

## Winner, Writing Award 2017 for Short Story

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Class of 2020

### **Dum Spiro Spero**

I remember the day quite vividly. It was the afternoon after the last final exam of my grade 10 year, my first year of high school. I had briskly returned home following the exam, and taken a short nap to reinvigorate myself following the lengthy final exam season. Aside from me, the house was empty. Presumably, my parents were at work, and my older brother was attending his university classes. I thought I could finally breathe a sigh of relief.

In the late afternoon, I arose from my lazy recline in my room, and answered the phone that I heard ringing in the kitchen. It was a call from my mother, a somewhat rare occasion. My mother had always been committed to her work, and I had, over my childhood, developed the expectation that I would not receive calls from my mother unless there was some pressing issue that warranted my attention. Her voice was gentle, almost excessively so.

“This afternoon, your aunt passed away.”

I nodded, “Okay.”

She acknowledged my response, and terminated the call shortly after. I returned to my room, surprised by my own composure, ashamed and guilty that I was not more devastated by my aunt’s passing. I reminisced of the years during which I had come to know and develop a relationship with my aunt.

My aunt, the oldest of my many paternal aunts, had been more than a mere relative throughout my childhood. As a child, my parents had always been committed to their work, devoted to the careers that allowed them to acquire the livelihoods that would suffice in sustaining the family. I was born to a pair of first-generation immigrants from China, and I suppose, among immigrants to Canada, my familial circumstances were hardly unique. My parents worked relentlessly, but consequently, another caretaker was required to supervise me and my older brother during our younger years, and thus, my oldest paternal aunt moved into the house shortly after she immigrated to Canada. She would perform all the housework, cook many of the meals, and ensure that my brother and I were well-behaved at home. However, her role far surpassed that of a caretaker or babysitter as I progressed into my adolescence. My aunt was a no-nonsense woman, practical and efficient, but warm and humorous. She possessed little tolerance for laziness or excuses. She expected that my brother and I developed maturity and consideration for others at a young age, and often shared the principles that guided her lifestyle.

She was frugal, but she didn't tolerate penny-pinching so extreme that it would deprive people of their necessities or joy. She expected that people took the initiative to care for themselves without neglecting their health or depending excessively on others. One late night, when I was sick with a cold but persisted in watching television instead of retreating to bed, she marched down the stairs from her room, reprimanded me harshly for not caring for myself, and briskly returned upstairs without awaiting a response. That was likely the last time that I stayed up late for entertainment when infected with some pesky virus.

Through the years, the principles that she taught me were accompanied by lessons to develop practical skills. She taught me how to peel the vegetables, wash the dishes, and fold the laundry. The frequent cooking and cleaning sessions were regularly complemented by intriguing conversations about how to live a responsible and independent life, a life worthy of the many opportunities with which I had so graciously been provided and that the generation before me had not been so privileged to receive.

Eventually, when my brother and I reached a certain age, my aunt moved out of the house to live with my grandmother in her apartment. As time elapsed, we gradually lost touch. Several years later, I received news from my parents that my aunt had fainted beside the stove, spilling a pot of boiling water over her legs. Somehow, the months that constituted the treatment for her severe burns culminated in a diagnosis of multiple myeloma, the condition that ultimately claimed her life.

As she underwent treatment for her cancer, I visited her regularly in her apartment. I watched as her condition deteriorated, as her weight loss rendered her unrecognizable, as she lost her hair and then her teeth, as her haggard appearance and weak voice rendered it progressively and almost unbearably challenging to face her, much less to offer an unconvincing smile in an attempt to reassure her.

I recall feeling how anachronistic her condition was with the stories that she used to share pertaining to her health. As a child, whenever I complained of headaches, she would confess how confounded she was as an adolescent and young adult when others her age would complain of headaches. She never suffered from headaches, and even as a young adult, could not fathom how or why an apparently healthy individual could be experiencing pain in their heads. Although she was a decade older than my parents, she constantly consumed a nutritional diet, and frequently took walks outside despite the frigid Calgarian winters.

I struggled to comprehend how on Earth such a healthy individual could develop multiple myeloma without warning beforehand, how something so illogical and unexpected could occur.

And then I recalled overhearing a conversation between my parents while I was in my room one night, several weeks before my aunt had passed away. She had been unconscious during the final week of her life. However, before her coma, her final remark was haunting. "The greatest curse my doctor gave me was hope."

That was it. That was the moment, triggered by the culmination of those memories, that I could feel the heat in my nostrils, the pounding in my head, the blurring in my vision, the wetness on my cheeks.

As I continued to pursue my lifelong dream of becoming a physician, hope became among the many concepts with which I struggled and grappled. Throughout my youth and far beyond it, I had considered hope to be a gift, or rather, a necessity. One could argue that I would not have become a medical school student without it. However, hope signified something quite different to a patient. Hope or its absence symbolized the difference between a future and oblivion, respectively. It was the fine line that divided the vision of a life, and its termination. Hope could provide the strength for a patient to persist, but without hope, even a healthy patient's prognosis could become catastrophic.

But when did hope become tragic? When did it become dishonest and irresponsible for a physician to dispense hope? When did it become illogical and foolish for a patient to retain it?

Years later, in reading the book that would become my favourite among the many that I had read, Dr. Paul Kalanithi, a neurosurgeon diagnosed with terminal lung cancer, provided the ideas that would further the conflict raging within me. "It is important to be accurate, but you must always leave some room for hope."

Even Dr. Kalanithi, the author and physician that I so adamantly respected, suggested the necessity of providing hope to patients. In delivering any prognosis, and in discussing the survival or mortality probabilities of any condition to any patient, the recommendation was to approach the conversation from a perspective of hope. Speak about the 30% chance of survival, not the 70% chance of mortality.

But what about patients like my aunt? What about the patients who would have preferred a lack of hope? What about the patients who would have preferred an honesty about their highly probable and impending death over an idealistic and auspicious outlook that bordered on fantasy? When the future becomes uncertain and the possible truths diverge, what truth do we, as physicians or future physicians, present to our patients?

Frankly, I have yet to reach a conclusion. Hope is significant, but transparency is perhaps more so. Ideally, the two would not be mutually exclusive. Likely, there are times when they are. When the future is uncertain, and yet, certainty is demanded, the fine border between the two often becomes indistinguishable. When my aunt was receiving treatment for multiple myeloma, Medical Assistance in Dying was not an option for her. Perhaps that would have provided an alternative that would have sufficed to give her the closure she never received. Yet, even then, that does not address the dilemma that every physician will inevitably face. When does a physician disseminate hope, and when does one refrain? What dosage of hope should physicians prescribe, and under what circumstances? There will likely never be a definitive answer. There are times when hope is the only remaining possible therapy, and to some patients, any other therapy may be moot if not complemented by hope. Hope may not have provided the closure and preparation that my aunt expected and deserved, but as physicians, we, ourselves, must hope that hope can save patients, even when it can't save their lives.