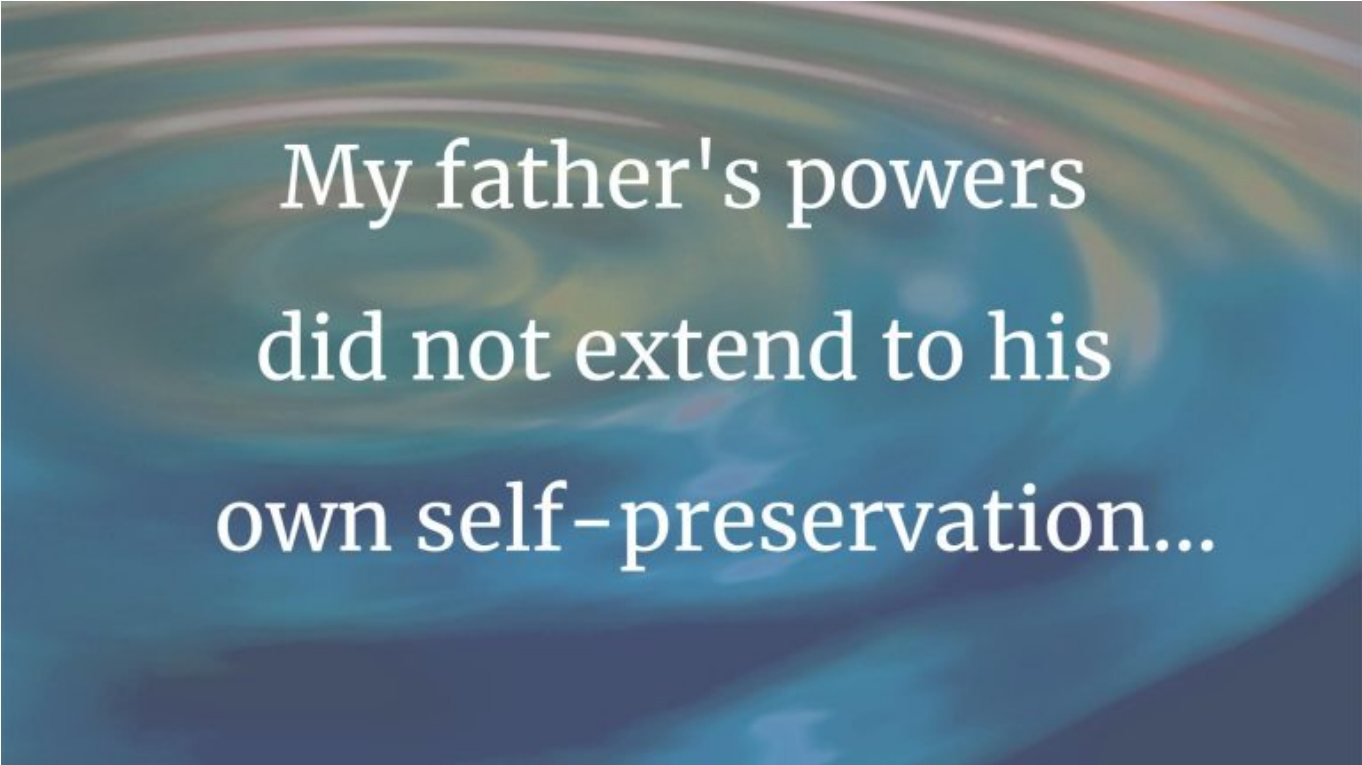


Fear of Flesh

Category: Stories

written by Olivia Schreiber | November 3, 2023



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did not extend to his
own self-preservation...

Sometimes I wish that skin and bones didn't exist. Of course, that would be impossible—the skeleton is the scaffold for our bodies, while the skin is the insulation for vital organs such as the heart, kidneys and bowels. Without our skin and bones, we'd be mere piles of goo on the floor.

Bones are too complicated, for the simple reason that there are too many. As a first-year medical student studying anatomy, I agonized over learning the grooves and prominences where the muscles originate and insert into the bones. I always struggled to find these so-called bony landmarks on our simulated patients.

And flesh...the skin is even more horrifying than the bones beneath it. When I rounded on a pleasant fifty-eight-year-old woman with advanced cervical cancer, she didn't seem that sick—until I realized that she was paralyzed from the waist down, with a weeping pressure ulcer the size of a grapefruit eroding through her lower back.

In my third year of medical school, as one clerkship followed another, I saw a rainbow of colors on my patients' skin: jaundiced yellow, angry cellulitis red, purpuric purple, anemic pallor.

But I never saw cell death—necrosis—in its truest form until this past year, when I saw my father's foot.

My father was an intelligent man who had studied and trained at top universities and medical institutions before finding his *raison d'être* in the

emergency room.

Growing up, my three sisters and I listened to him recount his daily triumphs and losses over dinner. Being a physician gave him purpose, and I could only hope to find a career that would spark the same passion in me.

My father was a dependable man—a provider—and he expressed his love by making sure that my sisters and I had the tools to succeed in school, in sports and in our future lives.

Unfortunately, there was a discordance between his ways of showing affection and my sisters' and my craving for a deeper emotional relationship with him. As I grew older, I came to terms with who he was as a person and took advantage of the moments we did have together: quiet breakfasts at our local diner, brief phone updates on my progress at school, and fleeting but memorable moments of shared laughter.

But my father's powers as a saver and protector did not extend to his own self-preservation. In his mid-fifties, a few years after my parents had separated, he was diagnosed with diabetes. It had gone undetected, likely for upwards of a decade—a direct result of his not having a primary-care physician nor getting regular bloodwork.

For the next six years, diabetes rampaged through virtually every organ system. My father lost vision in his left eye, lost kidney function and lost sensation in both feet. Diabetes increased his risk for a heart attack, which occurred early on, silently and unexpectedly; in its wake, he became a heart-failure patient.

He resigned from his emergency-room position, which hurt him in ways I will never know. His heart's pumping ability tanked, then rebounded after surgery, only to plummet again.

He knew where all of this was headed, but with an incredible mixture of denial and resilience, he continued to work as a physician-researcher in a calmer, more controlled environment where he could still be some semblance of the man he'd been in the emergency room.

Like so many people with chronic illness, he was fine until he wasn't.

The end began with his feet. What was likely a showering of calcified plaque particles cut off the circulation in the small arteries of his leg, leaving the furthest parts of his extremities deprived of oxygen.

Slowly, my father's fifth right toe turned blue, then purple, then an ugly, deathly black.

Over several weeks, his entire right foot grew mottled. The fourth and fifth toes became dry, leathery appendages, waiting for the final sinews to shrivel. Despite all efforts, the foot could not be saved.

Given his poor heart function, my father was not a candidate for amputation. The foot would remain—and likely hasten his death.

Watching my father's foot undergo this dark metamorphosis felt unbearable. But he was not someone I could hold and hug and cry on—he never had been. He'd become more emotionally hardened, perhaps as a safeguard against the chaos that was crashing around inside his head.

And I, a medical student, was afraid to touch him. I was afraid to cause him pain—or maybe I was afraid that he would feel my shattering heart through my shaking hands. I felt frozen around him, something that I'd never experienced before.

What's wrong with you? I berated myself. You've never been afraid to touch the patients you've met in the hospital!

But this was my dying father, and all my training up to now hadn't prepared me for the grief I was feeling.

Then one day I saw my mother—a former nurse, and my father's caretaker—doing what she knew best: wound care.

As I watched in awe, she diligently inspected his feet, applied antibiotic ointment to any open wounds, then wrapped his foot in gauze before gently placing a sock over her masterpiece.

She was not afraid of his dying foot. She was not afraid to touch a dying man.

As I saw my mother perform this act of love day after day, it became clear to me that *I* would have to do it. I realized that I wouldn't have many more opportunities to feel my father's presence or place a hand on his skin. My father did not express love through physical touch, but *I* did. This was my opportunity to show him my kind of love in his time of need.

So I did.

Over the next few weeks, whenever I went over to visit my father, I would wash my hands, grasp his foot and gently unwrap the gauze, holding my breath. His foot was not malodorous, but each unraveling revealed a deeper shade of black, a signal that the end of his life was one day closer.

I would inspect his other toes, grateful to see normal flesh, and apply antibiotic liberally to any skin breaks. Then I'd wrap up his foot again.

I never did it quite as well as my mother, but that mummy-wrapped foot was my own masterpiece. I continued this new ritual until my father was re-hospitalized for worsening heart function and an acute gastrointestinal bleed. This time, my family realized, he would not be coming home.

In the final hours of my father's life, he lay on a hospital bed surrounded by my mother, my sisters and me. His necrotic foot was hidden beneath blankets. I couldn't see its shriveled black tissue—I didn't need to. Instead, I sat next to him, stroking his arm, respecting his hardened boundaries but allowing mine to soften.

My mother sat across from me, her hand on his shoulder, her wet eyes watching me as I touched his face. His skin was no longer to be feared, but rather to be caressed and prized and loved.

He took his final breaths; his heart rate slowed from 165 to 100 to 30 to zero.

As part of Jewish custom, at least one family member must view the body during the funeral to ensure that the correct person is buried. We all decided to say our last goodbyes together.

My father's pallor matched his white shroud; his nails, now blue with deoxygenated blood, provided a stark contrast.

Without hesitation, I placed my warm hand on his forehead. Its coolness brought a complex sense of comfort.

In this moment, I no longer feared the flesh of a dead man—the flesh that held this man's history, his love for his children, and his tired body, now ready to rest.