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# pulse

voices from the heart of medicine

## MORE VOICES —a second anthology

Paul Gross MD and Diane Guernsey

Foreword by Maureen Bisognano  
President and CEO, Institute for Healthcare Improvement

Introductions by Johanna Shapiro PhD and  
Judy Schaefer RNC MA

## introductions

*Pulse*—*voices from the heart of medicine* is a unique e-magazine that sends subscribers (for free!) brief weekly readings of original, medically themed prose or poetry. *Pulse* is the inspiration of Paul Gross. Its realization has required the editorial gifts of his wife, Diane Guernsey, and the involvement of a truly impressive group of professionals and laypersons.

Many of you reading this already know the feelings of anticipation that stir as you await *Pulse's* arrival in your inbox—the sense of curiosity about that week's piece, and the pleasure of savoring it once it arrives. The selection may be inspiring, heartrending or both. But it is always a joy, because it draws you inexorably closer to the heart—even the soul—of medicine.

*Pulse* has a distinctive orientation. First, it has a very specific focus: It is devoted to writing about experiences of giving and receiving health care. Second, it seeks out many voices—those of patients, nurses, doctors, family members and other caregivers—and makes no distinction between these different groups on the basis of status or hierarchy. Third, *Pulse* stresses authenticity: It wants its authors to truly “speak from the heart,” to reflect on deeply felt personal experience in a way that is “true” and “real.” Fourth, because medicine has to do (at least theoretically) with healing, *Pulse* aims to be a healing presence in the world of health care, which is so abundant in suffering, for both patients and those who care for them.

Contributors to *Pulse* share their journeys through health or illness, or at least slivers of these journeys, in memorable images and situations that linger in the mind's eye because they are about something much greater than the moment described.

This kind of narrative healing benefits readers and writers in every category—the patients distressed by their bodies' betrayals (and at times, sadly, by the betrayals of the healthcare system itself), and the doctors, nurses and other health professionals who, in caring for these patients under often frustrating and constraining circumstances, can end up feeling burned-out and disillusioned. For all involved, we hope that *Pulse* will be felt as a gift—a small, humanizing act of generosity in a world seemingly preoccupied with billing and insurance coverage, fees and charges.

As one of *Pulse's* two poetry editors, I've had my own journey with the magazine, having been on board since its inception. (In fact, Paul invited me on board before we knew where the boat was going, or even what kind of boat it was!)

Together with Paul, Diane and my invaluable co-editor, Judy Schaefer, I've had the privilege of working to realize *Pulse's* vision—and even, at times, helping to shape it.

We are an eclectic (some might say ragtag) band. To use the current phrase, we are “interprofessional.” Paul is a family physician, writer and singer-songwriter. Diane is a writer, editor, psychoanalyst and classically trained pianist. Judy is an acclaimed nurse-poet. I am a psychologist by training, one with a great interest in the role of literature in medicine. (I also scribble the occasional poem when I think no one is looking.)

Our freewheeling interdisciplinary exchanges are one of the things I like most about *Pulse*. We are not bound by a single academic worldview; rather, we bring a range of perspectives, likes and dislikes to the process of selecting *Pulse's* pieces. Although we each contribute a different expertise to the task, we share an essentially democratic attitude toward literature: We believe that stories and poetry are written primarily for ordinary people, and not for literary critics. Despite our regard for “craft” and “wordsmithing” (two words I've learned to value as a result of my interactions with my colleague Judy), we recognize that a compelling story or poem must also offer something more profound: a deeper truth that emanates from the core of the writer's being.

This commitment to seeking out deeper truths sparks the kind of provocative dialogue that occurs with some regularity at *Pulse* and that I find very exciting to take part in: What, really, do we mean by “truth”?

Philosophers have grappled with that question, and so has the staff at *Pulse*. “What is truer than the truth?” asks an old folk saying—and the answer is, “A good story.”

But how do we know a story is “true”? At *Pulse*, we ask contributors to confirm that their stories, whether prose or poetry, are based on actual experience. But once the forces of storytelling, craft and wordsmithing take over, a good narrative can never be purely literal. It is shaped by the demands of aesthetics and authorial intent, and by something both more powerful and less under conscious control than either of these—the creator’s compelling need to speak or discover his or her own, uniquely personal version of the experiences he’s describing. When reading *Pulse*’s many wonderful submissions, we look for the presence of something “truer than truth”—a presence that humbles us when we find it.

Reflecting on our many exchanges (ultimately unresolvable, but rich and fruitful) about the nature of truth leads me inevitably to *Pulse*’s poetry.

As William Carlos Williams famously wrote, “You cannot get the news from poetry.” If that’s the case, then why read it? Especially in medicine, with its randomized, double-blind, controlled trials and its smartphone apps to aid in clinical decision-making, what good, really, is poetry? Poetry seems uncomfortably non-utilitarian, lacking in measurable outcomes.

Poetry, like prose, is about healing. And everyone involved in health care is in need of healing—patients, families, doctors and nurses alike. I discovered this for myself during various personal encounters with illness, when the research literature I consulted informed but did not console me. Only the bright, sharp edge of Jane Kenyon’s verse or the pure uncompromising voice of Raymond Carver could do that. Or lines like these, from one of the poems in this collection, Jan Jahner’s “Semi-Private Room,” about a nurse’s encounter with an anorexic young patient:

Sometimes nectar appears  
when stories intersect:

.....

Our connection becomes a spoon  
with its delicate curve  
Starting the goodbyes, I hand her my card

she reads through the menu  
departing, I feel the full moon  
rising in my chest.

Prose can do much the same thing, of course, but for me, at least, poetry is a kind compressed truth—“Truth at a slant,” as Emily Dickinson put it.

Much of the last fifteen years of my career has been devoted to reading and reflecting on poetry written by patients, medical students and physicians, and talking to some of these poets about why they write. One thing I’ve learned from this immersion is that poetry is full of surprises, not least for its authors.

Listen to how Stanley Schuman, a pediatrician, is surprised by a puff of grace in this excerpt from his poem “The Ancients Had It Right”:

Consider my distress, in my just-opened pediatric office.  
Stumped by Angela, a three-year-old  
So panicked by my white coat, no way to examine her.

Screaming, clutching Mother, she knew and I knew  
This wasn’t university-hospital, with back-up nurses.  
Instead, it was one-on-one,  
Advantage Angela.

Desperate, I felt for a stray balloon in my  
Pants pocket (from my own child’s birthday).  
Putting it to my lips, I strained to inflate the stubborn thing.  
Instantly, Angela’s tear-reddened eyes opened wide.  
The more I flushed and puffed, clown-like,  
The more she giggled, finally bursting into laughter,  
Sans fear, forgetting pain.  
My breath, a yellow balloon, a child’s laughter...  
Three gifts from the gods!

Poetry is often more unexpected, less conventional than prose. It feeds on metaphor, image and sound. Also, good poetry is uncomfortable to read and to create; it is indirect, allusive, ambiguous and open to multiple (sometimes conflicting) interpretations. As I like to remind poetry-resistant learners, poems are a lot like some patients. We might wish that patients resembled a tightly structured, well-developed essay, but often they are more like a poem—hard to grasp, providing only tantalizing hints of themselves, with great complexity packed into a brief space.

In this excerpt from the poem “Dissolution,” author Jocelyn Jiao attributes her own metaphoric corrosion of language as a sympathetic resonance to a loved one’s dying struggle to speak. “Even fish can sing,” the poet writes. As we ponder possible (and impossible) meanings of this elliptical, poignant phrase, we realize how mysterious yet essential the process is by which words connect us.

it all started at your  
bedside, when your lips  
were parted, straining  
to form one first, final word.  
a sudden embrace of cold  
concrete made you into  
some bright thing with eyes  
translucent, gasping  
for the comfort of  
water, empty and clear—  
when ebullience  
once spilled from your lips  
as a sun warms an earth.

do you see? words are meant  
for creatures of air. i have no use for them;  
even fish can sing.

It is the opportunity to disseminate poetry that wrestles with life and death, suffering and joy, relational detachment and connection, all within the context of medicine, that keeps me ardent about *Pulse*.

Admittedly, it can be terribly difficult to choose from among poems devoted to these grand themes (my co-editor Judy has set the bar very high for “death” poems, since, in her view, the subject gives the writer an unfair advantage over those who have tackled more prosaic topics!). But I love the idea that anyone—doctor, patient, nurse, caregiver, hospital administrator—can take a shot at writing a great poem. I love the possibility that reading a poem written by *someone else’s* patient can give a doctor an epiphany about one of her own. I love that we can give people who labor in the healthcare trenches, or who are the walking wounded, a forum in which to share their uniquely personal hopes and fears. Most of all, I love that *Pulse* creates an e-community committed to speaking the truth—about our deepest losses, our highest triumphs and everything in between—with grace and grit.

*Johanna Shapiro PhD*