The Eternal Life

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In the greatest Indian epic Mahabharata, the King was asked what he thought was the most wondrous thing in the world. “It is the persistent belief of mankind in their own deathlessness”, the King replied, “in spite of witnessing death everywhere around them almost every moment of their lives. Man refuses to acknowledge consciously his own destructibility in any thought or action”.

A few years back, while visiting India, I met my grandmother. She was 87. She lived through the experience of the death of her generation, her own husband and one of her children. Her vision was fading and her balance veered. The cataract surgery didn’t go too well. She must have felt low as she spoke to me softly, “I must leave this world now since I can do so little for others or indeed, even for myself”. “Are you feeling all right grandma”, I asked, “do you need to see a doctor?” She smiled and replied, “I’m feeling too well for my age. Don’t ask me to think of any longer life. I now pray for the kindness of death.” I was only aware that she was one of the many who were old, lonely and seemingly a liability on the younger generation and took a negative view of life in a changing society. It was then I remembered the King’s words in the Indian epic, a story that I had first learnt sitting on the knees of my grandmother as a child. She died soon after, succumbing to a chronic respiratory infection.

It is perhaps true that death escapes conscious thoughts and action in active life. We do, however, recognise our vulnerability. Life assurance policies are popular but these policies are opted for, not so much as an acknowledgement of the eternal vulnerability of life but because of the reasons of social economy. Life assurance policies are popular but these policies are opted for, not so much as an acknowledgement of the limitation experienced in my professional duty to care and cure. These limitations were organisational, financial, technical or simply due to the lack of knowledge and varied from place to place where I worked. I felt angry and upset when I had lost someone with a reversible neuromuscular failure due to the lack of appropriate ventilatory support at the right time.

I remember a patient I met many years back. Her mother, a young widow who had recently lost her husband due to glioma, a malignant brain tumour, was anxious about her daughter’s symptoms. She was complaining of headache and nausea. The only positive clinical finding I had was the loss of retinal venous pulsation. She was diagnosed with idiopathic intracranial hypertension. She was commenced on anti-tuberculous chemotherapy. Rapidly, she developed drug-induced liver failure and was transferred to the intensive care unit. When she died, I stood in front of her mother with my head hanging down in shame, not having any real explanation for her daughter’s symptoms but I convinced her to consent for a medical autopsy. Three weeks after the autopsy, I sat with the chief of neuropathology for our weekly “brain-cutting” sessions. As we cut through the brain, there was no diagnostic pathology visible apart from the features of raised intracranial pressure, petechial parenchymal haemorrhages and the opaque meninges. However, histology revealed extensive gliomatosis cerebri. Could I have possibly saved this patient even if, by some magic, had I known the right diagnosis on the very first day?

May be, as doctors we do not save lives but merely play
our role in the drama of life. This may sound philosophical nonsense, but I am reminded of this every time I make a diagnosis of motor neurone disease or an incurable brain tumour. I try to discuss the fatality of the disease and the inevitable march towards death that all of us shall take albeit at a different pace. I have often wondered during such discussions if I have a moral obligation to prepare my patients in accepting the inevitable and embracing death with mental peace rather than with frustration and anguish. There may be inherent therapeutic conflicts in offering palliative care to the patients and also advising them to accept the terminal nature of the illness. Should I recommend to a patient radiotherapy for cerebral glioma even though the quality of life will not be positively influenced by this treatment? I never felt more helpless after seeing a fourteen year old recently with a pure motor syndrome of progressive bulbar palsy, fasciculating tongue and facial diplegia. This was, no doubt, the rare syndrome of progressive childhood bulbar palsy (Fazio-Londe syndrome) and the second case of its kind in my entire career. Arranging his MRI scans, EMG, hexosaminidase level and genetic markers for Kennedy’s disease were important but I knew that we were also buying time by this exercise before telling his mother the sad truth.

As a junior staff, I once saw a case of mental neuropathy (“numb chin syndrome”). The consultant had made the diagnosis in a single woman in her early sixties. Investigations confirmed that she had metastatic breast cancer. The consultant was candid about the diagnosis. The woman wondered if she could go for a holiday luxury cruise. My consultant agreed, advising her to enjoy the life as much as she would like, with champagne, smoking and dancing every night. Her brother, himself a physician, was understandably angry because he thought the cancer treatment should get the precedence over the holiday plans. The cruise trip was cancelled and she was commenced on chemotherapy. She died six months after her diagnosis from fulminant sepsis due to opportunistic infections. I did not know if she had ever regretted her decision of not taking the holiday trip of her lifetime. One of the first patients I saw as a consultant had Lambert -Eaton myasthenic syndrome. A tiny nodule of small cell lung cancer was soon discovered. Smoking was one of the few pleasures of his life that he could still enjoy. I did not advise him to stop smoking. Was I wrong?

I have, however, seen considerable differences in the way my patients and their close family members have reacted to the diagnosis of fatal or terminal diseases. Some patients have been unable to come to terms with the reality of their diagnosis even after a second discussion. Among those who could, a few were stoical. Some were angry, and others simply preferred not to discuss the issue at all. “Why me” was often a common reaction of disbelief and anguish and the doctor’s answer that “I do not know” was never satisfactory. In Hindu philosophy, natural death is considered not a threat, but a friend, releasing the soul into the next cycle of life just as one might change a worn out dress for a new one. I recently read that the AIDS sufferers contemplated suicide and thought about euthanasia when they were afraid that the disease and the consequent disability and despair threatened the souls of their lives. It is difficult to offer an opinion as to whether modern technology should be used to delay the inevitable if death can be accepted gracefully and with due preparedness. One of the difficulties is that the present society does not expect doctors trained in western medicine to talk about the acceptance of death.

I find the literary work that deals with the issue of death most elegantly is Tagore’s widely acclaimed play, Dakghar (The Post Office). Tagore wrote it in Bengal after losing his youngest son, his daughter and his wife to disease in 1911, two years before he won the Nobel Prize in literature. Between the two great wars, The Post Office was translated into many European languages because of its universal appeal and relevance. In 1940, the evening before Paris fell to the Nazis, the state radio broadcast Andre Gide’s French translation of the play. In 1942, in the Warsaw ghetto, a Polish version of the play was the last drama performed in the orphanage of Janusz Korczak. When Korczak was asked why he chose The Post Office as the last play in his orphanage, he replied that eventually one had to learn to accept serenely the angel of death. Within a month, Korczak and the orphanage children were taken away by the Nazis and were gassed to death.

The central character of The Post Office is a small boy, Amal (means pure or unpolluted), who is ill and sits next to the window of his room the whole day, looking at the village life and talking through his window to the curdsellar, the watchman, the wanderer, the village boys and the village headman passing by. A new post office has been built nearby to deliver the messages of the King. Amal wishes to meet Raja (the King). However, all the doors and windows of his room must be shut because he is forbidden by his family doctor from coming in contact with the outside air. Amal meets Sudha (means nectar of life), a flower girl, and she becomes his friend. She promises to bring him some flowers. Unexpectedly, the King’s herald arrives at his door and declares, much to everyone’s surprise, that His Majesty will come. “When”, Amal asks. The herald replies, “In the dead of night” and introduces the King’s physician. The royal physician throws open all the doors and the windows and asks the room to be decorated with flowers to greet the King when he comes. Finally, Sudha enters as the play ends:

SUDHA: Amal?
PHYSICIAN: He has fallen asleep.
SUDHA: I have brought flowers for him. Can I put them in his hand?
PHYSICIAN: Yes, you may give him his flowers.
SUDHA: When will he awake?
PHYSICIAN: Directly when Raja comes and calls him.
SUDHA: Will you whisper a word in his ear for me?
PHYSICIAN: What shall I say?
SUDHA: Tell him, ‘Sudha has not forgotten you’.

The Post Office reflects Tagore’s deepest insight into death. The play is moving, beginning almost like a children’s drama and then unfolding to sublime heights. I marvelled at the choice of Tagore’s characters and the simple words that they bespoke in the play. Later, Tagore wrote, “Science recognises atoms, all of which can be weighed and measured, but never recognises personality, the one thing that lies at the basis of reality. All creation is that, for apart from personality, there is no meaning in creation. Water is water to me, because I am I. And so I have felt that in this great infinite, in this ocean of personality, from which my own personal self has sprung, lies the completion of the cycle, like those jets of water from a fountain which rise and fall and come back home again”. Tagore’s philosophy may perhaps be explained in a more contemporary language. The indestructibility of human genome ensures that only a body can be destroyed by disease and death while the indestructible life, in the form of thousands of genes, will be recycled with the birth of every new-born. In the wars that tragically extinguish innocent lives, killing fields of the history where the dreams of mothers and fathers and children and lovers were instantly reduced to a mass of twisted flesh, the eternal life was not conquered.

I try my best to be open about death and the quality of life due to an illness with my patients. Human life is not synonymous with the biology of living as a human body. Western medicine gives us excellent opportunities for care but does not grant us the right to reduce the dignity of life. When I had expressed my concern to my friend about his diagnosis of multi-vessel coronary heart disease, he replied: “I am not afraid of death. I was standing in front of my balcony in the most polluted corner of the city in the morning when the golden sun burst out under the eastern sky. The rays cut through the mist and the haze and struck straight into my chest. I collapsed. I later learnt that I had severe coronary heart disease”. “I knew the time for my final journey is near”, my friend wrote, “I will probably go at the dead of night when everyone is asleep and no one will notice me silently walking away. I will kiss my wife softly in her lips for being so patient with me and bearing my children. I will kiss my sleeping toddler, but I’m afraid, his face will make my steps hesitant as I walk into the darkness. My child’s face, still moist from the touch of my lips, will make me ponder, Must I go even if I have to?” By the time I was reading his letters on a distant shore, my friend became a composite engram in the cerebral neuronal network known as memory.

At the dead of the night when the phone rings, I look at the angelic face of my sleeping three year old and ask myself, “Must I go, too?” As I walk outside, I try to hear in the whispers of the night air, ‘Sudha has not forgotten you’.

Acknowledgement

The information on Tagore’s play (The Post Office) was sourced from the book Rabindranath Tagore: An Anthology edited by Krishna Dutta and Andrew Robinson (London: Picador 1997).

AC is supported by the Barclay Research Trust in the University of Glasgow.