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# ANASTOMOSIS



LACERATIONS



# Letter from the Editors

Dear Anastomosis Readers,

We chose the theme “Lacerations” to call tribute to the more raw, visceral side of human emotion. Sometimes, when a heart breaks or aches, it burns and sears in a way we can feel all too tangibly. We believe there is beauty in that sentiment - in feelings that are so powerful, they can generate physical pain from spiritual sorrow. We are emotional beings, and those emotions largely make us who we are. But at times that visceral pain can be too big a burden, too daunting a distraction. In such times, it is essential we look outside ourselves to other sources of comfort and care - family - chosen and otherwise - friends, pets, and of course, writing.

As many of you are choosing to enter the field of medicine, you will come face to face with lacerations of all shapes, sizes, and etiologies. You will learn to tend and heal the most superficial and deep versions of gaping wound, the kind of wounds that expose more than we'd like to share with the world. You will be there in the most painful and terrifying moments of many lives, and those experiences may leave some indelible lacerations in your own heart and mind. But we urge you to remember that the human experience runs far deeper than the skin. Our heart can be lacerated by a knife, a myocardial infarction, and the simple, sometimes harrowing, but often beautiful reality of being a fragile human being navigating this wild world. Whether in medicine or not, we will all be privy to the lacerations others carry, and we have the opportunity to show them our own. Wounds that heal often leave a scar - the rawest realization of a life lived. Those scars make us who we are.

We welcome you to read about some of the lacerations that inspired our authors to write and share in this issue of Anastomosis. We invite you to reflect upon your own, and those of loved ones around you, and to explore the different ways in which we can help heal each others' wounds. But let's not forget to feel some of the harder feelings too, for they are a core part of ourselves.

Thank you for reading this issue of Anastomosis.

Best,  
Sarah Rockwood & Twan Sia, Editors-in-Chief

***/A·nas·to·mosis/***

*n.* A connection between two normally divergent structures. From the Greek anastomoun, to provide with a mouth.



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# LACERATIONS

*Wherever the art of Medicine is loved,  
there is also a love of Humanity  
– Hippocrates*

*Medicine sometimes snatches away  
health, sometimes gives it.  
– Ovid*



# Stickout

**Maya J. Sorini**

I should be most clamped  
by the cords of brain against  
the pillow, the step off  
bone where his skull  
ends, the crushed helmet iced  
in blood, his scorched  
skin, the unnamable  
smell, his yellowish  
feet, his being so  
young, the gaping  
mouth, the places the road ate  
to bone, that once he had  
a mother who grew his heart,  
but all I can marvel at are the handfuls  
of gravel in the body bag,  
they teem.



# Conception

Alexis Rehrmann

You found out you were pregnant last October. You are my dear friend and we're both busy—family, work, life—so I didn't find out until after. You'd been trying since April and you didn't expect much, but you peed on a stick and it was pink. You felt excited, but quiet. Not like there was a baby. There was no baby yet in your mind. Your first appointment was with a provider you didn't know, a nurse, like a nurse practitioner, and she seemed really green. She was all excited. Really bubbly. This was maybe the worst part. Well, one of the worst parts. She started talking about follow-up appointments, if you're going to want to find out the sex, all of the things that come after. And you, you're not feeling excited. You're feeling a little on edge. Like maybe you knew something? And maybe you did, because you're not feeling it. She must have done an ultrasound then and not found anything. There's a lot that feels fuzzy from that time.



Back in the women's clinic waiting room, I glide through an undulation of pregnant people, wade slowly back though all this life, sink

into a seat far from the kid's corner, walls teaming with brightly painted fish. I see a couple, friends-of-friends from backyard barbecues, she heavily pregnant, intent on their soon-to-arrive-second. They don't see me and I let them pass unnoticed. Distant ships. Oceans apart. The pharmacist pushes medications across her counter. Oxycontin, for pain and Miso-prostol, a miscarriage attendant to be taken when the bleeding begins. Over her screen, through the plexiglass divider, she looks at me. I'm so sorry, she says. I've had two. The medicine will sit forgotten for months. Her words I remember for years. My husband asks, What about lunch? Lunch is the man's love language, his first question when faced with crushing disappointment, adventure, or high noon. There is nothing else to do and so, because it is lunchtime, we go to lunch. Sushi. I eat fish raw, drink half a beer, returned to the body I lived in before I was we. With great chunks of hope cut roughly away, I find myself here again, simply and singly, me. Across the table, my husband squeezes his eyes between thumb and forefinger. I note his welling tears with cool surprise. I don't know how to connect the death I am

holding with the life we've built between us. At the moment, I'm not that interested in trying.

We go home and wait for the blood to come. A few days pass but not blood. Not a spot. Not a drop. The doctor says hormones. Says that my levels will drop and it will begin, the sloughing off of this bloody house. But I do not believe this is a numbers game. This is mother love. Womb clenched like a fist refusing to let go.



You were young, 26, when your first pregnancy ended in miscarriage. You are my mother's friend, accomplished women both. At twelve weeks, the bleeding really started. On a Tuesday you went to the hospital and you were no longer pregnant. You were counseled not to discuss the miscarriage with anyone. Your doctor corrected you when you referred to the baby. It wasn't a baby, he said. It was just fetal tissue. He was an old-fashioned doctor even then. You went home. That Saturday you collapsed. Your mother, a nurse, couldn't get your pulse. Back to the hospital. Your fallopian tube ruptured. You came home with a big abdominal scar.

You are 72 years old now and still you remember this. You still carry the scar.



The week-by-week pregnancy guide I find online explains a fertilized egg's journey down the fallopian tube towards the uterus. They describe this little traveller as a cluster of cells resembling a tiny raspberry. The nurse practitioner's language was weird. A failed—. You thought abortion was in the phrase, but maybe not. A failed abortion, or something like that, because your body didn't expel it on its own. The court battle shows up to my blue state in snatches and radio dispatches. You know, you say to me, you a doctor in women's care. These politicians don't understand what we're doing at all. At all. Are you carrying a pregnancy, fetal tissue, products of conception, a choice, a gift, a cluster of cells resembling a raspberry, a zygote, a baby? Who gets to pick the name?



# how to write a self-portrait

Carmel J. Lee

begin with a log of what's around me  
begin with exploring my own body  
begin with ambling around the mind  
just begin.  
after the initial foray,  
thrust out into the world—  
pay attention to actions  
and reactions from dawn to dusk  
trust thoughts born outside.  
now create—heat maps of:  
I despise, I love, I want to try.  
topographical maps of: today I  
am fucking indestructible,  
today I am dust caught  
in wooden floorboard cracks.  
ontological maps of: God between  
the linens, God between the lichens,  
God between the lines of a page.

c.j.l.  
1.23.24



# Crumb

Eva Ingber

*An elegy, for Poppi*

When his body crashed  
against the linoleum tile there  
was a sickening crack,  
a crunch of frail bones—

or so I was told—  
I wasn't there

when he fell  
but my ears are ringing,  
convinced they can hear him still  
shouting incredulously from the floor

No, god, no!  
a man of God, perhaps he knew  
something then that we didn't,  
grandma says, eyes shining

divinely,  
a final fate cascading  
from a measly crumb  
sounds like a nonsensical punchline

a ridiculous joke he'd make—

“A crumb killed her grandfather! Hardy  
Har Har!”—  
hysterical  
crumpling to the floor, absolutely hysterical

imagining this tiny speck  
escaping the clutches of the broom to lie  
in wait of his innocent shuffling down the  
hallway,  
a damned detail he could not just dismiss,

could not just resist  
confidently bending

Down  
down  
and down  
but I cannot go any further

back in time or  
I would have  
swept the floor  
a thousand times over



# Eavesdropping

Judith Moran

They are talking about Buddy in the kitchen as they eat supper together. On weekdays, dad comes home late—past my eight o'clock bedtime. I listen for the sound of the back-door opening and his footfall as he climbs the three steps to the kitchen in his lumbering gait—one that suggests fatigue after a long day. His arrival prompts me to pad from my bedroom to the top of the stairs, allowing me a better vantage point from which to overhear my parents' dinner table conversations.

I sit on the scratchy gray wool carpet in the second floor hallway, my face pressed between the staircase banister posts straining to hear them. Eavesdropping has become a habit—an antidote to my restless boredom. As a child, sleep eludes me. It still does.

My dad is an eye surgeon, my mother is a nurse. Mostly, they talk about dad's "cases," the patients he worries about, the surgeries, the outcomes. I'm interested in these conversations. It's a window into my father's world. But it isn't until Buddy's accident that I understand the nature of the challenges dad confronts—he might have to do something so permanent that a patient's life would be changed forever. Buddy's was.

"I'm afraid I won't be able to save his eye,"

dad tells my mother. He sounds angry as if he knew it would happen. Dad says Buddy and his friend Teddy were fooling around, dueling with pencils. Teddy accidentally poked Buddy in the eye with the pencil point. My father often warns my younger brother and me about eye injuries. BB guns, scissors, pencils, arrows, sticks, and ice-packed snowballs are potential perils. "You could lose your eye," he cautions us. I realize at a young age that danger is real and present even in unexpected circumstances like a meet up with a friend, or an innocent snowball fight. My friend Buddy may lose his eye, as dad predicted might happen if you play with sharp things.

Buddy lives in the house next door. I can see from my bedroom window into his across the side yard that separates us. I've lived in this house for as long as I remember. My earliest memory of Buddy is the winter day he teaches me to build a snowman; I am five, he is eight. Among our box of family photos is one of him and me standing next to our creation bundled up in matching brown snowsuits, snowflakes swirling around us. He's a surrogate older brother—patient and kind, unlike some of the neighborhood kids who taunt me for riding a tricycle, when I should have graduated to a two-wheeler. Buddy encourages

my attempts to master the red Huffy convertible bike that lay unused in our garage—meanwhile reprimanding the hecklers as I ride my trike on the sidewalk.

As if for further emphasis on the risks for eye injuries, dad shows me a pencil shard he removed from a child's eye. It looks like the nub of the yellow number two pencils I use to practice my penmanship. Encased in a clear glass tube, the broken pencil piece is a tangible reminder of what can happen when you aren't careful. I remember it as I think about Buddy, and I worry about his eye—is the pencil stuck inside?

Buddy's accident highlights my father's deep concern for maintaining and restoring sight. He is vigilant about the pencils and the sticks, the hurled ice balls and the BB guns because he has seen the irreparable damage they cause. He doesn't want children to be imprisoned in the dark. Until Buddy's accident, dad's warnings, dire as they seem, are distant consequences.

Dad takes Buddy's eye out the day after I learn of the accident. From my post at the top of the stairs, I hear him tell my mother over dinner. "I couldn't save it," he says. I have more trouble than usual falling asleep that night—my mind races with questions.

And I worry. How will Buddy look with just one eye? Will he wear a patch like a pirate?

I understand from dad that Buddy will get a "glass eye" to replace the one he lost. I imagine it as a cat's eye marble, round with a blue center like Buddy's blue eyes. Although, it seems that an eyeball like that might fall out—marbles are slippery, after all. And if it does, then what? My father gives me a plastic replica of an eyeball. Slightly larger than a tennis ball, it can be taken apart and put back together like a puzzle. Dad tells me the names of all the pieces. I like the way they fit together just so: the retina, the lens, and the iris tinted blue, encased in a white globe, the sclera that keeps all the parts in place. Will Buddy's new eye have all those parts? I'm curious. I decide to find out the next time I see him.

"Can I see your eye?" I ask Buddy one day, some weeks after his surgery. We are outdoors in his backyard. He spreads his eyelid, applies some pressure and out it pops. An empty red crevice lies beneath it. I try not to stare at the hole. I don't want Buddy to feel uncomfortable. Buddy's replacement eye isn't at all as I imagined it. It isn't round like a marble, nor is it made of glass. It is an empty shell made of flexible plastic. There are flaps on either end that fit snugly

into the eye socket when Buddy puts it back. I put up a brave front and try not to reveal my worries to Buddy about how he will look to other people. What happened to him is so final; it's hard to hide my sadness and dismay. His injury is not like a broken arm that can be fixed so you can use it again. When your eye is "broken", it can't be repaired or replaced save for a covering that masks what is no longer there. The inner parts of my eye puzzle are missing in the space where Buddy's eyeball once was—the ones I learn from dad are necessary for sight.

Buddy has one good eye. If something happens to it, he will be blind. I know about blindness from the story of Helen Keller—I watched it on TV. Helen couldn't read and she couldn't choose her clothes. I love to read my Bobbsey Twins and Nancy Drew books, I'd miss that a lot. And I like to choose my outfits for school, laying them out the night before. How

would I find my way up and down the stairs in our house if I couldn't see? I might tumble to the bottom and break my arm or worse. It would be so frustrating and not fair to be blind. And lonely, by yourself in the dark.

I am more aware of sight and sightlessness because of what happened to Buddy. I flinch when I see kids innocently playing with sharp objects—it could happen to them. I squeeze my eyes shut trying to imagine what it's like to be permanently shrouded in blackness. It is too much to bear. I want to see, so my experiment doesn't last long. I continue my nightly rounds sitting on the upstairs hall carpet eavesdropping. My parents discuss the patients and the worries. "I couldn't save his vision in the other eye," dad tells mom one night. Buddy's seeing-eye got infected. Buddy is blind. I wish I hadn't heard.

# Raindrops for Open Wounds

Viswanath Swamy

Each night he lay awake  
on his left side, with a child's gaze,  
to see your chest rise – and fall.  
Soft breaths turn brassier,  
and the hum of the September breeze  
is dampened by the occasional gasp for air.  
Eyelids, softly wrinkled, and mouth,  
inching open – your head nestles into his  
chest.  
Before you rolled over, he counted  
your breaths – thirteen, fourteen, fifteen:  
Him smooth skin deliquesced into yours.  
You could feel the beat of his heart –  
racing like the Murgese while  
his hands grow numb around your waist.  
Another midday is coming.

The waking hours always bring change.  
When it's quiet; when you're alone,  
Your thoughts, like nimbus clouds,  
create a relentless haze, sprinkled with  
raindrops made from withheld tears.  
Sometimes, your dry eyes scan his hands.  
When your fingertip traces the lines of his  
left palm, you project the past that you  
safely hid, only to escape yourself  
in a fleeting comfort.  
Leaning into that desire,  
you blind yourself from his capability,  
seeking solitude, but fearing aloneness.  
But he has the scalpel ready,  
blade to the very arm,

ready to shave the graft,  
and weave it into your wounds, precisely,  
watching it heal, with you.

You will never let him be your donor, nor  
can he ever be your healer.  
The world has no medicine  
to remedy the months that led to the day  
where you wanted to take flight  
from the cement balcony,  
when forced silence felt better  
than unwanted noise.

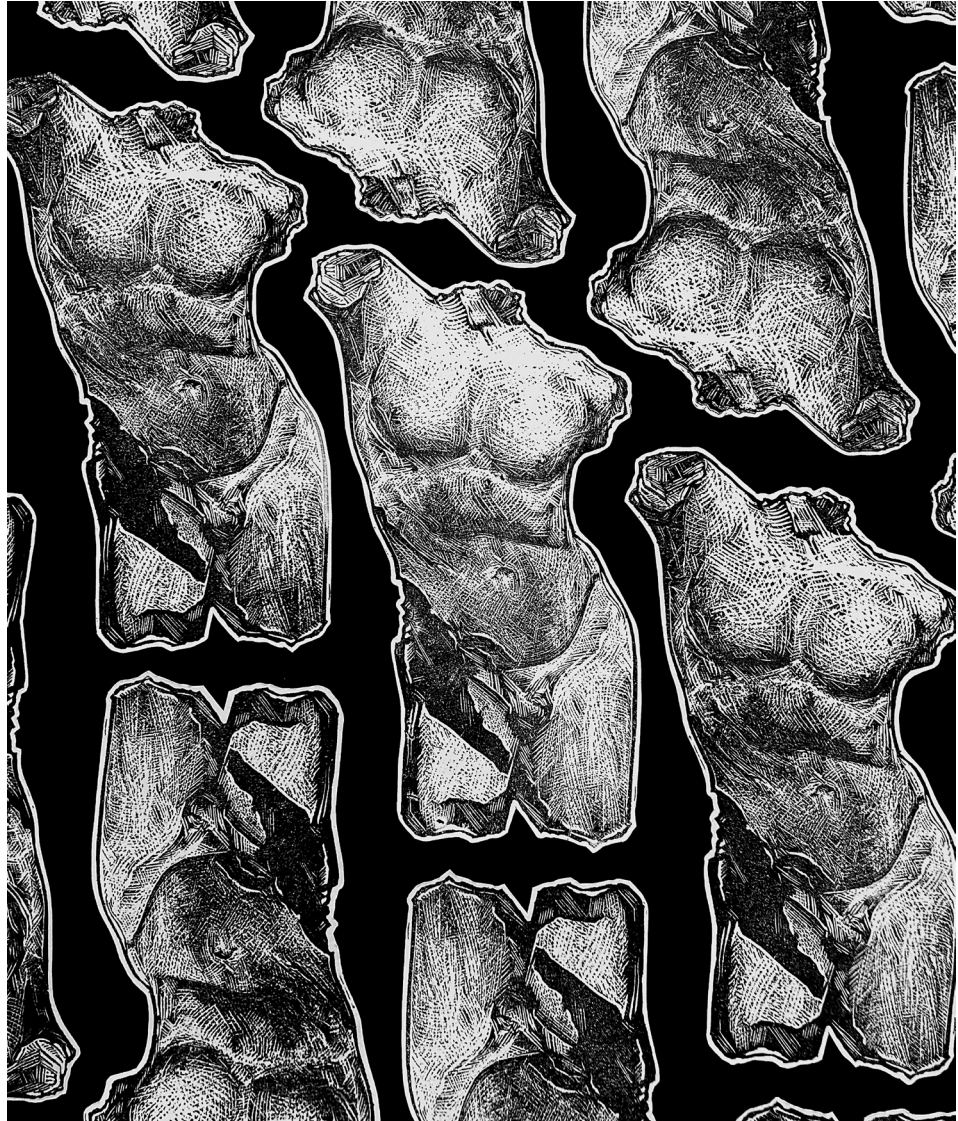
If this should be his only role:  
A transient blanket of comfort or hope,  
take his plea:

*Go stand in the rain.  
And if you must,  
strip down,  
and go dance in the rain.  
All clouds pass when you seek not to  
fly within them or beyond them,  
But to stand erect, and let them be.*

When you're dancing,  
and the clouds begin to clear,  
and midday becomes midnight,  
and you begin to feel at peace again,  
you will recognize that  
solitude is crafted from within you, not  
beyond you.

# Patterns of pain (one)

Nathan Sean Makarewicz



# Patterns of pain (two)

Nathan Sean Makarewicz



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# An Interview with

By Twan Sia

Owing to Bay Area traffic, I run late to our meeting. By the time I speed-walk in, Nathan Sean Makarewicz is already sitting and waiting in the medical school café. As we make our way up into an empty classroom, I notice how brightly dressed he is, in a loud-patterned Patagonia quarter zip (which is decidedly not medical school-branded). Though he is all-American handsome with a full mustache, he laughs bashfully, and his voice is soft. He is both this and that; I am always attracted to that quality in an artist.

As we sit down to talk, I discover many kindred thoughts in Nathan. For one, I am reminded that the relationship between the artist identity and the medical student identity is not one without strain. The truth is that the medical trainee identity can be greedy and all-consuming, and historically, we have not been taught to tame it. Instead, the artist entering into medical school is taught to be dysphoric. This and one hundred other feelings, I think I share with Nathan. I am dumbfounded that we have not crossed paths before.

TWAN SIA: Thank you so much for your pieces, *Patterns of pain* (one) and *Patterns of pain* (two), and for taking the time to sit down and talk to me. Would you please share a little bit more about yourself and where your artistic voice comes from?

NATHAN SEAN MAKAREWICZ: Yeah, I'm Nathan Makarewicz. I'm a fourth year with potentially two more years to go. I've always been into art; it was one of my undergrad degrees. Art has always been sort of the secondary thing I did as a hobby compared to academics, medicine, and science. Since starting med school I've definitely gotten a little bit more into it—maybe it's just the stress of med school and art is an outlet.

Where does my voice come from? I mean, more recently it's come from the health issues that have derailed my progression through medical school. I've been trying to find a way to express some of those feelings that are just very difficult to put words to. Art has become a channel for that.

SIA: You're several years into medical school here, and you still make art. Has your role in medicine influenced your art at all, or I guess are they two separate things for you?

MAKAREWICZ: I think they've been pretty separate for the most part. I've tried to do stuff that combines art and medicine and been lucky enough to have some stuff published. I did a journal cover, some features and essays, but I realized that combining the two can feel forced at times. I think medicine, for me at least, feels very separate from art. It's been hard to find a real artistic community in medicine. I don't know if you felt the same way, but yeah, I just have not found a great way of meshing those two disciplines together in a way that feels like authentic to me. TS: Absolutely! I mean, I'm primarily a writer and, and a lot of people automatically shove me towards narrative medicine, you know. And I'm like, "What do I have to say about a patient's story," right? Especially in my first few years when I've

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# Nathan Sean Makarewicz

barely seen any patients. So I totally resonate with you that sometimes the connection between art and medicine can feel contrived, especially when you're surrounded by people who are not artists by trade.

MAKAREWICZ: I agree; I feel like it's hard to make artwork that appeals to me personally and also resonates with the medicine audience. It ends up being less about the art or expression and more of an illustration. At least that's been my experience with doing art specific to medicine. I think people have these very specific boundaries for what visual art looks like in medicine. I recognized that early on and decided to take them in different directions.

SIA: You mentioned you've been creating more art recently. What has been supportive of and conducive to creating art while in med school?

MAKAREWICZ: I think it's been more of a point of personal interest. Art helps get me out of this super logical way of thinking and allows

me to be a little bit more expressive and exploratory. Also, I think the change in my personal schedule as I learned to manage my disability and stepped away from medicine for a research year and a master's, has placed fewer constraints on my time and given me a little bit more of an opportunity to do what I like. In terms of support, I have friends, mostly outside of medicine, who are a bit more artsy. Art has been a way to connect with them and just hanging out. Sharing those pieces of myself with them through art feels a little bit more authentic. It feels like there's more of an opportunity to express myself through art in ways that I might otherwise struggle with just talking or writing.

SIA: I want to talk a little bit about the two pieces that you sent into us. I'm really interested by the idea of patterns, and I think the history of patterns is often a very joyous and celebratory one. But here, I think in your piece, you explore how the iterative nature of patterns can often feel very deeply melancholic. Can you

tell me a little bit more about the inspirations behind these two pieces?

MAKAREWICZ: I definitely have been interested in patterns as well. I really like the visual motif of repetition. There's something I really enjoy about—at least when I'm making art—the simplicity of designing a single block print or a single pattern and just replicating it. The way I've made a lot of art recently has been with linoleum printing, where I'll make one image and then I collage it together into a bunch of different images. I think that approach helped me to work faster and focus less on the details, which can be liberating.

But in terms of exploring the patterns themselves, I think it's very hard to do med school and not have a pattern. Like when I first started medicine, or even in undergrad, just keeping a schedule was the way I stayed on top of work and moved forward. And I think somewhere in the middle of med school that started to feel oppressive. I didn't feel like I was staying on track when I was in

my pattern, and it felt more like a rut. I think these artworks were more of an exploration into that pathologic aspect of repetition. Reflecting on the heavier parts of reliving the same day over, and over, and trying to address what has become stale has been more of a source of growth for me.

SIA: Like you mentioned, you've done a lot of linoleum print work. Can you tell me a little bit more about like how you got into it? And you've talked a little bit about being able to make patterns out of it. Is there anything else that really attracts you to the medium of linoleum printing?

MAKAREWICZ: Yeah, I started doing printmaking in high school. I got really lucky going to a public school that happened to have a printing studio. In terms of what's kept me coming back to linoleum printing: I think visually it agrees with my artistic sensibilities. It's very graphic, very contrast-heavy. And in some of the other work I've done with patterns, it has this weird optical characteristic that find really appealing. Print making is also just a pragmatic way of making art for me, where I can make one image, and then just print it many, many times. I often use my art to make cards or T-shirts, and printing lends itself well to that, because I can re-

cycle the same blocks multiple times and use them on a bunch of different materials. As I mentioned, one of the ways I reappropriate the art I make is through collage. With print making, I can make a few images and cut them up and put them together in new ways. It's a very fast way of making art. It can be very hard to—at least if you're drawing or painting—to move at the same speed that you're thinking. But for linoleum printing, where I can just print an image, change it, and iterate, my art practice moves much faster.

SIA: That's so insightful. So do you keep these print blocks over the years? Have you retained a collection of them?

MAKAREWICZ: Yeah, they're all piling up in my closet. I've got stacks of them. I think it can be tedious to keep lots of paintings or a portfolio of drawings. Especially since I often make art that isn't intended to stick around forever.

But for print making, as long as you keep the block, you can re-create all of your work. Occasionally I'll do re-prints or re-appropriate my artwork in some way. And it's nice to have a catalogue of existing images that I can pull from at any time.

SIA: That's awesome. Do you ever revisit your work—stuff that you've put out to the public or stuff that you've kept for yourself? And how does that make you feel?

MAKAREWICZ: I definitely have. I like to explore an idea up to the point that I feel like I've really gotten a good sense of what it means to me. But occasionally that meaning changes with time. I might think I am done with a topic, but years later, I'll come back and realize I have a different perspective or a new idea about it.

This most recent series of bodies was me adapting some of the same motifs I used in undergrad. I did a bunch of pieces that also referenced statues and human figures from classical antiquity, but in a very different context. Then, the exploration was about wealth, status, and legacy. Now, with what's happened to my health, I've revisited these images through a very different lens. This time, I'm using the figures as a vehicle to discuss aging, injury, and erosion. Sort of going back and taking images that feel familiar but using them in a very different way. It's a mix of old and new, which has been fruitful for me.

SIA: One thing that I'm super personally curious about is, I think a

lot of your work has this undertone of a deep sadness or an ennui. Have you reconciled, or thought of reconciling, putting such a personal project out there, especially going into a career that demands so much professionalism?

MAKAREWICZ: Yeah. Something that's pushed me to be more expressive in my art is the kind of prescriptive demands of professionalism in medicine. Doing art is a little bit of a rebellion against that. For the sadness part, I guess art feels like maybe the most appropriate way to share those feelings. It's not me overtly complaining about the demands of medicine or little problems in my life; in art, I get to explore how I feel and why. It's a way of giving an honest criticism of things in my life, but in an abstract way that people won't necessarily see and immediately think, "Oh, this is because he doesn't like wearing a shirt and tie."

SIA: If you could imagine with me, 10 years into the future, what does your career as an artist or your career as a physician look like? What would define success for you in those 10 years?

MAKAREWICZ: As a physician, I came in wanting to do surgery and being very intent on plastics. Then developing this disability,

I've realized that that a life in surgery might not something that's achievable anymore, which I think is both a good and bad realization. The idea of doing a residency where I'm on my feet for 12 or 14 hours a day just feels untenable right now. Moving toward something non-surgical has been a good switch and I think it is more aligned with the lifestyle I actually want. I guess that's sort of what success looks like in medicine: to have an impactful career, while also having an actual life.

As for art, I just want to keep making artwork that I enjoy. It's not something that I really need to have an end goal for. It'd be nice to get more recognition or have an art practice and show things more consistently. But I really think I would do art regardless of whether it's being shown or not, with or without other peoples' approval. I'd like to find a way to co-mingle those art and medicine. But I don't have any specific idea in my head about what I would need to do to feel like I'm a successful physician-artist.

SIA: If you had infinite resources, what would your dream project be?

MAKAREWICZ: I think it'd be fun to make a clothing line. Not actually clothing per se, but just design

textile prints or make like a graphic t-line. I've made a lot of shirts that are one-offs of my prints or singular embroidery projects. But I think it'd be super cool to do them at scale.

SIA: Tell me more about like this! What concepts would you like to explore?

MAKAREWICZ: I'm interested in the usability of art. Every year, I make holiday cards, and I hand print them all. And I really like the idea of having the art I've made out in the world existing with a function. That is more appealing to me than just having it sit in a frame. Clothing would be an extension of that, where each art object is actually being used and has its own history behind it. There's a lot of room for clothing to be more expressive and interesting than just black and white T-shirts or a gray Patagonia fleece. For instance, the dress code expectations of medicine often feel a little oppressive to me. Anyone who knows me, knows I prefer to wear a highly patterned Patagonia fleeces rather than the uniform quarter-zip. I think wearing something more personalized, even if its subtle, is a subversion that makes life a little more fun and unique.

SIA: Last question from me, but how can people who love your artwork

support you in your artistic endeavors? Where can they find more of you?

MAKAREWICZ: They can follow me on Instagram if they're interested in my art. I don't actually post that much art. I put it all in my stories. Weirdly that kind of a temporary post feels more congruent with the sentiment of my work. I would maybe open an Etsy store to sell little prints, cards, or shirts. If that happens, I'll keep people posted. But for right now, art has been a mostly personal thing that I share sparingly.



# Box Cutter

Margaux Danby

“The monadic body of medicine articulates well with modernist society’s emphasis on individual achievement in education or in the marketplace. The dyadic body thus represents an ethical choice to place oneself in a different relationship to others. This choice is to be a body for other bodies. Living for others means placing one’s self and body within the ‘community of pain,’ to render Schweitzer’s phrase contemporary.” Arthur Frank, *The Wounded Storyteller*, p. 37

“The worst thing medical staff can do to someone in the chaos story is rush him to move on. Moving on is desirable; chaos is the pit of narrative wreckage. But attempting to push the person out of this wreckage only denies what is being experienced and compounds the chaos. The anxiety that the chaos story provokes in others leads to the standard clinical dismissal of chaos stories as documenting ‘depression.’” Arthur Frank, *The Wounded Storyteller*, p. 110

In middle school, the idea of people cutting themselves triggered a visceral reaction in me: a sudden, keen, and disconcerting awareness of the exposure of my Achilles tendons accompanied by an airy weakness in my wrists. Throughout high school and college, I continued to feel other people’s self-inflicted pain as my own vulnerability in this particular way. Sometimes still

I roll the joints as if to erase the reminder of a fragile body’s susceptibility to harm, even at its own hand.

My body did not react this way, though, when it encountered the undeniable evidence of self-injury littering a patient’s forearm as I unwrapped it from its ACE bandage during one of my final shifts of third year clerkship in the Emergency Department. Perhaps my burgeoning medical knowledge, or the security I’ve come to feel in my own body with age, made me feel more comfortable. Perhaps the situation simply necessitated comfort; no longer an idea to be gossiped about in hush tones or frowningly explained by adults or anxiously imagined from the far side of a friend’s text message, self-harm was an embodied reality in front of me. In that moment, someone else’s body needed my attention more than mine did.

...

“We’ve got a good one for you,” the resident working with me said as he scanned the intake board. The chief concern of the latest arrival read Forearm Laceration.

The resident was a go-getter who liked to teach. We had worked shifts together before and had discussed my interest in surgery at length, prompting him to go out of his way to find opportunities for me to suture. Here was the best one yet: not just some superficial forehead scrape

needing a quick aesthetic stitch after an MVA, a real-deal traumatic lac that happened to be stable enough for the med student to handle all by herself. “Triage note says it’s from an attack in a park by some lady with a box cutter,” he said with wide eyes and raised eyebrows. He told me to review the rest of the patient’s chart while he finished another note, and then we could go see the lac together. “You get to close it,” he promised, flashing a smile.

I’ll never understand why some providers knock only after they’ve turned the door handle. We entered the room with a plastic basin full of basic supplies and performed a cursory H&P in approximately three minutes. After confirming the patient’s identity, the resident said, “Box cutter, huh?” The patient nodded, holding out a bandaged left forearm. “Let’s take a look.”

Under the bandage, the patient’s forearm was a layered patchwork of scars, too many to count, slanted at different angles from elbow to wrist. Three fresh, clean cuts wept on the dorsal side. The most distal was quite superficial, approximately an inch in length and barely bleeding. A few centimeters above this, the other two cuts were deeper, bleeding slowly but freely, with the most proximal almost twice as long and jagged, the sum of multiple slits made, it seemed, with an unsteady hand.

We cleaned and examined the wound with a liter of saline irrigation poured over the arm into the plastic basin. I can’t remember if I apologized for the almost certain sting. Unable to completely ignore the history written on the arm, the resident asked quickly if the wounds were self-inflicted. The patient assured us that “No, no, those scars are from a long, long time ago.” When we left the room to check in with the attending physician and gather the rest of the supplies we would need to close the wounds, the resident remarked, “Of

course, we know that story can’t be true. We know what really happened. It’s obvious.” I didn’t comment.

Back in the patient’s room, we set up the suture supplies and a working field with good lighting. The resident supervised as I administered local anesthetic and made sure I knew which sutures to use for deep versus superficial stitches. He instructed me to use simple interrupted technique and watched as I placed the first few. He told me to keep track of how many individual sutures I tied, “so we can put the count in the chart for billing purposes,” and then he left.

I spent over an hour alone with the patient, sewing up their wounds. I was slow and uncoordinated from lack of experience manipulating real human tissue and lack of confidence in my skills unsupervised. I kept apologizing.

“I’m so sorry I’m taking so long. I promise this will look great when I’m done, it’s just going to take me a while. Thank you for being so patient.”

The patient was noticeably calm, unbothered, their attention shifting between the television screen behind me playing Family Feud and their phone screen where Snapchat was almost constantly open. Multiple times they took photos or videos of my work on their arm. “I hope none of your followers are afraid of blood or needles,” I said in a lighthearted tone, trying to acknowledge what was happening without shaming or judging them. The patient chuckled softly.

We sat in a not-unpleasant silence, broken occasionally by a guess from one of us at what Steve Harvey’s survey might have said. Mostly, I focused on what my hands were doing: working slowly, diligently, one suture at a time. The surrounding scars

shone with a pink, pearly iridescence as they reflected the overhead light, so bright I could hardly look at them. Their reflection blinded me from anything but the gradually narrowing divides in their midst.

Every so often, I made sure the patient wasn't feeling any pain, that they approved of the steady progress I was making. Nearing the end of the repair, I finally said, "It must have been scary, being attacked by a stranger. I'm really sorry that happened to you." I looked them in the eye as they said, calmly, "Thank you. It was." I let myself believe this story, which was so obviously untrue according to the resident. I didn't ask any further questions. I looked back at my hands and finished the task.

I should have kept looking. I should have let my eyes adjust to the brightness of those scars in the harsh light. I should have asked more questions, like "What pronouns do you prefer?" after seeing Gender Dysphoria in their history during my review of their chart. I didn't ask, so I'll never know. I use they/them now in a feeble attempt to reconcile the way we likely misgendered them. I should have asked more questions, like "Are you having thoughts of suicide? Do you have a plan? Do you feel safe?" I should have asked more questions, like "Is what you told us true? Can you tell me more?" Maybe they wouldn't have told me anything new. But I didn't ask, so I'll never know.

I like to think I didn't ask because of my experience earlier in the shift interviewing a different patient who presented with delusional parasitosis after using methamphetamines. We spoke for a long time about his history and what he was experiencing now. I told the patient I believed what he said was happening was real for him. I asked him if he would be interested in rehab; he said yes. When I presented the patient to the

attending, I included this detail. When we returned to the patient's room, the attending disputed the truth of the patient's story: there was no parasitic infection. We know what really happened. It's obvious. We discharged him without offering any resources or referrals.

I like to think I let myself believe the story about the woman in the park with the box cutter because it was true, at least partially. Even still, its untruth is not so obvious to me. I like to think I left space for more than one truth: the patient was attacked by a stranger in a park with a box cutter; the patient was the stranger in the park with the box cutter. I like to think I didn't ask more questions because I didn't know what I would be able to do with the answers. So I looked back at my hands and finished the task.

25 sutures, 21 superficial and 5 deep, over almost 90 minutes. An unnecessary use of resources, perhaps. But beyond my own inefficiency, I needed the time and the ties to figure out exactly what it was that I was doing. With my hands, sure, but my hands are quick to learn.

I sat in that room with the patient and Steve Harvey for 90 minutes almost disembodied, literally blinded by the history before my eyes and subconsciously trying to figure out exactly what it was that I was doing – what we were doing, what the system was doing – for the person across from me. For 90 minutes I apologized and tied knots, again and again.

When I finished closing the last laceration, I asked the patient for permission to photograph my work on their arm. They agreed. I was proud of my work: the lacerations were well approximated with appropriate tension. I am confident the tissue was set up to heal well by primary intention. I was proud of my work, and I still am. But

I am not proud of the way we left the patient to heal by secondary intention, without even trying to approximate the edges of whatever great divides may exist in them.

The photograph is a reminder of everything I did and didn't do for the patient. It depicts the three wounds we closed and the countless others we didn't. Looking at it now, I am struck by the way the light changes in the live photo; I can see the scars more clearly now.

The box cutter left its mark on me as well, tearing apart the theory and practice of my medical education – a great divide I'll spend the rest of my career trying to reapproximate. I finished my very first clinical rotation feeling betrayed by myself and my superiors and keenly aware of a fragile system's susceptibility to harm, even at its own hand.

Ultimately any laceration can heal by secondary intention; the difference is the time and risk of healing, and the size and pain of the contracted scar.



# A Clock, Stopped

Brian Yu

When I was three, ma brought home a clock. It was crafted from lacquered dark brown wood and shaped like a small temple, with its four feet and spire bedded in gold. At the front, a glass door opened to a white dial, adorned with black lettering. In motion, its gears would seep the dining room with a stilly, rhythmic beating; the percussion for the chirping of cicadas during long summer nights and the conductor for dinner-time laughter amidst plates of velvety milkfish, caramelized pork, and leafy greens.

Grandma was its keeper. A plump, mannerly lady, she would, without fail, turn the key that wound the clock every Sunday morning. At dinner time, she would tell me, always and sternly, “Eat your fruits and vegetables, don’t let ah-ma worry about you.”

I stand in the dining room, looking at the clock, its wreaths of gleaming gold long since withered to shades of bronze. The arms are stopped at 3 o’clock. Recollections of the dining room fleet across my thoughts. “We’re late to visit ah-ma,” ma calls. So,

I leave the clock, its shimmering bronze almost varnished in gray from the clouds outside the living room window. I slide into the passenger seat and stare distractedly out at the city that rushes by. Apartment buildings ascend dozens of stories above us, their facades dotted with store fronts, sounds, and smells of everything conceivable. “Oh, ah-ma would love these green bean pastries filled with meat,” ma exclaims, and she stops the car by a small shop. “Sure, I’ll go get some,” I reply.

A bell tinkles as I push past a glass door. Loaves of bread, buns filled with beans and meat, and caramelized tarts are arranged on small trays, illuminated by mellow light. I look at each tray and find the green bean buns, wrapped in plastic, that ah-ma liked. I take one. Almost absentmindedly, after a moment, I take another.

“How much for both?” I ask the clerk. She responds and I pay, getting back in the car. The car slows and ma tells me we’re almost there. We park and approach two outer pillars brushed in red, encircled by twin dark

stone dragons that twist towards a lintel of red latticed with gold. We pass between the pillars and enter a courtyard that surrounds a building of dark gray, undecorated except for a horizontally tiled roof of red-brown brick and four sloped ridges culminating in decorative eaves in the shapes of more dragons. I follow ma to the building doors. The doors are made of dark wood and left ajar. We pass through the doors into a vestibule then step onto a staircase that winds down a level, leading to a small room containing several cupboards filled with plates and pots.

“Take two plates for ah-ma,” ma says, and I take two red ones from a cupboard nearest to us.

We step into a much larger and brighter room, plain except for four large glass cabinets that extend the entire length of the room, laid such that the contents of each glass were orthogonal to anyone looking in. At the end of the room was a large golden statue in the shape of a meditating man, surrounded by a sea of chrysanthemums. Ma begins counting softly as we approach the second cabinet from the left. The contents of each cabinet, I could see now, were five levels of dozens of wooden tablets, polished to high sheen, and inscribed with gold lettering. She suddenly stops, and I stop with her. “Here’s ah-ma,” she says softly, pointing at

one of the tablets. She gestures to the red plates on my hand, and I place them onto a table in front of the cabinet. We begin arranging snacks and fruits for ah-ma on the plates, including one of the green bean buns. Ma nods at me, and begins talking.

“Dear ma, it’s three years to the day since you left. Your granddaughter is here today to see you for the first time since. Now, she’s in her second year of medical school.” She says, and tears, not from sorrow, at least not yet, but of sundered moments, arrive.

Time is said to be a healer. In that bitter moment, I knew this was a lie. In the instant, days, months, and even years after, all time absolves of us is thinking too intently about that moment when we notice they have stopped breathing or when we receive that call. The moment when our future precious collections of shared memories are incised by a scalpel from the most skillful of surgeons. For, you still exist. But that person is gone. And so, we eventually forget, slowly in small pieces, then everything all at once. Time is that unwelcomed amnesiac. As we mourn, we realize it is a necessary forgetting. Otherwise, to remain in constant remembrance of that moment of parting is to remember they are forever gone.

But my own moment of true mourning had eluded me. The distance of an ocean, of a pandemic, and of years pursuing medicine had stolen that from me. At the foot of the table, I finally mourned. Like many, I grieved of the passing of our loved dead. But I mourned mostly for the loss of time shared, like the hands of a clock prematurely advanced.

“Please take care of her.” Ma finishes speaking, and we bow three times and start placing the carefully set refreshments back into bags to bring home. As we turn and leave, I watch one of my tears fall from my cheek to the polished white floor, unbidden.

I stand again in the dining room before the clock of wood and weathered gold, its arms still motionless at 3 o'clock. I close my eyes and listen. There are cicadas chirping, carried by a summer breeze, and laughter, somewhere, far way. After a moment's silence, I open my eyes and move the hand backwards, to 12. I unwrap the crinkled plastic wrapping the green bean bun and bite into it. “Ah-ma,” I murmur, “don't worry about me.”

A small smile briefly touches my lips. “I've been eating my fruits and vegetables.”



# Memory Filet

Soo Yeon (Jean) Chun

“Worlds are altered rather than destroyed.”  
-Democritus

My therapist taught me how to hold life  
breathing, shifting,  
in my hands,

and, with logic as knife,  
to cut into its sinewy details,  
just like how my grandmother  
filleted a mackerel:

slicing it in half, then lifting the spine  
bone by bone  
until all that is left  
is honest flesh.

So I tried to divide past  
and present, unstitch distortion  
from fact. Yes, I wish I'd put my sister

before myself. I wish I could love  
the way she loves—in the language  
of window seats  
and warm meals.  
No, that doesn't mean her scars  
are my responsibility.  
No, that doesn't mean I deserve  
to feel twisted.

But because the sting  
always remains,  
I do again & again  
what my grandmother  
always told me to do  
for the buried little bones:  
swallow it  
in one forceful gulp,  
as a red warmth  
blossoms in the back of my throat.



