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Peanut butter crackers

Lucy Zhao, B.S.

Harvard Medical School, Boston, Massachusetts, USA

Essay/Personal Reflection

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Email: lucy_zhao@hms.harvard.edu

When you first came into the hospital, your face was bursting with joy. A dimmed light buzzed gently above your bed. Somehow, its reflection in your eyes was brighter than its own glow.

Most patients are not thrilled to see me at 6 AM, as my whispered "good mornings" jolt them out of much-needed slumber. But you were wide awake. Your eyes were happily surveying this strange new home of yours.

"Good morning, Miss S."

"Hi! What's your name?"

"I'm Lucy, a medical student with the surgery team. I just wanted to see how you're doing this morning."

"Hi Lucy! Call me S. That's what everyone calls me."

You were in the hospital for removal of a breast cancer. You told me you were in no pain, that you had not had any nausea or vomiting, and that nothing was bothering you. You asked me if you could eat. Unfortunately, you could not since you would be having surgery later that day. Your head bobbed up and down. You looked directly into my eyes and said, "Thank you, Miss Lucy."

It was only later that I learned you were legally blind. A twinge of sadness darted across my heart when I realized you could not see the smile you had so effortlessly drawn on my face. I also discovered that your head bobbing was a sign of tardive dyskinesia – not comprehension. You were diagnosed with "cognitive delays." Did you know what was happening to you?

These thoughts continued to plague me as I visited you in the preoperative holding area before your mastectomy. The fact that you were deemed incapable of consent despite emphatically knowing that you would be "getting my cancer removed" upset me. Why were others so sure that you could not make an informed decision for yourself?

Yet, as far too many people entered your room, heralded by far too many push–pulls of the worn-out curtain ironically meant to give you privacy, your eyes continued to produce their special light. An anesthesiologist was placing an intravenous line. I rested my hand on yours and asked you how you were feeling. Your eyes followed my voice and smiled in their special way. "Miss Lucy! I'm ready. Let's do this!"

Your smiling eyes flickered with pain as the intravenous needle punctured your skin.

As we waited for your operating room to be prepared, my attending asked me a question – should you be getting this surgery?

I thought this was strange. You needed the surgery and wanted it, so of course you should get it.

That was the answer I gave. He nodded and told me that it was debatable because your many comorbidities – from heart failure to end-stage renal disease – were more likely to cause you morbidity and mortality within the next few years than that alien mass in your breast. The maleficence versus beneficence of performing a mastectomy on you was heatedly disagreed upon even among the department's tumor board, he said. The harsh reality of your disease status had to be acknowledged despite all the health of soul you emanated. It broke my heart.

You did well after the surgery. Until you did not. First, you landed in the intensive care unit for unstable blood pressures. Then, the breast – which should have been the least of your concerns – started drowning in a hematoma. With much urgency, you were shuffled between the unit and the operating room for an aggressive washout of your breast wound. In that operation, I watched solemnly as your wound vacuum was opened, revealing a mess of disorganized tissue and blood. Suddenly, I felt like the mastectomy – a supposedly life-saving procedure – harmed you and unnecessarily deprived you of a part of your body. My attending was right. The surgery had only served as a battle call to unite all your other medical problems in rebellious synchrony against you. The lump should not have meant so much.

For the next few days, you remained in the intensive care unit. You were somnolent in the mornings, so our chats were mostly one-sided. But one day, you graduated to the floor, and you were awake again. We talked, and it felt like reconnecting with a long-lost friend. As when we first met, you were in no pain, you did not have any nausea or vomiting, and nothing was bothering you. You passed your wound checks with flying colors.

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And just as I was about to doff my gloves and say goodbye, you made a request.

"Miss Lucy, could I have some peanut butter crackers?"

I had never heard so much cheer in your voice. Your glowing eyes and the dimples around your ear-to-ear smile reflected it too. A few minutes later, as I carefully spread Jif peanut butter on your hospital-grade crackers and watched you munch on them with the greatest contentment, I teared up.

In the quiet moments we shared, I began piecing together what gave you hope. You might not have spoken the language of creatinine levels or insulin titrations, but you were intimately familiar with the vocabulary of living – of "cancer removed." If having one more day to eat one more peanut butter cracker was the goal, perhaps the concrete hope in removing your cancer outweighed the abstract what-ifs encircling your other conditions. If choosing the mastectomy gave you the agency and dignity that endless rounds of hemodialysis never could, perhaps it was the right choice all along.

After all, the undeniable reality was that you were quite sick. Within our limited time, we had to guess what the best way to spend it would be. Yet, I wonder whether our back-and-forth risk analyses of each possible worst-case scenario overlooked what you understood to be most valuable. "Morbidity and mortality" felt distant and nebulous. "Peanut butter cracker" was concrete. As a patient who had already lost so much, was choosing the latter so wrong?

If you asked me, I would say you were wiser than all of us – tumor board and all – combined.

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