One Day, Three Women

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husband says that could work fine, and she seems very pleased.

When the check-in volunteer walks toward us and says, "Miss Roth, they are ready for you," Kathy gives me her business card and I give her mine. We both hope we see one another again, if not on the outside world at least down in the reception area.

So now it's time for my daily dose of radiation. I whip off my T-shirt, listen to Bob Marley, and lie there saying my little mantra: "May I be filled with loving kindness, may I be well, may I be peaceful and at ease, may I be happy."

Good, it's over. Today I have to see Dr. Marshall, too. I see him once a week. He and his nurse always ask me, "Are you still doing okay?" What do they expect me to say: "No, this stinks, and I really do not want to be here"? Anyway, I do feel fortunate, because I am feeling fine. Oh, the skin around my chest is very red and hurts, but there's nothing they can do about that—they just remind me to keep putting on the RadiaGel.

Get dressed, pick up the car, and drive back to work. I have some lunch when I get back, and the rest of the afternoon seems plain and boring. I can hardly wait to go home.

I leave work at 4:30 and stop at the grocery store to pick up some veal and broccoli for dinner. It's so nice to get home. I change out of my work clothes and into cuddly sweats, put on some Mozart, and then read my mail.

The phone rings; it's my son, Sam. He is always cheerful—he makes me laugh.

I start dinner and set the table with the blue place mat and napkin. I watch the news as I eat.

Then I take a shower and dust my body with Allure, which makes me feel good. In bed, I start to write some thank-you notes. Turn on the TV but do not really watch—nothing is on that interests me.

At 9:30, I'm sort of dozing off when the phone rings. It's Lisa, wishing me good night and sweet dreams. What a friend—she has called me every night since my breast cancer diagnosis, no matter where she is. I am truly a lucky person. ■

Form & Function

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communication. You have to learn to communicate it with other people. You have to listen to them as well. If you're put in a corner to do your own experiment, and are not reading any of the literature, you could answer your question in about four or five years' time maybe, but was it worth doing? By then, maybe somebody scooped you four years ago and you didn't know it. So communication is absolutely critical.

Nathan Watson

The manager of Cancer Center Director Mark Israel's lab, Watson oversees research involving pediatric brain tumors.

Your average researcher is very focused. It's wonderful—you turn out great research. But with people who are innately like that, how do you get them to share ideas? I'm a fairly outgoing person—what about somebody who's not? They're not going to feel comfortable knocking on somebody's door and going into a room.

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nificant that cancer terminology may need to be revised, Eisenberg says. Today, cancer is defined as "in remission" or the patient as "cured," based on x-rays or CAT scans showing elimination of the tumor. Yet some molecular interventions leave once-malignant cells in the patient, inert and immobilized. Under the old definition, cancer would still be present. New detection methods such as PET (positron-emission tomography), which can show molecular chemical activity, may be required. "As long as that tumor is in an inert condition, if that protein is no longer available" to signal the cell to reproduce, Eisenberg says, "then that patient can live with it without much effect."

Many questions remain: Why do some lung cancer drugs work in some patients but not others? If Gleevec erases a tumor, can patients stop taking the pills? Will there be unanticipated aftereffects from these new therapies? The answers, Eisenberg believes, are likely to come from "an institute like this one, where . . . our understanding of the biology of cancer can come out of the lab and into the clinic."

At that point, patients may no longer have to lick the Big C, for its six-shooters will have been taken away. ■

Grave-robber, good doctor

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to come Gifford's way. For example, a thrift shop run by the hospital's auxiliary generates more than $100,000 a year for Gifford, while also providing a reliable source of used clothing for the community.

The word "community" keeps cropping up in connection with Gifford. Another piece of evidence that Gifford physicians really are members of the community, one Woodin points to with pride, is that the doctors' home phone numbers are listed in the local directory; they do not hide behind the hospital phone number. They still even occasionally make house calls. And the hospital recently celebrated four years of operating in the black by reinforcing its community ties with a distribution to employees of "bonus coupons" redeemable at local businesses.

While trying to ensure that it will celebrate a 200th anniversary, Gifford is also striving to stay true to the principled philosophy of its founder. A cautionary tale on the other side of the country was reported by the *New York Times* in August of 2003. Redding Medical Center in northern California grew from a small regional hospital into a prolific heart surgery center; when a five-story addition was built to accommodate the vast increase in cardiac procedures, locals saw it as "a symbol of how a once-sleepy hospital, founded by a single local physician in 1945, had truly entered the big time." But the shocking truth, according to the *Times*, was that unnecessary surgeries were being done at Redding in pursuit of revenue expectations set by the hospital's for-profit owner.

Such temptations are unlikely to beset Gifford, more mature at 100 years old and still independent. Like its much-larger neighbor, DHMC, Gifford remains a nonprofit institution—meaning its aim is balanced books but not dividends for investors.

Gifford benefits from its ties to DHMC, of course, and from having accepted a broader geographic mandate than it once had. But it remains a true community enterprise. John Pearl Gifford might not recognize some of the modern equipment in "his" hospital, but he'd surely recognize the manner in which it's used in his *community's* hospital. ■