

DR LOVE: Welcome to the Heart of Oncology. This is medical oncologist Dr Neil Love from Research To Practice, an education group in Miami. This series focuses on excerpts from our audio production in cancer medicine, and in particular, dialogue that touches on the most human elements of this challenging medical field both from the patient and healthcare provider perspective. You are about to hear a segment of our *Meet The Professors* breast cancer series, in which practicing oncologists present difficult cases from their practices to clinical investigators, in this case Dr Hyman Muss and Dr Sandra Swain with practicing oncologists Dr Alan Astrow, Dr Charles Farber, Dr Samuel Bobrow and Dr Stanley Waintraub. Like all of our continuing oncology education work, this series focuses mainly on the application of clinical research to oncology practice, and in this case, we were discussing the very difficult case of Dr Jeffrey Vacirca, who was caring for a woman in her thirties who was diagnosed with widespread breast cancer when she was seven months pregnant. The patient delivered a healthy child but then was faced with a very difficult situation in terms of the tumor, and after discussing the somewhat limited treatment options, Dr Hyman Muss began by commenting on how these tragic cases affect the doctor.

DR MUSS: I don't think you ever get used to it. And perhaps, if you do, you — we need to be doing something else. I call those two-scoth nights, and I have had a fair amount of them.

It's having good colleagues and friends to reassure you that you've done your best or kind of to empathize with you. To just agree that this was a very seriously ill patient and we did the right thing. But I don't think you ever get quite used to it.

I also think we're a very pre-selected group, probably all of us around the table, because I think if you got into your fellowship — and when you're a fellow, you see these patients, too — and you really couldn't handle it, no one would be around here now.

DR LOVE: Sandy, can you comment?

DR SWAIN: I, over the years, have really felt that it was important to develop a relationship with a patient and find out what's important to them. And it could be spiritual. Because I do ask those questions, "Does your faith help you? Is it important to you?" So I really do try, even on the first visit, frequently, to find out what is important to them. Is it their grandchild or their husband, what do they need?

I follow them throughout their whole course. And I've seen in my life, as many of you have, some physicians can't deal with that at all and they basically abandon patients. So I feel that one of my strengths is I don't do that.

I really can help them at the end, help them to try to cope with it. The way I put it to a lot of patients in the beginning, in a way, it's a gift, because it's a gift of time — if you go in the street and get hit by a bus, you don't have any time. You don't prepare. This way, you have time; you can make the best of your time. I do try to work with a patient on that.

DR LOVE: Alan?

DR ASTROW: One other thing I'd add, I organized, a few years ago, a series of interfaith dialogues about spiritual issues and medical care. And one of the ones I think about a lot was we had one about sadness, where we had a dialogue between a Franciscan friar, a very well-known scholar by the name of Richard Rohr, and a rabbi from UCLA, named Chaim Seidler-Feller. And I think about it a lot, because what Rohr talked about was he said how important it is

to get what he said, “Getting out of the fixing mode.” How I translate that into common-sense advice is that, often, doctors and nurses, faced with a very difficult situation, they jump into reassuring the patient too soon. What Rohr said — and other physicians, psychiatrists, have said this, as well — you don’t want to initially try to fix. The first step is to allow the person to express their emotions and to empathize. So that’s what I got from Rohr, getting out of that fixing mode.

And then from the rabbi, it was kind of very interesting, also. He said in the Hasidic tradition there’s this view that you’re commanded to be joyful. What I got out of that is, you follow the patient into their sadness, you get out of that fixing mode, but then remember that you’re actually commanded to get that patient out of their sadness — you’re commanded to be joyful.

I find that a useful way to think about it.

DR LOVE: Where does humor fit in, if at all? Chuck?

DR FARBER: I was going to comment on that. I’m in a relatively large group. I have nine other physicians. And we use a lot of black humor and things that are totally inappropriate, and it’s funny. I mean, a lot of it’s funny. It’s a way we deal with it. One of my partner’s fathers was in vaudeville, and this fellow has a very, very keen sense of humor. We laugh, and a lot of times we laugh so we don’t cry. We just look at the absurdity of many of the situations. It helps me get through the day. It really does.

DR LOVE: Dr Bobrow?

DR BOBROW: I was just going to say one way I deal with patients is to help them focus on the here and now — you can’t deal with metastatic breast cancer wondering whether you’re going to live two years, three years, four years, but you can focus on now and feeling well and doing what you want to do tomorrow, travel, enjoy whatever you like to do. And the future will come. They do have a way of knowing that the future is not pleasant, but they can try and focus on now. And that’s what I do in my personal life and with dealing with patients.

DR LOVE: Dr Waintraub?

DR WAINTRAUB: I always look at who comes with the patient. This is extremely important. Most of the young women I take care of — and we all have a lot of young women with metastatic breast cancer now — don’t come with their husbands. They come with their friends. I want to make sure — and I always say to them, “Who’s your support system?”

Who comes with them? If they come alone, that’s very bad. If they don’t come with their husband, there’s something wrong.

I want to know where the husband is. Is he in denial? Is he in anger?

I’m very interested in who comes with the patient. “What’s your support system? When I give you bad news, who’s going to hold your hand?”

DR LOVE: What is it that leads someone into a career in oncology, as a nurse or physician? Where does the spiritual strength come from to reach out to patients in desperate situations? The answers to these and other imponderables lie within the testimony of such individuals, and this indeed, is the Heart of Oncology. Until our next program, this is Dr Neil Love.