

FIELD NOTES | FALL 2020

## Black Tango

By Philip Berry

On every ward round he looks up (though I try to meet his gaze from an equal height, sitting on the bed) and finds the positives. He presumes there is a surgical cure, though I know already that it cannot be. He welcomes the idea of chemotherapy – it worked so well last time – but I know it can offer nothing more than a brief extension.

He is 48. He lives on hope as the fatally undermined airplane flies on fumes, its passengers observing the steady passage of the clouds in deep, sweet ignorance. I believe the face he wears to meet the face of his wife, that "we can deal with this" mask, can be fixed by no other kind of glue. He thinks she needs to hear that there is a future, so his mind cannot admit of any alternative. That is my amateur psychological analysis. But I have seen her leaving the cubicle, how the thin smile straightens as she turns away into the outside world, and I think she knows. She does not know the facts, but she recognizes death in her husband's sunken features.

I am too negative. The modern way is never to say there is no hope, that "nothing can be done." There are many things we can do, there is much we can offer. Palliative care is a specialty in itself, a branch of medicine as established now as cardiology or oncology. We *will* treat you. Yes, yes, of course you will. But you can't *save* me, can you? They see through our pretense. Come on! When you're 48 and dying of cancer, you don't want to hear how great the palliative care is. Do you?

I don't know. I'm not dying.

The problem with this chap is, he's been through it before. This is a recurrence. In another hospital, at a preposterously young age, he got pancreatic cancer. Another hospital, another country, another hemisphere in fact. They did a good job, technically. Cut out the tumor, replaced a major abdominal vein with a graft, re-plumbed an adjacent artery. When I read the op notes (lifted from his impeccably kept folder) I sighed. It must have been edging into those vessels. Locally advanced, as we say. And far too many nodes. Of the seven they removed, six contained cancer. But they hammered him with chemo, cleaned the circuits of any rogue cells, got him through a few bouts of neutropenia, and gave him the all-clear. Cured.

He was never cured.

It was bound to return. Ask any pancreatic surgeon, they will shake their head. Locally advanced, nodal spread. Borrowed time.

He was not aware. He had been feeling odd for two or three months now, and it did not occur to him that it might have come back. Even now, in this hospital, he seems not to know that so manifest a recurrence of symptoms (he is jaundiced, the cancer is blocking off his liver) can mean only one thing.

I want to ring that highly skilled surgeon on the other side of the world and ask him (I read the op note, it's a he)—'What were you playing at, letting him think he was cured. Didn't you know what the prognosis was? You let him go back to his family, move jobs, live his life, with no idea that what is happening now was *inevitable*. All the plans he made, all the images he entertained. False. All false. Built on a foundation of lies. No not lies, that's too strong. Just the absence of truth. You let the best-case scenario flower into a confirmed reality. And now it's crashing down around him.

If I ever see him— in some sunny pancreatic conference, on some doctor-packed airplane—I will tell him this directly. Look at the mess you left for me to clear up. Me. For it is I who must now sit with him, tomorrow, perhaps next week, when all the facts are in place and all the opinions have been given, to dismantle the delicate construction that occupies his deluded mind. That high tower around which winged visions flutter and speak of future milestones, his daughter's next birthday party, the work that needs to be done on the house, that second home. Future life. A life, which I, the messenger, must now take away.

The messenger. Brings to mind a line from *Anthony and Cleopatra*. I saw it last week. Ralph Fiennes was the lead. The messenger, quaking, comes to tell the Egyptian queen that her love has betrayed her in taking a wife. *I that do bring the news made not the match,* 'he says, to Cleopatra's threat that the bearer of bad news 'shalt be whipp'd with wire, and stew'd in brine, Smarting in lingering pickle.' A good night it was. My wife's hand lay in mine, the both of us enjoying a rare excursion. A good life, a London life, privileged. Why do I tell you this? Because as I sat there, before the spectacle, he, the He of this piece, floated across my field of vision from stage left. Lying in bed, yellow with jaundice, his face tense with pain, smarting from the puncture that my colleagues in radiology had made in his side to drain the bile ducts. That's how I left him on Friday night, before throwing on my scarf and heading off to the theater. I left him waiting for morphine.

I know the *how*. There will be a specialist nurse, hopefully an oncologist too. I will compress his future between my honest hands using carefully chosen words laced in maximum empathy. We will advise that he has four to six months with chemo or two, maybe less, without. (I wouldn't take that deal, personally.) We will remain positive, talking of all that *can* be done. He will see through it. Then I will watch the mask begin to crumble, like a petrified monster tapped by the hero's sword, falling away to form a pile of grey powder on the floor.

What about the *when*? Tomorrow. I have danced around it for too long. There are no more behind-the-scenes negotiations to be had. The multidisciplinary team meeting has reached its consensus—no surgery, no cure. Every hour that passes without honest communication adds to the deceit. We know what he does not. Have known, for days. Since before the play, to be honest. There have whispered conversations outside the bay. Yesterday the nurse in charge of

the ward asked me, 'Have you discussed resus status?' No. NO! That comes later, after I have confirmed to him there is no cure. Be patient. But it is a sign. He looks bad now, his energy is failing. The nurses' senses are attuned to the possibility of sudden crisis. It has gone on for too long, this black tango. It cannot be allowed to continue.

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I sat with them and talked, but they knew everything.

I told them nothing they did not already know.

It was I who walked in the dark.

He saw me dancing with words, he read my evasions, and he waited. Waited until I was ready.

He was protecting me, the messenger.

And he was kind. Too kind.

Philip Berry is a hepatologist working for the NHS in London, UK. His short fiction, creative non-fiction and poetry have been published widely, and he writes a popular blog on medical ethics called Illusions of Autonomy.