

CHAPTER I



“Physician, heal thyself”

— HIPPOCRATES —

Today is Valentine’s Day, a day for chocolate hearts and lacy greeting cards, and it begins like every other Monday. I hang my coat on the hook behind my office door and check my calendar: a search committee meeting and a medical education meeting, an interview with a new faculty candidate, a lecture to pediatric residents. In addition, I need to dictate a recommendation letter for a graduate student, return patient phone calls that will accumulate over the next ten hours, revise a scientific paper, and review the lab results from last week’s clinic patients. Tony (the three-year-old with septic arthritis): has his sed rate normalized yet? Anna (the sixteen-year-old with a heart transplant and presumed aspergillus in a pulmonary nodule): has her lung tissue grown any fungi yet? Megan (the four-year-old with AIDS): has her CD4 (lymphocytes) count increased or her viral load decreased since we changed her medicines? Today promises to be ordinary, to be filled with the usual.

Tucked into the middle of the morning is an appointment for my annual Pap smear. Irritating and repetitive, it’s another of those maintenance duties, as mundane as ordering water softener salt or replacing the furnace filter, as routine as dental checkups, oil changes, and mammograms. I always schedule my annual gyn appointment near my birthday, which is three days after Valentine’s Day, so I don’t forget.

I was tempted to skip the examination this year but want to talk with my gynecologist about hormone replacement therapy (HRT). I’ve been taking estrogen and a progesterone for several years because without them I couldn’t sleep. Each night I’d awaken at two o’clock, wide-eyed, hot as hell, and drenched in sweat. Rather than falling

asleep again, I'd review—forward, backward, and inside out—the work-related dilemmas that paraded relentlessly, trunk-to-tail like circus elephants, through my mind.

I don't like taking medicine for hot flashes. These biologic surges reflect, after all, a normal physiologic transition rather than an illness. Medicines are poisons; they work by fouling up one metabolic pathway or another. Furthermore, HRT is akin to patching an old coat, never as good as the original and sometimes worse than what you started with. My motto over the years had been that nature's way is best, most of the time. But when Mother Nature handed me an unending string of sleepless nights, I was willing to compromise my principles and give her some help.

After I accepted the estrogen-progesterone combination offered by my gynecologist, sleep returned to my nights and enthusiasm to my days. But now I want to ask my doctor if I should stay on the HRTs. Recent studies suggest that estrogens may increase the risk of breast cancer, and they don't seem to protect against heart disease as once thought. Maybe I can do without them. Maybe the hot flashes of old have disappeared.

At the appointment my gynecologist asks the standard, nagging questions about smoking (never), seat belts (always), alcohol (an occasional glass of wine with dinner), supplemental calcium (too hard on the GI tract). Then she examines me. We chat about medical school business—her department, my department—as she palpates my neck, listens to my lungs and heart, prods my abdomen, and slides her fingers over my chest.

She pauses over my left breast, moves to my right breast, and then returns to my left breast. She dwells on the left breast.

“I don't remember this lump from before,” she says.

She asks me to feel it. I run my index and middle fingers over the surface of my left breast and push against the soft tissue. It feels normal, like fine-grained bubble wrap. My fingers move an inch. Normal. They move another inch. There it is. Above and medial to my left nipple. A firm almond.

“Have you felt that before?” she asks.

“No.” I explain that several years ago, following a minor breast lump scare, I vowed that every Sunday while in the shower I would shave my legs and perform a breast self-examination. And every Sunday since, I have shaved my legs and have not examined my breasts. Why not? I don’t know, other than the obvious: if I don’t look, I won’t find.

“I can’t tell if it’s another cyst in your otherwise cystic breasts or something to be more concerned about,” she says.

“My husband’s a general surgeon, you know.” Actually, she probably doesn’t know this detail about me. “I’ll have him check it.” Jim takes care of many women with breast masses; some need biopsies, some need fine needle aspirates, many need reassurance. He’ll clear this up. He’ll dispel any question of the lump being worrisome. He’ll recognize it as a cyst.

It’s late when I get home from work, and Jim arrives even later. We read the newspapers and the mail and stir-fry pork and vegetables for our Valentine’s Day supper. He pays the mortgage and electricity bills. I knit two more inches on the sweater I’m making for my daughter-in-law. The lump doesn’t cross my mind.

The next night, Tuesday, I attend a dinner for a visiting professor. Then, at home, I undress and slip into bed, again forgetting about the lump.

Wednesday night I go to a Murray Perahia piano recital. For years my friend Sally and I have had season tickets to the Choral Union Concert Series. Neither of our husbands can take that much good music, so we go together.

After the concert, I hang my jacket in the closet, pull off my sweater, step out of my skirt, and shed my underwear. Maybe it’s the cool air against my bare chest that makes me remember. Maybe it’s the weight of a concern I have refused to acknowledge. As I squirm into my nightgown, I say to my husband, “Oh, by the way, my gynecologist found a lump in my breast.” To give him the right context, I add, “I’m sure it’s a cyst.”

“Hop up on the bed,” he says. “Let me take a look.”

I pull off the nightgown and lie down. Staring at the top of the bed

board, he kneads my breasts and digs his fingertips into my armpits. Like my gynecologist, he moves from the left breast to the right and then returns to the left. He dwells on my left breast.

Straightening up, he steps back. The light from the bedside lamp shines off his thick white hair like twilight off a pearl. His face is somber and professional. His eyes, usually sparkling, are now dull. This is the doctor his patients see. He folds his arms across his chest and quietly says, "If you were in my office, I'd put a needle in it."

He's being cautious, as he is in his surgical practice. How many times has he said that fear of litigation drives many surgeons to biopsy masses they know aren't malignant? In the United States, he says, about eighteen biopsies are done for every breast cancer found. I know this lump is just an ordinary cyst, and I don't want to be bothered with a procedure. I have too many things to do, including a trip to visit our son who is in the navy and stationed in Monterey, California. We're scheduled to leave Friday, the day after tomorrow.

"I'll take care of it after we get back from the West Coast." I put my nightgown back on. "A couple days won't make any difference."

He agrees that the fine needle aspirate can wait. His opinion on this is more authoritative than mine, for breast lumps and cancers and cysts and biopsies and mastectomies are his professional bread and butter, while I deal with serious infections in children, those that are difficult to diagnose, difficult to treat. Following our return from California, I figure, he can aspirate the lump one evening in his office. That way I won't have to deal with making an appointment at the University Health System, won't have to spend hours in the surgery clinic, won't have to lose a day at work. The lump is, after all, just a cyst.

On Thursday Jim cooks a birthday dinner for me, guided by a recipe from D'ARTAGNAN's *Glorious Game Cookbook*, one of his favorites. He has defrosted a pheasant and, after sprinkling salt and pepper into its cavity, adds a dollop of mustard. Then he jams a large onion into the bird and ties its legs with a piece of string. Jim enjoys cooking odd things, and while the bird simmers in the oven, he makes a salad of lettuce, dill pickles, and blue cheese. To go with the pheasant, he braises cabbage and concocts a sauce of meat drippings, cream, and bourbon. With a wooden spoon in one hand and a glass of Jack

Daniels in the other, he stirs the sauce and sips the booze. His eyes glisten with delight, and he hums the title song from *Paint Your Wagon*.

It's a magical evening: good food, good wine, my fondest companion. Outside, beyond the dining room window, the glare of moonlight off the snow outlines the twisted limbs of the cherry tree. Inside, the warm, flickering glow from the candles spreads like honey over the table.

When we finish eating, I mention the breast lump aspirate again. "What kind of painkiller do you use?"

"None."

"NONE?!?!?" I'm amazed. "You stick a big old needle into someone's breast without local anesthesia?"

"It's a thin needle."

"That's cruel."

"No, it isn't. The pain from infiltrating the skin with Lidocaine is worse than the needle poke."

"How about EMLA (topical anesthetic)?" I suggest. "Works great for spinal taps on kids."

"Never heard of it. Sounds like overkill to me."

"Well," I take a deep, impatient breath, "let me educate you."

I pull the *Physician's Desk Reference*, the often-consulted "PDR," from the bookshelf and read aloud about EMLA.

"I'm not convinced," he says, yawning. This is his silent way of saying that he doesn't like the conversation. "It really isn't that bad."

"You don't own a breast." I make a mental note to write myself a prescription for EMLA so I can smear it over the lump an hour before he needles it.



This is our first visit to the Monterey Peninsula, and, starting with a snowstorm before leaving Michigan, it hasn't gone well. Ours is the last plane to leave, albeit late, before Detroit Metro Airport is shut down.

We land in San Jose late in the afternoon, rent a car, and drive Route 17 west through the canyons of the Santa Cruz Mountains.

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Clogged with evening rush hour traffic, the road is a snake of bumper-to-bumper cars whirling around the curves at sixty miles per hour. The California State Highway Department is improving the intersection with Highway 1, so we idle in gridlock for about an hour. After two wrong turns into Monterey, tired and frustrated, we finally locate our hotel, a turn-of-the-century downtown classic, with high ceilings and no on-site parking. The historic elevator, which seemed charming from the Web site description, is on the fritz, so we haul our luggage up the stairs to the third floor. Our room, fortunately, is tastefully decorated and comfortable. Best of all, from its huge window we glimpse a wedge of Monterey Bay twinkling in the sun three blocks away.

Several years ago, Joe, our younger son, traveled around the world on the USS *Samuel Gompers*, where he was responsible for the bow anchor. He completed his military obligation, discovered again that college was not for him, and reenlisted. Now he has just begun a tour of duty at the Defense Language Institute at the Presidio of Monterey, where he will learn French. Since graduating from high school, he has been in an independent phase, so we haven't seen or heard from him much. He doesn't have a telephone in his room—too cheap to pay for one—and doesn't have a cell phone—ditto—so we have been dependent on his rare calls home from a pay phone.

Jim and I wait for Joe in the Crown and Anchor Bar. We haven't seen our son in months. Will he still have his closely clipped military haircut? Will he have gained, or lost, weight? Will he still have his contrary attitude? Every time the door opens, a streak of light blazes into the dark tavern, and I turn expectantly toward the person entering. Will Joe be sullen or chatty or distant? He's capable of any of these moods. Finally the door opens, a bright flash slices across our table, and Joe ambles in.

"Howdy," he calls.

He's beautiful, with his enlistment hairdo, with thrust-back shoulders that tell of pride. I dash over to him and wrap my arms around his neck. His stiff muscles tell me he's embarrassed.

Drinking British beer and eating shepherd's pie, we listen to Joe's navy stories. His laughing baritone assures me that he has finally figured out how to have fun. The elaborately detailed accounts of golf

matches, dart tournaments, and snooker (a game I've never heard of) remind me that he's an adult now and I must let go of the little boy I worried over so much.



Besides overlooking a sliver of Monterey Bay, the huge window in our hotel room, unfortunately, also overlooks Alvarado Street. Car after car loaded with screaming teenagers spews thumping music and trolls the road immediately below us. It's three o'clock in the morning (six o'clock Michigan time), and I haven't slept at all. Disconnected thoughts stream like an endless newsreel through my mind. I think about the flight, this evening with Joe in the British bar, our upcoming visit to the Monterey Bay Aquarium.

I roll over in bed, nudging Jim with my foot, and hope that Joe will find his place in linguistics, in the navy, in the world. The newsreel continues to spool. I think about being fifty-five years old, about the way 1999 lurched into 2000 six weeks ago, about the progress of the new millennium. I think about the children of the world and about their parents, doing, for the most part, the best they can.

Thoughts of the lump swing back into my mind again. I imagine myself in Jim's office, lying on the examining table, EMLA cream smeared over the lump. I see him poised over my chest with a needle. I see him dispassionately jabbing it into my breast.

My fingers stroke the firm almond nestled in the tissues above my left nipple. It's still there. I pull my hand back, thinking that if it *is* cancer and I massage it too hard or too often, I might force a shower of malignant cells into my bloodstream, and they could lodge in distant places and grow into metastases. Of course, the lump in my breast *isn't* cancer, but my hand stays riveted to the bed sheet anyway.

Disturbed by the racket in the street below, I roll over yet again and consider the amazing ability of the human mind to perform leaping gymnastics when it ought to be resting.

What if this isn't a cyst? What if it's really cancer? I think of Natalie, a woman I never met. Years ago I read her story in the newspaper. It's the foundation for the cancer illusion I have carried ever

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since. Natalie was a pediatrician, like me, and she had breast cancer. Her friends arranged for someone to accompany her to every chemotherapy session and then stay with her for several days. Ultimately, she died; the newspaper story was her obituary. In my cancer illusion, alone and green with nausea, I'm driving the freeway home from my chemo infusion and balancing a mixing bowl, half full of vomit, in my lap. Even though I have absolutely no risk factors and no family history of a malignancy, ever since reading about Natalie I've known deep in my bones I'm doomed to cancer. Maybe this is a leftover from the helplessness of childhood. Maybe I'm haunted by a deep-seated but unknown fear from long ago. Growing up in North Dakota, I learned to fear freezing to death, to fear getting lost and starving to death, to fear drowning in the Red River, but I don't remember fearing cancer. Wherever it came from, I'm convinced that a tumor is my fate and that I will have to face it alone. Sick and alone. Eventually. But not now. This is a cyst.



On our last day in Monterey, the carefully planned visit to the aquarium isn't going well either. Joe is two hours late. Since he has no phone, we can't call him. Early this morning, responding to our internal clocks that are stuck in the eastern time zone, Jim and I awoke at six o'clock.

I wait for Joe in the hotel lobby and read *Cannery Row* for the second time. John Steinbeck wrote, or at least conceived, the book here in this town. As I breathe the mist off the bay that he breathed, watch the waves rush past the rocks that he watched, hear the screams of the seagulls that he heard, the book and its kooky characters come to life. Cannery Row, the street, is now a tourist trap. In Steinbeck's day it was filthy, noisy, smelly, and ironically named Ocean View. Its view, then, of the Pacific was blocked by hulking canneries. Still, I'm enchanted with the story and the place and the people.

Three hours overdue, Joe saunters through the hotel's front door. "Hi," he calls and offers no explanation for his tardiness. I don't want

to ruin the end of our visit, so I keep the about-to-detonate anger bomb locked deep in my explosion-proof internal vault.

The aquarium is about a mile from the hotel, and I want to drive. Jim and Joe want to walk, so we walk. The trail along the bay is littered with sightseers, but I hardly notice them. Rather, I look beyond the crowd to the marina, to the languid seals on the rocks, to the roiling waves. I don't feel well. Nothing specific, just a little throb behind my eyes, a few vague aches, and a general sense of being out of whack.

It's a three-day weekend and hundreds of visitors swarm into the aquarium. Watching the slow dance of the kelp as it turns and sways in its three-story tank makes me woozy. In the ladies' room I splash water over my face and rest awhile. I'm never sick, so what's this all about? Probably exhaustion from not sleeping.



Saying good-bye to Joe as we leave Monterey is difficult. I want more of his hearty laugh, of his crazy navy stories. He's the kid who, even as a baby, refused to dance with me, who wouldn't release his body to any kind of twist or rhythm. But he's growing up. His arms and legs reel in jerky contortions as he punctuates his navy tales with the navy walk. Although he may not recognize it, the military has been very good for him. It offers the structure and predictability he needs to find his way. I give him a farewell hug, and he pats my shoulder.

On the drive back to the San Jose airport, this time on Highway 101 to avoid the canyons in the Santa Cruz Mountains, we pass through Gilroy, the "Garlic Capitol of the World." Even though the car windows are shut, the pungent essence in the air finds its way inside. For some odd reason, while surrounded by garlic I'm thinking about doctors. About Jim's three brothers who are all surgeons. About surgical procedures. About the stringent smell of disinfectant that permeates all things medical. About the Saturday night in Alaska when our older son, Daniel, then two years old, cut open his eyebrow.

In violation of the household rules, Daniel was using our bed as a trampoline. With a misstep on a bounce he crash-landed and slammed

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his eyebrow against the corner of the dresser. The cut was about an inch long and bled like a fountain. We clapped a washrag over the wound and headed across the parking lot from our apartment to the Indian Health Service hospital, where Jim was stationed as a U.S. Public Health Service physician.

Daniel lay on the emergency room table wrapped like a papoose in a draw sheet. While I held our squirming son down, Jim sewed his eyebrow up. In the middle of the screaming, Daniel's wide, wild eyes—flooded with tears—skewered mine as if to say, "Why are you doing this to me? You're my parents! You're supposed to protect me." I vowed we would never again be his doctors.

Yet, a few years later, Daniel returned from a week at Boy Scout camp with a low-grade fever, a sore throat, and a voice that sounded as if a gym sock were stuffed in his mouth. I examined his pharynx, using a dinner knife as a tongue depressor, and discovered suspicious swelling of his palate and a very groady-looking right tonsil. In spite of my earlier vow, I gave him sample antibiotics from the bathroom drawer. He did fine. But this was probably an early peritonsillar abscess, and treating it myself was a dumb thing to do.

A wise, old, but still valid rule of medicine cautions a physician against treating herself or friends or family members. As is said about lawyers, a physician who treats himself has a fool for a doctor. Objective decision making (and medical decisions are *best* made objectively) requires the physician-patient relationship to be unencumbered by passion or sentiment or intimate familiarity. In rendering clinical judgments, we physicians acquire our information—data from the medical history and physical examination and laboratory test results—at a prescribed distance. Shorten the measuring stick, move the target closer, and the stakes go up; we process the information differently and, in all likelihood, less accurately.

After the long flight back to Michigan from California, Jim and I sit in our family room, me in my favorite easy chair and him resting his sore back in the La-Z-Boy recliner, and talk again about the fine needle aspirate. Tonight I see this procedure differently than before our trip out west. Maybe it's because of the waters of Monterey Bay that crash against the rocks and send sparkling spindrift high into the air. Maybe

it's because Joe seems comfortable in his new place. Maybe it's because I remembered the rule about doctors and their families. My decision to have Jim do the fine needle aspirate begins to waver.

I'm certain Jim doesn't want to be my doctor, and yet he knows more about breast disease, including cancer, than many of the other surgeons in this community. I don't want him to be my doctor, yet I trust him more than any other person on the planet.

"Jim," I say, stroking the almond in my left breast for the thousandth time, "what if it's positive?"

His silence fills the room. The furnace fan whirs. Warm air blows through the house, stirring the leaves on the ficus plant.

"If the path report comes back positive," I say, "you'll have to tell me."

"That's right." His hushed words sound like a prayer.

I pause for a long minute. "That would be awful, honey; awful for you and awful for me."

He nods.

"I'll call another surgeon," I say. "Tomorrow. Someone at the university. Name one."