

LONGVIEW



Calgary Health Humanities Journal 2019

The Longview

Journal 2019

Front and Back Cover:
"How We Grow" by Misti McFarlane

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Dear Reader:

The Longview is a collection of art, poetry, and prose created, primarily, by Calgary students pursuing different healthcare careers. The Longview was established in 2014 by a group of medical students at the University of Calgary and is entirely student-run. Our hope is to create an interprofessional space where health and humanities can come together and be supported and united.

This year, we introduced a theme to the Longview: "Reflections." With this guiding idea, we collected a splendid selection of pieces from artists, authors, and poets in various fields. We were also able to include works that had been submitted to the Health Humanities arts competition in the fall. Together, the pieces presented in this journal take the reader through the different feelings associated with and encountered throughout the journey of healthcare from the providers' perspectives. In the first section, Unconfessed, the pieces represent the hidden side to healthcare – what people in the field are aware of, but what may, perhaps, be hidden from the general public. Moving on to Toxidrome, the pieces express the feeling that there are times when pursuing healthcare where our health becomes sacrificed as we work to learn how best to provide for others. The pieces in Heart and Soul then reflect on the nourishing aspects of being in healthcare and the importance of incorporating different parts of ourselves to fully understand health. Next, Resisting, Reimaging, Revisiting is a section dedicated to an overview of where healthcare has come from and where it is headed – both paralleling and contrasting different aspects of this world in an attempt to create an optimistic view for its – for our – future. The final section of the journal is a feature of pieces that were created for a medical-student initiative called Medicine To Write Home About.

I would like to thank our faculty mentor, Dr. Tom Rosenal, for his support of this project. I would also like to thank the peer-reviewers for their dedication to promoting the Longview, reviewing the submissions, and working to create the final project. Finally – thank you to everyone who submitted to the journal and to everyone who supports health humanities.

I hope you enjoy reading and reflecting on these works.

~ Emilee Anderson

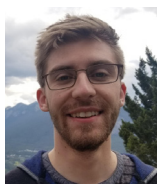
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Manal Sheikh,
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A word from Calgary Medical School's Writer in Residence:

There is no clear-cut way to define health. Calgary's Foothills Hospital, home of the Cumming School of Medicine, with its labyrinthine additions and decades-on-decades of contradictory architecture, physically mimics the multiple facets of contemporary medicine. As this year's Writer-in-Residence, I've had the honour to participate in one of the quieter parts of a medical student's life: engagement in the arts (more specifically, reflective and creative writing). The preparation required to be on the front lines in the moments when patients are making their most consequential decisions – saying hello or goodbye to family members, deliberating between intimidating interventions – is rigorous and all-consuming. Thus, I am incredibly heartened that anyone pursuing a degree in the Medical Sciences also manages to find the time to read for pleasure and to write reflectively. Over the course of this position, I have been pleasantly surprised to learn how many do so on a regular basis. This volume is further evidence.

This year's contributors to the Longview, in merging their studies with stories, their practicums with poems, give me a surge of optimism: because writing is an intimate form of relation, I think it's a useful way to make the hierarchical structures of contemporary medicine feel more relatable, more human. For that reason, we are especially fortunate to have future medical professionals' reflections and creations in the pages that follow. While the poems, essays, and stories in this year's magazine collage a multitude of experiences and perspectives together, they all explore the relationship between intention and action. Each of these varied works zeroes in on its writer's personal motivations behind taking up a career in a medical field: on the patients they hope to help, the institutional frameworks they hope to change, the colleagues they hope to support. In the moments when burnout, bitterness, or despondency loom, a shard of optimism glints, too. As Danielle Lynch puts it in her poem "Emperor Penguins," "our only hope / is to huddle together." I can't think of a better mantra to repeat as one works, bravely, at the crossroads of life and death, wounding and healing.

Neil Surkan,
Writer in residence (2018/2019), Cumming School of Medicine

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UNCONFESSED

Duality



Artist: Calvin Howard

Medium: Adobe Illustrator

School: University of Calgary, Faculty of Medicine

'An adaptation upon an anatomical sketch in "A Practical Treatise on the Diseases of the Ear Including a Sketch of Aural Anatomy and Physiology. D. B. St. John Roosa, 1884." Upon reflection of the composition of a human, it is impulsive to consider the mind and body as separate—the concept of our contents giving rise to humanity without some external soul seems impossible. However, the effects of neurosurgical conditions and neurosurgeries themselves irrevocably demonstrate that brain gives rise to being in their own morbid fashion. This work was created with Adobe Illustrator.'

Phone Call

I received the phone call on a Saturday morning, the first week of my second year in medical school. My aunt had called, asking for my dad. Everyone seemed anachronistically calm. There were no tears, though Mother Nature seemed to be mourning in our stead: the sun was overshadowed by a dreary greyness, the clouds and fog unrelenting.

My grandmother had been hospitalized for a pneumonia approximately five weeks prior. Her condition was compounded with complications from a heart disease, though her condition had never been described to me in detail. Unexpectedly, my dad had given the hospital my phone number instead of his own, though I suspect he was motivated by his inability to speak English. I would receive almost daily calls from the nurses and physicians overseeing my grandmother's care as her condition gradually improved, and I translated their updates and questions to my family members. Despite my temptation to alert the healthcare providers of my dad's phone number instead, which I deemed more appropriate, I resigned myself to an overwhelming sense of filial piety.

In the thick of my final exams during her hospital admission, her hospitalization barely registered as a priority to me. Pneumonias could be rectified by antibiotics, and I subconsciously developed the certainty that my grandmother would recover. After all, she had been relatively healthy throughout her life.

Her age was listed as 90, though that was likely an underestimation. Birth certificates were not available in rural China during the era when she was born, so her children ultimately listed her birthday as October 10, 1928 to navigate the bureaucracy associated with her immigration to Canada. Her health was likely superior to most others her age: she could walk without any aids, and though her eyesight and hearing were not optimal, she lived independently, and prior to the diagnosis of her heart condition, everyone had considered her health to be pristine.

When my grandmother was initially admitted for her pneumonia, she was accompanied by my aunt, who we later learned had insisted that my grandmother desired all interventions, regardless of their invasiveness. A week following her admission, I received a phone call from her physician, requiring a confirmation that that was indeed the consensus her family had reached, so I attempted to translate the question to my family. Born to first-generation immigrants, and as the second person to attend university and the only individual to pursue a career in healthcare in my family, there was an insurmountable language barrier that I encountered. I couldn't communicate terms like "invasive", "defibrillation", or "intubation" in Cantonese, though I questioned their meaning even if I could have. When I asked my family if they desired therapies to be given to my grandmother even at the risk of further complications or suffering, they could not fathom what I could have been describing beyond surgery. My dad issued multiple calls to his siblings across Canada and China, awaiting a discussion

on the most suitable options for my grandmother, and they ultimately relayed the information that no aggressive treatments were preferable.

The Friday following the deluge of final exams, I visited my grandmother, who, according to my parents, had been experiencing difficulty feeding. I approached her as she sat in a cushioned chair that almost swallowed her, behind a small adjustable table carrying at least three meals' worth of apple sauce and custard. I greeted her, sitting at the foot of her empty bed, and asked if she had eaten yet that day, to which she replied that she had eaten oatmeal for breakfast.

I nodded, "Did the nurses bring you that oatmeal?"

"No, I made it this morning before I came to the store here. I didn't want to have to pay for food."

I nodded, striving to maintain composure and resisting the urge to mention that it had been two weeks since she had last been in her apartment. I opened the small plastic cups of apple sauce and custard one at a time, urging her to sip them through her straw, patiently observing her as her arms, each blanketed by a brown bruise that encased each forearm, reached unsteadily for the small plastic cups, and as her head slowly bent downwards, her jaw shakily searching for the straw. Between sips, she would repeatedly inquire about the cost of the food, and what I was doing there that day, and I only gradually suspected that she may not have recognized me. The following day, I expressed my concerns about my grandmother's cognitive impairment to her cardiologist over the phone, and he informed me of the possibility of a secondary pneumonia or urinary tract infection. A week after my visit, she became increasingly more challenging to awaken.

Her death was sudden, and it prompted a barrage of considerations about the isolation that had engulfed her towards her final days. My grandmother had been isolated by decades of an alien language and culture after she immigrated to Canada already elderly. I couldn't resist the idea that she had been isolated even in her care, as her family perhaps considered her too old, uneducated, or simply too ill to be informed about her condition and the possibility of death, and consulted about her options. Did she foresee the potential of her passing when she was still lucid? Did she comprehend the storm of activity that surrounded her, the war against her illness and declining health? Did she suffer, and grieve her own suffering? Was she afraid of the impending unknown that would steal her away?

No one asked. Not her healthcare providers, who so dutifully and diligently endeavoured for answers and solutions that would rectify her health, physicians and nurses with whom I had, over the past year, developed an unspoken camaraderie and empathy. Not her children, or my brother, to whom she had been infinitely closer compared to me. And certainly not me, her granddaughter, the medical student.

The physicians with whom my parents had spoken had reassured them that my grandmother was fine, improving even. Her enigmatic lethargy was the only remaining mystery. No one could have anticipated her passing. No one is to blame, but then, perhaps everyone

is to blame, for avoiding the questions that we all so frightenedly averted, for not exploring the emotions and potential fears of a woman who was fine, who wasn't receiving palliative care because she didn't need it, and who retrospectively needed it more than anything else. There were innumerable signs of the perhaps infinitely fleeting and minute possibility that her time was approaching: her age, her pneumonia, her heart condition, her difficulty feeding, her delirium, her lethargy. That almost negligible likelihood should have sufficed to justify a conversation that she never had, even if she wasn't in long-term care, even if she wasn't receiving palliative care. In Calgary, as a general principle, patients are eligible for palliative care and admission into a hospice if their prognosis is three months or less. As if a patient who is terminally ill isn't terminally ill enough if their prognosis is longer. As if death isn't rapidly approaching enough, isn't close enough, if one projects there is more time between a human life and its end.

As leading palliative medicine physician BJ Miller described, "Palliative medicine...is simply about comfort and living well, at any stage." By that definition, my grandmother would have been a prime candidate for palliative care, regardless of the probability of her dying. No matter the ultimate outcome, palliative care could have served an essential role not in teaching her how to die, but in allowing her to reconcile the idea of death, and by extension, the idea of life, which necessitates death. A conversation, a mere few words, a handful of quiet minutes to listen, would have sufficed.

When I checked my phone the morning my grandmother had passed away, there was one missed call. It was from the hospital, received at 11:44 pm the night before, when I had certainly been asleep already. I wondered if perhaps the outcome could have been different had I heard my phone ringing that night, if we all would have piled into the car, rushed to the hospital, and delivered the goodbyes that will now forever remain absent, providing a few brief and critical moments to stand in solidarity as she reconciled the conclusion of over ninety years of life. I'll never know. I never did answer the call.

Author: Tina Guo

School: University of Calgary, Cumming School of Medicine

Behind the Mask: Bipolar Disorder



Author: Ryan Lee

School: University of Calgary, Bachelor of Health Sciences

'The concept of "Behind the Mask" was based on the notion that people who struggle with their mental health can come from all walks of life and often go undetected by people close to them. Each piece in this series starts with the mask and evolves from there based on the mental health condition being highlighted. This one on bipolar disorder was unique because I included two heads with their own masks to demonstrate the duality of emotions and moods that arise. On one side, the ECG is fast and there's a lot of paths going in all directions, showing the high level of activity one may exhibit during a manic episode. On the other side, the ECG is flatlining and there are a bunch of points without direction, showing the low level of activity one may exhibit during a depressive episode. However, you would never know this was happening behind the scenes because the masks portray a different story.'

The "Good" Nursing Student

There's this burning desire
To be a "good" nurse
That resides in the minds
Of nursing students
And while this comes with good intentions
This burning desire
When an uncontrolled fire
Will eventually burn everything in its path
Including passion and motivation
A trajectory for future career dissatisfaction

Because student nurses
Have this dream
This desire
This passion
To help those in need
But needs are not the easiest to address
Especially in a world that neglects
The concept of a soul

But wouldn't you agree
A good nurse is a subjective term
So who's standards, who's rubric, who's checklist
Is the gauge of my success
As a "good" student nurse

Is it the patient in front of me
Who entrusts their blind health
In the misleading conception
Of a miraculous healthcare system

Is it my instructors or professors,
Whose stories I aspire to be
Yet their words of wisdom
Have been known to be contradictory
Like the literature and evidence
We are constantly processing

Or is it me
Who is frantic at the idea
That potentially one wrong move
Will result in a fatality
Resulting in me
Holding back suggestions and actions
In fear of retaliation
In fear of being a "bad" nursing student

This concept
Of a "good" nurse
Is more complicated than it seems
Because you see
This notion of
Black and white
Right and wrong
Falls into the belief system of
Either/or
An outdated mindset for life
Because like good and bad
Subjective reality lies
somewhere
in between

Poet: Jennifer Bohn

School: University of Calgary,
Faculty of Nursing

'The "Good" Nursing Student was inspired by the common experience that I believe all nursing students share- the desire to one day be a "good" nurse. However, the description of a "good" nurse is subjective and therefore its achievement can be evaluated through an unlimited number of scales.'

TOXIDROME

Numb

I was eighteen when I shadowed in a hospital in Ghana. Dark muggy air, unidentifiable insects, dim lighting, the hum of generators and beeping of baby warmers: night shifts in the delivery suites. I'm sitting with a German girl at a table in the midwives' break room. Her head is on the table, her shoulders rising and falling with even breaths. Small insects probably crawl over her arms; I removed my own head from the table after feeling their footsteps on my skin. For the next ten minutes I sat in the darkness, pulling each insect from my skin until I could no longer feel them.

The midwives also try to rest; one of them arranged three plastic chairs in a line and is now sprawled across them. Other midwives sleep in the patient beds, three of them all lined up, back to chest. The midwives don't like me yet. I'll bond with them later, when we sit in a circle on some patient beds and gossip like old friends in the early hours of the morning.

I put down the bag of water I've been sipping from and leave the midwives' room. Women labour, pound on the walls or lie in bed, shout or stay silent. Some wear hospital gowns, some colorful dresses. They are given a square of plastic to line the bed, blue or green or yellow. The plastic is bloody. It twists under their thighs as they move and they readjust it between contractions.

The women are powerful. I can't look at them as they labour, they are so much more. They are more strong, more beautiful, more authoritative. The women don't look at me either. One of the midwives will let me sit with my hand on a woman's belly and count how many contractions she has in ten minutes. The midwife will give me permission to perform a vaginal exam too, and I will refuse out of fear. I will wish that I had refused out of respect.

A woman stands in the entrance of the ward. Her feet are bare and her orange dress swells around her belly. Her uterus is in full bloom. She cries out each time it tenses and her palms slap the wall. She is prepped for a caesarian. Obstructed labour, I hear the midwives whisper. Shame, I think. I haven't yet seen a vaginal birth.

I wake the German girl and she pulls insects from her arms while we walk to the operating room. She ties my mask and I tie hers. The woman's orange dress has been replaced by a sheet. She lies on a gurney, facing the wall. Behind her is the recovery room, where mothers emerge from general anaesthesia or move their legs with a shy probing after a spinal. They are handed their babies. Nipples are offered to the hungry mouths but some are refused, and we can hear the babies screaming from where we stand.

It is with leisurely movements that the midwives bang the gurney into the operating room. The surgeon waits for the woman to transfer herself from the gurney to the table, tugging along her blue sheet of plastic. She is naked now. The curve of her belly sings with the lines of her nose, her breasts, her collarbone. The anaesthesiologist grips her shoulder so she

doesn't move during the spinal and I resist the urge to pry his fingers from her skin.

The first cut shows less blood than I expect, but the red comes as they deepen the incision. Orange fat gives way to pink muscle. The surgeon and his assistant each put a finger through a hole in the middle of the muscle and they play tug-of-war to widen it, flinging the woman back and forth on the table. The uterus is cut. The surgeon exposes the membrane. He pauses and looks up, a magician before his final trick. He punctures it with his finger.

Dark green flows from the womb. Meconium in the amniotic fluid. Grade III staining. Fetal distress. The suction can't keep up and it blots the woman, the drapes, the surgeons. The surgeon removes the baby.

No, he removes the body.

The surgeon drops the ragdoll figure onto a tray and a midwife carries him to the corner. She does not attempt to resuscitate; he must have been dead for hours. His head is tapered. Conical. The midwife wipes the green from his charcoal skin and swaddles him loosely. She shows him to his mother.

The operating room walls thaw away.
There is no sound.
I feel an explosion behind my eyes.
The green fluid drips onto the tiles.
The mother does not cry.

The surgeon continues working and it is in one long breath that I see the midwife cradle the bundle and walk in arcs around the operating room, back and forth, from the mother's left arm down to her feet and up to her right arm, turning around and going back past the mother's feet and up to her left arm. The midwife continues in this way, a half circle, avoiding the mother's view, bouncing the body and patting its back with unconscious soothing motions.

You're carrying that baby like it's alive, says the scrub nurse, and the surgeon and the midwives laugh. I turn my quivering eyes to the German girl and she stares back. We leave the theatre and return to the break room.

I take a long drink of water from the bag I left on the table. But when I hold the bag to the light I realize that those tiny insects have climbed the sides of the bag. They float on their backs in the water and somersault inside of me, something insidious I'd always hoped to avoid but find myself powerless to prevent.

Author: Ashlyn Doyle

School: Mount Royal University, Midwifery

Something Amiss in Ostrich Paradise



Artist: Hasan Abdullah

School: University of Calgary, Cumming School of Medicine

'It is through the privilege of being a medical student that I was able to do my pre-clerkship elective in Tanzania and add on a trip to South Africa. West Coast National Park in the Western Cape of South Africa is where Heaven meets Earth to create stunning vistas such as that seen in this photo. These three ostriches were grazing in what must be an ostrich paradise, if there ever was such a thing, filled with colourful flowers, green grass and brilliant sunshine. However, the looming clouds in the background appear ominous. The two ostriches on the right sense something is amiss in paradise, but haven't quite figured out what the Devil is going on.'

You Know...

At the end
 of the day
Even the seemingly
 short days
Bags have formed
under my eyes

My sense of self?
 waning.

I think that a sleep-in will
fix it.
Silly me -
 sleep-ins never come

Running here
 and there,
Underestimating how long
all things will take,
I haven't eaten
a proper meal in days
 (Nutella tastes good on spoons - FYI.)

I tell myself
 I am superwoman!
Never giving up
 giving in or
Giving myself a break.

Maybe I'll make it,
 maybe I'll go crazy
 You'll see.

Logically:
 I can't
 do it all
I'm not alone
 in feeling frantic
Feeling lost

Eventually it will be over...
 but at what cost?

Poet: Emilee Anderson

School: University of Calgary, Cumming School of Medicine

Emperor Penguins

this water is dark
and will toss you around
no one can see
who is treading
managing
who can be held responsible
for seeing
for caring
for saving

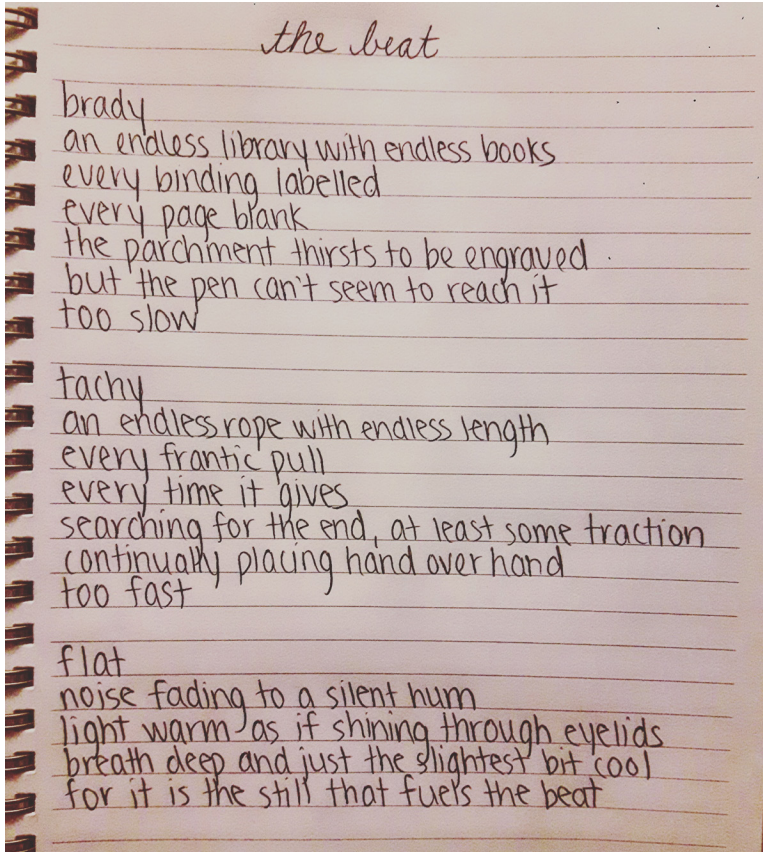
our only hope
is to huddle together
like emperor penguins
against a bitter wind
and pray that the warmth of our bodies
passes
for giving
for healing
for the things we need
to hold the pain we're shown

Poet: Danielle Lynch

School: University of Calgary, Cumming School of Medicine

HEART AND SOUL

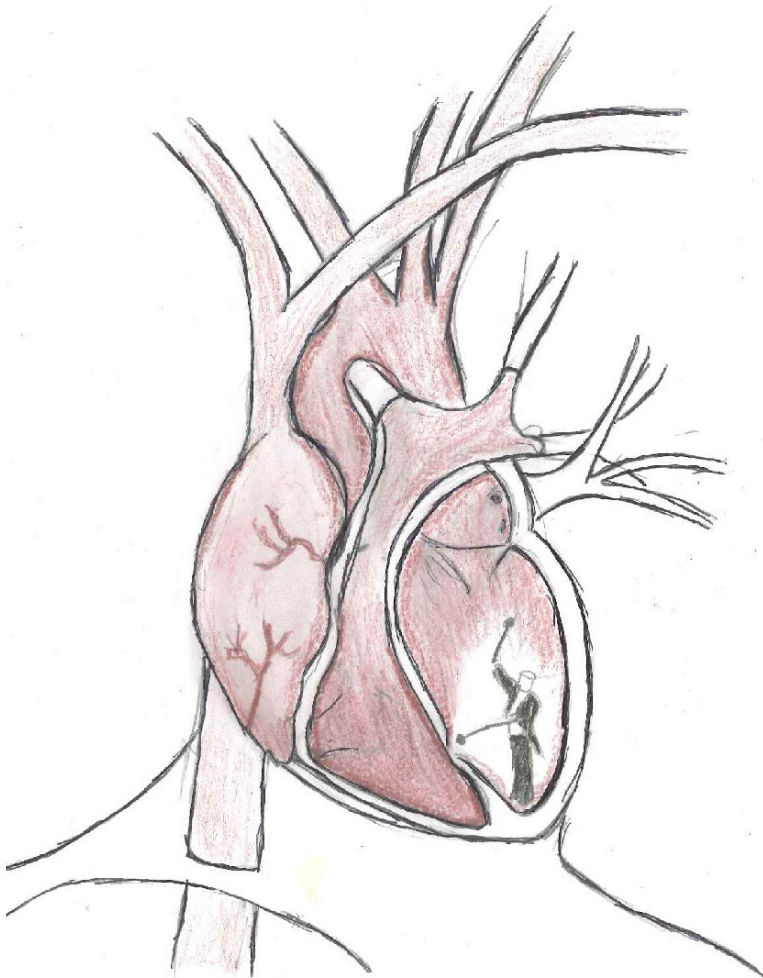
The Beat



Poet: Deanna Funk

School: University of Calgary, Calgary School of Medicine

Cardiac Symphony

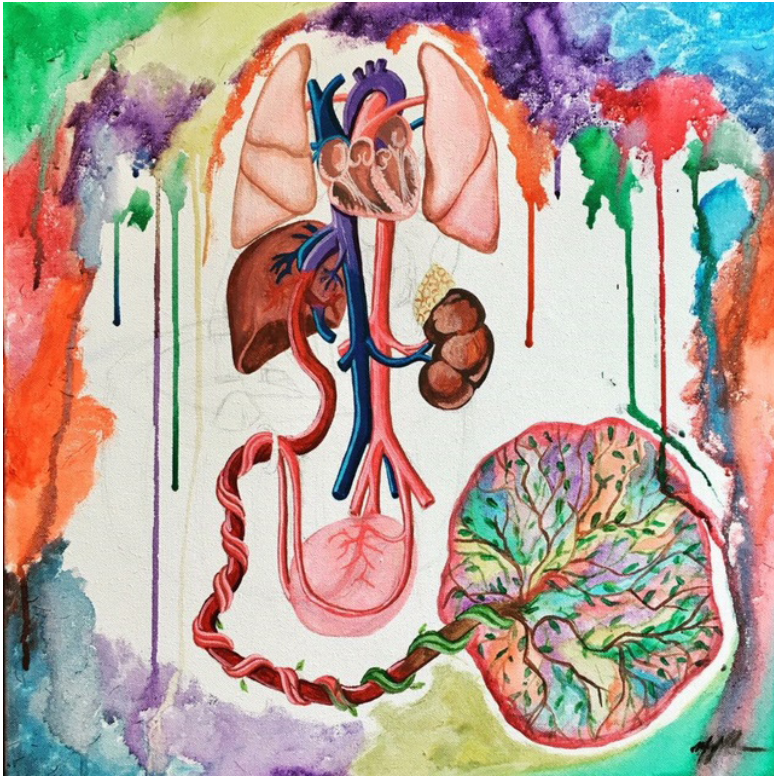


Artist: Dorlan Lopez

School: Emerging Leaders in the Americas Program (ELAP)

'This title represents the physiological symphony that everyone has inside: the rhythm of the heart and the soul.'

How We Grow



Artist: Misti McFarlane

School: Mount Royal University, Midwifery

'I decided to paint this piece during my Reproductive Physiology course. I've always been a painter and while I was thrilled to be in Midwifery School, when I got in I thought reluctantly that art would have to take a back seat for a while. That is, until I learned that my brain learns better by nurturing the skills I already have and building them into my education. Repro was tough! There was a ton to memorize; however, it became second nature to me when I started drawing out the different body systems and functions. Art and science together is what worked best for me. I did this piece because art and birth are my two favourite things and in works like this I can nourish both.'

RESISTING, REIMAGINGING, REVISITING

Snap Chat

13yo female, dx ADHD, ODD, HI

Fiery hair, braided

Curls escaping

Acrylic nails, tapping

Two inches of talon, a fitting set of claws for a (can-be)-fierce creature

Back nearly on the chair seat

Slipper feet defiantly planted on the "coffee table"

(What is its name in a psych ward interview room anyways?)

Knees in the air

And a carefully crafted mixture of boredom and disgust on her just as carefully made-up face.

Facing the interrogation team, three tiers of patriarchy mirrored:

Male resident, male fellow, male psychiatrist

I don't know why you won't let me leave.

Answering. Every question.

(But with the most uncooperative of cooperation.)

So, why do you think you're here?

I don't know. Because my parents want me here.

Do you think you need to be here?

NO.

What do you want to change while you're here?

Nothing.

On. And on. Interminable.

For both sides.

So, those are nice nails. Do you like them?

Obviously.

Do you paint them yourself?

No. Duh.

What would you wish for if you had a genie with three wishes?

I don't know. Money or something.

Then, finally,

Snapping, with the biting disdain that only a sullen teenage girl can muster,

BuT genies DON'T exist, so WHY are we TALKING about iT?

(You idiots.)

Silence.

Rapport establishment attempt status: failed.

Glances. Slight nods. Agreement between the three men.

Interview over, for today.

She retreats to her room, feet padding silently across the linoleum,

The heavy footsteps of a disgruntled teen, silenced between the unyielding hospital floor,

And her soft-soled slippers.

They'd be much louder pounding up the stairs in her house.

They gather their clipboards, pens softly clicking closed,

The frustration of not reaching a meaningful exchange, silenced through the years of practice,

And the day's waiting list of patients.

It would hurt more if it were one of their daughters.

Chart note:

"...reluctantly cooperative, difficulty with abstract concepts, limited insight..."

Scrawled quickly,

Binder closed with a snap.

Social media post:

"So bored – ask me a question on Tellonym or snap back for a tbh!"

Accompanied by a poised, posed selfie,

Sent as the evening's

snap.

Poet: Emily Macphail

School: University of Calgary, Faculty of Medicine

This poem was based off a patient whose care I was involved in while on elective. It was the culmination of several days' attempts by a series of male residents and psychiatrists to get this young woman to open up to them and "show insight", but alongside the diagnoses that she had as per DSM criteria, there were definitely moments where her responses or behaviours were quickly pathologized and I found myself thinking, "Wasn't that possibly just a "normal" reaction for a teenage girl who feels angry, frustrated, and trapped?". I spent a lot of time turning these interactions over in my mind and trying to figure out which of us had the accurate frame of reference for a teenage female (Someone who had been one and had grown up with a close set of peers who also were? A psychiatrist with years of experience? A fellow from a different country and cultural context?), and while I still don't have an answer, I feel like all of us were likely partially accurate and partially inaccurate – even "normal" shows up in varied ways. Regardless, as with so many of the patients whose stories I've been grateful to be let into – however briefly –, she has stayed in my thoughts, flitting through every so often, and I still wonder who this young woman is now, where she is headed, and who she is eventually going to become.

The *Trotula*:

The Untamed Womb

i. Contraception -

Let her, the woman who does not wish to conceive
carry the uterus of a nulliparous goat against her skin,
taste or hold the "jet stone," and she will not conceive.

Let her neuter a male weasel and carry its testicles in goose skin
against her skin
Put just as many grains of caper spurge or barley into the afterbirth
as years she wishes not to conceive
a handful of caper spurge or barley ensures she remains barren
forever

ii. Conception -

(Let us recognize a simple truth of women),
Some women are useless for conception
Too thin, too fat, too slippery
a womb

(Offer her possibilities)
Sometimes it is by fault of the man

(Let her, the woman who wishes to conceive)
Conceive a male by taking the womb and vagina of a hare
Let her make a drink from it, let her give it to her husband
(But what of her?)
Let her drink a remedy from the testicles of a hare

(If all else fails, lose no hope, there is always hope)
For the fat and phlegmatic women
baths of seawater, moderately salty with rainwater
(nothing else will do)

iii. Abortion –

(the forbidden remedy)

On Provoking the Menses
On Flesh Growing in the Wombcorners

a red willow and wine mixture at night
–drink it in the morning
for the pain and labouring that follows, let her have
 madder
 marsh mallow
 barley flower

Let us help the woman with the stillbirth,
place her on a linen sheet

let it be held by four strong men at the four corners
let her head be elevated
Make the sheet be pulled strongly this way and that
At

opposite

corners
immediately she will give birth

iv.
(Let us consider the possibility of hope
let us be
the possibility of hope.)

(*Ars longa, vita brevis*)

Poet: Manal Sheikh

School: University of Calgary, Faculty of Medicine

The following is a found poem using the themes of contraception, conception and abortion in the Trotula, a guide to women's medicine published in the eleventh or twelfth century in Salerno, Italy. The Trotula covers women's conditions, including every stage of reproduction – preconception to childbirth, as well as "cosmetic considerations." It was in part authored by the mysterious "Trotta of Salerno," a female physician who influenced the education at the School of Salerno, the first medical school that has more similarities to modern medical education than many that came after it. This poem takes influences from Hippocratic and Galenic medicine, the burgeoning field of OBGYN and the wonderful witchy remedies from the Trotula to compare and contrast how we take care of women as physicians, as practitioners within the realm of three remedies for contraception, conception and abortion. The parentheses denote what is not word for word or paraphrased from the Trotula. The final quote is one of Hippocrates most famous aphorisms – the art is long, life is brief.'

Miseratione Non Mercede



Artist: Lexi Wilson

School: University of Calgary, Cumming School of Medicine

These photographs were taken during my 2016 visit to the Old Operating Theatre Museum in London, which houses the oldest surviving operating theatre in the UK. Located on the upper level of St. Thomas' Church in Southwark, this theatre was constructed in 1822 for surgeries on woman patients at St. Thomas' Hospital (which has since been relocated). Surgical theatres were frequently placed on the uppermost floor of hospitals to maximize natural light. In the theatre's earlier days, safe and effective general anaesthesia had not yet been developed, so surgeons' speed was greatly valued.

The rest of the museum's space is theorized to have been an herb garret, where medicinal plants such as opium poppies were dried and stored; the oak timbers visible in the lower left image would have buffered humidity and temperature fluctuations.

The middle left image shows a variety of obstetrical instruments from the eighteenth and nineteenth centuries, including some belonging to renowned 'male midwife' and obstetrician William Smellie. The title is derived from an inscription in the theatre, which translates to "Compassion, not [material] gain".

The opportunity to visit historically significant medical landmarks and to learn about bygone practices in medicine and surgery, to me, emphasises a continuity that spans from humanity's earliest healers to myself and my peers, the newest generation of student physicians. Although our understanding of pathophysiology and our ability to intervene in disease processes have evolved dramatically, we still share the same fundamental goals as Hippocrates, Charaka, and Avicenna: to use all of one's resources and knowledge to improve the condition of our fellow people.'

Diagnosing Adversity



Artist: Breean Haslam

Every patient has a story, a journey they embark on in the pursuit of conquering medical adversity. Health care professionals see hundreds, sometimes thousands, of patients every year - each one undergoing a variety of tests, each result a unique piece of a complicated puzzle. It's easy to get lost in the facts and the numbers, to slip into a mundane fog of analyzing and deciphering results. But if you step back, just for a minute, to observe the movements, the reactions, the faces of the process, you will see that it is actually quite beautiful. The humanity of health is vibrant, colorful, and full of life.

To represent this obscure beauty, I have created a mandala for the Health Humanities.

I created this from pieces of expired test kits at our clinic, to demonstrate the color and the life within tests that are otherwise considered simply to be routine, or per protocol. The outer rings represent the University of Calgary, with its bold colors of red and gold. This ring is wrapped around an inner circle of blue and green, representing the world at large. A smaller circle rests within, for the white coats and white scrubs of our health team. And at its center, lies a single circle; a single focus, representing all of humanity.

MEDCINE TO WRITE HOME ABOUT



Medicine to Write Home About (M2WHA), a student-run initiative supported by the Health and Humanities Committee, is a recurring three-hour drop-in postcard-drawing session. More than that, M2WHA provides a space to stop, reflect, and share medical learning with others at the table as well as a recipient far away. The postcards go deeper, beyond the clinical pearls or the distilled content of exam blueprints, to reflect what excites and inspires learners. It is not only about medical students though. The sessions happen in a busy public atrium of the Foothills campus. Faculty, staff and visitors are invited to pause and join in. The results look different each time. Everyone gets drawn in, it could be a prominent neurologist, it could be the child of a staff member, and it could be you. The following pages show some examples of postcards created by M2WHA participants.

More can be found on Instagram: @medicine2writehomeabout

Klingon Thyroid



Artist: Cam Matamoros

School: University of Calgary, Cumming School of Medicine

Medium: Pastel and collage on paper

Bronchiolar Lavage



Artist: Cam Matamoros

School: University of Calgary, Cumming School of Medicine

Medium: Pastel, watercolor pencil and collage on paper

Untitled



Artist: Amy Rudkoski

School: University of Calgary, Cumming School of Medicine

Medium: Collage, pencil crayon and pen on paper

Breech



Artist: Erika Friebe

School: University of Calgary, Cumming School of Medicine

Medium: Pen on paper

'Breech reflects a summer elective shift with numerous breech deliveries, and the experience of communicating medical concepts outside the medical community'

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