

# A Run with Death

Category: Aging

written by Caylynn Yao | August 31, 2020

I wrote “Katie” on my legs every morning the summer before my first year of medical school. Katie was a childhood friend of my friend Sammy. Sammy and I were doing a charity run across America with the Ulman Cancer Fund; every morning, my team would gather to dedicate our day’s run to a cancer survivor, fighter, or victim. Before embarking on the miles ahead, we would read their stories aloud.

*“Katie,”* Sammy began one morning, *“was a caring friend, teammate, loving sister, and daughter. She was artistic, smart, and goofy. But Katie is also a fighter and leader, bringing people together. Her cancer doesn’t define her. She’s why I’m running.”* She is why I ran, too.

Katie donated her body to science after a full round of radiation and biweekly chemotherapy, ultimately losing her battle to glioblastoma multiforme when she was nineteen.

A few short months after the completion of this run, I was pushing open the doors to a formaldehyde-infused room to start my first cadaver dissection. I was nervous, yet honored and humbled to be granted this learning experience. It would be the first deceased person I would be so intimately in contact with. I was curious to know more about my donor, but feared getting too close would make me hesitant to take part in this curricular requirement. Nevertheless, I was calmed by the 88-year-old woman before me—a courageous woman who gave her body to medicine, a commitment to my medical education. So before I started, I held her hand for a moment.

I thought about the turquoise ribbon I carried with me, which a mother whose young daughter had passed from medulloblastoma sent our team that summer. I thought about Katie. And then my thoughts turned back to the unnamed woman before me, someone I knew almost nothing about. I thought about her family and friends who continued to carry on her life story, and suddenly I became overwhelmed with gratitude for the intertwining of her story with mine.

Too often, medical professionals become desensitized to loss. I certainly turned parts of myself off so I could do dissections with ease. Frankly, there is something inherently unsettling about working so closely with a deceased person. Perhaps it is comforting to know that a cadaver’s purpose is purely educational. But is it truly? In this profession, we are burdened and privileged with the unique task of finding a balance between being human and being clinical.

At day’s end, we are all human. We all age. We caregivers must constantly remind ourselves that our patients are artistic, smart, goofy friends like Katie was for Sammy. Our care should wholeheartedly reflect that.

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