

All or Nothing at All

by Gordon Closter

Mr. Jones sat calmly in a hospital waiting room, his foot tapping rhythmically on the stone floor. He wore a khaki town suit and a panama hat, and he carried a newspaper under his left arm that looked like it had been read cover to cover. Sniffing the air, he glanced around the room with a wry smile on his lips. To his right, a woman in her sixties sat and gazed with stony indifference at her daughter sitting adjacent. A brilliantly patterned scarf covered the meager remains of her hair – visibly ravaged by chemotherapy – and her head balanced limply like a bulky reddish vegetable, over ripened to the point that at any given moment a small breeze could snap it cleanly from its stem. It was then that the woman brought her hand to her side, gave a faint cough, and went back to being dazed and torpid again.

Another man sat in a wheelchair, wheezing violently in a fit that sounded eerily similar to a death rattle. Though his accompanying nurse cursed quietly under her breath as she fussed impatiently with an oxygen tank, the man's face remained stolid. It gazed across the room and out the window where it rested on the passing traffic and appeared to contemplate itself with a glimmer of nostalgic regret. Mr. Jones could have said to him that age was a blessing and that inactivity was a choice. This, at least, had been his own experience.

A nurse opened the door, briefly interrupting the soft drone of the room, "Gregory Jones," she called out, "we're ready." Picking up his jacket and trotting rhythmically towards the office entrance, a skillful whistle vibrating to the tune of Frank Sinatra's "all or nothing at all," escaped Mr. Jones' lips. His audience, as if in disapproval, responded only with the sound of a harsh and spasmodic wheeze.

Mr. Jones followed the nurse down the hallway to a scale located at the end. His arms were folded, and as he mounted the black rectangular plate, he could have been some lawman from the old west, stepping forward de-

fensively from his porch as a stranger on horseback rode slowly through town.

"Hmm... 172," he remarked, "You know that's the same weight I was in college." "Is that right?" the nurse responded, brushing his comment off with indifference.

"That's right," he said, "Some people think it's genetic, but I think it's really about the choices you make." Mr. Jones gave a self-congratulatory chuckle. "I've always run 3 miles a day, I eat food that I know won't put on that extra weight, and you know what... I always wear my seatbelt."

Mr. Jones and the nurse shared a laugh and made their way into the room across the hall. "Why don't you go ahead and have a seat right there and I'll take your blood pressure." The nurse wrapped the cuff around Mr. Jones' arm and began inflating it.

As the sphygmomanometer hissed, the nurse raised her eyebrows with somewhat of a hesitant surprise. "And it's 125 over 80... we don't see that too often. Dr. Patel will be pleased." Catching the faint smile on Mr. Jones' lips she continued. "He's really great, maybe the best in his field."

Mr. Jones didn't know what she meant by this. He had already seen the people in the waiting room on the way in. Perhaps, thought Mr. Jones, the nurse meant that he was best at sedating his patients so they no longer cared about their conditions, and she had just forgotten to finish her sentence. Perhaps Dr. Patel's field was sedation.

It was then that the nurse finished what she was writing, turned on her heel, and walked out the door.

The pamphlets by the bed were stacked neatly and arranged by color. Mr. Jones grabbed the one to the far left, "What you should know about Prostate Cancer." Flipping it open, the bold and authoritative headings read, Become Empowered, Initiate Early Detection, You owe it

to yourself and your family – Mr. Jones stopped there, “Poor bastards,” he thought with a smile, “I don’t owe anybody anything.”

Three faint knocks on the door were followed quickly by Dr. Patel’s entrance. He looked like any other doctor would – Indian features, long white coat, rubber souled loafers, and glasses with frames that were absent around the lenses – yet there was something about his bumbling demeanor that made it increasingly hard for Mr. Jones to take him seriously. “Good afternoon!” he said while he plopped himself down on the wheeled stool by the desk. Scooting around in a semicircular fashion he rifled through his papers, unable to find what he was looking for, and he looked so uncertain, so hesitant that the stool he sat on seemed to grow closer and closer to the floor.

Suddenly, as if struck by divine intuition, Dr. Patel stopped completely. He looked up at Mr. Jones with a blank stare and reached over to shake his hand. “I have your file,” he said, a long forelock of dark hair falling over his eyes. “And I have to tell you, it’s a good thing you came in.”

Mr. Jones froze, and Dr. Patel’s outreached hand remained awkwardly poised in the air, and then returned hesitantly to his clipboard. “Your blood test came back, and your prostate-specific antigens were slightly elevated.” Dr. Patel paused as if carefully scripting his lines, “Now it’s normal for men to have low levels of PSA in their blood, this test is just telling us that we’re going to have to run some more tests.”

“Testing for what,” Mr. Jones interrupted.

“Well, it’s impossible for us to distinguish between benign prostate conditions and cancer,” Dr. Patel responded, “but I have to be honest, we sometimes use this test as a tumor marker depending on the results.”

There was a pause. Sitting erect and at attention, as if a slouch would manifest how imaginary his dignity was, Mr. Jones cleared his throat. “So you mean I have cancer,” his voiced waivered in a tone that was unrecognizable, even to Mr. Jones.

“No, no,” Dr. Patel chuckled, “We take your PSA level into account when deciding whether or not to perform further tests. We’re going to do a little bit of further testing, but I wouldn’t worry, it is most likely prostatitis or BPH. At worst, we could be seeing some early signs of cancer, but given your medical history and PSA levels, I would expect it to be very treatable.”

Mr. Jones didn’t want to lose his hair. Ronald Reagan didn’t lose his hair. He’d read somewhere that the former president had taken Vitamin E and his hair hadn’t fallen out. “Maybe I will look like Ronald,” he thought as visions of the young Nancy Reagan began to flash in a series of brief fantasies in Mr. Jones’ head.

A glimmer of hope darted across Mr. Jones’ face, and just as the deep-set wrinkles on his face began to form what could’ve been the cusp of a smile, the voice of Mrs. Jones started to ring in the depths his memory. It started as a faint murmur, but grew steadily to discernable words, and then a full nag that grated the inside of Mr. Jones’ ears. “Dearest, you have to lose your hair,” she called out in echoes that seemed to reverberate beyond the confines of his head. “Otherwise you can never tell if the chemo is working.”

Mr. Jones didn’t like this at all. In fact, Mr. Jones didn’t particularly enjoy his wife that much either. She was the one who always made him go to the doctor. She was the one who had told him to eat well when he didn’t. She was the one who had cancer first. She was the one who had lost her hair completely during her treatment, and though she displayed it proudly until the end, he could never stand the look of it. It was so unbecoming, so unmajestic, so unlike the notable and dignified death he had always imagined.

It was then that Dr. Patel reached behind Mr. Jones and picked out a pamphlet. “This should help answer some of your questions,” he said as he leaned forward to pass it to Mr. Jones. “Ah,” Dr. Patel chuckled, “looks like you already have one.”

Mr. Jones’ eyes fell to a spot on the floor as he let the rest of his appointment wash through his ears. “We’ll start with some regular appointments... Blood tests can often

help clear up some confusion... When you leave go see Nancy at the front desk." The final words of Dr. Patel trailed off and the door to the examination room slammed shut leaving Mr. Jones alone with his pamphlet and his thoughts.

The hallway to the waiting room looked different somehow. It was longer, and somewhat drearier, reminding Mr. Jones of a hall in an ancient plantation where the walls had been stripped, the doors were slightly out of proportion, and the tiles were the only semblance of its prior grandeur. Mr. Jones stumbled to his left, brushing one of the doorframes with his hand. It felt stiff and dead to his touch like dried leaf that did not breathe or yield under his fingertips.

As if in trance, Mr. Jones' feet continued somewhat out of step. "I have to get out," he thought, "I have to get out." The steps sounded down the corridor and seemed to echo further and further away. Mr. Jones shivered and thought of Theseus and the Minotaur. He thought of himself. He thought of having no hair. He thought of insipid food and ceaseless nausea. Then he thought of his wife.

Mr. Jones' piercing blue eyes glazed over with a translucent film, and he wondered if blindness was somehow associated with the cancer he knew was growing inside him. As he wiped away the small drips of water from his upper cheek he arrived at the front desk and burst through the door to find that the waiting room inhabitants had not changed.

Instantly, the vegetable woman with the colorful scarf caught his eye. Although her position in the room had not changed, her daughter now whispered softly at her side, and the older woman's smiles broke one after the other like ripples lapping against the side of a reflecting pool. Mr. Jones was mesmerized by this and gazed at her with a boy's look of jealous admiration. She had an intangible beauty about her, as if her self-confidence had seduced him without even trying.

At that moment, Mr. Jones' gaze was interrupted by a wheeze that, although startling at first, seemed comforting in a way that Mr. Jones could not understand. It had

a melody to it, a tone that was sure of both itself and the silence that followed. Mr. Jones turned towards the man with the oxygen tank and the wheezing stopped just as their eyes met. "He knows," thought Mr. Jones. "He knows I'm dying."

"Don't look at me like that." Mr. Jones' voice cracked as he whispered under his breath. Although the man did not respond, Mr. Jones was sure he could feel weight of the man's unspoken commentary, "I may be on oxygen, but you're a walking a dead man," he might have said.

"DON'T LOOK AT ME," Mr. Jones pronounced again with a tinge of aggression. As if in response the wheezing began again, but this time, it sounded more like a call to arms than the soothing tune that Mr. Jones heard just moments before. Doubling over, Mr. Jones grasped his stomach as if he could feel the cancer reacting inside of him. "I have to get out," he thought again.

The late afternoon had grown hot, and by the time Mr. Jones arrived at his car he had begun to sputter and gasp. Though he struggled with the driver's side door, he got in, turned the engine over, and kept the pedal down.

As he passed onto the street, he looked at the people hurrying along the sidewalks with their bags and their families. He glanced at the buildings that lined the left side of the road and the row of trees that guarded the right. Then he looked at the sun, which was beginning to set in front of his windshield like a reddening eye dipping just below the horizon. Mr. Jones watched it at first with indifference, but as the light slipped further from view, his face changed and the car sped faster.

All that remained of the sun was a glowing sliver in the distance. Again, the car accelerated, and Mr. Jones imagined a terrific chase – racing and swerving into the

afternoon to catch the sun at the horizon, to preserve the light just a little bit longer. It felt good going fast, and the speed seemingly erased his earlier depression. Listening to the high-pitched hum of the engine and the road whipping smoothly underneath him, Mr. Jones pressed the pedal down to the floor and again, the car jumped forward in reaction.

It was then that the last glint of sun dropped out of sight, taking with it the smile and mirthful color on Mr. Jones' face. Glancing down at his speedometer for the first time, Mr. Jones was shocked to see needle approaching 95, and as he turned his eyes to the road in front of him, he barely had time to slam on the brake for the rapidly approaching intersection that glared judgmentally at him through his windshield.

With little experience in a fast car, it took only a moment for Mr. Jones' sedan to slip onto the right shoulder and careen onto the grass. Striking a tree, the car groaned as the metal shifted in place, followed by the hiss and repetitive click of a stalled engine. Mr. Jones landed some 10 or 15 feet from the accident, his arms folded underneath him as if to cushion his fall.

According to the EMS who arrived first on the scene, "without his seatbelt..." pausing for a moment to glance at gurney being placed unhurriedly in the ambulance, "he didn't stand a chance."

Afterword

Featured Principles

There are three basic behavioral economics principles at play during this story. The first, and perhaps most salient, is the idea of relativity as seen in the interaction between Mr. Jones and the other patients. Looking around the waiting room for the first time, Mr. Jones carries himself with an egotistical air, basing his own perception of self-worth on the condition of the others in the room. Upon receiving his so-called “diagnosis,” he returns to the waiting room with a far different understanding of both himself and his waiting room co-inhabitants.

The second principle centers on Mr. Jones’ reaction to his ambiguous diagnosis. Although faced with a number of choices (prostatitis, early stages of cancer, or even nothing at all) it is the ambiguity that puts Mr. Jones over the edge as he automatically places his own predictions ahead of the opinion of the somewhat vague doctor. The effect of expectations seems to also play a role in his deterioration during this segment of the story, as Mr. Jones keeps referring back to his late wife who died from cancer at some prior time – automatically assuming that he would share the same fate based on his previous experience.

The third principle of irrationality has to do with the self-fulfilling prophecy. Although Mr. Jones is clearly not any different than when he arrived at the doctor’s office, he assumes the inevitability of his impending death, and as such places in motion a number of factors that do, in fact, result in his demise.

About the Author

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