SCOPE



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ACKNOWLEDGMENTS

Faculty Committee
Dr. Thomas Dalton, Dr. Elizabeth Heitman, Dr. John Sadler, Dr. Ye Kyung Song

Student Committee
Elizabeth Hyun, Ji-Hoon Jang, Ethan McNew, Riya Parmar, Maumita Sadhukhan, Carolyn Teng

Additional Support
Dr. Angela Mihalic, Dr. Gary Reed

Designed by the SCOPE Student Committee
Design direction and final production: Carolyn Teng

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SCOPE is UT Southwestern's literary magazine featuring writing and art created on the UT Southwestern campus. The magazine serves as a vehicle for the sharing and communication of experiences in medicine, from patient care to medical research, through an artistic lens. The work published in SCOPE aims to promote more discussion, reflection, and sense of community at UT Southwestern.

SCOPE is published by the Medical Humanities Interest Group, a registered student organization at the University of Texas Southwestern Medical School. SCOPE is not an official publication of UT Southwestern and does not represent the views of the university or its officers.

ON THE COVER

Mountains of Udaipur

Painting by Sachi Kishinchandani

The inspiration for this piece came after I visited Udaipur in Rajasthan. Since Rajasthan is a desert state, any source of water is valued greatly—the citizens of Udaipur make sure the lakes are waste-free and take care of the wildlife within, treating them as something essential to sustain life. Experiencing this mirrored how I thought about mental health, seeing it as vital and delicate, requiring consistent care and attention. The lake depicted is one of the most cherished lakes in Udaipur, Lake Pichola, where several hotels, government buildings, and tourist destinations are located. Despite this constant activity, the lake remains calm and maintained, which felt like a reflection of how balance can exist even in busy or overwhelming environments. Sunsets in Udaipur are also incredibly beautiful, and I took the opportunity to paint what is one of the most colorful sunsets I have ever seen, capturing not just the landscape but the sense of peace and clarity that comes from taking care of both the world around us and our own inner state.

LETTER FROM THE EDITORS

Dear Reader,

Welcome to the 16th edition of SCOPE, the medical humanities journal at UT Southwestern. This year's collection brings together poetry, prose, photography, painting, and other forms of creative expression that capture the moments shaping us as students, trainees, and future physicians. For the first time, we are especially excited to introduce a unifying theme for this issue: Unfinished.

Medicine is full of unfinished stories. There are unresolved diagnoses, chronic illnesses without closure, interrupted lives, and patients whose journeys continue long after they leave our care. As learners, we too exist in a constant state of becoming. Our training is never quite complete, our understanding is always evolving, and each experience leaves us with more questions than answers. Rather than seeking tidy conclusions, this year's issue embraces the uncertainty, ambiguity, and growth that define both medicine and the human experience.

Medicine is often remembered through its defining moments: a first patient encounter, a difficult conversation, the exhilaration of a diagnosis finally made. But so much of who we become is formed in the quieter spaces between those milestones. It is in the walk between buildings after a long shift, in the silence before entering a patient's room, in conversations shared over coffee after morning rounds, and in the moments of reflection at the end of an exhausting day. This edition is dedicated to those in-between moments—the ones that rarely appear in textbooks but leave lasting impressions on the people we are becoming.

Within these pages, you will find voices that grapple with uncertainty while holding tightly to hope. You will encounter reflections on grief and healing, justice and compassion, identity and belonging. There is joy here, too: moments of laughter, unexpected beauty, and gratitude that remind us why we chose this profession. Together, these works illustrate that medicine is not only practiced through knowledge and skill, but through curiosity, vulnerability, and our willingness to bear witness to one another's lives.

As medicine continues to evolve, so too do the questions we ask of ourselves. How do we remain present in a system that often demands constant movement? How do we preserve empathy while carrying the weight of responsibility? The artists and writers featured in this issue do not claim to have all the answers. Instead, they offer something perhaps more valuable: honest reflections that invite us to pause, to listen, and to embrace the beauty of stories that are still unfolding.

We are also proud to recognize the recipient of the 2026 SCOPE Creative Arts Contest. This year's winning work, "[NOON MEAL.]" by Benji Popokh, exemplifies the thoughtful creativity and reflection that make this journal possible. We are honored to feature Benji's work alongside the many remarkable submissions from our talented community.

We hope this issue becomes a place you return to—not because it provides certainty, but because it reminds you that unfinished does not mean incomplete. It means there is still room to grow, to learn, to heal, and to hope. May these works encourage you to reflect more deeply, care more intentionally, and continue seeking the humanity that exists in every patient, every colleague, and every version of yourself along this journey.

The 2026 SCOPE editorial committee extends its sincere gratitude to every contributor, reviewer, faculty mentor, and reader who made this sixteenth edition possible. Thank you for trusting us with your stories, your art, and your perspectives. They serve as a testament to the creativity, resilience, and compassion of our community.

Thank you for reading, and welcome to the 16th edition of SCOPE.

Carolyn Teng
Editor-in-Chief

Maumita Sadhukhan
Editor-in-Chief

Ethan McNew
Editor

Elizabeth Hyun
Editor

Ji-Hoon Jang
Editor

Riya Parmar
Editor

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[NOON MEAL.]

Benji Popokh

[FOR BEST TASTE, PLEASE EAT WITHIN THIRTY MINUTES.]

Your eyes are red. I can see the blood vessels, inflamed, angry, accusing, coursing like an impossible maze in a cloudy orbit.

It's hard for you to see, the lights hurt.

Four, maybe five weeks. I'm not sure. I'm trying to get my life together. But it feels like everything is falling apart. I can't see. It hurts.

Tears. They mix with the drops of pus sitting in the corners of your eyes.

[SALT: 1 PACKET. PEPPER: 1 PACKET.]

You lift up a ragged shirt. It has the logo of some old corporate brand, faded over the years.

I have them all across my belly. At least four months. They're also… down there, between my legs. They smell. Oh god, I'd be lying in the cement and you could walk by and notice the smell. I felt dirty. I was dirty. What was I doing there? I'm a nice person. Everyone told me, you're too nice to be out here. What are you doing on the streets?

Thick, raised, scaly brown warts. Little molehills filled with germs across the middle of your belly, on a stained brown map of infection. Under your worn pants, elastic and loose, more molehills.

And… back there too. They hurt. At first, I just had the discharge. I knew that I was sick. But then, the warts came, and oh God, I knew that I was sick. I wanted to go to the Doctor. I had no money. Oh God, I knew that I was sick.

[UTENSILS: 1 FORK, 1 SPOON, 1 KNIFE]

Your shirt and pants are back in place over a beaten body. Your eyelids cover more tears beginning to form in a network of swollen glands.

I raised two boys by myself. Their daddy's in jail for molesting kids, and he was a heroin addict too. They hate their father. I did everything I could for my boys. One of my boys, he was the starting quarterback for his high school team. You know why? I would stand out there in the apartment parking lot, tossing the football back and forth with him. Neighbors would ask, what are you doing? I'd say, this boy has no father. I'm doing everything.

Your hands are shaking and your chest rises and falls in convulsions. Your face is twisted in a grimace of pain, horror at the suffering you've seen and the happiness stolen from you.

[DRINK: 1 JUICE-BOX, APPLE FLAVOR.]

Your lab results come back as red and glaring as your eyes. There are bacteria, infectious invaders coursing through your veins.

My other boy, he asked, what fifty-year old starts smoking crack? They couldn't understand. I just needed something; I needed to feel like I could fly, even if it was only for a few minutes.

More tears, streaming down your face and mixed with waxy purulence.

And my "friends", every day, I'd watch them die. I'd just lie there in the street with everyone else, see the ambulance arrive and take them away. And oh, God, what if that happens to me? What was I doing out there? It's no place for a woman, no place for anyone. I was raped, beaten, robbed. Sometimes, for drugs, for food, a place to stay, I did things I'm not proud of. But it's what you did to survive.

[MEAL: MASHED POTATO, MEATLOAF, MIXED VEGETABLES.]

I listen to your heart, keeping my ears attuned for a murmur whispering that the great vessels leaving your heart are swollen and at the point of eruption. Beat, beat, beat. I keep listening. I hear your voice, echoed and magnified outside of my stethoscope.

And my boy, he picked me up one day, and he said, "Mama, you can't live like this. You're going to get clean. Come home with me." And I told him, "You

let me out of this car - you can't keep me hostage in here!" But I want to get clean. It's been eight, maybe ten days. I want to live. I have faith. Oh, please, I want to live. Life has been hard.

I listen to your lungs, as breath courses in and out over the racking sobs that shake your broken body. Deep breath in, deep breath out. Paying attention to any snap, any crackle, any mucous-filled pop that might be obstructing your airways.

[OTHER: 1 NAPKIN. 1 PACKET OF HAND-SANITIZER.]

I tell you how I will treat you. I want to make you feel better.

I ask: do you have any questions for me?

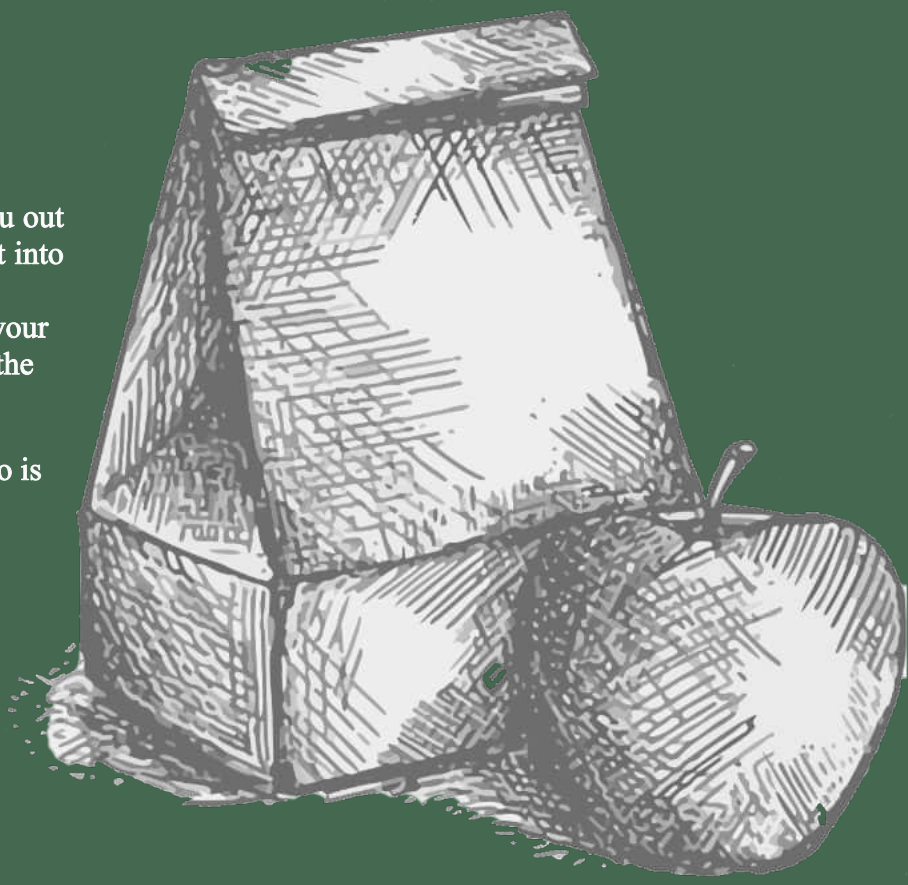
Despite all the heavy weight that you've carried, despite the miserable trick that life has played on you, a smile comes to your cracked lips, over missing teeth, and you ask:

Can I have some chocolate, please?

There is no dessert in the [NOON MEAL].

I take your hand. Yes, my dear. I want to take you out of this sterile hospital bed. I want to take you out into the sunlight. I want to show you that there is goodness out there. I want to rewind the tape of your life and play it back with joy, with love, with all the sweetness you deserve.

But for now, at this moment, the best that I can do is to bring you some chocolate with your [NOON MEAL]. I hope that it makes you happy.



I.F.

Susanna Park



For some people, immunofluorescence is a wild goose chase.

For some people, immunofluorescence is a wild goose chase.

The goose is wild, loud, and chasing you through a field.

You cannot ignore angry geese.

For others, immunofluorescence is a wild moose chase.

The moose is wild, loud, and- wait, no. That's a tree.

Good luck finding angry "meese."

And forbid you look for angry magpies

perched on angry antlers of

angry mooses.

What if they localize to

deer
instead?

What if they're wasted by the wind?

What if they can't see moose(plural. there we go.) among the trees?

How, after staining cells with primary and secondary antibodies, will you explain your glowing picture to someone, about the sensitivity and specificity of your immunofluorescent methods as they fear for the worst and hope for a moose?

How will you-

Yikes. What a terrifying goose.

I should run faster.

The Dictionary Soothes Me

Susanna Park



I was a quiet kid.

My sentences were repetitive in everything bu t meaning.

“Today was good.” I fell asleep at church

“Today was good.” and pretended I was praying. How do I sleep at night?

“Today was good.” I had dessert at the potluck.

Ambrosia, food of the gods midwestern congregation.

Unfortunately, nobody understood when I asked for “more of the good stuff,” and retribution was served.

“The green beans were good.”My vocabulary was not good. I needed change, fast.

I read pamphlets and comics. In between Sunday strips, I tried reading the Bible.

“Then Jesus asked him, ‘What is your name?’ ‘My name is Legion,’ he replied, ‘for we are many.’ " [Mark 5:9 NIV]

While I didn’t know how to pronounce Legion, the verse stood out to me.

It asked for a name.

While names don’t inherently address an issue, they are often the first step to communicating its presence and understanding its implications.

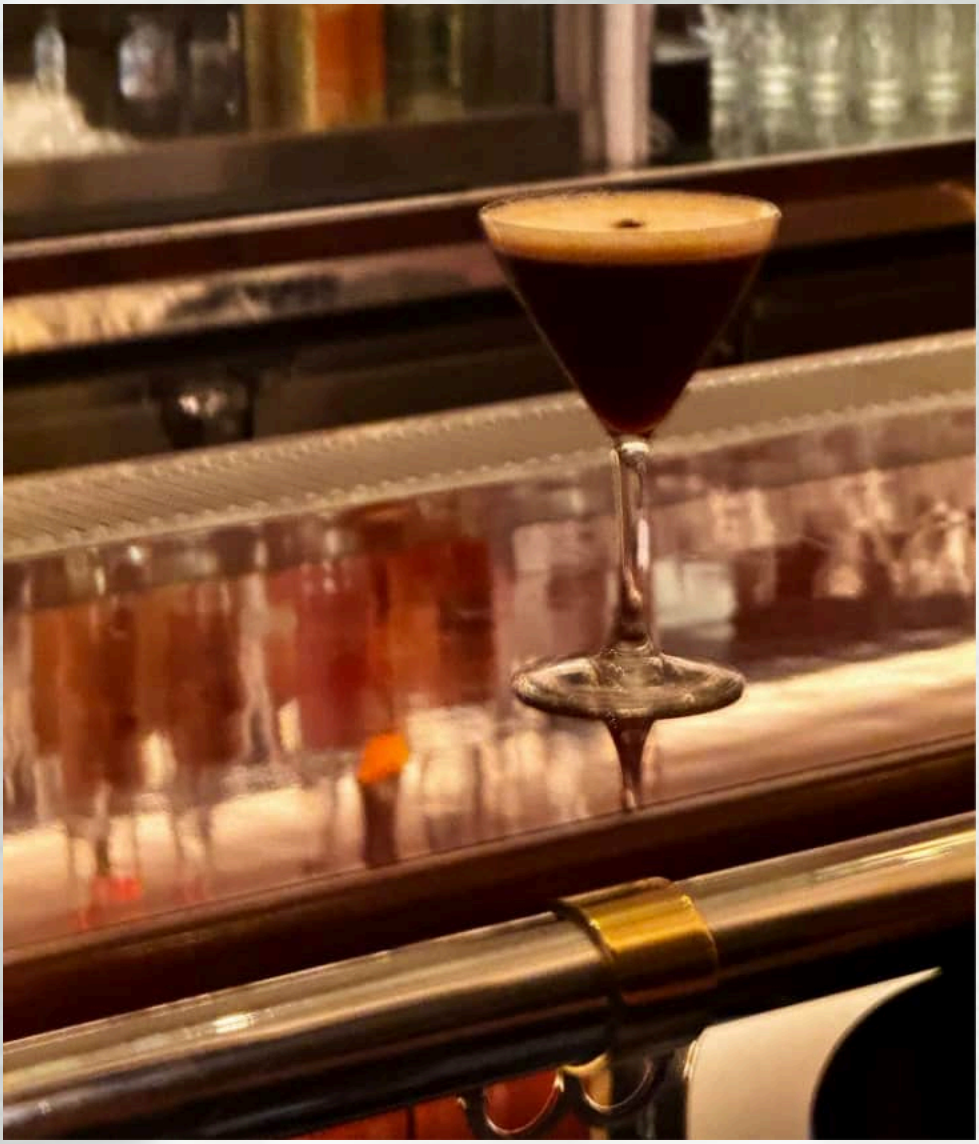
Names help.

The dictionary soothes me.

I was 5.

on being moved
a ghost in the machine

Celine Wei



We're in a wine-and-coffee-and-bike-shop bar across from the Virgin Hotel, its neon sign bleeding red into the rain. A retro diner pastiche. It's 8 pm. I'm on my second drink with a large leaf sticking out the top performing a good imitation of nature. It feels like France in the 90s at a cafés-philo where armchair philosophers would mix cigarettes with conversation, and the topic shifts to AI.

There's been a lot written about AI. Its environmental impact. The ways it's replacing creative labor instead of 'menial' labor (a false dichotomy my Marxist heart can't take, the only difference is degree of estrangement). How it replicates the violence we train it to learn. As a medical student, I know that this field will not look the same in 50 years. I'm not convinced that doctors could be completely replaced. My partner, a computer science major, disagrees.

We've gotten into a heated back-and-forth on the black leather couch. I argue that even the most introverted radiologist will never be replaced, because they're doing more than image recognition. They're doing procedures, interpreting based off the whole patient, sitting in tumor boards. And the surgeons, with their delicate handiwork and sharp personalities, or the primary care physicians that you get to know like a neighbor and could perform physical exams in their sleep, no way they can be replaced. And the mind and the body cannot be separated.

Some people see medicine as a customer service job. We're meant to be holders of expertise and gatekeepers of knowledge. It'd be naive to not notice the vibe shift (against science, against healthcare, against expertise as a whole). We're the frontline workers of an industry that has made human life profitable. In that way, AI is the perfect expert, infinitely trainable with no possible rebellion.

As information is decentralized, rotating further and further out of

orbit (literally as training set data puts those sources into a black box and completely removes the pesky middleman role that the expert used to play), power has faced a redistribution not in terms of who holds it, but how it's transmitted. In the same way the church used the confessional booth, millions of penitents turn to the internet to pour out all of their ailments.

The mind and the body cannot be separated. Althusser said "kneel down, move your lips in prayer, and you will believe." What does it mean to have a mind without a body, an intelligence without a soul? How can you discipline something that can't feel pain? Will never know happiness?

To be human is to imagine things that have not existed yet. To reap the fruits of our labor and be reunited with our ability to create for the sake of creation. To care for each other simply because we can witness each other. Margaret Mead said a healed femur was the first sign of society. When we translate our humanness into numbers, vectors on a plane that can connect bone to tissue, symptom to diagnosis, human life to a dollar amount, what comes out is a distortion of what this work is about.

I'm tipsy at this point, and the bar is about to close. We reconcile, acknowledging that neither is an expert, especially not about each other's chosen subject of study. I stare at myself through the paneled mirror wall, wondering if it's not ironic that we're horrified by something that can only really reflect what already exists. I settle the bill at the red-lacquer-and-chrome-top bar, and I decide that I like this place despite the airs it puts on. It feels like the internet hasn't been invented, we've just put a man on the moon, and our future is endless; the idea of AI just a twinkle in Alan Turing's darling queer eye.

My favorite part of the curriculum in medical school was these hour long sessions, built into our lunch hour our first semester. Every medical student packs into a lecture hall chatting about our days, study schedules, how we feel about the catered food. And for an hour we meet and talk to a patient who lives with the diseases we only know as words on a page. Not just what are your symptoms, what medication do you take, what's the prognosis? How did you balance college and dialysis? When did you realize that your dream of becoming a pilot meant a lifetime of precancerous moles? How have you turned your struggle with alopecia into a community and support group for other women? How could someone so young be so brave through the pain of your own blood sickled like thorns inside your body?

Being a doctor means that I get to meet people at a time in their life where they hold on deeply to their humanity, both the good and bad parts. It means I hold some level of power to do good in a system that seems to relish in the cruelty of indifference, in the casual denial of a peer-to-peer, and the crushing weight of medical debt. People have called it an empathy crisis, the death of sincerity.

I'm no expert in medical education, I'm a medical student, I was an 8th grade teacher for a year and haven't even lived a quarter of a century. But I know you can't mathematically measure the humanity of a doctor. No survey will tell you how much hope you can give to someone. You can't quantify inner strength. And I know that a machine wouldn't be able to give a good hug.

Currently, medicine is facing the heat in the crucible of society's crises. Of capitalism, of racism, of sexism, of homophobia (the list goes on). Legacies we must carry the weight of in this line of work. Doctors aren't just tools of hospitals and healthcare. We're not devotional knights donning a white cape to swear blind allegiance in a county with no kings. What's the point of having bodies if we won't do something when we feel moved to do so? When the stories of our patients, our colleagues, and our communities aren't enough to motivate us to action? We're meant to be the healers of the world, committing ourselves to a cause of "first, do no harm." But sometimes our silence becomes implicit approval. And doing nothing makes us no better than a ghost in the machine. At least a ghost can haunt.

More Apples Glisten

Shreya Billa

The apple glistens on the tree
We grasp it with knowledge from before
With the understanding of now

Gently examining the object of healing
An indent here, a groove there
A chance to care

We pass it on
A hand that plants into a hand that needs
An apple from us to thee

Is this apple poison or magic?
Or precarious happiness?
Or a solace of death?

But most of all we hope
That we together
have found the apple that fits

And we will always continue
Sowing and
Watering,
Grasping,
Examining,
Passing,
Questioning,
Hoping

Always.
Planting seeds for community
Every eternal second, minute, hour, day

Even when our time has come
New hands that plant into new hands that need
And more apples glisten on more trees

The Imprint of Loss

Nicholas Nguyen



The piece depicts a patient passing before their family — a scene I witnessed firsthand while shadowing clinicians as a student studying heart failure. The moment was rare and deeply affecting, leaving me without knowledge of what became of the family afterward.

As someone working towards understanding the underlying causes for this disease, seeing its human toll outside of data and charts reframed my sense of purpose. The work sits at the intersection between scientific pursuit and the unresolved weight of a stranger's grief.

The Life of a Medical Student

Mason Masters

Flashcards pile up like sterile packaging discarded during a trauma code

I diagnose my first standardized patient with a condition I once heard on a show

My eyes strain, scouring the versicolor slide of blobs I now know as ‘tissues’

Never harder have I worked, but what is there to show?

I dream daily of a patient list, piled high to receive my care

For the pressure of perfection amidst the chaos of leading a code

To be filled with practiced confidence as I make the first incision in a life-altering procedure

Or perhaps the sense of pride as I mentor the next generation of physicians

Every day feels like a dream, one where I imagine my future self doing these things

But what am I now, if not a medical student?

There was once a day where I dreamt similar as now

Except back then, those dreams were about

The effortful grind that is medical training

The perseverance and courage needed to learn daily about the science of healing

That short white coat, signaling to all: “I am a medical student”

Dream now as I dreamt then: when is it my time?

When will I realize how far I have come?

Do I take pride in the accomplishments it took to get here?

Or do I feel like an imposter, constantly waiting for that other shoe to drop?

Each day passes with equal parts gratification and torment

You have come so far, yet the finish line is not near

Though these feelings course constantly

through my brain

There is one thought that keeps me going

It is that future patient, the one who needs you the most

The ability to affect one life out of the millions around you

This one patient, vulnerable and willing to trust you in their deepest time of need

They are the one who will move your soul

They are the one who will make every sacrifice worth it

They are the one who will make you proud to say: “I am a physician”

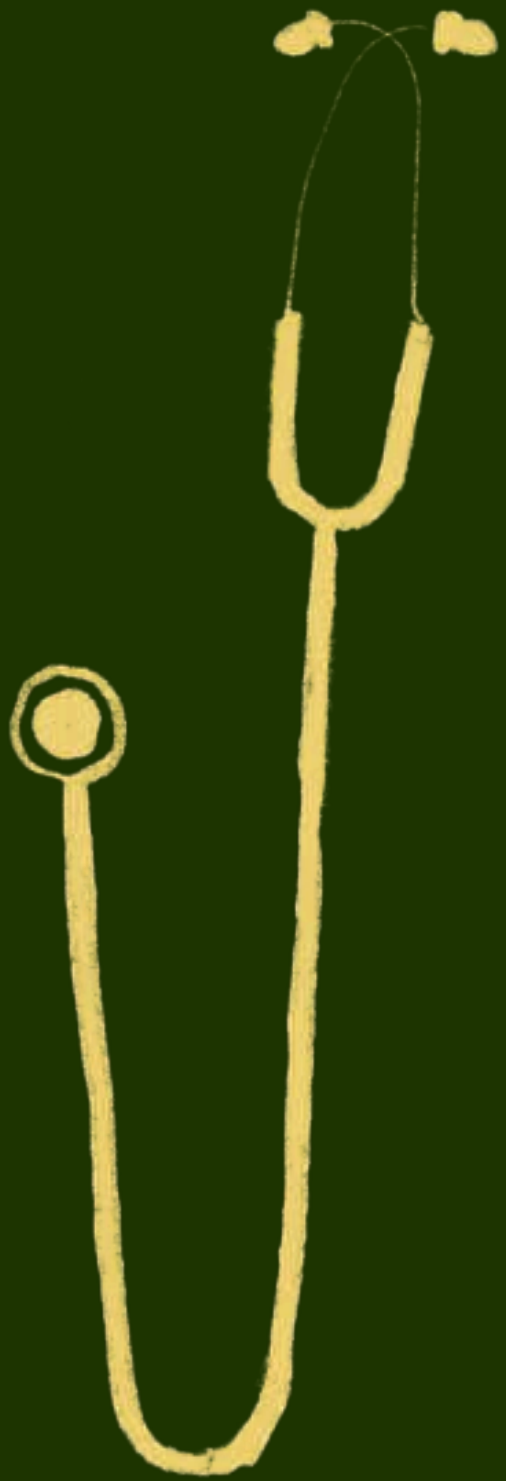
Until then, your responsibility lies in the books

In soaking up knowledge like a fresh new sponge

In learning how to care for those different than you

Ultimately finding out what it means to you, to be a physician

Yes, this is the life of a medical student.



. . . or even more

Amy Mu



In my first year of medical school, I had no idea how to process acute, unexpected loss, so when it happened, I fixated on what felt **unfinished** at the end of life: **unfulfilled** desires, an overwhelmingly **missed** presence, beauty that we'll never see nor share again, a life that **should have been** more just and joyous, a fight that **could have been** more ferocious, potential **untapped**.

As I find myself now bracing to anticipate grief for someone else, I'm admittedly jealous of cats and their 9 lives. 9 lives imply another chance to land on your feet, to be more, be better nine times over. But I don't want people - whether loved ones or strangers - to feel trapped in

In a finite lifetime, I hope we can find *infinite* opportunities: to **care**, to **apologize**, to **act bravely**, to **falter**, and to **forgive**, again and again. Because for us, maybe there is no guarantee of completion or closure in any life, but if the *ninth* makes us even a little bit worthwhile, then so does the *first*.

A Lasting Bond

Ebin Punchamannil

He looked ill from the moment I first saw him. He couldn't open his eyes. He had cholangitis – was it four out of five of Reynolds pentad? We gave him some fluid and started him on antibiotics, and he was chatty again the next day. Back to his normal self. Although, for "FR," my patient, "normal" meant another day living with metastatic cancer. He was diagnosed a month ago. It was just the cholangitis part that made things worse now.

We treated him as a doctor should for cholangitis, but unfortunately his cultures grew GNRs. "Pesky little bugs," he would tell his wife with utmost conviction, as if it were a foundational truth. He had picked up all sorts of medical terminology over his years. He knew his way around the block. He understood the words I spoke to him.

The bacteremia was tricky to treat. We pulled out the big guns—the carbapenems—to take care of it. Surely the bacteremia would go away… right? Eventually, it did. But during those days of recovery, he and I developed a good relationship. "I appreciate your bluntness," he told me. It's the approach I picked up on my surgery rotation. For better or worse, it's just engrained in how I talk to patients now. "You're gonna do just fine. It's all about ambition," he said. This was a man reminiscing about his life, the experiences he'd had, the people he'd met.

There were many visitors during his admission. Friends he'd made in the hobbies he picked up over the last several years.

"He reminds me of you," he said, referring to one of his friends.

"Yeah, sure. We'll see about that."

Sure enough, "Jesse," the friend in question, visited him in the hospital the next day.

"This guy?" I said, standing side by side with him. "Not even close."

We all shared a laugh.



"How long do I have?" I paused for a second. He wanted me to answer. This was a man who didn't want chemotherapy. Didn't want all the cytotoxic effects. He'd only consider immunotherapy or a clinical trial if that was an option. I thought about my words carefully. "Without treatment, probably a good amount of months. Hopefully a year." He looked down and nodded. He had already done his research. What I said wasn't a surprise to him.

When he discharged, we shook hands with clasped hands and gave each other a hug, both of us trying to hold back small tears – but he ended up letting some go. I think we needed each other in our lives during those few days. I know I did.

The Dragon's Curse

Benji Popokh

Once upon a time, in a small village of a great and powerful kingdom, a little boy was born. The wizard attending his birth, clad in white robes and wielding a mighty staff, cried out:

"Umbilical clamp." The nurse handed the instrument to the doctor. "Is the father here to cut the cord?"

The baby, with curly blonde locks and seafoam eyes, let out his first mighty yell. The wizard's apprentice consoled the mother, assuring her the boy's father, a
brave knight, would return soon.

"What do you mean you're not getting alimony? You don't know where he is? Well, nevermind. Fill out this paperwork. You do have a car seat, right?"

The maiden raised the boy alone, dreaming of her knight's return.

She lit a cigarette and stared out the window. "Mama, look!" He showed her a kindergarten drawing: two stick figures, an expressionless woman and a smiling boy holding her hand. Their apartment was just a square box, no windows.

The two lived simply, tending their garden and feeding their animals. The boy apprenticed under the village's alchemist.

"Leave some kibble out for Puss!" she called hoarsely. He slung on his backpack, dumped the cheap cat food into the bowl, and ran off to his job at the pharmacy. He was already late.

The cauldron bubbled, vials foamed, and the alchemist emerged through green fog. "Welcome, dear boy!"

"Nice of you to show," grumbled the pharmacist, stamping pill bottles. "What's your excuse this time?"

"My mother, master… She's ill. The dragon my father once fought has passed over our village and cursed our home. She coughs blood, wakes soaked in sweat, wastes away."

The pharmacist sighed. "You're a good kid. I'll give you a break." He laid a hand on the boy's shoulder.

"In all the lands, there is no cure for this dragon's curse."

"Nothing at all?" the boy asked. "Not yet. I hear they're working on new medicines at the schools up North."

So, one dawn, the boy gathered his strength, his village's blessing, and set off to find the cure. Sages spoke of a dark violet flower growing atop a distant mountain, said to heal the dragon's curse.

His mother faded into a stick figure. He saw her rarely, spending his time in the research lab. Every chemotherapy they tested killed the rats before denting the tumors.

The quest hardened him. He crossed jungles, defeated bandits, endured temptations. At last, he found the flower. But when he picked it, it crumbled to dust.

"Sorry about your mom," said the bartender, handing him a beer. "This one's on the house."

From that day, the boy vowed to slay the dragon with his own hands, heart, and mind.

He hardly slept as a resident. As an oncology fellow, he ran a lab and saw patients daily. Despite his correspondence with doctors worldwide, endless experiments, and watching patients cry, nothing worked. Every treatment failed: organic, synthetic, radioactive, each one worse than the last.

He became a man, weathered and worn, sailing oceans and crossing lands, still searching for a weapon against the dragon. His eyes, once seafoam, turned to steel. His hands never wavered.

In the midst of all this, he met a woman. She was plain, but behind her quiet smile was a gentle heart. She had lost her father to cancer and shared his passion. With her, he could be open. She was a light in his dark journey, a flower that would not turn to

dust.

One night, under the moon, she whispered:

"I'm pregnant."

He loved the child deeply, carrying him through his library, showing him treasures, teaching him alchemy and battle. He dreaded leaving them but knew he could not rest until the dragon was slain.

Then the boy grew pale. He stopped eating. He couldn't keep up on the playground. The man had seen enough to know.

The dragon had returned. Instead of surrendering, the man readied for battle. There were whispers of a blacksmith, a master craftsman who had forged a dagger from meteorite, adorned with mystic stones, said to

"Have an extremely high five-year survival rate. If you exclude those who die from the treatment," said the pediatric oncologist. "How do we enroll in the trial?" the man asked.

The blacksmith raised the dagger above his forge, embers glowing. "You must bring the child with you to face the dragon. Only when it has tasted the boy's heart will it pierce the dragon's armor."

His wife gripped his hand and smiled through her fear. The man turned on the intravenous drip,

Piercing the boy's heart.

He watched the vital signs on the monitor.

The dragon roared. The final battle began.

The child's hair fell out in clumps. His dry heaves woke the man nightly. He rose from the stiff hospital cot, held the boy close, rocked him back to sleep.

The man fought the dragon's fire, claws, and teeth.

He carried his son to the toilet, stretched his limbs to prevent sores.

"Face me, you great beast, who has taken so much, and know your destroyer!"

He stayed strong for his son. For his wife. But he wanted to cry.

The dragon rose, ready to strike.

"I don't care if it's not protocol. He's dying. We'll increase the dose."

The man ran at the beast, leapt from the cliff's edge with a dagger raised, every step of his journey in his grip. And he struck the heart of the dragon.

The cancer had been growing, but new labs and scans just returned.

The man turned to his son.

"Please. Oh God, please."

His wife held the boy's head in her lap, gently rubbing his cold forehead.

The boy opened his eyes. He looked at them both and smiled.

A distant, terrible cry echoed.

The dragon had fallen.

And they all lived,

happily,

ever,

after.



[I Still Miss You Mom]

Rene Menchaca

Hey Mom,
Today was absolutely exhausting
With all the research and volunteering
At the end of the day, I like it though With
the passing of every day I grow
I study in school and at work I train
Someday I hope to help people through pain
As the doctor I say I'll be someday
I passed through the flower shop on my way
I was short on cash but got a bouquet
Of the roses you said brighten your day

Damn it Mom,
Although dad has not been doing too good
He does not seem to care the way he should
The burning he feels gets worse every week
Can't I do more than watch his life go bleak?
Some days I get exhausted of trying
Even though I can hear you telling me That
you really hate to see me crying There are
times I don't have the energy To pry myself
from the claws of my bed Or to clear up the
fog inside my head

Bye Mom,
Sorry I have not cleaned your little spot
I'm busy I swear, I have not forgot People
say your memory is alive
That's like relying on scraps to survive You
left behind a lonely crippled pup Who was
not ready to tell down from up Why would
God make us each half of a heart Intending
to later rip us apart
There isn't a night I don't pray for you And
hope for a day we unite anew



Brotherhood, Amboseli National Park, Kenya



Fatima Zulqarnain

Taken in October 2024, this photo shows two young bull elephants meeting again after a long time. Instead of locking tusks as they would in a fight, they use their trunks for an intimate "hug." Elephants are well known for their long memories and have often been seen greeting each other like this after a long time apart. This photo was taken with a Fujifilm X-T 30 II.

The reunion of these elephants reminds me that patients, too, carry long memories of their encounters in the health care system: quiet moments of trust, a story offered without prompting, or the relief of being seen after feeling unseen for a long time. They remember moments when they felt dismissed or deeply cared for, and our responsibility to foster their trust and never forget our own humanity.

After Hours

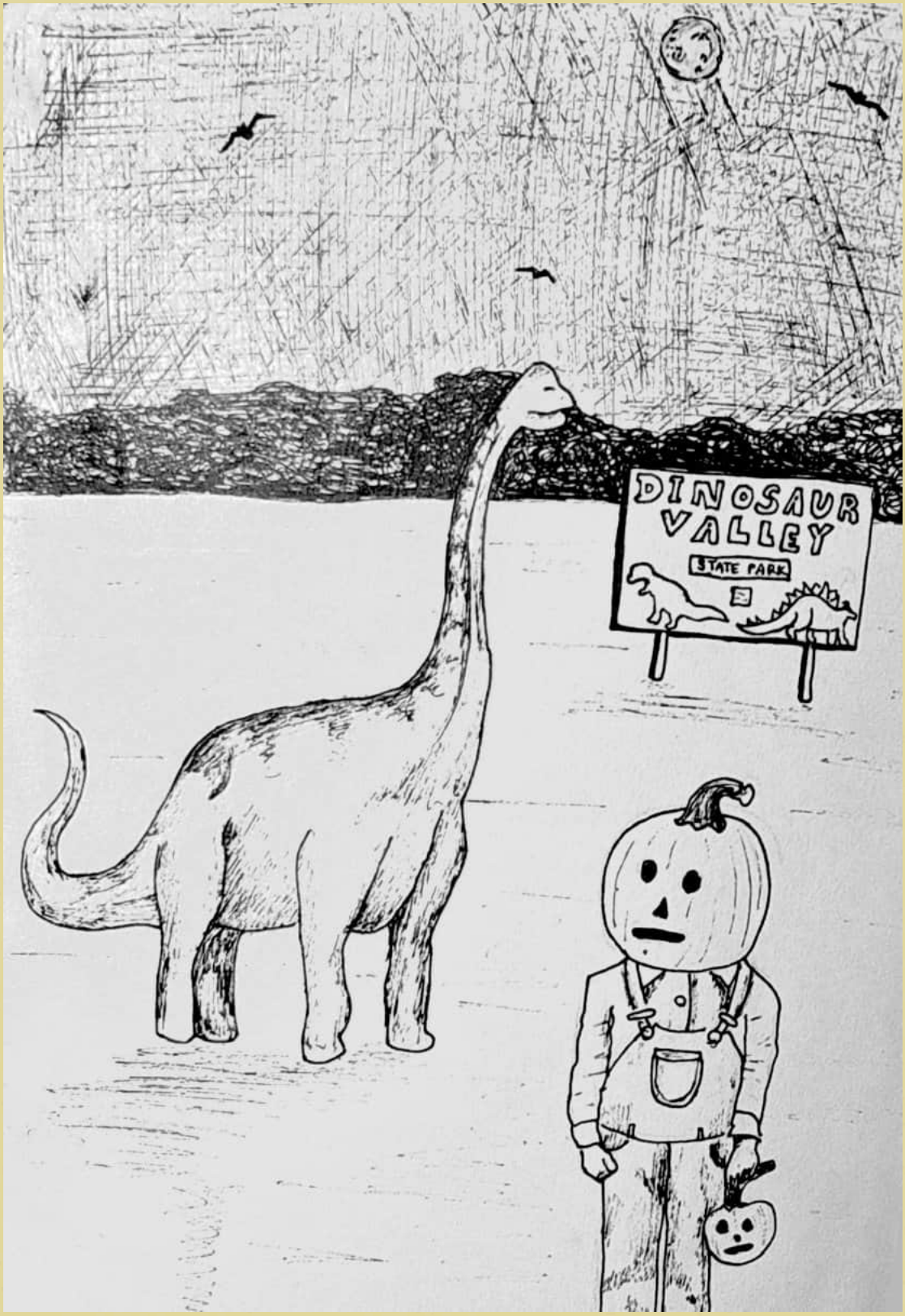
Liz Berquist



This small collection centers on the **deliberate choice to stay curious** during busy, structured seasons of life. As a clinical student, much of my daily routine is highly scheduled, so drawing has become a way to **seek out lightness** and notice what might otherwise be overlooked. Running often provides a similar reset, offering a shift in perspective that can change the tone of an entire day and inspiring the drawing of a well-worn pair of running shoes.

Over the past year, I have spent significant time at the children's hospital, where **small moments of color, imagination, and humor** shape the atmosphere in quiet but meaningful ways. That environment has influenced how I notice whimsy within ordinary settings.





The fish and the imagined scene at Dinosaur Valley began as straightforward studies but gradually moved toward something more playful and slightly surreal. Together, these drawings reflect **an ongoing effort to notice color, humor, and small moments of wonder** within routine surroundings. Creating them is a reminder that **imagination and discipline can coexist**, and that maintaining **a sense of play is its own steady form of resilience.**

Not an Excuse

Flavia S. Fernandes

You had the last word. I grew quiet.
Our dispute ended there,
But the conversation did not.
It followed me for days,
Through hallways and rotations.

You were venting to another doctor in the ED,
Disappointed, you said.
How could our students fail an exam?

Before I noticed, my questioning began.
Had you reflected on the reasons?
Did you consider where we come from?
Our lives, our responsibilities,
The weight we carry into the testing room?
"No excuses," you said.

I was standing there, one of them.
No blame, only fear.
The grit it took to grow from this.
Learning to trust myself again.
Retaking what I was told defined me.

There is uneven ground we stand on.
The structures that decide, long before the test,
Who arrives prepared and who arrives surviving.

When you told me you knew exactly what you were saying,
That you sat on the committee
Meant to help students succeed.

Blame was mistaken for rigor.
Shame dressed as motivation.
The first harm had already happened,
Not with a scalpel, but with words,
To one of your own.

That conversation left hanging
Made something clear.
Medical education needs change,
And that change must grow
From the inside.



Patriotic March

Victor Chien

This photo was taken at the "No Kings" march in Dallas, TX on October 18th, 2025. The weather was less than cooperative. A torrential downpour began as thousands of members of our community gathered at Pacific Plaza Park. The people were undeterred. They came in costumes, held up handcrafted signs, and paraded flags of many allegiances. It was a beautiful moment of our collective history as individuals from all walks of life gathered to show their desire for a better nation. For the plethora of causes and American ideals represented at the march or otherwise, this chronicle is sure to continue for many years to come.

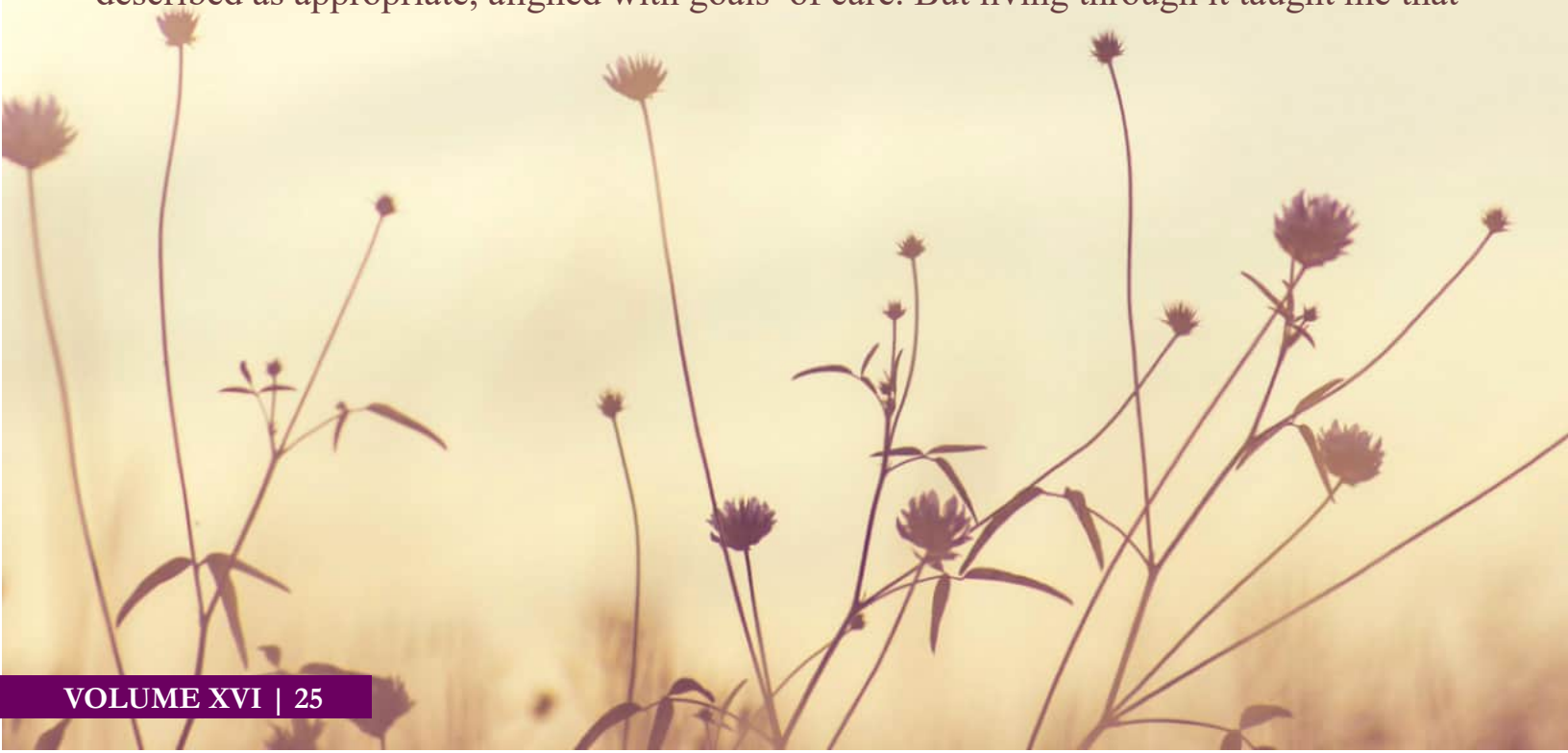
An Unfinished Sentence

Atiriya Iyer

Anyone who knows me knows that Taylor Swift makes up 99% of my Spotify Wrapped each year. But as 2025 came to a close, one song rose to the top: Marjorie. Written as a tribute to Taylor Swift's grandmother, the song is less about loss than about what lingers—memories, instincts, and the regret of not asking more questions while there was still time. It is a reflection on the wisdom passed down, never fully absorbed, a theme that continues to shape the way I think about medicine.

Every medical student knows the first semester will wreck you. The pace is relentless, the material endless, and the feeling of never quite being finished ever-present. But nothing prepared me for November 8th, the day I lost my grandmother, my Baa, who was more than a grandmother to me. She was my second mother, the constant presence around which my childhood revolved. I didn't speak a word of English until pre-k because I spent my earliest years entirely with her, speaking Gujarati, absorbing her routines and rhythms. She lived with us my whole life. She cooked every dinner. She attended every school concert and event. Her care was quiet and unwavering, so steady that I never thought to imagine a world without it.

After months of progressive weight loss and vague abdominal discomfort, my grandmother was diagnosed with stage IV kidney cancer at 87. Four months later, she was gone. She chose not to pursue treatment. In medicine, this decision might be described as appropriate, aligned with goals of care. But living through it taught me that



even when medical choices are clear, they do not bring closure. There is no algorithm for the grief that follows a life ending exactly as it was meant to, and yet still too soon.

I had listened to Marjorie many times since Evermore was released. It had always struck me as a beautiful song, but distant. After my grandmother's death, it became painfully specific. When Taylor sings, "I should've asked you questions / I should've asked you how to be," it captures a regret I didn't know how to name. I found myself replaying moments I once took for granted, now aware that the lessons I was learning from my grandmother had been interrupted mid-sentence. Sometimes it feels like medicine trains us to seek resolution: a diagnosis named, a treatment initiated, a disease cured. We are taught to value goals, progress, and endpoints. But loving Baa and losing her has taught me that practicing good medicine does not always mean finishing the story. Sometimes it means honoring a patient's choice to stop, to accept uncertainty, to prioritize dignity over intervention.

As a medical student, I am still learning to sit with that discomfort. I memorize step-by-step pathways and protocols, yet the most meaningful moments in medicine often resist neat endings. They exist in conversations about limits, in decisions not to act, in recognizing that care does not disappear just because cure is no longer possible. My grandmother lived a full life, but my learning from her ended too soon. Some may call her course complete. Chart closed. Patient deceased. I know better. The most important lessons she gave me were never finished teaching me, just as the most meaningful moments in medicine rarely end neatly.

Marjorie reminds us that what is unfinished is not lost. It is preserved in memory, in instinct, in the way we move through the world. As I continue my training, I am learning that good medicine does not require closure or cure. Sometimes it requires the courage to leave a story unfinished, and the humility to carry it forward, still learning how to be—



unlabeled

Catherine Agarwal



This artwork explores the tension between medical treatment and personal identity. Using alphabet beads to represent pills and orange fragments to evoke prescription bottles, the work examines how medication operates not only as chemistry, but as language.

The work also presents medication as an external system. The pills are arranged and contained, with identity articulated separately through the statement “I AM NOT THE PILLS I TAKE.” Hand-drawn blue contours represent the pills’ effects on the body. These imperfect, layered outlines contrast with the manufactured regularity of the pills, situating them within flesh rather than outside it. This represents how medication becomes something lived with.

The artwork explores the idea that while medication may be necessary and life-sustaining, it does not fully describe the self. It resists both condemnation and idealization of medical intervention, instead creating space for coexistence without reduction.

The Fire in Elevator C

Basmah Barkatullah



As soon as we stepped into the elevator after pre-rounding, I smelt something unpleasant. “It smells kind of funny in here,” I remarked to my senior resident, Dr. B, and second year resident, Dr. G.

“Yeah, it does. It smells kind of...electrical? Like some sort of electrical issue?” said Dr. G, sniffing the air.

“It smells like burning rubber to me,” I suggested. I pictured burnt, melting wires somewhere inside the black interior of the elevator.

“Yeah, it really does!” agreed Dr. G, with a concerned expression on her face.

“Are both of you having a temporal lobe seizure?” Dr. B asked quizzically.

The elevator doors shut behind us, sending us off to whatever our final destination would be.

“It’s not a joke,” I protested to him, “Can’t you smell it?”

“No. I don’t have any sense of smell,” he said matter-of-factly.

I wondered if he realized how poorly timed his declaration of anosmia was. At this point, I realized trying to explain the smell of fire would be like trying to describe colors to a blind man.

As we stood there watching the floors count up, all I could think about was how irritating the smell was and it made me want to cough. I restrained myself; not wanting to appear dramatic. When I recounted this story to my mother, she wondered why I had not gotten off the elevator as soon as I smelled smoke. I replied that had I been alone, I probably would have gotten off. She didn’t think that being with other people should make any difference. Was it not rational, or rather simply instinctive, to run away from smoke?

Not a second too soon, we reached our floor and a code red was simultaneously announced over the intercom about a small electrical fire. Thus, we were released, unscathed, from our little Schrödinger's box.

“Basmah, did you hear that? They called a code red! That elevator was on fire!” said Dr. G, gripped by this newfound objective reality.

“Oh my God- we could have died!” I said, realizing what had happened. I had not noticed the announcement because I was enjoying breathing fresh air for a moment.

“We could have died, but we’re alive!” said Dr. G.

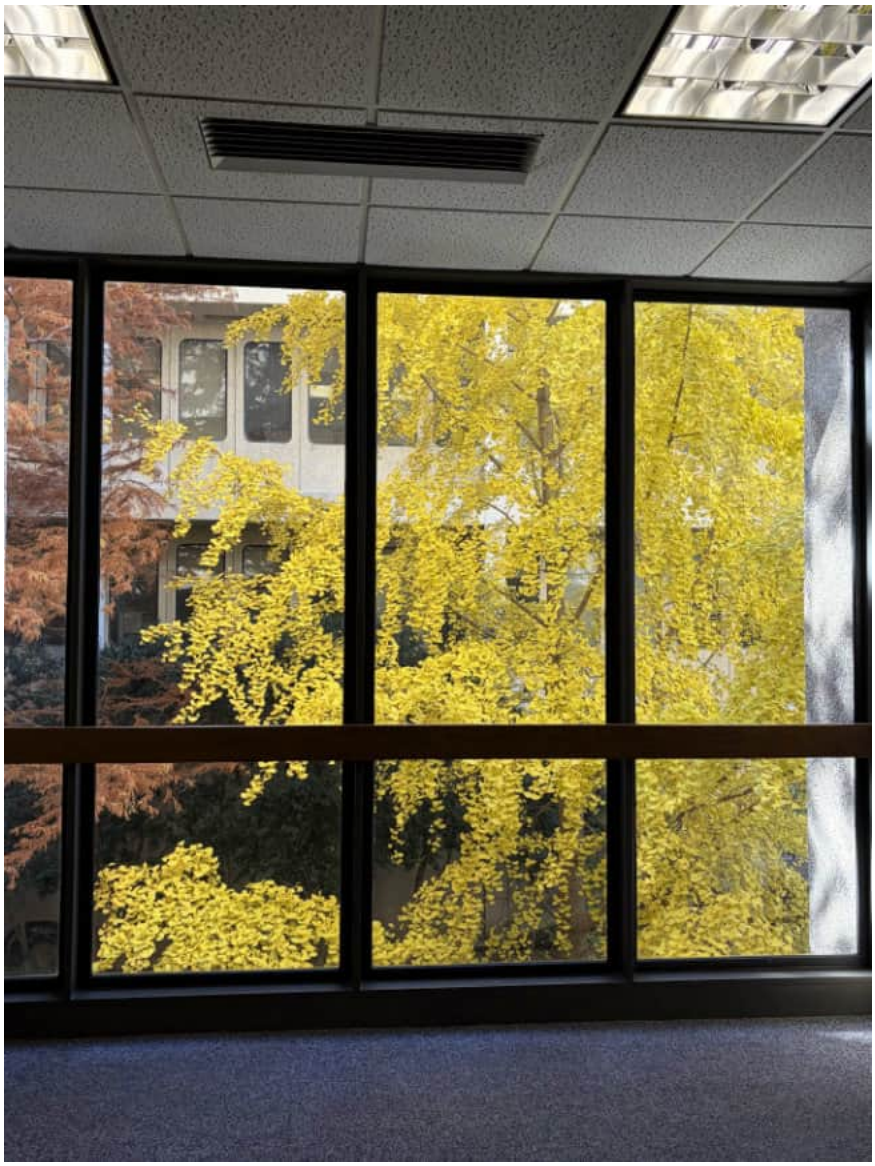
“We’re alive!” I said, both of us squealing with delight at having almost died and then not having died at all.For a moment, we were able to fully appreciate our aliveness.

“Dr. B,” I added merrily, “we saved your life! We saved you from the fire!”

“Sure, whatever,” said Dr. B, with marked dispassion. Half-dead, half-alive, what did it matter? We couldn't be late for rounds.

Between Pages

Flavia S. Fernandes



This photograph was taken during a long day of studying in the library. I stepped away briefly and was struck by the scene outside the window. The brightness of the leaves demanded attention in a way that felt immediate and grounding. It was impossible not to pause.

At the same time, I remained inside. The work waiting for me mattered, and the discipline to stay felt just as real as the pull of what was outside. The image captures that tension between noticing beauty and choosing to remain focused, between longing and responsibility.

For me, photography is a way of marking these small moments of awareness. It is a reminder that even during periods of intense effort, the world continues quietly, offering color, movement, and perspective. This image reflects a brief interruption in the grind of training, a moment of acknowledgment before returning to the work at hand.

matryoshka

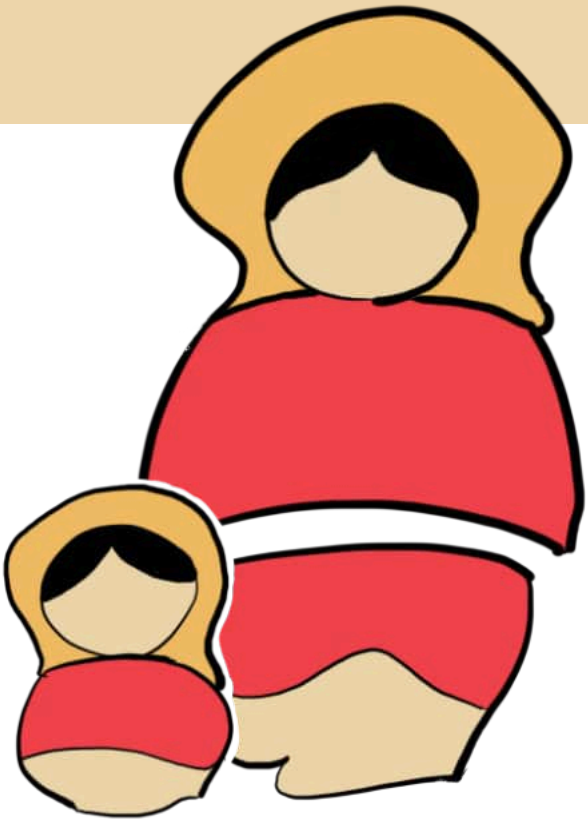
Prisha C. Jonnalagadda

matryoshka holds her little seed through layers of her own skin
asking, hoping, praying: "*will she grow?*"
"or will she wither like her mother?"
the abounding silence poses no answer.

surgeons hunched, a murder of crows over
matryoshka, possessed and writhing. life
may be god's
but birth is satan's pet project.

another face, disembodied and unperturbed
scissors and knives approach— matryoshka is a package, a *gift*,
bursting at the seams, ripe and ready to scream.
glinting needles and scalpels shine like broken glass, twirling
over her head in a choreographed dance—
a deadly crib mobile soaked sanguine.

matryoshka thrashes, a fish out of water
"it's coming, it's coming!" a shriek—
ineffable to any mere human tongue,
yet understood by all.



her cry of pain is the most honest matryoshka has ever been.

it rips violently through the air like the scissors ripping her flesh
everything is ripping, ripping and threadbare.
she is nothing but pieces of skin
holding a million gashes together.

little seed screams like her mother as
she steps through the threshold.
the room is deafening with its spotless despair.

matryoshka holds little seed like she's life itself.
for little seed was watered and bred with matryoshka's blood. a
river of matryoshka's insides decorate the bed
as if she painted it with a wide brush—
the artwork that little seed was plucked out of.

matryoshka holds her darling and prays
her seed won't become a mother
who will hurt like she does.

A Slightly Messy Kitchen

Aarushi Nayak



It was easy to return to my normal routine, washing the dishes and tossing that stale pastry, but I couldn't help but wonder who might have ended up cleaning my apartment if I never came back. I still sit with that feeling sometimes – a strange sense of relief for making that fateful clinic appointment that saved my life. Health can change in the blink of an eye and without warning, leaving daily routines unfinished.

Thankfully, this painting is unfinished for a markedly sunnier reason: I started medical school! If you look closely, there are peeks of previous paintings shining through, as well as underpainting and color blocking offering limitless possibilities for how the painting may be completed. That is truly what unfinished means to me: infinite opportunities and pathways towards the future.

The Last Day We Met

Flávia Soares Fernandes

Today is the last day we meet.
I knew you before through brief visits, improving labs,
a stronger cardiac output,
steps earned in physical therapy.

Today, I met you.
Your smile when family came up.
Football lighting the room.
Pain held back,
not from denial,
but from wanting to stay awake,
present.

You spoke of places you will go.
A life waiting beyond these walls.
I won't be here to see you leave.

But I leave with faith
in your strength,
in your work,
in the joy you'll return to.
You've got this.

As I move on to next rotation,
I hope I go changed for better,
carrying your resilience forward.
Go in peace. Live boldly!

Shopping for Specialties

Danielle Rizk

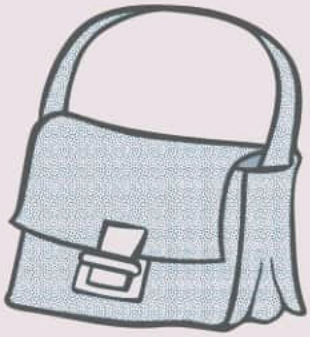


Selecting from the Selected

All dressing rooms are made equal, yes?

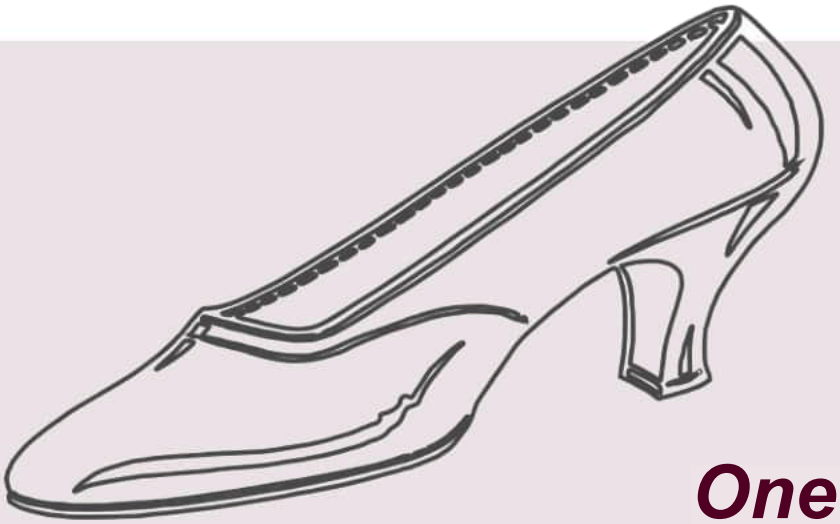
No. Sure, they all come with a mirror and either a clothing rack or a series of hooks, so that you can split up your yeses, noes, and maybes. And the majority come with a bench or a set of armchairs, so that you can offload your past purchases and have your friends give you their unsolicited advice on your future ones. But the best dressing rooms are not the ones with the Sephora-level blinding lights (although these are often useful as they keep you from buying the see-through shirt that everyone seems to know is sheer except for you). The best dressing rooms are the cluttered ones · the ones overflowing with everyone·s rejects.

People reject clothes for all sorts of reasons; maybe the item didn·t come in their size, maybe it was too expensive, or maybe the occasion just called for a formal, floor-length gown. In short, you want to select from the selected. Choose the dressing room packed with the previous shopper·s pieces. The same applies to specialties. If sixty students bring the idea of psychiatry into the dressing room with them, then there·s likely a reason behind its popularity. Even if ·only· thirty-six of them take it to the checkout, you should still ask yourself why.



Bright Lights, Not So Big on the Specialty

After living as a shopaholic for twenty-five years, I·ve come to trust my gut. If you don·t love a bag when it·s sitting under the perfect little spotlights and next to the perfect big-ticket matching coat, what makes you think that you·ll even like it when it·s stuffed in your dimly lit, very much overstuffed closet somewhere between the new scarf that you just had to have and the laundry pile that you just can·t bring yourself to handle. If you don·t absolutely adore a specialty when you·re not actually responsible for the health of any individual and you have 5:00 P.M. ·didactics· to provide you deliverance, then you need to keep shopping.



One in Every Color

Finding the perfect specialty for you is like finding the perfect pair of heels. Some people are platform people. Others are espadrille people. And still others will not wear anything other than their slingback kitten heels. Personally, I like a four-inch, pointy-toed stiletto. Correction: I love a four-inch, pointy-toed stiletto. I have a pair in white, in black, in white and black, and in mint (these came in handy for the mint ball gown I bought about seven years later). If you·re only a fan of one super specific sub-specialty, then, you guessed it, you may need to keep shopping. Even if you only want to use the knowledge you gain during a particular fellowship, you have to make it through a generalized residency, so make sure that whichever specialty you choose is a pair of shoes that you·d buy in every color.

The Turning

James Hwang

At first, I measured worth in numbers — grades and ranks,

percentiles that pressed like fingerprints on fragile glass dreams.

Every heartbeat of doubt thudded to the rhythm of Am I good enough?

Each patient, a mirror.

Each failure, a crack.

I learned to speak in lab values,

to listen for pathology before people, to

chase the perfect note,

the flawless suture —

a kind of worship at the altar of adequacy.

But somewhere between the hum of ventilators and the silence after bad news,

something shifted.

The mirror fogged. The glass gave way.

I began to ask — not how am I doing? but how are they?

Not am I good enough?

but am I doing enough good? And

in that quiet pivot,

the world widened.

The work stopped being a verdict

and became a vow.

Now, I count not the steps I've taken

but the hands I've held.

Not the grades, but the breaths

I've helped return to rhythm.

Not perfection,

but presence.

The stethoscope still circles my neck — a reminder of listening,

not to my own pulse

but to the symphony of others.



Midday Meditation

Margaret Vo

what a morning. shall we

pause the day and

look to the trees?

look, there are a few outside! they

look towards the sun and bask in the beams

away from this workroom.

upon arrival, focus and look inward

look at what we can do! we can

look around and let go.

fill our lungs to the brim

with warmth. that's how we

let the light in.



CONTRIBUTORS

Catherine Agarwal is a medical student at UT Southwestern. When she isn't studying or in the clinic, she can be found thrifting, writing, drawing, or listening to music.

Basmah Barkatullah is a 2nd year child neurology resident at UT Southwestern. She is a graduate of UT San Antonio Long School of Medicine. In addition to medicine and creative writing, her passions include reading, baking and exploring cafes in Dallas.

Elizabeth "Liz" Berquist is a third-year medical student at UT Southwestern. Ever since high school, she has found peace in making art. When she's not studying or drawing, you can find her out for a run, walking her dog, playing guitar, or talking to loved ones.

Shreya Billa is a first-year medical student at UT Southwestern. Her vision for life is intentionality, slow living, and community. While medicine and learning fill her days with purpose, she also finds joy in all things gardening, sketching, eating, swimming, and dancing.

Victor Chien is a second-year medical student at UT Southwestern with a passion for the humanities. His creative mediums include photography, music, and dance.

Flavia S. Fernandes is a fourth-year medical student with a background in journalism. Originally from Brazil, she now trains in Texas and uses photography as a way of pausing.

James Hwang is a second-year medical student at UT Southwestern who spends a suspicious amount of time Anki-ing in coffee shops. He enjoys racket sports, catching up on sleep, and bringing order to chaos through color-coded spreadsheets. When given the choice, his favorite activity is anything that is not studying.

Atiriya Iyer is a medical student at UT Southwestern. She completed her undergraduate education at Northwestern University, where she studied biomedical engineering while also exploring courses in English, economics, art, and language. When she isn't studying, which is admittedly rare these days, she enjoys spending time with her family and two dogs, baking, and painting.

Prisha C. Jonnalagadda is a medical student at UT Southwestern. Since the first time she picked up a pencil, her first love has been writing. She majored in English at Rice University, and in the past few years, she has done presentations of her work at public forums such as the Houston Health Museum and in Medical Humanities Journals and Conventions. In addition to writing, she loves painting, reading, ice skating, martial arts, and playing D&D with her family and friends.

Sachi Kishinchandani is a medical student at UT Southwestern. In her free time, she likes to mindlessly watch YouTube videos and drink boba so she doesn't have to confront the drab reality of <6 hours of sleep a night and her 13 minute mile times.

Mason Masters is a first-year medical student at UT Southwestern. He is from Kaysville, Utah and studied Exercise Science at Weber State University. Outside of school, Mason loves spending time with his amazing wife, weightlifting, running, and finding new coffee shops around Dallas.

Rene Menchaca is a second-year medical student at UT Southwestern. While pursuing an English degree at UT Austin, he fell in love with poetry as a form of capturing ethereal moments. He hopes that through careful word choice, active effort, and lots of patience, we can all understand each other a bit better.

Amy Mu is a fourth-year medical student who once narrowly lost a spelling bee on

the word "despair" and is still haunted by it. She loves sunset, seasonal lattes, and taking long walks.

Aarushi Nayak is a first-year medical student at UT Southwestern. They are passionate about medical devices and using technology to increase accessibility, both in medicine and the community. In their free time, they enjoy playing guitar, cooking, and watching movies with friends.

Nicholas Nguyen is a graduate student at UT Southwestern in the lab of Dr. Joseph Hill. After earning his Bachelor's in Biochemistry from the University of Houston, where he first discovered his passion for research, he joined MD Anderson as a Research Assistant investigating neuropathic pain. Currently, he is focused on uncovering the molecular mechanisms of diastolic heart failure. Outside the lab, he enjoys painting, watching films, and spoiling his two dogs with their favorite treat: mangoes.

Susanna Park is a medical student at UT Southwestern. She learned how to read from Garfield comics and doodles in the margins of her notes. The spaces in between help her think.

Benjamin "Benji" Popokh is a fourth-year medical student at the University of Texas Southwestern Medical Center in Dallas, TX, class of 2026. In 2021, he graduated from UT Austin (Hook 'Em!) with a Bachelor of Science in Neuroscience and Bachelor of Science and Arts in Biology. In his free time, he enjoys running, reading, medical etymology, and all things outdoors. After graduating medical school, Benjamin would like to pursue a career in full-spectrum Family Medicine.

Ebin Punchamannil is a third-year medical student at UT Southwestern. He graduated from the University of Texas at Austin with a bachelor's degree in philosophy, where he served as editor of the undergraduate philosophy journal, Ex Nihilo. He is currently training to run a sub-3-hour marathon and to climb Mount Rainier.

Danielle Rizk is a third-year medical student at UT Southwestern. She completed her undergraduate studies at Rice University with degrees in Hispanic literature & film and neuroscience, where she fell further in love with the humanities and enrolled in courses such as Italian and History of Fashion. In addition to medicine and writing, her passions include event planning, baking, makeup, movies, and karaoke!

Margaret Vo is a fourth-year medical student. In her spare time, she enjoys pacing in her apartment, eating Jimmy Fallon ice cream, and sniffing candles.

Celine Wei is a second year medical student at UT Southwestern. She studied Global Cultural Studies in the Literature Department at Duke and started viewing the world with a critical eye. When she's not studying, Celine is line-dancing in Oak Lawn, reading a book next to a homemade candle, and enjoying the pockets of nature in Dallas.

Fatima Zulqarnain is a second year pediatric resident at UT Southwestern. She grew up in Japan, Sudan, Nigeria, Kenya, Uganda, Hungary, and her native Pakistan, and has a passion for reading, writing, and most recently - amateur photography.

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