A Personal Medical Saga: Almost a Zombie?

Did I ever mention that I have had chronic lymphocytic leukemia almost as long as I have had EyeNet’s chief medical editorship? They are both incurable, I have learned. One can eventually kill you, but the other—especially crafting the Opinions—eventually saps you of all your good ideas. Today I am melding the two together, taking the unusual step of relating my personal death and recovery in the first person, in case it holds some interest for you.

I opted for a second round of chemotherapy in March because of progressive anemia. The drug infuasion was uneventful, but on day 10, unbeknownst to my consciousness, my lymphocytes died en masse and their contents headed for the kidneys like lemmings. Overwhelmed, the kidneys forgot what to do with potassium and let it climb to 9 (normal, 3.5 to 5). That’s the level Dr. Kevorkian suggested for death with dignity. My first symptom was flaccid paralysis of both legs. Weird having normal feeling and total inability to move, like a spinal cord injury but with slower onset. My arms began to follow suit, as my wise wife called 911. The cardiac arrest was timely—occurring just as I arrived in the emergency department—and the last thing I remember was looking at my EKG go flatline as I gave permission to cut off my shirt. No out-of-body perspective, no golden lights, no glimpses of the afterlife to report, alas.

It took the team 10 minutes of chest compression CPR, drugs, and intubation to restore my heartbeat, then eight hours of dialysis. They say I was combative, so they had to keep me anesthetized. That was actually a good thing, because I probably would have tried to question whether the anesthetic was the most cost-effective choice, or communicated some other prudent consumer nonsense. I must say I was pleased to awaken, but not half as glad as the intensive care nurses were to see me awake.

The following day, a willowy strawberry blonde introduced herself as the physician in charge of my resuscitation team. She came to visit, she said, because it is seldom that a coded patient returns to physical and intellectual normalcy, a state to which even my kidneys seemed reluctantly to be steering me. The team needed to celebrate such rare successes in order to endure the inevitable failures their jobs entailed.

After she left, I had plenty of time to ponder what this second lease on life means to me. I’m pretty private with my spirituality, so I won’t trouble you with those thoughts. On a more practical level, the analogy that seemed most apt to me was that of a soccer game. The game runs its course, and then it’s over. Except it isn’t really over. While the game is being played, the referee is keeping track of “stoppage time,” those moments when players are writhing on the ground, not so much in pain but stalling to catch their breath. When the game is supposed to be over, it is allowed to continue for the duration of stoppage time—but only the referee knows for sure how long that is going to be. This makes it difficult for a team to devise a strategy other than to play as hard as possible during the extra time. No restructured priorities, trick plays, or cheating.

So I’m on my personal stoppage time now. Like the soccer team, I am planning to go full speed ahead. I’ve always enjoyed living my life, and I’ll especially savor this second time around. And, I almost forgot, I am eternally grateful not to be a zombie.