

LONGVIEW

2025

The Longview

Journal 2025

Front and Back Cover:
Tarannum Rahnuma, University of Calgary
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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, 2024/2025



Robyn Mellett
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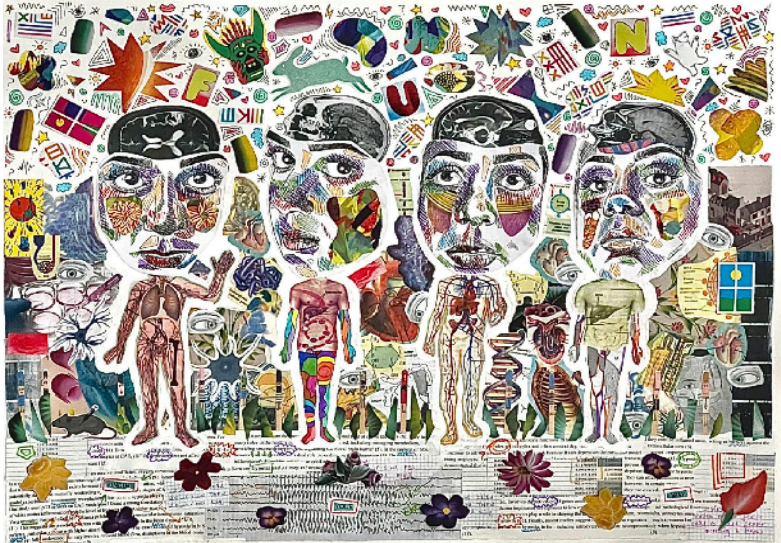
About our Chair

Robyn is a third-year medical student at U of C. She has a background in bioethics and is interested in learning more about how the arts can bring important insights into patient-clinician interactions. She has really enjoyed reading the works and reflections of classmates and of the broader artistic community. Robyn hopes that the journal can provide an accessible way for the authors' messages and themes to be shared. In her spare time, Robyn enjoys singing in a choir, hiking in the mountains, and spending time with loved ones.

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Layers of Being



This piece reflects my journey over the last year as a scientific researcher, artist, and medical student. The bottom half of the collage incorporates fragments of my thesis and images from medical textbooks, symbolizing the rigor of scientific study and the foundational knowledge essential to my training. It represents the physical self—its resilience, courage, and ability to stand firm amidst challenges.

The top half is composed of elements from my past artworks and images cut out from art magazines. It reflects my creative identity and personal history, symbolizing the mind and spirit. This layer embodies the emotions and memories that shape my worldview and artistic lens.

Importantly, this piece is not about separation. The two halves converge and even overlap in some areas—symbols and fragments of one side bleeding into the other. It emphasizes that art and science, though distinct, can coexist harmoniously within one person and, more broadly, within society. It's a celebration of integration, demonstrating how these elements can inform, support, and enrich each other as part of a greater whole. Just as the body cannot function without the mind, I cannot excel in medicine without creativity.

Artist: Abeer Ahmed

School: Cumming School of Medicine, University of Calgary

Abeer Ahmed is a medical student at the Cumming School of Medicine with a background in Biomedical Sciences and Visual Studies. Her creative work often explores themes of identity and global health. She is interested in how art can be used as a tool for reflection and connection, especially in healthcare and community settings. Much of her inspiration comes from having worked with children, newcomers, and individuals living with disabilities through various art-based programs."

Fragility Blooms



Pottery, with its diverse styles and traditions across cultures, embodies a rich tapestry of global connection and shared human experience. The clay vase, holding vibrant flowers, symbolizes the delicate balance of our planet and the fragility of its health. Its crack serves as a poignant reminder of the vulnerabilities in our environmental systems, where even minor damage can have significant repercussions. Yet, the flowers, despite the imperfections of their vessel, continue to bloom, reflecting the enduring beauty and resilience of nature.

This imagery underscores the urgent need to address environmental issues with care and dedication, recognizing that while our planet's beauty and vitality persist, they are increasingly at risk from the cracks in our stewardship.

Artist: Emily Cox

School: Cumming School of Medicine, University of Calgary

Emily Cox is a medical student based in Calgary. She started throwing and building ceramics in 2022, and hasn't stopped since. She is also a self-taught fibre artist, knitting and sewing when she can. She dreams of a cupboard full of handmade dishes and a closet full of handknit sweaters.

On Reflections of Death

Making a Fist
BY Naomi Shihab Nye

We forget that we are all dead men conversing with dead men.
—Jorge Luis Borges

For the first time, on the road north of Tampico,
I felt the life sliding out of me,
a drum in the desert, harder and harder to hear.
I was seven, I lay in the car
watching palm trees swirl a sickening pattern past the glass.
My stomach was a melon split wide inside my skin.

"How do you know if you are going to die?"
I begged my mother.
We had been traveling for days.
With strange confidence she answered,
"When you can no longer make a fist."

Years later I smile to think of that journey,
the borders we must cross separately,
stamped with our unanswerable woes.
I who did not die, who am still living,
still lying in the backseat behind all my questions,
clenching and opening one small hand.

What is it to hold a patient's hand in pain and not feel a sense of failure? I didn't fail because we did everything we could; I failed because I couldn't tell you the reality. Not in the right way, if there ever is a right way. We learned about SPIKES, and I rehearsed its letters, letting them roll off my tongue schematically in a clinical skills session. An actor sat across, and I ticked off *Setting, Perception, Invitation, Knowledge, Emotions with Empathy, and Summary* one by one. Both our scripts, intertwined, gathered by our feet, littered with a sense of emptiness and impending anxiety that none of it is real, but what will I do when it is?

I review dyspnea, chest pain, all the pain presentations, and SOCRATES. I walk in and take a pain history, but this patient's presentation isn't anything like I've learned. They've got a plethora of conditions, but they sit here, no pain, no medical updates, they're on all their meds, everything is good, "let's just review signs of a heart attack before you leave." And I, confused, wonder what the visit was for. The doctor turns to me after we've escorted the patient out of the room; quietly, they whisper, "They come here to talk because they have no one else to talk to." No one warned me about the pain that followed, the loneliness pain that our patients, this whole time, carried with them, and just how contagious it was. Because I drove home, hydroplaning in my tears. I think back to the encounter. It comes back in my sleep; the prescription pad lays stale, and the patient and I, who came just to talk, exchange words in a dream world where I see them for more than 15 minutes. *"I wonder if you could heal me more than I could ever heal you because I'm in dire need of learning, of hearing stories, of living lives that are not mine."*

Many times, an impending sense of loss looms over the lecture hall. We just learned about cirrhosis and alcohol use disorder. Addiction is nothing but the shadow of a person, a warped reflection that represents nothing of who they were or will be. Our hypothetical patient of the week, long recovered from a history of alcohol use disorder, finally established in his life, has just been diagnosed with cirrhosis. What a loss. The prognosis doesn't look good, and I leave my seat with a lump in my throat. I attended the afternoon tutorial, and we reviewed a case; the last session goal was "Let's talk about goals of care," and the students trickled out. I want to sit here and ask the preceptor about death. But I pack my bags and leave, wondering what breathing technique will help me wash this weighted sand off my chest. That patient isn't even real, but I shadowed last week, and they were, just a different name, a different birth date. I wonder what the patient with end-stage cancer from our clinical cases once liked to do in their spare time. Did they write, scrape the hills of snow, or knit in the corner as a 20-something, running from youth? I think about my faith and what death means, what it means to my mother or my father.

I sit with my parents and have dinner. There was a patient in hospice care when I was shadowing; they were my father's age, and my stomach churned. What is age? At 65, you could be running marathons and still raising me, or at 65, you could be transitioning to a bed to live out your last two weeks. I sit with this anxiety; it looms over me every day. In every clinical case, I see my mother in the long list of medical conditions, and I have questions. I wonder how things could be better. In every clinical case, I see my father, and I wonder when the preceptor says, "There wouldn't be much else we could do." will the chill that follows ever melt, or will I walk with it till it numbs, lying dormant in my spine like a virus we've learned about once or twice.

I look at the world, and it grips me by the throat, not letting go until the tears finally shed. I hate crying; it burns my eyes, blurs my vision for days and leaves a remnant of dyspneic sensation that follows till it's all lost to memory. I wish we would talk about pain, and not body pain, not the kind you can treat with NSAIDs or acetaminophen, but the pain that splits me in half every time I see a dying child on my screen. We sit in this lecture hall talking about malnutrition, and I think about how this morning, I saw a child's bones wrapped in a thin layer of skin on my Instagram feed. A sudden ache in my shoulders inhabits my existence, and it still hasn't left; I'm not sure it ever will.

I try to write, convincing everyone that it's my way to let it out. But I have no avenue, nothing but scripts and scripts of endless rambling that, like a forgotten parking ticket, are an impending debt I will have to pay someday. Naomi Shihab Nye's "Making a Fist" cycles through my head, travelling down every nerve. I try to discern when the ascending and descending pathways became so convoluted that every movement I make is soaked in a sensation of pain. I close my own fists, clenching tightly before walking into rooms. I fear my voice; I find it hard to tell people and peers the things I care about. But when all the students in my groups start chattering whenever "palliative" is mentioned, I want to scream out loud. Can we talk about death? Or would the electrical charge from its reality be too much for us all to survive the shock? They haven't announced any of our hypothetical patients as dead yet, and I wonder if they ever will. Will we all sit there in silence, trying to fill in the gaps in our understanding? Asking existential questions about pain and grief?

A patient asks, "Will it hurt?" and we respond, "No, the treatment shouldn't cause pain," and they look at us, "Not the treatment, but when I die?" You realize your humanness. This isn't about palliative radiation anymore. We are just as vulnerable as the patient in front of us, and at any point, a yearly health check-up leads to an incidental finding. The next thing we know, we're navigating this system on the other side. Or how, in 50 years, we might be sitting there with our family doctor,

doing medical reconciliation, making sure we're taking our statin, beta-blocker, and metformin. Or maybe we won't even be there in 50 years. And this whole time, the patient looks at me, and I look at them. We both, in a silent tango, dance around existentialism. They know I don't have the answer; I know they will. But it'll get buried with them, and I still won't know. Death is a mystery, a force so well known yet poorly understood. This occupation is a delicate conversation with life; it's a hopeful exchange, but it's nothing more than that. It's not capable of changing the inevitable. We have been successful at elongating life expectancies for those with heart disease, liver disease, infections and many of the ailments that have taken lives at unexpected ages. We have advanced our trauma responses and early screening measures, but even then, there are systems we cannot always conquer.

Our patient with cirrhosis survived the emergency trip. They still have their job; they don't have as many years, but they have a smile on their face. An ease washes over me, not because anything was fixed, but because the patient knows, and we know, the delicacy of life and the transiency of its nature. Much like many things, we undergo cycles, or as we've coined them, "life cycles." From trees to insects and ecosystems, all have their own cycles. But it doesn't stop there. Our bodies undergo cycles too: the production of ATP, the cardiac cycle, feedback loops, the cell cycle, and every micro-process in our cells. Within this cyclicity is the inherent nature of existence: transience. Body systems are ever so slightly imperfect and inefficient, and the margin for error exists as disease states. Medicine is an ever-evolving effort to intervene when we hit these states.

In our small groups, we've talked about palliative care and goals of care conversations. The preceptor explained the importance of advanced directives. I can't imagine how difficult it is for patients to fill these out—to assign an agent, to hand over this delicate balance of life and death into actualizing ink. I thought about my own advanced directive, downloaded the form, and left it hidden among the numerous tabs on my computer. I didn't know who to put down as my agent. My parents? My siblings? Every name followed a series of overwhelming what-ifs and what-thens. I'm only 24, but that never means anything, so I haven't closed the form yet. While all this discomfort ebbs and flows, some things start to feel like answers. I still want to ask the preceptor about death. Death isn't a conclusion but a conversation—one that none of us can escape. Perhaps the only answer lies in continuing to ask the questions, living in the tension of what I'll never fully understand because "*lying in the backseat behind my questions*" is an okay place to be.

Artist: Allesha Eman

School: Cumming School of Medicine, University of Calgary

Allesha Eman is a third-year medical student at the University of Calgary with a clinical interest in family and palliative medicine. She uses writing as a means of reflection, drawing on her experiences in medical training to examine themes of loss, uncertainty, and patient care. Her academic and clinical encounters have shaped a growing awareness of the emotional complexities that accompany serious illness and end-of-life decision-making. This piece reflects her ongoing conversation with mortality and meaning, a dialogue that medicine sparked and writing continues to hold.

Away From Home(s)

Stillness– punctured only by the clacking of
keys as I try, yet again, to understand

ABGs

Winter is here now

She's harsh and cold,

Colder than she is

When she visits my other homes.

Seeking some Sunshine,

I start to drift away

(I've been drifting away more

With the shortening of days)

So that now it's Spring and I'm home

With my ਮਾਸੀ and mom,

Laughing as we pick out Punjabi suits

For my best friend's ਵਿਆਹ

I drift a bit more so that I

Land in Summer

And now I'm in Hamilton

(My other home with Tyler)

The air smells like candy

Like it always does,

As I pack up my life in Ontario

To go and Become

And here I am becoming

Who I've always wanted to be
But I sometimes feel sad that
The Winter here is so bleak
I'm so very grateful
But I miss my family.
It feels strange that they're not here
As I live out this dream.

Poet's Notes:

ਮਾਸੀ or "masi" means maternal aunt in Punjabi; ਵਿਆਹ or "viah" means wedding

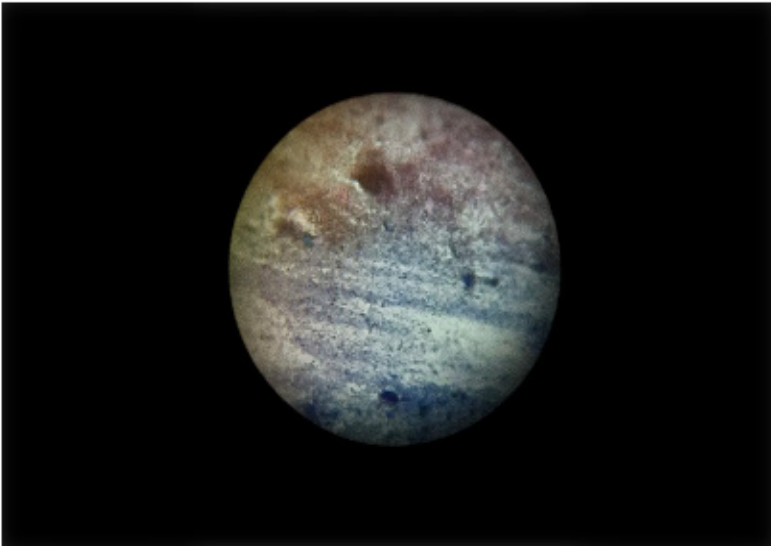
This poem is an ode to the out-of-province student. Sometimes achieving this dream of becoming a doctor places us far away from our family, friends, and/or partners. It can be hard to navigate the highs and lows of medical school without that in-person support, and I just wanted to hold space for that.

Poet: Navdeep Goraya

School: Cumming School of Medicine, University of Calgary

Navi K. Goraya (she/her) is a medical student at the University of Calgary who enjoys reading and sometimes writing the odd cryptic couplet. Her work has been featured in Boats Against the Current Magazine, Breadfruit Magazine, and Gypsophila Art and Literary Magazine. Navi's poetry is inspired by the people and places she loves (or has loved) in her hometown of Vancouver, BC and her other homes of Hamilton and Toronto, ON.

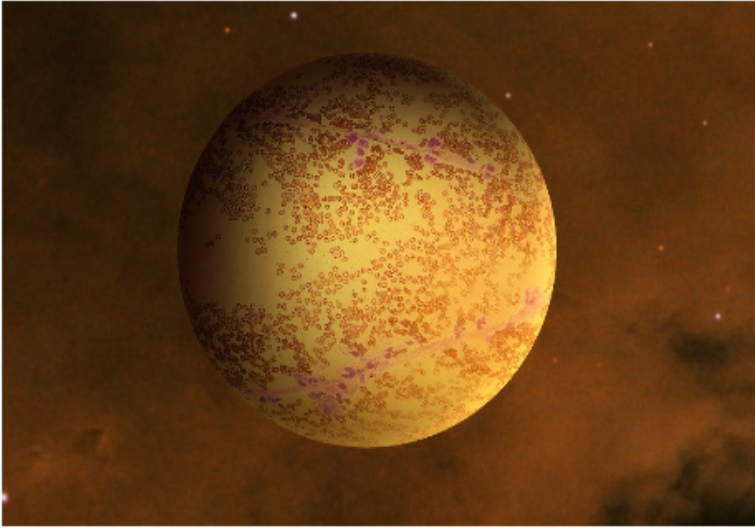
Microplanets



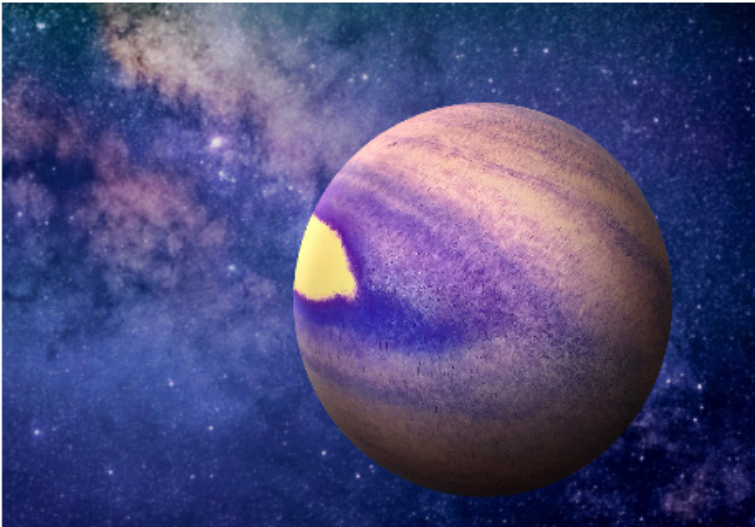
Domestic Feline ear wax smear – Microscopic view of the unseen world in feline earwax - bacteria that can colonize an ear canal



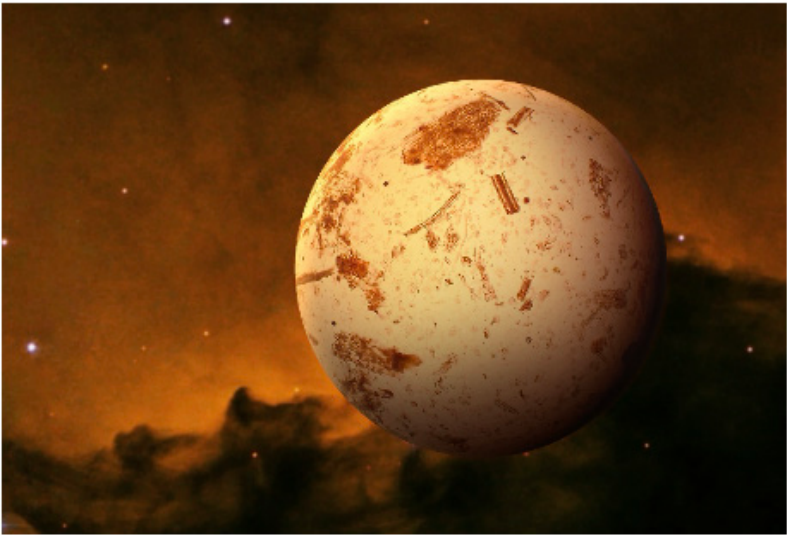
Arctic wolf blood sample – Microscopic view of red blood cells found circulating in a wolf



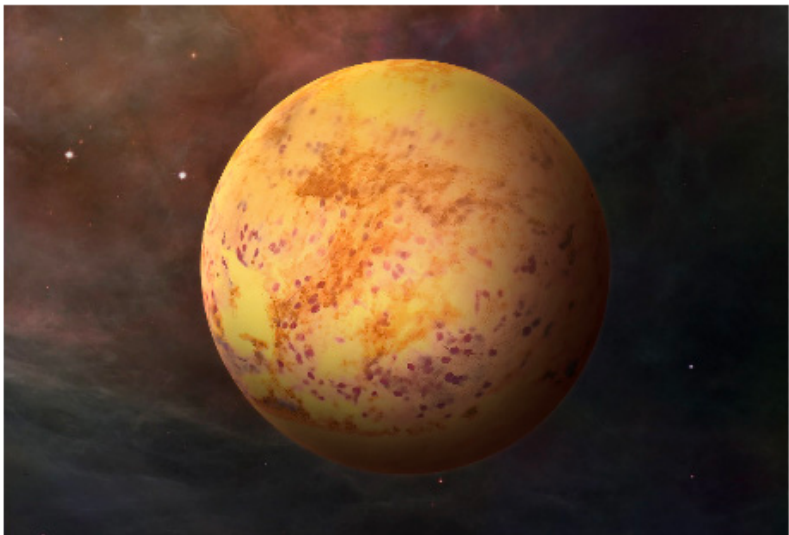
Fox blood sample – A microscopic view of the red and white blood cells found circulating in a fox



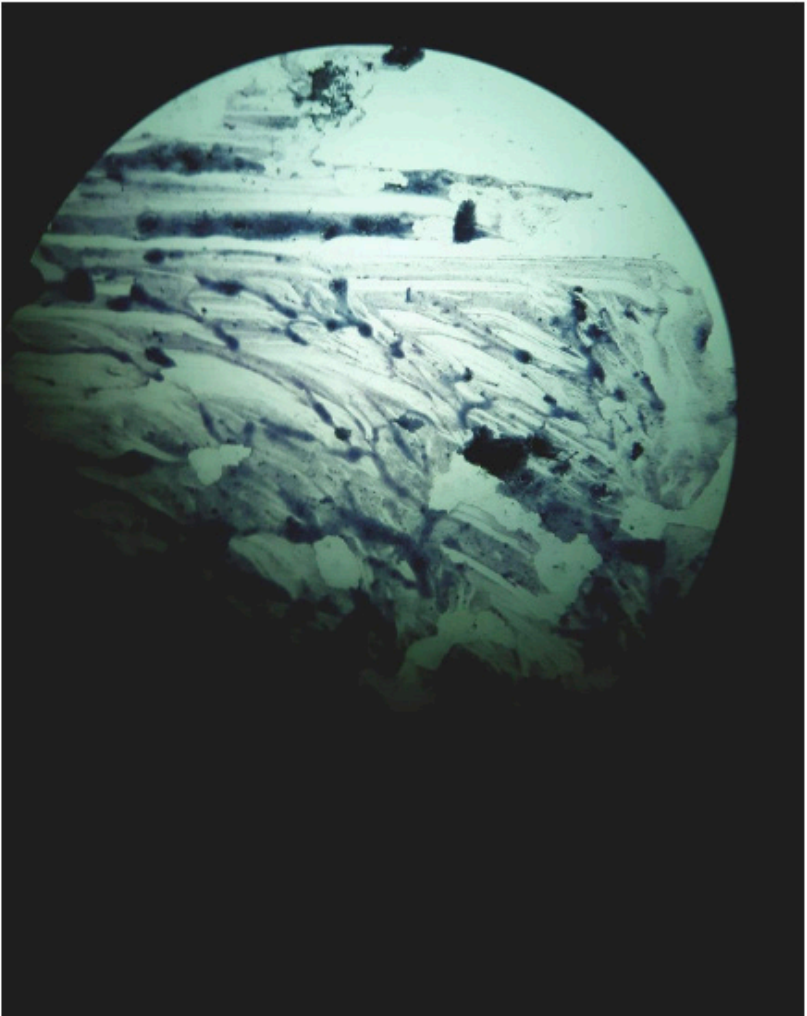
Caribou tooth cross section – Image of the microscopic dental structure used to determine age of a caribou



Bison fecal sample – Microscopic view of the different plants digested by a bison



Arctic lynx blood sample - Microscopic view of white blood cells protecting a lynx's body



Domestic dog fecal sample – Microscopic view of what may be present in a canine fecal sample. In this case debris and bacteria

Photos of a variety of Arctic animal samples taken over my veterinary technician career, showcasing the unseen world that can be explored using a microscope.

Over the past nine years as a veterinary technician, I have looked through the microscope, uncovering a hidden world that profoundly impacts animal health—and our own. I've always envisioned looking through the microscope as peering into communities of organisms and cells in realms we are just beginning to understand. To capture this, I

began photographing these microscopic worlds and placed the images against a space-themed backdrop to reflect the complexity of these communities and their significant effects on species on Earth. This fascination has driven me to pursue a master's degree in virology—a realm even smaller than what we can observe under the microscope. Despite their minuscule size, viruses, bacteria, parasites and understanding the bodies cells play a crucial role in life and society, highlighting the importance for scientists to continually explore the smaller worlds we share our planet with.

Artist: Jessie Olsen

School: Veterinary Medicine, University of Calgary

Jessie grew up in Yellowknife, Northwest Territories. Jessie's career path has always been rooted in medicine and science, but the artist in Jessie never went away. Jessie's journey in veterinary medicine began as a Veterinary Technician, providing spay-neuter clinics in remote Arctic communities and the Galapagos islands. Along the way, Jessie cultivated a wide range of passions—from freediving and professional taxidermy to self-taught botany and mycology. No matter where was explored, Jessie was always drawn back to the microscope, uncovering hidden worlds that profoundly shape animal health—and our own. To look through a microscope, is to get a glimpse of the lives and communities of organisms that we are just beginning to understand.

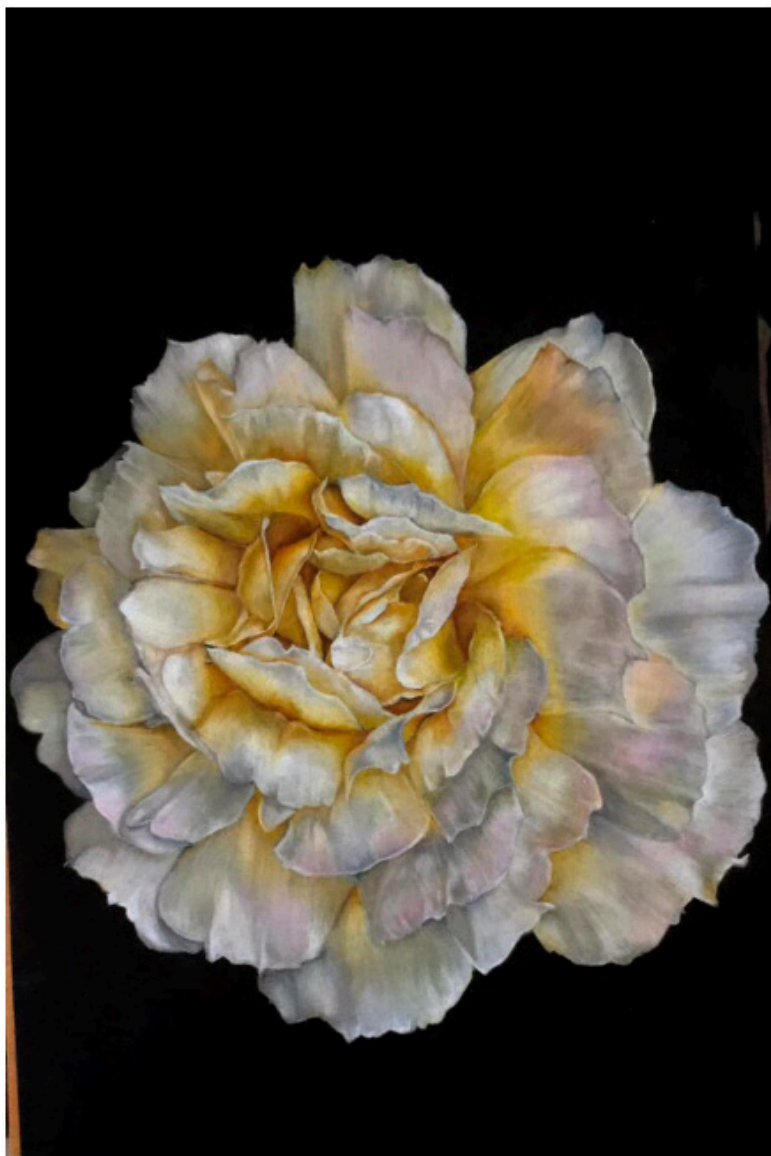
*These cards were in part created by Armin Mirsanaye, helping to refine and execute the vision of these tiny worlds.

Preserving Nature



Oil on Canvas

The image is a picture of my housekeeper, whose eyes I always found beautiful and captivating. I told her to make a straight face and took the photo with my DSLR at my dining table. I then decided to paint her as I loved the photo that much. I used oil on canvas, and this took me 3 days to complete. Once it was done, I showed it to her and she was so excited and happy. This painting is all of my friends' favorite as it reminds them of the "Afghan Girl" photo on Time magazine.



Color Pencil on Paper



Oil on Canvas



Acrylic on Wood

Even though I am from India I never lived there until my high-school years. I grew up in New Jersey and Dubai where we do not really get to see the state of global health in third world countries. When I moved to India in grade 9, I witnessed poverty and scarcity for the first time. The privilege of clean water, healthy meals, clean environment/atmosphere, and proper education is one that should be available to all humans. However, that is not the case. Seeing people pollute the land without regard of consequences made me realise how important education on global health is. These paintings capture the beauty of nature in India: Lilly pads growing in polluted lakes and the beautiful women around it. Preserving the earth and its valuable yet limited resources is one of the most important problems of our generation.

Artist: Harshita Ranjan

School: Cumming School of Medicine, University of Calgary

Harshita is a Biomedical Sciences Honors Bhsc student at the Cumming School of Medicine who hope to one day become a gynecologist. Harshita is from all over the world, New Jersey, Dubai, and Bangalore, India, and one of their favorite places to live was Bangalore. In Bangalore, Harshita participated in many social service activities such as teaching underprivileged students math, English, and art. Teaching is also one of Harshita's hobbies. Drawing is a great stress reliever; It's an activity Harshita always take up when visiting India. Harshita also want to, when older, make it a full-time career.

Scope



This piece came together as a way to combine an old passion and a new one. Early on in my undergraduate degree, I engaged in art readily - both as an enjoyer and an artist. However, when I started to prepare for medical applications more seriously, I lost that part of myself. I simply felt as though I did not have time for it.

I did not draw or paint again until my second year of medical school. I was inspired following a week-long placement in anatomical pathology. It surprised me how much I enjoyed that rotation and it ignited an unintended passion for histology. It also reminded of previous passions, like art, that I had lost during my medical education.

Seeing the artistry within the pathologists' work and beauty inherent in the cellular structures we were analyzing but we want to return to my painting roots.

This piece tries to depict my experience of discovery and rediscovery by incorporating painting, a familiar medium, and collage - which is something entirely and exciting.

Poet: Erin Tetreau

School: Cumming School of Medicine, University of Calgary

Erin is a third-year medical student at the Cumming School of Medicine. Long before she was studying medicine, she painted and drew in her spare time (although you may not suspect any artist talent if you've witnessed her try to draw an anatomical diagram for a patient). Erin has found art an amazing outlet to express the ideas she can't put into words and challenge herself to continuously learn and grow. She is always excited to find opportunities, like the Longview, to showcase the ever-growing intersection between the arts and science.

I Do Not Have A Car

what and how and why we do:

a short pondering on the coalescence of the medical and the natural

I do not have a car.

At first thought, this is rather inconvenient, one might say, and I am inclined to agree.

I bus for hours to hospital placements, jobs, and classes that are all fittingly located on the other side of the city (we are told to travel more, after all), I walk my siblings to their after school activities (much to their dismay, a car would be so simple), and I wait at the bus stop for periods that stretch longer than the bus ride itself (I am wasting time, time is running out, the clock is ticking).

However, and the 'however' in this small story is grand and remarkable and important, this is a good thing. Yes! It really is! It truly is the most momentous and delightful and peaceful thing, this thing, this fact that I do not have a car.

Although I will admit, very quietly, every so often (rarely), while I am on the bus, I find myself scrolling, looking (searching) for a car because I know I will eventually have to soften up and find a clunky one that was also born in 2002 and also likes the color green and also collects things that are a bit broken, but not terribly so, and I will have to call this car my own.

But not yet!

For, while I am able, and I will try to be able for as long as possible, I will bus and then I will walk. Because when I walk, I see. And when I see, I feel, and when I feel I sometimes almost fall, but I also catch - I catch myself, I catch myself stopping to look at a ladybug that is stuck between two concrete slabs on an industrial sideway. I catch myself stopping to look at how the sun is shining (it is 4:42 p.m., and this showtime is my most favorite box office hit). I catch myself catching my breath and I catch a break and I catch a couple of other things. I catch a silver trinket falling

from a magpie's nest (I pretend she gifted it to me on purpose). I catch glances at the houses built in 1953, stares from those who think I have been catching for too long, good afternoons and good mornings from people going in and out, in and out, in and out of their homes, their cars, the daycare, the coffee shop, the library, the recovery center, the school, the pizzeria, their cars, their homes.

This is confusing, I know, but try to listen for a second more.

Listen? Read. Listen. Yes, please, listen.

We are far too quick and we are far too distraught and we are far too far removed - I know this because a super small, obsolete, unnecessary detail I left out before is that I sometimes (always) walk fast, trying to get from where I am coming to where I am going. Clinic to class to work to home to class to work to work to work to clinic to home. Thoughts ablaze, carrying the day's efforts and failures in each heavy, quick stride. Sometimes (always), I forget to stop and I forget to see and feel and fall and catch. Sometimes (always), we forget to stop and we forget to see one another, to see our difficulties and our happinesses, and we forget that we are all caregivers in one way or another, and everyone ought to care and be cared for. And this failure to recall, this ostensible priority that we place on our fragile and frail agility, is something that we need to come to terms with, without conditions, without fineprint.

Conditions. The human condition is one that is founded on a search of sorts. People are constantly searching, whether it be for their next big break, a break, or simply a way not to break. They search for other people, for themselves, for something to tell them that the path they are on is a good one, that it is a path that is useful and kind and that will lead them to where they need to go. People search and seek and look for answers, textbook proclamations of the feelings we feel and hard and fast notions pertaining to what and how and why we do. In medicine, these attempts at reconciling our assurances with our uncertainties are often for the benefit of our usefulness, our dedication to the betterment of others in a physical, emotional, and mental sense. Yet, they also sculpt the path for our detriment and it does not have to be so. We do not have to see so concretely to see truly.

I am nearsighted, this is a fact, but searching and understanding what exactly it is I am looking for has always been a struggle of mine, even when my eyes were bright and bubbly and capable of seeing (I was four and on a flight I did not know

was labeled 'one-way'). Now, I have stopped wondering why I see better without glasses, for I finally know that this is when things start to blur a bit and all of these lines that we keep drawing between gray and green and black and blue and everything in between, well, these lines do not exist anymore. The lines between me and you and you and them and me and that ladybug and us and our future, they do not exist and they do not wear away at our line of vision. These lines do not exist when I take my scuffed up glasses off, nor when I take the bus, and definitely not when I walk.

It is during these moments, around 4:42 p.m. (right before the show is about to begin), when I can stop searching and realize that the magpies that collect trinkets for their nest are just like me, collecting wrappers and flowers and pieces of thread from my very first scrub cap to put in a journal and hold for years. It is with these birds that we might make some semblance of sense of what and how and why we do. It is when the sun dips, and so do my eyes, that I realize that the ladybug between those two slabs of industrial concrete may have also seen sorrow and death and sadness for the first time that day, and is trying to come to terms with it, too.

Terms. Conditions. The human condition is one that is founded on a search of sorts. I do wonder if we are searching in all the wrong places. As medical humans, and as humans without our medical suffix, we search within ourselves when we should be searching elsewhere and we search elsewhere when we ought to be searching within. Yet, I think it is neat to think that if we might stop for a moment, to see and feel and fall and catch, we may find someone else, a magpie, a ladybug, a squirrel, a person, who is also trying to take their glasses off and see a bit better. We are so earnestly desperate to be useful humans, useful medical humans, to the point where we forget what and how and why we do. As soon as we are able to stop for just a moment, and let the lines blur a bit, things become clearer. When the lines between me and you and you and them and us and nature and the ladybug and the magpie and the bus (my bus) and the car (my car) disappear a bit, so do the impossibilities of our circumstances: the impossibilities of the rapid-fire, never-ending, useful dedication that our human and medical human existence begs of us; the impossibilities of the things we see and the things we never get to, those that we accomplish and those that we only remember between quick and heavy strides from place to place.

When we turn to nature, it is clear that we must not be so isolated, so quick, so determined and fixed in our journeys, regardless of what side of a consultation

room we are on, regardless of how many examinations stand between us and our (seemingly) final destination, regardless of what and how and why we do that which we do. In this grand feat of embracing the natural world as it moves around us, unapologetic, all-encompassing, and wholly ubiquitous in what and how and why it does, we might also find peace and those textbook answers we seek to our most unsolvable, innate medical (emotional) questions. In this grand feat, we might also find that the ladybug was not truly stuck between those two industrial concrete slabs, she was simply finding her way on foot.

And so, sincerely, for now at least,

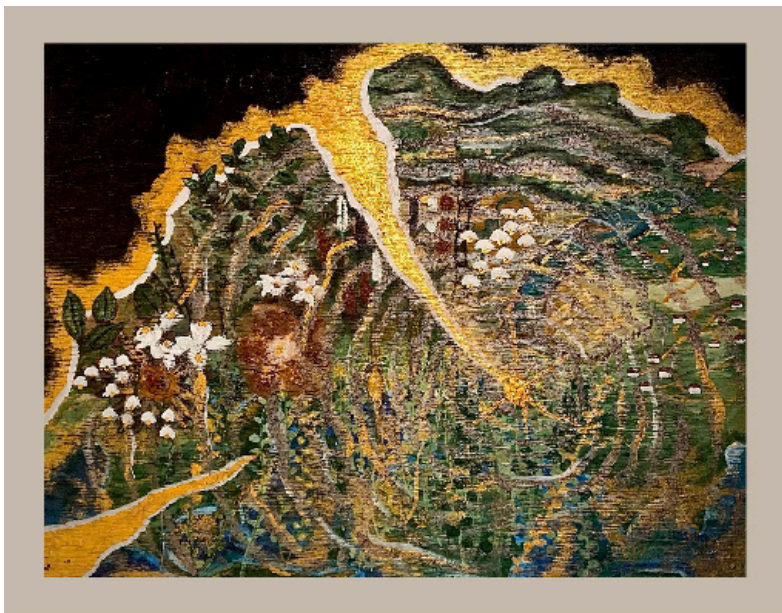
I still do not have a car.

Author: Camelia Ursu

School: Cumming School of Medicine, University of Calgary

A big part of Camelia's journey in medical school has been learning of ways to be useful and kind in the realms of both environmental and human health. In turn, she has found it to be a true joy to work alongside remarkable people on projects pertaining to surgical oncology, pediatric surgery, and environmental toxicology. Camelia also participates in the Animal Kinship Project at the University of Calgary where she uses her passion for the written and visual arts and sciences to facilitate the creation of educational curricula for students and to do work in buffalo restoration efforts.

A Common Grace



This piece is founded on reciprocity as a major pillar in the context of environmental (and therefore human) health. At its core, it pays tribute to its wooden medium by encapsulating everything within what appears to be a tree trunk, with the tree rings having been created using handmade elderberry paint. This, too, was a small token of appreciation for the teachings that have been shared with me by Elders and community over the last many years. The piece hoped to be a testament to the coincidence of humans and nature. Our relationship with the more than human world is one with many ebbs and flows, but one that remains entrenched in our history, our present, and our future. Underneath the plant overgrowth is our planet, housing rolling hills filled with inconspicuous homes that take up very little space among subtle rivers. The scars and rings of the trunk, filled with gold and light, continuously etch into this planetary field, representing the inevitable influence that we have on the natural world and vice versa. Further, the plant growth that decorates the landscape comprises of a plethora of traditional, ceremonial, and spiritual medicines spanning from my home country of Moldova all the way to Turtle Island, including hyssop, sage, yarrow,

the periwinkle plant, and mint, intertwined with Lilies of the Valley, an important part of my culture and a symbol of humility. This notion of humility is consistent across the piece to remind us of our responsibilities towards not only one another, but also to the more than human, the natural world that is inclusive of our fellow four-legged friends, wildlife in all its shapes and forms, and every living and non-living being that makes this planet its home.

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Refractions of Wellness



This piece came together gradually as I started noticing objects we see across different spaces that weighted with meaning to me. I didn't begin with a clear plan, but a feeling that certain things. For example, things like parking tickets during preclerkship, an IUD, and prescription medications started to feel like small, everyday reminders of how larger systems and structures show up in personal, often overlooked ways. Together, these pieces don't offer answers but invite individual reflection on how the systems we move through shape our daily lives in ways we're often too busy to notice. For example, a parking ticket might minor to some, but it points to the everyday trade-offs learners make when transit doesn't seem viable (long commutes, tight schedules, early clinical sessions) and paying for daily passes feels unsustainable. I wasn't trying to make each item stand for one specific issue. Instead, I was interested in how they could open up questions about access, care, and the disconnect between global ideals and local realities. Putting them together in a clear box felt important, like holding space for reflection without forcing a single narrative. These objects are ordinary, but together they invite the viewer to pause and consider how global health and wellness concerns are absorbed into our daily routines, sometimes quietly and sometimes with impact we only notice late.

Artist: Punit Virk

School: Cumming School of Medicine, University of Calgary

Punit Virk is a third-year medical student at the University of Calgary's Cumming School of Medicine, currently completing his rural longitudinal clerkship. He holds a PhD and MSc in Population and Public Health from the University of British Columbia. With a background in patient-centred research, his current creative and academic work focuses on how different communities experience health and illness, particularly in under-resourced or overlooked settings. He is especially interested in how people articulate their own needs and how those narratives can inform clinical practice, research priorities, and policy. Through both academic and creative work, he aims to highlight the gaps between systems and lived experience, and explore ways to make care more accessible, equitable, and responsive.

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