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Wit

By Margaret Edson

You have cancer.

Miss Bearing, you have advanced metastatic ovarian cancer.

Go on.

-You are a professor, Miss Bearing.

-Like yourself, Dr. Kelekian.

Why, yes.

Now then, you present with a growth that unfortunately went undetected... in stages one, two, and three.

-Now it is an insidious adenocarcinoma--

-Insidious?

Insidious means undetectable at an early--

Insidious means treacherous.

-Shall I continue?

-By all means.

Good.

In invasive epithelial carcinoma... the most effective treatment modality is a chemotherapeutic agent.

We are developing an experimental combination of drugs... designed for primary-site ovarian, for the target specificity of stage three... and beyond administration.

Am I going too fast?

No.

You will be hospitalized as an in-patient for treatment each cycle.

You will be hospitalized as an in-patient for treatment each cycle.

After the initial eight cycles, you will have another battery of tests.

The antineoplastic will inevitably affect some healthy cells...

including those lining the gastrointestinal tract...

from the lips to the anus, and the hair follicles.

We will be relying on your resolve...

to withstand some of the more pernicious side effects.

I beg your pardon.

-Do you have any questions so far?

-Please, go on.
-Perhaps some of these terms are new--
-No, you're being very thorough.
I make a point of it.
I always emphasize it with my students.
So do I. Thoroughness,
I always tell my students...
but, they are constitutionally
averse to painstaking work.
-Yours too.
-It's worse every year.
-Mine are blind.
-Mine are deaf.
-You just have to hope.
-I suppose so.
Where were we?
I believe I was being
thoroughly diagnosed.
Right.
Now, the tumor is spreading very quickly.
And this treatment is very aggressive.
-So far, so good?
-Yes.
-Better not teach next semester.
-Out of the question.
The first week of each cycle
you'll be hospitalized for chemotherapy.
The next week you may feel a little tired.
-The next two will be fine, relatively.
-Eight months like that.
This treatment is the strongest thing
we have to offer you.
And as research it'll make a significant
contribution to our knowledge.
Knowledge. Yes.
Here is the informed consent form.
Should you agree,
you sign there, at the bottom.
Is there a family member
you want me to explain this to?
That won't be necessary.
Good.
The important thing is for you to take
the full dose of chemotherapy.

There may be times when you wish
for a lesser dose, due to the side effects.

But we've got to go full force.

-Dr. Bearing?

-Yes.

You must be very tough.

Do you think you can be very tough?

You needn't worry.

Good.

Excellent.

I should have asked more questions.

Because I knew

there was going to be a test.

-Hi, how you feeling today?

-Fine.

Great. That's just great.

This is not my standard greeting,

I assure you.

I tend toward something

a little more formal...

a little less inquisitive.

Such as, say, 'Hello.'

But it is the standard greeting here,

so I just say, 'Fine.'

Of course, it is not very often

that I do feel fine.

I've been asked, 'How are you feeling?'

while throwing up into a plastic basin.

I have been asked...

as I was emerging

from a four-hour operation...

with a tube in every orifice:

'How are you feeling today?'

I'm waiting for the moment when

I'm asked this question and I'm dead.

I'm a little sorry I'll miss that.

I have cancer.

Insidious cancer,

with pernicious side effects.

No, the treatment

has pernicious side effects.

I have stage four

metastatic ovarian cancer.

There is no stage five.

And I have to be very tough.
It appears to be a matter,
as the saying goes...
of life and death.
I know all about life and death.
I am, after all,
a professor of 17th century poetry...
specializing in
the Holy Sonnets of John Donne...
which explore mortality
in greater depth...
than any body of work
in the English language.
And I know for a fact that I am tough.
A demanding professor.
Uncompromising.
Never one to turn from a challenge.
That is why I chose to study John Donne...
while a student
of the great E.M. Ashford.
Oh, yes.
Your essay on Holy Sonnet VI...
is a melodrama with a veneer
of scholarship unworthy of you...
to say nothing of Donne. Do it again.
Begin with the text, Miss Bearing,
not with a feeling.
'Death be not proud
'Though some have called thee
mighty and dreadful, for
'Thou art not so'
You've missed the point of the poem...
because you've used
an edition of the text...
that is inauthentically punctuated.
-In the Gardner edition--
-That edition was checked out--
-Miss Bearing?
-Sorry.
You take this too lightly.
This is metaphysical poetry,
not the modern novel.
The standards of scholarship
and critical reading...

which one would apply to any other text
are simply insufficient.
The effort must be total
for the results to be meaningful.
Do you think that the punctuation
of the last line of this sonnet...
is merely an insignificant detail?
The sonnet begins with
a valiant struggle with death...
calling on all the forces
of intellect and drama...
to vanquish the enemy.
But it is ultimately about overcoming
the seemingly insuperable barriers...
separating life, death and eternal life.
In the edition you chose,
this profoundly simple meaning...
is sacrificed to hysterical punctuation.
'And Death' capital D...
'shall be no more;' semi-colon.
'Death,' capital D, comma...
'thou shalt die! ', exclamation mark.
If you go in for this sort of thing
I suggest you take up Shakespeare.
Gardner's edition of the Holy Sonnets...
returns to the Westmoreland
manuscript source of 1610.
Not for sentimental reasons,
I assure you...
but because Helen Gardner is a scholar.

It reads:

'And death shall be no more,' comma...
'Death thou shalt die.'
Nothing but a breath, a comma...
separates life from life everlasting.
Very simple, really.
With the original punctuation restored,
death is no longer something...
to act out on a stage
with exclamation marks.
It is a comma. A pause.
In this way, the uncompromising way...
one learns something

from the poem, wouldn't you say?
Life, death, soul, God...
past, present.
Not insuperable barriers.
Not semicolons.
Just a comma.
Life, death, I see.
It's a metaphysical conceit, it's wit.
-I'll go back to the library--
-It is not wit, Miss Bearing, it is truth.
The paper's not the point.
Isn't it?
Vivian, you're a bright young woman.
Use your intelligence.
Don't go back to the library, go out.
Enjoy yourself with friends.
I went outside.
It was a warm day.
There were students on the lawn
talking about nothing, laughing.
There were students on the lawn
talking about nothing, laughing.
Simple human truth.
Uncompromising scholarly standards.
They're connected.
I just couldn't....
I went back to the library.
Anyway....
All right.
'Significant contribution to knowledge.'
'Eight cycles of chemotherapy.'
Give me the full dose.
The full dose every time.
The attention was flattering...
for the first five minutes.
-Name?
-My name?
Vivian Bearing.
Bearing. B-E-A-R-I-N-G.
Vivian. V-I-V-I-A-N.
-Doctor?
-Yes, I have a Ph.D.
Your doctor?
Dr. Harvey Kelekian.

I am a doctor of philosophy.
Take a deep breath and hold it.
Okay.
A scholar of 17th century poetry.
Arms above your head, and hold it.
Okay.
I have made an immeasurable contribution
to the discipline of English literature.
I am, in short, a force.
Okay, that's it.
Name?
Lucy, Countess of Bedford.
-I don't see it here.
-My name is Vivian Bearing.
B-E-A-R-I-N-G. Dr. Kelekian is my doctor.
Okay, lie down.
After an astounding
undergraduate career...
I studied for three years
with Prof. E.M. Ashford...
during which I learned
by instruction and example...
what it means to be
a scholar of distinction.
As a research Fellow, my principal task...
was the alphabetizing of index cards
for Ashford's monumental critical edition...
of Donne's
Devotions Upon Emergent Occasions.
I am thanked in the preface.
'Miss Vivian Bearing,
for her able assistance.'
Thank you.
Where's your wheelchair?
I do not know. I was busy, just now.
How you gonna get outta here?
-I could walk.
-It's not permitted.
I do not know,
perhaps you would like me to stay?
I guess I gotta go find you a chair.
Don't inconvenience yourself on my behalf.
Miss Bearing, this is Jason Posner.
He's gonna do your medical history

and ask you a few questions.
He's Dr. Kelekian's Fellow.
I'm Dr. Posner, clinical Fellow
at the medical oncology branch...
working with Dr. Kelekian.
Sit over here, please.
Prof. Bearing,
I was a student at the university.
-Took your course in 17th century poetry.
-Did you?
Yes, I thought it was excellent.
Thank you.
-Were you an English major?
-No, biochemistry.
You can't get into med school
unless you're well-rounded.
I bet with myself I could get an A
in the three hardest courses.
How'd you do?
-Success.
-Really?
A-minus. It was a very tough course.
-Yeah, I'll call you.
-Okay.
I'll just wheel this over.
Okay, I'm going to be taking your history...
which is a medical interview,
and then I give you an exam.
I believe Dr. Kelekian
has already done that.
I know, but Dr. Kelekian
wanted me to do one too.
Very well.
Okay, let's just get started.
-How are you feeling today?
-Fine, thank you.
-And how's your general health?
-Fine.
Good.
-We know that you're an academic.
-Yes, we've established that.
-So we don't need to talk about your work.
-No.
-How old are you?

-48.

-Are you married?

-No.

-Are your parents living?

-No.

How and when did they die?

My father, suddenly,

of a heart attack when I was 21 .

My mother, slowly, when I was 41 or 42.

Of breast cancer.

-Cancer?

-Breast cancer.

-I see. Any siblings?

-No.

And now your past medical history.

-Have you ever been hospitalized?

-I had my tonsils out when I was eight.

-Have you ever been pregnant?

-No.

-Heart murmurs?

-No.

-High blood pressure?

-No.

-Venereal diseases, uterine infections--

-No.

-Thyroid, diabetes, cancer--

-No. Cancer, yes.

-When?

-Now.

-Not including now.

-In that case, no.

Okay.

Clinical depression, nervous breakdown,
suicide attempts--

No.

-Do you smoke?

-No.

-Ethanol.

-I beg your pardon?

Alcohol.

-Ethanol. Yes, I drink wine.

-How much, how often?

A glass, with dinner, occasionally,
and perhaps a scotch every now and then.

-Do you use any substances?

-Such as?

Marijuana, cocaine, crack cocaine,
PCP, ecstasy, poppers--

No.

-Do you drink caffeinated beverages?

-Yes.

-Which ones?

-Coffee, a few cups a day.

-How many?

-Two to six.

But I don't think that's immoderate.

How often do you have
routine medical checkups?

Not as often as I should probably,
but I've felt fine, I really have.

-So, the answer is?

-Every three to five years.

What do you do for exercise?

Pace.

-Are you having sexual relations?

-Not at the moment.

-Are you pre or post-menopausal?

-Post.

-When did your periods stop?

-About two years ago.

Okay.

When did you first notice
your present complaint?

-This time, now?

-Yes.

About four months ago, I felt a pain
in my stomach, in my abdomen...
like a cramp, but not the same.

-How did it feel?

-Like a cramp.

-But not the same?

-Duller and stronger, I can't describe it.

-What happened next?

-I don't know...

I started noticing my body, little things.
I would be teaching and feel a sharp pain.

What kind of pain?

Sharp...

and sudden.
Then it would go away,
or, I would be tired....
Exhausted. I was working
on a major project...
the article on John Donne...
for the Oxford Encyclopedia
of English Literature.
It was a great honor,
but I had a very strict deadline.
-Were you under stress?
-It wasn't much more stress than usual...
I just couldn't withstand it this time.
So....
I went to see Dr. Chin, my gynecologist,
after I'd turned in the article.
She examined me,
sent me to Jefferson, the internist...
who sent me to Kelekian
because he thought I might have a tumor.
-And that's it.
-Till now.
That's very interesting.
I guess we'll start the exam.
Why don't you just sort of lie back
and relax.
Won't take a minute.
Let me get this sheet.
Here.
Okay.
Yeah, just....
Feet in the stirrups here.
Okay.
Okay.
Could you just.... Yeah.
There. Okay.
Good, okay.
Okay.
I've got to go get Susie.
I've got to have a girl here,
some crazy, clinical rule.
Don't move, I'll be right back.
I wish I had given him an A.
Two times one is two.

Two times two is four.
Two times three is six.
'Death be not proud
'Though some have called thee
mighty and dreadful
'For, thou art not so
'For, those whom thou think'st,
thou dost overthrow
'Die not, poor death
'Nor yet canst thou kill me''
Has anybody seen Susie?
'One short sleep past
'We wake eternally
'And death shall be no more,''

Comma.

'Death thou shalt die''

Okay, here's everything.

-Why did you leave her like this?

-I had to find you, now come on.

We're ready, Prof. Bearing.

Just get this on.

All right.

Just get this up.

Just relax.

Okay.

Isn't that interesting, Susie,
that I had Prof. Bearing?

Yeah. I wish I had taken some literature.

I don't know anything about poetry.

Prof. Bearing was

highly regarded on campus.

Her course looked very good

on my transcript.

They even asked me about it

in my interview to medical school.

-Jesus.

-What?

What?

Yeah, I survived Bearing's course.

Yeah, no problem.

Yeah, John Donne,

those metaphysical poets?

That metaphysical wit.

Hardest poetry in the English department.

Like to see them try biochemistry.
Okay.
We're almost done, all right. Yeah, okay.
That's it, we're done.
I gotta go.
Take her feet out. Yeah.
Thank you.
I'm just gonna....
That was...
hard.
That was....
One thing that can be said...
for an eight-month course
of cancer treatment:
It is highly educational.
I am learning to suffer.
Yes, it is mildly uncomfortable
to have an electrocardiogram, but...
the agony of a colonoscopy
sweeps it from memory.
Yes, it was embarrassing
to have to wear a nightgown all day long.
Two nightgowns.
But that seemed like a positive privilege
compared to watching myself go bald.
Yes, having a former student
give me a pelvic exam...
was thoroughly...
degrading.
And I use the term deliberately.
But...
I could not have imagined
the depths of humiliation....
Oh, God.
Please....
Steady.
Steady.
Oh, God.
What's left?
I haven't eaten in two days.
What's left to puke?
You may remark that my vocabulary
has taken a turn for the Anglo-Saxon.
God, I'm gonna barf my brains out.

If I did actually barf my brains out...
it would be a great loss to my discipline.
Of course, many of my colleagues
would be relieved...
to say nothing of my students.
It's not that I'm controversial.
Just uncompromising.
False alarm.
If the word went around that
Vivian Bearing had barfed her brains out...
first my colleagues,
most of whom are my former students...
would scramble madly for my position.
And then their consciences would flare up.
So to honor my memory,
they'd put together a collection...
of their essays about John Donne.
The volume would begin
with a warm introduction...
capturing my most endearing qualities.
It would be short but sweet.
Published and perished.
Now, watch this.
I have to ring the bell.
How you doing, Miss Bearing?
You having some nausea?
-Yes.
-Okay, I'll be with you in a second.
Someone has to come and
measure this emesis...
and record it on a chart
of my intake and output.
This counts as output.
It's about 300 ccs.
Is that all?
It was very hard work.
Yeah, it's 300.
Good guess.
Okay.
There anything else I can get you?
You want some Jello or something?
Thank you, no.
-Are you okay all by yourself in here?
-Yes.

Not having a lot of visitors, are you?
None...
to be precise.
I didn't think so.
Is there somebody you want me
to call, or something?
That won't be necessary.
I don't want visitors.
Okay.
I'll tell you what.
I'll come in every once in a while
to see how you're doing.
Make sure you're okay.
If you need anything, you just ring.
Thank you.
Okay.
You just call.
Do not forget...
that you are seeing
the most interesting aspects...
of my tenure as an in-patient
receiving experimental chemotherapy...
for advanced metastatic ovarian cancer.
But as I am a scholar I feel obliged...
to document what it is like here
most of the time...
between the dramatic climaxes.
In truth, it is like this.:
You cannot imagine...
how time can be so still.
It hangs.
It weighs.
And yet there is so little of it.
It goes so slowly.
And yet it is so scarce.
If I were writing this scene
it would last a full 15 minutes.
I would lie here and you would sit there.

Not to worry:

'Brevity is the soul of wit.'
But...
if you think eight months of cancer
treatment is tedious for all of you...

consider how it feels to play my part.

All right.

Let's say it's Friday morning.

'Grand rounds' is what they call it.

Action!

-Dr. Bearing.

-Dr. Kelekian.

How are you feeling today?

-Fine.

-Great, just great.

Very late detection,
stage is four upon admission.

Hexamethophosphacil
with Vinplatin to potentiate.

Hex at 300 milligrams per meter squared,
Vin at 100.

Today is cycle four, day three.

All cycles are at the full dose.

Primary site is here, behind the left ovary.

Metastases are suspected
in the peritoneal cavity...

mainly in this area here.

Full lymphatic involvement.

At the time of first-look surgery...
a large part of the tumor was de-bulked...
mainly in this area here.

Left and right ovaries...
fallopian tubes, uterus, all out.

Evidence of primary-site shrinkage.

Shrinking in metastases
has not been documented.

Primary mass frankly palpable,
in pelvic exam...
all through here.

Excellent command of details. Okay.

Problem areas with Hex and Vin?

-Myelosuppression--

-Myelosuppression...
lowering blood-cell counts.

With this combination of agents,
nephrotoxicity will be next.

Anybody else?

Side effects?

Nausea, vomiting.

-Jason?
-Routine.
-Pain while urinating.
-Routine.
-Psychological depression?
-No way.
Anything else?
Other complaints with Hex and Vin?
Come on.
-Mouth sores?
-Not yet.
-Skin rash?
-No.
Why do we waste our time, Dr. Bearing?
I do not know, Dr. Kelekian.
Use your eyes.
Good grief.
Hair loss.
Come on! You can see that!
Jason?
Hair loss after first cycle of treatment.
That's better. Dr. Bearing.
Full dose?
Good, excellent. Keep pushing the fluids.
-Jason, clinical.
-Right.
Thank you, Prof. Bearing,
you've been very cooperative.
Wasn't that grand?
Full of subservience, hierarchies.
Gratuitous displays, sublimated rivalries.
I feel completely at home,
it is just like a graduate seminar.
With one important difference:
In grand rounds they read me like a book.
Once I did the teaching...
now I am taught.
This is much easier,
I just hold still and look cancerous.
Jason was impressive, wasn't he?
I taught him, you know.
Nephrotoxicity,
kidney poisoning, myelosuppression.
They are medical terms.

I looked them up. It has always been
my custom to treat words with respect.

I can recall the time...

the very hour...

of the very day...

when I knew words

would be my life's work.

I like that one best.

Read another.

I think I'll read...

The Tale of the Flopsy Bunnies.

It has little bunnies on the front.

'The Tale of the Flopsy Bunnies...

'by Beatrix Potter.'

'It is said that the effect...

'of eating too much lettuce...

'is....'

What is this word?

Say it in bits.

'So-por-i-fic.'

What does that mean?

Soporific? Causing sleep.

-Causing sleep.

-Makes you sleepy.

-''So-por-fic'' means ''makes you sleepy.''

-That's right.

Now, use it in a sentence.

What has a soporific effect on you?

What has a soporific effect on me?

What makes you sleepy?

Nothing.

That's right.

What about you?

What has a soporific effect on me?

Let me think.

Boring conversation,

I suppose, after dinner.

Me too. Boring conversation.

Good, excellent. Carry on.

'It is said that the effect

of eating too much lettuce...

'is soporific.'

The bunnies in the picture are sleeping.

They're sleeping like you said,

because of sop-or-fic.
The illustration bore out
the meaning of the word...
just as he had explained it.
At the time it seemed like magic.
So...
imagine the effect the words
of John Donne first had on me.
Ratiocination, concatenation.
Coruscation. Tergiversation.
Medical terms are less evocative.
Still...
I want to know what the doctors mean
when they anatomize me.
My only defense is
the acquisition of vocabulary.
-Fever and neutropenia.
-Okay, when did it start?
I was at home reading.
I felt so bad, I got cold.
Fever and neutropenia.
They said to come in.
You did the right thing.
Did somebody drive you?
I took a taxi.
Can you walk?
Okay, just sit here a minute.
I'll get Jason, he's on call tonight
and he'll be able to give you some meds.
Glad I was here tonight.
I'm gonna get you to a bed soon, okay?
I'm gonna get you some nice juice
with lots of ice, okay?
Lights. I left all the lights on at my house.
Don't worry about it. It'll be okay.
Prof. Bearing, how you feeling?
My teeth are chattering.
-Vitals?
-Temp 102, pulse 120, respiration 36.
Fever and neutropenia,
it's a shake and bake.
Blood culture and urine, stat. Admit her.
Prepare her for reverse isolation.
Start with acetaminophen.

Vitals every four hours.
You'd better talk to Kelekian
about lowering the dose next cycle.
It's too much for her.
No way, she's tough, she can take it.
Full dose. Wake me when
the counts come from the lab.
Good morning, Dr. Bearing.
Full dose?
Definite progress, everything okay?
Yes.
You're doing swell.
Isolation's no problem, a couple of days.
Think of it as a vacation.
-Jason!
-What?
In isolation...
I am isolated.
For once I can use a term literally.
The chemotherapeutic agents
eradicating my cancer...
have also eradicated my immune system.
In my present condition...
every living thing
is a health hazard to me.
I really have not got time for this.
Particularly health-care professionals.
Just to check the I and O sheet
takes me a half an hour to do precautions.
Prof. Bearing, how are you feeling today?
Fine, just shaking sometimes
from the chills.
IV should kick in anytime now,
no problem.
Listen, I gotta go.
Keep pushing the fluids, okay?
I am not in isolation
because I have cancer.
Because...
I have a tumor the size of a grapefruit.
No...
I am in isolation...
because I am being treated for cancer.
My treatment imperils my health.

Herein lies the paradox.
John Donne would revel in it.
I would revel in it,
if he wrote a poem about it.
My students would flounder in it...
because paradox is
too difficult to understand.
'Think of it as a puzzle...'
I would tell them, 'an intellectual game.'
Or I would have told them...
were it a game.
Which it is not.
'...threw death on else immortal us
'lf lecherous goats, if serpents envious
'Cannot be damned
'Alas, why should I be?
'Why should intent or reason, born in me
'Make sins, else equal,
in me more heinous?
'And mercy being easy,
and glorious to God
'in his stern wrath, why threatens he?
'But who am I,
that dare dispute with thee?
'O God. Oh! of thine only worthy blood,
and my tears
'make a heavenly Lethean flood
'And drown in it my sin's black memory
'That thou remember them,
some claim as debt
'I think it mercy, if thou wilt forget'
A typical prayer would plead,
'Remember me, O Lord.'
True believers ask to be
remembered by God.
The speaker of this sonnet
asks God to forget.
We want to correct the speaker.
To remind him of
the assurance of salvation.
But it's too late,
the poetic encounter is over.
We are left to our own consciences.
-Have we outwitted Donne?

-Miss Bearing.

Or, have we been outwitted?

What is it?

You have to go down for a test.

Jason just called.

Another ultrasound.

They're concerned

about a bowel obstruction.

-No, not now.

-I'm sorry, they want it now.

Not right now,

it's not supposed to be now.

They want to do it now, I've got the chair.

It should not be now, I....

I have this planned for now,

not an ultrasound.

-No more tests, we've covered that.

-I know.

But they need for it to be now.

It isn't a bad procedure and it won't take

long, so why don't you come now?

I do not want to go now.

Name?

B-E-A-R-L-N-G.

Kelekian.

It'll just be a minute.

-Time for your break?

-Yeah.

Take a break.

'This is my play's last scene

'Here

'Heavens appoint

my pilgrimage's last mile

'And my race

'ldly, yet quickly run

'Hath this last pace

'My span's last inch

'My minute's last point

'And gluttonous death

'Will instantly unjoint my body and soul''

John Donne...

I've always particularly liked that poem.

In the abstract.

Now I find the image of...

my minute's last point...
a little too, shall we say...
pointed.
I don't mean to complain
but I am becoming very sick.
Very sick. Ultimately sick, as it were.
In everything I have done, I have been...
steadfast.
Resolute.
Some would say in the extreme.
Now, as you can see, I am...
distinguishing myself in illness.
I have survived eight treatments...
of Hexamethosphacil and Vinplatin...
at the full dose, ladies and gentlemen.
I have broken the record.
I have become something of a celebrity.
Kelekian and Jason are simply delighted.
I think...
they see celebrity status for themselves...
upon the appearance
of the journal article...
they will no doubt write about me.
But I flatter myself.
The article will not be about me...
it will be about my ovaries. It will...
be about my peritoneal cavity.
Which, despite their best intentions,
is now crawling with cancer.
What we have come to think of as me...
is, in fact, just the specimen jar.
Just the dust jacket.
Just the white piece of paper...
that bears the little black marks.
My next line is supposed to be
something like this:
'It is such a relief...
'to get back to my room
after those infernal tests.'
This is hardly true.
It would be a relief to be a cheerleader...
on her way to Daytona Beach
for spring break.
To get back to my room

after those infernal tests...
is just the next thing that happens.
Oh, God.
It is such a relief to get back
to my goddamn room...
after those goddamn tests.
Professor Bearing?
Just wanna check your 1 and 0.
Okay. How you feeling today?
-Fine.
-Great, that's just great.
How are my fluids?
Pretty good. No kidney involvement yet.
That's pretty amazing with Hex and Vin.
How will you know when
the kidneys are involved?
-Lots of in, not much out.
-That simple?
No way.
Compromised kidney function is
a highly complex reaction.
-I'm simplifying it for you.
-Thank you.
-We're supposed to.
-Bedside manner.
There's a whole course on it
in med school. It's required.
-Colossal waste of time for researchers.
-I can imagine.
Jason?
-What were you saying just then?
-When?
Never mind.
Professor Bearing,
are you experiencing confusion?
-Short-term memory loss?
-No.
-You sure?
-Yes.
Okay.
No, I was just wondering...
why cancer?
Why cancer?
Why not open-heart surgery?

Yeah.

Why not plumbing?

Why not run a lube rack

for all the surgeons know about...

Homo sapiens sapiens?

No way.

Cancer's the only thing I ever wanted.

No, really, cancer is....

Awesome?

Yeah.

It is awesome. How does it do it?

The intercellular regulatory mechanisms...

especially for proliferation

and differentiation.

-The malignant neoplasia just don't get it.

-Neoplasia, cancer cells.

Yes, that's right.

You grow normal cells

in a tissue culture in a lab...

and they replicate enough

to form a confluent monolayer...

and then divide 20 or 50 times,

but eventually they conk out.

You grow cancer cells

and they never stop.

No contact inhibition whatsoever,

they just pile up.

They keep replicating forever.

It's got a great name.

Know what it's called?

-No, what?

-Immortality in culture.

That sounds like a symposium.

It's an error in judgment,

in a molecular way.

But why?

Even on a protistic level

the normal cell-cell interactions...

are so subtle,

they take your breath away.

It's incredible, it's perfect.

What's up with cancer cells?

Smartest guys in the world...

the best labs, funding....

They don't know what to make of it.

-What about you?

-Me?

I've got some things I'm kicking around.

Wait till I get a lab of my own,
if I can survive this fellowship.

The part with the human beings.

Everybody has to do it,
all the best researchers.

They want us to converse
intelligently with clinicians...
as if researchers were the impediment.

Clinicians are such troglodytes.

Just cut the crap, I say.

Are you going to be sorry when....

Do you ever miss people?

Everybody asks that, especially girls.

What do you tell them?

-I tell them, "Yes."

-Are they persuaded?

-Some.

-Some, I see.

And what do you say when a patient is...
apprehensive, frightened?

Of who?

I just....

Never mind.

Who's the President of the United States?

I'm fine. Really, it's all right.

-You sure? I could order a test--

-No.

I'm fine. Just a little tired.

Okay.

I gotta go.

Keep pushing the fluids,
try for 2,000 a day, okay?

Okay.

To use your word:

"Okay."

So....

The young doctor, like the senior scholar...
prefers research to humanity.

At the same time...

the senior scholar,

in her pathetic state as simpering victim...
wishes the young doctor would take
more interest in personal contact.
Now, I suppose we shall see
how the senior scholar...
ruthlessly denied
her simpering students...
the touch of human kindness
she now seeks.
How, then...
would you characterize...You!
How would you characterize
the animating force of this sonnet?
In this sonnet, what is the....
What is the principal poetic device?
I'll give you a hint:
It has nothing to do with football.
What propels this sonnet?
You can come to this class prepared,
or you can be excused from this class...
this department, and this university.
Do not think for a moment
that I will tolerate anything in between.

Did I say:

'You are 19 years old. You are so young.
'You don't know a sonnet
from a steak sandwich.'
By no means.
To scan the line properly...
we must take advantage
of the contemporary flexibility...
in 'i-o-n' endings, as in 'expansion.'
The quatrain stands:
'Our two souls therefore, which are one
'Though I must go,
endure not yet a breach
'But an expansion
'Like gold to airy thinness beat'
Bear this in mind in your reading.
That's all for today.
Prof. Bearing?
Can I talk to you for a minute?
You may.

I need to ask for an extension

on my paper:

-I'm sorry, I know your policy, but--

-Don't tell me, your grandmother died.

-You knew?

-It was a guess.

I have to go home.

Do what you will,

but the paper is due when it is due.

I don't know....

I feel so much....

What is the word?

I look back and I see these scenes and I....

Miss Bearing,

is that you beeping at 4:00 a.m.?

Did that wake you?

Sorry, it just gets occluded sometimes.

-I was awake.

-You were?

What's the trouble, sweetheart?

I don't know.

Can't sleep?

No...

I just keep thinking.

If you do that too much

you can get confused.

I know.

I can't seem to figure things out.

I'm in a quandary. Having...

these doubts.

What you're doing is very hard.

-Hard things are what I like best.

-No, but it's not the same.

-It's like it's out of control, isn't it?

-Yeah.

I'm scared.

Honey, of course you are.

I'm worked up....

I don't feel so sure of myself anymore.

And you used to feel sure, didn't you?

Yes, yes, and I used to feel sure.

It's okay. It's all right.

And it hurts, I know.

It's all right.
There you go.
It's all right.
It's okay, it's all right.
Vivian? You want a popsicle?
-Yes, please.
-Okay.
I'm gonna go get one.
I'll be right back, okay?
The epithelial cells...
in my GI tract...
have been killed by the chemo.
The cold popsicle feels good.
It's something I can digest
and it helps keep me hydrated.
For your information.
Here you go.
-Here.
-You sure?
-Thanks.
-Thank you.
When I was a kid we used to
get these from a truck.
A man would come around
and he'd ring his bell...
and we'd all go running over.
And then we'd sit on the curb
and eat our popsicles.
That's pretty profound, huh?
Sounds nice.
There's something we need to talk about.
That you need to think about.
My cancer's not being cured, is it?
No.
They never expected it to be, did they?
They thought the drugs
would make the tumor get smaller.
And it has, it's gotten a lot smaller.
But the problem is,
it's started in other places too.
They've learned a lot for their research
and it was the best they had...
it was the strongest drugs.
It's just that there....

There really isn't a good cure
for what you have yet.
For advanced ovarian.
I'm sorry,
they should have explained this to you.
I knew.
You did?
I read between the lines.
What you need to think about
is your code status.
What you want them to do...
if your heart stops beating.
Well?
You can be full code
which means that if your heart stops...
we'll call a code blue and the code team
will come in and resuscitate you...
and take you to intensive care
until you stabilize.

Or, you can be:

'Do not resuscitate.'
Which means that if your heart stops...
we'll just let it.
You'll be DNR.
Now, you can think about it. But I just....
I just wanted to present you
with both choices...
before Kelekian and Jason
come in and talk to you.
-They don't agree about this?
-They like to save lives.
So anything's okay as long
as the life continues.
Doesn't matter
if you're hooked up to a million machines.
Kelekian's a great researcher, he is...
and the Fellows like Jason,
they're really smart.
It's an honor for them
to be working with him.
But they always want to know
more things.
I always want to know more things.

I'm a scholar.
Or I was...
when I had shoes.
When I had eyebrows.
Okay, that's fine. You'll be full code.
No.
Don't complicate the matter.
No, really, it's fine. It's up to you.
Just let it stop.
Really?
Yes.
So, if your heart stops beating....
Just let it stop.
You sure?
Yes.
Okay.
Okay, I'll get Kelekian to give the order,
and then....
Susie?
You're still going to take care of me,
aren't you?
Of course I am.
Don't you worry, sweetheart.
Okay.
Thank you.
That certainly was a maudlin display.
Popsicles, ''Sweetheart.''
I can't believe my life
has become so corny.
But it can't be helped,
I don't see any other way.
We are discussing life and death, and...
not in the abstract, either.
We are discussing my life and my death.
And I can't conceive of any other tone.
Now is not the time for verbal swordplay.
Nothing would be worse
than a detailed scholarly analysis and...
erudition, interpretation, complication.
No.
Now is the time for simplicity.
Now is the time for...
dare I say it...
kindness.

And I thought being extremely smart...
would take care of it.
But I see that I have been found out.
I'm scared.
Oh, God.
I want....
I want to....
No.
I want to hide.
I just want to curl up in a little ball.
I want to tell you...
how it feels.
I want to explain it.
To use my words.
It's just as if I can't.
There aren't....
I'm in terrible pain.
Susie says...
I need to be
in aggressive pain management...
if I'm going to stand it.
'It.'

Such a little word.
I think in this case...
'it'...
signifies being alive.
Okay.

We've located Dr. Kelekian
and he's on his way here...
and we'll get you some meds.
God, it's so painful.
So much pain.
I know. Just try and relax
and clear your mind.
We'll get you patient-controlled analgesic.
It's a little pump
with a little button and you press it...
and you decide how much
medication you want.
It's very simple and it's all up to you.
Okay.

Dr. Bearing. Susie.
It's time for patient-controlled analgesic.
The pain's killing her.

Dr. Bearing, are you in pain?
I don't believe this.
Get a morphine drip.
What about patient-controlled?
She'd be more alert.
Ordinarily yes. In her case, no.
-But I think she would really rather--
-She's earned a rest.
Morphine. 10 push now
and start at 10 an hour.
Dr. Bearing, try to relax,
we'll help you through this.
Don't worry.
Excellent.
Hi.
How are you feeling today?
These are my last coherent lines.
I'll have to...
leave the action to the professionals.
It came so quickly, after taking so long.
There's not even time
for a proper conclusion.
I trust this will have a soporific effect?
I don't know about that,
but it sure does make you sleepy.
What's so funny?
What?
It's just....
It's that 'soporific' means...
'makes you sleepy.'
It does?
That was sort of dumb.
No, it was funny.
Yeah? In a dumb sort of way.
I'm glad you explained it to me.
I never would've thought of that.
I'm a teacher.
Yeah, she was a great scholar.
Wrote tons of books, articles.
She was the head of everything.
People used to hug the walls
when she passed.
She won't be drinking anymore, see if
we can keep her kidneys from fading.

I had a lot of respect for her.
More than I can say
for the entire bio-chem department.
-What do you want, dextrose?
-Give her saline.
She gave a hell of a lecture.
No notes, not a word out of place.
It was impressive.
A lot of students hated her, though.
-Why?
-She wasn't exactly a cupcake.
She hasn't exactly been
a cupcake here either.
Miss Bearing, Jason and I are here,
we'll insert a catheter to collect urine.
-It won't hurt, so don't worry.
-Like she can hear you.
-It's just nice to do.
-Eight cycles of Hex and Vin at full dose.
Kelekian didn't think it was possible.
I wish they'd all go full throttle,
then we'd have some data.
She's not what I imagined.
I thought someone who studied poetry
would be more dreamy.
Not the way she did it.
Her course was more like
boot camp than English.
John Donne was incredibly intense.
Your whole brain
had to be in knots before you could get it.
-He made it hard on purpose?
-It has to do with subject matter.
The Holy Sonnets we worked on mostly
were mainly about salvation anxiety.
That's a term I made up
in one of my papers...
but I think it fits pretty well.
He's this brilliant guy, I mean brilliant.
He makes Shakespeare
sound like a Hallmark card.
And you know you're a sinner.
There's a promise of salvation,
the whole religious thing.

But you can't deal with it.

-How come?

-Because it doesn't stand up to scrutiny.

But you can't face life without it,
so you write these screwed-up sonnets.

Like a game to make
the puzzle so complicated.

What happens in the end?

-The end of what?

-To John Donne. Does he ever get it?

-Get what?

-His salvation anxiety.

-Does he ever understand?

-No way.

The puzzle takes over.

You're not even trying to solve it anymore.

Fascinating, really.

Great training for lab research.

Looking at increasing levels of complexity.

-Until what?

-What do you mean?

Do you ever get to solve the puzzle?

No. When it comes down to it,
research is just trying to quantify...
the complications of the puzzle.

-You help people, you save lives and stuff.

-Sure, I save a guy's life...

and the poor slob goes out
and gets hit by a bus.

Yeah, I guess so.

I just don't think about it that way.

I guess you can tell

I never took a course in poetry.

If there's one thing

we learned in 17th Century Poetry...

you can forget all about

that sentimental stuff.

Enzyme kinetics was more poetic
than Bearing's class.

Besides, you can't just go around...

thinking about that meaning-of-life stuff

all the time. You'd go nuts.

-Do you believe in it?

-Believe in what?

I don't know, the meaning-of-life stuff.
What do they teach you at nursing school?
She's out of it. Shouldn't be too long.
-You done here?
-Yeah, I'll just tidy up.
-See ya.
-Bye.
It's Evelyn.
Oh, God.
Prof. Ashford?
Oh, God.
I'm in town visiting my great-grandson...
who is celebrating his fifth birthday.
I went to see you in your office...
and they directed me here.
I've been walking all over town.
I'd forgotten how early it gets chilly here.
I feel so bad.
Yes, I know you do.
I can see.
Oh, dear.
There, there.
There, there.
There, there, Vivian.
It's a windy day.
Don't worry, dear.
Let's see.
Shall I recite something to you?
Would you like that?
I'll recite something by Donne.
No.
Very well.
Let's see....
'The Runaway Bunny,
by Margaret Wise Brown.
'Pictures by Clement Hurd.
'Copyright, 1942.
'First Harper Trophy edition, 1972.
'Once there was a little bunny
who wanted to run away...
'so he said to his mother,
'I'm running away.'
'If you run away,' said his mother...
'I will run after you.

'''For you are my little bunny.'

'''If you run after me,'

said the little bunny...

'''I will become a fish in a trout stream...

'''and I will swim away from you.'

'''If you become a fish in a trout stream,'

said his mother...

'''I will become a fisherman,

and I will fish for you.'''

Look at that.

A little allegory of the soul.

Wherever it hides, God will find it.

See, Vivian?

'''If you become a fisherman,'

said the little bunny...

'''I will be a bird and fly away from you.'

'''If you become a bird

and fly away from me,' said his mother...

'''I will be a tree

that you come home to.'''

Very clever.

'''Shucks,' said the little bunny.

'''I might just as well stay where I am...

'''and be your little bunny.'

'''And so he did.

'''Have a carrot,' said the mother bunny.''

Wonderful.

Time to go.

'''And flights of angels

sing thee to thy rest.''

Prof. Bearing, how you feeling today?

kidneys gone.

'''Highly unresponsive.''

Wait a second.

Four-five-seven-five.

Code blue, room 707.

Dr. Posner, P-O-S-N-E-R. Hurry up.

One, two, three, four,

five, six, seven, eight, nine...

ten, eleven, twelve, thirteen,

fourteen, fifteen.

-What are you doing?

-Goddamn code--

-She's DNR!

-She's research!
She's no code!
She's no code!
Kelekian gave the order
and you were there, you saw it yourself!
God, the code.
Cancel code, Room 707.
Sue Monahan, primary nurse.
I got it.
No, the patient is no code. She's DNR!
-The patient is DNR!
-Clear!
Listen, she's 'do not resuscitate'!
The patient is no code!
The patient is no code,
the order was given.
Stop it!
Do not resuscitate!
Move out of the way, go!
Clear.
-I made a mistake!
-The patient is no code!
-Who the hell are you?
-I'm Sue Monahan, the primary nurse.
Let me see the goddamn chart.
The patient is no code.
Just get away from her.
'Do not resuscitate. Kelekian.'
The order was put in yesterday.
-It's a doctor screw-up.
-What is he, a resident?
Got us up here on a DNR.
Called a code on a no-code.
'Death
'Be not proud
'Though some have called thee
mighty and dreadful
'For thou art not so
'For those whom thou think'st,
thou dost overthrow
'Die not, poor death
'Nor yet canst thou kill me
'Thou art slave to Fate
'Chance, kings, and desperate men

'And dost with poison,
war and sickness dwell
'And poppy or charms
can make us sleep as well
'And better than thy stroke
'Why swell'st thou then?
'One short sleep past
'We wake eternally
'And death shall be no more, ''
Comma.
'Death thou shalt die''
by 606