Rudy Ravindra Death, Be Not Proud (With apologies to John Donne)

When Rachel Williams was bloated and constipated, her primary care physician, after trying various medications, when her symptoms still persisted, felt that her malaise was beyond his expertise and dispatched her to a gastroenterologist. When tests and scopes were normal, the gastroenterologist sent her to have a CT scan. When a lump in her pelvis was detected, Rachel was sent to a gynecologist who again did a battery of tests.

Dr. Beverley Hedge said, "I need to remove your ovary and send it to the lab."

Rachel asked, "If I've this cancer, how long before...."

Dr. Hedge touched Rachel's shoulder. "Now, let's take one step at a time. Let's schedule the surgery. When the lab results come in, we'll talk. Okay?"

## R

The day after the surgery, Rachel was sitting up drinking tea, and Rita—her best friend, was by the bedside, reading the newspaper.

There was a knock on the door, and Dr. Hedge came in. "The surgery went okay, it took longer than I thought. I removed both the ovaries, and some tumor mass from the pelvis and abdomen."

Rita asked. "You said tumor, is it cancer?"

Dr. Hegde sighed. "I'm afraid so. Yes, it is malignant. I'm sorry, Ms. Williams. It's stage four, ovarian cancer."

Rachel remained impassive. "How much time do I have?"

Rita buried her face in her hands and sobbed.

Dr. Hedge said, "I don't know, I really don't know. We'll fight this, we've many options. First we need to know if the cancer has spread elsewhere. I suggest CT and PET scans."

Rachel said, "I don't want any more tests."

Dr. Hedge looked worried. "Well, that's up to you. You've the right to refuse. But I'd strongly advise CT and PET scans."

Rachel asked, "Let's say, it's gone to my lungs or liver, do you then chop them off?"

Dr. Hedge was uncomfortable. "We've options of chemotherapy and radiation. At this stage, I've to bring in a gynecological oncologist."

Rachel said, "I feel like I'm a football, being passed around..."

Dr. Hedge hugged Rachel. "I'm truly sorry. It can be frustrating. But we are doing our best."

# R

Rachel had nothing to look forward to, her husband of almost thirty years passed away just like that, of a massive heart attack. She never really recovered from that devastating tragedy. The pain and anguish never subsided, however much she tried to distract herself with reading, and affairs of various charities. In spite of Rita's best efforts to entertain her with movies and concerts, the subterranean sorrow promptly surfaced as soon as she was by herself in the big lonely house. By six in the evening

both Carmen (house keeper) and Melissa (secretary) left for the day, and Rachel was all alone.

Rachel got a letter from Dr. Hedge's office, reminding her to go for CT and PET scans. She threw it in the trash and forgot all about it. After a few days, Dr. Hedge's nurse called her.

"Ms. Williams, can you please come into our office? Dr. Hedge wants to meet with you."

Rachel said, "Y'all did what you can, now leave me alone." She hung up.

After a few days, Melissa came in to her office. "Miss Rachel, there is this nurse bugging me for an appointment. It seems one Dr. Hedge wants meet with you. Would you like to see her?"

Rachel nodded. "Ok. Maybe one of those people with a pet project, probably wants a donation."

Rachel felt terrible for keeping Melissa and Carmen in the dark. These two loyal employees had a right to know that death, the inevitable end to her life, was right around the corner. But, what would be gained by making them miserable? Wasn't it enough that Rita was going crazy, calling her at all hours, making sure she wasn't already at the Pearly Gates, seeking admittance? None of her siblings knew of the situation. She wondered if any of them would really miss her. She knew they cared for her in their own way. What could they do, beyond uttering the usual platitudes. And pity. Oh, how she hated it. Pity was something she could do without. Even if she decided to inform them, how would she go about it? Arrange a family gathering? And casually tell them: "Oh, by the way, y'all, I'm gonna kick the bucket in the near future, date unknown. It maybe this year or the next." Then she would be faced with a barrage of opinions, people telling her to seek a second opinion, get chemo and radiation, do everything possible to prolong her miserable life. No, no, no. She didn't want to deal with all that cacophony. It was bad enough that she had to listen to Rita day in and day out. At least, Rita knew when to shut up and leave her alone.

# R

Dr. Hedge was clearly uncomfortable, sitting on the edge of her chair. "Thank you for seeing me. I'm sure you are busy."

Rachel asked, "Can I get you something to drink?"

Dr. Hedge shook her head. "No, no. I am fine. I came...I came...Ms. Williams, your condition is serious. You need medical help."

Rachel controlled her temper. "I told you I don't want any more poking and pulling. I know I'm gonna die. I'll go when my time comes." Dr. Hedge said, "Ms. Williams, I wish it's as simple as that. The end

Dr. Hedge said, "Ms. Williams, I wish it's as simple as that. The end won't be quick, nor painless. Right now you are able to function, move around, but a time may come when you are bed bound, and in severe pain. That's when you'll need medical help. There are doctors, you know, to help when you get to that stage. I'm sure you've heard of hospice."

Rachel said, "Yeah, they help dying patients."

Dr. Hedge said, "Not just the dying, the hospice doctors help seriously ill patients, like yourself. As I mentioned, we need to deal with

your pain. I don't know if you are aware of this. Hospice physicians take care of pain management, it's best if I refer you to hospice."

"Okay, let's do it." Rachel agreed quickly, to get rid of Dr. Hedge.

Dr. Amy Kirkpatrick, a hospice physician in the Memphis area, saw many heart-breaking cases; young mothers hopelessly ill with incurable cancers; young men with inoperable brain tumors; healthy, athletic girls diagnosed with ovarian or breast cancer, and slowly begin to shrink right in front of her eyes, losing appetite, receiving chemo or radiation or sometimes both, their cheeks sunken, dark circles under their once bright eyes, losing their lustrous hair. Some were angry at the world, angry at the nurses, angry at the doctors, and angry even at their own kith and kin. They were angry that they were reduced to skin and bones, unable to move around, unable to participate in the athletic activities they loved so much. However, a few were stoic, ready to face the inevitable.

Rachel's history surprised Dr. Kirkpatrick. Here is a patient who refused all treatment, and now waiting for the disease to take over, seemingly unconcerned of the pain and discomfort. In Dr. Kirkpatrick's experience, most cancer patients were only too eager to receive chemo and radiation, more the merrier, as they felt that any aggressive treatment might miraculously reverse the course of the disease. Living in a society that feared death, a society that put Faith ahead of everything else, a society that fervently believed that the Good Lord would take care of them, help them conquer the most incurable illnesses, it was a difficult task to inform the patients that they had very limited time on this earth. Most people didn't want to accept that simple fact. It was like the word *death* sent shivers throughout their bodies.

Adding to Dr. Kirkpatrick's woes were the oncologists who didn't hesitate to pump toxic drugs into a dying patient's blood stream. In a world where billing for procedures trumped compassion, it was an uphill battle to care for a patient who was at death's door.

A few times she summoned up enough courage to gently suggest, "This patient is still receiving chemo, the family thinks he'll get better... perhaps you can talk to them...maybe tell them that any further chemo is not gonna help."

The oncologist was upset, and raised his voice. "Now that the patient's in your care, why don't you tell them?"

Dr. Kirkpatrick remained calm. "I spoke to them, but if it comes from you it'll be more credible."

The oncologist, wasn't happy to be put on the spot, walked away muttering to himself. "She's one screwed up female, a frigging Florence Nightingale and Mother Theresa, all rolled into one."

### A

Dr. Kirkpatrick said. "My nurse or myself will examine you every week. But in the meanwhile, if you need us, don't hesitate to call. One of us will be here ASAP. Lemme give you some pain medication....when you need it take the appropriate dose. I think I'd tell you, sometimes the pain

may get somewhat severe, eventually you may have shortness of breath, and other problems." She made a note in her laptop. "Do you have any questions?"

Rachel said, "When the end is near, what do you usually do, like, do you admit a patient to a hospital?"

"It all depends on your choice. Some patients want to pass at home in their own bed. Some don't want to traumatize the family members and choose to be at a hospital or at the hospice care center. Ms. Williams, lemme ask you, when it happens that you are not able to breathe on your own, do you want your life prolonged with the help of machines?"

"Absolutely not. I want to go when it's time. No machines, never."

"Okay, we have some papers here that I need to sign. By signing this DNR—it means 'Do Not Resuscitate', you are refusing any artificial means of prolonging your life."

After signing, Dr. Kirkpatrick gave the papers to Rachel. "Please keep these in a secure place. Since we have a DNR, there is no need for hospitalization. You have two choices, one, stay put at home or two, transfer to the hospice care center. Whatever you wish."

Rachel thought for a moment. "I think it's better if I pass on at the care center."

"Okay. I'll make a note. In the meanwhile, I encourage you to visit our care center. Our goal is death with dignity. Patients are entitled to pass peacefully. Unlike in the olden days, no terminally ill patient should suffer from pain."



The hospice care center was a single story building located on a quiet street. It was just like a hospital, except that there were only fifteen beds. Each patient had his or her own private room with a view of a colorful garden in the center courtyard. Rachel liked the serene atmosphere, felt she could spend her last days in this facility. She had fought and came out winner in a few battles before, but this last battle was entirely different and unwinnable. Waiting to die must be the worst thing in the whole world. It was not like waiting for a bus—which would certainly arrive at a given time, not like waiting for your entrée at your favorite restaurant, not like waiting at the hairdresser's for your turn, and certainly not like pumping gas in your car. All these were predictable. But you knew that with death everything was totally unpredictable, it might be today, tomorrow, or the next year.

In the interim, Rachel wished to make the best of it. Right now she was as healthy as she could be. She ate a little, walked or swam, and read her favorite books. After considerable cogitation, she came to the sensible conclusion that there was no reason why she should adhere to her dumb decision not to consume alcoholic beverages during weekdays, now that *the end* was near. Why should she arrive at the Pearly Gates sober, with perfect liver function? The cancer would anyway do its damage, and a little more, alcohol-induced destruction shouldn't matter. So, she felt that she might as well enjoy a couple of beers or a glass or two of her favorite wine every evening after the birds went home. A mischievous thought came to her mind. When she was ready to enter the hospice care center,

hopefully a brief stopover en route to her Celestial Abode (Yes, she was definitely convinced that she would be admitted to the place where Angels tread, thanks to her millions. After all, in this and the next world, money never failed to open even the most stubborn doors), she should arrive with a six-pack in one hand and a bottle of bubbly in the other. It would be fun to see Dr. Kirkpatrick's serious face, not to mention the Good Lord's!