

IAN GAWLER
The Dragon's Blessing

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ALLEN & UNWIN

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Checking in

On the way to hospital in Melbourne from their home in rural Melton, Ian Gawler stopped his car on the side of the road, dropped his trousers and insisted that his girlfriend take a photograph of his legs.

Passing cars honked their horns as they went past, Ian standing by the side of the road in his y-fronts, trousers around his ankles. It was a surreal scene in what must have been one of the most anxious days of his life, but it bore the mark of Ian's particular brand of humour and determination. He was also keen to have what already he was sensing might be a last record of his two legs.

As the young couple laughed and the photo was taken, nobody passing by would have guessed what menacing shadows must have been sweeping through his mind that day.

Ian was an intelligent, intense and driven young man, full of confidence and ambition. Then again, like many people who have taken some serious knocks in early life, he was more comfortable playing up to a sense of the ridiculous than peeling open the darker corners of his mind.

Walking into St Vincents Private Hospital, a crisp and shiny new building with granite steps, a carpeted foyer and large reception desk, only underlined an air of absurdity for Ian. He remembers feeling more like he was checking into a five-star hotel than a facility for tending the wounded and infirm.

But this was no ordinary hotel. Soon he was handing over his wallet, his keys, all the personal belongings he had with him. He struggled with an overwhelming sense of disempowerment, as the numbness crept ever deeper.

He was taken to room 725. It had a heavy door and more of the clinical air he was expecting. The bed was stainless steel, the blanket white and the walls finished in patterned and shiny off-white wallpaper. There were cupboards, benches, telephone, an air-conditioner, radio and an oval TV—all in white. Opposite the end of his bed was a simple chrome crucifix. Christ appearing as a stylised moulded form; again in white.

After he was settled in, Gail headed home and left him alone with his journal.

Since he was fifteen, Ian had kept a journal off and on because it provided him a way of airing feelings and observations he could not, or did not want to, express to others. Now it gave him a chance to cope with the yawning depth and brutal suddenness of what was happening to him. In those days there was no offer of professional support and counselling to cope with the emotional or psychological trauma that so commonly attends major surgery and life-threatening illness.

Ian's first journal was burnt in a 'fit of embarrassment' at the age of sixteen and he did not keep another until he was nineteen. From then his thoughts were self-consciously locked away in an old army munitions box he had bought and carefully restored.

And then someone fiddled with the lock while the young vet was on an extended trip away working in country New South Wales.

'What a betrayal of trust. Perhaps I make too much of nothing,' he would write in a later journal. 'At the time I felt like a knife had been passed midline below my chest and twisted around my diaphragm.'

Hurt and 'disenchanted', he did not log his private feelings for another couple of years and it 'was only when I became sick that I started writing again,' he says, declining to suggest who might have taken an uninvited stroll through his psyche.

His musings in hospital flow between thoughts on meditation, karma, reincarnation, the levels of consciousness, parapsychology and the work of pioneering quantum physicist Niels Bohr. Ian had also taken two books with him into hospital. Both had been sitting on his shelves for many months, waiting to be read. The first was *Meditation in Action* by the Tibetan lama, Chogyam Trungpa. It was the first specific book on meditation Ian would read and now he started dipping into it, hoping to gain some ease and comfort through improving his very basic experiences of meditation.

The second book was the *Bhagavad Gita*, a key volume in the Hindu epic the *Mahabharata* and it had an immediate and powerful effect on the young man. It crystallised for him a deep unease, a growing sense that he had, until now, been lost in the outer world of experience and utterly ignored his inner one.

As he wrote about his early discoveries in the *Bhagavad Gita*,

It says it so clearly: 'Thinking of sense objects, man becomes attached thereto. From attachment arises longing and from longing anger is born. From anger arises delusion; from delusion, loss of memory is caused. From loss of memory, the discrimination faculty is ruined and from the ruin of discrimination, he perishes . . .'

Ian had always been a contemplative person by nature, but it seems his unlimited energy and taste for hard work had also left the young vet with little time for reading or introspection. The enforced hospital rest soon left him feeling, in a way that seems quite extraordinary, 'truly relaxed' and deeply contemplative.

'How long and pleasant these two days have been,' he writes of those first days in hospital while tests were run on his swollen thigh. 'When the future is so uncertain, one can concentrate fully on the present.'

Now his mood was buoyant and curious—the tone tinged with a little of the pomposity of youth. It seems that his earlier dread and melancholy was rapidly transformed. After just a few days in hospital resting, reading and reflecting, he seemed less given to wallowing in anxiety and apprehension, rather observing with detached and

clinical interest what might happen next to his body. Despite his predicament, the time and circumstances to ponder spiritual things were clearly both comforting and nourishing. That said, his darker thoughts were now of an existential, rather than physical, flavour.

The thought that really scares me . . . is that I believe malignancies to be an imbalance in cell mechanisms. They are to me an outward sign of an inward disorder. Certainly a cause–effect type relationship between the inner man and the physical body. This being so, and presuming my problem is neoplastic, I have obviously more problems than I imagined.

This inward disorder is one Ian touches on a lot in those early days in hospital. He interpreted his predicament to be the result of a fundamental schism between the sort of life he had been living and the one he felt he *should* be living. He had the clear sense that he had become swept up in the material world, when he already knew deep down that his true drives were towards a more spiritual life. After leaving university and starting his veterinary practice, Ian had enrolled in a part-time Arts degree at the University of Melbourne—to honour his interest in this aspect of his nature. However, his practice flourished and within months he made what he now regards as a major decision. He dropped the Arts degree and, along with it, the spiritual focus. He justified this new, intense working life in his own mind by figuring he could establish financial security by working hard for a few years, and *then* in the comfort that would bring, he could swap to spiritual rather than secular advancement. The *Bhagavad Gita* only confirmed his suspicions that his choice had been misguided.

Perhaps in so doing, I have committed greater folly than someone who sets out from the beginning to pursue materialism. Having an inkling of the purpose of life and then to turn away from it, even temporarily, sounds utter foolishness; more so in retrospect.

Perhaps I am being melodramatic. I am scared because I know I have bastardised myself for material gain. It would have been fine

to work and develop at the same time. But to give all to work, to chase the material world so openly, this is a bad thing. I enjoy my work, like to think I help the animals and their owners and feel I am reasonably competent at it, but I should have left room for my self as well.

On the surface Ian apparently remained his usual cheery self. Ian chose not to confide his vulnerability and his deepest fears, even with the people he was closest to—including Gail.

‘Gail and I didn’t talk about death at all,’ he remembers today. By then the couple had been living together only twelve months and the relationship was still, as Gail characterises it, ‘very casual’.

The couple might have been companions, but they were not each other’s confidants.

‘I didn’t talk much at all. It was part of the nature of myself at the time and this is fairly typical of people with cancer in general. There was an aspect of not wanting to trust people with that heartfelt information. And I think for me it was also about the intensity of what I was going through, and how I coped. There was this feeling that I had confidence in my own resources. I think if I had wanted to talk to somebody about it I probably would have. But Gail and I only talked about the things that we had to. We talked about the practical side of things but we didn’t talk about our concerns, our fears. We didn’t talk about death. It was unexpressed. The journals were important. They were where I expressed myself.’

Mr Doyle visited on the afternoon of Friday 3 January, talking hopefully of possible alternative treatments to surgery, including radiation and chemotherapy, but Ian could not help but notice the concern in his voice. Mr Doyle asked Ian if he knew what a sarcoma was.

I guess he is not to know that animals have the same problems and that I have amputated the legs of quite a few dogs with bone cancer.

The biopsy was to be performed at 9 am the following morning and Ian was resigned to bad news.

He slept well, refusing the night nurse's strong demands to take sleeping pills, and woke at around 7.30 am. At 9 am he was wheeled, groggy with a tranquilliser, to theatre. At 3 pm that afternoon he woke, unsure if the biopsy had been performed, but a huge bandage on his leg and a jab of pain assured him that it had.

Later on, Dr Donald Cordner, Ian's sister's godfather, a general practitioner and ex-champion Aussie Rules footballer (he won the code's top honour—the Brownlow medal—in 1946), called in with his wife.

Dr Cordner told him it was 'almost certainly' a sarcoma, a particularly virulent form of cancer.

Gail was in too, probably before Donald and maybe the love that she shows towards me is far in excess of my deserve. It makes me feel awkward sometimes. I cannot remember much of her visit however.

Later in the afternoon Gail returned and Ian shared with her what Donald Cordner thought was the likely prognosis.

She prefers to wait for the biopsy result and we joke over the film *Sunshine*. It concerned a young woman with the same problem who refused amputation and had a drawn-out death over two years. Each to his own. I want to get the whole thing over with and get back to coping with life as soon as possible.

The couple had been to see *Sunshine* late in the previous year. They had retired to a Mexican restaurant in central Melbourne and analysed the movie together in depth. Ian thought that the woman had given up too easily and was pretty weak. Gail believed that the husband, whose way of coping was to have an affair with a neighbour, 'should have done a lot more than he did'.

The results of the biopsy and a scan on his groin were unequivocal. 'The groin was clear,' according to Doyle, 'but the tumour itself came back consistent with osteosarcoma.'

Osteogenic sarcoma (or osteosarcoma for short) is a bone cancer that most commonly occurs in adolescent boys and is often found in the legs or arms. Until the late 1970s the standard treatment was amputation and the prognosis was poor. At the time of Ian's diagnosis, the usual course was for the cancer to recur quite quickly, most of the time in the lungs. And once it did recur, it was almost invariably rapidly fatal.

In more recent times surgeons have developed a technique where-by they first give chemotherapy to shrink the cancer, then they remove the affected area and graft in a new piece of bone (usually taken from a deceased donor). This surgery is then commonly followed up with a further course of chemotherapy. Recent studies suggest that ten-year survival rates can be as high as 70 per cent among those diagnosed with osteosarcoma. It is one area of cancer treatment where the advent of chemotherapy has brought substantial benefits. But at the time Ian was diagnosed, the statistics were substantially grimmer.

'In 1974,' says Doyle, 'there was probably a 10 to 12 per cent cure rate of osteosarcoma—following surgery—and it might have been even less than that.'

John Doyle consulted with Mr Kevin King, an orthopaedic surgeon (who later became head of orthopaedics at the Royal Melbourne Hospital), and Mr Rowan Webb, a senior surgeon at the Royal Melbourne, about the next course of action.

Dr Cordner was also present at the discussion. It was Cordner who had been keeping Ian's parents, Alan and Glenyss, only recently arrived in Canada, in touch with what was going on with their son from a medical standpoint.

Ian had rung his father when he first realised the seriousness of the illness.

'I can see us sitting in that hotel room,' says Glenyss. 'Alan was talking on the phone and I could only hear his end of the conversation, but I could see his expressions. It makes me shake just thinking about it. It was terribly shocking.'

Alan and Glenyss and daughter Helen had left for Canada those few days before Christmas. For the time being they were staying in

a hotel until more permanent accommodation became available.

‘To be so far away and to have to rely on other people’s impressions or passing on information—it was a terrible time,’ says Glenyss.

Alan’s instinct had been to return immediately. He asked Ian if he wanted him to, but Ian had said not to bother and Alan agreed. Meanwhile Sue rang her father and told him that she thought he should come. ‘I didn’t ever tell Ian I’d rung,’ she admits.

On 4 January the surgeons, with Corder present, examined Ian on a ward round and retired to agree that amputation was Ian’s only chance.

‘There was no sign of it spreading,’ says Doyle, ‘but we all thought privately that it would spread. They always do.’

It was Doyle who was charged with having to tell Ian the terrible news.

It is an osteogenic sarcoma. The leg is to come off. Poor Mr D seemed quite distressed in having to tell me.

The operation was scheduled for 8 January, four days later.

Outwardly, Ian appeared ‘extraordinarily calm’, says Doyle. Inwardly, his thoughts were of the road back to wellness and the work he would have to do to get there.

I think it is important to set times to meditate and to learn and that these times must become an essential part of the day, as when I trained for athletics so seriously and the one or two hours became a routine to be accommodated with each passing day. It is not going to be easy as so many people are pressing me to do this and that.

I am still unsure how Gail will see my thoughts. I am sure she is not aware of them and if I can convey them to her and make her understand, it will be a good start. I owe her too much to offend her, but it is going to be difficult. I do not feel she is of the same ilk. I fear my relationship with her because I know I am not conducting

myself properly. I feel it is too one-sided, she is so good to me. I begin to feel awkward in asking her to help me.

One of Ian's surprising thoughts in the journal is that he felt that others' compassion for him, although welcome, was undeserved. This apparently stemmed from his deeply-held belief that by following a material path in the previous few years, instead of the spiritual one he had long felt as his true calling, he had somehow brought the cancer upon himself.

I am like a man under death sentence who has been given a chance to make a sacrifice and to work his way out of prison.

It was a terrible judgement to lay at one's own feet, but he bore it with a clear-eyed certainty of what had to be done to re-balance his life. It seems to have given him a meaning and a sense of purpose that transcended the very real trauma he was going through. More importantly, though, it was an early sign of Ian's iron-willed resolve, as well as his sense of personal responsibility, for treading the long path back to health and equanimity—whatever the difficulties.

I hope I can weather the sacrifice in the days to come and go on to begin the work.

On the morning of the amputation Sue and Gail both came in to see him. They left just after 11 am. Ian was grateful for their visit but felt that he could better keep his calm and equanimity on his own. He opened his journal and composed a letter.

Wednesday, January 8, 1975—To my leg

How well you have served me for nearly twenty-five years. I remember long treks through the mountains of Gippsland and how you led the way to jump over six-feet-four. That soaring feeling you gave rise to as you swept up into the air, leading the rest of my body into flight. Just the joy of running was so dear. I was fortunate you were so strong and coordinated. I guess I shall never again feel my mobility to be normal.

You carry scars of days gone by. Below the knee is a small raised up thickening of skin that reminds me of a tip in Longueville, Sydney. How when a friend had his leg caught in the rubbish, you carried me running half a mile for help and only then let on that you were bleeding so badly. On the knee itself is a jagged, ill-defined, purplish scar. A reminder of that foul football match at Sebastopol [near Ballarat] the year before last. It took weeks to get all the gravel out. There are two other scars on the lower leg which are reminders of hockey days, flying sticks and pain that was not so easily subdued. More recently there is the bandaged biopsy site and its resultant swelling.

My mind wanders over the many happy times. There are no complaints as the only time you fell short of my expectations was when my pride and ambitions were too great.

That you are to be lost to me in a few hours leaves me feeling empty. I feel drained of feeling. I hope I still go forward with expectation. I am apprehensive and fear I may shrink before the challenge. So melancholy. I must lift my spirits.

Ian spent most of the rest of the day in quiet, melancholic but calm contemplation and redoubled his efforts to meditate in an effort to buoy himself up. Raised as an Anglican he remembered earlier times when repeating the Lord's Prayer over and over as a twelve-year-old, he had entered the early stages of a meditative state—and it was this technique he returned to once more that day. He also remembered the advice of Dr Raynor Johnson about meditation from a series of lectures he had given at veterinary school that had made a deep impression on Ian.

Johnson had talked of using a mantra, notably the Lord's Prayer, in repetition as a skilful way to focus the mind and keep it from wandering.

I am repeating the Lord's Prayer, and with eyes closed, trying to fix my concentration between my eyes and to keep my mind clear. The only thing that has any certainty is the repetition of the Prayer. Most of the time thoughts come bursting in over the top of it,

cascading ideas through my head. I am still full of resolve, but the more imperfections I see, the more awesome the task.

The prayer and his journal were his only anchors at a time when many might have dropped into bottomless depths of utter despair, or worse, succumbed to a blind and terrible panic.

Ian remained calm as he was wheeled to his appointment with the surgeons.

I went down to an anaesthetic room where I had to wait about 20 minutes. The delay was good as it gave me time to set my mind at rest and pray for strength. After being transferred from my bed onto a narrower table, a blanket was draped over my surgery gown and I was left to wait.

The room itself was quite narrow and cluttered. My head was at its entrance, my feet pointed towards the operating theatre. At my left stood the anaesthetic machine in all its pseudo complexity. On the walls beside this were benches stacked with intravenous fluids, same as the ones we use. Against the opposite wall was a stark bench and cupboard with who knows what in it. From the ceiling hung suspended a huge operating light on articulated beams. There were hinged swinging doors into the operating theatre and, periodically, as people came and went, I caught a glimpse of more lights all focused on the operating table.

Finally my anaesthetist arrived, appearing somewhat apprehensive. I still cannot decide if she was just unsure how to conduct herself with someone who was about to lose a leg or if she was concerned with the technical aspects of the coming procedure . . .

I was soon wheeled into the surgery and manhandled onto the operating table. Then there was much slapping of my left hand by the anaesthetist, presumably to get a vein up. This annoyed me, being quite unpleasant. Anyway, finally we were under way.

I tried to keep meditating and praying as I went under . . .

Mr John Doyle, assisted by Mr Kevin King, amputated Ian's right leg at the hip. It was barely two weeks after Ian had first realised, on

the Bacchus Marsh oval, that something might be seriously awry.

‘It was a very difficult and long operation,’ says Mr Doyle, now retired, reading from his notes from the operation. The surgery took almost three hours. ‘Most amputations are just below the knee or just above the knee,’ he says. ‘This was through the hip joint. I don’t think I’d ever done a disarticulation through the hip at that stage. These things are pretty uncommon. Kevin had done two, which is why we joined forces.’

The incision went from the outer side of his hip to a point between his scrotum and his anus. The gluteal muscles (‘arse to anyone else,’ wrote Ian at the time) were folded up and around and sutured to the front of the leg. Nothing at all remained of his right leg. Although as Ian recorded: ‘The end result therefore, is quite pleasing to the eye and I am sure will be practical in terms of sit-on-ability.’

The most extraordinary thing about Ian’s writings at the time is that the young veterinarian seemed to balance a deep intuitive sense of how the loss of his leg might fit into the bigger picture, with lightness and humour. His predominant thinking at the time seems to have been that the amputation was a fateful reckoning for a wilful ignoring of his spiritual leanings and for letting himself be wholly swept up in a worldly existence—but there was no self-pity.

It could be an atonement, a cleansing or sacrifice for past errors like my misuse of the past year or so.

Whatever the truth, the surgery certainly changed the course of both his inner and outer life in a swift and radical way. Indeed, Ian’s life could now be divided neatly into phases and he talks in terms of this feeling like ‘separate lives’.

Before the operation Ian had led a consciously outer life, concerned with all the aspects of achievement, enjoyment and material acquisition. After the operation, and in no small part due to his readings in the *Bhagavad Gita*, ‘an inner way dawned,’ he says. After the operation, it was as if his old life had ended—died—and

now a new one was about to begin. 'It was almost like a conscious reincarnation.'

So it was—waking up groggy, disoriented and in sharp pain on the evening of 8 January—that Ian was reborn into his second life (or at least, initially, into the state of purgatory that immediately preceded it) as a 24-year-old with one leg.

The surgery completed, first he drifted out of a 'deep narcosis' and wondered if it 'had all been done'. Three spasms of excruciating pain near the incision left him in no doubt that it had. He was drugged again and slipped back into oblivion.

Gail was the first person he saw and she told him that his sister Sue had already been in to visit. Ian had talked to her apparently, but he could not remember. That following night was a long one, clouded and defined by a four-hourly dose of strong painkillers.

The first two hours of each cycle of the painkillers' effect, Ian remembers he spent dozing. The next half-hour to an hour he experienced a 'half awareness of pain and a mounting apprehension' and then in the last hour, before the next dosage, the pain returned. 'Usually the pain was centred on the inside of the leg—I mean stump—and radiated from it.'

As he steadily regained consciousness, Ian realised that he was in Intensive Care, on an intravenous drip and surrounded by monitors. As clarity returned, clouded by pain, he noticed the man in the next bed to him. Ian remembers noticing how ill he looked and shuddered when he realised that he too was on the critical list. Then his companion's monitors went silent. Quite suddenly Ian was in the room by himself.

And then an immediate, most pressing, dilemma. With the trauma of the surgery, passing urine seemed nigh on impossible. As the hours wore on, the pressure became extreme. Until Mr Doyle came to the rescue. 'Pass urine in the next hour, or when I come back I am going to catheterise you!' This was all Ian needed to hear. Immediately overcoming his fear of moving from the apparent safety of his bed, and aided by two caring nurses, he gingerly swung his leg over the side of the bed and stood for the first time. Remembering how the sound of running water helped to make

horses pee when he had wanted to collect a urine sample, Ian asked another nurse to turn on a nearby tap. As the water poured down the sink, Ian tentatively emptied his bladder into a waiting bottle and the first hurdle had been overcome.

Even as Ian's pain peaked and troughed and he returned to his private room, his thoughts were firmly focused. It seems that he was transforming, even transcending, his own very human drama by interpreting it within a spiritual context.

My God though, I am scared to die. At times the terror comes over me like a wave of hot, cloying air, stifling me and transfixing me in sweating fear. Usually I can control it; but the thought remains if secondaries do appear it means I have failed my second chance and what a low level of development I must be at. All through this I have this unshatterable belief in myself; that I am such a good person. I am so, so self satisfied, I do not know how to beat it. It must be done away with. I am so smug, notwithstanding my difficulties. I fear I secretly enjoy the martyred youth image and tremble at the consequences of such thoughts. This is the problem with so many visitors. They bolster my spirits to the point where I overlook the cause and become preoccupied with the effect. I must accept them only as people keen to see me back on the road to recovery, both physically and spiritually.

When Ian had first been diagnosed he had assumed deep down that Gail would leave him. His mother had died suddenly during his childhood and at the time this had felt like desertion. All his teenage girlfriends had eventually left him too. He had never been the one to end a relationship. And then long-term girlfriend Liz had left him for another man. Now Ian expected Gail to be the next woman to leave him.

As Ian puts it, 'It really was unconscious at the time, but in retrospect I am sure that I thought I would get in first.' So he was telling her to go—repeatedly.

'He would say: "Go. What are you doing around here? Just go,"' says Gail.

Gail's friends, meanwhile, gave her similar counsel.

Nevertheless, Gail felt that she could not leave. Ian's sister Susan (his closest family) was pregnant with her second child and was about to give birth; his parents were on the other side of the world in Canada. 'There was nobody else,' says Gail. 'What was going to happen to him?' Even if she had decided it were better that she left him, she says she 'couldn't have done it; my conscience wouldn't have allowed me.'

Before the diagnosis, Ian says, their relationship was 'definitely in trouble', or as Gail had put it, the romance had remained 'very casual' in those early days. The illness changed everything. Now she was loving, attentive and patently willing to devote herself utterly to his recovery. Ian was deeply grateful and found enormous comfort in Gail's love and unqualified support. But, he was also troubled by knowing that the amputation represented the end of his old life and the beginning of a completely new and different one.