Palliative and Supportive Care

Ode to a good neighbor

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Essay/Personal Reflection

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Author for correspondence: Christine L. Xu, Stanford University School of Medicine, 227 Ayrshire Farm Lane, Apt. 302, Stanford, CA 94305, USA. E-mail: cxu7@stanford.edu My dog lay next to me on the couch. She flipped onto her back, splaying out her legs and exposing her soft pink stomach. I absentmindedly scratched her warm underbelly and she panted gleefully, blissfully unaware that my cousin's golden retriever had just lost his battle to cancer.

My cousin's words rang in my head. He lay there stiff as a board, eyes half open. He looked so peaceful, but I kept my hand on his paw, and his body temperature got colder by the minute. I found out from my aunt that my cousin sat there, hand over paw, weeping, for 2 hours before the vets politely told him it was time to go.

Earlier that week, I had shadowed an oncologist who recommended that I watch the movie "It's a Beautiful Day in the Neighborhood," in which Mr. Rogers (played convincingly by Tom Hanks) helps a gruff, unhappy reporter reconcile with his dying father. I decided to watch the movie and after it ended, I found myself sobbing. Tears dripped down my face as Mr. Rogers told the main character's dying father that "death seems scary, but it is mentionable. And anything mentionable is manageable."

I couldn't stop thinking about my day with the oncologist. How he told me that he must constantly remind himself of the good in the world, especially after a heart-wrenching day in the clinic. How he chuckled and covered his mouth like a mischievous child as he confessed to watching the Mr. Rogers movie not once but twice over the past weekend, to nourish his soul and keep his spirits high. His eyes crinkled as he laughed, but in them, I saw flickers of sorrow.

I cried for the cancer patients that I had met that day, each more shrunken, skinny and wasted away than the last. The encounter that hit me hardest was the Chinese couple, the angry husband with fists clenched and the dying wife with a brightly patterned cap to cover her stubbly shaved head. The oncologist kindly and patiently explained to them that yes, they had just tried the last line of therapy, and no, there were no further options or possible clinical trials for which she would be eligible. In a defeated voice, she whispered "wo dong le, wo jiu deng si ba." ("I get it now. I just have to wait to die.") She had a Beijing accent just like my mother's.

Death, dying, sickness, health. When do physicians become fully comfortable with these concepts? When will I be? At the start of medical school, I had thought that dissecting a cadaver in anatomy class would be the ultimate way to rip off the band-aid. My cadaver was an elderly female who died from stomach cancer. But I had not known her during her life, as she was alive and healthy, I had only known her after her death, as she lay motionless before me on the surgical table. It was too easy to emotionally remove myself from the experience as I touched her stiff, formaldehyde-drenched skin with gloved hands.

I asked the oncologist what his favorite part of the job was. He said it was the ability to give hope, meaning and purpose to patients and their families during the darkest of days.

Hope, meaning, and purpose. This is why we all go into medicine, is it not? We must not forget.

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