

p a p e r  
m a r g i n s

an anthology of marginalized voices in medicine

une anthologie de voix marginalisées en médecine





## Disclaimer and Journal History

The Paper Margins anthology was created in 2021, supported by the Ontario Medical Students Association (OMSA) Innovator Grant. Stemming from a collaboration between the McMaster Undergraduate Medicine Narrative Medicine Interest Group and Social Justice Interest Group, Paper Margins was envisioned to be a platform for medical students, residents, and physicians who are marginalized in the healthcare community to share their truths and find solidarity among the pages. Paper Margins and its contained works do not represent the views of and are not officially affiliated with OMSA nor McMaster University.

For additional information about this edition of Paper Margins, please visit our website:  
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L'anthologie Paper Margins a été créée en 2021, avec le soutien de la bourse d'innovation de l'Association des étudiant.e.s de médecine de l'Ontario (AÉMO). Une collaboration entre le Narrative Medicine Interest Group et le Social Justice Interest Group de l'université McMaster. Paper Margins a été conçue comme une plateforme pour les étudiant.e.s en médecine, les résidents, et les médecins qui sont marginalisés dans leurs milieux pour partager des vérités et trouver la solidarité parmi les pages. Paper Margins et les ouvrages qu'il contient ne représentent pas le point de vue de l'AÉMO ni de l'université McMaster et ne leur sont pas officiellement affiliés.

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# Land Acknowledgment

The Paper Margins anthology was envisioned, created, and curated on the traditional lands of the Haudenosaunee and Anishinaabe nations and within the land protected by the Dish with One Spoon Wampum Agreement.

Our contributing authors and artists currently live on Indigenous lands throughout the country. We invite all to visit <https://native-land.ca> to reflect on the land on which you work and reside.

The ethos of our anthology is equity- and justice-seeking: we acknowledge our privilege in being able to share the stories contained in this edition, and we are committed to acting on this privilege by amplifying the voices of communities that continue to remain marginalized in medicine.





# Reconnaissance des territoires

L'anthologie Paper Margins a été imaginée, créée et organisée sur les territoires traditionnels des nations Haudenosaunee et Anishinaabe et sur les terres protégées par l'accord de la ceinture de wampum dit du « bol à une seule cuillère ».

Nos auteurs et artistes collaborateurs proviennent de terres indigènes de tout le pays. Nous vous invitons à visiter le site <https://native-land.ca> pour réfléchir à la terre sur laquelle vous travaillez et résidez.

Notre anthologie est axée sur la recherche de l'équité et de la justice; nous reconnaissons le privilège que nous avons de pouvoir partager les histoires contenues dans cette édition, et nous nous engageons à amplifier les voix des communautés qui restent marginalisées en médecine.

# Letter from the Editorial Team

Dear Reader,

Thank you for your moment of time and for perusing this edition of Paper Margins!

Our anthology encompasses artistic works from medical trainees and staff with marginalized identities. Contributed pieces range from narratives to visual representations; explore themes like solidarity, resistance, self-love, and self-preservation, and encourage deep reflection in all readers. By sharing these pieces with the broader medical community, we hope to highlight the experiences of marginalized students in medicine. In doing so, we aim to raise awareness of the ways in which social inequities manifest in our day-to-day interactions and in our learning environments.

Our hope for this art and poetry anthology is to foster shared resilience among medical students with marginalized identities, and to encourage reflection from the healthcare community as a whole. Historically and presently, medical school admissions is marked by substantial barriers, which perpetuate the underrepresentation of students with marginalized identities. Despite overcoming these hurdles to enter medical school, students may continue to encounter disempowering experiences, including feelings of isolation and imposter syndrome stemming directly from underrepresentation. As such, this anthology aims to provide marginalized students with a place to speak their truths and to find empathy and support among the pages.

We welcome your responses and thoughts at our email address: [edi.medicine.anthology@gmail.com](mailto:edi.medicine.anthology@gmail.com).

With love in solidarity,  
Paper Margins Team

## **Creators & Editors**

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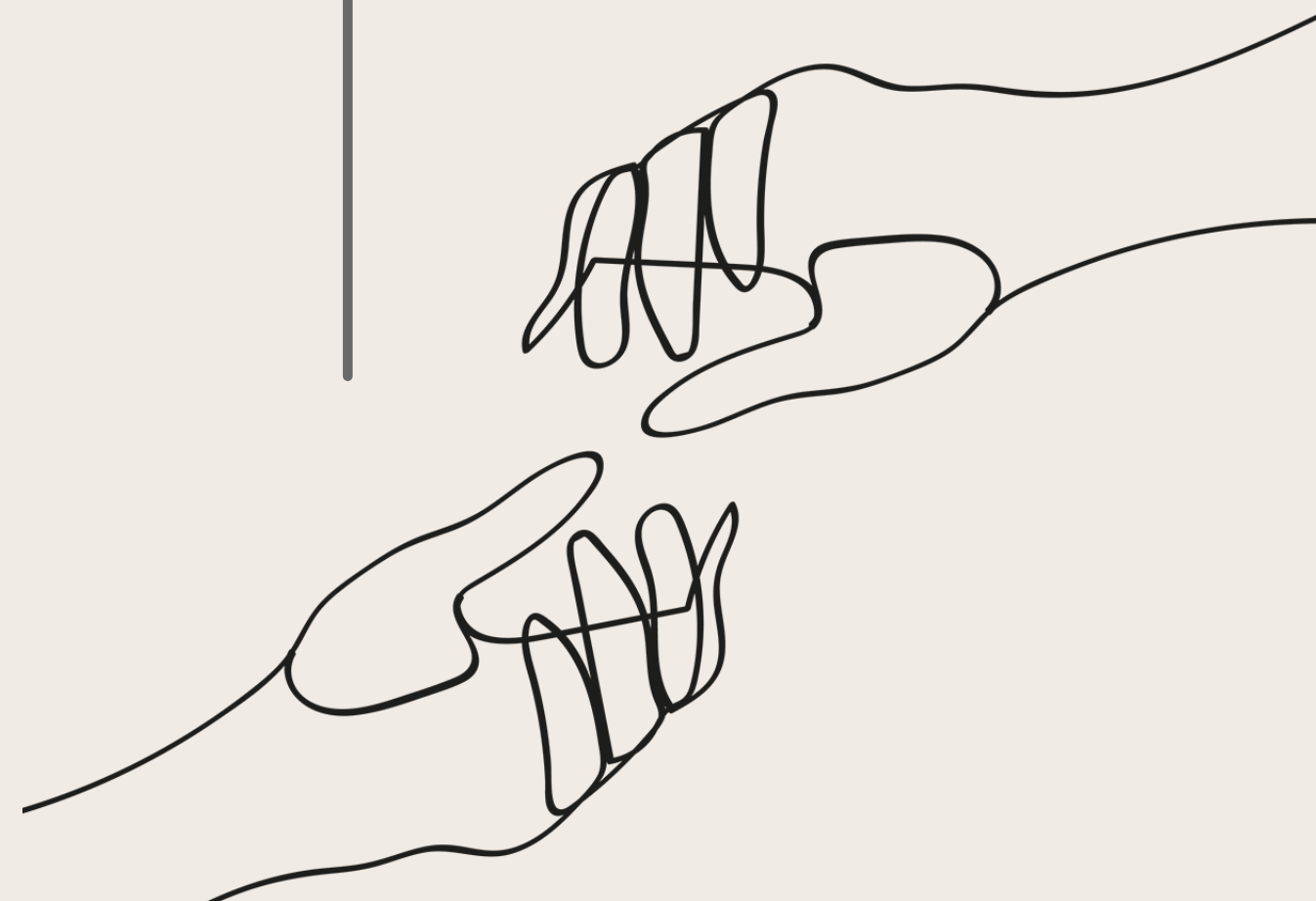
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## **Supported by the OMSA Innovator Grant**



# Lettre de l'équipe éditoriale

Cher lecteur,

Merci d'avoir pris le temps de lire cette édition de Paper Margins!

Notre anthologie comprend des œuvres artistiques réalisées par des stagiaires médicaux ayant une identité marginalisée. Les œuvres incluent des récits et des représentations visuelles; elles explorent des thèmes comme la solidarité, la résistance, l'amour de soi et la conservation de soi, et encouragent une profonde réflexion chez tous les lecteurs. En partageant ces articles avec la communauté médicale, nous espérons mettre en lumière les expériences des étudiant.e.s marginalisés en médecine. Nous souhaitons sensibiliser les gens aux façons dont les inégalités sociales se manifestent dans nos interactions quotidiennes et dans nos environnements d'apprentissage.

Nous espérons que cette anthologie d'art et de poésie favorisera une résilience partagée entre les étudiant.e.s en médecine ayant des identités marginalisées, et encouragera la réflexion de la communauté des soins de santé.

Historiquement et actuellement, l'admission dans les écoles de médecine est marquée par des obstacles qui perpétuent la sous-représentation des étudiant.e.s ayant des identités marginalisées. Par conséquent, ils/elles éprouvent de manière disproportionnée des sentiments d'isolement et de syndrome de l'imposteur à cause de la sous-représentation persistante des groupes minoritaires. Avec la création de cette anthologie, nous espérons offrir aux étudiant.e.s marginalisés une plate-forme pour exprimer leurs vérités et trouver de l'empathie et du soutien parmi les pages.

Veuillez partager vos réponses et réflexions par notre courriel: [edi.medicine.anthology@gmail.com](mailto:edi.medicine.anthology@gmail.com).

En solidarité, avec amour,  
L'équipe Paper Margins

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CONTENT  
WARNING

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THIS PIECE INCLUDES DISCUSSION AROUND  
MARGINALIZATION AND MEDICAL RACISM.

The following piece was written by  
Nicole M-M'Carthy from the University of  
Toronto's Faculty of Medicine.

---

Nicole M-M'Carthy is a second-year medical  
student at the University of Toronto. She  
considers storytelling and poetry to be a  
powerful tool in curating creative and dynamic  
spaces within the medical community and beyond.



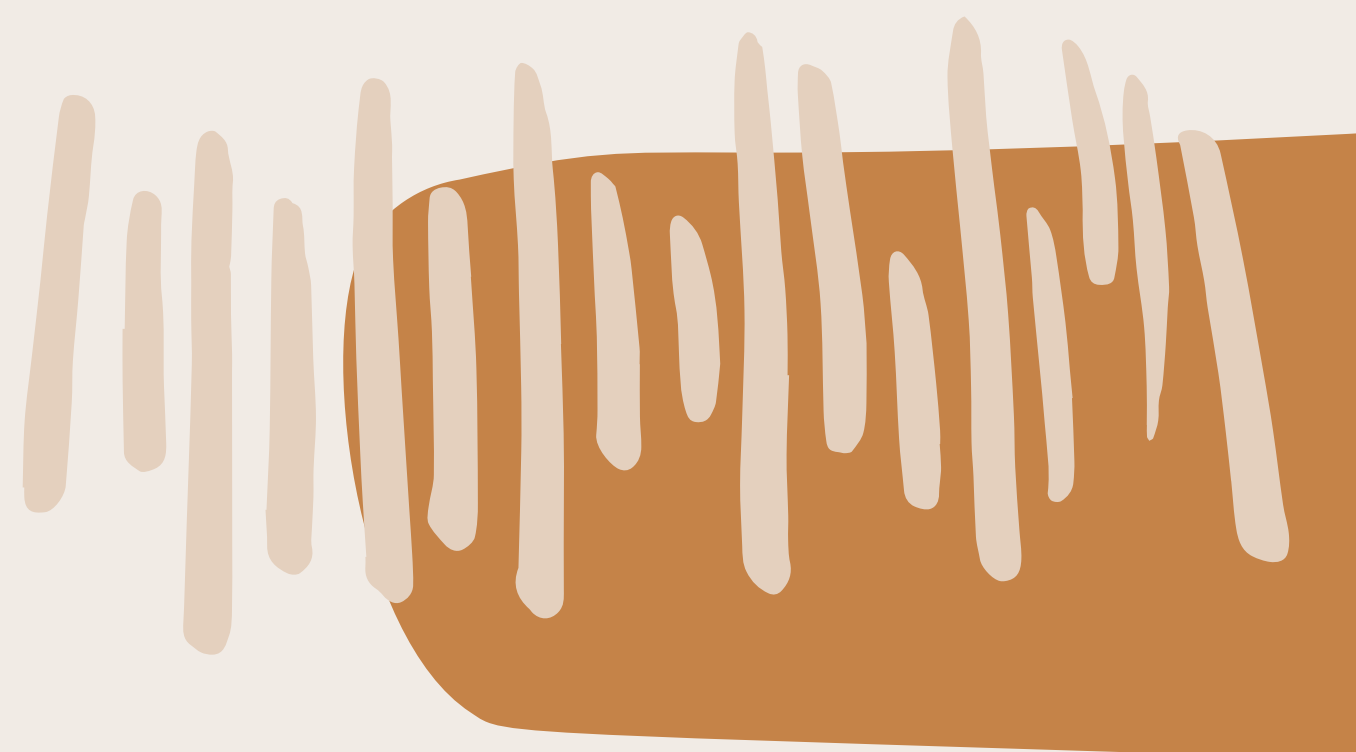
## The Yellow Backpack

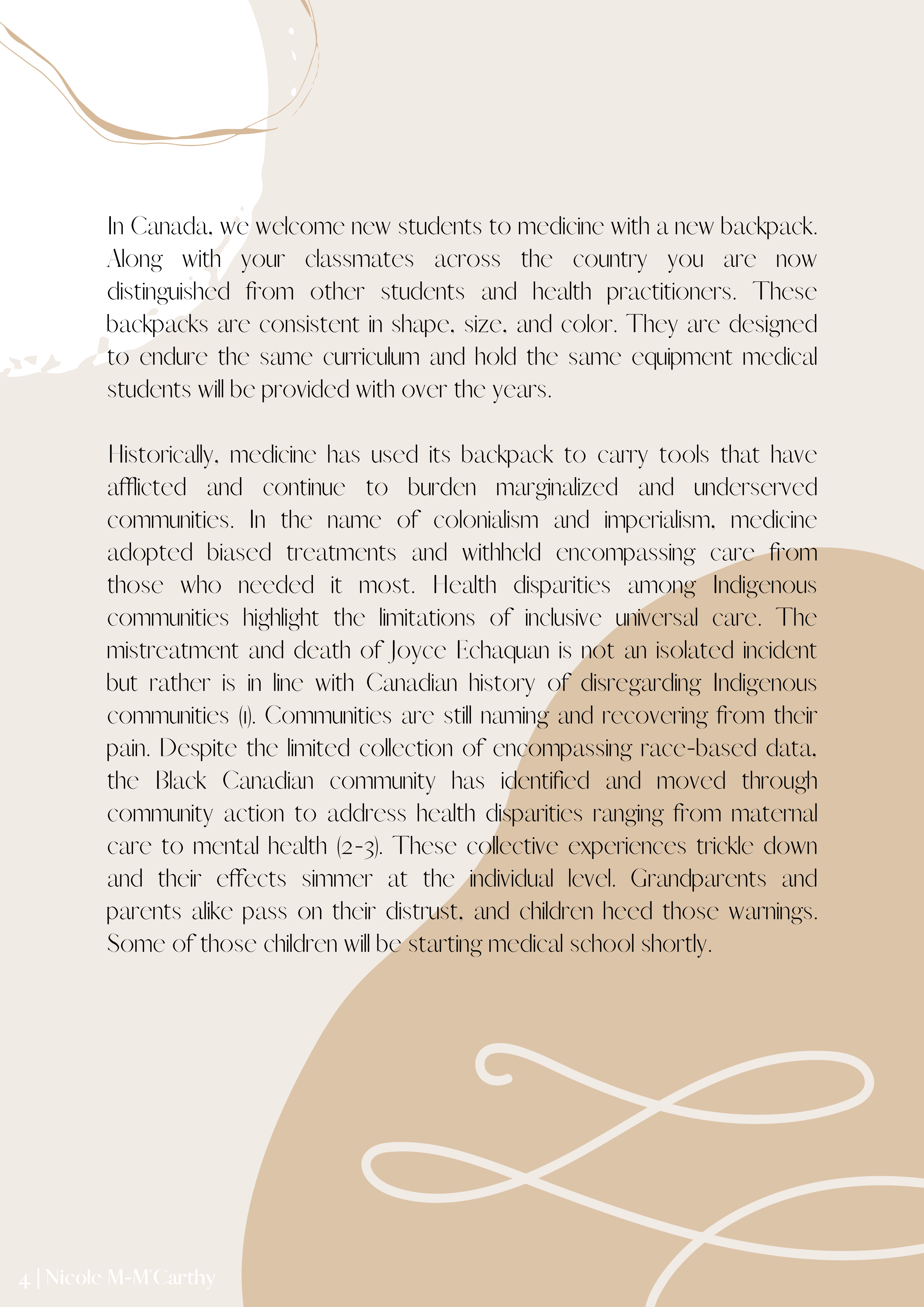
For many first-year medical students in 2020, the yellow backpack represented virtual hazing. The Canadian Medical Association has a tradition of providing all first-year medical students with a backpack. The colour is selected by upper years among a few other options. The yellow backpack had gone unselected for many years. People on campus can identify a medical student because of their backpack and determine how far along their medical journey they are by the colour of their backpacks.

Many life experiences pointed us to pursue medicine. Yet, it took many more life experiences to convince us to try. From personal experiences to family crises, we are equally driven by curiosity, hope and inquiry. Some were driven by the betrayal their communities faced when accessing care in a space that was supposed to protect them. Our marginalization may lie at the core of these experiences, illustrating that universal care is far from equal.

We have carried the multitude of our experiences along with us in backpacks as we traveled through education systems, employment opportunities and research symposiums. We can no longer find the backpacks of our elementary school years as our focus shifted to receiving the backpack that symbolized our joining the medical community. Backpacks held our experiences, reflected our designs, and carried our truths.

Don't forget your backpack.





In Canada, we welcome new students to medicine with a new backpack. Along with your classmates across the country you are now distinguished from other students and health practitioners. These backpacks are consistent in shape, size, and color. They are designed to endure the same curriculum and hold the same equipment medical students will be provided with over the years.

Historically, medicine has used its backpack to carry tools that have afflicted and continue to burden marginalized and underserved communities. In the name of colonialism and imperialism, medicine adopted biased treatments and withheld encompassing care from those who needed it most. Health disparities among Indigenous communities highlight the limitations of inclusive universal care. The mistreatment and death of Joyce Echaquan is not an isolated incident but rather is in line with Canadian history of disregarding Indigenous communities (1). Communities are still naming and recovering from their pain. Despite the limited collection of encompassing race-based data, the Black Canadian community has identified and moved through community action to address health disparities ranging from maternal care to mental health (2-3). These collective experiences trickle down and their effects simmer at the individual level. Grandparents and parents alike pass on their distrust, and children heed those warnings. Some of those children will be starting medical school shortly.

While the current medical school classes are some of the most diverse, we must move past the satisfaction of representation. Our presence in a standardized system must be coupled with resistance if we intend to survive and leave medical school with our equity-based and social justice intake. As future physicians, our responsibilities have changed over the years. The option of physicians to advocate for their patients is now mandatory. We engage with the structures of an unjust world and provide inclusive care simultaneously. We accept the backpack but must resist some of the tools.

Don't forget your backpack.

The past three backpacks are all the options on a traffic light: red (2018), green (2019) and yellow (2020). I am the class of 2020: the year of the yellow backpack. As the light turns yellow, we are cautioned to slow down. As you move through medicine, proceed with caution. Ask questions. Challenge both the honest and hidden curriculums. Echo the concerns of communities who do not have the space to voice their narratives and concerns. Elevate the art in medicine. Moments in medical school and beyond will encompass different tempos, but the responsibility and commitment we have to our communities should never waiver. We must confront the tools of the past to replace the contents with tools that restore and reconcile. When navigating medical school, it is incumbent to engage with medicine's history and reinvent what we decide to carry with us. While the uniformity in our backpack remains, we still have the agency to decide what type of physicians we hope to be, and what experience we intend to provide.

Don't forget your backpack, you will need it more than ever.

Footnote Sources:

1. Palmater, P. What Joyce Echaquan Knew. Maclean's, June 2021 <https://www.macleans.ca/opinion/what-joyce-echaquan-knew/>
2. Rodney & Copeland (2009). The Health status of black Canadians: do aggregated racial and ethnic variables hide health disparities. *Journal of Health Care for the Poor and Underserved* 20(3) p.817-823; John Hopkins University Press
3. Dryden & Nnorom (2021). Time to dismantle systemic anti-Black in medicine in Canada. <https://www.cmaj.ca/content/193/2/155>



The following piece was written by  
Shaima Kaka from the University of Ottawa's  
Faculty of Medicine

---



## PATIENCE

I look forward to the day  
I see my scarved silhouette  
in those whose steps I strive to follow.

Until then

I am content to resemble  
at least  
my patients.





Connie Li est étudiante en médecine à l'université McMaster. Elle aime tout ce qui touche aux humanités médicales et s'intéresse particulièrement aux rôles des arts dans la pédagogie et la représentation en santé.

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## L'IGNORANCE

L'ignorance est un plateau dans la conscience de soi, un état paradisiaque, une félicité anticipée. Cette représentation est destinée à dépeindre l'ignorance elle-même, qui prend les marais pour des oasis, se prélassant dans la paix artificielle d'un espace bidimensionnel.



The following pieces were created by  
Manisha Bharadia from the University of Alberta's  
Faculty of Medicine and Dentistry.

---

Manisha Bharadia is a third-year medical student at the University of Alberta. She is also the founder and senior curator of OBLIQUITY – a Canadian humanities and medicine workshop series that seeks to highlight the essential interconnectedness of the arts and sciences ([obliquity13.com](http://obliquity13.com)). Bharadia's most recent publications Cinnamon (CMAJ Humanities) and Endurance (Murmurs) explore the intersections of familial roles, autonomy, and duty.



## Feline meets Heisenberg

Maybe comfort is a privileged illusion  
A golden ticket to escape the claws of reality

But every so often,  
we face the enigmatic dichotomy  
Neither here nor there  
Neither dead nor alive

Entangled in a world  
of fear radicalization  
comfort offers a palatable construct

Through hypotheses, natural laws  
as astute observation  
we make that which is abstract concrete

Only to reincarnate back to  
the magnificent (and sickening)  
uncertainty principle



## Daal Doodhi & Cauliflower Mac n' Cheese

My lunch today  
is probably a metaphor  
metaphor or mnemonic?

- Med student brain

The mustard seeds and  
haldi get stuck  
in the recesses of my  
receding gums  
thank god for  
plastics  
periodontics?  
faculty of medicine and dentistry

I should have started  
with the mac n cheese  
the rosemary  
and carrots  
would have gotten more  
credit

like reverse diversity candidates  
merit lies in  
experience, culture, quotas  
'unique perspectives'  
lie in their roots  
roots? branches?  
Is this dentistry or forestry?



Ah yes, the metaphor  
like Levi's with a saree blouse  
like ginger beef and  
grapples

planned hybrid conception  
designer baby fetish  
biracial beauty

The sweet high of  
idyllic hypotheticals  
quickly fades

as I crack open the  
dabba reeking of  
foreign names

my Levi's and cauliflower  
almost let me pass  
but the mustard seeds and haldi  
bit me in the ass



The following piece was submitted by  
Rubia Ahmed from the University of  
Saskatchewan's College of Medicine.

---

This artwork was inspired by an actual interaction between me and my parents when we first moved to Saskatchewan. I was having a difficult time fitting in as I appeared different. I decided to "assimilate" to the dominant culture and would insist my parents do the same. I thought doing this would make us more acceptable to our community. Unfortunately in this endeavour, I lost my identity and began to struggle with answering the "who am I" question.

## The Scared Child

Mom please do not wear shalwar kameez outside, it's easier to just assimilate and save ourselves.

Mom please do not call me by my birth name, it's easier to just assimilate and save ourselves.

Mom please do not walk outside with your head covered, its easier to just assimilate and save ourselves.

Mom I am scared. I do not want to be identified as "other", it's easier to just assimilate and save ourselves.

Dad please do not go pray at the mosque, it's easier to just assimilate and save ourselves.

Dad please do not talk about religion and faith in public, it's easier to just assimilate and save ourselves.

Dad please do not play the Quran while driving, it's easier to just assimilate and save ourselves.

Dad I am scared. I do not want to be identified as "other", its easier to just assimilate and save ourselves.





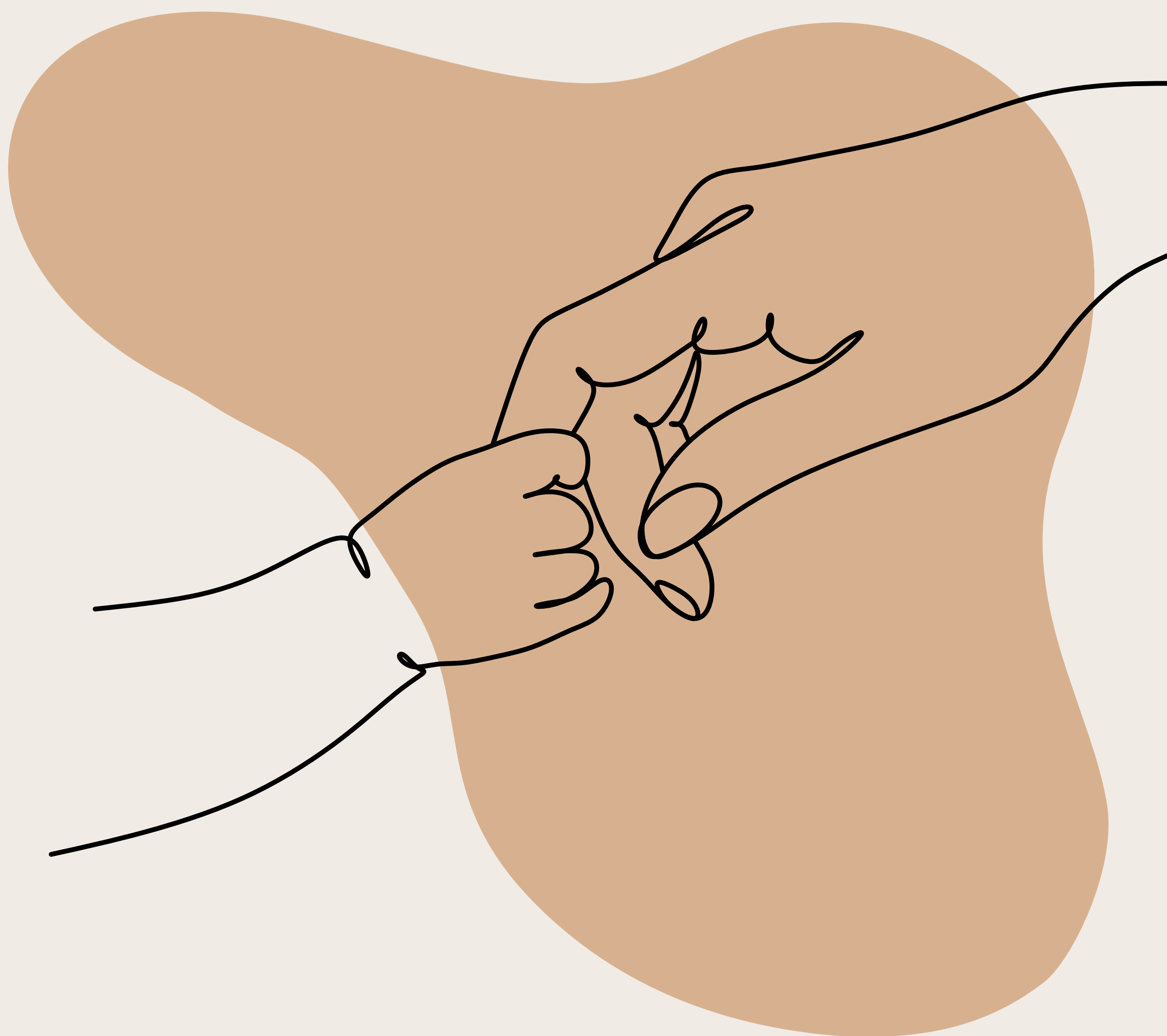
Child do not ask us to assimilate, it is not any easier.

Child please do not give up on who you are.

Child, if we just assimilate then who are we? We can change our behavior but what about the color of our skin?

You are not alone; we are not alone.

Child do not ask us to just assimilate, it is not any easier.



The following pieces were created by  
Priscilla Matthews from McMaster  
University's Michael G. DeGroote School of  
Medicine

---

The titles of the pieces are "We rise by  
lifting others" and "Brown skin and thick hair"





The following piece was submitted by  
Penelope Neocleous from Western University's  
Schulich School of Medicine & Dentistry.

---

## Woman in Medicine

**"Are you thinking about freezing your eggs?" – a fellow first-year medical student, August**

I hadn't thought.

I had only thought of what I had gained since getting into medical school

I hadn't thought of what I'd lost.

Travel, adventure, my twenties;

no more than chips to be sold in the race to the finish line.

Laughter and music bubble from the crowd around us rising and breaking into the darkening summer night.

**"There isn't real sexism left in Canada" – a fellow first-year medical student, September**

I waited for the outcry

The voices that would inevitably tell him he was wrong.

But skin gleamed white under the lights as our peers nodded in agreement.

My heart stilled as I realized:

we are the future



**"You look more like a victim than a doctor" – a doctor as my small-group facilitator, October**

Not what I expected in my second month of medical school

Not what I expected from a female physician

Hanging, dangling

off every word spoken by my male classmates.

It didn't matter that I had gotten every answer right that morning

Apparently nothing can overcome the transgression of my gender.

But what, then, did a doctor look like?

Like the males in my group?

Who sat in silence and watched as we were patronized, antagonized

repeatedly put down by someone in a position of power?

Did their silence validate their position as future physicians?

In my eyes it contradicts it.

A doctor is a leader  
just ask CANMEDs

So why in that zoom call  
was I the only one who fought back?



**"You're going to have to change your look" –  
a fellow first-year medical student, January**

He meant if I wanted to do surgery.

A "serious" medical specialty.

I stared at my friend, who was staring back at me  
as if he'd said nothing wrong

He gestured to my long hair, feminine clothes and  
face

as if that somehow constituted an explanation.

as if the shrunken T shirt and stained shorts he  
wore were somehow more professional.

as if how I chose to dress

or style my hair

had anything

anything

to do with my brain.

As if it was reasonable in any way

to equate someone's capability in the operating  
room with their gender expression.

I had always thought the dinosaurs were the  
problem.

Triceratops stumbling around the OR with  
attitudes from before our time

But staring at my friend, I realized:

the dinosaurs weren't the issue.





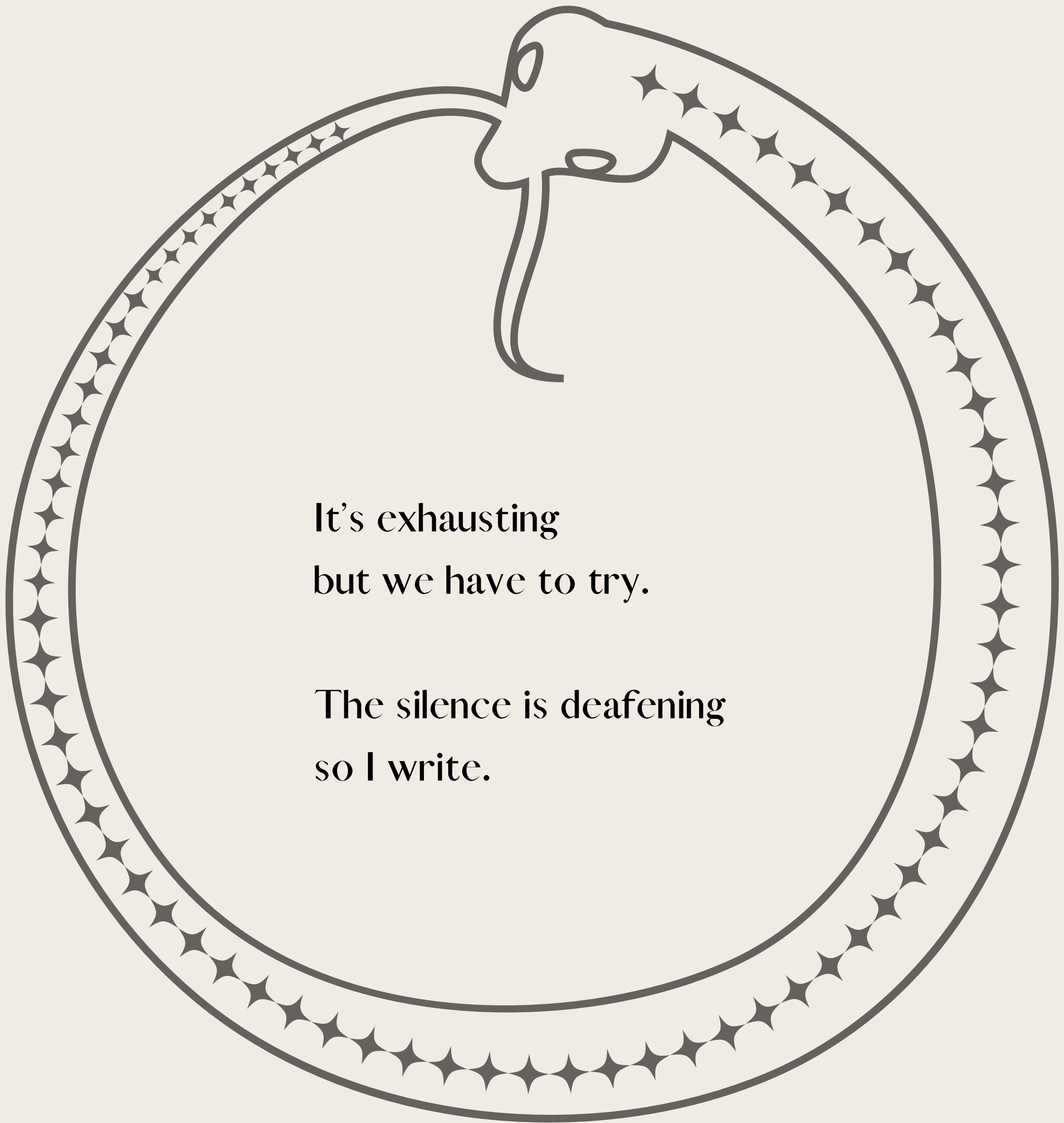
**"You only got into med school because you're pretty" – a fellow first-year medical student,  
February**

One would think it would build my credibility,  
not diminish it,  
the fact that I'd come this far  
despite being told I was too pretty, too ditzy  
One would think that overcoming the snide  
remarks about my hair and ass  
would make it more impressive?  
But now that I had finally won, they twisted it  
so that the parts of me they said would hold me  
back were the only reasons I'd made it  
Surely I cannot be the only one who sees the holes  
In this misogynistic logic

**"Women belong in all places where decisions  
are being made. It shouldn't be that women are  
the exception." – Ruth Bader Ginsburg**

The silence is deafening on this topic  
Professors, peers and mentors have told me this  
isn't an issue anymore.  
But this fight involves all of us  
even if half of us pretend it isn't happening.





It's exhausting  
but we have to try.

The silence is deafening  
so I write.

The following pieces were created by  
Surabhi Sivaratnam from McMaster  
University's Michael G. DeGroote School of  
Medicine

---

The titles of the pieces are "Yearning",  
"Immigrant parent: sacrificed dreams", and "Bliss"  
respectively.









# CONTENT WARNING

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THE FOLLOWING TEXT CONTAINS PERSONAL EXPERIENCES RELATED TO DEPRESSION, TRAUMA, AND CHRONIC SUICIDAL THOUGHTS. IT WAS WRITTEN WITH THE INTENT TO GIVE VOICE TO EXPERIENCES THAT MIGHT OTHERWISE BE DEEMED TABOO, IN THE HOPES OF LETTING OTHER READERS UNDERGOING SIMILAR EXPERIENCES KNOW THEY ARE NOT ALONE, AND TO HELP SHINE A LIGHT ONTO THE REALITY OF LIVING WELL WITH INVISIBLE STRUGGLES FOR THOSE WHO MIGHT WISH TO BE SUPPORTS OR ALLIES. I WROTE THIS TO ATTEMPT TO ILLUSTRATE THAT THE EVERYDAY EXPERIENCE OF LIVING WITH FEAR, ANXIETY, AND A FEELING OF NOT QUITE BEING AT ONE IN THE WORLD CAN ALSO CO-EXIST WITH THE WILL TO LIVE AND MAKE MEANING, THAT THE LIGHT CO-EXISTS WITH THE DARK, WITHOUT ANY EASY ANSWERS OR PROMISE OF RESOLUTION. THIS WORK MIGHT BE TRIGGERING FOR SOME, AND IF YOU ARE STRUGGLING, PLEASE KNOW THE FOLLOWING WORK MIGHT WORSEN THE SENSE OF STRUGGLE FOR SOME PEOPLE.

IF YOU ARE STRUGGLING WITH THOUGHTS OF SUICIDE, SELF-HARM, SELF-LOATHING, SHAME, DEPRESSION, TRAUMA, OR ANY STATE OF DISTRESS NO MATTER THE DEGREE, IN ADDITION TO WELL-KNOWN RESOURCES UPON SUICIDE PREVENTION PLEASE CHECK OUT THIS LIST OF TRUTHS THAT PEOPLE LIVING WITH CHRONIC STRESS FROM REPEATED ADVERSITY DESERVE TO HEAR, PSYCHOTHERAPIST PETE WALKER'S 'BILL OF HUMAN RIGHTS': [HTTP://WWW.PETE-WALKER.COM/HUMANBILLOFRIGHTS.HTM](http://www.pete-walker.com/humanbillofrights.htm) . PLEASE TEXT OR CALL A FRIEND - THEY WOULD WANT TO LISTEN, AND ALLOWING THEM TO DO SO IS NOT A BURDEN BUT AN ACT OF TRUST AND LOVE TOWARDS THEM, OR CALL THE CANADA SUICIDE PREVENTION SERVICE: 1-833-456-4566; YOU ARE WORTHY OF LOVE AND PROTECTION NO MATTER WHAT YOU ARE GOING THROUGH.

The following piece was written by  
an anonymous author.

---



I live hour by hour. I have heard, others say, that during moments of crisis, difficulty, or uncertainty, they take life day by day.

After my first episode of major depression, I took life day by day. But during the most recent and severe bout, I could not imagine getting through the hour, let alone the day. The present felt like it was falling apart, and I felt like I shouldn't exist, but here I am, and I am expected to exist.

I no longer feel that I cannot last beyond the hour, but I still do not feel as though the future is truly mine. Yes, I have appointments and events written upon my calendar for next week, next month, next year. Yes, I am a medical student who, if I stay the course, should be expected to graduate, and in my heart, I long to practise as a physician and to accompany patients. But I do not feel like the future is a place for me to inhabit, as I sometimes, in my darkest moments, cannot imagine turning thirty, or forty, or fifty years of age.

I do not share these thoughts with anyone else, not even the clinical counsellor I am talking with twice each week. I am ashamed of them, and of feeling badly; I am ashamed of feeling ashamed. I realize the goal of counselling, of Buddhism, of living a wise life, is not to judge oneself for one's thoughts and feelings. But it is also true that even as I try, and risk myself through the pain and uncertainty, I am ashamed of myself.

I choose to write here of depression, suicidal thoughts, childhood trauma, and the need for different ways for understanding these, not only to add my own voice to other voices that have already told their stories upon these more clearly and bravely than I have, but because these experiences are so seldom spoken of, so seldom described, that if there is even a small chance that these thoughts can be of help to anyone, to know they are not alone in experiences so often isolating, and so easy to condemn, they would have been worth writing.

\*\*\*

When I was 21 and in my final year of university, I stopped working on assignments in my room, formerly a space of peace, because when I found myself alone and in quiet, I couldn't stop thinking, "I hate myself." Soon enough I found myself studying and completing my assignments in the atrium of the student centre, where the hustle of students all around drowned out momentarily those thoughts. Near bridges and highways, I felt the urge to throw myself over, to jump in front of oncoming traffic. My attendant thought was that it would upset my grandmother, my research supervisor, my parents, the life of the unknown driver. I didn't think anything was the matter at the time. I had felt, all during my childhood, that there was something in me about to break. At the age of six, the year before I was to emigrate from China, I couldn't stop crying. I would hide myself in the washroom, away from my grandparents, so that they would not discover my tears. Thereafter, every few years, at the ages of 9, 12, 17, I have never felt quite "alright".

I didn't think anything was the matter – not being unable to rise in the mornings, and getting into the laboratory at close to 11 AM when the rest of the lab had been present, there, since 9. Not the being unable to eat. Not the declining of invitations, and seeking not to see anyone in a social manner. Not even so much the thoughts to end my life – I had believed, that to face these thoughts at some point, was a normal thing.

I managed to finish that year of university and to receive my degree. I managed even to receive acceptance to medical school, as much as I felt through the whole year that I should withdraw my application. "What if people knew about the contents of my mind, the thoughts I think about myself, the hopelessness," I remember thinking.

I managed to finish the school year with the presence of a friend who would listen to me, with the help of a mentor who recommended me to seek out counselling services at the university, with the understanding of a research supervisor. Without them, I would very likely be in a place very different from where I am now.

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I chose to attend a school in a different city, in the hopes of starting anew. The tiredness, the hopelessness, the sense in the present moment of things continually falling apart, followed me.

"You are like sunshine," a friend tells me. "You make everything feel better, just by being here."

"I am like a sunshine factory," I joke.

I do not say, that sometimes I see myself as a sunshine factory, because I have so little sunshine to begin with. That I know how to make sunshine, from having been separated from my parents at an early age, and then reunited with them after such time had passed that I did not remember their faces, and they felt as though I was someone else's child, having picked up behaviours from elsewhere. I did not say, that I see the importance of sunshine, after watching my parents launch hurtful words at one another through my entire youth. I do not say, that I make sunshine because I feel I must atone for all the terrible things I have witnessed. I make sunshine, because I feel so terrible most of the time.

It is years later, that I realize that perhaps those most committed to peace are those who have suffered greatly through conflict. And that those who would unthinkingly turn to war, have perhaps never experienced its destructiveness.

I continue to attend counselling sessions at my new university. I attempt to build a life, to do work that is meaningful to me, to form friendships, to appreciate life in all its beautiful fleetingness. But even as I feel stronger, as I learn, as I do things I could not have thought possible, the darkness grows, and grows. I try to push those thoughts aside, believing that if I ignored them, they would lose interest in me, and leave me alone.

What I experienced was that they were not as wild animals, who would continue on their way if I made myself still and acted as though they were not there. They are more as weeds, that because I did not do anything about them, have spread and almost overgrown my entire garden.

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If I were to take my life, I would shoot myself.

At times when I feel I should not exist, do not deserve to exist, I wish I would shoot myself.

I am grateful that I live in a country without convenient access to guns. I feel afraid at the truth contained in these thoughts, at their potential eventuality. But I must state them, out of honesty, even as I have promised myself, to live long enough that I may die by accident, illness, murder, old age – any means other than by my own hand. That I may live to outlast my own thoughts that I should not go on.

Growing up, one of my closest friends asked me, jokingly, if I would ever help her to hide a body. I catch myself thinking, that it would be very difficult to hide one's own body when one is no longer around to do so.

I realize such humour hides the danger.

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A few weeks ago, I passed by a small bridge. I leaned over it, looking into the shallow water, and thought of all the times I had crossed bridges and felt the urge to jump over. I turn away from the bridge, and that is when it hits me: perhaps it is not to ignore, nor to run away, from that which I fear, and am ashamed of, but to orient myself so that they are ever at my back.

What would the world look like, anew, were this to be the case?

How may I become so weighted, so heavy, that it would be impossible to fling myself over?

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I am 27 now. My friendships are strong. I have helped my family through difficult moments. The people with whom I work tell me they value my capacity for listening, for empathy, for creativity. I have discovered that I am someone who loves music, who can run long distances, who has an intimate relationship with solitude. I have come to treasure my ability to see the light and dark in everything as a rare gift. For that reason I am grateful for my mind.

But the sense of the present falling apart remains. The feeling that I do not deserve to live is more present than I know is to be safe. Even after six years of seeing a counsellor, I have finally begun to speak of the moments when I have felt most afraid, and to remember. Through remembering, I have begun to understand how it can be that I experience social interactions to be so painful. How it is that I believe that something is fundamentally wrong with me. The understanding brings with it a surety, a relief, and also a fear, that understanding may not be enough.

I am trying to change my life, as I try to understand my experiences. I am trying to give of all that I have, to my work, to my relationships, and learning to take care of myself, as I need. I am still committed to my promise, to live so that I would die by any other way than by my own hand.

I have not told these thoughts to anyone, even as I know I am cared for. When I read news of someone who has died by suicide, I feel an immeasurable sadness. Yet also a defiance, less out of a defense of suffering, I think, than out of a deep longing for respect for those who suffer greatly. I want to say, please, that for those who do die by their own hand, whether by suicide, or substance abuse, or by being subject to unsafe conditions, whether in the span of a second or over years, please know, that even as these acts occur the person behind them is still trying. As long as a human being is alive, he or she is still trying.

So I live hour by hour, because the hour is all that I can comfortably handle. I think of myself as a custodian of my hours, all the hours I have been given, a number unknown to me. And if I live an hour well, then perhaps I can live a day well. And if I can live a day well, perhaps then I can live a life well.

I feel, most of the time, even when I do not outwardly show it, like my soul has cracked open. My soul has cracked open so that I can see what is housed inside – a deep darkness, alongside a tremendous light.

CODA:

It was three years ago when I wrote the words above.

Shortly after, I started sessions with a psychological counsellor who allowed me to see her on a sliding scale.

It was a year later when I stopped feeling ashamed for going to every appointment. It was two years later when I finally learned to speak to myself with greater kindness and understanding.

In clerkship my symptoms continued. Some environments, like the Emergency Room, were physically triggering. I worried that I would not be able to go on, and that I was hurting my patients and bringing down my colleagues. But again and again patients thanked me with heartfelt words, residents told me that I had found my true calling, and preceptors told me they wished I would not hold back my thoughts and impressions. "When you no longer allow yourself to be in the back," a resident told me, "the things you do are amazing."

When the pandemic started, like many around the world, my mental health took a turn for the worse. I approached my family physician to start a trial of antidepressants. For the first three months I experienced side-effects, but also benefits: my daily nightmares abated, and my anxiety was greatly reduced. But more than this, I was forced to confront certain beliefs that I had held. For years I had criticized myself for being "lazy" when I felt tired. Struggling to stay awake in front of my computer to listen to a Zoom learning session, with the noon-time sunlight streaming into my apartment, I realized that all the effort I was putting in to learn, to remain awake despite the side-effects of my medication, was the very opposite picture of "lazy", whatever that may be. I learned that taking an anti-depressant did not alter who I was – my values did not change, nor was I unable to feel the full spectrum of my emotions. My counsellor told me that I was able to stay for longer with a certain emotion or thought, whereas before I could not "go into certain places" because the anxiety I felt was like a glass partition.



I am now an incoming resident to the cohort of 2026. After a year of taking medications, I am now gradually tapering off of them. I imagine to myself that each day when I go into a clinical space, I am to create a sanctuary for myself and for others, my patients and colleagues. I have learned how to depend on myself, and to belong to my own life. For the first time, I believe that I do have a future, and it is one in which I can belong. I am still in the middle of my journey, and my struggles have not disappeared, but I am at peace with them. I wish to share this account because I know I am not the only one facing these struggles, and I would like others to know that they are not alone, either. Even in the darkest moments, please know that others have gone through similar difficulties, and having first-hand knowledge of this kind of suffering does not make one any less of a person. If my own journey has taught me anything, it is a source of strength and difference to be celebrated, and my wish is that every person who lives with a disability deserves to see themselves in this light.

The following pieces were created by Sai Kolla from McMaster University's Michael G. DeGroote School of Medicine

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The titles of the pieces are "Scrub In" and "Seat at the Table"







CONTENT  
WARNING

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THIS PIECE IS ON THE TOPIC OF DOMESTIC ABUSE AND VIOLENCE.

IF THIS IS A TOPIC THAT IS TRIGGERING FOR YOU OR MAKES YOU FEEL UNCOMFORTABLE, THE AUTHOR ADVISES THAT YOU PROCEED WITH CAUTION OR DO NOT READ THIS PIECE.

IF YOU NEED HELP BECAUSE YOU ARE SUFFERING FROM OR EXPERIENCING DOMESTIC ABUSE, PLEASE VISIT THIS WEBSITE [HTTPS://ENDINGVIOLENCECANADA.ORG/GETTING-HELP-2/](https://endingviolencecanada.org/getting-help-2/) WHICH INCLUDES CONTACTS FOR CRISIS LINES.

The following pieces were created by  
Farhan Mahmood from the University of Ottawa's  
Faculty of Medicine.

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### THIS TIME & LESSONS

Farhan is a medical student at the University of  
Ottawa, who finds joy in the intersection of his  
passions for medicine and the arts. Farhan  
advocates for the use of art in medicine as means  
of therapy, expression, empathy-building, and  
narration.

# This Time

Holding my biochemistry textbook,

I walked in,

leaving footprints in the snow behind me with my leather boots

I shrugged my spiderman backpack off

and placed my lunchbox on the ceramic floor

that reflected the red light emitting from my transformer shoes

She was screaming.

Her screech echoed throughout the building

I chased the noise and saw her on the floor:

tears dripping down from her eyes

He was there too,

standing with one foot on her arm.

But this time he did not slap me away when I begged him to stop.

This time I did not run to my room and hide in my closet.

He pulled her up by her hair and began choking her.

But this time, I did not hesitate to free her neck from his claws.

This time I did not let him squeeze her breath away.



He pushed me away but  
I was not naive anymore.

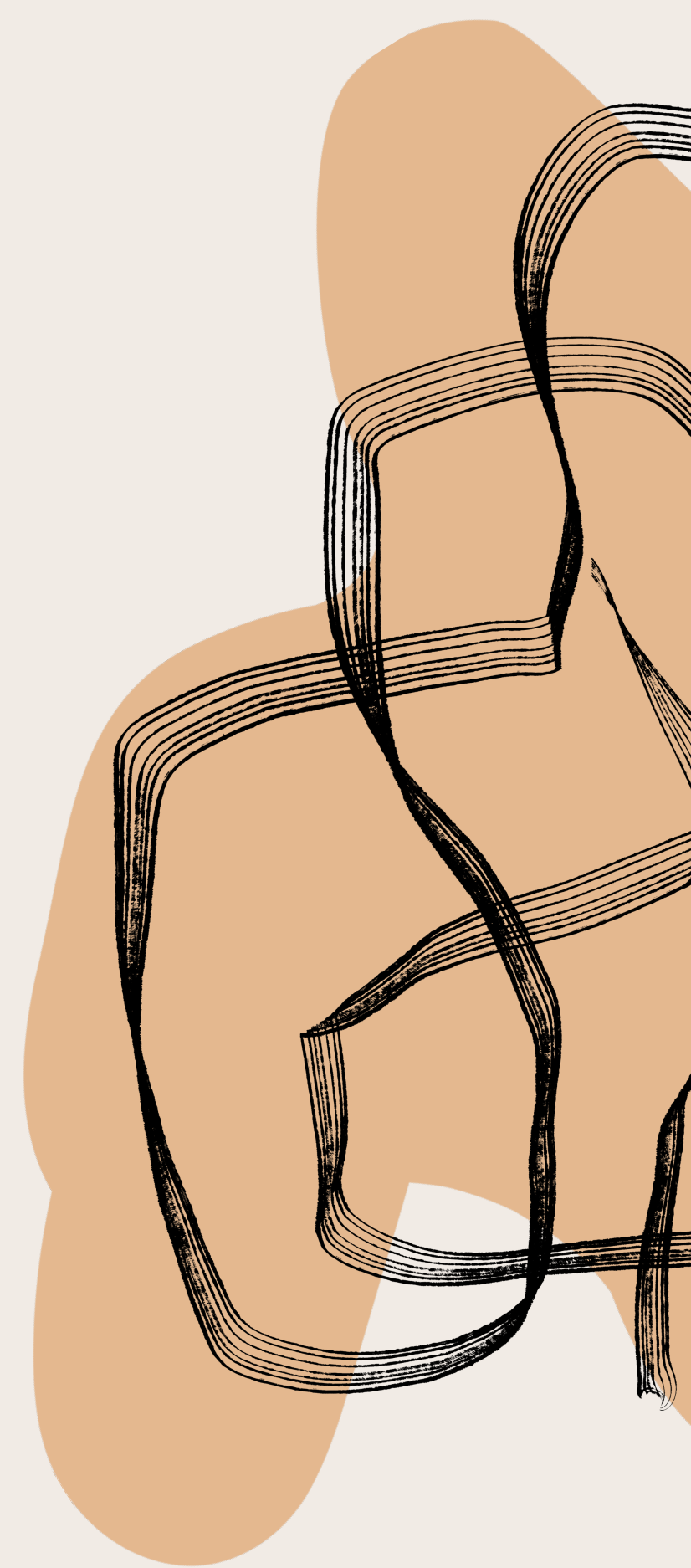
I grabbed his hand,  
the very hand that was going to punch her stomach,  
my little brother.

I pushed him before he pushed her.  
I yelled back when he yelled her to "Go fuckin' die".

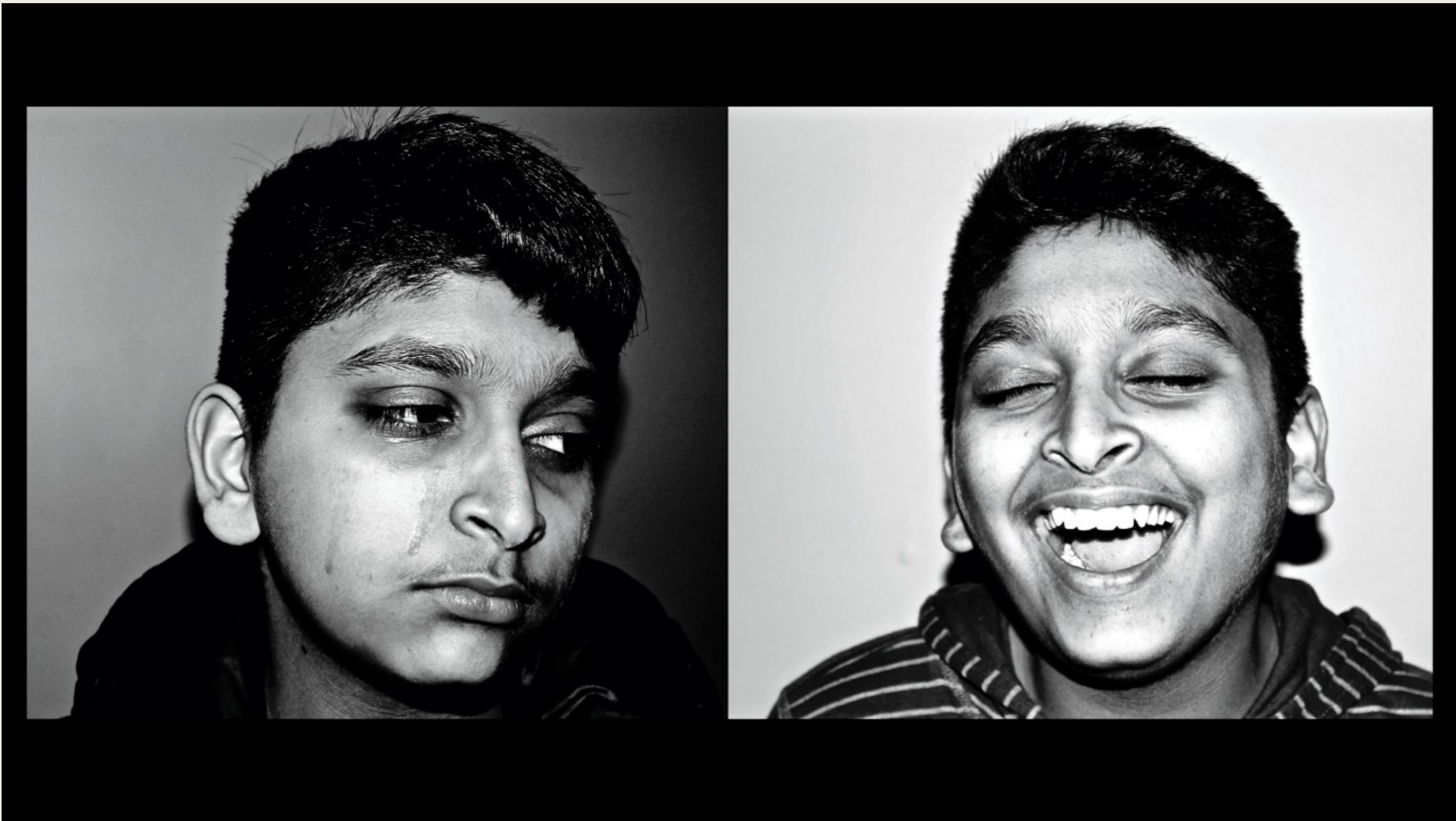
With knives scattered on the kitchen counter—  
he grabbed the sharpest one .  
But this time I hid the knives before he reached for them.  
But—

I only hid them this time. too late  
Now she's gone.  
If only this time was the right time, when I was 9.

The screeching ended.  
I picked up my biochemistry textbook and black Coach  
backpack from the ceramic floor  
and walked out,  
leaving dirt on the tiles behind me with my leather shoes.







The following piece was written by  
an anonymous author.

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# Token

You will be told that shaming people  
Doesn't solve anything

Another email claiming solidarity  
Another complaint dismissed

You will be told we need your wings  
Then have them cut off

Day by day  
Feather by feather

You will be told golden promises  
And given a weighty pen

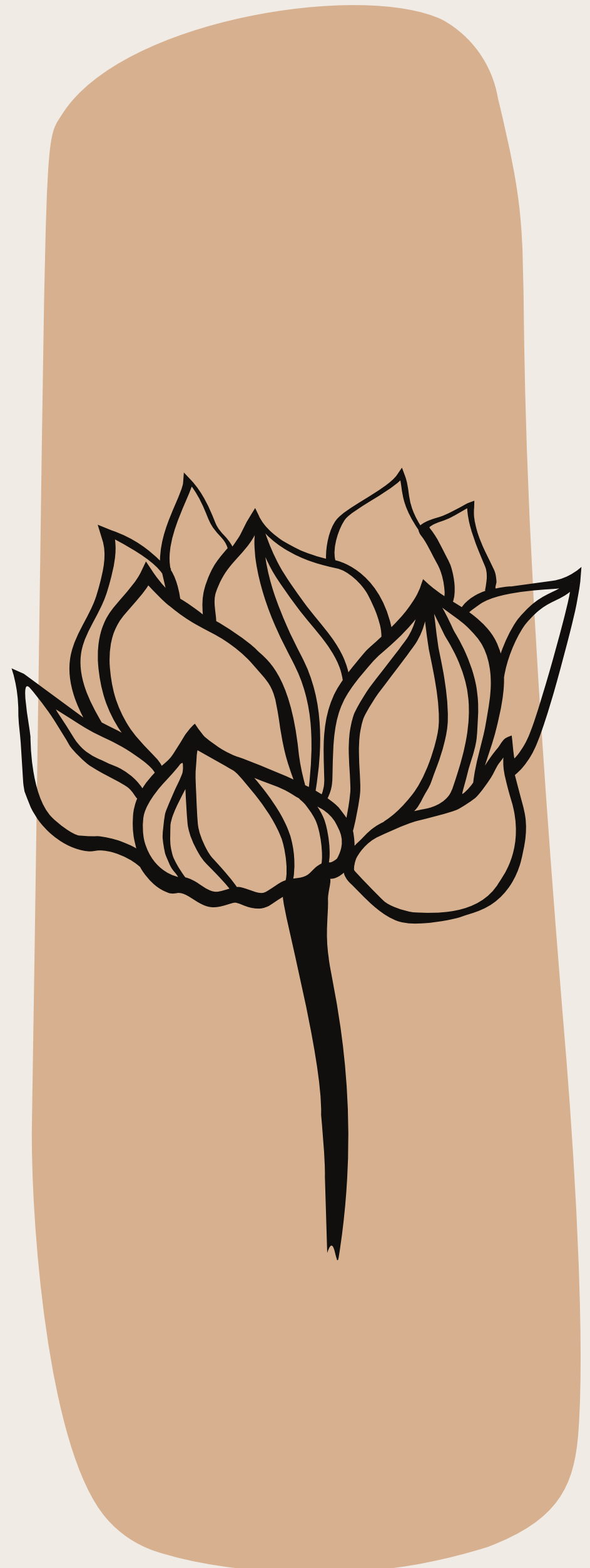
To write down what you need  
And then find it inkless

Filled with a heavy past  
Unable to flow out

You will be told you are a healer  
Given Aesculapius' rod

And find it tarnished and broken  
From the same anguish you face

As a token





CONTENT  
WARNING

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THIS PIECE DISCUSSES HOMOPHOBIA.

The following piece was written by  
an anonymous author.

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## A Logical Argument as to why Homophobia is unproductive hate and in the end, illogical


I'm playing with some Lego on the floor with the ambient sounds of the TV in the background. A news headline flashed across the screen: "Celebrities are coming out as bisexual, what does this mean?" or something like that. I remember seeing a clip of two women kissing and being uncomfortable – I can't tell you why I felt that way, but I remember it. Most of all, I remember my grandma saying something about how the gays are taking over and my mom just shaking her head and looking uncomfortable.

I can think of other times where that uncomfortableness around LGBTQ+ people slowly taught me as a young kid that being gay was negative. This idea led me to probably being homophobic myself at times, though never overtly. Yet, that's exactly the problem. See my parents say they aren't homophobic because they're not counter-protesting pride. They even would say that they still love gay people despite their sin make them not homophobic. Yet my childhood was made of moments where my parents made statements that continually affirmed to me being gay was bad and being gay was a sin and being gay meant going to hell.

This isn't a specific experience to myself. My parents are older and religious, their attitudes can be attributed to their own past and the way they were raised. I don't blame them for that, I just wish it was different. Society is heteronormative and it's scary to be different. This is why I and others become attuned to gauging and judging someone's level of acceptance because we've been burned before and there's not point coming out to someone who won't accept you.

My parents love me and I know that. I know their bias comes from generations of homophobia and that's hard. I had my own internal struggles accepting my sexuality for years, it's not easy. I constantly felt like I had to hide who I was. I felt guilty every time I slowly came to the realization that I'd really like to kiss girls. I was lucky to have friends to support me through this journey. In fact, they're probably the reason I'm so unashamedly gay around most people my age. As for my parents, I hope one day they're able to understand the invalidating experiences they've contributed to despite their best intentions. So, what drives this fear and uncomfortableness around the fact that, yes, I like kissing women. Have you seen them? Women are attractive, enough said. So, let's go through all the reasons why I've been told by my family, religion and other that I can't be bisexual.

First, it's against God's words. I won't go into too much depth into this but the bible is old and it's been translated a lot – there's scholars who debate the same three verses and the general consensus is that you can interpret these supposedly condemning verses in different ways. The bible ultimately is a book with different interpretations by different denominations – I have chosen to seek out churches that interpret these verses in a way that they refer to pedophilia vs homosexual relationships. There are LGBTQ+ friendly churches and for me seeing the rainbow flag on church makes me feel a lot more welcome and more likely to engage with the church. I want to remain a Christian but it's really difficult when so many religious people who are supposed to be welcoming to all are so vehemently against who I love.



Second, it's unnatural. God created the earth, right? So, tell me why penguins exhibit homosexual behaviour. There's a species of lesbian lizards. God made them the way they are right? So why, it's so hard for you to believe that for me?

Third, it makes me uncomfortable. You don't have to look.

Fourth, being bisexual equivocates to being a slut. That's a massive generalization. I would also argue that I may have engaged with riskier sexual behaviour due to the fact that sex was never discussed. Sex Ed was limited to wear a condom and don't do it. That indirectly put me into more risky behaviours than simply being bisexual.

Now, let's do a thought experiment. Even if you could convince a whole scholarly body that the bible definitely says being gay is a sin. Why does that matter? Think about it. Actually think. I mean, we've removed certain commands from the bible because they don't apply anymore – lots of Christians are out here eating pork. So why would this be different? Also, even if it was a sin – what good does it do? There is no value to the world by stopping people from engaging in whatever form of love they want to pursue.



LGBTQ+ experience stigma throughout their life and this leads to increased lifetime risk of depression, anxiety and suicidality. Is that what you think God wants? You think he wants a portion of his children rejected for one aspect of their lives which will directly negatively affect their health and lives in a negative way. This isn't propaganda, or the gay agenda. This is something I've learned, studied and researched. Anecdotally, most of my mental health issues are derived of me being scared of being accepted by the people around me that I value their opinion of.

Let's take this farther. If being gay is a sin, and that is what directly leads you to alienating your child? Or your child feels uncomfortable because of your opinions? Then why would you continue to believe that? You're going to focus on this single verse from a book from ages ago and going to let that be the things that drives your child away from you. You will miss out on important parts of their lives. The devil sends sin. So, if you don't let being gay be a sin to you, the devil loses. The devil has fails when you choose to love and accept your bisexual daughter because the devil doesn't drive the wedge into the family. God wins when you accept your bisexual daughter opening and without conditions because you chose to love. This is what would make your family stronger.

So, to anyone who uncomfortable around LGBTQ+ people: there's no actual logical reason against being homophobic. There is no benefit. Why on earth does it matter who someone else loves? Why does that matter to you? Why would that fact alone be the thing that breaks relationships?

And you know what? I was one of those people. Yeah that's right, this gay woman who dresses in flannel most days had massive internalized homophobia. But I promise, if you let yourself consider different ideas this is something you can learn to understand and you can become an ally to us.

Because we need that. Stigma kills. As a future doctor, it's not a question of whether or not I think it's right, I can't treat these patients properly with those types of bias. My opinion can make my health delivery worse and I don't want to be worse. Shitty encounters with health professionals can lead to LGBTQ+ failing to seek appropriate healthcare services and that's harmful. Shitty encounters will exacerbate depression, anxiety and suicidality.

So as a queer future doctor, this is my statement to my fellow doctors who are not LGBTQ+. What you say and what you do matters. I'm afraid to be rejected because of my sexual orientation and I always will be. When a patient like me comes to your office, that rainbow flag means something, it already means I'll be less apprehensive. Assuming I have a boyfriend, will make me nervous. So, use neutral terms and apologize if you make a mistake. I constantly look for signs that someone will accept me before I come out, so make those signs obvious. If you want to be able to treat everyone the same, you have to be attuned the differences between certain populations so that I can leave your office feeling like I was genuinely heard for who I am.

And that's not just for doctors. I think that the world would be a much better place if we just stopped giving a damn about what someone does in their bedroom.



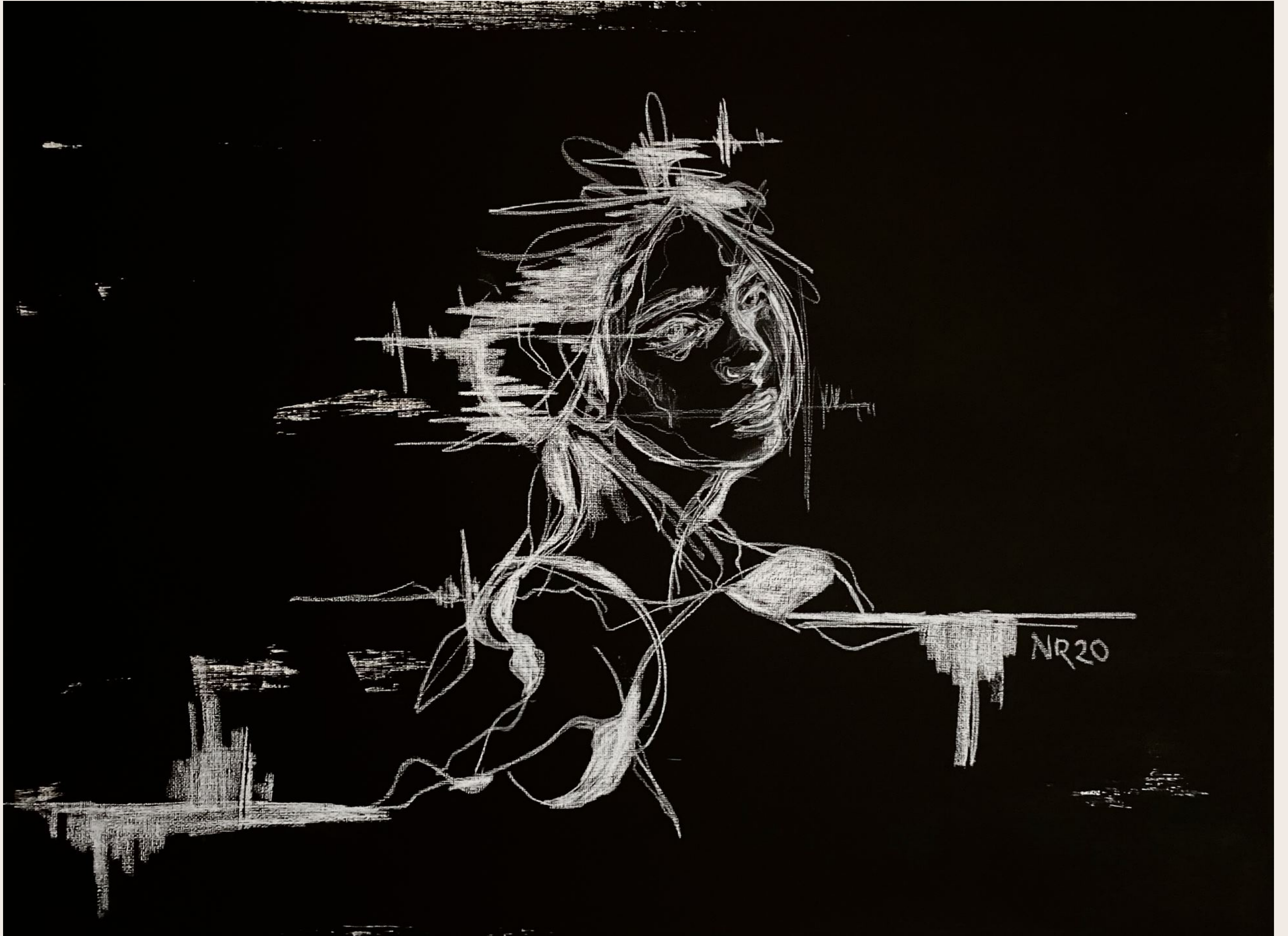
The following piece was created by Nusha Ramsoondar from Northern Ontario School of Medicine. Nusha is a Trinidadian-Canadian medical student and artist.

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3:30 AM

Charcoal on canvas, 16x20.

3:30AM. The darkest hour of night, somewhere between yesterday and tomorrow. The quiet moment before birdcalls and traffic. The deep, blanketed stillness where you ask yourself, "Do I keep pushing?". The answer comes with the new dawn.



The following piece was written by  
Miles Llewellyn from Newfoundland's  
Faculty of Medicine of Memorial  
University.

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## to be visible

before i came out  
before i transitioned  
i wondered  
what it would look like for  
someone like me to be a physician  
if it was even possible  
i still wonder that today

i have never encountered a physician  
who was visibly trans  
who used they/them pronouns  
like me  
i wondered how it would affect  
the interactions i had with  
preceptors  
patients  
colleagues  
families





even more  
i feared and still fear that  
i won't be accepted, respected  
that i'll never belong in this space  
that patients won't trust me  
that families will be wary of me  
that colleagues will whisper  
that despite saying all are welcome  
i'll come home each day and  
wonder if all of this is worth it

i fear  
that i'll resent my queerness  
the very thing that freed me

every day i remind myself that  
the reason i so desperately belong here  
is  
because of my queerness  
because i have seen the darkness  
because i have been there  
because people so desperately need to see me  
for me

to know there is hope



The following piece was created by  
an anonymous author.

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### BLENDING IN

The paint on my garage: a frugal attempt to blend in the breaks and damages, to appear presentable. Much like the paint, I try to blend in. Surrounded by my well-off peers who do not have to worry about frugality. Surrounded by my peers that don't have coloured skin. Though I know I don't always quite fit in.





## THANK YOU

We hope you were able to engage in these artistic works and reflect on the voiced experiences of medical students, residents, and physicians who are marginalized in the healthcare community.

We leave you with this quote:

"In any marginalized community, whether people identify themselves or not affects us all."

— ANI DIFRANCO





## MERCI

Nous espérons que vous vous êtes engagé dans ces œuvres artistiques et que vous avez réfléchi aux expériences exprimées par les étudiant.e.s en médecine, les résidents, et les médecins qui sont marginalisés dans la communauté des soins de santé.

Voici une citation qui donne à réfléchir:

"Dans n'importe quelle communauté marginalisée, le fait que les gens s'identifient ou non nous concerne tous."

— ANI DIFRANCO



