

A Simple Song of Gratitude

IT'S A CHILLY FEBRUARY AFTERNOON, AS ORDINARY AS AN old coat. Beyond the clinic window, occasional snowflakes float without purpose in the updraft from below. A physician, who is in the middle years of her ordered life, absentmindedly leafs through a travel magazine. She flips the page, and an aerial view of the San Juan Islands, with lumps of lush green land amid clear blue water, rests in her lap. Thoughts of Seattle, of sailing and scopolamine patches, of Spain, of fresh crab bounce through her head as carefree as the gusty winds outside. She has come for her annual gynecologic examination.

An hour later, she walks out with breast cancer.

Her well-meaning, nonmedical friends want to help, want to make her feel better, want to divert her thinking from the dark stuff. Some of them say things like "You're lucky to know all the doctors there so you can pick the good ones." Or "You're lucky that so much progress has been made in treating cancer." She doesn't feel lucky at all. These people are applying a coat of whitewash to her life, then walking away, and she's left toe-to-toe with her malignancy.

Her physician colleagues give her refuge. She remembers their beginnings as idealistic medical students, awestruck and terrified of the mission ahead. Standing side-by-side in the dissecting rooms and in the laboratories, they learned the workings of the body and where it sometimes goes awry. They probed the formalin-soaked tissues of their cadavers and stared into microscopes at otherwise invisible bacteria that cause strep throat and bubonic plague, gas gangrene and diarrhea. They delivered their first babies and performed their first spinal tap. During the rite of passage out of medical school, they recited together the words of the Hippocratic oath, accepting for themselves the age-old values of their profession, vowing to uphold its traditions, pledging to treat each other's children as their own.

"Feels like somebody built a bonfire in my armpit," she says. Her colleagues solemnly nod. They know about axillary dissections and why they are done. She doesn't have to explain paresthesias to them. They all have learned the transaxillary pathway of the intercostobrachial nerve, the one that hurts. They know that nerves get roughed up during operations and that the whole deal is a faultless bummer.

In their work, she and her colleagues speak to each other in the familiar, comfortable language of medicine. As easily as falling rain, medical words and phrases slide off their

tongues with poetic loveliness: in situ, Roux-en-Y, Marshall-Marchetti-Krantz, *Stenotrophomonas*. Linguistic shortcuts, like CABG, VRE, BK, NSAID, CBC with diff, pepper their sentences. For them, these crisp, stabbing sounds express their thoughts with efficiency and meaning. For others, they are gibberish.

Although they speak a common language, she and her colleagues share imponderable medical experiences of which they cannot speak, at least not easily. Words are hard to find that adequately describe the eventualities of their work—happenings that sometimes buoy the spirit, sometimes suffocate the soul. Each of them has brought good news to worried people, bad news to hopeful people. During some moments, they see unthinkable, truly terrible things; at other moments, they see unparalleled beauty. Their judgments, at times, have earned them hero status and, at other times, have plunged them to the level of inadequate. All of them, the woman and her colleagues, have presided over that dimensionless slice of time when another human being transcends from aliveness to silent, cold, utterly irreversible deadness.

When her hair falls out, her colleagues say little and pretend not to notice. Staring into their eyes, she sees their sadness and the depth of their hatred for what has happened to her. This is an awful, very public assault to her identity, a crushing diminution of her individuality. Even though she tries to hide her bare head under wigs and hats and colorful scarves, the pale, doughy face with neither eyebrows nor eyelashes brands her as a cancer patient. Her colleagues apologize and make excuses for not recognizing her when they pass in the hospital hallways.

Some of them call her at home when she is too weak or too nauseated or too apathetic to get dressed. They ask how she is doing. She tells them. She doesn't need to protect them from the reality of what she's going through. They already know, and they can take it. Some visit her in the infusion room, watching as the cyclophosphamide or the docetaxel or the eerily cranberry-colored doxorubicin flows into the dorsum of her right hand. One takes her to lunch after she emerges from each "chemo cloud," and following the second infusion, asks, "What percentage of the day are you consciously aware that you have cancer?" The woman pauses for a moment in the late spring sunshine, tugs at the silk scarf tied around her smooth head, and replies, "Eighty-five percent."

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In her garden, the iris petals have dropped to the ground and the edges of the petunia blossoms flutter in the breeze like sassy silk skirts. Her white count has sunk into the netherworld of dangerous. She tells this to her colleagues, in conversations that are matter-of-fact. No sympathy brokering. No stutter stepping to define G-CSF and neutropenia. No need to explain the side effects of chemotherapy drugs. They don't recoil at the notion of her giving herself subcutaneous injections. Again, quietly and gently, they nod.

Back and forth she and her colleagues have tossed the sarcastic in-house jokes that poke fun at an incomprehensible world and help neutralize their anger and frustration. These swatches of medical humor are funny to members of the club but would undoubtedly be considered disrespectful and cruel, mean and crass by outsiders.

"Morning routines are very efficient when you don't have to blow-dry your hair," she says. "Chemotherapy is a more effective weight loss program than Jenny Craig, TOPS, and the Scarsdale diet all put together," she says. Her colleagues answer with ripply little chuckles. Sometimes, however, in the middle of a flight of lightheartedness, she is done being funny. Abruptly, she turns off the humor. Instantly, they do too. It's an odd sort of dance; they are Ginger Rogers to her Fred Astaire, following her lead. Kindly. Although they too are physicians, her colleagues didn't make her diagnosis. They don't explain the upsides and downsides of her options, don't interpret her laboratory tests, don't write her medication orders. Yet she is a beneficiary of their doctorness. She is grateful.

At other times and places, her physicians—the ones who provide her medical care—have also been her colleagues. But, now, in the heat of the summer, she sits on the cool, crinkly paper that covers the examining table and sees them differently. She has elevated them to demigods. She considers everything they do to be wonderful because, in her dependency, she needs them to be flawless. Upon her doctors she bestows the knowledge of Osler, the judgment of Solomon, the brilliance of Halsted, the memory of an elephant, and the bedside manner of Marcus Welby.

The blood-drawing station is crowded; many people wait ahead of her. In the courtyard outside, the edges of the maple leaves are tinged with orange. A woman on her left speaks in a monotonal, electronic voice, her hand pressing a machine against her throat. Laryngeal cancer? A man on her right is gaunt, his skin the color of aluminum foil. Melanoma? A boy huddles in a wheelchair across from her, wrapped in white flannel blankets, his face slumped behind a surgical mask. A bone marrow transplant? "Who am I?" she asks herself. "A left breast cancer?"

Being here, on the patient side, feels all wrong to her. She is as disoriented as Alice in Looking Glass Land. In this hospital she's supposed to be examining, questioning, diagnosing, counseling, and treating people like those around her. She's not supposed to be sitting among them, waiting for her turn with the phlebotomists. Maybe she believed the old myth that, because physicians conquer illness, they should be exempt from the ravages of disease. She is learning that life is terribly random and arbitrary, even for doctors.

In the radiation therapy dressing room, she hurries to change into a faded, blue hospital gown. Because she has breast cancer, the gown goes on with the ties in the front. She hangs her wool jacket and heavy sweater and ribbed cotton undershirt in a locker; her chest is too burned for dainty, lacy underwear. Other patients linger to chat, but she doesn't want to talk to them. She has no interest in comparing surgeons or treatments or side effects or number of positive nodes or ER/PR and HER-2 status with them. She'd rather talk with the physicians who walk the hallways outside the dressing room or sit in their offices around the corner; the doctors who wear white coats and ID badges. She longs to discuss with them the latest news in the ever-changing politics of the hospital; to study with them the x-ray films of patients with difficult diagnostic problems; to consider with them options for patients with challenging therapeutic dilemmas. That will come. When the snow is heaped into drifts under the leafless trees and the new year is very young, she will be a doctor again.

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