



QMR *arts*

QUEEN'S MEDICAL REVIEW

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2009

THE ART OF MEDICINE

Movember: Queen's Meds raises money for prostate cancer with facial hair art!
Alumni Profile: the benefit of art therapy to family medicine

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Please address all correspondence to:
Queen's Medical Review
c/o Undergraduate Medical Office
68 Barrie Street
Kingston, ON, K7L 3J7

E-mail: queensmedreview@gmail.com

From the Editors

Welcome to the Queen's Medical Review's first Arts Issue! In the midst of the hectic pace of medical school, we sometimes have to make compromises in our lives due to our demanding curriculum. Sadly, it is sometimes the activities that provide us with substantial enjoyment that are the first to be pushed aside. This can include certain artistic ventures which act as outlets for creativity and self-expression. Medical students are inspired, imaginative, dextrous, and eloquent individuals, and it is our intention to showcase Queen's medical students' diverse artistic fortes and unique ideas. Secondly, we hope to highlight the importance of art to medicine, and to expose medicine as a form of art in itself.

The cover photograph represents some of the abstraction surrounding the concept of medicine as a form of art. This striking photograph captivates the beauty and precision of our practise, as well as mirrors its subjectivity.

This issue's Alumni Profile features Dr. Sue Gleeson, a physician who introduces us to some of the direct effects of art on the practice of medicine. She discusses the use of art therapy in her family practice, and the benefit that this has had for her patients.

The reflection, "Art of Medicine" by Jessica Moe, reminds us of the importance of intuition in our practice, and describes the self-awareness and intricate doctor-patient relationships as the poetry of our profession.

Although medical school is composed largely of didactic learning and clinical experience, medicine as a profession requires creativity – from the approach to a difficult or perplexing case, to furthering knowledge and treatment modalities through research, imagination is a necessity for the future physician. Self-reflection, an underlying theme in the arts, is also essential to the practise of medicine.

Fortunately, there are many ways in which Queen's medical students can partake in the arts. Reviews of the Silent Art Auction, Medical Variety Night, the Images of Doctors and Lawyers in Literature class and 'Movember' describe some of the many artistic and creative activities that Queen's medical students organize and participate in.

It is undeniable that strong communication skills are valuable for future physicians. This issue's Point/Counterpoint discusses the value of the writing course requirement for admission to medical school as a means of evaluating communication. This is a highly relevant topic for discussion as Canadian medical schools continue to modify and tweak their admissions processes.

Art in and of itself, however, provides a unique mode of communication, often allowing individuals to express thoughts and feelings not readily amenable to pragmatic discussion. The Mitten by Dan Finnigan explores the concept of grief and emotional release, while Reflections on the End of an Era by Christa Dakin expresses the wisdom that comes from reminiscing on a part of life that is quickly coming to an end.

We have also displayed many other pieces of original artwork from our classmates, including poetry, short stories, artwork and photography. We hope that you enjoy the fruits of our classmates' creative endeavours!

We would like to sincerely thank all of our contributors and editors for their wonderful efforts, and our faculty advisor, Dr. Hoey, for his guidance. It is our hope that this issue will provoke rich discussion about the art of medicine, encourage the use of art in our learning and future practice, and maybe even inspire us to make more time for those hobbies that we love.

Elizabeth Miller *Melissa Pickles*
Elizabeth Miller Melissa Pickles

Internal News

BY ELIZABETH MILLER

*Queen's Medicine has enjoyed a busy, yet fun and successful semester.
Read below for the details of what has happened since January!*

GLOBAL HEALTH GALA



Queen's Medicine Global Health Initiative presented its second annual Global Health Gala in February to benefit Pamoja Tunaweza, a women's shelter and medical clinic in Tanzania. This is a cause that is very close to Queen's, as several students and doctors visit the clinic each year to work and volunteer. The event was held at the University Club and was a great success: roughly \$9,000 was raised. If you are interested in learning more about Pamoja Tunaweza, their website is www.tunaweza.org.

INTERVIEWWEEKENDS

Kingston welcomed 700 potential medical school candidates over two weekends this winter to interview at Queen's. Compared to last year, Queen's more than doubled the number of applicants interviewed this year. The first year class did a great job organizing the events of the interview weekends which included dinners, a Medical House party and campus tours, and also billeted many people from out of town. The second year students were closely involved, as they made up a part of the interview team.

FOOD FOR THOUGHT



Food for Thought
The Environmental and Health Impacts of Our Food Choices

This fabulous first-time event was presented by the Queen's Medicine Global Health Initiative & CAPE (Canadian Association of Physicians for the Environment) to encourage students to collaborate and think about where our food comes from and how it affects our health beyond the nutritional content of the food. The week was filled with educational seminars, delicious food, and a wonderful coffee house at The Sleepless Goat Cafe showcasing the artistic talents of Queen's medical students! A great initiative that will hopefully become a tradition!

CaRMS

Residency matching for all of the 4th year medical students occurred on March 9, 2009. Congratulations to the class of 2009 – we wish you every success in residency and you will be missed at Queen's!

MEDGAMES



January 9-11, two buses of Queen's athletes travelled to Montreal to compete against other Canadian medical schools in a variety of sporting events ranging from soccer to rock climbing to "Dance Dance Revolution". Hosted by the University of Montreal at the CEPSUM, this event was a great weekend for all competitors and fans. While we did not win, we had the most fun and looked the best, which is really all that counts.

MENTAL HEALTH AWARENESS

The Mental Health Awareness Week, funded by the CFMS, took place March 2-5, 2009. It was a week of stimulating and discussion-generating lectures regarding the health care, stigmas, and societal aspects of mental health illnesses. The keynote speaker was Sandy Naiman, a Queen's Alumna (B.A., 1974) and National Advocate, journalist, and a writer for the Walrus, Toronto Sun and the Star. She has lived with recurrent mania most of her life and is an active voice on mental health discrimination.

News in Medicine

BY ZAINAB KHAN AND JACQUI WILLINSKY

Google flu tracker!

Google recently designed an interactive map that tracks the incidence of flu symptoms, fevers, and influenzas. This device can help to keep people up-to-date about flu outbreaks in their home region. Since it is in real time, it can also be used as an anticipatory tool for health care offices and professionals. The Centre for Disease Control's flu tracking system is typically two weeks behind in its data reporting. Google currently tracks trends in the United States and plans to eventually expand to Canada.

Made a list, checked it twice

The WHO recently performed a pilot study at the Toronto General Hospital, and many other hospitals around the world, regarding the utility of surgical safety checklists. The checklist that the WHO developed is intended to decrease the incidence of preventable complications and deaths in the OR and to improve communication among surgical team members. Implementation of the checklist was found to significantly reduce major complications and post-surgical inpatient deaths. Success!

CFPC honours 17 medical students

The College of Family Physicians of Canada (CFPC) presented its highest scholastic awards, the CFPC Medical Student Scholarships, at its annual Family Medicine Forum hosted last November in Toronto. Seventeen of Canada's top medical students intending to pursue a career in family medicine received the honour.

Ontario testing new breast cancer technology

Researchers in Hamilton were recently chosen to be the first in the world to test GEHealthcare's cutting-edge molecular breast imaging technology. Faculty members at McMaster University are working with the Ontario Institute for Cancer Research, the Government of Ontario, and various other organizations to evaluate a prototype for the new technology. The Ministry of Research and Innovation has invested \$450,000 in this project. There is hope that it may be able to detect breast lumps earlier, and effectively measure tissue response to ongoing chemotherapy.

Balancing mind and matter: a message to physicians

An article published in the Canadian Journal of Psychiatry revealed that psychiatric patients who have cancer are 65 percent more likely than other oncology patients to die from the cancer. Researchers believe that this is a result of delayed diagnosis and treatment in the mentally ill, due to a tendency to overlook the physical health of mental health patients.

Manitoba physician denies care to lesbian couple

A lesbian couple lodged a complaint to the Manitoba College of Physicians and Surgeons after a family doctor refused to treat them. The doctor, Kamelia Elias, said that she based her decision on religious grounds and her lack of exposure to homosexual individuals in previous practices. Manitoba is currently investigating the case, as well as ways to prevent this from occurring again.

NEWS

A weak link in Ontario's medical community

A report by Cancer Care Ontario says that Ontario is not sufficiently keeping up with advances in genetics-based testing. Out of about 1500 molecular tests that are available for clinical purposes throughout North America, Ontario offers fewer than 300. The Molecular Oncology Task Force reported that Ontario is far behind many other jurisdictions in this realm of medical science. The task force presented the government of Ontario with a set of recommendations for integrating genetics into research and patient care. Genetic information is used around the globe to guide the diagnosis and treatment of many diseases. Cancer treatment regimes, for example, can be tailored to each individual patient based on that person's genes and genetic mutations.

The Match Book

"The Match Book" is a new CFMS publication published by the CMA aimed at helping medical students to prepare for the annual residency match. This publication can be downloaded under the Student Resources section of the CFMS website.

Blood donations in 2008

In 2008, the Canadian Federation of Medical Students (CFMS) and Canadian Blood Services started the Partners for Life Program. 425 members signed up and 882 units of blood were collected in 2008!

POINT//COUNTERPOINT

"The writing course requirement is a valid way of assessing a skill that is important to success in medicine."

//For BY MAGDALENA GRZYB

A physician may not need the elegant writing style of a novelist to succeed, but proper writing skills are essential for effective communication with colleagues and the public. The writing course requirement is a valid way of assessing an important skill in medical school applicants. Meeting this requirement, though not always easy, is not terribly difficult for most students either. Conveniently, many university programs already mandate that students complete a first-year English course in which evaluation centers on their submitted essays. The expectations at this level are not extraordinarily higher than those in many upper-year high school English literature classrooms, but still reflect the minimum writing capacity necessary to practice medicine. Furthermore, assessing writing proficiency through writing courses is better than doing so through the MCAT Writing Sample (WS), the popular alternative, because an individual's score on the MCAT is more reflective of his or her ability to answer a random question in a short amount of time, which may have more to do with sheer luck than true writing ability. Many current medical students who are competent writers (and who excelled in even advanced-level English courses) would not have met the WS cut-off required for entry into the Queen's University M.D. program last year. Unlike the MCAT, a writing course allows evaluation of students' work over an extended period of time. It also gives students more opportunity to learn how to become better writers and introduces them to new ideas through reading and class discussion. The inherent value to future physicians in taking a humanities course when most of their first-year curriculums consist of calculating the enthalpy changes of chemical reactions and memorizing nucleotide structures should not be understated. Good writing skills are important in the medical profession and assessing them in prospective medical students through a writing course requirement is reasonably fair and effective, especially in comparison to doing so through the MCAT Writing Sample.

//Against BY SARAH KAWAGUCHI

Although the ability to communicate effectively is the hallmark of a good physician, a simple writing requirement for admission to medical school falls short in adequately assessing this desired skill set. The shortcomings of such an assessment are threefold: first, the definition of "writing requirement" is far too vague; second, its existence may discourage otherwise highly qualified applicants; and third, other preferable alternatives exist. With regards to the title itself, undergraduate "writing courses" come in a myriad of shapes and sizes. As a result, straightforward introductory courses are considered equivalent to those requiring a higher level of sophistication and analytical ability. The skills acquired in each respective course vary widely, and this lack of standardization certainly undermines the utility of the requirement. Even putting aside this apparent semantic flaw, such a requirement still may deter a well-qualified subset of applicants from applying to Queen's. Among other reasons, these individuals may simply not have had the space in their demanding programs to incorporate a formal writing course. An entire talent pool is therefore lost to other Canadian medical schools that are not so stringent. Finally, the writing requirement is by no means our only option. Other methods exist and would be more appropriate for testing an applicant's ability to communicate and organize his or her thoughts coherently. For example, the applicant could write a short essay on the spot, or designate a percentage of the interview assessment to the applicant's ability to think quickly and articulate himself or herself. Even simpler, assess the individual's written proficiency on the basis of his or her personal statement. Any of these alternatives would be far more suitable and would avoid the pitfalls of the suggested writing course requirement.

The Wizard of Gauze

MEDICAL VARIETY NIGHT 2008

BY ELIZABETH MILLER

On the evenings of November 13th, 14th and 15th, three lively audiences in Grant Hall observed the best (and worst?) of what Queen's medical students have to offer. Months of preparation by students from all of the classes culminated in three spectacular, witty and creative shows which highlighted the remarkable talent and diversity of our student body. Led by fearless and tireless show directors Brad Walker and Laura Nguyen, Medical Variety Night (MVN) 2008 turned out to be a great success; performers entertained their audiences (and themselves!), and roughly \$9,000 was raised for local charities.

MVN provides the opportunity for students to share with their peers and faculty members their non-academic fortes and the incredible potpourri of acts on display truly put the "variety" into Medical Variety Night. With dancing, singing, magic and movie-making, Queen's medical students proved over and over again that they would have alternative career paths to fall back on should, God forbid, their December exams not have gone as well as planned. A study of Medical School Entertainment Evenings published in 2006 described Queen's Medical Variety Night as one of the most notorious in North America (1), and this year's show should certainly help MVN retain its distinguished reputation.

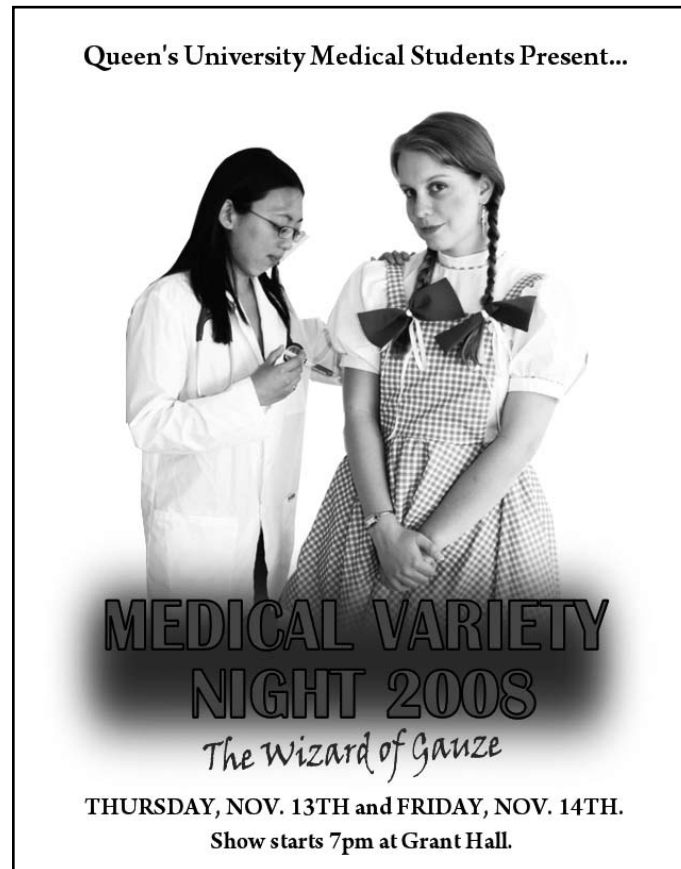
The show opened with the wonderful performance of Radiohead's *High and Dry* by a few underdressed students. The audience was led through the rest of the evening by our elegant and eloquent Masters of Ceremonies, Karmen Krol and Ashley Brissette. They put this year's show into context

by highlighting the history of our reputable variety night, including photographs of our esteemed Associate Dean of Undergraduate Medical Education, Dr. Tony Sanfilippo, in his student days as MVN director. The class of 2012 skit, directed by Zale Mednick, kick-started the class skits for the evening. It was a wonderful satire about career decisions,

starring Michael Steedman as Dr. Averno and Taylor Loughheed as 'Preinst' (a troubled student who receives career advice from a rectal thermometer, a vaginal speculum, and a drape). The class of 2010 skit, directed by Ronish Gupta, was a wonderfully entertaining story of the adventures that two clerks, Dorothy and Toto, experience at KGH. It showcased the athletic and musical talents of the class through singing, dancing, rhythmic basketball bouncing and wheelchair free-styling. This skit was the well-deserved recipient of the "Silver Syringe" Award for the best class skit of the night. The graduating class of 2009 produced a thoughtful and memorable video that provided words of wisdom directed to their peers in the first, second, and third year classes. We wish them all the best as they head into residency next year! Finally,

the class of 2011 closed the night with a great rendition of *The Wizard of Oz*, in which three troubled medical students find their heart, their brain or their courage.

Nate Charach entertained us with magic using our distinguished Dr. Reifel and Dr. Sylvester as guinea pigs. The evening was speckled with a number of "MedGruber" videos, in which the textbook medical student MedGruber encountered real patients and was forced to comically apply



Promotional Poster for MVN 2008, Brenda Law and Kathryn Rutherford. Photo Credit: Meiqi Guo.

his clinical skills in the real world. He reminded us that practicing FIFE is crucial in ANY situation, and emphasized the utmost importance of the auscultatory gap in blood pressure measurement.

The numerous musical performances of the evening were very well received. The Medical School Choir serenaded us with a fantastic performance of *Bohemian Rhapsody*. The *Dark Angel* performance was a beautiful culmination of musical talents. Brian Liu demonstrated his writing, singing and performing abilities with his original guitar and bazoooka masterpieces in *Tactile Fremitus*. Mark D'Souza left the crowd awestruck with his piano solo of Aram Khatchaturian Toccata, performed

truly came together under the leadership of the wonderful directors to put together a very memorable show. Behind each act was an incredible team of script-writers, costume-makers, stage-directors and video producers. The stage was expertly organized and coordinated by Stage Manager Brenda Law. The technical crew spent endless hours perfecting the lighting and sound for the show, led under the expertise of Derek Tsang. The evening was advertised by the eye-catching posters produced by Meiqi Guo, the fundraising was coordinated by Salina Chan, and the front-of-house ticket sales and bake sales were the great work of Marta Wais and Daniel Dempsey. The contributions of medical students to MVN were remarkable, and tremendously appreciated, as was

MVN provides the opportunity for students to share with their peers and faculty members their non-academic fortes and the incredible potpourri of acts on display truly put the "variety" into Medical Variety Night.

flawlessly while undressing and redressing. Medical House President Bill McIntyre and Clarissa Moodie musically elucidated why Queen's medical students are considered by many to be the best in Canada- "they are sympathetic (with the alpha and the beta)".

The evening proved that Queen's medical students love to strap on their dancing shoes, as they frequently do when they hit the Ale House dance floor. Dance performances included the amazing *Nachna Fusion* choreographed by the talented Melissa Brijassi. This beautifully vibrant, colorful and upbeat performance elevated the audience's energy level and was well-appreciated. Payam Ashoori's remarkable re-enactment of Michael Jackson's *Thriller* was captivating, and Clarissa Moodie led her classy troupe in black and white in a creative, modern number that made its second performance at MedGames in Montreal.

On a superficial level, Medical Variety Night 2008 provided a whirlwind of exciting, hilarious, entertaining and well enacted performances. However, a peek behind the scenes reveals the true importance of MVN to Queen's Medical School, and the fantastic teamwork and collaboration that putting on the show requires. Queen's students are, by nature, an incredibly dedicated and hardworking group, and they

the cooperation of some of the faculty members who were coerced into participating. MVN 2008 was a showcase of the diverse talents and interests of our student body, and demonstrated the passion which Queen's medical students have for each other, for their school, for their professors, and for the wonderful Queen's traditions. Dean Emeritus Duncan Sinclair said that Medical Variety Night has "served better than any other curricular, administrative, or any other device to promote a common sense of purpose among students" (1). MVN is an event that brings students together, and generates a great sense of pride amongst our peers, and within our medical school. The tradition of this remarkably popular event endures. Congratulations, and many thanks to everyone involved for all of your hard work; it was a great show! Q

References

1. Hayter CRR. Medicine's Moment of Misrule: The Medical Student Show. *J Med Humanit* 2006; 27: 215-229.

Chiaroscuro Charity Silent Art Auction

BY JONATHAN LEE

Shortly after summer ended, I found myself amidst a group of friends in Kimberly Sun's living room. Among generous glasses of wine and some fantastic food, we reveled and reminisced about our summer experiences. Through conversations about our experiences in Africa, Spain, and Rome, our shared enjoyment of art became apparent. Soon we were talking about the artwork that a few of us had been busily creating in the summer months and the idea of hosting a charity art auction was born. What could possibly be better than the union of friends, faculty, art, and wine – all in support of a cause to which we could all commit?

Queen's first ever Chiaroscuro Charity Silent Art Auction took place this past November 10th, 2008 in support of the Juvenile Diabetes Research Foundation. The name "Chiaroscuro" comes from an Italian term used to describe the

We were able to raise over five thousand dollars in support of cure-oriented research.


use of "dramatic light and dark" to portray three-dimensional, even sculptural, notes in paintings by Renaissance and Baroque artists like Rubens, Michelangelo, and of course, the inimitable Caravaggio. "Chiaroscuro" summarizes the dramatic lows and long-term complications of hypo- and hyperglycemia, as well as the high hopes for a cure shared by patients coping with the diagnosis of diabetes.

Spanning realism to abstraction, Queen's medical students Allison Chow, Oren Levine, Andrew Hurst, Sanjho Srikantharajah, Jonathan Lee, Femi Bammeke, Cedric Gabilondo, and Samantha Tam contributed several amazing original works using a variety of media including painting, drawing, and woodcuts.

Through the course of the evening medical students, faculty, and community members perused and perceived all while



Queen's students peruse some of the artwork available for auction

enjoying wine and cheese – graciously provided by KGH's own Ken Scott. Entertainment was provided by Broncos Lai, Ryan Tong, and Michael Kwan on a serendipitously sequestered Steinway and Sons baby grand piano. Guests left with door prizes of wine donated by Cedric Gabilondo and Dr. Robyn Houlden. "Hollywood" gift bags filled with Dove products were also donated by Dr. Robyn Houlden. Thanks to an exceptionally generous donation by Dean David Walker in support of the evening, we were able to raise over five thousand dollars in support of cure-oriented research. Thank you so much to those of you who came out and made the night such a success! 

Images of Doctors and Lawyers in Literature

BY MELISSA PICKLES

There is a concept in philosophy referred to as dialectism, which finds its conclusions through a synthesis of two opposing viewpoints. This concept is frequently applied in various psychotherapies, most notably in dialectical behaviour therapy, to help patients gain a more accurate view of themselves and the world. I've personally believed that a healthy self perception is a synthesis of the way one sees oneself, and the way others see one.

This was something that initially attracted me to the "Images of Doctors and Lawyers in Literature" class. I thought that it would be interesting and beneficial to understand how the outside world views our future profession. This course is offered every year to twelve medical students in first and second year, and twelve law students. The students meet weekly to discuss various readings, and also have the opportunity to interview practicing doctors and lawyers and present their "oral history" to the class.


What I was not expecting was the incredible amount of self-reflection the class evoked, thanks in part to the skillful moderation of Dr. Weisberg and Dr. Duffin. Much of the literature we read was written by doctors and lawyers at various levels of training, largely dealing with ethics and personal development. Many writers seemed to feel that their professional training changed who they were and that these changes were not always positive.

As a first year medical student in the course, these themes were all too familiar. I felt myself changing, conforming, in the same way that I had as a punk rocker surrounded by the Abercrombie affluence that is stereotypical of my undergraduate university. It is impossible not to be influenced by our surroundings, but this isn't necessarily a bad thing as there are always positive and negative things to be gained from a new environment. In order to take away only the good, we first need to better understand the interplay between our surroundings and ourselves. What was most beneficial about this course was that we were forced to examine how we were

being influenced, allowing us to gain some control over our personal growth.

It was interesting to see how similar the law students' experience was to our own. It seemed that the experience of professional school itself, with its small, homogenous communities and great expectations, produced a similar experience, regardless of the lecture content. It was also interesting to get to know a group of individuals outside of their professional bubbles, whether by seeing one law student's analytical skills gained from an English undergraduate shine through or by hearing fellow classmates articulate on the advantages of relativism, I saw a new level of thoughtfulness and intuition in my colleagues which impressed me every week.

While in medical school, we are taught to seek truth through the scientific method, to choose our treatments by analyzing the validity of research studies. We are taught to value objectivity and reductionism; however, this often leads us to forget about other methods of gaining insight, such as art. One of the recent Global Health Lecture Series presentations featured a man who had compiled a book of short stories on homosexuality in Africa. He had chosen fiction as a medium to express his findings as opposed to a qualitative research study, because for this topic, a short story would allow people to say what otherwise could not be said. In short, it was the most truthful way to express his findings. I found that my experience with the Images of Doctors and Lawyers in Literature course was similar in this respect: our experience in becoming doctors and lawyers is a complex one, with its share of taboo topics. It was amazing how many things I had been feeling and thinking and yet unable to articulate until going through these various pieces of writing.

"Images of Doctors and Lawyers in Literature" initially seemed to me as a means of understanding how others viewed physicians; however, what it accomplished was far more meaningful – it helped us to better understand ourselves. 


Man Art: Moustache as a Medium

BY HASAN SHEIKH

At night. Every night. It plagued my dreams. Made them nightmares. At night. Every night. All I could see was a small, walnut sized being, doubling in size, tripling in size, taking over the body like Godzilla reeking havoc on Odo Island. I awoke each night, my shirt dripping in sweat, cold as ice from the fear that had consumed me. I knew there must have been a way to stop this, there must be a way to beat prostate cancer. I dove into my research; I studied the patterns, analyzed the relationships, yet couldn't find the solution. But I'd always had a knack for code-breaking. I knew that if I kept at it I would eventually unlock the key to beating prostate cancer. And then, during one of my nightmares, it hit me: the incidence of prostate cancer increased significantly in the 1990's. This led me to believe that some aspect of the '80's environment antagonized prostates, kept them in check. And then it hit me again - a list of people I had discovered who didn't have prostate cancer: Tom Sellick, Alex Trebek, Albert Einstein, Ben Stiller for a brief period during the filming of Dodgeball: A True Underdog Story, Hal Johnson, Emiliano Zapata, Jamie Hyneman, Ned Flanders, and, of course, Ron Jeremy and Richard Pryor. With that, the last piece of the puzzle came into place: moustaches were the answer to fighting prostate cancer. And thus the men of 2012s took the only logical choice of action and grew moustaches for the month of November, henceforth called Movember. Unfortunately, as the results of the randomized control trials came back and concluded that moustaches in no way, shape, or form, at all impacted your likelihood to develop prostate cancer, the men of 2012 had vile, vomit-inducing moustaches. But we were too emotionally invested in our "Mo's" by then: they had become part of our very being. At that point, a new, more useful idea was struck. We would hold our families and significant others ransom, and raise money for prostate cancer research by threatening to never shave off our foul, repelling moustaches. Our loved ones (and the females of the 2012 class) responded and a whopping \$6,515 was raised for the Prostate Cancer Research Foundation of Canada.

And now please, a moment of silence for all of the fallen moustaches.

...

Thank you. And remember, "With great moustache comes great responsibility." 

Men of Movember



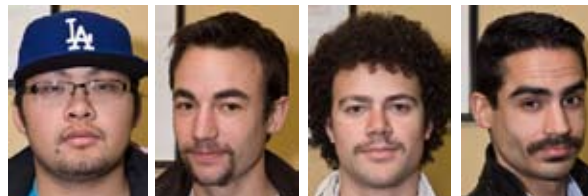
Adian Koziak
Adrian Milman
Alexandre Atfield
Ali Ibrahim



Allen Grownwood
Christopher Trebb
Christopher Brown
Daniel Anselm



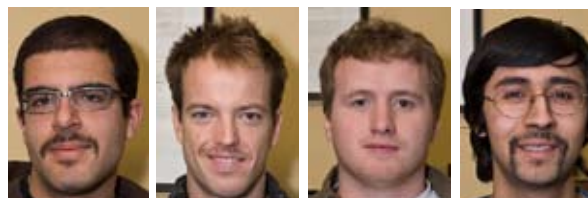
Emidio Tarulli
Eric Mutter
Francis Patafio
Hasan Sheikh



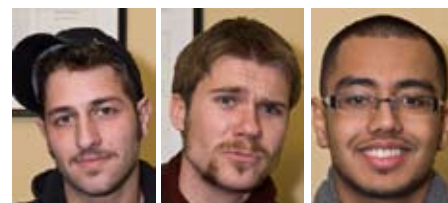
Henry Nguyen
Jason Booy
Jeremy Setterfield
Mark Robinson



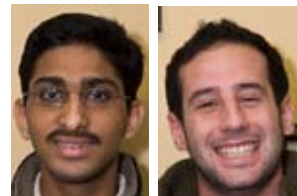
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Giancarlo Bruni
Taylor Lougheed
Ujash Sheth



Vighnesh Bharath
Zale Mednick

Encounter on a Bus

BY JESSICA MOE

The bus squealed to a halt against reluctant brakes. A girl in an olive-coloured coat mounted the steps gingerly, smiling widely as she kicked off loose snow from the soles of her boots. This was not her usual bus route.

She had made a special trip to the opposite side of the city to visit her best friend in the whole world, who had just returned from a year of travelling abroad. They had sat for hours in a cozy cafe, sharing stories of adventure, fear, and love, laughing and reminiscing together as if no time had ever passed between them. Her best friend had lived and experienced the world. She had returned with eyes sharpened by the unexpectedness of life, deepened by the startling awareness of a world filled with sorrow and injustice, and glistening with the twinkling recognition of the fullness that exists in every moment. She still smiled with her left lip curled slightly higher than her right, and distractedly pulled errant curls of hair behind her ear as she talked. The girl in an olive-coloured coat had been bursting with love and happiness as they sat together and her best friend's every motion was as familiar as an old, favourite movie. The important things never change.

The girl in an olive-coloured coat glanced from one side of the bus to the other, at the rows of people bundled up against the cold. Most gazed ahead to some distant point. The seats were nearly all taken, but one in the middle remained conspicuously unoccupied. The girl in an olive-coloured coat shuffled towards it, bracing herself against the inertia of the bus jolting forward into motion. She slid into the seat, beside an elderly gentleman in a thick tweed jacket. He acknowledged her arrival with a polite nod, the stiff corners of his mouth working against gravity to bunch into the rough folds of a smile. His gaze, however, remained fixed outside the window on the snowy, white backdrop of the gray winter day.

His mind travelled in time and space to another such gray, snowy day, years ago. They had been walking, braving the cold for the freshness of a shared moment. Just like every winter. Her arm was coddled in the crux of his, held gently like the fragility of a newly hatched chick. With years, she had become frail, but no less gentle. Her touch was as loving and as supple as in the early days when, as wide-eyed teenagers, they had fallen in love. But time is a stern master, and it marched inexorably onwards despite youthful minds and reluctant bodies. She had been getting over a bout of pneumonia, and was on the verge of recovery. The fresh air would do good... but then, slick black ice hidden underneath



Photo by Alexandre Atfield, www.photofocal.com

the light dusting of last night's snow. Before he knew it, her delicate arm had been released from his protective grasp, and her body lay crumpled on the unforgiving hardness of the icy pavement. The pneumonia came back with a vengeance, and she slipped away.

The elderly gentleman in a thick tweed jacket felt his eyes moisten with the hurt of that day. That day, so much like this one.

The girl in an olive-coloured coat touched his arm softly.

"Could you please pull the bell for me?" she inquired as she gestured towards the wire hanging from the frosted window.

The elderly gentleman in the thick tweed jacket turned to her gaze. Their eyes met, and all of time became condensed into a fraction of a second. Pain, love, and happiness were one; a moment of infinite lucidity existed between two individuals connected only by the universe.

"Not a problem," said the elderly gentleman in a thick tweed jacket as he turned to pull the bell.

The bus squealed to a halt. The girl in an olive-coloured jacket rose with a polite nod and walked to the front of the bus. 

A Fabulous Collection

BY MEIQI GUO

In a spotless house with lace curtains and mahogany furniture, Dr. Goodrich was having a dinner party.

“Why, I graduated at the top of my class from the best medical school in the land!” Dr. Goodrich puffed at his dinner guests.

In fact, not only did Dr. Goodrich graduate at the top of his class from the best medical school in the land, he also graduated at the top of his class from the best collegiate in the province, the best elementary school in the county and the best junior kindergarten in the city. Even in his mother’s neighbourhood Lamaze class, he was one of the top fetuses.

“...It’s only natural that I would become a successful researcher working on cutting-edge research crucial to our societal health!”

Besides his busy career as a clinician-scientist, Dr. Goodrich was also noted for being a champion rower, an accomplished pianist and a noted community philanthropist. Yet, he loved not rowing a boat, hammering out ditties on the piano or giving money to do-gooder charities in of themselves. The real hobby that had consumed his life was adding to his infamous collection.

And what did he collect?

Some of his colleagues collected coins. The rich ones collected sports cars. The ones who still fancied themselves gallant young gentlemen collected ex-wives. Dr. Goodrich, oh, he scoffed at these juvenile pass-times. He collected something far more substantial - awards, prestige and respect. Forty odd years of hard work later, his magnificent collection glittered on his walls, bejewelled his impressive curriculum vitae and shined in the awed eyes of the young medical students when they passed him in the hallways. It sung in the hushed silence of the room whenever he graced the morning rounds with his opinion.

“How you manage to do all that research in spite of a busy clinical practice and teaching duty, I do not know!” exclaimed the young resident Dr. Goodrich had pitied with a party invitation.

“Well, young man, it’s due to hard work, but mostly, it’s just natural talent!” Dr. Goodrich bellowed. He adored dinner guests who were generous with compliments and loved to wallow in their admiration. And wallow he did as the evening passed, but he also thought and planned.

Dr. Goodrich had been a thinker and a planner since he was a little boy, but he’d been thinking and planning a lot in the

past couple of years. Sure, he’d won the research awards and the teaching prizes, and he’d received the gratitude and love of his patients. He’d been a medical VIP, if you may... but he was getting old, and even giants are forgotten with time. A good endgame is crucial so that his magnificent collection would not fall to the wayside like what had happened with his old research mentor. Oh, his poor research mentor... who remembers him now? So, Dr. Goodrich had worked tirelessly to ensure that all of his accomplishments would be gathered in one place for future generations to remember in the form of a grand obituary that upon his death would correctly summarize his life. It would be the final, crowning, immortal piece in his glorious collection. Yes, for this he must plan and work.

He pondered to his wife as he readied for bed that night. “It is excellent that I’ve gotten that research award this year. I can just see it now! I will forever be remembered as ‘Dr. Goodrich, winner of the prestigious W.E. Hall Research Award!’”

Mrs. Goodrich nodded her head and fluffed his pillow. She was used to her husband carrying on like this.

“And there’s more, my good woman! I was invited to be the headlining speaker of the National Conference of Medical Researchers. They are putting up giant posters, with my face on them, as we speak!”

Mrs. Goodrich nodded again and got into bed. Her husband had told her this once before already.

“I’m leaving tomorrow after work for the conference. You’ve gotten my suit ready, haven’t you, dear?”

Mrs. Goodrich nodded and turned off her nightstand light.

“Your reference letter is at stake if Mrs. Johnson isn’t pleased!” Dr. Goodrich rumbled at his dishevelled, post-call clerk as he glanced at the patient list for the morning.

Mrs. Johnson was an uptight, neurotic old British lady, but she sent him fancy fruitcakes every Christmas. It would not do to tarnish such a beautiful doctor-patient relationship. And that woman howled every time she cried. Someone should howl with grief at his death. Then they would talk about how beloved and dearly missed he was by his patients.

23 grateful outbursts from patients later, Dr. Goodrich had sped through his long patient list. The more patients he saw, the more hard-working he appeared. Industriousness was a good trait to be remembered for. It would speak of his

upstanding Protestant morality.

Instead of lunch, Dr. Goodrich made a stop at the review session that he had organized for the medical students. He’d never done much reviewing during these sessions, but he had been known to drop very generous hints about the exams. “Those little keeners go crazy for this stuff,” he chuckled to himself at his own brilliance. He would be remembered one day as a respected teacher by the young’uns.

He had 4 hours after lunch to hone his headlining speech for the conference to absolute perfection. He had planned to talk about future research directions, but devoted the majority of his speech to his past accomplishments. Sure, his listeners had already heard about his many awards and titles, but it never hurt to remind people how wonderful you are.

It was also imperative that he go to the salon for a haircut before the big speech. From the time he was a young medical student, little old ladies had always found him handsome. It was a good record to have. He would like to be remembered as having had a dashing figure.

He walked through the hospital corridors to depart for his salon appointment when Richards caught his eye. A recent arrival at the hospital, Richards was squished pancake-flat by the hierarchical ladder on which Dr. Goodrich had proudly parked himself.

“Hey there, sport!” Dr. Goodrich hollered at him. “You still okay with giving my patients on the floor the look-see while I’ve got that big speaking engagement at the National Conference of Medical Researchers?”

Richards exclaimed that he was more than happy to do so with the biggest fake smile that he could manage. Richards secretly disliked Dr. Goodrich, but he’d long realized that the old fool was a networking necessity.

“Wonderful! The Missus is getting ready for another dinner party. And guess what?” Dr. Goodrich said jovially. “The famous surgeon Dr. Law will be there. We go way back to college! I will ask her to invite you too! Now, now, you don’t have to thank me for the opportunity!”

With that, Dr. Goodrich departed to receive what was sure to be yet another glorious, thunder-clapping standing ovation.

The sky exploded with thunder. The rain hammered his fancy yellow sedan. Dr. Goodrich sped along the country roads when he felt his head exploding. He pulled by the roadside for a breather. He should stop at the next town and get things checked out. It felt serious.

No, he would miss his headlining speech! Also, what would the haggard staff in the little rural hospital think, seeing the Great Dr. Goodrich coming in with just a little headache!

Word might get around that his sole fault was being a neurotic hypochondriac and tarnish his perfect image! He revved his engine and pressed on again in the deafening rain. Plus, he would like to be thought of as an inspiring speaker who had influenced a generation of young researchers.


Lightning cut through the sky swift as a scalpel. The sky groaned like a morphine-deprived patient on the last throes of life. The rain hammered his car rooftop faster and faster until it became the angry, frenzied monitor beeps of a ruined heart moving like a bag of worms.

And then, he wasn’t on the highway anymore. Ah, the hospital! Dr. Goodrich walked down the familiar bleach-white corridor with the sound of pomp and circumstance echoing in every one of his footsteps and with the respectful “Good morning, Sir!’s of medical students and residents ringing in his ears. It was good to be back at the hospital. The sound of the storm and the pain in his head still rippled, but slowly, they ebbed away.

That week, the most wonderful obituary appeared in the finest medical journals and most widely-read reviews in the country. Oh, the praise! Oh, the gratitude! Oh, the flowery sentiments and honey-choked words!

“Dr. Robert Goodrich BSc. MD. FRCPC MSc. PhD. MBA. MPH, world renowned clinician-scientist, passed away tragically last week. Despite his busy clinical, research and teaching career, Dr. Goodrich was also a high calibre rower, an accomplished concert pianist and a noted community philanthropist who contributed greatly to local heritage projects. Putting 100% of tireless effort into every project he ever committed to, his prizes, trophies and awards are too numerous to count. Notable awards include the W.E. Hall Research award, National Teaching award, Honour Society’s Medal for Compassion and five Golden Prize for Biomedical Research awards. A mentor to young clinicians, his dinner parties were the stuff of legends. His colleagues remember that he ‘dressed the part of a gentleman and had the manners of a king.’ His tragic death at the age of 63 has robbed the medical community of a respected teacher, a beloved clinician and a visionary researcher.”

Upon reading the 150 words, Dr. Goodrich would have been ecstatic. It was a dazzling description of his life! He would have puffed out his chest with a, “What did I tell you?” at his long-suffering wife. He would have paraded the paper for all of his colleagues to admire at rounds and pointed out all the key phrases that he liked. Heck, he would have assigned the obituary to his disgruntled clerk as homework along with all of his other published articles.

Except that, of course, the dead can’t read. 



*Upper left: Red Sign for Art, Jasmine Lambda
Upper middle: Bali, Christopher Noss
Upper right: Rohit Mohindra
Lower left: Salina Chan
Lower right: Iles Aux Basque, Meiqi Guo*



*Above: Alexandre Atfield, www.photofocal.com
Opposite, upper left: Alexandre Atfield, www.photofocal.com
Opposite, upper right: Amy Wong
Opposite, lower: Mama Told Me to Get an Abortion, Meiqi Guo*

The Mitten

BY DANIEL FINNIGAN

Alex picked at a hole in his mitten, as he swayed in the soporific rumble of the morning school bus ride. His mitts were made of sheepskin stitched inside-out, and the tough leather exterior belied a soft fur lining that now warmed his fingers. They were ancient compared to Alex's twelve years. To him, they were as imperceptibly old as the great carvings of ancient Egypt, or the medieval castles he'd learned about in class. The mitts had belonged to his father, who had recently died suddenly: a loss about which Alex was admirably stoic. Inevitably, generations of busy hands had caught up with the mittens, and Alex's right index finger now poked through the thinned tip.

During the next few days Alex tried to ignore the hole and continued using the old mitts. He would roll the tip up into his palm, clenching it closed; a strategy that did not work well at recess time. His teacher told him to get a "more appropriate" pair of mittens. His classmates teased him about the mitts being a cultural fossil, as passé as beehive hairdos or cigarette packs rolled up in shirt sleeves. None of these censors influenced Alex.

Alex had salvaged the mitts from a box of items his mother had collected after his father's death. The box was filled with things that would make her seem distant at times: half-written letters filled with life updates and future plans, a sketch for a deck that was to be built off the back porch, and a half-used box of pastels from an art course they had been taking together. The mitts reminded Alex of watching his dad's hands as he worked. Before him, they had belonged to his grandfather. Alex had never met his grandfather, and his image of him was invested with all the innocent ideals the young hold for their elders. His mother had commented that the "old stained things" should be thrown out, but Alex reeled at this suggestion. He hid them from her instead.

Later that week in class, Alex's English teacher explained the meaning of the word synecdoche. "It is a reference to any situation where a word, often a subordinate part of a whole, is used to represent that whole. For example: there were fifty farm hands. It does not literally mean there were fifty hands—there would be more like a hundred!" The teacher enjoyed a solitary laugh amid a sea of confused expressions. "Because each farm hand refers to a person," he explained. Alex found the concept difficult, feeling it strange not to just say fifty farm helpers. It seemed to be one of those things he would have to understand in time.

Through this time Alex was still trying to ignore the hole, but

was realizing that if his right hand were to be useful in the cold again, he would have to fix it. As he examined it, he realized it was not just a tear, but rather the gradual erosion of an entire area led to the rupture. Because of this, there would not be much use purchasing threads unless a wide area was stitched together, something that would distort the mitt's shape. It was going to be difficult to close. He decided to see if the new department store in town would have any material with which to repair it.

Alex never used to go shopping alone when his father was alive. But now, since his mother was sad much of the time, Alex tried to act more responsible and independent. The department store was large and overwhelming. It was true to its name, filled with many departments of products for sale. Alex became ensconced in the impersonal flow of people between destinations, their eyes insensitive to their surroundings. It took him a long time to finally get an attendant to pause for his question.

"In which department can I get what I need to repair this mitt?" he asked hopefully.

The young attendant snorted with a derisive laugh. Determined, Alex soon tracked down another employee.

"Look Kid, why don't you just buy another pair?" asked the second one. "They aren't expensive. Besides, those mitts are way out of style."

Alex went over to an area under the "Seasonal" sign, and found the bin of mittens the attendant had told him about. He recognized some from the hands of his classmates at school. He reluctantly selected a puffy black pair. They were light, but looked warm. The label said "100% synthetic fibers".

When he came home, Alex's Mom seemed happy to see the new mitts.

"That was very responsible of you," she exclaimed, "spending your money on something practical like new mitts!" Seeing the old mitts had sometimes made her quiet and she would go to her room. Alex could hear her crying, but when she came back out, they both pretended nothing had happened.

The next day Alex wore his new mitts to go playing outside with his friends. Though they were fluffier than his old mitts, he found they were a misleading fluffy that was not nearly as warm as they appeared to claim. He also felt a strange sensation when he had put the old mitts away... almost like the hole was now in him. Alex realized that he could not hide

the hole: he had to repair it.

That weekend Alex traveled downtown. He wore his new mitts, which now had a thread hanging off one of the cuffs. He wasn't sure where to start, so he inquired at a clothing store.

"Why don't you just buy a new pair of mitts," the lady working at the store suggested. "We have a large selection here, and there is a sale!" Alex declined with feigned contrition: he had been tricked once before and now wore the evidence.

"Well, I guess you could try the shoe repair shop down the old main street," she resigned.

Alex spotted the shop down the street. It had an old wooden sign with a picture of a sorry-looking leather shoe, its sole dangling off. The fact that it was painted at one time was now only suggested by the most tenacious paint chips. The

them out and buy a new pair. There's no art in them, the stitches aren't even knotted! They begin unraveling the day they're made."

Alex then realized the old man was confused.

"I'm sorry Sir, but I think you misunderstand. This is the mitt I would like you to repair," as he spoke he dug through his backpack and brought out his old mitt with the hole in it.

The old man's face suddenly took on a new expression, like his Grandma's when she flipped through old photo albums.

"Let me see."

The Old Man extended his hand and took the mitt from Alex, mulling it over carefully. The mitt somehow looked younger in the old leathery hands.

"This is a fine mitt. Where did you get it?"

Seeing the old mitts had sometimes made her quiet and she would go to her room. Alex could hear her crying, but when she came back out, they both pretended that nothing had happened.

building was constructed of field stone and irregular mortar, interrupted periodically by the ends of structural wooden beams. It held the majesty that other buildings on the street attempted to feign. The door was grand and heavy, not spring-loaded like those of the newer stores. Finding it difficult to open, Alex stumbled as he entered.

"Hello?" he called hopefully into the seemingly empty store. He heard some noises in the back, like the tumbling of an overstuffed closet when something is hastily withdrawn from the bottom. An old, frail figure emerged, fitting of the appearance of the repair shop.

"Hello there!" he spoke with startling enthusiasm. "How may I be of service, Young Man?" It was the same reference his maternal grandparents would use when they visited. Alex found it comforting.

"Um... well... I was hoping you could repair my mitt."

"Oh, I'm sorry Young Man, I am afraid I can't help those mitts."

As the Old Man spoke Alex felt a surge of disappointment.

"Mitts nowadays are so poorly made, you're best to throw

"From my father. It was his father's," Alex stated proudly, but then quickly glanced away.

"Yes, that would make sense. It's quite possible this mitt was made in this very town, did you know that?"

Alex shook his head.

"These stitches: you can see the care and elegance of handwork, yet the precision of a machine. Made with care. Made to last. I can fix this if you like."

"I would," Alex answered, happy to have found what he was looking for.

The man went behind the counter and began searching through drawers, collecting together an awl, patch leather, and some heavy string. He put on spectacles: with age he could now only see distance well. He turned on a small work light mounted to the counter.

"It won't take long, if you care to wait," he offered as he threaded the awl with the string and turned the mitt inside out. "You must realize I can only prolong this mitt's life for a bit longer. Hopefully you'll find something a bit more substantial to replace them with," he said as he gestured

towards Alex's new mitts. "All mitts, no matter how well made, wear out with time."

For a moment Alex was strangely reminded of what he had learned in English class "Do you mean mitts like... like a synecdoche?" He wasn't sure if he had even pronounced the word correctly.

"Well... sort of... yes, I guess in a way I could do," the Old Man allowed. He smiled knowingly, and for a moment, the two approximated in the way of human experience.

"I must say, I'm surprised your father didn't bring these mitts in to be repaired," the Old Man finally broached, not altogether innocently.

"He passed away." Alex answered, trying to be dismissively casual. He was getting practiced at hiding his emotions- it avoided the awkwardness that usually followed their expression and the shame he would feel after.

The Old Man peered over his thick, tiny spectacles.

"I'm sorry to hear that, Young Man." He paused, and then asked: "How long ago?"

"Couple of months." No one had asked Alex about his father for a while now. When they did, he was always commended for being "so strong about it". This increased Alex's resolve, and his feelings were progressively buried deeper.

"Really? I bet you know more precisely than that."

Alex was not sure what it was: the wording of the question, the way it was intoned, the fact it was asked, or just burgeoning pain due to breach; but on those words his emotions mutinied. "Fifty seven days. It was a car accident. He died in the hospital soon after." Alex's throat clenched and his eyes burned. He stared intently at the old counter, the weight of his emotions hanging his eyes. He had a flash of memories: the police coming to the door, his mother stumbling to the floor, the funny smells and beeps of the hospital room, tubes coming out of his father everywhere... One long beep...

He wanted things to go back. He fidgeted in a failed attempt to disguise the machinations of his sadness.

"Your sad feelings are not wrong, son. Even old men are made young by the loss of a loved one."

A few tears splashed onto the old countertop, and the Old Man paused to put a hand on Alex's back. They shared silence for a time, and then the Old Man drew his hand back and continued to work.

"There were so many things we were suppos'd to do together..." Alex started. For some unknown reason, he was starting to feel a little bit better.

"In death, love pulls sadness to a height it could never attain on its own. That was how it was with the loss of my wife. She passed away last year. Married forty-five years."

The Old Man drew an old wooden picture frame with chipped gold gilding from a drawer and handed it to Alex. In it was the black-and-white ghost of a beautiful young woman. Alex wished some of the pictures of his father were black-and-white. It seemed a more congruent with loss- people staring back at him through colored photos were too alive to be dead.

"You must miss her a lot."

"Every day..." the old man paused and looked down, encompassed in emotion. "Every day." The old man then continued to work fastidiously, while Alex watched with his head propped in his palms.

"There, all done." The old man turned the mitt back inside-in and handed it to Alex.

"How much do I owe you?"

"Why don't we just call it a trade," the man smiled, pointing at the department store mitts. Alex looked at the other mitts, seemingly unraveling as they rested on the counter. Some of the stuffing now poked out.

"Is that really fair?" Alex asked, "...for you I mean."

"Completely."

Alex beamed, and thanked the old man. With childish impetus, he hurried out of the store.

"Take care, Young Man," was spoken as much to Alex as the closing shop door. With a satisfying gesture the Old Man swept the left mitts off his counter and into a trash can.

Alex was happy to have his old mitts back again. He knew that they would not last forever, but somehow that seemed okay. The other kids laughed at the old mitts again, and Alex was comforted by this return to norm. When his mother had seen the mitts and furtively slipped into her room, Alex was ready. He went into the room, sat beside her on the bed, and hugged her shuddering frame. She wrapped her arms around him and they cried together for a time over shared memories. This routine repeated less and less over the following months. One morning, Alex even caught his mother wearing the mitts, shoveling snow off the walk.

All in all, Alex found it comforting to have one little thing back to the way it was again, even if just for a short time. He knew that eventually he would have to put the old mitts away. But when that time came, he felt a prescient confidence that he would have something more appropriate to replace them with. **Q**

Dr. Sue Gleeson

BY AISLING CLANCY AND ADRIENNE LI

Dr. Susan Gleeson, MEd '79, completed her family medicine residency and MSc in Community Health and Epidemiology at Queen's. She worked at Queen's Student Health Services before moving to Peterborough, where she currently lives with her husband and two daughters. After completing a graduate certificate at Haliburton School of the Arts, (Sir Sanford Fleming College), Dr. Gleeson decided to incorporate expressive arts into her medical practice. She currently has an expressive arts studio next door to her medical practice where patients can dance, make art, music or work in sand tray. Currently, Dr. Gleeson engages in life coaching and expressive arts work in addition to her family practice.

1. How has your MSc in Community Health and Epidemiology helped you in your work?

I have always been as fascinated by the question "What produces health?" as by the question "How do I effectively diagnose and treat disease?"

Community Health and Epidemiology is the one time in med school where we focussed more on the former question.

While I was going through Queen's family medicine program, that Masters Program was available as a third year residency option and I gladly took the opportunity to spend a year thinking more deeply about the determinants of health.

2. How do you apply the skills you've learned about community health and epidemiology in your day-to-day practice?

I am very sceptical about new drugs and new research. I am the last one to try new drugs with my patients, especially if something doesn't sit well with me about the drug. Very often a drug which didn't sit well with me has been withdrawn from the market.

I think another way is that I always approach things from the perspective of "How can we prevent complications in

this patient?" Say, for example diabetes. I try to accomplish all of the preventative measures possible, in order to prevent the late complications of diabetes.

I am a fanatical immunizer also. I love immunizations! I began immunizing



Dr. Sue Gleeson in her art therapy room
Photo Credit: www.neilmuscott.com

seniors with Pneumovax, way back in 1990. I have noticed that I now hardly ever see pneumonia in my practice in the winter among my seniors.

I am also the smoking police! I only have about 20 patients left in my practice who smoke and I bug them mercilessly to stop! I love putting my effort in at that point rather than waiting for lung cancer to ensue.

3. Can you tell us more about the relationship and systems coaching course you've taken?

The relationship and systems courses added the ability to do marriage coaching to my toolkit. Also, I can work with groups. I have a partner who I do that work with, maybe a couple of times a year. We usually work with fractitious boards, doing a one day workshop and teach couples the skills they need to get along and function productively.

4. What do you mean by "fractitious boards"?

We get called in when boards are not getting along, not able to conduct business productively or people are just quitting.

5. When do you incorporate the life coaching into your practice?

It is most useful when people are in careers that they hate, but they don't know how to figure out which career to go towards. I have a 90 minute tool which usually makes that clear.

I also do a lot of career coaching with students in grade 12 who can't figure out what to do post secondary, or with students who have started off in one direction and it hasn't worked out.

There are times when we see patients

who just feel miserable, but can't really figure out why. Life coaching really works then to sort out their "soul misery".

6. If medical students or new physicians wanted to take relationship and coaching courses, how would they go about doing this?

The individual coaching courses are taken through coaches training institute. Their website is: www.thecoaches.com.

The relationship courses are offered through The Centre for Right Relationship. Their website is: www.centerforrightrelationship.com.

Both courses are offered as 3 - 5 day weekend courses in Toronto as a series which runs once or twice a year, as well as in many other cities and countries of the world.

The expressive arts practitioner course is offered at the Halliburton School of the Arts, as an 8 week block in May and June. You can take them one week at a time if need be, and most people do, as most people are professionals working in a field like nursing, teaching, as a minister, or social worker.

7. Why did you begin to paint?

I started seeing images of paintings in my mind's eye. My grandmother and my mother are both accomplished artists.

One day, a bachelor of fine arts student came in for coaching and I just blurted out, "I think I might be an artist. Can you help me begin?"

She didn't bat an eye, but simply asked what kind of paintings I wanted to make. I didn't really know the names of the mediums available, but I was able to tell her about a painting I had seen downtown that I liked. She went to see it

and told me that it was acrylic abstract.

She then took me shopping for supplies and gave me the basics about how to start.

I had bought a huge canvas to start with, 36 by 36 inches, and I just began. I went on and on painting that canvas for the next 3 hours.



*Dr. Sue Gleeson in her art therapy room
Photo Credit: www.neilmuscott.com*

After that, I painted 50 paintings in the next year! It was like there was this huge backlog within me of paintings to come out!

I also went to take an acrylic abstract course the next year at Halliburton School of the Arts.

It was when the president noticed me skipping down the hall to the washroom all the time that she told me of the expressive arts practitioner course available there!

I looked into it and signed up for the next course, the next May! It was one of those experiences in which the penny just dropped for me: that if finding painting for me had been so great, maybe it would help my patients too.

I began to use painting with my coaching on Wednesday afternoons.

I would cover a typical exam room with drop sheets and let the patients go to it! We got quite a bit of paint on the walls that year!

8. When did you begin to use the arts in your practice?

The first patient I used it with was an 8 year old little girl whose beloved older brother was dying of a brain tumour. Her behaviour was out of control and they were beginning to consider medicating her.

She and I painted each Wednesday afternoon for a year, and for her brother's funeral we did a really big picture, which was placed at the entrance way to the sanctuary on the day of the funeral.

There is no way to say scientifically that this helped her more than medication would have, but I am glad that an 8 year old didn't have to be placed on the antipsychotic drugs they were planning on

using.

9. Having taken a course in Expressive Arts, do you think medical students would benefit from a direct exposure to the arts in some shape or form beyond the history of medicine classes?

I really think that medical students could benefit from exposure to the arts during medical school, but only if they have a natural interest in it. I think that trying to force-feed students who weren't interested wouldn't go any better than the community health and

epidemiology course goes for most third year med students.

It would be great though, for them to have one lecture, in second year, about what is possible using the arts in medical practice.

I can remember being totally overwhelmed in 3rd year though, with all the internal medicine and surgery material. At that time, I think you would feel there weren't enough hours in the day for such "woo woo" material!

10. How do other physicians and healthcare professionals respond to the integration of the arts for your patients in your practice?

Other physicians either "get it" or they don't. It seems to depend on that physician's personality and natural way of looking at medicine. I have one colleague, a fellow family physician who totally gets it. Other physicians seem puzzled, but open to what I do, especially if they come to see my studio space. It is an 1100 square-foot area in the building where my medical office is now located. It is one big open room, with art making supplies, and tables, a dress up box for the kids, lots of musical instruments, room for dancing, and a sand tray. People come in, look around, feel a sense of hope and healing in the air, and then they get it!

The social worker with our family health team totally gets it! And the nurse practitioners are open to it too.

11. How do patients respond to the use of expressive arts in healing?

Patients also vary in what they think of the idea of using the expressive arts or life coaching towards their healing.

Children love it!

I have worked with children as young as 3. One 3 year old's baby brother died at home at 3 weeks of age, of a congenital heart defect. This little girl came in and played in the sand box, making up stories of her family, making art,

and dancing. After a few sessions, her mother reported that she could sleep again.

I have found that art making really helps children of divorce. I have a 5 year old coming in currently who doesn't talk much about his father who left the home, or his feelings about it. But he draws great pictures of dinosaurs and his mom says his behaviour and sleep are so much better for the week after making one hour of art with me!

12. If someone were to question your style of medical practice, describing it as more "New Age" and not evidence-based science, how would you respond?

What I feel about using life coaching techniques and the expressive arts with my patients is that I have simply expanded my tool kit to include additional modalities, which in the right situation can really help people get better.

I am a very common sense person, in that I am looking for definable endpoints to judge if my work with my patients is effective or not. I.e. does their depression, anxiety, panic attacks, stomach-ache, insomnia, surly behaviour go away in a timely manner, or does it not?

If it didn't, I would stop doing what I was doing and refer to someone else.

The advantage to being a family physician doing this work is that I can combine therapeutic modalities. It is great to have the option to suggest various non-traditional modalities to the right patient in the right situation. They can feel free to accept or reject any suggestion I may make!

I also have the advantage of having worked with these patients for the past 20

years in some cases. Rapport has been established... and trust. The patients generally expect that I will know what modality to offer.

(13) Do you think medicine is an art or a science?

I think medicine incorporates the full range of art and science. To become an excellent physician, one needs to develop all of ourselves, so that we can bring every gift, talent, skill and ability to bear on diagnosing and treating our patients.

Family medicine seems to offer the best opportunity to exercise both the right and left sides of the brain.

The experienced family physician recognizes when a physical complaint is likely psychosomatic. It is just sometimes the case that we don't know how to approach it as skilfully and effectively as we might want.

Having an idea of how the expressive arts or a life coaching approach could be helpful would lead to an increased sense of competence within that physician.

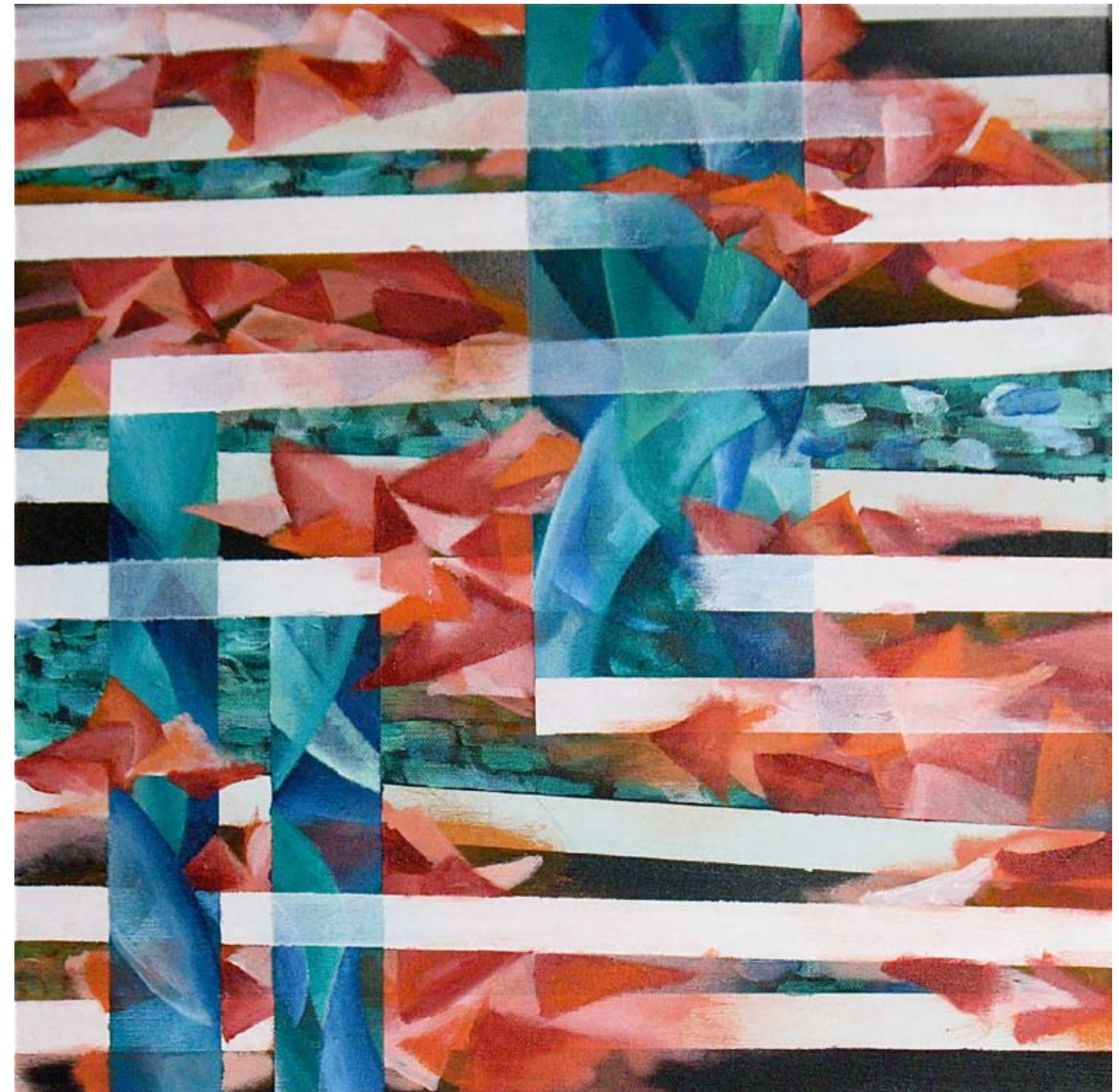
It is just like the feeling one gets after a really good CME event! 🎯

Solution:

S	N	E	D	D	E	Y	L	T	O	G	L	E	D	E
D	M	O	M	S	T	L	N	E	A	V	E	T	I	C
D	O	R	E	R	S	V	A	S	I	D	E	A	S	T
M	H	E	M	C	E	L	L	C	E	L	L	R	M	A
X	E	R	O	C	T	I	T	P	E	T	I	T	P	E
R	E	S	M	A	S	E	R	L	I	A	R	L	I	A
A	R	A	P	A	R	E	S	P	O	R	E	S	P	O
M	L	T	M	B	E	R	G	B	E	R	G	B	E	R
C	E	T	I	F	I	C	E	H	A	C	T	H	A	C
A	L	T	O	T	A	L	K	N	E	C	K	N	E	C
C	A	P	C	A	P	C	A	P	C	A	P	C	A	P
A	S	P	A	S	P	A	S	P	A	S	P	A	S	P
C	I	A	C	I	A	C	I	A	C	I	A	C	I	A

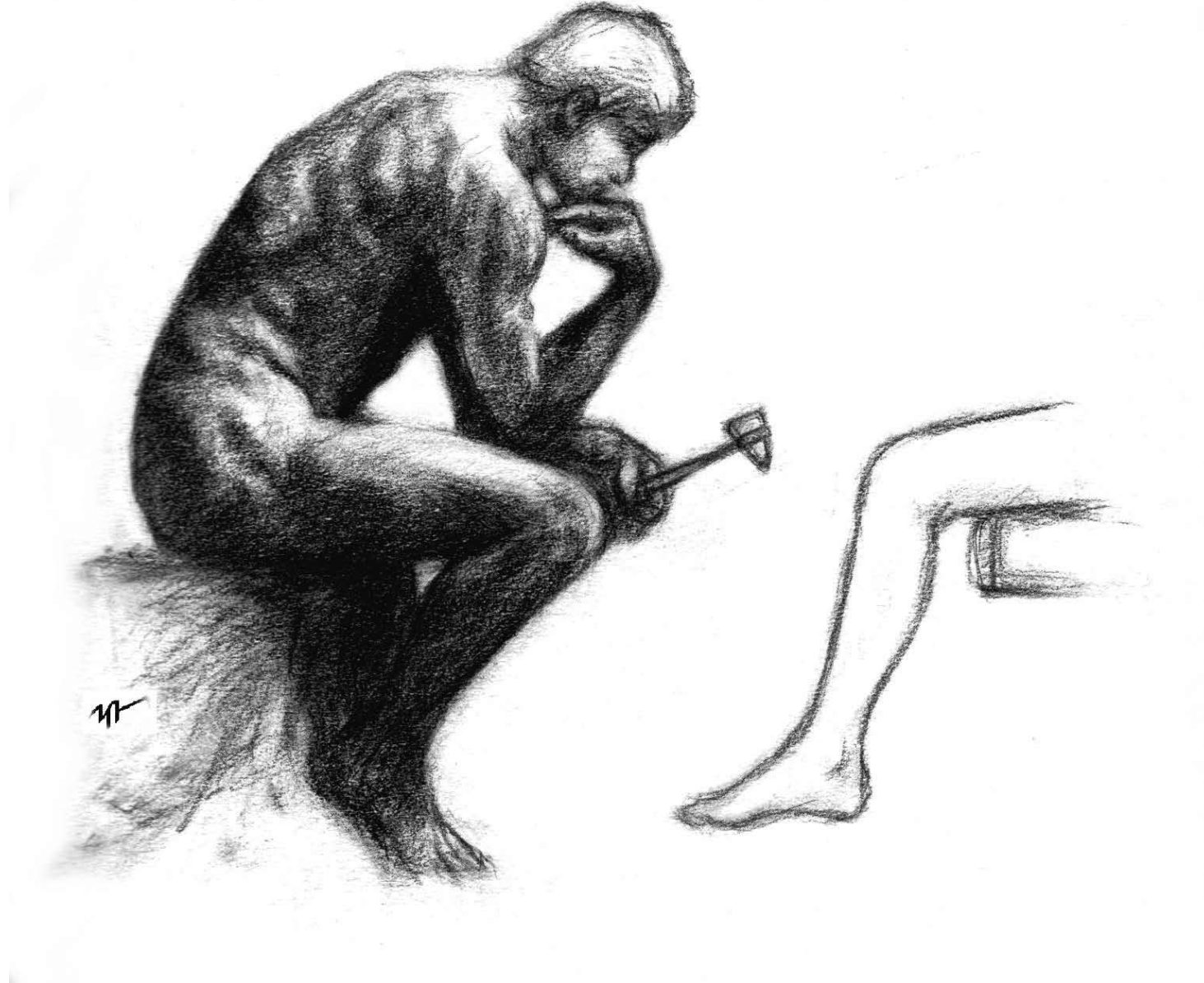


Girl in Sugarcane Field. Media: oil on canvas
Yong-Li Zhang

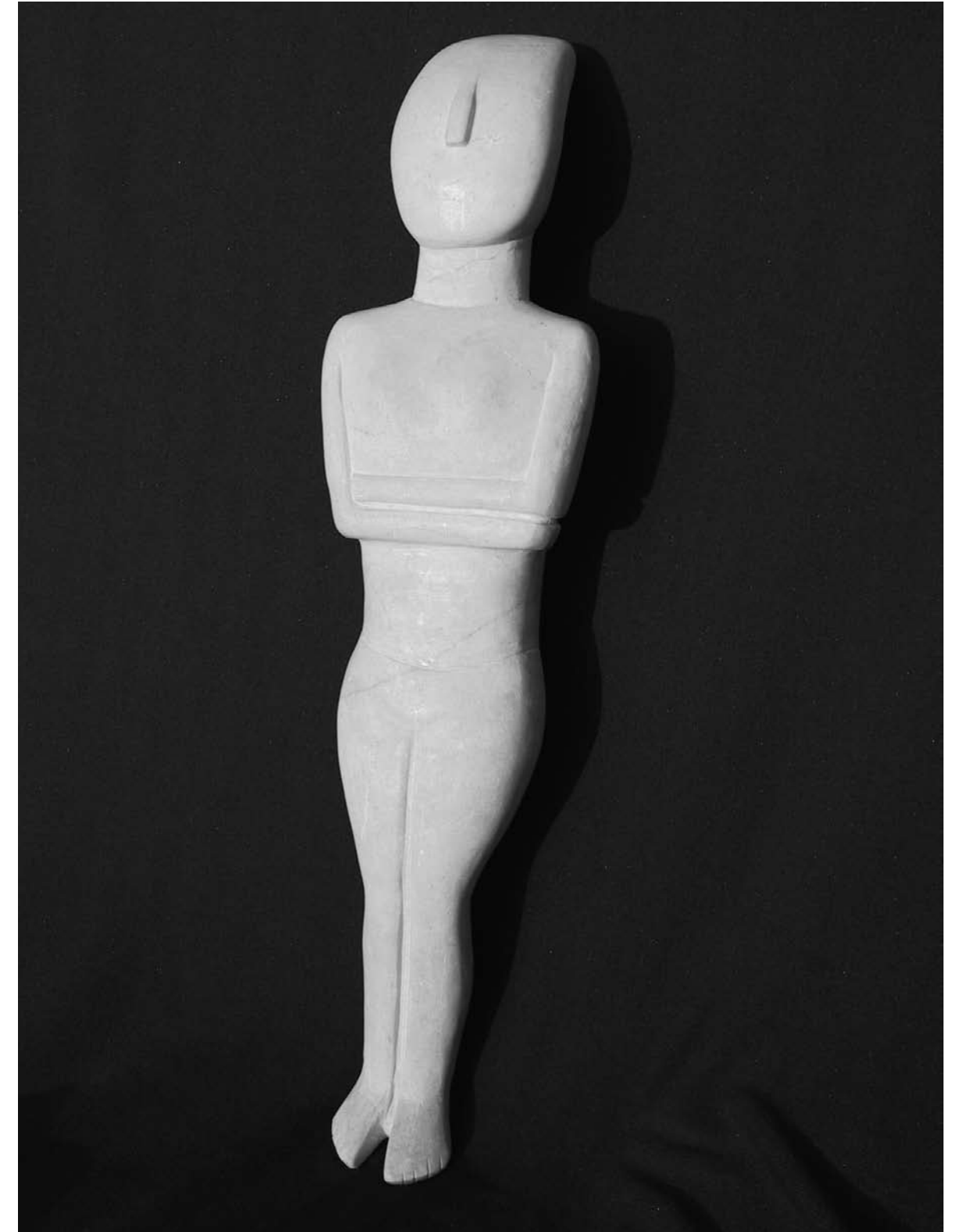


Autumn in Ontario. Media: acrylic on canvas
Cedric Gabilondo

...there is no knee jerk... is this a pathological sign or a sign of my inadequacy? maybe I shouldn't have dozed off during that 8:30 lecture.. if I can't even do a simple reflex test right, how am I supposed to pass med school? or if by some random chance I do pass, wouldn't I look stupid in front of my patients? how will I be able to deliver high-quality care if I don't even know how to do a good reflex test?! have I taken the spot of another candidate with the potential to become an amazing doctor? [... and so the downward spiral of self-doubt continues to no end...]



*Thinking Medical Student. Media: pencil
Yong-Li Zhang*



*Cycladic Sculpture. Media: marble
Daniel Holloway*

Mindful with Music

BY ROHIT MOHINDRA

I bet you remember your first dance. It was probably at some school sanctioned event, typically in a gymnasium with streamers, dim lights and soda pop served on a folding table. The scenario was set with a slow song. One of you spent all week working up the courage just to ask, and it took every ounce of courage for the other party to accept. Arms were placed awkwardly on shoulders and that set the comfortable, chaperone-approved distance between dancers. And, I bet you remember what song was playing. In fact, I am quite certain that every time you hear that song, a fleeting memory of familiarity floats into your conscious, and leaves just as quickly.

We all know that music has an emotional effect on us (I will leave the neuroscience aspect of that to the neurologists), but let us focus, just for a moment, on the experience you had at your first dance. At that moment, you were truly mindful,

each note, the space between each note and the emotion and energy that went into making each note as you hear it. Most importantly, take the time to leave everything behind, to be with yourself and the music. You'll be glad you did.

Classical – Jan Lisiecki. UNICEF benefit, Calgary, AB. (CBC Radio 2 Concerts On Demand, 2008). Only a mere 13 years old, Jan Lisiecki has already accomplished more than pianists three times his age. What I enjoy most about this performance was the exuberance this young artist has demonstrated. The pieces chosen highlight Mr. Lisiecki's willingness to tackle a challenge and to look at often unseen sides of the composers, especially in the etudes by Chopin. But more than that, it is an enjoyable experience; a careful listen reveals that the performer is enjoying playing every single note and the listener cannot help but be lulled in. A perfect portfolio to start your mindful musical experience.

Music as an experience is unique for each listener. We each develop our own preferences, although it can always be fun to try something new.

your senses heightened and the memory imprinted. It is this mindful experience that I would like to encourage you to think about. In the hectic pace of the health care system, we can often lose touch of these experiences. A song playing on the radio at the nurses' station may waft over and get stuck in our head, but we may not give it any more thought than that. Just for a moment, focus on the sound, on the aspect of the song you enjoy. When you get home, put on another song, perhaps one from your younger days, or one a friend recommended, or maybe one of the artists I suggest below, and experience it. Experience it in the same way you experienced that song that played during your first dance. And relish every second of it.

Music as an experience is unique for each listener. We each develop our own preferences, although it can always be fun to try something new. I have culled some artists from some of the major genres, merely suggestions for the reader. Take a few minutes, and listen mindfully. Try to appreciate the music,

Indie rock – Winter Gloves - About a Girl (Paper Bag Records, 2008): From Montreal, with that great indie rock look and a sound that has the same effect as a blow dryer set on "Hi". The energy of their live show doesn't come across in their recorded works, but it is still good, solid rock music. Signed to the strong Paper Bag Records label and with accolades such as iTunes Best New Canadian Artist means that we will be seeing much more (and even better) work from this band. <http://www.myspace.com/wintergloves>


Hip hop/Instrumental – Koushik - Out My Window (Stones Throw Records, 2008). A childhood hobby of digging for old records at yard sales has resulted in this amazing album that can appeal to all generations. Younger audiences will appreciate the solid hip hop beats and the spacey sound. The more experienced listener will be more impressed with how the 60's and 70's sounds that Koushik dug up

combine into a new, refreshing sonic tonality that is still fun to listen to. For me, this album is both visual and auditory. I can't help but close my eyes and allow my mind to fill in the images that the sounds conjure. It creates a beautiful landscape, and aptly frames the "Out My Window" title. <http://www.myspace.com/koushik>

Soul/R&B – Stacey Epps - The Awakening (Jakarata, 2008). It is works like Ms Epps "The Awakening" that give me hope for artists like me stuck in professional school. I think there are a lot of us, being polished away by the academic grind. Stacey Epps manages to pull off a law degree while reinventing the true sound of soul, a sound lost to Motown records tucked away in dusty record stores. Her career took off with some collaboration with hip hop artists MF Doom and Oh No, but as she has stepped into her own, we can see what real talent she has. This is just a beautiful voice, reminding us of love and humanity. <http://www.myspace.com/staceyeps> <http://staceyeps.wordpress.com/>

Folk/Singer-Songwriter – Ane Brun – Sketches (Balloon Ranger, 2008). This album includes acoustic versions of all the songs from this Norwegian singer/songwriter's 2008 release "Changes of Season". Playing these songs in their stripped-down form highlights the stunning emotional impact of her lyrics and reveals a melancholic side to the Norwegian music scene. Especially poignant is her strangely haunting cover of Cyndi Lauper's "True Colors". Perfect for relaxing with some wine or hot chocolate on a cold Sunday afternoon. <http://www.myspace.com/anebrun>

Electronic - Polar – In the End (Warm Communications, 2008). Alas, sometimes we do judge a book by its cover. Intrigued by the water colour painting that graces this SF based, Norwegian DJ's latest release, I was pleasantly surprised when I listened to this album. It ebbs between lush soundscapes and dub inspired minimal beats, awash with reverb and synths. Even more fascinating is that this is Polar's first release in almost 6 years since suffering severe hearing damage. Lauded as one of the best up and coming DJ's

earlier this decade, it was speculated that this injury could have ended his blossoming career. It reminds me of a scene from "It's All Gone Pete Tong," a movie with a similar, but fictional, premise. In it, the protagonist regains his ability to listen with the help of a beautiful lip-reading instructor, and I think, at last, is mindful of the energy that music can create, even if he can't hear it. 

<http://www.myspace.com/kpolar>

For more suggestions on music, books and film, see my blog: djrromomusic.blogspot.com

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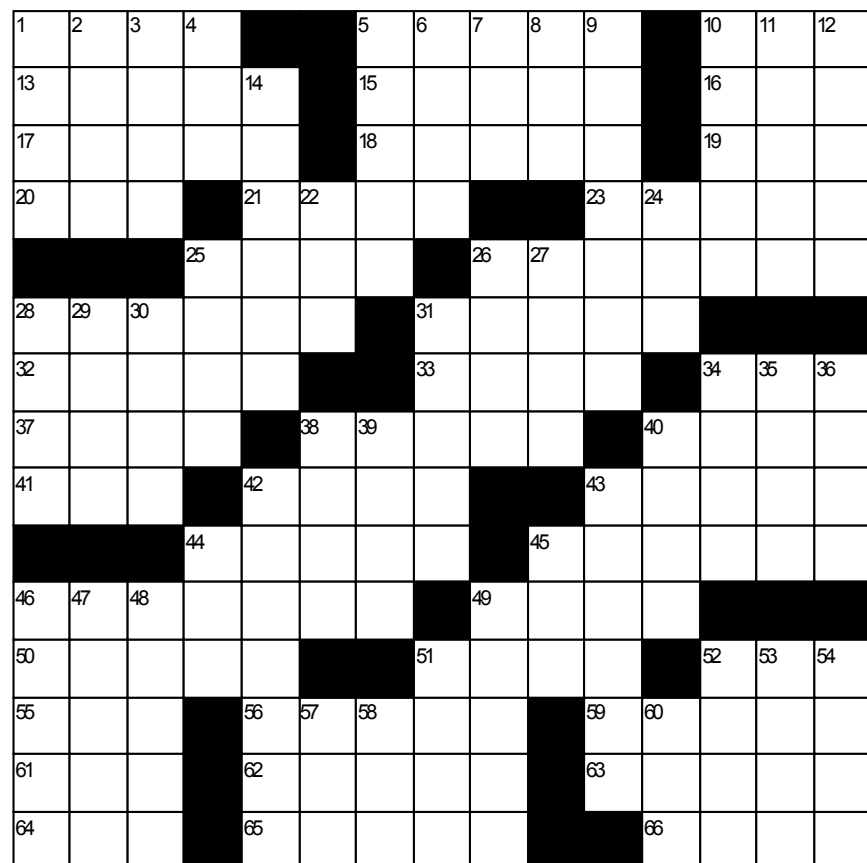


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The Right Hemisphere

BY DANIEL FINNIGAN



www.CrosswordWeaver.com

65 Gosh!
66 Axis part

DOWN

- 1 Burn treatment
- 2 Autos
- 3 Stringed instrument
- 4 Sound of disgust
- 5 Apprehend
- 6 Berserk
- 7 Tyrannosaurus
- 8 Kimono sash
- 9 Discovered insulin
- 10 Spiny plants
- 11 Abraham's son
- 12 Adam's fateful snack
- 14 Supervisor
- 22 Airport abbr.
- 24 Often poetically
- 25 Lawyer (abbr.)
- 26 Past
- 27 A property of valuable items
- 28 Scene division
- 29 Walking style
- 30 Raggedy Ann's friend
- 31 End
- 34 Good in exclusion, bad in inclusion
- 35 Leaf maker
- 36 Philosopher Carl
- 38 Location
- 39 Common patient complaint
- 40 Unit
- 42 Cliff diver
- 43 Believer in Islam
- 44 Standard or average
- 45 Calorie
- 46 Mortal
- 47 The CNS and a cocktail may have this in common
- 48 Had a speed contest
- 49 Disorderly
- 51 Phone
- 52 Julia Ward ____, Battle Hymn of the Republic
- 53 Eve's garden
- 54 Ward slang
- 57 Couple
- 58 Building addition
- 60 Spare this, and you may spoil the child

For solutions, see page 25

ACROSS

- 1 Organization concerned with civil liberties (abbr.)
- 5 Imitation chocolate
- 10 Central Intelligence Agency
- 13 Express mirth
- 15 Very tiny animal
- 16 Viper
- 17 Straight, prefix
- 18 Poison
- 19 "wage _" or "baseball _", e.g.
- 20 Compass point
- 21 Cervix
- 23 Sum
- 25 Cushing's consideration
- 26 Mouth, e.g.
- 28 Modern female mystery writer Christie
- 31 __ -garde
- 32 Poem division
- 33 Floating ice
- 34 Long-term memory
- 37 Neat
- 38 Hardy reproductive structure
- 40 Beside, prefix
- 41 Pigpen
- 42 Prevaricator
- 43 Microwave laser
- 44 One of two arms
- 45 Brain bark
- 46 Vertebral, e.g.
- 49 Feeding cell
- 50 Reaper of sleep
- 51 Monk's room
- 52 Skirt edge
- 55 Twitching
- 56 Begins all creativity
- 59 Eat away
- 61 Street abbr.
- 62 Voids
- 63 Cut the lawn
- 64 Every home smoke detector has one

Six Word Poem Contest

During the fall semester of 2008, Queen's medical students were offered the chance to both creatively procrastinate in class AND compete for the chance to win a \$50 gift certificate! The best part: all it required was six words! (Surely a writing course isn't necessary for this?!) We were duly impressed with the wide range of topics expressed in the submissions we received: the poems varied from the deeply thoughtful to the playful to the common sense wisecrack submitted by our winner, Paul Hertz, Meds 2011.

Wikipedia, (trusted?) medical resource since 2001.

Paul Hertz

The Artistic:

I tripped, fell
She looked away.
-Baldeep Paul, 2011

Transient are souls, increasingly
they vanish
-Ali Ibrahim, 2012

Dream to sleep
Without a peep
-Philip Harvey, 2012

learning to live
dying each day
-Melissa Sheldrick, 2010

pitter patter
meow
growl
wringing neck
-Adrienne Li, 2011

North Pole.

Poker with Santa.
Pramipexole.
-Arundip Asaduzzaman, 2011

Inspiration. Fires the forges of
creation.
-Kathryn Rutherford, 2011

Me opt a pop at poem.
-Hasan Sheikh, 2012

The Medical:

Myasthenia Gravis
my fingers are tired.
-Christopher Trebb, 2012

My dog spot,
Has a melanoma.
-Baldeep Paul, 2011

The heart stops.
The body drops.
-Zale Mednick, 2012

Thyroid, parathyroid,
hypoparathyroidism,
pseudohypoparathyroidism,
pseudopseudohypoparathyroidism,
ouch
-Ronish Gupta, 2010

red
flashing
siren
stop
shadows
shrouded
-Adrienne Li, 2011

Bulging, dilated, drowsy, seizing,
young eyes
-Diana Popescu, 2011

Stethoscope, spectacles, Merck
Off to work!
Paul Hallelujah, 2011

The Queen's Specific:

Dr. Avernus,
Oh those divine sideburns.
-Fateme Salehi, 2012

Botterell hall
My day, night, all.
-Fateme Salehi, 2012

Could a bare bear bear Baer?
-Nate Charach, 2011

Clerkship: Oh man I know nothing
-Zain Chagla, 2009

Reflections on the End of an Era

BY CHRISTA DANKIN

At first,
you start.
And everything is new.
And your biggest problems
involve finding the spleen.
And approbations rain down
until it feels like you are floating.
And you can do no wrong,
even when you do wrong.

Then you grow.
And you learn
that you may not always get praise
like honey,
and that the differential just keeps getting
longer.

And you learn
that there are always surprises,
and that your greatest strengths
may also be your greatest weaknesses
(especially if they like 3am jagerbombs)

And you grow.
And the piles upon piles of paper
drown you
and you swirl, and you grasp, and you fall.
And you learn to cry.
And you learn to stop.
And you learn to breathe.

And you change.
Change libraries, change techniques,

change hairstyles.
And you begin to realize
that the light in the distance
may not be an oncoming train after all.
There is no distance.
You have eaten away the distance.
And all that is left
is a void.
And you stare into it,
and you wonder.
Can I fill that void?
Am I big enough, strong enough, smart
enough?

And you grow.

The Art of Medicine

BY JESSICA MOE

Embedded in every action is the potential for art. We often talk about the art of cooking, of conversation, or of music. Usually, when we call someone an artist, it is because he or she shines above the rest. Something sets him or her apart from the humdrum of the everyday. Out of a norm of routine, something inspires.


Medicine is a discipline of minutiae. To become a medical expert is to master human anatomy, to recognize obscure invading pathogens, and to commit to memory thousands of drugs. There's no question: a good doctor knows stuff.

But surely medicine isn't just about the ability to encyclopaedically recall volumes of information. An exceptional doctor is made of something more.

To master the requisite knowledge and skills demanded by the practice of medicine is an admirable achievement. Indeed, medicine is a challenge of endurance for the intellect, mind, and body. But what sets apart a vessel of information from an artist is the ability to apply this expertise with a remarkable awareness of self and others, and a deeper understanding of the way the world works. This is what inspires.

At the basis of any art is insight: an intangible sensitivity to the nuance and expansiveness that are possible within rigid structures. The artistic possibility of any activity is what allows it to transcend the mundane, and what gives it meaning beyond a sum of literal actions. Conversing becomes more than a semantic flow of words within a grammatical frame. Cooking becomes more than a calculated combination of ingredients, and music more than a series of intervals and tones.

The real artists within the practice of medicine are those doctors who have come to understand that human beings are more than the mere sum of organ systems and blood tests. Indeed, the art of medicine is the recognition that every human encounter, whether it is one's first or thousandth patient, is ripe with the potential for poetry. It is the realization that we, as doctors and doctors to be, are keepers of coveted stories, and that in every human interaction in which we engage, we weave new, important narratives. We become part of peoples' stories, and they become part of ours.

Medicine is about the study of the human body – an exciting, challenging, and important endeavour. The art of medicine, on the other hand, is about mastering the science and moreover, seeing the poetry in every human encounter. It is by our art that we will be remembered. 

The Queen's Medical Review editorial staff would like to sincerely thank our colleagues for supporting this year's fundraisers, and helping us obtain an AMS student fee. This assistance has helped to publish this year's Arts Issue as well as provide us with sustainable funding for the future. We hope that you enjoy this issue, and those to come!



