

THE LIVER

by Rachel Meirs



To be eligible for a liver transplant, you must be in liver failure, past the point of repair. You need to show that you are willing and able to make the lifestyle changes needed to support the gift of life that a liver provides.



You will be disqualified from consideration if you have uncontrolled infections, cancer outside the liver, disabling psychiatric conditions, ongoing substance abuse, or a lack of social support.

My grandma's cousin Anthony is in liver failure, past the point of repair. Because I live the closest to the hospital, and because it's a good enough excuse to Miss class, I am the evidence of social support

It's been a strange way to get to know someone I only saw on holidays.



At the first appointment, he introduced me to the tall doctor as Caryn (my mom's name). I didn't correct him.

The doctor explained what was "good" and what was "bad" in relation to Anthony's status on the transplant list. Anthony is due for another paracentesis, an unpleasant procedure to drain excess fluid build up (ascites) from his belly. Paracentesis is "good." This moves Anthony from an 11 to a 14. As a reference point, the doctor says that as a relatively healthy twenty-seven year-old, I'd be a 4 - "bad."



He also says we should sign the forms to accept an "extended criteria liver" as soon as possible.

"ONE OF THE SYMPTOMS OF THE ASCITES CAN BE CONFUSION - HAVE YOU BEEN FEELING CONFUSED, MICHAEL?"

"NO."



"HAS HE BEEN FEELING CONFUSED?"

How should I know?

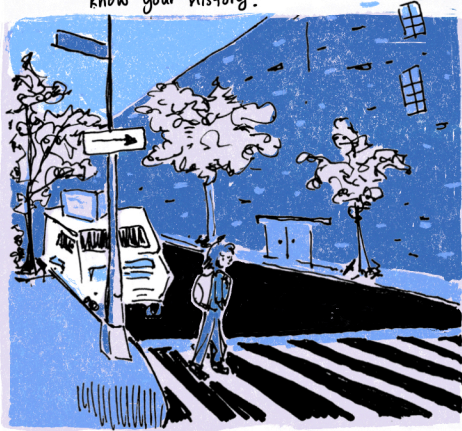
"NOT MORE CONFUSED THAN ANYONE ELSE IN MY FAMILY."



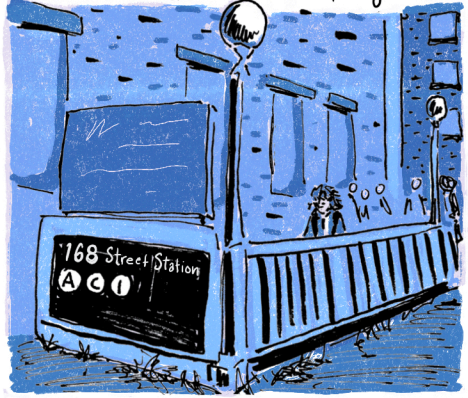
"THANK YOU."



Grandma had tried to prepare me for that first appointment. She kept saying "you have to know your history!"



The history? Anthony is my grandma's youngest cousin, her only remaining cousin, the sole member of a once large family who still lives on the block in Queens where they all grew up.



Anthony's older sister 'Bubbles' (so called for the bubbles she blew out of the corner of her mouth) was born quadriplegic from something to do with "spinal fluid." My grandma, the oldest female cousin, was responsible for looking after her.

Bubbles died when she was eleven years old, on December 11th, at home on 68th street, five days before the hospital called to say they finally had a bed for her surgery. Anthony was born after, to a mother who never recovered from this loss.



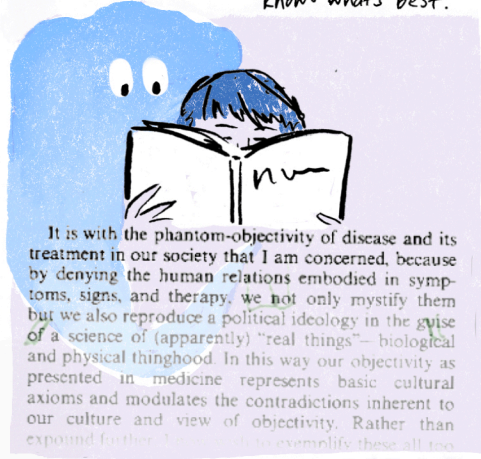
Grandma reminded me to tell Anthony's doctor that "we" have Mediterranean anemia. "It makes my blood low, and I always have to tell them, it's Mediterranean anemia!"

She never mentioned the hypertension, diabetes, and various forms of cancer that so much of the family has also seemed to share.



She pointed to her missing breast and explained that her arm on that side "blows up" and she fights with the doctors every time to not take her blood pressure there (like her brother told her not to twenty years ago at an Easter dinner.

The moral is: doctors don't listen, and family knows what's best.



It is with the phantom-objectivity of disease and its treatment in our society that I am concerned, because by denying the human relations embodied in symptoms, signs, and therapy, we not only mystify them but we also reproduce a political ideology in the guise of a science of (apparently) "real things"—biological and physical thinghood. In this way our objectivity as presented in medicine represents basic cultural axioms and modulates the contradictions inherent to our culture and view of objectivity. Rather than expound further, I will only exemplify these all too

Somehow, none of this ever came up.



When the doctor finally did take a sort of history, Anthony answered all his questions with a strange positive enthusiasm -

I think it made both me and the interns uncomfortable. I tried to avoid eye contact by focusing my attention on the educational posters in the room.

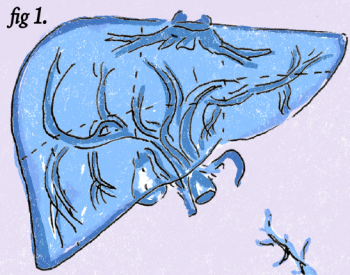


fig 1.

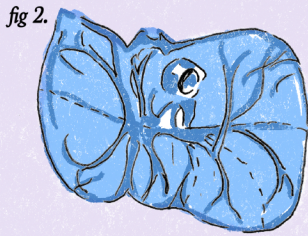


fig 2.



fig 3.

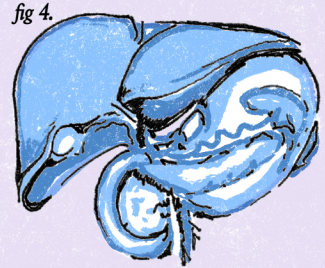


fig 4.



fig 5.

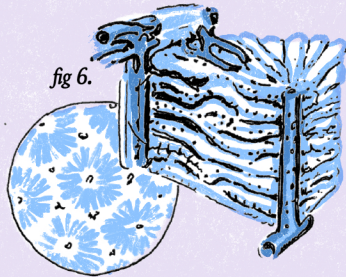


fig 6.



fig 7.

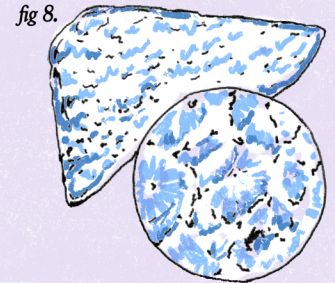


fig 8.

fig 1. Distribution of Vessels and Ducts

fig 2. Liver Segments Visceral View with Biliary Draining Areas

fig 3. Portal System

fig 4. Antero-Visceral View

"SO, YOU'RE AN ALCOHOLIC?"

"OH, YEAH, I'M AN ALCOHOLIC."

"YOU'RE GOING TO AA?"

"YEAH, I'VE BEEN THREE TIMES."

(Attending AA meetings was a requirement for Anthony to get on the transplant list.)

"DID YOU DRINK A LOT?"

"YES, WELL, ONCE OR TWICE A WEEK I'D GO OUT TO THE BAR WITH MY FRIENDS."

"HOW MANY DRINKS WOULD YOU HAVE?"

"TEN TO TWELVE..."

(Anthony looked at me, shrugged, and turned back to the doctor.)

fig 5. Duct System with Gallstones in Common Sites

fig 6. Liver Lobule

fig 7. Liver Segments: Posterior View

fig 8. Cirrhosis

"HAVE YOU EVER GOTTEN A DUI?"

"UH, I GOT PULLED OVER FOR SPEEDING."

"WERE YOU DRUNK?"

"OOH, YEAH."

(Anthony smiled, glanced at the doctor, then at me.)

"WHEN WAS THIS?"

"OOH UH, '71?"

(There was a long pause. The interns exchanged looks again. Anthony looked at me and smiled, then turned back to the doctor, still smiling.)

"OKAY. DO YOU SMOKE?"

"NO... I USED TO HAVE A CIGAR AT A JETS GAME NOW AND THEN."

(Anthony smiled at me, and made a "you know" gesture with his elbow.)



The third appointment was supposed to be with some sort of social worker/financial advisor. Anthony brought his papers in a brown leather folder, a retirement gift from his coworkers the year before.

We are sent to wait in the same small room as last time. A few minutes go by, and then the same tall doctor enters and sits on top of the desk in front of us.

A colorectal carcinoma has definitively ruled out Anthony's chance for a liver transplant. His failing liver and a blood clot rule out any chance of treatment.

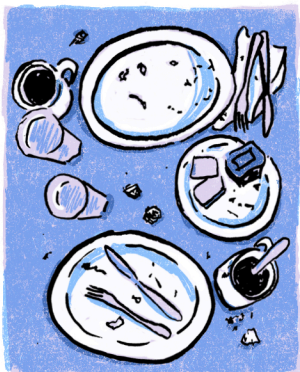
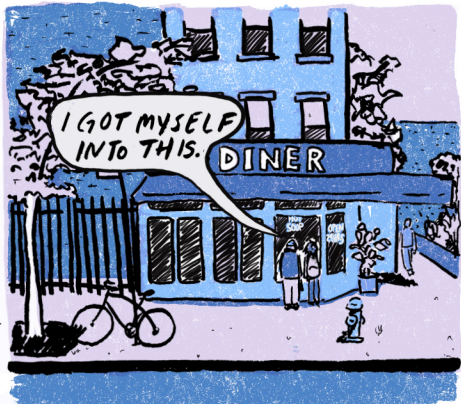


The doctor is very sorry. The doctor says there is no viable treatment for anything.

Anthony has between twelve to eighteen months left to live.



The doctor takes Anthony's hands, apologizes again, then leaves the room.



WHAT ELSE COULD WE DO?