

Cause of Death

By Yu Li

The morgue was a nice place to be on a chilly Saturday morning.

I started from the left shoulder of the body, and then the right shoulder. Cutting down to the center point in between two nipples, and a straight line down the abdomen through the belly button. After six years of being an autopsy technician, this work was now routine. The resistance of human skin against the knife held by my hand felt safe and secure.

My patient—we still called them “patients” and the autopsy a “service” even though they were dead—was a 24-year-old male who had passed away yesterday evening in the hospital from respiratory failure.

Respiratory failure was largely an uninformative diagnosis for the cause of death. The patient was a bag of bones. Multiple cancers had over years consumed his young flesh, and finally came a day when he was left with nothing to live on.

I did know a lot about death. Living, instead, was something I was never good at. The nightmares had been bothering me every night, to the point that I always woke up soaking wet with an unbearable nausea.

My best friend Roy walked in. He was fully scrubbed and gowned like a Thai coconut rice dessert wrapped in banana leaves—the signature look of a first-year pathology resident.

“Hey Tina.” He murmured shyly, barely audible with the ventilator roaring behind.

“Dr. Roy Kovach!” I exclaimed. “What a surprise! Come get me some towels.”

Roy blushed predictably because I called him doctor. He opened his mouth a couple of times, trying so hard to find a topic for small talk that he seemed to approach an acute respiratory failure.

Turning back to the autopsy, I examined the patient. Now the skin was divided into a nice symmetrical Y-shape. I worked from the tip of the top triangle and carefully separated the skin from the chest wall, all the way up to the throat. Thin streams of blood emerged, though not too aggressively because the body had been cooled overnight in the fridge. I tucked several towels under the patient’s arms so that the blood wouldn’t contaminate the floor.

Roy stood quietly as I worked and handled tools, like a dedicated operating room nurse. Most residents would leave the lab when technicians were doing the dirty work, but Roy somehow liked staying around.

He was truly the sweetest human being that I knew of.

How can someone like Roy decide to be a doctor, I wonder. He was not a great communicator. The PhD years were the best time of his life, and then came the clinical rotation that almost ruined his career and resulted in one round of unsuccessful attempts to match into any surgery program. Finally, he was pushed to us at a lower-mid-tier hospital Department of Pathology, despite his numerous publications and impressive test scores. Even over here, he was not good at talking to fellow residents and attendings. How had he, upon first stepping into the world of medicine, expected *patients* to possibly appreciate his enormous empathy and warmth if he could not even advocate or defend himself?

But he cared, I knew.

I tied and snipped the carotid arteries on both sides, reached to the larynx and dissected it from the top of the thyroid cartilage located deep in the neck. The patient's glassy, dead brown eyes, half-opened from the external examination I did earlier, met mine. I straightened up and looked at his face. He seemed to have been a joyful young man. Yet now he was pale, thin and dry, with a faint smile fixed on the corners of his lifeless mouth.

The family wouldn't want to see blood on his face and hands when they said the final goodbye. I sighed and grabbed another towel to cover his face.

"So, how was your Friday night?" I asked while quickly shearing off the other two pieces of skin on the side.

Roy smiled with a hint of excitement. "Not bad. I was back to the research building thinking about my project. You know, that one on triple negative breast cancer. There can be a new way of experiment design, if a combination of immune markers does not necessarily bring the same prediction power as the individual biomarkers do. When we talk about PD-L1, and CD163, and FOXP3..."

He saw me looking at him with amazement. His voice suddenly faded away as if he just realized what he was talking about—and that a technician, like me, probably would not appreciate the choices of biomarkers nor want to pleasantly discuss the study design with an MD/PhD. He blushed even harder than when he came in.

Roy murmured that he'd help and quickly grabbed the rib cutter to hide his embarrassment, even though there was nothing to be embarrassed about.

"That's so very great, Roy. You'll make some important findings." I smiled at him. Poor Roy. Someone spending his Friday night thinking about biomarkers might not have a much better life than mine. How did I spend my Friday night? Right, I couldn't eat half of my food – the

microwaved frozen spaghetti dinner somehow made me feel sick. Then the nightmares. I felt almost relieved this morning when I was paged about a new case.

The rib cutter looked a lot like a pruning lopper for gardening, with long handles and curved blades. We used it to remove the chest plate. Roy was not necessarily strong, but he still operated much more easily than I usually did. I always needed to really push my body weight onto the cutter when dealing with the especially hard first rib.

“Did I ever tell you...” I told him, “you always make me think about my baby brother.” When we were kids, he’d been the one running in the front, exploring everything with an intense curiosity and explaining them to me in such a serious manner. I’d been the big sister following him and protecting him from behind. We had both believed he’d make a great scientist.

The bones cracked with a strange crispy sound, maybe because the patient had long been osteoporotic. For a while, that was the only sound in the room. Then I heard Roy whisper, “He’s very lucky to have a sister like you.”

Holding up a rib cutter, we could easily resemble a scene from any horror movie. Things got a lot dirtier in pathology compared to, say, fancy surgery. We did not bother to keep the incision small, the blood loss controlled, nor the scene sterile. What’s gone was gone. I sometimes wondered if there were souls floating by the ceiling. They had to be as scared as hell watching their bodies undergoing this whole process of dissection.

Roy and I both held our breaths as he flipped the chest plate up.

Cancer. White lumps of poorly differentiated tissues clinging on the inner side of his chest plate, his pericardium—the membrane that wrapped the heart—his lungs and his diaphragm. I cut into his abdomen and with a small amount of ascites, more cancer was revealed. The liver was hardly its original organ any more. A sizable ball of hardened white-yellow overgrown malignant cells had squeezed the normal tissue to one side. A gray-black color appeared on a lengthy section of his necrotic small bowel.

Holy mother of god. I wondered how he had lived and breathed and ate with this broken body in the past twenty-something years. When he had walked on the street, heading to his endless hospital visits, had anyone passing by ever realized how broken he was inside and how close to death he’d been?

I clamped and collected the bowels into a separate tray. Roy watched me doing this less pleasant part of my job.

“How have you been?” His calm voice above me asked. “You look, hmm, exhausted. I have been worried.”

“Exhausted” was a euphemism. I had not looked into a mirror for a while, but I knew I was not too different from the saggy, worn-out sofa back in the autopsy office. Though it was pleasant to know Roy was worried about me.

“It’s been hard.” I clamped the lower end of rectum and took the last part of colon out. “You don’t understand, Roy, I’ve been having these horrible dreams, like...”

I paused. I suddenly realized I did not actually remember any of the dreams. Except for the enormous sadness they flooded me with. What in hell were they?

“Whatever.” I gave up searching for those lost dreams, “Let me pull the entire block of organs out and they’re all yours. I’ll fix those lungs for ya.”

I looked for my knife buried under the towels, when the lab door swung open. Michael Chou, a second-year pathology resident, walked in, holding the door with his foot and putting on his gloves at the same time.

“Hey Tina, sorry I’m late, I saw the page, but the baby started puking...”. He hurried in, tying his gown carelessly.

I offered him a smile. “Absolutely no worries, Michael. I didn’t know you’re coming today as well.”

Michael asked curiously, “Who else is here today?”

The left lung lay quietly in my hands. I lowered my eyes and stared at it. A squishy, fresh, pink lump of tissue, smaller than you would have imagined, because lungs naturally collapsed inward once the chest was open. Spots of cancer cell villages were scattered in it. Without looking up I knew Roy was not there anymore. He was gone. He had been gone.

“No one, just me.” I answered quietly.

“Hey, Tina, you know what, leave those to me. You look terrible. I wouldn’t be surprised if you told me you were just off a 36-hour shift.” Michael looked at me carefully and added softly, “I’m sorry we lost Roy. We all are. But we can pull through it together, right?”

Suddenly my eyes were blurred. I did not know what to say. It must be this face shield, I thought, always fogging up.

I made it back to the office on the other side. Different from what one might imagine, the autopsy office was a warm, cozy room with wooden desks, outdated computers and one single old, old sofa no one ever had thought to replace.

How could I so easily forget that Roy had died? Following his suicide, a whole wave of mainstream media featured his case of physician burnout. The entire department was flushed with counseling, grief support groups, and an overwhelming amount of good wishes and nice words. All to prevent the next case from happening again.

I was confused. Was Roy burned out? And why did none of us ever realize how close to death he'd been? I had watched this quiet young man grow quieter over his last six months of life, but he had smiled every time he came downstairs, and would always give me a hug if we weren't gowned up. The hugs still felt real to me.

He never mentioned a word about his depression, or whatever they said in the news. He occasionally came to sit on the sofa when I was on call, holding his coffee; he said he enjoyed moments like that. But he never asked for help even when I offered to talk. Had he always been broken deeply inside his mind, day after day until he was too weak to fight—until he had nothing to hope for?

Roy ended it all just before Christmas, the night after he worked late alone to finish up an autopsy report. I checked that case, and there was nothing special about it. An 89-year-old female who had survived a good forty years after her cardiac transplant. It should have been a case for life, not death.

There was later an email sent from the president of the hospital. The beginning of it read, “We are deeply saddened by the tragic death of our extraordinary and beloved resident, Roy Kovach, MD, PhD. Roy was a caring, compassionate young physician-scientist in the first year of the Pathology Residency Program. He was a leader and a dedicated explorer of scientific investigations, driven by a desire to offer hope to those who suffer from deadly diseases.”

It sounded largely like a Roy I did not know. Instead I stared at the word “beloved” for a little while. I had lost my baby brother in a car accident when he was four. It was the same word inscribed on his headstone.

I'd been missing him ever since.

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