

Creative Nonfiction

Instant Karma

By Eric Rice

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Biopsy day, and I was determined to be pleasant. These hard-working nurses and doctors had to deal with men and their bottoms all day. I could at least make their interaction with me positive. I sat in a plastic waiting room chair, a long white hallway leading away on my right to the main waiting room. To my left, a shorter corridor ended in a door. Straight in front of me, another door led into the change room and lab. A young nurse, no older than twenty-seven or twenty-eight, stuck her head out and let me know there would be a delay.

“It’s our first day with Connect Care,” she said with a flustered smile. “It’s taking us a while to get into the system.”

I knew that already of course. The intake nurse at registration, glazed eyes scanning the computer screen for clues, a trainer leaning over her shoulder and pointing with one lacquered fingernail at different points to click on the screen, had apologized more than once for her slowness.

Down the hallway, a custodian trundled a garbage can, passed without looking and went through the door on my left, exiting a moment later with empty hands. Magazines—*Maclean’s*, *Chatelaine*, *Canadian Living*—were scattered on the table beside me, but I didn’t feel like distracting myself on such an important day. I watched as nurses and doctors moved in and out the doors of the testing room, heard snatches of conversation about the new software interface, how to log in, how to log out, how to enter information; an exercise in shared intelligence.

From under the door on the left, a black beetle crawled out onto the stark white floor of the hallway. Perhaps as a function of its sense of direction, the beetle crawled down the precise centre of the hallway, moving from my left to right. I didn’t know beetles well enough to identify its species, but it was big and black. For a moment, I allowed myself to fantasize about a nurse, throwing her arms in the air and shrieking after seeing it, or a doctor, slipping on its carcass and falling. Neither of those things happened. The beetle crawled, all six legs in motion, seemingly intent on reaching the great outdoors,

some three-hundred yards and several corridor-turns away to the right. For a moment, I felt a kinship, because my own journey to this point had been blind and seemingly endless too.

Prostate cancer is something I had heard about, and feared, but avoided thinking about until the prospect of having the disease intruded rudely into my present. My older brother went through a radical prostatectomy and survived with lots of griping. A long-time friend went through the same process ten years ago and survived well. The Canadian Cancer Society estimates that about one in nine Canadian men will develop prostate cancer during their lifetime. A man's likelihood of having prostate cancer increases significantly if a family member has the same disease (thanks, brother). My PSA (prostate-specific antigen) levels, one indicator of the potential for prostate cancer, had been rising for years. The family doctor I'd visited for two decades had kept a close and comforting eye on my general health, and we'd discussed the PSA test and what that test might or might not mean, but then he retired, and I'd moved over to Dr. Abruptness.

"I don't like to waste time," Dr. A announced on my first visit, "so please don't think I'm rude if I don't spend ten minutes in idle chitchat." He was a white South African, with that clipped Afrikaner accent, half-rolled "r's" and rounded "i's"—an accent which always triggered memories of apartheid, even though I'd lived in Canada all my life and never travelled to South Africa, my imagination, like everyone else's, formed by media and the stories we hear growing up. Nelson Mandela being a hero for a white Anglo-Saxon Alberta farm boy was a miracle of cultural conditioning. I knew little else about the country, but Dr. Abruptness seemed to be all business. We quickly reviewed my general health, he perched on the edge of his desk rattling off my statistics and how they compared to the average, me nodding dutifully. Before I could say much, he stood.

"Anything else?" he asked.

“I have to go to the bathroom a lot,” I said, the issue feeling hardly important enough to bring up. “It’s getting worse.”

“Well then,” he said from the door, “let’s get you on some Flomax. My nurse will have the prescription.”

“Yay!” I thought. My problem would be cured, as simple as that. The prescription from the pharmacist firmly in my hand, I started reading the side effects: a list of over ten symptoms which all sounded worse than what I was already going through. I searched further and discovered a set of exercises for men which could also help my problems. Why, I thought, hadn’t good Dr. A told me about those instead of immediately prescribing a drug? I put away the Flomax and started Kegel exercises: pulling my penis inward and upward, clenching the muscles which controlled gas, holding that for ten seconds then letting go, and repeating. The Kegels helped some. Other health issues drew my attention. An injured knee kept me on crutches for several months, and a hernia operation forced inactivity for another six weeks. It wasn’t until the spring of 2019 that bladder problems really started to bother me again, and the exercises didn’t seem to be helping anymore.

I called to book an appointment with Dr. A, and couldn’t get in for three weeks. A week before the appointment, the office called to postpone it: Dr. A wasn’t available on that day. When could I get in? Two more weeks, they said. So I booked again, all the time getting more and more worried about my condition. Another two weeks went by, and the doctor’s office called me to postpone again: Dr. A was having some personal problems, but they were pretty sure that if I booked again in two weeks he could see me. I declined. When would you like to see him? they asked. I’ll call back, I said, and hung up. There’s nothing that makes your issues feel inconsequential like a doctor who’s too busy with his own problems to pay attention to yours.

Thinking about Dr. A reinvigorated my feeling of camaraderie with the beetle, which had moved a full three feet down the hallway, crawling directly in front of me. The medical staff were clearly preoccupied, because the beetle had escaped detection by three nurses as they walked right past it or stepped over it. I began to feel some respect for the bug. It was still marching: a soulmate, both of us surviving in an indifferent world.

A different young nurse stuck her head out of the testing room and thanked me for my patience.

“Should be right away!” she said and ducked back in to continue the group consultation about Connect Care.

After getting jilted by Dr. A, I began the search for another family physician, and discovered how badly our healthcare system communicates about doctors. Do you want to find a new car, or a house, or a massage? Information overload! Type in a search and away you go, with product ratings, reviews, and back-up documentation. Want to find a new doctor, or find out anything meaningful about the doctor? Forget it. The RateMDs.com site for Edmonton listed eighteen doctors taking new patients, a third with bad reviews. None of them practiced anywhere near where I lived. The College of Physicians and Surgeons search engine showed a doctor’s qualifications, their interests, whether they’d been subject to disciplinary action, and where they worked. The Primary Care Network search will provide the doctor’s name, office address, and speciality. None of them would tell you more than that. Are doctors, I thought, such uniformly wonderful practitioners that there’s no need to differentiate one from the other, or have some information available about their capabilities? It certainly wasn’t possible to find out what kind of a doctor they were from the available sources, so I chose one based on the simplest of criteria: he was young, he worked at a clinic two blocks from my workplace, and he was accepting new patients.

I felt sorry for my new doctor almost immediately. Here he was, fit, with serious but stylish glasses, a nicely trimmed beard, and the reserved air of someone who's spent the last eight years cramming more information into his skull than most people can absorb. Here was I, fifty-nine, suffering from urinary problems, terrified, coming off the worst year health-wise in my entire life. If only, I thought, he knew me like my old doctor did, knew I wasn't a whiner. I apologized for coming to him as a sick person instead of a well person. I'm not sure he understood, but he was very attentive to my problems, and sent me off for tests. When the PSA test came back with a higher score than the one six months previous, he referred me to a urologist immediately.

Six floors down from the urologist's office was where me and my beetle now passed the time away, both of us getting restless. The bug making small forays toward the edges of the corridor, and then returning to the centre. Confused, no doubt, by the vast emptiness around it. Me, tapping the chair arms without rhythm or style.

The C.J. Woods Prostate Health clinic is what the website calls "The Crown Jewel of the Kipnes Urology Centre" at the University of Alberta. I looked up C. J. Woods. He's a successful Edmonton businessman, entrepreneur, and philanthropist. In a speech at the 2014 NAIT Convocation, he told the graduating class: "There is absolutely no value in complaining...think of ways that can positively change those things." I don't know if he had problems peeing or not, but I got the suspicious feeling that he would deal with the dread of a biopsy better than I.

The clinic named after him was bright, spacious, and open. Before entering, patients and their loved ones lined up in a clearly delineated area, behind a stop sign. This traffic control device was augmented with instructions: "Stand BEHIND the stop sign and wait for one of our registration clerks to call you up. Please DO NOT approach the desk." As I scanned the row of beleaguered intake nurses on my first visit, I understood the need for that heavy-handed warning. The face of health care is bright,

shiny, but impersonal. The nurses aren't there to greet *you*; they're there to greet a patient, a set of specific information needed for input into the system. They're pleasant enough, surprisingly, considering how many sick people they deal with every day, but their only purpose is to get the patient through the next set of doors. We, as patients, so focused on our fleshy anxieties, need to accept our place in the process.

On the day of my visit to the urologist, my place was a second waiting room, full of defensive grumpy men and wearied supportive women. The waiting room felt like an underground rail station, with multiple ticket windows along each side, and multiple exits along the front and the back. People waited, were called, ushered out and back in with bewildering speed. We sat, my wife and I, until a nurse called me into the specialist's office for THE TALK. I can't think of any other way to describe the discussion. The urologist, a very well-spoken man in his mid-forties, swivelled comfortably on his small chair in front of a computer screen, in a room empty but for an examination table and a white cabinet. Behind him on the wall hung a white board on which he drew out my reality with red erasable marker.

"We're dealing," he said with practised ease, "with three different things. One is enlarged prostate, benign prostatic hyperplasia." He wrote "BPH" on the white board. "We can treat BPH with Tamsulosin or something similar." He wrote "ED" on the white board. "Erectile dysfunction is not necessarily related to enlarged prostate. We can treat that with drugs like Cialis, Levitra, or Viagra." He wrote "PC" on the white board. "Prostate cancer is what we hope you don't have," he said, and drew a circle around PC. "Given your family history, and the increase in your PSA levels, cancer is probably something we should look at." He paused and searched my face for a response. "How are you doing?"

"Good," I lied.

"Are either of these," and he pointed to BPH and ED, "bothering you so much that you want to look at treatment for them right away?"

I replied I was already using Cialis. I didn't want Tamsulosin. That was the same drug as Dr. A prescribed and I'd refused to take.

"If you want," he said. "We can wait and watch the PSA levels."

I shook my head. I'd held long, detailed discussions, with my brother, with friends, and searched many online articles about prostate cancer. Something felt wrong with me, and I wanted it over.

"Good then," he said. "We'll get you in for a biopsy. It's really the only way to know for sure whether or not you've got cancer."

I nodded, dumbly. A small part of me had hoped he would laugh when I came into his office, tell me I was stupid for being concerned about cancer, and chase me out with a wonder-drug. I'd left with an appointment for a biopsy, and a solid lump-in-the-gullet feeling of impending doom.

So now, two months later, I waited. The beetle waited. A nurse finally stopped to focus on me.

"We're ready for you now!" she said, and her blue-clad arm held out a hospital robe. "In the change room there's lockers for your clothes. Just strip down and put this on, and I'll be right there to get you, okay?"

I must have nodded, because she moved away. For some minutes now I'd been thinking about the beetle, and about me. All existential comparisons notwithstanding, whose side was I on? The bug undoubtedly carried germs, and if its leisurely stroll continued a patient somewhere might suffer. I decided to err on the side of humanity and cleanliness. Using the tissue in my pocket, I leaned over, picked up the beetle, and crushed it, dropping its tiny remains in a garbage can on the way into the change room.

While doffing my shirt, pants, and underwear, I felt a brief twinge of superstitious dread. Maybe that bug had been my guardian angel. Maybe my ability to empathize was under scrutiny by a higher

power. The nurse's cheerful smile reassured me that I'd done the right thing, and when she came to fetch me, I followed.

In a Prostate Cancer Canada brochure, the picture beside the description of a biopsy is that of a well-dressed middle-aged black man, smiling, sitting comfortably on a hospital bed while someone (all you can see in the picture is a pair of hands) holds a chart in front of him. That's not what happened. Instead, I was ushered into a smallish room, computer and desk in one corner, cabinet on one wall, hospital bed on the other, an ultrasound machine with its screen hovering nearby. I laid on the bed on my left side, knees up and braced against the wall, eyes facing the same wall, my exposed butt hanging over the edge. A friendly doctor, whose face I couldn't see, described the procedure: a probe is inserted up my rectum, they take some pictures of my prostate, measure its size, freeze the tissue, and extract up to twelve samples. The procedure all sounds perfectly reasonable, although it doesn't feel perfectly reasonable. My hopes did surge for a moment when the doctor told me while taking pictures that my prostate wasn't abnormally large, which meant it might be healthy. The needle they use sounds like a staple gun, ker-WHACK, every time a sample is extracted. Luckily the needle didn't *feel* like a staple-gun. (Have you ever accidentally stapled your finger? Hurts like hell.) This staple-gun felt very distant, and dull, more a discomfort. While they extracted and labelled samples, the nurses and doctor kept up a pleasant chatter—the long commute that morning, how much snow clogged the roads, how one nurse's wedding plans were going—and checked in occasionally with me.

I'd started the morning determined to be pleasant, but there's something about lying sideways on a table with my naked butt on display to young nurses while a doctor stuck implements up my ass that just, well, it made me cranky. So I answered the nurse's polite question, "You doin' okay?" with less-than-polite sarcasm.

“I can’t think of a better way to spend a Tuesday morning,” I replied to the wall in front of my face. The nurses and doctor went quiet. I immediately felt childish, and petty, but too proud to apologize. A man has his limits.

A few more ker-WHACKs, and the doctor told me we were done, patting my haunch kindly.

“You’re all finished,” he said, and by the time I sat up he had left. I never did get to see his face. I don’t think he ever saw mine. The nurses helped me off the table, me thanking them repeatedly, they with understanding smiles ushering me out of the lab and into the change room, and then waving good-bye.

As I walked slowly to the waiting room down the long white hallway, my bottom aching, I had to remind myself of my status: a member of the dominant species, a citizen of a complex society which could build and operate specialized equipment, and utilize sophisticated and intelligently linked systems to nurture the health of its members. I had to remind myself of my privilege, because I knew that neither fate nor destiny cared if I had cancer. I was a bug, awaiting the pinch of fingers, or freedom.

END