



... a little more ...

When a delightful concert comes to an end,
the orchestra might offer an encore.

When a fine meal comes to an end,
it's always nice to savor a bit of dessert.

When a great story comes to an end,
we think you may want to linger.

And so, we offer ...

AfterWords—just a little something more after you
have finished a David C. Cook novel.

We invite you to stay awhile in the story.

Thanks for reading!

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Angie Cramer Interviews the Author

WARNING: SPOILER

Angie: You obviously know Jeremy and me and our worlds quite well. But I don't know you at all. Tell me about yourself.

Sandra: I'm glad you're speaking to me. After what I've put you through, I realize you'd probably like to punch me.

Anyway, to answer your question, I thrive on variety. I'm a freelance journalist teaching grad-level classes on writing, women, and oral communication; I edit a magazine, *Kindred Spirit*, for Dallas Seminary, which has about thirty-thousand readers (www.dts.edu/ks); and I'm working on a PhD in Aesthetic Studies at the University of Texas at Dallas. I'm also a fifth-generation Oregonian transplanted for the past couple of decades in Texas.

Angie: Aesthetic Studies?

Sandra: Yes. Lots of folks ask what a degree in Aesthetic Studies is. Since I write medical thrillers, one reader thought it meant I was majoring in anesthesiology. But the Aesthetic Studies emphasis falls under the Arts and Humanities Department. My studies are part fiction-writing, part history, part philosophy, and part art. I'm not a visual artist. Seriously. I draw stick people. But I take classes about art such as "Women of the Renaissance." I appreciate art. I try to understand it. And I love the program. Because I teach writing to artsy grad students (last semester I had one with pink glow-in-the-dark hair that my daughter thought was *the coolest*), I need a PhD to equip me to better help them.

During the time I wrote *Informed Consent*, I took a course in the works of Dante. That influenced me to include in my characters' lives five of the seven deadly sins.

Angie: Which ones?

Sandra: That's for you to figure out.

Angie: Would you please translate the quotation from Dante at the beginning of the book?

Sandra: Sorry, but no. That's for you to discover. But it shouldn't be hard. A simple web search is all you need.

Angie: What do you hope readers will gain from *Informed Consent*?

Sandra: What does every fiction writer want? I want to so engross readers in my story that the laundry waits, the bills go unpaid, and they bite their nails off. I can always dream, right? As for themes I explored some topics that are far too complex to handle in a sound bite—informed consent, end-of-life and patient autonomy issues, a compassionate response to AIDS, choosing between overworking and family life, grace. I hope readers will feel they've enjoyed the story and in the process thought about bigger issues confronting us on this fragile planet. I guess it's a form of edutainment.

Angie: How would you describe informed consent—not the book but the phrase as it's used in conversation?

Sandra: As a patient I give consent to a treatment or I take medicine based on my understanding of the facts and the implications of my actions. Let's say I need synthroid for a thyroid problem. I should read about risks and benefits and decide if I want to take it. Now, if my friend sneaks synthroid into my applesauce, I have not given informed consent. For individuals who can't give informed consent, legal guardians or caregivers must be authorized to give consent on their behalf. Yet giving or getting consent can get complicated—as life often is. Sometimes you have two ethical ideals that crash into each other—in this story, life and death of a child vs. the choice of the deceased's parents. When two ethical ideals collide, you have to make imperfect choices and then live with the consequences, and there will be some.

Angie: Are you a swimmer?

Sandra: Yes and no. Never competitively. But I do swim for physical therapy, and I often think about plot twists as I do laps. The phone never interrupts, and nobody ever stops me to ask a question.

My connection to the world of competitive swimming is less direct: My sister's best friend post-college was Matt Biondi's sister, Annie. Before the Seoul Olympics in which Matt won seven medals, his father—Captain Nick, as they called him—extended an invitation to my husband and me to go yachting with some of his friends and with my sister and her husband in San Francisco Bay. If you can believe it, I said no because I wouldn't know more than two people. After Seoul I kicked myself. Repeatedly. But the captain was gracious enough to offer again a year later, and the second time we said yes. But of course that time Matt wasn't with them, so I never got to meet him. Through that I learned a lot about risk-taking.

Angie: Why did you give Devin Garrigues such a terrible disease?

Sandra: Shortly after I graduated from college, I took a job in downtown Dallas, and there I had lunch every day with a group of young professionals. Two of my friends in that group were practicing homosexuals, and they both died of AIDS. One contracted HIV after surviving a knifing. As he walked to his car one night, he got jumped by some guys who felt they were “doing society a favor.” They sliced his kidney and he told me he didn’t even realize it until he got in the shower and looked down. The water around his feet was red.

That same year we buried the husband of a friend from church. And in another church, one that often partnered with ours, the music pastor died of AIDS. He’d contracted HIV years earlier from a dirty needle. All that was just the beginning.

Fifteen years and millions and millions of deaths later, it’s easy to get compassion fatigue. But we can’t afford to.

My more specific interest, which is why Devin is a person of faith, lies in the response of the faith community to the pandemic. If you haven’t seen the *Frontline* documentary, “The Age of AIDS,” which you can watch on the web, I recommend doing so. The film itself is about the virus, but I think it also captures well the faith community’s opposing responses to the pandemic.

The first is judgment. My niece is a spiritual person, but to my knowledge she does not profess faith exclusively in Jesus Christ. And sadly, in her work with AIDS patients, she has encountered Christians who have the attitude that “AIDS patients deserve to die because their disease is their own fault.”

The second is compassion. Contrast my niece’s experience with a conversation I had. A now-retired general who directed one of the world’s largest international aid organizations, having just returned from a tour of something like thirty-eight countries, gave me a much different perspective. When I asked, “What’s the most exciting thing you see happening worldwide?” he surprised me with, “The response of Christians in Africa to the AIDS crisis.” He went on to tell how denominational hospitals and relief organizations were working with governments, pharmaceutical companies, and local pastors to lead the way in working for education, free medication, and support for the afflicted and their families.

A few months later I read virtually the same assessment from Nicholas Kristof in one of his *New York Times* columns.

The contrast between the North American church’s response in the past (it’s changing now) and the African church’s response troubled me. That’s why I gave this horrible, wasting disease to a Christ-following character. We need to keep rethinking the stereotypes and lack of compassion.

I consider what my niece encountered to be a graceless response. And I think a lack of grace is a lack of imagination—the inability to imagine how easy it would be to find ourselves in someone else’s shoes given that person’s set of circumstances.

A second reason I “ruined Devin’s life” relates to another area where I believe we need a course correction—in processing end-of-life issues. Certainly I had concerns with how the general media dealt with the Schiavo case, but I also had serious concerns with how the religious press treated it. The biases on both sides sickened me. Sometimes I agreed with the conclusions of both sets of journalists, yet I vehemently disagreed with *how* they reached their conclusions. Devin’s character allowed me to explore the difference between prolonging life and prolonging death.

I once attended a workshop for religion journalists on writing about bioethics. The presenter argued for what he called the “Little House on the Prairie” defense. That is, he said if Dr. Hiram Baker, the doc in *Little House*, didn’t have something at his disposal, it’s probably “medical treatment.” Later, I was told other bioethicists often use that same argument. Yet other religious people want to argue that a feeding tube is not medical treatment.

Of course when I tried to weave that into the manuscript, one of my writing advisors said the reference to *Little House* was too “precious,” so I axed it. The story was more important than shoehorning “talking points” into the text.

Angie: What else did you want to communicate?

Sandra: I wanted to explore lots of ideas. Doesn’t every author want that? Specifically, the value of good cross-gender friendships; the importance of families spending time together; how easy it is to be bitter; how life has inherent risk; the complexity of ethical choices. Some of the dynamics in Geneva at WHO with AIDS research. Fun stuff, too—the Canyon of Heroes, for example. Far, far too much to list here.

Angie: Choose one.

Sandra: Okay. Take you for example—I thought you needed to fall in love with Jeremy again. Often people think romantic stories are only about the unmarried. But as the population ages, one good trend I see is in movies such as *Spanglish* and *Shall We Dance?* that affirm renewing the love that drew couples together rather than cashing in that love for something new.

Two years ago I fell headfirst down eight steps and destroyed my left clavicle (among other injuries). When that happened, the first question out of my husband’s mouth after he rushed home was, “Where do you want me to take

you?” In that moment I fell in love with him all over again. He gave me a choice. One was a scary hospital five minutes from our house, and the other was one I trusted, but it was twenty minutes away. He understood that only *I* knew how much pain I could endure and whether it was worth the tradeoff in security. I opted for the hospital I trusted, but I was glad he didn’t make that choice for me. Sounds like informed consent, huh?

Angie: Why, then, would you use Portia, who cheated on her husband, to confront me about protecting my marriage? Isn’t that hypocritical?

Sandra: Sure. But sometimes people who have failed are in the best position to understand the importance of what they’ve sacrificed—and of the value of grace.

Angie: Like Peter in the Sayers book I read ...

Sandra: Precisely. Sayers took her ending right out of the Gospels. What isn’t included in that scene is that at the end of his life Peter wrote, “Grow in grace...” If anybody knew what it felt like to receive grace—undeserved kindness—it was Peter. Judas needed forgiveness, too, but he took the opposite approach from that of Peter, and Judas ended up committing suicide.

I confess that I did get my foundation for storytelling technique from the Bible, complete with examples of those redeemed after messing up. There’s a reason it’s the best-selling, most-translated book in the world and the foundation for western lit.

When my husband and I went with a medical team to Russia in 1992, representatives from their equivalent to N.O.W. approached us and asked if we’d teach them the Bible. When we picked ourselves up off the floor, they explained: Their educations were truncated by being prohibited from reading it for seventy years. They would hear expressions such as “a David-and-Goliath scenario” or “the handwriting on the wall” or read Melville’s references to Jonah or Tolstoy’s references to other biblical stories, and they had no idea what those stories were.

In both the first and second testaments, we find love and failure and betrayal and hope and redemption. And we also find great use of motifs. Think of the tree image beginning in Eden, then again at the cross, and finally with the tree of life at the end.

So back to the initial question—is Portia a hypocrite? Sure she is. But sometimes a hypocrite can do a fine job of telling the truth. Aren’t we all hypocrites, after all? We all know kindness is better than selfishness, but how kind are we when people cut us off in traffic? Yet does our frustration, if expressed, disqualify us from saying it’s better to stay calm?



Angie: So why do you write? To communicate some grand truth?

Sandra: I write for the same reason Eric Little ran. I can't not write. I'd curl up into the fetal position if I couldn't write. I have to do it. I love it. And writing is the closest I'll ever get to creating *ex nihilo*. I write and worlds appear. I can speak places and characters into being. Like you.

Angie: Which raises a question ... Why did you allow Ravi to die?

Sandra: It grieved me to hurt you. I do care about your feelings. But it's a mystery you'll never understand because you can't see a world beyond your own. I had to for the greater good.

Angie: Where can readers find you on the web?

Sandra: I rant and pontificate regularly, often with a touch of humor, on my blog at aspire2.blogspot.com.

It's been great talking with you, Angie. I'll miss you. And I hope someday you'll find it in your heart to trust me.

For Further Exploration: Recommended Resources

Documentary: *Frontline's* "The Age of AIDS"

Available on video or at www.pbs.org/wgbh/pages/frontline/aids/

Book: *The Skeptic's Guide to the Global AIDS Crisis* (Authentic, 2004), by Dale Hanson Bourke

Web site: Organ Donation

www.organdonor.gov

Web site: Christian Medical and Dental Associations

www.cmdahome.org

Web site: Do No Harm—The Coalition of Americans for Research Ethics

www.stemcellresearch.org

Web site: The Center for Bioethics & Human Dignity

www.cbhd.org

Sandra Glahn's Web site

Aspire2.com

DISCUSSION QUESTIONS

Why is saving drowning victims more important to Jeremy than saving millions of people dying of AIDS?

Do you agree with Jeremy's research priorities? Why or why not?

What is your opinion of Jeremy and Devin's relationship, both in the workplace and as doctor/patient?

What do you know about AIDS? What, if anything, has been your involvement with the issue?

How do your views on end-of-life issues compare with Devin's?

Do you share Devin's view of the afterlife? Why or why not?

What, if any, medical treatment would you want if you had a terminal illness?

What is your assessment of Angie and Jeremy's relationship? If you were counseling them, what would you advise?

What, if any, racial factors complicate Angie and Jeremy's relationship?

How would you describe Jeremy's relationship with Angie's parents?

Do you think Jeremy contributed to his father's death? To Jak's illness? Why or why not?

Is Jeremy's guilt false or valid? Why?

Do you agree with Devin's understanding of why bad things happen to good people? Why or why not?

What do you think drives Barlow?

Do you share Barlow's degree of commitment to patients' rights? Why or why not?



What motivates Castillo, the chief of staff? Have you ever had to work for someone who had the same weaknesses as Castillo? What was it like?

What, if any, is your experience with organ donation? Would you consider being a donor? Why or why not?

Do you think Jeremy made the right choice in the end? Why or why not?

What do you think would have happened to Jeremy's marriage had he decided against taking the healthy heart? To his career?

These are the seven deadly sins: pride, envy, gluttony, lust, anger, greed, sloth. Which of these do you see exhibited in the characters and by whom?

The theological virtues are faith, hope, and love. Which of these and in which characters do you find them in *Informed Consent*?

How would you describe Jeremy's spiritual journey?