What's Next for What's Left

How and when am I likely to croak? And what happens to what's left of me after I croak?

The answer to the first question may be inferred from the results of those annual "wellness checkups" I had with my employer's health management team. Every year the red bars grew alarmingly taller alerting me (and my employer and their insurers?) to the looming likelihood I'd die suddenly from heart issues or a stroke. Sure, I exercised regularly and kept an eye on what I ate (while the other eye would avert to ice cream, craft beer, and shrimp in any form!) I was not terribly overweight, especially after surgical removal of my appendix and prostate gland and memorably passing several kidney stones, one of which I estimated to be the size and mass of the Moon! All the projections on those "wellness assessments" pointed to death by sudden cardiac arrest which seems like a good way to croak to me. I certainly don't want to linger for months or years drooling into a pillow while caregivers deal with my soiled sheets and shorts.

I hear that heart attacks are associated with chest and neck pain and odd sensations that radiate down the left arm. The duration and level of discomfort of a heart attack doesn't scare me much. I'd like to believe I've withstood far worse for much longer (five broken ribs when I fell from a motorcycle in Peru two years ago, kidney stones, migraine headaches, farts lodged sideways, etc.) Drowning or burning to death or a slow decline by cancer or dementia are unappealing. I reckon I don't get to choose, but if it were up to me, I'd choose Sudden Cardiac Death.

What about my carcass? Assuming I don't end up splattered in a wreck but rather go blue from Sudden Cardiac Death, here's what I'm thinking. Embalming and burial are unnecessarily expensive, burdensome, and enrich none other than the funeral homes and morticians. Plus, you'd have to secure a place to permanently park the ashes or body. Generations of forlorn lawn keepers perpetually fret over weeds that insistently try to add life and color to a cemetery. I'd rather not be such a bother.

Instead, I intend to sign the paperwork so my body can be donated to "science." I'd be happy if what's left of me ends up entertaining and educating medical students in their first-year anatomy lab. I've spent my adult life (which some might say consists of several months in total) trying to educate, entertain, and inspire college students which have been the victims of my efforts for 35 years. Why not continue to educate and entertain students with what's left of me when I've croaked? I'm down for one more semester of teaching!

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Here's the conversation I imagine among medical students over my cadaver:

"This old man has no tattoos. I guess he didn't care deeply enough about anything to have it written in ink," says the boisterous one with a caduceus that peeks from the sleeve of his lab coat.

"But look at these faint scars on his abdomen. He's had several laparoscopic surgeries. Maybe he's more interesting on the inside," the timid optimist offers.

The med student who was an athlete in college notices, "Look at those scrawny calf muscles. Pitiful little lumps! And such tiny ankles."

At this point I'd like to interject, "Those scrawny little lumps propelled me on walks and hikes in 26 countries. They got me through backpacking trips where my buddies and I routinely reached 10,000 feet or higher. They got me in and out of those mud pits at the car wash where I worked when I was a 14-year-old. Don't you be dissin' my puny calves."

"If you want to see 'scrawny," I'd continue, "Go take a look at the undernourished homeless woman three tables away whose unclaimed body ended up here through no choice of her own. I'm here because this is where I want to be. She's here because, dead or alive, she had nowhere else to go."

When inspecting my groin, the med students would silently marvel, "The record says he has three kids. I guess he did the best he could with what he had."

In later sessions they'd discover I have my original knees and hips and all four wisdom teeth. The musculoskeletal system provided little of interest except for a

sunken chest which they would learn is technically called *pectus excavatum*. The first time I heard the term was during a physical exam as a teenager when the doctor mentioned it to my mother. I had asked no questions. I assumed, based on my limited understanding of Latin, that something was deficient with my "pecker" and that might affect my fertility. Apparently I was wrong, on both counts.

"Wonder what happened here?" they inquire when they flipped me over and noticed the gnarly site where those five ribs healed without surgical intervention after that motorcycle incident in Peru. I wish I could tell them to read the essay I wrote about that father-son misadventure. Alas, even if they knew it existed, med students have no time to read for pleasure.

Timidly at first, and then with growing gusto, they scalpel through the skin of my bulging belly. They explore inside my abdominal cavity for a while, nudging aside the abundant slippery intestines glistening with fat. Stomach. Check. Pancreas. Check. Spleen. Check. Kidneys. Check. All "unremarkable" which in medical jargon means "no obvious abnormality." And then they discover the reason for those abdominal scars: evidence of hiatal hernia repair and inguinal hernia repair.

Their search for an appendix and prostate gland is futile. My dissectors consult the cadaver on the adjacent table to find those organs, both having been removed from me at great expense long ago, leaving only those subtle abdominal scars. My counterpart on the next table was a fine young specimen, a robust cyclist with bulging thighs and calves and an impressive prostate gland and appendix.

"Our guy had a really big heart," one would say upon inspecting my open chest cavity.

"Use the correct term," barked their lab instructor, who meandered among the groups leaning over their cadavers.

"Hypertrophic Obstructive Cardio Myopathy," they'd proclaim triumphantly, at last finding an occasion to use an obscure term they'd encountered in the overwhelming flood of information they'd been drowning in since the semester began. Having a big heart is a good thing in terms of generosity and compassion,

but a big heart can be a pathological liability if it grows ever larger to overcome its own anatomical and physiological imperfections[1]. They would discover that the cardiac muscle of my left ventricle was extra thick in response to having to pump blood through a narrow chute toward my aorta. Obstruction along the outflow path creates a greater resistance to flow which prompts the muscle to grow thicker to overcome the resistance which makes the outflow path even narrower which prompts the muscle to grow thicker which… You get the idea. A vicious cycle that bodybuilders employ: the more you stress a muscle, the bigger it gets.

There's more. Normally, electrical activity which originates in the natural pacemaker cells of the heart sweeps through the atria and ventricles in a particular sequence. Shortly after each cardiac muscle cell receives this electrical excitation, it contracts. This pattern results in effective pumping which can be felt as regular pulses in an artery. This pattern and pathway of excitation and contraction is disrupted as the heart grows larger.

Starting in 1993 (my first year as a physiology professor at Wofford College) I taught my physiology students how to record and interpret their own EKGs during a lab session. Nearly all of them had normal EKGs so they confidently knew what normal is supposed to look like. Occasionally one would discover an arrhythmia that made the lab much more interesting as we considered the cause and the seriousness.

One semester several years ago I was setting up for EKG lab on Sunday afternoon before the first lab on Monday. I hooked myself up to the electrodes as usual and adjusted the settings on the recording equipment to make sure everything was working properly. "Hmm, that's a weird looking wave," I said to myself when I saw my EKG on the screen. I double checked the connections and the settings, made another recording and got the same alarming results. Well, something had definitely changed in my heart since last semester. Long story short: one of the bundles that delivers the electrical signal to my left ventricle had failed. That condition is called left bundle branch block. And once you have left bundle branch block, you have it for the rest of your life. I did. Fortunately, LBBB is very

conspicuous on an EKG, even to students who've just learned how to read and interpret EKGs.

EKG labs ever since were more interesting! Once all the students had recorded and analyzed their own EKGs, I'd have them hook me up to the electrodes. Everyone could see my EKG on the big monitor in lab. They'd instantly notice that mine was very different. I'd comment, "Maybe you've long suspected that something was wrong with your professor. Now you have proof!" We'd work our way through the underlying malfunction that was responsible for my odd EKG and then speculate on the prognosis for a person with LBBB.

Sometimes I'd be in atrial fibrillation on lab days which isn't so good for me but was a memorable time for my students who could easily see afib on my EKG. My Mamma would say "Everything happens for a reason," so I figure I have (correction: I **had)** a fib and left bundle branch block for the educational benefit of my physiology students.

Too bad I can't show my EKGs to these med student hovering over me. I've been flat-lining for months by now.

Perhaps the last part to be dissected is the brain. After close inspection, they concur "unremarkable" would be the appropriate descriptor. Nothing particularly interesting or different in this specimen anatomically. Too bad they never had a chance to meet me when I was alive. Who knows whether they would have classified me as "unremarkable" based on our interactions? I hope not. I never aspired to be merely ordinary, but, so far, there are no highway overpasses or scholarships named in my honor, nor is there a sewage treatment plant bearing my name, image, and likeness (yet.)

By the end of the semester the cadavers have been so extensively dissected that they are barely recognizable as human bodies. On the day of the anatomy lab final exam, students file past me, one by one, with tests and answer sheets on clip boards. Numbered pins are stuck into a specific vessel or organ or nerve or whatever the lab instructor expects them to know. Questions are associated with each pin. Maybe my heart would be splayed open with a numbered pin inserted

into my ventricular septum. The question is, “Name the surgical procedure that would have reduced the thickness of this structure to treat/alleviate this patient’s Hypertrophic Obstructive Cardio Myopathy?” Those med students with a promising future in cardiology will write, “Septal myectomy.”

The course ends. Lights out. Doors close. Anatomy instructors arrange for the disposal of the remnants. I’d be delighted if I’m delivered to a franchise with green and red lights called Krispy Krematorium where the “Hot Now!” sign is lit when the furnace is operating.

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Standard procedure is to return the ashes to the donor’s family along with a personal thank-you note. Here are two examples from actual medical students [2]:

When I first walked into anatomy lab, it was incredibly overwhelming. It was a whole new barrage of sights, smells, and emotions. It honestly made me feel uncomfortable knowing that these were once people with their own independent thoughts and dreams. Before we began, our instructor told us that the word cadaver in its Thai origins means "great teacher." Even though I did not understand this at the time, as the semester continued that is exactly what my donor was, a teacher. Without the donation of this person to science, I would not have the same understanding of the marvelous human body that I now have. I would like to take this opportunity to thank this person for providing one final gift to young physicians he never met, and I truly appreciate this gift.

Or this:

I would like to take a moment to thank the family members and loved ones of the donors for their gracious donations for our anatomy instructional lab. To us, these donors represented more than just a vessel to explore the human anatomy in great detail. It was, for many of us, our first patient and perhaps one of the most memorable. In these weeks, we learned about the intricacies of the human body as well as how complex and unique every person is. Thank you for your invaluable gifts. Know that these donors have played an important role in developing intuitive, sympathetic, and humane future physicians.

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One day there will be a box delivered by Fed-Ex or UPS. It isn't from Amazon. The contents have no value. It isn't insured and it can't be returned. Nobody ordered it. Nobody wants it. But there it is, what's left of what was left. What to do with these gray crumbles? Turns out cremated ashes aren't suitable as fertilizer. The sodium and calcium phosphate are in forms that don't support plant life unless you mix them with additives on the market that make those chemicals "bioavailable." Yet another expense and encumbrance. Again, don't bother.

Here are a couple of options for my wife and kids: 1) Spread my ashes wherever you wish. Multiple locations are fine. Do whatever is most likely to give you comfort and closure. 2) Have a potter incorporate some of my ashes into a glaze that can be used on ceramics. Have them make a few lovely/interesting/decorative/functional/non-functional items that can be distributed to heirs. Maybe you could apply my glaze to sculpted form of my spirit animal: a frog. Put me on a sunny shelf. Give me more opportunities to educate, entertain and inspire even after I've croaked.

Onward,

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[1] Parenthetical contemplation: Overcoming imperfections. That seems a worthy goal for me to pursue in however many days I have left in this sagging sack of living cells.

[2] Excerpted from University of Maryland Medical students thank you notes to their donors, https://health.maryland.gov/anatomy/Documents/2012.pdf