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AS OUR HEARTS KEEP BEATING

“From the notebook of a physician”

Narrative Medicine

LITERATURE

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There are several ways in which the field of narrative medicine can be approached. What is certain is the fact that, regardless of the path we will choose, we will reach the space of the medical specialist, the patient and their family and, using the narrative medical discourse, as well as the literary text - most often, we try to unlock, based on a culture of trust-building, a discourse about the self. Life experiences can thus become a source of information, self-knowledge and healing.

Göksel Altınışık's book, a gifted doctor with deep knowledge and the ability to use the word in the service of humanity, may be the key to a radical change in medical education.

Gabriela-Mariana Luca

That sip of water
You offered the ailing man,
Tomorrow will come your way
Like wine Divine.

Yunus Emre[*]

PREFACE

Some of my patients stay in my mind even years later. The main reason for this is their stories. Perhaps by narrating them to my students, assistants, colleagues, and friends, I have enabled them to stay vivid in my memory. I had been thinking about compiling them in a book for a long time. It was a project that I sincerely believed in, and I eagerly awaited the moment to bring it to life.

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[*] The poem is a quatrain by Yunus Emre, a famous Turkish poet and mystic. It has been translated by Ayşe Lahur Kırtunç.

Then, the stories suddenly came to life. They told themselves to me repeatedly. They didn’t care when I said, “I don’t have time.” They pushed me to write them down. Perhaps because I had told them so many times before, I wrote them down as if I were telling them to audiences, not to readers. I could barely resist the urge to make certain embellishments, but I had decided to stick to reality. I wouldn’t give names, but the owners of those fictional characters could recognize themselves. That’s when they would be disappointed if they realized that I hadn’t been faithful to the reality. In fact, some of the individuals with whom I reconnected while writing, asking them if I had correctly portrayed their stories, clarified some blurry parts in my memory. From my meetings with patients and their families, I experienced precious sharing almost enough for another book.

The real-life stories I included in this book have contributed to building my perspective on life and even death, and they have enabled me to understand people and patients. I believe they will also have an impact on the readers, same as their influence on me. These stories are so real, like messages from life itself... Despite its previously published version in Turkish, I added at the end this book three stories which narrated as fiction based on the inspiration from one or more real patient stories that I witnessed later. I believe they all will be a gift for those who know how to receive them and are open to them at that very moment.

By his magic touch to my life and to my role in the community, Slobodan Dan Paich propounded to publish this book in English. He was so enthusiastic with this attempt as a pivotal meaning for our forthcoming co-productions. Unfortunately, he passed away soon after these plans. Now I must withstand to these shared dreams to make them true. Rest in peace, my wise guide.

AS OUR HEARTS KEEP BEATING

Many cannot break their own chains,

but they are liberators of the others.

Nietzsche

I am a doctor. According to some people, my job is to decide on life and death. But that's not true. If I have control, shouldn't I feel powerful? There are certainly moments like that. However, that's not my constant feeling. It may surprise you, but sometimes I feel tense and even a bit afraid. It's a feeling of helplessness...

There are people who see us as heroes. I know some of my patients think that way. Especially when we achieve miraculous results. Trusting the doctor is important, and building that trust is an art. That's what truly attracts me to my profession—the artistry of medicine. The label of heroism, on the other hand, frightens me. I don't want it. Why, and for whom, would I be a hero? I work diligently, minding my own business and fulfilling the requirements of my job. As Hippocrates said “First, do no harm,” I’ve made this instruction my principle. I tell my patients, “If I were in your shoes, this is what I would do.” Yes, I won’t suggest anything to my patients that I wouldn’t choose for myself. That’s all. While I strive to provide the best I can for them, they also teach me lessons about life. They help me to make a sense of my inner world and often assist me in reaching for something better. One day, a patient may bring about changes in how I view life and death. It’s such a story. It’s a discovery that I don’t want to keep to myself but rather share with others so they can draw their own lessons from it.

Without realizing it, all the tasks I had to do that morning were canceled. The scheduled patients didn’t come, the meeting was postponed to the next week, and there were technical problems with my computer. I thought to myself, “Things haven’t gone this wrong in my work for a long time,” when my phone rang. One of my colleagues told me there was a problem with a patient prepared to undergo surgery, and the surgeon wanted me to go to the operating room and take care of the medical case. I hurriedly set off without the slightest idea of what I was about to witness. The problem was not complicated so I resolved it quickly. Then I obtained permission from my colleague who would perform the surgery to observe it.

I had wanted to observe a lung resection surgery for a long time, but I could never find the time. I was the one who directed some of my patients to the surgical department, saying that the surgical intervention was necessary. To explain better to them what might happen, it would be good not only to know but also to see the procedure. Without going into too much detail and while keeping my curiosity intact, I started observing. I stood on a platform. Thus, from there, I could see the surgical team and everything that was happening panoramic. The patient, wrapped in green drapes, no longer looked like a whole body of a person. It was just an anatomical piece made of flesh, bones, and mostly blood.

I knew that the patient's left lung would be removed during the surgery; I was the one who directed the patient for it. Although I had a general idea of how the procedure would go, I encountered an image that had never crossed my mind. When the entire left lung was removed, a large space remained in the middle of the green drapes. And right on the edge of that space was the heart. Sterile water for irrigation was poured into the hemithorax and then suctioned out. The heart continued to beat, disregarding everything happening around it.

Despite everything, or maybe in spite of it all. I didn't speak up; I couldn't share the growing realization inside me with anyone. But I kept repeating to myself: What matters is the heart beating; after it continues, nothing else matters...

I spent that afternoon in uninterrupted restlessness. No matter how fast I ran, I couldn't catch up with my racing heartbeat. I was on the verge of wandering around, about to spend the day without finding someone who might understand the value of what I would say. At that moment, a friend whom I hadn't seen in a long time called. He said that he had been thinking about me recently. Since he happened to be near the hospital, he wanted to visit me. If I wasn't too busy, we could sit and talk for a while. "I'm available," I said, "come right away!" The timing was perfect. Who knows how much what I had to say would be useful to him. My friend and I sat facing each other. I was eager to dive into the topic, but he quickly revealed that he wasn't in a good mood and needed to breathe. I paused. I was about to say, "Okay, go ahead, open your ears and listen." But it was me who listened. He was so engulfed in his unhappiness, his despair. I felt that I had to let him speak. And he did.

At some point in his talking, I said, "These things are not worth ruining your life over." I admit it was a wrong start. He needed understanding, validation, and respect for his pain. I, on the other hand, was in a completely different state of mind. I thought I had a magic bullet. I was going to say to him, "As the heart keeps beating, nothing else matters!" and he would start feeling better. I was wrong. It took a slightly hurt, but mostly blank stare in his eyes for me to understand. Perhaps we should gather the kind of support that I was trying to give him by our own means and in the most intense way possible and keep it in reserve for when we would need it the most. I tried to compensate for my mistake. This time, I said, "I understand how this situation could have shaken you." I didn't say anything else. I realized that what he expected from me was not to comment, but to listen. He was withdrawn into himself and seemed to continue the conversation there.

I also had a conversation with myself internally. It was because that I saw how distant he was from understanding what I was trying to convey. He seemed unready for it. So, what made me ready? Despite being involved in this line of work in medicine for many years and witnessing various transformations and clinging to life tightly, what had allowed me to see everything more clearly this time? Was it because I had watched a surgery and my life had changed? It might not be that simple. Perhaps I was accumulating experiences. Eventually, it took its place in my memory as a lesson that I hadn't learned from any previous event. It would be ready to help me in hard times to cope with them. Suddenly, I felt lucky. From now on, no matter what happens to me, as long as my heart keeps beating. I took a deep breath believing that I would overcome everything. Then, I decided to share this realization in appropriate conversations. When I finished my inner dialogue, my friend had also fallen silent outwardly. We looked at each other with understanding and bid farewell with these glances. Internally, I wished to find him ready to listen as soon as possible.

For the first time, I left my office without checking the next day's to-do list. It was a tiring, eventful day. I wanted to leave it all behind. Instead of heading towards the exit, I turned towards the intensive care unit. I realized what my subconscious was planning at that moment: to see the patient from the morning. I obeyed.

Among a few patients in the intensive care unit, I immediately recognized the patient whose surgery I had witnessed. He was lying in the last bed, exhausted but with his eyes open. I approached him. He looked at me. I looked into his eyes, curious about what I would see there. But all I saw was exhaustion. I held his hand. He squeezed it lightly, as if expecting to be held. I began speaking, saying, “Get well soon.” He faintly smiled. I continued explaining. “I was in your surgery this morning. Everything went just as we discussed. You have a very strong heart. Trust it and appreciate its value,” I said. This time, he held my hand. The smile on his face brightened a bit, or at least it seemed so to me. He couldn’t find the strength to speak yet. As I walked away, I felt quite relieved, saying, “Rest now. When you feel better, we’ll talk about what comes next.”

The knowledge that I had been holding inside, which felt like it was losing its value when left unspoken, had found the most suitable place. His heart was beating, and from now on, it would also support mine.

IMPRINTS FILLING THE VOID

I am in my office. I finished my work and sat down. My gaze drifted away, not towards the distance, but towards the door; through this door, so many people entered over the years...

I remember that day as if it was yesterday. Yet, nine years according to the Turkish version. How could I have known that the patient who entered shortly after I called my secretary to ask, “Can you send the next patient in?” would change my life? At first, I couldn’t tell which of the young couple, who looked so much alike, was my patient. They both appeared to be healthy. They radiated a timid love around them. Their most striking feature was their shared shyness.

I perceive everyone I encounter as a part of an observation, a story, an experiment, or an experience in my life. This time, it seemed to encompass all of them at once. I could only realize it later. She was a young patient. She had just turned eighteen. She was petite, slightly plump, fair-skinned, with dark blonde hair, and had rosy cheeks. Her eyes were blue. Her gaze has stayed in my mind ever since. Her posture, her gaze, her way of not looking...

She was living with her family in one of the farthest villages of the city where I worked. She had recently been diagnosed with a rare disease at another university hospital, where she had sought help due to shortness of breath. It was said that her illness was significant, but no details were given. She had come to ask me to take over her treatment. She was relieved when I told her I would take care of her health condition.

Indeed, it was a rare disease. Furthermore, the limited treatment options and short life expectancy made the situation difficult from the beginning. Starting with an eighteen-year-old girl in such circumstances felt truly heavy for me. It is said that emotions should be set aside while practicing medicine. I suppress the level of emotion that would hinder me from doing my job correctly, but it doesn’t prevent me from feeling emotional. Years of experience help me find this balance. For every patient I can foresee difficult times ahead, I approach them intending to help them go through those times more comfortably and with less strain. With these thoughts in mind, I tried to overcome the sadness I felt for my young patient. Fortunately, her seemingly excellent health allowed me to shake off the pessimism I had fallen into. They were a couple. I immediately believed that they loved each other. Their shy glances toward each other sparkled when they found one another. At that moment, I thought such love would make my job easier. Oh, how wrong I was.

I carefully examined the previous tests they had done and filled in detailed examination notes. I talked about the treatment options mentioned in the reference books and recent scientific articles related to this disease. I explained that several medications believed to be beneficial were used sequentially, with a new one added if the previous one was not sufficient. In fact, there was no definitive cure for the disease. I thought that it was unnecessary to discuss it at this point. In our country at that time, only one of the medications was available on the market, and even that one had been available for a short time. Therefore, the drug we would start the treatment with was clear. However, whether we would get a response was uncertain.

I made my explanations based on the principle of “being realistic without destroying hope,” which I use when delivering bad news to my patients and their relatives. I told them that I would provide treatment and that the evaluation of the response would be possible a few months later. I expressed my belief in its effectiveness and mentioned that her belief would have a positive impact on the outcome. Since I didn’t know the person in front of me very well yet, I relied on mostly general information. As she became more ready, we would discuss her illness in more detail. There was a time ahead of us, even though I couldn't know exactly how much.

I prepared the necessary forms for her to receive the medication. She came back for the prescription after the paperwork was completed. Once again, she was with her boyfriend. With flushed cheeks and a calm attitude, they entered my office. They didn't lift their eyes from the ground to look directly at my face. When her boyfriend was silent, my patient provided one-word answers to all my questions. It was important for us to establish a connection. Especially considering the challenging process ahead...

It was difficult for me to reach her somehow. I sensed the presence of a thick wall whose purpose I couldn't understand, and I considered breaking down that wall as part of my job. "Since our first meeting, I haven't been able to relate with you. If I learn the reason for the distance, I can manage the process more easily," I directly addressed the issue. The response was, "I know my place when facing individuals superior to me. I was taught how to behave towards them." This response hit my soul like a slap. I remained silent for a while in the face of this unpredicted answer. During this time, I pondered what I would say in response to her judgment, expressed so starkly. I began by expressing my sadness about her superiority misperception. I made it clear that I absolutely didn't agree with that viewpoint. At the same time, I thought to myself, "I'm glad I asked, otherwise I wouldn't have even considered such a thought." I needed a convincing argument to erase the teachings of years. The sincerity of the smile I would put on my face became even more important. My voice had to be both soft and firm. I said, "Neither I nor anyone else can be superior to you. When it comes to your illness, I have more knowledge because I received education on it. But I'm sure there are many things you excel at compared to me. The unique experiences you've gained from life make up your worth." Of course, I can't say that everything fell into place after I said these words, but this dialogue was a turning point in our doctor-patient relationship.

Later, she came to see me, sometimes alone, sometimes with her boyfriend. The alleviation of her shortness of breath through medication gave us all hope. They started preparing for marriage. Two young people who had grown up in the same village and had known each other since childhood decided to spend the rest of their lives together. It was time to tell them that they wouldn't be able to have children. I explained the life-threatening risks of pregnancy and childbirth. Their insistence on holding onto their love, accepting this situation, and not giving up on each other made me very happy.

As our bond grew stronger with time, I could sense that my patient loved me more. Like all my other patients, she was precious to me. When they came to me, I gave them all my attention, listened to them, talked to them, and answered their questions with a realistic and optimistic perspective. But when it came to the next patient, I would forget about the former one. By "forgetting," I mean leaving behind the sorrow, worry, and even joy I felt for my patients. As a line from a movie goes, "It's not about forgetting, but it's about not remembering." It was a method I chose to separate my two worlds, personal and professional, and protect each one from the other.

They got married. The treatment of my patient continued, and although she still experienced shortness of breath, she was able to carry on with her daily life comfortably. She was happy. The enthusiasm that comes with her age and love made my job easier. We had grown fond of each other. Besides interpreting examinations and test results, we also had short conversations about her life. I had started to gather information about her family. She felt deeply saddened by her mother's situation. She was upset that her mother had taken on the burden of managing three children and all the remaining tasks in the village, despite her ignorance and acceptance of being oppressed throughout her life. My patient deeply regretted not pursuing her own education after junior high school. But she desperately wanted to find a way to continue her education. “It’s difficult,” she said, “but not impossible.” She believed she was stronger than her mother and that she could have a happier life. She trusted her life partner for this. On the other hand, I noticed that she was angry with her father. She had mentioned once that her father had an alcohol problem, but she never brought up the subject again. She had two younger siblings; her brother was a few years younger than her and the youngest was still a baby girl. She couldn’t bear to see harm come to this sweet little girl and tried to be a mother figure for her. She would fulfill the dreams she couldn’t have for her own child through her sister.

Throughout all those years and experiences, I found it interesting that I had never met anyone from her family. They lived in a remote village, probably struggling with their own lives. But I could never learn the real reason that kept them away from their sick daughter during her predicament. Perhaps my patient had chosen to face this process alone. Her husband had also stopped coming to the hospital after a while. The honeymoon phase quickly passed. One day, she entered my room, looking depleted of life energy. I remember being eager to understand the reason behind this sudden deterioration. Her illness wasn't getting worse, so what could be the cause of this sudden decline? She started to pour her heart out. Her marriage had ended. I asked for the reason. It turned out that her mother-in-law had made it a problem ever since she found out that they wouldn't be able to have children. Her husband couldn't resist his mother's pressure anymore, and they decided to divorce. I didn't know what to say. She defended her husband, saying he was also dependent on his family and couldn't oppose them. But I sensed the disappointment in her voice. She seemed completely drained of strength.

Yes, her allies had fled, but we weren't going to abandon the war. I tried to explain this to her. My words didn't seem to resonate with her in her most hopeless moment. She left my office as sad as she had arrived.

On her next visit, her shortness of breath had started to worsen. I needed to add a second medication. The lack of reimbursement was a significant problem. I had to find a solution. This medication happened to be famously known as the ‘blue pill’ used in the treatment of erectile dysfunction. It had recently become a source of hope in her disease too. While conducting my searching, I discovered that a high-ranking official at the manufacturing company was my high school friend. With his support and special permission, I started obtaining the medication for free. Thus, I was able to provide my patient with the second medication. We achieved some improvement in her shortness of breath. It wasn’t significant, but it was enough to keep her connected to life.

When I noticed that she wasn’t happy anymore, couldn’t maintain her morale, and became easily saddened, I thought she needed something more than just prescriptions. That’s when I made my suggestion. I recommended the best alternative medicine I knew.

“Write,” I said, “put down on paper what’s spinning inside you.” I told her that if she externalizes them by taking them out of her mind and making them tangible, they might cause her less pain. It was a healing tool that I had used for myself throughout my life, and it could work for her too. My suggestion didn’t seem to capture her interest. “As an alternative,” I said, “you may start engaging in something that will keep you occupied, something you’ve been wanting to do but have been postponing. Find out what that is for yourself.” I was trying to convince her to hold on to life. In doing so, she would find meaning in each passing day according to her own interpretation. I hoped her life would be prolonged, but more importantly, I insisted that however much time she had left, it should be worth living.

A short time later, she came again with a radiant smile on her face. She couldn’t wait for her regular check-up. She told me she had started taking computer classes. First, she had to convince her mother because she had to move to stay with her aunt who lived in the city to attend the classes. She was happy to have succeeded. I was genuinely delighted for her. She believed that learning computer skills would increase her chances of finding a job. Whether she found one or not was not important; what mattered was that she was dreaming again. That was the reason behind my joy upon hearing this news.

In the following period, she had to be hospitalized several times. Her aunt stayed with her. The reasons for hospitalization were generally relatively minor issues, such as infection in the lungs. The crucial point was that the dual medication therapy was working well for her health condition. During her follow-ups, I would listen to her brief reports about her life after discussing her health status. She would share small secrets and ask for some advice. She started saying that she saw me as a substitute for her mother around that time. She was happy when she learned my birth date and realized we were the same age as her mother. She had commented, “Of course, you didn’t become a mother at an early age like my mom because you went to school.” I regret that we never discussed how she felt about not being able to bear children. Possibly I wasn't ready to handle discussing such an issue with a young patient for whom I also felt sympathy.

On one visit, she was worse than I had ever seen her before. She had been joyful during her previous visits. But now, she was out of breath, and her condition was not due to respiratory distress. I rushed to her side and asked:

- You started going to computer classes, and you're learning about the Internet, right?

- Yes.

- Why do you look so unhappy? Did you read something about your illness?

After a short silence, she replied:

- It never crossed my mind!

I didn’t know what to say. ‘Oh, I wish my tongue could be tied,’ I thought. She should be the one to explain the reason behind her unhappiness. I should have asked her directly without forming conclusions based on my own predictions, and without expressing my thoughts and feelings. Instead, I panicked inevitably. Perhaps even when I was happy about her interest in computers, this concern was in my subconscious. Now, with regret, I had pushed her to explore the worst-case scenarios about her illness through the Internet. I felt terrible. I hastily provided an explanation, saying that diseases can vary from person to person, and there could be things she would unavailingly come across in her readings that might upset her. However, I assured her that we had achieved good results. These were true statements, but I didn’t know if they would be enough to comfort her. On her next visit, she had done research about her illness on the Internet. She tried to maintain a positive attitude, but she couldn’t succeed much. During that period, she was also experiencing unhappy and even angry events in her home environment. Feeling weak and dependent on the help of those around her was deeply hurtful. The fact that she started staying with relatives instead of going to the village seemed to intensify this feeling.

Whenever she experienced emotionally distressing events, her illness would worsen. Her spouse had married another girl from the same village soon after the divorce. They were expecting a child soon. She had mentioned this news without dwelling on it or making any comments. Perhaps one reason she wanted to distance herself from the village was this situation. I felt deeply saddened for her.

I knew that she was not my daughter but a patient I was trying to help. However, seeing how special I was to her, especially hearing that she valued me as much as her mother, pushed me to a dangerous limit that my emotions had started to go beyond feeling sorry for my patient. I shouldn’t cross the thin line. I needed to find the balance between being professional and being human. I had to acknowledge my emotions but not let them overpower me. It was necessary for me to be able to help her. I discussed this situation with a psychiatrist; she was also a friend of mine. First and foremost, it was comforting to hear that she understood me. We decided together what I should do. I would refer my patient to her to seek help for psychological or social issues. I had to step outside the events and look at them objectively to help myself find the balance again for empathy. We returned to our regular sessions. My slight withdrawal didn't have a negative impact on her. Perhaps she was the one who had been setting the borders of our doctor-patient relationship from the beginning, living it in the way she felt close to. That's why she may not have noticed my internal turmoil or my efforts to protect myself.

During one visit, she handed me a piece of paper. I was surprised. When I opened it, I saw that it was a poem written for me. It said, "Behind those smiling eyes, who knows what sorrows lie." Could she have seen the sadness that I thought I had not shown to anyone? I don’t think so. I preferred to take that line as just a verse. We didn’t discuss it. Professionalism required that I didn’t open myself to her. It was a nice surprise that she had written a poem. On the other hand, it didn’t occur to me to ask if there was more to it. I wanted to believe that she had written only one poem for me. After all, she had initially rejected my suggestion to write. If I had asked, would she tell me the truth? Maybe she would lie to preserve the surprise. It was impossible to know how she would react since I didn’t ask.

Three years had passed. The course of the illness was going as expected. Unfortunately, as time went on, I knew that the likelihood of encountering problems increased, but I tried not to dwell on it.

Shortness of breath began to manifest once again. The dual-drug treatment was no longer sufficient. The “6-minute walk test” we conducted in the hospital corridor confirmed it. The distance my patient could walk in six minutes had decreased, the severity of breathlessness during exertion had increased, and the oxygen level in her blood began to drop even more during exercise. These numbers indicated the inadequacy of the treatment, that it was no longer beneficial. Something needed to be done again. Fortunately, we were lucky because a third option in the form of a medication had recently become available in our country. I prepared new medication reports and adjusted my patient’s treatment. As before, we didn’t get an immediate response. Despite the cough-inducing side effect, she didn’t give up on her last hope.

She was not well, and she never got better after that. My efforts to uplift her spirits proved insufficient. She was a young girl who longed to live life to the fullest, especially being able to run and dance. She not only couldn’t do those things, but she also knew she never would. I guess I have said to her along the lines of, “Even if there is only one day left, it would be a pity to live it in pain.”

When my phone rang one day, I saw my patient's name on the screen and greeted her with a warm hello. I asked immediately how she was, by mentioning her name. But for the first time, it wasn't her on the other end of the line; it was her mother. An uneasiness washed over me. It was evident that something bad had happened. Her mother started to speak. "She woke up very happy this morning. She said, 'Let's get in the car and go for a ride.' We were happy. We hadn't gone far when she suddenly lost consciousness. We immediately went to the nearby village to a health center. The doctor said she had died. He referred us to the university hospital." She was speaking rapidly as if delivering a report. I listened, unsure of what to say. Then there was silence on the other end. Suddenly, she shouted, "They will perform an autopsy on my daughter, please don't let them cut her!" I expressed my deep sorrow and assured her that I would do everything I could before hanging up the phone. I remained motionless in my seat for a while.

I started to think about what I could do. I needed to find, and I had to inform the relevant doctor of my patient's diagnosis. I thought that if I mentioned that she had already exceeded the expected lifespan and that these patients often experience sudden death, the issue would be resolved. After all, the reported death of a seemingly healthy young girl was deemed suspicious. For those who didn't know her medical history, it was a valid assumption. That's why I called the head of the Forensic Medicine department at the university hospital to explain the situation. I conveyed the mother's request and expressed my belief that the death was not suspicious.

He said, "I wish they had called you at the time the first doctor examined your patient so that you could tell the doctor all this. After the report says 'suspicious death,' we are obliged to perform an autopsy." That was reasonable. When I explained the situation to the mother over the phone, she calmly accepted it and thanked me. Afterward, I didn't hear from her for six months. I considered calling her from my patient’s phone, but I couldn’t bring myself to do it.

One morning, when my phone rang, I saw my patient’s name on the screen once again. Despite knowing that it couldn’t be her, I was surprised as I answered, hoping to hear her voice. It was her mother again. She wanted to visit me the next day and asked if it was possible. I told her I would be happy to meet with her and mentioned the most suitable time to avoid a brief meeting amid other patients. After all this time, I was genuinely curious about why she was coming to meet me.

As soon as she entered through the door, I knew she was the person I had been expecting. My patient had said that she didn’t want to resemble her mother at all, but she was a spitting image of her. Her shy demeanor further emphasized the resemblance. Without waiting for the conversation to open, I initiated by saying, “My condolences.” She replied, “My condolences, too.” There was no need for small talk or beating around the bush. She immediately handed me a notebook. “She wrote a lot of things in this notebook. Once she said she wrote them because you asked her to. She was even preparing to share it with you on your birthday along with a gift. She was very excited about it. She was indecisive while choosing the gift, fearing that you wouldn’t like it. After her death, we read everything written in the notebook. We were deeply saddened.” She spoke quickly, barely taking a breath, and suddenly fell silent. She couldn’t speak for a while. And neither did I... It was as if she was reliving the emotions she experienced while reading the notebook and waiting to shake them off. Then she suddenly continued, “In a village, such things are discarded, and their value is not recognized. I thought maybe only you could understand the value of this notebook.” She took a deep breath and said abruptly, “Doctor, make it useful!” I took the notebook but didn’t open it. And I wouldn’t be able to touch it for months.

Her mother also handed me a small box. It was supposed to be my birthday gift. It was clearly a jewelry. I told her I couldn't accept it. She said, "If she had just lived nine more days, she would have brought it herself. Now it's her wish for me. You will take this gift, Doctor. There's no other choice!" Her determination was evident in her eyes. I took it and opened it. It was a necklace with a sparkling spiral pendant. I tried to make sense of it. I wished for it to contain a message. Then I realized the meaninglessness of what I was doing and stopped thinking. It wasn't a message; it was just a memory from her. It was meaningful enough.

Words ran out, and it was time to part. She spoke for the last time, "She considered you as her mother." I couldn't understand what she felt as she said that. I replied, "It's natural for her to feel that way with a sense of gratitude. I wish I had the power to keep her alive." We shook hands, and the mother left.

I took the notebook home. I didn't read what was written inside, but my eyes caught the calendar at the beginning. It had my birthday enclosed in a heart, with my name written beside it. Indeed, if she had lived nine more days, she could have come to celebrate. I had started wearing the necklace, the birthday gift, with great affection; I would later realize the true gift of life she had given me.

A long time passed. It was a time when I struggled to carry life, seeing it as a burden. I was overwhelmed by the distress caused by the decisions I had to make and the difficulties I would face in implementing them. Like everyone else, I suffered, considering it the greatest pain. I struggled to cope. I sought solutions but couldn't find my way out. I remembered the notebook during those times. I thought I would find the strength to read it after quite some time had passed. I was mistaken; the control was not in my hands. Now, it was time for the notebook to reach me. The first few pages were filled with short prose narratives written for me. They were beautiful words that would make everyone proud of themselves: how she felt about me, how she placed her hopes and trust in me...

Then the poems began. I was very surprised. I remembered thinking that the poem she gave me was the only one. The notebook was filled with poems, and these poems were filled with emotions. Her perspective on life, the sensations brought about by her illness, the ebb and flow between hope and despair, her address to people, her grievances, what she wrote for each family member, her cries for the man she loved, and of course, her dreams...

When I read the lines “Yes, just as my doctor said, it’s not worth spending even a single day in pain,” from one of her poems, I was left in awe.

A butterfly’s life
Limited to one day,
But full of moments,
Free as its wings.
A life painless…

What if
We also had one-day-life?
Can’t think about.
What fits into that day?
Desires, beyond the expectable
Difficulties, easily called as obstacle,
Regrets from what was inevitable.

Yes, as my doctor said,
«Even it is just one day to live,
It shouldn’t be wasted by grief.»

Life is already short,
Death might be just close.
If I would die tomorrow,
Today was the day bestowed.

These words, which I had forgotten telling my patient, had fallen into the midst of the days I spent in pain. They had come back like a boomerang and taken hold of me. They pulled me out of a whirlpool. They allowed me to take a deep breath. They enabled me to start living again. Without pain... I made decisions and put them into practice, and as I saw that it wasn't as difficult as I had anticipated, I pursued them even more resolutely.

I read the poems, read them again and again. Then I put the notebook aside. I began to think. There was an invaluable legacy in my hands; it was desired for these poems to be valued. They were precious... They were depicting a young girl's relationship with life and illness, both at the same time. I felt that these poems could contribute to those who strive to bring meaning to life, to patients, to my colleagues, to young and old alike, in whatever way they were presented. Her mother was right that I could do this. I also wrote poetry. I was the one who had suggested to my patient to write them. She didn't show it at the time, but she fulfilled my request. Her writings reached me after her passing. I was eager to ensure their value and share them. It was like a miracle for all these conditions to come together.

Interesting things continued to happen. After a while, my patient's father came to see me for a medical examination. My initial evaluation suggested the same diagnosis. Further tests supported it. I explained the diagnosis and treatment to my new patient. After her daughter's loss, he had continued to consume alcohol, perhaps even increased it. Liver tests were significantly impaired. This would also affect the choice of medications. We would start with the medication she had used in her final days to protect liver functions. Thus, he needed to overcome alcohol addiction. The medication treatment showed an excellent response. As he quit alcohol, the test results gradually improved.

During one of his initial visits, he had also brought his little daughter along. He said that she was keen to see me. The baby sister, whom my patient cherished, was now a beautiful little girl. Naturally, she didn't remember her older sister. It had been talked about a lot, but she couldn't picture her in her mind. She didn't seem to mind. After all, she was in her own world of childhood. Her father said she didn't like studying much; he even added, "She's a bit rebellious." I felt saddened, deeply saddened. I even experienced disappointment. I think I felt this emotion in place of her big sister. How much she wanted to educate her sister, to prepare a different future for her. I tried to explain this in a way that a child would understand. Meanwhile, I inquired about the little girl's health, curious if there were any concerns about this genetically transmitted illness. There was no problem. As they were leaving, I told her how much I wanted to hear good news about her and that I would always ask her father about it. She never came again, but she always sent greetings via her father. When a familial illness is involved, it is necessary not to neglect it, so I had her younger brother brought forcibly. All test results came back normal. I was relieved. I don't know what kind of emotions it stirred in the father to receive the same diagnosis and undergo treatment. I can imagine it wasn’t easy. I made hopeful speeches to the father, and since his treatment was going well with a single medication, what I said was convincing. We needed to wait and see what the future holds.

The opportunity to share the poems occurred around this time. Firstly, I was invited by a friend to read the poems and discuss them in a lecture consisting of the two-sided psychological aspects of the process in a psychiatry course, titled “From Illness to Death: A Different Perspective on Trauma.” While preparing my speech, I thought that associating the poems with photographs would be more impactful. I selected them from the photographs taken by my friends. They were suitable for the narrative and would enhance their emotions. I obtained permission to use them. I selected poems that I thought would best reflect the key points I wanted to emphasize. The presentation would consist of only poems and photographs. I would complement the gaps with my narrative. I decided not to be in the spotlight while reading the poems to leave the listeners alone with the poems. This way, I wouldn’t appear to take advantage of poems that I didn’t write. While embarking on this with good intentions, I was being extremely meticulous to avoid being seen as inconsiderate. The question of whether to identify or not to identify the owner of the poems was bothering me. As she was not alive anymore, I had to seek consent from her family. Her mother had handed me the notebook and specifically requested me to use it.

However, I wanted her mother to call me. She refused by saying, “What am I supposed to talk about if I call?” I told her husband that I had prepared a speech using the poems and that I would also deliver these speeches somewhere now and in other places later. I wanted approval. She sent a message saying, “I gave it to her, let her do what she wants.” with her husband. I contemplated the reason, difficulty, and cost of leaving the most valuable memory of her daughter to someone else. It was hard to understand. Perhaps not having the notebook in front of her eyes made her feel more at ease. I decided not to disclose my patient's name. The privacy of the family was now also at stake.

The presentation was designed to show the doctors that the people they were looking after were not only patients but also human beings. My patient served as a living example, especially for medical students - the doctors of the future. The fact that she could do this after her death made the whole event even more mysterious. In fact, I knew from my own experience that what they gained from the story was not only related to their professional lives. The poems allowed for interpretations such as embracing the joy of life, not giving up despite difficulties, appreciating their health, and never losing hope. These were concepts that many of us claimed to know but forgot when it came to putting them into practice. What was there in maintaining the joy of life when everything was going well? When difficulties or reasons for unhappiness arose, hearing life stories like my patient's could be beneficial in being able to accomplish that. Perhaps acquiring the skill of replacing despair with hope could be gained. My patient's story might help people to acquire coping skills in sickness and in health.

I looked for opportunities to reach out to young people. I met with high school students. I wanted to share my patient's story with its other implications about life, accompanied by her poems, besides introducing my profession as a doctor. The questions and comments from the young people showed me that I was doing the right thing. After a speech I gave at a high school, I thought the young girl who came up to me wanting to talk privately would discuss a health-related issue. We moved to a corner. She was as beautiful as a drop of water. She started to tell her story: "There are two girls and a boy. One of the girls is healthy, the other is sick. They are all close friends. The girls both love the boy. The boy is in love with the healthy girl. But they don't want to make their sick friend sad. Do you think it would be right for them to give up their love to not hurt their friend?" I was speechless. I felt that the healthy girl in the story was herself. She fixed her beautiful eyes on mine, waiting for my words as if they were a decree. It was a great responsibility. Yet remaining silent didn’t feel right. However, trying to guide her would be inappropriate. The best option was to honestly state my own opinion. I started by expressing this: “Making external judgments about romantic relationships seems meaningless to me. Only those who experience it can know what and why it is happening. They can choose the right course of action by evaluating their own circumstances. I cannot give you advice; I can only tell you what I think about similar situations.” After this introduction, I continued with a general statement: “I believe that people should treat each other with love, compassion, and care. We choose to be good people and do good things for others. On the other hand, I do not think it is right to do so at the expense of self-sacrifice. We also have a responsibility to be good to ourselves. Speaking honestly will help your friends find the right solution.” I don’t know what she understood from what I said or what decision she reached. As she left me with her bright face, all I could do was wish for happiness in her life.

When it comes to promoting my own poems, I tend to avoid it. However, when it comes to promoting my patient's poems, I never miss an opportunity. It must be because of a sense of duty and responsibility with which I approach it. Each sharing has a significant impact. "I was stuck for a few days. I felt like I was lost in a swamp and couldn't do anything to get out. These poems changed my perspective on life," said another student. After all, I say it's worth it to hear such a comment from even a single person. And I'm sure there are many more.

Poems have such a charm that they not only create their own atmosphere but also inevitably transform the lives they touch. My patient probably did not think that someone other than me would see these poems. In fact, once it was an interesting coincidence when a well-known poet saw the poems. At that moment, I wanted to believe that my patient was watching us from somewhere, feeling happy about what she heard, and being proud of herself. The latest comment provided another perspective: “The meaning reflected in your patient’s poems is very impressive. I felt like I could hear the girl’s cry for existence and life. It awakens a desire for life, both for her and on her behalf, and reminds us to appreciate each day.” It was important because some of the poems translated into English by the owner of this comment would be shared with university students in America. I know they will touch lives there as well. Speaking of “appreciating each day,”

I should run

Free as a bird

Know I can’t

Anyhow still could tramp

I love walking

But envy other people

When they watch me closely

I decry,

Even get angry.

They stand when can run easily

Don’t understand them

Stop walking for empathy

Lose my patience while waiting

The day I run eternally

“I know I can’t run, but I can walk. I don’t understand people, so I stop walking to understand them.” This perspective touches me deeply every time I read it. We, who can run but choose to walk, seem so incomprehensible to her. I understand her. I learned a lesson about life from this perspective. I started to wholeheartedly embrace anything that could bring me happiness and make me feel alive while I still can. Giving meaning to life has become more important to me. Nowadays, I must confess to those who are influenced by my passion for pursuing my dreams that this attitude is partly based on what I have learned from my patients.

Poems have also contributed to my relationship with my patients. I saw their expectations from a doctor more clearly: a smile, listening with respect, and creating a sense of trust by showing command of their concerns. She had hidden some clues for me in a few of the poems she wrote.

In the darkness of my room,
Behind the locked doors,
No one could open.
While waiting hopeless just so,
A light to be turned on,
I said «right, it’s all over»
You never let, come to an end.
It’s you, I am talking about.
All my beliefs and my thought

Not just a doctor of my disease
Also, a person, sign of reliance
Even I worry to fall.
The one who hold me in advance.

To me, she is unlike a doctor.
Remarkably different.
She is closer than my family to me.
She always listened to me with respect.
There is something different in her.
I do not know what I must call her.
Mom, sister, or my doctor.

How can someone manage
To smile all the time?
God's secret angel.
Let illnesses fear her.
Her heart cannot stand defeat…

All this aside, my patient was also showing the blindness of working as "grown-ups who only see numbers" in the medical profession, as described in the book 'The Little Prince'. Relying on measurements and numbers to determine the severity of the illness and predict the expected lifespan of the patient has caused us to miss important details, and now I can see that. For instance, I used the 6-minute walk test performed in the corridor. For me, not being able to walk a certain distance at that time was a bad sign. But those numbers have a reflection of life. I learned from my patient the importance of perspectives that reveal the person beyond the measurements. The hospital corridor can be a symbol of clinging to life, rather than just the place where the exercise test is conducted. While I tried to see the other sides than biology, I had never thought of making such a connection. But how beautifully she showed this.

The corridor of a hospital,
The meaning of life…
One who doesn’t know the corridor,
Also, can’t know what life is.
I have been reborn in a corridor,
The place I owe my happiness.
I want to cry out my freedom.
When I am dancing to the end.

I love the corridor.

Where I discover other people

It is the only place,

We understand each other.

Sorrow could be shared.

Respect, easily ascends.

Even some injurious exist.

It's only field, I feel in peace.

Being among healthy people while being sick seemed very difficult for her. To find peace, she chose to be with people like her, fellow patients, in the hospital corridor. Even if she couldn't walk the expected distance or her oxygen levels dropped, she found happiness there. Now, all the physical evaluations and tests will have an additional meaning for me. I will also consider how these evaluations affect my patient's social and psychological world. Poetry will assist me in conveying this topic to my students and colleagues.

Sometimes, exclusion is not caused by the majority but by a single person. Being abandoned by a loved one, especially in a situation beyond one's control and at the time when support is most needed, is a great pain. There were lines in the poems expressing understanding and wishing goodwill towards the parents at the end of the ones filled with anger towards them. However, there is no forgiveness for the beloved whom she believed had left her stranded. The revenge plan has seemed to me unconventional:

I had made a mistake for trusting you.
I thought you were here to stay.
You turned out to be one of the runaways.
Perhaps the law of manhood is to run away.
I thought you belonged to me.
But you left the doors to your heart.
Wide open all along.
You became the throne to others.
Never mind, do not rejoice in vain.

I have not been defeated by life yet.

I will fight and show you, my power.

My life will be your punishment.

May “I will punish you with my life” be the most humanistic threatening, may not be?

Now I think about her little sister the most. There must be something I can do for her. I want her to study; I want at least one of her big sister’s dreams to come true. The calling to her little sister echoes in my ears:

Yes kid, I do not envy you.

I do not want you to taste a life without love.

But I know you are different from us.

You taste love.

I know it will continue.

Everything does not end with love, nor achieved with money.

You will not know what I have experienced.

You will never understand anyway.

When you grow up

I will have overcome these hard days long ago.

You wouldn’t know what I would have given up

To be in your place.

Claim your purity and cleanliness.

Do not be fooled by the pretense of love.

There are things I will tell you.

You’d better grow up fast.

Life is too short, seize the moment.

If I cannot make it with you,

Look for the right kind of friends for yourself.

May there be a “trace” of imprints left behind by the deceased, instead of a “blank” for nonextant, and may this trace pave the way for those who come after.

By sharing this story, I hope to alleviate the sadness that comes from not being able to keep her alive for longer. As others hear and pass it on, even immortality can be achieved.

RED COLORED *YEMENI*

The young girl who entered my examination room was both familiar and unfamiliar to me. I looked at her face. There was a soft smile... After dealing with so many patients, such a smile would give me the energy to carry on with the rest of the day.

As I was trying to find and open her patient record on the computer, she was speaking. Her voice sounded even more familiar. The distinctive way she spoke due to her neurological condition was memorable. I looked at her face, no, it wasn’t familiar. Then I turned back to the computer and heard her voice without seeing her face; there must have been a previous acquaintance. I expressed my confusion to her as well: “I know we have met before, but it’s as if you’re not the same person.” Her response increased my curiosity: “Yes, I am not the same person you last saw.”

Slowly, I began to remember, both by reading my notes on the medical records and by talking to my patient.

She was thirty years old. Her first visit was about eight months ago. She had been diagnosed with Friedrich’s ataxia many years ago. While she had no major problems initially, she became unable to maintain her balance during her university years, leading to her dependency on a wheelchair. She was unhappy and hopeless, like a living corpse. Her mother and brother were with her. They were also depressed. I first focused on her respiratory issue, which was the easiest part. The diagnosis of asthma was clear. I recommended treatment, but she didn’t have health insurance. I gave her some medications I had on hand. I knew they would be beneficial, so I felt relieved. Then I paused before the next step to gather the strength to look into her eyes. This part was not easy. To say something about the situation that made her life difficult, that stole her future from her, a young girl... But I had to do it; otherwise, our encounter would be incomplete.

I chose my words carefully: “Although I don’t know exactly how you feel, I can understand. Getting used to limitations and living in harmony with them shouldn’t be easy. But you must find a way. Since you are still alive, there must be a way to give meaning to it. Read a lot, for example. Wait, let me give you a poetry book, ‘Loneliness Cannot Be Shared’ by Özdemir Asaf. You may return it if you want or keep it for yourself. You may also write; share your experiences, feelings, and what else you want to share.” Her response didn’t delay; she only focused on one thing I said: “My handwriting is no longer legible.” When limitations take hold of the brain, perception is shaped by them. People only start to see obstacles. I took a firm stand on my suggestion, saying, “That’s okay. Then you make voice recordings, and someone can make the transcription, or you may use a computer to write, or find another way that doesn’t come to mind right now. Just look for it assiduously.” She struggled to hold the book and medication in her hands. She smiled, but sadness lingered. I told them I wanted to see them for a follow-up evaluation in a few days. Her mother responded, “We will come.”

I don’t remember how it was when they came for the follow-up. Was it similar to our first encounter, or did it show signs of today? I had only written on her medical records that the respiratory symptoms started to relieve. Since then, almost eight months had passed.

Her recent appearance and mood deeply affected me. The hopeful tone in her voice when she said, “I am not the same person” and the soft smile on her face... I could see that she was ready to share what she lived through while we were apart. I was curious. I basically knew what happened until we met first, but there were still significant gaps in this part and afterwards about her life, which I wanted to know. Since she wasn’t experiencing any respiratory complaints this time, her visit wasn’t related to asthma. It was the first time she didn’t feel the need for asthma treatment, and for months she hadn’t experienced a single attack. So, we could devote most of our time to a conversation related to her social life and what she wants to share with me.

She began to tell her story. “You brought me good luck. Everything started with the energy you gave me. After leaving here, love entered my life. I got engaged. We’re planning the wedding for the end of summer.” Happiness stirred within me. It was such wonderful news; how could I not be happy, especially when I saw the joy on her face... She said that her fiancé was an old friend who had reappeared after years and confessed his long-lasting love to her. Both families gave their approval, saying, “After you two wanted it...” However, she felt obligated to give details about the way her partner’s parents expressed their approval. It wasn’t in any negative sense. It was filled with cordiality. Her parents always had an implicit worry about her future since she was disabled. The honor I heard in her voice suited the happiness in her eyes so well. Then she said, “I brought your book." "Did you like it?" I asked. She replied, "I liked it, but my mother loved it." The mother blushed, and said passionately, "It's beautiful." I replied in the same tone: It is beautiful. I took the book back to give it to another patient.

My patient also gave me a red colored cotton kerchief (a traditional Turkish scarf named '*yemeni*'); it was decorated with red and white enamel flowers. It was like saying, "forget-me-not" from the mouths of the flowers. She said that she used to give red objects to people who brought her good luck. This time, what she defined as good luck were the words, I had spoken to her about taking control of her life. It had prevented her from rejecting the love that came her way. Instead of feeling sorry for herself or believing she was pitiful, she had convinced herself to do what her heart desired. When she left her window open, spring had entered her life. In all its freshness...

Her asthma treatment was going smoothly. Even though she used to have attacks of shortness of breath when the hay cart passed in front of their house for years, now she had no problems, not even in similar situations. Any medication alone couldn't achieve that outcome. I told her that as well since I wanted her to continue holding on to life under any circumstances. I said if things were going well, she didn't need to come to me for regular check-ups. "Will I never come?" she said. I said if she ever happened to be in the area and wanted to say hello and share good news from her life, I would be very happy. With the help of her brother, she left with her mother, leaving a soft smile on my face.

That evening, I wrote down in my notebook everything that had happened until that point. I shared it with many people by telling. When I learn a lesson about life, I don't like to keep it to myself. But this time, I felt uneasy. I didn't want the person who inspired me to be unaware of what I had written. Perhaps I had distorted the thoughts going through her mind when I interpreted them. I tried to reassure myself by saying that the story lifts the veil of fiction, and the writers have the right to create a story as they wish. No, once it had crossed my mind and I had to be sure. I called the phone number enrolled in the system during the first application, but it was no longer in use. I looked at the address; it had only the name of the village and the door number. I wrote it on an envelope and put what I had written about the story of our encounter inside. I placed the letter in my bag and waited for an opportunity to go to the post office. It would be nice if letters were still being stamped with postage like in the old days, I thought. Although it was constantly on my mind, I couldn't find free time to go to the post office.

A few days later, she came again with another patient. Her neighbor had an appointment for a medical visit with me, and my patient asked to come with her. This time, my new patient was pushing the wheelchair. So, she entered first, and it was a pleasant surprise for me. After apologizing to the new patient, I took out the letter from my bag and handed it to its owner. This time, it was her turn to be surprised. She read the letter while I was conducting my new patient's medical interview. I tried not to look at her face. In fact, I had started to feel a little regret. After all, I had written down my impressions, the emotions it evoked in me, and some unsaid but implied words. What would I do if she told me I was wrong, or if she got hurt by it? She finished reading the letter, and I examined my patient, adjusted her treatment, and completed my work. I had done all these slowly as if I wanted to delay the confrontation. When I couldn't escape any longer, I turned to look at her. Her eyes were shining. It brought relief to my heart. It was a sign of approval. She spoke up, "I felt so special. How could you see all these things about me when you barely knew me? I came here hoping you would be my witness at my wedding." I happily accepted.

We had another meeting before her wedding. I had promised to visit her when I passed through their village, and I kept my word. It was during this time that I learned the rest of her story. Her memories pierced my heart so deeply that I wish I hadn't known. The neurological symptoms had appeared when she was studying in university, during her third year in school. Although her sister had been diagnosed with the same disease years ago, they couldn't accept that it had happened again to someone else in the family. She recalled thinking, "Two people from the same family, we can't be so unlucky." They had visited several doctors, and although they mostly heard the same thing, they continued with a glimmer of hope. Until one doctor said, "Stop wandering around, wasting money and time, my dear. Accept it and start living with this illness." Easier said than done. Yet she tried her best to do what she could.

Living with the illness made life much more difficult. She told me about how she had been saddened by the reactions of the parents of students when she worked in the elementary school as a trainee teacher during her final year of education. The disappointments faced by a young girl whose biggest dream was to become a teacher... During a period when her muscle control deteriorated and her handwriting became illegible, a father approached her while waving a piece of paper and said, “Fix your own handwriting first before finding mistakes in my son’s homework.” When her speech began to deteriorate, and even though it was known that she was ill, another parent shouted, “Aren’t you ashamed to come to school drunk every day?” She thought she couldn’t bear these accusations. She gave up her dream of becoming a teacher. She didn’t go out much on the streets, but sometimes it was necessary. When she tried to walk on the sidewalk with the support of her friend’s arm, she couldn’t understand why the people coming from the opposite direction stubbornly tried to pass through her and even blocked her way. How could these people, whom she didn’t know and who had done no harm, be so cruel? She felt like giving up on people. Staying at home without working had begun to make her feel pitiful for herself. She thought about applying for a job in the disabled quota. Her family welcomed this desire with joy. She passed the civil service exam with a high score, but she was assigned to a distant province. She couldn’t leave her town since her family made a living from farming, and she couldn’t sustain her life on her own. With each obstacle, she became more introverted.

During this time, witnessing her sister’s experiences must have further fueled her resentment. Her sister, who she thought was healthy at that time, had married and moved to Germany. Soon later, when the first neurological symptoms appeared after giving birth to her son, she got the same diagnosis. In contrast to “in sickness and in health,” her husband abandoned her with their newborn baby. She raised her child and established her own life. She had two assistants coming to her house daily, a man twice a week and a woman three times a week. She didn’t have to pay anything for this aid. They did the shopping and the housework. Additionally, she worked with a physiotherapist and a teacher at home. She chose to live away from her family because she didn’t want to give up on this support. The gap between the experiences of the two siblings was so profound that it would drive anyone who heard about it to rebellion.

The wedding day arrived. I was both excited and happy. Both feelings were intense within me. First, I went to the bride’s house. She had told me that there would be a traditional wedding dinner there and she really wanted me to join. It was her day, I didn’t want to disappoint her. During the meal, her parents accompanied me. They were also very excited. I met the other relatives and friends. It was intriguing for them to see me there as the bride’s doctor. It was a village wedding. Chairs and tables were set up in the square by the statue of Sabahattin Ali, a famous writer who published one of my favorite novels named *Kuyucaklı Yusuf*. The music system was prepared at this open-air wedding ballroom. We, the guests, took our seats at the tables. The children and young people from the village were gathering around the square. The wedding was open to the villagers. The moment the bride and groom arrived warmed our hearts. The bride, leaning on her groom’s arm, must have dreamed of such a scene, even if she struggled to walk. The dance floor began where the red carpet ended. We watched their first dance with deep emotions as they swayed with the support of their arms around each other’s necks and waists. The dance was accompanied by confetti. The square was echoing with applauses. The orchestra played another dance music. This time, we also joined them on the dance floor so they wouldn’t be alone. As I passed by them while dancing, I caught her smile, and it made me feel good.

Soon, the music switched to lively folk dances. This must have been done so that the slow dance session wouldn’t be exhausting for her. Thus, the bride sat on a chair in the middle of the dance floor. With her arms raised, she danced and enthusiastically sang along to the songs while the guests took turns dancing in front of her. It was such a beautiful scene to realize how obstacles exist mainly in our minds, and I wished everyone witnessing this event to think the same. Indeed, my patient had not initially envisioned herself immersed in happiness. She only saw the obstacles and even created ones that didn’t actually exist in her thoughts. Then suddenly, her perspective changed, and she chose to take control of her life. Her life changed.

I fulfilled my role as a witness, gave her my wedding gift, and wished them the best for the rest of their integrating lives, and farewelled by saying it was time for me to leave. She didn’t insist on me staying, knowing that I would drive the long way to the city alone that night. She expressed how happy she was that I was there. I said, “I am also happy to be here.” And I truly was.

MEANING OF LIFE

When I approached the hospital bed, he looked good. I told him so. “I’m fine,” he said. Holding my hand, he spoke: “Thank you for everything, doctor. You’ve given me enough time to do what I planned.” I tried to grasp the deep meaning beneath his words. Then he made a request: “Now I have one last favor to ask of you. The number of visitors is limited. Today, let my wife and children all come together. Can you tell the security guy at the door?” I was about to respond when he continued, “Forgive me. This is as far as it goes.” I objected to his last statement, saying, “Come on, it’s not over yet!” How could I know? But he knew. The next morning when I came to the hospital, I received the news of his death.

I have many patients with lung cancer. I absorb their unique stories and am moved by them. Ali Kılıçaslan, with the story I have been telling my friends and students for more than a decade, was very special to me.

When I decided to write about him, I talked to his daughter. When I said, “Of course, I will keep his name confidential,” she said there was no need for that. She was certain that her father would want to be mentioned by name. It suited someone who had tried to be a guiding light for other patients during his illness.

The initial experiences are always the same. They come with a nonspecific complaint. During the first meeting, I explain that there could be dozens of reasons for that complaint. Some possibilities are eliminated, by asking questions as when it started, whether it responded to the treatments given previously, and whether there are any non-respiratory accompanying conditions. Then tests are conducted. Some yield immediate results, while others require waiting. Waiting is difficult. I don’t talk much about negative possibilities to my patient and their families, especially if the initial evaluation had come across the weekend. I arrange an immediate testing at the beginning of the week so that they don’t worry about spending the holiday without doing anything. During this scheduled meeting, I explain everything on my mind, and what my plans are regarding the situation. Sometimes, a family member finds an excuse to come back after they left my office altogether, and says, “Is there something to be afraid of, doctor?” I assure them that I have nothing else to add. My priority is to provide information to my patient, but if the patient gives consent, I can also share information with someone else.

Ali Bey had come first with the result of computerized tomography taken at another hospital. I initiated the process by telling him that I needed to take a biopsy to make a diagnosis of the mass in his lung. We would discuss treatment options when the biopsy result arrived. It could be an infection, a benign tumor, or a malignant tumor. Since the treatments for each are different, a definite diagnosis was necessary. I passed through this process with Ali Bey too. I could see that I had gained his trust. The calmness in my speech, providing all the explanations and answering his questions one by one must have contributed to that. In the end, he said, “Whatever you say, doctor. I leave the decision to you.”

The diagnosis was made: lung cancer. He was forty-seven years old. Until recently, he had been living smoothly, going to work and coming back home on a daily basis. He didn’t consider all this routine living as a stroke of luck because he didn’t have any illness. Like everyone else, his expectations from life were to see his children graduate, find a job “at least a civil worker,” and get married, and lastly, raise his grandchildren. He had one son and two daughters. He only complained about the fact that his son and eldest daughter were living in other cities. He had been going to the coffeehouse for a month since he retired. When questioning the bad habit, he said, “Only smoking cigarettes, doctor!”

We talked about his illness. It was a type of lung cancer that did not require surgery. He would undergo medication treatment called chemotherapy. I mentioned that there could be some side effects. I had another patient years ago who had rushed to the hospital in a panic, saying, “My hair is falling out in handfuls.” As I always do since then, I suggested to Ali Bey that he should cut his hair very short; he admitted it was a good idea. The question of whether he could overcome this disease came up. I told him that many of my patients had benefited from the medication. I added that it was a battle. “I will be by your side as your doctor. The support of your family is also of great importance. Look, they’re not leaving you alone. The rest is up to you. There are many success stories. Why shouldn’t yours be one of them?” He didn’t respond at that moment. He looked out the window. I had given him bad news. He would go through an adaptation process in the face of this news, the extent of which he didn’t yet know but was starting to feel gradually. His defense mechanisms would come into play in the following order: denial, anger, bargaining, depression, and acceptance. If all stages needed to be completed, Ali Bey went through them so quickly that he might have set a world record in the history of psychology.

He was very energetic during his first visit for the drug treatment. His hair was shaved to a zero. I told him it looked great. I heard that he told everyone, “My doctor loved my new look.” His two children who lived far away hadn’t been informed yet. At the beginning, his wife and youngest daughter were with him. “Come on, doctor, give me my medication. I have a lot to do,” he said. That sentence left a mark on the time-frame when I got to know him. After learning about his illness, he confronted his wife and listed all their plans for the near future: “We should bring our son here first, then get him married. But how? We just got our youngest daughter engaged. It would be good if the engagement period was extended so that they could be sure of their decisions and prepare more comfortably... But in that case, the wedding should be held as soon as possible. Oh, I never liked the idea of sending our eldest daughter as a bride to another city! After all, she lived far away, and we have been missing her for years. Fortunately, she confessed that she loves a man who lives here in this city. Let’s buy a plot of land.

Let’s build a four-storey apartment building with my retirement allowance. We finish ours, and when they’re ready to move in, they can finish theirs. We should all gather under the same roof.”

They found themselves in a frenzy. The preparations for the youngest daughter’s wedding began. They rented a house and bought furniture. When my patient came for a chemotherapy session, he put the invitation card on my desk. “You will honor us if you come to our wedding, Doctor,” he said. I thanked him and wished happiness to his daughter. While he still felt good, he wanted to experience a legendary wedding just as he had imagined. I couldn’t attend. Afterwards, his eyes were sparkling as he told me about the beautiful wedding they had.

The eldest daughter had surprised them by coming a little early to her sister’s wedding. When she saw her father with very short hair, she immediately understood the meaning of the words she had heard on every phone call saying, “We went to the hospital, we came from the hospital” She sat down at the stairs and started crying. Ali Bey tried to calm her down by saying it was just a simple cold, and she seemed to believe it. Although they all knew the situation, they chose to pretend as if they didn’t know it. I was very surprised when I learned this. The truth varies for everyone. Perhaps they didn’t find it contradictory to have joyful moments throughout the process because they chose to act this way.

While all of this was happening, my patient never missed a dose of drug treatment. Except for the times when he had to wait due to low blood cell counts, he was at the hospital regularly. Even during his inpatient treatments, he tried to uplift the spirits of the other patients who met him as roommates in the hospital. He was setting a hopeful example for them. He proved the proverb right, “Don’t ask the doctor, ask the one who is suffering.” I observed that the patients who encountered him held on to life with greater strength. He was bringing his plans to life one by one and took great pleasure in sharing them with those around him. He had announced to his friends that if it were up to his son, he wouldn’t get married for a while, so he was looking for a candidate as bride-to-be. Recommendations were coming, but he couldn’t convince his wife. The poor woman, who still couldn’t accept the catastrophe that had befallen them, insisted that she wouldn’t go anywhere to meet any young girl and her family. He had pleaded with his wife once again, begging her to see a girl recommended by a very old friend from his workplace. Unable to withstand Ali Bey’s insistence on the day he finished a chemotherapy session, his wife took their eldest daughter and left. The mother had entrusted all the responsibility to her daughter.

They liked the bride candidate and planned to introduce her to their son as soon as possible, explaining his father’s condition. They decided that the wedding of the eldest daughter, scheduled to take place in two weeks, would be a suitable opportunity for this. After all, their son would also attend the wedding, and if they grew fond of each other, everything would work out. They quickly warmed up to each other, and Ali Bey was the happiest about it. They had already had two weddings. They weren't in a hurry for the third one. Engagement, traditional trays for engagement gifts, henna night, wedding; none of the traditional activities should be missing. He would say about his daughter-in-law, "She's also a mother's girl. My excitement should not overshadow anyone else's dreams." The engagement took place, and he calmed down. No matter how hard they tried, their son's transfer at work wasn't happening. Yet, it wasn't enough for Ali Bey to see his son only when he took leave. He had to find a way to spend more time together. When I heard that he went to see the Governor of the city, following a friend's suggestion, I wasn't surprised. He took off his hat and said, "Look, I have cancer. I came here to ask for your help to transfer my son to this city." He would describe his success to the friends who came to visit him with great enthusiasm.

Throughout his treatment, I never saw a single bad day for him. He took all the medications that I thought would shake him as if he was taking vitamin supplements. There was a significant shrinkage in the tumor. I was happy, but I couldn't fully trust it. Even if we received a good response, there was still a possibility of the disease recurrence. When the treatment was completed, we evaluated the results as a complete response. In this case, he needed protective radiation therapy to the brain. I told him that he could rest a little in between, but he wanted to start the new treatment without delay. He was like watching the movie as if it was on fast-forward. Meanwhile, I was very curious about how those involved felt. At the same time, I feared that they might regret making such rushed and important decisions.

The youngest daughter, who got married first, was pregnant. I thought they made this decision to give their father a taste of the grandchild's love. I remembered dozens of acquaintances who said they weren't ready to have children yet. Everyone has valid reasons. Still, I wondered how a single event could change all priorities to such an extent. My answer to this question constantly changed depending on my emotional state at the moment.

During each of our meetings, Ali Bey would also talk about his experiences. He would share them not only with me but also with other patients. He would say, “Don’t lament your condition, don’t pity yourself. Since it happened anyway, think about what you can do.” It was impossible to know who learned a lesson from him. But he never stopped telling his story, hoping that it would be useful to someone. Towards the end of the process, he began to experience some problems. He would say, “If only I could build a house for my wife, everything would be complete.” His eyes clouded as he mentioned his wife’s long-held dream of moving to a bigger house. He had entrusted everyone to their loved ones and now leaving his life partner alone was causing him pain. They bought that house. They furnished it to their hearts’ content. As they sipped their coffee together, they reminisced about the happy memories rather than discussing their expectations for the future. Their daughter later recounted a story. Once, when they heard the song on the radio, which goes, “There’s a fig tree in front of the hospital/But the doctor couldn’t find the medicine for me,” they both burst into tears and the conversation came to a halt. Then they continued talking as if nothing had happened.

Compared to the medical data of that day, we had managed to achieve a lifespan of more than average for this disease. Within this time, Ali Bey had accomplished many events that would fit into a significant slice of a lifetime. When his shortness of breath worsened, he expressed his desire to go to the hospital for his final stay without being bedridden. Perhaps that concern was the reason he was giving up the fight against the disease. To add another meaning to his life to his fighting, I said, “Look, there are three months left, and you’ll get to see your grandchild.” He replied, “Whether I’m there or not, I know he’s coming. It’s enough for me. I consider him born already, Doctor.” Yes, it was a conscious relinquishment.

During that time, I came across Viktor E. Frankl’s book ‘Man’s Searching for Meaning.’ As he also said, “Man can resist even the worst conditions as long as he finds a meaning worth living for.” That meaning varies from person to person. The timing of finding it may also be different. However, finding it and pursuing it leads to a longer life. When the time comes to depart from this world, in my opinion, what gives a person inner peace is the feeling of having completed what they had envisioned.

Ten years later, I met with his youngest daughter again. In fact, she had come to the hospital shortly after her father’s loss, wanting to thank me. I can imagine how difficult this visit must have been. She couldn’t find me and couldn’t try again the second time. While searching for other ways, she found my father’s web page on the

Internet. She wrote to me there. She mentioned that she chose this route because she believed that it was my family who deserved thanks. It became a source of pride for my father, and it made me so happy. I wrote a reply, but we didn't make plans to meet. Apparently, the time hadn't come yet. After all those years had passed, when I decided to write my patient's story, I found her writings from that day. It was important for what I wrote to be the real-life stories of my patients. Memory can play tricks. I might have made small embellishments or changes to make it the way I wanted. I sent a message to the email address beneath her message, wondering if they wanted to remember those days. Ali Bey's daughter responded to my message immediately. We also spoke on the phone. I asked her the question that I was most curious about. Did they ever regret rushing through all those big steps? She said, "If my father didn't have limited time, I probably wouldn't have made such an easy decision to have a child. But my daughter is ten years old, and she is the meaning of my life. When I look back, I'm glad I didn't wait.” It brought me solace. Our paths had never crossed before. In fact, they had lived on the next street to mine all these years. She invited me to her house. She said I would have the chance to see everyone at once. Indeed, the women of the family were gathered there. They lived in the same neighborhood, under the same roof in a way. Seeing that everything Ali Bey had dreamed of had come true made me very happy. I believed that he had sown the seeds of this solidarity.

We talked about those days, these days. I loved Ali Bey’s grandchildren. I told them how special their grandfather was. Instead of Ali Bey, I embraced them.

I WANT TO DIE AT HOME

Some significant events make people who don't deal much with philosophy in their daily lives, think, and one of them led me to take an interest in end-of-life decisions.

After being hospitalized due to diarrhea, my patient developed a lung infection, and she was of advanced age with many health problems. While trying to fix one issue, sometimes another problem would arise as a result of our actions. My patient kept insisting on going home. Her children were puzzled about what to do in the face of their mother's insistence. I explained that we could fulfill this request only with the consent signatures of the patient and their family. My patient was conscious, and the family members were very attentive throughout the process. After informing them about the consequences of not receiving treatment, just as I did from the beginning, I asked them to make their decisions.

My patient had only one response to all my questions in the informed consent form: “Send me home, if I am to die, I want to die at home.” Our attempts to keep the patient engaged in treatment had become futile.

The family was indecisive and not ready to face the challenges that might arise at home. I could understand them very well. We discussed all the details. I told them that by signing the document, they would indicate that they accepted the responsibility for their mother and that it would be possible for her to leave the hospital. However, they would be deprived of certain treatments that could be provided in the hospital and interventions for sudden deteriorations in her health. However, I would arrange the necessary help and support for treatment and care that could be continued at home. After sending the patient home, I could continue my day without worrying about pondering the subject with my other patients. However, they would experience the consequences of the decision firsthand. It had to be a well-discussed and deeply felt joint decision. If their mother died in the hospital without fulfilling her final wish, they would carry the burden of not fulfilling it, and if she died at home, they would carry the weight of not doing what was necessary. I would wait for them to discuss and inform me of their joint decision.

All our discussions, including my patient's consent, took place in the presence of my students. I felt the responsibility of being a good role model for them. Leading someone astray was a greater fear than committing that mistake. I had to respect my patient's decisions and make all the arrangements accordingly. It was a fact that I couldn't provide the same level of care at home as in the hospital, but the best supportive care was there for such moments. Nevertheless, the further decrease in my patient's life expectancy and the determination she showed to die in her own bed made me believe that I was doing the right thing. I had to clarify the matter beyond any doubt. I knew I would find answers to my questions within the scope of medical ethics. The keywords were "end-of-life decisions," "competence," and "informed consent." Patients should have the right to refuse treatment, but how should I assess this?

The theoretical knowledge that I had gained as a result of my search confused me even more. The issue had different dimensions in terms of conscience, morality, and legality. If my patient's insistence on going home was solely for the sake of not burdening her children and avoiding expenses, I should understand this and advocate for her right to receive treatment. According to the Regulation on Patient Rights in the Turkish constitution, it stated, "Unless legally required, the responsibility for the potential adverse consequences lies with the patient, and the patient has the right to refuse or request the discontinuation of planned or ongoing treatment." It was necessary to inform the patient or their legal representatives, as well as their relatives, about the potential consequences of not undergoing treatment and obtain a written document indicating that this was done. Even after the treatment had already started, it was possible to revoke the initial consent given. However, it was required that there were no medical reasons against it. I needed to fully understand. Where did my legal responsibility begin? Although my patient seemed to have decision-making capacity, I came across opinions in the sources I read, suggesting that knowing her death was imminent would hinder making sound decisions and that the scope of competence would change in such circumstances.

Feeling anxious as I realized there were hundreds of books and thousands of articles on the subject, I tried not to form an opinion without being knowledgeable. But I was overwhelmed by the abundance of data. I thought I needed to consult an expert. I reached out to a colleague who was an expert in deontology and medical ethics, and explained the situation. It greatly relieved me when she said that if I had confidence in my patient and the patient's relatives, it is a moral decision to uphold the patient's right to determine their own future, and legal regulations were also made in this regard.

In scientific sources, this issue was considered "end-of- life care and decisions." The sources indicated that we cannot perform any treatment or intervention without our patients' consent. However, I understood that in cases involving tutelage, patients with impaired consciousness, situations posing a threat to society, or when the intentions of their relatives were deemed malicious, I could seek urgent court or prosecution intervention to obtain a decision. We obtained the necessary document, and both the patient and their relatives signed it. We arranged the most suitable treatment that could be provided in home conditions and said our goodbyes. The next day, I didn't give in to the insistence of a male patient who wanted to leave the hospital, knowing that we were very close to a successful outcome in his treatment. While informing him and his relatives, I explained to everyone listening to me with expectant eyes the scientific and ethical reasons for the necessity of the patient staying in the hospital. The patient, who agreed to stay, left the hospital a week later, having recovered his health, to “live at home.”

I shared this incident in a newspaper article, and I also sent it to an ethics journal. The newspaper publication would help reach patients and their relatives, while the article in the journal would contribute to my colleagues’ knowledge on the subject. I received some reader comments for my previously published articles in the Sunday supplement of this national newspaper. Therefore, I wasn’t expecting to wait long to see the reactions to my new piece. And I didn’t have to wait much. I received a few emails. A son living in a distant city was trying to decide what was best for his mother, who had been pleading to be discharged from the hospital for a few days. He thanked me because he felt that after reading my article, he could make a more informed decision. Another person, who himself believed that hospitals were unbearable, had accepted his mother’s request to be discharged and signed the necessary papers to take her home. He said, “The doctor said she had recovered, her blood sugar was under control, but they wanted her to stay in the hospital for a couple more days for monitoring. My mother and I didn't agree. For now, her condition is good. If it were a risky or critical situation, I wouldn't have taken her out of the hospital even if she wanted to. But the doctor and all of us agreed in the final discussion." One reader had lost his 44-year-old wife and shortly after, his 91-year-old father, who both ended up in the intensive care unit due to lung cancer. He wrote that he shared the sorrow he had been carrying for years because he couldn't fulfill his wife's request when she said, "Don't send me there!" He referred to the emotional struggle he had experienced, mentioning that he understood the conflict I went through based on ethical and human concerns. He talked about how mentally exhausted he was at those times.

In various places, everyone experiences their own challenges. They make decisions based on different aspects. Sometimes, people feel the need to learn about the experiences of others either to know that they are not alone or to seek advice. And sometimes, they simply want to share their own experiences. All efforts are made to feel better. There is always a way.

LESSON BEHIND SUCCESS

I have a patient that I tell all my students about. Each case is unique, but I have to choose among them to share with others. My fundamental criterion for selection is that it has a meaningful message. The message I want to convey to my students about this patient I'm going to talk about here is clear: Behind every successful doctor, there are patients who trust in them.

Our first meeting dates back eighteen years. In the medical record, I had described her as a "42-year-old female patient." She had been receiving treatment for asthma from various doctors for a while, but since the desired improvement couldn't be achieved, she was referred to me for further investigation. It was the right decision. This patient, who had persistent shortness of breath despite receiving appropriate asthma treatment, should have either misdiagnosed asthma or had an additional problem on asthma. When I called her into my office to gather all the results and inform her about her condition, I couldn't have imagined that I would have one of the most interesting conversations up until that point. She had a rare disease, which wasn't well-known, and had limited information available: Pulmonary Alveolar Proteinosis. I had read about it in books. Throughout my twelve years of specialized training, I had never come across a patient with this diagnosis. However, I had theoretical knowledge about the disease, and I began by explaining it to her. Her own proteins and fats were accumulating inexplicably in the air sacs of her lungs. Although there were some studies reported, there was no specific medication widely available for treatment yet. The main treatment mentioned in the books and scientific articles was a procedure called "Total Lung Lavage," where these substances are literally washed out from the air sacs under general anesthesia. I had never performed it before, and I hadn't even observed how it was done. I had made an appointment to send my patient to the one and only experienced team at that time in our country.

This informative session took the form of a mutual conversation. She was trying to understand. She had been living with a different diagnosis for a long time and receiving treatment for it. Although her medications didn’t provide any benefits, it was a condition she knew about, allowing her to compare her situation with individuals diagnosed with asthma. But, I was talking about a diagnosis that she had difficulty even pronouncing. Furthermore, it was a condition whose cause and treatment were unknown, and nobody could guarantee the outcome. Among all the things discussed, the clearest thing she understood was that she needed to go to another city. She would seek treatment under the care of other doctors. And she firmly opposed it.

- I trusted you. I believed that you would restore my health. I won’t go anywhere.

- But I can’t perform this treatment on you.

- I want you to do it.

- I have never done it before.

- I trust you.

- Although I may define myself as courageous, I can’t perform a treatment that I don’t know, and that I have never seen before.

- You can do it. I’ve told you, I trust you. Call your colleagues and do some research from books. I’m not going anywhere.

- Well, then let’s see what we can do.

That conversation went exactly like that. My patient, who was dependent on oxygen and experienced shortness of breath even when lying in bed, had placed a great burden on my shoulders. In front of me was a young woman. Her daughter was about to start college, and her son had yet to go to the military. They had a long list of dreams and expectations from life. She had recently started her own business. She was thinking that the days when she would finally stand by herself were not far away.

I had a risky procedure to perform, and I didn't have any experience in it. It was difficult for me to muster the courage. I conveyed this to my patient as well. When I said, "I have thought about it a lot, and I don't want to take this risk," she insisted, saying, "I'll take it; I'll sign whatever you want." In this situation, I had no choice but to call my colleagues who were already performing the lavage treatment and ask for their opinions. According to what was explained, it didn't seem like a very difficult procedure. It encompassed a few medical procedures done for other purposes. I believed that if I built a good team and obtained support from relevant specialties, I could overcome it. My experienced colleagues from the specialized center wrote down the sequence of procedures and sent it to me. They also assured me that there was nothing to hesitate about. I was surprised as to why it wasn't commonly performed. Being accustomed to operating rooms for some other invasive procedures gave me confidence. I also read about the lung lavage process in books. I put together both the anesthesiology and thoracic surgery teams. We discussed and organized the procedures first in our minds. We felt ready.

Before the morning of the procedure, I gathered the entire family again. I explained the situation to them in full detail. The children were perplexed. They were influenced by their mother's trust and determination, but they couldn't be as calm as she was. In fact, once my patient gave her consent and said, "I have been informed of all the risks, including death, and I accept them," nobody else's consent was required. However, I still cared about their peace of mind. Her husband was extremely anxious. He asked, "Do you trust yourself?" I had to be realistic. Based on what I had been told and read, it didn't seem like an impossible procedure, but I emphasized that every intervention carries risks and that we would make every effort, as a team, to avoid any problems. They fell silent, indicating that they had no choice but to accept.

Our situation in the operating room was quite remarkable. We already had a large group of observers. My patient had been brought to the room on a stretcher and would soon be given general anesthesia to put her to sleep. I had spread the procedure checklist written on a paper and relevant sections from books on a table and the team prepared the necessary materials. I approached my patient. She looked into my eyes and repeated, “I trust you wholeheartedly. There is nothing to worry about. I know you will do your best. Don’t be anxious.” This conversation took the situation far beyond the usual. I was certain that the walls of the operating room had never witnessed such an event before. Her final words before falling asleep were, “We’ll see each other when I wake up.” All of this could have increased my anxiety, but strangely, it put me at ease.

I assumed the responsibility of directing the team. I confidently listed the steps to be taken. We completed the procedure without any problems. A festive atmosphere enveloped me. I was going to spend the necessary time with my patient until she woke up. However, before that, I went to the door of the operating room and informed the anxious family waiting outside. I explained at which stage we were. I mentioned that spending the night in the intensive care unit would be good, but it was more of a precaution than a necessity. The first lung lavage was successful. The procedure had to be performed in the other lung after one week. I expected her to feel even more relieved afterward.

After the night in the intensive care unit, I brought my patient back to her own bed in the ward early in the morning. Apart from the tension caused by not being sedated, she had no other troubles. She repeated many times that she didn't want to be in the intensive care unit after the next lung lavage. I assured her that I would do my best, but, if necessary, we couldn't avoid it. Fortunately, she spent the night at our in-patient clinic and was discharged soon.

Once you start, the rest follows. We were performing the lung lavage, and the body was refilling the alveoli with its own fat and protein. Although it created a feeling of futile effort, after a while, due to the severity of recurrent respiratory distress, we had to perform another lavage on my patient’s lungs. Meanwhile, she was brought to the hospital by ambulance for one of the lavages, in a very critical condition. We had to immediately take her to the intensive care unit. It was at that moment that I grasped another truth. If my patient had listened to me and agreed to receive treatment at the center in another city, she could have lost her life that night since transportation wouldn’t have been possible in this condition. She improved fast even after this hard intervention. Making sure that lung lavage was performed where she was living had been the right decision for her.

The heartbreaking memory of her hospital visit coincided with the time she was sending her son off to the military service. They tearfully said their goodbyes in the hospital room. Both were afraid of not seeing each other again, but they tried not to show this mutual fear, not even allowing the thought to cross their minds.

Initially, she needed continuous oxygen therapy. She carried the oxygen delivery machine everywhere. It amazed her daughter's classmates at the college and, at the same time, planted the seeds of determination in their lives. She didn't stop working at her job. To avoid disturbing her customers with noise, she placed the oxygen machine in the back room by an extension cord and continued her work. It was a situation that initially shocked everyone who saw it and then made them contemplate. She was embroidering dowry items in her atelier that accompanied the hopes of young girls for a better future in their marriage. At the same time, she was representing resilience against hardships to the youngsters.

She never gave up driving. The passenger seat belonged to the oxygen tank. Along the way, she would connect her oxygen and reach the destinations she needed to for work. When she arrived home by car, tired and breathless, she would sit and rest at the entrance of the apartment building. With the help of a plastic cord extended from the third floor, she would recharge her energy with the abundant oxygen from the machine at home. We had researched portable oxygen devices that could be carried like a bag but couldn't obtain one. Nevertheless, she had found a way to create her own portable oxygen setup. It was clear that nothing could discourage her.

My patient's oxygen dependency ceased after the ninth lavage. Her respiratory tests returned to normal, and she continued with her life. The children had finished their studies and managed to put their lives in order. They considered me a part of the family and made me feel that they would come to my aid whenever I needed it. I don't think I need to mention that I was the witness at her daughter's wedding.

After the first experience, we had many patients getting treated in our unit for lung lavage, also from other cities. I was explaining the details of the lung lavage procedure in various meetings as I had built quite an experience on it at that point. Even all my assistants had gained this experience during their training. The only condition was for the patient to be healthy enough to receive anesthesia. It made me happy to know they could apply this treatment in their future workplaces.

In many aspects, this is a success story... That's why it deserves to be told. And it makes us think about what lies behind success. As always, everyone draws their own lessons, which are most suitable for them. Perhaps they adapt them to their own lives, or perhaps they forget. This continues until the next lesson comes along.

REFLECTIONS

In every event, there are two sides: the experience of the person living it and the reflections of what has been experienced. Even if the person shares their experience, it is necessary to hold up a mirror for the reflections. It was only possible to complete the whole picture by starting from the clues and turning them into a narrative.

Experience

I will die soon...

It was about a year ago. I was hospitalized in this ward, maybe a few rooms away. I was bewildered. I was filled with fear. Various possibilities were running through my mind... I couldn’t give myself to life. I was always fixated on the worst possibilities. Nightmares... I had forgotten about sleep. I didn’t want to close my eyes. I was irritable.

I couldn’t make sense of what was happening. Until recently, I had no complaints. I was always running around.

My husband and I regularly went for health check-ups. It hadn’t been three months since the last check-up. I was completely healthy; that’s what they had told me. It was the answer I was expecting, and it didn’t create any additional joy within me. I continued my daily activities as before. I had started experiencing slight shortness of breath, only when I got tired. I attributed it to overexerting myself for some time. I knew it would pass if I could rest.

“Get a chest X-ray,” my doctor said. It sounded like a casual suggestion. The result surprised everyone. My doctor explained the situation to me while my family was also present. In fact, I was supposed to go to the hospital alone. We had left home together because we thought we would get the results and immediately set off for a vacation. Suddenly, all our priorities changed.

According to my chest X-ray, there was a view of cancer spreading somewhere in my body to my lungs. Several benign conditions could cause the same appearance, but to rule out the worst possibility, they needed to start investigations quickly. Investigations were initiated. I was placed in a luxurious hospital room with my daughter. They wanted us to think as if we were at home, but was that possible? A suspicion had started gnawing at me from the inside. Even though we tried not to show it to each other, suffocating doubts were circulating in all our minds. Our faces were unable to hide the real feeling. We couldn't engage in lively conversations with each other as before.

After numerous tests, the pathology report of a nodule they found in the hollow of my collarbone confirmed the spread of cancer. The doctors had already talked to my husband and my daughter before informing me of the cancer diagnosis. They discussed with my family whether to tell me about it since they thought that my family knew me well, and they could anticipate my reaction to such news. Who could? They deliberated and talked about it at length, and ultimately decided that I needed to know the diagnosis from the beginning. Thus, I knew what had been happening all along. Did they do the right thing? I think they did. This way, I had the opportunity to fight, knowing my enemy, not holding on to false hope, and preparing for the end as my hopes diminished.

Even if they didn’t tell me, as things didn’t go well, I would realize that I had been deceived. I could have pretended not to notice, but deep down, something would prevent me from doing so. Furthermore, after realizing that my doctor, and so my family had been lying to me for so long, I could no longer trust them. Yet, as one loses control over life, then needs to believe in the power of someone else; that is when one needs to trust the most. Would I prefer not to know the truth? I don’t think so.

As soon as the cancer diagnosis was made, we started searching for what we could do. We promised each other that we would never give up fighting and that we would defeat this disease. Every new test dealt another blow to our hope. There was no place left where the cancer hadn't spread from the beginning. They couldn't figure out where it originated from. They eventually stopped investigating so that I wouldn't suffer anymore. Treatment options were discussed. There were a few options that everyone agreed needed to be tried, but no one could say how effective they would be. Our enemy was a disease that seemed impossible to eliminate completely. We decided to take action without wasting any time, with the mindset of controlling it as much as possible.

One treatment after another, at last, radiation therapies were performed. They seemed to be working. We stood firm when the doctors said we had exhausted all the possibilities. I was living with limitations compared to before, but I convinced myself that I wasn't sick and that I had defeated the enemy. I was with my loved ones. I was behaving greedier and more selfish than ever before, trying to fill the time I felt was running out with them. At that time, I didn’t have many complaints. I just couldn’t find the strength to deal with animals, even though they had an important place in my life.

Lately, our days had become repetitive. I wanted to sit without doing anything and have my daughter talk nonstop by my side. I found peace in her voice. She was my most precious asset. She was a part of me. Leaving her behind was the hardest part. Even when she didn’t know what to say anymore, I would say, “Talk, even if there’s nothing meaningful to say.” And she talked as I wished.

The final phase, when everything was going downhill, suddenly began. One cannot predict. The question of what you would do if you had a certain amount of time becomes meaningless. The things left unfinished are useless because passions and dreams are erased. Memories become a waste of time... You don’t feel like dealing with moments that have passed. There is only a rebellion big enough to fill a void. That's the only true feeling that remained.

The most vivid question that kept revolving in my mind was "Why me?" I had managed to fit love, passions, achievements, and goodness into my relatively short life, but I couldn't fit in a little more time in this world. People who live aimlessly, who don't bring any good to a single living being, who do nothing but produce evil, they continue their lives in good health, while I am dying. Yet, there are things I haven't tasted, things I haven't had enough of. Then another question comes to my mind. Did I commit a crime? What is my sin? This is another question with no answer to be found. At the same time, I scold myself for spending my remaining time thinking about these things. But it's too late for laughter and conversation, for going out and about. How can one behave as if nothing has changed, knowing it will end soon? After all, it will be incomplete anyway. Besides, I'm very tired. I don't want to move.

But you, don't stop; talk by my side, keep telling me without silence. Whatever it may be... Don't leave me in silence.

First Reflection

She is dying...

Seeing this, knowing it, is very painful. It was even harder at the beginning. People get used to it. No pain lasts with the same intensity as the first moment. Is it really so? Comparing its degree over time is difficult. Is it the changing intensity or its reflection?

"Your mother has limited days left," they said, "it's impossible to give an exact date, but we don't think she will live more than a year." It seemed like relatively good times were ahead, and difficult days were coming. I had to be strong. Until the diagnosis, our nerves were tense, waiting with skepticism, trying to think of happy endings. All our hopes were in vain.

Nothing else mattered to me anymore. For the time left, I decided to dedicate myself to my mother. I applied to suspend my enrollment in the final year of university. The question that was once the most important, “Where should we go on this vacation?” lost its meaning. We consulted all the recommended doctors about my mother’s disease to avoid living with regrets. Their responses were the same. Some treatments were administered. There was only a talk of a possible “temporary improvement.” No one promised more. When one has already lost, what can be considered a gain cannot be determined in advance. A day without pain and spent comfortably was worth the world. But the number of such days decreased gradually.

She was the only person I looked up to. In the midst of life, she was a vibrant woman, sensitive to everything around her. She was both under the influence of emotions and in control of her logic. She had dreams, and she made a big effort to make them come true. She was unique. Anyone who knew her could testify to that.

In the early years of their marriage, my parents went through difficult times. They started a business and progressed together. My mother earned a second university degree. She was very successful and ambitious in her work. She couldn’t stand defeat. Her endeavor was to achieve the best. She did it not only for herself but also to share with those she was with. Since I can remember, our house was never without stray cats or dogs. Eventually, she worked for the establishment of an Animal Protection Society to fulfill another dream. Through this, she managed to provide a safe environment for many animals that she knew she couldn’t take care of alone.

We had a peaceful and harmonious family. We were all educated. Our futures were secure. This was my mother’s primary goal as if she knew what would happen to her... Just when it was time to relax and breathe a sigh of relief, the feeling of never being able to truly relax... That is what I find very difficult to accept. We reached the difficult times that the doctors mentioned during the diagnosis workup.

Suddenly, fear fills her eyes, and her gaze becomes timid. I reach out to her immediately, wanting her to know that I'm there. Most of the time, she only allows me to touch her. It's as if she can't stand the touch of another person. I remain by her side, never leaving.

Since we didn't have financial problems, we always stayed in a private room at the hospital. We turned it into an environment she loved, making it as home-like as possible. Our photos, her favorite bedding, elegant nightgowns, robes, and the bedside books she never separated from, all moved with us. Recently, we have been in the hospital for a while. They would occasionally send me home to rest. I woke up jumping multiple times during the night. In the most frequent nightmares, my mother would reach out to me on her deathbed, and I couldn't hold her hand. I became inseparable from her.

She couldn't sleep; all kinds of sleeping pills were ineffective. If she fell asleep for five minutes, it seemed like she would intentionally wake herself up. She would move, shake her head, and lift her painful arm. She would find a way not to sleep. Eventually, she blurted out, “Will I suffer a lot? What will my death be like?” She couldn’t forget the doctor’s response: “One day, you will fall asleep and not wake up, painlessly...”

On one hand, she pleads with all of us, “Please don’t keep me alive forcibly. Don’t prolong my suffering.” On the other hand, she takes all her medication on time, scolds us even if we miss it for a little while, and is afraid of falling asleep. These last struggling steps... If only they were beneficial. Unfortunately, we have no hope of her recovery.

The reason for our last admission to the hospital is different from the previous ones. Life has become a burden for her. Her pain and distress have increased. We couldn’t wait for the inevitable end at home. It would have been difficult for all of us to watch her in helplessness. In the hospital, there can be momentary solutions to her problems. This way, we can spend our last moments with her fearlessly and without haste. We can say our goodbyes. There comes a time when one gets surprised at what they can accept as gain.

I keep talking incessantly by her side. I say everything I want to say but couldn’t... fill her heart with my voice...

Another Reflection

She died...

She stayed in the hospital for a little over a month. I was in the early years of my residency, and she was one of the first patients I took responsibility for. As part of an experienced team, my duty was to check on my patient frequently and inform the relevant people if there were any issues.

Throughout her admission, we tackled every problem that arose, alleviating her pain and shortness of breath. Her appetite improved significantly. She wanted a different meal for every meal, and the senior doctors told me that in her condition, being able to think of a meal with enthusiasm pushed the boundaries of miracles. However, we couldn’t find a solution for her insomnia. She didn’t experience severe weight loss, and her appearance remained unchanged. Her vital signs were always within acceptable levels. The distress she had during her first admission rapidly diminished. Everything seemed to be going well. As someone who hadn’t experienced much, I also started to hope that things would get better at some point.

She would tell her loved ones and those surrounding her, “Let me go, please don’t keep me alive forcibly.” When she said it to me, I couldn’t figure out what to think even for a moment. I had to respond to her request. After thinking for a while, I told her what made the most sense to me: “Don’t worry about these things.

We will do everything we can for you to get better. You won't have to live as if you're being forced." We had to do what was necessary, and we were doing it. Our goal was to keep her alive as long as we could manage. She was a very cooperative patient. She took her medications on time and followed our recommendations diligently. We were able to give her a gift of one more month with her loved ones. Although it was a final act of kindness, they were content and happy.

I visited the hospital late one night. It wasn't my shift. After going to my office to get a forgotten book, I felt the need to check on my patient. She was doing well in the morning. Nevertheless, I felt I needed to see her. It was as if it was an intuition within me. If I didn't follow it would cause a dense regret.

Her thoughts and words became embroiled. Her family gathered around her. Her daughter was talking nonstop. Her husband's face was pale, and he sat in the chair next to the bed, holding his head in his hands. The scene I encountered shook me deeply at first. I felt like I didn't belong there. Then I approached my patient's bedside. I reached out my hand to check her pulse. Then I slowly lifted my gaze towards her face. She would smile occasionally. At that certain moment, she offered me a smile as well. It was like a gratitude for what we had done. However, I was overwhelmed with deep sorrow because we couldn't manage to keep her alive any longer. I felt that I needed to learn how to cope with the helplessness in the face of death. Now, I had to leave the family alone to bid farewell. I gently caressed my patient's hand. I forced a smile.

As I was leaving, I looked into her eyes one last time. It was important to me what I would see there. The fear in her eyes had finally vanished. I could feel that she was no longer afraid. She was surrendering to sleep. A few hours after I left, she had fallen into her final sleep, never to wake up again.

She was the first patient I lost. I learned a lot, including the delivery of bad news to patients, the possible reactions in such situations, and the involvement of family members in the process.

I had a long time ahead of me to expand my knowledge... Did I truly have?

TO DONATE OR NOT TO FORGIVE[†]

When I look back at what happened, I realize that every event has a reason behind it. I'm going backward, but it's not easy to know how everything started. It's better if I start telling the story from somewhere.

I have guests who come from abroad to travel, most of them are young people. They send their requests to stay at my home through a website, Couchsurfing. A friend of mine started hosting guests shortly after me, using the same system. One of the first requests she received was from a young woman from Iran. Interestingly, she wasn't coming directly from Iran. She had been living in Turkey for a while and was using this system to see other places besides the city she was in.

[†] In Turkish, to donate and to forgive are expressed in the same word, "bağışlamak" and the opposite of "bağışlamamak", which raises the possibility of making a literary pun.

Later, we learned that she had other acquaintances of foreign nationality in this city. They were living together in a unity created by the solidarity that comes with being a minority. She told them about my friend and all her support. They invited my friend to their home so both could get to know each other and show gratitude. They were strangers to us. Instead of being alone on this visit, my friend called me as well, saying that she prefers to draw strength from each other. We found the given address. Many people from different countries were living together in a large house. I thought that those with limited financial resources might have chosen this collectivity.

After getting acquainted with greetings, we started a conversation together. The tea was served at the kitchen table during the group conversations. Then we moved to the living room, and the individual conversations began. At that time, I sat next to an elderly lady whom I learned was American. She asked about my profession. I told her I was a doctor. When I answered her question about where I worked with “university hospital,” she suddenly became more interested. She continued with an interesting question, “Do you know anyone who performs kidney transplants?” I thought she was asking in case she needed a transplant due to kidney failure and receiving dialysis treatment. But her question had a specific reason that never crossed my mind. I told her that I had two friends who were surgeons performing in this field. She immediately got into the topic, “Do you think they would take my kidney?” I thought I heard it wrong. I asked what she meant to clarify it. She said the same thing again, and added, “I want to donate my kidney.” I was truly surprised when she said, “Not after I die, but while I’m alive.” I started to explain to her that she didn’t need to go to a surgeon for that, so she could come to our organ donation unit and sign the necessary documents, and we would give her a card to carry with her. But she insisted, “No, I want to donate one of my kidneys while I’m alive.”

She had come to Turkey recently from China. She lived there for ten years and worked as a teacher. She adopted a child in China. During her time there, her son found a job and got married. After raising his grandson for a while, she thought it was time to leave there. She didn't provide any information about her life in America. I didn't ask for more details from what she shared. Due to cultural differences, I was hesitant to be overly curious and to take the risk of being impolite. During the ten years in China, she tried to donate her kidney but had been refused, saying she couldn't undergo surgery due to her age. This prompted me to inquire about her age. She said he was seventy years old. Immediately after, she asked, "In your country, would they perform surgery on someone of this age?" I told her that age wouldn't be a barrier, but there could be other, more challenging obstacles. We moved away from the presence of others and engaged in a deep conversation.

She had been contemplating this issue for a long time. She mentioned that she lived with two kidneys until this age, and she believed one of them was surplus for the rest of her life. She said that she was unhappy living with two kidneys when there was such a long waiting list for transplants. She was serious. I emphasized the importance of preserving both kidneys and mentioned that if she encountered problems with only one kidney, she would have to deal with a serious illness, as we couldn't predict how long she would live. She was extremely consistent. "I don't have any other health problems. I've been very healthy until this age, and I know I won't get sick from now on. Besides, I am ready to take this risk," she said. I was impressed by her determination. However, there were other obstacles that needed to be mentioned. I had to tell her about them.

My knowledge of the subject was based on conversations with my friends. They had some truly interesting stories about organ donors and recipients. The clearest rule that stuck in my mind was that unless they were relatives, no one was accepted for kidney donation. I heard that this rule was strictly enforced as a precaution since it was illegal to sell organs and turn the donation into a commercial affair. I told her that this was an insurmountable rule. Yes, age was not a barrier as long as her health was good, but legal limitations were significant. “I don’t need to know who it will go to,” she said and added, “Let them perform the necessary tests, check the list themselves, and give my kidney to the most suitable person. You must understand that it is my dream of life!” When she said that, the process had begun for me. I would do whatever I could if there was something within my power. I told her that. Her eyes sparkled. I immediately called my friend who is a general surgeon to ask if there was any way he could help us. He also experienced the same misunderstanding. He also suggested going to the organ donation department. I explained it more clearly. Then he mentioned the legal barrier. I try to clarify saying, “We talked all through these issues. But there is a different situation than usual. She wants to donate her kidney without knowing who it will go to. Doesn’t that erase suspicions?” He didn’t respond for a while. It was clear that he was thinking. I told my friend that I knew this was an unusual situation, but the person I spoke to convinced me. In response, I learned that once approved by the ethics committee, donations could be accepted from individuals outside of relatives. I hung up the phone and summarized our conversation to my American friend. With excitement, she said, "So, there is hope?"

She asked me and I promised to accompany her to the Health Directorate in our city. It would be difficult for her to explain her desire there since she didn't speak Turkish. Moreover, she was aware of the complexity of the situation and was hesitant about not being able to explain it correctly. Even though it took time, she managed to express her problem to me and could make me substantially understand. Starting from the beginning again and again must have seemed daunting to her. We arranged to meet in front of the Health Directorate building on the other day. Explaining the situation to other people was really difficult. The idea of giving her kidney to someone she didn’t know while she was still alive left everyone astonished. We kept having the same conversations. It seemed like we would continue until we reached the responsible person. Meanwhile, to close the topic being brought up, she immediately filled out a form stating that she had donated all her organs after her death. I signed it as a witness, and she put the donation card in her wallet.

I was trying to figure out how we could apply for special permission from the ethics committee. Finally, someone directed us, saying, “Writing a petition is enough.” I wrote a petition in Turkish and proceeded to translate each sentence to her. I had to do it this way, so I could correct the expressions if she had any objections. After all, I had taken on a responsibility, and she trusted me unquestioningly. When I finished, she expressed her happiness that what I wrote was exactly what she wanted and that she was glad I understood her so well. She signed the petition. We had made our application, and now all that was left was to wait. That’s as far as I could go in terms of what I could do. Afterward, I could only provide friendly support. Therefore, I suggested to her that I could make an appointment and arrange meetings with my friend who works in the field of kidney transplantation. She was very happy. I knew that bringing them together would speed up the process. I heard soon that special permission had been signed by the Minister of Health for her to be a live donor. After the necessary tests were done and her results were compared with the patients on the transplant waiting list, the most suitable patient was selected, and preparations for the surgery began.

We met again after the surgery when I visited her in the hospital room. I was very curious about how she felt. There were actually many things that increased my curiosity, but I was hesitant to ask. I would wait for the right moment for her to share if she wanted to. Her stance in bed would make anyone think she was there due to a simple illness. In fact, she didn’t even have an illness, but she had undergone a major surgery. I approached her, and I saw that she was happy to see me.

She immediately started asking questions. She had learned that her kidney had been given to a patient in the next room. She asked if I could go and see him? She was curious about how he was doing. Had he started urinating? She also mentioned that she was very uncomfortable with the pain at the surgical site. Well, they were giving her strong painkillers, but the pain would return after a while. If she had known she would experience so much pain, maybe she wouldn't have had the courage to undergo the surgery. There was no sign of regret in her voice while saying this.

I went to the next room. The person who received the kidney was a 60-year-old man who came from a small village and made a living through farming. His daughter was with him. I introduced myself as a friend of the kidney donor. They told me that they couldn't visit her, and even if they did, they couldn't communicate because they didn't speak the same language, but they wanted to express their gratitude. They also gave me a box of chocolates. The patient who had been saved from dialysis had started urinating for the first time in many years, and his doctors said it was a very good sign. However, he couldn't eat sweets because he had diabetes. They said, "If the American lady can eat them, let her appreciate it and eat plenty." They also added that they would go see her at the first opportunity.

Before entering the other room, I called my friend who performed the surgery. He was happy. The compatibility results showed a very high score, almost as if it was his own kidney. So, the likelihood of the body rejecting the new kidney was very low. He said they would discharge the donor in a few days. Excited to share this new information, I eagerly went to see my American friend.

When she heard the age of the person who received her kidney, she said with a bit of embarrassment, "I wish it had been given to someone younger; my kidney would have been useful for a longer time." I explained to her what a close match meant. It wouldn't be right to give it to a young person who wouldn't adopt the kidney. I don't know if these things reassured her. However, what was bothering me was that after all the thinking, preparation, and determination stages, she got stuck on something unexpected. That's how humans are; it's not always easy to have everything go exactly as they want, I thought to myself. When your biggest dream comes true, you can still lament that it could have been better.

I heard that she would be returning to America after a while. I couldn't remember her mentioning it. We arranged a gathering with my friends for her, and we wanted it to be a farewell dinner. She was delighted to hear the invitation. It was just two days before her departure. It was difficult for her to find time, but she could arrange to come to have dinner with us. It was our final meeting. I told her about a message I received from her friend in America through social media, thanking me for taking care of her. She became emotional. Then she started explaining her decision to return to America. In this conversation, I would learn all the other things I was curious about.

She had agreed while planning the future with a friend with whom she had spent her youth. The plan was if they ended up alone when they grew old, they would live together. Whenever her friend asked, “Isn’t it time to go back?” she always gave a negative answer. She said she hadn’t really considered going back. But after the surgery was over and she started to recover, she suddenly realized that she wanted to live with her friend as they dreamt in youth. She told her friend about this. She said to us, “He couldn’t believe his ears. I used to say I would stay in Turkey for a longer time, but it’s as if I accomplished the reason for coming here. I’ve finished what I came for, and I miss my home.” Clouds passed through her eyes as she said these words. Then she took a deep breath and held my hand. She said, “I couldn’t have done this without you. I had told many people, but you were the first one who stopped and listened to me.” Interestingly, I had been asking myself what led me to take an interest in this matter. I found the answer at that moment. “You had told me this was your biggest dream. I guess the triggering sentence for me was that. Someone who claims to have dedicated their life to making their dreams come true can’t remain indifferent to the dreams of others. Maybe everyone has their own trigger. For example, telling someone else that it is a virtuous act could have the same effect. So, you said the right words to the right person, and you got a result,” I said.

Now I could ask the question I was most curious about. What motivated her to do all this? She told me. Years ago, while in America, she was watching a television program. She came across an interview with an elementary school teacher. This teacher, who knew nothing about organ transplantation before, was talking about how she couldn’t figure out why one of her students hadn’t come to school for a few weeks. When the student returned to the classroom, she asked with curiosity what had happened. When she heard that her student had kidney failure, had to undergo dialysis, and experienced problems that required hospitalization, she felt very sad. The student told her that the only solution was a kidney transplant and that he had been waiting for a suitable kidney on the waiting list for years. After learning these details, the teacher knew what she had to do. She stated in that interview that as soon as the tissue compatibility tests came back positive, she immediately donated one of her kidneys to her student. My friend made her decision at that point when she watched that interview. She believed that programs like this were crucial in creating awareness. Now she hoped that what she had done could be a starting point for others.

Although it had no direct relevance to my field, I heard about different aspects of this issue within a close time-frame. Shortly after my American friend donated her kidney to a stranger in my country and left, I encountered a patient with asthma who shared her own story about chronic kidney disease.

She was diagnosed with kidney failure when she was twenty years old. At that time, she was a newlywed young woman who couldn’t imagine having any health issues. Despite finding various excuses for her fatigue and delaying her visit to the doctor, she eventually confronted the truth. She had early-stage kidney disease.

At that stage, dialysis was presented as a dreaded last resort, and she was given a long list of things to do to avoid end-stage disease. In the face of such a threat, she chose caution. She would only consume as much protein as allowed and meticulously calculate everything she ate to maintain a delicate balance. She didn’t tolerate excess water or salt in her life. If she could avoid dialysis, she was willing to live her entire life like that. She mentioned her family. Her parents, who are still alive and healthy, her three sisters, and a brother close to her age formed a large and supportive family. Such a family brought great happiness, especially for her husband, who had become orphaned at a young age. They lived united and relied on each other. As she described it, “Everyone would make up for what others lacked.” In the early stages of her illness, her older sister came to her one day. With joy in her eyes, my patient expressed how strong she had felt for years. Her sister said, “Don’t worry, I’ll give you one of my kidneys if the necessity occurs.” From then on, she never felt helpless. Her sister also shared this decision with her own spouse and children. Their response was the same: “The kidney is yours, the sibling is yours; you decide.”

For nearly twenty years, she managed her condition through diet and medication. Doctors called her achievement a miracle. Her check-ups every three months showed no problems. However, due to financial difficulties, she had to start working. If she could have anticipated the high price of supporting her household, she would have undoubtedly sought a different path. The demands of the work environment caused disruptions in her diet. Fatigue and stress gradually began to disturb the balance. When she visited her doctor again, she noticed that hopeful conversations had been replaced by serious warnings. The doctor said, “You said your kidney was ready, and now the time has come. At your next appointment, we will either start dialysis or proceed with a kidney transplant. Prepare accordingly and come back.” In response, she simply said, “The kidney is ready; it’s the only thing we need,” and went home.

What followed was a true devastation. She first called her brother. Her brother had accompanied her to the medical tests after initially agreeing to donate his kidney. But after some time, he said, “I can’t do it, my dear.” At first, she thought she had misheard him. But when she realized her brother was serious, how could she force him? She returned home and immediately called her father. She asked him to raise the topic of kidney donation with her sisters, as she knew she wouldn’t dare to receive a negative response directly from them. A week later, her father came and said, “My dear, your sisters are not willing to donate their kidneys.”

At that moment, her world collapsed. She realized that even though she didn't hear it with her own ears, it caused the same pain.

When she was hospitalized for dialysis, her blood values were in a very poor condition. She yielded to the doctor who said they couldn't wait any longer. She couldn't forget that hospital stay. Only her friends, husband, and her husband's relatives stayed with her. For ten days, no one from her family visited her. The question "What have I done to deserve this?" kept circulating in her mind. At one point, she feared she was going crazy. When she saw her sister enter through the door, she was overjoyed like a child. No matter how old she got, she felt that she needed her family's affection, not just a kidney but if they could give her their love, it would be enough. Her sister came to her bedside and said, "I came to make amends. We are going to pilgrimage for religious duty." She just stared at her in astonishment.

The family continued to meet occasionally, but their relationship was never the same. She was receiving dialysis treatment on one hand and trying to maintain her health on the other. That’s when our paths crossed. She was sent to me when her asthma symptoms worsened, and she didn’t respond to any treatment. After a comprehensive evaluation, I planned an appropriate treatment for her and continued to monitor her progress. She no longer had any problems with her asthma. This gave her hope again to become a candidate for kidney transplantation. She enrolled in the long waiting list once more.

During one of her medical visits, she told me that her husband had been willing to donate his kidney from the beginning, but he couldn’t because tissue compatibility couldn’t be achieved. She mentioned the concept of cross-donation. “Someone gives you a kidney, and one of your relatives gives a kidney to that person’s patient.” Once tissue compatibility is achieved, there is no obstacle to doing this. They were included in this list.

At the end of one year, when her husband came home, he told her that he received a call from the transplant center asking if he wanted to remain on the waiting list. At first, she was surprised by this. She wondered why they called her husband instead of her, the one who was the patient. Then she suddenly realized that they were taking this precaution because the donor could change his mind. She told me that with this incident, she realized she couldn't bear any more disappointments.

The dialysis, which was her biggest fear, opened the doors to a completely different world for her. They became like a family with the patients who came for treatment on the same days of the week. The doctor at the dialysis center was a very close friend of her. By knowing that, my patient told both of us that she wanted to take us out for dinner with her friends from the dialysis center. She asked me with such sincerity to join this small group plan that I couldn't refuse. During that dinner, I observed their friendships closely. The three women, whom I called the "Golden Girls," had become very close, perhaps because they were fighting the same problem. It was evident that they had different personalities, and their cultural backgrounds were not the same. The concept of accepting each other as they were had come to life in their friendship.

If I hadn’t seen it with my own eyes, I wouldn’t have believed that not being able to eat whatever they wanted and the limit on the amount they could eat could turn into such a game. They consulted each other for the shared dishes in the middle of the table, asking, “Did we eat this before?” If they hadn’t, even if they desired it so much, they would turn to their doctors and ask, “What if we eat this under your control?” If they pushed her too hard, their doctor, with whom they had overcome who knows how many difficult moments together would give her approval saying: “Well, if you want to eat it, go ahead. Your dialysis day is tomorrow anyway.” As a drink, the waiter recommended their homemade pomegranate juice. I gladly accepted, saying how much I loved it. They all said in unison, “We can’t drink it, but it will be nice to watch you enjoy something you love so much.” After the appetizers, they looked at each other and took out their medication boxes from their bags. When they said, “Okay, it’s time for the phosphate binder tablet. It starts to take effect until the main course,” I had already started watching them with admiration. I would never forget this lesson. In fact, I would put it into practice right away.

She recounted a day during the early stages of her dialysis when her older sister came to visit, the sister who had promised to donate her kidney without any discussion, but then backed out when things got serious. She offered her sister tea while trying to protect her arm with the fistula. They didn’t talk about the illness, just chatted about random things. Her sister quickly entered and exited the kitchen just as she was leaving, and soon after called to say, “I’ll give you a number now. Send all the rugs for cleaning. The ones in the kitchen are very dirty. I’ll pay for it.” She had never forgotten what she said to her sister before the call ended, “Sister, I’m dealing with a life-threatening condition, and you're talking about rugs? Let them stay dirty." She couldn't remember how she left home or how she ended up in that place where she had no idea where she was when she regained consciousness. It was thanks to a kind woman that she found nearby after coming back to herself. When she asked where she was, she learned the name of the neighborhood. She called her husband and asked him to walk in that direction, hoping they might cross paths. She knew she was close to home, but she couldn't figure out her exact location from what she saw. Suddenly, she found herself in front of her own house.

After that incident, she questioned herself for a long time about whether her attitude towards her sister was justified. She thought it might have been an outburst of emotions that had been accumulating for years, the feelings she had kept hidden while acting like nothing had happened and she wasn't upset with anyone. Alongside her sadness, she felt a sense of relief, likely because she realized she didn't want to see her sister again and had severed ties with her, the sister who wouldn’t donate her kidney. “Our people have a sweet tooth, Doctor. I understand why they can’t handle these difficulties. However, I cannot accept making a promise and then backing out, or pretending as if no promise was ever made. If they had said from the beginning, ‘I’m sorry, I don’t have the courage for this,’ or ‘I’m afraid that if I become sick one day, one kidney won’t be enough for me,’ I would have understood,” she said. I saw that even after all those years, she couldn’t forgive. It is crucial that she has been able to find a new balance in life after the emotional ups and downs. She hopes that her donor would be a good person who has donated all their organs while they were alive. At the same time, she doesn’t give up on searching for new meanings.

I know that these stories, where donors (or forgivers) and non-donors (or non-forgivers) intertwine, were not lived in vain, and were not told in vain.

AT THE LAST MOMENT

In the past few weeks, I have become unable to keep up with the changes in my life. I hit rock bottom, was thrown into astonishment, and rose above the clouds. The life I had been complaining about for being monotonous, completely upended me in a matter of weeks.

Until that night, everything was just like any other day. Our marriage, which we had been maintaining for the sake of the children, had turned into constant controversy. We were calm and tender when others were around, but when we were alone, we either became enemies or turned a blind eye to each other. The worst part was that neither of us had been thinking about how to get away from this situation anymore. Then, due to severe chest pain, I took him to the emergency room. The doctor who examined him said they would start with a chest X-ray; that’s how it all began. We were shocked when we learned that he had a fractured rib and incidentally a mass. They gave him painkillers and urged us to go to the pulmonology outpatient clinic the next morning, emphasizing that further examinations were necessary.

I had a hard time getting through the morning. I knew he was in the same situation. I prepared breakfast. I even hurried to get some fresh simit, a special Turkish bagel, from the bakery. He smelled it as he entered the kitchen. We had been finding excuses not to sit at the table together for a long time. This time he was right; he had to be unfed in case blood tests were required. I hadn't thought about it. I quietly tidied up the kitchen. I felt like I was about to fall apart if I didn't occupy myself with something. When he said, "Let's go," I was ready. We got in the car. We usually didn't talk on the way, but that morning silence felt heavier. "You'll see, nothing important will come up," I said. He replied with a muffled "Hmm." I couldn't continue. Thankfully, we arrived at the hospital. We parked the car in the hospital parking lot.

The payment was made on the way out since we didn't know how long we would stay. I hoped we wouldn't stay long. The weather was cold. I was worried about him getting cold and things getting even more complicated. It had been a long time since we didn't take care of each other. He was still carrying the coldness of the night. I knew from my experience that trying to make up with him would only make things worse.

Last night, on the way back from the emergency room, he asked a few of his friends to suggest an experienced doctor. They had agreed on a pulmonologist. We went straight to that doctor's office. After a few other patients, she called us in. She examined the chest X-ray taken in the emergency room that night. I futilely looked at the doctor's face, hoping to catch a hint. At least she seemed calm. I tried to draw strength from her attitude. Meanwhile, I kept looking at my husband. He, however, didn't meet my gaze at all. His restlessness in his seat while discussing the possible causes of the lung mass, was a sign of his unease. The doctor also noticed this, not just me. She began saying reassuring things. “It’s pointless to make any assumptions before a definitive diagnosis is made. I will run some tests immediately. You’re fasting, right?” she said. It was a good thing he hadn’t eaten breakfast; otherwise, we would have had to wait for another day for the tests. We would have waited for the results anyway.

The following happened as if behind a veil of fog. We went wherever they sent us and did whatever they told us to do. The gap between us was deepening even further. We didn’t tell the children. It was as if we had silently agreed not to tell them until everything was resolved. I couldn’t approach him, not only to comfort him but also for my own wellbeing. We had been pushing each other away constantly, without realizing how much distance we had created. As we went to the doctor to receive the pathology results, my knees were trembling, and I couldn’t walk. I wanted to hold his arm. I immediately withdrew the thought. I was sure he would scold me in front of people and humiliate me by pulling his arm away. We learned that he had lung cancer. It was bad news. The good news was that he hadn't missed the chance for surgery. We didn't know what kind of chance it was, but we were impressed by the optimistic attitude of the doctor. They say this is the best of the worst; the lesser of two evils...

Preparations for the surgery began. While he was hospitalized, he didn't want me by his side. I was tormented, wondering how long this estrangement would last. That morning, I prepared some food and went to the hospital. He wasn't in his bed. Bad possibilities immediately came to mind. My face turned pale. I was feeling lightheaded, and if it weren't for the roommate saying, "Don't worry, ma'am, he went to see the doctor," I might have fainted right there. I left a message with the roommate as I left the room to have a tea break in the cafeteria. Without thinking about the crumpled paper cups left on the side and the sesame seeds indicating that they were used for wrapping simit, I collected them and threw them in the nearest trash can. Suddenly, I lost my desire for tea. I wiped the table clean with the guy who ran the cafeteria. The cafeteria was crowded, but I was in no state to hear or see anyone. The fact that there was no one to whom I could explain that the main emotion gnawing at me was guilt, exacerbating my sense of loneliness, which had been growing for some time.

With my head bowed down, I noticed the chair in front of me being pulled back. When I looked up, I couldn’t believe my eyes. It was him. While it was surprising enough that he followed me, the smile on his face was beyond comprehension. “Well, you didn’t get any tea. Come on, let’s go and get two cups of well-brewed tea,” he said. When I jumped up, my chair fell back with a loud noise. He continued with his smile, saying, “Oh dear, you’ll break something. Tea doesn’t run away!” I also bought a pack of small square biscuits to go with the tea. He loved dipping them in his tea. And me... We used to laugh at the ones who could not dip and eat the biscuits without them falling apart. Those days when we could have fun together... He immediately dipped the first biscuit in the hot tea and ate it with perfect timing. He was glad to see that he kept his form. Me too... We started talking at that moment.

While we were waiting for him to have the surgery within a few days, he told me that he had taken a week off before the surgery. I couldn’t make sense of it. After all, didn’t even a single day matter after receiving the cancer diagnosis? I didn’t say anything to him. He seemed very determined. As I packed his belongings, he sat in the chair by the window and looked at the mountains. He was silent, but strangely, I didn’t feel any coldness between us this time. Something good was happening, and I wanted to savor it. We left the hospital.

We gathered the children and told them all about the last week. We seemed accustomed to living with the possibilities and then the reality for some time now. They were bewildered. Furthermore, our sitting side by side and holding hands had confused them. They hadn’t seen such a loving closeness for a long time, so they might have suspected that the situation was more serious than what we were saying. I could see that it was a long-awaited scene. They did what I did; they began to enjoy it. My husband held my hand. I took great pleasure of his touch as if it wasn't me who was pushing his hand away. Moreover, he hadn't felt such an urge for a long time and hadn't attempted to hold my hand. While we were talking, he would also stroke my hand between his palms.

That evening, our dinner was like a celebration. I had shown all my skills in the kitchen. He loved meatballs I cooked. I quickly kneaded the mixture, shaped them, and asked him how he wanted me to cook them. "Let me light the barbecue since you insist on grilling," he said. We didn't want him to inhale the smoke. "Since you insist on grilling, let our son light it," I said. He liked the idea. He called our son, "Come on, son, show us if you've learned how to light a barbecue from your dad." As we ate our meal, the conversation continued. The topics were all about our distant past. We reminisced about the vacations we used to take when the children were little.

They were recalling fond memories. One of them was how the kids were getting angry when I teased their father because he fudged one of my relatives. On the other hand, they didn't consider me above blame.

That night, for the first time in a very long time, we slept in the same bed. He was the one who had left, and he was the one who had returned. I wanted to embrace him, but for some reason, I couldn't. There was no response from him either. However, when I woke up in the morning, I saw that he was holding my hand and looking at me without blinking. He was smiling again. I thought it was the right time, and I needed to find out the reason for this sudden change. Gathering my courage, I asked him what had happened. He told me frankly.

That morning in the hospital, when he went to the doctor, they were talking about his illness when the doctor suddenly said, "Be grateful for the pain that brought you to the emergency room that night; if it hadn't happened, you could have been late." He had told the doctor about what had happened. If I had heard him telling our quarrel to a stranger at another time, I would have gone crazy, but for some reason, it felt natural. He said that he had come at me that night in a frenzy, and I had pushed him away to protect myself, causing him to hit his chest on the edge of the table when he fell. Without any hesitation, the doctor said, “Then you owe your life to your wife,” and suddenly he understood that the doctor was right. He requested a week to make up for it, to replace it with beautiful memories, to melt the ice between us. We truly had an unforgettable week. We exchanged gifts, did things together that we used to enjoy, spent time with our children, and had moments alone. Sometimes I felt ashamed. How could two people at this age walk hand in hand, and gaze into each other’s eyes like lovebirds? But then I said, “Oh well, who cares?”

When the time was up and we had to go to the hospital for him to be operated, the children were with us too. We walked beside the stretcher up to the door of the operating room. His hand was in mine. I kissed his cheek and whispered softly in his ear, “I’ve always loved you. See you when you get out.” He also said goodbye to the children. Waving his hand, he went inside.

The surgery was successful. He needed to stay in the intensive care unit for a few nights. While I was worrying about how I would wait for him to come to my side, the doctor came to me. She told me that she had granted me special permission to be with my husband in the intensive care unit, saying “I don’t want to be the one separating lovebirds.” That way, I could spend long hours beside him. The staff there had been instructed not to interfere with my going in and out of there. They gave me a chair and invited me to have tea in the resting area. I was trying to do my part. I took care of my husband just as I had learned from the nurses, and because they said his coughing was important, I was constantly urging him to cough. When the doctor told me that my contribution had played a role in his rapid recovery, I was overjoyed.

Finally, one morning he was going to be discharged from the intensive care unit. He was free from all the tubes and cables attached to his body. We dressed him in pajamas together with the caregiver, being extremely careful so as not to harm the surgical site. A nurse wanted to transfer himself to a wheelchair. But he didn't allow it. A few people lifted him and gently placed him in the wheelchair, and we were looking into each other's eyes once again. Suddenly, I saw his eyes roll back. I screamed. They laid him on the bed. They checked his pulse and started performing resuscitation. Despite my resistance, they escorted me outside. I don't know how much time passed, but I saw the doctor coming out from inside. There was no need for her to say anything. Her facial expression told me that I had lost my husband. I fainted right then and there.

It was a heart attack. I couldn't understand how he could succumb to his heart after the surgery had gone so well. I couldn't accept that he left me after we had become "us" again. I couldn't bring myself to go to the hospital for a while. When I gathered myself, I wanted to talk to the doctor. It was evident from her saddened expressions that she hadn't expected to lose her patient in such a way. I held her hands. She didn't let me kiss them. "I know what you said to him. If you hadn't said it, we would have parted resentful, even angry. We were both so happy for a week. I wanted you to know," I said. I quickly left her side. I didn't want to cry or see her cry.

Although we had experienced many beautiful things in the early days of our marriage and afterward, I find solace in the memories of that one week the most.

GRADUATION DAY

I was only ten years old. It was the day of the graduation ceremony from elementary school, transitioning to junior high school... Like all celebrations, it has no meaning to me. There was no room in my little heart for any kind of celebration. We had even stopped celebrating birthdays for two years. My parents had asked a psychologist they knew, and she advised them to ask my preference. I had clearly stated that I didn't want a birthday party. Furthermore, I didn't want to go to school either, but my father didn't put that as an option. My father, who always accepted everything I said, firmly rejected that. He stated that the matter was not up for discussion by saying, "Then I'll give up too." That's when a psychologist, I called her Ayça Abla [big sister], entered my life. My parents must have thought that the support of a child psychologist would help me cope with what had happened and what was to come. At a time when everyone was concerned with dealing with their own problems, having someone from outside that circle by my side was indeed the right decision.

No one told me at first that my father had been diagnosed with cancer. They probably thought that this news would be too heavy for an eight-year-old child who was only preoccupied with conflicts with playmates. Maybe they were also being tossed around because they didn’t yet know what they were facing. When I strain my memory, I remember feeling that something was mixed up, changed, and that the ground beneath my feet was unstable. Whether this is a perception I constructed later, I don’t know; because even for memories from my younger years, I still haven’t found the answer to the question of whether I truly remember them or if I shape them with what is told, with photographs, and with what I actually want them to be. I couldn’t have remained unaffected by what happened since I noticed that my parents were constantly going back and forth to the hospital, whispering news in a corner and that my grandmother, despite trying not to show it, frequently had tears welling up in her eyes, which I inferred.

Many things happened in those two years; nevertheless, my father never gave up his cheerfulness, determination to recover, or for what he called his fight. Initially, more intensely, and later, during the periods outside of hospital stays, he played with me, read me books, and talked about his own childhood, early youth, his love with my mother, his dreams, and disappointments, and the emotions that would make me understand what I meant to him. My father etched his entire life, in other words, Ercan Öğretmen’s [Ercan, the teacher] special story, into my mind and heart. Now I understand very well that he did this so, thus his living could accompany me even when he wasn’t with me. I put all my effort into succeeding in my studies. If I didn’t do it this way, my father, and even my mother, might not use their strength, and they could fail. Maybe I could provide strength to rely on and continue the fight in this way. Didn’t my father keep track of my exams and grades through my mother even when he wasn't nearby me? So, my priority for him hadn't changed even in his illness. He still placed my wellbeing ahead of his own. Actually, what I want to narrate is none of these things. It's just that day...

I was only ten years old. I had told my mother the night before that I didn't want to go to the graduation ceremony. When I saw her instantly relieved, a huge burden was lifted off me. We hadn't made any special preparations anyway. Looking back, I see that everyone at home felt the same way, waiting until the last minute to plan according to my wishes. There was no festive atmosphere and no excitement in our family for a long time. Especially when my father's hospitalization kept getting longer and he was eventually taken to the intensive care unit, an early atmosphere of mourning took over the house.

Ayça Abla and I had discussed this matter a day before. As she often did for the past two years, especially when she asked me how I felt, she had a mastery for getting me to talk and reveal what I was hiding inside. That's why for the past year, I had been giving long answers to every question she asked. I did the same this time. I told her what we had been going through for the last month, how I had visited my father several times before he was admitted to the intensive care unit, how he briefly spoke to me in the hospital garden while he was sitting in a wheelchair while receiving serum via an intravenous line attached to his arm, but I hadn't been able to see him at all for the past two weeks due to the strict ban on children entering the intensive care unit. I mentioned to her how much I wanted him to see me finish elementary school, how he always gave me strength by saying he was looking forward to it, and how I kept it a secret from my mother that I knew that not only coming to school but also the home was impossible for him. Finally, I whispered softly, "We're at the end now. The hardest part is about to come." I asked Ayça Abla how to tell my mother that I didn't want to go to the graduation ceremony.

I was terrified of disappointing my mother; causing trouble for her on top of the pain she was already experiencing would be the greatest injustice to her. Even at my young age, I could tell that she was trying to keep up with everything and getting very tired of the tragedy. I was surprised when Ayça Abla told me that my decision would also relieve my mother; I hadn't even considered that it could be like that. Ayça Abla caressed for mess of the hair on the top of my head. She did that at the times we parted, and whenever she touched my blond hair, which was considered long for a boy, it made me feel like my confusion had cleared. She had succeeded once again.

My mother was waiting outside the office for our conversation to finish. When I went to her, she looked into my eyes. She did that to see how I was doing; this time I allowed her to see. My sense of relief transferred to her as well. However, I hadn't told her about my decision regarding the ceremony yet. She said I was too mature for a ten-year-old. I couldn’t tell if she said it with pride or sadness. We were at home around noon. I went to my room. Without thinking, I randomly picked up a book. My father had instilled in me the habit of regular reading, and it allowed me to see not only different worlds but also other people’s pain. I learned from their suffering. When I read the book ‘The Boys of Paul Street’, Nemecsek stayed in my mind for days. While feeling sorry for him, I also thought about courage, dedication, discipline, friendship, solidarity, and self-sacrifice. In the books I read, I encountered children who lost their loved ones and faced great difficulties themselves. Although I didn’t want to compare whose pain was greater, at least seeing that I wasn’t alone on this earth made the pain hurt a little less. If the story I read had a happy ending, I was tickled pink.

At the beginning, I could hold onto hope that my father would recover easily. But as time went on, I had to exert more and more energy to keep my hope alive. That day, everything in the book I picked up was about beautiful things happening, and I was in dire need of escaping to such a world. I would smell the hot chocolate my mother brought and sip it slowly, and as if that wasn't enough, I would envelop each sentence I read with the scent of her hand lotion. Even though the latter took place in my dream world, my nose suddenly started itching. Mixing up dreams and reality was not new to me. My father used to mock my mother's superstitions about passing under a ladder, but I think I was closer to my mother in this regard. I would never pass under a ladder. If my left palm itched, it meant money; if my right palm itched, it meant a fight was coming. Later, I learned that an itchy nose brought bad news...

It was hard for me when my father was in the intensive care unit, and my mother was constantly going back and forth between there and home or also needing to be either there or somewhere else. Since these visits usually followed a certain routine and had approximate timings, there was no room for surprises. I found it so boring that I couldn’t understand how it could be considered a luxury. And to avoid worrying them, I didn’t speak up, but keeping everything inside was also challenging. At night, my mother came to say goodnight to me. I told her that I didn’t want to participate in the ceremony the next day and that I would stay at home instead of going to school. She kissed my forehead and simply said, “Okay,” before leaving. I couldn’t fall asleep no matter how hard I tried. I eventually dozed off while thinking about my father. I woke up abruptly as if escaping from a bad dream.

Friday mornings were disrupting the regular schedule. My mother would go to the hospital early and extend the time spent together with my father as the caregivers could extend the care and morning treatments of the patients with the participation of patients’ relatives. I was incredibly jealous of this because even in our current situation, I saw it as great luck. In a place where I wasn’t allowed to take a step, my mother, grandmother, and aunt had their scheduled times. They were the messengers between my father and me. I caught my mother at the door before leaving home. I had prepared a letter the night before and put it in an envelope, along with a paper fox I had made with origami. I was bursting with excitement. I knew that when my father saw what I had sent, he would immediately remember the Little Prince’s words about taming and understand what I meant. As I hugged my mother, she leaned down and audibly smelled my hair. It was as if she regretted not being able to package that smell. I watched her leave and felt a deep pain circulating inside me; suddenly, I felt like my heart was grazed. It didn’t take long for me to realize that something had gone wrong when my mother’s absence was shorter than expected. Her eyes had turned bloodshot. She began to tell me what happened.

That morning, my father’s doctor wanted to see my mother. While she was getting ready to enter the intensive care unit during visiting hours, the nurse told her about it, and she immediately went to the doctor’s office. My grandmother and aunt were also there with my mother. The doctor talked about recent situation of my father's health, mentioning that the cancer had spread to other organs and that each organ was failing, making it increasingly challenging to maintain a balance by providing supportive medications. The difficulties of maintaining that balance, along with my father's struggle to breathe and the pain he started experiencing, were making his condition worse. My father told the doctor that he was exhausted and had no strength left to hold on. When the doctor suggested putting him to sleep and connecting him to a ventilator to allow him to rest, my father indicated his agreement by lifting his right thumb up a few times, as his voice was barely audible. I remember wondering why my mother was telling me all these details, as I used to receive short updates from my father. Perhaps she wanted me to understand what was happening, to think about it, and eventually accept it. Maybe she wanted to ensure that no doubts, questions, or, most importantly, regrets remained within me.

I reacted strongly to her, more than she expected. I shouted, “Are you going to help my father die?” and ran to my room, slamming the door behind me. It didn’t take long for my mother to arrive at the door and lightly knock. I didn’t want her to come in. At the same time, I desperately wished for her to enter without waiting for my permission, to sit next to me on my bed, and tell me that everything would return to how it used to be. I waited, feeling uneasy when my mother didn’t come inside. I feared that she might have gone to the hospital without taking me, so I opened the door in horror and found her standing motionless outside. I raised my face to hers, our eyes met, and she softly said, “I don’t think we have any other choice, Deniz. You must understand. It’s very difficult for me too. I’m trying to see it as respecting his final wish, not as assisting. Otherwise, how can I continue living?” We embraced and cried together. At the same time, I was trying to summon the strength from within to ask the burning question: “Will I be able to see my father?”

My mother took me to the hospital. My grandmother and aunt went in to see my father one by one. Now it was my mother’s turn. The doctor said there wasn’t much time left. I couldn’t say, “What about me? Won’t I be able to see him?” They took me to the other side of his room, and I was looking into the intensive care unit through a glass wall. He was lying in his small room, in his bed behind the large glass door. I saw that his chest, shoulders, and the upper part of the sheet were bare. I remembered the times we went swimming together. He looked just like the last time I saw him, maybe a little more tired. As if he had been swimming and then collapsed breathless onto the sand... They raised the head of the bed. He also saw me looking at him. A tired, pale face lit up with a warm smile. We exchanged our secret sign. He pointed his index finger of his right hand first to his temporal, then to the left side of his chest, and finally pointed at me: “My mind, my heart, all is you...” At that moment, I grew up.

I don’t remember who took me away from there or how the rest of the day went. The next day, a new chapter had been opened in my life. At such a young age, I knew what I would live for from then on. I would be a good child, a good friend, a good student, a good person, and a good father, just as my father, my teacher, Ercan wanted. His words were filled with compasses that would guide my path. He left them for me like a chest full of treasure. Like the tinkling gold coins that I listened to by placing my hands in between them, listening to my father’s voice...

Today, I am going to the graduation ceremony with great hope. High school is ending. I have worked hard until now, and my biggest dream is to become a doctor. I have no doubt that I will get into medical school. Then, in both my education and professional life, I will be a good doctor by dedicating myself to people. I will have patients who trust me, believe that I have done more than enough for their recovery, and think that I have made their stories more beautiful by being by their side. I will definitely work in the intensive care unit. I will defy the unchanging destinies with my knowledge, love, and dedication, blending them with my touches.

My mind and my heart will always be my father...

GROWING TOGETHER

I remember the day we first met as if it was yesterday. She was a young girl, full of excitement and anxiety, vibrant and mature, realistic and hopeful – a girl who could convey all these impressions simultaneously to the person she met. She had come to the hospital seeking refuge in the calm harbor her family provided, facing a sudden health issue while pursuing her university education in another city to become a teacher. When she entered my hospital room, her father accompanied her. The concern her father felt was almost tangible to me. Nevertheless, he was trying to behave at ease in front of his daughter. He wanted to show that the control was in their hands, but his mind was grappling with uncertainties. How do I know all this? I've been practicing medicine for a long time, long enough to notice these subtleties. Looking back now, I can interpret all better.

It must have been seventeen years ago, judging by her age and my years in this hospital. Let me say what I'll say at the end first so that knowing the happy ending doesn't diminish the interest of the readers throughout this touching story. Moreover, there should be no one wondering if that beautiful girl had gone through hard times. It's natural for readers who know that this is a real patient story, and that I write about the most impactful patient stories, to assume that the book is filled with painful lives and sorrowful losses. However, life in hospitals can be as livable as it can be unbearable. Just as the poet said in his last poem written on an X-ray film: "Do not write your life in the hospital or prison. Someone might be curious about the end. In the hospital, every night, in prison, every morning, a few lives can be lost or lived."

Long story short, this is a happy and hopeful story: a story that not only became a source of hope for its protagonists but also for others.

She was a student in the education faculty, passionate about becoming a teacher. She was a successful student. When happy events followed one after another, she thought life would always continue in this way. Suddenly, when she started experiencing shortness of breath, suggesting that death could be very close, the balance of her life began to change. I don't want to say the balance was disrupted because life has taught me that change doesn't necessarily mean disruption. The chest X-ray taken as the first step in the emergency room was enough to reveal the issue. I say "issue" intentionally because knowing the underlying cause and making the definitive diagnosis didn't involve the medical decision-making process. The doctor said it was pneumothorax, the collapse of the lung and the filling of the space between the pleural membranes with air. She was taken to surgery, but no one in the team thought of sending the lung sample taken from the apparent location of the air leak for pathological examination. I cannot understand why a piece of lung tissue was not sent for pathological examination.

Moreover, my patient has been lamenting about this for years, regretting missing the opportunity to have her diagnosis definitively confirmed.

All of this highlights the importance of providing a notion in medical education and addressing every medical condition, even if it has not been encountered before, with scientific inquiry methods. Increasing awareness about diseases is also crucial. This is the common fate of rarely occurring lung diseases. Awareness about them is low among doctors, and they are referred to as orphan diseases. When I went to a symposium in Cincinnati years ago, I learned that the patients with lymphangioleiomyomatosis diagnosis carry the QR code of the web page containing information about their diseases via a badge that the code was printed on it. When these patients go to the emergency room, they ask the doctor there to read the code and examine the page.

If we turn to our story, my patient came to see me with a huge bewilderment. When the findings of the computerized tomography were combined with the medical history, the diagnosis was evident: Lymphangioleiomyomatosis. As for what to do... There was no cure. The name of a drug was mentioned, but it was not available in our country at that time. It was especially for those whose lung function was deteriorating. I had not encountered a patient with this diagnosis before. Accessing theoretical knowledge was not a problem. I read many articles and shared what I learned with my patient. I talked about the risks of having a child with an emphasis on the possibility of pregnancy and childbirth leading to death. The trauma she already experienced might prevent her from the concern about giving up the dream of having children. She did not dwell on it, and I was not eager to explain this topic in detail, especially at that stage. Later, when she regained composure about her body and illness when she had a relationship that would bring up this topic, we would talk about it somehow. I had done my part and planted a warning in the back of her mind.

Then a long time passed with infrequent meetings. We would meet for control purposes when she came to see her family during the holidays. The absence of respiratory complaints made both of us feel good. She became an English teacher and started working in places where I had gone for the mandatory duty after my graduation from the medical faculty. This situation strengthened our bonds a bit more. Knowing what she would have experienced there, at least socially, and roughly what she would struggle with in terms of social aspects, I kept support doors open for her in addition to the context of medicine. Our sporadic communication continued for some more years.

During that period, another encounter with her is etched in my memory. Her arrival filled me with joy that time. She was radiant with hope in her eyes and voice. It had happened: she was in love. I was genuinely happy for her. She had not given up on life, and now it seemed like she was living more enthusiastically. However, in my opinion, the issue of having a child was still off-topic. We would talk about it when the time came. At that moment, it was time to rejoice in her happiness. And so, I did. They got married. They had been transferred to another city. We didn’t have phone contact. I knew she remembered the childbearing issue, and if she felt the need, she would reach out to me. As my workload increased, her future plans did not become a priority among my concerns. Especially considering the looseness of our connection, I don’t even think what she had to remember. But she hadn’t forgotten because she had experienced and been exposed to these realities firsthand.

I remember when she came to see me one day. I recall being worried by seeing her name on the appointment list that her respiratory distress had increased. When she entered my office with her usual energetic attitude, my concern vanished, but I couldn’t help but wonder why she had made an appointment for a checkup. I quickly observed her, trying to catch a clue. Her face had a smile and the sparkle in her eyes was intact, only her fingers played involuntarily. I couldn’t help but think that not being able to determine what to say or not being prepared for the possible responses could be attributable to these gestures. I wanted to get into the topic without delay, as it would be better for both of us. We did just that. After a brief exchange of pleasantries, she opened the topic without beating around the bush. I just had to listen first, then answer as much as I could.

- You know, I got married. When I was a young girl, and you told me at the beginning of my diagnosis that having a child with this disease would be a risky attempt, I was a girl who had lost faith in love, a girl who had been crushed. I remember hearing what you said, realizing what it meant, and then choosing to set it aside and not think about it because it conflicted with my expectations. This situation continued over the years until I met the other half. I told my husband about this situation when we got married, and he said that nothing else mattered after being together. He still holds the same view, but now I want our love to bear fruit. The desire to experience motherhood is no longer just an inner wish for me. It has almost become an obsession. That’s why I came to you. I’ve always felt your presence with me, and even if we were far apart, I knew I could reach you if needed. Now, I need your support more than ever.

- Ah, my dear, of course, I’m ready to do whatever I can. There’s just one issue. This is a very serious matter. Although I know that you understand and care about it, I don’t think there is anything I can do in this regard.

- Don’t say that’ I came to you because I knew you understand and care about it.

- I’m glad to hear that, and I genuinely want to help. Actually, I should say I would like to, as I don’t think there is anything I can do about this issue.

- Don’t turn me away. Help me make a decision, please.

- Neither I nor anyone else can do this for you. It’s a gamble: nothing might go wrong, but you might also die. There are possibilities at both ends of the spectrum, and if you decide to play this gamble, it should be your choice alone. You shouldn't allow your decision to be influenced by your husband, your family, societal norms, or any factor outside of yourself.

- Understand me, I found true love. I am with the right person. We both passionately pursue teaching. I can't help but think about how special it would be to raise a child together. All these feelings are sincere. Nevertheless, I must also tell you the main reason that I honestly confess to myself when looking into my heart. Considering the possibility of bringing a person into this world if I dare to become a mother makes me feel very good. This not only empowers me but also feels like a challenge to all my fears.

- You described it beautifully. At this point, I reluctantly need to discuss the possibility of leaving that person alone in this world, albeit unintentionally. I'm sorry I have to do this, but as your doctor, safeguarding your life is a more real responsibility for me than that of a person whose existence is still just an idea. There may be no problems, but we might lose you. Therefore, I want you to make your decision without allowing anyone, including me, to influence you.

- I am grateful for the value you have given me. That’s why I came to you. I’m not without fear, I’m terrified. Just as desperately as I want. Maybe you can help me find the balance between these two.

She was not giving up. Her heart and mind took turns taking control, imposing what she wanted on herself, and she wanted to take the safest step for herself and the baby she dreamed of. I thought quickly, trying to figure out what I could do. I made the first suggestion that came to my mind to save some time and reinforce what I said:

- I will contact a more experienced colleague, ask for her opinion, and convey it to you. Right now, that’s all I can do.

- I would be grateful if you could do that. In the previous process, during the time I spent in other cities, I always encountered medical people who had never even heard the name of my illness. With those who knew, communication was challenging, and I couldn’t be sure that I was understood and correctly comprehended. I trust that you will shed light on this for me.

- Trust me, but not with great expectations like shedding light. Trust that I will do my best. That’s the only thing I can promise.

- Even that is a great promise. You can estimate its value for me.

She left with hope, and I sat there contemplating our conversation for a while before reaching for the phone. Trusting my colleague, whom I knew had experience in this matter, I called and briefly explained the situation. The response was the same as mine: It’s a gamble. Additionally, she added: I’ve lost patients before. After conveying the result of this meeting to my patient, with a vague question in my mind about what else could be done on this matter, I once again got caught up in the intensity of work life. It didn't take long for me to find a scholarship to attend a major conference in the United States. This opportunity meant keeping track of developments in my field, improving myself, especially acquiring new information, and discussing possible collaborations with colleagues from different countries. I was not aware that it would be such a remarkable conference that would open completely different doors.

The field I focused on was interstitial lung diseases. Although the rare group did not occupy a significant place in my clinical practice, I had some patients. I was constantly finding ways to help them to manage the process. However, as I attended the panel that day, I was expecting a session on more common diseases. The titles and general topics indicated that. However, the last speaker talked about lymphangioleiomyomatosis. The faint question mark in the corner of my mind suddenly became apparent. In fact, throughout his speech at the panel, he did not mention the topic I was eager to learn the answer to. Given the limited time, it was understandable that becoming a parent was left out the content. Even if mentioned, it would be superficial. For these reasons, to ask detailed questions and benefit from his experience, I had to talk with him, therefore I approached Professor Francis McCormack to introduce myself.

His welcoming to my attempt boosted my courage. After a brief introduction, I talked about my patient and the conversation we had. The professor’s response was the same as mine: “I respond to my patients in the same way, I even exactly say ‘this is a gamble.’, as you described it.” I was glad to hear that. I had guided my patient correctly. After all, where there’s a will, there’s a way. However, after this statement, Professor McCormack made a concrete suggestion: “On the other hand, I have patients who decided to give birth and have children. Since I work in a university clinic where patients with this diagnosis are referred, we follow many patients. If your patient knows English, I can provide your patient with the email addresses of my patients agreeing to contact.” This was a very good idea. We have a saying in Turkish, “Ask who suffers rather than the doctor,” implying that no matter how strong our empathy skills are, it may not be enough to understand the level of understanding between those who experience the disease or health-related problem. I eagerly awaited the return time to deliver this news to my patient.

In a short period, my patient corresponded with several others from the United States who shared the same fate, learning about their pregnancy journeys. In my impression, she actually wanted to carry her baby and needed support to muster the courage for it. Seeing that others had succeeded gave her the impetus to try as well. She would be scared, but still, that fear wouldn’t be a hindrance. Believing that achieving her dream smoothly would be a source of hope for others also gave her strength. When all these factors came together, she became determined, applied for living in the same city as me after a transfer to another school, and obtained my promise to assist her with my medical knowledge throughout the process, then at last she became pregnant.

After that, the next nine months were a pursuit for me too. The contact with Professor McCormack was extremely fruitful, including discussions on some other rare interstitial diseases as well. It happened during the sixth month of pregnancy while I was attending a congress. I had been invited to meet a group of researchers working on lymphangioleiomyomatosis from around the world. During the event, there was a circle of attendees, and the introductions began with a person next to me, proceeding in a round turn in the opposite direction, so I would be the last person to introduce myself. Before it was my turn, several colleagues shared impressive numbers of patients with lymphangioleiomyomatosis they had been following, and they captured the interest of other researchers. When my turn came, I mentioned that I had once encountered a patient who was currently being followed in a distant city. I added my explanation about how I met the professor and shared the events leading up to that point. I concluded by mentioning that the patient was six months pregnant and conveyed her greetings to the meeting attendees. The room erupted in cheerful applause at that moment. When it comes to the human aspect through personal stories, the emphasis of numbers or biology might diminish.

I received the news about the timing of the delivery and the newborn baby as it came from my sister. I was relieved to learn that mother and daughter were safe and healthy. It was the era of social media. Therefore, I could follow the events from there although she didn't prefer to share every moment, just some key points in the journey. I was happy for this lovely family who seemed to fill every moment with joy.

Around that time, another patient with lymphangioleiomyomatosis sought help from my clinic, presenting an intriguing medical history. A forty-year-old, single woman, she mentioned hearing about me as an expert in rare diseases. While I felt honored, the responsibility weighed heavily on me. I was shocked to hear that she had been diagnosed ten years ago and, unable to obtain information from doctors, resorted to the Internet, discovering a life expectancy of only ten years. She had lived each day as if drawing from a ten-year budget, and she revealed that her allocated time had come to an end the previous month. Despite recognizing she was still alive and not near death, she decided to seek consultation as if starting a second life anew.

I realize that if a physician neglects to inform the patient about the diagnosis and the disease process, this void could be filled with misinformation. I had to carefully choose every word I would speak to her, aiming to alleviate the traumatic effects of previous experiences and provide a foundation for her to navigate her way toward a better life. I provided her with all the necessary information and ordered a set of tests to determine her current situation. Fortunately, there was nothing to worry about. Encouraged by this news, she accepted a marriage proposal from someone she loved but had hesitated with due to concerns about her lifespan. As my two patients became friends, they both welcomed daughters shortly after a second for my first patient and a first for my second patient. Now, I have patients who are willing to share their experiences with others.

Three daughters grow up happily, and their mothers as well. I must admit that we grew up together.

LAST WORDS

A book full of patient stories... Stories that have accumulated throughout a professional career, successfully transcribed themselves onto paper, standing out from the rest... If I don’t tell them, it’s as if they don’t exist. If they weren’t told, they would be forgotten. If they are forgotten, it’s as if they were lived in vain. I can’t bear that.

What has been experienced, especially after being written down, changes ownership; now it becomes the reader’s, becoming something that can fill a void with an emotion or thought.

I truly believed in this book, which I saw as a project. It materialized with the support of those who shared my belief. It won’t perish because it has been written, and I won’t perish because I have written it...

THE STORY OF THE COVER PAGE

The picture on the cover page is drawn by Slobodan Dan Paich. He named this drawing as “**She knew how to help her community.**” He sent this precious piece to me on the 18th of August, 2022.

G: What if she sometimes feels tired?

S: Then she is Human.

THE LITERARY WORLD OF GÖKSEL ALTINIŞIK

In the realm of literature, Göksel Altınışık emerges as a new voice, offering fresh perspectives and realistic storytelling to readers. Her literary journey is characterized by creativity, imagination, and a profound passion for storytelling.

Göksel Altınışık was born in Ankara, Turkey, in 1969, and spent her formative years in Izmir, Turkey. Her mother, a Turkish literary teacher, nurtured her passion for writing from a young age. Göksel Altınışık wrote passionately since she could fluently express herself in writing, with her first short story, typed by her mother on an old typewriter, dating back to she was 9 years old. Despite extended gaps in writing during her medical faculty years, she applied to a prestigious young writers' competition, where she earned recognition among the ten promising contestants.

Despite being a relatively new and lesser-known writer, Göksel Altınışık has made significant literary contributions. Her published works include a poetry book titled “Loneliness of a Poppy.” In this poetry book, she shared her poems in Turkish and their English re-writings with the readers. Her first storybook has a special place between literature and medicine. This book titled “As Our Hearts Keep Beating” consists of eleven real patients’ stories. Recently, this book gained some interest in other countries. In the narrative medicine field, this book has an important role in completing the theoretical part through real-life stories written according to the art of medicine. It has been translated into Romanian by Gabriela-Mariana Luca. Now it is in the National Library of Romania as an e-book published by Victor Babeş University. This book has value at the connecting point of the literature and medicine.

The collections of short stories followed the first book in Turkish, such as “Purple Mirror Red Notebook,” “People Are What They Tell,” and “Live Stories.” She has co-authored a poetry book, “The Most Difficult Duel,” and a storybook, “One Within the Other,” with her spouse, Ali Ergur, all these books were published by Lakin Yayınları. Her latest work, “COVID Patients Behind the Glass Wall,” is based on her sociology master’s thesis and has been published as a book by Raskolnikov Kitap. She also co-authored two sociology books titled “Fire and Betrayal: The Experience of Healthcare Workers in the COVID Clinic” and “Coronagraph.” The next step is in the process where an English storybook titled “Self-written Stories” has been publication by Olympia Publishers, London. In 2022, her writing style and themes became the subject of a master’s thesis at Mustafa Kemal University in Hatay, Turkey, emphasizing the thematic richness and variety in her work.

Göksel Altınışık currently works as a pulmonologist at Pamukkale University, Turkey, balancing her professional life with her passion for literature. Göksel Altınışık (Ergur) is listed in the Turkish

Literature Dictionary. Göksel Altınışık has a blog to share daily writings named "Kalemin Izi". She remains dedicated to her roles as a writer, a physician, and a sociologist.

The pulmonologist **Göksel Altınışık** writes as she breathes. Her collection of medical narratives, *As Our Hearts Keep Beating*, is a moving and poignant recounting of her experiences with and reflections on patients who come to her with a host of lung maladies. Dr. Altınışık beautifully portrays her interactions with them and above all, their stories. Following the Turkish proverb, "Don't ask the doctor, ask the one who is suffering," she gives voice to her patients: daughters, mothers, fathers, and more. She does not tell people what to think; she lets them tell their own stories. Each of the 11 chapters is a world unto its own—of the different families and their relationships to one another, of the way the law works in relation to medicine, of the range of social and economic classes in Türkiye, and so much more. Dr. Altınışık makes it profoundly easy for readers to immerse themselves in these worlds and to understand the perspectives of those who are suffering but also the point of view of the author herself. The kindness, empathy, and competence of Altınışık are evident—along with her powerful talent in writing about the lives of her patients, colleagues, friends, and her own.

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