

Want To Lose My Virginity before I Die: Sex Adventure of Some Terminal Cancer Patient

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Abstract

Background: Adolescent and young adults with cancer are a unique population, but not much is known about their end-of-life sexual preferences and trajectories. Limited information is available on the sexual need of terminally adolescent cancer patients. **Objective:** Follow-up of 3 young unmarried female terminal cancer patients; all of them had a wish of losing their virginity before dying. **Results:** Two of the patients were in their late teens and one 22, all had advanced disease. One patient received only alternative herbal treatment for her osteogenic sarcoma; the other patient received conventional plus alternative homeopathy therapy after relapse of her brain tumour (Glioblastoma multiforme) and the last patient had only conventional treatment for her chronic lymphoid leukaemia. Two patients could fulfil their wish of losing virginity, in one it was possible after her marriage. One patient committed suicide after she became pregnant, and the other two died because of the disease. **Conclusion:** Adolescents and young adults with life-limiting illnesses have a tendency to indulge in some crazy activities before dying. Sex can be one such activity they may want to attempt. It is therefore important to counsel adolescent cancer patients about high-risk sexual behaviours. Special space could be created after obtaining necessary permission from the concerned authorities where open minded volunteer (boy/girl) can spend some intimate time with the terminal cancer patients under the supervision of health care providers.

Keywords: Terminal cancer, dying wish, intercourse, sex.

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INTRODUCTION

Cancer is one of the leading cause of death in the adolescent population [1]. Adolescents with cancer pose a unique challenge to current health systems and the professional working with them [2]. Adolescents and young adults with cancer have unique developmental, physical, and emotional needs, which are different when compared to adults with cancer. These unique needs should be carefully considered at End-Of-Life (EOL) care for these patients [3]. Self-esteem and sexual health have a significant impact on adolescent and young patients coping with a diagnosis of cancer [4]. Provision for EOL care around the world is widely variable and often very poor in the developing nations [5]. Palliative care is generally initiated late in the care trajectory for young adults with cancer [6]. Nurses are often the first health care professionals to identify and address sexuality concerns of adolescents and young adult patients [7].

Many adolescents are having sex and adolescents with life-limiting illnesses are no exception [8]. It is therefore important for health care professionals to take a sexual history and provide

advice about sexually transmitted diseases, unintended pregnancies, and ways of reducing high-risk sexual behaviors. Sexuality is an important issue for patients nearing the end of their life [9]. Most often sex related issues are generally not touched up by the health care providers as they are too personal or may be too intrusive. In India talking about sex is still considered a taboo. In this communication follow-up of three young unmarried female cancer patients with advanced disease is described. All these patient had a common wish to lose their virginity before succumbing to cancer.

PATIENTS & METHODS

The information about the patients were collected while researching on various complementary and alternative cancer therapies that are practiced in northern India. The data of the first patient was collected from the Huma Cancer Society, Lucknow; that of the second was collected from the Critical Cancer Management Research Centre & Clinic (CCMRCC), Kolkata. The data of last patient was collected through personal communication.

OBSERVATION

All the 3 patients were unmarried female; two were in their late teens and one was 22 years old. The details of the cases are as follows:

Case 1

A 22 years old girl (Sazhma) presented with swelling on her right thigh, along with moderate pain and difficulty in walking to a clinic of an orthopaedic surgeon in Moradabad on 02.07.02. There was a history of right thigh injury 3 months earlier. Since injury, her thigh swelling did not subside. Roentgenogram of the thigh/knee was done, which indicated cortical destruction on the lateral margin of lower end of femur and accumulation of soft tissue mass adjacent to the femur was seen, suggestive of either infection or neoplasm. FNAC done from the femur tissue mass was suggestive of sarcomatous lesion. The patient was advised surgery and / or chemotherapy and radiotherapy. However, the caregivers of the patient refused conventional therapy because of social and financial problem. She started alternative herbal therapy [10] from August 2002. Gradually, some improvement was noted in the patient after 1 month of therapy. After 3 months of therapy the pain subsided completely & she was able to walk properly. Sazhma was absolute stable and normal after completing 1 year of herbal therapy. Roentgenogram done on 21.08.03 revealed the presence of cortical lytic lesion at the lower end of femur. She

was examined by the clinicians at Sanjay Gandhi Postgraduate Institute of Medical Sciences and King George Medical University and a fresh FNAC was done. The findings of FNAC was suggestive of osteogenic sarcoma. She continued the therapy for another 6 months and discontinued it because of financial problems. At the stoppage of therapy Sazhma was absolutely normal and she was desperate to get married. However, marriage was in not in the purview of the treating doctors; hence, the matter was left to her parents. In August 2004, seven months after stopping of therapy she again presented to the clinic of the Huma Cancer Society with massive thigh swelling (Figure-1). The alternative therapy was restarted. The patient claimed that she got some relief after start of therapy; however, there was no sign of regression to her thigh swelling. After about a month when the patient again presented to the clinic her condition had deteriorated further. Perhaps sensing her impending death the patient gathered enough courage and in the presence of her parents she again expressed her wish to get married and/or spend a night with a boy without marriage to the treating lady doctor. She believed that her parents are not really serious about her marriage. This unexpected behaviour upset her parents so much that she was not brought to the Huma Cancer Clinic again. The patient was finally lost to follow-up. Later, from one of the neighbours of the patient we learnt that the patient expired after 2 months.



Fig-1: Progression of Osteogenic Sarcoma

Case 2

A 19 years old girl (Paulomi) presented to the CCMRCC, Kolkata. She was suffering from brain tumor, glioblastoma multiforme and was a treatment failure case. Paulomi had her brain tumour surgery and other conventional therapy done at Christian Medical College, Vellore. However, relapse of the disease was noted after 6 months. The caregivers of the patients did not consented for more conventional treatment and wanted to try the alternative "Psorinum therapy" [11, 12] advocated by Dr. Ashim Chatterjee. After the start of the alternative therapy no remarkable event was noted. Even after about 6 months of the therapy the patient was absolutely stable and normal. The patient was a good singer and was a 1st year college student. She was able to attend her college regularly without any problem and also performed in college function. To evaluate the progress of the patient, oncologists were invited to CCMRCC and after evaluating the clinical

reports they agreed that the disease was under control and it may be because of the alternative therapy. And they encouraged the patient to continue with the therapy. Just after 2 months of this incidence the patient committed suicide. It was immediately not known what drove the patients to take such a drastic step, as she was otherwise quite normal. The parents of the patients did not cooperate and disclosed the exact reason of her death. It was only after few months the following facts were known: i.) that the girl was 3 months pregnant when she committed suicide; ii.) the day before she committed suicide there was tremendous verbal duel between the girl, her parents and family members; iii.) she was going steady with a boy from her college after she learnt about her disease relapse, and iv.) her final wish as revealed by her friends was to lose her virginity before she dies.

Case 3

An 18 years old otherwise a normal girl (Madhu) suddenly fainted while jogging in the community park one morning. The time was summer and Madhu was a college student who just completed her graduation 1st year exam. All people present in the park thought this may had happened due to the irregular daily routine that she had adopted for her annual exam/studies. This is a common feature among the teenagers these days, late night studies, skipping meals etc. Anyway, her parents was informed and she was immediate taken to the hospital for medical check-up. Madhu was going steady with a boy (Vikash) who was a senior fellow from her college and their relationship was approved by her parents. Anyway, after two days it was learnt that Madhu was admitted to the hospital with mild fever and the cause of her ailment was a rare form of chronic lymphoid leukaemia which is not common in teens. Madhu underwent intensive chemotherapy in the next 3-4 months. Though initially she responded to the treatment, however, her disease did not regressed as expected despite of all best possible medications. Bone marrow transplant as the next line of treatment was discussed, but was not possible due to financial constraints. As a result there was a progressive deterioration in the health condition of Madhu and she gradually became almost bed ridden in the next 2 months. In this condition her family want to fulfill her dying wishes. Madhu's first wish was to get married to Vikash and the second wish was to enjoy her honeymoon in Goa. Vikash and his family was approached and after some persuasion from Madhu's family and friends they agreed for the marriage. Soon a small marriage ceremony was held and was attended by some relative and close friends of Madhu. Despite all her health issues Madhu could somehow managed her honeymoon trip of Goa. Soon after coming back from Goa her health condition deteriorated drastically and she expired after 7 days.

DISCUSSION

End-of-life care in adolescents and young adults has not been thoroughly studied. Limited information is available on the sexual need of terminally adolescent cancer patients [8]. Hence, the themes of few popular movies having direct relevance to the present subject are also included for discussion.

Though India is known as the land of *Kamasutra*; however, talking freely about sex is surrounded by an army of social norms, religious restrictions and moral taboos. According to cultural anthropologist Ernest Becker, sex is such a problem because it reminds humans of their basic, core animal nature [13]. Sex is a common feature in adolescent youths even with life-limiting illnesses [8]. According to a recent study, children and youth in India is sexually quite aggressive [14] and unmarried teenage pregnancy is not very rare [15]. However, initiating discussion on issues related to sex with adolescents is somewhat

difficult. Clinicians may struggle to accept that adolescents with life-limiting illnesses may want to talk about sex [8]. It is therefore important for the health care professionals to take a note of sexual history and provide proper counselling and guidance to patients. As it was seen with Poulomi (Case no 2), no one counselled the patient about the consequence of having unprotected sex. Pregnancy was the main reason that drove her to commit suicide and had nothing to do with her disease. Adolescent and young adult terminal cancer patients are known to attempt crazy things when they become aware about their apparent death. Hence, the wish to have a sexual experience before dying seems alright to them at EOL phase. As we have seen in the movie *Rockstar* [16] the Heroine "Heer" who was fighting terminal aplastic anaemia not only she developed relationship with her ex-boyfriend "Jordan"; despite being married, but also got pregnant with his child. Which depicted complex human relationship and the courage for indulging in risky behaviour at near end of life stage. In the movie 'One More Kiss', [17] the heroine, a brain cancer patient "Sarah Hopson" after return back to her home town in the Scottish Borders from New York City discovered that "Sam", her childhood sweetheart is happily married to "Charlotte". This, however, did not stop Sarah from asking the couple a last favour – which is to let Sarah spend her remaining time in the company of the only man (Sam) she has ever loved. Charlotte agreed for the same after some persuasion and Sam could remained with Sarah till she passed away. All these stories speaks about the complex human relationship of love and sex at EOL stages. However, sex without love is what most of the terminal cancer patients will be looking for at the EOL stage.

Talking about sexuality is too personal or may be too intrusive; however, with the proliferation of internet and social networking sites one can now easily express and approach millions of people across the globe. However, the issue of having premarital sex with stranger is still a very controversial issue. An ethical and moral dilemma sparked of when a terminally ill 15 years minor boy wanted to lose his virginity before he died of cancer. The issue sparked fierce debate over the legal and ethical implications of granting the boy's request. By law, "Jack" was still a child, and the woman involved could in theory face charges for having sex with a minor [18]. A similar situation was depicted in the movie 'One Last Thing' [19], where the final wish of the dying high school boy "Dylan" was to spend one weekend alone with supermodel "Nikki". As seen with the Sazhma (case no. 1), the girl desperately wanted to get married as that was the only way she could lose her virginity; however, despite of all the efforts by her parents, no suitable boy could be found to marry a dying girl. In India, marriage is considered to be very auspicious event and no family will be ready to accept a dying bride. As the girl belonged from a conservative family so the idea to have sex without marriage was just

not possible. Hence, her dying wish could not be fulfilled. The situation could have been different if the terminal cancer patient was a boy. As we have seen in the Hindi movie ‘Munna Bhai M.B.B.S.’ [20], the hero of the movie a medical student arranges a call girl for an unmarried terminal gastric cancer patient “Zaheer” so that he can get the sexual pleasure before dying. However, the situation was little different for Madhu (case no 3), both the families were friends and shared a good rapport, also the dying girl and the boy were true lovers. A similar heart touching case was seen at Tata Memorial Hospital, when a young girl of about 23 years was admitted with a bone and lung tumour. There was a boy who accompanied her when she got admitted. The patient was almost on her deathbed so chances of survival were low. That boy called a priest to the hospital and married her before she went for surgery, which she didn’t survive [21]. In another instance a man with terminal cancer was desperate to get married, but didn't want to leave a heartbroken widow so he married a life-like inflatable sex doll [22]. Many such interesting stories of terminal cancer patients are available on the internet [23].

CONCLUSION

Sexual health is described by the World Health Organization as a basic human right. Health professionals should include sexual health in routine palliative assessments of adolescent patients. Adolescents with life-limiting illnesses should not be denied the right to holistic health care [8]. Teenaged and young adult terminal cancer patients may want to indulge in sexual activity before they die; it is absolutely a natural urge and nothing is unusual about it. It is therefore important to counsel adolescent cancer patients about the consequences of high-risk sexual behaviours. If possible appropriate provisions should be made to fulfill the wishes of the dying patients. Special space could be created in the palliative care centres after obtaining necessary permission from the concerned authorities where open minded volunteer (boy/girl) can spend some intimate time with the terminal cancer patients under the supervision of health care providers.

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