

On the Science of Medicine and the Blessings of Love

A Conversation with Lewis Thomas

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Preface

Don's very personal and detailed reflection on his battle and eventual recovery from cancer, will be a comfort to anyone who has faced a life and death struggle. In addition, it is a powerful tribute to the staff of Memorial Sloan Kettering Cancer Center. The piece was incredibly helpful to me at a devastating time in my life, and I recommend it as testimony to the human spirit and to the grace of God. I am very grateful that Don sent it to me, and I am even more grateful that Don has survived and that he and Peggy carry on their inspiring lives.

— Thomas S. Johnson, former Board Chair of Union Theological Seminary

These words of Don Shriver's address a problem that will come to all of us—being a patient faced with our end, if not now, surely in the future. He shows us that we need to re-collect again the life we have lived, all of it, the faults yet also the good we have known, responded to, and initiated. To face endings is to collect beginnings. Don's recalling pivotal moments and events in his life inspires us to do the same—to own all we have been given which has put us to use with and for others, only to see how much we have benefited. When I read a first draft of Don's essay, I wanted him to have it reprinted for every worker in Sloan Kettering Hospital to tell them how much they give. How lucky we are that he and Union give this piece to us. Thanks to Don and to the abiding, inspiring presence of Peggy throughout this venture.

— Ann Belford Ulanov, Christiane Brooks Johnson Emerita Professor
of Psychology and Religion, Union Theological Seminary

"One of the very important things that has to be learned about the time dying becomes a real prospect is to recognize those occasions when we have been useful in the world. With the same sharp insight that we all have for acknowledging our failures, we ought to recognize when we have been useful, and sometimes uniquely useful.... One thing we're really good at as a species is usefulness.... Some things I've written and thought.... They may have been useful."¹

—Lewis Thomas

How "useful" his life would prove to be to my life I could hardly have suspected in the 1980s when I met Lewis Thomas at a dinner given by the chairman of the board of the Memorial Sloan Kettering Cancer Center. Little aware I was that my body would one day host a variety of cancer—B-cell lymphoma—that would kill him at age 80 but that I would survive to age 87, thanks to the hospital of which he was chancellor and eminent scientist-administrator.

After that dinner, I read *The Lives of a Cell*, one of several books that embodied his reputation as "a poet of science,"² as one of his colleagues at MSKCC, Dr. Lloyd J. Old, would rightly comment later for Thomas' obituary in *The New York Times*.

Now, in the aftermath of what appears to be my successful treatment for lymphoma in that hospital in 2013-14, I have reasons to celebrate the “usefulness” to my life of lives like that of Lewis Thomas and a company of medical scientists who are at work extending our lifetimes into years longer than his lifetime of 80. I have spent some months of those added years reading “things written and thought” by Lewis Thomas. In no small sense, I have been in conversation with him in these thirty years since that dinner with him in the mid-1980s. I mean this essay as a belated tribute to him and those troops of scientists and caretakers who, mostly anonymous, have been “useful” indeed to this fellow sufferer from a disease that, Thomas calculated, would afflict 25 percent of us twenty-first-century humans. Following are some of my reflections on a year’s experience of the institutional and professional descendants of the life of this eminent “poet of science.”

The shock of lethal illness

“The real problem is the shock of severe, dangerous illness, its unexpectedness and surprise. Most of us, patients and doctors alike, can ride almost all the way through life with no experience of real peril, and when it does come, it seems an outrage, a piece of unfairness. We are not used to disease as we used to be, and we are not at all used to being incorporated into a high technology.”³

The assault of cancer on one’s life should be occasion for some deep reflection on what one’s life means to oneself and others. Such reflection has been one of the gains of my recent year of struggle with lymphoma. The most enduring gain has been the experience of a new awareness of the conjunction of modern medical care with the human relations that have enriched my existence for these, my 87 years.

Since my tonsillectomy at age 5, I had spent not a single night in a hospital until 2013. With these 80 years of health in my history, I am newly aware of health as an unusual gift, not shared by most humans on this planet. I may have been seduced by health into forgetting sickness. Health, perhaps, dampened my awareness that as mortal I have a future of death. Having always acknowledged my mortality, I nonetheless have had the spiritual nerve to ask my Creator to extend my life and that of those whom I love. As a Christian I have never yearned for heaven but have rather honored the gift of life too much to consider trading it in for a heavenly existence. My faith compels me to leave my mortality in God’s hands. If the Creator decides to resurrect me, in the company of a “Communion of Saints,” I will be grateful! But it is a comfort to leave the matter in better hands than my own or the hands of medical caretakers. I have to honor the commitment of those caretakers to life against death as an expression of honor for the Creation. Theirs is the hope in the famous Jewish toast, “L’ chaim!” — “to life!” I am heir to the faith that the resurrected Jesus can be trusted by his disciples when he said, “Because I live, you also will live.” Most of all, I share his confidence when, in his dying words, he said, “Father into thy hands I commit my spirit.” More than a few times I prayed those words in the past year. They are enough strength for facing my death any day that it comes. What happens to me in those hands is God’s business. I am glad that it is not mine.

Often in walking past our neighborhood hospital, I have envisioned the sick and the host of caregivers there in my prayers for them. Often then I am quietly aware that I am vulnerable to joining them one day in one of those beds. News stories about Ebola in West Africa summon similar feelings, but usually with the false comfort of

believing that we Americans can continue to be spared that bit of terrible kinship to the animals that are the original hosts of that disease. For those of us so used to health, the shocks of a worldwide cancer scourge are momentous, most of all when it engulfs one's own self. That sense of a world of humans subject to disease is a second part of my memory of this illness and its rigorous treatment in a world-class hospital in New York City.

The global sources of hope for health

"[In the research world of science] there are no kept secrets.... There are no real national boundaries or barriers. Western immunologists know, down to the finest detail, what is happening in their field in Prague; Western mathematicians know what their colleagues in Warsaw and Lublin are up to; the theoretical physicians at Columbia seem to know, in general, what is going on in their field in Moscow."⁴

Yes, to enter a modern urban hospital is to encounter a global community of health research and health care, embodied in one's caretakers as well as in the research that has grounded the care. The faces around one's bed are a mix of countries from across the earth. One learns soon that modern treatment regimens for cancer have global origins. No wonder that while reading an issue of the National Geographic Magazine, I was alert, post-hospital, to the word in a 2013 issue that the first use of a chemically-formulated drug for treating any disease was by Paul Ehrlich and Sahachiro Hata in their 1909 work on syphilis. Their research was first applied to cancer in the drug mechlorethamine in 1940. That chemical, we read, was a cousin of mustard gas, so terrible on the battlefields of World War One.

So, once again is William Faulkner's famous statement in 1950 proven true for us in the 21st century: "The past is not dead and gone; it isn't even past." Modern science makes us, the sick, debtors to a host of anonymous knowledge-seekers worldwide. The array of nurses and doctors who visited me day after day—from Korea, Africa, and the Caribbean—was token of a great fellowship of hopeful researchers and caretakers worldwide. It is strange that one should first be truly aware of this fact in one's eighties in a New York hospital.

The experience of "total institutions"

"A hospital operates by the constant interplay of powerful forces pulling away at each other in different directions, each force essential for getting necessary things done but always at odds with each other. The intern staff is an almost irresistible force in itself, learning medicine by doing medicine, assuming all the responsibility within reach, pushing against an immovable attending and administrative staff and frequently at odds with the nurses. The attending physicians are individual entrepreneurs trying to run small cottage industries at each bedside. The diagnostic laboratories are feudal fiefdoms, prospering from the insatiable demands for their services from the interns and residents. The medical students are all over the place.... Each individual worker in the place, from the chiefs of surgery to the dieticians to the ward maids, porters, and elevator operators, lives and works in the conviction that the whole apparatus would come to a standstill without his or her individual contribution, and in one sense or another each of them is right."⁵

To be ushered into the care of people who know how to take charge of your life and death is no easy experience for anyone like myself who early learned to take

some personal charge. One such early experience for me was being drafted into the post WWII American army. Armies, prisons, and hospitals are kindred institutions. Hospitals, under the powerful control of medical professionals, require of their patients a trust that “doctors know best.” (Rather overcertainly in my opinion, Thomas believed that the trust was wholly justified.) Medical control is hard on patients like me who have been used to having some degree of authority in our own life spaces. Just once in my weeks in the Sloan-Kettering hospital, a doctor remarked that he knew I was getting tired of feeling “imprisoned” in that hospital room. But a kind of imprisonment it was, based on the benign premises of medical intent-to-heal and also based in an assumption of professional control. Legally a patient can leave a hospital on his own authority, but the document that gets him through the door will be marked, “AMA, against medical advice.”

Turning one’s life over to the controls of medical professionals is not as absolute or as punitive as in a real prison, but it is a jolt to the illusion in the minds of most Americans that we deserve to be treated as agents of our daily life. In the pages quoted above, Thomas went on to say as much.

Being deprived of an external identity

“The average sick person in a large hospital feels at risk of getting lost, with no identity left beyond a name and a string of numbers on a plastic wristband, in danger always of being whisked out on a litter to the wrong place to have the wrong procedure done, or worse still, not being whisked out at the right time.”⁶

Hospitals are “total institutions” in that they control almost every aspect of one’s life—temporarily one hopes. But with few exceptions they do not pretend to be hosts to total persons. Up and down the halls sick people are reduced to the role “sick,” and it is ordinary in nurses’s conversation to speak of “the cardiac case in Room ____.” Once to a hospital administrator I suggested that some record around the bed might indicate the profession of the patient. He replied out of the culture of New York individualism: “Some people might not like it because it would seem to be an intrusion into their personal life.” Au contraire: it would affirm the sick as the persons we are. Herein I came to new appreciation of an element in my profession as an ordained pastor: calls upon the sick. When a colleague from my seminary faculty or a member of my church came to see me in that total institution, I felt affirmed as a social person with a history and a place in ordinary society. Their visits informed nurses about some of my neglected selfhood and even opened my awareness, through ensuing conversation, about their selfhood too. Once by chance I learned that one of my therapists was from South Africa, a country I have often visited and about which I have written quite a few published pages. Her background was Afrikaner, and in the course of our conversation, she expressed interest in buying one of my books. This she actually did, giving one of two copies to her father. In that conversation both of us became persons beyond our roles in that hospital.

A remarkable physician friend, John Delfs MD, served overt expansion of my identity in regular visits and consultations with hospital doctors by informing them about what he considered the importance of saving my life for its potential service to causes consistent with my personal history. Perhaps that opinion was not needed to boost their own professional commitment that every life is worth saving, but it boosted my morale to have him make such claims. A similar boost occurred when

my friends and I persuaded doctors to dismiss me from the hospital in order to attend an event that I had helped organize for pursuit of my commitment to improving our local New York criminal justice system.

Prior to my awareness that I had cancer, Peggy and I traveled for a month in New Zealand to study their programs of “restorative justice” for both victims and perpetrators of crime. This system seeks to substitute healing for punishment as an answer to crime. In coming back in May 2013, we helped organize “An Invitational Consultation on Restorative Justice for Young Offenders” in New York City and State, inviting some 70 professionals in civic, religious, and educational posts to talk together for a day about measures for turning our dealing with crime into restorative rather than punitive directions.

The meeting was scheduled for two months after my first entry into the hospital, and I wanted very much to be in that meeting. At first the doctors were hesitant. But finally they were convinced that my participation in an event so basic to my profession might actually assist my recovery. Afterwards I was pleased when some of them asked, “How did the meeting go?” I hoped that they had glimpsed the kinship between my profession and theirs. Healing can be a public as well as a personal hope. No one in the Sloan Kettering hospital has ever exemplified that principle so consistently as did Lewis Thomas.

The obligations of medicine to society

“Science will, in its own time, produce the data, but never the full meaning. For gaining a full grasp...we shall need minds at work from all sorts of brains outside the fields of science, most of all the brains of poets, of course, but also those of artists, musicians, philosophers, historians, writers in general.”⁷

“We should be worrying that our preoccupation with personal health may be a symptom of copping out, an excuse for running upstairs to recline on a couch, sniffing the air for contaminants, spraying the room with deodorants, while just outside, the whole of society is coming undone.”⁸

When the medical team of doctors decided to release me from the hospital into outpatient care, they were adjusting to my professional identity as a scholar, citizen, and public actor. Medical care then rather transcended the chemistry and protocols of my treatment for cancer.

I hoped that this affirmation might well be a factor in my recovery of health, as wife Peggy and friend John Delfs were prepared to argue. I believe that Lewis Thomas would have been a friend to that argument. While Chancellor of Sloan-Kettering, he served an array of public organizations that needed his expertise: the Board of Health of New York City, the President’s Scientific Advisory Council, and once the pulpit of New York’s Cathedral of St. John the Divine. His connections with the world of organized religion were thin, but in that pulpit, with great eloquence and urgency, he combined his knowledge of medicine and world politics in testifying to a world concern that haunted him lifelong: would the nuclear weapons of nations become the means for the suicide of humanity itself, and with it, the death of life on this unique, beloved planet?

In his Cathedral sermon, which offered powerful support to the Nuclear Freeze movement of the 1980s, he told governments bluntly that the skills of scientific medicine would be no resource for coping with the aftermaths of nuclear war. It

angered him that American and Soviet governments would dare to "research" levels of "acceptable damage" to their populations in a nuclear war, posing such questions as whether either nation might be willing to accept twenty or forty million deaths. Such questions, Thomas said, are morally, scientifically, and politically illegitimate: "We need a freeze, all right, but it must be a mutual freeze on this kind of science. As a professional, I am not one to forbid any avenues of research inquiry. But this, I think, is not real science in my view. It has nothing to do with a comprehension of nature; it is not an inquiry into nature. Its only possible outcome will be the destruction of nature itself. It should be brought to a stop, by both sides, before it gets totally out of hand.... [A] nuclear war involving the exchange of less than one third of the total Russian and American bombs will produce a dense cloud of dust and soot from ignited cities and forests changing the climate of the entire Northern Hemisphere, shifting it abruptly from its present seasonal state to a long, sunless, frozen night.... I believe that humanity, as a whole, having learned the facts of the matter, will know what must be done about nuclear weapons." [That we abolish them!]⁹

For Thomas, Hiroshima and Nagasaki taught us all we need to know about this version of war. In a singular act of professional-political courage, Lewis warned leaders who have hands on the nuclear buttons: don't count on us doctors to restore the health of earth and its devastated inhabitants after a nuclear war. We won't be able to do it. Our scientific mind has deep respect for the limits of human brain power. On this dread question, we have only our ignorance to contribute. There is some knowledge humans have no right to acquire.

Speech of this sort has been rare in recent public discourse in America. Thomas believed that leaders of government and medical professionals should undertake sustained, careful dialogue on government's current capacity to kill life on our planet, "the most beautiful object I have ever seen in a photograph." In this mixture of humility, hope, and science, Thomas stood on a boundary between his profession and his citizenship. Implicitly he was daring to occupy intellectual territory akin to my own. No more than science can theology and ethics be reduced to a mere segment of human concern. Whole persons, whole humanity, whole earth were the spheres of Lewis' capacious mind. Even in a hospital bed, who would not cherish spiritual kinship with this man who loved hospital patients enough to care for the whole context of our humanity outside of hospitals?

The vast, unjust distribution of health care for the world's sick

Thomas writes, "Jerome Trichter, a long-time professional in the department [of public health], devoted public servant, arranged several tours for the Board of Health to take a direct look at the kinds of quarters people lived in, in Harlem, the South Bronx, Bedford Stuyvesant, and Brownsville.... We traveled on several winter days from block to ravaged block in a long gleaming black city limousine, feeling like guilty intruders...looking at lightless staircases with broken treads to cause long falls in the dark, toilets flooded and leaking continually into apartments below, broken windows in corridors, broken boilers in the basements, rats as big as cats, roaches as big as rats, and every kitchen jam-packed with small children crying to keep warm around a lighted stove...burners going day and night, carrying obvious hazards of fire and carbon monoxide poisoning."¹⁰ "A society can be judged by the way it treats its most disadvantaged, its least beloved, its mad. As things now stand, we must be

judged a poor lot, and it is time to mend our ways.”¹¹

It is not quite true that we Americans have “the best medical care in the world.” We get the best care—as in MSKCC—if we have money and governments to pay for it. Those medical professionals from many countries gave me reason to wonder how their families back home were faring in the worldwide epidemic of cancer. Both their jobs in New York and the financing available to elderly patients like me had to suggest inequities afflicting rich and poor countries, including the USA. To be sure, it was ethical comfort to me to see patients in the hospital from many Manhattan neighborhoods: East Side Manhattan and Harlem poor, equally assured by Social Security, Medicare, and the new Affordable Care Act that some 80% of their bills could be paid to this expensive institution. Here I experienced new gratitude for a Congress and Presidents who legislated those benefits in 1937, 1967, and 2013. At the same time I experienced a new wave of hostility at the readiness of some politicians to risk some, if not all, of these socially-shared benefits in new schemes to balance a national budget by denying them to a new generation of Americans who include my children and grandchildren. (During my time in MSKCC, our own son in Iowa told us that his annual health insurance premium under “Obamacare” was saving his family \$700 a month, a change that added new impetus to his work on behalf of Iowa’s Democrats.)

Turning attention from one’s personal experience of American medical care to the needs of the world’s poor was no minor ethical rumination for this cancer patient, who happens to claim ethics as his professional specialty. I am sure that in his membership in the President’s Scientific Advisory Committee, Lewis Thomas often wondered how his fellow citizens could consent to spending so much money on national defense and so little on basic medical research and health care on behalf of poor and sick Americans, not to speak of the poor and sick of the rest of the world. Like me, he must have pondered vast global injustices in medical care. The domestic, personal sides of care distribution were unavoidable for me in my family. Often in the midst of expensive treatments (e.g. a pet-scan whose bill came to some \$4,000), I remembered the question my own 88-year-old father raised: if it would add five years to his life, would a heart bypass costing \$80,000 be justified? It was cost that greatly exceeded his and our Medicare taxes during forty years. This intergenerational question of justice was as vivid then as it would be for me these 26 years later: how much should we tax our society and our future family inheritors to prolong our lives in the present generation? As his heart operation turned out, his seven years of life (to age 96) left us children and grandchildren feeling that the pleasure of added life to him and to us was worth our and the government’s expenses. But the intergenerational and global issues remained: how much do we owe to the needs of the needy in our own time and times to come?

I am sure that Thomas pondered these questions often in his months of work in New York City and in Washington. In the latter, as member of the President’s Scientific Advisory Committee, he must have mourned the money this country was spending on nuclear and other forms of national defense over against the medical and other needs of the poor in Nairobi, Mexico, Mumbai, the South Bronx, and Brooklyn. If, with much modern theology, he worried over the justice creditable to any society that neglects its poor, he exhibited a conscience that transcended his profession as scientist.

Love, healing partner

Thomas writes, “But the one thing we do know for sure about our bacterial ancestors is that they learned, very early on, to live in communities.... Very little is known about their metabolic functions or nutritional requirements beyond the conspicuous fact that they live together and cannot live apart.” “[It] is simply not true that ‘nice guys finish last;’ rather, nice guys last the longest.”¹² “I can even assert out loud that we are, as a species, held together by something like affection (what the physicists might be calling a ‘weak force’) and by something like love (a ‘strong force’), and nobody can prove I’m wrong.”¹³

Another dimension of my kinship with Thomas was our mutual debt to our marriages. Having lived with Beryl for forty years, he dedicated two of his books to her. And he testified that “our living together has been like an extended, engrossing, educational game.” She taught him to engage with the novels of Jane Austen and the poetry of Wallace Stevens; and in turn, she acquired more knowledge “about endotoxin and the Schwartzman reaction than any academic wife in our acquaintance.... We have been exchanging bits of information, tastes, preferences, insights for so long a time that our minds seem to work together. My firm impression is that I’ve come out ahead so far, in the sense that I’ve been taught more surprising things by her than I’ve ever stored up to teach in return.... [O]n the very big matters, the times requiring exactly the right hunch, the occasions when the survival of human beings is in question, I would trust that X chromosome and worry about the Y.... I do not trust men in this matter [of nuclear weapons]. If it is left in their charge, someone, somewhere, answering some crazy signal from a Y chromosome, will start them going off and we will be done as a species.”¹⁴

Words affirming feminism are not likely to get stronger from the scientific community! I think that Thomas would understand and cheer this patient in his hospital in the conviction that the love of a life companion complemented and assisted my apparent healing and survival. His colleagues at MSKCC have now added two to sixty years of my marriage prior to my bout with a cancer akin to the one that killed Thomas. The nurses at MSKCC testified that their patient Donald Shriver was more visibly “patient” when he was being visited by his wife Peggy. In my travels in Africa, I noted during visits to hospitals how often they permitted family members to cluster outside the windows of a patient, sometimes for the service of cooking food. That impressed me as extraordinary therapeutic realism, suggestive of the possibility that family care and professional care are weaving the same promising cloak of healing. In contrast, I pondered the terror and degenerating influence of prison—especially solitary confinement—on the mental health of prisoners. Isolating human beings from other people who in some degree love them qualifies as severe punishment, but not for moral or physical regeneration.

Here for me was the most memorable dimension of this, my nearest lifetime brush with death from disease: love, too, is a healer. Thomas was not the only biologist to believe so. At the end of their remarkable little book on evolution, Columbia professor Robert Pollack and his wife Amy say that “the philosophers speak of four kinds of love, each having its place in the life of a person. Eros, for desire; Agape, for unconditional love; Filia, for family and friendship; and Caritas, for love and kindness to the stranger.... These four kinds of love are encoded [in our evolved genetic makeup]; and they can be expressed by any of us through our lifetimes.”¹⁵

That we are “encoded” genetically for companionship with neighbors brought me back to remembering a line from the biblical book Genesis, where God the Creator ponders this human, Adam, and sees him as incomplete: “It is not good for the man to be alone; I will make him a helper fit for him” (Genesis 2:18). My experience of marriage has long since convinced me of the saving truth of these words. Their truth in these past months of life-threatening illness has deepened that conviction beyond my ability rightly to express it. At one critical moment in my oncologist’s prescriptions for my treatment, she knelt beside the bed and said, “Your chances for survival with our ordinary drug for lymphoma is about 10%, but we have an aggressive experimental drug we would like to try if you are willing to undergo the rigors of an aggressive treatment for your aggressive form of lymphoma. We think that your wife and you should discuss it.”

For all of five minutes we did discuss it. With assurance from Peggy that she would accompany me in a perilous journey, we consented to the treatment that would involve five or six cycles, each including week-long intimacies with bags that fed the drug into my body on a five day, 24-hour-a-day schedule. In those five minutes, we agreed that the possibility of lengthening our companionship by even a few months was worth the rigor. It was clearly my chief reason for wanting to live. Two months later we reviewed that decision very seriously to see if, having experienced the ravages of that aggressive chemotherapy, we still agreed with it. That moment coincided with a visit from the Catholic hospital chaplain. Afterward he said, “I felt I was a witness to a sacred moment in your lives.” That he was. The woman who had pledged, sixty years ago to accompany me “in sickness and in health” was now willing to knock with me on death’s door in the hope that it could be a door to new life. If ever in sixty years I was sure that “it is not good for the man to be alone,” it was in this moment when doctors’ hope for my life became fortified with the hope of the person who had already shared more of that life than had any other human being.

Ever since that moment and the moment five months later when the PET scans showed that I was surviving cancer, I have been sure that the love of this “helper fit for me” was a powerful ally of medical science’s commitments to my healing. Would that I could be sure that I have been equally a “helper fit” for her! (And would that the Scriptures had been written, “helpers fit for each other.”) The fact that at least one other human being hoped so much for me to live gave me courage and determination to endure some rigorous treatment in service to that hope. To be sure, the hope of physicians was as vital. Once in her office, midway in all five of the weeklong drug treatments, our oncologist Dr. Noy knelt in front of me in her office and said, “The tests show that we are making progress. We hope that you will summon your will to keep with it.” She and we did so. Thus, when the procedures were ended, she could revert to religious language that was not her habit, “It is almost miraculous that those tumors have mostly disappeared.”

Religious language was not habitual with Lewis Thomas either. The closest he came to using it was in his tributes to the depths of great classical music. “If you are looking for really profound mysteries, essential aspects of our existence for which neither the sciences nor the humanities can provide any sort of explanation, I suggest starting with music.... Nobody can explain it. It is a mystery, and thank goodness for that. The Brandenburgs [of Bach] and the last quartets [of Beethoven] are not there to give us assurances that we have arrived; they carry the news that there are deep

centers in our minds that we know nothing about except that they are there.”¹⁶

Were we ever wanting to communicate something about ourselves to creatures in a far galaxy, he wrote, we should not choose our science; it would be out of date in a few light years. Instead, “I would vote for Bach, streamed out into space, over and over again. We would be bragging, of course.”¹⁷

I regret that Thomas never discussed in writing how anyone could interpret Bach’s music apart from the Christian faith in the music’s choral texts. What would he have made of my own feelings about those beloved Bach preludes and fugues and Beethoven’s late quartets in which—for me—there is present a Spirit who speaks “with sighs too deep for words”?¹⁸

Towards the end of my hospital months, a columnist for *The New York Times*, David Brooks, published a discussion on the theme of “what suffering does” to human consciousness, and in it he quoted theologian Paul Tillich who had said that “people who endure suffering are taken beneath the routines of life” into “an attuned awareness” of what others are enduring too. In a jointly written letter to the Times, Peggy and I stated that this was indeed our recent experience in a hospital that occasioned “new depth of love for each other and new empathy with the human community worldwide.”¹⁹ Now we understood better what we were once promising each other “til death does us part.” Soon after we also participated in new empathy for family members in West Africa left alone after deaths of a wife or husband from Ebola.

Turning one’s personal experience of the world of modern medicine from preoccupation with the personal into a new realistic focus on public interest and the needs of the world’s poor is no minor benefit for the mind and heart of this cancer patient. It is an ethical gain for an ethicist. I have left the Memorial Sloan Kettering Hospital with new gratitude to the world of scientific medicine, new gratitude for the staffs who care for the likes of me, and new gratitude to a Creator who created us to be neighbors to each other.

Lewis Thomas loved poetry. Recently, as this medical chapter in our lives takes a turn toward “remission,” my companion Peggy wrote a poem, “Death Growls Like Distant Thunder.” We have heard that growl more clearly than ever before. The poem ends with a nod to the death that has to come, in spite of all, to all of us:

Death growls like distant thunder from a gathering storm.
It lurks on the horizon of our cancer-conscious minds.
My eyes glide lovingly across familiar landscapes of your face,
the welcome hollows of your frame,
and lock upon the unfathomable depths of gaze
that retina your soul.
My lips and hands traverse repeatedly your mottled skin,
shrunk, fragile, precious, alive.
Some days the storm seems closer, darker, threatening us both,
for your eyes scan my body, too, for signs of finitude.
Silently we both etch memories,
ignore the bustle of the hospital,
and cling to fleeting moments
receding from a future vulnerable.
I do not know the source of my strange certainty.

Perhaps it is the calming touch of prayer.
 That this is not the time for storms, for death, not yet.
 Our hands unite; strength flows between us.
 Some days I glimpse the sudden sparkle in your eyes,
 The incandescence of your smile,
 and feel the firmness of your grip
 responding to determination in my own.
 The sun breaks through and glory wreathes your room
 with gratitude and joy, my certainty fulfilled.
 The storm will gather once again for both of us,
 Death will rumble its own certitude,
 Our love has garnered unknown gifts of time
 to treasure, savor, even to prepare.

To which I have only to add a prayer: Thank God for our creation, our partnership, and neighborly care in New York and worldwide!

Coda, as of January 4, 2016: Subsequent to the writing of this essay, Peggy is undergoing an illness, a stroke, whose effects are as debilitating as were those in my own case. She is slowly healing, and we hope for her restoration. In any event, the message to me now is clearly: "Time for you to reciprocate, Donald Shriver." I am doing my best to do so.

Notes

- 1 Roger Rosenblatt, "Lewis Thomas," *The New York Times*, 21 November 1993. Rosenblatt interviewed Thomas two weeks before Thomas' death in December 1993.
- 2 Marilyn Berger, "Lewis Thomas, Whose Essays Clarified the Mysteries of Biology, Is Dead at 80," *The New York Times*, 4 December 1993.
- 3 Lewis Thomas, *The Youngest Science: Notes of a Medicine-Watcher* (New York: The Penguin Group, 1983), 222.
- 4 *Youngest Science*, 206.
- 5 *Ibid.*, 66-67. Thomas goes on to say that nurses hold a hospital together.
- 6 *Ibid.*, 67.
- 7 Lewis Thomas, *Late Night Thoughts on Listening to Mahler's Ninth Symphony* (New York: Penguin Books, 1995), 150.
- 8 Lewis Thomas, *The Medusa and the Snail: More Notes of a Biology Watcher* (New York: Penguin Books, 1995), 50.
- 9 Lewis Thomas, "Sermon at St. John the Divine, June 1984," in *The Fragile Species* (New York: Simon & Schuster, Touchstone Books, 1992), 129-135.
- 10 *The Youngest Science*, 141.
- 11 *Late Night Thoughts*, 100.
- 12 *The Fragile Species*, 144, 152.
- 13 *Late Night Thoughts*, 160.
- 14 *The Youngest Science*, 234-237.
- 15 Amy Pollack, *The Course of Nature: A Book of Drawings on Natural Selection and Its Consequences*, with Commentary by Robert Pollack (New York: Stonycreek Press, 2014), 111.
- 16 *Late Night Thoughts*, 162-163.
- 17 Lewis Thomas, *The Lives of a Cell* (New York: Penguin Books, 1974), 45.
- 18 The Apostle Paul's Letter to the Romans 8:26. Cf. Isaiah 61:1-4.
- 19 Donald W. Shriver and Peggy L. Shriver, "The Value of Suffering," *The New York Times*, 15 April 2014, p. A 22.