

One More Time

HE IS TOO TALL FOR THE HOSPITAL BED; HIS FEET PRESS against the low footboard. His knees form twin peaks under the blanket. With one hand he grips the edge of the sheet, ready to stand, as if he hadn't decided whether to stay or to leave. Two puffs of black hair above his ears frame a shining central baldness that contrasts sharply with the visible hirsuteness of his chest and arms. He uses these physical attributes as ammunition to produce a constant barrage of jokes and one-liners that invariably begin the minute I walk into his room. Even when he listens with serious intent, the mischievous twinkle in his eyes never disappears. A rather aquiline nose and a wide mouth complete the rest of an expressive face that radiates intelligence.

He wears one of the silly hospital gowns printed with little blue flowers, too small for his size. Whoever designed the garment must have thought, perhaps, that the motif would inspire a sunny ease of mind and spirit. For him, though, it's just a source of comic digression. He quickly points out that the flowers divert attention from all the exposed places of his body that the gown is supposed to conceal.

His wife, always present, sits next to the bed shaking her head, secretly enjoying his jokes.

I go in to see him regularly after I finish my rounds, so I can spend a little bit more time with them. He automatically makes room for me to sit on the side of the bed, and we exchange a long string of funny lines, as if casual conversation were the only reason for my visits.

Eventually, we discuss the results of the CT scan, the strategies that I contemplate, the plans for surgery. He is quiet for a while, watching me answer his wife's questions the way someone watches a tennis match. I am to do, he repeats afterward and every time, what I think is best for him. Then, he gently pokes fun at me: How is it possible that somebody wouldn't be interested in hunting? He isn't sure that someone so utterly ignorant about rifles, hunting seasons, and various other similar facts of common knowledge should be allowed to perform surgery on him. My credentials, he thinks, are severely lacking. However, because he is a man who believes in tolerance and redemption, he will take the unprecedented step of letting someone with my shortcomings proceed.

In the preoperative holding area, he lies on a gurney with a surgical hat covering his head.

"I don't know why they put this thing on," he says, pointing at the improbable head cover. "I am naked under my gown, and I have more hair on my butt than on my head."

He goes to sleep with a smile, and the humor in his eyes is now invisible under a layer of Neosporin and tape that keeps his eyelids closed.

One more time I go through the ritual. The sounds of the respirator, the scrub nurse arranging the Mayo stand, conversations that are not always subdued.

Draping, prepping, incision. The lights reflect off the viscera, moving gently in unison with the artificially induced breathing.

Inhale, exhale.

For less than a split second, I wonder what thoughts crossed his mind as he surrendered to the anesthetic. Same deep fears, I am sure, in a different core of fragile flesh.

I am not allowed, though, to be absorbed in clouded musings. I am mandated to be objective. I am trained to exercise dispassionate detachment, which I carry as the banner of my profession. Am I not, after all, expected to come up with the instant right judgment every time? Am I not charged with excising the disease, removing the fear, replacing a ghastly fate with a long life of happiness?

So I return to the physical world, the world of abdominal walls, of blood vessels, of livers and spleens. I go through the ritual, reciting the steps to the residents, asking questions, biding my time.

We explore first. We always explore first, I hear myself saying.

But I really don't need to explore. I already know. One more time, recognition and disappointment surge through me in all-too-familiar waves. Cell conglomerates sit uninited on the surface of the liver, the peritoneum, the mesentery. They are growing silently, menacingly, supremely indifferent to their host's dreams of returning to hunt and fish in wooded fields and fresh streams.

One more time, the silence around the operating table is temporary, as it always is.

Can we remove them? No, too many vital structures affected. Freezing? Let's go over the criteria one more time.

No, of course not, we can't.

Maybe we should put an arterial pump in the hepatic artery?

A transplant, of course. After all, he's only 49. Let's go over the criteria one more time.

But what's the point? I know he doesn't fit any of it.

Too much tumor burden, I pronounce.

There are no options. There is nothing we can do.

But we—I—don't say that. While he slowly regains consciousness in the recovery unit, I walk toward the waiting room, thinking how I will phrase the message I must deliver.

"He's waking up," I say.

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She is looking at me, and I know she knows.

I explain with carefully chosen words. She looks away for a second, and then a flicker of hope flashes in her eyes.

"What's next?" she asks, holding her breath.

What is she asking for? She knows the inevitable truth already. But I sense what she wants. She needs a tiny gift of hope, even if it lasts just an infinitesimal fraction of time, so she can try to accept the unacceptable.

We pause for an indefinite spell, while all around us everything remains so unchanged, so ordinary. Shouldn't the world be shaken by the news? Shouldn't everybody anguish at the thought of another human being's premature death?

I must be truthful, I know. But excising hope?

I haven't been trained to do that. So I don't just say that I am sorry, that I don't think we can do anything else, that we should just keep him comfortable.

"I will talk to the oncologist," I say.

Certainly my colleague will have some offer to make, some concoction to deliver, some colorless fluid to infuse into my patient's veins. Surely it must be possible to deliver some compound that will flow unimpeded and damage unwanted cells, self-esteem, and comfort along the way.

And maybe, just maybe, this patient will live a little longer, I lie to myself one more time.

I see him walking in the hallway, pushing an IV pole, bent over. His movements are tentative, with one hand protecting the incision. He is at least a head taller than I. His wife walks slowly alongside him, holding his elbow.

He can't imagine why anybody in his right mind would check into this expensive hotel. The service is lousy, and he'll spare me the commentary on the food. When he gets out of here, he tells me, he will take me turkey hunting, so I can broaden my education.

I want to know how easy it is to bag one.

I don't have to worry, he says, he'll be with me and everything will be taken care of. He can do that better than I do surgery, that's for damned sure. You don't need IV pain medication after hunting turkey.

Yes, he says, the oncologist has been by to talk to him. What really got to him, he says with a big grin, was the possibility of losing his hair. His wife carefully studies the floor tiles, as if that could really hide the moisture in her eyes.

We walk into his room, and sit.

"So," he says with a smile, "how much time you think I've got?" There is some strange, frightening quality behind the skepticism in his eyes.

I should have known. I should have suspected something. But I didn't.

"I don't know," I say, one more time. I'm telling the precise truth. Anything else is a guess, an educated assumption.

Everything is arranged, all paperwork completed, orders signed, appointments made. We shake hands.

"You're okay," he says.

He hates to be taken to his car in a wheelchair. Such a ridiculous policy, a waste of resources, an undignified exit.

It has been 2 weeks since he left the hospital. Today I call his home.

It takes me a moment to recognize her voice, muffled and congested from crying. She tries to tell me something twice, three times. Finally, sobbing wildly, she blurts it out.

"He shot himself this morning."

I sit for a while, thinking of nothing.

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