AUTHOR'S NOTE

I FIRST HEARD ABOUT THE Life-or-Death Committee in the spring of 2021. During the pandemic, I spent a lot of time alone in my car, surfing podcasts, trying to escape. My listening habits ranged from celebrity gossip to celebrity interviews to celebrity true crime, punctuated by hard-hitting news commentary.

So it was through a series of mysterious connections that I landed on an episode of *This American Life* called "Making the Cut." The segment was about a committee of ordinary citizens in the 1960s that decided which patients would receive lifesaving dialysis, and which would be sent home to die.

This can't be true, I thought. Still, I turned up the volume.

Sixty-five years ago, end-stage kidney disease was a terminal diagnosis. Dialysis was still experimental and available only to a handful of patients in research hospitals. Then Belding Scribner, a nephrologist at the University of Washington, developed a device that made long-term treatment possible. His team designed a study but had far more eligible patients than available machines and no established framework for choosing. As a solution, the advisers asked local laypeople to volunteer: a minister, a surgeon, a lawyer, a labor leader, a housewife, a banker, and a state government official.

The volunteers were anonymous. The patients were anonymous. Their deliberations were private. There were no minutes, no transcripts, and no official records of how one life was weighed against another.

I was riveted. This story had all the elements of the most gripping

novels. Even so, when I pulled into my driveway and shut off the car, I thought, *Too bad. Definitely not for me.*

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In 2021, I was the least likely writer to take on a secret selection committee, no matter how compelling the story. I'd published several novels, but they had nothing to do with medicine, history, or real-life events. I also have a demanding corporate job that limits my "research" to rudimentary Google searches. Finally, and most importantly, I had no interest whatsoever in kidney disease, the human body, or basic life science. After barely passing high school biology, I'd assumed my days of scientific discovery were over.

As a novelist, I write in response to emotional impulses—sorrow, despair, rage—not big ideas. And yet I felt pulled toward the committee: regular people asked to make unforgiving decisions in secret, then live with the consequences. While I understood the difficulty of keeping a secret, I couldn't fathom the toll it might take. What did it cost them? How did it change them?

Against my better judgment, I kept digging. One discovery led to another: an episode of *Bedside Rounds* called "The God Squad," which pointed me to the motherlode—a *Life* magazine article from November 1962, "They Decide Who Lives, Who Dies," written by Shana Alexander—which in turn led to a 1965 NBC documentary narrated by Edwin Newman.

Slowly the Life-or-Death Committee crept in, first as a distraction, then intrusive thoughts. I hadn't yet crossed into obsession, but I recognized the signs when I started seeing kidneys everywhere—news articles, billboards, movie plots. Plus, there was the timing: what were the odds that I'd stumble onto a story about a scarcity of dialysis machines at the exact moment I was living through a global pandemic defined by shortages of ventilators and PPE? The point of no return came when I found myself hunched over my computer, Googling the question that had nagged me from the start: *What is a kidney?*

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When I can't shake an idea, I start writing somewhere, anywhere, to release myself from its grip. In retrospect, I could have eased into the book with the pastor, the only volunteer who wrote publicly about the committee, or the housewife, whose identity was revealed against her wishes thirty years later. Instead, I began with Thaddeus Tate, a fictional physician who argued against the idea of laypeople making medical decisions.

Through Dr. Tate, I began to understand what this book would require—medicine, law, politics, history, geography, to name a few; far more than I could master in one lifetime. I worked on this section for six months, abandoning the manuscript then returning to it, certain I'd overreached.

Eventually, I turned to the committee itself. Like Dr. Tate, all seven volunteers are fictional. So is the "citizens' committee" descriptor. It felt more authentic to invent the group as a whole than selectively re-create individuals whose privacy had been protected for more than sixty years. I also recast the state government official as a city councilman, figuring the job would keep him in closer contact with Seattle residents.

Some historical figures appear under their real names when their public actions were central to the story. Belding Scribner and James Haviland, both real Seattle physicians, were involved in the original dialysis study. William Boeing is real (and did briefly attend Yale's Sheffield Scientific School), but Frankie Fletcher and the Fletcher family are invented.

The setting is real. In 1961, Eklind Hall was a nurses' residence annexed to Swedish Hospital. The committee met in a small, ground-floor library only a few hundred feet from the nation's first three-bed outpatient dialysis facility. In 1970, the Seattle Artificial Kidney Center became Northwest Kidney Center and later Northwest Kidney Centers, a regional nonprofit health-care organization that continues to provide care, education, and research.

The selection criteria are also real. To guide their discussions and voting, the committee was instructed to consider candidates' "social worth," their perceived ability to benefit from treatment and contribute to society. But I invented all the deliberation scenes and dialogue, with one

exception. In the scene where a fictional *Life* magazine reporter interviews the committee, the pastor's comments are taken almost verbatim from Shana Alexander's article. His words were already public, shaped for an audience, and part of the historical record.

Timelines and certain factual details were adjusted where necessary. From the pastor's own writings, I learned that the committee encountered one patient face-to-face. But I altered elements of his story and invented others. I also created the idea that some volunteers and doctors invested in for-profit dialysis. No evidence supports this; in fact, the opposite is more likely true. Those involved in the dialysis study largely viewed their work as a civic duty and a contribution to the public good. However, Dr. Scribner's lobbying for federal funding, Congress's passing of ESKD coverage in 1972, and the industry's growth—including the eventual dominance of two large corporations—is real and occurred largely as outlined.

Shana Alexander's article in *Life* about the committee was groundbreaking, but nothing is documented about its impact on individual members. The piece nevertheless became one of the first widely read accounts of modern medical rationing and helped ignite a public reckoning with questions that medicine had not yet begun to grapple with.

In the decades that followed, scholars and physicians would point to the Life-or-Death Committee as a catalyst for the emerging field of bioethics, a discipline born from the recognition that technological progress had outpaced society's moral vocabulary.

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During the years it took to write this book, I read medical histories, bioethics essays, contemporary journalism, biographies, academic papers, and novels set in the period. I learned enough about kidneys, dialysis, and renal failure to understand how little I knew. I traveled to Seattle, where I swam in the YMCA pool on Fourth Avenue, spoke with nurses who treat people with kidney disease, and with patients themselves, and visited Northwest Kidney Centers, where I saw early dialysis machines—large, cumbersome, unmistakably experimental.

But the question that preoccupied me most was how the seven volunteers grappled with the experience. Imagining their humanity, rather than judging it, became an unrelenting preoccupation as I wrote. It still haunts me, the idea that they had to live with their choices, even as the world changed around them, and that all they had to make sense of what they had endured was one another.

Some of my most meaningful conversations were with bioethicist Sallie Thieme Sanford, whose work on Dr. Scribner's legacy helped me think more clearly about how the moral questions raised in the 1960s continue to shape medical decision-making today.

I chose to remain faithful to the language of the time, even when it reflects attitudes—particularly around race, gender, disability, and class—that contemporary readers may find offensive. This was not an attempt to provoke or excuse those views, but to represent them honestly. These characters were shaped by the social norms of their era, with all the assumptions and blind spots that came with them.

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This book is a novel. It does not claim to be a comprehensive history of early dialysis, nor a definitive account of the Life-or-Death Committee. It does not resolve the ethical questions it raises or judge the people who were asked to make impossible choices with scant information and limited tools.

Instead, it attempts to imagine what it might have felt like to sit at that table: to argue, to doubt, to vote, and then to live with the consequences. At its core, the novel asks what happens when survival is treated not as a right but as something to be earned.

I began this book accidentally, half listening to a podcast while driving. I finished it deliberately, aware that turning real suffering into fiction carries risks and responsibilities. The process changed how I think about medicine, about choice, and about fairness. More than that, it left me with a deeper respect for the people who lived through those years, and for the reality that even expertise cannot erase the human weight of decisions when every option carries a cost.