The Healing Muse
A Journal of Literary and Visual Arts

Volume 14, 2014

O Night Divine on the Cancer Unit

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This is how it happens: I am picking through produce at the grocery store, late in the evening, and my cell phone screeches, so loudly that people look over and watch while I fumble to find it, and hush its ringing, and lift it to my ear. I brace my shoulders and answer it, and feel the dread on both ends of the line.

I look like every other distracted shopper—phone pressed to ear, eyes gazing at some middle distance—perhaps debating what kind of squash to buy for dinner or whether or not we still need bread.

But in fact I am being levitated. The voice on the phone is transporting me away from the brightly lit rows of vegetables into a dark world, a horrifying universe where a cancer is growing unfettered and where an emergency room doctor is standing in front of a crowded desk trying to dispassionately tell me an appalling story about a tumor causing overnight blindness, or paralysis, or a sudden sense of smothering in a patient who lies waiting in a bed across the room.

I stand completely still and listen hard and when I hang up I am in exactly the same position, still clutching the bananas or the cool and fragrant peach.

Cancer emergencies are usually calamitous, sometimes life-threatening, and in my first few years of practice as a radiation oncologist these phone calls and their horrific stories unnerved me. Twenty years later, I see these calls as embarkations into a holy land. I answer the phone, murmur some reassurances, and a short time later I am standing outside the patient's room. I have never met this person before but soon we will be inextricably linked. I pause and hold the patient's chart close to my heart, and then I step across the threshold into a different realm of time and space.

The Greeks have a word for moments like this—kairos—a time in between, a sacred time, a moment shared with the divine. Walking into a hospital room late at night I feel as though I am walking into a temple, a sanctuary, a secret tunnel underneath the trenches. Voices are muted; the patient is spent. Family may be drawn and pale, worn down to the last nerve. Our encounter is one of many stops in a long battle that began months or years before and their faces show it.

My first cancer emergency patient came on my very first day of call; I had been an attending physician for less than a month. An ER doctor, clearly rattled, called me in the middle of a Friday night: a young woman's breast cancer had spread throughout her bones, and a tiny spot had bubbled out and compressed one of the nerves in her spine. Earlier that evening she had lost the use of her legs.

I walked into her room around one in the morning. The room was hushed, her sisters came in and out of the shadows to give her sips of water and hold her hand. This young woman—her name was Julia—could not wiggle a single toe, and horror hung high in the air.

I was still a relatively young doctor, but I had already seen radiation work miraculously in situations like hers, so I told her how radiation worked, and what I'd seen it do in the past. We talked, and while we talked I watched the lines on her face soften and I saw the shadows shift.

We gave her a quick emergency radiation treatment early in the morning and another the next day, and overnight her pain and paralysis vanished. On the third day she began to walk again, and every day for three more weeks Julia came into the radiation clinic

under her own power. She often talked about the night she spent paralyzed from the waist down and the astonishing effect of a couple of radiation treatments. She called it "The Night Divine."

She died thirteen months later. I felt her loss deeply: she was my age, she was courageous and funny; in a different set of circumstances she was someone I would have sought out as a friend.

Twenty years later Julia and scores of other patients have taught me that there are some patients who cannot be cured, but for whom palliation can be a glorious gift on its own. And over the years I've learned again and again about the holiness of a hospital room full of sisters and shadows.

Looking back, though, I believe Julia's most profound lesson for me was the demonstration of the confluence of events that brings a patient and a doctor together. At some precise instant in the remote past, a single cell in Julia's breast grew haywire. It split and grew and grew unfettered. It sprang out little tendrils and blood vessels and it divided off and grew some more. It escaped surgery and outlasted radiation and the cells that lasted grew resistant against chemotherapy and floated through her bloodstream until they landed in a bone. They landed and they planted themselves, and grew more branches and created a chemical that would allow a tiny strand to bore through the matrix. And when that tiny strand grew an extra cell or two, just an extra milli-fraction of a millimeter, it bubbled onto a nerve root where it began to cause her pain.

It began to cause her pain which she could ignore for a day or two or maybe even a week until one morning Julia found that her leg didn't work and by afternoon her foot didn't work, and the one extra cell it took to cause that transformation did its splitting on the day when an unknown secretary at an random desk had listed me as being on call and so we ended up connected in the middle of the night.

This is the stark and webbed interconnectedness between ill patient and on-call doctor: random secretarial assignments connected to a chance mangled cell mutation, rays of light interlaced with beams of radiation, bones and nerves wired to flesh and fear, sisters and suffering shared in shadowed sanctuaries, and losses and lessons linked in hospital rooms on nights divine.