

THE YOUNG PATIENT (PART II)

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Her mom had no answer because she also was asking the same question and wished she knew. Well both mom and daughter cried together, wallowing in the irksome mud of deception, nary the fulsome uplift of solace.

“Everything went OK,” said the nurse taking care of her and she continued, “it was a routine procedure, and it went without any hitch.”

Somehow these reassuring words didn't have the anticipated effect. The crying spell continued in earnest. Jennifer's grogginess completely dissipated; her alertness came back to normal. Though still sad, she eventually stopped crying. She reached for her cell phone looking for any text or missed call from Rich. She saw nothing and this gnawed at her heart. An orderly took her by wheelchair downstairs and her mom drove her home.

On the way home, both were silent. Both knew that they needed to wait for the result, the worst part. The “what if” kept coming again and again. For the next few days, until the result came in, whatever activity Jennifer was partaking in, there was this lingering fear that she might be harboring a terrible disease called cancer in her body and it could be doing damage. Her mom tried to cheer her up in any number of ways: cooking her favorite meals, bringing her some cookies that she was normally very fond of. To no avail. Her mind was not up to any of this. Rich's silence weighed heavily but with each passing day, his signal kept dimming on her radar.

The all-consuming thinking was the illness, the possible cancer multiplying in her midst. The biopsy was done on Friday and they were promised an answer by Wednesday with the possibility that it might need to be reviewed by a different pathologist, delaying it. Friday till Wednesday seemed like an eternity, but beyond that was unfathomable. Saturday normally was rehearsal day for the cheerleaders, but Jennifer skipped it. She did not want to be seen with a bandage on the neck for she would need to explain to each person the why and what. Too much stress. Besides, she would just as soon avoid seeing Rich who did not or couldn't find the time to inquire about her and her condition. She avoided church on Sunday for the same reason. On Monday, she avoided going to school. In fact, she wanted to wait till she got the result before going back to school. In the meantime, she was getting notes from her cousin, and she was doing schoolwork at home.

Tuesday afternoon, the news finally came in. “Mrs. Edwards, unfortunately the biopsy report clearly shows Hodgkin's disease,” the surgeon announced. The news had the eerie feel of watching the onslaught of a tsunami. Her worst fear had materialized. Her mother was at home in the kitchen preparing dinner and Jennifer was doing her homework on the table. Her mom remained quiet after the initial greeting on the phone. Using a whisper, “thank you doctor,” she concluded the phone call. She remained quiet.

Jennifer knew instantly it was bad news. “So, it is abnormal, isn't?” she asked. Silence of a morgue. “Oh My God this is horrible mom!” This time, mother and daughter broke down. Jennifer's disease was the tip of the iceberg. They both knew by now that the outcome depended on the so-called stage of the disease, i.e., the less widespread, the better the chance for a cure. Establishing the “stage” of the disease was the next step. A long road under the care of a cancer specialist, an oncologist.

“At least we now know what we have to do,” concluded Jennifer with her eyes puffy. Now she had to treat it and get rid of it. She figured she would learn as much as possible, about the treatment, the complications and so on. This was serious. This was her life. In a nick of time, her

life was transformed from that of a carefree teenager to that of a young and careworn adult in the throes of adjusting to a malignant disease.

Yes, the dreadful notion of disease which, when out of sight, was kept out of mind. However, disease as an entity is always lurking around, in a variable pattern: neutral curse, pilfering joy in a color-blind and random path. Yet it can bask in a highly partisan whim, and it directs its tentacles toward specific targets along location, gender, ethnic group criteria. However it meanders, it has the same effect on one's psyche. The immediate reaction to a serious condition goes through several stages: surprise, despair, denial, in no particular order. Jennifer's reaction so far has included the first two. She has accepted the diagnosis and was not in denial. She was at one extreme in her response: she wanted to know everything about the condition unlike others prone to panic attacks about the minutiae of their condition.

Jennifer's new world was all about the disease. She not only wanted to research the condition, but also the oncologist, existing support groups. That kind of bad news sounded like a recurring theme in the family in the space of three years. At least her father was a chain smoker and was exposed to asbestos. Her case came out from the left field. She was young yet, though the eldest in a family of 3 siblings: one brother and one sister. If there was a thread, no one could see it.

It then dawned on her she still has not heard from Rich. At the very least, he could have called once. A true friend would. Her best friend Arlene was the only person who regularly did. Jennifer thought long and hard. "Hello Rich, I have the result of the biopsy. Call me. Love you," she was all astir and conflicted as she delivered this message on his cell phone. He neither picked up nor did he call back. A most telling pattern. She was mortified. How could he? He told her he liked her and they were supposed to be dating. What kind of treatment was this? What kind of man was he?

Jennifer took it upon herself to call the oncologist to make the appointment. Her mom asked about him at the hospital. The news came back all good. Her next step was to go online to continue her search about the disease, the places in the country that had innovative and good success rate treating the condition, as well as alternative approaches to conventional medicine. She figured that the more she knew, the better off she would be. The thought of Rich kept coming to her mind. Certainly, her illness spooked him and he did not care to find out the details, too scared of this new brutal reality. Initially she just could not overcome the disappointment. Slowly but surely, it surprised her that his behavior, though disappointing, didn't seem to matter much. She loved her life more than anything else. Her survival instinct has gone into high gear. In brief order, she has rearranged the priorities in her life. The appointment with the oncologist was set in 3 days, a Friday. When she would go in front of her mirror, she would reminisce about two weeks prior when the idea of a hot date was all she could think about to now when her own survival seemed to be the only thing that mattered. How funny life is! Here today, gone tomorrow.

Friday morning at ten, Jennifer went to see the oncologist with her mom. He was a young physician, polite and he took the time to ask a lot of questions and to answer as many questions asked of him.

"Since my diagnosis was made, I have been doing some research and have gone to several web sites, including some of the leading medical centers' integrative divisions. What I have come across was the fact that the disease, if caught early, can be cured. On the other hand, the chemo and radiation can cause both long-term and short-term complications. What is your view on adopting an integrative approach to reduce some of these complications?" she asked.

"I am glad you bring that up. Yes, complications are known to occur. I use a holistic

approach. I use supplements that can reduce side effects on the cells which are commonly affected by chemotherapy. I carefully go over the agents with the patient. We thoroughly discuss the potential pitfalls. I also recommend mind-body relaxation therapy either with meditation, music, singly or in combination before each session of treatment. The idea is to put the person in the best possible harmonious state to face the intervention and minimize the complications. Besides I have a patient support group and I strongly encourage participation in it as it is a means for patients to share their experience for what does or doesn't work. My experience has taught me it is the best venue for free exchange. I also get feedback from patients and this in turn helps me treat the patient that much better. Yes, I am open-minded, and I realize that chemotherapy as well as radiation can be potentially fraught with problems and any step, however small, to try to avoid or minimize them is worthwhile."

"I feel comfortable with the idea of a support group. My so-called friend has not been supportive much. I am scared. Do you mind being called even late in the evening if the need arises?"

"My job is 24/7. I would rather you call me than me asking later why you didn't. Of course, it is a right that you should not abuse. On the other hand, do call if there is a significant problem."

The doctor's philosophical approach surprisingly satisfied Jennifer. His exam was very thorough. He recommended some additional tests: a CAT scan (CT) of the chest and abdomen, looking for enlarged lymph nodes in other parts besides the neck and armpit. Monday afternoon, she went for the CT. She was put on a table and it slid down into a hole, with a hollow circle overhead, listening to the machine's whirring sound. It felt lonely inside and a bit scary. The technician had asked her if she was claustrophobic, and she had answered no; now she was not so sure. She felt a bit suffocating; the sound definitely annoyed her. The sensation got worse and all of a sudden, a sensation of being buried alive overwhelmed her and she shouted: "let me out, I can't breathe!" The technician stopped the test. She was shaking and was downright frightened.

She belonged to a group of people who feel uncomfortable in a closed quarter. Not infrequently this happens when someone has to have a CT scan done. The person may never have had a similar reaction until then. She was really scared. Her mom came over and Jennifer burst in tears uncontrollably. Again, she said: "why me?" Her mother as usual had no answer; the question now felt like a knife slowly twisting into her chest because as a mother she was suffering alongside her daughter. The mother had to fight to hold back the tears herself.

At the radiology center, Jennifer and Mom waited for a bit to gain their composure; both were somewhat dazed, needing some time to assess the situation.

"This is not boding well. I don't like it," said Jennifer.

"No, darling, things will turn out well in the end," replied her mom.

"So far I have no reason to believe so."

"Being pessimistic will not help."

"It is just that I am not getting good vibes about this. At the rate I am going, I may get so many complications that it won't be funny."

"Baby, shush. Don't have such thoughts, please."

They gathered their belongings and departed, wondering what would happen next.

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Mrs. Janet Edwards was a forty-seven-year-old widow. She was also a nurse working at a

hospital. She dealt with illness on a daily basis. Just like anyone else, it took a different level when the afflicted was a loved one. Jennifer's illness came as a very unpleasant surprise. She was struggling with it as much as anyone else. Her professional experience, her life experience mattered very little in a sense. She was reacting as a mother hen protecting her chick.

She remembered her husband's disease and the trauma it took on her psyche. This was redux. The difference was that a mother was not supposed to be in a position where the thought of losing an offspring was so real. An offspring was supposed to bury a parent but not the other way around. All of these conflicting musings were inflating her head and making her dizzy at the same time. She had to keep her composure. She was the main supporter her daughter had. She was lucky to have an understanding supervisor who allowed her to take the time off to be with her daughter without any fuss. She was the only breadwinner and she needed to hold on to the job. Life was so complicated and so unfair. But it was not her nature to whine.

She has known suffering for the better part of her life. She had lost her mom at an early age. Her dad remarried later but she had at best a lukewarm relationship with her stepmother. Her father died in a car accident when she was in college, and she has been on her own since. Her stepmother had not kept in touch and had made it clear that as her father ceased to exist so did any relationship between them. She was a mean woman. Even her own kids did not like her much. She took student loans, worked during the school year and vacation. As a result, it had taken her longer to finish nursing, but she found a way. As a student she had met Roger, a mechanic, a great person and he was the first love of her life. He made her happy. They married shortly before graduating and she gave him three lovely kids. He passed away three years ago; this has been by far the most devastating episode in her life, and she was not sure how she was going to survive without him. She still wondered about it to this day but the need to keep her family whole was her only goal in life at the present, as a widow and this was what kept her going.

She helped Jennifer get dressed, making sure she rubbed her face and her back. "Darling, Mom loves you," she repeated several times to Jennifer. This had a calming effect on Jennifer. Finally, they both left the radiology center. The oncologist called and he asked them to come to his office to obtain a prescription for a sedative she could take 1/2 to one hour prior to the test. Another one was tentatively scheduled for twenty-four hours later. She told herself to concentrate on some pleasant thought while the test was being done. The day of the test, she made sure she took the pill one hour prior to it. As she was sliding inside the hole, she felt a bit drowsy and fell asleep during the test. As she was sliding back outside the hole when the test was over, she got another, albeit less, sensation of fright. It was very short lasting and thank goodness, the test was over. She was now curious to find out the result. A sensation of treading on ice with a fall waiting to happen engulfed her in anticipation of a potentially abnormal CT scan. The oncologist had promised to call once he obtained the result of the CT. In fact, the following day in the morning, he called in an upbeat voice. "Good news! The disease is limited!" he began and "the lymph nodes were only above the diaphragm, on one side." At least, she thought, this was the only good news she has heard over the past two weeks. That would not last long. (To continue).