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December 1, 2020 By Jeff Neurman

I had an interesting interpersonal interaction this week. Given that I am rather the aspiring misanthrope, I of course do not have very many interactions. As a result, merely the fact that I had an interaction at all is something of interest. No one was better suited for a stay-at home order than yours truly: I was already at home. Happily.

Given this preference to avoid most people, the fact that I experienced some type of exchange with another of our species is usually due to something unpleasant. Most of my contacts are either people who come to the house to fix something, the occasional cashier (I don't know who invented the self-scanning registers but thank you!) or, of course, members of the medical profession. It is with this last group that the interaction to which I first referred above transpired.

As it turns out, I have developed plantar fasciitis as a direct consequence of trying to stay healthy during the stay-home orders. Finally having had enough of the discomfort, I saw an orthopedist who, atypically for a surgeon, did not immediately suggest a surgical solution to this problem. Rather, I was given a prescription for physical therapy and a suggestion to get some Epsom salts. I am no doubter of science in the least, but when have Epsom salts ever solved any problem? It sounds like an old wives' tale that we just can't fully eradicate, much like the notion that exercise will help one lose weight.

But physical therapy seems plausible. Thus, after waiting a couple of weeks for "the earliest availability we have" my day arrived. When I showed up for my appointment, I began filling out the countless forms which, because there are only three ultimate owners of healthcare systems in all of North America, elicited the information already recorded countless times in such system's database. I am, what with cancer and all, what you might call a good customer. Nonetheless, as a lawyer, I appreciate the value of getting it in writing. So I filled out the forms like those patients who have not yet obtained Platinum Network status.

Everyone knows these forms, of course, with questions about every operation ever undergone and when (tonsillectomy was in '76, maybe '75—do I need to call my mother and ask?), every bone broken or displaced ("Mom, while I have you, how old was I when…") and any allergies, medical, food-borne or latex-based (I am good with latex but don't ask me how I know). After working one's way through page after page, there is always an area that covers more substantial medical concerns. Naturally, cancer, being as important a disease as it likes to think it is, has its own

blank. More thoughtful forms, which this one clearly was not, will include a second blank to inquire as to what type(s) of cancer the filler-outer has had or continues to endure.

In anticipation of the need to complete these forms which no one will ever look at, I was told when granted my appointment to arrive 15 minutes early. Yet, I have slowly devolved to the realization that 15 minutes is not enough time. This is due in part to the fact that every year there are more forms to complete (my favorite is the acknowledgement that you were given certain other forms, which of course are returned all together so chances are if you misplace the other forms…). Worse than this ever-expanding cause of worldwide deforestation is the reality that I have more issues to include. Ergo, I disregard the 15-minute advance rule and plan on showing up a good hour ahead of time.

Having barely completed the Fall 2020 Edition of Jeff Neurman's Medical Biography (Unabridged), I was ushered back to an examination room. I there had the pleasure—honestly—of meeting the physical therapist in whose hands my plantar fascia would literally rest. And, apparently, my Achilles tendon too.

Now, as anyone reading pages 72-86 of the above-discussed forms would undoubtedly know, this is not my first dalliance with physical therapy. Thus I know a good, competent therapist when I meet one and this, luckily, was one such professional. She was very knowledgeable about my condition and listened to my aspirations for this regimen of physical activity to be undertaken while masked and surrounded by people with the full range of mobility woes (pun unintended). In addition, upon the advice of her counsel, she of course asked me about essentially all of the information that I had so carefully and laboriously penned about my lack of adenoids, missing meniscus and other medical high points on her forms. I get it; some people are visual learners and others not. It was, however, at this point when we arrived at the above-advertised moment of interest: "Other than the plantar fasciitis," the therapist began, "you are healthy. Right?"

There are few moments in interacting with others that are more awkward than having to tell someone you have cancer. There is no good way to do it; I have tried them all. And it is made substantially worse by the readily-apparent discomfort with which the receiver of such information immediately betrays herself. This, in turn, causes the bearer of the ill tidings to then try and comfort the listener, which makes perfect sense since, out of the two of us, it should be the one with an incurable disease assuaging the concerns of the healthy one.

To her credit, she offered the typical "Oh, I'm sorry." Then a long pause—there are lot of drawn out pauses in any cancer conversation, which are ostensibly done to convey a sense of gravity but actually merely result in drawing out the entire experience to an even longer amount of shared discomfort. But because she, unlike the creator of her forms, knows there are one or two different types of cancer, inquired as to which lot I had drawn. I told her, rather simplistically, that I have leukemia, not wishing to confuse matters with the "chronic" and "lymphocytic" that help to further identify my particular type of malignancy. After another uncomfortable pause, she inquired as to any treatment I had endured. I informed her I had submitted myself semi-voluntarily to chemo therapy. I also told her the dates that I went through the regimen as I assumed, like needing to

know the date I had my deviated septum surgically steered back on track, that she might too find the chronology of it all somewhat informative in getting to know the real me. There was, again, a period of silence, which she finally broke by asking me one final question: “But otherwise, you are healthy, right?”

As is patently obvious, I rarely find myself at a loss for words, even if those words are completely pointless and self-serving, much like those on this virtual page. Yet, in this instance, I was stumped. How do I respond? What is the correct answer? I did not know. I mean, the correct answer, is more or less “yes," but what does that mean? How can one be otherwise healthy when having cancer? More existentially, how can someone be “otherwise” healthy at all? I dislike binary thinking greatly; I believe it is one of humanity’s great shortcomings. But I think in this case it is an either-or: Either you are healthy or, if you have cancer, you are not.

I imagine there are those that would disagree with this perhaps simplistic view of the matter. I suspect that most, but admittedly not all, of those disagreeing sorts would also happen to not have cancer. Because, you see, once you have been told that you have such a dreaded condition of which you will never be rid, there is no real sense of being healthy. Things could get worse, of course. Cancer is not a guarantor of a remaining life free of cardiac issues, diabetes, ALS, or countless other horrible things, including, most cruelly, yet more cancer. It is not that the bar to being of sound body has been raised to unreachable heights; rather the bar has just been removed altogether. From that point forward, every expectation must be reduced irrevocably. It just is the way it is from then on out.

But that seemed like a lot to tell someone I just met, so I simply replied, “Yes.”

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