They All Know

We call it somewhat crassly “peek and shriek.” Each of us who have had the privilege of opening the body’s cavities have, at some time or other; sooner or later, been victim of the foul surprise: cancer everywhere and nothing to do about it. The shriek is a silent one, more of an “oh shit” sans exclamation mark than a cry of terror; it is for the other, the patient, that those too-numerous-to-count, hard white blobs of flesh hold significance: the significance of one’s mortality, all bold and ready, all cold and patient and waiting; but not for long. We spend time treading water; pushing aside loop after loop of intestine swollen by the cruel, malignant trick, delaying the inevitable decision to close the incision and quietly retreat. The room falls silent. Some comment is made regarding the patient’s age: “how terrible” if young, “well, at least he’s eighty” if old, as if the accumulation of years justifies the insult of death.

One or another of the operating team promises to get that colonoscopy at an early age, or the long-delayed mammogram in the hope of forestalling their own “peek and shriek” some years hence. Each turns inwardly to the thought of those loving and loved; gratitude mixes with the gravity of the moment, and we each celebrate our aliveness, our seeming wholeness. As the minutes slip by and the case draws to its close, I rehearse my speech in silence. I curse the inevitable decision to close the incision and quietly retreat. The room falls silent. Some comment is made regarding the patient’s age: “how terrible” if young, “well, at least he’s eighty” if old, as if the accumulation of years justifies the insult of death.

Finally it’s over, and I rip my gown and gloves away, thanking my team who scurry about, cleaning the gore I’ve left behind; cleansing the room to cleanse away, thanking my team who scurry about, cleaning the room to cleanse away, thanking my team who scurry about, cleaning the room to cleanse away, thanking my team who scurry about, cleaning the room to cleanse away.

I rely on my time-tested deception: “It would kill him to take it all out,” I say with a set jaw and a straight face, knowing full well that it’s a lie, but also knowing that these words seem to convey the truth—that we have met our match. I offer them reassurances, retreating to the safety of statistics to leave that glimmer of hope where I know only hopelessness is real. They always say, “But you took it out, didn’t you?” as if the cancer were a weed to be pulled. Its words I stumble over yet again as I try to explain the futility of “getting it out.” I wish they could see the cancer: the countless tumors that everywhere bulge and glisten, almost smiling as they cover the surface of his guts. I want them to know in their hearts as I do that it simply can’t be done, that I can’t “get it all.”

I feel better having broken the news, having finished the first dreaded task. They are comforted by my presence, by the gaudy green of my scrubs, by the bleached white of my coat, and by the ever-increasing streaks of gray in my hair. I don’t pretend to understand why this is so, but I’ve felt it time and again: their silently asking me to stay, as if I’ll change my mind, change my story, change the truth. I’ll often bend to hug his wife, or place my left hand on her husband’s shoulder as I shake his right. “I’ll take good care of him,” I vow, as if that will somehow make everything all right, as if I can make up for the failing. I turn to take on the morose marathon in reverse; it’s only slightly
easier in this direction. I always see them in the cor-
ner of my eye as I return to the sanctuary of my 
operating room. Always they're sobbing, hugging, 
and sobbing. I always sigh, as if this deep breath will 
clear my heart as well as my lungs, and with a shake 
of my head close the door behind me.

Recovery from anesthesia works in two directions 
in these cases. The patient uses the time to struggle 
for consciousness, reawakening in a world of blind-
ing pain, cold and harsh light. I use the time to col-
lect myself, remembering that the task of informing 
the patient will be mine as well. With luck, the case 
is late in the day. The patient retires to the bliss that 
is morphine. I retire to the laughter of my children, 
the arms of my wife, and a deep, forgetful sleep.

The next morning again brings pain. Post-op day 
one is a blizzard of nausea and morphine to the man 
who hours ago stood smiling and confident, joking 
with me that he felt lucky to have a young surgeon, 
as I must still remember what they taught me.

His wife is at the bedside as I make my rounds. 
She's holding his hand as if this were his deathbed, 
scarcely concealing her terror at being left alone af-
ther thirty years of marriage. He is, thankfully, com-
fortably numb. The narcotics are working their subtle 
magic. I walk in, erect and seemingly proud, extend-
ing my hand in greeting, not noticing that it is shak-
ing. "Good morning. You did good yesterday," is the 
attempt at a pleasant greeting. His eyes appear 
sunken, the pupils tiny black dots in a sea of green.

"So how d'ya do, doc?" he asks, winking with the 
effort. It becomes clear that she has told him nothing of 
our conversation yesterday. She's embarrassed by this, 
of course, but I've come to expect little else. "I did fine 
and so did you," I reply, clearly dodging the point.

"Did ya get it all?" he asks with a wink.

"Well I'm afraid ..." there's that 'afraid' again, as if 
I had something to fear. "... it's pretty bad." I curse 
the God that gave me this language, this job, this 
inability to forestall mortality. I want so many better 
words. But the patient will have none of it.

"Hey, you did the best you could." He dismisses 
me with a wave of his hand. And I, me, the surgeon, 
the healer, the doctor, quickly accept this endorse-
ment; accept it because it comforts me, because it 
forgives me.

"Yes, I did," I mutter somewhat obsequiously. I beat 
a hasty retreat. Sometimes later that day, I pass by his 
room again. He's brushing his teeth despite the fact 
that he's attached to two towers of equipment and 
tubes; brushing his teeth because it gives him the 
dignity of being human in this place where dignity 
and modesty are the earliest casualties.

I come upon him as he's seated in front of the 
mirror, comfortable in his morphine-induced eupho-
ria. "You knew, didn't you?" I asked, safe in the knowl-
edge that years in this business will give.

"Yeah, I guess I did," he replies without a trace 
of regret.

"How long have you been sick?" I ask, hoping that 
his self-induced delay will somehow clear me of all 
guilt in the matter.

"A while," he says, still brushing.

"Why didn't you come in sooner?" I said.

"I just knew it was my time, and I didn't want to 
worry Phyllis," he offers unapologetically. I touch 
him on the shoulder, feeling the strength that wells 
up inside of him.

"Thanks doc," he says.

"For what," I reply in surprise, "I didn't do anything." 
"You told her," he says, "I couldn't." 

"So you knew."

"Yeah, I knew."

He knew. They all know. By God, they all just 
know.