

- **Between LIFE and DEATH is a collection of real-life stories of those ordinary human beings who put up extraordinary bravery in the face of c death**
- **Hidden behind every story is a real human being, be they a father, a mother, a daughter, a son, a husband or a lover**
- **In the jumble of chemotherapy drugs, radiation therapy, and surgery, this human being is lost**
- **All too often, the winner is invariably the tumor; even when it is defeated, it leaves behind a human being shattered by fear and quaking with radiation and chemotherapy side-effects**
- **How some exemplary individuals chose to accept cancer as an autumn leaf getting ready to fall off a tree and make their transition from the land of manifest existence to return to the land they came from before birth**

My statement

In these few episodes of learning from other enquirers like me, I have shared their journeys through their physical bodies and then back into the higher awareness or wherever they chose to move on to. Harry has granted linguistic tone to my understanding of life and death. I have shared my quest from ignorance to bliss, from darkness to light, and one day, I will start my own transcendence from death of this physical body to immortal soul.

I invite you to join in my journey as we explore this eternal cycle of love and bliss around us. We can find that light even in the darkest hour of death. If you find yourself watching this play of life and death all around us, yet notice eternal bliss and light amid it all, and live life to the fullest as if there is no tomorrow, I feel my efforts will have been paid.

How did it all began

‘Thanks, doc. I need to know what happens when people die. I’d like to know so that I can plan my exit. I want to go in celebration, not gloom.’ **Harry** seemed to grow more comfortable around the subject as he spoke about his questions.

“I have seen death in every possible shape, form, colour and dimension. I have narrowly escaped death from a heart attack myself. I grew up in the shadow of my father, a man who, even though he was not a doctor, was forced to witness almost everyone near and dear die from as young as four years of age. so much so that when my brother died at the age of forty-three, he had no tears left—he had shed them all sending off his loved ones. He had eulogized so many of his loved ones that when his own son passed, he didn’t even have words left to express his grief.’

‘I’ve seen the funeral sites of prehistoric Neolithic settlements of the Indus Valley civilization I’ve seen the ancient pyramids of Giza in Egypt, the final resting place of the pharaohs. I’ve visited the holy city of Jerusalem. I’ve studied the Mayan culture. What all these ancient sites show us is that humankind, even thousands of years ago, tried to make sense of and come to terms with death—long before the two of us here in Rock Hill, South Carolina, are trying to come to terms with it. I’ll do my best to help you.’

Harry replied, ‘My wife always told me that you were great with counselling your patients near their end, and that you interspersed spirituality and philosophy with science. Whatever knowledge, understanding, experiences and beliefs you share, in whichever format you do, will help me ‘Yes, I can definitely share my journey with you. I will also share some of my other patients’ stories with you, if you believe they will help. Maybe we can both learn something from the stories I have witnessed.’

I paused. ‘When do you want to begin?’

‘Maybe we can meet once a week around lunchtime, here, under this beautiful copper dome. Could we start tomorrow?’ **Harry** sounded more than a little relieved.

‘Sure. Where do you want me to begin? Real-life stories? Young? Old? ICU? Hospice? Or home?’

‘First, tell me about your father. It’s obvious that he’s had a great influence on you. Tell me how he helped you become fearless.’ **Harry** concluded for the day

Inspiration to compilation started with this email

Hi, friends!






This email is different from my usual. No smiley faces or funny cartoons, for I have moved to another location.

I have often thought that life is rather like a queue at the departure level of a very huge airport. We all have our place in our individual queue, and from the moment we are born, we slowly but surely move towards the head of the line. There we take our turn to get checked out and receive a boarding pass to our next place.

My place in the long line of life has suddenly been jumped up to the head of the queue, and now I have a boarding pass. I want you to know that I am looking forward to adventures beyond this world. And I certainly don't want to join the many folks towards the head of the other queues, who are in beds, their frail bodies pierced with tubes, or limbs missing, or staring into nowhere with unseeing eyes – all of them waiting patiently for God.

I, on the other hand, have had an exciting and enjoyable life to the end. I have married three times (to my shame), and fathered six wonderful children. Now that I am approaching seventy-eight years of age, it's time to move on.

Harry

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- **There is no death! The stars go down to rise upon some other shore,**
 - **And bright in heaven's jeweled crown, they shine forevermore.**
 - **—J.L. McCreery (Ann)**
 - **Suddenly, they both saw Ann's face brighten as if she saw something heading her way.**
 - **She opened her eyes, lifted her head towards the ceiling and raised her hands in the air.**
 - **Her face was serene.**
 - **It was almost as if Jesus were reaching down to her and she was trying to take His hand. Shelton helped lift her up, fully aware that the time had arrived for Ann to depart from this world.**
 - **Though he couldn't see anything, he felt the presence of Jesus in the room.**
 - **Ann opened her mouth, offered one final smile, and whispered, 'Oh Lord! I am coming to Your kingdom!'**
 - **Shelton felt a sudden jerk, followed by heaviness in his hands.**
 - **The life had finally crept out of Ann's body.**
 - **Her soul and spirit were now with the angels, who were taking her to be with her Lord Jesus, leaving the lifeless body behind in the hands of her loved one.**
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Lane (Lily) gently opened her eyes and looked at me. Her beautiful smile briefly replaced her groans as, for a few seconds, her breath stopped rattling. I felt her hand trying to move upwards between my clasped palms. She wanted to sit up. I placed my hand behind her shriveled back. John and his daughter Laura moved closer to help, and the three of us gently propped Lily up to a sitting position.

- I couldn't believe what I heard next.

- 'Dr Patel, my dear son . . . I am glad you are here. I was waiting for you,' Lily said. 'I could feel and hear all of the rest of my kindred. But I would have been in terrible pain to

- leave without seeing and bidding you goodbye with one last hug. I remember . . . I never left your office without a hug every time. How can I leave this world . . . without giving you one final hug?'

- 'Lily,' I spoke gently, 'that is why I am here. I know you are about to leave us. We will all be sad and will miss you.'

- 'Looks like your soul is ready to join your Creator,' I continued. 'We give you our permission to leave. We do not want your physical body to suffer any more. Please move on whenever you are ready.'

- I looked around at everyone else; they all nodded in sorrowful agreement.

- Suddenly I felt a jolting sensation in my hands. Not just me, but all three of us—John, Laura and I—felt the jolt for a brief second. Then something heavy fell into my arms. It was the lifeless, mortal remains of Lily.

- **John paused again and continued.** “I am like that setting sun, slowly losing its brightness, shine, warmth and glory, waiting to sink into the horizon except that I may not emerge again the next morning.”
- The evening sun had drifted towards the intercoastal waterways. It was steadily losing its glory and luster, almost as if it had been subdued. The waters were now pale yellow, and the western sky was turning crimson red.
- John opened his eyes again. ‘Kashyap, listen, my brother. I have always felt a deep sense of connection with you and your family. Please convey my love to Alpa and Maharshi. I thank you for being part of our lives . . . for the last several years.’
- Slowly, John turned his gaze towards the ocean. He tried to lift his left hand, but to no avail. He may have been trying to point to the sunset in relation to his own life’s sunset. His eyes closed. His breathing became shallower and more labored. Death rattles from his mouth disrupted the pin-drop silence.
- We gathered around his bed. Nancy held his hands with tears running down her cheeks.
- I said softly, ‘John, we are all here with you. I know you can hear us, and you can feel our loving touch. You have been a wonderful brother, father, husband, son and friend. It breaks my heart to utter these words, but you have our permission to go. We will miss you, but it’s time to move on. Your mother, Lily, is waiting for you in heaven. Please leave whenever you are ready.’
- He gazed at the ocean. The evening sun had lost its glow and was nearly touching the water on the western horizon. John closed his eyes, never to open them again on this earth.

My journey to self-discovery began almost fifty years ago when, as an eight-year-old child, I went to watch a feature film in Hindi with my parents. The movie was called *Anand*. It was a tragic story, in which the main character, Raja Babu, dies of cancer.

I was inconsolable at the death. For several days, I cried. Finally, my dad suggested that when I grow up, I become a doctor and help people like Raja Babu.

As a young adult, I bought a red motorcycle and started riding around rural India in search of the beauty of nature, tranquility and serenity. With a camera slung across my shoulder and a dilapidated satchel across my back, I zoomed through villages and across jungles teeming with wildlife. As lions roared and birds sang, and villagers fed their cows, I was searching for that 'One' that would give me lasting bliss and peace. I struggled to find myself and my calling in this life.

- These journeys of reflection and self-discovery brought me across the seven seas. I never realized that the answer to who I was, where I came from, and where I will spend eternity was always within me. That what I was looking for was, is and will always be there, an inseparable part of me.
- I have always been part of the universe. Even before I was born, I was floating in the universe like a brown autumn leaf, freely, as part of the cosmic consciousness.
- Then I decided to experience human life for a limited span, as my genome-encoded DNA mixed a blueprint of this body with elements borrowed from the planet Earth. Now people call this part of the cosmic consciousness 'Kashyap'.
- But through all of my searching, I never forgot my dad's encouragement to become a doctor.
- Now, as an oncologist living with life and death every day, I have come to a realization that I am nothing but an awareness covered in a temporary shelter of a physical body that Mother Nature granted from the basic elements of life.

AACR Cancer Disparities Progress Report 2020

34% of cancer deaths among all U.S. adults ages 25 to 74 could be **prevented if socioeconomic disparities were eliminated** (45).

Eliminating health disparities for racial and ethnic minorities from 2003 to 2006 would have reduced

Direct medical costs by:
\$230 BILLION
 Indirect costs associated with illness and premature death by:
>\$1 TRILLION

DEATH RATES*

Cancer Type	African Americans	Whites	Rate Ratio
Prostate, males	38.4	18.2	2.11
Stomach	5.3	2.6	2.04
Multiple myeloma	6.0	3.0	2.00
Cervix uteri, females	3.1	2.2	1.41
Breast, females	27.3	19.6	1.39
Colorectal	18.3	13.4	1.37
Liver and intrahepatic bile duct	8.5	6.3	1.35
Pancreas	13.3	11.0	1.21
Lung and bronchus	40.2	39.3	1.02
Kidney and renal pelvis	3.4	3.7	0.92

U.S. Cancer Health Disparities at a Glance

Adverse differences in numerous measures of cancer burden exist among certain population groups in the United States. Examples of such disparities include:

- 111% and 39% HIGHER RISK** African American men and women have a **111 percent and 39 percent higher risk of dying from prostate cancer and breast cancer**, respectively, compared with their white counterparts (4).
- 20% and 38% MORE LIKELY** Hispanic children and adolescents are **20 percent and 38 percent more likely to develop leukemia** than non-Hispanic white children and adolescents, respectively (5).
- TWICE AS LIKELY** Asian/Pacific Islander adults are **twice as likely to die from stomach cancer** as white adults (6).
- TWICE AS LIKELY** American Indian/Alaska Native adults are **twice as likely to develop liver and bile duct cancer** as white adults (6).
- 3.5X HIGHER** Men living in Kentucky have **lung cancer incidence and death rates that are about 3.5 times higher** than those for men living in Utah (7).
- <HALF AS LONG** Patients with localized hepatocellular carcinoma, the most common type of liver cancer, who have no health insurance have **overall survival that is less than half as long** as those who have private health insurance (8 months versus 18 months) (8).
- 35% HIGHER** Men living in the poorest counties in the United States have a **colorectal cancer death rate that is 35 percent higher** than that for men living in the most affluent counties (6).
- 70% MORE LIKELY** Bisexual women are **70 percent more likely to be diagnosed with cancer** than heterosexual women (9).

As of 2018, nearly **80 percent** of individuals included in genome-wide association studies—the most common type of research that detects genetic alterations that are associated with disease risk—**were of European descent; 10% were Asian, 2% African, 1% Hispanic, and less than 1% other population groups** (92).

*Both sexes unless otherwise specified
 Data from: SEER Cancer Statistics Review 1975-2016 (Howlander N, Noone AM, Krapcho M, Miller D, Brest A, Yu M, Ruhl J, Tatalovich Z, Mariotto A, Lewis DR, Chen HS, Feuer EJ, Cronin KA (eds). SEER Cancer Statistics Review, 1975-2016, National Cancer Institute. Bethesda, MD, https://seer.cancer.gov/csr/1975_2016/, based on November 2018 SEER data submission, posted to the SEER website, April 2019.

Our limited knowledge of cancer biology in racial and ethnic minorities diminishes the potential of precision medicine in these populations.

Factors leading to disparities	Magnitude of problem	Payers	Key stakeholders and their roles	Providers	Impact of Intervention	Comments; summary of solutions
Cancer screenings	83-96% not screened for lung ca; Survival rate is 70-91% (stage I) versus <5% stage IV; 30% women did get mammography (MMG); When caught earlier survival is close to 99%	provider incentive screening NOLA	Mobile screening (Alliance Imaging) Policy Makers: 1115 Waivers for Medicaid	NOLA Pilot education MUSC (?)	Significant reduction in preventable mortality; Reduce spending by 30-50 x	Providers, Payers, FQHC, Faith organization; state and federal help for education; 1115; Mobile screening (CT, MMG scheduled rotation q 3 months (NOLA), ?MUSC
Access to testing	Only 1 in 4 patients get tested for biomarkers; 14% of eligible Black patient get tested	Reduce barriers Payers/ NGS	Covance; ABC; Pharma To start pilots and make test accessible for minorities	Research Sema4, Labcorp (in SC)	Improved out comes Reduced spending Change in treatment in 33% patients; better drugs for minorities	Multi stakeholders' pilots to identify prevalence of mutations, biobanks and develop new drugs effective for minorities, PGx studies JIT , ? MUSC

<p>Access to Care (OOP: Out of Pocket Cost)</p> <p>NHW: Non Hispanic Whites</p> <p>AA: African Americans</p>	<p>10-15% AA, 18% Hispanics and 5% NHW uninsured</p> <p>19% Medicare beneficiaries do not have secondary insurance (OOP cost \$2500-15000) for 6 million Americans</p> <p>51% commercial plans have OOP cost 23-26% ; 76 million lives;</p> <p>Annual OOP costs may be 58% of the median per capita income of Medicare pts</p> <p>PBM's control formulary; OOP cost rise</p>	<p>Provide navigators and counsellors</p> <p>Eliminate PBM' control</p>	<p>Pharma: Provide indigent drugs</p> <p>Foundations: Provide coverage support</p> <p>Emergency Medicaid coverage; State policy</p> <p>Eliminate drug tiering and step therapy to reduce OOP cost</p>	<p>Financial counsellor foundation access</p>	<p>Better outcomes</p> <p>Reduced Financial toxicity</p>	<p>Multi stakeholders to address CHD</p> <p>DSS for disability/Medicaid;</p> <p>Work with agency on ageing, LISS, Dual eligibility, reduce barriers to Medicaid;</p> <p>Congressional, local SW to guide patients (NOLA), ? MUSC</p>
<p>Access to clinical trials (CT)</p>	<p>1996 to 2002 annual # of trial participants rose from 8,000-12,000 but minority participation decreased; <5% of participants in Breast and Prostate Cancer prevention trials were minority;</p> <p>Patients diagnosed with Ca Prostate who participated in CTs exhibited longer survival</p>	<p>Provide coverage</p>	<p>Labs, Pharma, GPOs, Payers</p> <p>CURES ACT 2 to 1115 Waiver</p>	<p>increase minority accrual</p>	<p>Better drugs for minorities</p> <p>Improve outcomes</p> <p>Reduced cost of care</p>	<p>Digitize CTMS, RPM, PROs</p> <p>Stakeholders: COVANCE, Labcorp, ABC/Pharma/ ? MUSC</p>