

*“The class of elephants is not an elephant.” Yes. That’s it! I laughed. I applauded.
I’m an elephant being mistaken for the class of elephants.*

I

A woman sits in a chair facing a strange doctor, an oncologist, or perhaps, like me, she is lying in a hospital bed listening to her surgeon report on the metastases in her liver. The next day we go over the same ground again. Now I’m more lucid. Today I want him to confirm that we’re talking about an amount of time long enough to be measured in years. The answer I read on my surgeon’s face and in his body language is “barely” years, but yes, years. (“See, I told you,” I say silently, with determined heart, to my beloved who sits by my side. “Years.” Only years later, yes, years, do I realize that she had heard the real answer, and knew that he didn’t really mean what I was determined to hear.)

Only this once do I ask about the length of time I am expected to survive. Even without inquiring, some people are told, of course, and I consider myself fortunate that no one blurted out an unsolicited number to me. In fact, I was consciously trying to shield myself from such information. But I don’t credit a shield made out of an intention-not-to-know for silencing would-be informants, such as oncologists. The most I ever learned (and not right away) was the bare outline of the progression of the disease, according to medical expectations. I still don’t know what the average survival time is. I only know I’m beyond it.

At the initial meeting with my first oncologist, she tells me that she knows of a man who had just what I have and survived. Ten years later he’s mowing his lawn and worrying about how he will send his children to college. She offers to try to find his phone number for me. The phone number never comes but that doesn’t matter. I know that somewhere, in a town not far from mine, lives a man who has survived colon cancer with metastases in the liver. Nine months later I will read about a second man who has survived. By the end of the year my list has four people on it. That’s enough. One was enough.

I tell my second oncologist that I intend to survive. I am quietly triumphant when he says that he will try to stay out of my way. Good, I say to myself. Now let’s get on with it.

Let me stop here and tell you that my survival is not assured. I still have at least four small tumors in the liver and the immune system is still slightly depressed, though I am not! I realize this means I am writing from the place where the “miracle” is not yet certifiable. I write believing that what I have to say will be important to someone, whether I live or die. As to surviving, I have already survived. And I am thriving.

II

I wish I could whisper into the ear of every woman and man who has just been told how long she or he will live: “The class of elephants is not an elephant.” I imagine she would know exactly what I mean; that she would wink at me, and I would know that she is safe. She will have to let the words her doctor is saying to her take their course through her body. She has no choice. But she will follow the poison with a strong tonic of humor, derision and skepticism. She will administer to herself her own special elixir potentized with her particular enthusiasm for life. Let me be clear here. Cancer is the disease, not the medical prognosis. However, what are we to make of people, like my own father, who are given five years to live and die five years nearly to the day?

What currently exists in the medical world is an intellectual black hole, a collective blind spot that results in a stunning dishonesty mistaken for the truth. The truth of cancer is that it is a serious illness, that many people die of cancer each year, that we don’t understand it, and our treatments are barbaric. They sometimes work and sometimes don’t. But this is only part of the truth. Beyond all of the quantifiable aspects of cancer are ones that cannot be entered into formulas. How long someone will survive with cancer is unknown. All of us know life’s most fundamental truth: that death is assured, though how and when any of us will die is not known. When medical doctors look at cancer patients whom they cannot cure, they see only death. And seeing death, they speak death, from under a mantle of authority wrongly assumed. The holy mystery of an individual person’s death is ignored. What will happen for any single individual, whether she will die of cancer in less than a year or in a car crash tomorrow or outlive her grandchildren is all unknown.

In a consultation with our family doctor, my partner and I were doing our best to “braille” our way blindly through the morass of dismal treatment options, trying to come to a decision. I didn’t want to continue chemotherapy. My partner, seeing it as my only hope, wanted me to. In a misguided but genuine attempt to support me, our doctor blurted out emphatically, “Anne’s going to die of this disease.” She rested her “case” with that one sentence and the ball was fully in my court, but I was dumbstruck.

I sat there looking at least as healthy as I had looked at any time in the past year and a half. I clearly was not dying, not yet anyway. How could she possibly be so sure that I would die of this cancer? On our next visit I reminded her of this. She took it back, apologetically.

Sometime later I saw a cover article in the *New York Times Magazine* about a man who started gardening when he learned he had cancer. I thought, “Yes!” and eagerly opened it, stunned to discover that the man, who also had colon cancer with liver metastases, had earnestly questioned his doctor. Did he really mean that there was zero, zip, zilch chance of his surviving? Repeatedly, the doctor confirmed his fate. The man signed up with a hospice, started gardening and died on schedule, even before the article about him appeared in the *Times*. When I found out that he was dead, I couldn’t read any further. I didn’t want to look at it.

Why? Because I am trying to forge a life for myself under the very nose of the same doctors who told him, and would tell me, that there is zero chance of my own survival. I wanted to protect my consciousness, or the deep psyche, the realm where deep beliefs turn into lived realities. I was banking on my ability to ...

I'm not sure what, at least to hold open the possibility of my survival. I knew at least one person. One person is all that's necessary. One person survived. Do you see?

This is very important. I'm becoming manic now. I am running all over my living room. I am swinging from trapezes and rafters trying to get your attention. If one person survived, so can I; so can you. One person is all it takes to make "zero percent chance" a total lie.

So, why did the doctor say this? Obviously, he was quoting statistics to the gardener. He wasn't psychic; he didn't have a crystal ball. He was citing current statistics.

Let's review the bare essentials of what we all know about statistics. They were designed to allow us to study the big picture. So statistics do not deal with individuals. Statisticians first create classes, groups, categories of things and then measure them, study them and come up with trends and patterns. It is entirely appropriate for the National Institutes of Health to use statistics to study the patterns of disease across the country.

The purpose of statistics, in other words, is to eliminate the individual. Statisticians are not interested in the individual; they have nothing to say about the individual. Statistics are not, and by definition never will be, concerned with the individual. I'm going to start swinging from rafters again because this is really important. *By design, statistics are about groups and classes of things or people.* So why, oh why, are we giving statistical studies about diseases to the people whose self-assigned task is to treat and care for individuals? Why are peer-review medical journals full of statistics about diseases?

The answers to these questions are, in some ways, obvious. From a particular perspective, the statistics are meaningful. The answers will sound reasonable enough. Reason likes logic and statistics provide for logical conclusions. If x , then y . If the survival rate for x is 0, and you have x , then you have 0 chance of living. I am arguing against this practice of using statistics as a lens for seeing a person with illness.

If one individual in a million survives colon cancer with metastases to the liver this is not statistically significant. But tell that to the one who survives, or to her beloved. They won't care that her survival is not statistically significant. It is unconscionable that such a story would not be the stuff of medical journals. A survivor of a disease thought to be unsurvivable is exactly what we want our guides through the realms of disease to acknowledge, at the very least.

In the name of truth, the gardener's doctor was actually unwittingly misleading the gardener. He was speaking to his patient out of a model that is arbitrarily constructed. Statistics present a selected representation of the whole. So many variables are by necessity left out, (again, that's the point—and necessary for statistical analysis to be meaningful), that what remains is a tool, useful for analysis of a particular aspect of the whole truth. For instance, it is very important to research the cancer statistics of areas downwind of nuclear power plants, but such research doesn't say what will happen to an individual woman who gets breast cancer and lives downwind of the plant.

An individual woman is a mystery. She is an ever-unfolding meeting of body, mind, spirit and who knows what else. She is a jewel; she is a raging fire of life; she is a prism refracting light bodies and subtle influences that our minds can only barely imagine. She is spun out of magic and love and fairy dust and stars from galaxies more numerous than the sands of the Ganges. How can we begin to fathom the truth of a woman! How can you claim to know the meaning of cancer in her body?

Do I go too far here in my description? Forgive me. We have been so overburdened by the scientific for too long. The balance is brought by the mystical. A woman who survives beyond her prognosis is either a miracle or a good reason for changing the paradigm. I am arguing for changing the paradigm.