



A Lattice of Loss, a Mosaic of Love

Narendhar Gokulanathan¹ Vishwanath Sathyanarayanan¹

¹ Department of Medical Oncology, Apollo Hospitals, Bengaluru, Karnataka, India

Ind J Med Paediatr Oncol 2026;47:321–322.

Address for correspondence Narendhar Gokulanathan, MBBS, MD, Department of Medical Oncology, Apollo Hospitals, Bannerghatta Road, Bengaluru 560076, Karnataka, India
(e-mail: naren.gokulanathan@gmail.com).

We are an amalgamation of the fears, hopes, resilience, and questions we encounter in our practice. One of the beginning points of my trajectory in oncology was losing my mother to the dreaded disease. It made me acutely aware that beyond the charts and the labs lay a human grappling with existential dread and fear, a person who yearns for a comforting arm on their shoulder. It taught me that our practice of medicine cannot be limited to prolonging survival, and we must strive to preserve dignity in the face of its erosion.

One such experience became part of me when I joined Mr. S's journey somewhere near its end, when his cancer had far outpaced our treatment protocols and scientific advancements. And yet, even as cancer eroded his body, his family and culture remained his fortress.

Mr. S was a young Bengali man in his early 30s who, true to stereotype, carried the music of Tagore's words and the frames of Satyajit Ray with him. I come from Tamil Nadu, and between the nuances lost in translation, we met in a space where the weight of care was carried by gestures and broken communication.

He was admitted for one last time to our wards for pain management. At that time, my role was to merely be a custodian—to guard his comfort and to bear witness to his life, even at its most fragile. As his body was forced to surrender one system at a time, pain formed the rhythm of his days. With every increase in his opioid dose, we counted his breaths and felt for his pulse, fearing that we might cause it to cease.

The boundary between his dignity and dependence increasingly thinned as I gloved up and performed catheterization and manual evacuation when he could no longer manage it by himself. He would look away, lips pressed tight every time we helped him. Sometimes, the kindest thing to do is to work with steady hands and say nothing at all.

His mother, herself a survivor, sat by him every day, eyes carrying both rage and guilt, "Why did I get the chance to live, and not my son?"—a question never spoken, yet pervasive in the air around her. When his dry lips cracked from dwindling

intake, his mother swabbed them with water and antifungal paint, removing the white patches of candida and then rinsing his mouth.

The simple joy of taste had to give way to sustenance. His swallowing faculties diminished, and we had to insert a nasogastric tube. It was all we could do to provide a grieving mother the solace of nourishing her dear child, for what would be the last few times. His father devotedly massaged his limbs, repositioning the pillows to cause him the least discomfort, providing a little more energy to his withering muscles. His sister brought him poetry books and movies that the family watched together during the visiting hours. In medical school, we are taught the natural sequence of organ failure in a person with advanced cancer. But no one tells you about the natural order that fails with it. The ordinary future that families quietly assume simply ceases to exist.

In that moment, I thought about how oncology in our country is seldom limited by the sterile walls of our hospitals. It is practiced in the kitchens and courtyards of our homes, in the whispered prayers of our temples, and in the unrelenting vigils of the family members who become nurses, companions, and key pillars of resilience. It is in this quiet and steadfast fortitude that we doctors find our own strength and support.

He had never pleaded; he had bypassed bargaining and had hurtled into acceptance. He had settled into an unflinching and meditative waiting for the inevitable. My textbooks and algorithms felt hollow in the face of that clarity.

On one of my Sunday visits, he enquired teasingly with a twinkle in his eyes, "Doc, didn't a *Thalaivar* movie release this weekend? What are you doing here?" In that moment, I was disarmed by the levity with which he carried his suffering (and by his awareness of Rajinikanth film releases!) I did not have a good answer. I have since come to understand that our patients do not always want our vigil. Sometimes, they just want us to have the life they can no longer picture themselves having.

On another visit, while his hands could still hold a pen, he had once allowed me a glimpse into his diary: "*Let me not beg*

for the stilling of my pain, but for the heart to conquer it." And we aided his conquest, fighting the small battles, even as we knew and understood the outcome of the war. These 17 words carried more understanding than any book bound in leather and logic could ever hope to achieve.

In the intervening moments of lucidity, I could see the furrows on his face vanish, and a smile play on his lips as his mother's fingers caressed his curls and his father sang to him. "Doc, I could finally sleep yesterday. The pain was mostly bearable."

Maybe poetry and words did dull the pain better than morphine.

In the brief moments when an unguarded smile surfaced, the scaffolding of the numerous tubes seemed to recede, and the person beneath it came into view once more. His family lit up and leaned forward, as if to protect that fragile lingering light, and to bask in their child's simple radiance.

The day arrived without spectacle. His sister clasped his hands, while his father held onto his feet. His mother's fingers wove tirelessly through his hair, as if to knit him back to life—and unwilling to surrender the last minutes in which her child was still hers. I stood by, the smell of betadine clinging to my gloves, engulfed by a dense silence that was not peace.

The five of us heaved a sigh, and for one of us, it would be the last.

His father asked me, quietly: "*Doctor, will there be a postmortem?*" I placed a comforting arm over his shoulders.

The golden afternoon glow came through the window at its usual angle. The universe, indifferent as always to the order of things it casually dismantles, offered nothing in response. Neither did I.

I went to the theater that weekend and watched the film. I had bought the ticket next to me, hoping that the light from the screen might reach this man.

A waning man who, in between rationing his own breaths, decided that my ordinary Sunday afternoon was too valuable to be spent at his bedside.

Authors' Contributions

N.G. and V. S. contributed to the conception and design, manuscript writing, final approval of the manuscript, and were accountable for all aspects of the work.

Patient Consent

Patient consent has been obtained.

Conflict of Interest

None declared.

Acknowledgment

The authors express their sincere gratitude to the patient and their family for their cooperation and consent in the preparation of this article.