LANARK, Ill. -- A fire in a farming accident burned Ted Fink on 93% of his body. While he lay in the hospital unconscious and near death, Rhoda Fink, his wife of 25 years, pondered whether she wanted doctors to save him.

Doctors told Mrs. Fink about a new kind of artificial skin that might help keep her husband alive. But there would be risks.

Infection could set in. Sometimes the artificial skin won't adhere all over the body, in which case Mr. Fink's chances for survival were slim. To endure the grueling pain of skin-grafting operations and other procedures, he would be placed in a drug-induced coma for several months, with the chance he wouldn't regain consciousness.

Even if he survived, he would never be the same, the doctor told Mrs. Fink. All she had seen of her husband at that point was his head. It had ballooned monstrously and his ears were nearly gone.

She decided they should try the artificial skin. After 14 months and more than 20 operations, Mr. Fink came home from the hospital. Almost everything about his physical appearance had changed. He was weak and disabled and virtually powerless over his life. Mrs. Fink was left to reflect on her decision.
"What kind of life have I subjected him to?" she wrote in her diary four years ago. "Hell on earth for the next 30 years? My life spent taking care of him? I had hoped and prayed for a better outcome."

Just a few years ago, patients with burns over more than 70% of their bodies were almost certain to die. Now, thanks to improved operating techniques and bioengineered skin, doctors have been able to cut that death rate to about 40%. Rarely in medical technology does a new product deliver such dramatic results. But for many burn victims, survival comes at a high cost of suffering. For the Finks, it would be years before they could try to judge whether saving a life was the right choice.

Rhoda Fink heard the explosion from the living room, where she sat reading the day's mail and sipping iced tea. She ran to the front door and spotted a "wall of fire," she recalls. She called 911 and asked them to send help to the Fink farm, in northwestern Illinois, about 20 miles east of the Mississippi River.

It was a chilly, windless Saturday afternoon, Nov. 20, 1999. Mrs. Fink, a 46-year-old X-ray technician, had just returned from a day-long seminar on radiology. The Finks' corn and soybean farm had recently completed a successful harvest. Their son Peter, then 21, was at college in Ohio, and his brother Chris, then 19, had enrolled at a state university in Wisconsin to study agricultural engineering.

Ted Fink, then 45, was in his John Deere tractor moving a 1,000-gallon tank of liquid propane. Shuttling such tanks, which are used to fuel powerful ovens to dry grain for storage, was a routine job. On that day, though, the chain that held the tank onto the tractor snapped. The tank tumbled to the ground and began leaking. In a bizarre accident, the tractor apparently backfired, igniting the gas and causing it to explode.

Two neighboring farmers saw the flames and felt the impact a mile away. They raced over and snuffed the fire engulfing Mr. Fink by throwing dirt on him. He reignited. The farmers cut away his clothes, which were glowing like embers, and found a pair of blistering hot pliers on his chest.

Paramedics and firemen plucked Mr. Fink from a field of smoking cornstalks. Someone yelled, "He's alive," Mrs. Fink recalls. She watched from a distance. "I really didn't want to look," she says. Shivering and helpless, she saw the ambulance kick up dust as it raced away.

Grim Outlook

Hours later and 90 miles away, in the burn unit at the University of Wisconsin hospital in Madison, Mrs. Fink sat at a table facing Dr. Michael Schurr, chief of the burn unit.
Dr. Schurr explained that Mr. Fink was burned on nearly every inch of his body. Only his size 14 feet, protected by a new pair of steel-toe boots, had been completely spared. Until recently, burn specialists calculated mortality odds by adding a victim's age and the percentage of body severely burned. For Mr. Fink, that meant 45 plus 93 for a probable mortality of 138%.

But the doctor said he'd had some success with a new artificial skin called Integra, approved in 1996 by the Food and Drug Administration. The bioengineered skin, which has now been used on about 13,000 patients, is made from shark cartilage and cow tendons.

Integra solves a life-threatening problem for people with large burns. The epidermis -- the top layer of the skin -- regenerates. But the lower portion, called the dermis, doesn't. So victims who lose large parts of their dermis require implanted skin.

Someone burned as badly as Mr. Fink typically doesn't have enough healthy skin left to "harvest" thin slices to replace burned spots. Integra, made by Integra LifeSciences Holdings Corp. of Plainsboro, N.J., would allow Dr. Schurr to immediately cover the head-to-ankle open wound Mr. Fink had become. It would give Mr. Fink precious time to regenerate skin from his few unburned spots for grafts. Integra substitutes as the lower level of skin, but doctors still must graft the victim's own epidermis on top of it.

As the doctor spoke, Mrs. Fink pictured her husband, a brawny, fifth-generation farmer, who scaled 80-foot ladders up grain silos, welded beams, repaired tractors and ran their farm almost single-handedly. At night, he tracked overseas agriculture markets on his computer, trying to figure out where prices were headed.

The doctor couldn't tell her how much her husband would ever be able to do again. But she recalls thinking, "We'll beat the system. We'll be that one-in-a-million shot."

What would Mr. Fink want? Dr. Schurr asked. She wasn't sure. She and her husband had never discussed such a predicament. Dr. Schurr recalls telling Mrs. Fink, "This is going to be long and hard, but I can try to save him." He wanted to know that her resolve wouldn't waver, that she wouldn't opt to withhold treatment later if Mr. Fink took a bad turn. The process is so arduous for the victim, and so emotionally draining for the family and the medical staff, that Dr. Schurr believes stopping part-way through the treatment isn't wise. "We either try this, and give it a hero's try -- or not," he told her.

There was little time for a second opinion. Mrs. Fink could agree to pull her husband from life-support equipment then and there, or gamble that the synthetic skin would give them a chance to recapture, in some form, the life they'd known. She needed to decide quickly, so they could start surgery.
"Unless you tell me there's no hope," Mrs. Fink said, "we'll keep plugging on."

That night, she wrote on the stationery in her room at the Best Western Hotel: "I pray that if Ted survives he will be accepting of all the decisions made."

For the next few months, Mrs. Fink stared at the barren branches on a honey locust tree outside room #5 at the burn unit, her husband's temporary new home. Doctors placed her husband in a drug-induced coma, so he could endure repeated, painful skin grafts and treatments. He was expected to remain in the coma for months, leaving her to live with the consequences of her decision alone.

Mrs. Fink found a basement apartment near the hospital for $100 a week. Sitting with him for hours grew harder since she couldn't see his face, which was wrapped in bandages. Her days were spent calling her sons to check on the farm, greeting visitors, and scribbling into a diary that had become her only constant companion.

She helped the nurses in the burn unit decorate the Christmas tree. One day she brought photos of the farm and taped them to her husband's bed. She clipped Mr. Fink's fingernails and toenails. She packed away the Christmas tree.

In early 2000, while he was still in the coma, doctors grew concerned that Mr. Fink's right thumb wasn't healing. With the loss of a thumb, a hand loses nearly half its function, doctors say. In her diary, Mrs. Fink wrote: "I just don't know how Ted will react if they can't save his hand/hands. I'll just keep praying for miracle #2."

Doctors amputated Mr. Fink's right thumb on Jan. 31, 2000. Mrs. Fink wrote, "I dream about Ted a lot. I miss talking and interacting with him very much. I can't wait for the day they wake him up and he's coherent." She added: "His right hand looks sad without the thumb."

By May, the honey locust tree had greenish-yellow blossoms. Mr. Fink was slowly improving, but now his right index finger was in trouble. That summer, doctors amputated it. Mrs. Fink wrote something in her diary that she would write again and again: "I still hope he doesn't hate me for saving him."

When Mr. Fink began to emerge from his seven-month coma in July 2000, he thought it was still 1999. One of his first sentences was just three words, squawked through the breathing tube in his throat: "What...will...change?"

He was now wearing skin with U.S. Patent No. 4,947,840. His body was covered with sores as his grafts struggled to replicate the seamless cocoon skin naturally forms. His nose had no tip. Just a few wisps of fine white hair curled from his scalp. His son Peter recalls, "They didn't give him a mirror for a long time."

He stayed in the hospital several more months, going to physical therapy to regain strength. His case amassed a file of paperwork more than 3 feet high, and medical bills of
more than $4 million. Most of that was paid for through an Illinois state health-insurance plan, after his private insurance was exhausted.

**Going Home**

In January 2001, Mr. Fink returned home, to the farmhouse where he had grown up. His son Chris had canceled his schooling plans to take over the farm. On his first day back, Mr. Fink asked his son to help him onto his refurbished John Deere 610 C Turbo -- the same tractor he'd been on when the accident happened. "It was the first thing he needed to do when he got back," Chris says. It took $14,000 to repair the tractor following the fire.

In the months that followed, Mr. Fink went to physical-rehabilitation sessions, where he tried to re-learn such things as walking and holding a fork. Mrs. Fink quit her job to care for her husband. She drove him back and forth to rehab. She dressed him. She fed him. She brushed his teeth.

Early one morning, her husband woke her with a horrible thud. He'd fallen out of bed. Mrs. Fink shouted for their son Chris to come hoist his dad back into bed. Mr. Fink had a fat lip and was coughing up blood. It was Valentine's Day.

That night, Mrs. Fink wrote in her diary, "I'm pretty much shot here emotionally. I've spent the day crying. Crying for Ted, me, what we've lost and probably won't ever get back...I feel so empty inside. I'm giving, giving, and not getting any love back." Then she added, "But it's not about me -- it's about Ted."

Some days Mr. Fink resisted going to rehabilitation. He found it exhausting, he says, and not all that helpful. Mrs. Fink persisted. "I told Ted, 'Your New Year's resolution is to brush your own teeth -- I'm giving up the job.' " He finally was able to bend his elbow just enough to do it himself.

Among the hardest tasks were the baths. Mrs. Fink helped her husband into their tiny bathroom. She undressed him and cut all the bandages off his torso, legs and behind. She helped him into the shower. As he stood there, covered with sores, she rinsed him with a
hand-held shower head, gently scrubbed him with soap, and rinsed him again. Then she applied lotion to his skin.

After cleaning the small device inserted in his throat in case he needed to be hooked up to a breathing machine again, she wrapped him in fresh bandages. She chose bandages in green and yellow, the colors of her husband's John Deere equipment. The process took three hours.

"You end up planning your life around his bath," she says.

The Finks' experience "is not unique, but not the usual," says John Burke, a pioneering burn surgeon and an emeritus professor of surgery at Harvard Medical School, who helped invent Integra. "A few of the survivors have considerable disability, but it turns out humans are enormously adaptable."

Of families faced with a dire situation like the Finks', Dr. Burke says: "I think people have every right to carefully weigh a decision to refuse treatment." If they accept treatment, he adds, then you have to try your hardest to save the victim.

Mr. Fink adapted slowly. The first few months after he left the hospital, he slept for hours on end. "When I came home, I had pretty much given up," he says. "I could barely walk." As he gained strength and dexterity, he eventually could shuffle with the use of a walker.

Lately, he has been able to return to some chores on the farm. He attended his older son's college graduation, and his younger son's wedding.

Mr. Fink can talk at length about soil chemistry or weather conditions, but he is a man of few words as topics turn less practical. On their first wedding anniversary after Mr. Fink got home from the hospital, he expressed his appreciation for all his wife had done by giving her a diamond ring. "I have a lot of blessings," he says.

Going out in public has been challenging. "Some people act like they used to act," Mr. Fink says. Others stare or turn away. "Some people flat-ass ignore you. You find out who your friends are." He adds, "I know I don't look very good."

One day last fall, Mr. Fink's first grandchild, Samantha, waddled over to the kitchen chair where he was sitting and raised her arms. The blue-eyed strawberry-blond was born to Mr. Fink's son Chris and his wife, Deanna, in September 2003.

"Now, honey," Mr. Fink said, "you know grandpa can't pick you up." Because his arm joints are so stiff, he can't clasp the little girl in his hands. Deanna lifted the child onto her grandfather's lap. He cooed at her.

After lunch another day, Mr. Fink suddenly set down his fork, which has an extra-wide handle to make it easier to hold, and scanned under the table. He thought he'd dropped a
pain pill and was worried Samantha might find it. Because he wasn't agile enough to get down on the floor, he asked his wife to look.

Some days, the entrepreneurial side of Mr. Fink resurfaces. Like many small farmers, the Finks lease much of their roughly 2,500 acres. Convinced that neighbors didn't know he was alive and looking to expand his operation, Mr. Fink began advertising in the fall of 2003 on a local radio station.

"Ted Fink of Lanark is asking for your help," began the spot. "He's interested in buying or leasing good, tillable crop land in Lanark or the surrounding area." He ordered fat red pens printed with his phone number and the slogan, "Ted Fink Chris Fink -- Stewards of the Land." So far the appeals haven't brought him any business.

'I'm Back'

One day, in the summer of 2003, he showed up at the desk of his local banker, dumped out the banker's pen box and deposited a fistful of Ted Fink pens. "I'm back," he said.

"I never expected he'd be in here again, physically and mentally capable, after what he'd been through," recalls the banker, Bart Ottens of Metrobank, which has continued making loans to the Fink farm.

Ted's son Chris has taken over most of the work of running the farm. Ted orders seed and equipment, contracts with buyers and handles the books. Chris does what his dad used to do: prepares the soil, plants the crops, repairs all the equipment and harvests. They usually hire a part-time helper for busy periods. At times, Ted can run the combine, which is used to harvest, by operating a joystick inside the cab with the two remaining fingers on his right hand.

Ted Fink back at work in his John Deere tractor last fall.
One day last spring, Ted was on a tractor -- the one he'd been burned on -- clearing trees. Chris, on another tractor nearby, kept trying to get his father's attention. Finally, he yelled at him.

Ted recalls telling his son, "Sometimes I get engrossed in something because it helps me forget for a while how I am."

His skin these days is tough and crusty in spots. His coloration is a patchwork of bone-white, peach and blush-red. Neck surgery failed to stop a skin tightening that tugs his lower lip downward. Because his lips don't fully close, he keeps a bottle of Coke or Sprite nearby at all times, sipping periodically to keep his mouth from becoming parched.

His feet became so swollen, an after-effect of severe burns to his legs, that normal shoes no longer fit him. He had to buy enormous orthopedic slippers fastened with Velcro.

His legs are constantly bent at the knees, because of a condition in which inflamed joints fuse over with bone. It means he can't lie flat in bed, so he began sleeping in a recliner in the living room at night. The bows of his black-frame glasses rest on ear-lobe stumps, since most of his external ear structure is gone. While riding in a car, Mr. Fink says he keeps the windows up because "when you don't have ears, the wind just howls -- it's fiercely loud."

More surgery might help with some of his problems, but Mr. Fink isn't interested. "To do it right, I should probably have about 15 more surgeries," he says. "Not going to happen."

Among the few remnants of Mrs. Fink's old life are a monthly lunch with her former hospital colleagues and her bimonthly subscription to Radiologic Technology. Between caring for Mr. Fink and keeping house, she has no plans to return to work. Mr. Fink gets disability assistance through Social Security and an Illinois state insurance program.

The Finks are Lutheran, and Mrs. Fink's lonely months in the burn unit led her to believe there are spiritual reasons her husband survived. "I saw people who were not as burned as Ted and not as old, and they would die," she says. "I don't know if you'd call it theological, but his being here just seems meant to be."

She says she doesn't regret her decision. "Ted's glad to be here, even though he's got problems," she says. He doesn't need a breathing tube. He can feed himself. Now that he's more agile and able to wield the shower head, they've got his bath down to about an hour.

She thinks more improvement is possible, though, and would like her husband to reconsider future surgery.

"You could probably dress yourself," she told him one recent day.
"I still couldn't put my pants on," Mr. Fink retorted. Mrs. Fink dropped the subject. She says she has seen how painful skin-graft operations and recovery are. "I don't want to nag him," she says. "I'm not the one who has to go through it."

Did his wife make the right decision five years ago? "You can't condemn someone for making choices," he says. "You make them and you don't know if they're good or bad. It's done and you hope for the best. I can't begin to put myself in her shoes."

Mr. Fink says he enjoys playing with his granddaughter and doing what farming he can. Last December, he and his wife celebrated their 30th wedding anniversary. He's eager to return soon to an orchard he planted years ago, with apricot, cherry, apple and pear trees. "There's nothing nicer than going down there in the spring, when these trees bloom and give off their scent," he says.

Write to Michael J. McCarthy at mike.mccarthy@wsj.com