

Twenty-One Percent

Inspiration of
Xi Wangmu

Twenty-one percent is the memoir of a young man and his family's struggle with Leukaemia, family deceit, life threatening complications and ongoing uncertainty.

Synopsis

A man's life, and that of his family, is transformed upon diagnosis of a rare and aggressive Leukaemia. Less than two months from his Ph.D. submission and amidst the quest for a second child, a young couple struggle to raise a 2-year-old throughout an aggressive treatment protocol.

The search for a bone marrow donor forces a family revelation. Peter, whose life was taken at 33 and who stimulates few memories in the man, is not the man's biological father. The father is alive. The man questions the meaning of fatherhood as he attempts to remember Peter; explores his relationship with his step-father; searches for and begins a relationship with his new-found father; and tries to survive long enough for his daughter to remember him.

A bone marrow donor cannot be found, neither from within his family nor the 19 million registered donors. The setback brings with it a new prognosis – a twenty-one percent chance of surviving two years.

The man completes six months of chemotherapy. He submits his Ph.D. and returns to the Federal Government where he leads the earthquake risk program. The couple resume IVF and fall pregnant. They lose the baby – they continue trying. Meanwhile, looming over them is an ever-present likelihood of relapse and probable death.

Relapse occurs after 1.5 years. Seven days chemotherapy unleashes a life-threatening septicemia; pneumonia; chronic diarrhoea; and a fungal infection requiring partial removal of both lungs. The man breaks – he wants no more treatment – his wife refuses, convincing him to fight on. He is discharged after six months hospitalisation. Likelihood of further relapse remains high.

Medical advances present new hope, the potential for long-term survival via transplant from a half matched sibling, a procedure impossible one year earlier. The couple moves to Sydney, interrupting their daughter's first year at school. The man receives a transplant. He experiences a month of raging fevers and partial paralysis – he is unable to walk or swallow. A feeding tube is inserted and the bed-ridden man transferred to a high dependency ward. Can the family endure more hardship? Will the man regain enough strength to be a good father?

Twenty-one percent is the story of an every day family in suburban Canberra whose hopes and dreams fall apart due to cancer, family deceit, life threatening complications and ongoing uncertainty. Will this family ever be the same again?

Outline and Progress Report

FOREWORD

To be written by Dr Michael Pidcock
Verbal agreement with Dr Pidcock

CHAPTER 1

Draft completed – ready for external review
Version presented herein: 5,005 words
Complete version: 6,700 words

CHAPTER 2

Draft completed – undergoing author review
Current word count: 11,500

CHAPTER 3

Draft 70% complete
Current word count: 5,200

CHAPTER 4

Draft 25% complete
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CHAPTERS 5 to 9

To be drafted
Word estimate: 50,000 to 70,000

AFTERWORD I

Leukaemia Foundation and the work they do
Leukaemia Foundation to be invited to write

AFTERWORD II

Red Cross – on blood donation
Red Cross to be invited

A shortened (approx. 5000 word) version of Chapter 1 forms the basis of this submission

The Peter Blazey Fellowship will support the completion of Twenty-One Percent as outlined above

Chapter 1

Saturday 18 October 2009—Friday 5 December 2008

I

The air had a harsh chill the day Xi Wangmu presented herself to me. She squinted her eyes under the rising sun, hospitably raised her hands and composed a warm welcoming smile – a smile broken only by voids left behind by once upright teeth, now lost through years of malnutrition. I knew that I needed to meet her the moment I gazed upon her old frail body. Her faded navy tunic, mended multiple times with pale blue patches, was well worn and torn around the hip. The light cotton trousers extending from the bottom of her outerwear were three inches short, exposing a pair of thick grey woollen socks. On her feet she wore mud-stained slippers, scarcely capable of providing comfort from the brutality of a cold autumn morning.

The skin of Wangmu's face, neck and hands was covered in deep wrinkles, which narrated the story of a difficult life. One consisting of hard manual labor, with days worked in the terraced fields bordering Yingxiu Township and nights spent raising a family of four children. Her weariness was also evident in the fine strands of white-grey hair that fought their way loose from the black scarf wrapped tightly around her head.

Next to Wangmu stood her residence, a refugee shelter built from scavenged logs, tarpaulin and a variety of colorful canvases. The fast-flowing waters of the Yuzixi River rushed behind her and were all that separated the shanty house from the steep, landslide-scarred slopes of the Siguniang Mountains. The bubbling sounds of a boiling pot came from inside her house, and the sweet aroma of green tea filled the air.

I called for my guide, who was inspecting the ruin behind me. Xun Guo trod carefully through the rubble between us and joined me on the river's edge. I

explained that I wanted to talk to Xi Wangmu, and he began speaking to her in Sichuanese Mandarin, a language spoken by roughly 120 million residents of Wenchuan County, China. Wangmu spoke of the horror that had befallen her town four months earlier. She explained how the ground trembled, the mountains roared and the buildings fell. I glanced behind me where less than one in five multistorey buildings remained standing. A bulldozer-cleared road barely wide enough for two vehicles was the only route to where we now stood.

Wangmu explained how the ground adjacent the river turned to liquid under heavy shaking; how the sheer slopes on all sides of the valley failed to contain landmass; and how boulders as large as buses rolled down the steep slopes, annihilating everything in their path. She spoke of the horror immediately following the earthquake and how survivors, desperately searching for loved ones, became acutely aware of their isolation upon realisation that ubiquitous landslides had enclosed the valley within which she lived. The residents of Yingxiu were left to fend for themselves in their greatest time of need.

Downstream, the path of the Yuzixi River had been dammed by one of thousands of massive landslides. The steep walls of the valley offered no place for the river to meander and the water began to rise. Within hours, the rapidly flowing waters engulfed the low-lying ruins of Yingxiu Township, forcing survivors to flee to higher ground. Those who could, fought bravely against the odds treating the injured with whatever they could find until, some 24+ hours later, the army arrived in droves with supplies and much needed medical capabilities.

After describing the horrors of that day, I noticed Wangmu's expression turn to grief. She reported the ill fate of her own family of four children, their spouses and three grandchildren, all counted among the ninety thousand lost during the earthquake and ensuing flood.

She smiled again. It was unfathomable that after what she had been through, Wangmu could compose a smile. That she could greet me, a foreigner unable to

provide any hope of comfort or support, with such warmth and happiness. I knew immediately that there was something special about Xi Wangmu, that her resilience and desire to survive was incredible and that her ability to remain positive was a special trait. A personal quality, previously buried beneath a hardened exterior, now brought to the surface through severe trauma. Several months would pass however, before the importance of this meeting would truly dawn upon me.

II

In the beginning of that year's Northern Hemisphere summer, the residents of Yingxiu found themselves deep-seated within the kill zone of the Great Sichuan Earthquake, the 12 May 2008 magnitude 7.9 catastrophic disaster. In its aftermath, more than 69,000 people were confirmed dead, 370,000 injured, 18,392 missing and more than five million homeless. Over 21 million buildings were damaged leading to an estimated direct financial loss of \$86 billion US dollars.

Everywhere I looked I saw the telltale signs of a massive earthquake. The extensive building damage, the landslide scared slopes and the 2m vertical offset, or fault scarp, in the road to the left of where we stood. Scientists who visited the area earlier reported finding vertical offsets exceeding 6m in some areas, a phenomenon only created by the world's largest quakes. Piles of rubble, taller than I, inhibited my view in all directions except that where the river ran. The river was all that remained of what was once, no doubt a beautiful location.

I had travelled to the region with an international consortium of seismologists, engineers and architects; joining a local government organised field-trip of earthquake-affected areas. The purpose of the exercise, to demonstrate progress of cleanup efforts and educate those of us not directly impinged, about the magnitude of devastation and ruin. After years spent modelling the impact of potential earthquakes on communities around the world, this field trip offered my first opportunity to observe the devastation first

hand. I knew that it would be difficult, but nothing could have prepared me for the scale of destruction and despair that I observed. On the one hand, the scientist in me wanted to learn from the physical signs of the earthquake and the failure of the built environment to survive its violent shaking. It was difficult however, to shift my thoughts from those killed and the 18,000 still missing, presumably buried under my feet as I navigated piles of debris. A compelling sense of melancholy overcame me and I found it necessary to stop regularly to reflect on what had befallen these people and how heroic they were.

III

Two days before leaving for China I called my doctor's surgery. A poor traveller at the best of times, I knew that I needed to restock my supply of sleeping tablets before boarding the plane.

'Doctor Morvai is not available tomorrow,' informed the receptionist, 'you can see Doctor Wong if you like.'

'She'll do,' I replied.

The following day I entered the room where Doctor Wong practiced, meeting her for the first time. Her petite fit figure and glowing fresh skin, evidence of her own good health. In complete contrast to my initial observation, she took one look at me, squeezed out a fleeting:

'Hello,' and insisted that I jump on the scales. She promptly recorded my height and sat down at her computer.

'92 kg, 171cm ... I am sorry to say this but you are technically obese,' she said with a bluntness that was no doubt unintended. 'When was your last general medical examination,' continued Wong whilst scanning my medical records to answer the question herself.

'I can't see one here. We better do something about that I think.' She scribbled onto a pathology request and began speaking again as she passed it to me.

'The nature of your physique makes you susceptible to cholesterol, diabetes and a range of other medical issues. Please see to these tests as soon as possible.'

‘Now ... what else can I do for you?’

‘I’m travelling for work tomorrow and need some sleeping tablets to ensure I get some rest on the plane,’ I replied. ‘You should see from my medical records that Dr Morvai has prescribed them before,’ and I pointed to her computer where my medical history remained open.

‘Yes I can see them,’ she said while extracting her booklet of empty scripts from the top shelf. She began madly writing once again and flicked me the script.

‘Good luck with your trip ... don’t forget those tests,’ she commanded and I was quickly on my way.

I entered my car and adjusted the rear-view mirror so I could see my face.

‘As if!’ I said quietly to myself with the nonchalance of a 30-year-old male certain of his own immortality. I recognised that I was well rounded, due largely to a reduction in physical activity over the last few years. My belly was pronounced. But obese – nah! I folded the pathology form and upon filing it in the glove-box, began driving to the pharmacist for my sleeping pills.

IV

I returned from China in late October, landing in Canberra, Australia’s largest inland-, entirely planned-city and the seat of its Federal Government. By this stage I had been working in the public service for more than seven years. Employed by Geoscience Australia, the national agency for all things Earth Science, since 2001, I had already grown to love Canberra and greatly enjoyed working as a practicing seismologist to serve and advise a range of national and international stakeholders. I didn’t return to my Geoscience Australia office however. A couple of years earlier I had been posted to the Australian National University where I was undertaking a research project, of interest to both agency and university alike. I returned therefore, to the university where my project was conducted under the umbrella of a Ph.D. and was now well developed. My research on earthquake location in poor recording situations had largely been completed, my thoughts and conclusion materialised and more than half my

dissertation written. I was expecting to submit my thesis within three months and was looking forward to returning to Geoscience Australia where my immediate future lay. My health had a different plan for me however.

A month or so passed. It was Friday afternoon (21 November 2012) and I was madly working on the final chapters of my thesis. My mobile rang.

‘Hello,’ I greeted.

‘Hi David, it’s Arul here, how are you?’ replied my brother inlaw from Singapore.

How pleasant, a chance to chat with Arul my initial reaction. Then, acknowledging the unprecedented nature of a workday call from Singapore:

‘is everything alright?’ I asked.

‘I’ve been trying to get ahold of Kavitha,’ my lovely and strong natured wife, ‘do you know where she is?’ he inquired.

‘She’s probably in a meeting Arul, is there anything I can help you with?’

‘Something’s happened,’ he said. ‘Dad’s had a heart attack! We’re at the hospital now and he’s about to go into surgery. They are going to put in some stents to open the blocked arteries.’

We continued the discussion for a short while, the conversation concluding when I was satisfied that I understood all the important details. I began to track down Kavitha.

That night we booked tickets to Singapore for Kavitha and Rathiga Tiah, our two-year-old active and gregarious daughter. We decided that I would stay in Canberra to tend to our circus of domesticated animals, two cats and two dogs, and keep the momentum in my thesis writing. We planned a Saturday morning departure and two-week visit for the girls. Meanwhile, my father inlaw’s operation finished and he was moved to the intensive care unit to begin his recovery. My own throat was beginning to tingle and I was falling ill.

My beautiful girls left for Singapore on Saturday morning and I hit the sack. Recuperating in bed for the better part of a week, it was clear that I had a nasty virus. Both my father inlaw and I, albeit from a far less serious illness, recovered

quickly. He returned to his home and I began to feel human once again. As my mind cleared of congestion I recognised the impossibility of this situation. How is it that Raju (my father-in-law), a regular exerciser and healthy man in his early sixties, is having blockages in his arteries? Then it dawned on me. We are not immortal are we! I must do something about those tests.

The following day I was at the pathology outlet as they opened their doors for Saturday morning trading. A quick prick later, the blood collected and I was at the university and working on my thesis.

V

It was 8:55am Monday 1 December and I had already been at university for two hours when my mobile rang again.

'Hi David, it is Doctor Wong here. Your test results have arrived and I need to see you immediately! Can you get here as soon as possible?'

'Sure! I'm on my way now,' I replied, walking past the printer to grab a draft of Chapter 5 on my way to the car.

My mind was racing at a million miles an hour. Geez, it must be important. Immediately! She did say immediately didn't she? What could it be? Glandular Fever? I thought of my recent bout of virus and congested bed-time. No, you don't say immediately for Glandular Fever. Diabetes ... Oh Shit ... I have type-2 diabetes. Yeah you would say immediately for that wouldn't you... Damn! I am going to have to change my diet... But ... I like my diet... And insulin, I'll need that too!

Before I knew it I was parking my car, with no recollection of having driven the 10-minute journey to the GP's practice.

I didn't have to wait for the doctor. I was ushered to Doctor Wong's room as soon as I announced my presence.

'So what is it?' I barked as the door swung open.

‘Please sit down David,’ replied Doctor Wong. ‘I am sorry to tell you this but the tests indicate that you have Leukemia.’

I glanced at the print hanging behind her, unable to look directly into her eyes. I recognised the painting but couldn’t recall the artist. Phew, I thought to myself, that means I don’t have Diabetes; and in a complete state of abnegation I turned to Wong.

‘Okay! But how is my cholesterol level. Will I need to change my diet?’ I asked.

‘You don’t need to worry about you cholesterol now. This is extremely serious David! I have contacted Canberra Hospital and they are expecting you. You need to report to the Emergency Room within the next couple of hours.’

‘But I feel fine. Are you sure?’ I asked.

‘They will repeat the tests when you get there. I suggest you pack a small bag. You may need to stay overnight,’ she replied and I got up to leave.

‘There’s no need to pay for this one David, just get to the hospital as soon as you can,’ her final words as I left the office.

I was at home and on the phone to Singapore by 10am. With daylight savings the time difference is three hours so the time in Singapore, 7am. Saroja, my mother inlaw answered the phone. We exchanged pleasantries, I sought information on Raju’s recovery and she asked how I was going.

‘Can I speak to Kavitha please?’ I requested.

‘She is sleeping,’ the reply.

‘Can you please wake her? I need to speak with her now.’

A few moments later and a faint greeting echoed down the line.

‘Hi babe, it’s me,’ I replied.

‘David, how are you?’ she asked more clearly now as she began to wake.

‘Is everything okay?’ she continued. ‘

No, I have just seen the doctor.’

‘What, what is it!’ she interrupted with a great sense of urgency.

‘They think I have Leukemia. I have been asked to report to the hospital as soon as possible.’

I passed the little information that I had to Kavitha and we agreed to wait until I had seen the specialists before arranging her return. At least, I thought we had agreed to wait. Kavitha, who is not known for taking advice from her ill-informed husband, was far too anxious to wait. She began packing and made arrangements to return to Canberra that evening.

I made two more phone calls. One to my parents in Adelaide and a second to my sister Amanda, who lives three suburbs to the east of me in west Belconnen. Amanda agreed to join me. I called for a cab; collected Amanda on the way and one ridiculously enormous fare later, arrived at the Emergency Room of Canberra's largest hospital.

After a small wait I was seen by the triage nurse and shown to a bed in the treatment area. Two doctors arrived, Emma a Haematology Registrar who did most of the talking and an accompanying intern on short-term rotation. Emma took a detailed medical history, gave a brief introduction to Leukemia and extracted a blood sample for repeat analysis. She explained that the new tests would determine the nature of my Leukemia, detailed knowledge of which would influence the treatment plan and determine the potential of its success.

I was admitted to the cancer ward with minimal fuss. Amanda left for home and I called Kavitha for the second time that day. I then settled into the first of many featureless hospital meals and switched on the television, freely available only in the cancer ward.

VI

I slept restlessly and woke early Tuesday morning. It didn't take long to discover that a prerequisite for all hospital patients is patience. I waited ... waited ... and waited some more. Eventually, I was reunited with Kavitha and Rathiga who had taken the overnight flight. It was a relief to have my girls with me once again. I filled Kavitha in on the latest details while Rathiga coloured quietly in the corner.

Later that morning I met Deidre, the cancer care coordinator, a nurse who would be integrated within my medical team and with whom I would develop one of many new friendships. Deidre's first responsibility when a patient arrives is education.

In India, a guru or 'darkness eliminator', is recognised as someone who eliminates the darkness of ignorance by passing knowledge (light) and educating the pupil. Deidre was to become my guru and there was a black-hole of darkness to eliminate. I couldn't help but recall how I'd inappropriately asked Wong about cholesterol, having just learnt of my Leukaemia diagnosis. Having had little personal experience with Leukaemia, I knew only that it was a cancer of the blood, that it was more common in children and typically lead to hair loss somewhere along the trajectory of treatment. I had little idea where it came from, how it was treated or what to expect. Fortunately, Deidre started at the very beginning.

Bone marrow is the soft, spongy tissue found inside the majority of bones. In the kitchen it is the ingredient responsible for flavoring the highest quality meaty soups and can be a delicacy in its own right. In the body however, its role is somewhat more fundamental to our survival. It is responsible for producing the blood cells which, when suspended in liquid known as plasma, circulate throughout our bodies.

Blood cells can be categorised into three groups: red blood cells, white blood cells and platelets. Red blood cells collect oxygen from our lungs and transport it, via arteries, to body tissue. White blood cells, a fundamental component of the body's immune system, defend the body against infectious disease and foreign material. Platelets are responsible for clotting and hence necessary to stop bleeding. They also deliver proteins and hormones that stimulate cell division and, along with white and red blood cells, assist wound healing.

Leukaemia is a cancer of the blood or bone marrow. It leads to the rapid generation of immature white blood cells that are unable to function properly. In developed cases these malignant cells, also known as blasts, swamp the blood reducing the number of healthy functioning cells. As a result the carrier becomes susceptible to infection, excessive bleeding and lack of energy due to poor oxygen transport. Intense bone pain may also be experienced as the bone marrow becomes overcrowded with immature cells.

There are four primary forms of Leukemia, broadly classified by the type of white cells involved and how quickly the disease develops. Acute leukaemias develop quickly and can make the sufferer ill within weeks. In contrast, chronic leukaemias get worse more slowly and may not require treatment for years. Myeloid leukaemias impact white blood cells known as myelocytes, whereas lymphoblastic leukaemias affect lymphocytes, another form of white blood cell. The four main categories therefore become; acute lymphoblastic leukaemia (ALL), acute myeloid leukaemia (AML), chronic lymphoblastic leukaemia (CLL) and chronic myeloid leukaemia (CML).

‘We won’t know exactly how to treat your Leukaemia until the type is confirmed,’ stated Deidre. ‘However, we are pretty certain that it is acute and that it will involve chemotherapy,’ she continued. ‘Let’s talk about chemo now.’

Chemotherapy involves administering combinations of cytotoxic drugs that attack and kill rapidly dividing cells such as the malignant blasts in my body. Unfortunately however, there are no chemotherapy regimes that target only ominous cells. That is, chemo assassinates both healthy and unhealthy cells alike and consequently leads to a raft of side effects, some of which can be lethal in their own right. Common side effects include ulceration of the digestive tract, hair loss and reduced blood counts. All three of the primary blood types are affected leading to poor oxygen delivery and exhaustion (red blood cells), immunosuppression and increased risk of fatal infection (white blood cells), excessive bleeding/bruising (platelets) and poor wound recovery (all).

VII

‘The blood test has confirmed your Leukaemia David,’ said Emma, who returned to see me again on Tuesday afternoon.

‘It looks like you have AML. We would like to take a biopsy of your bone marrow though. This will be more accurate than the blood analysis and will help us confirm how developed your disease is.’

‘Emma... are you sure?’ I replied. ‘I don’t feel sick at all,’ I continued.

‘We’ve caught it early, David. Acute diseases like this propagate very quickly. Left untreated... You would be very sick and possibly die within weeks.’

‘What if I had done the tests in October when I first saw the doctor?’ I asked.

‘It is possible that we would not have seen the disease at all a few months ago. I would say that you are very lucky. Lucky that you undertook the test when you did! The disease has developed enough to be detected but not so much that you are symptomatic. Now, let’s get on with this biopsy shall we?’ suggested Emma.

This would be the first of more than a dozen bone marrow biopsies. The procedure involves extracting a sample of bone marrow from the hipbone. Following Emma’s directions, I lay on my side and crunched my legs in a foetal position. She selected and marked the entry site. There was a sharp prick as the needle punctured my skin. She injected local anesthetic to numb the area. Then, a spirited PAIN as Emma twisted her hand, the needle piercing the hard outer-casing of bone and entering the bone cavity, an area of body which does not respond to local anaesthetic. She attached a syringe and sucked out the aspirate or liquid marrow. Then she swapped to a trephine needle, a larger instrument with a cylindrical blade, and I felt further pain as she rotated it to extract a sample of solid marrow.

VIII

Emma returned on Wednesday morning. This time Doctor Michael Pidcock, the lead consultant on my case and head of the Haematology Department, joined her.

‘The bone marrow aspirate suggests that you have ALL and not AML,’ he said. ‘The difference is probably not significant for you; it just changes the chemo protocol that we use. We need to wait another day or so however, to get the results from the solid marrow sample,’ continued Pidcock.

IX

I was allowed to leave the hospital with Kavitha briefly on Wednesday afternoon. The purpose of our expedition was a visit to the local IVF clinic. Deidre had explained that there was a high chance that I would become infertile after receiving chemotherapy. We knew that we wanted more children so we decided to freeze some sperm. It helped me to think of Han Solo’s cryogenic freezing in the Empire Strikes Back. Somehow, this made the whole process seem manlier.

That night, I was back at the hospital and I thought of Xi Wangmu. I recalled the warmth of her grin and positive outlook.

‘If she can cope with her torment, then I can deal with this,’ I said quietly to myself.

My thoughts drifted however, to the man I knew as my biological father. Falling to a long illness when I was only four, I knew that Peter’s last days were a struggle. Dying at the meagre age of 33, only 2 years older than the 30-year-old frame lying in my bed, I held few memories of him. Contemplating his premature death abducted my concentration to the fragility of life and my own mortality. My mind was a tangled mess of thoughts:

Will my daughter remember me?

The inspiration of Wangmu ...

The slow painful passing of Peter ...

What would become of me?

I started processing the few memories that I had of Peter. The clearest of these, a pantomime, taking place in the kitchen of our old house in Christie Downs, an outer suburb on the southern fringe of Adelaide. Peter was leaning over the bench, blood as red as vine-ripened tomatoes streaming endlessly from his mouth at an alarming rate. The memory – so vivid – I could feel the ossicles in my ears vibrate to the sound of blood crashing into the sink. I searched my sole but couldn't find a more buoyant memory. I couldn't remember him chasing me; I couldn't recall him throwing a ball; I couldn't educe a single moment where the two of us were playing. Then, all of a sudden, a great sense of guilt swept over me. Four years and this was the best I could muster. Blood ... blood ... blood everywhere!

Sweat was pouring from my forehead and I was uncomfortable with my dark thoughts, when, all of a sudden, it struck me! I had found my second source of inspiration. I was determined that I would not fall to the same fate as Peter. I could not and would not do that to my gorgeous Rathiga. There would be ballet concerts; math exams to prepare for; bust-ups with inappropriately selected boyfriends; and teenage dramas. She was going to need her father. Nothing was going to stop me from being there for her.

X

My mother arrived on Friday morning and Emma visited me on her daily rounds.

'I am sorry David, but I have some more bad news for you. We have completed the bone marrow analysis and you are Philadelphia positive. This means that your Leukaemia cells have an abnormality in which parts of chromosomes 9 and 22 swap places. Sadly, it impacts your prognosis. Philadelphia positive ALL is excessively aggressive and patients are more likely to relapse after treatment,' Emma said before pausing.

'It is likely that chemotherapy alone will not be enough to hold your Leukaemia at bay,' she continued. 'You will need a bone marrow transplant after the chemo is finished. This could add up to another year to your treatment.'

I looked at her in horror. I knew that I now faced more than a year and half of hell.

‘We will talk more about the details of a transplant once we find you a donor,’ continued Emma.

‘In the meantime, I need to ask you about your family. We will start with the family; this is the most likely place to find a donor. Failing that, there is an international register of donors. We will look for a suitable match from the global database if there is no one in your family.’

I filled Emma in on my family members. She decided to begin with type matching my mother and sister.

‘There is one thing I was wondering Emma,’ I said.

‘Of course David, go ahead.’

‘The chemo is starting today. Will I be able to keep drinking coffee? Coffee is really important to me.’

‘Of course David! You can drink as much coffee as you like,’ and Emma left me alone to reflect on the latest disagreeable news.

It was then, that I realised I had not asked the old Chinese earthquake-refugee her name. If she was going to be a source of inspiration then she needed a name. I knew that I was entering the fight of my life. Her name became important. It needed to represent something – something that I could hold onto. I settled on Xi Wangmu, the ancient Chinese goddess of immortality and dispenser of longevity, prosperity and eternal bliss. She is the cultivator of the peach of immortality, a fruit whose juicy flesh imparts a new lease of perpetuity to the immortals every six thousand years. As I settled on her name, I imagined my self eating her potent peach and breezing through treatment.

Not only did I feel it appropriate, perhaps even necessary, to enlist the support of a goddess of immortality; I realised that this choice suited my other galvaniser. Almost three years ago, and after much debate, my wife and I named our daughter after two deities; Rathiga a goddess and beloved of Lord Krishna in

the great Sanskrit epics that form the philosophical foundation of Hinduism; and Tiah, a derivative of Theia, the mythological Greek goddess of light and mother of the sun, moon and dawn.

As my chemo drew closer I thought of Xi Wangmu and I thought of Rathiga Tiah. I had no idea what I was in for but somehow I knew that, with three deities behind me, it would be okay.

