

THE REST OF YOUR LIFE

Bouncing Back From Serious Illness

In 1989, Ken Duckworth, M.D., had just started his fellowship in child psychiatry at the Massachusetts Mental Health Center when he was diagnosed with an early stage of testicular cancer.

"I felt a lump and 'pow!' My life changed in a short period of time," recalled Dr. Duckworth, who is now medical director of the National Alliance for the Mentally Ill in Arlington, Va.

He endured surgery and a year of chemotherapy. "I didn't have the easiest type of [cancer], but thanks to the miracles of technology I was able to have three children with my wife and I'm still alive, so I feel very blessed that I was fortunate enough to pick a cancer that was curable," he said. "That's one important lesson. People will ask, 'How did you get through it?' It's important to pick a cancer that they have treatment for. I got lucky in that regard."

He described the ordeal as a "fellowship in mortality," and noted that "sooner or later you or your life partner is going to have organic breakdown problems. I got

the jump on that at a young age. But here I am."

After his treatment and surgery, Dr. Duckworth saw his physician for routine scans and follow-up visits, but it took about 5 years for the shock of the initial diagnosis to subside.

Despite the misfortune, he managed to complete his child psychiatry fellowship on time thanks to support from his family and his associates at Massachusetts Mental Health Center, Boston.

"They made allowances for me to get the chemotherapy I needed," he said. "I feel fortunate, because our field is a helping field. It was nice to see people stepping up to look after me."

The incident caused him to evaluate his priorities and embrace healthy living as a way of life.

"Like any doctor, I am still vulnerable to overwork, but I feel I have a natural built-in break, which is that I'm a cancer survivor," he said. "I was lucky I was able to get another chance and enjoy life more fully. It sounds corny, but I think I really do."

He noted that his experience as a patient with a serious illness made him realize the importance of actively pursuing treatment options.

"You get no extra points for being a doctor. You're a man getting chemotherapy," he said. "Get second opinions. Be active. Don't be a passive recipient of medical advice, because I got very conflicting medical advice."

One physician took a wait-and-see approach. Another advised him to have surgery. Yet another told him to have chemotherapy. "It turns out they were all right," noted Dr. Duckworth, who practices in the Boston area. "I did nothing at first, then I got the surgery, then I got the chemotherapy."

He added that he learned a lesson for his own psychiatry practice from the conflicting medical advice he received: Accept that sometimes the best course of treatment is unclear.

When Carmen Febo-San Miguel, M.D., was diagnosed with breast cancer in 1993, she did her best to maintain her normal routine as a full-time family physician in Philadelphia while she underwent a mastectomy, 6 weeks of radiation therapy, and 6 months of chemotherapy.

For example, she scheduled her chemotherapy appointments for Friday afternoons and would be "miserable" all weekend from the effects, but she usually felt well enough to return to work on Monday. "As the months progressed, I wasn't able to bounce back as quickly," she said. "Sometimes I tried to go to work on Monday and had to come back home. Sometimes that was the case on Tuesday. I kept ... as close to my regular [routine] as I possibly could. The cancer was something else that was put on the agenda. It was unfortunate and it was unexpected, but it was one more thing that I needed to do."

Dr. Febo-San Miguel credits the support from her family, friends, and coworkers as instrumental to her recovery. "People rally to help you, especially if you're doing your

share of what needs to be done," she said.

In 2001, she experienced a recurrence of her breast cancer that spread to her liver, ovaries, and abdominal cavity. She noted that being a physician "doesn't give you much space for not knowing the truth [about a breast cancer diagnosis]. When I had the second recurrence, for example, my fear was, how spread is it? Is it in my bones? Is it in my brain? A regular patient may not even have those thoughts and anxieties."

She completed her last chemotherapy treatment in November 2002. She had no



Dr. William Tierney (at right, 4 years after finishing chemotherapy) keeps a treatment-era photo on his desk as a reminder to balance his priorities.

major complications, but has neuropathy in her hands and feet. "My hair is back and so is my weight, unfortunately," she said.

Today, Dr. Febo-San Miguel practices family medicine two half-days a week at Maria de los Santos Health Center in Philadelphia. She spends the rest of her time as executive director of Taller Puertorriqueno Inc., a Philadelphia-based cultural and educational center on Puerto Rican and Latino heritage.

"I maintain the same attitude with myself that I maintain with patients," Dr. Febo-San Miguel said. "My approach is that I want people to know the reality, the extent of the problems that they're dealing with, but always maintain an optimistic view of the situation because the inner strength that people have can overcome incredible obstacles."

In February of 2000, William Tierney, M.D., was 25 days into his new job as director of the division of general internal medicine and geriatrics at Indiana University, Indianapolis, when he was diagnosed with stage IIIA non-Hodgkin's lymphoma. Oncologists estimated that his chance of survival was 50-50.

"I was fortunate enough to respond to the chemotherapy, but only about half of the people do," he said.

The most frustrating part of the experience, he said, was the chemotherapy-associated cognitive dysfunction he experienced over six courses of treatment. "I work in a world where I spend half of my life on e-mail," he said. "I'm managing about 16 problems simultaneously by jumping from one to another. When I was getting chemotherapy, each [jump] took an extraordinary amount of time and energy to make sense to me. I felt like I used

to feel after being up all night on call."

That reaction lasted for a year after his final chemotherapy treatment. Physical side effects include residual peripheral and autonomic neuropathy from the vincristine. "I can't feel my toes," he said, "and I have trouble walking in the dark because I don't have proprioception."

He missed only a few days of work during chemotherapy, but he said he wishes someone had given him two pearls of advice when he received his diagnosis:

"First, find a health care provider you



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trust and do everything that person tells you," said Dr. Tierney, who is also coeditor of the *Journal of General Internal Medicine*. "Don't second-guess them. Don't be noncompliant. Do what you're told."

Second, admit that you have an illness. "I tried not to alter my schedule," Dr. Tierney explained. "I tried to do all the things I normally did until I dropped from exhaustion."

When recovering from chemotherapy, "expect to be at half-speed for the duration. If you get chemotherapy for 6 months, it's going to take you 6 months to recover."

He recommends making a list of all the important things you do in a routine workweek and sorting them by priority. Write down the number of hours required for each item. Once you reach 50% of the hours in your workweek, "draw a line across the page and don't do anything below that line," advised Dr. Tierney, whose cancer is in remission. "Tell people that you're not going to be able to do [those things] for a year. It's a matter of managing expectations. Be realistic about it."

On his office desk, Dr. Tierney keeps a photograph that was taken when he had no hair on his head, a short-term side effect of chemotherapy.

At that time—well aware that he might not live another year—"my priorities were much more family-focused and personally focused," he said. "The more the likelihood of death recedes into the distance, 'the more you start making compromises. I keep the picture on my desk to remind myself of the things that were important back then. I can't say I do a very good job of that, but I try.'" ■

By Doug Brunk, San Diego Bureau

Books on How to Cope With Illness

The following material may help physicians who are facing a serious medical illness:

- ▶ "Blindsided: Lifting a Life Above Illness: A Reluctant Memoir," by Richard Cohen (New York: Harper-Collins, 2004).
- ▶ "Writing Out the Storm: Reading and Writing Your Way Through Serious Illness or Injury," by Barbara Abercrombie (New York: St. Martin's Press, 2002).
- ▶ "When the Physician-Researcher Gets Cancer: Understanding Cancer, Its Treatment, and Quality of Life From the Patient's Perspective," by William M. Tierney, M.D., and Elizabeth D. McKinley, M.D. (*Medical Care* 2002;40[suppl. 6]:III20-27).
- ▶ "Coping With Long-Term Illness," by Barbara Baker (London: Sheldon Press, 2001).
- ▶ "Handbook for Mortals: Guidance for People Facing Serious Illness," by Joanne Lynn, M.D., and Joan Harold, M.D. (Oxford, England: Oxford University Press, 1999).
- ▶ "Death Foretold: Prophecy and Prognosis in Medical Care," by Nicholas A. Christakis (Chicago: The University of Chicago Press, 1999).
- ▶ "Chicken Soup for the Surviving Soul: 101 Healing Stories of Courage and Inspiration From Those Who Have Survived Cancer," by Patty Aubrey, Jack Canfield, and Bernie S. Siegel (Deerfield Beach, Fla.: Health Communications, Inc., 1996).
- ▶ "When Bad Things Happen to Good People," by Harold S. Kushner (New York: Avon Books, 1983).