

Interim II

Catching Up with Pepe

After waiting for a couple of hours at the HUV oncology wards, Silvia stood up, grabbed her purse, and glanced underneath the chair to make sure she was not leaving any of her belongings behind. She knew it was time to make her way into Dr. Masa's office—before his next patient arrived. Albeit with hesitation, she leaned toward the opened door and peeked inside. Dr. Masa saw her and immediately waved, inviting her to come in, as if he had been anticipating this encounter.

Silvia did not have an appointment with the physician. She is not even his patient, nor does she have a cancer diagnosis. Her brother, Pepe, does. He has metastatic gastric cancer. After accompanying him to periodic appointments with Dr. Masa, she gradually came to develop a rapport with the physician. That is how she knew the moment was ripe for rushing into his office, unannounced. "I am fond of him. He might be bad-tempered at times, but he is forthright," Silvia said. Today she was hoping to get advice and reassurances about Pepe's gradual deterioration, without having his brother around. Most conversations about her brother's death had been avoided by Silvia—until now.

The woman entered the examination room and sat down on a chair that Dr. Masa had pulled out for her.

"Well, tell me how's Pepe doing," the physician asked.

Silvia shrugged. While staring at the floor, she mused, "You know, not so good. The last few days have been quite rough. His stomach hemorrhages are getting worse."

"Just make sure you keep providing him with the pain medication, okay? And give him ice to suck. Cold temperatures help control the bleeding," Dr. Masa advised. "The disease is progressing at great speed."

There was a prolonged silence in the office while Dr. Masa shuffled several documents that were sitting on his desk. "Do you have copy of your brother's endoscopy?" he asked.

Silvia opened her purse, pulled out a plastic folder, and placed it on the desk. Dr. Masa opened it and skimmed its contents. He was looking for one of Pepe's first endoscopies.

"Can you see it? Just look at the initial image taken six months ago. It used to be the size of a coin," the physician explained, while turning the pages until he came across the latest endoscopy image, taken roughly a month ago. "Well, that little coin you just saw has now grown to the size of a tennis ball." He paused and handed the picture to Silvia. "That's why his gastric hemorrhages are happening more frequently. He is simply unable to pass food into his stomach. No Ensure or vitamins of any kind will help him at this point. Believe me, we have tried it all."

Silvia stared at the physician, as if waiting to hear what she intuitively knew but did not feel comfortable discussing.

"You are aware Pepe is dying, right?" Dr. Masa asked.

His words took me by surprise. The physician had seemingly shared the difficult news without much preamble, *sin anestesia* (without anesthesia), as we colloquially say in Colombia.

Silvia covered her face with her hands and burst into tears. Dr. Masa inhaled deeply and gently placed his hand on her shoulder. He mused, "I am sorry. Your brother has been a fighter. But his body is too weak and cannot keep up with his cancer anymore."

The examination room was silent for a few seconds. Then the clinician shared information Silvia would soon find useful. "Have you made any preliminary arrangements with a funeral home?" Dr. Masa asked.

Silvia nodded.

"Please consider doing so as soon as possible. And pay attention to what I am going to say. If your brother passes away during evening hours, don't bother coming to the hospital at that time. Death certificates are only issued during working hours, between 7:00 a.m. and 5:00 p.m. Once you get here, stop by the emergency room and bring your brother's cédula with you. Tell the nurses that your brother has just passed away and that you need the certificate. Let them know the time of his death. Once you are issued the certificate, contact the funeral home that will oversee the transporting and preparation of his body."

At around 4:00 a.m. several days after witnessing this encounter at the oncology wards, I received a phone call from Silvia. It did not take me long to fathom the gravity of her call. Pepe was in deep distress. The night before, he had gone to bed just to be woken up to another hemorrhage no amount of ice seemed capable of halting. His sister had the ominous feeling this would be the very last crisis for him.

As soon as I could, I took a taxi and headed to their house in El Vallado neighborhood in east Cali. When I arrived, Pepe was lying on his bed, in the fetal position, just skin and bone. His breathing felt heavy. As a result of the progression of the disease, his facial features had dramatically changed. He did not seem the same person I had hung out with three weeks earlier. I could barely recognize him.

He was in agony after enduring a frustrating year of deferred treatments, toxicity, vueltas, waiting in line, yelling at insurance representatives, filing tutela writs against his EPS, taking buses, and asking nurses to pump “Diablo rojo” (red devil) into his veins. Pepe’s polychemotherapy—composed of antiemetics, cortisone, oxaliplatin, epirubicin, and Xeloda—did not result in higher chances for survival or lessening his pain. Throughout his medical journey, doctors and family members had encouraged him to be resilient. Like all Colombians, he had the right to life and health after all. Thus, he was expected to fight and persist. While Dr. Masa was focused on putting together the chemo protocols, Silvia was desperately asking medical staff for Ensure and vitamin prescriptions. Yet at every step of the journey, his tumors grew increasingly more aggressive. His funeral service would be held just a few blocks away from HUV and the EPS office, the same places he had spent countless hours waiting to go somewhere, on his way to dying.