

THE



CANARY

"Mystery and Ambiguity"

2025 ISSUE

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LETTER FROM THE EDITORS



Cloaked in Pittsburgh's black-and-gold, the canary appears as a bright, beautiful songbird: symbol of happiness. However, a canary has a melancholic past, brought into coal mines as a sentinel species signaling the presence of toxic gases by becoming sick before their human counterparts. Thus, a canary is also a symbol of warning, the embodiment of grit, and, at times, of sacrifice. Whether experiencing illness or providing care, many in medicine may feel like canaries in a coal mine: struggling to navigate treacherous passageways, seeking hope in dark places, celebrating the strength of our humanity with song.

The Canary seeks to be a place where the hearts of patients, providers, and community members can sing. It is a journal of poetry, prose, visual arts, and now, music. In its second annual issue, pieces were submitted and selected based upon the theme of "mystery and ambiguity."

Perhaps the only certainty in life is that there will be times of uncertainty, mystery, and ambiguity. Can you be certain in times of uncertainty? What unknown do you fear that you will never know? Can a silver lining be defined within shades of gray? How do you make meaning of life's gray areas? Join us in reading, viewing, listening, and reflecting on life's gray areas.

May the knowledge that you are not alone in the uncertainties of the coal mine sustain you as we fly home together, singing.



The Unscathed

By: Lauren Gibbs

*24 candles, I blow out
In the backyard of a badly painted house
I flip through photos in a phone photo album
In hospital lighting, I watch it play out
There're some things that I know
Greatest love I have is my own
I could feel every emotion
But it never does change
That no one leaves this life
Unscathed*

*The doctor's in the room trying to reassure me
That it's only a minor heart surgery
Think that's an oxymoron, but what should I believe
I only have myself, just got me
There're some things that I know
Greatest love I have is my own
I could feel every emotion
But it never does change
That no one leaves this life
Unscathed*

*The pen's in my hand
My life out of mine
There's nothing left to do
Except for sign
I miss my friends
I miss the summer months
Out of 24 candles, I only wish for one*

*There're some things that I know
Greatest love I have is my own
I could feel every emotion
But it never does change
That no one leaves this life
Unscathed
Used to hate when my friend would say that to me
But she's much wiser than I'll ever agree*

Shaken Soda

By: Sara Cao

I was four when I learned that my parents didn't know everything.

All that lesson cost was a one-dollar bottle of soda.

It had been roughly two years since we immigrated to America, so this was a rare treat; not only because we did not often have the money for such indulgences, but also because my mom eschewed American beverages, believing them to be full of strange chemicals that made people fat (in a way she was right, but it turns out the mystery chemical was just sugar). But it was a hot summer day in Los Angeles, the kind of day where you can feel the Sun burning in your fingertips. And nothing quite hits the spot on a day like that like some ice-cold soda. There I was in our tiny kitchen clutching my freezer-chilled prize, when my dad said, "I hear it tastes better if you shake it first. Should we try it?" I dutifully gave it the most vigorous shakes a preschooler could muster, before twisting it open—and it promptly exploded all over the cracked tile floor.

It was an innocent mistake on his part, and made for a funny anecdote that my mom milked for years at holiday parties ("did you know his PhD actually stands for permanent head damage?"), but in the moment, as a four-year-old, it was my understanding of the world fissuring like the cracks on that kitchen tile floor. The surety and safety in my parents' knowledge, bubbling over and vaporizing into nothingness.

I think something similar happened to me this year, when I left the safe cocoon of the classroom and started seeing actual patients rather than buzzword-laden vignettes. There was no soda bottle moment—just a series of realizations that there is so much we simply *don't know*. Evidence based medicine paints a shiny veneer of confidence over the uncertainty. Guidelines from fancy associations. Randomized controlled trials named with snappy acronyms. A

million different risk scores and calculators. It is human nature to be uncomfortable with the unknown, so we hide from it in compartments and categorizations, with fancy words like idiopathic. Instead of *we don't know why she had a stroke*, we can say *TOAST subtype 5: undetermined etiology*.

One of my first patients on my neurology clerkship was a man who was misdiagnosed with a migraine at a previous hospital and had since gotten progressively more encephalopathic. "What was he like at home before this?" I asked, and his wife burst into tears. Three weeks ago, he had been playing poker every Friday night and exasperating his children with his stock market obsession, and now he could not tell me his full name. His whole family watched as I bumbled my way through the reflex exam with my little plastic hammer (they were visibly worried when I couldn't elicit anything, and I had to reassure them that this was a skill issue on my part). They were hopeful that this time, everything would be fixed, and he would be back to his old self. I was hopeful too. I told them, "We will definitely get to the bottom of this." Within a few days I learned that this is a stupid thing to say to patients.

Because we didn't. We discussed his case, I learned about the causes of infectious and autoimmune encephalitis, and we came up with a differential. We started acyclovir, believing this to be herpes encephalitis. He did not improve. Before long I left the service, off to a new team, but I continued to check the chart. Tests continued to come back negative. The lumbar puncture was unrevealing. Various possibilities for his lack of improvement were postulated in the progress notes. He was intubated. **A couple weeks later there was a goals of care discussion in the chart, and then, a death certificate.**

While being the kid with the shaken soda

bottle telling my dad *you liar!!* sucked, being on the side of the adults when they don't have the answers (or have the wrong answer) is also decidedly unfun. Telling a man in excruciating pain that all his imaging came back normal, and we don't have a great explanation for his chronic pain. Everyone shrugging their shoulders and saying we don't know why this woman is having these seizure-like spells, but every workup under the sun has been done and it's probably some functional thing.

I would love to deliver some pithy reassurance about how in these few months I've become comfortable in the discomfort of uncertainty, or even came to appreciate it somehow ("it's the *art* of medicine!"). But I really haven't yet.

And while these situations can be rattling for me, they are terrifying and frustrating for patients seeking answers for themselves or their loved ones. I think what I have gained over these past six months is an understanding of how important it is to take the time to share as much

information as patients want to know—which is often as much as we know—while also being candid about what we can't answer. I remember my first goals of care discussion: the attending neurologist's offer to review the CT scan with the family and how avidly they paid attention to that scan. It didn't make a difference to her care, but he sat and pointed out where the arteriovenous malformation in her brain had ruptured, because they wanted to know. He answered their many questions, and he was honest when there were no answers.

Because that's all we can do sometimes. Because despite all the years of postgraduate education, all the peer-reviewed literature and scientific advancement, we are all sometimes still the child unsure what will happen to the shaken soda bottle.



Blue Girl, Acrylic on Paper
By: James Nagle

Operating Instructions

By: Tanya Nikiforova, MD

Sometimes I dress differently depending on my schedule, she says.
I check the morning of, and if him, him, or him are listed,
It's a formless sheet from my neck to my ankles.
Ankles can be erotic, I remind her, to some.

When pregnant there are hands on our bellies, bursting
From white coats, their reward for what we can't keep hidden.
When no longer pregnant, there are searching pats to our waists,
Approvals and disapprovals we carry in bags from one room to another.

You look different, X tells me, from the exam room table. Is it really you?
You look thinner, X tells me, while I close his incision. Is everything ok?
You look younger than I expected, X whispers,
His thready pulse racing toward my throat.

I strain to taste and feel the words before I hear them,
Unwrap, unweave, discard the thoughts unsaid.
And sometimes, as I dress in the morning, I think today is the day
To defy my operating instructions.

A COMPANY OF OLD WOMEN

By: Deborah Stokes Sharp, LCSW-S, CGP, AGPA-F

It's been a rough morning.

First I couldn't find my car keys, then I had to load all the stuff into the car. I'm not completely sure how long I'm going to stay so I probably brought too many clothes. Ted would have given me a hard time about that. But then, if Ted were still here I wouldn't be driving alone and talking to myself.

So, here we are. Not here in the car but here at this point in life. All of us. Or almost all, I suppose. We did lose Betty and Frances a few years back. One to cancer and one to her heart. Around the time that Ted died. And all of our menfolk now that Pierre is gone. Oh yeah, and Elaine died early on in that car crash. But the other five of us women are here together at the last.

God, how gloomy! Together at the last. That sounds so melodramatic even if technically and statistically it is, or will be true. And honestly I feel like I'm doing pretty good though. Well, except for my knee. But I don't have diabetes or anything and the pain is manageable if I do my yoga. My vision is still good with glasses and I can even drive at night.

Which is why I'm on the way to pick up Beth. She can't drive anymore. I don't know if she ever drove very well, truth be told but now she can hardly see at all, especially at night. So I'm picking Beth up and Sue was going to get her daughter to drop her off at Beth's so we could ride together. It's a long drive.

I'm glad we are going. It's important. To be there for Mary. To be together. Not that I was ever all that fond of him. Pierre, I mean. He was always going on about himself and never let Mary get a word in edgewise. But she is just heartbroken and looks lost without him. I guess when you spend a lifetime organizing yourself around someone else it's just disorienting when they die. I'm glad that Sandy is able to stay with

her for a bit. I mean her daughters are here but they have their own families and jobs. And their own sorrow about their dad. At least there is that. They are mourning him also. Mary isn't alone in it.

We've known it was coming, of course. He was older even than we are and had just been declining rapidly in the last couple of years. For a long time you couldn't even tell he had Parkinson's but then something changed and it seems like he was constantly in the hospital for one thing or another. And his son in France isn't even going to come over for the funeral. Can you imagine? I mean, I've got it, you are some important mucky-muck and believe me we are all impressed. But still, your father died. And even if you never did really come to care about Mary very much it's still not right to stay away from the funeral. That man is just as wrapped up in himself as his daddy was.

Well, anyway, Sandy's there. And I'm bringing the others. Sandy is good at taking care of things. People, animals, all that business with the lawyers and accountants that comes along with death. Whatever it is, she will take it in hand. I think that's a relief for Mary right now. Having someone take charge. I mean it can't last forever but for right now having Sandy in charge is a pretty good thing. I wish it wasn't such a long drive.

We will probably need to eat something at Beth's. I hope she cooked. If not I brought that lasagna and a Seven Up cake but it is supposed to be for Mary and them. I remember when Ted died, everybody and their mother brought food. We couldn't even find a place to put it all until Sam brought his beer fridge over and plugged it into the garage. That was Sandy's idea too. She got it all organized. I couldn't do anything. I mean I was crying sometimes but even when I wasn't nothing seemed to make sense and



everything took a ridiculous amount of energy. His whole funeral was a blur. A lot of people, many of whom I didn't even know. A lot of hugging. A lot of crying. And that aggravating preacher going on and on. Not at all what we had hoped for from him. Or even what Ted had asked for. Don't remember a word of it except I wanted him to shut up. I do remember what Beth said when she got up and spoke though. It was very sweet and brought him back into a ceremony that was at risk of wandering away from him. She really loved Ted. And me. We've always been closer with her than with the others. Well, Sue also and it's good to have her back now that Mark has passed. I mean I miss him too but she was so caught up in caring for him for a long time that we hardly saw her. For her, I think his death was kind of a relief.

For me it took a long time to be able to function again. I recognized that lost look on Mary's face because that's how I felt. Lost. I just wandered around through the days. Mary and Sue's girls were good to me and cleaned the house and made sure I had food but sometimes I would forget to eat. Maybe it would have been different if we had had kids of our own. But we were each other's everything. Ted and me. And this group of women friends.

That's why we decided it would be good for Sandy to stay over with Mary for a while. I mean the girls have families of their own now and Beth and Sue can't really help. So that leaves Sandy and me. It will feel good to give back a little of what was done for me after Ted died. Sweet Ted. It's been almost five years and I still sometimes expect him to walk in the room. Not as much since I moved to the apartment but in the house all the memories were very much alive.

I've been talking to Sandy about where this is all heading. Well, it's clear where it's heading but I mean between now and then. She agrees that we should all look into the Sweet Oaks Progressive Care Community. I'm already there with my independent living apartment. And we could all do that. Well, I don't know about Beth. She might need some more help. And the way we have it pieced together for her

isn't going to work much longer. Especially now that we add Mary to the mix. But that's the thing. If you need help then there are levels of care or support. Like Beth probably needs somebody to help her with her meds. She can do everything else, still cooks and whatever. Well, she doesn't clean like she used to. But still, I think the meds part is all she will need. Maybe someone to come in and clean once a month. And maybe help her with paying bills. Her vision doesn't help and she kinda loses track of things. But there are people to help and all of us can afford it. Mostly. For me there is not a lot left over but it's not like I need very much. I don't even have to buy food if I don't want to. They have a dining room. And I still drive everybody around to appointments and things but they have a pharmacy and a beauty salon there. Not that anybody cares how I look but I do. Heck they even have a pool! I think it's mostly for rehab and water aerobics. But it's there and it looks fancy. I'll probably get a lot of use out of it after I get my knee fixed.

So back to Sandy. And now Mary, our most recently widowed member of our lifetime friendship circle. It's hard to know how it's going to go for her. But I really think they both need to move down where I am. And Beth for sure. We'll see what Sue and her daughter think about it. They might like it if the daughter can afford to live without having Sue living with them. Her retirement income really helps them out.

It's funny that this is how it has ended up. Well, not funny *ha ha* but funny like odd. I remember us pledging undying loyalty to each other in high school. And then one by one we all peeled off and married or paired up. Mary was the last and we wondered if she would ever find someone when along comes Pierre. So maybe that's why she put up with him being kind of full of himself. And that awful son. But anyway, once we were married we each thought we would sail off into the sunset as a couple and somehow magically die holding hands one night. Or I don't know what we thought but we didn't expect to end up a company of old women. **Looking out for each other as best we can.**



Change is Brewing
By: Jael Shatlock

MONDAY MORNING

By: Tanya Nikiforova, MD

An engineer brings notebooks with graphs of his blood pressures. Graphs of his blood sugars. Graphs of milk prices. Graphs of Omicron cases. We study their vertiginous, jagged ascents.

My agenda: diabetes, gout, hypertension.

His agenda: a letter to the utility company so the lights can be turned on.

Worried about COVID. Can she get a fifth booster?

Worried about vaccine side effects. Can a letter exempt her?

No-show: white, fluffy relief, a teaspoon of guilt, a drop of worry, Google search for their name and “obituary.” Or have they found a better doctor?

A young man with debt, and anxiety, and all symptoms on the ROS sheet.

His questions deprived of answers.

She takes two buses to get here, unpacking mom’s stroke, daughter’s cancer as we sit shoulder to shoulder. She still feels unreachable.

I’m forty-five minutes late and he was an hour early.

He’s already composed his review.

Ninety, and lonely. My one note to self: “Ask about her pet bunny, Stanley.”

She beams, “With the way things are going, he will outlive us all.”

Shades of Gray

By: Amisha Shah, MD

Ghosts! Are they even doctors? Do they go to medical schools?

The reason I went to medical school was to help people become better from sickness — the usual ideal of a young girl. It was difficult for me to pick one specialty for residency, as I loved all the body systems. More than a couple of decades ago, these residency-trained physicians were called doctor's doctors who worked with machines and technology. I realized I loved working with machines. Importantly though, I was afraid that I would not be able to handle the emotional, socioeconomical, and cultural issues attached to patients while practicing in a clinical specialty.

If guessed correctly, I am a Radiologist! Radiologists are largely unknown to patients and families: hospital ghosts. Even when they see imaging reports, our names aren't present. We are truly behind the scenes!

As a pediatric radiologist, my work is sitting at the imaging workstation, in low illumination, staring at 3 to 4 high resolution monitor screens displaying imaging of patients to solve the mystery hidden in many shades of gray. While I work as a detective on images of my pediatric patients, the majority of times, I don't notice their names. I don't know what they look like, their abilities, or social context. My memory of specific patients or interesting cases is purely visual, off of their MRI, CT scan, X-ray, ultrasound, etc.

With this much distance from the patient, how do I process seeing serious findings on a patient's imaging that no one knows yet?...

During one of the typical high-volume, fast-paced weekend call workdays, I was reading several studies, one such on a newborn who

suffered shoulder dystocia during delivery on Friday. After reading the newborn's chest x-ray, I had to make an urgent call to the NICU attending on Saturday to let him know of the critical finding of free peritoneal air from bowel perforation that no one had suspected. I never knew shoulder dystocia could become this serious, as the patient had suffered ischemic injury leading to multiorgan failure, acute kidney injury, and adrenal hemorrhage. The newborn had now lost necrotic bowel on her third day of life. In addition, I watched ischemic areas develop on follow up liver ultrasound. It was shocking to see the sequence of serious conditions occur to this infant in less than 14 hours, the time during which I had gone home on Saturday evening and returned on Sunday morning to resume my weekend shift. An uncomfortable feeling crept up on me about my total ignorance around shoulder dystocia as a first-time physician mother when my first born suffered shoulder dystocia at birth and did not move her arm for few weeks. Sitting behind the scenes at my desk, I felt a mix of gratefulness for my situation and extreme sadness for this infant and her parents for this unfair situation.

Somehow the art of carrying emotions and internalizing has become a habit when I come across unexpected serious diseases and/or diseases that will change a patient and their family's life hereafter.

We radiologists are expected to keep working throughout the day to prevent a backlog of imaging during busy work shifts, as parents or clinicians are waiting for the reports. There is hardly enough time to appropriately feel the emotions.

When I go home, I tell my children about

funny stories from work, of how we distract grumpy, upset, or screaming children on the fluoroscopy table before and during the procedures. I often discuss with my family how radiologic diagnoses impact patient care. I have avoided discussing heavier topics like child abuse at the dinner table.

Once over the busy weekend call workday, I had to co-read a post-mortem skeletal survey of a toddler girl, which meant looking at X-rays of her entire body. Clinical history said burns. Both the colleague radiologist and I had not seen such an extensive amount of soft tissue gas. Maybe the body had set into rigor mortis after the burns. My colleague asked about the unusual specks of metal densities on the patient's skin. My mind fetched a remote memory from decades ago during my clinical rotation in a burn unit when my job as a medical student was to apply generous amount of silver containing ointment on high-grade burns of a female patient. Those densities must be silver in the ointment for burns, I told my colleague. We expressed our sadness about unfortunate events that led to this toddler's death, as we discussed the case and excluded any signs of child abuse on her X-rays.

A couple of weeks later, I was looking through our local weekly newspaper and saw the name of the child with the family's picture and description of how the accident happened. The toddler ran back inside the burning house after a family pet and sustained fatal burns. I pointed it out to my husband as our hearts filled with sadness; we imagined the young couple and their grief. The next day I shared the story with my colleague, who had cosigned the skeletal survey report, and we were sorrowful over the circumstances of this young couple.

As more grays grow on my head, and I raise my children, I find myself no longer hesitant to chat with pediatric patients or their parents. I get opportunity to personally interact with patients while performing diagnostic procedures on them known as Fluoroscopy, when I in fact easily connect with patients asking about school, favorite or unfavorite

subjects, how intense high school can be, or desire to go to college, etc. I make sure to talk to my Fluoroscopy patients' parents after I finish the procedure to give them my impression and answer their questions. I take opportunities to talk to or examine the patient when I feel I need more information to complement my review of their ultrasound, MRI or CT scan imaging. There is a sense of appreciation from parents and radiology technologists when I am available to talk in person or via phone, whenever there is a need to communicate about preliminary impression from the radiologist. These interactions not only help relieve parents' anxieties around their children's diagnosis and help me to interpret imaging, but also, more importantly, these interactions let me find more meaning and purpose in my work.

I chose radiology with a major reason being emotional distance, but I am finding myself more willing to interact, to be vulnerable as a curious listener of parents' stories. These stories can be hard to digest, sad, or are unusual sagas of resilience—on part of the patient or parents or both. I feel a sense of appreciation for the clinicians who physically see the patients, treat them, and continue to provide follow-up care more up closely than I can do, often in the midst of some difficult scenarios.

Recently, I was reading a pelvic MRI of 3-year-old and saw imaging signs of metastatic disease versus primary infiltrative bone marrow cancer on outpatient imaging. I had been notified beforehand by the MRI tech that the patient's mother had worked in the hospital as a nurse and wanted to speak to the reading radiologist supervising her child's MRI. As I recognized my shock around the serious diagnosis, I felt uncomfortable in delivering the news to the family. I reached out to an oncology fellow who graciously agreed to join me in the MRI sedation recovery area.

We walked in the room and saw the child's mother with a pregnant belly and her husband; the couple was expecting twins. I had very little experience as a radiologist delivering serious news to parents compared to the

oncology fellow, who delivered information gracefully. The fellow reached and held the mom's hand and sat in front of the mom. The mother's smiling face and composure in asking questions despite the serious news felt just astonishing to me. As the tears were lurking in the father's eyes, the mother was sincerely trying not to let the situation affect the babies in her womb. While the fellow continued to support and comprehensively explain plans for further work-up in the most empathetic way, I kept

myself fully available to fill in the meaning of the gray areas.

There was something so powerful in that room: hope in the silvering lining.



Hope beyond the void
By: Jael Shatlock

Student to Mentor

By: Kate Appel

What if there is no door
at the end of my suffering
after all. What if symptoms
never form a constellation—
just dots. And love never
rolls over to wake beside me.
Sunday doesn't arrive. But
tell me anyway you stopped
to rest. Knew to call this home.
Tell me how you saw the lines.
Promise me more than dots.

I didn't notice fall this year

By: Henry Hoffman

I didn't notice fall this year
I just awoke to winter cold
One morning and thought it strange
To see such barren Elms
And scolded myself for having not removed my air conditioner
Casting long shadows on the pavement
Which blend with dusk by five
Frost gnawing through its grates

My only glimpse of autumn
The carotene-yellow carpet on my floor
Adorned with amber crumbs and umber dust
Crimson wine stains
An occasional raisin
Since vacuuming in moonlight is frowned upon
Lest it awake the neighbors

Now five at dawn
I shake my human sleep
And brave the taunting, hoary frost
To slouch in sterile rooms
Too sapped to stop and picture what I've missed

Good Days

By: Tanya Nikiforova, MD

“Where are my medals?”

Richard asks Patricia when she brings him a plate of crustless cheese sandwiches in one hand and a pitcher of water in the other. In the late stages of dementia, Patricia’s husband has decided he was once a decorated general. Never mind that he evaded the draft as a young man and has always detested war movies. The doctors tell her it’s best not to argue with him and play along.

“They’re out getting polished, darling,” she says. He stares blankly for a moment, and then waves his right hand as if swatting at a fly. “They’re taking too long,” he says.

She follows her script with more commitment on some days than others. But even on the days when her performance is, perhaps, lackluster, she knows it helps calm the frenzied chaos within his mind.

She sits across from Richard at the kitchen table and watches him eat. The sandwich almost reaches his mouth, but at the last moment takes a sharp dive south, grazing his chin and landing on his sweater. She gently wipes grease off his chin with a napkin.

“I need help, Patty,” he says, haltingly. “Getting dressed. For the Army exercises.”

Of course, the Army exercises.

As her arthritic hands struggle to button his fake Army jacket, Patricia considers the state of their home of forty years. Unwashed clothing covers the floor of each room, hiding the 1930’s hardwood floors

she once took pride in. Floral wallpaper bubbles and peels in the foyer, and each bathroom is in its own state of disrepair. Their daughters are driving in from New England today and she expects they will be scandalized. She feels a panicked urge to clean before they get there, but also suspects that the house, like Richard’s mind, is too far gone. No amount of effort in the next few hours will be enough to reassure Mary and Lucy that things are not as bad as they seem.

Around noon, the girls (now really middle-aged women, Patricia reminds herself) enter their childhood home solemnly. As they stand in the entryway clutching their bags, they stare at the stranger before them who holds binoculars to his eyes with one hand and a walkie-talkie to his mouth with the other. He registers their presence, but not their significance. Patricia watches them take in their father’s unkempt gray hair beneath an Army patrol cap, the shiny, name-less dog tags around his neck, the combat jacket hanging loosely around his thin frame.

“Oh my God. Dad. What are you doing?” Mary asks.

“It’s wartime in the boonies,” he says, full of composure and gravitas.

Lucy studies him silently. She was always their quieter child, and Patricia guesses she is trying to reconcile this man with the thoughtful, pragmatic father she remembers. The retired civil engineer who spent evenings in his armchair, reading technical science books while NPR played

softly in the background.

“Your father thinks he’s a three-star general and we’re supposed to play along,” Patricia says with forced lightness as she walks towards them. “Let’s put that away for now, darling. Your daughters are here,” she says to Richard, lowering the binoculars and walkie-talkie. “Say hello to Mary and Lucy,” she whispers to him.

“Hello, Mary and Lucy,” he says mechanically, walking away. Patricia holds each girl in a hug, buries her face in their hair, and searches for their familiar scents.

“He’s lost it completely,” Mary loudly whispers as she moves aside empty cardboard boxes that litter the foyer.

“Where did the clothes and... equipment all come from?” Lucy asks.

“You wouldn’t believe how easy it is to find these things online,” Patricia says, winking.

They look at her, incredulous, their faces entirely unsmiling. Surely, they don’t think *she’s* part of the problem.

“It feels like you’re indulging him in... what is this exactly?” says Mary. Patricia doesn’t know what this is, exactly. The doctors said delusions and paranoia are common as dementia progresses, but she didn’t expect they would spend months playing out this one endless charade.

“Well, he deserves to be indulged a little, don’t you think? After everything he’s done for us.” She doesn’t mean to make them feel guilty. She just wants them to see that despite the looming of that horrid, sterile word, *dementia*, their father still hopes and imagines and yearns.

Over lunch, Mary and Lucy glance at each other furtively. Eventually, Mary clears her throat, sighs deeply, and says, “Mom,

have you thought about a nursing home for Dad? He’s so much worse since Father’s Day.”

Richard was diagnosed with Alzheimer’s a decade ago, but it wasn’t until last summer that he began to unspool. When Mary and Lucy visited in June, he was still able to leave the house to join them for dinner. Patricia knew they cherished this tradition – two girls taking their dad to his favorite restaurant on Father’s Day, paying for dinner with their allowance money when they were young, and now with their earnings. But they returned early, Mary’s face ashen and Lucy’s eyes red. Apparently, Richard sat mutely in the restaurant booth and refused to look at the menu. They ordered his usual well-done steak and potatoes, but he stared at the dinner plate as dumbfounded as if he was being served escargot. After half an hour, he demanded to know where they were. His voice boomed across the restaurant, making others look over in alarm. They went home frightened and embarrassed, leaving three plates of untouched food on the table.

They don’t know that was Richard’s last outing.

Now, he shuffles into the kitchen as the three women in his life sit in thick silence. He looks through a paper bag of unpacked groceries. Patricia turns to him, “What do you need, darling?”

“Where are my medals?” Patricia notes urgency in his voice.

“Mary, can you look for your father’s medals?” she asks.

Is she trying to punish Mary for asking the question? For saying the obvious out loud? Probably.

Mary rolls her eyes, and Lucy laughs despite herself.

“No, Mom. I cannot. I cannot look for

medals that don't—"

"Richard, tell the girls how you earned them." She's egging him on now, she knows.

"Nam," he says, with his hands on his waist and his chest puffed out proudly.

Patricia helps Richard to bed and rejoins the girls at the kitchen table. Her hands cradle a warm cup of tea. "We're managing," she says. "A girl from the agency comes two days a week, and a few people from church visit on Saturdays."

"It will only get harder from here, Mom," Mary says.

"Don't you want more help? Someone to bathe him, to feed him?" Lucy adds.

"Someone to help around the house?" they both say, stumbling over each other. Patricia can't help but notice that neither of them offers *their* help.

"We're worried about you, too, Mom," Mary says. "It's got to be hard on you. It's not like he can help around the house."

"It's got to feel so thankless," Lucy says.

Motherhood was thankless too, Patricia remembers.

Everything they are saying, she already knows. But the sum of what they don't know, what they couldn't and shouldn't have to imagine, is sizable. The smell of the diapers she changes in the mornings, swollen with urine or worse. The times he cries for his long-gone mother at night, the times he talks to people who aren't there. She is worn thin, sleep deprived, in need of a shower, desperate for a quiet moment alone. All of this is true. And yet.

"We still have good days, girls. Every now and then for an hour, or an afternoon, his mind clears, and I get to have my husband back. I can't imagine doing this any other way. We have to see it through to the end. Together, in this house."

"Why in this house? Why not a nursing home where professionals can care for him?" Mary's voice quivers in exasperation.

"When we were first married, the sensible thing would have been to get a starter home while your dad looked for his first job, but my heart was set on this house as soon as I saw it. It was enormously out of our price range and dilapidated, needing countless repairs. Your dad asked me what I liked about it. I said that the scalloped trim and the bright blue shutters reminded me of my childhood dollhouse and made me smile. Now I think, what an absurd reason to want something! But he didn't laugh. He took my happiness seriously. So he accepted a well-paying job he didn't like and that allowed us to buy this house."

Patricia puts her hand on Mary's forearm.

"Do you remember when Dad lost that same job when you were in high school? He found another one across the state, but instead of forcing us all to move, he drove four hours each way and stayed in hotels for a year so that our lives wouldn't be disrupted. So that you wouldn't have to move to a different city in the middle of high school. That's the kind of husband and father he was."

She doesn't know how else to explain it to these still fresh-faced women who haven't been turned

inside-out by life, who haven't slept under the blanket of a good, long marriage. Even when he is in the depths of his delusions, she knows he is trying. Trying to get back to her, trying to find ways to show her love. Trying to make her smile. No matter how oblique his methods have become. She must keep trying, too, as long as she can.

A week after the girls leave, the doctor rolls his stool over to Richard. He has a thick, handsome beard. The doctor looks Richard straight in the eyes, which is something most people stopped doing last summer.

"Tell me about something you enjoyed doing when you were a child," he says to Richard.

"Swinging."

"Swinging?" the doctor asks, surprised. He laughs kindly.

"At a park. Back and forth. Just swinging."

The doctor looks at Patricia, his eyebrows raised, seeking confirmation. She shrugs.

"I think you should go swinging, Richard," the doctor says.

After the visit, he asks to speak with Patricia outside of the exam room. He holds her gaze for this part, too. "Since I saw him three months ago, he is less attentive, less logical, and he's losing weight."

Patricia looks at the ground. "I'm doing my best."

"Of course you are," he says emphatically. "But this type of decline is inevitable, and it's happening quickly." He pauses, tilts his head to the side. "Have you thought about long-term care options? Nursing facilities?"

"He'll be lost there," she says.

"Some have locked dementia units so your loved one can't wander away."

He doesn't understand. The beard disguises how incredibly young this man is, Patricia decides. What could he possibly know about a half-century of marriage?

"Doctor, he said he wants to go to a park, not a locked dementia unit."

Patricia packs a picnic for the two of them, cutting crusts off sandwiches, filling containers with homemade applesauce. It doesn't escape her that Richard resembles a child more with each day. Weeks ago, he stopped reading completely. One day soon he will stop wanting to eat, and she will have to coax him one spoonful at a time like an infant.

She considers bringing him to one of the many playgrounds near their house, where they used to take the girls all those years ago. But she doesn't want that painful symmetry to infuse their day with sadness. Today will be a good day. Instead, she drives them outside of town.

The sky is clear and the air is crisp this morning. Richard used to love these first days of fall. Now he is so thin that he needs three layers and wool socks to keep him comfortable. She knows he will start to shiver in an hour and ask to go home.

At the playground, she takes him by the elbow and walks across the spongy rubber surface. No one else is here, and she is grateful for this. "Go ahead, darling," she says when they get to the row of swings. He looks at her, confused. "No," he says.

She tries to hide her disappointment.

"You go," he says, nudging her towards the swings. She watches him meander away.

Patricia sits on a swing. The black plastic seat is barely wide enough to fit her bottom and the metal chains pinch her hips.

She pushes off, tentatively. And then again. The breeze kisses her face and flows through her short, gray hair. She starts to pump her legs, which feel stiff at first but loosen quickly. With each soothing rise and fall of her body, she takes in the world. She sees townhomes stuck together on a hushed, cobblestoned street. She sees sugar maples in the distance starting to blush red and orange.

In the past months of caring for Richard, she has forgotten so much. It comes back to her now. This exuberant feeling of weightlessness, and gratitude for the life she has lived. The joy of being alive, which she feels even through the heartbreak. Just for a minute now, she lets it all in.

"You liked swinging," Richard says, eating his sandwich at a picnic table. His speech is so flat these days she can't tell when he's asking her or telling her something.

"You know, I really did. Hah. What do you make of that?"

He looks at her with deep seriousness.

"Patricia. You always liked to swing. Remember our first date? After dinner we went to a park and you kept swinging. Higher, higher."

She looks at him, stunned. She had buried that memory long ago. It was, after all, just a prologue to their life. But once there was a park, and a young woman who swung back and forth while a shy engineering student leaned against the wooden frame and asked her question after question about herself. He seemed genuinely interested in her thoughts,

her opinions. She liked him immediately. She tried not to show it.

"Remember, Patricia? I asked you what kind of men you liked. You said, 'I like men in uniform.'" He lets out a laugh and slaps a hand on the table. "I thought to myself, well, I better go out and get myself a uniform."

Those younger versions of themselves hadn't yet boarded the train that would carry them through the landscape of their lives. But that day they heard the whistle of the train's approach, feeling that it was about to stop for them, both knowing they would board without hesitation. She hears the rhythmic moan of the whistle now, too, in the distance. Their train slowing as it nears its destination.

She takes his hands in hers. She looks him in the eyes.

"I remember."



Under the Surface

By: Sara Cao

Those Who Have Left This World

By: Valerie Gobao, MD

“Those who have left this world.”

Like they packed a bag and jumped on a spaceship

Blasting off to an interplanetary adventure

Maybe to blow up a star

Or breathe in the dust of a new galaxy

Or watch two moons set in a distant sky.

Where did they go?

Meanwhile, we're here on Earth

Like they never left our side of the universe.

The relief of uncertainty

By: Elizabeth Parsons

We are in Ohio
when I ask you today.
We have been there every day
for the past week.

I envy the confidence
in your voice,
the unquestionable truth
that underpins your answers,
contrasting my hesitation
when I speak to your family.

I tell you we are in Pittsburgh,
as I did yesterday
and the days before.

Yesterday we were in a school,
today an airport,
tomorrow, I hope, a hospital.

When I ask for the year,
it is 1934;
when I give options,
2028.

Your family calls:
“A stroke?”
Imaging suggests not.
“An infection?”
All tests are negative.
“What’s going on?”
We are not sure.
We are working on it.

Working on it—
Physics taught me that work
is force multiplied by displacement.
It makes sense we are lost
we apply great force,
but our displacement is zero,
we are stuck
in Ohio.

I think we are flipped
I should be the assured one
You, the questioner
But I go home
and realize
how lucky I am
to question
to wonder
to second-guess.

Your confidence,
a mark of confusion.
My confusion,
a mark of deliberation.

Ohio is only an hour away,
so maybe we will cross state lines soon,
or maybe not,
but we keep trying.

Asking the same questions each day,
tapping a compass
hoping it points you east.

When I see you that afternoon,
I feel such joy.
When you say
Ohio?

The Beauty in Healing

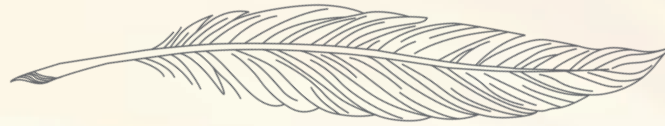
By: Lauren Gibbs

*I went walking on a Sunday
And I found religion and I found peace
Funny how I bought it in my coffee
Only \$6 a piece
And I took a breath a little deeper
In this knowing, well I'm not naïve
That this happiness, well it's rooted
In the sadness that planted the seed
Because I was sick back then
And I thought I shut down
But there's something that had started
I was missing having me around
And there's beauty in this healing
I just haven't figured it all out
It's been a year now
It's been a year somehow
Now I sit here on a Sunday
I started this song just last spring
Only a month out from surgery
When new scars started to sting
In the depth of that madness
Well, I sat there spiraling
Just to find this song a year later*

*And call it my invisible string
Because I was sick back then
And I thought I shut off
But I'm grateful for how I've grown
Oh hell, I'm grateful for all I lost
And I don't know what to think of it all
Ever since I got better
But there's beauty in this healing
Think it pieced me back together
Because there's beauty in this healing
I just haven't figured it all out
And if you told me I'd be writing this song happy
I would've cursed you out
And I still don't know how I'm feeling
So, please bear with me now
But there's beauty in this healing
I'm still healing somehow
Oh, there's beauty in this healing

Oh somehow, it's been a year now*

ABOUT THE AUTHORS AND ARTISTS: *IN THEIR OWN WORDS*



- Kate Appel* *I am a second year medical student at Pitt with a background in poetry.*
- Sara Cao* *I am a third-year medical student at the University of Pittsburgh. I am allergic to mangoes.*
- Lauren Gibbs* *I am a medical student who enjoys singing and songwriting. I started songwriting in high school when I bought my first guitar at a garage sale. I taught myself how to play both guitar and piano but singing has always been my favorite. I write about many topics but more recently I have been writing about my own experience as a patient. As a medical student and a songwriter, I often reflect on this time.*
- Valerie Gobao* *A general internist dancing the Danse Macabre, drinking coffee, and finding meaning through words.*
- Henry Hoffman* *A third year medical student, proud Philly native, pianist, and lover of music, with gratitude for the balance and reflection that creative expression affords.*
- Jim Nagle* *I am a retired educator. I was able to earn two fellowships to study drawing and painting at Skidmore College. Most of my work is either photography or based on photography.*
- Tanya Nikiforova* *Tanya Nikiforova is a primary care physician who writes fiction inspired by the breathtaking range of human experience she encounters in her profession.*
- Elizabeth Parsons* *A third-year medical student at the University of Pittsburgh School of Medicine and a lover of art.*

Jael Shatlock

My 3 biggest passions are 1. Jesus, 2. My son, and 3. Photography

Amisha Shah

I am a Pediatric Radiologist at UPMC Children's Hospital. I have been teaching budding radiologists over more than a decade. My love for arts has metamorphosed in past few years, out of hibernation for decades. With my novice sincere attempt, I hope this piece of essay serves as a window to peek inside the heart of a radiologist, specifically pediatric radiologist who are sparse in number in the nation.

*Deborah Stokes
Sharp*

A group psychotherapist in private practice online and in Austin, Texas, USA

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A PAGE OF THANKS

Thank you for taking the time to read the second issue of *The Canary*.

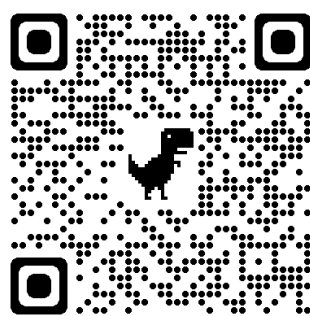
We are grateful to each artist and author who took the time to share their work for our review, including those not selected for publication in this issue. We were inspired by the talent in the community and the willingness of others to open their hearts to join us in this creative adventure; it is *you*—the artists, authors, and readers—who give us at *The Canary* hope and the wind to continue flying.

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We hope that you have been moved by the many talents of the artists and authors living among us in our community.

Be it shining a light to find the silver linings or daring to dive into the gray areas, here's to flying out of the coal mine together—singing.





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