

A new normal

By Nancy A. Speck, Ph.D.

In a normal fall, I lecture on the molecular basis of cancer to first-year Dartmouth medical students. But in the fall of 2001, I was diagnosed with breast cancer, and my lectures were scheduled to occur within days of my surgery. Thankfully, my colleagues Connie Brinckerhoff and Duane Compton delivered my lectures

for me. But I was left with a nagging sense of guilt for having vanished in the middle of the term. I care deeply about the small part I play in our students' efforts to become educated and compassionate physicians, and I found myself averting my gaze whenever I passed a student in the hall, feeling I'd broken some unspoken bargain.

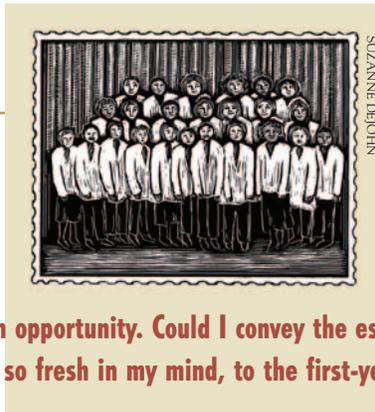
As I started to emerge from the maelstrom that had enveloped me, I began to sense an opportunity. Could I convey the essence of my experience, so fresh in my mind, to the first-year students? Would it not be more important than anything I could possibly teach them about the molecular basis of cancer? What follows is what I said during the last five minutes of their final class in the course. It was November 12, 2001. My colleague Brad Arrick had just given a clinical correlation lecture on cancer, and I stepped up to the lectern.

Perspective: "Normally," I began, "I would not be standing in front of you at a clinical correlation lecture because I am not a physician, I'm a scientist. However this year I can offer some perspective on this topic because I just became a cancer patient.

"My journey into this new world began on October 4, 2001, with a routine mammogram that identified two suspicious areas in one breast. The next step was an ultrasound on October 18, at which point I was still mildly worried but not yet alarmed. The day my world turned upside down was October 23, when my primary-care physician called to tell me he was quite sure I had breast cancer. A needle biopsy followed the next day, and the diagnosis was confirmed. I had a lumpectomy on November 1 and met with my oncologist on November 7.

"So what can I tell you about this experience that might be useful to you? I thought I'd share some of what goes through the head of a patient who has just been told he or she has cancer. As I said, my whole world as I knew it changed on October 23. *This can't be happening to me!* I thought to myself. *What am I doing here in this office, undergoing this procedure? I am, have always been, healthy.*

Fears: "I was almost incapable of rational thought. My mind was totally consumed by worries and fears, most of which were not reasonable. Was I going to die in a year? Five years? Ten years? Should I close down my lab? Could my husband afford to pay the mortgage? Would my family have to sell the house? Why had I not bought more life insurance? And who will raise my son? This was my biggest worry. I have



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four children—three almost-grown daughters and a seven-year-old son. I was consumed with fear that I would not be around to raise my boy. That his father, who is older than I am, might also die before

he was grown. Et cetera.

"It did not matter that there was good reason to believe these fears would probably not be real-

ized. I could have started reading about breast cancer prognoses and survival curves. After all, I am an educated person *and* a cancer scientist! But I could not look at the word 'breast cancer' on a printed page and therefore could not think my way through the issue. I could not sleep, could not eat, could not focus on anything. My blood pressure rose to 180 over 100, up from my normal values of 130-something over 70-something. After trying to hold it all together for two weeks—for my students and for my family—I finally broke down and grieved. Grieved for the loss of my health, for the loss of my life as I had known it, and for the potential loss of my life, period.

"However, on November 7 my gyroscope was reset and I was cured—not necessarily of my cancer, but of the incredible anxiety and grief caused by my diagnosis. On that day, my oncologist sat me down and explained everything—my situation, my prognosis, and the course of my treatment. He assumed control of the situation, which allowed me to reassume control of my life. Now, although my experience is far from over, I can face my future and adjust to my new life.

Process: "My message to you is that I believe all patients—even those who are educated, knowledgeable, and sensible—will go through some form of this journey. It is important for doctors to recognize this and to expedite the process so the patient spends as little time in that state as possible. The sooner doctors can gather all of the relevant facts and present the patient with a treatment plan, the sooner that patient can start down the road of recovery and sanity.

"My second message is about the importance of hope. For me, hope was 11 more years of life so I could raise my son. I asked every physician I encountered the same question: 'Will I be around to raise my boy?' You cannot give a dishonest answer to a question like that, but if you believe the answer is yes, give it emphatically. My surgeon looked me in the eye and said, 'Yes.' I love my surgeon. But the best answer came from this man standing here beside me. When I asked Dr. Arrick if I would be around to raise my son, he replied, 'You'll be around to hold *his* son.'"

This fall marks the fourth anniversary of my diagnosis and my 16th year of teaching Dartmouth medical students. And this is a particularly joyful year, for one of my daughters is one of those students! I am happy to say that I have enjoyed four years of good health and outstanding care. It's now almost impossible for me to recall the intensity of my feelings in 2001—but I still feel, with startling clarity, the immense gratitude for my life that was my cancer's great legacy. ■

The "Point of View" essay provides a personal perspective on some issue in medicine or science. Speck is a biochemist and the James J. Carroll Professor of Oncology at DMS.