

Life from both sides

Nina S Custodio¹

An ophthalmologist talks about life lessons from experiencing the crucible of cancer.

I was in residency training then, busy with duties inherent in my job. I also had additional responsibilities, being the most senior resident in Ophthalmology Department at that time. There were good days and bad days. After all, it is true, training is a “baptism of fire” for any resident’s future life in private practice. So, I said, “bring it on!”

I believe that in the heart of each doctor is the desire to be of service to others, to heal people, and to make them feel better. My father, a doctor himself, never failed to stress the importance of healing patients holistically. He often reminded me to always treat the whole

person. He used to say, “Take good care of not only your patients’ ailing physical bodies, but also their wounded souls.” I know that line by heart, and I always made it my guiding principle when dealing with patients. Never did it occur to me that one day, circumstances would have me at the receiving end of such a transaction, and my father’s words would gain a deeper meaning.

It happened one unassuming day in August a few years back. I had a routine upper gastrointestinal series with follow through, which unusually took about two hours. I dismissed this irregularity of course, thinking that my doctors were just being extra careful, but by the end of the procedure, I learned that I had a colonic mass. Dumbfounded, I walked around the hospital aimlessly, dazed and numb, and not really feeling the gravity of this totally unexpected development right away.

This was a serious finding and we needed to work fast.

I went through several other diagnostic tests in the days that followed. I could see the trepidation in my colleagues’ eyes as they desperately tried to allay my fears. It was all good. I know that doctors commonly resort to technical jargon when they want to keep their patients calm before a definitive diagnosis is made. When my doctors approached me this way, I realized it was in my best interest, but I really just wanted to know the truth. No sugarcoating. Just the hard facts.

After the battery of tests, my worst fears were confirmed. I had colonic cancer.

I could only imagine how a patient, who is not from the medical field, would feel given the same situation. I, a doctor, had suddenly become the patient wishing to get well and hoping for the best. My doctors told me that my cancer was in Stage IIIA. In the months that followed,

I had surgeries and chemotherapy sessions. Quite honestly, the thought of it still makes me cringe. It was indeed an ordeal for me.

I decided to temporarily put aside my role as a doctor. It was the best thing to do because my medical knowledge and clinical experience had become liabilities that reminded me of the possible grim scenarios that could follow. I became a full time patient, letting my doctors take charge of my treatment. I would sit patiently outside my doctors’ clinics and wait for my turn to be seen. I have come to dread my hospital admissions. I would throw up and suffer from extreme body malaise from the chemotherapy, just like most cancer patients. But I never lost my hair.

I had to walk away from my daily grind. During those times spent in treatment, and even while recovering, I certainly felt that my life was put on hold, and the world went on without me.

Many people remain under the notion that doctors are disease-proof. The fact is, we are as frail as any patient can be. I remember a particular time in between chemotherapy sessions when I was sitting with other patients outside my oncologist’s clinic. Her secretary, who knew me before I became a patient, chatted with me for a while and addressed me as “Doc,” which the other patients in the room heard.

A few minutes later, one of the patients asked me, “Hi, Doc! Why are you here?” She must have been curious, as I was in t-shirt and shorts, not in the usual doctor get-up.

I told her calmly, “Ma’am, I am not a doctor today. I am a patient—just like you.”

She looked at me with disbelief and replied, “What? You have cancer? But you’re a doctor!”

I smiled and told her, “Ma’am, I’m also human. I get sick just like everyone else.”

We sat in awkward silence for a few minutes, and then she turned to me and said, “You underwent chemotherapy?”

I nodded.

“But you did not lose your hair,” she said.

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I told her that my particular regimen did not have that side effect.

She quietly took out an old picture of her before her diagnosis and showed it to me. “I miss my hair. Before all this, I had beautiful long black hair.”

I looked at her. She was wearing a wig that clearly did not do her any justice. I wanted to cry because I know how it feels if something so dear is taken away from you. When the unthinkable happens, life seems to stop. Somehow, I managed to hold back the tears and, with the brightest smile I could muster, I reassured her that, when she would get better, when the “chemo” would be over, all her hair would grow back and be even more beautiful than it was before.

As I began to stand up to see our doctor, she held my hand and said, “Doc, thank you very much. Thank you for taking the time to talk to me. I feel better now.”

I replied, “You are welcome. Let’s try to get well soon. Let’s follow the doctor’s orders.” I reassuringly patted her shoulder, before I went inside the doctor’s clinic for my check up.

My experience as a patient has allowed me to see what is on the other side of the doctor-patient relationship. It also allowed me to feel the ups and downs of being diagnosed with cancer, a disease that terrifies everyone. I have seen and experienced the difficulties that come with the disease—not only the physical struggles, but also the ones that involve emotions, coping, adjusting, worrying, and all the other dark feelings that come with such an infirmity. Believe me, it is

not easy. It is very difficult to entrust your life to another person and to fully rely on them for your survival. It is difficult to agree to treatments that you do not understand. Sometimes, it is impossible to reconcile how you actually feel with what the doctors and caregivers tell you. In truth, even when you know fully that the chemotherapy aims to make you well, the side effects of the treatments seem to make you feel otherwise.

Being a patient also made me realize that the gift of healing is indeed a privilege. We doctors understand the importance of medication, of vigilance and surveillance in the treatment protocols of any given disease. We strive to do our best to stop the disease at its source, but we often forget to act on the other aspects of the person that are affected by the illness. When our patients put on a sad face, we are only seeing the tip of the iceberg of extreme anguish that beset them. We have to realize that our patients are not merely their diseased parts but an entire person needing to be healed wholly. We do not have to do anything grand. Sometimes, all we need to do is resist speaking in medical jargon, hold our patients’ hands and ask them how they are doing. Sometimes, that is all it takes to make patients feel better. When their doctors listen to their thoughts and feelings, it makes them feel like human beings and not just afflicted bodies that are trying to be saved. When we genuinely connect with our patients, the healing effect is much greater than when we merely prescribe drugs or administer regimens. Connecting heals wounded souls,

regenerates hope, and pushes patients to try to live more meaningfully each day.

There are only a few experiences in my life that persist as prominent guideposts from which I take directions to let me live the rest of my life. Going through cancer as a patient is one of them. Seeing illness from the other side taught me countless things, which I would not have learned had I not become a patient myself. That experience has totally changed my narratives of illness, my approach to patients, my views on my career, and my life in general.

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