j a n u s

moments of unclarity

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spring 2017

Dear reader,

Janus is a student-run narrative literary journal on campus that encourages students to reflect on their personal journeys and experiences in medicine through writing, artwork, and photography. As we go through our medical training, we will find that taking moments to acknowledge and reflect upon our patients' stories, their plights, and our reactions to these experiences is essential to better understanding our patients' needs and providing compassionate care.

Beginning in medical school, we train to become experts, to have the answers. However, as Ernest Hemingway astutely noted, “We are all apprentices in a craft where no one ever becomes a master." While he was referring to writing, this observation rings true for medicine as well. There will be times in our careers when there is no simple answer— nothing clear that can be retrieved from the literature or a specialist. In these times, we grapple with our egos and confront our limitations. We may encounter success, failure, or a stalemate, but we will never be beyond learning.

In this edition of *Janus*, we share with you those reflections on the moments without clarity during medical school. Sometimes those moments are to be expected as we meet our first cadaver patient or begin new clerkship experiences. At other times, these moments take us by surprise and compel us to reflect deeper within ourselves to understand who we are and what it means to be a doctor.

We are excited to share the Spring 2017 edition of *Janus*, a collective of our moments without clarity on our journeys through medicine and the lessons we have learned along the way.

Sincerely,

Feenalie Patel
Editor-in-Chief

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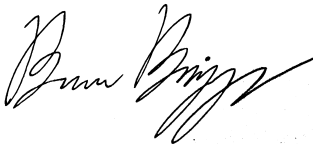

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I don't know- I am just a medical student
Blake Briggs

My palms began sweating, my heart pounding. I reached the limit of my knowledge regarding the care of this patient, and he knew it. He could hear the uncertainty in my wavering voice, a voice that was slow to muster a response to his very valid question. I glance over to the nurse in the room who is busy hanging an IV bag. I think to myself as I look toward her: "Come on, please say something. Answer this patient's question and save me." No answer. I decide to succumb to my last resort, which is so often used during third and fourth year of medical school: "I'm sorry, Sir. I am not sure why you are still having pain in that region of your abdomen. You see, *I am just a medical student*."

I used to believe that being a student was the mark of personal shame, of admitting that you are untested, untrained, and unreliable in the healthcare field. Indeed, if one were to ask what the greatest strength of a physician is, fellow physicians and other healthcare professionals would be quick to respond. Popular adjectives would most likely include intelligent, determined, and professional, but how often does the phrase "student" come up? True, it would seem downright insulting to call an attending physician a "student". This should not be the case.

What do Michael Jordan, Peyton Manning, Kerri Walsh Jennings, and Patrick Kane all have in common? They are routinely called "students of the game" by fellow teammates, family members, coaches, and even their opponents— out of *respect*. A student of the game is someone who does not just practice hours and hours to hone their abilities, but also studies other individuals and their skills, openly critiques themselves in a constructive way, and respects the elite individuals who came before them or are more talented in some regard. They are constantly open to teaching and improvement in their craft.

Why should medicine be any different? Dr. William Harvey, the man who discovered the circulation of blood in the human body (no small task), openly stated that "all we know is still infinitely less than all that remains unknown." Despite being in the 21st century with milestone advances in healthcare happening almost daily, a career in medicine has, and will always be, a voyage into the unknown. Many would agree that the physician who believes he is done learning is more dangerous than the physician who admits uncertainty, yet studies to become more educated. The legendary attending physician William Osler once stated, "I have learned since, to be a better student and to be ready to say to my fellow students 'I do not know'." Every student should strive toward not just being a great doctor one day, but also toward being the greatest "student of medicine."

I will begin residency this July. I look forward to continuing my role as a student of medicine.

On Being Wrong
Max Rippe

Think back, to your last group-based learning session.

Were you wrong? Out loud?
Not on the mic – who needs that. In front of your team, your peers.

The first two years put our endurance to work. The study-event-exam cycle wears on you.

On any given day, the work is never over; you're just no longer doing it. And that. Is stressful. A locomotive that runs on shame.

It's no wonder we hate being wrong. Being right is what we have. Holding our head high enough to persuade we're comfortable with the material. That it lives in our bones. That we negotiate its foreign terminology with ease. That we've assimilated its seriousness and internalized its precepts.

We don't want to be looky-loos either. No, astonishment is for the outsider. Not us.

That's why we see strange things when the answers come down: immunity to surprise, answer choice amnesia, "misunderstood" wording, and everything from "Well, I guess since it says x (My wrongness is semantic)" to "Yeah, but in real life…"

And why? Why should being wrong be so unbearable?

Because we fear judgment – unfair conclusions about who we are, about our competence, about our innate suitability for the field.

A friend studying acting once told me, "Everyone is so busy trying to prove they're made of the stuff, they forget the challenge is to make the stuff part of them." We're learning a skill, not proving we already have it, and we should be secure in that.

If this take itself seems judgmental, I understand. I'm certainly not pure. The impulse to wronglessness is insidious. It finds you in moments when taking a second to reflect is risky – when you think your credibility is on the line.

And resisting is not always fruitful. Condescension and distrust follow anyone who wears anxiety or uncertainty on their sleeve.

And apart from petty slights and wounded self-confidence, it's just not fun to always be on guard. It shuts people up. Why would anyone put forth an unconventional argument or venture a thoughtful, but tentative guess when the respect of your colleagues doesn't depend on your ability to reason, but on the checkmark beside your answer.

Don’t get me wrong; wrongness is not progress. In so much as success in medicine depends on facts being accurate and theories plausible, we have to be right to be successful. We shouldn’t, however, forget that rightness alone is not the end game; *solutions* are. And in pursuit of solutions and efficiency in finding them, contributing without certainty cannot be such a liability.

If there’s one thing I can still take seriously about *House, M.D.* after my first two years (oh, how the mighty have fallen), it’s that the flow of ideas is more important than our own embarrassment. Ruling out what isn’t correct clarifies what is, and if the pain of being wrong is out of proportion to its real harm, unintuitive solutions will elude us. Our discussions will be mere regurgitation of the verifiable, the “classic,” the review book trivia of medicine.

So, in pursuit of our highest ideal – solving our patients’ problems – we have to make room for being wrong. For it not to signal inherent ineptitude.

And in pursuit of decency, we owe to each other that witnessing wrongness not be an occasion to feel better about ourselves.

Mr. Frank
Anh Vo

Born a year before the stock market crash of 1929, Mr. Frank had never met his parents. Instead, he was raised by Catholic sisters at St. Peter's Orphanage in Memphis, TN. I first met Mr. Frank at Blessed Sacrament Church in the Binghampton neighborhood as a child, though I was initially confused as to why the stocky, blue-eyed American man would want to attend Mass in Vietnamese. I later learned from my parents that he served as our church's caretaker. But because of the language barrier, my parents never could fully communicate with Mr. Frank. I, on the other hand, could, and so, a friendship was born.

Mr. Frank was an authentic, kind, and generous man. I doubt he ever enjoyed any of the scarves, gloves, hats, and chocolates that I gave him for Christmas: I'm convinced that he gave those gifts away to those more in need. He lived in a modest house on the 2000s block of Princeton Ave in Binghampton, and entering his home felt like a time warp back to the 1960s or 1970s. The retro furniture, warm yellow-orange hues, vintage decorations and trinkets, stacks of letters, and lack of technology newer than his tube TV afforded me a glimpse into a world before my own.

Mail and a landline phone were the only ways to reach Mr. Frank if you didn't plan to drop by his house. At one point during my childhood, his hearing worsened, and he soon wore hearing aids. Then his gait became unsteady, and he soon carried a cane. Even with his hearing aid, he occasionally couldn't hear me. Supported by his cane in one hand, he would lean over, put his other hand behind his ear, and ask me to repeat myself. Before I left for college, I noticed subtle skin changes on his face, which he confided in me were spots of skin cancer. He reassured me his doctors at the VA were caring for him. Physically, Mr. Frank may not have been the picture of perfect health, but his cheerful disposition could have easily made you think otherwise.

During my years in college and gap year abroad, I visited home only during holidays. Every time, I made sure to visit Mr. Frank. As time went on, his once burly figure grew thinner and thinner as he ate less and muscles atrophied. His clear blue eyes seemed to dim against his pale gray-tinged skin. After skin cancer claimed one of his ears, it became harder and harder to communicate. I had to speak loudly and slowly, making sure to enunciate each syllable. Though he tried to be upbeat, his energy level was noticeably lower than just months before.

As months passed during my first year of medical school, I began to understand more about the disease processes affecting Mr. Frank's gait, skin, and hearing. A few months after my return to Memphis, Mr. Frank needed a second surgery to remove his remaining ear, for cancer had come knocking. Without his ears, we communicated with smiles and took turns writing in a 70-page dollar-store spiral notebook. Opening the notebook, I could see his interactions with other friends who had come visit him in his hospital room and home. Even though Mr. Frank could no longer hear, our conversations never seemed stilted. Sometimes, instead of writing, he would show me photos of him and of his friends, photos friends had sent him (including some my family had given him), old newspaper clippings from the Commercial Appeal, or his growing medication list accompanied by a chart of what to take and when.

Mr. Frank was my first and only true intergenerational friend, and I valued his friendship very much. He had seen me grow from aspiring to be a chef, to later, a Latin scholar, and most recently, a doctor. The last time I visited Mr. Frank was late last April. He needed to have his gauzes over the left side of his face changed, and I was tasked with this. I knew Mr. Frank had kept these areas bandaged for quite some time. As I opened the pus-soaked bandages, I was less surprised at the two gaping holes in Mr. Frank's face, one exposing his parotid gland and the other his muscles behind where his left ear had been, than I was at my reaction to the sight. Overcome viscerally, I froze for a brief second until a sense of care and commitment took over.

What Hemingway described of writing, "we are all apprentices in a craft where no one ever becomes a master," can easily be applied to the craft of medicine. For me, changing Mr. Frank's bandages revealed that in addition to the impossibility of mastering all knowledge of medicine, there lies the difficulty of mastering your raw emotions in every clinical situation. I had previously prided myself on being professional during my preceptor visits and doing well in standardized patient encounters. Eating humble pie, I had a moment of clarity in which I understood a bit more of the profession that I'm aspiring to enter— a profession in which unsightly wounds, disease, death, and grief are but daily visitors. It is a profession in which we must discover and learn from our own limitations; in which commitment to mastery is not as important as commitment to the care of patients and to learning about them and about yourself as a doctor and human.

Mr. Frank passed away early July last year at the age of 88 at the nursing home at St. Peter's Villa on N. McLean Blvd, formerly the same St. Peter's Orphanage where he had spent his childhood. His incredible journey of life had literally come full circle. Along the way, he deeply touched and inspired so many lives, not the least of which, mine.

gain/loss
Justin Smith

the tide is coming in
washing up polished and broken shells
information to be collected and stored

frantic heads reach out expectantly
before the sea sets them re-adrift
facts once so clear now viewed through ocean's mist

sand dollars and conches and forgotten taxonomies
knowledge collected but still to be applied
home to hermit crabs not yet seen

some are cherished, brought home
others slip out of a woven sieve
before feet have passed the dunes

the challenge arrives, stinging eyes
the thunder brings its mighty swells
and the sun intimates her beneficence

and the tide never stops rolling in

Author's note:
When I considered the theme of this year's journal, what came to mind was the nature and expanse of medical knowledge, and by extension, medical education. Every day we cram our minds full of so much knowledge. Every night it seems like so much of that knowledge slips out of my mind. I've now begun to appreciate just how much there truly is to learn, and how no matter how hard I study that I have a long road to becoming anything close to a "master."

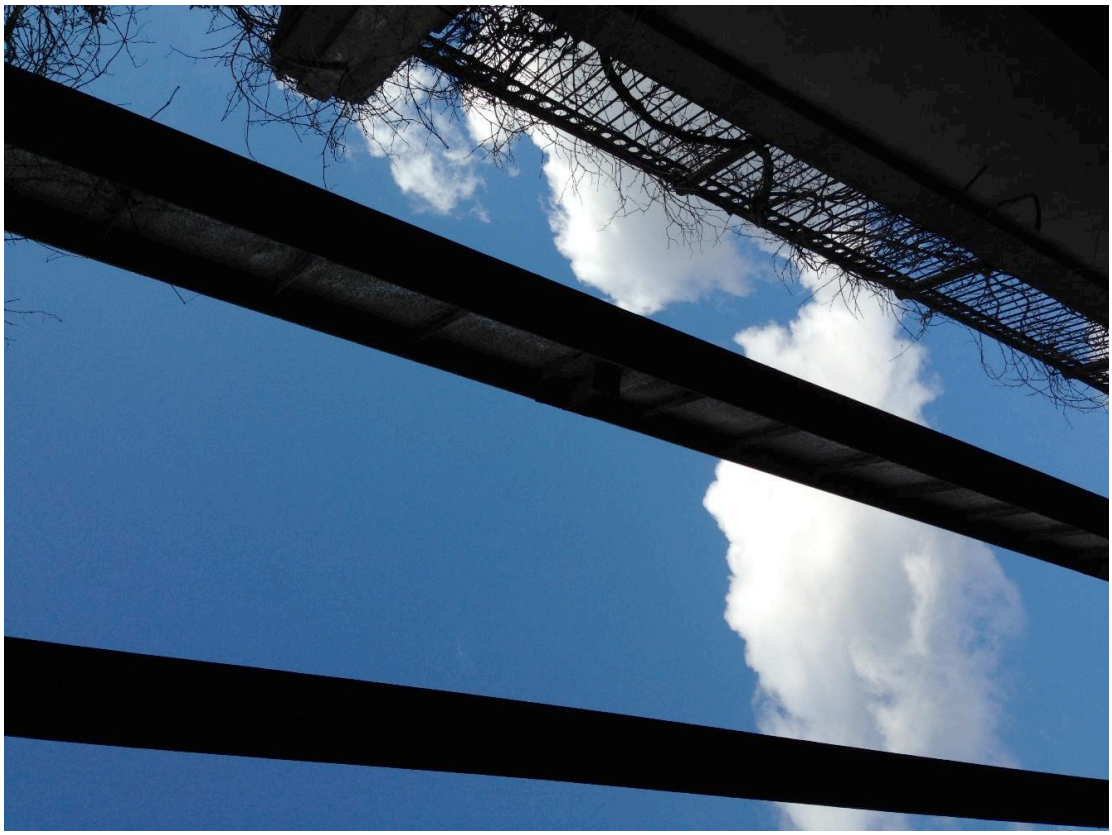
This poem is a meditation on the gain and loss of knowledge as I pass through the different stages of my education.

gain/loss addendum
Feenalie Patel

Solace in Uncertainty
Annie Ameha

Looking up and seeing the beams that stood in contrast to a gloomy sky, I couldn't help but think "that about sums up medical school." I shrugged it off with little thought and kept walking. But how had a long-awaited journey and answered prayer been transformed to such a bleak outlook?

I remember the road to medical school and how uncertain my future felt. Opening my acceptance letter had seemed like crossing a finish line. However, the first two years of medical school were filled with moments of doubt and anxiety. I grappled with imposter syndrome and wondered if I was cut out for this career. I thought if I could just get to the other side of medical school – to the part with the patient interaction – I would be able to thrive. The first two years loomed over me like these beams in the sky, holding me back.



A few days later, the sun is shining! Big fluffy clouds are framed by the same metal bars that had once looked to be imprisoning me. What had changed (aside from the weather)?

My attitude.

And that is why the uncertainty we face in medical school – and in our future careers – ought to be welcome. There will be days when patients will not be compliant with medications or when medical teams will be at odds with one another. We may have to face the darkest of hours when a patient dies despite our best effort. And how do we survive the long hours, the endless questions (on exams and in life), the time spent away from loved ones?

The answer is we look to the skies and choose to see the best – the patient who finally made it to an appointment, the colleagues who are still willing to lend a second set of eyes, the patient who lives long enough to say goodbye. Some days it will be easier to see the sunshine, but know that we always have a choice to change our attitude, our perspective, our point of view.

So how do we approach the uncertain? How do we perceive the bars above us? Perhaps they are not meant to cage us within, but rather they are the scaffolding on which we build a path up and out of our perceived misery.

Quest for Purpose, Discovery of Self
Alex Galloway

I need help. Hard words for anyone to say. Hard words for someone who thinks of himself as confident, smart, and able. My life has pretty much gone according to plan; I have family, friends, and a life partner; I am in good health; and I have survived a year-and-a-half of medical school. What would I need help with? Well, it turns out, much more than just learning how to distinguish ulcerative colitis from Crohn's. I have grown so much since I allowed myself to seek help and eventually a counselor at University Health Services.

Medicine trains us to look outward to care, to treat, to do. We incessantly study and train so we can best care for our future patients. However, in the midst of this grind, it can be easy to question our sense of purpose. We come to medical school unified in the sentiment that we are “good at science and want to help,” yet we rarely have the time or encouragement to develop our purposes further. We get lost in the vastness of the material and are left with tough questions. Why am I investing all of my time in learning the details of histology, iron transport, and the portal venous system? It is hard to see how these details give my life meaning.

The summer after my M1 year, when I finally had a chance to breathe and reflect, I came to a scary realization that I was uncertain about my purpose in medicine. I anxiously imagined what I wanted my life to be and felt an urgency to define it before the “last summer ever” was over. In the mindset of a stereotypical med student, I thought there were certain identifiable steps I needed to take to answer it. I envisioned a purposeful life to be a place I would eventually arrive if I just worked at it. So, I worked hard to engage in organizations, service days, and community events. I looked outward and found positive changes happening in my community, but I felt no closer to finding my place within medicine.

With some needed encouragement, I reached out to a counselor, hoping that she would have the answers that I sought. I came to the first session with a list of questions and ideas for what the next steps would be. Over the course of that meeting, I realized a hard, yet liberating, truth: there is no certain path. My counselor helped me identify a new goal, not to “find purpose,” but to learn how to be comfortable with myself and the uncertainties of life.

I am now working at this through writing, meditating, and being honest with myself. I have gained a new sense of comfort with self-discovery. I have spent less time anxiously debating my future plans and more time with the people around me. I am okay with not mastering my “life purpose” before I’m 25. I realize the value of the present moment, from fun times with friends to the challenging details of neuroanatomy. Medical school is often uncertain and scary, yet it is also an incredible opportunity. The next few years of training will be a new experience, being with patients more and multiple-choice questions less. I will be asking for help often. I now understand my purpose will not simply be realized when I finish second year, medical school, or residency, but rather will come in all the moments in-between. I am excited for the journey and hope to live more comfortably in the uncertainty of life.

Sitting with a Dying Woman; Dissecting a Dead Man
Jackson Hearn

Autumn in Nashville
Visiting my grandmother
She sits quietly in
The room she wouldn't call home If words still served her brain's command. Gingerly I grasp her hand and sit; thin skin wrinkles over hands and feet that once—as a child—carried her out of that house in Clay County where her mother was dying.
I note the blood pooling (an ecchymosis I'd call it now) just beneath her left hand's dorsal surface which sits there somewhere between an artery and a vein
I ought to know the name of by now.

Back in Memphis winter comes,
and basement rooms lined with steel tables are just as cold as ever, warmed by yellow paint, gloved hands and tutors' wise advice.

I used to think I knew what death was like: some tired soul pushes off from the shore,
drifting away in a current unseen, the silt of a life washing up onto a land of fertile humus beside a great and beautiful river.

But as this old dull saw passes roughly back and forth between his eyes and nose, and mouth and ethmoid bone, or I dissect his splenic artery, note its tortuous (always tortuous) course through pancreas to spleen, I marvel at this man's body, lying open, drained of all his heat, yet holding wisdom still.

My cutting, twisting, seeking hands, must offer sacrifice of blood and bone, for me who takes his death into my hands and calls his body home.

The Doctor, the Magician?
William Chong

I was disappointed. Everything I said for the past 10 minutes seemed to fall upon deaf ears. Maybe I should have tried a different approach or been more insistent? No, it didn't seem to matter. They had made up their minds.

My Pediatrics rotation gave me the joy of taking care of often grateful children and discussing treatments and management plans with loving parents, who were heavily involved in their care. While working on the respiratory floor, our team managed several asthma exacerbations. It was heartwarming to see parents who would magically stop smoking for their child's health. Unfortunately, I found that not all children and parents were willing to follow a physician's advice.

I looked after a sociable 9-year-old blonde-haired, blue-eyed girl with cystic fibrosis (CF) who presented with an exacerbation, likely from a bacterial respiratory infection. Upon chart review, I noticed that she had had multiple hospitalizations and was not up-to-date with her vaccinations. There was a long history of many physicians in the past who had advised that their child to be vaccinated, all of which were unsuccessful. However, I wanted to do everything in my ability to help my patient and felt the need to counsel the family on the importance of vaccination.

A serious conversation such as this could not be brought up without building rapport with the girl and her family. Each day, I spent a little extra time talking with my patient and showing her my favorite magic tricks. The card tricks were a great success; she was shocked and intrigued at how I could make cards magically appear and disappear at will. Her family grew to trust me and to expect my daily visits and new magic tricks. In my spare time after duty, I would eagerly read up on vaccinations and public misconceptions. I customized a pamphlet on cystic fibrosis and vaccination just for my patient's family.

I drew a deep breath to enter the patient's room and engage in the dialogue, hoping the skills I developed during my years of peer tutoring and teaching sex education classes would help. As I started to inquire about my patient's missing vaccinations, I could tell the parents were already frustrated. The conversation did not go as planned. I felt powerless as the parents adamantly stood their ground against vaccination, while I humbly complied with their wishes not to provide any immunizations during this hospitalization.

Having treated adult patients with CF, I knew the difficulties as far as nutritional challenges, frequent infections, medical bills, and shortened life expectancy. I worried about the future of my CF patient as far as more hospitalizations, more antibiotics, and more IVs down the road. I wished I could continue to follow her into adulthood so that I could appreciate her struggle and personal growth while living with the disease. How will she learn to manage her disease as an adult? Would she later wish to have vaccinations as an adult?

I ask myself, “as a future physician, how will I manage a less compliant patient over the course of a lifetime?” While I may not have been successful in convincing my CF patient to get vaccinated in that moment, my attempt was not truly in vain. As doctors, we hold ourselves to a higher standard: that our vast medical knowledge and arsenal of diagnostic tests should be enough to successfully treat our patients. Yet in reality, our outcomes often fall short, and we are upset, frustrated, and lost as how to help them. No matter how many times our advice is rejected, we must never give up on our patients in their education, treatment, and care. Our patients should know that there’s always a helping hand available, so that one day when they are ready, they can reach for it. I realize that doctors are not magicians, but sometimes through our empathy, diligence, and continuity of care, we can spark inspiration in our patients and their families to take better care of themselves.

M.D. Stands for Makes Decisions
Omar Tamula

The intern and I walked into our patient's room to see his progress. He was an elderly Southern veteran with an artificial aortic valve, status post-right heart catheterization. He initially presented with sudden-onset chest pain, dyspnea, hypotension, and tachycardia. Over the course of nine days since admission, his INR increased to frightening levels, hemoglobin dropped to the point of anemia, and oxygen saturation was dangerously low. By the numbers, he was in bad shape.

"How's it going?" we asked the patient and his wife. Tired eyelids accompanied a weak smile. "Oh, I'm doing alright," he breathlessly let out through his facemask, "but my right leg keeps giving me grief." "He couldn't hardly sleep last night," his wife added with a concerned look. I examined his leg, observing prominent ecchymosis of the groin. Though his platelets were low, his bruising was out of proportion to what we expected. After the intern examined the groin himself, we spoke to the internal medicine team and concluded the need for imaging.

What we saw on the scan shocked us: a large hematoma the size of a fist resided in this man's groin. *How could this happen?* It turned out that the right heart catheter – the very catheter that was supposed to help us figure out his initial problem – punctured his femoral vein and created a new problem.

Sitting at the foot of the patient's bed, my intern gingerly described what was going on. "We've got bad news. There's a collection of blood slowly growing in your groin, likely caused by your recent procedure. Normally, the human body tries to stop bleeds by forming clots. Problem is you're on a medication called warfarin that keeps you from making clots on your artificial heart valve. We can't take you off this medication because if there is a clot, you could have a stroke or other life-threatening complications." *A catch-22 indeed.*

He turned to his wife, nodded, and looked at us with his weathered blue eyes. "Well I know you boys are doing your best. What can we do now?" "The best thing we can do is decrease some of the dosages on your medications and wait for your lab numbers to be more stable. The mass of blood will hopefully be absorbed by your body." "Ok. Sure do appreciate you for telling me what's going on." With his frail hands covered in senile pupura, he clutched the intern's hand. "I love you." "Thank you boys for always checking on us. We love y'all," his wife said as she clasped me into her warm embrace.

M.D. stands for "Makes Decisions", I was once told. Our team's decisions however, based on research-derived algorithms and numerous consultants, brought us frustratingly to a dangerous situation. I hoped we would do more, but waiting and observing was the best decision. In spite of this, he and his wife were grateful. It was confusing and simultaneously humbling.

Taking care of this patient truly shifted my thinking from bookwork to real-life. The factoids and clinical vignettes I committed to memory the first two years were clear-cut. This case, this person, was not. Real patients are not buzzwords, although my mind had been trained to think that way during the preclinical years from preparing for exams. The problems in the textbooks and questions banks were nothing compared to what happens in medicine in the flesh.

Though physicians are problem-solvers, I now see that sometimes doctor's solutions to medical problems are unfavorable and messy. What do we do if following practice guidelines inadvertently harms the patient? The *right* answer, especially in my case as a student, is to be there for the patient. During this clerkship, the only thing I could truly do was show up day-by-day. It was the same routine – smiling, asking about the interim, auscultating, palpating, etcetera. For my patient and his family, however, there was a sense of being cared for. Other than my history and physical, I did nothing medically. No medications were administered on my behalf. I did not suture or perform any procedures. What I did was invest in at least fifteen minutes of my mornings with this man and his wife. I asked about their lives outside the hospital, their children, and life as a married couple. We laughed, we joked, we connected.

This connection is the basis of how I want to practice as a physician. To be present for my patients – caring not only about their health but caring for them as people.

Shadowing in the NICU
Mike Hook

During the summer after M1 year, my interest in pediatrics and developmental biology led me to spend a week at the Regional One NICU. With only a fledgling knowledge of fetal development, seeing the tiny neonates and rounding with the residents was full of memorable experiences. But my most meaningful lesson was taught while I rushed to Labor and Delivery for a high-risk birth.

I nervously put on gloves amongst the attending and tense residents. While the mom moaned in the background, I was told that she was in pre-term labor at 24 weeks. Knowing that at this age, the baby won't be able to breath on its own, I mentally prepared for the worst.

As the baby was delivered, I tried to go through my APGAR score and immediately panicked. "He's not breathing!" I screamed in my head. Doctors got to work, nurses flew left and right…I stood beside myself. The rest of the situation became almost a blur of events.

Despite best efforts, the baby passed away. It was almost surreal. What struck me even harder was after the whirlwind of events had cleared…the team went back to work. There was charting to do, babies to see, but I felt myself still frozen with the image of that cold, new child. Overwhelmed, I asked the seasoned attending how he could deal with seeing the prior events and still be able to work.

"Unfortunately, I've seen it happen many times. I still haven't really learned how to deal with it completely. I think if it didn't affect me, I wouldn't be good at what I do. But, I try to find something to be happy about it when these things happen. At least that child will never go hungry or cry in sadness."

I took those words to heart. Since then, I've seen many tragic patients. It still affects me and I hope it always will. For me, part of compassion is sadness when something goes wrong just like joy when something goes right. With those somber times, I try and cope by expressing myself through writings like the one I have below, in an attempt to find something sweet in bitter emotion.

1 pound, 4 ounces
about that long he lived
in minutes muted
we never heard a cry
at least he never knew
what it was like to weep

From Notes to Melody
Max Marlowe

Every craft is built on a foundation; some simplistic principle that allows for stability of function and ceaseless variability. Music's foundations are the simple units of time and tone. The foundation for our work as future physicians is an understanding of the human body. Our success is inextricably linked to our comprehension of the complex relationships hidden under all of our skin; the weaving and branching arteries and nerves, the sinew and strength of our muscles, and the indefatigable beating of the heart.

In order to go from looking at a jumble of notes and cryptic symbols on a page to a Bach partita there has to be a teacher, someone to show you how all of these different elements can fit together to make something functional and beautiful. Learning the anatomical foundation in medicine is no different. We have lecture three times a week, we memorize esoteric terms in languages long dead to regular speech, just to describe the tiniest details. This is the trivia on the bottom of a Snapple lid; fast, dislocated riffs you play on your instrument to impress your friends and family. This information is jumbled and incoherent in our heads until the class travels as a group to our basement conservatory to see our silent, cryptic teachers. My group collectively "oooh's" and "ahhh's" as our teacher, who we affectionately called "Minnie", soundlessly and motionlessly instructs us. What was once a cacophony of notes in our head begins to transition into a melody. Without her selfless contribution, those terms would remain only trivia.

Minnie, our supine professor, simultaneously elevates our craft, and humbles it. As we learn more from her and about her, we see numerous instances where medicine may have made her life better or extended her time on Earth. The removal of the gall bladder and appendix, a muscle flap to replace the function of some failed aspect of her biology… all of them allowing her to lead a happier and more normal life. However, her presence, and the presence of the other supine teachers in the room, is a reminder that medicine is inherently imperfect. We do not know all of the rules that govern its foundation, and we will always be left wishing for knowledge for our patient's sake. Even if we could know it all, the natural forces we combat are far stronger than us. In the same way that a florid melody may reach a glorious peak but must certainly reach a final cadence, our best efforts are inevitably rendered insufficient. That does not mean the efforts are not worth carrying out. Looking through the lab you see evidence in almost every silent, supine body. In some way the craft in which they are instructing us impacted their lives. Knee replacements, artificial heart valves, removal of diseased organs; all of these things may have improved and lengthened the lives of the people in that room. Our selfless instructors had seen value in the goals we are trying to reach and gifted their most prized possession to us. A conduit for imparting a wisdom they knew we would so desperately need. I can't imagine how difficult it was to make the decision to donate their bodies to our education, but I know I will never forget the sweet, elderly woman who made that decision and impacted my life so greatly. Her performance has now ended, but I will be humming the melodies she taught for a lifetime.