

Quill & Scope

Volume 6 *Volume VI*

Article 1

2013

Convocation of Thanks

Nina Beizer

New York Medical College

Julia Cooperman

New York Medical College

Ali-Reza Force

New York Medical College

Matthew Garofalo

New York Medical College

Andrew Silapaswan

New York Medical College

See next page for additional authors

Follow this and additional works at: https://touro scholar.touro.edu/quill_and_scope



Part of the [Arts and Humanities Commons](#), and the [Medicine and Health Sciences Commons](#)

Recommended Citation

Beizer, N., Cooperman, J., Force, A., Garofalo, M., Silapaswan, A., & Tal, O. (2013). Convocation of Thanks. *Quill & Scope*, 6 (1). Retrieved from

This Perspective is brought to you for free and open access by Touro Scholar. It has been accepted for inclusion in Quill & Scope by an authorized editor of Touro Scholar. For more information, please contact Timothy J Valente timothy.valente@touro.edu.

Convocation of Thanks

Authors

Nina Beizer, Julia Cooperman, Ali-Reza Force, Matthew Garofalo, Andrew Silapaswan, and Oded Tal



Convocation of Thanks —June, 2013

Nina Beizer

Getting into medical school is something to be proud of, sure, as is, I suppose finishing my first year in medical school. But one of my absolute proudest moments in medical school so far is a little less traditional: not fainting in anatomy lab.

For quite some time, I have had some non-medical problems maintaining consciousness. When I was 18, I worked in an emergency room. On my very first day of work, a nurse called me over to let me watch her draw blood. I saw the needle go into the patient's arm. Then I woke up in a hospital bed. I was the laughing stock of the emergency room for the entire summer.

I wish I could say I was squeamish – then I would just avoid blood. But unfortunately, my fainting isn't limited just to bodily functions. A few years ago, I visited Yad Vashem, the Holocaust museum in Israel. Somewhere among the rooms and rooms of absolutely devastating pictures and artifacts, I fainted yet again.

When others suffer, I suffer, too. Generally speaking, empathy is a good quality to have. A good physician feels empathy. Empathy makes us human. But empathy unrestrained clearly presents a problem for a person who wants to help people in need, rather than repeatedly becoming a person in need herself.

Still, while I understood my problem, nothing helped me control my sense of empathy so that I could maintain control of myself and actually be a useful human being. One of my biggest fears upon entering medical school was anatomy lab. I just knew that the second I walked into the classroom, I would feel overwhelmed with sadness, the sadness one feels at the loss of a loved one. Your sadness. And I would faint. And besides the embarrassment of being that kid who faints in anatomy, I would also never pass anatomy, and I would never become a doctor.

On the first day of anatomy, I walked into the lab, absolutely terrified, counting down until the moment I lost control.

But then something happened. All of a sudden, I grew deeply aware of the fact that I was in a classroom. My role had shifted. I could no longer be a casual observer, whose presence could easily be missed. My anatomy group counted on me, and someday in the not so distant future, my patients would count on me, and on the lessons I had learned in this classroom. I was able not to distance myself, per se, but I learned to take the empathy I felt, recognize it, and move it aside. While I would never forget it, I could serve a higher purpose: to learn and to help. I was there to learn information that someday would help another human being.

A physician's sense of empathy feeds the common, human connection between physician and patient, but empathy unrestrained to the point where the physician is more incapacitated by emotion than the patient hinders the physician's true role: to support, to be a source of strength, and ultimately to heal.

That first medical school class was almost a year ago. I passed anatomy! I want not only to express my deep gratitude to you, but also to tell you that I am here to support you in any way that I can. I promise that I won't faint.



Convocation of Thanks —June, 2013

Julia Cooperman

Life is filled with uncertainty. Big and small decisions to make, unexpected outcomes, accidents happen, you're in the right place at the right time or the wrong place at the wrong time. There is a limit on the extent of what we can be sure of in life. Uncertainty can feel like an uncomfortable space, a coat that doesn't fit quite right. Certainty seems easier; there's no wondering, no excitement, no need to adapt at a moment's notice. But let's be honest: all of the important decisions, the really monumental decisions we make, we can never be 100% sure of them. We can never predict the outcomes of life's complicated challenges with complete assurance.

One aspect of life that is not uncertain, however, is that there will come a day when each one of us will take our last breath of air in and exhale for the last time. Death is the final act of life. For some, the last breath is not wholly unexpected. Some people have time to put their affairs in order, say goodbye, and make peace with what they are facing. For others, a tragic accident or a sudden heart attack happens, seemingly at random. It's not a question of if, but of how and when. This can be a terrifying prospect, knowing that we ultimately don't have all the information we might like to plot our course in life; that we can never really anticipate the last exhale no matter how we may try.

Many of us find it more comfortable to actively fight death as an unnatural event to be avoided at all costs than to accept it as an inevitable part of life. When we are young children, we are unable to fully grasp the significance of death. During adolescence, we realize that death is irreversible and that we are sure to die someday. This truth can cause intense despair and bewilderment. We feel that we are being robbed

and want to do everything in our power to fight the injustice. We spend much of our adult lives trying to slow the process of aging and idealizing a youthful appearance, refusing to process the meaning of our mortality.

Given how we deal with death and dying in our society, it can be a shock to arrive at medical school and literally stare death in the face, perhaps not for the very first time, but certainly in a new context and with a new purpose. Why is this the defining entrance ritual into our chosen profession? What are the lessons we doctors-in-training need to learn from this experience? We need to learn gross anatomy, of course. We need to identify each structure within the body, know its connections to other structures, and formulate a roadmap so that when we study its normal and pathological states, we can visualize what's going on. For me, this aspect of anatomy was like slowly piecing together an elaborate puzzle. The puzzle pieces fit into place most of the time, except

when they didn't (which is to say that structures were in their predicted locations except when they were elsewhere or absent altogether). Though I highly valued the technical aspects of the anatomy course and the images I gathered are seared into my memory, behind the scenes there were equally important lessons being learned.

Doctors have a unique role in that they are often present and active in helping others during pivotal life events, the times during which people face uncertainty the most. In order to help our patients confront their own uncertainty and to understand our limitations (alas, we are mere mortals), it is crucial that we doctors-in-training confront our feelings about death and learn to operate within the confines of the uncer-

“

“... it can be a shock to arrive at medical school and literally stare death in the face....”

tain world that exists around us. Just as confronting our own mortality can initially lead to distress and discomfort, coming to terms with others' mortality and the unique responsibilities of the profession in matters of life and death is unavoidable when someone's husband, mother, or grandparent is on the table in front of you. Just as I learned about the extraordinary variability in the make-up of each person's body from our months-long exploration, so did I learn about my feelings and reactions to the task at hand and the role I am being prepared for.

Though this is just the beginning of the journey to becoming a doctor, these first steps would not have been possible without the generosity of the people who donated their bodies to this program. They made a decision to help people after their last act in life, so they really have achieved a new life after death, both in your hearts and in our minds. To them, and to you, their loved ones, I will always be grateful. This is an absolute certainty.



Convocation of Thanks — June, 2011

Ali-Reza Force

This past Monday was Memorial Day and I didn't know what to think about it. It was a day off; I knew that much. I was grateful for the extra time to catch up on the studying I had set aside. I had the apartment to myself and I sat alone studying for hours as the sun rose and set and the day, for the most part, passed like any other. That evening I turned my television on and came across a program on PBS dedicated to the veterans. The program was entirely based on the letters written by soldiers, volunteers, their families, and loved ones from the Revolutionary War, the Civil War, World Wars I & II, Korea, Vietnam, and the Gulf War. Different actors and actresses reread words and re-expressed emotions corresponded many years ago. I sat there and listened for over an hour to voices, thoughts, and experiences of men and women, many of whom died only days after their letter's had been posted. All the sacrifices, all the horrors, and all the events that had occurred in this world that I had never known became real again for a moment. I heard their words as I saw their bodies, those that fell to the ground, that were destroyed, maimed, and given up long ago. Soldiers and innocent people lying in ruins passed by in front of me, yet somehow through me as well.

Death to me remains a surreal thing and seeing it there on the screen reminded me how strange and foreign it still was. The first dead body I ever saw was in the anatomy lab beneath the sky lights. I was late actually, and I walked into the lab for the first time with all the bodies in sight, students talking around them, and listening to second years point out different structures. I hardly could focus and my eyes watered up from the smell of formaldehyde. I moved strangely past rows of bodies toward my group's table.

I remember just standing there, looking down, not listening to anything. For some reason all I wanted to do was touch the body before me, to touch death for the first time, as if death could be touched, as if some other world could be felt. I asked permission from the second year, and half laughing he said 'yes, of course.'

With a pair of blue gloves on I reached down to feel the cold wet skin. I'm not sure why, but I thought for a moment it would change me, would transform something inside of me. I felt nothing, though, and later left the lab disenchanted. Death had never felt so real before. I wanted it to be more, to speak to me more, to feel more.

I came to learn, however, that it would take more from *me* and why a day like Memorial Day, is so important. It is up to us now — post-mortem, post-life — to find meaning now in the lives that once were, just as letters written in the past require a reader to give them voice. Though the meaning may be different for each of us, it is up to us to reread the lives, to find and create meaning by remembering what they have given us. Thus, it is only through us that the dead can be heard, listened to, and learned from again.

The body I worked with was a woman, one of the smallest bodies in the lab and one of the youngest as well. She was thin and had long fingers. Her heart was a good size and my lab partners and I were amazed at how clear structures would appear in her body, like an answer to a question. We spent hours together with her on the top floor beneath the windows. I would look up sometimes and see sunlight, a sky, or the moon above us. I thought of her again the other day when I heard a song on the radio by PJ Harvey. The song is about a woman in New York City running around at night and climbing to the top of roofs in Brooklyn and Manhattan with a friend to see the city. And up there, she sings, that "you said something / that I've never forgotten, you said something / that was really important." The singer never tells the listener what was said, but only of the sights and sounds that she remembers. What was said, rather, was kept in silence. What she remembers was what they saw and felt up there looking out onto the city and how they could feel each other inside it. I looked down across a city with a woman once, a city made of blood vessels and nerves, a city made of tissue, organs, and a heart. We spoke in silence and I watched and listened in wonder.



Convocation of Thanks —June, 2013

Matthew Garofalo

At first glance, medical dissection is an academic exercise used to learn the human body. We study our patients to gain a grasp of normal and abnormal human anatomy. However, anatomy lab was also an exercise in interpersonal skills and compassion. We had to intimately work with three other people and designate responsibilities according to skill, affinity, and fairness. We conducted rounds at other tables and worked with our colleagues' patients. We learned never to be too proud to ask questions.

Most importantly, we learned how to treat patients with dignity, respect, and care. We grew attached to our patients, becoming protective of their care and privacy. As spring rolls around, images of rebirth abound: flowers bloom, animals are born, and the

world turns green. On this day, we thank our first patients and their families for the incredible gift they have given to medicine, and remember that they have been reborn in our hearts and minds. As we honor our patient's lives and their sufferings and sacrifices, I would like to conclude with a quote by Martin Luther King, Jr.,

"As my suffering mounted I soon realized that there were two ways in which I could respond to my situation – either to react with bitterness or to transform the suffering into a creative force. I decided to choose the latter."

Thank you for choosing the latter.



Convocation of Thanks —June, 2013

Andrew Silapaswan

I would like to start with an excerpt from *Heaven's Coast: A memoir* by Mark Doty, an American poet and memoirist who tragically lost his partner, Wally Roberts, to AIDS in 1994:

"The past feels diminished when the future seems to shrink. When I am overcome – as I am, about once a week – by the prospect of losing my lover, I can't see any kind of ongoingness; my vision becomes one-pointed, like looking through the wrong end of a telescope, and the world seems smaller, further away, sad a difficult place which no one would much want to inhabit.

Almost eighteen months after Wally died, I know a little differently. I see a little more broadly than the man who wrote these pages, adrift in the sea-swirl of shock and loss. But something's gained by allowing the voice of those hours, the long days of new mourning, to have its say. In a way I know less now too. The Lakota Sioux say that when nature gives one a burden, one's also given a gift. Loss brought with it a species of vision, an inwardness which was the gift of a terrible time – nearly unbearable, but bracingly real.

Death requires a new negotiation with memory. Because the story of Wally's life came to a conclusion, at least those parts of the story in which he would take an active role, the experiences of our past needed to be re-seen, re-viewed. Not exactly for his story to be finished, but in service of the way his life would continue in me, braided with the story of mine."¹

I chose this piece not only for the beauty of its language, but also for the honest and faithful portrayal of

the author's emotions. There are also shared experiences that resonate with many in the audience here today: Loss of a loved one, mourning, legacy, and remembrance.

You know, it is interesting—before today I didn't know anyone who travelled here—your names, faces, or stories. Even though we might have not directly known each other prior to today, we actually shared a common bond through your loved ones. As a result of their noble gift to science and medical education, we

are brought here together, to finally meet in person, and I would now like to take this opportunity to hopefully share with you some of my experiences this past year and what I have learned.

On the first day of our anatomy course, we were brought to the laboratory, and like any other medical student, I had many mixed emotions. I was eager to learn, but at the same time entirely anxious and not knowing what to expect.

We were met, however, by our second-year colleagues who actually gave us our first educational lesson in the lab. This is one of those days that will stay with me throughout my future medical career. What struck me was their poise, their skill, and their knowledge attained from the previous year of study, which they were now passing down to us. I did not realize this at the time, but after a year of intense study and learning, I am soon to be in the position to help the next incoming medical class transition into the study of Anatomy.

This would not have been at all possible, if not for the gift of your loved ones. It has been said that teaching

“

“... the service of your loved one is now braided with mine.”

¹ Mark Doty, *Heaven's Coast: A memoir* (New York: Vintage Publishing, 1997).

is the profession that makes all other professions possible, and in this case, your loved ones were our teachers. They were just as much our teachers as our other Anatomy professors, some of whom you have met today. For that I am eternally grateful to you, your support by coming here today, your remembrance for your loved ones, and for the lasting impact that they will have in the continuation of medical science.

Although we will leave here today and continue down

our own life journeys, the education I have received from your loved ones will serve as the foundation for the rest of my future career. Information that not only will help me to deliver medical care in the future, but to one day pass on to the next generation of aspiring physicians. Therefore, I want to emphasize that today is a celebration—I look out and I see the legacy of our loved ones on your faces, in your memories, and now as a part of me and the rest of my colleagues. As Mark Doty mentioned, the service of your loved one is now braided with mine.



Convocation of Thanks —June, 2013

Oded Tal

I grew up in Queens, New York, taking the train since I was 13 years old to high school in Manhattan. Needless to say, I got lost on my first day. Over the years I have learned the system and have grown fond of the city I'm from. I had the idea to create a piece with a heart using the train paths as veins and arteries. So this piece sort of represents "where my heart lies." Now, I've seen many pieces of art with this map as a canvas, and I've looked at that map countless times, but only recently have I noticed that several of the boroughs are conveniently shaped like an actual heart.

But the more I thought about this piece, I found a much deeper symbolism expressed in this. My journey of learning the city became much like that of learning the anatomy of the heart, and of the human body as a whole. I found a strong connection between the two.

Learning the intricacies of the system, the way things work and can work. The 7 train being my coronary bypass when the E or F trains decide to give out. A storm hits and floods the vessels but surgeons in the form of transit workers are right on it. Flow coming into the right atrium we know of as Grand Central Station, but the 6 train during rush hour will give anyone hypertension.

The subway map of New York City has granted me the opportunity to explore the place I call home. Even having found my way for 10 years, to this day I feel I have so much to see. However, I will always go back to this map when I seek guidance.

I came into the anatomy lab like a 13-year-old boy—nervous, but excited on his first day of high school. It was time to go from reading maps to riding the train. As I grew comfortable, the journey continued with each dissection: something new to learn and explore. Just as I will never forget my first travels on the subway system—the emotions, the paths, the mistakes—I will forever keep the memory of this opportunity and the knowledge that it has bestowed upon me. This donation was our first map in this journey of medicine. Although medical school is definitely not the express train, this opportunity will eventually guide us in our career path. I hope to know the human body as well as I do the subway system, and the generous donation given to us was the first step in doing so. We hope we have made you proud of the gifts given by your family and friends to the medical community, and with our success, hope to inspire future generations to do the same.