IRIS

the art and literary journal

Winter 2025 | Issue 16

WINTER 2025

ISSUE 16

Advisory Editor	Raj Telhan, M.D., M.F.A
Editors-In-Chief	Grace Fuller, Jessica Gingles, Alleigh G. Wiggs
Executive Editors	Jocelyn "J" Hunt, Mary Mariyampillai
Art Director	Julie Hwang
Poetry Editor	Arielle Johnston
Contributing Artists	Daniella Bick, Jiwoo Kim
Contributing Poetry Editors	Miles McAllister, Gayatri Ratakonda, Novi Zheng
Contributing Editors	Hrishika Muthukrishnan, Preetha Ramachandran, Emmaline Smith
Social Media Director	Samantha Kodikara
Web Designer	Victoria Fonseca
Social Media Liaison	Neha Jain
Cover Image	Symbiosis By Danielle Schmidt

Iris: The art and literary journal *is proudly sponsored by the UNC School of Medicine Medical Alumni Association. To support* Iris *as a vital outlet for creativity in medicine, please consider donating to the Medical Alumni Loyalty Fund.*

WINTER 2025

CONTENTS

poetry

prose

art and photography

EDITOR’S NOTE
The Art of Medicine
Issue 16, Winter 2025

Dear Readers,

As students and professionals of both medicine and health humanities, we exist in a liminal space. In one moment, a baby is born, and in another, a devastating prognosis unfolds. We are challenged to build upon our knowledge while also forced to become comfortable with uncertainty. We wrestle with our own identities as patients or caregivers who must simultaneously step into the role of physicians. We witness strength and resilience in others yet also come to intimately understand human fragility.

A life lived at this threshold can destabilize one’s sense of self. Art and literature, however, help us to regain it. Creative expression makes sense of the human experience that we are entrusted to care for. Thus, we thank you for engaging in a space that allows our contributors to open their hearts and their minds to you.

This issue of *Iris* explores how we interact with the world, whether that be within ourselves, others, or nature. The cover art, *Symbiosis* by Danielle Schmidt, suggests that we are not separate from the world's surroundings but rather embedded in them. Nature shapes us, just as we shape it. This theme will recur throughout the issue.

In addition to nature, we cannot neglect the role that art plays in our experiences of health. While nature provides the breath which keeps the heart beating, art makes the experience of life breathable. We hope this publication helps you to further appreciate these symbiotic relationships and how they may play out in your life.

Grace Fuller, Jessica Gingles, Alleigh G. Wiggs
Editors-in-Chief
2025–2026

The Weight of a Palm

Shirin Adel

Issue 16, Winter 2025

There's his cry!
I exclaim
to my tearful patient as
she shivers beneath the palm
I gingerly placed on her shoulder
moments after a stat c-section
while standing in her pooling blood.
I wonder why the miracle of life
far too often places us
in the wanting reach of death.

about | poet

ADEL

Shirin Adel is a third-year medical student at the University of North Carolina at Chapel Hill, her alma mater, where she also received her bachelor's degree in biology. She is interested in hospital medicine, women's health advocacy, and investigations of health outcomes in high-risk patient populations. Shirin demonstrates her dedication to advocacy through nature photography, painting, and prose that reflect on the lived experiences of women, work she has published in previous issues of *Iris*.

Cesarean

Cooper Swann

Issue 16, Winter 2025

White belly illuminated. Lights blinding. Everything is clean. Everything is ordered. My arms are still moist from scrubbing; I can feel the friction of the gown. I look around and take notice. I must notice; I must make sure not to interrupt the process. This isn't new to me. I've been in this theater before; I've seen the play; I've watched the dance. And in this moment, the surgical symphony is about to begin.

I stand over the patient, lateral to her abdomen on her left side. I can hear her voice, but I cannot see her face. The curtain keeps her hidden from us, and us from her. Things and people are being placed. Her pastel abdomen is an island breaking the waves of royal blue surgical drapes.

Suddenly, a timeout is called. The machinery and movements of the room are stilled. There is a brief silence. The patient is described: name, date of birth, meds, allergies, and why she is joining us today—"*Here for a section!*" Confirmations are made. We have our permission. The chief leads the way, captaining the ship, wielding the scalpel. The attending beside me watches with boredom; the intern across from me watches with excitement. I just watch. I remember the other times I watched, but those times were different. Although those patients had been fast asleep, their bodies were wide awake from the pathologies that plagued them—necrosis, ischemia, infection. The bowels had gone bad and rotted, the diseased coronaries had strangled the heart, limbs had turned black with gangrene. Entropy had been the enemy.

As I gaze over the abdomen that lies in front of me, my mind begins to prepare itself, retrieving, urgently—the layers of the abdominal wall; the peritoneum; the liver; the spleen; the stomach; the bowels, small and large. I was going to see the yellow of the omentum and smell the burnt flesh from cautery. When asked, I was going to recite the facts I had memorized. I was going to impress the attending. Neither the abdomen nor the things it houses are new to me.

"*Start!*"

As the icy steel knife plunges into that pale flesh below her navel, I have a realization. This is not like the other times. There will be no necrosis, no ischemia, no infection. The pathology is not the spectacle. Entropy will not be the enemy. I will not lay eyes on the liver, spleen, or stomach. In this moment, these are not the systems of interest. My eyes widen. My breathing grows heavier, the fog obscuring my eye shields. I will bear witness today. I am going to see the beginning: once that uterus is lacerated and stretched, and once that sac is ruptured, more than just blood and amnion will flow. A river of life will burst forth, a new spring blooming from the eternal winter that is nonexistence. The cry of a new soul will ring throughout the OR like church bells. Tears will be shed and congratulations will be given while the umbilical cord is cut—a physical severing followed by spiritual bond, the mother holding them tight. A journey begins. This is not like the other times.

"*Happy birthday.*"

about | author

SWANN

Before medical school, Cooper Swann attended Cape Fear Community College and the University of North Carolina Wilmington, graduating in 2019. He has applied to internal medicine for the 2025-2026 ERAS cycle. When he is not thinking about medicine, he is probably playing chess.

Violet Haze

Danielle Schmidt

Issue 16, Winter 2025

Acrylic paint on canvas

Violet Haze depicts a vibrant meadow of tulips and wildflowers emerging against a background of swirling purple splatters and abstract color. Inspired by a spring garden outside my research lab, the piece celebrates the quiet magic of flowers and the way they animate even the most ordinary spaces. It is a tribute to the color and vitality nature offers freely when we take a moment to notice.

about | artist

SCHMIDT

Danielle Schmidt is a first-year medical student at the University of North Carolina School of Medicine. She earned her Bachelor of Science in Biology from the University of North Carolina and her Master of Public Health and Master of Science in Microbiology from the George Washington University. Outside of medicine, she has strong interests in immunotherapeutic cancer research and public health initiatives aimed at mitigating health disparities and increasing access to care. Artistically, she is drawn to impressionism and enjoys combining colorful scenes of nature and medicine. She primarily works in acrylic on canvas.

Her work can be viewed at behance.net/danielleschmidt9.

Dad. Brain Cancer

Anna Ilyasova

Issue 16, Winter 2025

It felt cruel
To study the pathways that were changing you.
Astrocytoma, glioblastoma
Underlined them twice.
Drew margins full of synapses
The ones that were failing you in real time.

Meanwhile at home,
Your balance shifted.
Your voice blurred into shapes.
Your personality changed
Lectures didn’t teach that.
It felt like betrayal.
Learning to understand your disease,
While it took you away.

No one taught me how to stay studious while
Grieving.
Studying flashcards of mechanisms,
watching those sequences
take you away.

I passed the exam. I took my boards.
By the time I could tell you that,
You could no longer respond.
Medicine was never a thought exercise. It was a
movie in front of me.

They told me it was aphasia,
that the pathways were gone.
I knew where this was going.
It was in the flashcards.

And I answered without asking.
Nodded when you blinked,
sat with you in the long pauses
waiting for
words that might still arrive.

You were still there.
Even when stripped of language,
You could still respond.
With tears, with smiles.
With a hug that told me you wished you could stay.

And that was the hardest part.
Knowing you hadn't left yet,
only the means to say so.

about | poet

ILYASOVA

Anna “Anya” Ilyasova is a fourth-year medical student at the University of North Carolina School of Medicine. She received her bachelor’s degree in public health from the UNC Gillings School of Global Public Health, with a minor in chemistry. She has interests in public health, global health, and food allergy research, and plans to pursue internal medicine residency.

The Reversal

Joshua B. Romero

Issue 16, Winter 2025

Written from my hospital bed(Hospital Day 3)…

It can be easy to think we're invincible, until we're not—until we have that humbling experience that reminds us we are human.

Over the past several years, I've invested in my growth and worked to build the mental toughness I admire in my role model, retired U.S. Navy SEAL David Goggins. I've lost nearly 100 pounds, completed Ironman triathlons, pushed myself to succeed in medical and law school, and set my sights on future personal and professional goals. In his YouTube videos, Goggins repeats a simple, motivational mantra—"Stay hard." I try to carry that mindset with me to stay disciplined and push forward, especially when life is challenging or uncomfortable.

However, I now realize that we can take lessons from Goggins while still showing ourselves compassion and respect. Before medical school, I read *Being Mortal* by Atul Gawande, which highlights how illness can rob us of our physical autonomy—a theme I've come to intimately recognize over the past year.

It started with witnessing this loss of bodily autonomy in my patients. I remember on my internal medicine rotation when I discovered that my patient had Progressive Multifocal Leukoencephalopathy, a rare AIDS-defining, terminal illness. For over twenty days, I followed this patient, witnessing his neurologic exam and his autonomy progressively decline—first it was his vision, then muscle bulk and strength, then mentation. Eventually, he passed away. No Goggins mindset would have saved this patient.

Recently, I entrusted my own care to a surgeon. I expected the experience to be uncomfortable yet smooth enough to maintain a somewhat normal schedule with some minor adjustments. However, on post-operative day twelve, things changed. I began developing chills, lightheadedness, night sweats, and occasional moments of confusion. My body began to swell and increasing pain ensued.

With the swelling ballooning and the pain spiking, I let my Goggins mindset take over: *I can handle it. It's just a little pain…I'm fine. This will resolve.* I kept attending my clinical rotation as if I were not struggling or experiencing pain—I had patients to help care for and a graduation timeline to maintain.

As my symptoms escalated, I continued to reach out to my surgeon, even following up multiple times in person. Unfortunately, he repeatedly downplayed my concerns, attributing everything to a common cold without any sinus symptoms to support that conclusion.

Despite knowing the “red flag” symptoms of post-operative infection, it was challenging for me to rebut my surgeon’s judgement. Moreover, while I considered going to the Emergency Department (ED) on a few occasions, I decided instead to push my body, trusting his clinical judgement. After all, he was the attending physician, and I was the medical student.

In hindsight, my reliance on his overly reassuring assessments delayed recognition of a serious complication. Within a few days, my pain was no longer controlled with over-the-counter and prescribed medications. I felt powerless, and I dreaded the idea of needing to rely on anyone other than my surgeon to figure out next steps. Though I felt like a burden, I soon decided to call my friend—my triathlon coach—who rushed me to the ED.

I’m so thankful I called her, because by the time the emergency physician assessed me at the bedside, I had signs of a surgical abdomen—guarding, rigidity, severe tenderness to light palpation, and moderate abdominal distention. A CT scan showed several fluid collections concerning for abscesses. Drains were placed by interventional radiology, I was started on broad-spectrum intravenous antibiotics, and my cultures soon grew *Staphylococcus aureus*.

Four days ago, I was in unbearable pain, I couldn’t move in bed nor get out of bed, and I certainly could not take care of myself. I pushed my call button more times than I could count requesting additional pain medication. It forced me to truly think about the subjectivity of pain and how my “nine out of ten” was neither me jumping off the bed nor rolling around—it was me lying completely still and quiet, intermittently holding my breath. Though I always tried to be cognizant of it, I reflected on how many times over the past year I could have underestimated my patients’ pain levels based off the way they appeared to me during a snapshot in time.

Reflexively, I wondered if the medical team thought I was simply seeking more pain medications than I truly needed.

******

One day later…

It is now hospital day four, and I’m finally starting to feel better. I can finally get up on my own and walk a lap or two around the unit. However, talking and walking (awkwardly, might I add) leaves me short of breath. I am exhausted and fatigued, and I’ve been dozing off near constantly, even in front of visitors. I should be discharged today, but I have been told that discharge does not necessarily preclude a wash-out procedure later this week.

My triathlon coach told me that my “one-hundred percent” just looks different right now, and I have had to reconcile that this new, uncomfortable reality is okay. It is a weird feeling to make your goal pacing the hospital unit one or two times in a day when you are used to your body being able to carry you 140.6 miles in the same amount of time.

Amidst all of this, I feel immense guilt as the patient, a perspective with which I have never had to grapple. As a result of my hospitalization, my mother had to make the impossibly difficult choice to leave my aunt—her sister—in Florida who recently suffered a spinal injury to be at my side. All the while, my mind keeps drifting to my grandmother, my nana, who was moved to inpatient hospice yesterday.

Today, on my discharge day, my nana called me on FaceTime to say goodbye, to tell me she loves me, and to let me know that she will always be with me in my heart. Lying in my hospital bed, I feel deeply selfish that my mom is here with me in North Carolina and that I am not there in Florida by my nana's bedside.

It feels like déjà vu: I've lost count of how many patients have told me about how their illness kept them from being with a loved one who was also hospitalized.

For the past year, I have been the one at the bedside tending to my patients, I have been in the operating room assisting on (or at least witnessing) their surgeries, and I have been the one lending a helping hand. Now, I know the feelings of being on the other side—the occasional thoughts of helplessness, the vulnerability, the intermittent feelings of lost dignity, and the lack of physical autonomy that can accompany illness.

At the same time, this week I have been reminded of gratitude and blessings. I think about the fact that I'm alive, that I made it to the hospital before becoming septic, and that I've received excellent care from the surgeons and residents here at the hospital. I also think about the nurses, nursing assistants, and additional medical staff who have cared for me while I cannot fully care for myself. Finally, I have reflected on the blessings in my life—the family and friends who have rallied by my side, who have sent messages of love and support, who have brought me food and sent me flowers, and who have spent time with me throughout this traumatic experience.

Although my concerns were met with reassurance that left me feeling dismissed by my surgeon, the experience has reminded me to never become void of compassion, because it can obscure the chance to step up for a patient in their time of need. Moreover, even in the hardest and darkest times, it's gratitude that keeps you attuned to the blessings that constantly surround us.

Ultimately, I have come to understand that neither Gawande nor Goggins were incorrect in their assessments of humankind. We need not repudiate toughness nor grit, but we should recalibrate our perceptions of them and should trust signals from our body before they become a form of self-erasure. While our will can be limitless, our body is not forever. We may not be invincible, but we are immensely strong despite also being immensely fragile all at once. We can do hard things, but we can also learn to trust our gut and seek help when we are hurting. We are surely mortal, but we are also resilient and remarkable, especially when we look after one another.

about | author

ROMERO

Josh Romero is an MD-JD student at the University of North Carolina. He also received his BA at the University of North Carolina, with double majors in chemistry and political science. He is interested in OB/GYN, as well as bioethical and constitutional dilemmas at the intersection of law and medicine. His work on First Amendment and Second Amendment issues in medicine has been featured in the *Journal of the American Medical Association*.

Learn more about his work on X at @jbromero98.

Discharge Summary

Shirin Adel

Issue 16, Winter 2025

"Another readmission"
I mumbled to myself,
leaving the patient's room
and hastily sanitizing my hands
to document that his ongoing pain
is attributable to polysubstance abuse
because there is no ICD code
for a lifetime of misfortune
that resulted in his only safety
becoming the same place
that deems him noncompliant
and eagerly waits
his discharge.

What's to Come

Victor Brozovsky

Issue 16, Winter 2025

Digital photograph

The honeysuckle bloom, bowed beneath a dusting of snow, holds a delicate tension between strength and fragility. Its petals bear weight yet remain open, embodying the quiet endurance I often witness in medicine—patients living with chronic illness, families caring through exhaustion, trainees persisting despite fatigue. A lone snowflake drifting toward the flower suggests another burden still to come. Yet even as the snow settles, it will one day melt. In that inevitable thaw, we find reason to hope—and to keep reaching toward light.

about | photographer

BROZOVSKY

Victor Brozovsky is a fourth-year medical student at the University of North Carolina School of Medicine. He received his Bachelor of Science in nuclear engineering from North Carolina State University, where he also began exploring photography. His academic and artistic interests include medical education, compassionate care that recognizes patients and caregivers as whole persons, and the role of art in cultivating empathy within medicine. This is his first publication in the health humanities.

Beneath the Surface **Casen Whitehead**

Issue 16, Winter 2025

The door creaks open.

A nurse slips into the room with a whisper, “Good morning…”

The sound of crickets permeates the air as time lingers on. My dad is close by, his hand lightly touching my blanket, a silent, yet comforting, reminder that he’s here.

“Good morning,” the nurse mutters.

I am still floating in dreamland, no worries in the world. Nothing can hurt me here.

Eventually, she musters the resolve to shake me awake. “Sorry to disturb, but it’s time to take your medication!”

I ignore her initially, staying connected to the deepest parts of my mind. Waking up would force me to face the harsh reality that had been awaiting.

Even though I appreciated my nurse’s company, I never liked this wretched space. It’s comparable to a prison. You’re locked up, patrolled by every caretaker in the building, can’t leave your room without permission, and put on a strict diet. At least in prison I wouldn’t be strapped to intertwining IV lines and monitors mimicking a straitjacket.

After some time, I come to my senses and arise from my slumber. Instantly, I’m reminded of my shackles, wishing my tethered central line was a strapped seatbelt instead, protecting me in my family’s van as it drives up the mountains toward a summer getaway. Sadly, my only summer getaway was an all-expense paid trip to isolation: population one.

“What time is it?” I ask groggily, as I continuously rub my blurred eyes.

“It’s about six in the morning…” the nurse whispers. “…I’m going to take your vitals.”

With my arms crossed, I roll my eyes. Unfortunately, this is a hospital, and the employees have protocols to follow—no matter how much backlash they receive from their patients. The nurses will always win; so, like the obedient patient I am, I take my medication while she takes my vitals.

After five minutes, she hastily cleans her station, vying to evade the silence as quickly as possible.

"Sorry again for waking you. You can go back to bed and get some sleep," the nurse says softly as she scurries out.

Once I hear the door quietly close, I glare at my dad and retreat to bed.

…

In this state, visions of a nearby timeline haunt my soul. Before my diagnosis, I was a curious and independent teenager, prone to making mistakes and full of questions. Tragically, those freedoms were stripped one by one, cancer consuming every aspect of my identity. Whenever I close my eyes, I hold those memories near, praying that someday they will become reality again. I never thought I would crave normalcy, but during this pivotal moment, I long to be a "nobody" more than anyone understands.

These memories taunt me, grappling with the harsh truth that this reality may cease to exist. They shine golden, assuming the shape of pointed stars glowing in the distance imitating an arch, floating amidst a dark galaxy. As I take strides closer, I feel my nimble hands reaching out to touch these souvenirs, the warmth of each star expanding. I'm within arm's reach of connecting with my distant past, extending closer and closer to these celestial bodies, my fingertips toasty from the stars' radiance, with only a few inches left before-

BEEP! BEEP! BEEP!

…

My eyes snap open like a firecracker. The brash buzzing of my alarm instantly wakes me from the warmth of the past. Wearily, I rotate my body to not disturb the medical malware that remains dormant and peek at my phone. In bright white lettering, I notice the time of 12:00 pm in the center, alerting my brain that it's time to encounter the obstacles that had been awaiting me.

This was my fourth tenure in the hospital, and I was almost done with my twenty-four-hour drip chemotherapy. Sadly, monotonous procedures became my "new normal," strengthening the pervasive dissociation in my mind. I needed to escape for my own sanity.

Those close in my life thought I was unphased going through six months of treatment. *I always knew how to play to the cameras.* I didn't want anyone to think I was struggling, as I was continually being pitied for being "the kid with cancer." I didn't want any more forgiveness or prayer. I just wanted to be cured.

Another nurse hastily swings the door open and enters the room. "A phlebotomist will be in here shortly to get vitals."

Like everything else they told me, I shrug my shoulders and my lips remain sealed. *Did I want some random man strolling into my perpetual cage?* No. *Did I have a choice?* No. My volition dissipated the second I was admitted. It was all a part of the lengthy and tedious process I "had" to have faith in.

Eventually, three knocks on the wooden door disturb my meditation. The phlebotomist ambles into the room. “Here to get some samples,” he says stiffly. No personality, no humor, just here strictly for business.

Knowing from previous painful experiences that my veins didn’t cooperate, I realized this was going to be no different. The phlebotomist grabs his kit and preps his utensils, each item more intimidating than the last. I stare into his vacant eyes, silently begging for only one small prick from the butterfly needle. My dad paces, his face tight with worry, hoping this procedure would be problem-free. The phlebotomist reaches for the sterile needle and jabs it into my arm… zero luck. He wiggles the needle around, hoping to latch onto any vein he could find. The pain, unbearable, feels as if a swarm of tiny drills are boring into the same spot on my arm, relentless and sharp. But the physical pain is nothing compared to the weight of seven months of surgeries, chemotherapy, and spinal taps, all of it lingering just beneath the surface of my skin.

After two minutes, the worker realizes that he needs to replace the defective instrument, so he quickly draws it out of my skin and prepares for the second insertion. I sit there—frozen—not uttering a single word. Finally, on the third attempt, he successfully pierces my narrow vein and extracts a pint of blood, reinforcing the fatigue I had already been impacted by from chemotherapy. Once he collected enough blood, he packed up his supplies and immediately rushed for the door. During that entire procedure, the room was so flushed with silence that the rhythmic beeping of the monitors spoke more than him. While overlooking my strife, his impartial behavior produced another mental crack in the fragile wall holding back waves of exhaustion and despair.

When he vacates the room, I’m left to spiral...

Why couldn’t he find a vein? Why did he swirl the needle around in my arm? Why didn’t he just remove the needle sooner? Why didn’t he ask me how I felt? He didn’t even give me a break to collect my thoughts. Does he realize what I’m here for? Does he realize the pain and trauma I have experienced thus far? Does anyone realize why I am here? Why me? Why did this have to happen to m—

...

I break.

...

My heart shatters into a million pieces, as if someone swung a baseball bat at a glass mirror. I roll over to gaze at my dad, my eyes overflowing…

That young, innocent boy had hit his limit after bottling everything up for months.

My dad moves swiftly in my direction and gives me the biggest hug, swaddling me in his warmth. Wrapped in his arms, I start sobbing…

...

… and we cry together.

about | author

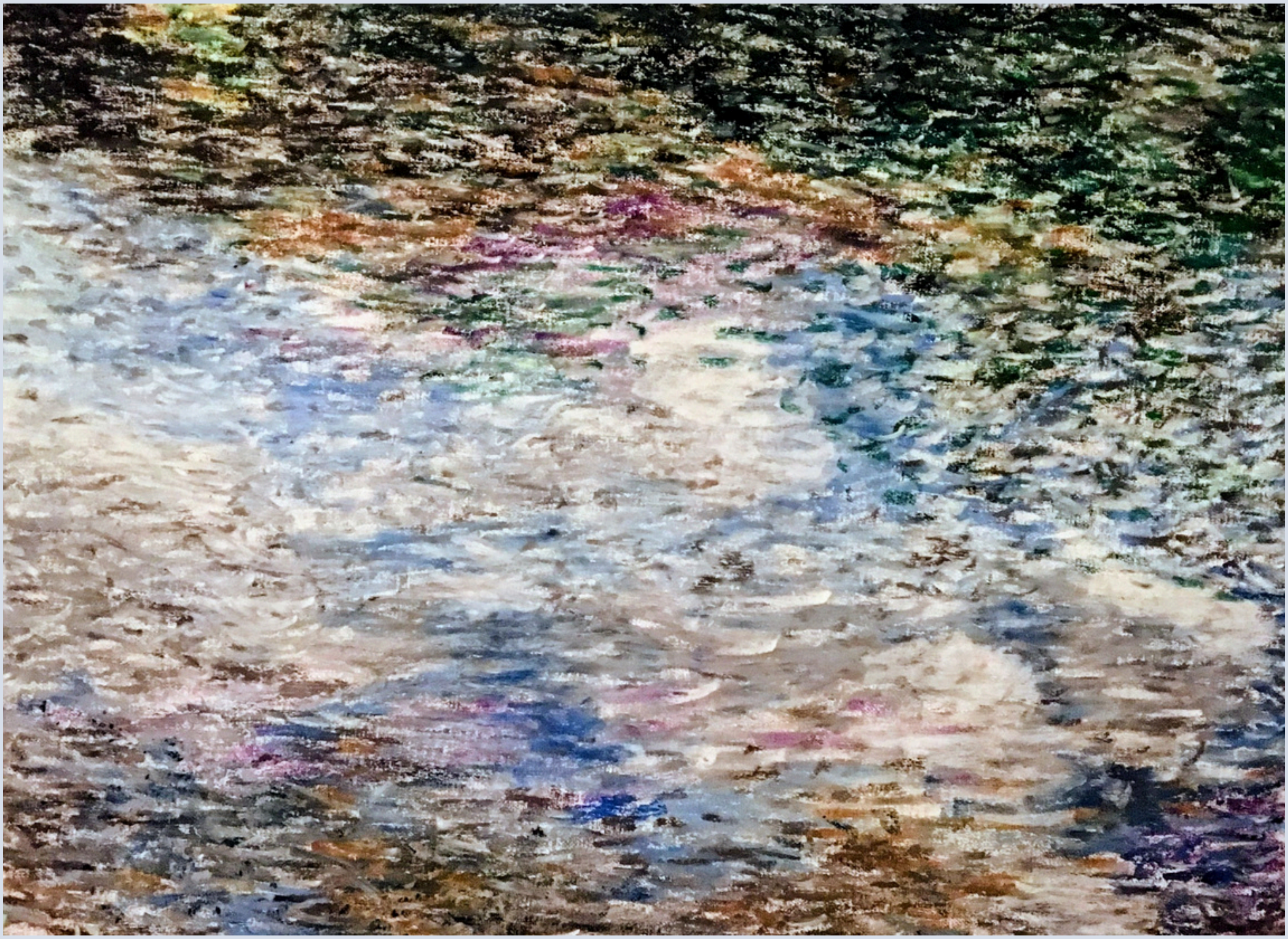
WHITEHEAD

Casen Whitehead is a first-year Master of Public Health student in health policy at the Gillings School of Global Public Health at the University of North Carolina (UNC) at Chapel Hill. He received his undergraduate degrees in environmental health sciences (Bachelor of Science in Public Health) and psychology (Bachelor of Science) from the UNC-Chapel Hill. He has also conducted statistical research on the intersections of race and gender in COVID-19 outcomes, including infection, hospitalization, and death rates among North Carolina residents. His academic interests include mental and behavioral health services, harm reduction strategies, HIV/AIDS among LGBTQ+ populations, and health equity among marginalized communities.

Learn more about his work by following him on LinkedIn.

Water

Joseph LaVigne



Oil pastel on canvas

This piece was completed in the impressionist tradition of en plein air.
As part of a larger collection, *Water* reveals the immortality of textural and chromatic change in the natural world.

Clouds

Joseph LaVigne

Oil pastel on canvas

Clouds was completed in the studio.
As part of the same collection as *Water*, it serves as a reminder of the dynamic yet familiar horizon witnessed by universal spectators.

about | artist

LAVIGNE

Joe LaVigne is a first-year medical student at the University of North Carolina School of Medicine.

He is interested in psychiatry, neurology, and pathology.

Reflections

Neha Jain

Issue 16, Winter 2025

As I looked in the mirror, I started my daily checklist. Was the skin around my sides too thick, bunching into rolls? Did it look like I ate too much yesterday? I stepped onto the scale and sighed, relieved that the number fell within the self-imposed range that allowed me to eat breakfast today.

Everything began during the pandemic. Home exercises became popular and eventually spread to my household. My sisters and I were enthralled by videos with titles like “HOW TO GET ABS IN TWO WEEKS!!” These fed my obsession with body image. Exercise-crazed, I found myself feeling tired throughout the day, as I limited my intake to only vegetables and minimal carbs. As dinner time approached, I let myself splurge on pasta, sometimes even with an olive oil sauce. I resisted the temptation of desserts, opting for “healthier” versions like banana slices with peanut butter and a single chocolate chip on top. Every day built upon this cycle of restrictive behavior. At the time, I saw nothing wrong with what I was doing. Our society emphasizes thinner, slimmer bodies; in my mind, I was living up to societal expectations. I thought it was normal.

One evening, I was making my classic banana and peanut butter concoction when my mother came up to me and said, “This is not right, what you are doing. This is unhealthy.” I immediately got defensive and an argument erupted. I retreated to my childhood bedroom, my safe space, and closed the door. Away from the well-meaning eyes and ears of my family, I lay on my bed for some time, staring at the hodgepodge of mementos from throughout my life. Photos of myself with my sisters at my high school graduation; my collection of wooden animal bobbleheads; the two Pillow Pets I remember fawning over as a child that continue to hold their place on the bench by my window. After I cried and reflected, I realized the way I obsessed over my body was *not* normal—even if society continues to enable such thoughts. Later, I went downstairs and confided in my mother and sisters about everything I had been struggling with. The next day, my mother called my pediatrician.

One week later, when Dr. S walked into the room, my mother immediately took the floor. She started to describe my feelings…but from her perspective. Hearing this, along with our recent conversations, it became apparent to me that my mother had her own obstacles with body image. She would try to reassure me by saying things like, “I wish I could have your body!” or “That person is skinny and eating fried food. So can you!” While unhelpful, I still gave her grace in those moments, since the cultural norms that shaped her actions never did. I interrupted my musings to return to the moment at hand, quietly observing the conversation. I sat silent, unsure of what to do or say. I was confused about what exactly was wrong with me and struggled to put my feelings into words. As the visit continued, I was told that I have “disordered eating” and my next steps included working with a dietician.

I dreaded each session with the dietician. All of the food rules I created in my head were quickly broken, forcing me out of my comfort zone. To my dismay, I was encouraged to eat foods that I deemed unhealthy, such as white bread, off larger plates to increase my portion size. Worst of all, I was not allowed to contribute to the grocery list she prescribed for me. Though I wanted to be alone, my mother accompanied me on every video visit with the dietician. My mother felt a strong responsibility to both educate herself about my mental health diagnosis and to enforce the rules set by my dietician. In my family, we were never alone, especially when it came to each family member's health.

At the dinner table, we sometimes discussed my progress. My health was not just my own; it involved my whole family. My parents and siblings were invested and had an opinion, in one way or another. Even past the age of eighteen, when I was legally an adult, my parents were still largely the managers of my healthcare and felt responsible for meeting my needs. We were a unit; we moved together. Still, though I was grateful their support cushioned the complexities of my emotions, there were so many voices, and it was hard to find my own, especially as the youngest sibling.

I still remember my sister mustering up the courage to find her own voice and see a therapist for the first time. My parents did not understand the utility of discussing emotionally dense topics with a licensed professional. However, as years passed by, we all slowly found ourselves making our own therapy appointments. We were not only learning how to form better relationships with each other but also with ourselves. From a family of three daughters and no sons, a blasphemous concept in Indian culture, we have paved new paths to create a stronger sense of family unity. We all face our own obstacles, and, this experience taught me that we are all unlearning certain habits that we thought were normal. My sisters and I have and will continue to question traditional cultural practices of disguising our trauma.

As the content of the sessions with my dietician became repetitive and I gathered the necessary resources, I found myself slowly yet inevitably breaking up with her. Although I did continue my therapy sessions, I felt my growth moving in a zig-zag pattern as I entered my second year of college. Some days, I felt like I had beaten my disordered eating habits. On other days, I saw myself falling back into old patterns. When a close friend of mine and I became pen pals over the summer, we realized we had both been facing similar issues. We held each other accountable, which deepened our friendship, one that remains strong to this day. Together, we made late-night Cook Out runs to indulge cravings and minimize restrictive eating habits. We created a safe space for long, emotional talks about the complexities of disordered eating. My ideas about health and illness began to grow and encompass new perspectives.

Growing up, I was taught by my parents that being sick was determined by objective data. Whether I went to school was determined by a 100°F fever, or other precise parameters signifying physical illness. As the variability of my own experiences expanded my understanding, my definition of illness became more inclusive. Now, even though I did not stay home from school, I recognized that I was still unwell and recovering from an illness. I was able to grow from this obstacle because I learned more about myself and expanded my own cultural beliefs regarding illness.

When I reflect on this particular chapter, I think about the many people who got me to where I am today. Health and wellness require a team, not a single physician. I was able to get well because of my support system, composed of my friends, family, therapist, pediatrician, and even my dietician (though I could not see it at the time). While I felt isolated at times, my family was always within reach. In other moments when I felt I was being spoken for, I found the voice to advocate for myself and build autonomy in my care. I found a way to uniquely integrate Indian cultural ideas of family-oriented care and still maintain my own identity by honoring my individual needs as a patient.

With this all being said, navigating my health issues continued to test my strength and willpower. There were times when I inadvisably stepped on the scale or felt nervous about indulging cravings. I also felt anxious knowing that my medical record contains my history of disordered eating. When I first saw my adult primary care provider, she looked at me and asked why I was underweight. When I disclosed my previous history of disordered eating, she just told me to gain more weight, and we moved on. I thought about everything I had been through: the work I had put into healing and strengthening my relationships with my friends, my family, food, and my body; the zig-zag emotion —all overlooked. I was proud of the work I'd done to overcome obstacles and make so much progress, but it was all simplified to one idea: just gain more weight. Maybe she was trying to sound non-judgmental, but that day in the office, her response seemed to diminish my whole experience.

I urge healthcare providers to give patients dealing with any form of body dysmorphia compassion. I am more than a diagnosis. I have experiences that providers should seek to understand. I have yet to find a provider with whom I feel safe, who seems to understand me as a person. My own experience taught me about the complexities of disordered eating, which are not justly described by textbook definitions. As a medical student, I realize that seeing each patient as a person, rather than a walking collection of diagnoses, can help to understand someone's true health journey and provide more individualized care.

When I look in the mirror now, I try to pay far less attention to the shape of my body. Along with my reflection, I see my support system that helped carry me to this moment. I see a person who discovered her own strength while facing one of her biggest challenges. I see someone with the potential and drive to use her own experiences to improve the care of others as a medical student and future physician.

about | author

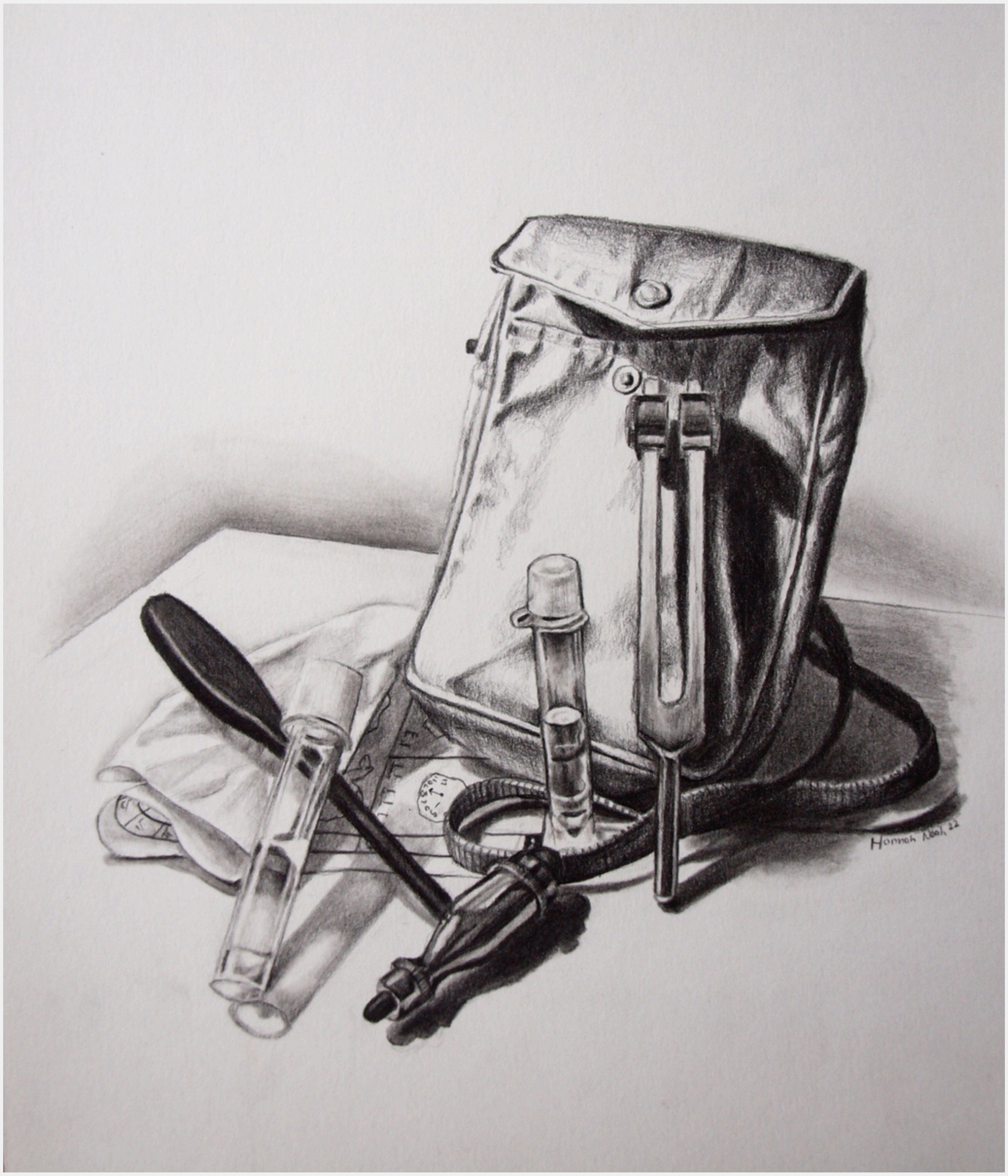
JAIN

Neha Jain is a first-year medical student at the University of North Carolina School of Medicine. She received her Bachelor of Science in Nursing from the University of Virginia. She has also pursued research focused on increasing access to care for rural populations and improving nurse-physician relationships. Her work has been published in the *Journal of Emergency Nursing*, *Public Health Nursing*, and *The Library Quarterly*.

Neurology Still Life

Hannah Noah

Issue 16, Winter 2025



Ebony pencil on paper

Throughout art history, the still life genre has elevated everyday objects into compelling visual compositions. Here, those objects are the tools of neurological evaluation—a tuning fork, reflex hammer, MoCA test, and a well-traveled “neurology purse.” The creation of this piece mirrors an everyday neurologic exam: close observation and methodical attention to detail used to form a coherent picture.

about | artist

NOAH

Hannah Noah is an assistant professor at the University of North Carolina (UNC). She received her bachelor's degree in biology and psychology from the University of Michigan and her MD/MPH from UNC. She works within the cognitive neurology division and cares for patients with memory disorders. She both edited and published work in *Iris* while in medical school.

She posts artwork on Instagram at @drawingsbyhn.

A Little Dose of Compassion

Zack Stern

Issue 16, Winter 2025

After scrubbing out of the last surgery, I checked in with my senior resident to see which patients I should start following. She dismissed me for the day, instructing me to peruse the list of new admits in the morning and choose someone who seemed interesting. Groggily reading charts under the harsh fluorescent lights of the workroom the next morning, I was intrigued by the 73-year-old man who had arrived just after sign-out the previous night. He had come in with concern for colon cancer; his chart mentioned that he had not seen a doctor in over 30 years. The CT report indicated that the obstruction was highly likely due to a malignancy. He had been whisked off to surgery to create an ostomy the night before, leaving the mass in place until a more extensive workup yielded more definitive information.

After reading his H&P and operation note before going up to his room, I felt a sinking feeling in my stomach. *This man has cancer. It probably could have been prevented with routine healthcare maintenance. What a way for someone's life to be upended overnight.* His new cancer diagnosis was weighing on me as I trekked across the hospital to do my pre-rounding, armed with jotted notes about his stable vitals and a mild hyponatremia, wanting to make sure I didn't miss any of the essential post-surgical questions: pain? ambulation? voiding? food intake? oxygen requirement?

I found a nice, somewhat anxious man who had answers to all my questions, the answers filling my checkboxes: *at the surgical sites, not yet, ostomy functioning, not hungry, on the nasal canula but not feeling like he needed it.* He wanted to know how the surgery had gone. I reassured him that the operation note indicated no complications and that he looked stable. He calmly told me about his surprise at having an obstructed bowel, his recent retirement, and his hobby of making stained glass windows; I was surprised by how well he was processing his cancer diagnosis. He was anxious about the hospitalization, but he didn't mention cancer. I didn't want to bring it up without my team present in case he had any major questions I couldn't answer.

After our first case of the day, the team saw him at the beginning of rounds. Our attending asked how he was doing before telling the man he had colon cancer and that the subsequent MRI showed likely liver metastasis. The shock and fear were immediately visible on this man's face. Despite extensive documentation about cancer in the notes, no one had told him he had cancer. The attending blazed on: "you can either have surgery to remove part of your colon or die." The patient wanted to know about chemotherapy. The response was swift: if he instead chose to decline more surgery and opt only to receive chemotherapy, the prognosis was bad. If he underwent more surgery, starting chemo would be off the table until six weeks after the mass had been removed.

The patient was blindsided and looked overwhelmed. He asked to call his daughter, an OR nurse in a different state. The attending, in technical terms, quickly explained to the daughter the surgery her father would need to have in the next few days or risk waiting months before another surgery was possible since he had just had the ostomy. After the daughter's questions had been answered, there was a moment of quiet. With a look of fear in his eyes, the patient quaveringly said, "I need to think." As we were leaving the room, we heard the daughter ask the patient how he was doing, and he responded, "I'm frightened," through the beginning of tears as his voice cracked.

I was floored by this set of circumstances and exchanges. The patient was obviously very sick and needed surgery very soon if he wanted to have a chance of surviving. Nevertheless, the patient likely felt like a set of lab results, a CT, and a post-surgical specimen to our attending. Not once was the patient asked what he understood about his condition. Not once was any sort of shared decision-making invoked. Not once was a shred of compassion offered. You could see a man's world crashing down around him, facing the terror of a new diagnosis and the uncertainty of his future. But that was all subsumed by the technical aspects of the timing of his next scheduled surgery.

When I talked with the patient the next day while pre-rounding, he was subdued and appeared resigned to have the suggested surgery as soon as possible. He told me it felt like there was no other choice. He lacked the fight of when I had first met him. He was steadfast in his decision.

* * * * *

It is post-op day #2. He has had 10cm of his colon resected, his ostomy bag removed, and the suspicious mass on his liver taken out. There were no complications with his surgery. The liver finding turned out to be a benign hemangioma. He is recovering and in slightly higher spirits, buoyed by TPN and a better prognosis. He is excited to tell me he is looking forward to the prospect of a normal bowel movement.

about | author

STERN

Zack Stern is a fourth-year medical student at the University of North Carolina School of Medicine and is currently conducting research as a Fulbright-Fogarty Fellow in Malawi. He received his bachelor's degree in biology from Amherst College and his Master of Public Health from the University of Minnesota School of Public Health.

Jehovah's Witness

Anonymous

Issue 16, Winter 2025

Jehovah's Witness.
God, they said,
Wanted them to cast him out.

Eighteen —
Couch to group home to shelter
To emergency room.
Nowhere to belong.

"Loving something beautiful is normal,
But loving something normal —
Is beautiful."

Pause Between Wings **Alina Shcherbakova**

Digital photograph

A flash of blue in a sea of green. As the butterfly gently lands on a cluster of magenta blooms, its stillness mid-flutter sharpens the contrast between its vivid colors and the muted forest backdrop. This piece explores the harmony between delicacy and vibrancy, inviting viewers to pause and reflect on the quiet moments of beauty in nature—those that rarely ask for attention, but simply exist.

about | photographer

SHCHERBAKOVA

Alina Shcherbakova is a first-year medical student at the University of North Carolina at Chapel Hill. She received her bachelor’s degree in neuroscience from the University of North Carolina. She is a dedicated student who also enjoys artwork and writing.

Colegio Yvynará

Maria Fonseca

Issue 16, Winter 2025

Digital photograph | Cerro Largo, Uruguay

While visiting a rural school in Uruguay, I encountered a classroom wall depicting the digestive system through the eyes of its youngest students. This piece reflects on the universality of learning and the continuity between art, medicine, and language, connecting my medical Spanish studies at UNC with the origins of curiosity found in childhood classrooms.

about | artist

FONSECA

Maria Fonseca Bauza is a fourth-year medical student at the University of North Carolina School of Medicine. She earned a Bachelor of Science degree in biology with honors in 2020 from the University of North Carolina at Chapel Hill. She is enrolled in the Comprehensive Advanced Medical Program of Spanish (CAMPOS), which will allow her to graduate as a bilingual physician. Maria is a medical illustrator and has been published in the *Global Medical Knowledge Alliance (GMKA)* journal and *The Academic Surgeon*, the official blog of the Association for Academic Surgery. She has also been selected as a cover artist for *OBM Transplantation* and *Iris*'s *Summer 2023 Pandemic Reflections: A Special Issue*. She continues to integrate art into medicine as a tool to overcome language and literacy barriers in healthcare.

MS3 Limericks

Zack Stern

There once was a nervous med student,
Who deemed that it would be prudent,
    To put enough thought
    Into studying a lot,
So attendings wouldn't think him impudent.

In the ED, where on his first day,
He found he had little to say;
    His assessments were lacking,
    His plans: much backtracking,
And his first eval: "you didn't slay."

Beginning outpatient rotation,
He started to learn information
    About things he should have known
    From doing his Anki alone
In the phase we all call "Foundation."

He found it was really essential,
If he wanted to have some potential,
    With his eyebrows furled,
    To start doing UWorld
And add more to his differential.

There was the one kid with asthma,
And the woman with mycoplasma,
    A baby with a rash,
    The old man with a gash,
He felt he was in a miasma.

But it was quite awkward when,
He noticed, much to his chagrin,
    Ping-pong with his buddies,
    Distracted his studies,
And made him late to OB again.

Inpatient attendings were sterner,
And though he was merely a learner,
    He thought writing H&Ps
    Would be such a breeze
Until he met his nemesis: Cerner.

So, he asked with enough contrition,
If the chief would give him permission,
    To copy a note,
    (it was better than what he wrote)
Since he was no charting magician.

And so, he continued his mission,
Which he hoped would come to fruition,
    To spend less than an hour
    Going workroom to Tower—
And learning to be a physician.

(Some stories embellished for better rhymes)

Priorities

Anonymous

Issue 16, Winter 2025

“After all, doctors are human.”[1]

Before I ever lay eyes on "Penelope," the first thing I learn is that she cussed out the last provider who tried to talk to her about her mental health before storming out of the clinic. I tentatively share this information as the intern briefs the attending in our cramped workroom: volatility, paranoid delusions, alleged sex trafficking.

“So much for the Bartholin cyst,” the attending mutters. The head of the PA reflexively swivels, temporarily abandoning her computer screen, as she suddenly recalls that the last med student she sent in was with Penelope for nearly forty-five minutes. When the PA went in to rescue the student, she got sucked in herself.

That visit ended up taking two and a half hours.

“She’s nice,” the nurse offers. “Doesn’t mind students.” I square my shoulders, grab a sheet of neatly quartered printer paper, and head in.

In the exam room, Penelope wears a sweet smile and destructed acid-wash jeans. She’s fine with a med student interviewing her: *I want to participate in your education!* I ask the targeted questions, I swear. She’s giving short, pointed answers. I don’t know when things change, but suddenly*sometimes it’s hard to take my medication because i don’t have money cuz of my ex.i’m smart,okay?i have situational awareness.but my ex is sending people.to have sex with me,like,‘she’s the girl, you know?the girl you go to’and i know they come to my house because he’s sending them there.and he knows how to use computers and everything to track me.because he’s with the police.he has access to the computers at the prison and he can track my phone.so i don’t feel safe.i want a restraining order for him,but he got one against ME!!!1!and i’m just trying to live my life,you know?and to take care of my son.but he gets to visit with my son.and he’s using things about my son’s health to try to suck me back in.i don’t want anything to do with him or his family.and he’s spreading rumors about me,like,oh,she has herpes,she’s nasty,but i don’t do anything,and i know he’s racist and my son is mixed,so i’m like what is he going to do to him?and i'm so scared about my health because they told me(i'm alwayscheckingmychartinMyChart)i have hpv and i know he gave this to me because where else would i have gotten it from,i don’t do anything,and i’m so scared,like what does this mean,do i have cold sores or hiv or hsv and i just don’t feel safe right now and no one has told me and when i tried to go to the doctor,everybody’s like,asking me about mental health,and it’s so disrespectful and triggering for me because i’m smart,you know?i know myself and what i need and what medicine i need and why can’t people just be kind? why can’t you just let me be me, you kn*

---

[1] United States Cas. Co. v. Maryland Cas. Co., 55 So. 2d 741, 745 (Fla. 1951) (Hobson, J.)

A knock at the door interrupts her crying. The intern has come by to borrow me for a vague "something" she needs to do. Penelope obliges politely, tearfully smiling. I present to the intern and attending. I start off well enough, but things begin to fall apart as I try to wrangle Penelope's psych issues into some kind of coherence. I watch as their faces morph from cautiously impressed to outright dismayed. I mention that she finds any discussion of mental health triggering—

With relief, the attending seizes on this. "Then let's just focus on her GYN problems. That's what we can address today." Whatever's left of her drained cyst is fine on exam, healing well. The intern says she can do some patient education, and she does, beautifully. By the end, Penelope is smiling. She understands her HPV and HSV diagnoses.

"I'm so happy!" she says. She skips out of the clinic. Literally.

***

A few weeks later, on a completely different service, I meet a girl in her late teens, "Sylvia," in Triage for possible pre-term premature rupture of membranes, PPROM. (Amongst the providers, they say "pee-prom," and I mutter it over and over to myself as I prepare to enter her room.) Her most recent note is from an ED visit a month back, when she'd gotten into a physical altercation with another girl, who'd sat on her chest; she was seen in the ED for chest soreness. That ED note also mentions that her last tetanus shot was given two years prior, when she was stabbed. A little further back in her chart is a score of 22 on the PHQ-9, a screening tool for depression. (Scores of 10-14 indicate moderately severe depression; a score of 22 suggests severe depression.) I talk to Sylvia and her mom. I obtain a focused OB history. As I prepare to leave the room, I ask about counseling; Sylvia is on an antidepressant now, but she's traveling between two towns and waiting on some stability before starting therapy.

I present her case to the chief resident and intern, describing my plan for each problem. For the last problem, I mention Sylvia's history of depression and my concern for peri- or postpartum depression. I'm thinking that we can connect her to virtual therapy at least, so she has some kind of support until she decides where she'll live with the baby. But before I can finish, I'm cut off. It's a good thought, I'm told, but this clinic focuses on high-acuity problems; that's more appropriate for another clinic. After more tests and imaging, we reassure her that she did not PPROM, and we discharge her.

I think of undertreated Penelope and her four-year-old, of teenage Sylvia and her baby. I try not to dwell on scenarios that may finally get them treatment. "You need to learn to prioritize," the resident intones sagely. Under "Task Prioritization," my evaluation reads *Not Yet Competent*.

Samantha Kodikara

Wherever I go, there I am
With my uncertain curiosity, my tardiness, my unsteady hands,
my awkward declarations, my ache for approval, my hidden hallway tears at inopportune moments.
Sometimes I would like to take a vacation from her;
go somewhere far away, someplace alien
with biting winds and austere mountain ranges
and be a stranger.
Maybe I would come back new,
without any memories of a graceless woman cobbled together over three decades.
When the stranger strides about the hospital,
she does not drag her feet on the floor, or mumble, or drop her clipboard.
When she gives the Bad News,
she does not hedge.
She is unafraid to hold hands, to be challenged, to say she doesn't know.
But wherever I go, she is nowhere to be found;
there is only the old familiar specter
dragging herself along,
day by wretched day.
Sometimes, in the midst of my searching,
my futile wandering through the unforgiving moors and the coarse heath,
I can recall someone else-
someone smaller, hardier.
She is myself, from a time almost forgotten,
with my loud laugh, my love of rainstorms, my sheaves of copy paper covered in crayon portraits,
my families of acorns, my fear of the all-seeing eyes of the *Rudbeckia* thicket, my hidden candy corn in the closet,
my need to know more and more and more,
my courage to jump off the top diving board,
my belief that goodness is within us all.
Wherever I go, there I am.
I wonder, can I bring her, too?

about | poet

KODIKARA

Samantha Kodikara is a fourth-year medical student at the University of North Carolina School of Medicine. She received her bachelor's degree in bioengineering from Clemson University in 2021. She completed the Healer's Art course in 2024 and recently participated in a fourth-year social medicine elective, during which she studied and wrote about breast cancer narratives.

Danielle Schmidt

Issue 16, Winter 2025

Acrylic paint on canvas

Inspired by the symbiosis between humanity and nature, this piece portrays flowers blooming from a human heart, reflecting their intimate, life-giving connection.
It speaks to a cyclical relationship in which nature sustains us—through breath, nourishment, and beauty—while reminding us of our responsibility to nurture and protect it in return.

Little Black Girl, Little Yellow Bows **J Hunt**

Issue 16, Winter 2025

I walked into the fluorescently lit room of my outpatient clinic and was greeted by a row of mismatched and missing teeth peeking out from the small, melanated face of a four-year-old girl. A sense of familiarity flows through me when I see a little Black girl as my next patient. Her tightly coiled hair pulled into neat sections, adorned with beads and sun-colored bobbles that clicked together with each subtle head movement, filled me with warmth and reminiscence. The familiar smell of *Pink* lotion permeated the small 8x8' room, time traveling me back to my own childhood—sitting between my cousin's legs (my mother didn't know how to braid), riffling through the never ending hair accessory box to carefully select the bows and barrettes to match my outfits for the week. I smiled to myself, remembering how difficult it was to lie on the pillow at night with the bobbles snapping.

This four-year-old, Brianna, was undoubtedly adorable. Upon entering the room, a knowing look from her mother brought her play to a stop, her tiny leg halting mid-run. She used the stool to clamber onto the examination table, her legs still bouncing in the air with unrestrained energy.

"Hi there, Brianna," I said, waving as I closed the door behind me. "I'm J. I am a medical student working with the doctor today."

She gave a small, shy wave in return.

"I love your yellow bows." I said, hoping to coax her into conversation, and provide reassurance that this place was not so scary. "Is yellow your favorite color?"

The girl shook her head with a giggle. "No, it's mine." Her mother said, smiling. I returned her smile. "Well," I said, turning my attention back to Brianna, "your hair looks very beautiful."

"Thank you!" She grinned.

I settled into the stool across from them and started the HPI. Her chief complaint was that her 'tummy hurt.' Her mother provided most of the timeline details and associated symptoms. *Onset 2-3 days ago, a few episodes of non-bloody non-bilious vomiting, no diarrhea. No fevers at home. No sick symptoms. Eating well, drinking well. Voiding and stooling as normal.* In my head, I was parsing through the differential.

At times, Brianna, struck by excitement, would interject to add details from the last few days.

"I went to a Moana party yesterday at my friend's house!" She announced.

"Wow, that's so cool!" I said.

"We had pizza and cupcakes and—" she paused, eyes widening as if she just remembered the most important part, "And I got this bracelet!" She held up a purple floral bracelet, the kind that came in a goodie bag from a child's birthday party.

"That's very pretty." I said, smiling. Her mother shook her head amusedly from the corner of the room.
Her eyes gleamed with a sudden thought. "I want *you* to have it."

"Are you sure? We just met each other." I hesitated, touched by the gesture. I did not want any parts in a "take-sies back-sies" war or any sad late-night regrets on my behalf.

She let out an exaggerated sigh, rolling her eyes in a confident, but self-assured way. "Of course!"

Slowly, I placed the bracelet in my white coat pocket. "Thank you," I said sincerely.

After finishing the history with her mother, I stepped out to present this patient to my preceptor. Something about the brief interaction lingered and left an unexpected, barely restrained well of tears behind my eyes.

Brianna reminded me of me—a little Black girl with slicked, done-up hair adorned with beads that sung when I jumped. The child who was not too much older than Brianna when I sat by my grandmother and helped sort my great aunt's medications for the first time, carefully placing brightly colored pills into their daily compartments. The Black girl who did not fully understand schizophrenia, dementia, or why her great-aunt was different from most other adults but who, from a young age, felt a sense of responsibility in her care. The child who watched the small acts of service that my grandmother fulfilled every day to take care of her sister and decided somewhere along the way: *I want to be a doctor*.

And yet, if I'm honest, there have been times during clerkships when I've doubted that choice.

The warmth of a child's innocent generosity felt worlds away from the preceptor's eyes that focused on me like a microscope. I struggled to feel joy, and the sting of feeling out of place became much more familiar.

Words echoed in my head, empty and hollow.

"*I can tell this is your first inpatient rotation.*"

Words that knocked the wind out of my sails and made me want to disappear into the white concrete walls of the wards where we rounded. It is not my first, I thought to myself, it is my last. And what does he mean by this?

"*You should be a pathologist,*" I was told, as I watched other medical students be effortlessly praised for their aptitude. When I looked around for someone to amplify my voice, it instead was dampened. "*Will you always react this way to constructive feedback?*" I felt *othered.* I questioned whether I belonged. My spirit ached to be understood and valued.

And yet, this young girl with her bright bows and boundless energy, did not see me as an outsider. She saw someone familiar with our matching brown skin—someone she wanted to accept her gifted purple plastic bracelet.

It is moments like this that remind me who I am in this field for. For little Black girls like Brianna. Little Black girls like younger J.

And maybe, just maybe, that is enough.

about | author

HUNT

Jocelyn “J” Hunt is a fourth-year medical student at the University of North Carolina School of Medicine. They received a Bachelor of Science in psychology, with minors in chemistry and medical anthropology, from the University of North Carolina in 2019. At UNC, they currently serve as a co–Executive Editor for *Iris* and as a scholar in the Howard Holderness Distinguished Medical Scholars Program. Their passion lies in advancing diversity in medical education at both local and national levels. Their research interests include patient-reported outcomes in burn care, cancer reconstruction, and gender-affirming surgery. Although J has written for many years for catharsis and reflection, this is their first submission to *Iris*—and certainly not their last.

Iris

the art and literary journal

THE UNIVERSITY OF NORTH CAROLINA SCHOOL OF MEDICINE

Submission information and past issues
may be found on our website at
med.unc.edu/iris

For questions, please contact:
irisjournal@med.unc.edu

For more updates,
follow us on Instagram: @iris.uncsom