

COVID-19: An End-of-Life Issue

By Jacob M. Whitney '21

I do not remember much about my grandfather from my mother's side; he died when I was a boy of 5. I remember his hands, old and gnarled but soft. I remember a toy he gave me, a stuffed bear with a fishing rod. Mostly I remember how happy everyone was when we visited him, the smiles he gave my family. Despite losing one grandfather when I was young, I did not pay much attention to my other grandfather, in the thoughtlessly cruel but usual way children behave. My dad's dad, Henri-Etienne Lévy, lived in New York City, a long drive from my home in Pennsylvania, and we only visited a few times a year. He was still working when he lived in the big city, as a professional French Chef giving private cooking lessons to New York's elite. I remember so much of his home; the small apartment with a beautiful kitchen crammed inside, the shining copper pans hanging from the ceiling, the ever-present smell of freshly baked bread, and his wonderfully soft, yet fierce, orange tabby cat, Philadelphia. What I do not remember much of is Grandpa himself. He admired his grandchildren when we visited, he bought our love with elaborate dishes and desserts unpronounceable to naïve American kids, but he did not really talk to us. It was only later, after he moved onto our property in Pennsylvania, that I got to know him.

Grandpa Henri (pronounced, appropriately, "ornery") retired in 2012, and he and his wife moved in with my family, into a two-car garage on our property that they converted into a small house. I did my due diligence and visited them, infrequently at first, but gradually more often as I came to know my grandfather and his history. A French-German Jew who lost most of his family at the hands of the Nazis, he traveled the world when he was young until he finally found a home in America and his lifelong passion in cooking. Over my remaining high school years, my grandfather schooled me in cooking and fascinated me with food, and during my time at Hampden-Sydney, he was my main impetus to return home. I am grateful for the many blessings I have received, but none so much as I am for the time I have been given with my grandfather Henri-Etienne Lévy.

Towards the end of the summer of 2019, I found out my grandfather was diagnosed with large B-cell lymphoma cancer. I immediately left my summer job to make the 12-hour drive home. Although it was not a false alarm, it was not a death sentence either: the cancer responded to treatment, and by Christmas everything almost felt normal. COVID-19 changed that.

The fear of transmitting Coronavirus 2019 to my grandparents drove a wedge between our houses, one we could only overcome with masks and social distancing. It was more than an annoyance, but we managed. I did not realize how much Grandpa had relied on reading lips until I hid mine behind a mask. He still talked to me; I mostly just listen now. He still cooked for me, but only for me to fetch food from him to bring up to my house. Our distance grew, and not just physically. There is something intensely human and intimate about sharing a meal together and recounting family history.

Once again, half a year later, a sense of normalcy began to return (even as I use that word, nothing was “normal” in the summer of 2020, but many things had become routine). That too was not to last. A CT scan for kidney stones revealed a mass on my grandfather’s kidney, which the doctors recommended a biopsy for to make sure it was not cancerous. The location meant it would be a risky surgery, with a chance Grandpa could lose kidney function. Essentially, he could take his chances with another cancer, or he could risk dialysis for the rest of his days. At this point, it might be wise to mention his wife, my step-grandmother, Andrea.

Grandma Andrea has had bipolar disorder since she was my age, and she has been on strange medication just as long to treat it. Lithium has medicinal uses in treatment of several psychological disorders, most prominently bipolar disorder. Unfortunately, its long-term effects include permanent kidney damage, and early in 2019 my grandma’s kidneys processed their last pint. She began dialysis, forced to travel every few days to our local hospital to have her blood cleaned, or run the risk of kidney failure. For those who do not know, dialysis does not cure kidney failure so much as it prolongs the inevitable. Most dialysis patients do not live more than 5 years after they begin the treatment. In addition, one’s movement is strictly controlled, for even missing one appointment can be deadly.

Back to Grandpa Henri and his (potentially) cancerous kidney. From an outsider’s perspective, one might think that seeing his wife lose her mobility and most of her day, every second day, could have scared him away from dialysis. The reality is much sweeter: before Andrea’s parents died, Grandpa Henri promised them he would always take care of her. Even all these years later, he did not want anything to interfere with his ability to do that. He turned down the biopsy, deeming it too risky. The rest of the summer passed without incident, until just a few weeks before school began again.

My grandfather fell while walking to his mailbox and broke his leg. At the time, I was in New Hampshire visiting family. Once again, I rushed home in a panic, only to find my grandfather, although worse for wear, stubbornly pushing on. The doctor’s scans showed that the broken femur was not caused by the fall, but the other way around: the bone broke while my grandfather was walking, which caused him to fall. The reason was as horrifying as it was simple: the cancer had spread to his bones. We did not know about the metastasizing cancer then, however, as that “simple” answer was only to reveal itself alongside another symptom.

In August, my grandfather complained greatly of back pain. That was unusual, as he was normally the picture of a stoic. In the hospital, a scan of his back revealed another broken bone, this time a vertebra. The cancer is now invading his pelvis and spine. To diagnose its severity, an operation on his kidney is unavoidable, but Grandpa has declined treatment again, for the same reason as before. Luckily, the cancer on his pelvis is close enough to the surface of the skin to do a biopsy without risking kidney failure. That test result comes back in a few weeks.

How does this all relate to COVID-19? Since my grandfather has been stricken by cancer and physical disability, his concerns about contracting COVID-19 have lessened. When I visit him now, he asks me to take off my mask so he can see my face and hear me better. Should I visit him in the morning, he will offer me coffee and toast, more happy to see me eating than concerned about viral risk. Grandma Andrea is less excited about my visits. She is afraid of catching Coronavirus, as her chances of surviving it are slim, given her vulnerability as a dialysis patient.

I come to the unhappy theme of my essay, an end-of-life issue. Which is more important, keeping my aging and dying grandparents safe from Coronavirus, or spending time with them before their time is up? I do not have to try hard to imagine a world without my grandfather, I have been living in one for close to a year now. Only, I have been miraculously blessed by his return, allowing me to meet him face to face once again. I do so knowing full well I could bring about his death, and it tears me up to make that decision every time I visit. But I do visit, and I will continue to. For my grandfather, his grandchildren are worth risking his life for. I am not alone in my struggle with morality, as anyone who has elderly relatives must face the same hard choice. I cannot give an answer, only my own experience, and I pray that my account may help others.