

to be aggressively treated seemed a desperate, wrongheaded, ultimately useless effort to resist the inevitable—and a blanket contradiction of who he was and how he approached life and death. I wondered whether George’s intimate knowledge of death had triggered an extreme form of denial—so extreme that he was subjecting himself to iatrogenic (physician induced) torture. He risked hastening his demise, or at least robbing himself of the last tranquil days at home with his wife, children, and friends.

I entered George’s room. The sheets were drawn to his neck. His eyes were closed and sunken, his skin ashen, his lips blackened from dried blood in deep ulcers. I thought for a moment that George had died and I was the first to find him. Then he slowly turned his head and noticed me. With tears in his eyes, he struggled to speak, but all he could muster was a harsh, unintelligible whisper. “Don’t talk,” I said. His eyes closed in assent.

Not long after the therapy’s toxic effects had waned, I learned that George was back in the hospital, scheduled to undergo surgery. The news had moved like a shock of electricity through the clinical staff. Surgery was clearly indicated in a case like George’s when the cancer was obstructing the esophagus or stomach, or there was uncontrolled internal bleeding. George had none of these complications.

Before the surgery was over, George had lost liters of fluids. He left the OR for the ICU with blood and plasma and saline IVs attached to him. In the pathology laboratory his colleagues began their work with his removed tissue. Dr. Tibor, the acting head of the department, directed the examination. Sections of necrotic tissue were fixed and stained, then studied under the microscope. Dr. Tibor expected that tracts of tumor would be found under the magnification of the microscope. But the cancer cells were nowhere to be seen.

The textbook explanation for the failure to find the cancer was that it was hiding. Many cells had been destroyed by the radiation and chemotherapy, but many others would be impervious even to this assault. And those cancer cells would not be static.

They would circulate in the blood and lymph, traveling through the body until they found new residences. New masses would soon appear, likely in his abdomen, then in his lungs, later in his intestines, and finally occupying his chest until the cancer killed him.

But George would not acknowledge this outcome, even if it was based on a biology he had spent his life studying. Not long after surgery, he was admitted to the hospital to receive yet more chemotherapy and radiation. His decision to undergo more toxic and pointless treatment deeply saddened me. *If I were George’s doctor, I told myself, I would take his wife Eunha aside and delicately but firmly guide the conversation to question his decision to resume chemotherapy and radiation. There has to be an end to this torture, short of his death.* But I was not his doctor. It was not my role to intervene. So I masked my frustration and pity and told George and Eunha they were in my prayers.



On a chilly December day in 2000, thirteen years after George’s diagnosis of stomach cancer, I met him in the hospital’s atrium café. He and Eunha had retired to southern New Hampshire after his last treatment. It took nearly a year for him to tolerate solid foods without pain. When his strength returned, he began commuting to Boston one or two days a week to consult on controversial cases. But as time passed, the cancer did not reappear, and it seemed that he was cured, George decided to devote himself to church and community activities, and to traveling with Eunha.

George had not regained all of the lost weight. Still, his eyes were animated and his voice strong. We exchanged news about our families and bits of hospital gossip until I asked him, pointblank, how he’d been able to insist on treatments, ignoring the grim statistics.

“Even when I was down at the bottom,” George said, “I knew exactly what the numbers were.” He’d never had a moment of denial or delusion. When he returned home from the hospital, during the last days of fall, he assumed he would soon die. He and Eunha were avid gardeners, and he asked her to pur-



*“The end result of
Tzedakah will be peace.”*

(Bava Batra 9a, Is. 32:17)

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