The Human Connection in Medicine

Art, Poetry and Essay Contest 2026

Spokane County Medical Society

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The Spokane County Medical Society's (SCMS) Medical Education Committee hosted its sixth annual arts and humanities contest in a continuing effort to help promote wellness and social wellbeing among our Spokane medical/physician assistant students and residents, receiving 13 submissions this year. This contest is one way the SCMS can show these individuals the supportive nature of the Spokane Medical Community, allowing for a platform to engage all the schools involved in UME and GME that exist in the community.

All current Spokane-based medical residents, medical students and physician assistant students were invited to submit an entry by April 30, 2026, in one of three categories: Best Image (unpublished original art, photograph or video), Best Essay or Best Poem on the topic "The Human Connection in Medicine." The winning entries were chosen by the committee's contest judging panel and were blinded to the entrants' names and programs. Each winner was awarded $500, generously funded by the Spokane County Medical Society Foundation's Thomas F. Heston, MD, Scholarship.

"The members of the contest judging panel were moved and impressed by the heartfelt words and images expressed in all the submissions," stated committee chair Dr. Geoff Jones, "but selected the entries which most closely captured the essence of the goals of the contest."

We're pleased to present this year's entries here. We hope you enjoy them as much as we did!

BEST IMAGE

POV: The Cure to Depression is Volunteering for Special Olympics

TikTok: www.tiktok.com/t/ZP8g7Gg3S

Maurice Devers, DO
PGY-1 PM&R RESIDENT, PROVIDENCE ST. LUKE'S REHABILITATION

BEST ESSAY

But I'm A Virgo, Doctor

Noelia A. Torres-Resto, MD
PGY-2 PSYCHIATRY RESIDENT, PROVIDENCE SACRED HEART MEDICAL CENTER

It started off like any other patient interaction.

"How are you feeling today?" A question I ask a million times a week, and still I brace myself for whatever comes next.

"I'm a little irritated," he said, and without hesitation—deadpan and sassy, as he sometimes was—he added, "but I'm a Virgo, so that's just how I am."

We laughed.

It was, on the surface, an entirely reasonable answer. It accounted for mood, offered personality, even gestured toward self-awareness. It was the kind of response that could be documented without objection: *patient reports mild irritability, attributes this to baseline temperament.*

It was also the kind of answer I might have gotten from my best friend—a Tarot-loving, astrology-obsessed woman with a knack for reading you like a book. And with the image of her plastered in my mind's eye, I broke character. For a moment, I was no longer The Doctor—trained to interpret, to categorize, to maintain distance. I was the me I am with my friends—warm, intuitive, a person with their own story.

I went home still thinking about his comment. Comical as it was, it wasn't *that* funny. Something else was buzzing around my mind, so I decided to follow it.

I thought back to who I was before medical school. I loved the arts, I supported local bands, friends' art shows, I went to protests and got pepper sprayed my fair share of times (y'know, the classic undergrad experience). I remember promising my college friends I wouldn't turn into "one of *those* med students," the kind to stay up late, do Ankis in their sleep, and always manage to sneak medicine into regular conversation. But the metamorphosis was already underway, and before I knew it, I was marching down the aisle, exoskeleton underneath my toga and diploma in hand.

There's a particular kind of narrowing that occurs during medical training. It is not taught explicitly, but it is learned quickly. Detachment is encouraged, but careful not to take it too far, you don't want to seem unempathetic. Detach enough that you can handle the insides of this human cadaver, but deliver bad news empathically (don't worry, there's a mnemonic for that!), learn these algorithms solely for the purpose of deciphering test questions (remember, you only have about 1 minute per question!), but don't get too technical or else the patient won't understand. Be professional, be personable, minimize ambiguity, don't be patronizing, shared decision-making, RVUs!

Once you're in it, you're in it. It's not a cult, it's not quite indoctrination, but somehow only those of us who've been through it can really understand what it's like.

You learn to privilege what can be named, what can be measured, what can be defended. You learn, almost without noticing, to distrust what cannot. Ambiguity becomes inefficiency. Intuition becomes bias. Uncertainty is dangerous and something to eliminate as quickly as possible. Medicine **depends** on this kind of discipline. On pattern recognition, reproducibility, a shared language.

But it also creates a particular kind of distance. A version of yourself that is streamlined, efficient, unfamiliar, less human.

Patients pick up on this uncanny humanness, and Mr. Virgo was no exception. He sat there, hospital gown and socks on, exposed and vulnerable, still attempting to make light of his situation. In the paralyzing solitude of illness, he reached out a hand, begging to be held, or at least, acknowledged. But in medicine, we are taught—carefully, deliberately—not to take it. Not literally, at least.

There are reasons for this. Good ones. Boundaries protect patients. They protect us. They preserve clarity in moments that are already complicated enough. The distance is intentional. It serves a purpose.

And yet, the instinct remains.

To lean in. To soften. To meet someone not just with language, but with something quieter, something closer to recognition.

There is a kind of touch that does not require contact. It happens in the space we allow. In the way we sit with someone just a second longer than necessary. In the decision not to interrupt. In the willingness to follow a thought that does not yet make sense. In the restraint of not translating everything too quickly into something tidy and clinical. In the soft chuckle after a bad joke. It is subtle, and yet, it is often what patients respond to most.

I think about the parts of myself I had learned to set aside. The ones that felt too imprecise, too subjective, too difficult to defend. The instinct to read between the lines. The comfort with ambiguity. The pull toward theatrical expression, toward meaning, toward everything that resists easy explanation. The part of me that knew exactly what he meant when he said he was a Virgo. The same part of me that sits and listens to my best friend explain the planets and their influence on our moods—the part that can inhabit that world without needing to question its scientific basis. Because the meaning isn't in the words, it's in the subtle gesture of giving someone a chance to show you who they are.

Those parts of me did not disappear. They were simply made quieter, pushed aside too long out of fear that they'd distract from being a good physician. And sitting across from him, I began to realize they might be the very things I needed to listen with. Medicine taught me how to listen for symptoms. It is only now that I am re-learning how to listen for people. What at first seemed superfluous, it turns out, was never separate from the work.

The Strength of Softness

Michele Asmar, MS
ELSON S. FLOYD COLLEGE OF MEDICINE, WSU

Since starting medical school, I have found that we are told, sometimes explicitly, sometimes quietly, that to survive in medicine, we must turn off our emotions. That desensitization and distance makes us stronger, better physicians.

But I want to challenge that. I believe that empathy is our greatest gift to medicine and the very thing that will sustain us as physicians.

I saw this in practice long before I started medical school. As a child, I made frequent trips across the world to Lebanon to see my family. The demolished buildings and garbage-strewn streets in downtown Beirut painted a grim picture of what the 15-year civil war left behind. The heavy military presence and austere checkpoints at every corner were incomprehensible.

I grew up witness to the destruction, political unrest, and loss that seemed to plague this beautiful country. But what struck me, even as a young child, was how even in the shadow of devastation the people there always chose joy. They did not become desensitized to their pain, they became more alive because of it. What should have hardened them, made them softer. I carry this lesson with me into medicine.

Medicine is hard. And it makes us feel fragile. There are very few careers in which you will have to stand at the edge of someone's world as it falls apart; sometimes at the hands of words that come out of your mouth. And at the very moment those words leave our mouths, they attach themselves to us. They linger like ghosts, they accumulate, and they become who we are as doctors and as people.

It is frightening to imagine feeling it all and it is overwhelming at best to drown in a flood of grief that is not entirely our own. But we learn how to stand upright even when we carry the weight of life-altering diagnoses, loss, and failure. And more importantly, it is in these moments that we see the deepest purpose of medicine: to stand strongly beside our patients when they need us most.

I have been told that my empathy will eventually destroy me. But I believe that the opposite is true. I believe that being fragile is a reminder that we are alive to the beauty of the responsibility of care that we are entrusted with.

Empathy allows us to build trust, communicate effectively, and come close to truly understanding our patients' experiences. It is a tool that improves care, reduces medical errors and strengthens the doctor-patient relationship. More than that, it creates human connection - something we all need, patients and physicians alike. Connecting with our patients grounds us, sustains us, and reminds us why this work matters even in its heaviest moments.

The truth that we do not often talk about is that one day, every single one of us will be patients too. One day, we will be the ones laying in the beds receiving the life-altering words with the families in the waiting rooms whose worlds feel like they are falling apart. And when that day comes, what kind of physician do we hope is standing at our side? Not someone who has hardened themselves so much that they can no longer feel, but someone who still carries softness. Someone who can see us as a person, not a diagnosis. So let us not numb ourselves to make it through, let us allow our empathy to remain alive in us because it is not what will undo us but instead what will sustain us. The world does not need physicians who are harder. It needs physicians who are human.

The Human Connection in Medicine

Bryce Dreslinski, PA-S
MEDEX NORTHWEST PA PROGRAM, SPOKANE

There is a version of medicine that lives in algorithms. Blood pressure thresholds. Medication sequences. Protocols that escalate in clean, predictable steps. In that version, a patient with pressures of 180/110 and a headache that will not go away becomes a diagnosis. Preeclampsia with severe features. Magnesium. Induction. I knew that version well. I had studied it. I had applied it. I had moved through patient encounters with it efficiently, appropriately, confidently. And then, I became it.

At 34 weeks pregnant as a surrogate in the middle of PA school, I watched my own blood pressures climb through the night. I watched numbers I would not hesitate to act on for someone else increase with every reading. A headache settled in, deep and unrelenting, untouched by Tylenol or anything stronger. By morning, there was little ambiguity left. I was no longer the one interpreting the data; I was the data. I was admitted, started on magnesium, and induced.

Even then, part of me remained clinical, observing and anticipating, trying to fit what was happening into the framework I had learned. This is what we do. This is how it goes. But labor does not always follow algorithms. The headache never let up, sitting at a constant ten out of ten and blurring time, conversation, and even my own thoughts. Two epidurals were placed after the first failed. I remember trying to stay grounded, to hold onto something steady, but everything felt slightly out of reach.

Then everything accelerated. I went from six to complete so quickly it did not make sense, and in less than five minutes I delivered a 5-pound, 18.5-inch baby through a shoulder dystocia. It was a complication I had learned and rehearsed in simulation, but nothing about that moment felt simulated. There was no pause to fully process him before everything shifted again.

The room changed. I didn't see it first. I heard it. "Stage 1 hemorrhage." I knew exactly what that meant, and I recognized each step that followed. Medications were called out. "TXA. Hemabate. JADA." I understood the protocol, but I could not fully connect it to myself. There was a strange separation, as if my mind refused to let knowledge and reality meet. I knew what was happening, but I could not accept that I was the one bleeding, that my placenta would not deliver, that I had already lost over a liter of blood. "We need two units of blood."

From the outside, medicine often feels controlled, even in urgent moments. From the inside, it feels fragile. It feels like standing on the edge of something uncertain and realizing how quickly things can change, and how completely you are relying on the people around you to recognize it and act.

They did.

The team moved quickly but not frantically. There was urgency, but also steadiness. No wasted motion, no panic, just people who knew what to do and did it. Not just for a diagnosis, but for me. And that is the part that stays with me. Because in that moment, I was not a PA student. I was not someone who understood the steps or could anticipate what came next. I was simply a person: a mom, a wife, an aunt, a friend, someone with people waiting outside that room, someone whose life extended far beyond that diagnosis. For a stretch of time, everything I was depended entirely on how that team showed up.

It is a humbling realization how thin that line is between being the one making decisions and the one lying there hoping someone else gets them right. In training, we talk about avoiding burnout, maintaining empathy, and remembering the human side of medicine. But repetition wears on you. Patients begin to feel like patterns, and interventions begin to feel routine. It becomes easy to focus on the process instead of the person until it is you. Until you are the one hearing urgency in a room and wondering how serious it is, trying to piece together what is happening while also trying not to panic, realizing that what may feel routine to others is, for you, everything.

That experience does not leave. It changes how you walk into a room. It changes how you look at a patient, really look at them. Because now I understand what it feels like to be reduced to numbers, and how quickly that can strip something away. And I understand how much it matters when someone gives that back.

The human connection in medicine is not complicated, but it is easy to forget. It is remembering that the person in front of you is not just the condition you are treating, that they have a life outside of you, that they are loved in ways you will never fully see. If something goes wrong, it will not simply be a case; it will be a loss that echoes far beyond that moment.

I did not learn that from a lecture. I learned it lying in a hospital bed, listening to a hemorrhage being managed in real time, realizing that for once, I was not the one helping. I was the one hoping someone else would. And they did. They showed up with skill, with urgency, but also with something quieter and just as important. They saw me, not just as a diagnosis or a complication, but as a person whose life mattered beyond that moment.

That is the part of medicine we do not chart. The part that doesn't show up in protocols or order sets. The part that lives in how we show up for each other when it matters most. That is the human connection in medicine. I felt it from the other side of the bed, and I hope I learn medicine so well that one day, when what stands between the protocols and a life is only me, I make the right choices for the person behind the algorithms.

Unclaimed Persons

Lizzie Schjelderup, MS
ELSON S. FLOYD COLLEGE OF MEDICINE, WSU

When the resident and I went to meet our new admit, the patient wasn't sure why she came in. Looking at her admission note it stated she was a "72-year-old woman with PMH of moderate dementia (unspecified), atrial fibrillation and a recent hospitalization for left femoral neck fracture and fixation…" It was noted by her care facility said that she was complaining of abdominal pain and her heart rate was elevated. Her work up revealed she had cholecystitis and atrial fibrillation. We reached out to her family in order gain consent for intervention. Her listed contact was her son who stated, "I don't care what happens to her. Do not call me again." Oh. Not exactly the response I expected… My mind raced. How could someone feel this way about their parent. And leave them to die alone. What happened to them and who was our patient? What had she done to him. Does any of that matter?

Where do we move from here? I watched as the attendings, and social workers did the work to proceed. Filing for state guardianship and signing the correct forms. Making sure all the boxes were checked- it had to be ethical, after all. Yet something felt eery. I do not recall any of them speaking to her. As the days went on, she did not get better. I checked in daily, noting increasingly tense and protuberant abdomen- I was concerned. I noticed her fingers were swelling so I helped take her ring off. I asked if it was special to her and she said it was. On day three, she told me the pain is terrible, "I can't live like this anymore." You could see the pain and frustration eating away at her. Yet I noticed these moments of vulnerability were only revealed when it was just the two of us in the room. I requested we improve pain control and do an abdominal x-ray. The attending stated, "I think she just likes you." She ended up having a bowel perforation and passed away in the ICU the day before Christmas after an extensive emergency surgery.

The last thing I remember her saying to me was, "I can't live like this anymore." That moment and the response of the treatment team stays with me. I sat with the discomfort and reflected on why it all felt so wrong. I identified that I felt this case represented a hiatus from human empathy. Because the patient could not give us a thorough history, no one seemed to listen. The patient had something to say, and her complaints were real and serious. The patient "liking" me was a gift, something to be honored- not a reason to dismiss the genuineness of her story. The acknowledgement of her humanity created a space for the expression of her needs. Dementia may take away the efficacy of communication, but it does not blunt physical pain.

I felt a sense of guilt and mistrust. Had this patient had family or someone to advocate for them, would the treatment have been the same? Why does it take someone else caring about our patient for us to acknowledge their humanness. How many times have I done that myself… I will carry this story with me, reminding myself the small actions I take matter- it very well could be a patient's last connection to humanity.

Around a year later, the WA unclaimed persons registry came up on my computer. There she sits to this day.

A Woman of Strength

Madison Marlow, PA-S
MEDEX NORTHWEST PA PROGRAM, SPOKANE

My mother has always been a woman of strength. Years of California sun have aged her face, but they never touched her spirit. She was the kind of person who could talk to anyone, laugh loudly, and move through life with determination. If she set her mind to something, it would get done. To me, she always seemed unshakable.

That changed the day my father died.

I remember seeing it in her eyes first. Their usual bright green shine was gone, replaced by exhaustion and grief. The laugh lines that once framed her smile settled into worry. In a single moment, the strongest person I knew looked vulnerable. Yet even then, when her own heart was breaking, she was the one who had to steady mine.

She was the one burdened with delivering the news to me. I knew something terrible had happened before she spoke. My body fought against accepting the words that I was about to hear, but somehow, through her own pain, my mom stayed patient with me. She tucked my hair behind my ear, kissed my forehead, and stood beside me in silence. No explanation could have eased the loss. But her familiar touch reminded me that I was not alone. In reminiscence, I have no idea how she was able to handle that day- how she mustered the strength to be courageous for the people relying on her. I wish I could've been receptive to her and taken the time to be supportive, but I wasn't. I let other people be there for her when it should have been me.

In the weeks that followed, I watched my mother carry burdens no one should have to bear. While others saw a composed woman managing responsibilities, I witnessed someone fighting to survive each hour. Grief had made even ordinary tasks difficult, yet she continued because she knew I needed her. We learned to rely on one another in ways we never had before. Through shared pain, we built a deeper connection.

That day, she demonstrated to me what I now have come to understand about healing- medicine is not always found in procedures, prescriptions, or diagnoses. Sometimes just being human is enough to start the healing journey. This might look like sitting in silence with your patients, helping carry their burdens, and reminding them that someone has their best interest at heart. Moreover, being strong does not always have to present as certainty or control. It might simply be showing up for yourself and those around you day after day.

The human connection in medicine can be described as empathy between a provider and their patient. While that is important, I believe it has a more foundational meaning. Being able to connect to another person is the ability to recognize they are suffering and refusing to let them face life alone. My mother gave me that kind of care and understanding long before I had words for it. Years later, I still see traces of grief in her face, but I also see resilience. I see the hope she has for the future. I see the same woman who held our family together when everything fell apart. Because of her, I know that compassion can be as powerful as any treatment, and human connection is an irreplaceable aspect of medicine.

BEST POEM

What Blood Teaches

Emma Hietala, PA-S
MEDEX NORTHWEST PA PROGRAM, SPOKANE

I learned about blood
long before medicine.

Not in textbooks.
Not beneath the bright theater lights
of an operating room.

But in the quiet violence of childhood.

I learned it in the way a slammed door
could echo through a hallway
like a gunshot.

In the way silence
can be thicker than air.

In the way a father can disappear
so completely
that even his shadow forgets your name.

At school
children sensed weakness
the way wolves smell it on the wind.

They carved words into me
with laughter sharp enough to draw blood
no one else could see.

Bruises bloom quietly
when they grow in the soul.

Back then
I thought blood meant damage.

Something spilled.
Something broken.
Something that meant you were losing.

Years later
I stood in an operating room
watching a surgeon open a human body
with hands steadier than gravity.

The first incision
was impossibly calm.

Skin parted
like a secret finally told.

Red appeared.

Not violent.
Not cruel.

Just honest.

For the first time
blood was not a symbol of pain.

It was proof of life.

It pulsed.
It moved.
It insisted on continuing.

I watched a heart beat
inside someone's open chest
and realized something terrifying:

Every person carries
the same fragile engine.

Every bully.
Every absent father.
Every stranger.

The same soft muscle
fighting gravity
one beat at a time.

Lub.

Dub.

Lub.

Dub.

All of us
walking around
one heartbeat away
from silence.

That realization
changed everything.

Because when you understand
how delicate a human body is
you start to see people differently.

The angry patient
in room four.

The man detoxing in the ER
whose hands shake
like loose wires.

The woman with cancer
who apologizes
for taking too long to breathe.

I see the same thing
inside all of them.

The same trembling heart
that beats inside me.

And suddenly
medicine is not about fixing bodies.

It is about witnessing
how fiercely people try to survive.

I hold pressure on a bleeding wound
and feel the warmth of life
spilling against my gloves.

Years ago
that sight would have frightened me.

Now it humbles me.

Because blood is not the enemy.

Blood is the language
our bodies use to say
"I am still here."

Every drop
a declaration of existence.

Every pulse
a rebellion against ending.

Sometimes patients ask
why I chose medicine.

They expect an answer
about science
or curiosity
or ambition.

I never tell them the truth.

The truth is this:

When you grow up
in rooms where love disappears
you spend the rest of your life
searching for proof
that human beings
can still take care of each other.

Medicine gave me that proof.

It lives in the moment
a frightened patient
grips your hand
before anesthesia.

In the quiet trust
of someone who lets you
see the inside of their body
and believes you will try
to help them return.

It lives in the fragile miracle
that strangers
can hold each other together
when everything else falls apart.

And sometimes
standing beside a hospital bed
with the monitor humming
and the fluorescent lights buzzing
I realize something extraordinary.

The human body
is not the most amazing thing
in the room.

The human connection is.

Two strangers
sharing fear.

Sharing breath.

Sharing the unbearable knowledge
that both of their hearts
will one day stop.

Yet still choosing
to stand beside each other
in the brief moment
between first heartbeat and last.

That is medicine.

Not the scalpel.

Not the sutures.

But the quiet promise
we make to one another:

Your blood is not yours alone.

It runs through the same story
that runs through mine.

And as long as it beats
I will stand here
with you.

Tuesday, 6:33am PDT

Alexandra (Lexi) Linker, MS
ELSON S. FLOYD COLLEGE OF MEDICINE, WSU

There is a hush here that feels like a chapel.
(A quiet broken only by the soft whir of a CPAP).

The size of the mouthpiece is smaller than my pinkie finger,
and still looks too large against your face.

I think of my little cousin, who spent weeks in a place like
this. Who years later asked me how old I was, and where I
was from, and if I wanted to see his karate moves.

The sky is starting to lighten. If I spend too long watching
your chest rise and fall, fast and insistent, my eyes will well.
I wish I could tell you how proud I am. That life is worth
having, sharp edges and all. That you will grow up, and learn
to read, and take karate classes.

There is a stubborn faith here, firm and quiet,
Tiny, triumphant fists clutching the air,
Alive, alive, alive.

The Only Time I Feel Human

Audrey Almeria, MS
UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE WWAMI SPOKANE

For a long time, I've carried a melancholy deep inside of me that I hope my patients can sense
So that they know that I mean it when I tell them, I understand, I feel what you are feeling,
With urgency, I look them in the eyes
and I hope they understand me
That I am here for you, now, the way someone was once there for me.

I don't have that person anymore
And I don't know if I ever will again.
In many ways, when I am with a patient, it is the only time I feel human.
I don't perform. I just am. I have a purpose, and it's solely for them.
I see them. And they see me.
It doesn't matter if I only knew them for a few hours of a day, between classes, between exams, between everything.
I haven't forgotten how it felt to touch their face.

Between Exam Rooms

Avery Carbajal, MS
UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE

A boost up onto the exam table
Fidgeting with the table paper
"Is Spiderman your favorite superhero?"
He looks down
admiring his shoes
  "Buddy, do you want to show her your cool trick?"

A stomp
and they flash
red and blue
"I bet those shoes make you run extra fast!"
A smile
ear to ear

Tremors make signatures a daunting task
A stroke years ago
My hands steady his on the paper
  "I used to be a sommelier, studied for years."
"I have been wanting to expand my palate, any recommendations for beginners?"
A list of suggestions
A store he volunteers at every Monday
  "I hope to see you there!"

Deep breath before knocking
"I heard about your husband. I am so sorry for your loss."
Tissues wipe the tears away
"I once heard that grief is all the unexpressed love we have for someone."
I hold her hand
she notices my manicure
just painted this week
  "What lovely nails! Frank always made sure I had my nails done. I took myself for
  a manicure just before the service this week."
Ritual against grief's undertow
Red nail polish

A Handful of Gratitude

Shannon Baptist, DO
PM&R RESIDENT, PROVIDENCE ST. LUKE'S REHABILITATION

These hands of mine clickety-clack on the keyboard
As the stars shine above in the sky.
Alarms beep, computers hum
While minutes on the clock trudge by …

Alas! It is time for these hands of mine
Fingers dressed in gloves of blue
Smiles emblazoned across Mom and Dad's face
At the first sight of meeting you.

These hands of mine chart your growth
Toddler shoes navigate the floor
Stumbling, walking, running
A trusted guide while you grow and explore.

Through the journey of life
With both triumphs and scares
These hands of mine order labs and tests
Providing comfort, acceptance, and cares.

But one thing I cannot hold in my hand,
Cannot give no matter how hard I try
my tenacious grip, academic fervor
won't stop the minutes that pass by.

Now these hands of yours are interlaced in mine
We walk memories of joy and love
Reminisce on a life filled with deep connection
Together, we rise above.

All the Ways I Learned to Look

Jessica Bae, MS
ELSON S. FLOYD COLLEGE OF MEDICINE, WSU

Staring at the wall filled with photos and thank you letters,
In place of diplomas that never mattered quite as much,
You remind me to focus on what really matters.
It's the reason I look up to you.

Slowing down to match my unsteady baby steps,
In the rush of days that never seem to rest,
The scrapes of my mistakes heal back over its depth.
It's the reason I look around to move in harmony.

Looking out at the same window as the day turns grey,
You greet the scattering daylight and blooming moon,
With the unchanging appreciation for the return of everyday.
It's the reason I haven't forgotten to look back sometimes.

Waking up to put your glasses on when the world still sleeps,
You feel lucky you can care for others even more than yourself,
Radiating warmth that turns strangers into stories you keep.
It's the reason I look beyond every passing face.

Getting to call you my mentor and my guide,
In this lifelong journey of learning that doesn't have a map,
I learned to lift my gaze to the horizon spanned so wide.
It's the reason I look forward with gleaming hope.

The Surgery

Gal Snir, MS
ELSON S. FLOYD COLLEGE OF MEDICINE, WSU

You memorized the steps like scripture:
Trocar, pneumoperitoneum, survey, ABC.
You mouthed the landmarks in the mirror:
the ureters, the cardinal ligaments,
the colpotomy cup hugged close
to protect what lay beyond.

You wanted to be ready
so that you would not stumble
when they asked things like:
Where do you make the bladder flap?

The OR was cold the way all sacred rooms are cold.
You traced the anatomy you'd studied
through the laparoscope's small eye
the broad ligament fanned out,
the uterine vessels cauterized and stilled,
the body opening itself
to hands it had to trust.

Weeks later, in a quiet room,
she sat across you in her regular clothes.
The doctor asking her how she was feeling.

She paused
Her eyes filled.

I feel free.

You understood, then,
that you had memorized the procedure,
but not yet learned the surgery.