A TRUE STORY

Life Lessons from a stage 3 Cancer Survivor

WHY NOT ME?

FINDING STRENGTH
WHEN LIFE BREAKS YOU

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For

My Parents, brother, wife, my children, the extended family, bosses & colleagues, and friends — who carried me when I could not have carried myself alone.

And for every person who has ever asked, 'Why me?' — this book is your answer.

My heartfelt special thanks to Rohini Mundra for implanting the thought of writing a book and guiding me in the journey

PREFACE

This book was not planned. It was lived.

While COVID was ravaging lives across India in 2020, I found myself facing a different kind of devastation — a personal monster that began to surface just as the world was already gasping for breath. I began having difficulty swallowing my first spoon of food during lunch. A small symptom. Easy to dismiss. For six weeks, I did. And then I went to a hospital and spent the better part of a Saturday going through tests until an endoscopy result arrived at six in the evening that changed everything. Stage 3 stomach cancer - A tumor at the junction of the food pipe and the stomach, almost certainly malignant as mentioned by the doctor.

What followed was seven months of chemotherapy, surgery, more chemotherapy, and a recovery that required a complete reimagining of how I relate to my body, my food, my family, my work, and my life. It was not easy. But it was, in ways that continue to surprise me, one of the most clarifying experiences of my existence.

People who knew me through that period told me I was unusually calm. That I seemed different from other patients. That I handled the diagnosis and the treatment in a way they found hard to explain and harder to replicate. Some of them, quietly, asked me how.

This book is my attempt to answer that question as fully and honestly as I can. Not as a medical guide — I am not a doctor. Not as a self-help manifesto — I am skeptical of tidy prescriptions. But as a genuine account of what I discovered, through direct experience, about how a person can move through something devastating without being destroyed by it.

I have organized what I learned into sixteen principles. They are not theoretical. Every single one of them was tested in the most unambiguous laboratory available: a human life under pressure.

I offer them to you not as rules to follow but as perspectives to consider. Your situation is your own. Your character is your own. But I believe that within these sixteen chapters, there is something for anyone navigating difficulty — whether a health crisis or a financial one, a relationship breaking down or a grief that will not lift.

Because ultimately, this book is not about cancer. It is about life. And what life, in its most difficult moments, is actually asking of us.

I hope you find in these pages whatever you most need to find.

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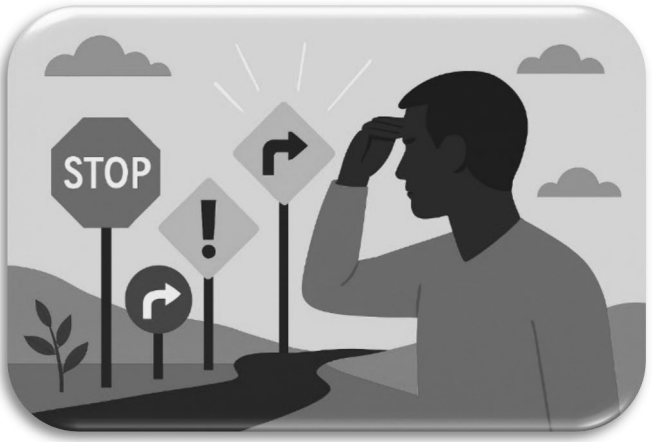
Before the Storm



CHAPTER ONE

Read the Signs

Life throws signals at you.
It is up to you to catch them or ignore them.

It all started with the first spoon of food.

Somewhere around August-September of 2020, I began having difficulty swallowing food during lunch. Not during breakfast. Not at dinner. Only at lunch, and only with that very first spoon. After a sip of water, everything would settle back to normal, and I would finish the rest of the meal without any problem at all. It was such a small, localized, easy-to-dismiss thing that I almost did not register it as a symptom at all. I registered it as an inconvenience, but surely abnormal. Something perhaps to do with how quickly

I was eating, or what I was eating, or the temperature of the food. Something that would resolve on its own if I just gave it time.

There was one more thing. I had a habit of having one banana post dinner. Whenever I ate one — at any time of day for that matter — I had this peculiar feeling that it was sticking somewhere along the path it was supposed to travel, finding resistance before eventually settling into the stomach. It was not painful exactly. It was more like a mild awareness, a brief moment of friction, that would then pass. I noticed it. I filed it away. I did not act on it for few weeks.

For nearly one and a half months, I carried these two symptoms the way we carry so many inconvenient things in life — in the background, noted but not attended to, present but not prioritized. I was busy. Life was full. The symptom was small. And crucially, I discovered a workaround: if I chewed my food more, slowly and thoroughly than I usually did, the difficulty at the first swallow would largely disappear. The symptom reduced. I told myself it was resolved.

But something would not let me fully drop it.

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The Voice That Would Not Be Silenced

Even after the symptom reduced with slower chewing, even after I had convinced myself with perfectly reasonable logic that it was probably nothing serious, there was a quiet voice at the back of my mind that refused to agree. It said: there is something wrong in this body. Not loudly. Not with urgency or panic. Just steadily, persistently, the way a clock

ticks in a room you are used to — you can choose not to hear it, but it does not stop.

There was also, at this point, a gentle pressure from family. When I mentioned what I had been experiencing, the response was immediate and unanimous: go and get it checked. My wife, who is a dental doctor, both my brother and sister too would not have accepted any argument for delay and nag me to visit the doctor. The people who loved me were not willing to be rational about a symptom that had persisted for six weeks. And somewhere beneath all my logical explanations and workarounds, neither was I.

So, on a fine Saturday, I went to the hospital along with my brother.

I had chosen the Asian Institute of Gastroenterology in Hyderabad. It was not the closest hospital to my home — it was actually quite far. But I reasoned that whatever I was experiencing had something to do with the gastrointestinal system, and the hospital specializes exactly in that area. If I was going to spend a Saturday going through tests, I wanted to be in the right place as an Indian proverb goes like "Though the snake be small, it is still wise to hit it with a big stick". That decision, made almost casually on the basis of basic logic, turned out to be one of the most consequential choices of my life. I have known similar cases having such symptoms visiting small time clinics or hospitals and wasting considerable time and money, but ultimately landing in a bigger hospital to get confirmation on the diagnosis or subsequent treatment.

Coming back to that important hospital visit of mine on a saturday, I arrived in the morning and stayed until evening. Test after test, one after another, each one coming back normal. Blood work: normal. Ultrasound: normal. The

reports accumulated through the day, each one unremarkable, each one making the voice at the back of my mind seem perhaps a little dramatic. Maybe it was nothing. Maybe I had worried people unnecessarily. Maybe I would go home that evening with a clean bill of health and a slightly embarrassed feeling about the whole thing.

The endoscopy report was the only and last one to come in. Around six in the evening.

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The Phone Call That Changed Everything

The doctor called me at around 6:30 PM after reviewing the endoscopy results. He asked me again, carefully and deliberately, to describe my symptoms. Then he looked at me with an expression I will not forget — serious, sympathetic but composed, carrying the particular weight of a person who has had to deliver difficult news many times and has never entirely gotten used to it — and he said: I believe you have multiple tumors, appearing to be starting at the junction of the food pipe and the stomach, and extending into the stomach. In all likelihood, they are malignant & cancerous.

He said it with 90% confidence. He mentioned that he had already collected during endoscopy, 13 samples from the tumors to send for biopsy. The pathology report would take about a week to come back. But his direction was clear and immediate: do not waste time waiting for the report. Go today and book an appointment with the senior most surgeon in the hospital. This needed to move quickly.

I sat with this information for a moment.

Then I got up and went to book the appointment.

I say this not to suggest I was unmoved or unaffected — I was surprised, genuinely surprised, in a way I will describe more fully in the next chapter. But the point I want to make here is about what came before that moment in the doctor's office. The point is the six weeks that preceded it. The point is the symptom I almost could have dismissed, the workaround I found and settled for, the voice I chose not to hear for many days before deciding to get it checked.

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What I Learned About This Cancer

In the weeks after my diagnosis, when I had more time and steadiness to research, I learned something that stopped me cold. Stomach cancer — the specific type I had, at the junction of the esophagus and stomach — is typically diagnosed at Stage 4. Not Stage 3. Not Stage 2. Stage 4, by which point the cancer has spread to distant organs, surgical options are severely limited, and the outlook is very different from what it would be at an earlier stage.

The reason it is usually caught so late is exactly what I almost did: people ignore the early symptoms or the symptoms themselves wont surface out till stage 4. I consider myself lucky to have the symptom at stage 3 while the difficulty swallowing was mild. It comes and goes. It seems like something you can work around. The banana getting stuck briefly on the way down is such a vague, fleeting sensation that most people do not even connect it to anything medical. The cancer is quiet and patient in its early stages, and our tendency to normalize and postpone works perfectly in its favor.

I caught mine at Stage 3. That single fact — the difference between Stage 3 and Stage 4 — changed the entire range of what was possible for my treatment. At Stage 3, surgery was still a meaningful option. Chemotherapy could work as both preparation and follow-up. The medical team had real tools available. The outcome statistics, while sobering, were not the same as they would have been a stage later.

And the reason I caught it at Stage 3, and not Stage 4, was this: I did not completely ignore the little signal that I got.

I want to be careful here not to make myself sound more decisive than I was. The truth is that I delayed for six weeks waiting & wanting to confirm that all is not well with my body. As mentioned earlier, I found a workaround too which was negating the symptom. But something — a persistent inner awareness, the pressure of people who loved me, a quality of attentiveness to my own body that I had perhaps developed over years without quite realizing it — kept the signal alive long enough for me to act on it.

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The Nature of Life's Signals

This is the first lesson of this book, and in some ways, it is the foundation on which all the others rest: life throws signals at you, may be slowly & steadily but constantly. The signals are not always dramatic. They are not always clear or necessarily very big. They do not always arrive with flashing lights and an urgent soundtrack telling you to pay attention right now. More often they arrive the way mine did — as a mild discomfort, a slight friction, a small thing that is easy to set aside and easy to explain away.

These signals come in many forms. They come as symptoms in the body that we push aside because we are busy. They come as a persistent unease in a relationship that we choose not to examine because examining it would be uncomfortable. They come as a recurring thought about something we know we should do but keep postponing. They come as the gentle, consistent nudge of an instinct that we override with logic because the logic is more convenient.

We are remarkably skilled at not hearing what life is trying to tell us. We are surrounded by distractions, committed to our routines, invested in our sense that everything is essentially fine. The signal arrives and we acknowledge it — yes, I noticed that — and then we file it away and move on. We tell ourselves we will deal with it later. Later, when we are less busy. Later, when it becomes more serious. Later, when we have no choice.

But sometimes later can be too late. And the tragedy is not that we were ignorant. The tragedy is that we knew. We noticed. We filed it away. And we waited until it became too big to ignore rather than acting when it was still small enough to be manageable.

I got lucky. I want to be honest about that. There was luck involved in the fact that I went to the hospital when I did, that I went to the right hospital, that the endoscopy was part of the testing panel, that the doctor was experienced enough to see what he saw. But there was also something that was not just luck: the fact that I kept the signal alive in my mind even when I had found a way to reduce the symptom and that my loving family members never let me feel comfortable whenever I spoke about the symptoms,

even when I could have convincingly told myself it was resolved. Even when everything pointed to it being fine.

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What the Signal Was Trying to Tell Me

Looking back, I understand now that the signal was not just about the tumor. It was about a way of living. I had been the kind of person who pushed through discomfort, who found workarounds, who kept going. These are not bad qualities — in many contexts they are exactly the right qualities. But they can also lead you to ignore what your body is telling you because the message is inconvenient and you have things to do.

Cancer forced a recalibration. It said: you cannot work around this one. You cannot chew more slowly and make this go away. This one requires your full attention, right now, and any workaround you apply will only delay the reckoning.

There is something deeply clarifying about a diagnosis like that. Suddenly, all the noise of ordinary life — the meetings and the deadlines and the social obligations and the hundred small concerns that fill every day — falls quiet. And what remains is the essential thing. Your health. Your family. The people who matter. The choices that actually count.

I am not suggesting that cancer was a gift. I would not wish it on anyone. But I am saying that being forced to finally, fully hear a signal that I had been holding, if not half-ignoring for six weeks — and to then take that signal with the seriousness it deserved — taught me something permanent about how I want to move through the rest of my life.

From that day forward, I listen differently. I pay attention to what my body tells me. I pay attention to the quiet voice that says something is wrong even when everything on the surface looks fine. I do not override the signal because I have a workaround. I ask: what is this signal trying to tell me? And then I act on the answer.

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A Word to You

If you are reading this book because you are in the middle of a health crisis, I want to ask you to think back. Before the diagnosis, before the tests, before the moment everything became undeniable — were there signals? Were there things your body was trying to tell you that you set aside? Small discomforts, mild symptoms, persistent intuitions that something was not quite right?

If the answer is yes, I do not want you to feel guilty about that. We all do it. We all postpone and explain away and find workarounds. The important thing is not what you did before the diagnosis. The important thing is what you do now — and going forward, how you relate to the signals that life continues to send you, even in the middle of treatment.

Because the signals do not stop when you get a diagnosis. Life continues to communicate with you. Your body continues to give you information about what it needs. Your emotions give you information about what is working and what is not. The people around you give you information about where you need support and where you are stronger than you think.

Pay attention to all of it. Not with anxiety, not with a constant worried scanning for the next bad thing. But with a quiet, steady attentiveness — the attentiveness of a person who has learned, at some cost, that the signals are worth hearing.

If you are reading this book and you have not yet been through a health crisis, but something in your life is sending you a signal right now — a symptom you have been meaning to get checked, a discomfort you have been explaining away, a small thing that keeps returning to your attention — I am asking you directly: please do not wait. Please do not find a workaround and settle for it. Please go and get it checked.

The signal that saved my life was a difficulty swallowing during lunch and a faint sticking sensation with a banana. Two small, easy-to-dismiss things. If I had dismissed them completely — if I had not gone to that hospital on that Saturday — this book would not exist. And more to the point, neither I would have probably.

The signal that changes everything may arrive quietly. Do not mistake its quietness for insignificance.

Life is always speaking to us. The question is not whether the signals are there. The question is whether we are listening. And when we hear something — even something small, even something we can explain away, even something that seems unlikely to be serious — the question becomes: will we act on what we heard?

Act on it. Every time. Your life may depend on it.

CHAPTER TWO

Your Response Is Your Power

Our reaction to a situation has the power to change the situation itself.

When the doctor told me it was 90% cancer, my brother was sitting with me in that room.

We had spent the entire day at the hospital — morning till evening — going through test after test. Most of the reports had come back normal. And then, late in the evening, the endoscopy report arrived. The doctor called us in, asked me once more to describe my symptoms with careful attention,

looked at the results, and delivered his conclusion: tumors starting at the junction of the food pipe extending into the stomach, almost certainly malignant, requiring immediate consultation with a senior surgeon.

I sat with this for a moment.

And what I felt — what I actually felt in that room, in that moment — was not what you might expect. It was not devastation. It was not the kind of shock that drops you to the floor. It was not despair or terror or the immediate flooding of tears. What I felt was surprise. A clean, uncomplicated, almost neutral surprise. Like a man who has been expecting rain and is still mildly startled when the first drops actually fall.

Because I had never expected cancer for me. With the kind of lifestyle, I had — a teetotaler, a vegetarian, someone who had never smoked — cancer was not the thing I imagined when I thought about health problems that might come my way. Heart-related issues, perhaps, given that I was not particularly disciplined about exercise, also being a foodie. But cancer? That surprised me.

Still. Just surprise. Not despair. Not collapse.

And that reaction — that single reaction in that single room on that single evening — decided everything that followed.

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The First Six Overs

I love cricket. And when I later reflected on what had happened in the months that followed my diagnosis — on why the journey felt manageable, on why I seemed to others to be handling things so well — I kept coming back to that

first moment. That first reaction. And a cricket analogy kept forming in my mind.

Think about a high-stakes T20 final. The team batting first walks out to the crease in the first six overs and scores 100 runs without losing a single wicket. What happens? The match changes. The momentum belongs entirely to one side. The team bowling, no matter how talented, is now playing catch-up from a position that has already been defined by those first overs. You do not even need to watch the rest of the match to sense how it will likely end. Those six overs set everything.

Now reverse it. The bowling team takes six wickets in six overs. Same principle, opposite direction. The foundation is broken before it is built. Everything that follows happens in the shadow of that collapse.

My first reaction to the cancer diagnosis was those first six overs. I walked out to the crease and scored, without fully intending to, without panic, without losing a wicket. And from that point, the rest of the innings was played from a position of strength rather than damage control.

I do not say this to congratulate myself. I say it because I think it is one of the most important things I can share with you. The first moment of a crisis — the immediate, unguarded, instinctive reaction to the news — is extraordinarily powerful. Not because it determines the outcome, but because it sets the psychological and emotional tone for everything that follows. And that tone either costs your enormous energy to overcome, or it gives you a foundation to build on.

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On the Drive Home

My brother and I drove home from the hospital that evening. And it was a definite long drive in terms of time if not in distance otherwise. what did we talk about during the drive?

We talked about what to do next.

Not about why this had happened. Not about the unfairness of it. Not in a daze of shock or grief. We talked practically, almost immediately, about the questions that actually needed answering. Biggest question that we were trying to answer - Should we tell our parents tonight the truth? Even if no, can we really hide it from my wife who is from medical fraternity? Of course, with other questions too staring at us - What were the next steps medically? When should we seek the biopsy results? What did the immediate timeline look like? Are the reports really genuine enough to believe Or is the doctor right in his diagnosis?

We were moving. And I think that movement — that almost immediate orientation toward action rather than grief — was a direct result of the reaction I had in the doctor's office. Because I had not crumbled there, I did not crumble in the car. Because I had not asked why in the hospital room, I did not spend the drive home asking why. The energy that might have gone into shock and collapse went instead into practical thinking.

This is what a good first reaction does. It does not eliminate the difficulty. It does not make the cancer less real or the stakes less serious. But it keeps the channel clear for the thinking and acting that you actually need to do. It prevents the crisis from doing a second round of damage — not just

the physical damage of the disease, but the psychological damage of your response to it.

I want to be honest about something though. The reaction I had was not entirely a matter of chance or personality. It was built. Over years of a particular way of thinking about life. And I will explain that in the next section. But first I want to say this: if your first reaction to your crisis was not calm or composed — if you crumbled, if you fell apart, if you spent the first days or weeks in grief and shock and despair — please do not use this chapter as a reason to judge yourself. That is a completely human response. The question now is not how you reacted in the first moment. The question is what you choose to do from this moment forward.

Because the innings is not over. You still have overs to play.

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Why I Reacted That Way

When I analyzed my own reaction in the weeks that followed the diagnosis, I kept asking myself: why did I respond the way I did? Was it just temperament? Was I simply lucky to be someone who does not panic under pressure? Or was there something more deliberate at work?

I believe it was deliberate — though the deliberateness had happened long before the crisis arrived, in the form of a particular way of thinking about life that I had developed over years.

I had always believed, at a foundational level, that life would have problems at least at times if not all through. Not as a pessimistic position, but as a realistic one. I did not expect life to be smooth. I did not carry around an image of an

ascending graph where everything got progressively better and challenges were anomalies to be outraged by. I expected difficulty. I expected that at some point, something hard would come. I was, in a quiet way, always waiting for it — not with dread, but with a kind of preparedness & readiness.

In the one to two years before my diagnosis, I had a strong feeling — informed partly by a belief in kundali (astrological birth chart), in the patterns and cycles that shape a life — that I was approaching a more difficult period. I did not know what form it would take. I wondered if it would come through my parents, who are elderly. I wondered if it would be on professional front. I just knew something was coming, and I had mentally prepared myself to meet it no matter in what shape and form it was going to take.

So, when the doctor said 90% cancer, something in me recognized that the moment has arrived. This is the thing. This is what I was waiting for. And I have to deal with it.

That recognition changed the reaction. Instead of being blindsided — instead of the crisis arriving into a mind that had no framework for it and no preparation — it arrived into a mind that had already, at some level, made room for it. And that made all the difference.

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The Power of a Single Reaction

I want to dwell on this idea for a moment longer, because I think it is one of the most important and most underestimated truths about how human beings navigate difficulty.

We tend to think of resilience as something that kicks in over time — a slow accumulation of strength as we go

through the stages of a crisis. And that is partly true. But the first reaction is disproportionately important. It is like the keystone of an arch. Remove it and the whole structure is weakened. Keep it in place and everything else has something to hold against.

A reaction of shock and despair in the first moment does not just affect that moment. It sets up a narrative in your mind about what is happening to you. If your first reaction is this is the end, then every subsequent experience — every difficult treatment day, every uncertain scan result, every moment of physical suffering — gets interpreted through that lens. It confirms the narrative. It builds on it. It becomes self-reinforcing.

But if your first reaction is okay, this is serious and I have to deal with it, then that too becomes the lens through which everything else is interpreted. The difficult treatment day is something to get through, not evidence of impending doom. The uncertain scan result is one more piece of information to deal with, not confirmation of the worst. The physical suffering is part of the process, not a signal that you are losing.

Our reactions are not just emotional responses. They are interpretive frameworks. They determine how we see everything that follows. And that means that the quality of our reaction to a crisis is not a small thing. It is potentially the most consequential variable in the entire experience.

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Can You Choose Your Reaction?

This raises a question that I have been asked many times since sharing this story: can you actually choose how you

react? Is the first reaction not instinctive, automatic, beyond conscious control? Is it not simply the expression of who you are, something you have no real agency over?

I think the answer is both yes and no. In the moment itself, the immediate, unguarded, instinctive reaction is largely not chosen. It arises from everything you have thought and believed and experienced up to that point. You cannot, in the seconds after a doctor delivers a serious diagnosis, decide from scratch how to feel about it.

But you can build the person who will have that reaction. That building happens in advance, in the ordinary days of your life, in the ways you think about difficulty and impermanence of any state and the nature of human experience. It happens in the questions you ask yourself about life and meaning and what matters. It happens in the small daily choices about how to relate to uncertainty and discomfort. Every one of those choices, over time, shapes the person who will stand in the doctor's office on a difficult Saturday evening and react in one way or another.

This is why the next chapter of this book is about preparation in good times. Because the reaction you have in bad times is built in good times. You cannot manufacture equanimity on demand, in the middle of a crisis, without having cultivated it before the crisis arrived. But if you have cultivated it — through thinking, through small practices of acceptance, through developing a realistic rather than idealistic relationship with life — then when the hard moment comes, something in you is ready.

I was not perfectly ready. I do not want to paint a picture of a man who sailed through cancer without a tremor. There were difficult days. There were moments of fear and fatigue and a kind of quiet loneliness that is hard to describe. But

the foundation — the first reaction, the keystone — held. And because it held, everything built on top of it held too.

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What This Means For You

If you are in the middle of a crisis right now, I want you to consider something. Regardless of what your first reaction was — regardless of whether you handled the initial news with composure or fell apart completely — there is a reaction you are having right now, today, to your situation. And that reaction is still within your power to shape.

Every day of a long illness is its own beginning. Every morning is a new first reaction. You do not have to be defined by how you responded in the first hour or the first week. You can decide, right now, how you are going to relate to what is happening. Not with false positivity. Not by telling yourself everything is fine when it is not. But with a genuine choice to be someone who deals with this rather than someone who is destroyed by it.

That choice is available to you every single day. It is the most powerful choice available to you. And unlike the choice about your treatment plan, or the choice about which hospital to go to, or the choice about what to eat when food feels impossible — this choice is entirely, completely, in your hands. No one else can make it. No doctor, no family member, no amount of support from the people who love you can make this particular choice for you.

Choose well. In the big moments and the small ones. In the first reaction and the hundredth. Choose, as often as you can, to be the person who deals with this.

Because that person — the one who deals with it — is the one who comes out on the other side.

The first reaction to a crisis is like the first six overs of a T20 cricket match. It sets the tone, most of the times, for everything that follows.

Your reaction is your power. Not power over the disease, not power over the outcome, not power over what happens next in ways that are beyond you. But power over your own mind, your own interpretation, your own capacity to keep moving forward. That power is real. It is available to you. And no diagnosis, no matter how serious, can take it from you.

Use it.

CHAPTER THREE

Build Your Shelter Before the Storm

Your preparation for bad times should happen in good times.

People asked me throughout my treatment, with genuine curiosity and something close to wonder: how are you so calm? How are you handling this so well? You seem almost normal. How is that possible?

I appreciated those words every single time. But I always wanted to answer them honestly, and the honest answer is more complicated than it might appear. Because the calm they were witnessing was not something I manufactured in

the weeks after my diagnosis. It was not a performance of strength, and it was not the product of an unusually resilient temperament. It was the result of something that had been building in me — quietly, without fanfare, without me even fully recognizing it as preparation — for the one to two years before the cancer arrived.

In simple terms: I had been getting ready. Without knowing exactly what I was getting ready for.

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Waiting for Something

I want to share something personal here that might sound unusual. In the years before my diagnosis, I had a strong and persistent feeling that I was approaching a difficult period of my life. This feeling was informed partly by a belief in kundali (astrological birth chart) — the idea that life moves in cycles, and that those cycles can be understood and anticipated with some degree of accuracy. Knowing my own kundali (astrological birth chart), I was aware that a challenging time was coming. Not immediately, perhaps, but soon. The sense was clear enough that I had quietly begun to prepare myself for it mentally.

What I did not know was what form the challenge would take. Would it come through my parents, who are elderly and whose health I think about often? Would it arrive through my professional life, through some unexpected turn in my career? Would it be financial? I genuinely did not know. But I was waiting for it. Not with dread, not with constant anxiety, but with a kind of settled awareness that something was coming and that when it arrived, I would need to be ready.

So, I thought about it. Not obsessively, not in a way that prevented me from enjoying the good things in my life at the time, but in a quiet, preparatory way. I asked myself: what do I believe about suffering? What do I believe about my own capacity to endure difficulty? What does it mean to face something serious and come through it with your dignity and your spirit intact? What do I actually care about, when everything else is stripped away?

These are not comfortable questions. Most of us avoid them precisely because they are uncomfortable. We prefer not to think about hard times while we are in easy times. It feels morbid, or unlucky, or simply unnecessary. Why invite darkness in when the sun is shining?

But I believe, and my experience of cancer has only deepened this belief, that thinking about hard times in easy times is one of the most valuable things a person can do. Not to catastrophize or worry. But to build, in advance, the mental and emotional framework that will hold you when the hard time actually arrives.

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The Moment of Recognition

When the doctor told me it was 90% cancer, I had a reaction that I described in the previous chapter as surprise rather than despair. But there was something else happening underneath that surprise that I want to tell you about now.

There was a recognition.

A quiet, internal voice that said: this is the thing. This is what I was waiting for. And now I have to deal with it.

That recognition changed everything about how I entered the experience. Instead of cancer arriving as a complete ambush — into a mind that had no framework for difficulty and no preparation for suffering — it arrived into a mind that had, at some level, already made room for something hard. The crisis fit into a space that had been, without my quite realizing it, prepared for it.

This is not a small thing. When a crisis arrives without any framework to receive it, the mind spends enormous energy just absorbing the shock. Processing the fact that this is real. Adjusting the entire model of how life is supposed to work. That processing takes time and energy and emotional resources — all of which you need for dealing with the actual crisis. But when a crisis arrives into a mind that has already, at some level, accepted that hard things happen and that you are capable of facing them, the energy goes directly to what needs doing. There is no shock to process. There is only the challenge to meet.

My brother and I, on the drive home from the hospital that evening, were already talking about what to do next. Not about why this had happened. Not about the unfairness of it. We were in action mode almost immediately. And that was possible because the mental preparation had already happened. The internal work had been done in the months and years before the crisis, so it did not have to be done during it. I have to mention here about my brother's calmness of handling such family crisis too, which was aligned with my first response & reaction and the subsequent thought process. Had my brother been with a different mindset panicking after hearing the doctor's conclusion, the situation would have been different and I would have had different problem on hand to deal with.

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What Mental Preparation Actually Looks Like

I want to be concrete about what I mean by mental preparation, because I think it is often misunderstood. Mental preparation for hard times does not mean spending your good times imagining disasters. It does not mean living in fear or expecting the worst or letting worry color every day. That is not preparation. That is suffering in advance, which serves no one.

What it does mean is this: developing a realistic rather than idealistic relationship with life. Understanding, at a genuine and embodied level, that life is not smooth. That problems are not anomalies. That suffering, loss, illness, failure, and difficulty are not exceptions to the human experience but woven into the very fabric of it. That the question is not whether hard things will come, but when, and whether you will be ready to meet them.

It means thinking about what you actually believe. Do you believe that you have inner resources that are greater than you currently know? Do you believe that difficulty, while genuinely terrible, can also reveal things about you that easier times never could? Do you believe that your life has meaning that does not depend on things going well? These are not abstract philosophical questions. They are the building blocks of the frame you will stand inside when the hard thing arrives. And whether that frame is strong or weak depends on the thinking you have done before you needed it.

For me, this thinking had been shaped by years of working in demanding environments, managing teams through pressure, facing professional setbacks, and observing people

I respected navigate their own difficulties with varying degrees of grace. It had been shaped by a personal philosophy that valued equanimity — the capacity to remain steady in the face of changing circumstances. And it had been shaped, in the years immediately before my diagnosis, by that quiet sense that something difficult was coming and that I needed to be ready.

None of this made cancer easy. I want to be clear about that. But it made it survivable in a way that it might not have been if I had walked into it completely unprepared.

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The Practical Preparation

Mental preparation was not the only kind of preparation that mattered. There was also a practical dimension that I want to address, because it is just as important and even more concrete.

When I received my diagnosis and understood that I was facing a serious illness with an uncertain outcome, one of my first thoughts was not about my own survival. It was about my family. About what would happen to them if things did not go well; About what is the worst-case scenario and how much time is left in case of worst-case scenario. About whether I had put my affairs in order in a way that would protect them regardless of the outcome.

The honest answer was: not entirely. And so, I acted immediately.

My salary account, at that point, was not a joint account. I made it one immediately without wasting any time thinking about my survival chances. I went through all my other financial accounts and verified that proper nominees were

listed. I told my brother in the car back home that I wanted to make a will — there were family properties in my name, and if something happened to me, there could be complications for the people I loved most. These things needed to be done, and I did them. In a way, my brother and me spoke about what all to be done assuming the worst-case scenario being strongly probable.

When I expressed this to some people around me, the reaction was often emotional. Nothing will happen to you, they said. You are going to be fine and Do not think like that. And I understood the love in those words. I understood that these were my well-wishers, people who cared about me and could not bear to contemplate the possibility that I might not make it.

But I gently held my ground. This, I told them, is not pessimism. This is not giving up. This is practical love. Because no matter how strong I am, no matter how excellent the doctors are, no matter how much support I have and how hard I fight — the outcome is not guaranteed. A good surgeon can make an error on your day. Medicine, even the best medicine, is not infallible. The statistics for Stage 3 stomach cancer are sobering. Being okay with that fact, and taking practical action to protect my family in light of it, is not weakness. It is the act of a responsible person who takes his role as a husband, a father, a son, and a brother seriously.

I completed all of it. The accounts, the nominees, the conversations about the will. And having done it, I felt something settled. Not resignation — I was not giving up. But a kind of completion. A sense that I had done what could be done, and that whatever came next, the people I loved would be looked after.

That completion freed me. It allowed me to direct my full attention to the treatment, to the daily work of getting through each day, without a background anxiety about unfinished business. The practical preparation became the foundation on which the mental preparation could stand.

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Building the Shelter in Your Own Life

If you are reading this from the middle of a health crisis, you may be thinking: it is too late for me to prepare. The storm is already here. I am already in it.

I want to challenge that gently. Because even in the middle of a storm, there are preparations still available to you. There is practical preparation — the financial arrangements, the conversations with family, the things that need to be said and done that you may have been putting off. There is mental preparation — the daily work of developing a framework for what you are going through, building a way of thinking about it that serves rather than destroys you. And there is the preparation of your support system — the conversations with the right people, the asking for help that you may have been reluctant to do, the letting in of the people who want to be there for you.

None of these preparations are too late to begin. Even one day into a crisis, even one week, even one month — the preparation that is possible today is still more valuable than no preparation at all.

And if you are reading this from a place of relative stability — if your life is reasonably good right now, if the crisis has not yet arrived — then please hear this: use this time. Not

to worry. Not to catastrophize. But to think. To prepare. To build the shelter while the sun is still shining.

Think about what you believe. Think about what matters most to you. Think about the practical things you have been putting off — the will, the nominations, the conversations you know you need to have. Think about the mental framework you carry, and whether it is one that will hold you when things get hard.

Because the storm will come. That is not pessimism. That is simply the truth of what it means to be human and alive. Every life will face its crisis. Every person will have a moment — or several moments — when the ground shifts and everything familiar suddenly feels uncertain. The question is only whether, when that moment comes, you will be standing inside a shelter you built in advance or scrambling to build one in the middle of the rain.

You cannot prepare for bad times when you are already in them. Build the shelter while the sun is shining.

I built mine over years, imperfectly, without fully realizing what I was doing. And when the storm came, it held. Not perfectly — nothing is ever perfect. But well enough. Strongly enough. And that was enough to make all the difference.

Start building yours today. Whatever today looks like.

CHAPTER FOUR

Problems Are Proof You Are Alive

A problem-free life does not exist.
If your life has no problems, you are not truly alive.

Long before I ever heard the word cancer in relation to my own body, I had arrived at a way of thinking about life that I did not fully articulate at the time but lived by nonetheless. It was not a philosophy I had read in a book or heard in a lecture. It had emerged gradually, through years of observation and experience, through watching how life actually unfolds rather than how we wish it would.

The core of it was simple: life will have problems. Not occasionally, not exceptionally, not as an unfortunate deviation from how things are supposed to be. Always. Inevitably. As a fundamental feature of what it means to be alive and engaged with the world.

I know this sounds obvious when stated plainly. And yet the way most of us actually live — the expectations we carry, the way we respond when things go wrong, the stories we tell ourselves about what our life is supposed to look like — suggests that we do not really believe it at a deep level. We say we know life is hard, but then we act as though difficulty is an imposition, an anomaly, something that should not be happening to us. We carry, somewhere in the architecture of our expectations, an image of a life that flows smoothly especially for us even when we observe life others having problems. And every time reality fails to match that image, we experience it as a betrayal.

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The Image in Our Heads

The biggest problem in life, I have come to believe, is not cancer or financial crisis or professional failure or any of the specific difficulties that arrive. The biggest problem is the image in our heads of how life is supposed to be.

We absorb this image from many sources. From the stories we grew up with, where problems are obstacles to be overcome on the way to a happy ending, not permanent features of the landscape. From the carefully curated presentations of other people's lives that we encounter every day, which show the highlights and hide the struggles. From the natural human tendency to compare

our interior experience — messy, uncertain, full of doubt — to everyone else's apparent exterior confidence and ease.

The image says: by a certain age, you should be settled. By a certain point in your career, things should be smooth. By the time you have worked as hard as you have worked and been as responsible as you have been, life should reward you with stability and ease. Problems should be small and manageable and temporary. Illness should happen to other people, or to you only when you are old, or not at all if you have lived well enough.

This image is a lie. Not a malicious lie — nobody sits down and deliberately constructs a false picture of reality to trap you. But a lie nonetheless, because reality does not conform to it. Life does not operate on a merit-based system where good behavior is rewarded with problem-free living. Illness does not check your dietary record before choosing its host. Financial difficulty does not inquire about your work ethic. Grief does not ask whether you deserve it.

And every time the image in your head and the reality of your life diverge — which is constantly, because they always diverge — you experience that gap as suffering. Not just the suffering of the difficult thing itself, but the additional suffering of feeling that the difficult thing should not be happening. That it is unfair. That it is wrong. That life has broken some implicit agreement.

I want to suggest to you that this additional layer of suffering — the suffering of your expectations being violated — is optional. And letting go of it begins with genuinely accepting, not just intellectually acknowledging but truly accepting at a gut level, that a problem-free life does not exist and was never on offer.

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Why I Was Not Undone by the Diagnosis

When the doctor told me I had Stage 3 cancer, I was surprised. But I was not undone. And one of the significant reasons for that — alongside the preparation I described in the previous chapter — was that I did not experience the diagnosis as evidence that something had gone fundamentally wrong with my life. I did not feel that life had broken a promise. I felt that life had done what life does: it had sent a challenge.

A challenge is not the same as a betrayal. A challenge is something to be met. It demands something of you. It asks you to be more than you currently are, to find resources you did not know you had, to think and act and endure in ways that ordinary circumstances would never have required. A challenge, in other words, is something you can do something about. A betrayal is something you can only be a victim of.

The framing matters enormously. If my cancer was a betrayal by life — if I had done everything right and still been punished — then I was a victim of it. Victims do not have much agency. They can only wait for justice or rescue or the end of the unfairness. But if my cancer was a challenge — the particular challenge that life had chosen to present to me at this point in my journey — then I had work to do. I had a response to craft, decisions to make, actions to take. I was not a victim. I was a participant.

This is not a small distinction. It is, in many ways, the distinction between two entirely different experiences of the same external circumstances. The same diagnosis, the same Stage 3, the same treatment protocol, the same uncertain

outcome — but experienced by one person as a betrayal and by another as a challenge. The inner experience of those two people will be profoundly different. And that inner experience will shape everything, from how they engage with treatment to how they relate to the people around them to how much energy they have for the actual work of getting through it.

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Problems as the Texture of Life

I want to offer you a different way of thinking about the problems in your life — including the health crisis that may have brought you to this book.

Problems are not interruptions to your life. They are the texture of your life. They are the surface against which you press, the resistance that builds your strength, the situations that require you to become more than you were before they arrived. A life without problems — if such a thing were possible — would not be a better life. It would be a smaller one. It would be a life in which you never discovered what you were made of, because you were never asked to find out.

I think of the people I most admire in my life. Not the ones who have had the easiest paths, but the ones who have faced real difficulty with real grace. The ones who have gone through something hard and come out wiser and more compassionate and more genuinely themselves. Difficulty did not break them. It revealed them. And what it revealed was more than they — and probably those around them — had known was there.

This is what problems do, when we meet them rightly. They reveal us. They show us our own depths. They require us to access resources we did not know we had — patience, endurance, creativity, courage, kindness, humor in dark places. All of these qualities exist in us before the problem arrives. But we do not know they exist, not really, until the problem requires them.

I discovered things about myself during my cancer treatment that seven months of smooth living would never have shown me. I discovered that I could sit on a chemotherapy bed for five hours and come out talking and relatively cheerful. I discovered that I could go through major surgery and wake up in the ICU and think about calling my family on a video conference the next morning. I discovered that the nurses' feedback — that I was different from most patients, that my demeanor in the center was unusual — actually mattered to me and gave me energy. I discovered dimensions of my own character that I simply did not know were there.

The problem revealed them. Not despite being a problem, but because it was one.

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The Problem of Comparison

There is one specific way that the image in our heads causes us particular trouble, and I want to address it directly. It is the problem of comparison.

When we are going through something hard, we look around at others who seem to be having an easier time and we feel the unfairness of our situation more acutely. They seem fine. Their lives seem to be flowing. They do not seem

to be dealing with what we are dealing with. And this comparison — between our visible struggle and their apparent ease — adds a layer of pain and resentment to what we are already carrying.

But here is what I learned, with a directness and clarity that only serious illness can provide: everyone is dealing with something. The person whose life looks smooth from the outside has their own private difficulties that you cannot see. Their own health anxieties, their own relationship strains, their own professional fears, their own sleepless nights. The surface of people's lives is almost never an accurate representation of their interior experience.

When I was in the chemotherapy center, receiving treatment alongside many other patients, I saw this clearly. Some of the people around me, despite dealing with serious illness, maintained a kind of grace and even lightness. Others were in visible despair. Some had extensive support from family and friends. Others seemed very alone. The external circumstances of illness were similar. The internal experience varied enormously. And that variation was not primarily a function of how serious the illness was. It was a function of how each person was relating to it.

Stop comparing your situation to others'. Stop measuring your problem against theirs. Your problem is your problem. It is real and it is yours and it deserves to be taken seriously on its own terms, not measured against anyone else's and found either too serious or not serious enough. What matters is how you meet it, not how it compares.

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Accepting the Full Contract of Life

I want to invite you to consider something that I think of as the full contract of life. Most of us, implicitly, have signed up for a partial contract. We want the good parts — the health, the love, the success, the joy — and we regard the difficult parts as breaches of the terms. But the full contract includes everything. The joy and the grief. The health and the illness. The success and the failure. The connection and the loss. All of it comes together, as one package, as one life.

Accepting the full contract does not mean being happy about the difficult parts. It does not mean pretending that illness is fine or that loss is not painful or that failure does not hurt. It means accepting that these things are part of what you signed up for when you chose to be alive and engaged and in relationship with the world. It means stopping the exhausting work of being outraged that hard things happen, and redirecting that energy toward actually dealing with them.

This acceptance is one of the most liberating things I know. When I stopped being surprised by my cancer — when I stopped relating to it as something that should not be happening — I freed up an enormous amount of energy that had been going into shock and resistance. That energy became available for everything else. For the treatment. For my family. For showing up each day with something approaching equanimity.

The cancer was real. The treatment was hard. The uncertainty was genuine. But the additional suffering of feeling that it should not be happening — that layer I released. And releasing it made everything else lighter.

A problem-free life does not exist. Problems are not interruptions to your life. They are the texture of it.

If you are fighting something right now, I am not asking you to be grateful for it. I am asking you to stop being surprised by it. To stop relating to it as a betrayal of how life should be. To start meeting it as the challenge it is, with the full resources of who you are, without the additional weight of outrage that it is happening at all.

You are alive. That means you will have problems. That has always been the deal. And the deal, when you accept it fully, turns out to be a good one. Because the problems are the very things that show you who you are, what you are capable of, and what your life can actually mean.

You are proving it right now. By reading this. By continuing to search for strength and meaning in the middle of something that would make many people want to give up.

That is not a person whose life is going wrong. That is a person who is fully, bravely, completely alive.

CHAPTER FIVE

Why Not Me?

Never ask 'Why me?' — do we ask the same when something good happens?

When the biopsy results came back confirmed and the PET CT scan had been completed and the doctor sat across from me and told me it was Stage 3 stomach cancer, he told me something else as well. Something that, in its way, was even more striking than the diagnosis itself.

He told me that this type of cancer — gastric cancer at the gastro-esophageal junction — is found 70% of the time in people who drink alcohol and smoke.

I smirked. Right there in the doctor's office, I actually laughed.

He did not appreciate it. He is a serious man, a highly regarded surgeon, and he looked at me with an expression that suggested my laughter was not the response he had expected or wanted. He asked me, fairly enough, why I was laughing.

I told him: Sir, I am a teetotaler. I have never touched alcohol in my life. I am a vegetarian. I do not smoke. At every social gathering or work event, every celebration, I am the person with a fruit punch in my hand while everyone else has something stronger. I do not even take a mocktail if there is a chance it contains anything alcoholic. My friends know this. My colleagues know this. So, when you tell me that statistically this cancer belongs primarily to people who drink and smoke, you can perhaps understand why I find the situation just a little ironic.

He understood. He did not laugh. But he understood.

And right there, with every legitimate reason in the world to feel hard done by, with a cleaner lifestyle than 70% of the people statistically expected to get this cancer, I had a choice. I could ask the question that most people in my position would have asked immediately, almost reflexively. The question that feels so natural and so human and so justified in moments like this.

Why me?

But I did not ask it, actually better way to put it is I did not want to ask it.

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The Problem with Why Me

Let me tell you why I think 'why me' is the wrong question. Not a morally wrong question — it is completely understandable, completely human, and I would never judge someone for asking it. But wrong in the sense of being useless. Wrong in the sense of leading nowhere that actually helps you.

The question 'why me' assumes that there was a selection process. That somewhere, some force or fate or system reviewed the candidates and chose you for suffering, and that this choice was either a mistake or an injustice. It assumes you can understand the criteria of that selection, and that understanding them will give you something useful — perhaps justice, perhaps a way to avoid being selected again, perhaps simply the comfort of making sense of something that feels senseless.

But none of that actually happens. There is no answer to why me that provides justice or comfort or a way to avoid future difficulty. The honest answer — if one could be given — would be something like: because you were there, and because these things happen, and because life does not make exceptions even for people who deserve them. That is not a satisfying answer. It is not meant to be. It is simply the truth.

And here is the thing about an unsatisfying truth: pursuing it consumes enormous energy without providing any return. Every hour you spend asking why me is an hour you are not spending on what now, on what can I do, on what does this situation actually require of me. The question turns you backward, toward a past you cannot change, when everything useful is forward.

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The Question We Never Ask in Good Times

There is another dimension to this that I find even more illuminating, and it is the one captured in the subtitle of this chapter. Think about your life. Think about the good things that have come to you — the opportunities you received, the relationships that worked out, the health you enjoyed for years without thinking about it, the professional recognition, the moments of genuine happiness and good fortune.

Did you ever ask, in any of those moments: why me?

Did you ever pause at a moment of good fortune and say: wait, why am I the one who got this? What did I do to deserve this luck? Why not someone else, someone who perhaps worked harder or suffered more or needed it more?

Almost certainly not. We accept good things without demanding explanations. We receive them with gratitude or simply with the quiet assumption that we have earned them, that they are the natural consequence of our efforts and choices. We do not interrogate our luck when it is good. We do not require life to justify its generosity.

But the moment difficulty arrives, we demand an explanation. We want to know why. We feel that our suffering requires justification in a way that our joy never did. And this asymmetry — this willingness to accept good fortune without question while demanding accountability for bad fortune — reveals something important about the implicit contract we think we have signed with life.

We think we have signed a contract that says: if I behave well, if I live responsibly, if I do the right things, then life

will reward me with good outcomes and protect me from bad ones. And when that contract is violated — when the bad outcome arrives despite all the right behavior — we feel cheated.

But that contract was never on offer. Life does not work that way. Good behavior improves your odds in many areas, but it does not provide immunity. I lived a clean lifestyle and still got stomach cancer. Others live very differently and remain healthy for decades. The relationship between virtue and outcome is real but not guaranteed. And accepting that — truly accepting it, not just saying the words but actually living from that understanding — is one of the most liberating things you can do.

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Why Not Me?

The question I want to offer you instead is not rhetorical. It is genuine. Why not me?

If challenges come to everyone — and they do — then why should I be exempt? What entitles me to a life free from the difficulties that all human beings face? On what basis should I be the exception? And if there is no basis, if I am not in fact exempt from the full range of human experience, then why not me?

This is not a despairing question. It is a clarifying one. It strips away the sense of injustice, the feeling of having been specially selected for suffering, the energy-consuming work of trying to make sense of something that does not conform to a logic of fairness. It says: this happened. It happened to me. There is no particular reason why it should have happened to someone else instead. And now that it has

happened, the only question worth asking is what I am going to do about it.

Why not me moves you from victim to participant. It moves you from the backward-looking work of trying to understand the selection to the forward-looking work of crafting a response. And the response — not the cause — is the part of this that actually belongs to you.

When I drove home from the hospital on the evening of my diagnosis, my brother beside me and the confirmed news fresh in both our minds, I was already in participant mode. Already thinking about next steps. Already oriented toward what needed to happen rather than why this had happened. That orientation — which grew directly from not asking why me — shaped the entire character of my journey from that evening forward.

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God Throws Challenges Differently to Different People

I believe in something larger than the random mechanics of biology and circumstance. I believe that there is a design to what happens to us — not a design that is punishing or capricious, but one that matches the challenge to the person, that gives each of us the specific difficulties that our particular life requires.

I do not say this to suggest that I deserved cancer, or that cancer was sent as punishment, or that suffering is simply the will of God and we should accept it without question. I say it because it is how I experienced my own diagnosis. When the news came, and I had absorbed the surprise of it, I had a sense — not immediately, but quickly — that this

was mine. This was the challenge that belonged to my story. Not randomly assigned, not a cosmic error, but somehow appropriate to who I am and what my life requires me to learn and become.

Different people get different challenges. Some people's challenges are health. Some are relational. Some are financial, professional, existential. Some people face multiple serious challenges in a single life. The type and intensity and timing of challenges varies enormously from person to person. But the fact of challenges does not.

God throws challenges at different people in different ways. This was mine. And spending any energy trying to argue with that — trying to negotiate a trade, to convince some higher authority that I was the wrong choice for this particular difficulty — would have been energy spent on something completely beyond my influence. Better to accept it. Better to turn toward it. Better to ask: this is my challenge. What does it require of me?

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The Energy Saved by Not Asking Why

I want to say something practical here about energy. Because in a serious illness, energy is a finite and precious resource. Physical energy, emotional energy, mental energy — all of it is being asked for, continuously, by the treatment and the recovery and the simple daily work of getting through each day.

Asking why me is an energy expenditure with no return. It is a leak in the system. Every hour you spend on that question — every loop of thinking about how unfair this is, how you did not deserve it, how someone else should be in

your position instead — is an hour of energy spent on something that changes nothing. The cancer is still there. The treatment still needs to happen. The body still needs all the support it can get.

When I decided — quietly, without drama, almost automatically — not to ask why me, I kept that energy in the system. I kept it available for everything that actually mattered. For the conversations with my doctors. For being present with my family. For maintaining the mental steadiness that I believe genuinely contributed to how my body responded to treatment. For the hundred small daily acts of care and attention that add up, over months of illness, to something significant.

I have seen what happens when people spend that energy on why me. I saw it in the faces of some of the other patients I encountered during my time in treatment — the grim, hollow look of people who were fighting both their illness and their sense of injustice simultaneously. Both battles are real. But only one of them needs to be fought. The illness demands your full attention. The injustice, real as it may feel, is a battle you cannot win and does not serve you.

Save your energy. Put it toward the fight that actually matters.

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What to Ask Instead

If not why me, then what? I have already said: what am I going to do about it? But let me be more specific, because I think the quality of the questions, we ask ourselves in a crisis shapes the quality of the experience we have.

Ask: what does this situation actually require of me right now? Not tomorrow, not in three months, not when the treatment is over — right now, today, in this hour. What is the most useful thing I can do with the next hour of my life?

Ask: who do I need to talk to? What information do I need? What decisions need to be made and in what order?

Ask: what do I need from the people around me, and am I asking for it clearly enough?

Ask: what is within my control in this situation, and am I focusing my energy there rather than on what is not?

Ask: what has this experience already taught me, and is that teaching available to me as a resource right now?

These are the questions that move you forward. These are the questions that put you in the driver's seat of your own response, even when the disease itself is entirely outside your control. These are the questions that make the difference between experiencing a crisis as something that happens to you and experiencing it as something you are actively navigating.

The question you ask in your hardest moment is the direction you move in. Choose it carefully.

Why not me? And more importantly —
what am I going to do about it?

I am a stage 3 cancer survivor. A teetotaler. A vegetarian. A man who orders fruit punch at parties. And cancer chose me anyway. I stopped asking why a long time ago.

The moment I stopped asking why, I started moving. And moving, in the direction of what can be done rather than

what cannot be explained, is what brought me to the other side.

It can bring you there too.

Part Two —
Inside the Storm

CHAPTER SIX

Speak Up — Your Silence Is Not Protecting You

You will get the best help when you speak about your situation.

When I first received the news that I likely had cancer — before the biopsy had even confirmed it, on the evening of that long Saturday at the hospital — I made a decision that went directly against what most conventional wisdom would suggest.

I decided to tell people.

Not quietly, not selectively, not with the careful management of information that most people would

recommend when facing a serious medical situation. I decided to speak about it. To share what was happening. To let people in.

And the way I told people, I will be honest, was unusual enough that some of them remember it to this day. I was sharing the news the way you might share a promotion. Matter-of-factly. Without drama or visible distress. Almost casually, as if I were reporting an interesting development in my life rather than a potentially life-threatening diagnosis.

The reactions of the people I told were, understandably, quite different from mine. They would go still. Their faces would change. Sometimes they would ask: is this about your parents? And I would say, no, it is me. And they would absorb this information with a visible shock that I was not experiencing myself. One or two of them, later, told me they remembered vividly the contrast between the news I was delivering and the composure with which I was delivering it. They were more shaken than I was. I was almost apologetic about it.

After a few of these conversations, I noticed I was beginning to feel a little guilty. Everyone around me was having the reaction that the news seemed to warrant, and I was just smiling and explaining and moving on. I wondered briefly if something was wrong with me. But I also knew, clearly and without doubt, that speaking up was the right thing to do. And what happened as a result of speaking up proved it.

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What Opened Up When I Spoke

The single most practical consequence of my decision to speak about my diagnosis was this: I was immediately connected to a network of information, references, and support that I could never have accessed on my own.

Think about what I would have had to do if I had kept quiet. I would have gone to one hospital, received one set of opinions, and done my own research from scratch about doctors, hospitals, treatment options, and second opinions. I would have had to navigate the bewildering landscape of cancer treatment alone, without knowing which institutions were genuinely excellent and which were merely adequate, without personal connections to doctors who had been recommended by people I trusted, without the benefit of others' knowledge and experience being offered freely to help me.

But because I spoke up, all of that came to me. Within a short time of sharing my diagnosis with colleagues and friends, I had received multiple references to respected oncologists and hospitals in Hyderabad. People who knew specialists personally reached out. People who had navigated similar situations in their own families offered what they had learned. The information network that opened up around me was extraordinary — and it opened up because I had opened the door by speaking.

One specific example stayed with me. A colleague of mine — someone who worked in a completely different part of the organization who happened to be one of my lunch mates in office — had a cousin who was an army doctor. When he heard about my situation, he immediately contacted his cousin and sent him my reports for review. That army doctor looked at everything and gave two pieces of

information that were genuinely invaluable: first, that the hospital I had chosen was genuinely good, and that the surgeon mentioned in my reports was highly regarded. And second, that I should not change hospitals.

That second piece of advice — do not change hospitals — was worth more than I can easily express. Because at that point, my brother and I was caught in the very spiral of second-guessing that can grip anyone staring down a serious diagnosis — questioning everything, searching for clarity, and bracing for what might come. Were we in the right place? Was there somewhere better? Should we spend more time, more money, more energy finding another option? These questions, while reasonable, were consuming energy and creating anxiety at a time when I needed both for the actual business of getting through treatment. The army doctor's validation cut through all of that. We stayed where we were, with full confidence, and got on with what needed doing.

One more colleague & a good friend of mine suggested me to visit one of the best Oncologists in the city that he knew due to the personal experience he had while his mother got treated under him. I took no time to convey this to my brother so that he can book an appointment which he did with this oncologist.

These recommendations came to me because I had spoken. Because someone in my network knew someone who knew someone who had exactly the expertise I needed. That chain of connection — which delivered exactly the right information at exactly the right moment — would have been impossible if I had kept my diagnosis to myself.

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Why People Stay Silent

I understand why people choose silence when they receive a difficult diagnosis. The reasons are numerous and human and understandable, and I want to acknowledge them before arguing against them.

There is the fear of being seen as weak or pitiable. A serious illness can feel like a loss of status, a sign that your body has failed, something to be ashamed of rather than shared. Many people — particularly those who are used to being competent and in control — find it very difficult to let others see them in a vulnerable position. Sharing a cancer diagnosis feels like an admission of something, though it is hard to say exactly what.

There is the desire to protect others from worry. We love the people around us and we do not want to burden them with our problems. We tell ourselves that keeping quiet is an act of care — a way of shielding them from distress. This is particularly strong when it comes to elderly parents, young children, or anyone we perceive as fragile.

There is the practical concern about professional consequences. Will colleagues treat you differently if they know you are ill? Will opportunities be withheld? Will people start to see you as someone whose future is uncertain in ways that make you less reliable or less promotable? These fears are not irrational. They reflect real dynamics that exist in many workplaces.

And there is the simple psychological discomfort of making something fully real by speaking it aloud. Keeping a diagnosis private can feel, paradoxically, like a way of keeping it slightly unreal — like it exists in a contained

space and has not yet fully entered your life and the lives of the people around you.

I understand all of these reasons. I have sympathy for all of them. But I want to challenge each of them gently, because I believe they are all, in their different ways, based on a misunderstanding of what silence actually does.

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What Your Silence Actually Does

Your silence does not protect others. It isolates you. There is a profound difference between those two things, and I think it is worth sitting with.

When you keep a serious situation to yourself, you are not shielding the people who love you from pain. You are preventing them from offering you what they genuinely want to give: their support, their knowledge, their connections, their presence, their prayers. You are doing them a disservice by assuming they cannot handle the truth, and you are doing yourself a disservice by going through something hard without the support you need and deserve.

As for the professional concerns — in my experience, the reality was the exact opposite of what I feared. When I shared my diagnosis with people in my organization, the response was extraordinary. My delivery head checked in with me every week, including during my hospitalization. Colleagues offered to drive me to chemotherapy sessions if my brother was unavailable. My managers, when I returned to work after months of treatment, told me to take things extremely slowly and not to worry about workload. Eighteen years of building relationships and delivering

good work had created a foundation of goodwill that was available to me when I needed it most.

I am not saying this will be true in every workplace and for every person. I know that not all organizations respond with such grace. But I want to offer my experience as evidence that the fear of professional consequences, while understandable, may be less predictive than we assume. And even where professional consequences are a real concern, they need to be weighed against the very real cost of navigating a serious illness without the support that could be available.

The silence that feels protective is often, in reality, a form of self-isolation. And isolation, in the middle of a serious health crisis, is dangerous. Not just emotionally but physically. The support network — the practical help, the emotional sustenance, the information and connections — that comes from people knowing what you are going through is not a luxury. It is, in many ways, part of the treatment.

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How to Speak About It

If speaking up is the right choice — and I believe it usually is — the question becomes how to do it. Because there is an art to sharing difficult news in a way that invites support rather than panic, that maintains your dignity while acknowledging your vulnerability, that opens the door without making you feel exposed and overwhelmed.

My own approach, apparently, was distinctive enough to be memorable. I spoke about my diagnosis the way I spoke about most things — directly, without excessive emotion,

with an implicit message that I was dealing with it and would continue to. This meant that the people I told, while shocked, also received along with the news a signal that I was okay, that I was handling it, that their role was to support rather than to rescue.

I am not suggesting you should perform composure you do not feel. If you are devastated and frightened, that is completely valid and you do not need to hide it. But it may help to have thought, before you have the conversation, about what you want from it. Are you looking for information and referrals? Practical support with logistics? Emotional presence and prayer? Company during treatment? The clearer you are about what you need, the more effectively the conversation can deliver it.

And think about who you tell first. The first conversations set the tone. If you begin with someone who is likely to panic and who will then tell others in a state of panic, the news will travel with a charge of fear attached to it. If you begin with someone who is steady, who will receive the news calmly and respond helpfully, the news travels differently. You have more control over this than you might think. Exercise it thoughtfully.

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The Ripple Effect of Speaking

I want to tell you something about what happened after I spoke about my diagnosis, beyond the immediate practical benefits of referrals and second opinions. Something happened in the wider circle of people who knew about my situation that I did not anticipate and that I still find deeply moving when I think about it.

People prayed for me. Not just the people I spoke to directly, but people they spoke to in turn. My team members, my former team members, people I had mentored over eighteen years, people who had worked alongside me in various capacities, people I knew well and people I barely knew. I became aware, as the months of treatment passed, that there was a much wider network of goodwill and prayer surrounding me than I had known existed. People who had heard about my situation from others were sending their blessings. People from parts of my professional and personal life that felt distant were thinking of me and hoping for my recovery.

I believe those prayers mattered. I believe they contributed to the outcome. This is not something I can prove scientifically, and I am not asking you to accept it as a fact. But it is something I experienced as real, as a genuine source of strength, and it was made possible entirely by the decision to speak.

The silence would have contained the situation. The speaking allowed it to grow — to spread outward and become part of a much larger story, a story that eventually included hundreds of people whose goodwill and prayers and practical support became part of what carried me through.

Your situation, too, can become a larger story. Not because it needs an audience, but because the people who care about you have resources — practical and spiritual and emotional — that are available to you if you let them know you need them.

Let them know.

Your silence is not protecting anyone. It is only isolating you from the help that is waiting.

Speak up. Share what is happening. Not to everyone, not in every detail, but to the people in your life who have the capacity to help and the love to want to. You will be surprised, as I was surprised, by who shows up with exactly what you need at exactly the right moment.

The network of support that forms around a person who speaks honestly about their struggle is one of the most powerful forces I know. It is the force that carried me through six months of treatment, through surgery, through recovery, and back to health. It can carry you too. But only if you let it in.

Open the door.

CHAPTER SEVEN

Know When Transparency Can Hurt

Transparency is not always good. At times it can backfire.

The previous chapter made a case for speaking up, for sharing your situation, for letting people in. And I stand by that completely. But there is a lesson that runs alongside it, that refines it, that gives it necessary nuance. And this lesson is one I also learned through direct experience, in a moment that required a particular kind of wisdom.

Transparency is not always good. At times, it can backfire.

I know this sounds like a contradiction. How can I tell you in one chapter to speak up and then tell you in the next that transparency can be harmful? But it is not a contradiction. It is a distinction. And the distinction is everything.

Speak up — yes. Share your situation with the people who can help, who have the resources and the relationships and the knowledge that can support you. Open the door to the network of goodwill and practical assistance that forms around a person who is honest about what they are facing.

But choose. Choose carefully who you tell, what you tell them, when you tell them, and how much. Because not every truth, shared with every person at every moment, serves the situation. Sometimes holding a truth carefully — not hiding it permanently, but carrying it wisely until the right moment — is the most loving and practical thing you can do.

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The Night of the Diagnosis

On the evening, I came home from the hospital with the near-certain news that I had cancer, my parents were at home. My parents are elderly. They live with us as part of our combined family. And they were aware, from the pattern of hospital visits and the look on our faces and the general electricity of anxiety in the house, that something was happening. They were worried. They wanted to know.

My brother and I talked about what to tell them. And we reached a decision quickly and without much debate, because the answer seemed clear to both of us: we could not tell them the truth. Not that night. Not in those terms.

For my parents' generation, and particularly for elderly parents in India, cancer carries a meaning that goes beyond medicine. For them, cancer is not a treatable condition with varying prognoses and modern protocols and meaningful survival rates. For them, shaped by decades of cultural understanding and old films and limited medical knowledge, cancer is synonymous with death. Tell an elderly parent that their child has cancer, and what they hear, at the deepest level, is: my child is going to die.

Sharing the full truth with them that night would have caused them catastrophic distress at a moment when we had no complete information, no confirmed stage, no treatment plan, nothing to hold on to. It would have been an act of brutal honesty that served no one — not them, who would have been devastated, not me, who would have had to manage their emotional crisis on top of my own, not the situation, which required calm and clear thinking rather than panic.

So, we told them something true but incomplete. There was something that needed to be checked further. There were more tests being done. We did not know yet what it was. We would tell them more when we knew more.

This was not a comfortable thing to do. Every day, as we went to hospital and came home late at night, they watched us with worried eyes. They knew something serious was happening. They asked, and we said, not yet, a few more tests, we will know soon. It was a difficult performance. But it was the right one.

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What We Told Them and Why

Once the diagnosis was fully confirmed and the treatment plan was clear — once we knew it was Stage 3 stomach cancer, four cycles of chemotherapy before surgery, surgery, four cycles after, approximately six to seven months in total — we sat down and decided what to tell our parents.

The decision was: a small ulcer. Something that needed treatment, but manageable. Through medication and some procedures only if required, it would be taken care of. Nothing to worry about too much.

We maintained this version of the story throughout my treatment. Day after day, we went to hospital and came home and behaved as normally as we could. We were careful with our faces, careful with our conversations, careful about what we let them see. My wife, who is a doctor, was remarkable in this. She managed both the medical reality of what was happening and the careful domestic reality of what our parents needed to see. It was an enormous amount to hold.

Were there moments when the performance slipped? Almost certainly. Parents are acute observers of their children. They watch in ways that children often underestimate. There may have been moments when my mother sensed that the ulcer story was not the full picture. But we held it together well enough, for long enough, that the worst of the shock and fear was absorbed by the treatment process rather than by them, which was what we intended.

The question of when to tell them more — or whether to ever tell them the full truth — is one I will leave aside here.

Every family is different. Every set of parents is different. The calculation of what information, shared when, in what form, serves the wellbeing of everyone involved is one that each family has to make for itself. What I want to share is the principle: that there are times when transparency must be exercised with care, and that care is not dishonesty. It is wisdom and love in action.

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Choosing Who to Tell and What

The parents' situation was the most emotionally significant instance of selective transparency in my experience. But it was not the only one. Throughout my treatment, I was constantly making choices about who to tell, what to tell them, and how much detail to share.

With colleagues and professional contacts, I shared the broad fact of my diagnosis and situation, but not the specific medical details or the uncertain prognosis. What people needed to know was that I was dealing with something serious, that I would be away from work for a period, and that the team would need support. They did not need to know the stage of the cancer, the specific surgery that was planned, or the survival statistics. That information would not have helped them support me better. It would only have added to their worry and to the weight of the situation.

With close friends, I shared more. With my wife, who is a doctor and who needed to understand the full clinical picture, I shared everything. With my brother, who was my closest companion through the entire journey, there were no filters. With my sister & her family too, we exercised caution in revealing the full truth to avoid unnecessary shift

in focus from their day-to-day chores towards me, all the more as they don't stay with us and live at a distance that's far enough not conducive for very frequent visits. With my Father-in-Law & Brother-In-Law, we shared the complete truth primarily for a reason that they need to know the truth with possibility of worst-case scenario being known upfront rather than coming as a shock. Beyond the immediate family, we did not reveal anything to any of the relatives as it was not required all the more due to the COVID situation then and none of them were visiting us anyway due to COVID guidelines and restrictions. The level of transparency I exercised was calibrated to the relationship, to what the person could handle, to what they needed to know in order to help me, and to what serving them with the truth at that particular moment would actually accomplish.

This calibration is not manipulation. It is not a failure of honesty. It is the recognition that different people have different capacities, different roles, and different needs in relation to your situation. The full truth, shared indiscriminately with everyone, is not more honest than the appropriate truth shared thoughtfully with each person according to what serves them and you and the situation.

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Going Against Expert Advice

There is one more dimension of this chapter that I want to share, because it illustrates the principle from a slightly different angle. It involves the advice I received from a physician about whether to read cancer literature on the internet.

A friend of mine in Bangalore was deeply concerned about my situation and had sent my reports to his personal physician for review. That physician had spent time at a cancer institute and had some knowledge of oncology. After reviewing everything, he advised my friend to tell me: do not go through literature about your cancer on the internet. There are too many statistics, too many conflicting opinions, too much information that could be destabilizing rather than helpful. Better to trust your doctor and not go down that rabbit hole.

This is genuinely good advice for many people. For many patients, searching the internet for information about their cancer leads to a spiral of fear. Every statistic feels like a personal verdict. Every worst-case scenario feels like a prediction. Every conflicting study adds confusion and anxiety. The physician's caution was well-founded and came from genuine concern for my wellbeing.

I went against it.

I did my research. I found the American Cancer Institute's website — or something similar, I do not remember the exact site — which set out, for every major type of cancer, the standard treatment protocol. I read it carefully. And what I found gave me something invaluable: the realization that every medicine my doctor was giving me, every step of the treatment plan I had been given, matched exactly what the global standard said it should be.

I was, genuinely, thrilled. Not because the information changed anything practically, but because it confirmed what I needed confirmed: that I was in good hands, receiving the right treatment, being cared for by people who knew what they were doing. The transparency of that information, absorbed by a person who was in the right mental state to

receive it without being destabilized by it, was enormously helpful.

But here is the key: I knew myself. I knew that I was in a stable enough mental state to read statistics without being destroyed by them. I knew that understanding my situation fully would make me feel more in control rather than more afraid. Many people do not know this about themselves. For them, the physician's advice would have been right.

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Know Yourself. Know Your Audience.

This is really what this chapter comes down to. Transparency is a tool, not a rule. Like any tool, its usefulness depends entirely on how, when, and for whom it is applied.

Know yourself. Know what you can handle and what will destabilize you. Know whether full information helps you feel in control or overwhelms you with anxiety. Know your own emotional capacity and calibrate the information you seek and share accordingly.

Know your audience. Know what the people around you can handle. Know what information will help them support you better and what information will only burden them without benefit. Know the difference between information that serves the relationship and information that simply transfers your weight onto someone else who has no tools to carry it.

Know the moment. There are right times and wrong times for certain truths. A truth shared too early, before there is anything to hold on to, before the situation has enough clarity to be understood, can cause disproportionate

damage. The same truth, shared later, when there is a plan and a path forward and enough stability to receive it, lands very differently.

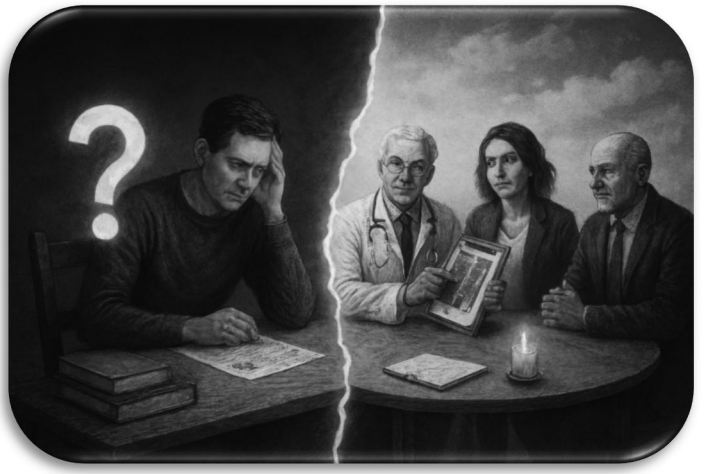
I am not asking you to be dishonest. Dishonesty corrodes. It creates its own problems, its own maintenance costs, its own eventual reckoning. What I am asking you to consider is the difference between blurting out every truth to every person at every moment, and carrying truths with the care and wisdom they deserve. The first is not more honest. It is just less considered.

The most loving thing I did for my parents during my cancer treatment was to protect them from a truth they could not have received well at the time it arrived. That protection cost my brother and me a great deal. It required sustained effort and careful management and the daily discipline of appearing more normal than we felt. But it was the right thing to do. And I would do it again.

Transparency is a tool, not a rule. Choose with whom to share, what to share, and when.

You are not obligated to share everything with everyone. You are not less honest for choosing your moment, your audience, and your level of detail with care. What you are is thoughtful. And in the middle of a serious crisis, thoughtfulness is one of the most valuable qualities you can bring to every conversation.

Share what serves. Hold what does not. And trust yourself to know the difference.



CHAPTER EIGHT

Always Seek a Second Opinion

By seeking a second opinion, you gain knowledge and are better equipped to take informed decisions.

Before my treatment even began — before the first cycle of chemotherapy, before anything had been administered into my body — I made a decision that I want to describe in some detail, because I think it holds one of the more practically important lessons of this book.

I sought a second opinion.

Not because I distrusted my doctors at the Asian Institute of Gastroenterology. I had chosen that hospital deliberately, specifically because they were specialists in gastroenterology, because the distance from my home was worth it for the expertise I would find there, and because everything I observed about the facility and the medical team gave me confidence. My surgeon was highly regarded. The treatment plan they had outlined matched, as I would later discover, the global standard protocols for my type of cancer.

But I was facing Stage 3 stomach cancer. A life-altering diagnosis. A treatment protocol that would consume more than half a year of my life and involve major surgery. In that context, a second opinion was not a sign of distrust. It was a sign of taking the situation with the seriousness it deserved.

My brother arranged an appointment at another reputed hospital in Hyderabad the very next day, before my treatment had started. We took all the reports. We presented the case to a senior oncologist there. And what we received in return was not a different opinion, not a contradictory view, not a reason to second-guess what had already been planned.

We received confirmation.

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The Value of Confirmation

I want to dwell on this for a moment, because I think it illustrates something important about what a second opinion is actually for. People sometimes assume that you seek a second opinion only when you doubt the first one —

when something feels wrong, when the recommended treatment seems extreme, when you want someone to tell you that the situation is not as serious as you have been led to believe.

But that is only one reason to seek a second opinion, and not the most common one. The more common and, in many ways, more valuable reason is to achieve informed confidence. To move from a position of trusting one set of opinions because you have no alternative, to a position of trusting a set of opinions that has been verified and validated by independent expert review.

The second doctor I saw confirmed that I was in the right hospital, with the right surgeon, receiving the right treatment plan. He said, essentially: this is what we would do. This is correct. Go ahead.

That confirmation was worth more than I can easily express. Not because it changed anything practically — we were already going ahead with the original plan. But because it changed everything mentally. Before the second opinion, there was a nagging background question: are we in the right place? Is there something better we are missing? Are we making the right decisions at the most important moment of our lives? After the second opinion, that question was gone. Simply, cleanly gone. And the energy that had been going into that question was now available for everything else.

In the months of treatment that followed, I never wondered whether we had made the wrong call about the hospital or the surgeon or the protocol. That uncertainty had been removed by thirty minutes with a second doctor. And that removal of uncertainty was one of the quiet foundations that made the journey more confidently manageable.

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The Friend in Bangalore and the Army Doctor

The second opinion I sought formally, at another hospital, was the most significant. But it was not the only validation I received, and I want to share the others because they illustrate how a network of information, accessed through speaking up, works in practice.

A colleague of mine whose cousin was an army doctor — a man who had operated in various medical contexts and had a broad clinical perspective — reviewed my reports at my request. His assessment was direct and practical: this is a serious cancer, the person will have a difficult time over the next one to two years, but the hospital they have chosen is good and the surgeon is someone I know of and he is very good. Do not change hospitals.

That last part — do not change hospitals — was exactly the guidance we needed at that moment. Because the temptation, when you are facing something this serious, is to keep looking. To wonder if there is something better somewhere else. To feel that the enormity of the situation justifies unlimited searching before you commit. And while that instinct comes from a genuine place — from love of life and the desire to give yourself the best possible chance — it can also become a trap. A trap of perpetual seeking that prevents you from actually beginning the thing that needs to be done.

The army doctor's validation cut through that trap cleanly. We stopped looking. We committed fully to where we were. And that commitment, which came from informed confidence rather than just hope, was exactly the foundation that the treatment needed.

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The Friend Who Wanted Me to Go Abroad

There was one more dimension to the second opinion story that I want to share, because it illustrates a different kind of validation — and a different kind of courage.

A close friend of mine, who lives in Bangalore and is some years older than me, was deeply shaken when he heard about my diagnosis. He was emotional in a way that I was not — more afraid for me than I was afraid for myself. And his immediate response was to say: you have to go to the US or UK for treatment. I do not trust that this can be handled properly here. Please take my words seriously and make arrangements to go abroad for treatment.

I understood his love in that reaction. He was genuinely frightened for me and wanted to do everything in his power to ensure I received the best possible care. The offer to arrange treatment abroad came from a place of deep care, and I was grateful for it.

But I told him: cool down. Let me tell you what is actually happening.

He was not convinced, at first. So, he did what any good friend in that position would do: he sent my reports to his personal physician, a man who had spent time at a cancer institute and had specific knowledge of cancer treatment. He asked that physician to review everything and advise.

The physician came back with a response that surprised my friend but not me. He said: the hospital in Hyderabad is good. The treatment available in India is equivalent to what is available in the US or UK for this type of cancer. In fact, he said, there may be an advantage to being treated in India.

Indian doctors, he explained, sometimes go beyond the strictly standard protocol — they apply their clinical judgment more aggressively in service of the patient. In the US, the regulatory environment means doctors must stay very close to the approved protocol. In India, the treatment may be more adaptive, more responsive to the specific patient.

This was not what my friend had expected to hear. But it was what the evidence said. And it finally gave him the peace he needed to accept that I was in the right place.

For me, it was one more layer of validation. One more independent voice confirming that the decisions we had made were the right ones. By the time treatment began, I was not relying on blind faith or desperate hope. I was relying on confirmed, multi-source, expert-validated information. And that made the entire journey more solid.

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The Dilemma of Going Through Tests Again

I want to address something practical that anyone seeking a second opinion for a serious medical condition will face: the question of whether to go through all the tests again at the second institution.

My brother and I discussed this. When we went for the second opinion, we had a choice: take the existing reports and present them, or start fresh at the new hospital and go through all the diagnostics again from the beginning. The second option would take additional time — perhaps a week or ten days. It would cost significant money. And it might ultimately produce the same conclusions.

But we also knew that we were dealing with a Stage 3 cancer diagnosis and the possibility of major surgery. Was an additional week and a significant sum of money too much to spend for complete certainty? In the context of the rest of our lives, was that not a small price?

In the end, the army doctor's guidance resolved our dilemma. When he reviewed the existing reports and said the hospital and surgeon were good and the diagnosis was sound, we felt confident that taking the reports to a second doctor for review — rather than starting all the tests over — was sufficient. We went, presented the reports, received the confirmation, and moved on.

But I want to say clearly: if the second doctor had raised questions about the original diagnosis, or expressed doubt about the treatment plan, or identified something that the first set of tests might have missed — we would have gone through the tests again without hesitation. The cost, in money and time, would have been worth it. Because you cannot put a price on the confidence of knowing that the most consequential medical decisions of your life are based on complete and accurate information.

Do not let the inconvenience of a second opinion deter you. The inconvenience is temporary. The information is permanent.

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What a Second Opinion Gives You

Let me be direct about what seeking a second opinion actually delivers, beyond the specific information it contains.

It gives you knowledge. And in a serious medical situation, knowledge is power in the most literal sense. The more you understand your condition, your options, your treatment, and the reasoning behind each decision, the more agency you have. You move from being a passive recipient of whatever is prescribed to being an active, informed participant in your own healing. You can ask better questions. You can engage more meaningfully with your medical team. You can understand the why behind each step of the protocol, which makes it easier to commit to each step fully.

It gives you confidence. Confidence that is earned, not borrowed. Confidence that comes from having done the due diligence, from having asked the hard questions and received satisfying answers, from knowing that you are not just hoping for the best but proceeding on the basis of verified information.

It gives you peace. And in a situation as fraught and frightening as a serious diagnosis, peace is not a luxury. It is a resource. It is the mental and emotional space you need to show up for your treatment with everything you have, rather than divided between the work of getting better and the background anxiety of wondering if you are in the right place doing the right thing.

All three of these — knowledge, confidence, and peace — are directly available through the relatively simple act of seeking another expert opinion. They are not guaranteed by it, of course. If the second opinion raises questions or suggests a different approach, then you have more complexity to navigate, not less. But even that complexity, while more difficult in the short term, is better than the false certainty of proceeding without asking.

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A Message to Those Who Feel Guilty About Asking

I want to say one more thing to any reader who has been hesitant to seek a second opinion because it feels like an act of disloyalty or distrust toward their doctor. I know this hesitation is real. Many patients feel that asking for another opinion implies criticism of the first doctor, or communicates a lack of faith, or might even damage the relationship with a physician they depend on.

Please let go of this concern.

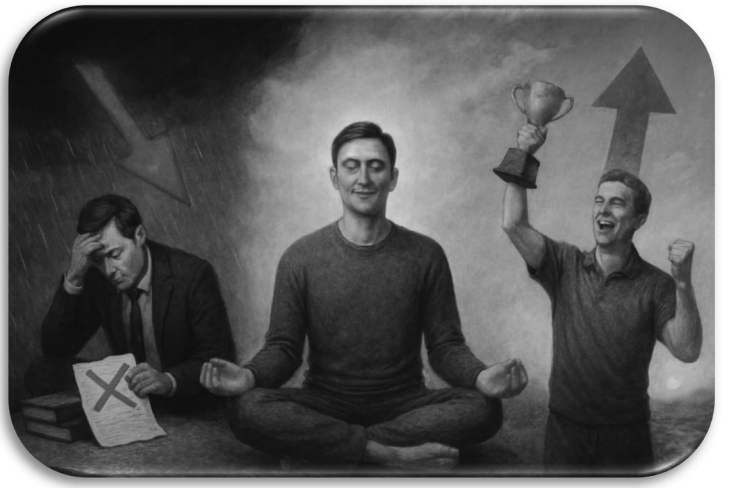
A doctor who is offended by a patient seeking a second opinion is a doctor worth being cautious about. Genuinely good doctors welcome it. They understand that patients facing serious diagnoses have an obligation to themselves and their families to be as well-informed as possible. They know that a second opinion, when it confirms the first, actually strengthens the patient's confidence in the treatment. And they know that when it raises questions, those questions are worth raising.

Your doctor works for you. Not the other way around. You are not obligated to accept any medical recommendation without the due diligence of understanding it fully and, where appropriate, verifying it. This is not rudeness. This is responsibility. And it is the responsibility of any patient who is serious about their own health.

A second opinion is not doubt. It is the most responsible thing you can do when the stakes are this high.

Seek the opinion. Ask the questions. Do the due diligence. Arrive at your treatment with the confidence of a person who has done everything within their power to ensure they are making the right choices. That confidence will serve you throughout the entire journey.

And if the second opinion confirms what the first one said — which it very likely will — then you will begin your treatment not in hope, but in certainty. And certainty, in the middle of something this serious, is worth every hour and every rupee and every effort it took to achieve.



CHAPTER NINE

Being Positive Is Not About Outcomes

Staying positive means knowing that YOU are okay, no matter how things turn out.

Throughout my treatment, people told me I was a very positive person. They said it with warmth and admiration, and I was genuinely grateful for those words. They came from colleagues, from friends, from family, from nurses at the chemotherapy center who saw me walk in fortnight after fortnight with something approaching a smile on my

face. Positive. Strong. Inspiring, some of them said, though that word always made me a little uncomfortable.

I want to tell you what my positivity actually looked like from the inside. Because I suspect it was very different from what they imagined. And understanding that difference might be one of the most useful things you take from this book.

I was not positive in the sense of being certain that everything would work out well. I was not telling myself: of course you will survive this. Of course, the surgery will be successful. Of course, the cancer will not return. Of course everything will be fine. I had no such certainty. And pretending to have it would have been a kind of dishonesty with myself that I was not willing to practice.

I was positive in a different sense entirely. I was positive in the sense of being okay — genuinely okay, not performatively okay — with whatever the outcome turned out to be. I had accepted both possibilities. And that acceptance, paradoxically, was the most stabilizing thing I could have done.

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What the Statistics Said

When I went to the second hospital for a second opinion and consulted the oncologist there, I asked him a direct question: what are the survival statistics for my type of cancer at my stage?

He answered me honestly. For Stage 2, he said, the survival rate is approximately 70 percent. For Stage 3, it is around 35 to 40 percent. At the time of that consultation, the exact stage had not yet been confirmed with complete certainty

— we knew it was Stage 3 or possibly Stage 2 or 3. So he said: take it as somewhere in between. Take it as 50 percent.

He then said something that I found genuinely important. He said: but these statistics are for populations, not for individuals. For an individual patient, it is not a percentage. It is binary. Either you will live, or you will not. And which one happens depends significantly on how your body responds to the treatment, on your mental state, on factors that are unique to you and your situation. The statistics do not determine your case. Your case determines your case.

I sat with that. I let it settle into me slowly, in the way that important things need to settle. And what I arrived at, over the following days, was this: the outcome of this may not be in my favor. Even with a 70 percent survival rate, there is a 30 percent possibility that I am on the wrong side of the statistic. Even with excellent treatment and strong mental resolve and the best possible support, the outcome may not be what I want it to be.

And I decided that I was okay with that.

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Accepting Both Outcomes

I want to be precise about what I mean when I say I accepted both outcomes. Because I think this idea is often misunderstood, and the misunderstanding can make it seem either impossible or nihilistic, neither of which is accurate.

Accepting both outcomes does not mean giving up. It does not mean deciding that the fight is not worth fighting, that the treatment is not worth undergoing, that survival does not matter. I fought for my survival with everything I had. I cooperated fully with every aspect of treatment. I did

everything within my power to give my body the best possible environment for healing. None of that changed.

What changed was this: I stopped making my peace of mind conditional on a particular outcome. I stopped saying to myself, either explicitly or implicitly, that I would be okay only if the treatment worked, only if the scans came back clear, only if the cancer did not return. I stopped tying my inner stability to variables that were outside my control.

Instead, I made peace with the full range of possibilities. If the treatment worked and I survived and recovered — good. I would be grateful and I would live my life with the wisdom this experience had given me. If the treatment did not work and the outcome was not survival — I had made my peace. I had done what I could. I had spent the time I had in a way I was not ashamed of. The people I loved knew I loved them. My affairs were in order. I had nothing unfinished in the most essential sense.

This acceptance — this genuine, not-performed peace with both possibilities — was the foundation of my positivity. Not optimism about outcomes. Equanimity about my own inner state, regardless of outcomes. I was okay. And I would be okay, no matter what.

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Why This Actually Helps

I know this may sound counterintuitive. Should we not be fighting? Should we not be insisting on survival, refusing to contemplate the alternative, demanding that the body respond and the treatment work and the outcome be the one we want? Is not absolute, uncompromising optimism about outcomes the most powerful mental state in a health crisis?

I do not think so. And my experience, both of my own journey and of watching others navigate similar situations, has deepened my conviction.

Here is why accepting both outcomes helps rather than hinders: worry about outcomes adds stress to a system that is already under enormous strain. And stress is genuinely harmful to healing. The body that is fighting cancer — the immune system, the cells, the complex biological machinery of recovery — functions better in a state of relative calm than in a state of chronic anxiety. Worry is not neutral. It has physiological consequences. It costs the body resources that should be going toward healing.

When you are fixated on the outcome — when every thought circles back to will I survive, will this work, what if it does not — that fixation consumes enormous mental and emotional energy. Energy that could be going toward the quality of your presence during treatment, toward your relationships with the people supporting you, toward the simple daily work of resting and eating and cooperating with the medical protocol. The fixation on outcome drains the resources that the fight for a good outcome actually requires.

By accepting both outcomes, I released that energy. I stopped pouring it into an unanswerable question and redirected it toward everything that was actually within my control. And what was within my control — my cooperation with treatment, my mental state, my relationships, my daily choices about rest and nutrition and attitude — turned out to be quite a lot.

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The Day Before Surgery

I want to share a specific moment that illustrates what this acceptance felt like in practice.

The night before my surgery — the surgery that would remove my stomach, that had been estimated to take five or six hours, that carried real risks including the possibility of life-threatening leakage at the surgical connection — I was calm.

Not performing calm. Not forcing myself to appear unafraid for the benefit of my family. Genuinely, measurably calm. My blood pressure was normal. The nurses who checked my vitals that evening remarked on it. My mind was quiet. I was not lying in the hospital bed running through worst-case scenarios or replaying the statistics or lying awake in dread of what the morning would bring.

I had already accepted both possibilities. If the surgery went well and I came out the other side — wonderful. If it did not — I had said what needed to be said. I had done what needed to be done. The night before the surgery was not a night of fear. It was, in some strange way, a night of completion. Everything that needed to happen before the surgery had happened. The rest was in the hands of my doctors and whatever larger force guides these things.

A senior colleague called me that morning. He said: nothing will happen to you, be strong. I felt genuine warmth at those words. And I went into the theatre at 10:30. They gave me the epidural. I thought: I am about to not know anything. So why should I worry about what is going to happen? I went under.

I was told later that the surgery took nine hours. That my family, waiting outside, was increasingly frightened as the

hours passed and I did not emerge. That my mother was deeply worried as there was no update on my arrival back from operation theater for so long, actually I told her while going to the hospital for getting admitted for surgery that the surgery may take 2-3 hours so that she will be at relatively better peace till the day of surgery. Otherwise, she would spend time having 2 sleepless nights thinking about what would be the outcome of the surgery if it's something that takes 5-6 hours of time. Each hour passing by and having no semblance of me coming out of operation theater, am sure she went through hell certainly for 3-4 hours at least. All of this was real and significant, and I felt it when I heard about it afterward. But in the moment, I was simply not there. I had let it go. And the letting go was possible because the acceptance had already happened.

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True Positivity Versus Toxic Positivity

I want to make a distinction here what I think is important, because I believe the concept of positivity is often misapplied in the context of serious illness in ways that can actually be harmful.

What I am describing — genuine acceptance of both outcomes, equanimity about one's inner state regardless of what happens — is very different from what has sometimes been called toxic positivity: the insistence that you must always be upbeat, that negative emotions are not allowed, that fear and grief and anger are signs of weakness or insufficient faith, that the right attitude guarantees a good outcome.

That kind of positivity is not only false. It is actively damaging. It asks people who are facing something genuinely terrible to suppress their legitimate emotional responses. It adds the burden of performing cheerfulness to the already enormous burden of the illness itself. It implies that if the outcome is bad, it must be because the patient did not think positively enough — which is both logically absurd and profoundly unkind.

The positivity I am describing makes room for all the emotions. I had difficult days. There were moments of fear and fatigue and a particular kind of loneliness that comes from going through something that only you are going through in quite the way you are going through it. I did not suppress those moments or pretend they were not happening. I acknowledged them, moved through them, and returned to the equanimity that was my baseline.

The baseline was not happiness. It was okay-ness. A steady, grounded sense that I was going to be alright in the deepest sense — not necessarily in the sense of surviving, but in the sense of being at peace with my own life and choices and values. That is the positivity I am recommending. Not the performance of cheerfulness. The cultivation of genuine inner okay-ness.

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Building Your Own Okay-ness

How do you build this kind of okay-ness? I do not think there is a single formula, but I can share what contributed to mine.

A large part of it was the practical preparation I described in Chapter Three. Having put my affairs in order — the

accounts, the nominees, the conversations about the will — I had the deep relief of knowing that the people I loved would be looked after regardless of the outcome. That practical completeness removed one of the most powerful sources of anxiety: the fear that people who depended on me would be left stranded.

Another part of it was the acceptance of life's problems as described in Chapter Four. Having already, at a foundational level, accepted that difficult things happen and that I was not exempt from the full range of human experience — the diagnosis arrived into a prepared space rather than into one that had been convinced of its own immunity.

And a significant part of it was simply the daily practice of redirecting attention from outcome to action. Every time my mind tried to go toward will this work, what if it does not, I consciously redirected it toward what can I do today, what is the next useful thing, what does this moment require of me. That redirection, practiced consistently over months, built a mental habit that became second nature.

It is a practice. Not a state you achieve once or overnight and maintain effortlessly. A daily, sometimes hourly, return to the question: what is in my control, and am I directing my energy there?

Staying positive is not believing things will turn out okay. It is knowing that YOU are okay, no matter how they turn out.

You are okay. Whatever the outcome. Whatever the scan shows. Whatever the doctor says. There is a version of you that has gone through this and is still standing, still intact where it matters most, still in possession of the things that

cannot be taken away: your dignity, your love for the people around you, your knowledge of who you are and what you value.

That version of you is available right now. Not after the treatment is over. Not when the results come back. Now. That is what positivity actually means. And it is available to you regardless of the prognosis, regardless of the stage, regardless of what the statistics say about people who look like you on paper.

You are okay. Claim it. And build everything else on that foundation.

CHAPTER TEN

Act, But Let Go of the Result

Attachment to actions. Detachment from outcomes. This is the art of living fully.

There is a concept that I had been carrying long before cancer arrived in my life. I had spoken about it with my team at work. I had applied it to professional situations. I had thought about it in the context of relationships and decisions and the general business of navigating a life that does not always go according to plan.

The concept is what I call detached attachment. It sounds, on the surface, like a contradiction. How can you be both

attached and detached at the same time? But it is not a contradiction at all. It is one of the most precise and liberating ways of moving through the world that I know. And during my cancer treatment, it became something I did not merely think about but actually lived, in the most concrete and consequential way possible.

The principle is simple to state, though not always simple to practice. Be fully attached to your actions. Give everything you have to the things that are within your control — the decisions you make, the effort you apply, the care with which you approach each step. Be completely committed to doing your best, your fullest, your most thorough and sincere best, in everything that falls within your sphere of action.

And then let go of the outcome. Release it. Hold it lightly. Do not allow the result to define whether your actions had value, whether your effort was worth it, whether you are succeeding or failing as a person. The outcome has its own logic, its own variables, its own relationship with forces that are beyond your reach. You cannot control it. And tying your peace of mind to something you cannot control is, quite simply, a recipe for suffering.

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What Was in My Hands

Let me tell you specifically, concretely, what was in my hands during six months of cancer treatment. And let me tell you how I focused on those things with everything I had.

Cooperation with the medical protocol. Every medicine, every infusion, every test, every instruction from my

medical team — I engaged with all of it fully and without resistance. I did not argue with the protocol or seek shortcuts or try to negotiate my way out of the difficult parts. I showed up for every chemotherapy session. I sat in the chair for the five hours of infusion without complaint. I managed the side effects as best I could, cooperating with the discomfort rather than fighting it.

Nutrition. My doctor was clear: 2,000 calories a day, regardless of what I ate or how I ate it. He did not care about diet plans or nutritionist recommendations. He cared about calories, because the body fighting cancer needs fuel. So, I made it my daily project to get those 2,000 calories in, using whatever food I could manage on a given day. When solid food felt impossible, I tried fruits. When fruits were too much, I tried coconut water. When nothing seemed palatable, I kept trying, because the calories were within my control and the consequences of not getting them were not a risk, I was willing to take. However, I can't claim that I could be successful in consuming 2000 calories every day as it was utterly impossible to eat anything substantially. It was just forceful consumption of some or other food I kept trying.

Mental state. I could not control whether the chemotherapy was working. I could not control the biology of my tumor's response to treatment. But I could control how I showed up each day, mentally and emotionally. I could control the quality of my attention, the steadiness of my attitude, the presence I brought to each hospital visit and each day of recovery. And I treated that as a responsibility — perhaps the most important responsibility I had during those months.

Practical arrangements for my family. As I described in Chapter Three, I had made my salary account joint, verified nominees on all accounts, and had conversations with my brother about the will. These were actions. Concrete, within my control, and done.

All of that — all of it — was my action. And I gave it everything. I was fully, completely, wholeheartedly attached to each of those actions, committed to doing them as well as I possibly could.

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What Was Not in My Hands

The outcome of the surgery. Whether the cancer would return. Whether the chemotherapy would achieve the response my doctors were hoping for. Whether the statistics would play out in my favor or against it. Whether the connection between my intestine and my food pipe, made during surgery, would hold without leakage or fail in a way that was life-threatening.

None of that was in my hands. Not a single element of it.

I could not, through force of will or depth of positive thinking or quality of effort, determine how my body responded to the medicines being injected into it. I could not decide, by the strength of my mental state alone, whether the tumor would shrink or resist. I could not guarantee the outcome of a nine-hour surgery performed by human hands on a human body, both of which are capable of the unexpected.

And so, I held those things lightly. I did not hold them loosely in the sense of not caring — I cared enormously. But I held them in a way that did not allow them to destabilize

me. I acknowledged that they existed, that they mattered, that their outcomes would significantly shape my future. And then I returned my attention to what was in my hands. Because that is where my energy was useful.

This is the practice of detached attachment in action. Not as a philosophy discussed in a meeting room or written in a book. As a daily, hourly discipline that determined the quality of my experience through six of the most intense months of my life.

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Before I Had Cancer, I Taught This to My Team

I want to share something that I find, in retrospect, both instructive and a little humbling. The concept of detached attachment was not something I discovered during my cancer treatment. It was something I had been talking about with my team at work for years before my diagnosis.

In professional life, I used to tell my team: do your best work. Give it everything you have. Be fully committed to the quality of what you produce, the care you put into client relationships, the thoroughness of your analysis, the responsibility with which you approach every deliverable. Be attached, completely attached, to the quality of your actions.

But then let go of the outcome. Because the outcome of a project, a client relationship, a business decision — it depends on many variables beyond the quality of your individual effort. Market conditions change. Clients have factors you cannot see. Leadership makes decisions based on considerations beyond your work. The relationship between

your effort and the ultimate outcome is real but not linear, not guaranteed, not entirely within your control.

If you tie your wellbeing and your sense of worth to outcomes, you will be on an emotional rollercoaster that exhausts you and that does not, ultimately, serve your work. Because the person who is anxiety-ridden about outcomes is not actually doing their best work. They are doing their most worried work, which is different. The person who is free of outcome anxiety — who has released the result and redirected that energy toward the quality of their actions — that person does genuinely better work. And, ironically, achieves better outcomes.

I believed this before cancer. I taught it to others. And then cancer came and gave me the opportunity to live it at a scale I had never previously imagined. Everything I had said about detached attachment in a professional context turned out to apply, with even greater force and urgency, to the most consequential situation I had ever faced.

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The Night Before the Surgery

I described in the previous chapter how calm I was on the night before my surgery. I want to return to that moment here, because it is the clearest illustration I have of detached attachment working in real time, at the highest possible stakes.

I knew, going into that surgery, what was going to happen. I had done my research. I knew that my stomach would be removed. I knew the surgery was estimated at five or six hours. I knew there were risks — specific, serious risks — including the possibility of leakage at the point where my

intestine would be connected to my food pipe, a complication that the surgeon had flagged explicitly as something to be careful about because any leakage could be life-threatening.

I knew all of this. And I had done everything within my power to prepare for it. I had cooperated fully with the pre-surgical protocols. I was in the best possible physical condition I could achieve after four cycles of chemotherapy. I had made my peace with both outcomes, as I described in Chapter Nine.

My action was complete. There was nothing more to do. The rest belonged to my surgeon, to the operating team, to medicine, to whatever larger forces shape these things.

So, I let it go.

I did not lie in the hospital bed running scenarios. I did not send urgent prayers that were really demands dressed up in religious language. I did not spend the hours before surgery rehearsing what I wanted the outcome to be, as if the intensity of my desire could influence the surgeon's hands. I had done what I could do. And now I rested in the completion of that action, without grasping at the outcome.

They gave me the epidural at 10:30 in the morning. The last thought I remember before the anesthesia took hold was something like: I am about to not know anything. So, there is nothing to worry about. And I went under.

The surgery took nine hours. My family was frightened. The world continued without me. And I, having let go of the outcome as completely as a person can, rested in the most profound detachment possible.

I came out the other side.

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What Letting Go Actually Feels Like

I want to be honest about something. Letting go of outcomes does not feel like triumph or serenity or a beautiful spiritual achievement. It does not always feel like anything in particular. Sometimes it simply feels like deciding, again and again, not to go down a particular mental road.

When the mind drifted toward will the surgery work, I would notice the drift and bring my attention back to what was in my hands. When a thought arose about what life would look like after surgery, with a stomach that no longer existed, I would notice it and return to today. When fear arrived — as it did, genuinely, because I am a human being facing a serious surgery, not a robot — I would acknowledge it, let it pass through, and return to the question of what was actually mine to do in this moment.

This is not suppression. I want to be clear about that. Suppression would be refusing to acknowledge the fear, forcing it down, pretending it was not there. What I am describing is different. It is allowing the fear to exist — seeing it clearly, not fighting it — and then choosing not to feed it by following it down into the spiral of what-if thinking. The fear passes. What remains is the steady orientation toward what can actually be done.

Over months of practice, this became easier. Not effortless — never effortless. But easier. A mental habit began to form. The default became action-oriented rather than outcome-oriented. And that habit, built through daily repetition in the middle of a serious illness, has stayed with

me and shaped how I approach challenges in every area of my life since.

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How This Applies Beyond Illness

I have been applying this principle throughout this chapter primarily to the context of cancer treatment, because that is where I lived it most intensely. But I want to be clear that detached attachment is not a crisis-management tool. It is a way of living.

In your professional life, it means giving your work everything you have and then releasing it — not being indifferent to outcomes, but not being enslaved to them. The person who is attached to outcomes is often, paradoxically, less effective than the person who is attached to the quality of their actions and free from the anxiety of results.

In your relationships, it means bringing your full self, your full care and attention and love, to the people you are in relationship with — and releasing the need for those relationships to produce specific outcomes. People cannot be controlled. They make their own choices. The only thing you can give is the quality of your own presence. Give it fully. Release the rest.

In your creative or intellectual work, it means pouring yourself into what you are making or thinking or building, and then offering it to the world without demanding that the world receive it in a particular way. The reception belongs to others. The quality of the making belongs to you.

In every context, in every area of life, the principle is the same: act with full commitment and full care, and hold the

outcome lightly. Because the outcome, ultimately, is not yours to control. What is yours — completely, irrevocably, always — is the quality of your action. And that is enough. It has always been enough.

Give everything to your actions. Give nothing of your peace to outcomes you cannot control.

Six months of cancer treatment taught me, in the most direct and unavoidable way possible, that the only things truly within my power were my choices, my effort, my attitude, and my presence. Everything else — the biology, the statistics, the outcome of the surgery, the future of my health — was beyond me.

I gave everything to what was mine. And I released what was not.

That is the whole practice. That is the entire lesson. It takes a lifetime to master and a moment to begin.

Begin now.

CHAPTER ELEVEN

The Monster Lives in Your Mind

We suffer more in imagination than in reality.
The fear of pain is worse than the pain itself.

There is a particular kind of suffering that I want to talk about in this chapter. It is not the suffering of the disease itself, the physical discomfort and the bodily difficulty of going through chemotherapy and surgery and recovery. That suffering is real and I will not minimize it. But it is, in an important sense, finite. It is bounded by what is actually happening in your body at a given moment. It has edges.

The suffering I am talking about is different. It is unbounded. It has no edges. It can expand to fill any space you give it, consuming hours and days and nights without producing anything useful. It is the suffering of imagination. Of anticipation. Of the fear of what has not yet happened and may never happen in quite the way your mind is insisting it will.

This is the monster that lives in your mind. And I want to tell you, from direct experience, that it is almost always bigger and more frightening than whatever is actually waiting for you.

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The Injection That Did Not Hurt

When I went for my first PET CT scan, early in the process of diagnosis and staging, the technician who was preparing me for the procedure said something that I want you to hold in your mind as you read this chapter.

He said: the injection we are about to give you is a little painful.

He said it matter-of-factly, as a piece of practical information, the way medical professionals communicate about procedures. He was not trying to alarm me. He was simply preparing me for what was coming.

I sat there and waited.

The injection came. And it did not hurt. Not at all, not in the way I had been bracing for, not in any way that warranted the anticipatory tension I had been holding in my body from the moment he said the words. I waited for the pain, and the pain did not arrive.

Afterward, I sat with that small experience for a moment. And I noticed what had happened. From the moment the technician said the injection would be painful to the moment the injection was administered, I had been suffering. Not from the injection itself, which turned out to be manageable. But from the anticipation of an injection that I had not yet received. I had lived, in imagination, through a version of the pain before the real thing arrived. And the imagined version was worse than the real one.

This, I realized, was going to be one of the central challenges of my treatment. Not the actual procedures and their actual discomforts. But the imagination's tendency to inhabit every procedure before it arrived, to dress it in its worst possible form, to make me live through it twice — once in my head and once in reality — when reality alone would have been enough.

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The Two-Year Warning Thought Experiment

Let me share a thought experiment that I found myself turning to repeatedly during my treatment, because it illuminates this point more vividly than any abstract argument.

Suppose someone had told me two years before my diagnosis that I would get Stage 3 cancer. That I would go through four cycles of chemotherapy, each cycle two weeks long, with significant physical discomfort. That I would then undergo major surgery to remove my entire stomach, a nine-hour operation. That I would spend twelve days in the hospital, including days in the ICU. That I would then go through four more cycles of chemotherapy. That the

entire process would consume approximately seven months of my life.

Suppose I had known all of that, two years in advance.

I do not know whether I would have managed it. I honestly do not know. Because the knowledge, held for two years, would have been an invitation to my imagination to work on the material continuously. To take each step of the treatment and elaborate it, expand it, dress it in its worst possible version, rehearse it endlessly. Every good moment of those two years would have been shadowed by the knowledge of what was coming. Every ordinary day would have carried the weight of the imagined future. The fear would have been with me continuously, growing and feeding on itself, for two years before anything actually happened.

But I did not know. I found out in September that something was wrong. I found out in November exactly what it was. And I went through the treatment from November onwards, one step at a time, dealing with each element of it as it arrived rather than carrying the weight of all of it at once.

And what I discovered, each time a new element of treatment arrived, was the same thing I had discovered with the PET CT injection: the reality was more manageable than the imagination had suggested it would be.

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Chemotherapy: What I Expected and What I Found

Before my treatment began, I had heard things about chemotherapy. Everyone has heard things about chemotherapy. It is one of those words that carries

enormous cultural weight, a kind of collective dread that has been built up over decades of stories and films and the accumulated accounts of people who have been through it.

The picture most people carry of chemotherapy is of extreme suffering. Constant vomiting. Complete incapacitation. Hair loss. The inability to function at any level. A process so brutal that the treatment sometimes seems as bad as the disease.

My experience was real discomfort. Not that cartoon of suffering, but genuine difficulty. There was nausea — a persistent, background nausea that never quite went away. There was an aversion to food that was, at its worst, complete. Anything I liked; I stopped liking. Water itself became unpleasant. There was a heaviness, a fatigue, a kind of low-grade discomfort that colored every day of the treatment cycles.

But it was survivable. And more than survivable — it was, in many ways, more manageable than I had feared. I was not bedridden. I was not screaming in pain. I was uncomfortable, deeply uncomfortable at times, but I was functional. I could hold conversations. I could think. I could, on most days, find some version of myself that was still present and engaged with the world around me. I even attended a relative's wedding without any semblance of going through deep suffering.

The gap between what I had feared and what I found was significant. And I believe that gap existed not because my experience of chemotherapy was unusually mild, but because the baseline of expectation — what most people carry into chemotherapy as their mental preparation for what it will be — is set by imagination rather than reality.

And imagination, as I have said, almost always reaches for the worst.

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What Other People's Stories Do to You

This leads me to something I want to say carefully, because it is a little counterintuitive given the emphasis throughout this book on speaking up and building a network of support.

Be very careful about whose stories of illness and treatment you allow into your head.

When you are facing a health crisis, people around you will share their own experiences, or the experiences of people they know. They will tell you about someone who went through chemotherapy and was devastated by it, or someone who had a surgery like yours and could not manage to survive, or someone whose cancer returned and whose outcome was not what anyone had hoped for. They share these stories from a place of care and solidarity. They want you to know that you are not alone, that others have been through this, that the experience you are having is real and recognized.

But those stories, absorbed into a mind that is already anxious and already prone to imagining the worst, can become the raw material for a kind of suffering that goes far beyond what your own experience actually requires.

Every person's experience of illness and treatment is different. Profoundly different. I can say this at the cost of repetition. The same cancer, the same stage, the same treatment protocol — and the experience can vary enormously based on the individual's body, their response to the specific medicines, their mental state, their support

system, the particular way their biology engages with the treatment. There is no reason to assume that someone else's terrible experience predicts your own. There is no reason to use their story as the template for your own.

I received a piece of advice during my treatment that I want to pass on here: do not measure someone else's experience by your own. When someone told me that the PET CT injection was painful, I had braced for pain that did not come. When a nurse said that a particular premed would make me feel, for three minutes, as if pins were piercing my skin — I waited for that sensation, and what I felt was real but brief and far less dramatic than the description had led me to prepare for. Each experience was mine. My body's response was its own. And the imagined version, assembled from other people's words, was consistently more frightening than my reality.

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If I Had Known Two Years Earlier

I want to return to the thought experiment for a moment, because I think it points to something important about how we should engage with the future in general, not just in the context of illness.

We are, as human beings, terrible at predicting how we will actually experience future events. Particularly difficult future events. We consistently overestimate how bad things will be, how long the badness will last, and how severely it will affect our overall functioning and wellbeing. Psychologists call this impact bias — the tendency to overestimate the emotional impact of future events.

This means that the suffering we create in imagination about what is coming is almost always disproportionate to the suffering we will actually experience when it arrives. The cancer treatment I dreaded — had I known about it in advance — would have been worse in imagination than in reality. The surgery I feared would have been more terrifying in anticipation than in experience. The recovery I might have catastrophized about was manageable in ways I could not have predicted from the outside.

I am not saying difficult things are not difficult. I am saying that our imagination of difficult things is reliably more difficult than the difficult things themselves. And once you know this — once you have lived it enough times to trust it — you can begin to loosen the grip that anticipated suffering has on you. You can notice the imagination doing its worst-case construction and say: this is my mind preparing for something that may not arrive in the form it is presenting. I will deal with what actually comes when it actually comes.

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Stay Where Your Feet Are

The practical implication of everything in this chapter is this: stay in the present. Not as a spiritual slogan but as a concrete daily practice. When the mind drifts into imagining future suffering, bring it back. When it begins constructing worst-case scenarios about procedures that have not happened yet, bring it back. When it starts inhabiting the post-surgical life before surgery has even occurred, elaborating every difficulty of eating without a stomach and changing every meal into six small portions forever — bring it back.

You do not need to solve tomorrow's problems today. You do not need to suffer next month's discomforts now. You do not need to pre-live any of what is coming. What is coming will arrive in its own time, in its own form, and you will deal with it when it does. That is not avoidance. That is wisdom. That is the appropriate allocation of your limited mental and emotional resources to what is actually in front of you.

Where your feet are, that is where you are. That is the only place you can actually be. And when your mind is in the future imagining suffering that has not yet occurred, you are not in the present where your feet are. You are in a place that does not exist, experiencing something that may never exist in quite the way your mind is insisting it will, and spending real energy on an experience that has no substance.

Come back. Come back to where your feet are. Come back to what is actually happening right now, in this room, in this body, in this day. That is where you can do something. That is where the actual experience of your life is occurring. And that experience, almost always, is more survivable than the one your imagination has been building in the background.

We suffer more in imagination than in reality. The monster in your mind is almost always bigger than the one in the room.

I walked into every procedure with the memory of that first PET CT injection. The one that was supposed to hurt and did not. That small experience became a touchstone. Every time my imagination started constructing a terrible version of what was coming next, I would remember the injection. And I would think: wait. Let us see what actually happens. Let us not live through this before it arrives.

Sometimes the reality was harder than I expected. Sometimes it was easier. But in every case, it was real and bounded and mine — not an elaboration of my imagination's worst work, but my actual experience, which I could deal with as it came.

Deal with what comes. Not with what might come. Not with what someone else experienced. Not with what your imagination is telling you is coming. What actually comes. One day, one step, one procedure, one real experience at a time.

That is enough. That has always been enough.

Part Three —
What Carries You Through

CHAPTER TWELVE

One Day. One Step. God's Time.

Taking it one day at a time is not weakness. It is the most powerful strategy you have.

Six months. Four cycles of chemotherapy before surgery. The surgery itself. Four more cycles of chemotherapy after. Hospital visits so numerous I lost count. Blood tests, scans, consultations, infusions, recovery days, difficult days, days when eating was an act of sheer willpower. Six months of a life that looked nothing like the life I had been living, shaped

entirely by the rhythm of treatment and recovery and the slow, patient work of a body fighting to heal.

If I had tried to hold all of that in my mind at once — if I had stood at the beginning of those six months and looked down the full length of what lay ahead — I do not know whether I could have done it. The sheer accumulated weight of that much treatment, that much difficulty, that much uncertainty, held all at once in the mind, might have been crushing.

So, I did not do that.

I took one day at a time. Not as a cliché, not as something I said to reassure people who asked how I was managing. As a genuine, daily, concrete practice that became the single most important organizing principle of my entire treatment experience.

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The Architecture of One Day

Let me tell you what one day at a time actually looked like in practice. Because I think the phrase is used so often that it has lost some of its concrete meaning, and I want to restore that meaning for you.

Each cycle of chemotherapy was two weeks long. Within each cycle, there was a pattern: the infusion day at the hospital, the medicines that continued being administered through a portable bottle I could carry in my pocket for 24 or 48 hours afterward, and then the days of the cycle where the side effects peaked and I had to manage the discomfort of the treatment doing its work inside my body.

A colleague of mine who had knowledge about cancer treatment, used to call me regularly and give me a kind of advance map of what the next few days would look like. He would say: your discomfort will peak around day three or four. After that, it will ease. The second week will be better than the first. He was generous with this knowledge, and it genuinely helped me. Not because I used it to plan or strategize, but because it gave me a narrow, bounded horizon to navigate toward. Not six months of treatment. Not the next cycle. The next few days.

On a chemotherapy infusion day, my entire focus was that day. Today I am going to the hospital. Today there will be an infusion. Today I will sit in the chair for several hours and let the medicines do what they need to do. That is all today is. Tomorrow has its own concerns. Next week has its own shape. But today is this, and today is manageable.

On a difficult recovery day, when the nausea was real and food was the last thing, I wanted and my body felt heavy and unwilling, my focus was the hour. Not the day. The hour. Get through this hour. Eat something small, even if it is only a few spoonfuls. Rest. Let the medicines work. One hour. And then the next.

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What I Deliberately Did Not Think About

This is equally important, and I want to be explicit about it: I deliberately did not think about certain things.

I did not think about when the surgery was going to happen. I knew it was coming. I knew it was scheduled after the four pre-surgical chemotherapy cycles were complete. But I did not sit and calculate how many days until the surgery, or

rehearse what the surgery would involve, or imagine the recovery from surgery, or think about what life after the surgery — without a stomach — would actually look like day to day.

I did not think about the post-surgical chemotherapy cycles. I knew they were coming too. Four more cycles after the surgery, to ensure any remaining cancer cells were addressed. But the post-surgical chemotherapy was not something I needed to think about during the pre-surgical chemotherapy. It was on the other side of the surgery, which was itself on the other side of the current cycle. I would deal with it when it arrived.

And I absolutely, deliberately, consciously did not think about the long-term questions. What would eating look like without a stomach? How would I manage six to seven small meals a day for the rest of my life? What would the lifestyle changes mean in practical terms? What were the statistics for cancer recurrence at my stage, and how would I live with that uncertainty for the next five years?

All of those questions were real. All of them would need to be addressed eventually. But not now. Not during the current cycle of chemotherapy. Not in the middle of today, which had enough to manage on its own without borrowing weight from a future that had not yet arrived.

Cross the bridge when you come to it. That is not avoidance. That is the intelligent allocation of a finite resource — your mental and emotional energy — to the thing that actually requires it right now, rather than spreading it thinly across the entire future.

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The Calories Lesson

There is a small, practical example from my treatment that I want to share because I think it illustrates the one-day-at-a-time principle beautifully in concrete terms.

My doctor, early in my treatment, gave me a clear and simple directive about nutrition: 2,000 calories per day. He did not care how I got them. He did not want me following a strict diet plan or consulting nutritionists or worrying about the composition of my meals. He said: your body needs fuel to fight this cancer. Get 2,000 calories in. Whatever form that takes. Ice cream if that is all you can manage, because a small quantity of ice cream contains a lot of calories and if that is what your body will accept, that is what matters.

This was liberating in a specific way. He had given me a single, clear, daily target. Not a long-term nutrition plan. Not a comprehensive approach to diet during cancer treatment. One number. Per day. Today's task was to hit that number.

On the days when food was most difficult — when everything tasted wrong, when the thought of eating produced nausea, when my body seemed to be rejecting the entire concept of food — I would think only about today's 2,000 calories. Not about the next six months of eating. Not about whether my body would ever find food pleasant again. Just today. Fruits when I could manage them. Coconut water when solids were too much. Whatever small things I could get down, adding up toward 2,000.

The hard reality was that there were hardly any days when I could make 2,000. And those days, I did not consider failures of anything larger than a single day's target.

Tomorrow I would try again. The day after that, if necessary. One day, one target, one attempt at a time. Despite not meeting the target any particular day, I used to feel happy that I could survive that day.

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God's Time, Not Ours

There is a dimension to this principle that goes beyond practical strategy and touches something I believe at a deeper level. Something about the nature of time and our relationship to it.

We live in an age that is obsessed with speed and efficiency and the compression of time. We want things to happen faster. We want recovery to be quicker. We want treatment to be shorter. We want uncertainty to resolve itself sooner. We are impatient with anything that does not conform to our timeline, and we experience the slowness of natural processes — the slowness of healing, the slowness of change, the slowness of life unfolding at its own pace rather than ours — as a kind of resistance, something to be overcome.

But healing does not happen on our schedule. It happens on its own schedule, which is the schedule of the body's biology and the treatment's chemistry and the quiet, complex work of recovery that proceeds at whatever pace it proceeds. You cannot hurry it. You cannot negotiate with it. You can only cooperate with it, support it, give it the best possible conditions, and then wait.

I came to think of this, during my treatment, as God's time. Not mine. The nine-hour surgery was not on my timeline. The twelve days in hospital was not what I would have

chosen. The months of recovery that followed surgery were not the swift return to normal life that part of me wished for. All of it unfolded at its own pace. And fighting that pace — being impatient with it, wishing it were different, measuring it against some imagined faster version of events — would have added nothing useful. It would only have added frustration to a situation that already had enough in it to manage.

I let it unfold. I cooperated with the timeline I was given rather than the one I would have preferred. And within that surrender — within the acceptance that things were going to take the time they took, no more and no less — I found something unexpected. A kind of peace with the pace of things. A willingness to be where I was, in the time I was in, rather than perpetually leaning toward a faster future.

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The Physiotherapist's Observation

When I was discharged from the hospital twelve days after my surgery, the physiotherapist who had been working with me during my recovery made a comment that stayed with me.

He said: for this type of operation, patients usually stay longer. You are being discharged quite early.

I thought about why that might be. And I believe part of the answer was the one-day-at-a-time approach applied to recovery. The physiotherapist had told me early in my post-surgical time: try not to take help for things you can do yourself. When you can get up without assistance, get up without assistance. When you can walk to the bathroom on

your own, walk on your own. The more you do for yourself, the faster you heal.

So that is what I did. Not heroically, not at the expense of my body's actual needs. But one small thing at a time, as early as each small thing became possible. The first time I sat up. The first time I stood. The first few steps. Each one was its own small achievement, its own one-step-at-a-time moment. And the accumulation of those small steps, over twelve days, added up to a recovery pace that was faster than typical.

One step at a time, taken consistently, adds up to distance. That is the mathematics of this approach. It does not feel like progress in any given moment — each individual step is small, unremarkable, easy to discount. But over days and weeks and months, the steps accumulate into something significant. Into a body that has come through surgery and is functioning. Into a person who has survived six months of cancer treatment and is standing on the other side.

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The Bridge Ahead

I want to speak directly to anyone reading this who is looking down the length of a long and difficult road ahead and feeling overwhelmed by the scope of what lies before them.

You do not have to walk the whole road today. You do not have to survive the whole treatment today. You do not have to make peace with everything that this experience will change in your life today. You do not have to have all the answers today.

You only have to do today. Whatever today asks of you, in this body, in this situation, with the energy you actually have available rather than the energy you wish you had. That is the whole assignment. That is the complete and sufficient task.

And when today is done, tomorrow has its own assignment. Smaller than the full scope of what lies ahead. Manageable. Survivable. One day.

The bridges will come. You will cross them when you come to them. Not before. Not in imagination, not in anticipation, not in the exhausting pre-living that the mind offers as preparation but that is actually just early suffering. When the bridge is in front of you, you will cross it. And you will find, as I found again and again, that the crossing is possible. That the bridge holds. That you are more capable of crossing it than you feared when you saw it from a distance.

You do not have to survive six months of cancer treatment. You only have to survive today. Today is always manageable.

One day at a time. One step at a time. God's time, not ours. These are not consolations. They are strategies. They are the practical wisdom of someone who walked a very long road by refusing to look at the full length of it, choosing instead to look only as far as the next step.

Take the next step. That is all. The one after that will be waiting when you need it.

CHAPTER THIRTEEN

Go through the Motions without Emotions

Keep moving, even when you cannot feel.
Showing up is its own kind of courage.

There is a version of strength that looks nothing like what we usually imagine when we think of strength. It does not look like confidence or power or the fire-in-the-eyes determination that we see in films about people who overcome great odds. It does not feel particularly heroic from the inside. It does not announce itself.

It looks like getting up. Going to the hospital. Sitting in the chair. Letting the medicine in. Coming home. Eating what you can. Resting. And then doing it again the next time.

This is going through the motions without the emotions. And I want to make the case in this chapter that it is one of the most powerful and underrated forms of human resilience that exists.

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The Days When Nothing Was There

I want to be honest about something that I think is important for anyone reading this who is in the middle of their own difficult experience. There were days during my treatment when the inner resources I have described throughout this book — the equanimity, the acceptance, the one-day-at-a-time focus, the detachment from outcomes — were simply not very available to me. Not because I had lost them or abandoned them. But because the body was heavy and the discomfort was real and the sheer accumulation of months of difficulty had worn certain things thin.

On those days, I did not feel strong. I did not feel the particular clarity and steadiness that I have described as the characteristic experience of my treatment. I felt tired. I felt the particular kind of weariness that comes from long illness, which is different from the weariness of a hard day's work in the way that a chronic ache is different from a sharp pain — more pervasive, more background, harder to locate and address.

And on those days, I went through the motions.

I got up. I went where I needed to go. I did what needed to be done. Not because I felt inspired to do it, not because the

inner fire was burning brightly, not because I had accessed some deep reservoir of warrior-like determination. But because it needed doing, and I was the person who needed to do it, and the fact that I did not particularly feel like it in that moment was not sufficient reason to stop.

This is a kind of discipline that I think gets overlooked in conversations about resilience, because it is not glamorous. It is not the stuff of inspiring speeches or motivational posters. It is just the quiet, daily, unglamorous work of continuing to show up even when the showing up feels like effort without reward.

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Going to Hospital Like Going to an Offsite

I want to share something that might sound unusual, and I offer it not as a prescription but as a window into how I was managing things internally, because I think it illustrates the going-through-motions principle in a way that is both specific and a little unexpected.

I began to think of going to the hospital for chemotherapy like going to a work offsite.

I know. I know how that sounds. But hear me out.

An offsite is a day that is different from your normal routine. You go somewhere you do not usually go. You see people you know — in this case, the nurses and doctors I had come to know over the months of treatment. Something is happening, some activity or procedure, but it is different from the ordinary texture of your day. You are there, you are engaged, but it is a different kind of engagement from your usual one.

That reframing — hospital visit as offsite rather than as ordeal — changed something small but real about how I approached each visit. Instead of walking in bracing for difficulty, I walked in with something closer to neutral curiosity. What is today's agenda? Who is here? What happens in these few hours? Not eagerness exactly. But not dread either. A kind of functional, present engagement with what the day actually contained rather than what my fears suggested it would contain.

I am not saying I was wrong about the difficulty of the treatment. The chemotherapy was genuinely hard. The infusions were long. The side effects were real. But between my first step through the hospital door and the actual experience of the treatment, there was a mental space — and in that space, the quality of my attitude was within my control. I could fill that space with dread, or I could fill it with something closer to matter-of-fact presence. I chose the latter.

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The Security Guard Who Could Not Find the Patient

I want to share a small story that became, during my treatment, one of my favorite forms of validation. It is a story about a hospital security guard.

At the entrance to the hospital, security guards had the job of identifying patients and directing them appropriately. When I walked in, the guard would look at me and ask: who is the patient, sir?

The patient was me. Standing right in front of him.

He could not tell.

This happened more than once. And every single time, it gave me a quiet but genuine pleasure. Not because I was trying to hide anything or pretend to be something I was not. But because it was external confirmation of what I was trying to maintain internally. Something in how I was carrying myself — my posture, my expression, my general demeanor of relative normality — was not announcing itself as the demeanor of a cancer patient midway through treatment. The guard looked for the patient and saw, instead, just a man walking into a hospital.

That small, repeated validation meant more to me than it perhaps should have. It became a kind of benchmark. Each hospital visit, I would see the guard, wait for the question, and feel a small internal satisfaction when it came. It was the world confirming that the effort I was making internally was showing up externally. That the going-through-motions was producing something visible, something real, something that mattered.

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What the Nurses Said

The nurses at the chemotherapy center offered me another kind of validation that I want to share, because it speaks to something important about how going through the motions affects not just you but the people around you.

They told me, over the course of my many visits, that I was different from most of the patients they dealt with. They explained that they worked with 15 to 20 patients per day, administering chemotherapy to each of them, day after day. Most patients came in looking grim. Dull. Defeated. Some

were visibly suffering, not just from the physical effects of the treatment but from the weight of everything they were carrying — the fear, the grief, the exhaustion of prolonged illness, the strain on the people around them.

They said that I came in talking. That I engaged with them. That there was something in my manner that was different, lighter, more present. They could not always put a precise word to it. But they noticed it. And they told me it made a difference to their own day — that among the 15 or 20 patients they saw, I was one they looked forward to seeing.

I found this deeply moving. Not because I wanted to be exceptional or to perform positivity for an audience. But because it was evidence of something I had not quite articulated to myself: that the quality of how you show up, even in your most difficult moments, has an effect on the people around you. That the going-through-motions, when done with a certain attitude, with the conscious choice to bring as much presence and as much lightness as you genuinely can to each day, ripples outward in ways you cannot always see or predict.

The nurses were doing difficult, demanding, emotionally taxing work. And something about my presence in that space, my willingness to show up without being visibly crushed by what I was going through, gave them something. I did not plan that. I was not doing it for them. But it happened. And it reminded me that how we move through our own difficulties affects not just ourselves but the entire fabric of the world we are part of.

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The Difference Between Going Through Motions and Giving Up

I want to be careful here about a distinction that I think is important. Going through the motions without the emotions is not the same as giving up, or going through the motions without caring, or moving through your treatment as a passive, indifferent participant.

Giving up means withdrawing your commitment. It means stopping the actions, stopping the effort, deciding that the outcome does not matter and the fight is not worth fighting. That is not what I am describing at all.

What I am describing is something different: continuing the actions fully and with complete commitment, even on the days when the emotions that would normally fuel those actions are not strongly present. The difference is in the actions, which continue uninterrupted. Not in the emotional experience, which varies and is sometimes thin.

Think of it this way. A skilled professional — a surgeon, a pilot, an engineer — performs their most demanding work not only on the days when they feel inspired and energized, but on all days, including the ones when they are tired or flat or emotionally depleted. The quality of their performance does not collapse on those days because it is not built primarily on emotion. It is built on training, on habit, on a set of practiced responses and reliable disciplines that function whether or not the emotional state supports them.

Going through the motions is accessing that kind of reliability in yourself. Building actions that are independent of emotional state, that happen because they need to happen

and because you have committed to making them happen, regardless of how you feel on any given day.

The emotions will return. They always do. They cycle. The flat days give way to days of genuine engagement, of real connection with what is happening, of something that resembles the full-bodied presence that is perhaps what we think of as the ideal. But you do not have to wait for those days to do what needs doing. You can do what needs doing on the flat days too. And the doing itself, practiced consistently, is what eventually brings the emotions back.

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Surgery & Recovery There After

I want to spend a little time on the surgery itself and the recovery that followed — the physical reality of what it means to have your body opened, altered, and then painstakingly put back together.

As I mentioned earlier, I was remarkably calm on the day of the operation. I was wheeled into the theater at around 10:30 in the morning. Anyone who has been inside an operation theater knows the biting cold that greets you the moment you enter — a chill that would make even the healthiest person shiver. Now imagine layering onto that the cold of fear, the trembling that comes from dreading the unknown and catastrophizing the outcome. I am glad to say I carried none of that additional weight. I was not thinking about outcomes at all.

The epidural injection was administered, and within seconds, I slipped out of consciousness. For the next nine to ten hours, the world simply did not exist for me.

A team of six surgeons, led by a highly distinguished senior surgeon who also serves as the Vice Chairman of the hospital, operated on me. The evening before, one of his associate surgeons had walked me through the two possible courses of action — a decision that could only be made once my abdomen was open and the full picture was visible. If the tumors were sufficiently concentrated in the stomach and a clean margin could be achieved on the esophagus below the ribcage, the entire stomach would be removed. If, however, the tumors had extended into the lower esophagus, the stomach would be partially resected, along with a portion of the esophagus — which would then be reshaped into a tube and reconnected to the remaining esophageal segment. Frightening and complex, to say the least. Yet even as all of this was explained to me the night before surgery, I remained calm. I told the surgeon simply: *"You are the experts. Make the best call. I trust you completely."* And I meant every word.

The surgery itself involved a large reverse-Y incision across the abdomen. After more than nine hours on the table, the wound was closed with 53 surgical staples — the modern equivalent of what would have been an equal or greater number of sutures in traditional practice. When I was brought out of the theater, I was still unconscious, though I am told I was briefly roused to reassure my family that I was alive and stable. I have a faint memory of that moment — and then darkness again. What stayed with me far more clearly, however, was a message delivered in those foggy seconds: there would be a video conference with my family the next morning at 7:30 AM.

I slept until nearly midnight, when I was jolted awake by the deep, relentless pain radiating from the long incision. The video conference was mentioned to me again. And in that moment, despite the pain, despite the tubes and the ICU

and the heaviness of my body, something clicked into place. That call mattered. My family — especially my parents — had spent the previous day in anguish, not knowing what was happening behind those closed theater doors. I was determined that when they saw me on that screen, they would see someone who was present, composed, and in control.

I prepared myself as best I could — mentally steadying myself, physically gathering whatever strength I had. When my mother saw me speaking and responding clearly on that video call, she became emotional in the most beautiful way — the relief on her face said everything. That single call, I believe, lifted an enormous weight from my family's shoulders.

The recovery demanded more than just rest. I was required to walk the length of the ICU room every three to four hours to stimulate healing. Each time, I refused to lean on the nurses for support, insisting on making those few steps on my own — even as one of them had to walk alongside me, managing the bile drainage pipe. It was a small act of self-reliance, but it was mine. My physiotherapist later noted that this stubborn, relentless effort to move independently had directly contributed to the speed of my recovery. And I believe it did — not just physically, but in spirit.

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Short & Long-Term Side Effects — and the Lifestyle They Demand

A total gastrectomy — the complete removal of the stomach — does not simply alter how you eat. It fundamentally rewrites the terms on which your body operates. There are

short-term and long-term consequences that come with this surgery, and accepting them is not optional. Embracing them, however, is a choice — one I made deliberately.

In the immediate weeks after surgery, swallowing was a significant challenge. With the stomach gone and a new connection surgically fashioned between the esophagus and the small intestine, the body has to relearn something it once did effortlessly. That first one to two weeks of adjustment was, to put it plainly, a difficult period.

Beyond the initial recovery, the more permanent realities began to reveal themselves.

Portion control — for life. The capacity to eat is now governed by strict, unforgiving limits. Consume beyond a certain threshold and the consequences are immediate — nausea, trapped gas, and a deep, immovable discomfort. I have come to describe that feeling as not unlike a python that has swallowed something too large — bloated, immobile, and helpless until the moment passes. It is not a comparison I use lightly; it is genuinely that consuming. The lesson learned quickly: less is more, always.

Constant hunger — a cruel paradox. Without a stomach to store food, whatever small quantity is consumed moves rapidly into the intestine and digests at an accelerated pace. The result is a persistent, returning sense of emptiness — the body signaling hunger again within roughly two hours of the last meal. You eat small. You eat often. That becomes the rhythm of every single day.

Malabsorption of vitamins and minerals. The absence of the stomach disrupts the body's ability to absorb certain essential nutrients. The most notable among these is Vitamin B12, which now requires a quarterly injection —

not as a course of treatment, but as a permanent fixture for the rest of my life.

Bile reflux. Without the stomach's valve mechanisms, bile produced by the liver can travel backwards into the esophagus unchecked — causing severe heartburn, particularly when lying flat. This necessitated one of the more profound lifestyle adjustments: I no longer sleep horizontally. I sleep in a reclined, semi-seated position. Every night, without exception.

Fatigue. On days of sustained physical activity, the body tires significantly more than it once did. The energy reserves that a functioning digestive system quietly sustains are simply not there in the same way anymore. The end of a demanding day carries a heaviness that must be planned for and respected.

Taken together, these are not minor inconveniences. They are structural changes to the way I live — governing how I eat, how I sleep, how I pace myself through each day. But here is how I have chosen to hold them: not as burdens to mourn, but as the new terms of the contract. Business as usual. Motions executed without drama, without self-pity, and without looking back.

The body adapted. So did I.

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A Message to Those on Flat Days

If you are reading this on one of those days — a day when nothing feels available, when the inner resources seem depleted, when the going feels like going through motions

and nothing more — I want to say something directly to you.

That is okay. That is part of this. The flat days are not evidence of failure. They are not evidence that you have lost the thread or that you are doing this wrong or that the strength you had before has permanently left you. They are part of the natural rhythm of navigating something long and hard. They are the body and the mind taking something of a rest from the work of being strong, before gathering for the next phase.

On those days, the only thing required of you is the next thing. Not inspiration. Not meaning. Not the full-force engagement of your best days. Just the next thing. Whatever is most immediately necessary. Do that. And then the one after it.

The nurses are there to administer the medicine regardless of what you are feeling. The medicine will do its work regardless of your emotional state. Your body is healing whether or not you feel it happening. The work continues even on the flat days. Your only job is to keep showing up for it.

Show up. Even when all you can do is show up. Especially then.

On the days you cannot feel the strength, just show up. Showing up, again and again, is the whole of courage.

The security guard kept asking where the patient was. I kept showing up. The nurses kept seeing me come in with something that looked like normality. The treatment kept working.

None of it required me to feel strong every day. It only required me to keep moving, one day at a time, one step at a time, one hospital visit at a time, whether the emotions were present or absent, whether the inner resources felt full or thin.

Keep moving. That is the instruction. In every condition, with every level of energy, on the best days and the flattest ones. Keep moving forward.

The distance adds up. It always adds up.

CHAPTER FOURTEEN

You Never Win Alone

Success is always 'We', not 'Me'. Behind every survivor, there are many hands holding them up.

I have spent most of this book talking about what was happening inside me. The mental preparation, the reaction to the diagnosis, the daily practice of staying in the present, the acceptance of outcomes, the discipline of continuing to show up. All of that is real and I stand by every word of it.

But I want to be very clear about something as we enter this chapter: none of it happened in isolation. None of it happened because I am exceptionally strong or unusually resilient or built differently from other people. It happened

in the context of an extraordinary network of support — from my family, from my colleagues, from my friends, from people who prayed for me from a distance and whose prayers I felt as a genuine force in my recovery.

The truth of my cancer journey is not a story of one man's inner strength. It is a story of many people, most of them working quietly and without recognition, who made it possible for one man to focus almost entirely on the work of getting well.

I did not win alone. I could not have. And if this book does only one thing, I hope it is this: I hope it dismantles, for anyone reading it, the idea that surviving something serious is primarily a solo achievement. It is not. It has never been. It never will be.

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My Brother: The Constant

Let me start with my brother, because he was the most constant and irreplaceable presence throughout my treatment, and because I want to give him the recognition, he deserves in a way that simply saying thank you has never adequately captured.

Over seven months of treatment — from the first hospital visits in the diagnostic phase through four cycles of chemotherapy, the surgery, the ICU recovery, and four more cycles of post-surgical chemotherapy — my brother was there. For the vast majority of those hospital visits, he was the one who accompanied me. Not occasionally. Not when it was convenient. Consistently, reliably, without complaint, for month after month.

He works. He has his own life, his own responsibilities, his own demands. But his employer, in a gesture that I found extraordinary, told him: please go and take care of your brother. And he went. For months.

I think about what it would have meant to face all of those hospital visits alone. The chemotherapy infusions, which lasted several hours each time. The tests and scans and consultations. The days when I needed to be driven somewhere because the treatment made driving inadvisable. The hospital admission for surgery, and the twelve days of recovery that followed. My brother was there for all of it. Not in a passive, sitting-in-the-waiting-room way. He was engaged, informed, asking the right questions, managing the logistics, being the practical anchor while I focused on the internal work of getting through each day.

We are a combined family. My parents live with us. My brother too lives with us. That proximity, that integration, that way of living that modern thinking sometimes dismisses as old-fashioned or limiting — it was not a constraint. It was a lifeline. And I would not have wanted it any other way.

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My Wife: The Invisible Force

My wife is a doctor. This fact alone meant that she understood my situation with a clinical precision that most spouses of cancer patients do not have access to. She could read my reports. She could interpret what the doctors were saying. She could calibrate her concern against actual medical knowledge rather than fear and uncertainty. In that

sense, she was uniquely equipped to support me through my treatment.

But the more extraordinary thing — the thing I want to speak about here — is what she was managing at home while all of this was happening.

We have children. We have elderly parents living with us. We have the daily logistics of a combined family: meals, school, homework, the hundred small necessities of domestic life that do not pause because someone in the family is ill. There is a cook who comes, a maid who comes, and the coordination of all of that falls to someone. During my treatment, it fell to my wife.

She was managing everything at home — the children, the parents, the household, the domestic logistics, the emotional weather of a family living under the strain of a serious illness — while also being my most informed and most available support in relation to the medical side of things. She did all of this without complaint, without making me feel the weight of it, without allowing the difficulty of what she was carrying to add to the difficulty of what I was carrying.

I want to say clearly: if we had been a nuclear family, without the extended family support structure that a combined family provides, my wife would have been doing all of this alone, including taking me to hospital. Over seven months, approximately 40 to 50 hospital visits. Managing that alongside children and all of her other responsibilities would have been, I believe, unsustainable. The combined family model — with my brother sharing the hospital visits and my parents present at home — was not just helpful. It was essential.

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My Father-in-law: The Medical Assistant

Yes, you read that right. For seven months, my father-in-law stepped into an unexpected role — my personal medical assistant.

Every chemotherapy cycle came with a strict follow-up protocol: a course of seven immunity-boosting injections, one per day for seven consecutive days, beginning exactly 24 hours after the last drop of chemotherapy medicine had infused. Timing was everything.

The catch? The infusions almost always ran late into the night, which meant the injections had to be administered at odd hours — day after day, cycle after cycle. Finding a nurse or medical practitioner willing to show up at those hours, for seven days across eight chemotherapy cycles, would have been a logistical nightmare. That's 56 injections total. Not a small ask. And then there was my father-in-law.

Diabetic for years, he had long been administering his own insulin injections at home — something my doctor said was all the qualification needed to handle these shots safely. So, he packed his bags, moved in with us, and stayed through the entirety of my treatment. Every night, without fail, he was there — steady hands, quiet resolve, not a single injection missed.

56 injections. 8 cycles. One remarkable man.

This is what I mean when I talk about the power of a combined family. Every person around me had a role — not a small, symbolic one, but a real, essential, irreplaceable one. Together, they didn't just support my fight against cancer. They *were* the fight.

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The Office: Eighteen Years of Loyalty

I have worked at the same company for nearly two decades by the time I was going through the treatment. Eighteen years. That is a long time. Long enough to build relationships that go beyond the transactional. Long enough to have been seen, not just as a professional resource, but as a person. Long enough for the company and the people in it to know you in a way that makes a difference when you need it.

When my diagnosis became known in the office, the response was, by any measure, remarkable. My delivery heads and senior colleagues checked in with me regularly, not just in the early weeks but throughout the seven months of treatment. My manager said, at the point of my return: welcome back, take work extremely slowly, do not bother too much about deliverables. In a work culture that often glorifies availability and output, that statement was a gift of significant proportions.

My team — and I want to say this with genuine pride and gratitude — did not wait for me to come back to do good work. They continued. They managed key stakeholders, client relationships, handled reviews, delivered on commitments, and kept everything running with a maturity and professionalism that required nothing from me during the days I was away. They did not need to be managed through my absence. They simply rose to meet it.

One colleague, when he heard I was hospitalized, offered to step in and manage my team if needed. Another made it clear that offers of support extended to driving me to hospital if my brother was unavailable. These were not

empty gestures. They came from people who meant them and would have delivered on them.

I believe, genuinely, that this level of support from a professional context was the product of eighteen years of relationship-building. Of showing up for my team, of taking my responsibilities seriously, of treating the people around me with care and respect over a long time. The loyalty was returned. And it was returned at the moment when it mattered most.

I do not think this would have been the same if I were in a new organization. In a new context, with new relationships, with nothing yet built, the company's response might still have been professional and decent. But it would not have had the same warmth, the same personal investment, the same sense of people genuinely rooting for me as a person they knew and cared about. Longevity in relationships matters. Eighteen years of being a reliable, caring, present colleague creates something that cannot be replicated quickly.

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Friends Near and Far

Beyond family and office, there was a third circle of support that I want to acknowledge: friends. Some nearby, some in other cities, some I had not seen in years. All of them, once they heard, showing up in whatever way they could.

One colleuague, who called me almost every week throughout my treatment, asking how I was, sharing medical knowledge about what the treatment was doing and what to expect. His consistency — the reliability of that weekly call, the fact that it came every time without fail —

meant more than any individual conversation. It was the cumulative message of someone saying: I have not forgotten. I am still here. You are still on my mind.

The friend in Bangalore who was more frightened for me than I was for myself, who immediately wanted me to get treated abroad, who sent my reports to his physician. His love was expressed in a kind of anxious urgency that was very different from my own calm, but it was love nonetheless, and I felt it clearly.

The marketing colleague who visited me early morning on the surgery day, whose cousin, an army doctor, reviewed my reports and gave the crucial advice not to change hospitals. He did not have to do that. His cousin did not have to take the time. But they did. And that single act of generosity, which cost them a few hours, gave me and my family weeks of peace of mind.

Each of these people, and many others who called or messaged or simply prayed quietly without telling me, contributed something to the ecosystem of support that surrounded my treatment. They were, all of them, part of why it looked from outside like something manageable. The outside looked manageable partly because so much care was happening on the inside.

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On Combined Family vs Nuclear Family

I want to say something here that I feel strongly about, even knowing that it may not be a popular view in an era that celebrates independence and the nuclear family model as the ideal.

A combined family saved my life. Or at least, it made my journey immeasurably more manageable than it would otherwise have been.

I am not saying nuclear families are wrong, or that people who live as nuclear families are making a mistake. There are real advantages to independence and privacy, and I understand them. But I am saying, from direct experience, that the kind of sustained, practical, daily support that a serious health crisis requires is very difficult to provide from within a nuclear family structure alone.

My wife could not have taken me to hospital 40 to 50 times over seven months while also managing the home and the children. She could not have been both my primary support in the treatment and the sole manager of everything else. Something would have broken. Not from lack of love or commitment, but from simple human capacity. There is only so much one person can carry.

The combined family distributed that weight. My brother took the hospital visits. My parents were present for the children and the household. My wife was free to bring her full attention to the medical side of my support without being simultaneously overwhelmed by everything else. The system worked because it was a system — not one person doing everything, but multiple people each doing their part.

I offer this not as a lecture on family structure but as a practical observation from someone who lived through something that tested every available support structure. Invest in your relationships. Invest in your family. Invest in the people who will be there when the ordinary days end and the extraordinary ones begin. Because those people — their presence, their practical help, their love — are not a luxury in a health crisis. They are part of the treatment.

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The Prayers You Cannot See

There is one more dimension of support that I want to speak about, because it was real to me in a way that I find difficult to explain rationally but feel no embarrassment in claiming.

People prayed for me. Many people. More than I knew at the time, more than I could count, across different cities and different circles and different levels of closeness to me. Team members who had worked for me years ago. People I had mentored. Colleagues I had worked alongside. Leaders whose respect I had earned and who returned it in this way. Friends of friends who had heard the news. My parents, every day, in the quiet rituals of their faith.

I felt those prayers. Not in any dramatic or supernatural sense, but as a kind of warmth, a background sense that I was held in the goodwill of many people, that my recovery mattered to a wider circle than I had perhaps realized. That feeling — of being prayed for, of being thought about, of being someone whose wellbeing people actively wanted — was itself a source of strength.

I believe it contributed to my outcome. I cannot prove that. I offer it as a belief rather than a fact. But when I look at how the journey unfolded — the right references at the right time, the validation of the hospital and surgeon, the surgery that went well despite taking much longer than expected, the recovery that was faster than typical, the cancer that has not returned as of this writing — I see in all of it the work of more than medicine and individual willpower. I see the accumulated blessing of many people who wanted me to be well.

You never fight this alone. Behind every person who makes it through, there are many hands holding them up. Let those hands hold you.

Receive the help. Do not be too proud or too private or too independent to let people in. Do not convince yourself that you are protecting them by keeping them at a distance. They want to be there. Let them.

And when you are on the other side of this — when the hard time has passed and you are standing in the clearer air beyond it — remember the hands that held you. Remember the specific people, the specific acts, the specific moments when someone showed up. And when your time comes to hold someone else, show up for them with everything you have.

Because the chain of care that saved you was built by many people before you. Your responsibility, when you are well, is to extend it.

CHAPTER FIFTEEN

What Your Past Deeds Planted

The count of your blessings is determined by your past deeds. Plant good seeds every day.

Somewhere in the middle of my treatment — during one of the quieter periods between chemotherapy cycles, or perhaps in the long hours of hospital visits when the mind has time to wander — I found myself sitting with a question that was not medical or practical or strategic in any way. It was a question about meaning.

Why did so much help arrive? Why, at every critical juncture, did exactly the right person appear with exactly the information or connection or practical assistance that was needed? Why did the prayers feel so substantial, so present, so like a genuine force rather than a conventional ritual? Why did the whole journey, despite its genuine difficulty, feel held — held by something larger than my own effort or my family's love?

I thought about this for a long time. And the answer I arrived at was not scientific. It was not something I can prove or demonstrate. But it is something I believe at a level that feels foundational, and I want to share it with you because I think it is one of the most important things I have come to understand.

I believe that what we put into the world comes back to us. Not always immediately, not always in the form we might expect, not always through direct cause and effect that we can trace. But it comes back. The kindness we extend, the care we bring to our relationships, the effort we make for others when it is not required or recognized, the seeds of goodness we plant in the ordinary days of an ordinary life — all of it accumulates. All of it becomes part of the invisible fabric of support that holds us when we most need holding.

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Maybe I Did Not Do Anything Very Bad

This is not a complicated or sophisticated thought. It is actually quite simple. When I saw the extraordinary outpouring of support during my treatment — the colleagues who checked in weekly, the friend who immediately wanted me to go abroad for treatment, the

colleague who shared my reports with his army doctor cousin favor, the colleague & friend who suggested name of the best oncologist in the city to seek second opinion, the people across different circles of my life who prayed for me — I thought: maybe I have not done anything very bad to anybody.

That is how I expressed it to myself, and I want to share it in those same simple terms because I think the simplicity is part of its truth. Not a grand theological statement. Not a claim of personal virtue. Just: maybe I have not done anything very bad to anybody. And maybe that is why so much good is coming back to me now.

This thought was both humbling and comforting. Humbling because it reminded me that the support I was receiving was not mine by right or by status. It was mine because of the specific quality of how I had engaged with people over many years. And comforting because it confirmed something I had long believed: that how we treat people, in the ordinary daily texture of our lives, is not neutral. It matters. It accumulates. It shapes what is available to us when we are in need.

I am not a saint. I have made mistakes. I have been short with people when I should have been patient, self-interested when I should have been generous, focused on outcomes in ways that did not always honor the human beings involved in achieving them. These are ordinary failures, the kind that every person who is trying to do well while also being human will accumulate over a lifetime. But I have also, I hope, done enough right. I have tried to show up for my team. I have tried to treat people with dignity. I have tried to build relationships that were genuinely reciprocal rather than purely transactional.

And perhaps, in the arithmetic of a life lived with at least some intention, those efforts had been accumulating in a way I could not see until the moment I needed them.

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The People Who Prayed

Let me be specific about what I mean when I talk about the prayers that came during my treatment, because I think specificity matters here. It prevents the idea from becoming vague or sentimental and keeps it grounded in the actual human experience I am trying to describe.

Team members who had worked under my management, some of them years ago, heard about my diagnosis and prayed for me. They did not have to. We were not in daily contact. Our professional relationship had run its course. But they had formed a view of me as a person during the time we worked together, and that view — shaped by how I had managed, how I had treated them, what I had done when things were difficult and when they needed support — had created a care that persisted beyond the formal relationship.

People I had mentored. The act of mentoring is one of the more generous things a busy professional can do: giving time and attention and the benefit of hard-won experience to someone who is earlier in their journey, without any direct return. The people I had mentored remembered that. And when they heard I was ill, their response was to pray. To send their best, their energy, their sincere wish for my recovery, into whatever space those wishes occupy.

Former bosses and colleagues who had observed me over many years. People who had seen how I worked, how I dealt

with difficulty, how I showed up for the team and for the client and for the organization. They prayed. Their history with me had created a relationship deep enough that my illness mattered to them personally, not just professionally.

This network of prayer was not assembled during my cancer. It was assembled in the years before it, in every interaction I had with every person who would later pray for me. The prayers were the harvest of seeds planted in ordinary moments. A mentor meeting taken when my schedule was full. A difficult conversation handled with honesty and care rather than avoidance. A team member supported through a personal challenge. A colleague treated with dignity in a situation where it would have been easy to be dismissive.

None of those moments felt like seed-planting at the time. They felt like ordinary choices in ordinary days. But they were not neutral. Nothing is neutral. Every interaction leaves a residue, either of care or of its absence. And the residue of care, accumulated over years, created the invisible network of goodwill that surrounded my treatment.

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Karma Is Not Complicated

I believe in karma. Not in the simplified, transactional version that sometimes gets presented — do good and good things will happen to you, do bad and bad things will happen. That version is too neat, too mechanical, and too easily disproven by the simple observation that good things happen to people who do not deserve them and difficult things happen to people who do. Cancer chose me despite

my clean lifestyle. That alone should put the mechanical version of karma to rest.

The karma I believe in is subtler and, I think, truer. It is the understanding that who we are in our daily lives — the cumulative quality of how we treat people, how we engage with the world, what we put out in our interactions — shapes the relational environment we inhabit. And that relational environment becomes the ecosystem within which our difficult moments unfold.

If you have spent your life being genuinely caring, people care about you when you need it. Not because they are keeping score. Not because there is some cosmic ledger being balanced. But because the experience of being in relationship with you has been, over time, a positive one, and that positive experience generates warmth and investment and genuine concern for your wellbeing. That is not magic. It is just the natural consequence of how human relationships work.

And if you have spent your life being transactional, self-serving, careless of the effect you have on people — those people will be less available when you need them, not out of spite, but out of the simple fact that the relationship has not created the kind of investment that would make them feel your difficulty as their own.

This is not a judgement. It is an observation. And it carries with it an instruction that I think is one of the most practically useful things in this book: invest in your relationships. Not as a strategy. Not as an insurance policy for your future difficult times. But because it is the right way to live, and because living that way creates, as a natural byproduct, the kind of relational ecosystem that will hold you when you need holding.

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What Eighteen Years Built

I have mentioned several times in this book that I worked at the same company for eighteen years. I want to say something more specific about what those eighteen years built, because I think it is relevant to this chapter's theme in a direct way.

Eighteen years in one organization is unusual in the current professional landscape. People move more frequently now, and there are good reasons to do so. But staying — really staying, not just physically remaining but investing deeply in the relationships and the work of a single organization over a long time — builds something that cannot be replicated by any shorter tenure.

It builds a history. A record. A body of evidence about who you are, how you work, what you value, how you behave when things are difficult. The people who have known you for eighteen years have seen you in every kind of professional situation. They have seen how you handle pressure and success and failure and ambiguity. They have formed a view of you that is not based on first impressions or recent performance alone but on the full accumulated record of a long relationship.

When my manager said welcome back and take it slow, that was not a corporate policy being applied to a valued employee. It was one person, with eighteen years of knowing me, choosing to honor the relationship that had been built. When colleagues offered to drive me to hospital, that was not generosity extended to a stranger. It was care offered to someone they actually knew, someone whose

company they had genuinely enjoyed and who's wellbeing genuinely mattered to them.

The eighteen years planted seeds. The illness was the moment of harvest. And the harvest was rich in ways I had not imagined and could not have engineered.

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What This Means Going Forward

I want to be direct about the practical implication of everything in this chapter, because I think it is one that can be acted on immediately, regardless of where you are in your own journey.

How you live your ordinary days determines what is available to you in your extraordinary ones. Not in a mechanical, guaranteed way — I have been careful to say that. But in a real and meaningful way that is worth paying attention to.

Every interaction you have today is a seed. It will grow, slowly, invisibly, in the relational ecosystem of your life. And what it grows into — warmth or distance, care or indifference, genuine investment or transactional efficiency — depends on the quality of what you planted.

Be kind. Not strategically, not as a technique for accumulating goodwill credits, but genuinely. Be honest in your relationships. Show up for people when they need it, even when it is inconvenient. Mentor those who are earlier in their journey. Be someone that the people around you genuinely want to do well.

Invest in your family. Both in the nuclear sense — being present for your children, your spouse, your immediate

circle — and in the extended sense. The combined family that sustained me through seven months of cancer treatment was not an accident. It was the product of years of investment in those relationships, of proximity and care and the daily deposits of attention and love that make a family genuinely close rather than merely related.

And invest in your professional relationships with the same intention. Not to network or to build useful contacts, but to actually engage with people as human beings, to take their development and their wellbeing seriously, to be someone who adds something to the experience of working alongside them.

Do all of this not because you are expecting a return, but because it is the right way to live. And then, when the difficult time comes — and it will come — you will find that you are not facing it alone. You will find that you have been planting, all along, the seeds of the support that will carry you through.

How you live in the ordinary days determines what is available to you in the extraordinary ones. Plant well.

I did not know, during all those ordinary years of showing up for my team and my family and my colleagues and my friends, that I was preparing for a year of cancer treatment. I was simply trying to live well, to be a decent person, to take my relationships seriously.

But I was planting. And when the storm came, what had been planted held me up.

Plant well. In every ordinary day. You do not know when you will need the harvest. But it will come. And what it looks like depends entirely on what you planted.

CHAPTER SIXTEEN

The Gift of Seeing Both Sides

A balanced person sees positive in the negative and negative in the positive. Both sides always exist.

I want to end with something that might surprise you. Something that, when I say it, some people look at me strangely and others begin to understand for the first time why my journey looked the way it did from the outside.

Cancer gave me a weight loss program that no gym membership, no diet plan, and no amount of personal discipline would ever have achieved for me.

I say this with a smile. I say it deliberately, because I think the ability to find something genuinely positive — not performatively positive, not grimly positive, but actually, honestly, specifically positive — in an experience as serious as Stage 3 cancer is perhaps the most complete expression of everything this book has tried to say.

And I also say it to introduce this final chapter's core idea: that a balanced person sees positive in the negative and negative in the positive. That both sides always exist. And that the ability to see both sides — clearly, honestly, without forcing either — is one of the most mature and useful capacities a human being can develop.

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The Weight Loss Program Nobody Ordered

Before my diagnosis, I weighed 88 kilograms. With the lifestyle I had — not particularly disciplined when it came to exercise, not watching my diet as carefully as I should have been, a person who enjoyed food in the uncomplicated way of someone who has not yet had reason to think too carefully about what food is doing to their body — I was on a trajectory that was not heading in a healthy direction.

By the time I was discharged from hospital after surgery, twelve days after the procedure that removed my entire stomach, I weighed 82 kilograms. Six kilograms gone, just like that. And the weight continued to come off in the months that followed, as my body adjusted to a radically different relationship with food and nutrition. Today, as I write this, I am somewhere around 63 kilograms. I have lost approximately 25 to 26 kilograms in total.

I know many people who spend years trying to lose weight and cannot manage it. They try diets and exercise programs and various interventions, and the weight stubbornly stays. And here I am, not just having lost a significant amount of weight but actually struggling to put it back on. My doctor tells me this is expected given the surgery, but I find it extraordinary nonetheless.

The reason for the weight loss is structural. Without a stomach, the body cannot process food in the quantities and at the pace that it could before. I now eat six to seven small meals a day rather than three main ones. I cannot eat large quantities at a single sitting. My body, quite literally, has been restructured into the eating pattern that nutritionists have long recommended as ideal for everyone: smaller quantities, more frequently, throughout the day.

I did not choose this lifestyle. My body was shaped into it by the surgery. And the result — the lighter body, the different relationship with food, the forced attention to what I eat and when and how much — has produced something genuinely positive that I would never have arrived at through willpower alone.

I feel more energetic, less lazy compared to pre-cancer days. Is that a reason to be glad I had cancer? No. But is it a real and specific positive that emerged from something profoundly difficult? Yes. Absolutely, undeniably yes.

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Did Cancer Extend My Life?

Here is a thought that occurred to me during my recovery, and that I have sat with since, and that I want to share

because it shifts the entire frame in a way that I find genuinely illuminating.

Before my diagnosis, with the lifestyle I was living — the weight, the lack of regular exercise, the eating habits of a person who has not yet been forced to pay attention — there were risks accumulating quietly. Not dramatic, not immediately threatening, but present. The kind of slow-burn risks that become serious over time and that we tend to notice only when they tip into crisis.

Cancer forced a complete reset. It forced a new relationship with my body. It forced the surgery that removed the organ where the cancer was growing. It forced the weight loss that reduced a significant risk factor. It forced the dietary restructuring that aligned my eating with what genuine health requires. It forced me, in the most unavoidable way possible, to pay attention to my body and its needs in a way I had not been doing.

And so, I find myself genuinely believing — without certainty, as a considered possibility rather than a fact — that cancer may have extended my life rather than shortened it. That the trajectory I was on before the diagnosis, left uninterrupted, might have led to health problems that would have caught up with me sooner than the cancer has. And that the forced reset of the cancer treatment, brutal as it was, may have given me years I would not otherwise have had.

I hold this thought lightly. I know it cannot be proven. I know there is a version of this thinking that could become a rationalization, a way of making peace with something that does not actually deserve to be made peace with. I am not asking you to find the silver lining in everything difficult

that happens to you, or to perform gratitude for experiences that have genuinely cost you.

But I am asking you to consider: is there a version of this thought that is available to you? Is there something in your difficult experience that, held honestly and without forcing, reveals a genuine positive? Not to cancel out the difficult. Not to pretend the difficult was not difficult. But to acknowledge that reality is always more than one thing, and that the one thing we find hardest to see in a crisis is often the other side.

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The Balanced View

The principle of this chapter is that a balanced person sees positive in the negative and negative in the positive. I have spent the first half of this chapter on the positive in the negative — the real, specific, honestly held goods that emerged from my cancer experience. Now let me say something about the negative in the positive, because I think that side of the principle is equally important and equally easy to miss.

There is a way of moving through good times that is as problematic as the way of moving through difficult times that this book has been addressing. It is the way of assuming that good times are permanent, that success is deserved and will continue, that health and stability are the natural state of things rather than a particular configuration of circumstances that can change.

We do this all the time. When things are good, we relax our vigilance. We stop paying attention to the signals — which is the very thing that Chapter One of this book was about.

We stop building the shelter because it is sunny and the shelter seems unnecessary. We stop cultivating the mental preparation because there is nothing currently to prepare for. We let the relationships that matter fall into comfortable neglect because there is no crisis to remind us of their importance.

The balanced person sees the potential for difficulty even in good times. Not as a way of poisoning the good times with worry, but as a way of not being blindsided when the good times shift. As a way of continuing to invest in the things that matter — relationships, mental preparation, practical arrangements, physical health — even when there is no immediate crisis demanding that investment.

The cancer taught me this with unusual clarity. In the years before the diagnosis, I had that quiet sense that something difficult was coming. That awareness — the negative in the positive of my good period — prompted the mental preparation that carried me through the diagnosis. If I had been completely unguarded, completely absorbed in the ease of the good years and entirely unprepared for their ending, the arrival of the cancer would have been a more complete ambush.

Both sides always exist. Good times carry within them the seed of difficulty. Difficult times carry within them the seed of growth and clarity and unexpected positive. Seeing both sides does not make you a pessimist or an optimist. It makes you a realist. And realists, in my experience, navigate difficulty far better than either the relentlessly positive or the chronically negative.

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What Changed After Cancer

I want to share something specific about who I am on the other side of this experience, compared to who I was before. Not to suggest that cancer was worth it, or that I recommend the experience, or that the transformation required the suffering that produced it. But because I think naming the changes honestly is itself an act of seeing both sides.

I am more grateful. Not in a performed, social media gratitude way. In a quiet, daily, specific way. I notice ordinary things differently — a meal that I can eat without difficulty, a morning with energy, a conversation with someone I love, a day that unfolds without medical appointments or physical discomfort. These things were always gifts. I just did not know they were gifts until the period when they were not available reminded me.

I am less anxious about things that do not matter. The small professional frustrations, the minor social irritations, the hundred daily inconveniences of life that used to accumulate into a kind of background noise of dissatisfaction — they do not have the same grip they used to. When you have sat in an ICU wondering whether the nine-hour surgery went the way it needed to go, a difficult meeting or a frustrating commute or an administrative problem occupies its true place in the scale of things. Which is: small.

I understand people's support differently. I have described throughout this book the network of support that surrounded me during my treatment. But what I want to say here is that receiving that support changed how I understand the act of giving it. I now show up for people differently. When someone I know is going through something difficult, I do not send a message and wait to see

if they reach out. I reach out. Consistently, without waiting to be asked. Because I know, from the inside of the experience, what it means to have someone do that for you. And I know what it means not to have it.

These changes are real. They are gifts, of a kind. They cost me something significant to receive, and I would not have chosen the cost if another path had been available. But since the cost was paid, I am glad that what I received in return has weight and reality and use. I am glad that the suffering was not without yield.

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Celebrating Cancer

Let me address directly the thing I said in the talk, I delivered in one of my company forums, from which this book grew, and that I know some people found striking or even puzzling when they heard it.

Since the day I received my diagnosis, I have celebrated cancer.

Not the disease. I want to be absolutely clear about that. I do not celebrate the suffering of cancer patients, the grief of families who have lost people to it, the fear and uncertainty and the very real losses it causes. None of that is cause for celebration. Cancer is a serious disease and its effects on human lives are genuinely terrible.

What I celebrate is what the experience made of me. What it revealed about myself that I would not otherwise have known. What it gave me, alongside everything it took. What it showed me about the people around me, the depth of their care, the generosity of their support, the prayers that came from more corners of my life than I had imagined.

What it forced me to understand about the nature of life and health and time and what actually matters.

I celebrate the fact that I am still here. That the treatment worked. That my doctors were skilled. That my body responded. That the network of support held. That the mental preparation built over years was available when I needed it. That all sixteen principles, working together as a complete kit rather than as isolated tools, made the journey more navigable than it would otherwise have been.

I celebrate the clarity. The cancer stripped away a great deal of noise. Professional ambitions that were really just ego. Social concerns that were really just anxiety. The vague background dissatisfaction that is sometimes the default of a comfortable life that has not recently been reminded of what it means not to be comfortable. All of that noise is quieter now. And in the quiet, what remains is more clearly visible: the people I love, the work that actually matters, the ordinary days that are, when you have been forced to pay attention to them, extraordinarily precious.

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A Final Word on Both Sides

The capacity to see both sides — the positive in the negative, the negative in the positive, the genuine mixed reality of experience that is neither all-good nor all-bad but always both — is not a natural human tendency. Our natural tendency is toward simpler, cleaner narratives. This is good. This is bad. This should be happening. This should not.

Learning to hold complexity — to allow the difficult and the good to coexist in your experience without demanding

that one cancel the other out — is the work of a mature life. It is not comfortable work. It is the work of someone who has given up the comfort of simple narratives in favor of something more accurate and ultimately more useful.

I offer it as the final lesson of this book because I think it is, in some ways, the one that contains all the others. The principle of reading signals (Chapter One) requires the ability to see what is there even when it is inconvenient. The principle of accepting problems (Chapter Four) requires holding the negative alongside the positive without being destroyed by the negative. The principle of being positive about outcomes (Chapter Nine) requires accepting both possibilities simultaneously. The principle of planting good seeds (Chapter Fifteen) requires seeing the negative in the positive of your good times, the awareness that they will not last and that now is the time to build.

All sixteen principles, at their core, require the ability to see clearly. Not just one side. Both sides.

Develop that capacity. In your best moments and your worst ones. In the clarity of health and the fog of illness. In the ordinary days when nothing much is happening and in the extraordinary days when everything is happening at once.

See both sides. Always.

In every darkness, something positive is hidden. In every ease, something that requires your attention. A balanced person sees both. Always.

I came into this experience as one version of myself and came out as another. Lighter in weight. Heavier in wisdom. Clearer about what matters. More genuinely grateful for

what I have. More present in my ordinary days, because I have learned, in the most direct way possible, that the ordinary days are the extraordinary ones.

This is the gift that cancer gave me. Not the one I would have chosen. But the one I received. And I will carry it, with gratitude and with intention, for every day that remains.

Since the day I received my diagnosis, I have celebrated cancer.

And I am still celebrating.

Closing

CONCLUSION

The Sixteen Together

Not rules. Not a formula. A way of being.

If you have read this far, you have come a considerable distance. You have walked through sixteen chapters that took shape in hospital chairs and recovery rooms and the quiet, concentrated hours of a treatment that lasted through seasons. You have read the story of a person who faced Stage 3 stomach cancer and came through it. And you have, I hope, found within that story something that belongs to your own.

I want to use these final pages to gather the sixteen principles into one picture. Because I think they are easy to

misread as separate, independent lessons — a list of things to do when you are in a difficult situation. And while each of them stands on its own, the truth is that they work best together. They form a complete way of being in the world, not just a toolkit for crisis management.

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Begin with attentiveness. Read the signs that life sends you, even when they are small and easy to dismiss (Chapter 1). And when the hard thing arrives despite your attentiveness, respond to it with everything you have (Chapter 2). Not with despair, but with the steady, participant quality of someone who has prepared themselves for difficulty in the good times rather than waiting to be ambushed by it (Chapter 3).

Accept that the hard thing belongs to your life. Problems are not betrayals; they are the texture of a fully lived existence (Chapter 4). Do not ask why me — ask why not me, and then ask what you are going to do about it (Chapter 5). Open the door to support by speaking honestly about what you are facing (Chapter 6), while choosing with wisdom which truths to share with whom and when (Chapter 7).

Gather the information you need. Seek multiple opinions. Arrive at your decisions from a position of informed confidence rather than blind faith (Chapter 8). And then cultivate a positivity that is not about outcomes but about your own inner state — the steadiness of a person who is okay, genuinely okay, regardless of how things turn out (Chapter 9).

Give everything to your actions. Be fully, completely, wholeheartedly attached to the quality of what you do. And release the outcome — not because it does not matter, but because it is not yours to control (Chapter 10). Face what is actually in front of you rather than the version of it that your imagination has assembled (Chapter 11). Walk one day at a time, one step at a time, trusting that the distance will add up (Chapter 12).

On the days when the inner resources are thin, just show up. Go through the motions without the emotions (Chapter 13). And never forget that you are not doing any of this alone. The hands that hold you up are real and numerous, and they were built in the ordinary years before the crisis arrived (Chapters 14 and 15). Through all of it, keep your vision balanced — seeing the positive in the negative and the negative in the positive, staying clear-eyed about the full reality of what is (Chapter 16).

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These sixteen principles did not come to me as a theory. They came to me as a life. My life, during the hardest period it has yet known. And they worked. Not perfectly — nothing ever works perfectly. But well enough. Strongly enough. And that was enough.

I share them now with the genuine hope that they will work for you too. Not because your situation is the same as mine. It is not. But because the challenges that bring us to our knees, whatever form they take, respond to the same fundamental qualities: attentiveness, preparation, acceptance, action, presence, humility, support, and the capacity to see clearly even when clarity is the last thing we feel.

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You are in the middle of something hard. Or you are preparing for something hard. Or you are on the other side of something hard, finding your way back to ordinary life and discovering, as I discovered, that the ordinary life on the other side looks different from the one you left.

Whatever is true for you right now, I want to say this directly:

You are stronger than you know. The resources you need are closer than they feel. The people who love you are more willing to help than you might have allowed yourself to believe. And the difficult thing you are facing — however large it looms, however complete it seems in filling your horizon — is something you can move through. One day. One step. God's time.

This is not the end of your story. It is one of its most important chapters.

Write it with everything you have.

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