Humanities Distinction Track Final Portfolio

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Below is a collection of written works, published and otherwise, from my time in medical school, highlighted by Kindred, my HDT Capstone

Kindred

Seated at my desk late on a Monday night, I began a medical school rite of passage: penning a case report. All it required was reviewing a patient's chart, gathering relevant data, and piecing it together into a coherent story. Eager to impress, I dove into the work.

A 21-year-old man with no significant past medical history presented to the clinic with fatigue, night sweats, and a palpable subcutaneous nodule in the left supraclavicular area. He noticed a "bump" six months ago and was seen at his university's health center, where he was referred to otolaryngology, but he deferred the appointment until after the semester concluded. He contracted COVID-19 and reported an increase in the size and number of nodules, including small, firm lesions on the anterior chest wall overlying the superior sternum.

Sitting back, I wondered whether he knew what was happening to him. Could he see the signs of his body's Brutus turn, or did they remain elusive, like a creeping glaucomatous milieu noticed only when the days turned dark? I imagined him enjoying the final moments of college, searching for what he could offer the world and what it could offer him. The sudden eruption of disease must have been terrifying. I hoped he had someone to hold.

A biopsy confirmed Hodgkin lymphoma. A PET/CT scan revealed significant malignant adenopathy in the bilateral subclavian lymph nodes and diffuse mediastinal lymphadenopathy. The largest tumor measured just over 10 centimeters. Stage II, unfavorable, was assigned. The patient developed piercing left arm pain, likely due to brachial plexus compression from the mass effect of the large tumor. Chemotherapy was initiated, with 12 treatments planned over six months. After four treatments, interval imaging showed no evidence of disease. Therapy was complicated by low blood counts and a jugular vein clot. After completion of the 12 planned treatments, a follow-up scan revealed refractory disease with mediastinal recurrence.

I imagined the moment he learned his cancer had returned. Was he alone when he heard the news? Did he fall to his knees in despair, or was the shock a superficial analgesic, like the lidocaine injections I had learned to administer to patients, promising a quick "poke and a burn"? A few words in my report upended his already spiraling life, but I had no more to spare. I was on a word count, after all.

Care was transferred to another facility, and salvage chemotherapy was initiated for two months. Follow-up imaging showed an increased disease burden, prompting initiation of third-line immunotherapy. Oncology estimated a 12% chance of remission.

His hair must have clung to his scalp like the last leaf in Fall when they told him cancer was still festering in his chest. He would have spent two months in silent supplication, hoping the new treatment would work, only to have salvation ripped from his hands. I knew another way to phrase a twelve percent chance of remission was an eighty-eight percent chance of death.

Interval imaging showed a "remarkable" complete response to therapy, and an autologous stem cell transplant was indicated. He received chemotherapy for seven straight days, with the transplant on hospital day eight. The patient developed critically low blood counts. His oral mucosa and thinner skin on his body began to slough off. He was discharged on hospital day 21. He underwent consolidation radiation for three weeks, followed by six months of immunotherapy. The patient remains disease-free five years later.

Finished with the first draft, I reflexively ran my fingers through my hair. I worried the paper would not be publication-worthy. I tried to find the "it" factor in the case, the moment that would suck the reader in. Academic journals often favor cases with the "first" presentation of a disease in a particular setting or those that highlight a unique inciting event for a common entity. As I reviewed the literature, it was clear that, while rare, refractory Hodgkin lymphoma was commonplace in medical journals. In a world of fleeting attention, I knew this case would never turn any heads.

Sitting back, I realized that the medical student I had become would hardly notice the patient I once was. I have read the charts of patients like me hundreds of times. I breeze past the obstructive lung disease that may have kept one from walking their daughter down the aisle. I glance uninterestedly at the history of a blood clot that could have led another to take a second job to afford the medication.

Yet, when I was a patient, I wanted so badly to be seen. Constantly crushed beneath the weight of my diagnosis, I longed to be more than just the patient in the room 21. I had a name back then, too. Here I was, already engaging in the same deidentification process that sometimes occurs in patient care. The busier the provider becomes, the easier it is to deliver good but rote care to another face that blends seamlessly with the next.

The nearly two years filled with fear, self-doubt bordering on loathing, and at times unadulterated joy I experienced while battling cancer could be summarized in a few sparse paragraphs. In medicine, by focusing on the undiscovered, we miss the nuance of shared suffering in daily life. I was never going to dazzle the medical world with my illness, but what I lacked in scientific intrigue, I thought I could make up for with steadfast solidarity.

When I began medical training, everyone I knew would ask if I wanted to be an oncologist. They must have thought that, given my background, it would be a solid choice, if not a bit uninspired. I thought they might be right.

I felt I had the capacity to connect deeply with oncology patients and, hopefully, practice the same courageous compassion that was shown to me time and again. But when I thought about shepherding a patient along the path I once walked, my mouth would go dry. The same fear I felt sitting across from my oncologist for the first time, a scratched mahogany table between us, threatened to leak down my cheek when I spoke with an oncology patient.

I had an inescapable sense that avoiding oncology made me a coward. But I never felt courageous lying in bed, trying to distract myself from the stomach-twisting nausea chemotherapy brought on. Bravery was reserved for those who knowingly put themselves in harm’s way and had done so anyway. I was fundamentally different from those people. I stared death in the face because I didn’t know what else to do. Did that mean I had to keep doing so for the rest of my life?

Slowly, I drifted away from oncology as a career and found myself drawn to dermatology. I connected with many dermatologic patients with chronic conditions; the learning was endless, and I simply enjoyed getting to know people during a skin exam.

In my search for absolution from improbable survival, I came across a man we will call John. Our connection was not a chance occurrence but a deliberate pursuit. A faculty mentor suggested I learn more about him and that he might be the interesting case I was seeking.

He was different from me, yet kindred because of our mutated biology. John was not one person but an amalgamation of many faces and lifetimes. Determined to see him as more than a diagnosis, I set to work.

The patient is a 61-year-old man presenting with no relevant medical history. As a child, he did not wear sunscreen and recalls sustaining blistering sunburns. He first noticed a new lesion on his left posterior shoulder about 1 year ago. The lesion occasionally bled, crusted over, and improved, but it never fully resolved. He initially presented at his wife's request because he "doesn't like going to the doctor that much."

I thought about my parents, how they lathered me with sunscreen and pulled tight-fitting shirts over my head at the pool. I became embarrassed by their diligence as I grew older, when it was no longer cool to be chalk-white in front of my friends. How lucky I was to have parents who could afford sunscreen, take me to the pool, and care enough to apply it. It scarcely crossed my mind.

The patient reported that he began experiencing unintentional weight loss and noticed a "lump" under his left arm. He also reported increasing fatigue and began cutting back at work, where he regularly moved heavy items in a warehouse. He endorsed financial strain but said he and his wife were getting by okay. He was referred to a dermatologist, who sampled the lesion on his left posterior shoulder and ordered a CT scan to further characterize his swollen axillary lymph node.

The first time I met John, I told him I was "sorry we were meeting like this. I know this is a difficult time, and I understand what you're going through."

I had been told it was never a good idea to say to a patient, "I understand what you're going through," because it was tone-deaf and worse, potentially demeaning.

But with John, I felt I did know what he was going through. He thanked me for sharing my story with him. I think back to that moment now, struck by how little I actually understood.

The scan showed cystic axillary lymph nodes with poorly defined margins, raising concern for extension into the surrounding soft tissues. Scattered enhancing masses were seen in *the lung parenchyma. Further tissue sampling at the extracutaneous sites confirmed the initial skin biopsy results. Squamous cell carcinoma, now metastatic to the lungs.*

John may not have known it, but he might have guessed that I was the picture of privilege staring back at him. Born into an affluent two-doctor household, I embodied the system molded by and for people just like me. From the outside, John and I's journeys looked like they embodied the same truths, the same struggles. I knew that was a lie.

The day I was diagnosed with cancer was, in the supremely cliché fashion, the worst day of my life. A few days earlier, I had met with the otolaryngologist whom the university health services doctor had recommended. Unlike most people, I had no lengthy referral process that delayed my care. In fact, it was easy. One of my parents made a phone call, and the next day I was crunching white paper beneath me on an exam table. The doctor needed about fifteen seconds to palpate the rubbery-firm, painless node above my clavicle. I knew the end of my senior year of college would not be filled with graduation parties and drunken nights reminiscing about better times with friends.

The otolaryngologist and my Dad made a couple more phone calls. Two days later, I received the confirmatory biopsy results from a family friend. This process usually takes a week or more to coordinate under normal circumstances. I was almost certainly cutting in line. Someone else out there, without a doctor-dad, was also having the worst day of their life. They were at the mercy of a system that, little did they know, could be soldered into any shape. They just needed a welder on speed dial.

John was initiated on immunotherapy. Unfortunately, after two cycles, he developed significant nausea, diarrhea, and rash, markedly affecting his quality of life. A kidney injury and documented disease progression necessitated switching from first-line treatment to platinum-based chemotherapies, in part because his insurance status limited certain treatment options.

With my parents flanking me, my oncologist told me over video chat that my cancer was defeated, or at least that there was a 97% chance it would never return. After four rounds of chemotherapy, during which I only felt stronger as my tumors wilted away, I stood on the edge of a nightmare that was mercifully ending. I excitedly began discussing the possibility of a late-cycle medical school application. Maybe I wouldn't have to delay my dreams after all.

Eight more rounds of chemotherapy followed. Each was less kind to my body than the last, but I was free. Pictures filled my camera roll, cataloging the rapid but expected transformation I had undergone. My face ballooned, my hair came and went, and my least favorite of all, my eyebrows, disintegrated. I always told my friends and family I knew I could pull off being bald, but once I lost my eyebrows, passing eyes became more scrutinizing.

I was alone on that cold November day. My oncologist called with the results of a final scan I had hoped would confirm that my cancer was still in remission. It wasn't. I sank to the carpet and started to cry.

Hurriedly, easily, and unabashedly, the phones scrambled to save my life. "Who is the best oncologist in the country for refractory lymphoma?" my Dad asked his physician friends.

"Honey, don't worry. Our insurance lets us go anywhere," my Mom promised.

So, we did. I was meeting with one of the country's leading oncologists within a week.

John reported worsening dyspnea, which forced him to stop working. He had a limited disability policy that would cover day-to-day expenses, but he would soon lose his health insurance because he was not employed. His wife worked a part-time job but did not receive employer-sponsored health insurance.

In the lead-up to my stem cell transplant, my family and I met with the financial services department of the hospital. A woman in a nice sweater pored over documents with us, detailing line by line what we would be responsible for if my insurance denied coverage for my life-saving transplant. The total came to four hundred and fifty thousand dollars. A massive sum for nearly every family, including mine. But in the back of my mind, I knew that if my family had to come up with the money, they would.

I thought about John, exhausted, trying to navigate the healthcare system without a safety net. Who would step up for him if he could not take care of himself? My understanding of privilege evolved from a family that took pictures on a beach in matching white linen shirts to a more grounded reality. Privilege was not that nothing bad happened. It was knowing that when something did, someone would be there to help pick up the pieces. Could I really look a patient in the eye and tell them, "I know what you're going through?"

I was less certain than ever. I was, and am, a have, surrounded by haves, praying to God that we do not become have-nots.

With a lengthy treatment course ahead, John and his wife began to experience significant financial strain. John was able to convince his employer to cover him through treatment, but that did not take away the co-pays for appointments, the prescriptions not covered by insurance, or the feeling that life was supremely unfair. After six cycles of chemotherapy, a follow-up PET/CT scan showed a complete response. Consolidation radiation was performed. Routine follow-up with serial CT scans for five years was recommended.

John and I were similar in many ways. We would both be called cancer survivors. We would both bear scars as daily reminders of the trauma we experienced. But I knew we were different. I was born on the third base of the healthcare system. He had to consider how he would pay for his next treatment, his next appointment, and ultimately, how to put a price on his life. Going through treatment without that additional anxiety freed me to concentrate solely on staying alive. In reality, fighting the disease is only half the battle. Regardless of how each of us reached the label of survivor, we would both have to deal with the fallout of that distinction.

I was accepted to medical school one month after completing my last round of treatment. Soon, cancer would become a bad memory for me, a speed bump on a long, otherwise paved road. Sure, I would face the challenges of medical training, but compared to what I had been through, it couldn't be so bad, right? I would perform well in school, share my story, and people would congratulate me for going through something challenging. My greatest hardship would become social currency, a way to get ahead. I would meet the criteria for "overcoming adversity" that residency programs look for in applicants. My hardship was bad enough to make a good story, but not so bad that I was damaged goods.

For John, there was no promise that his life would return to what it had been. Without the resources I had access to, forces beyond his control were shaping his path forward. He would need to continue working past the age he had planned to retire to maintain adequate health insurance and rebuild the retirement nest egg depleted by his treatment. The lasting physical effects of fatigue, difficulty breathing, and weakness would be significant. He would have to identify what being a cancer survivor meant to him.

As I transitioned from patient to survivor, my fight with cancer began to feel, in some ways, like a selfish endeavor. I had been the star of a life-and-death theatrical production. Everyone involved had their role to play: my family dropped everything to care for me, friends shaved their heads in solidarity, and my girlfriend faithfully stuck by my side in sickness, even though health was not yet promised. In quiet moments, my gratitude for my loved ones was occasionally overshadowed by the gnawing, fetid feeling that the pain I had brought on those around me was punishment for having received their love so carelessly before.

During my treatment, I remember reading the phrase, “It is said that a man has two lives, and his second begins when he realizes he has just one.”

I decided I wouldn’t approach life as thoughtlessly as I had before. I devoured books on spirituality, human nature, and the inner workings of the universe. Many survivor stories end in an epiphany. The main character's death-defying journey irrevocably changes them. I needed inspiration for my upcoming transformation into the enlightened survivor. It never came.

I wondered if I was failing as a cancer survivor. Where was the exalted ability to overlook minor inconveniences that comes with true perspective? I was still angry when someone didn't go fast enough at a green light. I still fretted over whether I was well-liked. I was still worried that everything wouldn't be okay in the end.

As a patient, life was as simple and primal as it could be. The only daily concern was to see one more sunrise. The binary world I lived in back then was set apart from the reality I was returning to. A small part of me still yearned for the days when I was the patient.

Then I thought about John. I knew from speaking with him that he shared my thoughts. It was hard to move on from something so all-consuming. He, too, was still worried about the small things. He, too, lay awake at night, wondering why he was given another chance when so many others had not.

I realized that there was no perfect way to move forward. No one would demand that I become a different, better, more caring person because of my experience. But I could demand that of myself.

I don’t lie awake at night fearing that cancer will return. Maybe I should. I have come to realize that even though I know terms like radiation-induced constrictive pericarditis and secondary malignancy, it doesn’t mean I should approach life any differently. We all carry terminal diagnoses. Mine may feel more real, more nameable than most, but truthfully, it doesn’t matter.

I have been given so much. I am deeply thankful for that, but I also know it is not enough. I can be the person who reads between the lines of a medical chart. I can be the physician who chooses to see the person, not the disease. There are already so many thoughtful and empathetic physicians out there, and I do not need to be anything other than that.

Medicine is a complex art, as are the people who practice it. Grand acts, like shocking a heart back into rhythm or injecting epinephrine into a body that screams for air, save lives. But so does bringing someone another warm blanket. So does asking how a patient is doing, how they are *really* doing.

John’s story forced me to confront my own. He taught me that I can honor my story through the care I provide without being consumed by it. I can care earnestly and authentically, knowing I can’t always give all of myself, but I can always give everything I have. I will forever feel bound to the patients I care for, but going forward, I will think twice before saying, “I know what you’re going through.”

Even when it feels like I do.

John is a fictionalized representation of multiple patient encounters with any identifying details removed.

Checking Your Own Pulse First in the Age of AI

Two minutes and forty-seven seconds ago, Mr. Patient clutched at his throat and keeled over during your clinic visit. Thinking about the peanut butter and jelly sandwich you had for lunch, you jab an Epi-Pen into his fleshy thigh. Phrases picked up by your artificial intelligence (AI) scribing system, such as "sir, you're going to feel a poke" and "he's usually only like this around peanuts," mar your previously pristine clinical note. The AI baked into your electronic medical record vacillates, uncertain whether to include this new information in the subjective or the plan. Ushering Mr. Patient's partner out of the room, you wonder how your AI scribe will bill this encounter to insurance.

Some believe this (hopefully) imaginary scenario represents the dystopian health-scape we are hurtling toward. Others may point out that detailed record-keeping enables precise assessment of challenging clinical scenarios, offering opportunities to improve future practices.

When I started medical school in 2022, AI was a plucky underdog that hilariously misremembered facts and generated unrealistic videos of the actor Will Smith eating a bowl of spaghetti. The only thing many students wondered about was whether the latest chatbot could help with their homework. As technology evolved, some thought, why stop at help? This bot can do the entire assignment.

Less than four years later, my class sits on the precipice of graduation in a world where 66% of physicians endorsed using AI in 2024, a nearly two-fold increase from 2023. As my classmates and I prepare to join the wider medical community, we are boldly daring to go where so many have gone before. Yet none of our predecessors can see around the curve in our path. Some believe the road most traveled will erode entirely.

Dr. Matthew Zirwas, a prominent dermatologist, carves to the core of this fear when he says in a recent comment, "…while the AI scribes are already amazing…it is literally us training AI to replace us…the next step will be a malpractice suit in which the doctor didn't do what the AI said and something bad happened. Then we'll have to do what the AI says…at that point, are we really necessary?"

In my short time on this planet, I have survived Y2K and the Mayan calendar's end in 2012. But batting 0.000 on calendar-based apocalypses doesn't mean the next one won't be a hit. Fascination with the end of times has existed since the beginning of them, and, definitively, who is to say Dr. Zirwas is wrong? His crystal ball may be clearer than mine.

Attendant to any alien invasion, there is always the appropriately tin-foiled crowd that welcomes the would-be invaders with open arms. Even now, there is fledgling work exploring the coexistence of that which makes us human and that which makes us bionic.

In a 2025 article, researchers Marco Paglialonga and Cristina Simonetti discuss integrating the human-driven aspect of medicine with machines. They advocate for a cohesive framework to "foster dialogue between innovation and empathy, between algorithms and narratives." They envision a world where, rather than being overrun by AI, we operate together.

The potential for benefit is great, with 80% of physicians recognizing AI's relevance to documenting billing codes, notes, and medical records. Reducing administrative burden has long been seen as key to decreasing physician burnout. However, medicine must find the line between chasing efficiency that improves patient care and physician wellness and efficiency that targets the bottom line.

The crux of the argument lies in the holy triangle of modern medical care: the doctor, the patient, and the computer. The same physician who utilizes AI platforms can spend the extra time they have pried from the clutches of the workday to increase their relative value units, or they can transfuse that effort into being courageously compassionate in the care they deliver. AI documentation systems allow the provider to be fully present during the patient visit if they so choose. The provider will decide whether to be drawn into pixelated oblivion or to use those same eyes to truly see the patient seated across from them. AI does not dehumanize care; people do.

Tether yourself to the electronic umbilical cord if you dare, or don't. AI is placing words next to one another because it knows that's *where* they belong, not *why* they belong. If and when you decide to invite AI into your exam room, first, ask yourself what your *why* is.

At the end of the day, we are all searching for the balance that allows us to practice intentionally and in line with our values. With either choice, strive to be fearlessly authentic in caring for others. Become uncomfortable in the examination of your own practice, and deign to rage, whether against the dying of the light or the machine, I care not. Some prefer gentle good nights, and for others, it's Bulls on Parade, but medicine, as a collective, should always endeavor to hold the patient-physician relationship with tender affection. After all, it may be all we have left.

Scrambled Eggs

“It looks like your bone marrow is lighting up on this scan, but honestly, I’m not sure yet. We need to wait for the biopsy results,” my freshly minted oncologist intoned.

I sat quietly at the desk in the family meeting room, my parents, physicians themselves, flanking me. I was swaddled in fear, and they, their guilt. I was a senior in college, months from graduation and applying to medical school, eagerly awaiting my chance to follow in my parents’ footsteps. Instead, my life was no longer measured in years but in chemotherapy cycles.

Six months earlier, amidst the steady march of exam studying and extracurricular activities, I noticed a lump. Nestled above my left collarbone, a painless, firm nodule had made its way to the surface like a spring flower that first sent down deep roots and now hungered for air. My parents assured me it was likely nothing. I was young and had always been perfectly healthy. I could worry about it when everything slowed down.

On the car ride home, as the initial shock subsided, anger began to seep from my marrow like the cancer cells that invaded my blood.

“How did you not know?” I asked my parents accusingly.

“I may have stage IV cancer, and you didn’t know,” I spewed with vitriol.

Silence. Snap. An invisible strand tying us together evaporated. As we pulled into the driveway, the phrase “trust but verify” came to mind. My dad often said those words, an homage to the medicine of a bygone age and a cautionary tale for the next generation of physicians I hoped to join.

Of course, I trusted my parents, but was it my responsibility to verify their work? The line between family and physician had become so blurred that it was hard to see where one ended and the other began. I questioned whether I was being too hard on them. The white coats they wear should not be a burden when they leave work at the end of the day.

I spent most of the following year languishing in disbelief at how my life had unraveled. I searched for a reason cancer chose me, but I knew there would never be a satisfying answer. One failed treatment led to two until, finally, a bone marrow transplant offered an escape.

Weeks later, I lay in bed with the body that betrayed me. Twenty-one days in the hospital pushed me to my physical and spiritual limits. That morning, the attending notified me that I could leave if I could eat.

I stared at the breakfast I ordered and knew I couldn't stomach it. The chemotherapy had burned off my taste buds. My dad, who had faithfully stayed on the cramped visitor's bed, looked at me and said, "Pass me that plate."

As he ate mouthful after mouthful of scrambled eggs, I felt the rift between us beginning to mend. I never told him how I felt, but that simple act began to wash the stain away.

Months passed. Radiation cleansed my body, and immunotherapy coursed through my veins, but I had graduated from patient to survivor. My smooth skull began to sprout again, and I learned I had been accepted to medical school.

I sat at a table with my parents, not unlike the one from over a year previously. My caretakers had become colleagues. Like my family, trust and professionalism are more intertwined than ever. While trust in medicine was implicit in previous generations, my generation is learning that it must be earned, time and again, through humility, transparency, and acceptance.

Professionalism has never been about perfection. Sometimes, it’s as simple as eating a plate of eggs for your sick son. It can be arriving at the hospital or clinic every day, knowing we are deeply imperfect.

We must trust, not in spite of the knowledge that failure is inevitable, but because of the understanding that when failure occurs, the physician will be present at every step. Now, I see that the white coat is never truly left at the door. My parents and I share more than blood; we share a creed and a commitment to uphold the values of our ancient profession. While medicine shifts further away from authority and exactitudes toward shared decision-making and autonomy, one thing will remain sacred. Medicine is, and always will be, one patient and one physician, striving to mend what was once broken.

The Well

I could feel it seeping from my marrow and coagulating in my chest. The feeling rose like hot air. It became something more solid and intractable before the words burst out like an overfilled balloon.

“I had cancer too. I know what you’re going through, and I am so sorry,” I said.

The pressure dissipated, and I searched the patient’s face for a sign of recognition. A sign that they knew I was not another provider who nodded like they understood. Instead, a blank stare met me. A stare that said, “I am tired, and I have been tired for a long time.” I looked down, my cheeks reddening as the words I had spoken circled in my head. I thanked the patient for allowing me to see them. I gathered my notes and quietly shut the door as if that could somehow make up for the silence I had filled with my ignorance.

I had often visualized my first encounter with an oncology patient while I was going through chemotherapy. In my mind, we would build a rich and fulfilling interaction from a foundation of shared human experience. I had seen what I thought would be a beautiful moment of bonding between patient and caregiver. I imagined what it would be like when I was no longer the patient. I would no longer be the one afraid and unsure of the future. As a medical student with little experience in patient care, I built up that moment until it became something it could never be. Standing outside the room, left with a feeling of uncertainty, I wondered if I would ever be able to enter a patient’s room without the sense there was something I needed to say.

As I walked home, my mind wandered. I was brought back to a different room from some years ago that seemed too small to contain all the hopes of the men and women who passed through its door. I was seated in an exam room at my oncologist's office. My hands nervously rubbed my legs while my palms soaked my pants with sweat. I had Hodgkin lymphoma. The disease had survived the initial onslaught of chemicals designed to eradicate every aberrant cell inside me.

At first, the cocktail had worked beautifully. A PET scan after four rounds of chemotherapy treatments showed that my cancer had retreated. My doctors told me I had more than a nine in ten chance of being cured. I thought the additional eight grueling rounds I completed all but guaranteed success. Little did I realize that a small group of rebellious cells was biding its time.

My care was shifted to a more specialized facility, and I began salvage treatment. I always hated the term. The word seemed to indicate that my body was beyond repair and that I would be lucky if the scraps could be turned into something useful. My new oncologist was young and confident. She imbued in me her belief that, although my road ahead was difficult, it was nothing we could not handle. I began salvage therapy with a newfound resolve. However, the treatment carried only half the odds of success that the frontline therapy had promised. Seated in that room for my follow-up appointment, my life hung in the balance.

A resident I did not know entered and sat down facing the computer. He barely looked at me. He pulled up the scan I had thought about non-stop for the previous two months. I asked unsteadily if my cancer was gone, releasing my hopes and dreams, the same as many others had before me, like tossing a coin down a well.

"No," he replied flatly.

His response was startlingly flippant, as though he thought I was naive for believing I could be free from cancer. He continued to speak, but I did not hear a word. He left the room, and my doctor entered. With a somber yet understanding look on her face, she told me about a newly approved medication. Although they were uncertain what the results would be, one thing was clear: my chances had steeply plummeted.

"How long can you keep me alive?" I asked.

My eyes welled with tears as she responded, "I had cancer too. I know what you're going through, and I am so sorry."

Her words let in a light where I had only seen darkness. In front of me was everything I wanted to become: a cancer survivor, a physician, and a person who deeply connected with those they encountered. Her disclosure moved me. The raw compassion was starkly juxtaposed with the distant behavior of the resident, and I knew I would strive to emulate her if I was ever able to become a doctor. I only saw her one more time, the day she told me I was cancer-free.

A few months after my encounter with the oncology patient, I began my neurology rotation. We had been warned that there was more morbidity and mortality on the service than many others. In the intervening months since I had seen the patient who sent me looking for an uncomfortable truth, I had grappled with how I wanted to respond to the next patient I would see. I did not have long before I was put to the test. A pager cut the silence in the team room. We were tasked with providing a prognosis for a patient. Her heart had stopped for many minutes before being resuscitated.

I knocked on the door of an ICU room and entered to three sets of eyes that threatened to pierce my veneer of calmness. After introducing myself, I began the physical exam. It was a choreographed yet desperate search for life. I shined my penlight into her eyes, trying to touch a soul attached to this Earth by a thread. I desperately wanted to convince myself there was a faint flicker of reaction. Instead, I wrote down “pupils bilaterally unreactive to light.” I moved through the rest of the exam. Each negative sign dealt a hammer blow to the dwindling hope on her daughter’s face. I turned to the family to ask if there was anything I could do to make them more comfortable, which they politely refused. I met each of their eyes, thanked them, and walked to the door. I felt a slight tug deep in my chest, but at that moment, I realized there was nothing more to say.

Later that day, I made the same journey home from the hospital I had all those months ago. As I reflected on the tragedy I had witnessed, I knew that I would never fully move on from my experiences as a cancer patient. However, with time, confidence would replace the uncertainty I felt. The truth I found following my initial encounter with the oncology patient was that there was no grandiosity in acceptance or a patient interaction so profound it justified my struggle. Acceptance was the quiet moment shared with a grieving family. It came softly on a walk in the fading hours of the day, not in a frantic moment of disclosure that was for no one’s benefit but my own. I used to feel the reason I was worthy to serve others was because I had overcome so much and that my patients would be able to benefit from my suffering. The trouble with that story was it left no room to let go. We are the stories that we tell, and sometimes, the most powerful are those that go untold.

Flashbulb

I see cancer everywhere I go. I see it in everything I do. I notice the woman standing in line behind me at the supermarket with sunken eyes and a smooth skull covered with a knit cap. During commercial breaks while the game is on, the next miracle drug flashes in front of my eyes with the tantalizing promise of stretching days into months and months into years. The moment before I submit my exam, my chest twinges with the same ephemeral lightning that used to signal that my tumor had not yet melted away.

Cancer was a part of the abstract in my life. I could see it swirling on the edges, occasionally coalescing into a grandparent I never knew or a friend of a friend who drew a momentary thought or prayer, quickly replaced by the day's demands. I was young, healthy, and certain I would soon be entering the halls of a medical school that would inevitably tether me to illness, but at an arm’s reach. Four weeks before I planned to submit my medical school application, I received a call that the bump in my neck would need to be looked at a little closer. I stopped dealing in certainties that day.

My life became flashbulb moments of news that went from bad to worse. The central focus of the picture was always cancer, but the little details stuck with me. Flash. I was diagnosed with Hodgkin lymphoma, but I was fixated on the look of my port, which I received chemotherapy through, how it jutted out of my chest, on display for the world. Flash. Six months of chemotherapy destroyed my reflection in the mirror and seared the elevator button for the fourth floor in the hospital on the backs of my eyelids. Flash. My doctor told me that I had failed primary chemotherapy. I watched a single hair drop from my head like a leaf in the Fall. Six weeks later, I failed salvage chemotherapy. Flash. I prayed to anyone who could hear that my long-shot third-line therapy would send me into remission. I could not take my eyes off the needle while it slid into my arm, my life suspended between salvation and the void.

Suddenly, my life restarted. The last-ditch therapy pulled me from the ledge, and while I still had a long, torturous road ahead, the first good news I had heard in nearly a year swallowed me in an embrace that washed away the smallest details and left only joy. Nine months later, with a stem cell transplant, radiation, and consolidation therapy behind me, I was accepted to the Carver College of Medicine.

Now, as a second-year medical student, I carry the lessons cancer taught me and the scars it left behind. The line between patient and provider is one not everyone will cross, but every person in the profession that my colleagues and I have chosen will know both the bedside and being bedridden. I am intimately familiar with being a patient and far less so with being a provider, but what ties the roles together is the willingness to take what comes with compassion and humility for ourselves and others. Neither patients nor providers deal in absolutes, which can be frightening and frustrating. Still, a kind word from the nurse or a confident plan delivered by the doctor can be far more helpful than any medicine. I will never escape the constant reminders of the life that I have lived. But I, and thousands of others, will continue to choose a life in medicine because of the grandparent we never knew, the woman behind us in line at the supermarket, and the hope that maybe we can be the difference.

Delights

A snowboard, a bike, and a big leap from a small plane

Two ended in a broken arm. One went off without a hitch, thank God. All three are the closest I'll ever be to flying.

Wind rips through your hair. Tears trail from your eyes—cheeks sting like a pickup line gone wrong.

The delight isn't born from the fear of disaster or the heart-pounding realization of success. It exists in the in-between, the moment when you realize that either way, it was worth it.

How to Utilize Psychodermatology to its Fullest Extent.

It’s 11 p.m., and you just cracked open a cold one. You’re surrounded by people, and your favorite playlist is blasting. Everything is perfect, except you notice another irritating rash creeping up your arm. You refocus, and oh yeah, you’re actually in a crowded library. You’re listening to Beethoven (you say he’s your favorite, but who are we kidding) and sipping on your last energy drink. You have one more final exam tomorrow, and it will be a long night.

Unfortunately, this might sound like a familiar story for many of us. During a stressful time, you may have noticed that your skin tends to break out more often in common skin conditions like acne and eczema. In the last 25 years, researchers have begun to learn more about a field they call pyschodermatology, which is the study of the delicate interplay between your skin and your mind.

In 2001, researchers wondered what was happening to their students’ most important barrier to the environment: their skin. They studied 27 graduate students at times of higher and lower stress. The researchers chose to measure the students’ psychological stress and skin barrier permeability right after their return from winter break as a baseline or low-stress time and then once again during a time of high stress, which, you guessed it, was during final exams. After a defined injury to the skin, the researchers showed that during times of higher perceived stress, the students' skin was slower to recover than during times of lower perceived stress.

Based on their findings, the research team proposed that the students' stress could be a factor in initiating or worsening skin diseases. A complex interaction between your mind, immune system, and skin may help cause the eczema sprinkled on your arm while writing that term paper.

So, what can we do? We can’t stop taking tests, and we can’t magically make ourselves less stressed out…or can we?

Earlier this year, researchers from Stanford compared mindfulness meditation techniques against controlled breathwork, and the results were surprising. Breathwork control was more effective at improving positive attitude and decreasing respiratory rate. The best method for improving mood was a breathing technique called cyclical sighing. Cyclical sighing involves breathing in through your nose slowly until your lungs feel relatively full and then inhaling again until it feels like your lungs are as full as possible. Then, slowly breathe out until your lungs are empty. Repeat this pattern for up to 5 minutes. This new twist on your oldest skill might be just the tool we have been looking for to decrease general stress and alleviate the skin issues that come with it.

At the end of the day, being a student is stressful. The most important thing you can do is start one daily practice, even if it is small, and stick to it. So, remember to take a deep breath the next time you’re gearing up for the big test. Your skin might even thank you for it.

In My Veins

Heads swiveled. Pupils undulated, fixated, and then pitied. I strode across the waiting room, determined not to show the fear that lay crumpled in my stomach. But I wilted and shrank from eyes wrinkled like the surface of a frozen lake rendered imperfect by a rock haphazardly thrown by a passerby. The intricate lines on their faces told stories of happier times as they followed me to my destination. My face must have been shocking, even offensive, in a place so unaccustomed to youth.

I took my chair, and the nurse hung plastic bags filled with fantastically colored liquids onto the steel pole that towered over me. She smiled at me lightly while the needle in her hand pierced my chest. The taste of saline welled in my throat, instantaneously provoking nausea I knew would not soon subside.

I was always surprised that the cocktail of drugs that coursed into my veins did not cause me to scream with the pain they soon would bring. Sometimes, I fooled myself into believing it would never come. I was always wrong. I often lied to myself back then, not to make the experience more tolerable but to create an existence that I controlled, no matter how fleeting.

Before being diagnosed with cancer at 21, I could never have foreseen the abrupt turn my life would take. I was a senior in college, mere weeks from applying for medical school. I was pushing myself to the limits of my abilities, utterly convinced of my invulnerability. The lump in my neck could wait.

Then suddenly, I was dying. The scans showed that my rib cage cradled a tumor the size of a fist, which gently caressed my heart. I was told not to be frightened by my prognosis, but the look in my doctor’s eyes told me more than any CT scan ever could. My nervous system shot electric pain through my body as the disease made a mockery of my invincibility.

I became a pilgrim. I journeyed time and time again to that room. Each trip was a facsimile of the last. I would creep past the cracked ice, sink into a faux leather chair, and be held in the warm embrace of agony and salvation.

As the tumor melted away, my plans to pursue medical school materialized into something solid for the first time in many months. My smooth skull proclaimed courage I did not feel to the world around me while I awaited the results of my final scan to return. Finally, the phone rang, and tears wet my face. Improbability ruled that day as it had come to rule my life. Cancer was not yet done with me.

My chances at survival dwindled as one failed treatment became two. I crossed into a murky land of unapproved treatments and silent prayer to a god I thought no longer existed. I was told that a bone marrow transplant would be the next option. It was a process I had heard whispered about that a friend of a friend had done, but I did not know what would come.

Frankly, I did not care. I was desperate for anything to save my life, so I underwent the transplant.

Two years passed. As I sat in my medical school lecture hall, a serious physician approached the podium. I had been dreading this day for months. He began his discussion on cancer, and a chasm opened between my peers and me. Only I knew its terrible depth. When I decided to attend medical school, I knew the day would come when I began to study the one thing in this world that terrified me the most. I was hoping that no one would notice the glassy look in my eyes or how I suddenly found my shoes to be the most entertaining items in the room.

I felt almost embarrassed sitting there, as if a veil of privacy that once surrounded me had evaporated. No longer was just a disease being scrutinized. Instead, I was lying on the examination table, bearing my humanity. I was transported back to the room where I received countless rounds of chemotherapy, but smooth faces replaced the wrinkles I came to know so well.

My disease was no more real to my classmates than the pixels that conveyed its mechanisms and treatments. Cancer was just the next unfortunate affliction we were learning about among many, and it could be managed and defeated through logic and science. To them, a bone marrow transplant was a carefully choreographed act performed by turning page after page.

To me, it was pulling my hair out fist full after fist full in a single night. It was the feeling of liquid fire pouring down my throat as my body disintegrated after being barraged with chemicals designed to bring me face to face with death. It was the kindness a nurse showed me when I thought I could no longer take the pain. It was food that turned to ash in my mouth for weeks because every taste bud on my tongue was chemically eviscerated. It was weeping on a bench after being released from the hospital.

Cancer is anything but logical, and while I may be able to turn to a page in a textbook to find how to treat it, the true knowledge of how to beat cancer is etched into my soul. My path to becoming a physician will force me to reconcile with my past and pain whenever I look into a patient's eyes, holding the same fear I once did. The scars I carry mark my body as undeniable evidence that I share an irrevocable kinship with every patient I see. One that was not acquired through books, nor could ever be. It is a bond forged through the humility that severe illness brings. Cancer is terror incarnate, but it is life at its most insatiable. I know now that cancer was not brought into my life to change who I was. Instead, it was to show me that an indomitable spirit exists within us all. I was lucky enough to get to know mine.

The Dance Partner

Spinning tops. We are, her, and I.

Her touch, electrifyingly brief. Her guidance, strikingly rigid. We move as if one. Tethered to one another through circumstance but brought together by chance.

Malleable. We are, her, and I.

She the infinite teacher, I, her finite student. We shift forms, change style. At a distance, we appear mismatched. Chimeric in our unnatural elegance.

When we begin, we appear to be diametrically opposed. A null and alternative hypothesis coexisting in the same system. Our union is uncomfortable, but we complete one another. One would not, could not, exist without the other.

Time passes. I learn to withstand her withering critique of my being. She yields to my ignorant imperfection. Superficial incompatibilities melt away, and we establish a tenuous truce. Her cool touch warms under my firm grasp. Our limbs entangle and meld. My dexterity and her constancy, always on full display. A show for an audience of none.

We dance and dance through the nights.

We promise ourselves to one another again and again. A masterful performance within another. It is harder each time to return. My legs grow weary, my shoes wear thin. I know she will find another partner when my time comes to leave the floor. But until then, it is just her and I.

She kills me softly, one song at a time. One drop of poison always followed by another. The day begins anew. The lights come up, the nurse clocks in, the IV bag refills. Then our dance begins.

Finally, alone together, we are, her, and I.