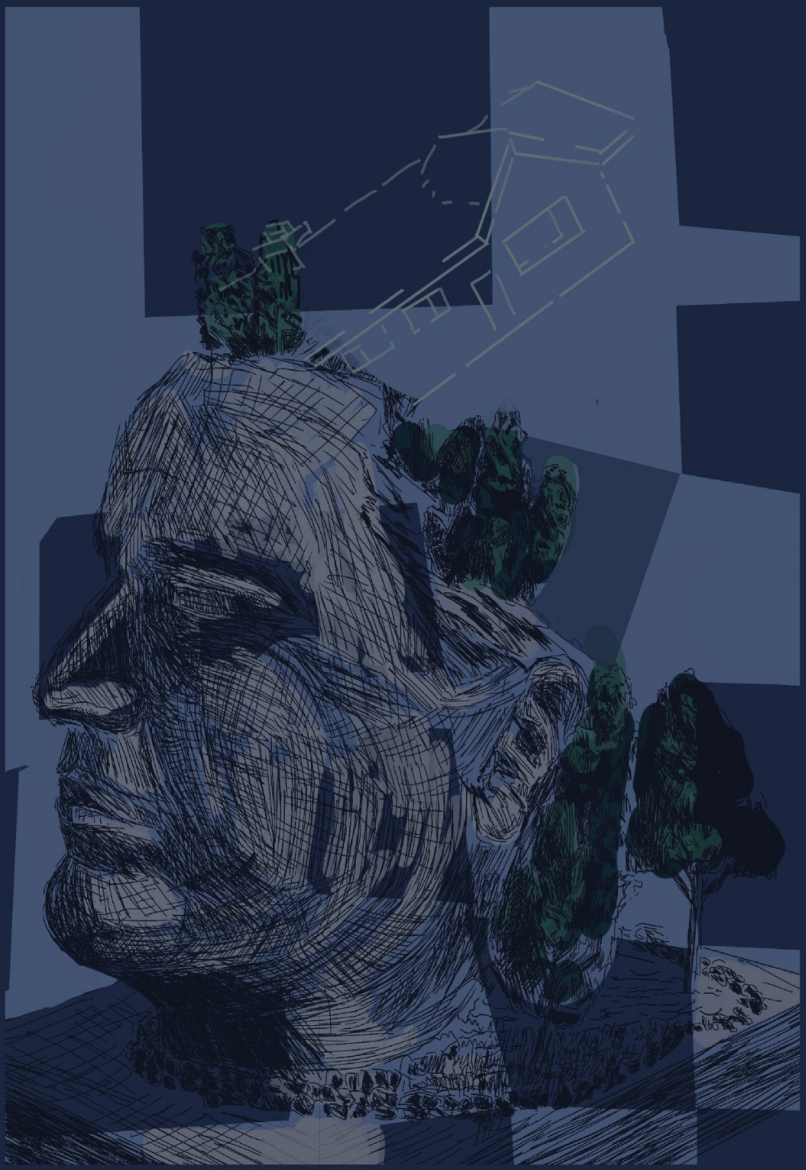
LONGVIEW



Calgary Health Humanities Journal 2022

The Longview

Journal 2022

Front and Back Cover:
Tasia Selimos, University of Calgary, Visual Studies and Education

ISSN 2561-0929

Dear Reader:

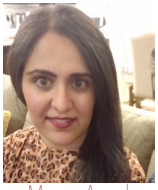
Welcome to the Longview,

The Longview Journal is an annual student-run, peer-reviewed, inter-disciplinary, creative arts journal focused on the humanities in healthcare. With this collection of creative works describing the unique experiences of students and faculty, we hope to angle a creative lens towards contemporary healthcare. The Longview was established in 2014 by a group of medical students at the University of Calgary. For the first time, the journal welcomed submissions from outside the field of healthcare. Our aim is to create and foster an interdisciplinary space where health and humanities come together, supported and united.

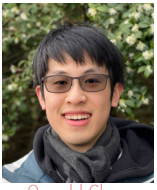
Our mission is to see the journal grow, better encompassing the many viewpoints of the different positions in healthcare.

I would like to thank our faculty mentor, Dr. Tom Rosenal, for his support of this project. I would also like to thank the Longview editorial team for their dedication in 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.

Longview Editorial team, 2022/2023

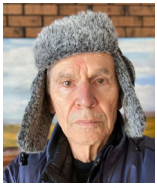


Meena Assad
Chair

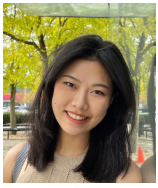


Oswald Chen
Chair

Fiona Couillard
Reviewer



Vincent Hanlon
Reviewer



Cecilia Xu
Design

Table of Contents

Under-Standing Pain

I am reminded of this one day working at the hospital. My assistant and I are treating a patient while standing. The dental chair is a real marvel. Some of them nowadays have an impressive catalog of configurations. Some of them have a slim profile that allows you to sneak your lower body under it just enough without getting that precarious feeling only a dentist knows well. You know, that feeling we sometimes get like the patient is so close yet so far and no posture feels comfortable. This is even assuming your patient does not have vertigo or some postural issue preventing them from reclining. I can think of a few anatomical variations that will make this scenario even more challenging; macroglossia, a bad gag reflex, even a deep vestibule (the space between the teeth and lip and cheeks). What can be performed in fifteen minutes now requires triple the time, all the while straining all the muscles that are on and off bothering you week in and week out until you got to see your favourite therapist to deliver you from the agony. And if you are not working with your favorite assistant who doubles as your mind-reader, then all the more….cumbersome.

At the hospital I often treat patients standing up. Even when they don't have physical limitations to demand it. I am not totally sure why. It might be because my own chair does not raise enough for me to feel ergonomically stable. For both my feet to be planted. For my tibia to be at that perfect angle with my femur (at least in the sagittal plane); a slight tilt forward of the seat, just before that threshold where your brain warns you that it feels like you are sliding off. Maybe it's because the hospital setting inherently keeps you on your toes. Maybe… I just need to invest in one of those weird saddle chairs. Maybe I ought to strengthen my core a lot more…

I must confess. Every other Thursday, when I am working a full day at the hospital, I cannot help but feel slight anxiety. The hospital environment is more physically and mentally demanding; any of my hospital colleagues can surely attest to this. My hospital patients are the more memorable ones, some the most stoical. I feel as though my services there are somehow the most impactful. Imagine having to allocate four hours or more of your day to make a trip to the dentist because you have mobility issues and rely on assisted transportation to get places. I often see some patients waiting lonesomely for their ride back home. I can only imagine what their other errands look like. It is very humbling. Those are the patients who

need even more intent listening. Those are the ones who really appreciate it when you listen to them, because many busy health care professionals barely listened to them along the way. Those are the patients who test your assistant's patience with you because they talk, seemingly, forever, and bog down the turnover of operations in preparation for the next equally demanding patient. I can not blame them. I work with some incredible assistants who are often willing to share this responsibility.

I am reminded of that standing moment. Somehow, when you raise your chair to your working, standing height, somehow that feels more personal and less intrusive. Not sure where that feeling comes from, but it is certainly real for me. During that moment, I was delivering an upper partial denture to one of my favorite patients, who suffers from debilitating head and neck pain, seemingly iatrogenic in origin. All the while, I am preoccupied with the possibility that despite my well-intentioned goal of preserving their teeth and improving their chewing, this denture might in fact cause them more pain. Just as I get ready to try it in for the first time, they tell me they are considering physician-assisted suicide. They were burdened by their pain. They were curious about it. I thought they had been dealing with it well. Using different modalities, including mindfulness and cognitive behavioral therapy. Walking their dog. Finding serenity in the beauty of nature. They were attuned to it. They theorized in an attempt to demystify it, suggesting that perhaps "pain mimics elements of addiction" neurologically. I couldn't help but be intrigued, almost convinced, by that statement. It seemed to have some logical merit. Every time I had seen this patient, I thought of the immense responsibility to treat them and in a manner as to minimize their experience of pain. When they revealed that incredible thought with me, all that responsibility I felt became that much more real. It is as if someone hit that tare button on a scale and it magically dropped to zero. I don't know if it was a fear of this now uncovered reality, or fear of an abrupt end to a relationship that up until now felt steady. I thought (I hoped) I had read their needs well.

Author: Homam Alba (Albaghdadi)
School: Special Care and Hospital Dentistry, University of Toronto

Walls

Guilt. Uselessness. Irritability. Despair. Exhaustion. For people diagnosed with depression and anxiety, these words represent more than symptoms; they can be overwhelming sensations that frequently, if not constantly, bleed into daily life and leach a person's mental energy. One organism is simultaneously a host and parasite. Unlike the symbiotic relationships of parasitism, living with anxiety and depression is an isolating experience. Sometimes, it becomes a lonely desperation necessitating intervention by healthcare providers.

Imagine what it might be like as a patient suffering a mental health crisis. After waiting in solitary silence for hours, passing the time by impulsively perseverating and ruminating on negative internal narratives, you're escorted to a room in the emergency department; it's quietly dark with the doors closed, there's no window to gage the time, your belongings are inspected for potentially harmful items, and you're instructed to wear a flimsy hospital gown for easy access to sticky ECG electrodes. When the doors open, white light and chaotic noise enter, and you watch people outside, all of whom seem to be unaware of your existence. You wonder if this space is a prison cell or heavenly sanctuary. Contradictory to your cognitive distortion of being invisibly alone, a nurse knocks at the door. With transient courage, you ask if the two of you can talk. Unexpectedly, she sits beside the bed and listens without interruption.

Now, you're escorted to an inpatient psychiatric unit. Since it's the Covid pandemic, you're quarantined in an isolation room as a precautionary limbo. The space is large, empty, and drab: one narrow bed with a wooden-handled crank and crinkly pillow is positioned near the window with a view of a metal pipe, a dented grey locker houses a pair of brown Ugg boots, the dull yellow lighting camouflages paint chips and scuff marks on the whitish walls, and the bathroom is fashioned with a blue tarp-like shower curtain. The room reflects the state of your mind and reinvigorates your empathy for Charlotte Perkins Gilman's main character in "The Yellow Wallpaper (1892)." In the short story, the female narrator unsurprisingly sees a woman moving behind the wallpaper, after repeatedly being confined to her room. Maybe she'll stop by for a visit? Fortunately, a nurse arrives with a book and a kind smile before any unwelcome guests creep in for the night.
Human connection can be an emotionally healing experience. Creating therapeutic relationships doesn't follow a straightforward algorithm, and its contribution

to patient recovery isn't often immediately obvious. Every patient interaction is unique and constitutes a balance between subjectivity and objectivity. In other words, earning a patient's trust while providing effective therapy involves analyzing when it's appropriate to harmoniously combine personal anecdotes and evidence-based medicine. Randy Pausch succinctly emphasized the importance of sharing vulnerability by writing, "When we're connected to others, we become better people (The Last Lecture, 2008)." Patient-centred communication is expected of all healthcare professionals, but creating meaningful social connections is a fundamental human need. You may never know if your compassion teetered a person's psychological seesaw towards healing, but your presence is certainly more therapeutic than the unbalanced silence of hospital walls.

Author: Chelsea Barlow
School: Medicine, University of Calgary

Two Feet Apart

Three years of…
Gloves
Gowns
Masks
Shields

Three years of…
Distancing
Video-calling
Postponing
Rescheduling

Three years of…
"Keep you safe"
"Keep me safe"
"Keep us safe"
"Keep two feet apart"

Yet, we crave to go back to normal
Yet, does normal even exist?

We move through the day with new internal thoughts:

My patient presents with coughing and fatigue.
Could it be COVID-19?
My colleague stayed home because of congestion today.
Did I catch COVID-19 from them yesterday?
My friend has a concerning sore throat.
Should I cancel our plans in case it's COVID-19?

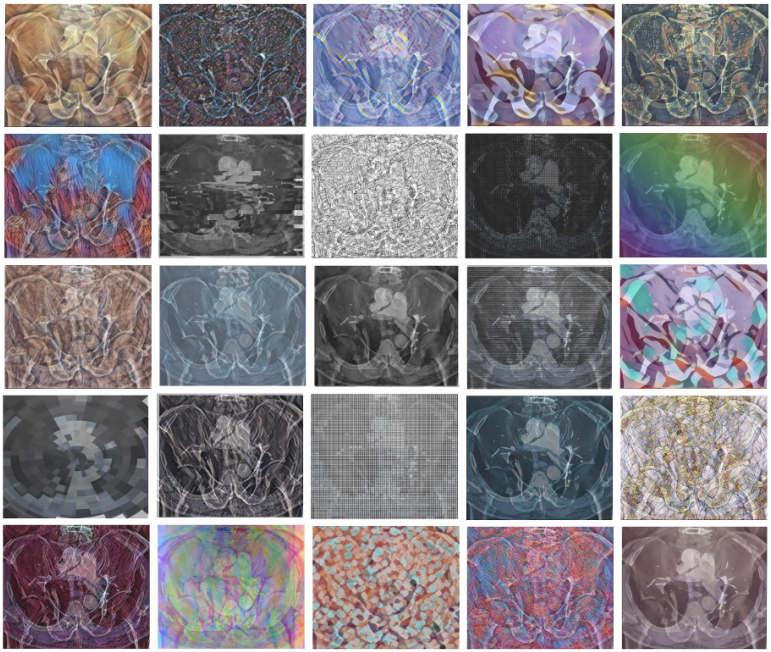
What if…
What if…
What if…
We spiral.

A new cognitive load and filter we now sift our life decisions through.

Yet.
We persist to create a new normal.
One that bridges the chasm that was/is two feet apart.

Poet: En Chi Chen
School: Medicine, University of Calgary

A Different View



Artist: Ashley Clarke
School: Medical Science, University of Calgary

Medical research, especially clinical, is not always black and white. My thesis project in medical science inspired me to create this piece. I began with two typical images from medicine, both of which are related to my research, an x-ray, and a CT scan. The x-ray embodies my study population, and the CT image shows a complication which unfortunately occurs within my patient group and is the basis for my research. I overlayed these two images to create one layered picture symbolizing my project, which lives in the center of the piece. Throughout my graduate experience, I've come to realize that there is always more to learn, and further questions arise when we run into grey spaces within research. This is represented by the adjacent grey images that are a variation of the original. The tough problems we encounter within research often require us to adapt and have more creative solutions, much like the colourful, more abstract versions which encircle the piece. I've learnt throughout my experiences in healthcare research that sometimes it's best to step back and look at things from a different view.

ERI Scans 2022

Artist: Fernando Garcia
School: Visual Studies, University of Calgary

Emotional Resonance Imaging (ERI) seeks to explore ways Art and Artificial Intelligence (AI) can help us better understand our emotions.

This series of works is an AI by-product of my original art (centrepiece), coupled with text inputs that best describe the feelings that went through my head throughout the process of making my art.
In doing this, I hope to discover previously unseen perspectives on my feelings and emotions so that I may be able to understand and navigate them better.

As an advocate for Art-making as a form of psychotherapy, I cannot stress enough the crucial physiological benefits of a healthy and stable mind. Although there are ways other than art-making to exercise the mind, I find all forms of psychotherapy extremely complex as there is no objective label to emotions without taking them out of their context, making it very difficult to understand them.
So I believe it rational that the next step in our medical field of emotions is through the use of AI to help us better understand the world of unseen emotions, which tend to resonate endlessly in our minds, much like the many versions of my art, each one alike, yet so different.

Brain Stem

Artist: Catherine Meng
School: Medicine, University of Toronto

A mind grows like a bud that blossoms. Being a student in healthcare provides us the opportunity to grow in multiple dimensions; in our knowledge, communicative ability, and leadership skills. Perhaps most importantly, it enables us to express empathy and continue developing our ability to understand the experiences of others. It is a privilege to be included in the vulnerable moments of many individuals and we have the opportunity to make a lasting impact in these moments. I aim to continue fostering empathy to provide the best care I can to my future patients.

A House Is Not A Home

A house is not a home, if everything you loved is gone. There is no better way to describe my experience with the Refugee Health Initiative, as part of my Community Service Learning (CSL) placement in first year. As a medical student, I was fortunate to witness the arduous journey of refugees who fled from their homeland in search of a better future.

One day, while talking to a young boy named Omar* – who, at the time, was merely entering adolescence – I was appalled to see the numerous responsibilities placed upon him in his family of eight. Omar was the only individual in his house who could speak English, and, at such a tender age, he was already working full-time to provide for his family. When asked as to what brought him and his family to Canada, Omar burst into tears. Minutes later, he finally opened up, describing the struggle he and his family endured while escaping the war-torn nation of Sudan. Omar even went on to highlight the barriers to healthcare, employment, and social mobility that his family encountered upon arriving in Canada, at times being rejected from work merely because of their "refugee" tag.

I now realize how my work with the Refugee Health Initiative has enhanced my study of medicine. Overcoming cultural and linguistic barriers has enabled me to connect with families and empathize with them – a feeling that I often encounter in clerkship and one that I am sure to come across as a physician. More importantly, working with individuals from diverse socioeconomic backgrounds has helped me realize the importance of advocating for marginalized groups. Omar's story is an example of what hard work and perseverance can lead to. Despite numerous challenges, he refused to give up, in the end, becoming the first in his family to pursue post-secondary education. This experience has prepared me to attend to the needs of marginalized groups in the future.

*Omar is not the real name of this individual. It has been replaced to ensure confidentiality.

Author: Neel Mistry
School: Medicine, University of Ottawa

Reflection on Suffering, Dying, and Wit

I first viewed the film *Wit* (2001) in the summer of 2015 after reading about it in the anthologies *Bioethics at the Movies* (2009) and *The Picture of Health: Medical Ethics and Movies* (2011). Based on a 1998 play titled *W;t* by Margaret Edson, the film is featured for its portrayal of an abrasive patient-physician relationship and the drama surrounding a patient's 'do not resuscitate' order. But the film is so much more than these isolated matters. It treats the profound human realities of suffering, pain, and death with sublimity, realities that–when not rejected or ignored–are where we can begin to receive answers to our deepest existential questions.

The film's plot is centred around the experiences of English Professor Vivian Bearing as she undergoes experimental treatment for stage four metastatic ovarian cancer. Weaving Vivian's memories with her current reality in the hospital, *Wit* depicts the existential phenomena that occur in times of medical crisis and at the frontier of death. Such universal moments, when paid attention to, become pedagogic–teaching us something about what it means to be human.

Dependency and Need

An overarching theme of the film is its portrayal of the human condition in a state of utter dependency and need. By chronicling Vivian's treatment through first-person narrative, the film offers a window into the personal experiences of a patient suffering and dying of cancer. This becomes a means through which we, the audience, can empathize with the condition of the suffering patient. For example, there are multiple moments where Vivian's fears become too much for her to bear, and amidst her anxiety she reaches out for human presence by calling for her nurse, Susie. Like a child who is afraid of being left alone, Vivian seeks reassurance that she is not going to be abandoned in her confrontation with death, asking: "Susie? … You're still going to take care of me, aren't you?" This is illustrative of a twofold truth about the phenomenon of suffering: 1) the desire on behalf of the suffering person for physical presence, and 2) the capacity of caregivers, friends, or family members to exhibit compassion simply by offering their presence, remaining with the suffering patient and thereby ensuring they are not alone.

This desire for accompaniment is heightened in the moments of pain, suffering, and fear that accompany dying. Vivian finds herself pressured by her physician, Dr. Kelekian, to continue doing the full dose of her treatment, causing her to descend into more frequent episodes of physical and emotional pain. Scenes depict Vivian writing in pain and no longer looking human, all the while kept in isolation as she receives and recovers from her cancer treatments. The argument between Dr. Kelekian and nurse Susie over Vivian's pain reveals varying attitudes to pain management in experimental cancer treatments, but also offers a heightened example of what the patient in such a condition may need. Dr. Kelekian and his resident Jason are portrayed as indifferent to her pain, whereas Susie is keenly aware of and concerned about how her pain is "killing her." By not empathizing with Vivian's pain, the doctors avoid both communicating with her and being in her presence as she undergoes her suffering. The fear of being abandoned, which Vivian experiences deeply, expresses a still-deeper desire that exists for a contact that is person-to-person: an experience of intimacy, belonging, or love that we can only have through the face of another, in the eyes of another, or in the arms of another.[1]

The Gift of the Dying Person

Wit is ultimately about a woman on her deathbed. Yet the film's unique treatment of the process of dying has much to offer for healthcare–that is, how we respond to someone who is dying, and also what there is to *receive* from a dying person. In an essay entitled "The Gift of the Dying Person," the palliative care nurse Ruth Ashfield writes that the dying person "is a visible reminder … [of] the deepest questions of meaning hidden in every moment of suffering," which we often avoid or struggle to face.[2] Yet in paying attention to the dying, choosing to stay and suffer with them, there is something to be learned, as demonstrated by nurse Susie. She does not remain unaffected by having to care for Vivian, and allows herself to enter into Vivian's life: first her life as a scholar ripped from her work and confined to treatment, and slowly into her suffering and pain, sharing small moments with her, such as their conversation over popsicles, or laughing over the meaning of the word 'soporific.' These are small, simple gestures, yet they speak volumes in terms of responding to Vivian's loneliness and craving for company.

1 A story I read recently depicts a patient dying of cancer in an isolation room, screaming of pain, whom the nurses avoided because there was nothing left for them to do, as much as they wanted to help. The visiting chaplain entered her room, got down on his knees, and started screaming with her, holding her hand: "She screamed, "Oh God!" and he screamed, "Oh God, help her! Help her!" At least she knew that someone was praying with her. … At a certain point she changed from "Why, oh why, God? Oh, stop, stop!" into "I offer, I offer, I offer it!" In the last moments of her life, despair became hope." Lynch, Jonah and Michelle K. Borras.
Technology and the New Evangelization: Criteria for Discernment. 2012.
http://www.kofc.org/un/en/resources/cis/cis419.pdf

2 Ashfield, Ruth. "The Gift of the Dying Person." Communio International Catholic Review. Volume 39. Fall 2012: 381. http://www.communio-icr.com/files/ashfield39-3.pdf

In front of her patient's suffering, and the impending reality of her patient's death, nurse Susie demonstrates what Ruth Ashfield writes about: "[I]n remaining with the dying person we accept the opportunity to face the same deep questions of meaning which suffering and death give rise to and so we allow our own need to search for the foundation of life to be reawakened."[1] In Susie's conversation with Jason over the "salvation anxiety" in the poetry of John Donne, she wonders: "What happens in the end? … Does [Donne] ever get it? … Do you ever get to solve the puzzle?" Here we see her attempt to face the weighty questions of life and death, and the meaning that they bear, especially in the presence of a dying patient. In contrast, Jason's response is to "forget all about that sentimental stuff," because thinking about the meaning of life and death all the time would "make you go nuts." But what is the result of Jason's cavalier attitude towards death and pain when it comes to treating his patients? He consciously chooses "not to think about it," rather than entering into the pain of his patients and suffering-with them. Unlike Susie's struggle to make sense of what is happening to Vivian, Jason remains detached from what Vivian undergoes, so much so that there is a distinct depersonalization during most of his visits with her. In Jason we see the drive for 'knowledge'–a wish that all patients would "go full throttle"–culminating in the horrific final scene where he attempts to resuscitate Vivian's dead body, in defiance of her code status.

Metaphysics, Mystery, and Art

A final layer to the film's pertinence to healthcare is the very way in which it portrays the realities of death and suffering: through *art*. For example, multiple scenes contain the Renaissance icon of the martyr St. Sebastian, tied to a column and shot full of arrows. Sitting on Vivian's bedside nightstand, this image is the only thing of colour in her hospital room, and we see it almost floating in the background as she first muses on her cancerous condition. The small framed icon is actually a miniature version of the life-size one hanging on the office wall of Vivian's professor and mentor, E.M. Ashford, which fills the background in the scene where Ashford is lecturing her on the meaning of Donne's sonnet, *Death, Be Not Proud*. The repeated presence of this icon serves as a reminder of the inherence of suffering to life. Moreover, the mysteries of suffering and death are of an essentially *metaphysical* nature, meaning that they are realities that cannot be dissected, calculated, or solved. Their meaning is best explored through art or poetry, mediums which require imagination and contemplation. Poetry is a prominent motif throughout the film, particularly as Vivian has devoted her life to the scholarly study of John Donne, whose metaphysical poetry "explored mortality in greater depth than any other body of work in the English language," as she tells us. Through the use of art and poetry, *Wit* conveys a certain reverence and awe towards the mystery of death, reminding us that it is not a problem to be conquered or eradicated, but to be embraced as a passage–albeit an inexplicable one–into 'life everlasting.'

A Fitting Gesture

And yet, what does one say to someone who is dying? What does one *do*? An aversion accompanies being at the bedside of the dying. As Jean Vanier, a man who devoted his life to being with the vulnerable, weak, and those who suffer in the form of physical disabilities, once wrote: "there is something intolerable about pain and suffering when we cannot cure the person. No one wants to be with people in pain, unless they can do something to alleviate the pain."[4] In the film's penultimate scene, we are offered a thread of beauty and hope–a way of being with the dying that does not reduce or undermine their condition, but responds to it fittingly. After an entire eight months with no visitors, making her way down the hospital wing is the elderly E. M. Ashford, who sees Vivian in her irreparable state. Ashford coos over Vivian like a mother soothing her crying baby, and in a gesture full of meaning and sympathy, she gently climbs into Vivian's bed and holds her, letting her cry onto her, simply repeating her name in an attempt to comfort. As Ruth Ashfield writes:

> "Even when we feel that we can do absolutely nothing, we will still have to be prepared to stay. 'Watch with me' means above all, just 'be there.' … There is a response to the "why?" of suffering, and it is a response not of words or explanations, but of presence."[5]

This is all one can offer, their mere presence, as a gesture of love. At the end of life, we are brought back to simplicity, vulnerability, and a child-likeness that can only be responded to with tenderness. At the end of the film, Ashford's reading of the childhood classic, *The Runaway Bunny,* captures Vivian's return to being like a child: vulnerable, dependent, and needy. This return to a child-like condition is alluded to halfway during her treatment, where Vivian reminisces on the exact moment when she knew that "words" would be her life's work. Vivian is depicted as physically returning to *being a child*, in her hospital gown, bald-headed, huddling over the same book like when she was a little girl struggling to read the words. This memory serves as harbinger of Vivian's return to her original condition of dependency at the end of life, a condition of *being in relation* to others that we never really achieve independence from. As the final scene fades out with Vivian's voice reciting *Death, Be Not Proud*, the film leaves an impression of the mystery and beauty surrounding life and death, and the importance of not shying away from contemplating it.

Author: Julia Palmieri
School: Ph.D. in Theology, Pontifical John Paul II Institute

4 The full quote reads: "There is something intolerable about pain and suffering when we cannot cure the person. No one wants to be with people in pain, unless they can do something to alleviate the pain... When all is said and done, in L'Arche there are no cures. What people need when all the therapy has been tried is a friend who is faithful, who stands by them, a loving milieu where they are respected as full human beings...." *Vanier, Jean. Letter to My Brothers and Sisters in L'Arche, 1996.*

5 Ashfield, "The Gift of the Dying Person," 388.

God Picks Favourites

If there is a god,

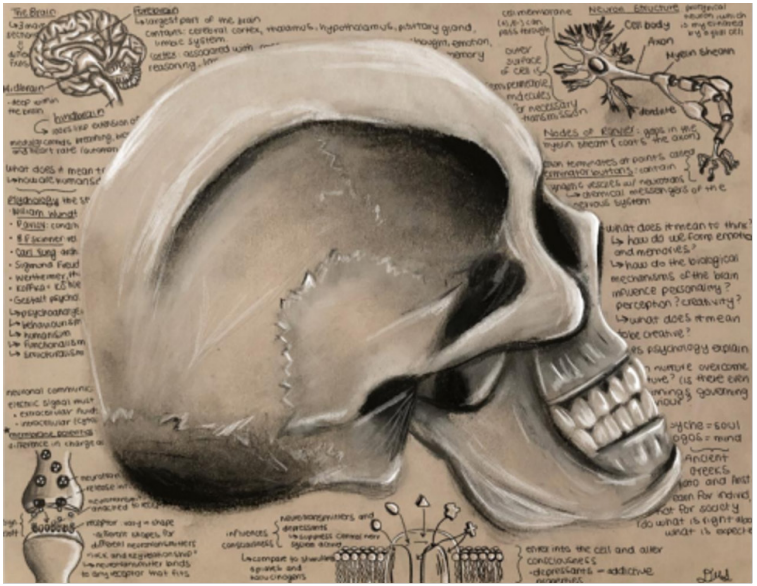
I don't think he hears me
Or her
They laugh in my face when I cry
Help me lord
I scream
They turn away
Some people are just forgotten sheep
When a sick person has a bad day
Someone says
"Have you prayed"
Yes I have tried
A million times
I'm still here suffering
No further ahead than I was yesterday
I am wasting away
No plans for any destiny
If there is a god
They have chosen me to suffer
I don't know why me
Over another
What did that little girl do?
To deserve this hand of cards
Why sacrifice her life
Over another?
I've seen many
Act in ways that are unbecoming

Of any moral code
They even attest to their soils
"I am immoral"
I accept this human flaw
Offer them my body
God says
Punish her harder

-living with invisible illness.

Poet: Bethany Saunders
School: Medical Science, University of Calgary

Underlying Structures



Artist: Demitra Selimos
School: Biomedical Sciences, Unviersity of Calgary

The brain is equally intricate as unknown. Although scientific advancements have unveiled numerous neurological functions, many underpinnings of the contemporary mind remain a mystery. Endeavouring to comprehend the brain reflects the lifelong journey of a student to acquire knowledge; since the pursuit of wisdom is infinite, the expedition is more meaningful than the hypothetical destination.

Envision

Artist: Demitra Selimos
School: Biomedical Sciences, Unviersity of Calgary

While viewing anatomical structures, it is onerous to separate flesh and bone from the nature they arose from. The artistry of nature parallels the inherent beauty of the body.

A Caregiver's Concept of Parallel Equity

Dash, Dash, Dashed perforated lines standing in the parallels of perceived reasoning between a caregiver and their patient

A destined caregiver charting gratification and dissonance as they direct an unfamiliar environment of relational care

Dash is the gliding of their pen on the page of their daily to-do-list
Dashed lines on the highway as cars speed by sparking trains
Dashed crosswalks as they commute to a clinical setting

Drip, Drip, Dripping of the IV Metformin running through the lines and into the patient's veins
Met for min-ute(s) to intimately assess their patient and let that memory briefly pass through mental drains of purity
Breathe in, Breathe out slowly – in and out of calm, cordial, and cultured patient interactions continuing on…

Day, Day, Dawn and it's dark outside in the winter night. Brrr Big Brrr
The dark dangles heartless thoughts and, so, shame hits the cutting board. Shame cuts them deep.
In the day, they are dicing onions for their breakfast. And, their motivation was never dicey.

Drip, Drip, Drying the tears of a past unridden with equitable symmetry and acceptance
Presently we still praying for the promise of passionate prosperity because preys cannot exist for Hard-Weinberg's equilibrium

Dash, Dash, Dashed crosswalks as they commute to a clinical setting
Dashed lines for a signature of confidentiality
Dashing gentle hours patiently interacting and thoughtfully, emotionally ridden with trusted lines of equitable symmetry

The caregiver must mindfully persist the lines of equitable symmetry.
Their service is devoted to the lines of equitable symmetry.
Their motivation is linked to equitable sites on their patients' heart

Poet: Esther Udeh
School: Nursing, University of Calgary

Contributors

Homam Albaghdadi

Chelsea Barlow

En Chi Chen

Ashley Clarke

Fernando Garcia

Catherine Meng

Neel Mistry

Julia Palmieri

Bethany Saunders

Demitra Selimos

Tasia Selimos

Esther Udeh

ISSN 2561-0929 (Print)
ISSN 2561-0937 (Web)

longview@ucalgary.ca
https://wcm.ucalgary.ca/longview