**Cancer lessons**

*A physician finds her path through the parallel universe of the sick*

BY PATRICIA ROCKMAN

Suddenly I am both physician and patient. Cancer sends me immediately from the world of the not sick into the world of the sick. I enter a foreign place, a parallel universe, needing to understand the topography, people and culture consisting of those I used to work with or treat. Sooner or later our differences elude us and our similarities become so much more apparent. We are all born, age, get sick and die. It’s how we manage these life events that contributes to or reduces our suffering. I begin to manage stage II, locally advanced breast cancer on June 26, 2014, when my family physician calls me and says, “The core biopsy was positive.”

Entering the realm of cancer requires fortitude, intelligence and awareness of one’s vulnerability and the vulnerability of others. These are of great assistance on this unwanted and unexpected journey. Support is essential and comes in many forms. Choose your medical team wisely. I’m blessed to have the oncology group at St. Michael’s Hospital as caregivers. Given the multiple people involved in cancer care it is helpful to keep your wits about you, researching the evidence and standard of care. Being a physician patient has its perks and pains. In addition to the standard over-investigation, we have access to intelligent literature and the ability to assess it. Well-intentioned practitioners also have their own take on the disease and best practices, so keep your medical identity in play in between chemo-induced nausea and fatigue.

To tell or not to tell thus becomes a crucial question. My husband points out that everyone will know anyway since my hair is going to fall out. Before I know it I am painlessly pulling it out with curious fascination. I could choose to “pass” by wearing a hairpiece, but after four visits to Paula’s Wigs I am helpful to keep your wits about you, researching the evidence and standard of care. Being a physician patient has its perks and pains. In addition to the standard over-investigation, we have access to intelligent literature and the ability to assess it. Well-intentioned practitioners also have their own take on the disease and best practices, so keep your medical identity in play in between chemo-induced nausea and fatigue.

To tell or not to tell thus becomes a crucial question. My husband points out that everyone will know anyway since my hair is going to fall out. Before I know it I am painlessly pulling it out with curious fascination. I could choose to “pass” by wearing a hairpiece, but after four visits to Paula’s Wigs I am helpful to keep your wits about you, researching the evidence and standard of care. Being a physician patient has its perks and pains. In addition to the standard over-investigation, we have access to intelligent literature and the ability to assess it. Well-intentioned practitioners also have their own take on the disease and best practices, so keep your medical identity in play in between chemo-induced nausea and fatigue.

To tell or not to tell thus becomes a crucial question. My husband points out that everyone will know anyway since my hair is going to fall out. Before I know it I am painlessly pulling it out with curious fascination. I could choose to “pass” by wearing a hairpiece, but after four visits to Paula’s Wigs I am helpful to keep your wits about you, researching the evidence and standard of care. Being a physician patient has its perks and pains. In addition to the standard over-investigation, we have access to intelligent literature and the ability to assess it. Well-intentioned practitioners also have their own take on the disease and best practices, so keep your medical identity in play in between chemo-induced nausea and fatigue.
losing faith they will be able to make my head look like anything but Hilary Clinton’s. So I get my head hennaed through Henna Heals. I show and tell all those who need to know. The response from friends and family is overwhelming. I realize others want the opportunity to express compassion and I need lessons in receiving it. To tell becomes an act of kindness. Murmurs from friends of how brave, heroic and strong I am are uplifting and irritating. Bravery usually involves a choice to act in the face of fear. Someone said, ‘A hero is someone who is too afraid to run away.’ No one raises a hand and says, ‘Pick me! I’ll take the cancer!’ Cancer treatment is not heroic. It necessitates a slogging persistence on the part of the patients and those who care, once the novelty of the diagnosis is over.

Opening and accepting what is happening (when you can) without resignation provides more possibilities for resilience. You can ride the experiential waves of fatigue or energy, nausea or appetite, pleasure or pain, irritability or contentment, sadness or joy. Staying mindful can keep us in the here and now, preventing a spiral into a catastrophic future. Cancer creates the in-your-face opportunity to live vividly, from moment to moment, taking one breath at a time. Resistance is futile anyway since the body is the boss. We have many medical strategies to use against a complex organism that has a way of voicing itself regardless of our intentions. You kind of have to go with the flow. Well, you don’t but then you just suffer more than you already are.

We tend to forget that we are interdependent, and that we are all small parts of the same turbulent sea. Staying open to the present can help us navigate the rough waters of illness to make more informed and less reactive decisions whether we are patient, caregiver or loved one. Serious disease can be an unasked-for learning opportunity. It can bring wisdom and compassion, but this entails remembering we are all in the boat together, and don’t inadvertently push the patient out to lighten the load by abandoning them to the world of the sick.

Dr. Patricia Rockman is an associate professor in the department of family and community medicine at the University of Toronto and senior director of education at the Centre for Mindfulness Studies in Toronto.

Do your patients feel like prisoners to their symptoms of Generalized Anxiety Disorder?

At Week 3, Cymbalta® 60 mg once daily:

A. Significantly improved HAMA trial scores, placebo (mean treatment difference -4.4 vs. placebo, p<0.001)."  
B. Significantly improved the Sheehan Disability Scale (SDS) work/school score vs. placebo (mean change from baseline -2.62 vs. -1.08 placebo; least squares mean treatment differences -1.56 vs. placebo, p<0.001, secondary endpoint)."  
C. A double-blind, randomized, controlled, placebo-controlled, study involving patients at least 18 years of age meeting DSM-IV criteria for GAD. Patients were randomly assigned to be treated with placebo or Cymbalta® 30 or 60 mg or paroxetine 20 or 40 mg. The primary endpoints were the Hamilton Anxiety Rating Scale, Hamilton Depression Rating Scale, and Sheehan Disability Scale (GAD-7).  
D. Cymbalta® 60 mg once daily for up to 24 weeks for the treatment of GAD.  
E. Cymbalta® is used in the treatment of major depressive disorder, and bipolar disorder.  
F. Paroxetine was associated with a lower percentage of patients who discontinued treatment due to adverse events compared with Cymbalta®.  
G. Cymbalta® is not recommended for patients with a history of seizures.  
H. Patients with a history of seizures had a higher percentage of adverse events compared with patients with no history of seizures.

The answer to this quiz can be found on page 20.