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We, at the Beeson Beat, are acutely aware of the scope of our paper: we are, at our core, a reflection of issues pertinent to the lives of medical residents. This upcoming election offers divergent visions for the country. As such, it promises to impact anyone who receives or provides health care. Here, we will consider the three leading candidates for our periodical’s endorsement.

Mr. Trump
In his own words: “Obamacare. We’re going to repeal it, we’re going to replace it, get something great. Repeal it, replace it, get something great!”

The Trump campaign offers a seven-point plan for addressing American Healthcare. At first glance, the Trump campaign’s position sounds soothingly familiar to the GOP faithful. It uses the formulaic equation that helped catapult the Republicans to a bicameral majority in 2014: Obamacare=Bad. “Completely Repeal Obamacare” is the first point of the plan.

The unexpected comes in the “replace it” part of the ethos, the latter six points of Mr. Trump’s seven-point healthcare plan. Specifically, he proposes to de-regulate interstate insurance sales, make health insurance premiums fully tax deductible, expand basic Medicaid options, establish and encourage Health Savings Accounts, require price transparency from all healthcare providers, make Federal contributions to Medicaid as block-grants to states, and reduce federal barriers to the importation of foreign drugs.

Some of these tenets seem clearly contradictory. For instance, nation-wide Medicaid expansion and block-grant funding to the states (so that states can run Medicaid without Federal interference) are plays from two very different playbooks. However the overarching strategy is clear: the Trump Executive branch wants the Feds out of healthcare.

Governor Johnson
In his own words: “Government should stay out of the way, limiting its involvement to the Hippocratic Oath: ‘First, do no harm.’"

Governor Johnson does not directly address Healthcare in his official platform. A possible allusion is made within the section on balancing the budget. It states that “no line... will be immune from scrutiny and reduction.” Even if President Johnson is unable to muster the political weight to repeal Obamacare, he will certainly not oppose massive budget cuts.

Perhaps his idealized vision of the American healthcare system, as elaborated in a televised CSPAN town hall event in May 2016, entails a “free-market approach to healthcare.” In Gov. Johnson’s ideal system, there would be no insurance for ongoing medical issues, only for “cat...strophic events.” In such a system, he promises that everything in healthcare would operate on a pay-as-you-go basis and healthcare would “cost about one-fifth” of what it does now. The cost savings would come from competitive pressure between retailers, companies like “gallbladders-r-us” and “stitches-r-us” which would have advertised price lists for every medical intervention. Outcomes would be tied to costs. By the way, one of the services offered by those healthcare companies would be legal abortion.

Also, he would like to legalize pot.

Secretary Clinton
In her own words: “When Americans get sick, high costs shouldn’t prevent them from getting better.”

Let’s get this out of the way: Sec. Hillary Rodham Clinton, (J.D. ’73) wants to keep Obamacare. Furthermore, she wants to radically expand it. On her campaign’s healthcare plan fact-sheet, she goes so far as to champion a “public option” for health insurance. She supports expansion of existing public insurance by allowing people above 55 to purchase Medicare. Like Mr. Trump, she also wants to work with states to expand Medicaid eligibility. Further, Secretary Clinton wants all of these public health insurance expansions to be available to people even if they are in the country illegally.

Secretary Clinton also wants to shift the balance of focus in these programs. She wants to tackle the problem of rural healthcare access by increasing telehealth funding and by directing funding to federally qualified health centers. She supports expanding financial support for primary care services at community health centers. She also proposes the expansion of the National Health Service Corps. She endorses the position that women’s health is community health and defends access to women’s clinics, contraception, and abortion.

In a Johnson system, it is unclear what would happen to anyone who couldn’t afford life-saving interventions. Nor do we know what would happen to those who opt out of health maintenance to save the cost of a well-visit. However, it is clear that Gov. Johnson wants the Feds way, way, out of healthcare.

Secretary Clinton’s plan (ClintonCare?) does not have the elegant simplicity that would be expected from a mathematics proof. Occam’s razor it is not. Actualizing her vision would require her to fight wars on several different fronts. Even if this former Bulldog were tenacious enough to win them all, her final "universal" plan would be less a seamless umbrella and more a patchwork poncho. Still, when it comes to the federal government’s involvement in Healthcare, Hillary Clinton is all in.

Rudolf Virchow, perhaps apocryphally, has been credited with saying that, “Medicine is a social science and politics is nothing but medicine writ large.”

In the spirit of Virchow’s statement, this year will mark the first time that the Beeson Beat has offered our recommendations in a political election. This election, perhaps more than any before it, asks us to select a philosophy of healthcare economics. None of these plans is perfect. Each of them has proposals worthy of serious consideration by serious people. However Hillary Clinton’s plan is the only one that starts and ends with the premise of empathy towards the sickest and most vulnerable amongst us. Therefore, we proudly and unhesitatingly endorse Hillary Clinton as the next President of the United States.

“Hillary Clinton’s plan is the only one that starts and ends with the premise of empathy towards the sickest and most vulnerable amongst us.”
Aaron's face quivered as he told us about Yogesh's illness. In polite society, words like cancer and tumor are spoken in hushed voices. We residents utter them matter-of-fact during signout; with practiced sensitivity in family meetings; or even triumphantly at resident report. This was different. We sat silently, lacking the courage to look anyone else in the eye. The stillness was punctuated by irrepressible sobs.

Yogesh, “Yogi bear” to his friends, wore the white coat better than most. His impeccably worded discharge summaries remain in the charts of scores of patients as testaments to his professional excellence. As a medical student and then resident, he had cared for patients from New Haven to Nepal, from Seattle to South Africa, and from Glastonbury to Ghana. As chief resident, he held us to the high standards that he himself espoused. No one was surprised when he matched into the staggeringly prestigious UCSF pulmonary/critical care fellowship. It simply did not prised when he matched into the staggeringly prestigious high standards that he himself espoused. No one was surprised when he matched into the staggeringly prestigious UCSF pulmonary/critical care fellowship. It simply did not

Yogesh’s illness also reminded us of the fragility of our identities and the plans we have made for our lives. If you ask a resident what they want to do, the answer will never be “residency.” Our plans involve research, teaching, families, and more. Our plans span decades beyond the present. Medical school, residency, and fellowships are just dues we’ve had to pay. The prospect of those plans, computing that this sagacious young physician was abruptly forced to confront his mortality.

Program directors all over the country profess that the people in their program are a family. Yogesh’s illness put that claim to the test and we passed muster. We raised money. We made Spotify lists. We made “moderately spicy vegetarian food.” We delivered insomnia cookies. We created a veritable menagerie of plush animals in Yogesh’s hospital room. One of us even hoisted a whimsical tribute to Yogi on a highway billboard. Never have I been so proud of belonging to the Yale-New Haven community.

In a subsequent update, he articulated the lonely experience of disease: “With everyone around me in the ensuing days, despite fake-neck tattoos in solidarity of my planned biopsy, I was alone. In the uniqueness of the experience, no one knew my reality. But what was more unique, was being gracefully on the receiving end, of life’s work and passion. A tree branch being visited by birds with no guarantees and no agenda other than to share what comes natural.” Many of us cloak our vulnerabilities in the guise of strength or so-called “professionalism.” The poetry of Yogesh’s words is rare. His willingness to share his vulnerabilities is rarer still. Eventually, the grim reaper will catch up with us all. I pray that I can show as much gumption and grace when that moment comes.

I often sent Yogesh little jokes, tokens of my affection, to brighten his day. He usually responded with very few words or a singular emoji. I expected that he was awash with such messages and couldn’t possibly do much more in the midst of chemotherapy and radiation. Always full of surprises, he sent this touching missive: “In my silent, post-radiation and chemo afternoons – I can literally feel everyone’s affection. I now know that what we think, our concern for others, eventually makes it to its intended target. I know. And so I wonder, how I got so lucky, to lay in my silent afternoons basking in all your affection.”

In a quirky Etsy store, I found a pin with Yogi bear scampering with a picnic hamper. That pin now adorns the lapel of my white coat. It serves as a touchstone that reminds me daily of Yogesh’s empathy, vulnerability, and grace. On bad days, when the future looks bleak, it reminds me that Yogesh touched hundreds of lives in his all-too-short life. While my plans span a lifetime, it takes only a few minutes to care for a suffering soul and make a difference. Even as residents we have those opportunities every day. Even as residents we are fortunate to lead lives of immense consequence. The Yogi bear pin also reassures me that I am part of a beautiful community that will catch me if I stumble. To steal from Yogesh: “who will possibly deny, that despite everything, everything is perfect. I can show as much gumption and grace when that moment comes.”

During Yogesh’s illness, there was a tremendous outpouring of philanthropic support to the Khanal family generated by our residents on GOFUNDMe. The Khanals were deeply moved. To make a positive impact in Yogesh’s memory, they have established the Yogesh Khanal Global Health Resource Fund, a fund that will grow and support Yale residents in perpetuity. If you are interested in making a donation or learning more about this fund, please contact our director of development, Erin Shreve, at Erin.Shreve@yale.edu or (203) 436-8529.
A few months ago, I read Paul Kalanithi’s “When Breath Becomes Air.” It was incredibly moving and, at times, difficult to read. Towards the end of the book I frequently had to take breaks as my eyes welled up with tears. But, early on in the book, I came across a line that struck me, not in a sad way but in surprise.

“My first day in the hospital, the chief resident said to me, ‘Neurosurgery residents aren’t just the best surgeons—we’re the best doctors in the hospital. That’s your goal. Make us proud.’”

I think our neurological colleagues are fantastic at neurosurgery, but the best doctors in the hospital? According to who? By what measure? Of course, I think Med-Peds docs are the best doctors in the hospital. After all, we take care of all ages: from diapers to diapers, from NICU to PICU to MICU. My medicine and pediatrics colleagues are great, of course. I bet that they think they are the best doctors in the hospital too. So why do we all think our specialty is the best and makes the best doctors? Well, I suppose because doing so makes me feel like I’m smarter, better. Partly because sometimes I just need to vent. But partly because doing so makes me feel like I’m smarter, better. When my co-residents agree, it reinforces the tribe. Being right, being the best makes it worth being there at 2 am.

But it isn’t always the best thing for the patient. The best thing for the patient would be for me to call the surgical resident and have a calm, rational discussion about the best course of action. Or call the ED resident and work together to manage the DKA until a floor bed is available. That is a higher order of team leadership -- working for the greater good instead of putting down other teams to make your team seem better. But this is not the type of leadership that we typically see. Since our early 3rd year clerkships, our superiors have told us why the specialty we were rotating on was the best. Thinking we’re the best is important, but it doesn’t necessitate saying that everyone else is the worst. Maybe we should just strive to be the best at what we do and recognize other specialties for what they do best.

In a yoga class, I sit in lotus position, eyes closed. Vibrations go through me as I chant: “Om.” My body is there, but my mind is rewinding the day past and playing the day forward. My failures from the day, expectations for the future, various uncertainties and fears – they all flow through my mind, ebbing with each breath.

We move to the next pose, eyes still closed, already overwhelmed with all the waiting. My heart feels ready to move out of my chest. Right at this moment, the instructor invites the class: “Welcome that feeling, whatever comes next.” Only then do I recognize it. I name it, I own it, I live it.

Welcome, Anxiety.

Alain de Button, in his book Status Anxiety, defines this enemy as “a worry, so pernicious as to be capable of ruining extended stretches of our lives.” And he adds that it “possesses an exceptional capacity to inspire sorrow.”

Now, cuddled with my pain, I focus on what is happening inside of me.

“Up dog. Down dog. Take five breaths in this position.”

My mind welcomes it one more time.

Anxiety, I was expecting you.

I let it come and let it pass. We move to a challenging pose. I need to shift all my body balance to my head and arms. I start sweating: all my muscle fibers are quivering. My mind taunts me again: “You don’t have the power to do this. Look how well others are doing.” As I get stuck in the storm once again, the instructor jumps in with his soft voice: “Everything is temporary. You might feel challenged now, but it will be over when we move on to next.”

I take the challenge. I fail.

Child’s pose-- take a few breaths there. My mind is echoing now: “Everything is temporary.” So is my anxiety.

Thich Nhat Hanh’s Peace of Mind - Becoming Fully Present describes this entity well in an aptly named chapter: “Steady in the Storm.” Hanh urges us to embrace our negative emotions instead of suppressing them. Change the energy of negativity, he calls it “restlessness,” into mindfulness. Take a deep breath and simply say to the emotion: “You are only an emotion.” Breathe out and then say to yourself: “I am much more than one emotion.” Hanh says twenty minutes of deep breathing every day will change you. I think even five breaths a day will do.

I embrace you, Anxiety.

I am back in the lotus position. My body is mellow. My mind is red. We close the practice by chanting: “Om.” I breathe in. I recognize my anxiety in its raw integrity. I welcome it, I own it, I live it. I breathe out. Now, it has passed.
From the first year of medical school, we are trained to probe into the most personal aspects of patients’ lives. But when it comes to spirituality, we shy away. In a survey of the U.S. general public, the 2008 Gallup Report demonstrated that 78% of people believed in God and an additional 15% believed in a higher power. Other studies have shown that religious beliefs and spiritual practices are important factors for many when coping with serious illnesses and making decisions about treatment options and end-of-life care. According to a 2006 study, 48% of doctors said they had insufficient time, and 40% cited concerns about offending patients. There is a concern that by failing to ask these critical questions, we may be missing golden opportunities to better care for our patients.

We fail to fully understand our patients when we do not ask about spiritual beliefs. For example, I recently cared for a refugee patient with several medical problems and a very prolonged hospital course. He had been in the hospital for eight months and had a new puzzling diagnosis of Psychogenic Nonepileptiform Seizures (PNES), commonly known as pseudo-seizures. His symptoms proved very difficult to manage for both the medical and nursing staff, and much to his distress, the patient was ultimately put in restraints to ensure his safety. Only after asking about his spiritual beliefs did we discover a passage to be read to him. Afterwards, he agreed to go to the emergency department.

In another instance, a man with longstanding alcohol use disorder stumbled into the clinic and expressed passive suicidal ideation. When asked if he was religious, he revealed his belief that only God could heal her, not medications. The team managed to convince him that God would work alongside her medications, not in place of them. She subsequently agreed to take them and improved.

The spiritual assessment is a powerful resource that can be used to build meaningful relationships with our patients, navigate difficult clinical encounters, and create a nurturing atmosphere for shared decision-making. Caring for a patient’s spiritual needs is as important as caring for their physical ailments. But several physicians cite barriers to performing spiritual assessments. In a survey, 59% of physicians blamed lack of experience, 56% cited difficulties identifying patients in whom such assessments are necessary, and 31% believed that the spiritual assessment is not in a physician’s job description.

So, how should we take spiritual histories? Two excellent tools have been validated for this purpose: the FICA Spiritual History Tool and the HOPE Questions for Spiritual Assessment. Both aim to gather information on a patient’s spiritual practices, how those practices affect their healthcare decisions, and how patients prefer providers to address their beliefs in the context of their medical care. For a medical student or physician who has never addressed spiritual concerns of patients: family physicians’ attitudes and practices. J Gen Intern Med. 2003;18(1):38–43.

The spiritual assessment is a powerful resource that can be used to build meaningful relationships with our patients, navigate difficult clinical encounters, and create a nurturing atmosphere for shared decision-making.

“ We ask patients about many other topics—travel, pets, hobbies—that may or may not be relevant to their health. Their spiritual beliefs and practices are no different. Making it a routine part of our history-taking practices will normalize it for us as providers as well as for our patients.”

References:
Our identities gradually narrow to simply “physician” with each impromptu patient presentation that takes place over burgers and mac salad.

Kicking off intern year means BBQ’s, team dinners, and block parties. Every invitation encourages us to bring our significant others, the people who define our existence outside of the hospital. And yet, hot dog and cold drink in hand, it seems we can’t help talking exclusively about the minutiae of our medical lives: our interesting patients, our frustrations, and our philosophies of medicine. They stand there, nodding and looking into the distance, lip curling over as our incomprehensible exchange rambles on.

“It was a classic case of sick sinus syndrome…”

“So, I was doing my first para…”

“Did anyone else see the purpura?”

Social etiquette eventually obligates that the adrift spouse be brought back to the present: “So, what exactly does an accountant do on a day-to-day basis?”

Last week, a brunch presented a novel opportunity for anthropologic evaluation of the intern. An ortho resident was in attendance— a medical outsider, a new face at the watering hole. After countless hours in the OR and the PACU, I didn’t think she could possibly want to swap stories with medicine nerds. Shockingly, it was just a new twist on the same routine. Our exclusive discourse was given new life when told by someone who treats with the blade. The non-medicals, as always, feigned interest and daydreamed.

We are a rare breed who choose to dedicate our twenties to the pursuit of clinical excellence. Perhaps our need to affirm this decision forces us to fill our precious free time with our patients. Or, as newly minted MDs, maybe we are all seeking recognition that we are successfully traversing the same rites of passage. The spouses of new insurance brokers may likewise feel isolated at work parties where approval is sought from colleagues: “This guy came in wanting just motorcycle insurance, but left with an umbrella policy.”

The danger, of course, is losing that which makes us whole. Our identities gradually narrow to simply “physician” with each impromptu patient presentation that takes place over burgers and mac salad. Having read my colleagues’ profiles, I know that there are among us food bloggers, martial artists, and photographers. The difficulty is convincing us to abandon our hippocratic commonalities and embrace individuality.

But now that I’m done being introspective, I need to tell you about this guy I admitted last night…

BURGERS WITH A SIDE OF GLOMERULONEPHRITIS

BY ETHAN BERNSTEIN

DEAR BASIL

BY YUNGAH LEE

Dear Basil,

Potted in a yellow plastic cup, your healthy leaves look fresh and evergreen. Never did I know how much joy you would bring when I first met you.

After all, I found you at a store for a selfish reason. I had a new recipe to try. You came home with me and happily sat on my favorite windowsill where you could get bursts of sunshine each morning. Soon, I saw how you carefully arranged each leaf up towards the sky. You knew your source of health, your source of life. You freely welcomed the water I gave you. Never did you deny yourself what was good for your well-being. Nor did you ever try to be something other than yourself. You were happy to be Basil.

All went well until, without warning, the edges of your leaves started to wilt and yellow. I wondered what went wrong. And then it struck me that you looked rather crowded in your seed pot. You were screaming for space, stretching every inch of your roots for more. You worked so hard, perhaps too hard for your own good. No matter how much you struggled, you could not get out until I broke you free.

Now you are thriving in your new home. You are resilient, springing back new leaves to replace the fallen ones. You do not worry what others think, or lament how you don’t flower like your neighbor chrysanthemum. In all circumstances, you are faithful to your purpose of being Basil. And for that, yes, I thank you and I love you very much.

Your owner and friend,

YungAh Lee

Photo by YungAh Lee
Bo opened her gaze upon a cosmic dawn. Lazily, she watched the expansion of the nascent universe, blinking it into focus in simultaneously curved and linear forms, not to mention all those that were far more complex. Then, quite arbitrarily, Bo tiptoed her sentience along a fifth-dimensional path, and all the universe twinkled within her as it squirmed and aged.

She turned her attention to a petite cluster of galaxies. Carelessly, she kicked the universe a few entire life cycles forward, watching similar yet unique galaxies populate the sector in each brilliant iteration like a game of slots.

Bo underwent something akin to pleasure every time a big bang popped a new universe open. She was wary, however, for overindulgence tended to dampen the sensation; thus trips through the higher dimensions were a treat reserved only for special occasions.

Bo let her consciousness glaze over, taking it all in at once. A nebula birthed a star, and something like a child on something like Earth tasted something like Honey Nut Cheerios for the first time. The star turned out to be a healthy red giant, and the alien cereal proved to be a big hit. Without passing through time, Bo drew her mindfulness to all of the stars dying, expanding, and engulfing life-sprinkled worlds and all the rest. Some made their exit as supernovas, kicking and screaming, while others drifted off to slumber beneath the warmth of Bo’s light-years-wide smile. Over in some other cosmic nook, a super-evolved consciousness of anti-matter snaked into existence out of nothing, tripped over a black hole, and landed in a chunk of the universe that silently stopped existing.

Elsewhere still, a sentient lifeform stood upon his world and worried about questions of an imminent heat death to his universe. Bo experienced no similar concern.

To brighten the mood, or at least to equilibrate a destruction-dominated tableau, Bo hurled all the things there into travel across, around, and through herself along a ninth-dimensional vector. The universe reincarnated itself infinite times, and light was everywhere, or however light shows up when observed over innumerable permutations of reality. Red and blue shifts revealed space and time to tiny beings within each universe while the unfathomable frequencies of Bo’s pulsatile omniscience echoed off of the self-substantiating dynamic equilibria that envelop everything.

Like curds ascending out of whey, sentient beings asymptotically approached serene wholeness and thereby became a part of Bo—portions without which she could never have existed. Whether humans found such a fate is impossible to say, for to approach Bo—one must leave behind many things, among them any semblance of individual identity.

For all of the joy and catastrophe that both await a universe and have already happened, Bo does not intervene. She cyclically corroborates her own existence, a life of tireless witnessing. And somewhere within all her travels through space, her coasts along time, not to mention her playful wanderings along the thirteenth dimension, she witnesses all of you. She has—without judgment or consequence—been with you for an instant both indistinguishable from zero and longer than your entire life.
FOOD REVIEW: SHELL & BONES

BY KRISHNA UPADHYAYA

Chief Concern: Salty and Buttery Shell and Bones

Subjective: Our patient is a young seafood restaurant named Shell & Bones. The building itself, located in the historic City Point area of New Haven, has chronically housed restaurants over the last 30 years, but only acutely did Shell & Bones take up residence. The owners of the establishment also own Geronimo, so there is a strong family history of good taste and fun times.

Objective: On physical exam, the exterior is modest with a cobalt blue painting that mimics the ocean. Surrounded by water on three sides, the restaurant is its own mini-peninsula with plenty of parking whether you come by car or by boat. The interior of the restaurant is lively and suave; the better dressed you are the better you will fit in.

There was nearly a two-hour wait, but we passed the time quickly in the backdoor deck looking out at the ocean. The cocktails were out of this world. The Moscow Mule was the best I have ever tasted; the ginger beer and lime were smoothly blended in a cool copper mug so handsome I wanted to take it home with me. When we finally got a table inside, we sampled a few appetizers, sharing the baked ricotta, tuna tartare, mussel pot and fried calamari. Surprisingly, the highlight was the non-seafood dish, the baked ricotta. The cheese was creamy and baked to perfection while the crunchy toast provided a nice contrast. While the mussels themselves were bland, the sauce was so tangy and savory that we kept it to supplement our entrees. One brave soul in our group ordered raw oysters. It was less slimy than expected and actually had a nice briny taste. However, a haunting fear from a med school lecture on gastroenteritis prevented me from trying more.

For the main entree I ordered the linguini fra diavalo, a pasta dish with shrimp. What struck me first was that on the top of the dish was an actual whole shrimp. Having never eaten a shrimp like this the waiter graciously showed me how to extract the meat from the shell. It was well worth the effort because the meat was perfectly tender with butter dripping from the sides. Not to be outdone, the other pieces of shrimp tail were huge and each bite was so succulent that it was clear the shrimp was caught that day. The pasta was well done and a nice accompaniment, but the shrimp really stole the show.

Assessment/Plan: Food: A, Appearance/Atmosphere: A+, Service: B-. In summary, I give Shell & Bones a solid A. I highly recommend this place for a fancy night out by the ocean. Though it is a bit pricey, you can’t say you’ve had a New England seafood experience till you’ve tried Shell & Bones.
“Take nothing on looks, take everything on evidence. There is no better rule,” said Jaggers in Great Expectations.

The written confession without coercion is the most important piece any investigator or prosecutor could hope to attain against one accused of murder. Otherwise, the evidence must be gouged from the rock of passed time. From there, each side can only maintain an impression. As The Night Of dramatizes, the court cannot capture the mystery of the violent moment without that full confession. A murder may take a minute, but even with months of investigation and court proceedings, the moment remains opaque. This is the void between reasonable doubt and reality. It just looks like Adnan did it in Serial. It just looks like Naz did it on The Night Of.

Nasir Khan. Naz. Pakistani. Good undergraduate student at Hudson College. From a hardworking immigrant family in Queens. Works part-time to pay for his college. He wants to go to a party in Manhattan so he takes his dad’s cab without asking. A pretty girl name Andrea gets in thinking he is a real cabby. They talk; she likes him. She takes him to her townhouse on the Upper West Side. She gives him tequila, ketamine, Adderall, and cocaine. He had never done drugs before. They play roulette with a knife. She doesn’t seem to mind. In their mutually altered state, he stabs her through the hand with the knife. She doesn’t seem to mind. In fact, she seems to like it. They go up to her bedroom. They have sex. Naz fades out and wakes up in the kitchen. He is arraigned and remanded to Riker’s Island without bail given the nature of the charges against him. A fellow inmate tells him “There are so many muh-fuckers in here who say they didn’t do it. They hangin’ from the rafters.”

Will Naz hang?

HBO is relentless. The Night Of is the latest in the network’s series of dramas which are hard to count at this point. The Sopranos, Deadwood, Six Feet Under, Boardwalk Empire, Weeds, True Detective, Game of Thrones, Girls, etc. James Gandolfini gets a credit for executive producer for this new series, but he unfortunately died of a heart attack before he could complete his work. He was also supposed to play John Stone, the defense lawyer for Naz. That role was taken over by the ubiquitous comedic actor John Turturro who is well known for his excellent roles in the Coen Brothers’ 1998 and 2000 films, O Brother, Where Art Thou? and The Big Lebowski, respectively. He is a comedic actor, but can be dead serious.

Stone walks around in sandals to air his eczematous feet, and lurks at the Manhattan police precincts to pick up quick prostitution plea deals for $250 a pop. He gives his card out to the officers and judges so they remember him when a new case walks in. His card ad line reads “No Fee Until You’re Free… Se Hablas Espanol.” He was certainly not prepared to be the defense lawyer for Naz in a first-degree murder case. As far as we know, he’s never even tried a case in court.

Stone happens to be the most clear-headed one among the lower Manhattan judicial elites among whom he skulks. Lead detective Box, “the subtle beast” as Stone calls him, is convinced of Naz’s guilt. Box doesn’t think, well, outside the box. He is ready to retire. He is sluggish. He is uncurious. He does not pursue other suspects aggressively. He does not review necessary security footage. But the burden of proof for the prosecution hardly seems like a burden when we are presented the evidence against Naz from the DA’s perspective in her backroom preparation. Naz’s case seems hopeless, the presumption of innocence impossible, the strength of the prosecution’s case insurmountable. The media circus that ensues only adds to the presumption of guilt. Naz is a dead man before his case begins.

And get a load of the excellent circumstantial evidence against Naz. He was pulled over for DUI two blocks from Andrea’s apartment. He lured her into his cab. He did drugs with her. He had sex with her. He had the roulette knife in his jacket when he was patted down. He was positively identified leaving her apartment and speeding away. Her blood is on him (from playing roulette).

It almost makes you forget it is circumstantial only, the weakest kind. The natural presumption is that Naz killed that girl after having sex with her, a crime of high passion. Naz maintains his innocence. His main defense is that he does not remember what happened before he woke up in the kitchen. He is arraigned and remanded to Riker’s Island without bail given the nature of the charges against him. A fellow inmate tells him “There are so many muh-fuckers in here who say they didn’t do it. They hangin’ from the rafters.”

Will Naz hang?

“Naz’s case seems hopeless, the presumption of innocence impossible, the strength of the prosecution’s case insurmountable. The media circus that ensues only adds to the presumption of guilt. Naz is a dead man before his case begins.”
Adeel Zubair – Prelim, Neurology
Hometown: East Meadow, New York
Undergrad: St. John’s University
Med School: Mayo Medical School
Interesting Facts:
1. Adeel is a travel enthusiast. He loves exploring new cities and cultures. His favorite cities were Prague and Budapest because of the awesome architecture and rich history.
2. He loves to run, from sprints to marathons.
3. A die-hard St. John’s University sports fan, Adeel used to travel with the teams. His favorite sport to follow was basketball.

Queenie Ann Abad – Yale Primary Care Program
Hometown: Converse, Texas
Undergrad: University of the Incarnate Word
Med School: University of Texas Southwestern Medical School
Interesting Facts:
1. Queenie often wakes up in the morning with a fur hat because the top of her head is her cat’s favorite place to sleep!
2. She previously competed in team physical fitness challenges. She used to be able to do more than a hundred push-ups and a hundred sit-ups in under four minutes.
3. Queenie spends a lot of time in the produce section of grocery stores and markets talking to fruits and vegetables before she picks the ones she wants to buy.

Caleb Kelly – Traditional Program
Hometown: Mount Pleasant, Michigan
Undergrad: Michigan State University
Med School: University of Colorado
Interesting facts:
1. Caleb eats chocolate for breakfast.
2. His favorite indoor hobby is traditional leather bookbinding. He uses traditional tools to cut, fold, sew, hammer, paste, press, pare, and tool materials (cotton, paper, goatskin, silk thread, and gold leaf) into books.
3. He has never eaten meat except one chicken nugget during seventh grade!

Throughout the course of our collective experience, we have seen some remarkable physiology. Here are some extreme values that our residents and attendings have witnessed, in patients who have since benefited from our dedicated care.

<table>
<thead>
<tr>
<th>HIGHEST</th>
<th>LOWEST</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1c</td>
<td>18</td>
</tr>
<tr>
<td>Ammonia</td>
<td>541</td>
</tr>
<tr>
<td>Anion Gap</td>
<td>45</td>
</tr>
<tr>
<td>ALT</td>
<td>6,540</td>
</tr>
<tr>
<td>AST</td>
<td>9,730</td>
</tr>
<tr>
<td>Bili, Total</td>
<td>44.21</td>
</tr>
<tr>
<td>Bili, Direct</td>
<td>31.33</td>
</tr>
<tr>
<td>BNP</td>
<td>&gt;70,000</td>
</tr>
<tr>
<td>BP</td>
<td>234/106</td>
</tr>
<tr>
<td>CK</td>
<td>19,700</td>
</tr>
<tr>
<td>CRP</td>
<td>373</td>
</tr>
<tr>
<td>Discharge / Day</td>
<td>12</td>
</tr>
<tr>
<td>Glucose</td>
<td>1,710</td>
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<tr>
<td>HCV Viral Load</td>
<td>&gt;100,000,000</td>
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<tr>
<td>INR</td>
<td>No clot detected</td>
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<tr>
<td>Insulin Dose</td>
<td>225units</td>
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<tr>
<td>Lactic Acid</td>
<td>26</td>
</tr>
<tr>
<td>pCO2</td>
<td>188</td>
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<tr>
<td>Phosphorous</td>
<td>17</td>
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<tr>
<td>Tele Pause</td>
<td>10 seconds</td>
</tr>
<tr>
<td>WBC Count</td>
<td>239,000</td>
</tr>
</tbody>
</table>
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