I want to tell you a story of healing. It is also a story of death. Healing and death are two words not often associated with each other. This is about the connection.

Mike was 41 years old when he was diagnosed with head and neck cancer. Australian by birth, he and his wife lived in the United States with their three children—aged 5, 8, and 10 years. Mike was a polite, soft-spoken man with a quick wit and a ready smile. He was a chief financial officer working for an international finance company; his work took him around the world and he loved it.

Cancer appeared suddenly and unexpectedly, as it often does. Mike started chemotherapy and radiation and his prognosis was good. The treatment for this cancer can be difficult, but he never complained. He downplayed the side effects and always had a big smile. His sense of humor and wit endeared him to all the clinic staff, particularly to his infusion nurse, Annie.

**Calming Influence**

Annie was a seasoned professional. She exuded confidence and helped patients relax. Patients arrived frightened and anxious, and she calmed them with her skill and distracted them with conversation and humor.

From the start, Annie called him Michael. His mother was the only other person who called him Michael, and his relationship with her was strained. Distance was certainly a factor—his mother lived in Australia and saw Michael and his family only once a year. Her husband, Michael’s father, had died, also of cancer. Dealing with her son’s illness may have been just too much for her. In any event, illness does not often heal strained relationships, and it did not in this case.

Always attentive to detail, Mike needed to understand his laboratory results and chemotherapy regimen. Annie educated him and spent extra time going over them with him. Mike insisted on continuing to work and Annie went out of her way to schedule his appointments at times that would fit in with his work schedule. They joked easily with one another, but more than that, they were genuinely fond of each other. Annie had two sons—one older and one younger than Mike—and she joked that he was her middle son.

Months of treatment ended and Mike went on his way. We only expected to see him back for follow-up appointments. His next check-up changed all of that. Liver metastases were found in a routine scan. This was not supposed to happen with HPV-positive tonsillar cancer but, with Mike, it did. His wife was panicked and feared the worst. Mike stayed focused on the next step—more chemotherapy, perhaps surgery. Anything else was unacceptable.

With Mike’s family history, it is hard to imagine the strength it must have taken him not to succumb to the fears. If he ever had doubts, he didn’t share them.

**Hopes Dashed**

Surgery took place in February and, unfortunately, all hopes were dashed. Multiple tumors were found in his liver. Resection was not possible. Mike was discharged home on pain management for no further treatment plan. We had curred, including neuropathy and acne-like skin rash, but, again, Mike always arrived with his smile and wit. For example, Mike arrived at the clinic on Halloween wearing a multicolored clown wig. And when the tumors in his liver shrank, he proudly displayed the images on his laptop for other patients to see.

Mike finished his treatments at our small clinic and was referred to a major medical center for his surgery. Mike had consulted there early on, but always preferred to receive his treatments at our clinic. It was right before Christmas, and it was a festive time. Mike brought in his mother, who was visiting from Australia, to meet the clinic staff, and all shared chocolates. According to the scans, his tumor shrank and Mike was ready for the final step—surgery.

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no further contact with Mike until he arrived unexpectedly at our clinic on a Friday afternoon in early March. Mike was writhing in pain—unable to sit, stand, or lie comfortably. When he saw Annie, he broke into tears. He had come to the clinic to obtain a new prescription for his pain medication and ended up being admitted to the medical center for pain management. His oncologist spent hours with him while Annie nursed him and tried to make him comfortable. He was frightened and without a plan, which was unsettling for Mike. Annie just held him. Mike had driven himself to the clinic because his wife was on a field trip with their children. When his wife arrived at the clinic, Annie sat with her, calming her, and helped her figure out how she would manage. Annie helped her call her mother and her mother-in-law in Australia, and both mothers made plans to fly to the United States. Knowing she had “reinforcements” on the way eased his wife’s fears.

Mike insisted on one more attempt at chemotherapy, and so he returned for another cycle of hydration, magnesium, and chemotherapy. Additional treatment was short-lived. Mike became weaker and weaker and had to be hospitalized. When the oncologist went to tell him that no further chemotherapy was possible, she asked if there was anything else she could do. Mike asked to see Annie. Annie didn’t know he had asked for her; she just went to him. Mike was still digesting the news from his oncologist when Annie arrived. He smiled his wide grin and then collapsed in tears in her arms. Annie held him as he moaned in anguish over his fact that he was dying. He and Annie sat on the side of his bed and he told her he wanted to write letters to his children. At night, when he couldn’t sleep, he would think about what he wanted to say to them.

Final Wishes

Annie was one of the first people with whom he shared his final wishes. He wanted to be cremated and have his ashes spread at York Park in Australia. York Park held special memories for Mike. His grandfather used to take him there to fly kites and Mike loved the botanical gardens. The peacefulness of the park, with the gentle breezes blowing, seemed sacred to him. Mike hoped that when his children visited the park, with the gentle breezes blowing, seemed sacred to him. Mike hoped that when his children visited the park, they would be able to feel his presence.

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The last time Annie saw Mike, he was at the hospice house. He was weak and exhausted, yet unable to sleep. Perhaps he was too frightened to sleep for fear he would not reawaken. Annie realized this and offered to stay with him so he could rest. Annie held his hand and he was able to sleep for about an hour. He would squeeze her hand periodically and sleep brought a look of peacefulness to his face. When she left Mike that night, he blew her a kiss. He died the next day.

I have often thought that oncology nurses infuse a lot more than just chemicals into their patients. They also infuse them with hope and confidence and belief in a future. Their expertise and compassion provide the antidote to the frightening process that their patients face each day. I believe there are many types of healing available to us in life. There is physical healing, which often is the focus of our treatments and our dollars. But there also is emotional and spiritual healing. These are more subtle, but no less profound. Perhaps the friendships formed during treatment also provide healing. Perhaps when the power of our chemicals cannot heal, the gentleness of our touch still can. Perhaps Annie’s caring provided a mother’s tenderness at a crucial time. Perhaps healing can come even when a cure does not.

This is what I believe.

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