiple follow up items that must be completed before I can move on to the next patient. Each new project inspires my curiosity but mires me in applications, forms, questionnaires, and data that drain hours of my time. Each activity that my children participate in brings them joy, but adds yet another layer of coordination and juggling of multiple schedules. Going through life like a series of boxes to be marked off defeats the purpose of living. I am afraid that I have forgotten how to simply live. The frenetic pace I set for myself has trained me to treat each day like a marathon, to sigh in relief at the day's conclusion, and then fall into bed in an exhausted slumber.

In medieval agrarian societies, farmers left some of their lands fallow each year–a practice which might seem counterproductive. After all, wouldn't you want to maximize productivity and use every inch of arable land for more profit? But medieval farmers understood what modern society sometimes does not–crops must be rotated and some land must remain fallow so that nutrients can be replenished and the land renewed.

What if we applied the concept of letting arable lands lie fallow to our time? What if we carved out a portion of time… to do nothing? Instead of viewing empty spaces on our calendar as wasted time, what if we envisioned them as times for rest, renewal, and replenishment? The pace of academic medicine does not allow for such luxuries as fallow time, but perhaps we can change that narrative and apportion our time so that we have moments where we can revel in gratitude, embrace being present with our families and patients, and ignite our wonder in the world around us.

“Stillness”

Rashmi Borah, Regulatory Specialist, Anesthesia

Superman

Anonymous

The cool-blue drywall was still tacky,
You and I still had another four weeks to go.

I furl loose strings at work,
Like frayed Sunfish lines on a cleat,
And stock up on counterfeit security,
Including silky fabrics and sweets.

On the midday blacktop below,
He hugs me in that way that feels like home.
Safeguarded for 13 years,
Anything but alone.

He sees me off,
Into the familiar unknown I go.
Passing the county farm,
One of the only places I know.

A kaleidoscope of blooms,
Red-orange koi; livestock, too.
And a decorated feline officer
On the sheriff's crew.

Inside the sterilized space,
I select a cream-colored onesie,
Knot the matching cap,
And try to picture your sweet face.

The one we had been trying for,
Planning for, pining for,
Wishing over candles for.

Like symbols on a stock ticker,
The minutes continue to march on by.
Until a distress signal ignites
The entire Western sky.

An earthbound hellscape
Confronts our precious
Dark purple

Son.

Breathless,
Lifeless,
Intubated,
Sedated.

A man in a royal blue flight suit
Wheels in a sci-fi ICU.
I'm sorry, honey –
I wasn't ready yet.
But I would have given my life for you.

At a Longwood bar, by chance,
Dada and I meet a man;
Frank Capra's AS2, Clarence.

A guardian angel-in-training,
Waiting just for us.
Sipping his lunchtime cocktail,
A friendly ear, nonplussed.

Forty miles east,
Our little girl, our firstborn,
Runs through August wildflowers,
Free-spirited and wide-eyed,
Sunshine personified.

Questions spilling out of her like
Raw coffee beans into a roaster.

But I'm still in Boston,
Extracting the colostrum,
Expelling the feelings,
Managing the postpartum bleeding.

Transporting the syringes,
Ignoring the twinges.
Racing to the NICU,
I need to see you.

Prizefighters scrapping in our ring,
Court jesters, nightcap sharers,
Civilian scientists, comrades in arms,

Giving everything they've got,
Mitigating our future battle scars.

During this surreal routine,
Glimmers of hope
Are slowly gleaned.

Fast-forward eight months and change,
And none of us will ever be the same.

But by the grace of God, Frank, and Ray,
We have you; you're here to stay.

Our Superman, our son,
With your spine of steel,
Soul pure and true,
Heart of a warrior,
And eyes bright Scandinavian blue.

“Natural Bridges”

Rashmi Borah, Regulatory Specialist, Anesthesia

“Harmony”

Rashmi Borah, Regulatory Specialist, Anesthesia

“An Ordinary Sunset”

Alan Kurland, MD, Neurology

“How are you?” Not always a simple question for us…or other cancer patients

Richard Wassersug PhD[1]; Marc B. Garnick[2]

[1]Department of Cellular and Physiological Science, University of British Columbia

[2]Beth Israel Deaconess Medical Center

“How are you?” is the most common question one ever hears. On the surface, the standard reply, “Fine, thanks.” keeps the conversation civil, simple, and upbeat, is a superficial answer which maybe neither factual nor informative. As academics, who spend much of our lives working with cancer patients and, as cancer patients ourselves, we have our own standard answers to the, “How are you?” question. Our answers though differ greatly. Here we explore the subtext in our answers and the meaning one may glean from answers we get to the same phatic question from other cancer patients.

Our backgrounds as academics and as cancer patients

At the turn of the century Richard was a naive and anxious prostate cancer patient, who had recently failed both a prostatectomy and salvage radiotherapy. Cure for his cancer was no longer an option, and he feared the side effects of the systemic drug therapy offered him. He sought out Marc, a medical oncologist with a focus on prostate cancer and with years of clinical experience, for a second opinion about treatment. We live, however, in different countries and did not meet again until just last year.

Richard’s cancer has remained stable and well managed for the intervening years with androgen deprivation therapy. As a scientist though he developed an interest in psychosocial oncology and now focused his research on ways to help prostate cancer patients maintain a good quality of life while on systemic drug treatments.

Meanwhile, Marc was diagnosed with two cancers. First came bladder cancer, for which he endured multiple surgeries and intravesical bladder therapies. Although his bladder cancer is currently in remission, he also was treated for non-Hodgkins’s lymphoma with debilitating rounds of chemotherapy. He also continues to undergo diagnostic scans for both ongoing treatment and surveillance.

Coincidentally, both of us have published personal essays about our experiences as patients (1, 2). We reconnected recently when we were both invited to be on an advisory panel about managing the side effects of the same pharmaceutical agents that have held Richard’s cancer at bay.

“Still flossing” or “still standing?”

Since our cancer diagnoses, we have both felt challenged by the question, “How are you?” regardless of who asks us or why they ask. The question independently provokes in us a desire to somehow be honest without drifting into a dirge that would be a downer for everyone.

Richard had taken up answering the “How are you?” question with a cheeky reply, “Well, I’m still flossing.” It was his way of deflecting the conversation away from the unease he felt when giving the false “Fine, thanks” answer, while being caught by the question into over-thinking his disease. Marc’s stimulus to explore the conversational language of cancer followed his own cancer diagnoses, and suddenly being in the role of the patient in the doctor-patient conversation.

When we met the second time, Marc had published his JAMA essay cited above (1) about his experience as a patient. Although he had years of clinical experience dealing with the multitude of complexities associated with cancer treatments as a practicing medical oncologist, he, like Richard, felt challenged when posed the question, “How are you doing?” by patients and friends alike.

For several years following the non-Hodgkin’s diagnosis, Marc’s response, to the “how are you?” question since surviving aggressive oncological treatments has been, “Well I'm still vertical and I consider that a victory.” However, Marc pointed out how much more at ease he feels if the query is prefaced with, “I know you have been through a lot, and I hope that things are going smoothly.” That establishes that the question is grounded in genuine interest with concordantly compassionate care and is more than just a perfunctory salutation.

Marc’s answer about being up and about during the first years following his cancer diagnoses is very different from Richard’s answer about flossing. It then reflected a shorter and more immediate timeframe. Now that nearly 9 years have passed since the lymphoma diagnosis, Marc can take a breath and feel more secure in a more optimistic future. If flossing makes a difference in one's life, it is over months to years. In contrast, an answer that relates to the ability to be ambulatory reflects how a patient with active cancer under treatment assesses their health at the start of every day.

Our divergent answers to the phatic “how are you?” reflect “long-term” versus “short-term” timeframes and how much cancer dominates our lives. Richard’s answer comes in from left field and does not sound serious. It does not deal with the immediate “here and now” nor for that matter does it have any obvious link to oncology. However it has become something of a mantra for him, which he accompanies with a toothy grin.

Richard’s proclamation, “Well, I’m still flossin’.” conveys the message that he is taking care of myself and not expecting to die immediately…or even in the near future. It also implied a commitment to life with the recognition that that requires conscious actions (like flossing and exercising) on his behalf.

What started as a cornball quip some 20 years ago trapped him into flossing lest he be called out as a hypocrite. So, he flosses and has had good oral health for the last two decades. Coincidentally good oral hygiene reduces the risk of cardiovascular disease, the major cause of death for men diagnosed with prostate cancer. So, his answer to the “how are you?” question reflects a long-term commitment to maintaining good health all around…without cancer being a dominant concern.

Marc, with more aggressive cancers and difficult symptoms, reveals something very different with his alliterative “I’m vertical and that’s a victory.” During the first years following his diagnoses, his answer reflected a shorter overall timeframe, and the genuine challenges advanced cancer patients face in being upright and ambulatory. Yet Marc’s answer shares with Richard’s a focus on autonomy and the ability to be active on the day.

Military metaphors

Some patients refer to “fighting” or “beating” their cancer or declaring “victory” if they survive the “battle.” Such military metaphors are common in the media and in our culture. As such individual patient might default to such language regardless of the actual status of their disease or their perception of it. Some may give, as a canned response, that they are fighting cancer even if they are not experiencing pain or fear, simply because they accept the vernacular language.
Others though may truly be fighting for their lives. Many authors including Richard have criticized military metaphor in oncology, pointing out that not all cancers are life-threatening and that it may be better to choose language that assuages unnecessary fears. Others though have found meaning in the metaphors and have explored how they are helpful for certain patients (3).

Against that background, a very common answer we hear from patients dealing with advanced cancer when asked “How are you?” is “I’m surviving.” For all of us, if we live long enough, there will come a day when future-focused activities, like flossing, are irrelevant and present-focused abilities, like standing, become more urgent. For patients experiencing fatigue, nausea, and pain that impedes mobility, accomplishing the most common activities of daily living can feel like a triumph. “I’m surviving” is seen as a military metaphor, but we personally know that many cancer treatments have debilitating effects, where one must use maximum exertion to accomplish activities of daily living.

Hearing the simple question, “How are you?” some patients answer along the lines of “thank you for asking,” then turn it around and ask a question of their own, “How are you doing?” Although that wording skirts the question, some patients might prefer not talking about their own health at all and instead expressing concern for others. We should respect that, for that is itself an honorable way to live.

We have come to believe that the question, “How are you?” may be small talk, but our answers, however brief, may carry meaning beyond the petty pleasantries implicit in the question. Those answers can reveal substantive information about the patient’s physical and emotional state.

We know from our own divergent answers to this classic question the answers we hear from others are influenced by what they are going through, including social relationships, physical limitations, financial concerns, or existential despair.

Doctors should be sensitive to these possibilities and ask follow-up questions that go beyond standard health-related quality of life indices. The patients’ answers attest to the time frame in which they are living. Whether the answer is “fine thanks” or “I’m surviving,” we should explore the time frame that the patients have parked themselves in. Is it the day, the week, the season of the year, or longer? Does it reflect a commitment to living?

Committing to live is itself living.

But it takes time.

1. Garnick MB. Filling in the Gaps. JAMA. 2018;319(20):2079–2080. doi:10.1001/jama.2018.58372.
2. Wassersug, R. J. (2014). Prostate cancer, gonadal hormones, and my brain. Journal of Sex & Marital Therapy, 40(5), 355-357.3.
3. Bodd, M. H., Daniels, N. C., Amonoo, H. L., Tate, T., Herring, K. W., & LeBlanc, T. W. (2022). "More than conquerors": a qualitative analysis of war metaphors for patients with cancer.Supportive care in cancer: official journal of the Multinational Association of Supportive Care in Cancer,31(1), 87. 022-07552.

“The Winter Without”
Daniel Sands, MD, General Medicine

“One Cloudy Afternoon”

Rebekah John, Unit Coordinatory, Cardiology

“Budapest Castle Hill Funicular”

Daniel Sands, MD, General Medicine

"Untitled"
Freddie Rodriguez, Administrative Assistant, Gastroenterology

"Waiting for the Ride Home"
Carolina Fonseca Valencia, MD, Gerontology

Medication

Rebekah John, Unit Coordinator, Cardiology

Good or bad
It
Changes
You
Medication
That changes you
From a positive
To
A
Negative
Medication
Changes You
Into
A
Person You Do Not
Recognize
You
do
Not know
Or
Wish To Know
Because it is not you
The
You
You used To know
Medication
Changes
You
Internally
Causing pain
Causing discomfort
Causing mood swings
Where there was none
Shrouding you in grays and gloom
Shrouding you in fear and anxiety
Bracing yourself each day for the pain
That will come and slice through you

From each step
That you take
From each breath that
You breathe
Medication have
Changed
You
Good Medication
Have Brought
You Relief
Good Medication
Have Brought
You Respite
Good Medication
Have helped
You
To rise up
Ever so gently
Good Medication have
Kicked the gloom to the curb
And
Brighten your Personality
Have brought you
Healing
From
Horrific pain
From
Intense pain
From
Debilitating pain
Pain that
Caused your tears to fall
With every movement
An intake of breath is heard
Bracing yourself as the
Pain slices through
Every nerve in your
Body
Good Medication
It's time for the
Medication
And soon sweet
Relief

Sweet respite has come
The pain begins to dial down
And with it comes relaxation
And much needed sleep
Medication has made the
Day bearable
Healing continues
Day by day
The body grows stronger
Day by day
Good Medication has
Made All The difference

"4 Sailboats - Maui"
Alan Kurland, MD, Neurology

"Clouds after the Storm"
Alan Kurland, MD, Neurology

A Life, Together

Celeste Royce, MD, OB/Gyn

Dark clouds, wind rising,
north star hidden, compass crack'd.
the old road unpaved.

Our time grows short. Our
paths diverge. Walk with me, this
last time, together?

Do you believe? do
you? A life after this life, what
will that be. Tell me.

"Sunflowers"
Alan Kurland, MD, Neurology

"Tree Ablaze"

Rebekah John, Unit Coordinator, Cardiology

"Shadow and Shine"

Rashmi Borah, Regulatory Specialist, Anesthesia

You Are Different Things To Many

Rebekah John, Unit Coordinator, Cardiology

You
You are different things
To so many people
Yet
You
Are
One
In The Same
To one
You are Sunshine
To another
You are a Friend
To another
You are Good Medicine
And still another
You are an Inspiration
And yet to another
You are Strength
And to another
You are a
Mother
You are a
Father
You are a
Son
You are a
Daughter
To one more
You are a Sister
To one more
You are a Brother
To yet still
another
You
Are
A
Spouse
You
Are
Wisdom

To one more
You are Positivity
And to still another
You
Are
Laughter
You are The Calm
You are
Refreshing
You are so many things
To different people
Yet you are
One
In
The
Same

“One Day We’ll Look Back on this and Smile”
Daniel Sands, MD, General Medicine

"Library"
Daniel Sands, MD, General Medicine

The Art of Nursing

Rebekah John, Unit Coordinator, Cardiology

A patient's dignity was given back to him through the Art of Nursing by Jane Doe who was Charge on a Sunday and she did one of the most beautiful things I have ever seen! Having a heart of compassion, being full of empathy, having humility and bowels of mercy helped this patient in a major way.

A homeless person living on the street was admitted and when the patient got to the floor the transporter asked the patient if the patient could walk or stand and the patient could not do either. The patient was having a tremendous amount of pain in his feet, apparently; he is a size 13 and had been wearing a size 11 shoes for the last few weeks without removing them.

The Resource Nurse Jane Doe took off his shoes he had been wearing for weeks and the stench filled the room and a portion of the hallway. Unfazed by the aroma charge nurse Jane Doe kept at it and took off his socks next. Jane Doe told him a lot of dead skin came off with the socks.

Jane Doe told him she would wash his feet because it would help him to feel better and he was agreeable to that and having a phenomenal PCT to assist made it so much easier. This wasn't her patient but she went above and beyond to give him the care he needed and helped to ease his suffering.

He had a wound on his big toe for which the wound care nurse was consulted. How many other charge nurses would have done what she did? How many other nurses would have done that? Charge Nurse Jane Doe implemented The Art of Nursing, which is imbedded within her, keeping in the forefront of her mind that this is a human being before her, she spoke to him, she didn't speak down to him. She treated him as a human being with feelings in a dignified manner, she did not make him feel less than, she did not scorn him. Instead, the patient was treated with kindness and gentleness and humanity and I am sure that the patient was deeply impacted by her care in that moment. The Nurses that practice this art form it's who they are, it's part of their DNA. For them going above and beyond is their normal because they couldn't do it any other way. They live a life of service to others, always doing, always caring for someone in need. Always helping in some way to benefit the other person. The Art of Nursing for them is easy, it's involuntary, it's like breathing. They just do it!

“Northern Lights”

Alan Kurland, MD, Neurology

“Winter - Borderland State Park”

Alan Kurland, MD, Neurology

Roger Quinn's Summer Plans

Yolanda Perez-Shulman, MSN, ANP-BC, Employee Health Services

Tuesday, May 13, 1997

This summer Roger Quinn is returning to his hometown of Boston to teach a summer course at the Tufts Fletcher School starting on Monday the 19th. First, he will have cocktails with the US Ambassador to the UN, Bill Richardson, at a graduation reception on Friday. Ambassador Richardson and Roger are co-workers. Roger's son Brody calls him a hot shot diplomat and with 20 years in the Foreign Service, he's earned it. Look at him, with a silver crewcut and a slim physique that looks good in a suit. Now Roger can live the dream of returning to Boston and impressing the hometown crowd. But before he can leave DC, he needs a chest x-ray for his work physical.

Roger has just finished packing for his trip when the phone rings at 8:13 pm.

"Hello, Roger, I hope I'm not interrupting you." It's his PCP.

His stomach sinks. People think Consular Officers only process visas. But Roger's the guy who calls family members in the middle of the night and arranges a med evac back to the States.

"The radiologist saw a mass on the top of your right lung," the PCP's voice shakes.

"A mass?" Years ago, Roger's dad had a spot in his lung that turned out to be cancer. But Dad was a heavy smoker. Roger is suddenly lightheaded.

The PCP tells him, "I scheduled you a CT scan for Friday morning."

"Ok." Roger hangs up and stares at the wall.

Friday, May 16, 1997

At 8am Roger reports to radiology for the CT scan.

A medical assistant in mint scrubs says, "Mr. Quinn, this way, here is a gown."

After he changes, he lays on a board that slides into a metal donut. There is a scratchy sound and a ring goes around and around. He tries to look but is instructed to stay still.

When he returns home, Roger gets some coffee and tidies up the house. His suitcase is in the entrance hall. The phone rings at 10:13 am.

"Roger, glad I caught you, the radiologist saw a 3.25cm popcorn mass in your right upper lobe. I made you an appointment with a chest surgeon."

Roger feels his cheeks burning. "Thoracic surgery on Tuesday?" He slouches. There will be no cocktails with the Ambassador. His stomach twists. Now he needs to call Brody about cancelling Boston plans.

Finally it's four o'clock. Brody should be done with his environmental consultant job in Norfolk. Roger was so proud seeing Brody walk across the stage at William and Mary receiving his Geology degree in '92, happy times. Now his stomach is queasy waiting for Brody to answer the phone.

Roger mumbles, "Uh, no Boston, x-ray, still in DC." Roger speaks fluent Spanish and Portuguese, but he can't make a complete sentence in his native tongue right now.

"Are you kidding?" Brody yells.

Roger's son might be 27 years old but still acts like a 13-year-old with him. Christ, who raised this kid?

"I had a CT scan today, there's something in my lung."

"Ohh, sorry Pops! What do you need? I'll be there."

Roger wants to cry. He can't sleep. Luckily, the Orioles are in Seattle and he watches late night baseball on TV.

Tuesday, May 20, 1997

Brody arrived last night from Norfolk, about a three hour drive to DC. He's got week old stubble and his wavy brown hair is longer. This morning they walk to GWU Hospital just a couple blocks from Roger's Foggy Bottom townhouse. They take the elevator to the Thoracic Surgery clinic.

In the waiting room there is a poster about "VATS" video assisted thoracoscopic surgery, a new minimally invasive procedure.

"Look, Dad, they make three tiny holes and use a camera."

Roger wants to faint at the thought.

They are called to an exam room and meet the surgeon.

"Your PCP called me on Friday about your CT scan. You have an impressive lung mass. Let's schedule you a biopsy. Any questions?"

Roger folds his arms. Instead of being an FSO, he is now a 51 year old man, 1/2 ppd smoker for 2 years in Vietnam with a family history of lung cancer and COPD.

He nods. "Sounds good." He starts to stand up.

Brody remains seated. "Yeah, no. What do you think this lung thing is?"

"We won't know until the biopsy, they use a needle to get a sample. We'll get you in next week. Nice to meet you both." The doctor starts to leave the room.

Brody shakes the doctor's hand. "Dad, ready?"

Roger looks at the ground. “Uh? Yeah.”

Back home, Roger overhears Brody on the phone, “Family medical issue. Will keep you updated. I’ll make it up on weekends. Thanks for understanding.”

His stomach twists, Roger hopes the time off won’t cost Brody his job.

Wednesday, May 28, 1997
This morning instead of drinking coffee, Roger lays on a hospital stretcher getting ready for the lung biopsy. Different people ask him the same questions. After 20 minutes, they roll him into the procedure room.

A nice nurse with glasses gives him more sleepy medicine. “You seem restless.”

Roger wakes up and there is a chunky bandage on his right chest. Brody guides him to the car and home to his recliner. Roger is happy Brody is 4 inches taller and stronger than him.

Brody asks, “You want the TV or quiet?”

Roger shrugs then dozes off. Then he feels a nudge.

“Champ, how are you doing?” Brody stands over him. “Boss, do you need anything? Hey, where’s your next post?”

Roger looks up with a scowl, “Hey pal, read the room. Who knows if I’ll be cleared to work.” He points to his chest.

“Relax, Roger! I mean, everything is going to be okay, Dad.” Brody goes for a walk.

Tonight they were supposed to be at Fenway to see the rookie Nomar Garciaparra play the Chicago White Sox. This health thing is a total screwball. Sometimes Roger’s legs feel weak and other times a fit of rage pulses through his body. Roger knows the world can be a cruel place but why him? He wonders, is this what I get for wanting to impress people? Now Roger just wants his health.

Sunday, June 1, 1997
Brody originally took off two weeks for the Boston trip. They were supposed to go up to Acadia National Park, one of Brody’s favorite places.

Brody announces over morning coffee, “I got some chips and nacho sauce for the Bulls and Utah Jazz game!”

Roger shrugs then feels a zap where they did the biopsy. “I’m not really a hoops guy.” When did Brody become a basketball fan?

“Mr. US Diplomat isn’t going to watch the American icon of a generation play for the NBA Title?” He points to his Air Jordan Nikes.

For the first time in weeks, Roger laughs. “Oh that hurts. Sure, I need a distraction.”

The game starts on TV and Roger and Brody can feel the excitement as the Bulls' Theme Song plays and the players are announced. At the start it is a close one and Jordan scores a jump shot at the buzzer to win the game! The Bulls win 84 to 82!

For the past week, hope and excitement are back in Roger's life with the Bulls and Jazz series that is tied 2-2. Roger enjoys the sounds of squeaky sneakers, the swish in the net, and the buzzer on TV. But mostly, Roger relishes having Brody around. Fourteen years ago he took a DC assignment to be with Brody during high school. And Brody visited Roger abroad during college and after graduation. And if Roger is in DC, Brody drives up from Norfolk for a visit.

Wednesday, June 11, 1997

Roger can't manage a piece of toast or tea this morning. Today is the biopsy results appointment. They walk to the hospital.

The surgeon looks at the biopsy site. "I can barely see it. I'm sorry Mr. Quinn, but the results are not back yet. There is a backup at the lab."

Brody thanks them for their time. He can see Roger's face is red and if Roger speaks it won't be pretty. Brody gets Roger up from the chair.

All day Roger stays in the bedroom. In the evening he hears Brody making salsa with the food processor.

There's a knock on the door, "Dad, you aren't the only one having a tough day. MJ has the flu but he is still playing with the series tied on the road." He sits on Roger's bed. "You got to keep on fighting on, you're a Quinn."

"Get out of here." Roger gives him a push and smiles.

Where did Brody learn this? Roger loves him so much.

The game is tied 85-85 with 25 seconds left and Jordan scores 3 points for the lead. It goes back and forth but the Bulls pull off the win, 90 to 88!

Friday, June 13, 1997

Around noon the surgeon calls. Being a baseball fan, Roger is superstitious. But he picks up the phone.

Brody nods, "I'll be ready." And leaves the room.

"Mr. Quinn, I appreciate your patience. Good news. The lung mass is a pulmonary hamartoma. It is benign." Roger is a textbook case. The plan is to watch and wait, no surgery for now. "Yes, you are cleared to work."

Roger hangs up the phone then dances around the kitchen with his hands in the air. Brody peeks around the door and runs over to hug him.

Tonight Roger can totally enjoy the Bulls-Jazz game with Brody. They order pizza and wings. With five seconds left in the game, Jordan passes to Kerr who makes the shot for the lead! Then a dunk clinches the Championship!

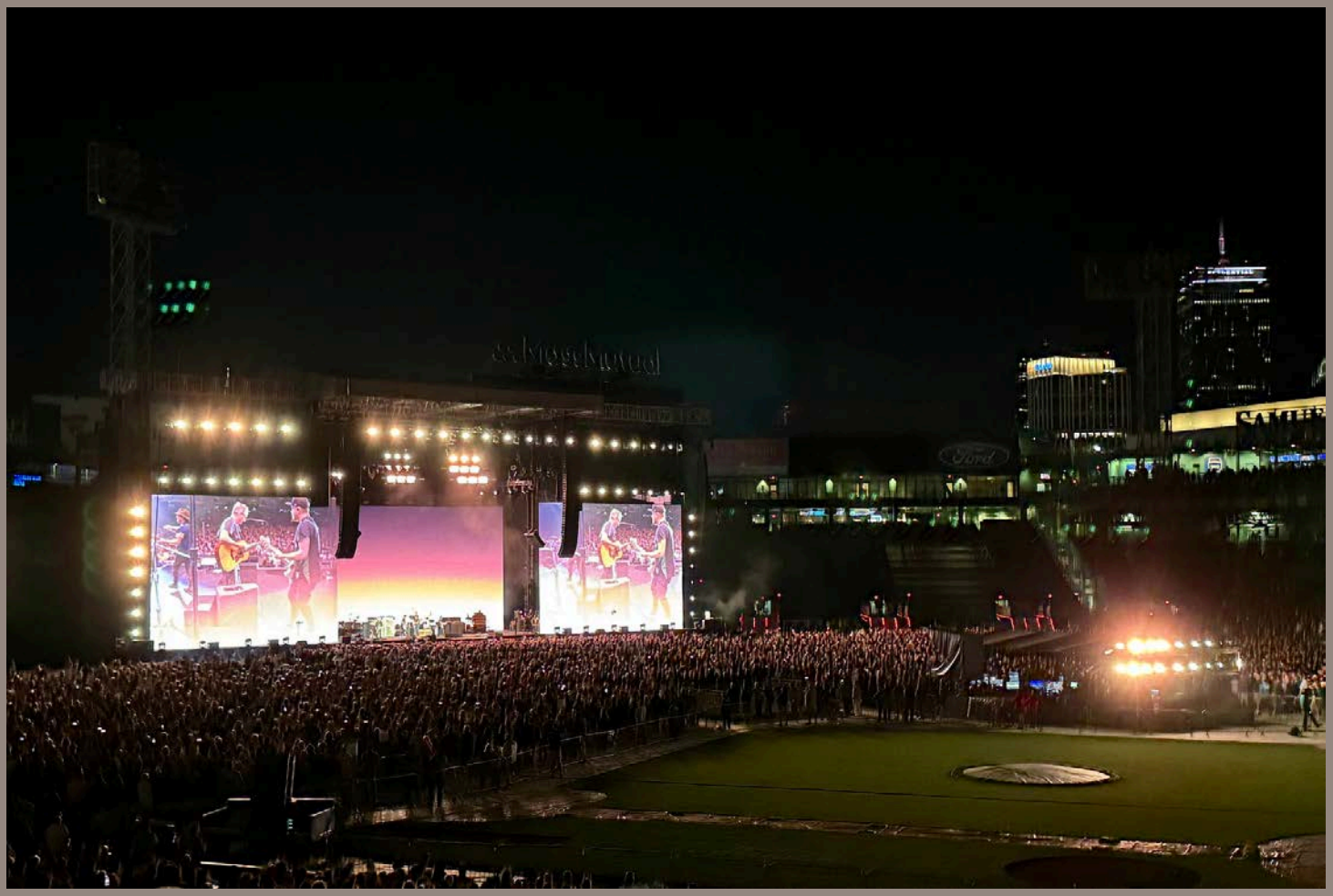
Later, Roger when cleans up in the kitchen, he makes a hook shot of his Coke can into the trash.

“You still got it, hot shot! Quinn for the win!” Brody puts his arm around Roger.

“Senior Moments”

Carolina Fonseca Valencia, MD Gerontology

“Pearl Jam Fenway”
Alan Kurland, MD, Neurology



"The Torch"

Rebekah John, Unit Coordinator, Cardiology

The Call

Cassia Tibbles, NP, Neurocritical Care

From the staccato vibrations of waking,
spindles and wickets falling from the brain
to the sound of baby crying,
To be the face of what you need to be:
Hold the hand of the infirm,
Teach the young to grow,
Do that incision just so....
But at night,
Peel off the skin of the day,
The thin film of reality,
Reality that separates the membrane of insanity from the iron perpetuation of promise,
Of Pros,
Of differential,
Of pathology,
And sometimes blind luck.
And walk into the moonlight,
Melt into Dianna's onyx glory,
To
Sleep
And be free
Until the next call
Rest well, dear ones

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