

# Warring in the Oncology Ward

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*The nurse from Kerala, with a smile nearing smugness, tests the temperature of her patient. "Give me that!" she says. The plastic wonder is passed along to her. Her fat fingers grab the thermometer. The patient is there, wired, strapped, connected to a device that acts as a medical Global Positional System, tied into contraption that feeds him morsels through tubes.*

"Telemetry," he says, intrigued by the nature of the word. The device lies cuddled in a pocket. Any movement, any cardiac disruption, will be relayed to Central Command. This is suitable terminology: everything about the nature of disease, including the most dangerous ones, suggests military struggle, internecine conflict. We are told that the human race is in a war against cancer, one of the most remarkable of diseases. But we are only at war because, secretly, we all wish to be immortal. Absent this moral dimension, we are either dead or alive.

This is not a war that humans can win for one simple reason: we are living too long. Our bodies eventually breed our downfall. But the machinery is there to fight, to attempt, vainly, to cheat the wasting efforts of a condition that makes Attila the Hun look like a toddler in search of a spade.

Our refusal to die in quiet acceptance suggests an onset of other condition: cellular, depraved, the unseen inserting themselves like combatants into our skin, goring, gnawing, nibbling and incising. We are mortal, they seem to say, and remind us that there is no Holy Grail, no sweet water that will drag us, lingeringly, into another hundred years. We are, in other words, being killed for our durability, our obsession to see the sun rise, have the next glass of wine, or sigh in post-coital bliss.

Cancer, and its lethally enthusiastic friends, is combated in the command centre known as the oncology ward. That ward is located in the broader hospital apparatus, a detestable place where illness reigns as god king, and the maggot queen fronts up with disdain, striking at a moment's notice. Everything here suggests battle, warfare, campaigns, fought in dry, near dehydrating conditions. There are struggles, and being in such a ward exhausts, deprives, drawing the heart beat.

The hospital, in short, mortgages your life, places you in a form of emotional, and sometimes economic bondage. It suspends life, it quarries resources of depression, and it suspends the routine of the living. Visitors to the oncology ward start looking like ventriloquists for the un-dead, gaunt, haggard. They become mirrors of disease and enervation.

The theatre of operations in an oncology ward seem much like preparations before a gas attack at Ypres during the First World War: wipe, wash, clean hands before engagement.

(There, it was gas masks.) “Germs kill!” goes the sign at the entrance point. Enemies are unseen; they thrive in the subterranean field of invisibility – to our naked eye. They may strike, your unwashed hand being an unwitting carrier for the next assault, the next disabling attack. You, in other words, may be responsible. Collaborators, recoil in guilt.

This moral dimension of disease is important, supplying needed ammunition for false causes. Mother Teresa of Calcutta (formerly of Skopje, Macedonia), saw the necessary good (for herself) in people crippled by terminal disease. For one, they deserved it, fallen creatures who had done something terrible in order to make others thrive. She crowed religiously, and felt that riding them to the graves with her charity did good for both herself and the broader enterprise. Disease sells; disease, like greed, is a golden good, currency, a thriving industry. Pharmaceutical companies would agree.

If we are then to see the patient on the bed as both victim and warrior, we understand better the plight of the relative, the friend, or even acquaintance who has been attacked by the Disease. The patient is not merely battling its ravaging affects, but the fluttering curers who bustle with enthusiasm, or treat the patient with disdain.

Nurses may fuss; doctors prognosticate with resigned inevitability. “You have anywhere from one year to ten.” Some do it better than others, sugar coating, brushing, lying. Wars against cancer require deception, masking futility. In this battle, there is only one ultimate winner: death. Death on a skeletally constructed throne, with a grin so broad you could build upon it.

Cancer is itself a remarkable entity, the truest of insurgents, the most wondrously adapted of killers. You can only admire it, even as you blink through the cascading tears and sob your way through the latest biographical detail of its achievements. You can only admire it with a degree of terror: it will either kill you, your friends or a family member.

What, then, is the patient in an oncology ward (a mere example) supposed to do? For one, he protests. He demands. He wishes for the bed pan. He wishes to be cleaned after his bladder goes on holiday, unable to locate the edge of the toilet rim. (“Is he toxic?,” asks a pregnant nurse, fearing the post-chemotherapy effect on the patient.) He wants head phones, and wishes that they be firm, even “psychedelic” in their properties.

He asks for the leather bag to be relocated from one side of the bed to the other. He requests a fresh pair of loud socks stocked in the hospital, but likes the intimacy of home. Therefore, the pair is washed at home. Who receives these requests? The wife, the lover, the partner, and, in some cases, the offspring, desperately hoping to note all the demands. (“You made an old man very happy today....”)

These requests reflect, perhaps, a throbbing sign of life, pulsating away in defiance: you demand, and so you live. You are stubborn, and so, you will be able to pull through, passing the barbed wire of the cancer demons, gaining victory. The signs, in that sense, are good.

Much of his behaviour, if it is irritating, is a reminder that he was doing that before. Before we become ill, we were a composite of emotions, and tics, blithely continuing, unaware, towards a destination that features decomposition, worms or the oven of cremation. We had our demands, and our perversions. Most of all, we had a certain number of treasured, or reviled eccentricities. These are the signatures that matter, the signs that count.

In illness, we replicate, if in more theatrical style sometimes, what we did in health. It is fitting: he is looking firm, well on this day in February, though wishes to find the optimum point on the bed where sleep will arrive as a soothing servant, with a cooling drink.

That drink is noisily clear in his imagination: robust ice cubes from a set of Scandinavian ice trays, a slice of tart lemon, tonic water, and a decent – or indecent – surge of gin. As the evening settles, the cold cuts, crackers, a busy dry red that teases the palate with flirtatious promise, then coffee and calvados. All the time, there is family chatter. And Goethe; and Kant.

Back in the oncology ward with a jolt. Back to the sterility, the white sheets, the hospital clothing, the smell of caged hygiene. His eyes are not milky, dissolving in a pool – they emit a grey calm today, though stubborn. There is only one thing to fear: will the tenacity kick in? Will that brute force of will come charging through the ranks, a body deprived of red blood cells readying himself for the grand leukaemia knock out? Nurse Kerala interrupts with abrupt authority to take the blood pressure. The war continues.

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