

## Comments – Creative Anatomy Projects 2007

Hi. My name is Dr. Shapiro and I have the privilege of working with Dr. Leonard and other faculty in responding to the gross anatomy creative projects. I was fortunate enough to be assigned your sketch (I hope I have the right person, it was hard to read the signature!), which I found very thought-provoking. To me, it appeared to be a medical student standing over an open cadaver bag. But instead of a body inside, there is only a mirror. So in fact, the student finds himself inside the bag. He is the cadaver. I love the implications of this. We are not different from cadavers – we are cadavers, if not now, then someday. This identification with the cadaver – the realization that there is a bond stretching across life and death that unites us – struck me as very powerful. I enjoyed your work very much. Best, Dr, Shapiro

Hi [REDACTED]. My name is Dr. Shapiro and I have the privilege of working with Dr. Leonard and other faculty in responding to the gross anatomy creative projects. I was fortunate enough to be assigned your sketch, which I found very moving. Thank you for including some explanation on the back, as well as the comment of your fellow classmate. I know that for many medical students, holding that heart is a pivotal moment. That is somehow what your sketch conveyed to me – the proximity of life and death (the hand and the heart); the similarity of life and death (the living and dead hands); and the privilege of starting on the path to physicianhood (the tenderness, gentleness, and respect with which the living hand holds the deceased heart). Thank you for such a beautiful and touching work. Dr. Shapiro

Hello, [REDACTED]. My name is Dr. Shapiro and I have the privilege of working with Dr. Leonard and other faculty in responding to the gross anatomy creative projects. I was fortunate enough to be assigned your sketch, which I found intriguing and beautiful. Although I do not know sign language, I suspect your hands were speaking to me, and perhaps something of what they were saying was represented in the text. In any case, the hands were full of life and expression. To me, they said something about how to be a doctor – and a person: generous, tolerant, loving, unselfish. I hope I understood something of what you were trying to convey. Thank you for participating in this project. Dr. Shapiro

Greetings, [REDACTED]. My name is Dr. Shapiro and I have the privilege of working with Dr. Leonard and other faculty in responding to the gross anatomy creative projects. I was fortunate enough to be assigned your poem, which I found challenging and intriguing. You are a strong writer, and I'd encourage you to submit this effort to Plexus. I liked the faux-Elizabethan language (wager, good sirs and madams, save) – it added a kind of timeless continuity to your insights. I also liked all the “clichéd” metaphors you used – the race for the prize, the big cheese, the launch, the carrot. Their banality underlined

your ironic implication that no matter how much we run toward “ultimate excess” we all end up in the same dead place. Really a thoughtful, biting (!) piece. Dr. Shapiro

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Hello, ██████████. My name is Dr. Shapiro and I have the privilege of working with Dr. Leonard and other faculty in responding to the gross anatomy creative projects. I was fortunate enough to be assigned your poem, which was just incredibly touching. It truly brought tears to my eyes! I know that students are not provided actual knowledge of their cadavers, but this was a wonderful act of imagination. I also don't know what the view of donation is in the Vietnamese community, but I'm thinking that, like in most populations, it is not an often-endorsed choice. Therefore, the idea of speculating about the hard life and frustrated aspirations of this Vietnamese gentleman, only to see his hopes finally realized through donation, was really beautiful. What a lovely piece of work. Thank you for writing this! Dr. Shapiro

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Greetings, ██████████. My name is Dr. Shapiro and I have the privilege of working with Dr. Leonard and other faculty in responding to the gross anatomy creative projects. I was fortunate enough to be assigned your poem, which I really enjoyed. You did an excellent job of point-of-view writing. It was also interesting how at first the cadaver and student seemed to experience dissection together; but the students quickly became disappointed and judged their cadaver inadequate. This is a fascinating response to explore, especially from the cadaver's viewpoint; and I guarantee it is one that arises toward patients as well – patients who don't have interesting disease; patients who are “nasty”; patients who are unpleasant etc. Just as Bertha's students learned to be patient and “find” what they were looking for in her, I hope you will continue to be “patient” with your living patients, and remember that each one has something important to teach you. Best, Dr. Shapiro

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Hello, ██████████. My name is Dr. Shapiro and I have the privilege of working with Dr. Leonard and other faculty in responding to the gross anatomy creative projects. I was fortunate enough to be assigned your poem, which was clever and humorous. You landed on a very nice conceit, the alphabet, since anatomy is supposed to be the “foundation” of medicine. The rhyming scheme kept the mood light and playful, an important perspective to maintain while proceeding through anatomy. Glad your cadaver showed up on the practical ☺. Thank you for submitting this work. Dr. Shapiro

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Hi, ██████████. My name is Dr. Shapiro and I have the privilege of working with Dr. Leonard and other faculty in responding to the gross anatomy creative projects. I was fortunate enough to be assigned your poem, which I thought was quite touching. You did an excellent job of imagining the life of this cadaver. Your poem is comprised of those particular precious moments that constitute a life. I'm glad you were able to envisage a happy and fulfilled life for your cadaver. Thank you for submitting this work. Dr. Shapiro P.S. As a grandma pushing sixty, I can testify that there is a lot of living between 24 and 86 ☺.

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Hello, ██████. My name is Dr. Shapiro and I have the privilege of working with Dr. Leonard and other faculty in responding to the gross anatomy creative projects. I was fortunate enough to be assigned your cadaver “interview,” which was quite illuminating. As an interviewer, your questions were excellent, and showed a lot of insight into both the students’ experience and the cadaver’s. And I thought some of the cadaver’s responses were touching, and showed your empathy (even for a cadaver). Best, Dr. Shapiro

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Greetings, ██████. My name is Dr. Shapiro and I have the privilege of working with Dr. Leonard and other faculty in responding to the gross anatomy creative projects. I remember your insightful comments from the anatomy discussion section, and feel very fortunate to have been assigned your journal excerpt. The blow-by-blow account lacks a longer perspective, but provides invaluable insight about what dissection has been like for you on a daily basis. Your EMT background also gives you an interesting take on what goes on in anatomy lab, as well as the transition from firefighter/medic to physician. I also enjoyed your “spiritual” reflections on what the body means minus a soul; and where could that darn soul be anyway? I think these are questions every medical student must come to terms with eventually, although not all do. You also have an enjoyably dry sense of humor, which probably comes in handy in lab.

I truly appreciated your honest accounting of your personal lesson in humility. In my opinion, humility is one of the most underrated – and certainly least mentioned – virtues in medicine. Medical students tend to have a lot of humility (kind of tends to go along with ignorance); but many residents and physicians seem to feel humility bears an inverse relationship to expertise and knowledge (it doesn’t). I thought you had an important insight about inflicting pain. Unfortunately, this happens a lot in medicine, presumably for the greater good of the patient. Part of the therapeutic contract implies the patient consenting to a certain amount of iatrogenic suffering in the hopes of cure, amelioration, or the reduction of even greater suffering. But I think as a physician it is easy to take the suffering of patients too lightly, as a self-protective response. Of course, physicians need to be able to gaze on the horror (and this is a part of suffering too; it’s not all saintliness and martyrdom) and pain of medicine; they can’t be keeling over right and left. But the ideal physician, at least in my book, should sustain this gaze with an open heart; and not resort to rationalizations like “Oh, this person is histrionic”; “These people are screamers”; “It doesn’t hurt nearly as much as she’s making out”; “It does hurt as much as she’s making out, but I have to do it.” Causing pain is a necessary and hopefully usually (ultimately) beneficial part of medicine. But physicians should always inflict the minimum of pain necessary with the maximum compassion possible.

Thanks for stimulating such reflection! Best, Dr. Shapiro