

# eudaimonia

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## eu · dai · mo · nia

(n.) human flourishing, well-being

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## letter from the editors

Welcome to *Eudaimonia*, a medical humanities journal created to promote critical reflection, creative expression, and healing amongst those who live and work within the world of medicine. Our journal takes its name from the Greek term *eudaimonia*—often translated to "human flourishing" or "living well." Derived from Aristotelian ethics, *eudaimonia* goes beyond fleeting happiness (which it is sometimes mistranslated to mean) or the mere absence of disease; it refers to the pursuit of living a life of purpose and virtue.

Along these lines, *Eudaimonia* seeks to explore the full human experience of medicine: to capture both the beauty of healing others, as well as the difficulty of bearing witness to immense loss and suffering. Amidst these complexities, we imagine *Eudaimonia* as a creative space for reflection, connection, and, ultimately, flourishing.

The pieces in this collection embody this vision, traversing a wide spectrum of emotions and experiences in medicine. A student recalls her larger-than-life patient, who jokes her diagnosis is "CRS—Can't Remember Shit"; a young woman reflects on the nature of memory after her father forgets her face; a bedridden girl with cerebral palsy faces increasing alienation; and a medical student recounts her team's humorous banter during rounds. These are just a few of the written pieces held within these next pages, punctuated by beautiful artwork.

We hope you enjoy this collection of creative work as much as we did.

Warmly,  
Daria Hoang  
Dana Alsheklee

## Dear Ms. Wren

*Celine Rochon, MS3  
Saint Louis University School of Medicine*

Dear Ms. Wren,

I am not addressing you by your real name, but I chose one that I felt captured your kind, humorous spirit and a life well lived. Our first introduction was not in person, but through a note that read, “chief complaint of vision loss.” Words fall flat and sound, expressionless on a digital screen. But your voice, softly worn and pleasant, told me a story of how you ended up in the hospital.

“Well, I was sitting on the sofa, talking to an old friend in Oklahoma. Suddenly, I couldn’t see the TV out of my left eye. All that’s left of my vision is a beetle-shaped hole.”

Asking, ‘When did this happen?’ and ‘What makes it better or worse?’ was part of a familiar routine to me. You filled in those gaps, even with details that may not have been directly relevant to your current concerns. Our bodies tell stories too, with every scar or broken bone, and yours carried many—heart failure, diabetes, spinal surgery, and a hysterectomy. Yet beyond all of that, you told me how you were a mother to nineteen children.

“You meet a guy in your twenties who is in the Navy, and suddenly you find yourself young, dumb, and married.”

We both laughed, but then a pause settled between us when you said, “We couldn’t have kids of our own,” a statement that carried the weight of ache and acceptance. “But we started fostering, and our family became bigger than I could have imagined.” You opened your phone, proudly showing me faces of all different ethnic backgrounds, none related by blood but connected by the roots of a carefully grown family tree.

Although I had been asking the questions, there comes a time when patients have their own: “What will they do to fix my vision?” And I dreaded knowing the answer was that the damage could not be reversed. I started explaining central retinal artery occlusion, avoiding jargon that could fall just as flat and meaningless. I knew it was not easy for you to accept that years of diabetes could lead to such complications. And when your voice was no longer softly worn but tired, as you expressed, “I’m done,” I felt the weight of your pain at existing in a world you could no longer perceive the same. Yet you carried on talking with me, despite there being little comfort in facing a new reality.

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You lived an hour away, explaining that follow-up appointments would be difficult due to relying on insurance-covered transportation. Services often decline serving rural places due to longer commutes, and caseworker involvement was just as unreliable. The uncertainty of receiving proper care was evident, and then just as quickly as you had arrived, you were medically cleared to leave. I was left with questions, such as how often transportation is a barrier care, and whether you would be okay when you went back.

Still, you were relieved to leave the white walls of the hospital, the absence of your friendly aura leaving it a little more blank. When you got into your wheelchair, nurses on standby for discharge, you told them, “They treated me for CRS.” I looked at the nurse, silently questioning if I was missing something in the multitude of acronyms stored in my brain. So I asked with my own curiosity, “What does that mean?”

When you looked at me, your boisterous expression was the antithesis of the defeat you had displayed just prior. You smiled and said, “Can’t remember shit!” A syndrome I will never forget.

Ms. Wren, I am writing to you, even though these words may never find you. I am grateful to have known you for a fraction of a day and wish I could have done more to help. There is so much work to be done, and moments like ours remind me of the importance of being a steady presence for patients.

Here’s to eighty years of a life well lived, and to the nineteen-plus lives you have touched along the way.

## The Physics of a Moment

Daria Hoang, MS4  
Saint Louis University School of Medicine

It was a bitter morning in San Francisco when it happened, mist rising above the city like a ghostly dragon's wing. My father woke up, looked at the grainy picture of me on the nightstand—a picture he had taken himself, with one of those cheap disposable cameras—and for several minutes, he could not recognize my face. My mother watched quietly, her lips pressed into a grim line.

It was not in my mother's nature to be soft, but for me, she tried her best to diminish the magnitude of the incident. "It just took a moment," she said on the phone, "Just a moment, alright? Nothing to write home about." But I was in no mood for white lies: until then, my father had forgotten many things—friends and car keys and gas stoves—but never something like this. A part of me had known it would come eventually, that an illness like his didn't discriminate when it came to eating away the brain; I'd seen his MRI with my own eyes, the deep sulci and signs of atrophy. But lulled in part by desperation, in part by hubris, I'd genuinely believed I could be immune from his forgetting spells.

I was in New York when I received my mother's call, and I remember walking by the park, feeling as if the entire world had shifted several degrees. I was unmoored, lost, and for a moment I wondered if this was what my father had felt several decades ago when he fled Vietnam, sitting in that little boat and watching as his motherland grew further and further away, until it was just a line, and then a vestigial phantom in his memory.

Back then I kept a small notebook of my father's Firsts—first time he got lost at the mall, first time he forgot a particular memory, a particular face—and when I sat down on a cold park bench to record that next entry, the pen trembled no matter how hard I tried to steady my hand. On the page, my words took on a leftward slant, as if they couldn't bear to march forward. I kept imagining his face under pale light, the way his lips must have stumbled, then stalled. How my mother would have squeezed his shoulder in pity, eventually saying, *Bella, it's Bella*.

It had snowed all week, and as I stared out at solemn trees whose branches were so frosted they looked like they carried blossoms, I recall trying to will the world to stop turning. For a fraction of a second, I could almost believe it had worked—that I'd elongated the seconds, delayed what was to come. The wind died down, and it was silent, a rare feat in New York. No car horns, no birds.

For a moment, I was certain I had defied physics.

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But just as quickly, a little boy with orange boots appeared in the periphery of my vision, cracking the surface of that perfect illusion wide open, as if he'd taken an ice pick to a frozen lake. He ran into the clearing, building a little snowman and intermittently engaging in a snowball fight with his mother. I was so distraught that real anger, white-hot and painful, rose in my chest. It took several deep breaths to dissipate that strange tightness, after which I rubbed warmth back into my hands and returned to the Book of Firsts.

When I finished writing down what had transpired, I looked up just in time to see the boy trip over his shoelaces. His face was bright red when he got up; his eyes were glassy and wide, as if they held a river of tears just on the precipice of spilling over. I expected him to cry—in a way, I wished for it—but to my dismay, he began to laugh with the full force of his body. His mother, a few feet away, tenderly brushed away the snow from his ruddy cheeks and his coat. She ruffled his hair; he laughed again. The sound was light, happy. It expanded and, at once, was everywhere.

X

To this day, I am still somewhat disturbed I sat there waiting for a little boy to devolve into tears. I suspect it was because I'd wanted some confirmation that the world was, indiscriminately, a terrible place. It dealt us all blows here and there, and my father forgetting me was simply one of those things.

Years later, I thought of something else. The boy running around, making his snowman, reminded me of all those times my father and I used to build makeshift fortresses in the living room. See, I was an only child, and my father, quite non-traditionally, the homemaker. In early grade school, I used to force him to help me arrange the pillows and blankets, then would pull him into some fantasy world where I was (usually) a princess, and he a knight or king. Sometimes an evil dragon, if I wanted someone to throw pillows at.

"Again?" he used to say, exasperated, when I pointed to a newly-constructed fort.

"Again," I would reply, before launching into detailed instructions on his role for the day.

It made me think—when had we stopped? A pit of loss opened in front of me, knowing that at one point making this fortress with my father was all I'd cared about, and then one morning, for no reason at all, except, perhaps, the passage of time, I woke up and never thought to build it together with him again. Just like that, I'd forgotten that private world of ours. Just as my father woke up one morning and forgot my face, which in so many ways was his own.

And so it is in life—that we forget each other in turns, and on occasion we remember.



## Untitled

Thomas Hoag, MS4  
Saint Louis University School of Medicine

A man and wife gaze at each other across a vivid red neuron, symbolizing the presence of Parkinson's disease and the space it can place between loved ones. Despite the divide, the piece reflects the enduring love and connection that persist even as illness takes center stage.

## Matter over Mind

Dana Alshekblee, MS4  
Saint Louis University School of Medicine

I am a puppet. Invisible strings attach my arms around the blankets and my eyelids to each other and my legs to the ground and my fingertips to this doppler. Reality yearns to connect. But the hour is desperate in this screenplay. *Look for her pulse* echos while I smear gel onto your groin to see what your heart still pumps. Protocol is scripted, initiating actions without my intent. We transfer you onto a new bed, cut your clothes, and rush to place an arterial line for close blood pressure monitoring.

Nothing could have prepared me for your arrival  
and there is little which helps me process your departure.  
the pager in my scrubs tases me with your Level 1 entry to the trauma bay:  
young female, motorvehicle versus pedestrian.

*Were you wearing a feather jacket?* Because I see it in your hair,  
and the dainty gold chain that you put on this morning is caught tangled in your teeth.

There is ambition but nothing else on my mind: Commotion doesn't notice my absence. I am still just a puppet, somehow moving parts in pieces for thirty seven entire minutes. It's my turn again. I watch my fingers overlap while my upper body pulses to preserve your own. A tuft of white feathers ignores sterility, it bounces with each press. My senior resident is four inches to the left with his blade: He places a chest tube.

But your blood pressure plunges, despite this network of strategy. The wires of my marionette begin to loosen, and I beg you to try harder.

*I know you straightened your hair.*

*I'll fix it after this, I promise.*

*We can replace your necklace.*

My offers are refused and there is one last act to save you. A scalpel introduces us to your punctured aorta, the disguised culprit all along. It took advantage of my vacancy: A void carved out by exhaustion, dread, and denial.

It is 1:37 AM. The moment of silence is so still that the director drops my strings. The script has ended, and I remain a puppet, paralyzed and collapsed, on an empty stage.

## Malaise Based Days

Rambod Meshgi, MS4  
Saint Louis University School of Medicine

1 girl on a gurney, journey inertly yearnin' to turn back early, return home surely  
2 coughs crack, and the doc speaks curtly and sternly, "Get her a room, she's hurting, Bernie!"

Room 3 or 4? Either'll suffice as he sips terrible coffee  
Clerk lurched back to the ward from a break, still sucking on edible toffee  
Spliced in the silence she returns to schedule softly  
Pt arrival to the unit at 5 minutes till 6, brain blitzed and foggy  
Damages from the ravages of tactile battles with savages, namely cerebral palsy

Scars on her neural map  
Wars fought unfairly with assaults and traps  
Girls her age sing Halsey tracks  
But she's blinkin' in sync with codes and stats

7 months she's been staring at that monitor,  
disconjugate gaze  
Malaised Based Days  
Eyes in a haze that betrays her age  
Lost in a daze, fading away

No voice nor choice didn't matter when granny was there  
When she came in, she had figure 8 braids in her hair  
And a squishy plush with a fresh scent pod in the cushioned tush  
Now meds stack high and the tone feels hushed and rushed

She's got straps, pads, clamps, a ramp, clasp clamped around a scrap of napkin  
through cramping hands she's napping in a room full of tools like a mechanic  
And at this age and this stage, just look at her fragility, no family left so she'll go to a facility  
No true touch, just latex lies, are you kidding me?



*(continued)*

Heavy machine operators work the vent, feeds, and the lines overhead  
I just pray they keep turning her in bed, praying they flip, rock, and soothe  
Not just roll her like log to be moved  
And I hope someone runs a comb cross her curls with loving warmth like someone cared  
Not efficient sterility and a thousand year stare

But probably not. Scent pod gone. Plush long trashed. The feeling withdrawn.  
No plush, no scent, no trace of the soul, just a doll with a rip and a tag in the fold  
Pinkish polish, tattered and torn, on all 10 digits  
Marched from the margins of her cuticles, till the lil' end bit  
Looks like she's got aubergine pseudo-French tips  
After they fully fade away so do her traces of relationships past  
Who else will take the time to paint them, no one on 9th floor west

Her story stuck in the hands of random strangers, ever she grows old  
And with changes that were made because of HIPPA dangers, her story'll never be truly told

## Head Above Water

Emma Li, MS4  
Saint Louis University School of Medicine

'Head Above Water' reflects on the overlap between the patient and healthcare provider experience. The piece invites the onlooker to consider two interpretations: how easily one's health can change, and the subsequent race to fix it; or how healthcare providers are the foundation which may never waver, even with cracks beneath the surface. This represents the emotional burdens of healing others. Both struggle to stay afloat, constantly in a battle against time.



## Meeting a Stranger

Reema Gondal, MS3  
Saint Louis University School of Medicine

I stood beneath my attending's towering frame. My knees were buckling from standing and the crease in my new sneakers deepened every time I rose on my toes for a clearer window. I was unaware of the plan for this patient, as I'd walked in with his body face down on the operating table. I'd never met this man; but even if I did, all he'd know of me would be concealed by a mask and gown. All I'd known of him was his tragic tale, carried in the hushed murmurs of the hospital walls.

I watched my attending squarely adjust his scalpel in the crease of his palm. Each fiber of fascia yielded softly to the blade. His wrist rotated with each pierce of suture to the natural curve of the skull. I grasped the metal scissors in my hands, as I shuffled in my shoes for my cue. I kept my arm tucked to open a sliver, trembling as I inched closer to cut the sutures. As I pushed the blades together, the strings fell apart under the pull of tension. I did this again and again, leaving a row of uneven tails dangling from the scalp, until my attending's voice cut through the stillness thick with focus.

"The art of surgery lies in the focus of precision and uniformity. That's what you are striving for when you're in this OR."

I nodded. After the surgery ended, I knelt to unlatch the safety belt, and my gaze fell on a cross tattoo fading on the patient's wrist. I lingered there, tracing the lines with my eyes as if I could read the story it held. Slowly, my vision drifted upward to the face I had failed to see, on a human I had forgotten to recognize.

I felt a pang of guilt at how easily I had been carried away by the procedure and my unawareness. Around me, the OR continued to hum with activity, yet for a moment, I wondered if I was the only one misled by this detachment. Maybe this unawareness sprung from my naivety as a student, where the tattoo exposed the breadth of this unfamiliar world. Like how the art of surgery actually lies in an imbalanced dichotomy, a constant negotiation between defined precision and raw humanity. That the skill of healing through surgery may never be fully detached from the disarray of empathy.

"You got some blood on your shoe."

I looked down to the darkened splotch. I sighed, carrying it with me as I treaded out the OR.

## Morning Prayer

*Shushanna Samvelian, MS4  
Saint Louis University School of Medicine*

The morning prayer at the hospital had always been an innocuous part of the day until one day in the middle of pre-rounds I was stopped in my tracks by my new resident team. Confused, I looked at them as they held a finger up, their eyes trained on the ceiling as they waited expectantly for the crackles of the overhead speakers to settle down.

“What are we—”

“Shhh,” they warned in synchrony. So I waited, and the morning prayer began as it did every day. The senior resident looked as if he was mumbling his own prayer, inaudible and earnest. I considered offering a silent prayer of my own since we had actually taken the moment to pause our day, as the morning prayer often requested.

Despite it being my first time seeing this particular ritual during pre-rounds, I respected his religious devotion.

Once it had finished, the intern asked, “How long?”

“About a minute. Not shabby. Key words?”

“Falls, balance—those were the main ones.”

“Must have been a bad day on the neuro floor yesterday,” the senior said with a glint in his eye.

They must have finally noted the confused expression on my face as I turned side to side as if watching a Wimbledon match.

“So,” the intern began, “we have a theory.”

“A hypothesis, if you want to be more accurate.”

We began to walk down the hall and towards the staircase as they explained to me the conspiracy they had cooked up during their time together on the floors.

“So you’re telling me,” I said, voice echoing in the stair well. “The content of the prayer indicates yesterday’s incidents at the hospital, and the length of the prayer tells you the amount of rapid responses and codes today?”

“Precisely,” the senior said, his messy blonde hair bouncing around. “So today won’t be particularly good or bad. Now that you know, you can be prepared.”

I laughed, shaking my head, but the silly idea was already taking root in my head as we ascended.

“Why,” the intern panted as she tied her dark hair up into a bun, “are we climbing four flights of stairs? Couldn’t we just take the elevator?”

*(continued)*

“Cardiovascular health!” The senior exclaimed, leading the crusade as we fell further behind.

“Guys, you might need to call a rapid on me,” I squeezed out between breaths.

“If I go down, I’m DNR/DNI, just leave me here,” the intern chimed in, in equally bad shape.

“Neither of you are allowed to code. While I theoretically could carry the list on my own as your senior, I’d rather not.”

At last we made it, pushing into the hall breathless and sweating, drawing the looks of the nearby nurses. “Then maybe we should take the elevator next time,” I offered, and the intern vigorously nodded her head in agreement.

The senior shook his head in mock disappointment, and we all laughed as we straightened out our white coats and checked that our stethoscopes had stayed in place during our ascent to Mount Everest.

“Alright, let’s start with your patients,” he said, nodding his head toward me.

“Let’s go,” I smiled. As serious as medicine was, it was these little conversations full of humor that made me thankful to share this work with the people around me. To be able to find joy and laughter in the every day, despite everything, lets us connect with our humanity and each other.

# Mania

Donian Chyong, MS1  
University of Vermont School of Medicine

This piece is inspired by an encounter with a patient experiencing an acute manic episode. The passport, with almost incoherent scribbles and notations, reflects the inner turbulence and emotional lability of a patient in a manic state of mind.



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