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A Proliferation of Cells

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“You might hold the tumor that killed someone.”

We, the first-year medical students, fidgeted nervously in the room full of dead bodies. Perhaps because we felt that we ourselves were the anatomy lab scalpels; all sharp edges and corners, arms folded across our chests to keep from touching anything we weren't meant to, including each other. We were still basically strangers, after all. We filled the room with assumptions: that you were the only one who thought of *Silence of the Lambs* every time someone seriously used the word “skin” as a verb. Are you the only one who thinks it's a little hot in here? Was it just you or is the sex of the body actually not all that evident when they're laying supine? But the most pervasive assumption was the one Sidney Kimmel Medical College presented us with: that we were all eager to slice into skin, pull apart muscle, go elbows deep into cavities, absorb all of the knowledge from these decaying bones as if their lives were merely vessels to our success. Or worse, per-

haps they thought we assumed these bodies had the best and worst days of their lives, had a favorite ice cream and a pet peeve, laughed, cried, danced, ran and died purely so we could pass a few anatomy practical exams?

Although the more senior instructors put visible effort into referring to the bodies as our “human gifts,” the beginnings of the word “cadaver” would always slip out before they could stop themselves. I thought the phrase was nice the first time I heard it. I was returning to Jefferson’s medical school after being accepted for Second Look Day and upon hearing them tell us about our “human gifts,” I was impressed. But as I watched one professor after another catch himself, tilt his head, and painfully push the phrase out, I wanted to roll my eyes. To be fair, it was obvious that for some of them it was more than just semantics: “You might hold the tumor that killed someone.” The man at the front of the room said this with great emphasis, as if expecting a gasp to follow or perhaps somewhere a rabbit to be pulled out of a hat. And so, as they went on trying to force feed humanity to a room of overzealous graduate students, I stood choking on formaldehyde and irony, and thought about how they were getting it all wrong:

“You might hold the tumor that killed someone.”

Tangible; my anatomy lab was providing me with yet another lens to try and see my father’s cancer more clearly through. But no matter how

many times I learn p53 and TGF-alpha, I cannot see my father's death as an abnormal proliferation of cells. I wonder if I will ever see cancer as a purely medical phenomenon.

"You might hold the tumor that killed someone."

Would it feel like jade, professor? The way it jaded my 14-year-old self as I watched cancer steal my father from me? Would it show me that cancer is not simply colorful ribbons and promises that "we'll get through this!" and a Nicholas Sparks film starring Miley Cyrus running down a hospital hallway in a ballgown?

No, it's only an aggregation of tissue. Maybe a sprinkle of calcification.

It felt like the professor was mocking me. Logically, I knew he was just trying to make a point, but that place in my gut where I kept those memories rolled over as his comment struck like a slur to my experience. As a young teen, blind-sided by my father's mortality, cancer was many things. Cancer was a pamphlet on the kitchen table, a bag of urine peeking out from under his shirt, my father on the sidewalk in the rain with an oxygen staff, a "nothing left for us to do," and Christmas morning planning a funeral. Cancer was life in fragments.

No matter how many times I learn it, I do not see my father's cancer as an abnormal proliferation of cells, metastasizing from bladder to colon to bone. I do not see white spots on X-rays and carcinogens infiltrating cells. Cancer feels 15. Cancer feels like it has no explanation. Cancer is

trips to the hospital, pushing food around a plate, a new tremor, eyes always looking at me from sympathetically cocked heads; it's the ice machine where my mom told me on Christmas Eve, "No, this is it." It's mourning an alive man in a hospital bed on a ventilator and wondering if I should worry about jinxing his survival; does cancer jinx? Cancer turned me superstitious. Even now, as I barrel towards seven figures worth of education, I think of his cancer less like a carcinoma and more like an idiopathic karma.

No matter how many times I learn it, microbiology, pathology, histology—cancer is not an aggregation of cells. Cancer feels more like praying to a God I no longer believed in.

If I could touch the tumors that killed my father, I do not think I would feel sentimental. In too many ways, the tumors were the least painful part of the experience. They came in and out of my life at 14 and 15 and I never thought about them. It never felt like they were to blame, because my father's cancer was never some medical phenomenon. At 15 it was a lot of things: it was a secret blog where I could be honest, it was mandatory attendance to church, so I could get the sacrament of confirmation even though I was certain there was nothing for me above that altar. It was him. Like a hyphen, it just tacked onto him and he affected it as much as it affected him. Maybe, cancer is more like bacteria—symbiotic. But that's too romantic. There was no benefit in this relationship; they ruined each other.

Cancer was a season. My father's was nice and round; November 2009 to December 2010. Cancer

is notorious, like a person who knows all of your secrets. Cancer acts like you owe it something. Cancer has this dark sense of humor; I could swear I heard it laughing at me on Christmas morning 2010, when the phone rang at 4:00 a.m. I heard the laughter following my mom down the driveway as she raced to the hospital. It echoed in the house alone with me after my sister rushed to follow my mother to his bedside, refusing to be left behind. The laughter came out of my own mouth for the next nine years as my own humor darkened to cancer's morose hue.



On Christmas Eve of 2010, I went to Hackensack University Medical Center in northern New Jersey to visit my father. If my memory serves, two days earlier we had decided he should go in to get more treatment so he could be home for Christmas. Understanding the course of cancer, the way I do now, I see that what I believed would happen then was probably never the case.

His oncologist wore a baseball hat. He wore a baseball hat because he was bald. He was bald because he was going through chemotherapy. My dying father's oncologist was going through chemotherapy because he had cancer. I don't quite remember the words the doctor said, but I remember thinking this must be so hard for him. He stood a few feet from the foot of my father's bed and had to look at my father while he told my

family there was nothing left to do. I wondered if he felt like he was looking at his own future.

Apparently, my fixation on the doctor's state of mind—as opposed to the news he delivered—wasn't the expected response, so I ended up in the hallway behind the ice machine with my mother (Did she leave and I followed her? Was I summoned outside with her? Does it matter?). This was my first time at the Losing-a-Parent-Rodeo, so I was unsure of the etiquette. I felt like I was doing something wrong, like I was supposed to know something I didn't. I felt like I had a starring role in one of those old black-and-white films and was watching as the words coming out of my mother's mouth weren't synchronized with the movement of her lips. My mom was telling me we would wait until after the holidays to do it, there was no rush. By “it,” of course, she meant “pulling the plug.” By “pulling the plug,” she meant taking my father off the ventilation machine that was allowing him to breathe. By “taking him off the ventilation machine” we meant letting him die. I wondered how this was any different than putting down an animal. I wondered, is it just semantics? And yet wouldn't my grandparents just hate it if I told them we needed to put down their son-in-law? Because that would be inappropriate.

My mom stared at me while my older sister and her ex-boyfriend of eight years were still in the room with the body that was technically alive but nearly empty. What stage of grief was this? Is it uncouth to mourn your father when he is still breathing not 100 feet away? I decided I needed to

take a walk. The problem with cancer is there are not enough chairs. I did not want to sit in a waiting room. I was no longer waiting. “It” was here. I did not want any more glassy eyes looking at me, or silent hands on my shoulder, on my arm, on the back of my neck. I needed to think. I needed to catch up, but there was nowhere to sit.

I think perhaps they shape hospitals like mazes, so you can walk in a haze for 20 minutes away from your father’s death bed, sink down against any wall to cry, and know you won’t be found.



“It’s called a button hole.”

One of my professors stuck his finger through an extra incision he had made in the skin of my human gift’s back. This allowed him better leverage as he cut away at the fat of her scapula to reveal muscle. *Fantastic*. I realized I wasn’t nauseated or faint. I found myself in a mindless, peaceful state as I traveled through the monotony of cutting away this old woman’s skin. Perhaps they tried so hard to shove humanity down our throats that first day because ultimately, they knew we’d have to swallow ours in order to do this? The word disgusting hung in my mind. Not her, not the tissue and fat and fascia and bone—me. It is not that I was necessarily opposed to the ethics of what we were doing; these bodies were, after all, “donated” to science. But perhaps it was that for some odd reason, I preferred people whole. That maybe I did

not go into this profession to see ventricles and valves, but to be the strong, unshaking hands people can trust with their broken parts.



I requested to speak to my father alone. This seemed to surprise my mother, maybe because prior to that moment I had refused to visit him. They gently respected my choice because I was a child. I imagine they thought it would ruin my idea of my father, seeing him in that state. I think I just didn't see the point. I did not know he was dying, as obvious as it may seem now. I thought we were just in this perpetual state of suffering we had been living for a little over a year, that "heaven forbid" old people drop out of their mouths at the end of gossipy sentences. We were heaven forbid.

I didn't think he'd notice if I visited or not. When he was home, he didn't see me in rooms. I would speak four times before he'd look in my direction and say, "Jenna, good morning!" as if I'd just arrived.

To be fair, it was also around this point that he started eating dimes. We laughed about this, because you have to laugh. You laugh or you cry, so we laughed. My mom came home from hour fourteen at the hospital, while also somehow maintaining a full-time job, a feat I will never understand, and told us how he kept asking her for change. So, she would give it to him, because you don't say no to husbands with cancer who are mentally reduced

to children. And as time passed, she would notice the change had disappeared. She would ask where it went, and he would say he didn't know or perhaps not address it at all. It was funny. We told ourselves it was funny. He would've thought it was funny.



“Make sure you leave a wet rag in the cavity.”

A professor floats by as one of my anatomy partners across the table squirts water onto the cloth lying on our human gift's open back. He patiently squeezes the bottle as forcefully as he can, but this has no effect on the small tepid stream coming out. I hold the skin flaps of her shoulder and down by her waist, where I imagine someone once held her for a slow dance. It is not that it seems undignified, but rather painfully intimate; she is mine now. Her life was given to science and science has given her to me. I, and ultimately the other 270 or so of us in my medical school cohort, are to benefit from her sacrifice. At times, the weight of this responsibility feels unbearable. I believe it causes us to take the little tasks we can do for her too seriously. I spend extra time making sure she is appropriately moist and covered in towels before being bundled back up into the plastic she arrived to us in. I cringe noticing scalpel cuts too deep and excisions that didn't need to be made, feeling as though I have let her down.

The gloves make a snapping noise as they come off, and I relish the minutes I am expected to spend washing my hands. I wish to think of nothing. Instead, I realize how inadequately I am prepared to honor her. I ruminate on the fact that dead people may be the hardest to care for. Not because of her unbeating heart, her bloodless veins, and empty lungs, but because the only skill I feel confident in is my ability to connect and to comfort. Four weeks into medical school, I am as useless at medicine as I was nine years ago. But in those nine years I learned the power of having eyes that listen, a mouth that can hold the emotion someone might not be ready to share, hands that can quiet loneliness, and a breath that can find yours wherever you may have lost it. I found skills in years of feeling helpless. Even still, I smile as my lab partner graciously hands me a paper towel to maintain my sterility, ignoring how much of this experience cannot be washed off with soap and water. I look back at the flesh that is barely visible through the dense plastic containing her and I feel bitter at death for taking those skills away for me. I curse death for once again rendering me helpless, and I resent medical school for reminding me of it.



The big moment. The “last words,” the tearful *I-love-you, I’ll-always-be-your-little-girl* moment. I tried to place myself in the role. I’d seen it before: tragically in movies, season finales of medical dra-

mas, exceptionally melodramatic young adult fiction novels. But I couldn't quite figure out how this one goes.

The sound of the ventilator was deafening, or was it the silence? Was it the anticipation that whatever "big moment" words I let out into the world would just float there, flat, uncaught, unrequited? My words would be alone. I was alone.

Except I wasn't. The ventilator reminded me of that. I hadn't really looked at him yet. I stationed myself to the right of his bed, gripping his open hand, pretending he was reaching out for me. I stared out the window across the room. It was so blue out; we must've been on one of the top floors of the hospital because all I could see was sky. Out there, no one was on their death bed. Out there, no one was listening to the mechanical sounds of incompetent lungs. Out there, it was Christmas Eve. The thought of a fat man in a red suit and parents griping to each other about unwrapped toys and unprepared roasts seemed wildly absurd. I laughed out loud.

It was the "big moment" and I *laughed*. My head snapped to the left to look at him, expecting him to react, expecting him to be offended. In my private forever goodbye moment with my father, I laughed.

But there was a tube and there were wires. His head lobbed to the side, begging to be let off of his body. His eyes were shut, undisturbed. He clearly wasn't as nervous about the "big moment" as I was.

I cleared my throat and stared firmly at my hand holding his. In stories, in the "big moment"

details like this are noticed, these “strong fatherly hands.” It would describe the horror of how paternal heroes turn human in hospital beds. But the hands were just my father’s hands. The bed did not swallow him whole. The wires and the screens and beeping did not confuse me. And as I gripped at his open palm, I realized he had already let me go. I realized the “big moment” was only mine, and I had no idea how I wanted to spend it.



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