

**From:** [Gordon Slifer](#)

**Sent:** Sunday, June 23, 2013 5:25 PM

This is long and perhaps it will seem like it is going to be far too long / winding. Read it only for as long as you find it interesting. You will not hurt my feelings. I just did not want to "move on" without some type of explanation and goodbye.

I guess there is no putting the task of writing this e-Mail off. The drugs on which they now have me are so strong that had not pieces of this document you are reading been previously written before ( to family members mostly ) it could not have been written by me. "Mental facility, muscle coordination, hand eye thing".

You could start by reading the attached PDF, the stuff most of us can understand will be on the first pages.

Well, let me start a bit earlier. About 7- 8 weeks ago, I got up, shaved, etc. and sat down to put on my socks and shoes. To my surprise, I could not cross my left leg over my right leg ... at least I could not pull my left leg up high enough to slip into my socks / shoes without a surprising amount of pain. Oh well, getting old I guess. For the next week or so, I got along with that and suffered no issues the rest of the day. I even took Patricia to her doctor's appointment that week.

Then pain started to move down my left thigh. It was "internal", transitory and truly unpleasant. That is when I also discovered that there was no way I could sleep in bed.

Then I experimented with that idea by trying to sleep in a recliner. And so after several nights of no sleep at all, I occasionally managed to get 1 to 2 hours of sleep per night. Deciding this pain wasn't going to go away, I headed to my doctor and learned that he was at home base in Mayo Clinic in Rochester for one week of intensive training to keep his skills current. I let his medical assistant take a look and that led to some x-rays looking for joint damage. (None).

When my doctor returned, he worked me in right away and, after noticing some reflex issues with my left leg, he ordered a neuro-muscular exam. So, I went to a clinic that did that. First they attached electrodes to my leg

and applied current to check how my leg and the muscles reacted. Then they inserted acupuncture type needles (with wire attached) into the leg muscles and experimented with various current levels.

Listening to them talk as they worked, I could hear they were most interested in L4. (Lumbar 4) Seems that if a nerve or muscle is misbehaving, this test helps them determine where that nerve attaches to the spinal cord.

At this point, I was in a physically state of absolute exhaustion. Literally a waking zombie. It had been almost two months since I could even lie down in my bed. On scattered rare nights, I'd be so wiped out that I managed to grab a couple hours of sleep in the recliner, usually after 6 AM. So I was running on exhaustion fueled periods of meaningless sleep. I knew at that point, I was ready for some serious 'doctoring'.

My doctor said that symptomatically I finally met the loosely defined criteria where he could, under Medicare restrictions, order an MRI. He also realized that I was getting really close to how much pain my system could take and he started to get serious about heavy duty pain medications.

Problem ... my system was deteriorating so quickly that every boost in pain relief was quickly met with an increase in the pain level. How to "stay ahead"?

Then the MRI exam on May 24th. Apparently the exam results were given immediately to the specialist doctor who is skilled at reading them. So even on that same afternoon of the exam, I had my doctor calling me on the phone and faxing the complete results to me here at home that night.

From our phone discussion that afternoon, a couple of things were evident. Nothing could have prepared my doctor for what he was seeing / reading. He was simply blown away. He has never seen or heard a "presentation" like my case. So widely spread. So many instances. So aggressive. No primary mass evident.

The phone call went something like this:

Gordon, he said.  
Yes, I answered

I have news.  
OK  
It is not good  
OK  
You have cancer.

We know each other well enough. His short to-the-point summary was exactly how we communicated. No dancing around ... anything.

We quickly reviewed the executive summary of the much longer and detailed report (24 pages). It is this executive report that I have attached w/some highlights.

Funny how we each (my doctor and I) focused on slightly different information and words from the summary. I was hearing the words "widely scattered in various type of tissues", "Growing into the spinal cord." "Involving bone marrow, unable to find the starting primary tumor." "Aggressive."

And I am thinking, when someone has cancer, the fight initially seems to be an attack on the primary tumor (surgery or radiology, etc.) and on trying to catch it BEFORE it can spread all over the body. Well, so much for those options. Do we have a plan B?

Perhaps because we are friends, he was hanging onto the issue of what information we still did not have. He was still hoping that maybe it is not the dangerous cancer.

The MRI was done Friday, the 24th. Due to the Monday holiday weekend, further analysis could not be scheduled until the following Tuesday, the 28th of May.

So that scan was completed Tuesday and interpreted the same day. That same night around 8 PM I got the call. I'm pretty sure he is calling from home now. Gone from his voice was the "hope" I had noticed earlier. I guess, after seeing the results of the more sophisticated scans of my thorax, abdomen and pelvis, my insides had lit up like a Christmas tree. And still no indicators of the primary tumor / lesion.

He has a couple of oncologist doctors that he thinks are especially good. I

think he had hopes that he can get me scheduled with one of them. I rather doubt that specialists like these do a lot of "Medicare" work. So I certainly am not going to be surprised if they aren't accepting any new Medicare patients. Most doctors here in Tucson are no longer accepting Medicare patients.

I really don't think it will matter either way. They might be able to let me how much time I have. I am interested in that. But more so, I'm in attack mode, going over the stuff Patricia will need to know when I die and she is faced with taking over the household. Sources of income and how some of those will diminish when I die. Ways to set up a cash flow so those periodic large expenditures (home insurance, property tax, association dues, vehicle registration, etc.) don't come as a surprise. I'm trying to do whatever I can think of to make this as easy for her as I possibly can.

HOSPICE. I pretty quickly reached the decision that I was going to refuse any treatment for cancer beyond pain medications. To that end, Hospice organizations seem to be uniquely licensed to dispense pain medication on whatever is needed and in any quantities needed. If you've never experienced spinal column cancer pain, trust me this quickly becomes important.

Initially my regular medical doctor who had given me such splendid medical care for over 15 years seemed like he was going to encourage me to pursue the "needle, tube and ray gun" treatment approach. But for reasons you'll see below, I had been thinking about dying for some time now and so I invited him into a discussion with me.

Six reasons why treatment just did not seem right for me. Some are better than others but what really surprised me was how very much in agreement we were on each of them. He listened carefully as I went through the list. After a long, quiet moment, he looked at me and said "I have no arguments." Here are the reasons for my decision to refuse attempts to alter the natural course of my cancer.

1. We've seen what has happened to the economy and the country I love. My doctor and I have talked about this in the past and we are both horror stricken.

2. Obamacare is now partially enacted (most all the goodies to get the

votes has been passed out) but Obamacare is now firmly stuck for lack of funds and absence of brain power to design a methodology to move it forward through the "hard to stomach" parts. And those hard parts are most of it. Even those who vocally supported it are now admitting it is a train wreck. By mid-2014, there will be no way forward and worse yet, there will be no way back to what used to work. Our country's health care system is in for some really grim times.

3. Doctors in Tucson (including my doctor) are taking new patients, but virtually none (and none you'd trust with your life) are taking new Medicare patients. If something happens and I lose my doctor then I will, like millions across the country be forced to start through the phone book trying to find someone ... anyone that will take Medicare patients. Need I tell you what kind of care that will be? The elderly of this country will find themselves on the dung heap. I'd as soon call a good vet.

4. Diverticulitis. I have it. I'm just waiting for the first time I get off the stool and find it full of blood. Not a prospect I am excited about. Long, painful, debilitating. My mother died of this one, finally got tired of the endless blood transfusions and trips into the hospital and bled to death through her rectum.

5. The Macular Degeneration issue. My mother was legally blind from this disease when she died. I have it. The dry untreatable kind. Later my doctor mentioned that he could not even imagine trying to live a rewarding life with no vision.

6. A few days ago, as I sat outside of the Medical Center (following my biopsy), waiting for Patricia to retrieve the vehicle, I watched cars and vans pull up to dump the poor pathetic blank faced almost lifeless forms from vehicles into wheelchairs waiting for them at the loading ramp. They were wheeled into the center for God knows what, at how much cost and discomfort, to buy them another week or month of what would appear to most as a pitiful existence. Have you ever sat there and looked into their eyes? And sitting there watching the seemingly endless parade, I asked myself, "if someone was selling tickets on that train, would I buy a ticket?" My answer was easy and my doctor admitted to having watched the same endless loading and unloading of "near vegetables" and noted that he had wondered the same thing for himself.

When I closed with the question "Doctor, will you, as a friend, help me chart a dignified painless way out of that future?" This is the one chance I have at a 'non-suicide' end. This can be a natural death, if I can just 'leave it alone' and resist trying to 'molest' the outcome." His answer was "yes."

We sat quietly for a long moment.

My doctor got up, extended his hand, took mine and shook my hand and said, very solemnly, "May I ask you for a favor?"

My Answer: Yes

My doctor: I think there is no doubt that you are going to die and go to heaven before I will.

My Answer: Yes, I think there is no doubt about that.

My doctor: Would you say hello to my mother for me?

My Answer: I sure will. And if I can, I will be sure to save a spot for you.

Big Handshake. Very happy doctor.

22 June 2013. I do not know if I have 2 hours or 2 months left. But this is my attempt at goodbye and it really has been nice to know you. Until I must stop, I will continue on the computer as best I can.

---

June 24, 2013

I'm sorry to hear your sad news. You have many DNR friends here that I would like to share it with, if you don't mind. Your wish is my command.

David

---

**From:** [Gordon Slifer](#)

**Sent:** Monday, June 24, 2013 2:21 PM

Thanks Dave. Yes, share with my old friends as you wish. I guess I wasn't sure who was left. It has been a while since I left WI. But to you, most of all, I wanted to share this news since you always seemed to be "there" when needed.

---

**From:** [Gordon Slifer](#)

**Sent:** Tuesday, June 25, 2013 6:24 PM

**Subject:** Inquiring minds want to know.

Minor health update:

Like my Hospice nurse said this morning ... "If I just back off and look at you, you look like a normal healthy aging gentleman."

And it is true. I do look like a gentleman. None of that ghastly yellow green death pallor. So that is the good thing. No one looking at me has to suffer at the vision. And the medications they have me on now, with one notable exception, are providing remarkable results. I am sleeping easily and comfortably. Even the drenching night sweats seem to be better now. I'm "looking good".

I weighed 164 lbs this morning, down from 184.5 lbs when this started. But the loss has been spread evenly over time and hasn't hollowed out my face like crash diets often do. I look pretty good at 164 lbs, I think. I seem to be losing between 0.5 and 1.0 pounds per day irregardless of what I actually eat. *Before* if I had eaten all those sandwiches, potato chips (all the chips I want whenever I want), ice cream three and four times a day, etc. etc., and all without any notable physical activity, I'd weigh at least 200 lbs by now.

New Development: I have been in a wheel chair since Saturday afternoon when I went to turn, pivoting on my left leg. Bad idea, especially since I was standing in front of Patricia who went into full panic / anger / frightened mode as I bounced off the wall and then the floor. But she is right. My current health situation first became apparent over a month ago after that left leg started changing my life with the endless intolerable pain; pain because a cancer - I now call PAC-man - started messing with my spinal cord at L4. And of course PAC-man has not quit. Massive pain control has been available and I am left with only moderate pain for L-4. Otherwise, it is now apparent PAC-man continues to play in the background. We fully expect this particular invader will eventually render that part of my body inoperable. But that is "eventually". I can still stand (kinda) on both legs if I have something like a walker or if I am standing in front of a vanity trying to balance mostly on my right leg while I shave or brush my teeth.

Finally, the last important changes we can currently detect from symptoms. My pulse. My blood pressure is fine. **Pulse rate** has, much of my life (and *Before* this started) been at or below 91 - 92 bps. But now my nurse is delighted to see anything for my heart rate that is in the low 100s. But alas

my "new reality" is: 124 bps yesterday, and low 130s today. I guess these numbers are not good, not good at all especially when they persist 24/7/7. (I have not Goggled the impact of running a long term elevated rate yet). The look on my nurses face tells me this number is a "potential player".

Summary which may be useful for future updates

1. **WEIGHT:** 164 lbs and losing around 10 pounds a week. Does that mean that in one month, I'll weigh 124 lbs? That will be a sight. Hope that slope changes a bit.

2. **LEFT LEG PAIN, MOBILITY, STRENGTH and USABILITY.** Painful only when trying to stand on it. The leg still has some usefulness when trying to move when behind a walker / wheel chair or facing a vanity. The leg is no longer strong and is occasionally MIA (missing in action) when I forget and just try to stand on it without giving it fair warning first.

3. **BLOOD PRESSURE / PULSE RATE .**

BLOOD PRESSURE around 124 / 105 which doesn't seem to bother the nurse (nor my doctor when I was seeing a regular doctor. Often lower. This would be on the high end of my normal range these days.

PULSE RATE: This seems to be attracting the major attention with my Hospice nurse. Is it a result of those tumors that are compressing parts of my heart (full time)? Could they be having a growth spurt? Seems reasonable to the nurse. She equates a heart rate like this to making my heart "run a marathon" all day and all night". I guess I'll have to look into all that to see if she is making too much of this but I do sense that if my base line heart rate continues increasing this quickly, it won't take long for this to turn really ugly.

Maybe this will be my ticket home?

OK, maybe another update later this week (she comes back Friday. Yep, I'm twice a week patient now.) Or maybe more news early next week on her regular Tuesday visit.

Well, ice-cream time. ;-)