

Deleted Alternate Prologue: The night Emery Saved Ethan's Life.

*Nineteen months ago.*

“If we start treatment in his condition, we might kill him. But if we do nothing, he'll be dead within weeks for sure.”

Dr. Emery Love squirmed and fidgeted in her seat at the physicians' work station, while the oncologist retrieved the CT scan images from the computer. Her feet hurt, from running around the hospital all day and pacing back and forth in the ICU for the past hour—mostly mumbling curses against her practice partner Dr. Shawn McDevitt. When she'd agreed to cover for him so he could go on his honeymoon, she should've known that Murphy's Law would drop a bomb in her lap.

*“That patient shouldn't give you any trouble. You can send him home in the morning,”* he'd said.

*Famous last words.*

Dr. Greene, the oncologist, succeeded at opening the images and Emery launched into her presentation.

“Ethan Cadman. Thirty-two-year-old never-smoker, previously healthy male, presenting with a three-month history of progressive difficulty breathing and weight loss.”

“Yikes!” Dr. Green winced, scrolling the PET-CT scan images on the screen. “Look at those huge lymph nodes blocking his airway! This guy is fried.”

“The radiation oncologist refuses to give emergency radiation while he's on the ventilator. But unless we do something to shrink those nodes he'll never be able to breathe on his own! You're my last hope.”

The man groaned. “I don't think I can help you either. It's too dangerous.”

“But the pathologist said the biopsy showed Non-Hodgkin’s lymphoma! It’s potentially curable!”

“‘Potentially,’ meaning with a big dose of wishful thinking!” The oncologist snorted, then grimaced. “The chemotherapy we’d need to use is aggressive enough to kill a healthy patient—let alone a patient already this sick. You should transfer him to a tertiary center.”

“But he’s too unstable to transfer,” Emery argued. “We need to start treatment now!”

It was the oncologist’s turn to pace. “You can’t ask me to start chemo on a patient who’s on a ventilator! When his white blood cell count plummets he’ll be at risk of dying from an ICU acquired infection.”

“But unless we treat the cancer, he’ll be dead within days anyway.”

“But at least he’ll be dead without *me* having contributed to it!”

Emery covered her eyes with a hand and shook her head. She knew the oncologist was more worried about a malpractice lawsuit than about helping the patient.

And she couldn’t blame him. Even she and her partner Shawn faced a potential malpractice suit if anybody argued that the patient’s deterioration started from complications from the bronchoscopy and biopsy Shawn had done right before leaving; they’d led to pneumothorax, or partial lung collapse.

With the patient unable to give consent, and his family currently untraceable, starting dangerous chemotherapy was a big liability. It was the biggest dilemma Emery had faced in her entire professional life.

Emery felt the strange sense of grounding that descended upon her when she faced a real medical crisis—paradoxical, considering she would normally freak out in the

presence of small drama. It was a huge medico-legal risk, but someone had to make the decision.

“I take responsibility for whatever happens. This is his only chance to survive,” she said. “Let’s start the chemotherapy. And God help us.”