Since 2003, *Minnesota Medicine* has been encouraging physicians, residents and medical students to put their thoughts and experiences on paper and submit them to our writing contest.

This year, they responded with a record number of submissions (35 altogether). They told stories of memorable patients, reflected on international experiences, elaborated on why they practice medicine, and even mused about their encounters with technology.

We would like to thank everyone who entered and shared with us experiences and memories that touched their lives. It was more difficult than ever to pick winners.

In the following pages, you’ll find this year’s top entries:

"Breathe," a poem by Andrea Westby, M.D., a family physician in Perham, Minnesota

"Consummate Morality," an essay by Sean Schulz, D.O., a family medicine resident in the University of Minnesota Smiley’s family medicine residency program

"Placeholder," an essay by Lil Johnson, a fourth-year medical student at the University of Minnesota

We also selected a number of pieces that deserved honorable mention. We will be publishing them in the coming months.

**Honorable mention**

"A FATEFUL WINTER’S NIGHT" by Abby Gardner, M.D., an internal medicine resident at Hennepin County Medical Center

"MY FINAL ELECTRONIC SIGNATURE" by Sapna Sadarangani, M.D., a second-year infectious diseases fellow at Mayo Clinic

"BLOOD ON MY PEARLS" by Elizabeth Haller, a third-year student at Mayo Medical School

"LEAKY PIPES" by Melissa McCoy, a third-year student at the University of Minnesota Medical School

"ONE VERSION OF THE TRILOGY" by Charles Bransford, M.D., a general internal medicine and hospice and palliative care physician with Stillwater Medical Group

"A MEMORABLE CASE" by James Monge, M.D., a retired surgeon in Duluth
PHYSICIAN Winner

Andrea Westby, M.D.
Family physician, Perham Health, Perham, Minnesota

ON WHY I WRITE
I write in my head all the time (on bike rides or runs, during yoga, while driving); but only occasionally do I remember the words when I’m near a notebook or computer.

Mostly I write for myself—to help me process my experiences, thoughts and emotions. But I also write for my patients, family and friends. We as physicians have this really cool job. We have this privilege—to be with people during the most intense parts of their lives. We are with them during the birth of their children; we rejoice in their marriages and partnerships; we celebrate their accomplishments at work or school. We also share in the suffering—the diagnosis of disease, the death of a loved one, the end of a relationship. People share really amazing stuff with us, and I hope I’m able to honor these gifts in my writing.

ON MY INSPIRATION FOR THIS PIECE
This piece was written about a patient I had during my second year in practice. She had so many things happening to her and yet she still managed to be this really grounded, accepting, loving woman throughout her pregnancy. Her labor was really intense (I almost missed the birth because I was at my niece’s birthday party an hour away), and her son’s birth was really dramatic (he needed resuscitation after delivery). The whole time she was so calm and just in love with him. It was so beautiful. There was so much emotion and intensity that I felt I had write it down.

Breathe

By Andrea Westby, M.D.

I don’t know if I can do this. My daughter is almost 11. The test turns positive. Breathe.

Cold gel, the flip flop of my heart, waiting To hear the faster flip flops of a tiny heart Holding my breath, and then it sounds Now I can breathe.

The images black and white Not sure what I am seeing Is that a face? Is he healthy? Breathe.

What do you mean you have found someone else? I don’t know if I can do this alone. How can you leave me? Breathe.

The date gets closer. Uncomfortable. I can’t sleep. All I can do is breathe.

Wait, your doctor isn’t here yet. She’s on her way. The pain is so intense when it comes Breathe.

Take a deep breath, hold it And push. His heart rate dropping, keep pushing. Head emerges, she places him on my chest. Come on baby, just breathe.

It seems like an eternity when he finally opens his mouth Cries a tired cry I close my eyes. And breathe.
Charcoal-blue clouds floated over the Great Rift Valley, ready to shower rain onto the umbrella of Acacia trees, their moss green color a contrast to the burnt umber ground. I sipped my beer and felt the cooling rush of the impending storm. It was welcome, as the day had been sweltering. My shirt stuck to my skin. The bottle, too, was sweating. Its label—a black elephant embroidered in yellow—had beads flowing over it. The elephant’s white tusks reminded me of the ivory trade in *Heart of Darkness*. And there I was—not in the Congo but Kenya, traveling around the eye of Africa in the jungles surrounding Lake Victoria. I’d come thinking of myself as the anti-Kurtz. I’d offer the best parts of myself in order to help others. But helping wasn’t going to be enough. I needed to save others, and not in the metaphysical sense. I’d come to save lives.

Perhaps we all look back at our former selves with incredulity, unable to comprehend the level of naivety we possessed, but I never expected to feel that way in such a short amount of time. Save lives. The thought sounds absurd now. I’m not even sure how one would save a life, unless it involves pulling someone from the crumbling edge of a precipice. Now I wonder if I even did any good there. Because “good” is so hard to define when there is potential to add years to or subtracting them from someone’s life.

The fact that I tried to do something should be enough to put my mind at ease. But I am haunted by all those lives I tried to better, now knowing it would never be enough. I feel I was reckless, like perhaps in my earnestness to do more, I broke the oath I’d taken to “do no harm.”

The sick woman. The one who brought her two kids in to be screened and immunized. The woman who sweated through her clothes, heaved with each breath and looked as if she might pass out at any moment.

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Sean Schulz, D.O.
University of Minnesota Smiley’s family medicine residency program

ON WHY I WRITE
I’ve been writing my whole life but had been in the trenches of science and scantron tests for so many years that I’d lost a lot of my skills. A friend recently started painting every night instead of watching TV. That inspired me to start writing almost every night. This past year has been like my own personal renaissance period.

Writing is cathartic in a lot of ways. There are many difficult thoughts that come to you during your years of medical training, and there are not a lot of ways to sort out your feelings.

ON MY INSPIRATION FOR THIS PIECE
I went to Kenya at the beginning of my fourth year of medical school. It was not the best timing, as my (now) wife and I were getting married in two weeks and moving from California to Oregon. We had no money, but the idea of postponing my dream of going on a medical mission worried me. I worried I would become comfortable and lose my desire to venture out into the unknown and really push my limits. I had to do it then.

The trip had its ups and downs, and in the end I was left with many conflicting ideas. I’m still not sure what the overall impact was—whether good or bad. Yet I’m grateful for the opportunity, as it helped me better define what my next international medical trip should consist of. After speaking to physicians about trips they have taken, I now think the key is to find one that aims to make a lasting impact and in which volunteers train health care workers from the communities they are helping. Being well-funded and well-supplied is also helpful.
the children on to my colleague, so I could take her vitals. Tachycardic, febrile, hypotensive. All signs that she either had an overwhelming bacterial infection or malaria, and I did not have the tools necessary to differentiate. I hedged my bets and gave her anti-malarials and antibiotics with a bag of IV fluid for good measure.

She didn’t show up the next day like we had planned. Her kids had received their immunizations and mebendazole, and that had brought a smile to her face. She was a mother. A good one.

I’ll never know if she lived.

I was never so comfortable with mortality as I was there—both my own and others’. Everyone seemed so alive, even with their death only a sunset away. Kenya could be so apathetic about death and yet so celebratory about life. I saw it firsthand when an aid worker’s child died of malaria. The Kenyan woman had been desperate to help, even with a 2-month-old in tow. Everyone mourned, of course, but it was not the gut-wrenching, soul-torturing wallowing I’d expected. There was a belief that everything was preordained, yet it didn’t appear they thought of death as God’s “plan,” either. No one believed it served a greater purpose. It was more an acceptance that things were the way they were; whether it was God or nature, it didn’t matter. Everyone woke each morning with a death sentence. My attempts to change their date with destiny felt increasingly futile.

During my short time in the country, I grew accustomed to handing out death sentences. Like a medic on the beaches of Normandy, I helped those I could help and left others to their graves: The man with uncontrolled hypertension, without hope of management. The child born with nonfunctional legs, not likely to make it past his 10th birthday. The man with the rotting, infected hand. The 11-year-old girl with AIDS. What she had, no one talked about. No one ever would.

She would die of a taboo.

I took another sip of Tusker beer and looked at my soon-to-be-wife, who sipped her lager like she’d earned it. She turned to me with her glorious smile. I smiled back, we clinked bottles and laughed—the type of laugh that is too loud and too hearty. The laughter of exhaustion and unspoken sorrow, matched with the elation of sharing it with the one you love.

We sat in silence watching the storm engulf the valley. I wondered where the animals went when it rained. I pictured them basking in it, the hyenas and giraffes dancing because they knew water brings life. And life is worth celebrating no matter how terrible it may be sometimes.

My fiancé reached over and placed a gentle hand on my shoulder. I must have looked troubled because she gave me a look that said “It will be O.K.” There was solace in her jade and amber eyes. I was able to see in her what I’d hoped to see in myself.

The hard work painted on her face was a mural of selfless sacrifice. I felt the tension in my mind loosen, as the tight connections between thoughts suddenly became fluid again. We had come to do good and there had to be some good in that. I’d never been so in love with her before as I was in that moment. I settled back into my chair and the storm cleansed the Rift Valley and myself.

The next morning, as the creaky Toyota van climbed along the rim of the valley taking us back to our former lives, I couldn’t help but feel that we’d left the best of us down there. Our ideal selves. Our consummate morality. Specters with unattainable dreams. The people we had hoped to be, aspired to be, but who never really existed. We weren’t gods. We were mortals who did our best. Whether it was right or wrong remains a mystery. The land and the people would forget we were ever there.

In the end, the truth would only exist in our memory.
It becomes clear I don’t understand the assignment and I’m running out of time. I commit to my yellow paper the thoughts I have at that moment. On one side I write: “Treat them as if they are all him.” On the other: “He is always watching you.”

A year later I find myself in a patient’s room. No longer asked to soul-search on pieces of construction paper, I sit at a computer half-listening to what this patient is saying. Don’t get me wrong, I was listening, about a half-hour ago. But now this elderly man who stares off into the distance, rather than looking at me, is recounting the most mundane details of his life. I mean, do I really have to know the exact dimensions of the area surrounding his bed for which he sprayed pesticide to kill the bed bugs? I’m the med student who is never rude, who lets the patients talk forever, but this is getting ridiculous, even for me.

I do the thing they told us never to do, something I thought was common sense for anyone with a beating heart—I walk toward the door as the patient is still talking. What else could I do? He was never going to stop talking! But then he stops me, recounting a dream he had recently, a dream about an owl, and how that means death. He begins to cry, this elderly man, who has been stoic this entire time. He tells me how a dear friend of his just passed, how he thinks about himself going too. He continues to look past me instead of at me, but he accepts the tissue I hand him lamely. A heavy feeling of guilt presses on my chest. I take death seriously, I’m listening now. “He is always watching you.” “Treat them as if they are all him.”

At this moment, I’m embarrassed and ashamed. I listen until he is done talking, until he is actually done. I do what I can for him, then I walk him out.
Placeholder
(continued from previous page)

toward the exit. He leaves with the parting words, “You’re a good doctor.” With a heavy heart and a lump in my throat I think, “No, I’m not, I’m so sorry. But I promise next time I will be.”

Six months later, I get my chance. I’m at the veteran’s hospital. Every man reminds me of my father. There’s the ring he used to wear. The cowboy boots he loved. The white hair parted just so. The story he used to tell. A man gets admitted with complications from his multiple cancers. He is very ill; he has spent much time here. I sit with him on his bed and laugh about life, trying to keep things upbeat. His family walks in, first his wife with her brave face on, then his daughter. The daughter takes me aback. In her face I see my own, the look I tried to hide for years, every time my dad was hospitalized, and every time I thought I would lose him. The look of premature loss, of abandonment, of regret. I get choked up just seeing her. I know her all too well. I can’t deal with this pain, I’ve got to get out of here. I use the excuse that I will leave him now so he can visit with his family, and I run away like I always do. Keeping my distance, keeping things buried deep where they should be. Because the pain never heals, you can only smother it. It’s like that diabetic foot ulcer. The one I talked about with the patient, not unwrapped to look at. Run away, keep your distance, don’t get too emotionally involved, absolutely never cry.

I get a new patient. Yellow from head to toe, feces and urine of colors they never should be. This is going to be bad. He is smiling at me, optimistic that I will take good care of him and figure out what is wrong. I smile back, hiding the sense of doom I feel from my face. I don’t want to say anything I shouldn’t. We can barely make it through the formalities of the history and physical without stopping to chat about “the good old days,” or horses, or westerns, or my dad, or his daughter. If they weren’t the exact same age, I’d swear this was my father reincarnated. I tell him I’m glad we got stuck together, he squeezes my hand and tells me he wishes we had met under different circumstances.

A doctor comes in, pulls the fragile curtain closed, a humble barrier from the other vets in the room. He brings the news that it’s likely cancer, and if it is, there’s no cure. A man-to-man conversation, voices deep, faces serious. I sit back and observe. My patient thanks him; he is glad to finally have an answer. Then I’m left alone with him.

With a gentle voice, I ask him if he’s O.K. I guess it’s safe to cry now, and he does. He’s much too young to die; he loves life. What about his mom—who will take care of her? What about his daughter, how will she bear this? I ask him if he will call his family. He shakes his head. He won’t scare them before he has a definitive answer. Really? So no one is coming? I think about how I have an important test soon that I’m unprepared for. How nothing I do during this rotation will matter if I don’t pass that test. There’s so little time to study. But … I can’t leave him alone with this news of impending death so fresh. I face the pain head on, and sit with him for hours. We talk about everything and nothing—you’ll find all your answers at church, horses will teach you common sense, chickens are the key to happiness. We laugh; he cries.

We spend every day like this, every day that no one comes for him because no one knows he’s here, or how serious this is. Eventually, I’m able to convince him that if I were his daughter, I’d want to know. I tell him the story of my dad, and how I’ve always been grateful that I knew he was dying so I could say goodbye. He calls her, and she comes the next day. I keep my distance, not for me, but for them.

Then it’s time for me to move on to a new rotation, a new hospital, new patients. His eyes widen when I tell him it’s my last day. He tells me how pleased he is to have met me, and he thinks everything happens for a reason. He gives me a book. It’s well-worn, loved. I ask him how I’ll get it back to him. We look at each other with sad eyes, understanding. He simply says I can keep it. We both know he will no longer be alive by the time I’m done reading it. There is a cowboy on the cover, my father, my patient. A sweet message written inside so I’ll never forget him. He tells me I can see him anytime, just drive straight north 150 miles and give a stranger his name—they will lead me straight to him. I smile and nod at his unspecific directions, we both know this is the last time we’ll see each other.

I can remember the last time I saw my dad. I was being driven to the airport; he was waving from the door. He didn’t come on purpose. We promised we would see each other again, but if that were true why couldn’t we stop crying? I get choked up and tell my dearest patient it’s been an absolute pleasure, and that I’ll keep him in my prayers. We shake hands for much too long; I can’t let go. He’s not your father Lil, he’s someone else’s.

I let go.

I make it through the hospital, make the long trek past all the handicapped parking spaces at the VA, get into my car, door securely closed, and then the tears, oh the tears. You would think my windows were some kind of protection from the world, as if I’m really alone and it’s safe to let go. I can’t help it. The ulcer, the wound, is exposed, never healed. I cry the whole drive home.

Dear patient, find my father when you go. You would get a kick out of each other. Tell him all about me, and how I cared for you. He never got to see me become a doctor. I know he would be proud.

“Treat them as if they are all him.” MM