

Essay/Personal Reflection

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Email: BSmith19@stanford.edu

The man before me is bedbound, his body entangled in a thicket of intravenous needles. I am 26, and he is younger than me. We are both students. We meet here, in the hospital, because he has the most aggressive form of brain cancer: *glioblastoma*. When I enter his room, I try to introduce myself as a medical student. He shakes his head, unable to hear me over the drowning cacophony of computer monitors.

Glioblastomas typically affect people older than this man, but he says, “here I am, so fat lot of good that did for me.” He tells me that statistics are salt in the wound – when you are an outlier, they sting.

I ask about his research, and his face breaks out into a wide smile. He studies astrophysics – specifically, the spectacular collisions of planets and the sprawling cosmic aftermath. He smiles at my wide eyes. Just in simulations, he promises.

My role is not that of the traditional medical student – I am not there to collect a checklist of conditions and prescriptions, of symptoms and risk factors. I will gladly listen to those, but I am here seeking a different sort of history. I am here to talk with him as part of a medical humanities project. I am here to listen.

On his bedside table sits a dog-eared tome: *The Norton Anthology of Poetry*. Its spine is cracked, and the pages smell faintly of tea. The book is open to page 1572 – Dylan Thomas’ poem, “Do not go gentle into that good night/Rage, rage against the dying of the light.” He says the poem used to be his favorite until it suddenly applied to him. Now, he tells me, he is eager to be done with his body. A body younger than mine.

A vase of violet hyacinths sits nearby, stems tilting toward the world outside. Stacks of handwritten letters are piled on a bedside table. Following my gaze, he says, “I like being reminded of life.” Something catches in my throat. I do not know how to reply, so we stay quiet and listen to sweet birdsong coming in from the window. I am not normally one for silence. My anxiety lives in the quiet moments. But we sit still and savor the company.

A dear friend once told me that one of the most meaningful gifts you can give someone is your attention. Sitting with this dying young man, I wonder if attention and company mean even more to those who know time is running out.

He breaks our silence. “Are you interested in etymology?” I tell him I am, that words have always fascinated me.

“The diagnosis was too much to take in. Of course, I knew what brain cancer is – a category of diagnoses chock-full of bad news. But I didn’t know what the hell a ‘*glioblastoma*’ was.”

Like the neurosurgeon who performed his resection, he dissected the glioblastoma layer by layer. He peeled apart the Ancient Greek roots. *Glio*, γλία, “glue.” *Blasto*, βλαστός, “a bud, a sprout.” The suffix *Ma*, μα, indicates the result of the preceding word parts. What results from uncontrolled sprouting of glial cells, thusly named because they were initially thought to be the glue holding neurons together? An incurable tumor. A terminal diagnosis.

“There’s no explanation, no reason why I have brain cancer. I don’t smoke. I don’t drink. No exposure to extreme radiation ... at least as far as I know. So if I can’t understand why I got this diagnosis or where it came from, I can at least understand what the words mean and their origins.”

Take cachexia, for example. Now that patients can read their medical records, he found a description of himself as “cachexic” in his. Καχεξία – to have an injurious state of body. This fits with the story his shirt tells: grey, with a 4-leaf clover pattern, it hangs limply off his frame.

One of the last things he says to me is that he wants to have mattered. He hopes that, despite his short life, he was worthy of mattering. He is not afraid of dying. He thinks of death as his “spirit sinking below the water.” What he is afraid of, he says, is the “fading of the ripples.”

Without me asking, he shares that he has chosen cremation. “I want my ashes to scatter. I want my atoms, my matter, to fly free on the breeze.”

Just as I leave, he asks me to hold his hand. “Just for a minute, please.”

That was our only conversation. Sometime after I leave, he slips beneath the surface, changing tense from present to past. One day, he “is.” The next, he “was.”

How lucky I am that the orbits of our lives overlapped just before his departure. It was a serendipitous collision. This time was not a simulation, so here is the aftermath:

When I get home from the hospital, I pull out my own copy of *Norton*. I start some water boiling and get out a teabag. I open the window and let the birdsong fly in on the breeze.

His ripples live on.

Competing interests. No conflicts of interest to report.

Ethical standards. Identifying details have been changed to preserve patient privacy. Dialogue has been reconstructed to the best of my memory.