

Second Part  
**Hemodialysis**



## Chapter One

### Hemodialysis and a surprise (told by “CS”)

A hemodialysis consists of a machine doing what the kidneys fail to do. For that one has to extract the blood and send it through that machine (artificial kidney) using a tiny tube; in that machine or artificial kidney, blood gets purified (task that normally the kidneys do) and then is sent back into the body through another tube. To shorten this process both tubes are connected to a pump that speeds the extraction of the blood and its return. Even so, the process took four hour and it had to be done three times a week.

Back then, among the different aspects one should pay attention to, there were three which frequently disturbed patients, these were:

- 1) Blood temperature should be kept artificially between the normal limits when coming out of the body, if it got cold the patient started shivering from the cold and the opposite happened if it got too warm.

- 2) Coagulation had to be prevented by administrating anticoagulants, but if too much was administrated, hemorrhages were produced (nose bleeds, for example) so the opposite medicine had to be administrated to counteract the effect.

- 3) Total asepsis, as working with a patient's blood has a high risk of infection.

I have to point out that hemodialysis has been perfected gradually, so the procedure followed with José are now outdated; I will just mention some basic things for a better description of how this treatment felt to José, treatment that despite all its defects, is the only way of living for thousands of people all over the world, way of living that is not necessarily unpleasant because thanks to the last scientific and technological advances it is possible to perform

excellent hemodialysis treatments without major complications for the patient.

\*\*\*

After the last interview with Doctor Esteban and until the beginning of the hemodialysis treatment there was a time were José got worse again. He first visited a nephrologist recommended to him by his health insurance company, the doctor shortly advised that he should start with the hemodialysis treatment.

For this treatment the insurance company had arrangements with different top level hospitals, so he just had to choose one of them.

- This is a long list.
- Yes sir, choose whichever you want and go there with these charts and from then on you will be a patient from that place.
- Sure, but help me choose, which one is better?
- All of them are good sir, you must choose.
- Don't you have recommendations? Good or bad about any?
- No sir, they are all the same.
- Damn, this is hard!

José discussed it with his wife while the insurance company employee tapped her desk nervously with her pen and sighed as if she was saying 'come on, hurry up, I don't have time for this, can't you see there are people waiting?'

- Miss, can I take the list home and decide where to go?
- No sir, that's the only list I've got, I cannot give it to you but I repeat that they are all the same, choose any of them but please do it quick because I can't delay this much.

Without time to even read the whole list, José and his wife had to be quick and decide.

- Is this one okay?
- Hum... yes...

And that's how they decided to go with the one called The European Hospital. When they got there, they did all the administrative paperwork as usual and an employee said:

- Follow me please, I will introduce you to the Hemodialysis Centre's Director.

The office door opens, they step into the office and José gets amazed before an unexpected surprised. In front of him stands the Hemodialysis Centre's Director who was in fact the 'Great Professor' who he had visited years ago.

— Pleased to meet you José, I see that your Health Insurance has given you access to this treatment.

— Yes doctor, but... don't you remember me?

— No... I don't know... honestly... I don't remember... do we know each other?



## Chapter Two

### The fistula

Let's go back to the tubes. One extracted the blood and took it to an artificial kidney; the other one returned the blood back to the patient. Of course, that blood had to be extracted from a vein and then be returned the same way, to a vein. So it was necessary to PUNCTURE a vein with two needles (one for extraction and one for returning). Those needles couldn't be thin, they had to be THICK to allow the circulation of a great volume of blood.

This procedure is perfectly bearable to a patient, but not to their veins. Imagine if you were punctured in a vein by two large needles which are left there connected to their corresponding tubes for a period of FOUR HOURS.

Two large veins, for two hours, it is already too intense for a vein, but the problem gets worse given that this has to be repeated every two days.

No, you are not mistaken; NO VEIN CAN ENDURE THROUGH ALL OF THIS, that's why before starting a hemodialysis treatment, it is essential to PREPARE a vein for it. This is achieved through a surgery usually performed on the arm, near the wrist, and it consists of connecting an ARTERY with a VEIN. This way, the vein starts receiving a superior amount of blood than what it was used to; consequently, as days go by, that vein starts increasing in size and strengthening its walls. Little by little it transforms into a 'super vein' and from that moment on it can be connected to the artificial kidney, with the two large needles previously mentioned.

This connection of an artery and a vein is called an artery-vein fistula; the 'super vein' is simply called 'fistula' by the hemodialysis patients.

The proper state of the 'fistula' is fundamental. If the fistula got unable to perform correctly, the hemodialysis should be suspended

until it were able to function again, or urgently make another fistula and wait until it transforms into a 'super vein'.

THERE ARE ALWAYS ALTERNATIVE RESOURCES, but there's no doubt that without the fistula the difficulties will say PRESENT because in those cases the hemodialysis has to be suspended. These difficulties are never impossible to overcome, but they are difficulties nonetheless.

This is why people with kidney failures who is on hemodialysis learn to love and take care of their 'fistulas', given that their wellbeing depends on them.

\*\*\*

If you are healthy and learn about this subject, it is probable that your mood will allow you to understand things as they are, with a balanced objectivity, without anguish, without uneasiness, without pessimism. But it is not that way for the sick, because the sick has been sick for a long time, their 'nerves' have been tested more than once; their blood is intoxicated to the point of affecting every part of their organism. It is also natural that their thoughts, feelings and emotions get altered. This does not happen to a healthy person and therefore the way people react is very different. It is common that a healthy person sanctions and condemns the sick by saying:

— Don't be like that! Why so pessimist? Such a drama queen! This is so not you, you are a smart person, don't get carried on by anguish and uneasiness!

A nurse would say it like this, with a high tone

— Come on, come on! What's wrong here? No tears! Patients out! It's not a big deal!

These attitudes increase the sick's suffering, who feels lonelier and lonelier before everyone's miscomprehension. Miscomprehension generates incommunication (even if they talk a lot) and loneliness (even if they are surrounded by people).

Let's imagine a bottle of fresh water. What does it mean to you? Probably the same as to every other normal person, but... that bottle of fresh water means a lot more to a person lost in the desert, without drinking, for a few days.

In front of the same situation people would react in different ways according to the particular situation of each one.

That is the beginning of the incomprehension, failing to put ourselves in somebody else's 'place' and 'comprehend' their thoughts, feelings, emotions and reactions. It is clear that 'comprehend' does not imply 'justifying' or 'agreeing', but this would take a larger analysis.

What I meant with this comment is that José lived with a profound pain and sadness during the period he had the fistula and got prepared for the hemodialysis. To José everything was falling apart, as if it were the beginning of the end. In that moment José had his biggest depression; he received complaints from nurses and doctors; he received very little comprehension from the 'healthy'.

How many at this exact moment are going through the same suffering without anybody to comprehend them!?



## Chapter Three

### The club

The day of the first hemodialysis arrived. José had accepted his reality; his mood had improved, but not as much as someone at a party ready to have fun. A 'constrained' precession lived inside him. Trying to keep his spirit up, he struggled to remain strong and asked for God's help, praying in silence; nobody knew this as much as I did, "CS" (who has been the narrator these last few chapters).

With every step, the door at the end of the hallway got closer to José, with a sign that read 'Hemodialysis'. He opens the door and finds in front of him a waiting room that felt unreal to him.

The bald man on his left side: —Hello, hello! A new one! Ha, ha, ha — he laughed hard —Welcome to the club boy! I'm the champion here, I have two fistulas on each arm, three no longer work and the fourth one is giving up, it is a matter of time to say goodbye to it and have another one done on another part of my body, on a leg perhaps, ha, ha, ha. That's why I'm the champion no one has more fistulas than I do, ha, ha, ha —he kept laughing—.

A distinguished lady on his right side: —don't talk like that 'champion', you are going to frighten him! Come in young man, don't take anything you hear in here seriously.

The man at the end of the room, always staring at the floor, kept repeating: —we have to ask for the complaints book... we have to ask for the complaints book...

Another lady stared at everything, heard everything and participated approving, disapproving, interrupting, but just with gestures, without using words.

A man who was rubbing his notorious abdomen: — No, no, it's not fat, I'm just swollen, but what we gonna do? The scale says I gain five kilos, it must be broken, it can't be that much!

José sat down.

Suddenly a door opens and a short man comes out singing with enthusiasm: 'Bocha, Bocha!' (Who was a current football player).

The distinguished woman: — Mr. 'football fan', do you not care about anything that isn't football?

The 'fat' man: —tell me, how do you manage to not gain weight between dialysis and dialysis?

The 'champion': —yeah, I'm having another fistula done ha, ha, ha.

The man at the back: —we have to ask for the complaints book...

\*\*\*

Effectively, this was a club where the associates had to concur more than four hours a day, three times a week. There was never lack of conversation topics; they had strong common interests, such as:

- The 'blood pressure', if it was high or low...
- The 'shivers', if they were present for long, if they stopped after some time...
- The 'fever' generally produced by the pyrogens.
- The unexpected complication which forced them to stay at the hospital.
- The excessive weight gain.
- The cramps and the potassium
- The finished diet, the unfinished diet, the new diet.
- The technician who misses when piercing the fistula.
- The needle that pops out of the fistula at the middle of the hemodialysis.
- The bruises, the bleeding.
- The power shutdowns and the machines that stop.
- The 'filter' (artificial kidney) that breaks during the hemodialysis, whether it was bad luck or it had been overused (theoretically the filters are disposable but due to their high costs it is admitted to use them up to five times maximum, which carried inconvenient such as spilling all the blood it contained at the moment of the treatment).

There were also the everlasting and always new anecdotes about administrative problems: the not properly authorized medical order, the urgent medical recipe which was lacking a signature, the

payment which would be reimbursed after doing everlasting paperwork and lines and all the problems of a prepaid health insurance company; etc. etc. etc.

As you can see there was never a lack of conversation topics.

\*\*\*

Dear reader, this is not a pessimist tale, it is an objective one. Things were like that while José was getting his hemodialysis, but it is necessary to point out that SOON ENOUGH JOSÉ GOT USED TO ALL OF THIS, TAKING IT AS SOMETHING NATURAL FOR HIS SITUATION and achieving a good relation with all his mates and medical staff, with technicians, nurses, and even with administrative personal, from the European Hospital and his medical insurance.

That way of socializing José had was directly related with his health improvement. THE HEMODIALYSIS HAD GOTTEN HIM BETTER, he felt alive again. The hemodialysis got the toxins out of his blood (thing that his kidneys failed to do). With 'clean' blood everything seems better and 'cleaner', even his feelings and thoughts were 'cleaner'.



## Chapter Four

### The marriage “X”

(told by José)

I agreed with “The Champion”, that place was a Club. Maybe not at first but soon enough I went through an important change. I started to care for the group of people that formed that club, I got to know what caring for others felt, that care that made us ask one another if they felt well, caring enough to worry when one of our mates ended up at the emergency room, or when they had complications during hemodialysis, or when someone was missing. The strange thing was that we were neither related, nor lifelong acquaintances, we were practically strangers. It is probable that SHARING so many common interests (like the ones mentioned by “CS” in the previous chapter) was the reason that we had so much affection for each other and why we were so bonded. “CS” made me notice that THE GREEDY (to give an example) ALSO SHARE common interests but there is no affection or bonding between them. I got to the conclusion after a conversation with “CS” that what created our club’s bond was the fact that our common interests were related to pain.

At every job I had I always had workmates, and we have SHARED things, celebrated birthdays, bachelors’ parties and so many other usual events in a relationship between workmates, but I have the feeling all of that was shallower (it was not related to the “pain”), they didn’t leave a mark like the one left by the hemodialysis club. Even though we were not in that club to make friends, and not everyone liked to chat, there were some who were really quiet, such as an elderly lady who usually seated next to me during hemodialysis. She was thin, hunched and always walked slowly next to her husband. They always arrived before me, and as she was the first one to finish, she left before me too. Still, they walked so slowly that

I always bumped into them half way through the little road that crossed the gardens of the European Hospital.

When we arrived, early in the morning, before the sun came out, I got to the European Hospital, and as always, at the middle of the little road, was the old lady, holding her husband's arm, hunched and slowly walking; in a matter of seconds I walked past them and greeted them:

- Good morning.
- Good morning, young man.

When we left, at noon, crowded, with a lot of movement, I saw the lady leaving with her husband; just like at the beginning, in a matter of seconds I walked past them and said goodbye:

- See you next time, bye!
- See you on Wednesday, young man.

This scene was repeated so many times that it got stuck in my memory.

Once, the lady got a little chatty during the dialysis; she told me about her grandchildren, her house and complained about her breakfast being colder than usual. Later she had an inconvenient during the dialysis and was told she had to stay at the hospital.

On Monday morning, when I got back to the European Hospital, I was shocked to see the gardens empty, without the usual sight of the lady and her husband.

I asked about her... we all did...

The answers were evasive, reality wasn't. I never saw that lady again, holding her husband's arm, walking slowly through the gardens.

I don't know why, but I loved them. Their memory fills my eyes with tears. Surprisingly I don't remember their names.

## Chapter Five

### The Lost Resolution

— José, you have to keep taking the vitamin complex that I've indicated you — the doctor of hemodialysis said.

— Yes doctor, but I wanted to ask you something, the last time I went to the pharmacy they didn't have that vitamin complex and they tried to sell me another one called "Comvit"; according to what I've heard they're exactly the same and this one is half the price of the other. I didn't dare to buy it just in case, but as it's a lot cheaper...

— I didn't know about the price but it's true, their formulas are the same, you can take "Comvit" if it suits you more.

— Even so, what's your problem with the price, José? Aren't you a banker? — Another patient said.

— Yes, I am a banker but I am not a millionaire. Medicines are expensive!

— Of course they are but the bankers who are on hemodialysis don't pay for them, they are FREE!

— Don't say so! I've been spending a great deal of money in medicines for half a year, this is the first news I have that they are FREE!

— Of course José, I'm a banker, I've been on hemodialysis for five years and I always got FOR FREE my medicine, including the vitamin complex the doctor indicated. Go and find out in health insurance, there they are going to authorize your prescriptions according to a certain resolution.

A few days later in the health insurance office:

— For free? Resolution? No sir, we know nothing of that, there must be some confusion, you may ask your hemodialysis partner for the number and year of the resolution he is talking about.

At the European:

— How is it that they do not know what's it about? We are all mad! I'm going to bring you the number of the resolution; I don't know it by hard.

A few days later, he passed away. He was "the man at the end of the room", he used to say: "we have to ask for the Complaints book". Do you remember him, my reader friend? If you do, imagine how much I remember him. He was an excellent partner, he came to visit me a couple of times after his hemodialysis sessions when I had to be hospitalized for some inconvenient. He couldn't give me the number of the Resolution. I made a request at health insurance, insisted on it but not as much so as to resist the bureaucracy. I never asked for the Complaints book and kept paying for my medicine. Even though this alters the chronological order of the story, I should say that a couple of years later, when I had already been transplanted, the tiresome resolution appeared again and IT DID EXIST. The explanation was that when I underwent hemodialysis there weren't many banker patients on that situation, that's why employees weren't versed on that matter. As the number of patients on hemodialysis increased, the administrative facilities necessarily oiled up and, as more experienced was acquired, employees found and learnt how to manage the famous LOST RESOLUTION.

\*\*\*

Each member of the Club had their private collection of anecdotes similar to this one.

It was a common saying in those days that when you enter to your health insurance or to a state office with ONE problem you always come out with at least THREE problems.

In some opportunity in a newspaper I saw a joke where firemen entered in a rush into a health insurance to put out a fire and the surveillance employee stops them and says: "Sirs, don't compromise me, I'm only complying orders, if you don't have your membership card with the updated voucher, you can't come in."

Another joke is about a car accident in a not so busy route. A couple of the injured people were really damaged. An ambulance driver who was passing by comes closer and tells them: "If you have your orders properly authorized and sealed by your health insurance, I have no inconvenient in taking you"

I am not saying this for the mere pleasure of attacking or mocking at the health insurance companies. ON THE CONTRARY, I do it because I consider they must be defended.

The sum of healthy individuals makes a healthy population, and a healthy population makes a healthy country (strong, prosperous, dynamic). The state of health of a country depends on the state of health of its population. Given that in these days medicine is too expensive, medical cover through health insurance companies is ESSENTIAL, essential for people, essential for the population, essential for the country, and if it 's essential they must be in perfect state to guarantee an optimums functioning. Otherwise it's simply an attempt against the country's health. Bureaucracy, lack of judgment, lack of suitability, every factor which attempts against the good functioning of a health insurance.

Nevertheless, the philosophy of striving more for death than Life still prevails. Aren't fortunes spent on armaments?



## Chapter Six

### The sinful word

On a car ride, my mother and my wife were chatting while I was quietly talking to “CS”:

- What do you think “CS”? I’ve been on hemodialysis for five months...
- And you’re much better... maybe it’s time to start consulting over “transplants”.

Out loud:

- What do you know about transplants? How long will I have to wait to get a kidney? What formalities will I have to do? Can I be transplanted?
- For what I know— my wife said— they’re getting better results every day, the hard part is to get a kidney because there are very few donors.
- That wouldn’t be a problem— my mom added— because when it’d be necessary, I’m willing to give you one of mine.
- In that case— my wife intervened again— we shouldn’t waste time, tomorrow you have to talk about this with the doctors at the European.

At the European:

- Transplant! Transplant? NO JOSÉ, YOU CANNOT BE TRANSPLANTED.
- Why?
- Because you’ve just started your hemodialysis treatment. It’s better to wait for a while and then we’ll see.

The ‘Great Professor’ ended the conversation with a smile but I insisted on it while he was walking towards the hall.

- How long do I have to wait doctor?

- I do not know, it depends on many things.
- What things doctor?
- José, it took me many years to learn all of this. You should stay calmed and leave everything in our hands since we know what we are doing. Also, you got much better with hemodialysis, I don't see any reason for you to be anxious; perhaps you need a soft sedative...
- Doctor I need more accuracy. How long do I have to wait to start considering the possibility of a transplant?
- Since you insist, between seven and nine years. You're young; you have many chances to evolve perfectly with hemodialysis. As regards the transplant I'll be clear, it would be like taking the kidney out of your mother and throwing it to the garbage. That is how things are today. Are you satisfied now, José?

Moments later with "CS":

- What do you think of the conversation with the "Great Professor", "CS"?
- I had the feeling that it wasn't a conversation but a confrontation.
- You're right "CS" I believe I shouldn't trust the 'Great Professor'.

I will have to investigate on my own about transplants.

I started to dig into the subject. My first's questions were directed to the doctors and technicians of hemodialysis, but their answers were evasive and fearful. Soon I understood what was happening. At the European they ONLY made hemodialysis, NOT transplants. The strategy in this case was the common one for the competitive business world. Make good advertise for what you have to sale (in this case hemodialysis) and discredit the competition (the transplant). Surely in the future, when the European starts transplanting, they'll advertise it but, for the moment, the word transplant irritated them as if it were a sinful word.

## Chapter Seven

### Maze without Exit

- No... talk to the director in your hemodialysis center.
- No... you have to handle it with your doctors.
- No... not here...
- No...no.

These were the answers I got when I went to other hemodialysis' center to learn about transplants.

— Here we make both hemodialysis and kidney transplants but first things first, you have to come with an order from your health insurance to enter in the hemodialysis treatment and then we'll see the possibility of a transplant.

— But the thing is I'm already undergoing the treatment at the European.

— At the European? The 'Great Professor' is the director there!

— Exactly.

— Oh no, you'll have to discuss this with the 'Great Professor'.

— But I already did and they don't make transplants there.

— Speak with the 'Great Professor', if he agrees, he should send a note so we can take over your transplant; otherwise we can do nothing.

No one wanted to take a patient from the 'Great Professor' without his blessing; it wasn't useful to be in bad terms with a professional with such influence...

— No sir, we only make transplants to the patients who are already treating with us.

— No. We do not receive patients from other hemodialysis center since they might come with hepatitis.

— No.

— No.

Among all these negative answers, I incidentally found out about the existence of a previous step before the consideration of a transplant.

It was about a special test or study called “histocompatibility”, through it we could know if my mother and I were compatible or not. This discovery clearly shows how badly informed we were. After almost a year of undergoing hemodialysis, we didn’t know about the existence of a histocompatibility study. At the European they kept me in complete ignorance about anything related to the transplant, they didn’t even inform me about something as essential as this study; and in the different places I went to (to inform myself) I had only heard no, no and more no’s.

Now the problem was where, how and when I would do the histocompatibility study. I couldn’t count with the doctors of the European; outside of my health insurance wasn’t easy due to the fact that it was made in ordinary laboratories and it was very expensive. Also, we didn’t want people at the European to find out all of this because we were afraid that they would resent me and change the attention given to me.

The thing is that hemodialysis patients know how to be highly sensitized, being one of the reasons the BIG DEPENDENCE in which we are forced to live. By the time this was happening to me, hemodialysis wasn’t made with purified water (as it began to be made a few months later) but with regular water; with tap water a tank or a container was filled, then the elements which are typically found in blood are introduced in the right amounts (sodium chloride, potassium chloride, calcium chloride, sodium bicarbonate and glucose) and at the end a technician would stir the water with an oar which was kept hanging on a wall. The procedure wasn’t aseptic at all. This water with the right elements (“dialysis liquid”) ran through some recipients and inside those recipients the artificial kidney was introduced. The intoxicated blood of the patient circulated through the artificial kidney and due to a phenomenon called “osmosis” the elements travelled from the blood to the “dialysis liquid” and from the “dialysis liquid” to the blood, searching for balance.

As we saw, the preparation of the “dialysis liquid” wasn’t aseptic, that’s why microbes (pyrogens) frequently went from the water to the blood of the patient originating infections and high fevers.

In order for the blood circulation to be faster, they placed a pump that speed up the extraction and return of blood from and to

the vein of the patient. The speed of the pump had to be regulated carefully, provided it worked faster or slower, it would produce unpleasant symptoms.

In order for the blood not to clot on its way out of the organism, doctors gave anticoagulant pills and the water or “dialysis liquid” temperature was modified to resemble the one of the human body. If the anticoagulant pill was delivered in lower or higher doses, the inconvenients appeared; that not to mention the water temperature, if it was lowered we would freeze to dead, if it was raised we would burn inside.

Of course technology is continuously making progress in big steps; therefore today this entire story may sound completely overcame, but I’m sure that dependency will keep on existing, since there will always be a thermostat that breaks down, a filter that stops working, a pump that speeds up, or a simple and devastating power cut.

In my times, it was a pretty long list of factors that you depended on. The failure of any of them produced “pain”, but the worst of those pains was the one produced when you called the technician and he, exhausted, apathetic, answered: “Coming...” and he came but after a few minutes; it was a defenselessness sensation which generated very very unpleasant feelings and thoughts. Luckily, that happened to me very few times, yet they were more than enough to wish not to happen again.

In all these radiated my fear of a being in bad terms with the staff of the European.

Let’s revise the situation:

I had to keep investigating and look for the way to make me the histocompatibility study, with my health insurance covering it and without anyone finding out at the European. I remember that when we talked about all these with my wife and my mother we looked like a group of conspirators, secretly plotting the way to carry out an illicit act. In actual facts, at the moment of making inquiries, the conspirator transformed into a beggar; a beggar for information.

I went to every assistance establishment where transplants were made and which had an agreement with my health insurance and NOTHING; doors were shuttered and that terrible word: No, No, No.

My strength faded... my spirit crumbled away...

— José — my friend “CS” said one day — do you believe you’ve already done every you could?

— Yes, I’ve done my best, but it was all for nothing, now I’m trapped, a prisoner in a maze without exit. Behind my back, there are my useless kidneys, to my right The European, at my left the health insurance company, in front of my collection of “No”, “No, it’s not possible” and as a floor I have the discomfort of insecurity.

— It is believed that Saint Augustine — “CS” said slowly— had this saying:

“Pray as if everything was up to God, work as if everything was up to you”.

You’ve already worked enough, now you must pray and as Prayers are an

“Uplift to God” it’s possible that by lifting yourself up you’ll find the way to escape from the no-exit-maze where you are now. I suggest that you pray José, but you have to do it tirelessly, deeply and for as much time as you can. You must know there are many ways to pray. You can do it by praying (meaning, reciting a text), singing, or meditating as well. Any procedure which works for “uplifting yourself to God” is a prayer. Of course you may say that you have so many things to do that you barely have time to pray, however, you can do it without letting aside your daily obligations. There’s a way to transform each one of them into the most beautiful Prayers. The key is LOVE. Love always rises up. Try to do everything with Love and you’ll be constantly praying. This will benefit you physically and spiritually. Try to do so and then we’ll talk about it.

This advice from “CS” was wonderful to me.

## Chapter Eight

### We got away

Yes, you must have realized that a few moments ago I referred to “CS” as “my friend”. She definitely was an invaluable friend. Naturally leaned towards reflection, she always gave me useful advice, starting from the need of praying to the poetry cited on the first part of this story, which is good to remember; it said:

LORD, grant me,  
SERENITY to accept the things I cannot change,  
COURAGE to change those I can, and  
WISDOM to recognize the difference.

The last suggestion of “CS” of doing everything with love reminded me in some way of doctor Esteban’s words: “Those vegetables you have to eat as lunch, you shouldn’t look at them with hate, but love, acceptance and enthusiasm, because that meal will do you good”.

There’s no doubt that pointlessly visiting all those assistance establishments looking for information about transplants had meant a great overstrain for me. The negative results were the ones which contribute the most to upset me. Those efforts were (apparently) useless, as “a dog who barks to the moon”. I couldn’t help but feeling resentment, and once more, a deep rejection for the “Great Professor” and his environment of reprehensible alliances that twisted and crisscrossed in the entire place.

In this situation, “CS”’s advices, doctor Esteban’s words and Prayers helped me to calm down my mood and silently look for the path of inner reconciliation with the reality that, for that moment, I had to live, in other words, hemodialysis.

Finally, one day a doctor we already knew told us that he had talked about my case to the Transplant's Team of Hospital Important, and that they were waiting for me on the next day at ten in the morning.

Trying not to be too excited, we went to the appointment and had a little, quick and decisive meeting with the Transplant's Team Chief (Dr. Policla), Deputy Chief (Dr. Catri) and a collaborator (Dr. Maschi).

— Doctors, I undergo hemodialysis at the European Hospital where the Great Professor is the director.

— Oh, yes...

— The Great Professor told me we couldn't discuss the transplant yet.

— Do you have your histocompatibility study done?

— No...

— Say no more, we must do that study.

— But, how? My health insurance doesn't have an agreement with this Hospital.

— We do not believe there will be any inconvenient because it's a study that you haven't made yet and because here we don't charge for it any more than in other places. Let's do to the facts.

Dr. Catri, in a simple prescription pad, made up something similar to the next note:

"We request your approval to perform on the previously named patient and his mother a histocompatibility study to evaluate the possibility of a kidney transplant. This study will be billed at national nomenclature values".

We couldn't believe it! We had had so many obstacles with the transplant and just like that, so sudden and simple, everything was solved.

Meanwhile I kept having my hemodialysis treatment at the European.

At the health insurance company they put a collection of stamps and signatures and said: "Now you are authorized, sir" We were astonished!

At Hospital Important, blood extraction and the histocompatibility study were already a reality.

Days later at the Important:

— The transplant can be made —Dr. Policla said—.

— With a small rejection risk, small but a risk in the end—Dr. Catri said—.

— In case the surgery fails, you'll have to continue with hemodialysis as if nothing had happened —Dr. Maschi added—.

— Until we be able to perform another transplant with a cadaveric donor—Dr. Catri intervened again—.

This is a summary, doctors at the Hospital Important were very thoughtful and gave us plenty of advice about everything related to transplants. Then, we met and chatted with some of the transplanted patients, which was really motivating.

A few days later, with all my papers in order, I said goodbye to my hemodialysis' partners of the European. The surprise left them speechless. Everyone wished me the best, including the technicians and the doctors, except for the Great Professor and his inner circle, who felt deeply hurt in their self-love.

Luckily, we had got away and a new stage was beginning for us, the transplant stage.