The Enemy Has a Name

A One-Year Memoir of Leukemia, Community, and Grace

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Dedication

For Leslie, my favourite person, my wife, and my partner.

For my family, who made sacrifices to support us generously.

For my Mountain Crew, my cheering squad, and every person who helped me remember that healing comes in community.

For the doctors, nurses, researchers, volunteers, blood donors, stem cell donors, and caregivers whose work gave me more days.

And for every person walking through a valley who needs to know that the next step does not have to be taken alone.

Author's Note

This memoir was developed from my journals, updates, posts, and notes. I used AI-assisted tools to help arrange source material chronologically, identify duplication, and assess readability. The experiences, reflections, humour, and language are my own.

This is not a medical textbook. The medical descriptions reflect my experience and understanding as a patient. Anyone facing leukemia or another serious illness should rely on qualified medical professionals for diagnosis and treatment advice.

Contents

Prologue

Reading the Journal

This book began as a series of updates.

At first, the updates were practical. People wanted to know what was happening, and I needed a way to tell them without repeating the same information dozens of times.

A diagnosis creates a kind of communication emergency.

The phone rings. Messages arrive. Family members want the latest numbers. Friends ask whether the treatment is working and whether there is anything they can do. Everyone wants to help, but no one wants to overwhelm the person still trying to understand what has happened.

So, I wrote.

I wrote from hospital rooms, waiting rooms, hotel rooms, living rooms, treatment chairs, parked cars, nature trails, and ordinary places that became sacred because of what they held. I wrote when I felt hopeful, tired, grateful, afraid, amused, frustrated, and occasionally all of those things before breakfast.

The updates became a record.

They recorded the medical facts, but also everything around them: the jokes, prayers, family conversations, plastic dinosaur, rubber chicken, chemotherapy pumps, burgers, music, birds, fatigue, waiting, difficult decisions, and people who became part of the story.

Leukemia was a medical disease, and treatment was not background scenery. Bloodwork, chemotherapy, transfusions, stem cells, medications, infection precautions, engraftment, and monitoring were the road itself.

But this is not a book about medicine alone.

It is about what happens when medicine meets a human life.

Cancer enters a body, but it also enters a marriage, a family, a calendar, a budget, a church, a friendship group, and the ordinary routines of daily life. A blood count changes plans. A fever alters an entire week. A hospital admission can make a previously insignificant object—a guitar, a cap, a piece of mail, or a favourite meal—feel like a lifeline.

You will find humour in these pages because humour has always been one of the ways I breathe when life becomes ridiculous.

There is a particular kind of absurdity in being a grown man receiving highly complex medical care while worrying about the proper relocation of a rubber chicken. There is absurdity in carrying a chemotherapy pump in a fashionable satchel and in having a medical team discuss your kidneys while you calculate the distance to the nearest washroom.

The humour did not mean the situation was funny.

It meant the situation did not get to take every form of joy away from me.

One of my favourite descriptions of me over the years has been “Prairie Philosopher.”

I like short, pithy sentences I can remember—and that I hope the reader will remember too. As I found out during this journey, chemotherapy affected my attention span, and I found long paragraphs difficult to follow. I have kept many of the paragraphs in this book short in the hope that readers facing similar challenges will find the journey easier to follow.

You will also find faith woven through these pages. I am a Christian, and my faith shaped how I processed fear, pain, uncertainty, treatment decisions, community, and the possibility of more days. Removing it would make the story less honest.

I know not every reader shares that faith. My intention is not to argue, persuade, or pretend everyone experiences suffering in the same way. I am telling the truth of my experience, not claiming that my experience is universal.

If you read from another faith, from no faith, or from a place of uncertainty, you are welcome here.

Take what is meaningful.

Leave what is not.

The invitation is to walk with me through the story, not to pass a test.

More than anything, this journal is a record of being carried.

I was carried by skilled medical teams who knew what to do when I did not. I was carried by Leslie, family, friends, my Mountain Crew, and a wider cheering squad. I was carried by blood donors, a stem cell donor, and people whose work, generosity, and names I might never know.

I was carried by grace, which often arrived in very ordinary packaging.

Every person’s cancer journey is different. This is one account of one year on a road that continues beyond the final page. It does not offer a formula or guarantee. Gratitude for my remission does not erase grief for those whose stories have taken a harder turn.

I did not know the whole road when I began.

I still do not.

But the bridge in front of me was enough for that day.

And it is enough for this story to begin.

Part One

Entering the Valley

Chapter 1

The Call That Changed Everything

Early on July 5, 2025, a Saturday morning, my phone rang.

I did not recognize the number, so I did not answer.

Persistent telemarketer, I thought.

This was not an unreasonable assumption. My phone receives a steady stream of calls from people who want to renew my duct cleaning, improve my internet, sell me something I do not need, or inform me that my computer is infected with a virus.

The irony of that last category would become more apparent later.

The caller left a message. It was the hematologist I had seen the day before. He said he would call back in ten minutes.

Ten minutes is not a long time under ordinary circumstances.

Under extraordinary circumstances, ten minutes can become a country.

Leslie and I waited together, trying not to let our imaginations run wild, and usually towards disastrous conclusions.

There are moments that arrive without warning but divide life into before and after. This was one of them.

When the doctor called back, he told us he had “snuck a peek”—my translation—at the preliminary bone marrow results. My bone marrow was seventy percent full of leukemia blasts.

They had not yet moved significantly into my bloodstream, which was good.

The rest of the news was not.

The doctor had already arranged for me to be admitted to Juravinski Cancer Centre in Hamilton, Ontario. I was to pack for what we expected would be approximately a month in hospital.

One sentence remained with us:

“Consider this a medical emergency.”

There is something unsettling about packing for a hospital stay that long. A person normally packs for a trip by asking what he might need to enjoy himself. Packing for cancer treatment is different.

You think about chargers, books, toiletries, comfortable clothes, music, and anything that might make the room feel less foreign. You choose objects that remind you who you were before the hospital became the place where so much of your life would happen.

I remember putting things into a bag and wondering whether I would ever use them again.

Would I return to this house?

Would I drive my car again?

Would I sleep in my own bed?

Would the ordinary routines that seemed so permanent still be waiting for me?

I can thankfully say that this was the only time I seriously entertained the idea of dying.

That does not mean I was fearless.

It means the thought came, announced itself, and somehow did not remain in charge.

Before going to the hospital, Leslie and I called dear friends and met them at the Royal Botanical Gardens in Burlington. It might seem strange to visit a garden on the way to a cancer centre, but the timing felt right.

We needed beauty.

We needed familiar faces.

We needed a moment that was not yet entirely medical.

The trees did not know I had leukemia. The paths did not change because I had received bad news. The sunlight continued to move across the landscape. Birds went on eating, flying, arguing, and generally refusing to acknowledge the seriousness of my situation.

That was comforting.

The world had not stopped, even though mine had.

Then we got into the car and drove to the hospital.

The road had turned.

The enemy had not yet fully introduced itself, but the battle had begun.

Chapter 2

The Enemy Has a Name

Leukemia was now part of my vocabulary.

Not exactly the word I had been hoping to add that week, but there we were.

The doctors were waiting for the final biopsy details. They knew enough to begin planning, but not yet enough to identify the precise form of acute leukemia.

One possibility was acute promyelocytic leukemia, or APL, a subtype requiring immediate treatment because of its associated risks. The other was acute myeloid leukemia, or AML, which had a different treatment protocol but was also a serious and aggressive disease.

When the tests showed I did not have APL, I said, “Whew! It’s not the dangerous one.”

Then I paused.

“Wait. What?”

As it turned out, AML was dangerous enough.

The diagnosis came with frightening facts, but it also came with something I desperately needed: a plan.

Before my admission, the word *cancer* had very sharp edges. We had lost Leslie’s younger sister to cancer only a few months earlier. That loss was still close enough to touch.

Now cancer was back in our family.

Nobody was ready for another funeral.

Nobody wanted to learn another hospital system, another treatment schedule, another set of medications, another language of decline and hope.

Strangely, knowing it was leukemia offered a measure of comfort. I knew people who had survived leukemia. There were established protocols. There were specialists who knew what to do. Other people had walked this road before me.

The diagnosis was serious.

It was not hopeless.

That distinction mattered.

Naming the Fear

Fear is often most powerful when it is vague.

A formless threat can occupy every corner of the mind. It can borrow the shape of every bad story you have ever heard.

A named disease is still frightening, but it is no longer shapeless.

AML had a definition. It had tests, specialists, schedules, risks, treatment protocols, and options. It had an experienced medical team prepared to respond.

There is a difference between saying, “Something is terribly wrong,” and saying, “This is what is wrong, and this is what we are going to do next.”

The second statement does not guarantee an outcome.

It does create a place to stand.

The enemy now had a name.

That meant we could begin learning how to fight it.

Chapter 3

The Project of My Life

As a strongly introverted Enneagram Type Five and Myers-Briggs INTJ, my personality is wired to gather information.

This is a polite way of saying that when something happens, I want to understand it, categorize it, compare the options, identify the risks, and build a spreadsheet.

It also means I am often more comfortable observing than participating. I can remain emotionally detached while I analyze a problem, which is useful when solving complicated issues and less useful when the problem is happening inside my own body.

Throughout my career, I worked on significant projects, including helping build a medical school from scratch in Northern Ontario. Projects like that require a clear goal, a strong plan, and the right people working in their areas of expertise.

No one person builds a medical school alone.

No one person treats AML alone either.

Leukemia became the most significant project of my life.

Literally.

I had not volunteered for it. I had not submitted a proposal. There had been no consultation process, no opportunity to suggest a later start date, and no option to decline because the timing was inconvenient.

Nevertheless, the project had begun.

The Medical Team

The team at Juravinski Cancer Centre became the medical core of the project. Although I had landed there because it was the closest appropriate centre, I later told them that, given the choice, I would still have chosen them.

They were that good.

They were thorough without being cold. They explained things without pretending every answer was certain. They paid attention to small changes and knew the difference between a symptom that needed watching and one requiring immediate action.

A patient can become overwhelmed by every new number, rash, fever, ache, or question. The medical team holds the larger picture while the patient focuses on the latest detail.

I learned to ask questions while respecting expertise.

I was an important member of the team, but I was not the hematologist.

That was probably best for everyone.

The Mountain Crew

Leslie and my immediate family formed another essential part of the team. Around them were friends, church family, former colleagues, neighbours, and people from earlier chapters of life.

The broadest group became my Cheering Squad, which I regularly updated on Facebook.

They sent messages, brought meals, offered rides, shared jokes, and checked in without demanding a response. Some prayed. Some did not but offered their own form of presence.

The Mountain Crew was smaller.

I needed a group of people to whom I could rope myself—a place where trust was high enough that I could speak without performing strength.

A public update could say:

“The treatment is going well, although I am tired.”

The Mountain Crew could hear:

“I am frightened, angry, exhausted, and not sure I have the strength to do this today.”

The difference mattered.

I did not need to perform strength for them.

I could admit when I was struggling. I could ask questions that sounded repetitive. I could talk about fear without immediately softening it for the comfort of everyone else.

They did not solve the cancer.

They helped me carry the day.

First Family Visit

I had gone into the hospital on July 5th. On July 12th Leslie, our kids, their partners, and our grandkids came through the door of my room… all masked up and sterilized.

There was air hugs and happiness.

There was also a t-shirt for myself and my oldest son, who was going through some health challenges.

The shirt was forest green with a single word “Persevere” across the front.

That would be our motto for the next part of the journey.

The Treatment Plan

The doctors considered me to be in a favourable group for treatment. My heart and other organs were healthy, which was useful because the treatment was not exactly a spa package.

The induction regimen was called 7 + 3.

I might lose energy, hair, and a bit of dignity along the way, but the care team was moving carefully and with purpose.

So far, so good.

What I did not say out loud very much was how quickly my inner control panel had started flashing like the nuclear dashboard in a disaster movie.

I was accustomed to solving problems, gathering information, making plans, and finding the next useful thing to do. Suddenly, the most useful thing I could do was lie in a hospital bed and let other people do their jobs.

That sounds simple unless you happen to be me.

Then it feels like being asked to sit quietly while someone else drives your car through a snowstorm.

It involved three days of one chemotherapy drug and seven days of another, followed by a long period of waiting for my bone marrow and blood counts to recover.

The medical team examined my heart, thyroid, prostate, bones, lesions, and anything else that might affect the plan.

The tests were not all pleasant.

The waiting was not all pleasant.

The language was not always familiar.

But the thoroughness was reassuring.

They were not guessing.

Surrender and Participation

My normal response to uncertainty was to gather more information and develop a more detailed plan. But no amount of information could restore control.

I could learn what induction chemotherapy was intended to do. I could ask about side effects, blood counts, transfusions, and treatment schedules.

I could not command my body to respond.

I could not negotiate with leukemia.

I could not schedule recovery for a convenient date.

At some point, knowledge had to become trust.

Before treatment began, I took one last walk and watched the sun rise. Psalm 23 took on new meaning. I knew I was entering a dark and uncomfortable valley, but I also knew I was not alone. I could sense the presence of Jesus. Leslie, my children, my grandchildren, my friends, and my prayer community surrounded me.

Fear was present, but it did not have the final word.

I felt what Scripture calls the peace that passes understanding. That peace did not require me to believe everything would unfold exactly as I wanted. It required me to believe I would not be abandoned if it did not.

Surrender was not the same as giving up.

Giving up would have meant abandoning hope or refusing the work required of me.

Surrender meant recognizing the limits of my control while still doing what belonged to me: reporting symptoms, following instructions, taking medication, drinking fluids, asking questions, and calling when something changed.

I was not responsible for making treatment succeed through force of personality.

That was a relief.

Part Two

Induction and the Long Wait

Chapter 4

Treatment began with activity once I was admitted.

There were tests, medications, explanations, machines, and people moving in and out of the room. Chemotherapy gave the days an obvious purpose. Something was being done to destroy the leukemia.

Then the visible work ended.

The chemotherapy had been delivered, but I could not go home. My blood counts had to fall, the damaged cells had to clear, and my bone marrow had to begin rebuilding. Much of the next stage involved waiting for processes I could neither see nor accelerate.

It was difficult to move from active treatment to active waiting.

When medication is flowing into your body, it feels as though the battle is underway. When the pump stops and the room becomes quiet, it can feel as though nothing is happening.

But healing does not always announce itself.

Sometimes the most important work occurs in silence, one cell at a time.

The Dinosaur and the Caboose

Ever since my youngest left home more than ten years earlier, we had been sneaking a little plastic brontosaurus into each other's homes, cars, bags, and luggage.

There was no formal ceremony.

No one announced that the dinosaur had moved.

The procedure was simple: conceal it somewhere the other person would eventually find it, leave without saying anything, and wait.

The dinosaur might appear in a cupboard, a suitcase, a vehicle, or a bag. Finding it was proof that someone had successfully infiltrated your space.

It was also an invitation to plan retaliation.

When I unpacked at the hospital, guess what fell out of one of my bags?

The dinosaur had apparently decided to join me.

Under ordinary circumstances, I would have started planning how to return it. This time, I was glad to have it nearby and in no hurry to send it anywhere.

The dinosaur did not change my diagnosis. It did not improve my blood counts, eliminate a side effect, or shorten the treatment. It did something else.

It connected the hospital room to home.

Hospitals are designed to support medical care, not personal identity. The rooms are functional. The beds adjust in several directions. The equipment beeps. Everything can be cleaned, checked, measured, or replaced.

That is necessary.

But in such a setting, a small familiar object can become important. A photograph, card, cap, book, guitar, or plastic dinosaur can remind a patient that he existed before the diagnosis and may, with grace, continue to exist beyond it.

The dinosaur carried years of family history in a few inches of plastic.

Cancer did not have jurisdiction over every part of the room.

There was still space for silliness.

Figure: In our family, you never know when or where this little dinosaur will appear, but it is usually at the right time.

The Blood Factory

Before leukemia, I had not spent much time thinking about bone marrow. Like many parts of the body, it quietly performed its work without asking for recognition.

Then it stopped working properly.

Suddenly, the blood factory became the centre of nearly every conversation.

Was it producing the right cells?

Were leukemia blasts still present?

Had chemotherapy cleared the diseased cells?

When would healthy production begin again?

Blood was no longer one simple substance. It was a busy transportation, defence, maintenance, and repair system. Red blood cells carried oxygen. Platelets helped control bleeding. White blood cells, including neutrophils, fought infection.

Before treatment, these systems had worked without daily consultation.

Those numbers now determined where I could go, what I could do, how tired I felt, and how seriously the medical team responded to a fever, cut, or nosebleed.

I learned not to interpret the numbers without context.

A falling count could mean chemotherapy was working.

A low count could be expected and still dangerous.

A tiny increase could become excellent news.

I watched the doctors' faces and listened to their tone. If they were satisfied with the results, I allowed myself to be satisfied too.

The Caboose

In practically every medical setting, there is a device on a pole with wheels on the bottom. Once connected, it goes everywhere with you.

I called mine the caboose.

It had been attached to me full-time since chemotherapy began. I pulled it behind me when I moved around the room or walked through the hallway.

The machine carried medications and fluids. It had tubing, bags, lights, alarms, and a determined preference for travelling wherever I travelled.

I learned how to account for the length of the tubing, how to turn without wrapping myself around it, and how to navigate wheels that did not always understand my preferred direction.

The caboose and I were not always in complete agreement.

On day seven, the continuous chemotherapy ended.

I appreciated what the machine was doing, but I looked forward to relegating it to part-time status. It would still be needed for hydration, medication, and transfusions, but the first phase was complete.

Chemotherapy was a strange ally.

It harmed my body and was intended to save my life.

Both descriptions were true.

The Gift in the Tubing

Blood products began entering my body while my marrow was suppressed.

Before cancer, I knew blood donation was important. I had not understood the direct relationship between a donor's ordinary decision and a patient's survival.

Then the gift became personal.

Someone had made an appointment, answered questions, sat in a chair, extended an arm, and given part of what circulated in their body to a person they would probably never meet.

They did not know that I liked birds, photography, guitars, smash burgers, and bad puns.

They did not know Leslie, my children, or the dinosaur.

They gave anyway.

My blood type also appeared to be offering instructions:

B-positive.

It was the sort of medical joke that had been waiting my entire life for the right moment.

I had no intention of wasting it.

Chapter 5

Not Comfortable, but Comforted

Nearly two weeks after entering Juravinski, the rhythm of treatment had settled into tests, pokes, medications, and documentation.

I drank fluids and recorded them.

I expelled fluids and recorded those too.

The hospital had an impressive commitment to record-keeping.

When someone is receiving intensive treatment, even ordinary bodily functions become data. Input mattered. Output mattered. Temperature, blood pressure, weight, and oxygen levels mattered.

Dignity, I discovered, is flexible.

The visible chemotherapy was finished, but my body was reacting to what had been necessary to fight the leukemia.

Fatigue arrived. My mouth hurt. My knees complained. My nose bled.

I was not comfortable, but I was comforted.

That distinction became important.

Comfort did not remove the pain. It met me within it.

A Body Made Unfamiliar

For most of my life, I had treated my body like a reliable old vehicle. It might make a few noises and require occasional maintenance, but it was basically dependable.

It allowed me to work, walk, play guitar, take photographs, travel, and participate in family life. I did not wake each morning and give thanks for clotting, immunity, balance, oxygen transport, or tissue repair.

The systems simply worked.

Now every sensation raised a question.

Was the ache significant?

Did the fever require a call?

Was the fatigue expected?

A healthy person may experience a small symptom and ignore it. A person receiving intensive chemotherapy has been repeatedly instructed to report changes because small symptoms can matter.

Concern can lead to wise action.

Anxiety can turn the body into an alarm system that never stops checking itself.

The Crime Scene

The nurses warned me about blowing my nose.

I told them I would be careful.

After one dalliance with a tissue, my nose started bleeding. I dragged my caboose to the bathroom and tried unsuccessfully to stop the flow.

By the time I rang the call bell, the bathroom looked like a crime scene.

With low platelets, a simple nosebleed is no longer simple.

The nurses responded with efficiency and compassion. They did not even laugh when I sat there with two large wads of gauze protruding from my nostrils.

One more sign that I was in the right place.

There is no composed way to sit in a room resembling a forensic investigation while gauze sticks out of your face.

Humour did not reduce the medical importance of the bleeding.

It reduced the power of the moment to redefine me.

I was still myself.

I simply happened to look ridiculous.

Gratitude as a Decision

Gratitude was not always a feeling that floated down from heaven.

Sometimes it was a decision made while holding a tissue to a bleeding nose.

This was not forced positivity. I did not need to call a bad day good.

Gratitude did not deny what was difficult. It widened my field of view.

The nosebleed was present, but so was the nurse.

The fatigue was present, but so was the message from a friend.

The uncertainty was present, but so was the medical team.

The weakness was present, but so was grace.

The most painful part of the day did not get to claim that it was the whole day.

The Work After the Work

There is a misleading way to imagine chemotherapy.

A person might think the medication goes in, kills the cancer, and then the patient begins feeling better.

The reality, at least in this phase, was almost the reverse.

The visible delivery of chemotherapy ended, and then the side effects developed as my body absorbed the impact. My counts dropped. My energy faded. My vulnerability to infection increased.

The hard part continued after the pump stopped.

I was learning not to interpret delayed difficulty as failure.

My body was not falling behind. It was responding to what had happened.

Recovery had its own timetable.

The Seed

July 24–August 3, 2025

We have grown accustomed to instant, quick, and fast.

Messages travel immediately. Meals can be ordered from a phone. Photographs no longer have to be developed before we discover whether someone closed their eyes.

Speed is useful.

But many things in life would be harmed by speeding up the process.

When I was a child, we planted seeds in egg cartons and set them in a window. We watered them and waited.

The soil offered very little information.

The seed did not provide a progress report. There was no display indicating that germination was forty-three percent complete.

Something was happening beneath the surface.

We simply could not see it yet.

If you continually dig up a seed to see whether it is changing, it is unlikely to mature.

The same is true of healing.

The Quiet Stage

The chemotherapy had done its work, and my body was responding.

At least, that was what the medical team told me.

I could not observe my marrow directly. I could not feel healthy cells being formed. In many ways, I felt worse than I had before treatment.

This is one of the strange realities of cancer care. The disease had been dangerous, but I had not felt as sick as the diagnosis suggested. Treatment made the emergency visible through weakness, bleeding, fatigue, and vulnerability.

If I judged progress only by how I felt, I might have concluded that I was moving backwards.

My neutrophil count had been sitting at zero.

Zero is a very small number, especially when attached to one of the body's main defence systems.

With almost no neutrophils, I was profoundly vulnerable to infection. A fever could not be treated as an ordinary fever. Germs that a healthy immune system might manage without difficulty could become dangerous.

The precautions were not excessive.

They were appropriate to the reality of a body whose normal defences had temporarily disappeared.

Then the number moved from zero to 0.1.

That may not sound like much. Under ordinary circumstances, no one organizes a parade for one-tenth of anything.

The nurses were excited.

When you begin at zero, 0.1 is movement.

It was evidence that something had begun beneath the surface.

The Burger

After weeks of hospital food, poor appetite, and isolation, Leslie and my daughter brought me a smash burger from a shop near the hospital.

I am a big burger fan.

This one tasted like heaven.

Food during chemotherapy can become complicated. Appetite changes. Taste changes. Mouth sores make eating difficult. A familiar food that still tastes good becomes more than a meal.

It becomes evidence that pleasure is possible.

The burger had no recognized role in treating AML, but it produced a considerable improvement in morale.

For a few minutes, I was not primarily a patient.

I was a man enjoying a very good burger with people he loved.

The Unanswered Question

By early August, the counts were climbing.

I still did not know whether the induction chemotherapy had brought the leukemia into remission.

I wanted remission.

I prayed for remission.

But hope had to become more durable than a prediction.

Hope was not certainty about the result.

It was a posture that allowed me to receive the truth and take the next appropriate step.

The seed was growing.

The soil had finally begun to move.

Part Three

Home, Remission, and Reliance

Chapter 7

The Front Door

After nearly a month in hospital, I was going home.

Those words felt almost too large to trust.

The blood factory had restarted enough for the doctors to discharge me. No one was suggesting that treatment was finished, but I had recovered sufficiently to continue elsewhere.

That elsewhere was home.

I had imagined walking out of the hospital with triumphant music playing in the background.

Reality was quieter.

There were medications, precautions, follow-up appointments, symptoms to monitor, and phone numbers to call.

There was fatigue.

There were two achy knees that made walking across the room a challenge, never mind resuming hiking.

There was uncertainty.

There was also gratitude too deep to contain in one sentence.

I was going home.

Crossing the Threshold

Leaving the hospital felt like crossing a border.

Inside, nurses checked my temperature, blood pressure, oxygen levels, medications, fluids, and bloodwork. If something changed, trained people were nearby.

At home, responsibility shifted.

The medical team remained available, but there was no longer someone entering the room at regular intervals.

That was liberating and unsettling.

The hospital had become restrictive, but it had also become safe.

Home offered freedom, and freedom came with responsibility.

Ordinary Things Made Extraordinary

My own doorway.

My own furniture.

My own washroom.

My own bed.

The sounds of the house.

The absence of machines and fluorescent hospital light.

A chair is simply a chair until you have been unable to sit in it for a month. A kitchen is simply a kitchen until every meal has arrived on a tray.

Home had not changed.

I had.

My body carried the effects of leukemia and chemotherapy. My mind carried the memory of how quickly life had changed. My spirit carried new evidence of grace.

Even the silence sounded different.

The Temptation to Prove Myself

Once I was home, I felt the pull of familiar roles.

There were things to be done.

There were tasks I would normally handle without discussion. There were decisions to make and problems to solve. There were household rhythms from which I had been absent.

Part of me wanted to demonstrate that I was still capable.

Leukemia had taken control of my schedule, weakened my body, and made me dependent on others. Returning home awakened the hope that I could reclaim some territory.

But capability had to be measured differently now.

Could I perform a task?

Perhaps.

Should I perform it?

That was another question.

Would doing it consume energy needed for something more important?

Would it create unnecessary risk?

Was I acting from wisdom or from pride?

Those questions were not always pleasant.

Resting can feel irresponsible to someone accustomed to being productive. Receiving help can feel inefficient to someone accustomed to solving problems independently.

Yet the medical reality was clear: my body had undergone intensive chemotherapy. Bone marrow recovery was not permission to behave as though nothing had happened.

I had to resist the urge to turn every good hour into proof that I no longer needed help.

A good hour was a gift.

It was not necessarily a prediction about the next one.

The Uneven Shape of Recovery

Recovery did not move in a straight line.

A good morning could be followed by a difficult afternoon. If I managed an activity once, I wanted it to become the new minimum standard.

My body did not agree.

Energy became a budget.

Showering had a cost.

Climbing stairs had a cost.

A medical appointment had a cost.

A long conversation—even a welcome one—had a cost.

I had to spend energy according to what I possessed, not according to what I remembered possessing.

A good hour was a gift.

It was not necessarily a forecast.

Receiving Care

At home, I saw more clearly what Leslie had been carrying.

During my hospitalization, I knew what happened in my room. I did not always see the full burden outside it.

Leslie travelled between home and hospital. She received information, remembered details, communicated with family, managed practical matters, and carried fears she did not always place on me.

Caregiving has its own side effects.

My return home did not end her work. In some ways, it increased it.

I needed rest, transportation, observation, patience, and sometimes protection from my desire to do too much.

I was the patient.

We were both living with the diagnosis.

A prepared meal, a ride, a mowed lawn, a completed errand, or a reminder to rest were not evidence that I had become less valuable.

They were evidence that I was loved.

Need was not shameful.

Dependence was not a character defect.

Chapter 8

Between Rounds, Between Certainties

The next question was whether induction had accomplished its purpose.

My counts had recovered enough for discharge, but recovery from chemotherapy and remission from leukemia were not the same thing.

The medical team needed to look for evidence of disease.

Once again, there was a result I wanted and no way to produce it through effort.

I could attend appointments, cooperate with tests, ask questions, and pray.

I could not change what the test would find by worrying more effectively.

That did not stop me from trying.

Remission

When the news came, it was the news we had wanted and prayed for.

The induction treatment had brought the leukemia into remission.

Remission.

Few words had ever sounded better.

There was joy, relief, and gratitude.

There was also an immediate need to understand what the word meant.

Remission did not mean the entire treatment plan had ended. It meant induction had achieved an essential objective and the next phase could proceed from a position of response.

It was a milestone.

We celebrated it.

I did not want the unfinished nature of treatment to steal the joy of what had happened. Caution did not require emotional stinginess.

We had entered hospital with active leukemia.

The treatment had been hard.

Now the evidence showed that it had worked.

It was medication, research, clinical skill, nursing care, blood donors, family support, and a body that endured the process.

It was grace delivered through many hands.

Consolidation

The next phase involved consolidation chemotherapy—additional treatment intended to deepen and protect the response.

The name made sense.

Induction had pushed the disease into remission; consolidation would reinforce the gain.

The fact that more treatment was required could feel discouraging if I interpreted remission as proof that no further action should be necessary.

But leukemia treatment was not designed around what sounded emotionally tidy.

The enemy had retreated.

The medical team intended to keep pursuing it. Preparing for chemotherapy again felt different.

The first time, I knew chemotherapy mainly as an idea.

Now I knew something of its physical cost.

I knew what it meant for blood counts to fall.

I knew what fatigue could feel like.

I knew the importance of neutrophils and platelets.

I knew about infection risk, transfusions, mouth care, medications, and the emotional weight of waiting.

Experience reduced some fears and sharpened others.

Courage was not easier because I had done it before.

It was more informed.

The caboose returned, apparently having taken no offence at our separation.

The Emotional Whiplash of Cancer

Cancer does not always allow emotions to arrive in an orderly sequence.

Remission brought joy.

The next treatment brought apprehension.

Home brought relief.

Follow-up appointments brought reminders that the journey remained active.

Improving strength brought hope.

Sudden fatigue brought frustration.

Additional testing brought both confidence in the care team and renewed uncertainty.

These reactions could occur in the same day.

I had once imagined that faith would create a stable emotional platform from which every event could be received calmly.

Instead, faith became the anchor that held while the surface moved.

An anchor does not flatten the water.

It keeps the boat from being carried away.

I could experience fear without becoming only afraid.

I could experience uncertainty without becoming hopeless.

I could celebrate remission without pretending the future was settled.

I could dread another round of treatment and still present myself for it.

Emotional complexity was not spiritual failure.

It was part of being human in a difficult situation.

The Waiting Room

In September, I visited Juravinski each day during the first week of the consolidation cycle.

Sitting in the waiting room, I was overwhelmed by the number of people on cancer journeys. Every person carried a diagnosis, treatment plan, family, fears, hopes, and questions.

My suffering was real.

It was not the only story in the building.

Then I mentioned a runny nose.

They tested me.

COVID.

Really?

Not helpful, COVID.

Not helpful.

Fortunately, the symptoms remained mild, and the team had protocols in place.

Once again, a problem arrived, and people knew what to do.

Hair, or Lack Thereof

Chemotherapy took the hair from my head, which was not high on my list of concerns since I was already halfway there.

Losing my facial hair was a bigger change.

I had almost always worn a beard or goatee. It had become part of my unofficial brand:

Newsboy cap.

Horn-rimmed glasses.

Goatee.

I even owned a T-shirt with the graphic.

Now one part of the brand had disappeared.

I still had the cap.

I still had the glasses.

Treatment could alter my appearance.

It did not get to define my identity.

September 23, 2025

It was a long but positive hospital day.

I received radioactive dye and waited for superpowers, but apparently I needed a radioactive spider for that.

My bloodwork was good.

The full-body scan included a forty-five-minute nap because I was not allowed to move.

The bone marrow biopsy required two attempts.

The best news was that the bone lesions had decreased substantially. That pointed toward leukemia rather than prostate cancer.

Very, very good news.

The investigation had been necessary because the medical team needed to understand whether I was facing two cancers at the same time. Thankfully, the results indicated that I only had to deal with one cancer at the moment.

I counted that as a win.

Chapter 9

When the Caregiver Needs Care

Serious illness creates roles quickly.

One person becomes the patient; another becomes the caregiver.

The labels are useful, but they conceal as much as they reveal.

“Patient” does not describe everything happening inside the person receiving treatment.

“Caregiver” does not begin to describe everything being carried by the person beside the bed.

Throughout induction, Leslie had been one of the strongest people in the room.

She listened, remembered details, asked questions, communicated with family, watched for changes, and helped preserve the parts of life that continued beyond the hospital.

Because she performed these tasks with strength, it would have been easy to assume strength was the only thing she felt.

It was not.

Competent people are often given more to carry precisely because they appear capable.

Capability is not the same as unlimited capacity.

The person who manages a crisis still needs permission to be affected by it.

The person who holds everyone else together still needs somewhere safe to come apart.

The caregiver needs care.

The Invisible Work

Caregiving includes visible tasks:

Driving to appointments.

Picking up medications.

Preparing meals.

Taking notes.

Handling phone calls.

Watching for symptoms.

There is also invisible work:

What if the fever returns?

What if the next test is not good?

What if he becomes weaker?

What practical matter have I forgotten?

Am I doing enough?

Can I sleep?

Those questions follow the caregiver into the car, kitchen, shower, and night.

The patient may ask, “What is happening to me?”

The caregiver may ask, “What is happening to us, and how do I keep everything from falling apart?”

Neither question has a simple answer.

My Instinct to Protect

I wanted to protect Leslie from additional worry.

Sometimes that meant I hesitated to mention a symptom until I was sure it mattered.

Sometimes I wanted to appear stronger than I felt.

Sometimes I tried to solve a practical problem before asking for help.

The intention seemed loving.

The effect was not always helpful.

If I concealed something important, Leslie had less accurate information. If I pushed beyond my limits, I risked creating a larger problem. If I insisted on handling something unsafe, I did not reduce her burden; I gave her another reason to worry.

Protection built on incomplete truth is fragile.

Real partnership required honesty.

If I was tired, I needed to say I was tired.

If I was afraid, I needed to admit that fear existed.

If a symptom matched the medical team's instructions for calling, I needed to call.

If I could not manage a responsibility, we needed to place it in other hands.

Honesty did not mean narrating every anxious thought or making Leslie responsible for regulating all my emotions.

It meant refusing to create a false version of my condition in an attempt to make the situation easier.

The truth was already difficult.

We did not need the additional burden of pretending.

Care in Both Directions

Even while physically weak, I was not incapable of caring for Leslie. I had to stop defining care only as action.

I could listen.

I could ask how she was doing and wait for the real answer.

I could express specific gratitude.

I could encourage her to accept help.

I could avoid making every conversation about my blood counts.

I could release her from the expectation that she remain endlessly strong.

Love did not disappear when my strength did.

It needed a different language.

Helpful Help

"Let me know if you need anything" is generous, but it places the next step on the person already carrying the crisis.

Specific offers were easier to receive:

"I can bring dinner on Tuesday."

"I am available to drive you."

“I can handle this errand.”

“I will communicate the update if you approve the wording.”

Good help reduces work.

It does not arrive with good intentions and create a new project to manage.

We were grateful that the people around us understood that and did not treat her merely as a source of medical updates.

They showed up.

And showed up again.

We were blessed by them.

Our healthy support system formed a circle around both patient and caregiver.

Chapter 10

Three Storms at Once

Cancer did not arrive in an empty life.

I thought I was standing in one storm.

It turned out I was standing in three.

Leukemia was the obvious storm and, strangely, the easiest one to understand because it had a plan. There were medications, treatment cycles, blood tests, transfusions, and specialists.

My mother's declining health formed another storm.

A separate family situation formed the third.

Some parts of those stories are not mine alone to tell. Illness does not cancel another person's right to privacy, and memoir does not grant ownership over every experience intersecting with my own.

What I can describe is the weight.

One storm is enough to rearrange a life.

Three storms can make it difficult to know where to look.

I wanted to move toward every problem at once.

The storms did not agree to arrive in sequence.

They overlapped.

A Body That Said No

Before leukemia, concern usually moved me toward action.

If someone needed help, I went.

If there was a problem, I tried to solve it.

Now my body imposed limits that concern could not override.

There were places I could not safely go and tasks I could not perform. Sometimes the most responsible action was to remain where I was and let someone else respond.

This felt like failure even when it was wisdom.

I had associated love with availability and responsibility with action.

Treatment required me to understand that resting, recovering, and following medical instructions were also responsibilities.

My body said no to roles my heart still wanted to fill.

The Illusion of Indispensability

There is a flattering form of anxiety that tells us everything depends on us.

It sounds responsible.

It feels sacrificial.

But beneath it is the assumption that without my direct involvement, the people I love cannot be cared for properly.

Cancer exposed the arrogance hidden inside that assumption.

I was important to my family.

I was loved.

My presence mattered.

But I was not the only person through whom help could arrive.

Others could make calls, drive, prepare food, complete errands, or sit in the room.

They might not do everything exactly as I would have done it.

Sometimes they would do it better.

Releasing responsibility did not mean withdrawing love.

It meant allowing love to travel through more than one pair of hands.

One Storm at a Time

The storms themselves refused to form a line.

My attention could.

At an appointment, I could listen to the medical team.

During a family conversation, I could focus on the person speaking.

While resting, I could allow rest to be the task.

During prayer, I could name what frightened me without immediately designing a solution.

The storms remained simultaneous.

My attention did not have to be.

This became another form of the next-bridge principle.

I did not need to cross three bridges in a single step.

I needed to identify the bridge directly in front of me.

Further Medical Decisions

As treatment continued, additional information helped the medical team evaluate the road ahead.

Cancer care rarely offers only one simple question.

The team had to consider the nature of the leukemia, my response to induction, the results of further testing, the risks associated with additional treatment, and the best strategy for protecting remission.

I wanted clear answers.

Medical decisions sometimes arrive instead as comparisons between risks.

What is the risk of proceeding?

What is the risk of not proceeding?

What does the evidence suggest?

How does that evidence apply to this particular patient?

What benefits are possible?

What complications must be considered?

What remains unknown?

I was grateful for experts who could guide those conversations.

I was also aware that expertise does not eliminate uncertainty. Medicine can provide evidence, probabilities, experience, and recommendations. It cannot turn the future into a guarantee.

Once again, participation was required without control.

I listened. I asked questions. Leslie listened and asked questions too. We took notes. We prayed.

We sought to understand not only what the team recommended but why.

Then we faced the next decision with the information available.

Faith did not replace the medical process.

It gave us somewhere to stand within it.

Storm Theology

A storm can create the impression that you are abandoned without hope because the conditions are loud.

Wind takes over the senses.

Rain limits visibility.

The horizon disappears.

Everything feels unstable.

But loud is not the same as ultimate.

The storms were real.

The leukemia was real.

The family concerns were real.

The exhaustion and fear were real.

Faith did not ask me to call the storms imaginary.

It asked me to refuse them the final word.

Concern and Worry

I wrestled with the difference between concern and worry.

Concern was useful:

Pay attention.

Wear the mask.

Call the hospital.

Ask questions.

Follow instructions.

Worry was like hiring a very anxious project manager who produced no useful work but sent constant updates.

I tried to fire that project manager daily.

I did not receive strength for every possible future.

I received enough for the next necessary step.

Chapter 11

Grief and Blood Gifts

October 6, 2025

My mother died today.

Mom received the exit she wanted.

It was peaceful. She was surrounded by family and friends, with jokes and stories continuing to the end. Her body was frail, but her spirit rallied.

I was grateful she could leave in the way she hoped, even as I began processing the complicated pieces of our relationship.

Grief with Mom was not simple.

I loved her.

Our relationship also carried history, expectation, disappointment, humour, tenderness, and more than a few knots.

Her final day was beautiful.

That did not erase the complicated parts.

It gave me a place of mercy on which to stand.

I took my guitar and sang for her. My children and grandchildren held her as she slipped away.

Then came the practical work of death:

Executor duties.

Conversations with my sisters.

Paperwork.

Cleaning out her apartment.

Cancer treatment did not pause while grief began.

Grief did not wait for my blood counts to recover.

October 10, 2025

I finished another hospital session and received platelets to reduce the risk of excessive bleeding.

After leaving the hospital, I joined Leslie and our children as we packed years of memories from Mom's suite at the retirement home.

My treatment and family responsibility existed side by side.

Grief and gratitude occupied the same day.

October 15, 2025

I received transfusions of red blood cells and platelets to manage the effects of chemotherapy.

Each month followed a rhythm:

One week of chemotherapy.

Three weeks of recovery.

Chemotherapy went in.

Counts fell.

Transfusions arrived.

Numbers were watched.

Recovery began.

Then the next round appeared on the calendar.

It was not a dance step I would recommend.

Anonymous, but Personal

The blood donors did not know I would receive platelets while grieving my mother.

They did not know I would leave the hospital and help pack her belongings.

They gave anyway.

Anonymous did not mean impersonal.

Their generosity entered my body and gave me the ability to move between treatment and family responsibility.

Their ordinary decision became part of my survival.

Part Four

Choosing the Hard Road

Chapter 12

The Fork in the Road

October 27, 2025

I went into the appointment expecting a neat bow on this chapter.

Apparently, bows were not on the menu.

The doctors recommended that we fully explore a stem cell transplant.

The leukemia markers of any residual disease were very low, but they were not gone. Combined with other medical factors, transplant appeared to offer the best long-term chance of preventing relapse.

I was disappointed.

I would also do what was best.

Those truths sat beside each other in the room.

Somewhere during consolidation, I had quietly written a version of the future in which the current treatment worked, the doctors smiled, and I moved on with my life.

Then the doctors, quite rudely but professionally, opened another door.

Behind it was a stem cell transplant.

Grieving the Easier Future

I was not angry with the doctors.

I was grateful for their honesty.

Their responsibility was not to preserve the story I preferred. Their responsibility was to explain the evidence and recommend the path offering the best chance of keeping me alive.

Accurate information can still hurt.

The transplant represented more treatment, risk, isolation, weakness, and recovery.

It meant conditioning chemotherapy and the intentional suppression of my immune system.

It meant receiving stem cells from a stranger.

It meant waiting to learn whether those cells would graft.

It meant living with the possibility of infection, organ complications, and graft-versus-host disease.

I had to grieve the shorter road before accepting the longer one.

Remission Had Not Failed

The transplant recommendation did not mean remission had failed.

Induction had worked.

Consolidation had continued the fight.

The team was considering not only what the disease was doing now but what it might do later.

The transplant was intended to protect the good news.

I understood that intellectually.

My heart needed time to catch up.

The Thin Space

The next day, I went for a camera walk in Hendrie Valley, one of my favourite trails.

It was one of my thin spaces—a place where trees, birds, water, light, and silence made the distance between the ordinary and sacred feel smaller.

I needed a landscape without pumps, blood counts, mutations, risk calculations, and transplant terminology.

The valley did not give me a medical answer.

It gave me room to breathe around the question.

The trees did not tell me whether to proceed. The doctors would help with that.

Creation reminded me that the decision existed inside a world larger than fear.

Chapter 13

The Road to Transplant

The road to transplant involved more than agreeing that transplant sounded reasonable.

Every significant medical concern had to be examined.

Although a prostate biopsy had been negative, the doctors remained concerned about a mark on my prostate. A PET-PSMA scan offered another way to investigate it.

Financial approval was not automatic. Without it, I might have needed to travel and pay privately.

While Leslie and I were meeting with the doctors, approval came through.

One moment, the scan represented another barrier.

The next, the path opened.

Grace did not arrive as the final answer.

It arrived as access to the next test.

Choosing Transplant

After reviewing the evidence and listening to the medical team, Leslie and I agreed that transplant offered the best chance of avoiding relapse.

I really did not want to repeat the leukemia adventure.

Agreeing to proceed was not a brave movie-scene decision with swelling music.

It was more like a sober nod across a medical office.

We had fears and questions.

We also had evidence, counsel, and enough peace to move forward.

Sometimes faith looks like accepting the harder road because it offers the best chance at more life.

The Donor

When the possibility of a stem cell transplant was first discussed, it was said that the best donors were either siblings or children.

As it happened, my younger sister was in Canada, and while all three of my kids were willing, the hospital chose our youngest since they would each be similar, and in the case of stem cells, the younger the donor the better.

Unfortunately, both my sister and my son only matched the biological markers 50%. 100% was the ideal match to reduce the potential of remission.

A fully matched donor had been identified through the international registry. Who would have thought that such a resource existed? Before cancer, I certainly did not.

Somewhere was a person whose biological markers aligned closely enough with mine to offer the possibility of a new blood-producing system.

I did not know the donor's name, history, family, occupation, or reasons for registering.

Naturally, I asked whether the donor had a full head of hair and whether I might benefit from that.

The doctors laughed.

Apparently, hair restoration was not among the promised outcomes.

It was still worth asking.

The donor could not see Leslie, our children, grandchildren, Mountain Crew, or medical team. They did not know about the guitar, camera, birds, burger, dinosaur, or questionable puns.

But they had agreed to give cells capable of becoming part of my future.

A Taste of Freedom

On December 8, I began Onureg, a maintenance chemotherapy pill intended to keep the leukemia in remission while the transplant timing was finalized.

My PICC line also came out.

After five months of dangly bits, catheter-free felt like a holiday.

Having the line removed was more emotional than I expected.

It was only tubing.

Only a medical necessity.

But it had been part of my body's landscape for months.

Through that line had travelled chemotherapy, medication, hydration, blood, platelets, and countless blood samples.

When it slid out, I felt a small taste of freedom.

Not complete freedom.

Not yet.

But some things attached to this season would not remain attached forever.

December 9, 2025

The transplant was likely to happen in early January, depending on the scan results.

The greatest upcoming discipline would be isolation from people and infection risks for several months.

Not exactly my preferred social calendar.

I am an introvert, but even introverts have standards.

There is a difference between choosing a quiet day and being medically instructed to avoid people because an ordinary infection could become dangerous.

Isolation would protect me.

It would also cost something.

The Last Public Night

Before isolation began, musicians I had played with over the years joined me at Westside Church Burlington for a night of musical worship.

It would be my last public outing for several months.

Music reached places ordinary words could not.

The evening held gratitude, fear, friendship, worship, and farewell without requiring every emotion to be explained.

My nephew and his family attended. One of his boys rushed toward me for a hug with Uncle Kevin.

It crushed me to say that I could not hug him because my immune system was already weakened.

Appropriately, the song I led that night was Brandon Lake's "Gratitude."

Within weeks, my world would narrow to a hospital room, a Hickman catheter protruding from my chest, conditioning medication, transplant, hotel isolation, monitoring, and waiting.

Before that narrowing began, music allowed the world to become wider.

Part Five

New Blood

Chapter 14

The Transplant

A stem cell transplant is both a medical procedure and a long process of surrender.

The cells arrive in a bag and enter through a line. From the outside, the moment can appear surprisingly ordinary.

But the surrounding days involve conditioning treatment, immune suppression, medication, infection precautions, and the deliberate creation of space for donor cells to take root.

My existing immune system had to be subdued.

The donor cells had to enter.

Then everyone had to wait.

January 5, 2026

I checked into Juravinski for conditioning chemotherapy.

Of course, I brought a guitar.

Some things are essential.

The hospital room felt familiar and unfamiliar. I knew the identification bands, medication lists, vital signs, early-morning bloodwork, and repeated questions.

But this admission had a different purpose.

During induction, chemotherapy had attacked leukemia and allowed my marrow to recover.

This time, conditioning treatment would prepare my body to receive another person's stem cells.

The goal was not merely to restart the old blood factory.

It was to establish a new one.

January 6, 2026

Our family already had a plastic dinosaur and fifty hidden yellow rubber duckies.

Now we had a new animal:

A perpetually astonished rubber chicken.

It was larger and considerably harder to hide, but it would enter the family rotation. For the moment, I was its caretaker—even in hospital.

That day I received medication derived from rabbit proteins to prepare my immune system for transplant.

Afterward, I should have been qualified to work as the Easter Bunny.

I also hoped it might slow my receding hare line.

The treatment was serious.

The joke was necessary.

January 7, 2026

I made it through the first round of conditioning medication with almost no reaction.

Many people experience significant reactions.

That day's gratitude arrived in a specific package:

No major reaction.

I would take it.

The Day Before

The largest decisions had been made.

The donor had given.

The cells were travelling through a system designed to deliver them safely.

Conditioning treatment was preparing my body.

My remaining task was to receive.

Receiving had become one of the central disciplines of the journey:

Receive medicine.

Receive blood.

Receive help.

Receive difficult information.

Receive encouragement.

Receive rest.

Now I would receive stem cells from someone I had never met.

January 8, 2026

The stem cells arrived.

They entered my body through the Hickman line while nurses monitored the process.

I felt pretty good.

Mostly, I felt grateful.

Some moments are dramatic in ways that do not look dramatic from the outside.

There was a bag of cells hanging from a pole. There was tubing. There were two nurses quietly doing their work.

There was no bright flash or orchestra.

And yet life was entering my body in a new way.

A gift from a stranger.

A chance at more years.

A new blood factory beginning its work.

Grafting as Faith

The cells had arrived.

Now they needed to graft.

They could not remain visitors. They needed to settle into the marrow and begin producing life.

The medical team could create favourable conditions, provide medication, monitor results, and respond to complications.

The donor had supplied the cells.

My body had to receive them.

Then we waited.

Chapter 15

The Isolation Inn

After transplant, I moved to what I called the Isolation Inn.

It was actually a pleasant Hamilton hotel, but my name felt more accurate.

I needed to remain close to Juravinski while avoiding germs and viruses. My immune system had been intentionally suppressed and was only beginning the slow process of rebuilding.

An infection that would inconvenience a healthy person could become dangerous to me.

Isolation was not an overreaction.

It was part of treatment.

Protected and Separated

The precautions protected my body.

They also separated me from people.

I had spent the earlier stages of leukemia learning that healing comes in community. Now healing required physical distance from much of that community.

The community adapted.

People called, sent messages, and prayed. My adult children took time from their lives to share caretaker duties because I required someone with me around the clock.

Physical separation did not mean relational abandonment.

Love crossed distances that infection protocols could not.

Extreme Fatigue

This phase came with extreme fatigue.

Fortunately, fatigue gave me something to do while I waited.

I slept.

Then I slept after sleeping.

Then I rested because the sleeping had apparently been exhausting.

The body was doing difficult work beneath the surface. Conditioning had taken a toll. Donor cells were trying to establish themselves. Medication was managing the immune response.

Rest was not inactivity.

Rest was where much of the work occurred.

Fever and Readmission

Then I developed a fever.

The instructions were clear: call the cancer team.

With almost no functioning immune system, fever could not be treated casually.

I was readmitted and filled with antibiotics while cultures “baked” in the background. The team eventually identified low-level viral pneumonia.

The complication was unwelcome, but protocols existed.

The same system that had made transplant possible was prepared when recovery became complicated.

To keep things interesting, my big toe became painfully inflamed. I was prescribed hydromorphone.

If there were spelling mistakes in anything I wrote during that period, I had a valid reason.

Hair Loss, Again

My hair had started returning before transplant.

Then it fell out again.

I sent pictures of Gollum and a Chinese crested hairless dog to the men who had walked with me as my Mountain Crew.

“Now that my hair is falling out again,” I wrote, “I could join this club.”

One friend sent back an altered image in which I wore Aragorn’s clothes and had long, flowing hair.

It was meant to portray me as a warrior.

It was funny.

The likelihood of my defeating Aragorn in combat remained slim to none.

I only wished he had included a sword.

Day Twenty-One

By day twenty-one, the donor cells had grafted and were producing blood.

The new blood factory was working.

The cells had not merely entered my body.

They had taken root.

This did not mean the danger had passed. My immune system remained immature, and complications could still occur.

But engraftment was a major milestone.

At this stage, I needed tenacity more than inspiration.

Take the medication.

Check the temperature.

Attend the appointment.

Report the symptom.

Rest.

Eat.

Wait.

Repeat.

Tenacity did not require me to feel heroic.

It required me to remain engaged with the process.

Part Six

Recovery Is Not a Straight Line

Chapter 16

Fifty Days

February 2026

These days felt like a long voyage in a sailboat.

Progress was the plan.

A report of “nothing to report” was good news.

Hospital visits gradually became less frequent, and the possibility of going home began to feel real.

I still had to be careful. My immune system was immature. Fatigue cycled unpredictably. Standing too quickly caused dizziness.

One evening, after sitting for a while, I stood and felt blood rush away from my brain. Normally, I would have paused.

Instead, I decided the dizziness was passing and headed for the kitchen.

I didn’t make it as far as the kitchen.

I dropped like a bag of rocks.

Unfortunately, I fainted in front of Leslie and scared her badly. I could not have done it when she was out of the room and then yelled, “I’m fine!”

I went from walking to waking up flat on my back.

Nothing was broken, bent, or damaged.

Except my pride.

The Pharmacy on the Counter

I was advised to buy one of those pill organizers that previously I had regarded as something for “old people”.

I was glad I did.

I was taking more than thirty pills a day, with doses adjusted after nearly every visit.

I am fully convinced I would never have made it as a pharmacist.

The medications protected against infection, managed the donor immune system, supported organs, and treated complications.

Each pill had a purpose.

Together, they represented a full-time administrative position.

Day Fifty

Day fifty arrived.

I was halfway through the critical first-hundred-day period.

The graft was taking.

Aside from fatigue, I felt reasonably good.

I would not have reached that point without Leslie, family, the Mountain Crew, the cheering squad, and the eclectic collection of people from my past who had joined the journey.

Fifty days down.

Fifty to go.

Chapter 17

When Recovery Refused the Plan

March 12–25, 2026

Recovery was not a straight line.

It was more like a wandering road with potholes, scenic overlooks, sudden detours, and the occasional:

“How did I end up on the floor?”

In March, a dormant virus stirred.

A rash appeared and was identified as graft-versus-host disease.

I developed mouth sores, blistered lips, exhaustion, and swelling in my throat.

The complications seemed determined to cover every possible location.

The front.

The back.

The undercarriage.

The inside.

The top of my head.

The bottom of my feet.

I had planned to go hiking.

Instead, after a very bad night, my voice sounded like James Earl Jones and my breathing sounded like Darth Vader.

The hospital told me to come in within the hour.

Graft-versus-Host Disease

The donor immune system helping protect me could also recognize parts of my body as foreign.

That is one of the tensions of transplant.

The new immune system needed to become active.

It also needed to learn restraint.

The rash was graft-versus-host disease. The swollen throat and lips appeared to involve an allergic reaction to something else.

I received buckets of steroid cream, stern instructions, and another reminder that the care team was thorough for good reason.

So much for the cottage week.

Tired of Character Building

I tried to keep my humour intact because humour is how I breathe when life becomes ridiculous.

Beneath the jokes was disappointment.

I wanted the cottage week.

I wanted normal.

I wanted my body to behave.

Instead, I received steroid cream, mouth sores, hospital food, and another reminder that recovery did not care about my preferred schedule.

I remained grateful.

I was also tired of character-building opportunities.

Better Is Still Better

The rash began to subside.

My mouth improved.

Urology brought more good news. The elevated PSA was not considered urgent, and the testing did not point toward prostate cancer.

One day I noticed more energy.

Untreated leukemia might have given me only weeks.

That knowledge changed the meaning of a day.

Recovery kept reminding me that *better* and *easy* are not the same.

But better is still better.

I would take it.

Part Seven

Day One Hundred and Beyond

Chapter 18

The Sentence That Let Me Breathe

April 14, 2026

Day ninety-six.

Almost there.

I was tapering steroids, which was good because they had turned me into a ravenous teenager. There were no snacks in the cupboard and no leftovers in the fridge.

I underwent another bone marrow biopsy, pulmonary testing, and chimerism bloodwork.

The gas tank remained small, but the doctors were pleased.

Then the bone marrow report arrived.

At first, I misread the title of the document as the result and felt my stomach sink.

Crap.

What does this mean?

How do I tell Leslie and the family?

Something prompted me to read the entire report again.

This time, I saw the truth:

No measurable residual disease.

That was the result we had wanted, prayed for, and inwardly hoped that it would be the finding.

The sentence represented more than relief. My body, donor cells, doctors, nurses, medications, researchers, donors, prayers, and the mercy of God had all been moving toward those words.

Statistics remained statistics.

Remission was not immortality, despite my occasional behaviour suggesting otherwise.

But the result gave me room to breathe.

It also provided a lesson that probably belongs on a mug:

Read the whole damn report before panicking.

Day One Hundred

We reached day one hundred.

One hundred days since transplant.

One hundred days of medication, monitoring, isolation, fatigue, infection precautions, complications, appointments, and waiting.

Milestones matter.

This one mattered a lot.

The cells had grafted.

The blood factory was working.

The testing showed no measurable residual disease.

Gratitude was the only reasonable response.

April 28, 2026

I was officially finished with the intensive treatment phase and moving more fully into recovery.

The doctor stopped or tapered several medications, including some that had been difficult for my organs.

It was a very good day.

Freedom after treatment did not look the way I had imagined.

I had pictured a door opening and me walking into bright sunlight with a soundtrack playing.

Instead, I received a medication taper, lingering fatigue, kidney monitoring, and instructions to remain careful.

Still, it was freedom.

The sensible-shoes version of freedom.

Chapter 19

Gifted Days

By May, clinic visits had become less frequent.

My counts were in a good range for my stage of recovery, and my kidneys were happy again.

That is an official medical diagnosis, at least in my book.

I had gone from approximately thirty pills a day to six or seven.

It felt like clearing a small pharmacy from the kitchen counter.

The Battery Meter

The biggest challenge was not expecting more from my body than it could give.

I was stronger.

The battery still drained quickly.

People could see me standing, smiling, or perhaps mowing the lawn and assume I was back.

They could not see the battery meter falling in the background.

I had to respect the meter before it reached zero and the system shut down.

Returning strength needed to be spent wisely, not immediately.

Twenty-Five Thousand Days

As of May 11, I had lived 24,995 days.

Five days later, I completed 25,000 days of life.

The number carried weight because I was truly living gifted days.

The days did not all feel dramatic.

Most were ordinary.

That was part of the gift.

Treatment had not been fighting only for major milestones. It had been fighting for mornings, meals, conversations, music, walks, naps, and ordinary days no one would photograph.

When the Colour Was Muted

I found myself in a strange space between what had happened and what would come next.

My body was healing.

My emotions felt flat.

It was as though joy and passion had gone on holiday without leaving a forwarding address.

I did not believe I had lost my faith. But some days felt as though someone had turned down the colour saturation on my soul.

The flatness bothered me because it did not match the story I wanted to tell. I wanted to overflow with gratitude, purpose, and joy.

Instead, every day felt muted.

Inside me, I could see the situation unfolding.

Those who interacted with me, Leslie in particular saw apathy, lack of caring about the things I previously enjoyed, and how I made them feel unloved.

It was the most difficult phase of this whole journey.

I asked God to restore colour to my inner world and help Leslie understand that muted emotion was not a lack of love.

Numbness is not faithlessness.

Sometimes the body and brain continue healing long after the dramatic part of the story has quieted.

Chapter 20

The Eagle

June 1, 2026

There is a long-running observation that if you go somewhere without a camera, you will immediately see something that makes you regret the decision.

I went out for Vitamin N—the nature vitamin—and decided not to bring my good camera.

Then, in a moment of not thinking, I left my phone at home too.

I reached one of my favourite trails beside a local creek and immediately saw a bald eagle being chased by a red-winged blackbird.

The eagle behaved as though the angry little bird did not exist.

It continued soaring, catching thermals, and gaining altitude with almost no visible effort.

Eventually, the eagle rose higher than the smaller bird was willing to go.

The annoyance disappeared.

The thermals remained.

It was a good metaphor.

Do not spend all the day's energy on annoyances.

Seek the forces that lift you above them.

Each morning, I received a fresh bucket of energy, but the amount was limited. If I spent that energy worrying about things I could not control, less remained for healing, relationships, creativity, and life.

The eagle preached a sermon without saying a word.

Isaiah's promise of renewed strength felt less like flapping harder and more like receiving lift.

Grace was the thermal I did not create but could choose to ride.

Chapter 21

One Hundred Good Stories

In ancient times, when a monumental event occurred, people built a monument.

Usually, this involved arranging rocks so future generations would remember what happened.

Later, people invented little brass plaques in case the local tour guide was out to lunch.

In my family, we do not usually pile rocks or install plaques.

We get a T-shirt.

The shirt celebrated day one hundred after transplant and carried the line:

One hundred bad days make one hundred good stories.

It was borrowed from a song by AJR entitled “100 Bad Days”.

At the bottom were mountains representing a truth that had become clear throughout the journey:

No one climbs a mountain alone.

The Hands That Held the Ropes

I pictured the community around us as people holding ropes.

Some ropes were practical.

Some emotional.

Some spiritual.

No person held all of them.

One person provided a ride.

Another delivered food.

Another listened without trying to fix.

Another understood medical language.

Another prayed when our prayers became short.

Another communicated updates.

Another made us laugh.

Each strand looked small by itself.

Together, they formed a strong rope.

Support had weight-bearing capacity.

It did not merely stand nearby and observe the burden.

It took hold of part of it.

A Family Monument

The T-shirt made me laugh.

That was no small thing.

It also made me feel seen.

My family understood that the journey needed a marker, but not a solemn marble monument.

We are more of a meaningful-shirt-and-inside-joke family.

The mountain image mattered because I knew who had climbed beside me.

I might have been the patient.

This had never been a solo expedition.

Chapter 22

One Year Later

A visit to the dermatologist was required because treatment for AML can increase sensitivity to other cancers, including skin cancer.

The report was clear.

As an added bonus, the doctor agreed to call my spots “mature marks” rather than old-age spots.

Further testing from Juravinski brought more good news:

No measurable residual disease.

Strong donor-cell presence in my blood.

T-cell numbers still developing but moving in the right direction.

I discovered I needed to receive good news without immediately searching for the catch.

July 5, 2026

On the anniversary of entering Juravinski, I began revisiting my journals, posts, updates, and messages.

The journey had begun with a phone call.

A message.

A return call.

A diagnosis.

A sudden admission.

In a matter of hours, life had changed.

Looking back, I saw that the story had become about much more than leukemia.

It was about Leslie.

Family.

Friends.

Doctors.

Nurses.

Researchers.

Blood donors.

A stem cell donor.

Humour.

Small gifts.

Healing in community.

It was about thin spaces, a plastic dinosaur, a rubber chicken, chemotherapy pumps, cards, T-shirts, songs, burgers that tasted like heaven, and ordinary objects that carried enormous meaning.

Ordinary Things Made Sacred

I noticed how many ordinary things had become sacred in hindsight:

A ride to the hospital.

A text at the right moment.

A nurse who remembered something.

A joke that broke the tension.

A walk outside.

A song.

A prayer.

A bag of blood.

A bag of donor stem cells.

None looked enormous by itself.

Together, they formed a trail of mercy through the valley.

I Am Still Here

Early morning bloodwork and meds have stopped, but I still get up early in the morning.

I love the quietness of the day with a fresh cup of coffee and the sun rising.

It is a time to reflect, to ponder, to think about things, such as this journal.

Cancer became part of my story.

It did not become the whole story.

The larger story was about being carried.

It was about people who knew what to do when I did not.

It was about research and protocols developed before anyone knew my name.

It was about grace arriving through medicine, laughter, food, music, creation, and cells given by a stranger.

There are still tests ahead.

Unknowns ahead.

Strength to rebuild.

But there is hope.

There is life to be lived.

And I still believe:

The best is yet to come.

I am still here.

That sentence is simple.

After this year, it carries a great deal of weight.

Epilogue

The Names of Grace

I do not know exactly what comes next, which should surprise absolutely no one after this year.

There will be appointments, monitoring, caution, revaccination, rebuilding, and probably more medical adventures I would not have selected from the brochure.

There will also be opportunities to love, serve, create, encourage, worship, and live differently because of what has been given back to me.

I am not merely returning to life as it was.

I am stepping into life as a gift.

When I say, “The best is yet to come,” I do not mean everything ahead will be easy, tidy, or pain-free.

Hope is not the absence of hard things.

It is the knowledge that hard things do not have to be faced alone.

Attitude, Gratitude, and Tenacity

Looking back, I had agency over three things:

My attitude.

My gratitude.

My tenacity.

I could not choose the diagnosis, treatment schedule, side effects, complications, or pace of recovery. I could not command my marrow to produce healthy cells, force donor cells to graft, or guarantee what the next test would show.

But each day still asked something of me.

I could choose how to face what was in front of me.

I could look for gifts without pretending the day was easy.

I could keep moving when progress was slow, my body was tired, or the road was unclear.

Attitude, gratitude, and tenacity did not control the outcome.

They gave me a way to walk through what I could not control.

Some days tenacity meant receiving chemotherapy.

Some days it meant reporting a symptom, taking thirty pills, or returning to the hospital.

Some days it meant getting out of bed.

Some days it meant staying in bed because rest was the work assigned to me.

Gratitude did not require me to call suffering good.

It asked me to notice that suffering was not the only thing present.

Fear was present.

So was love.

Weakness was present.

So was help.

Uncertainty was present.

So was grace.

What I Learned in the Valley

If you are reading from a hospital room, treatment chair, waiting room, caregiver's car, hotel room, or a home that no longer feels ordinary, I will not promise that the road will be easy.

I will not tell you fear disappears once you find the correct sentence.

I will not insist every painful experience immediately become a lesson.

I can only tell you what I learned:

You are more than your diagnosis.

Your body's weakness is not a moral failure.

Waiting is not necessarily wasted time.

Receiving care is not losing dignity.

The caregiver needs care too.

Medical facts deserve attention, but fear does not deserve every room in the house.

A setback does not erase every earlier sign of progress.

Small progress is still progress.

Better is still better.

Small mercies are still mercies.

Community can carry what no individual should carry alone.

And the bridge in front of you is the only bridge you need to cross today.

Grace

Grace was not an abstraction.

It moved through bodies, schedules, skills, choices, and relationships.

The enemy taught me about vulnerability.

The cheering squad taught me about belonging.

The medical team taught me about disciplined care.

Blood donors taught me about anonymous generosity.

The stem cell donor taught me that a stranger can become part of another person's future.

Leslie taught me what love looks like when the road is long.

Christ taught me that presence can remain even when answers do not.

The Road Ahead

The road continues, but the future contains more than the possibility of leukemia.

It contains music.

Birds.

Photographs.

Family.

Friends.

Worship.

Work worth doing.

Ordinary mornings.

A dinosaur and a rubber chicken waiting to be hidden.

There will be another bridge.

When I reach it, I will take the next step with whatever strength has been given for that day. I will remember the people holding the ropes. I will remember the blood of strangers and the cells of a donor whose generosity became part of my body. I will remember the medical teams who knew what to do when I did not.

I will remember that I have been carried before.

I walked through the valley.

I entered transplant.

I received new blood.

I did not walk alone.

And I am still here.

The enemy had a name.

But the final word belonged to grace.

Acknowledgments

No memoir of cancer is written by one person.

To Leslie: you lived every stage beside me. You carried information, responsibility, uncertainty, hope, fatigue, and love. You remained my partner when leukemia tried to turn our life into a medical schedule, and took away my emotional capacity to show love. Any account of my endurance is incomplete without your courage.

To my family: thank you for the countless ways you showed up; adapting, waiting, helping, encouraging, and reminding me that the hospital room belonged inside a much larger family story. Thank you for every message, visit, meal, laugh, prayer, song, t-shirt, and act of love. Thank you for keeping the dinosaur, rubber chicken, and other family conspiracies operational.

To the Mountain Crew and wider cheering squad: thank you for holding the ropes. You prayed, listened, drove, provided meals, organized, encouraged, and remained present. You made the burden lighter.

To the doctors, nurses, pharmacists, transplant coordinators, laboratory professionals, researchers, support staff, and everyone at Juravinski Cancer Centre: thank you for joining expertise with compassion. You treated leukemia, managed transplant, responded to complications, and continued to see the person living through it.

To blood donors: your anonymous generosity entered my body and sustained me through chemotherapy. The gift reached a real hospital room, a real patient, and a grateful family.

To my anonymous stem cell donor: you registered without knowing my name. You answered when called. Your cells crossed distance, entered my body, grafted, and began producing blood. Your gift became part of the reason I am still here. I may never know your name, but I will carry the evidence of your generosity for the rest of my life.

To those who prayed: thank you for carrying words when mine became few.

To every patient and caregiver travelling a similar road: you do not have to perform strength every day. Weakness does not erase dignity. Fear does not cancel faith. Receiving help does not make you a burden.

And to Christ, who was present before the enemy had a name and remained present through every stage afterward: thank You for healing grace delivered through medicine, research, community, truth, humour, generosity, and love.

Appendices

What I Wish I Had Known at the Beginning

Receiving a diagnosis of acute myeloid leukemia is overwhelming.

Most people remember only a fraction of what they are told during the first few days. Everything happens quickly, the medical language is unfamiliar, and the inner control panel starts flashing like the nuclear dashboard in a disaster movie.

I compiled this appendix from my own personal experience, things I wished I had done, great advice from folks that have gone before me, hospital provided literature, and gleanings from online chat groups and discussion forums.

This appendix is not medical advice. It is a collection of practical observations from one patient's journey. Every case of AML is different, and your own medical team's instructions should always take priority.

Especially when they say to call about a fever.

Call about the fever.

Fifteen Things Worth Knowing

1. AML is urgent, but urgent does not mean hopeless

AML can develop rapidly, which is why testing and treatment often begin soon after diagnosis.

The speed can be frightening. It may feel as though your ordinary life has been replaced by bloodwork, biopsies, hospital rooms, and people using words you have never heard before.

The urgency reflects the nature of the disease. It is not, by itself, a prediction of your outcome.

AML is serious.

It is also treatable.

Treatments continue to improve, and many patients achieve remission.

---

2. AML is not one single disease

Two people with AML may receive very different treatment plans.

Your medical team will likely order chromosome, genetic, and molecular testing. You may hear names such as:

- NPM1
- FLT3
- IDH1 or IDH2
- TP53
- CEBPA

These results help the team understand your particular leukemia, assess risk, choose chemotherapy or targeted treatments, and decide whether a stem cell transplant should be considered.

You do not need to become a hematologist overnight.

That position has already been filled.

You do need to ask what the results mean for you.

---

3. Treatment usually happens in phases

The exact plan varies, but AML treatment may include:

- **Induction therapy** to bring the leukemia into remission
- **Bone marrow testing** to evaluate the response
- **Consolidation therapy** to deepen and protect that response
- **Stem cell transplant** for some patients
- **Long-term monitoring** for signs of recurrence and recovery

Remission is excellent news.

Celebrate it.

It may not mean treatment is finished.

Cancer care has a talent for turning good news into permission to take the next difficult step. That does not make the news less good.

---

4. Blood counts will become part of your vocabulary

You will soon become familiar with:

- Neutrophils
- Absolute neutrophil count, or ANC
- Hemoglobin
- Platelets
- White blood cells
- Blasts

These numbers may influence:

- Whether treatment proceeds
- Whether you can leave the hospital
- Whether you need a transfusion
- How vulnerable you are to infection or bleeding
- What precautions you need to follow

A number that would alarm a healthy person may be expected during chemotherapy.

A tiny increase may become excellent news.

When you begin at zero, 0.1 is movement.

Ask your team to explain the numbers in context. Internet research and an anxious imagination do not constitute a hematology consultation.

---

5. Take infection precautions seriously

Chemotherapy and transplant can severely suppress the immune system. An infection that causes minor symptoms in someone else can become dangerous for an AML patient.

Your team may tell you to:

- Monitor your temperature
- Report fever immediately
- Wear a mask in appropriate settings
- Wash your hands frequently
- Avoid people who are ill
- Follow food-safety instructions
- Call if particular symptoms develop

Follow the instructions given by your own cancer centre. Ask what temperature or symptoms require an immediate call and whom to contact after hours.

Do not wait until morning because you do not want to bother anyone.

They gave you the number because they want you to use it.

---

6. Transfusions are a normal part of AML care

Chemotherapy may temporarily prevent your marrow from producing enough red blood cells or platelets.

Many AML patients receive:

- Red blood cell transfusions
- Platelet transfusions
- Other blood products when medically necessary

These are not evidence that you have failed treatment.

They are part of the support that helps your body endure it.

Someone made an appointment, answered questions, sat in a chair, extended an arm, and gave without knowing who would receive the gift.

Anonymous does not mean impersonal.

Once that gift enters your body, it becomes very personal indeed.

---

7. Bring another person when possible

The first appointments can involve an enormous amount of information.

A caregiver or trusted companion can:

- Take notes
- Remember instructions
- Ask questions
- Notice details you miss
- Help interpret what was said afterward

Two sets of ears are better than one, especially when one set has just heard the word *leukemia*.

If someone cannot attend in person, ask whether the medical team permits a phone or video connection.

---

8. Keep a notebook

A good notebook is one of the most useful pieces of medical equipment that does not beep.

Use it to record:

- Questions
- Test results
- Blood counts
- Symptoms
- Medication changes
- Appointments
- Names and contact information

- Instructions from the care team

Ask the doctor to slow down or repeat an explanation when necessary. Medical professionals understand the language because they use it every day.

You have had approximately eleven minutes to learn it.

If your hospital offers an online portal such as MyChart, use it. It may provide access to appointments, medication lists, test results, and clinical notes.

A word of caution: test results may appear before your medical team has explained them. Read carefully, avoid jumping to conclusions, and remember one of the lessons I learned the hard way:

Read the whole report before panicking.

---

9. Fatigue is not laziness

AML and its treatment can cause profound fatigue.

Recovery may take months rather than weeks. Energy may improve unevenly. A good morning does not guarantee a good afternoon.

Think of energy as a limited budget.

Showering has a cost.

An appointment has a cost.

A long conversation—even an enjoyable one—has a cost.

Rest is not what happens when you stop treatment.

Sometimes rest is the treatment.

---

10. Recovery is rarely a straight line

Expect some combination of:

- Good days
- Difficult days
- Improving counts
- Falling counts
- Medication changes
- Unexpected infections
- Delayed side effects
- Cancelled plans
- Emotional highs and lows

A setback does not necessarily erase earlier progress.

A rash does not erase engraftment.

A difficult week does not erase remission.

Better and easy are not the same.

But better is still better.

---

11. Caregivers need care too

The person beside the patient is also living with the diagnosis.

Caregivers often carry:

- Transportation
- Medication schedules
- Medical information
- Household responsibilities
- Family communication
- Financial concerns

- Their own fear and exhaustion

Competent people are often given more to carry precisely because they appear capable.

Capability is not unlimited capacity.

Encourage caregivers to rest, accept help, maintain some ordinary routines, and speak honestly about how they are doing. Supporting the caregiver supports the patient.

---

12. Ask for specific help

People often say:

“Let me know if you need anything.”

They usually mean it. The difficulty is that the patient or caregiver must identify a need, ask for help, explain the task, and coordinate the details.

Specific offers are easier to use:

- “Could you bring dinner on Tuesday?”
- “Could you drive me to Thursday’s appointment?”
- “Could you mow the lawn?”
- “Could you pick up groceries?”
- “Could you care for the dog?”
- “Could you send this update to the family?”
- “Could you bring clean clothes to the hospital?”

Good help reduces work.

It does not become another project for the patient or caregiver to manage.

---

13. Emotional health is part of health

You may experience:

- Fear
- Anger
- Grief
- Relief
- Gratitude
- Frustration
- Hope
- Numbness

Occasionally, all of them may arrive before breakfast.

Emotional complexity is not failure. Neither is asking for professional support.

Ask your cancer centre about social workers, counsellors, spiritual care, support groups, and resources for caregivers. If anxiety, depression, trauma symptoms, or hopelessness become difficult to manage, tell someone.

You do not have to perform strength every day.

---

14. Do not compare your journey with someone else's

AML is not one disease, and no two patients follow exactly the same road.

Treatment intensity, side effects, complications, transplant recommendations, recovery time, and outcomes vary widely.

Another patient's good result is not a guarantee.

Another patient's difficult experience is not a prediction.

Learn from other people's stories, but do not turn them into forecasts for your own.

---

15. Hope and realism can live in the same room

Hope does not require pretending everything is easy or certain.

You can celebrate a good result and still fear the next treatment.

You can be grateful and disappointed.

You can trust your medical team and still ask questions.

You can have faith and still feel afraid.

Hope is not a prediction.

It is a posture that allows you to take the next necessary step without seeing the entire road.

The bridge in front of you is enough for today.

Questions to Ask the Medical Team

You will probably not remember every question during the appointment. Write them down and bring the list.

Consider asking:

- What type or subtype of AML do I have?
- What chromosome, genetic, or molecular findings were identified?
- What do those findings mean for my treatment?
- What is the goal of this phase?
- What treatment do you recommend, and why?
- How will you determine whether it is working?
- Will I likely need a stem cell transplant?
- What side effects should I expect?
- Which symptoms require an immediate call?
- What temperature counts as a fever for me?
- Whom do I contact after hours?

- What infection and food-safety precautions should I follow?
- Which activities should I avoid?
- What support is available for my caregiver?
- Where can I find reliable information between appointments?

You are allowed to ask the doctor to slow down.

You are allowed to ask the same question twice.

You are allowed to say:

“I heard the words, but I am not sure I understood the answer.”

The AML Hospital Go Bag

AML has a habit of turning the hospital into a second home with very little warning.

A packed go bag cannot make treatment pleasant, but it can make an unexpected admission less chaotic.

Hospital policies differ, particularly during neutropenia or transplant. Check before bringing food, appliances, extension cords, blankets, flowers, or anything difficult to clean.

Documents and Medical Information

Keep these together in a folder or pouch:

- Government-issued photo identification
- Health card and insurance information
- Current medication list, including doses
- Allergy information
- Emergency contacts
- Cancer-centre and pharmacy numbers
- Appointment information
- Notebook and pens
- Advance-care or substitute-decision-maker documents, if applicable

Also consider organizing important household information before it becomes urgent:

- Passwords
- Utility accounts
- Insurance information
- Subscriptions
- Banking and legal contacts
- Instructions family members may need

Store this information securely.

Do not put a page labelled **ALL MY PASSWORDS** in the outside pocket of the hospital bag.

Clothing

Pack clothing that is soft, washable, loose, and easy to layer:

- Comfortable pyjamas or lounge pants
- Soft T-shirts
- Underwear and socks
- Zip-up hoodie or sweater
- Non-slip slippers
- Comfortable walking shoes
- Robe, if useful
- Laundry bag

Button-up, snap-front, or specially designed access shirts can be helpful around a PICC line or Hickman catheter.

Ask the care team what clothing will work safely with your line.

Fashion becomes a flexible concept during chemotherapy.

Access to the tubing wins.

Toiletries

Consider packing:

- Toothbrush and toothpaste approved by your team
- Alcohol-free mouth rinse, if recommended
- Lip balm
- Unscented moisturizer
- Shampoo and body wash
- Deodorant
- Tissues
- Hairbrush or comb
- Eyeglasses and a spare pair
- Hearing aids and batteries, if needed
- Shower cover designed for your PICC or Hickman line

Ask before using:

- Razors
- Nail clippers
- Nail files
- Floss
- Products containing alcohol or strong fragrances

When platelet counts are low, even minor cuts or bleeding can matter.

Technology

Waiting is a significant part of treatment.

Bring:

- Cell phone
- Long charging cable

- Charging block
- Tablet or laptop
- Headphones or earbuds
- Battery pack
- E-reader

Ask before bringing an extension cord or power bar. Hospitals have opinions about electrical devices, and those opinions tend to be firmer than ours.

Download books, films, podcasts, and music before admission in case the Wi-Fi develops its own medical complications.

Low-Energy Entertainment

Attention and energy can change from hour to hour.

Bring several options:

- Books or an e-reader
- Journal
- Puzzle books
- Playing cards
- Sketchbook
- Downloaded shows
- Music playlists
- Simple crafts approved by the unit
- Photographs or cards from family

During isolation, we brought in puzzles and a card table. They were excellent for the periods when I had enough energy to do something but not enough to reorganize Western civilization.

I also brought a guitar.

This worked for me because I had an isolated room and permission to use it considerately. A trumpet, drum kit, or set of Highland bagpipes might produce a different response from the care team.

Food and Drinks

Follow your hospital's food-safety and dietary instructions.

If permitted, you might bring:

- Refillable water bottle
- Approved snacks
- Hard or ginger candies
- Favourite tea bags
- Electrolyte drink packets
- Drinks that still taste good when chemotherapy changes your palate

Taste can become unpredictable. Sweet drinks may stop appealing, while savoury beverages may work better.

If the room has a refrigerator, ask what can be safely stored.

I brought a Nespresso machine.

This was not medically necessary.

I considered it spiritually supportive.

Ask permission before bringing any appliance.

Sleep and Comfort

Hospitals are excellent at treating illness.

They are less committed to uninterrupted sleep.

Helpful items may include:

- Eye mask
- Earplugs

- Noise-cancelling headphones
- Favourite pillow with a distinctive pillowcase
- Small washable blanket, if permitted
- Small fan, if permitted
- Family photographs
- A calendar for tracking treatment or transplant days

Use a distinctive pillowcase so your favourite pillow does not accidentally join the hospital linen service and begin a new life elsewhere.

Mobility and Safety

Depending on your condition, useful items may include:

- Non-slip footwear
- Walking poles or a cane, if recommended
- Mobility aid prescribed by physiotherapy
- Small bag for carrying essentials

Do not bring or use mobility equipment without discussing it with the team. Dizziness, weakness, low blood pressure, and medication effects can increase fall risk.

I learned this after dropping like a bag of rocks in front of Leslie.

My pride recovered eventually.

Something from Home

Bring one small object that reminds you the patient is not the whole person:

- A photograph
- A favourite mug
- A card
- A cap

- A small decoration
- A guitar
- A plastic dinosaur
- A perpetually astonished rubber chicken

The object will not improve your blood counts.

It may remind you that your life is larger than the room.

That matters.

Pack for the Caregiver Too

A caregiver may spend almost as much time at the hospital as the patient.

A separate bag might include:

- Water bottle
- Snacks
- Sweater
- Phone charger
- Notebook and pens
- Medications
- Reading material
- Parking information
- A change of clothes
- Personal toiletries

Caregivers should also know:

- Where to eat
- Where to rest
- Whom to call
- Where important documents are kept

- Who can take over when they need a break

The caregiver is not a machine.

Unlike the hospital equipment, caregivers may not beep when their reserves are nearly empty.

Ask how they are doing.

Then wait for the real answer.

What Does Not Fit in the Bag

Three things helped me repeatedly:

- Attitude
- Gratitude
- A sense of humour

These do not control treatment outcomes.

They do not replace medicine.

They do not make every day good.

They can help you face the day that has actually arrived.

Also pack a willingness to receive help.

Let people bring clean clothes, refill supplies, deliver approved snacks, care for the lawn, communicate updates, or sit with the caregiver.

Healing comes in community.

Apparently, community also knows where to buy toothpaste.

Keep the Bag Ready

Do not wait for an unexpected admission before deciding what to pack.

AML patients may need to return to hospital because of:

- Fever

- Infection
- Bleeding
- Low blood counts
- Treatment schedules
- Medication reactions
- Other complications

Keep the essentials packed and place a checklist on top for last-minute items such as:

- Phone
- Medication
- Eyeglasses
- Charger
- Health card
- Hearing aids
- Favourite comfort object

A prepared bag will not make the hospital call welcome.

It will remove one small source of chaos.

Sometimes that is enough.

One Final Thought

After an AML diagnosis, life may be measured differently.

Success may not mean completing everything on the to-do list.

It may mean:

Getting through today's treatment.

Calling about today's symptom.

Taking today's medication.

Accepting today's transfusion.

Resting when rest is the work.

Celebrating a small rise in a blood count.

Taking the next necessary step.

Those milestones may look small to someone standing outside the experience.

They are not small.

Over time, they become the story of recovery.