



# C STANDS FOR CANCER

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Last year I read the editorial of *The Synapse Journal*, ‘C stands for Cancer ... Colleagues ... Compassion.’<sup>1</sup> This has motivated me to narrate my personal experience ...

All doctors from time to time deal with harrowing stories of patients being struck with serious illness and cancer. Like many, I had coped with these experiences during my thirty three years as a family doctor by adopting a firm belief that it could never happen to me.

Unsurprising then, my sense of shock when, a few months ago late in the afternoon I received the results of my second prostate biopsy. If I am totally honest, I knew what was coming as I have a strong family history of prostate cancer. Initially the MRI scan had left me with some hope as the report read ‘a suspicious lesion’ and a follow-up was suggested. So I had clung to the slim hope it was just a big scare. I was still in denial that it can happen to me and hoped that although it could happen it was not now but at some later stage in life.

The best thing I did was that I stopped acting as a doctor and I submitted myself to the full guidance of my consultant and started to act as a patient. Honestly, it was impossible

to completely block out my professional background. I would worry about a suspicious lesion on the MRI, the first normal biopsy and make (incorrect) assumptions about the significance of a normal blood test result, as the PSA was never more than 3.1 (monitored over a period of five years). I still remembered lecturers and clinicians telling us during our semiotics tutorials many years ago that disease manifests itself differently in different people even though we label it with the same name. I continued with my consultations or rather discussions, as I should say that my consultant always involved me in resolving the issue until a full diagnosis was made. So with a bit more persistence from my end and gentle patience from my consultant, a repeat guided biopsy was made and left me with no doubt.

Despite years of training in clinical communication skills, I now know how it is that patients only recall the first sentence when bad news is broken. “I have the results of your biopsy and I am afraid it is not good news”, was what I heard my consultant say on the mobile. I had been diagnosed with prostate cancer. The surgeon reassured me that it was not bad as it was at an



## THE EFFICIENCY AND PROFESSIONALISM WITH WHICH MY CASE WAS HANDLED LIVED UP TO HIGH STANDARDS



early stage. He encouraged me to talk to the pathologist to get it explained and he made me an appointment to discuss it face-to-face with him and bring over my wife. Despite all the reassurances I got from both, the rest of the call passed in a blur. In that moment it felt like my whole identity had been turned on its head. I was no longer a doctor, I was a cancer patient with all the fears and questions that anyone faced with that diagnosis experiences: how will I cope? Who will look after the family? What will happen with work? Will my wife manage? Will I die? I imagined the worst scenario possible. Then the doctor in me took over again. I started looking up the medical literature about the management of early prostate cancer. On one occasion, I stumbled across a paper in a clinical journal about complications from the treatment of prostate cancer and *made the mistake of reading it*. The verdict from the literature review was not clear and I knew that I had three choices, active surveillance, and radical prostatectomy or localised brachytherapy. I had already made up my mind and my view was respected by the consultant but he acted very professionally and suggested that he presents my case in a multi-disciplinary meeting which is an indispensable aid to communication between different specialities. He also reminded me of all the possible side effects and complications from the treatments. Perhaps I was hoping for reassurance, but the stark facts in front of me had the opposite effect. I learned my lesson, and avoided reading articles about my condition and over-analysing my blood tests or scan results. From then on, I wanted nothing more than to hand over that responsibility to the experts.

Patient choice is an important consideration in the type of treatment given provided this is available locally but if there is a specialised treatment that is indicated the team of consultants will recommend that you are sent abroad. Although I knew what the options for me were, more important still was having confidence in the expertise of those around me to make the right decisions on my behalf. I consider myself fortunate in that I knew what was happening and what path I will eventually follow. How much harder it must be for most patients who must put blind faith in those around them!


In my case the multi-disciplinary team of consultants recommended robotic surgery and this was my decision to follow from the first days of thinking about treatment. Unfortunately this specialised type of keyhole surgery is not available in Malta. So they sent all my results to a specialised hospital in London where they carry out this type of operation. A few weeks later we received confirmation that they agreed and they were booking me for surgery in the UK.

During all this process, however, by necessity my anonymity could not be maintained in its entirety. All my results were

on the IT hospital system. My case was discussed at multi-disciplinary meetings and I sometimes wondered if the colleagues I walked past knew about my diagnosis. I continue to avoid being the patient until the last week I left for treatment. In England the environment was completely different. I was just a patient. Although the doctors knew that I was myself a doctor all other staff didn't know and I just let them do their job as professionals. I should say that seven out of ten of the hospital staff were foreigners from different European countries, Africa or South America. The common thing between them is that they respect the dignity of the patient and they all maintain the same high standards of care.

In a time of bewildering uncertainty, the knowledge that the NHS machinery would kick into action and be there for you is hugely reassuring. Within a few weeks I was laying inside the Isotope scanner unit for a whole body CT scan, getting further tests to stage my cancer. The efficiency and professionalism with which my case was handled lived up to high standards. We hear so much about the failings of the UK's NHS in the tabloids that the many small daily achievements when things go as planned often pass by unnoticed. Our health system is one of the best in the world. It is complimented by special agreements with different specialised hospitals so that the most up-to-date treatments are provided to all Maltese and Gozitan patients free of charge at the point of use.

Everyone who strives to provide gold-standard treatment within the NHS knows that what matters is that patients receive the most modern treatment in a timely fashion. But as a patient I also learned that the small things matter too. Like a friendly word from the nurse looking after you during your stay in the hospital after surgery, or the secretary you call to check on your next appointment, or even like clear signposting indicating the out-patients or urology department. All of these things help to smooth the patient's journey in a way that is difficult to quantify.

I have completed my treatment now and have made the testing transition back to work. I am able to reflect on the lessons I have learned in the last year or so and the unexpected insights that I will take forward with me as a doctor. As I look towards the future as a doctor I hope to put to good use the lessons I have learned as a patient. I end this narration with a quotation included in the related editorial of *The Synapse Journal*<sup>1</sup> which I mentioned in the opening paragraph ... *True compassion means not only feeling another's pain but also being moved to help relieve it* (Daniel Goleman). 

### REFERENCE

1. C stands for Cancer, Colleagues, Compassion [Editorial]. *The Synapse Medical Magazine* 2015; 14(2):3.