

THE DIAGNOSIS AND TREATMENT OF PROSTATE CANCER

"Don't be ridiculous. I certainly don't have cancer. I feel fine!"

My wife refused to believe me. I'd always seen medical appointments as rather like taking the car to the garage: the minute the hood is up, things get found and you're in for mostly unnecessary repairs. But my wife has always had a very good eye for finding things that are wrong. I agreed to a PSA test.

The PSA score was 19 (normal is about 1 to 4). "Must be a mistake! Let's get another one!" The second one, 4 days later was 24. I realized this needed my attention. My wife had already made an appointment for me the next week at a top cancer hospital. I have always dealt well with injections and IV's but I was terrified of getting a Foley catheter. Oddly, that was more frightening than a diagnosis of cancer. I stoically accepted that I was going to learn to overcome my Foley-phobia and face the quickly enlarging prostate.

The 3rd PSA was 32. Radiographic tests showed that the capsule was rupturing and within a few days, my cancer would be disseminating. Suddenly I began to feel fear. This was no longer a joke. They looked under the hood and, yes, repair was necessary. This could be the end for me. I began to worry about what could happen if I did nothing. I decided to cooperate enthusiastically and undergo all tests and whatever else was needed. And speed was the byword! Something of a gym rat, I was fit, strong, and ready for the radioactive beads.

The surgery went well and I proudly tolerated several Foleys with less issue than I had anticipated. Another long-term fear had been claustrophobia in spaces like MRI machines. I had paralyzing nightmare fantasies about being stuck in one and never being able to get out. But I

needed both to gain my clinicians' respect and do whatever it took to beat the cancer. My treatment involved many MRI's which I surprised myself by managing with only minor anxiety.

My test scores began to improve. When tests and exams were negative for a year, I was told that I was effectively "past the problem." I could have my assessments yearly.

That was when the psychological effects of the cancer experience intensified. I found myself easily moved to tears. I started watching programs about reaching higher levels of self-awareness. I became emotional, irascible, irritable, labile, and intolerant of "stupid things." I elevated my treating clinicians (doctors, technicians, clerks, and even security guards) to semi-divine status. Fully aware of this distortion, I also achieved much greater closeness and respect for my wife and my support system. I became more vigorous about protecting myself from ignorant or insensitive people, which led to changes in how I approached my professional life. I found a deeper level of spirituality and belief in a universal organizing principle. The process created a sense of inner strength that erased many of my earlier concerns. I realized how by firmly grasping reality one can minimize the phobic constructs, inhibitions, and anxieties that had once seemed so inevitable and enduring.

COMMENTARY ON "THE DIAGNOSIS AND TREATMENT OF PROSTATE CANCER"

Marina Rozenberg, M.D.

Assistant Attending Physician, General Medicine, Memorial Sloan Kettering Cancer Center
Assistant Professor of Clinical Medicine, Weill Cornell Medical College
Member, Building Resilience Steering Committee, MSKCC
Member, Clinician Burnout Committee, MSKCC
Member, GMEC Wellness and Resilience Committee, MSKCC

We thank this physician for sharing with us the experience of receiving the diagnosis of cancer and describing what it was like to go through treatment. He takes us through his journey toward an integration that continues after the acute phase of treatment is over.

As physicians, many of us feel a certain invulnerability to illness. Perhaps in order to face our patients' illnesses and suffering every day, it is a healthy coping mechanism to believe that "this can never happen to me or mine." What do we do when confronted with the unfathomable reality of finding ourselves facing illness and even mortality? How do we manage when the protective aura in which we have enveloped ourselves throughout our careers loses its protective powers?

By telling us about his feelings and reactions during the experience, this physician shares some of the coping strategies he deployed to get through this very difficult time. First, there is dense denial: "Don't be ridiculous!" he says to his wife when she expresses concern for his health.

However, once the diagnosis can no longer be denied and the reality of what treatment entails sinks in, he faces it "stoically," determined to "overcome [his] Foley-phobia and face the quickly enlarging prostate."

Still later, as the more details emerge, he "suddenly... beg[ins] to feel fear." He shifts to cooperating "enthusiastically." He dives in full-force and accepts all that the doctors prescribe. He turns his attention toward triumphing over the various anxiety-ridden challenges-- the fear of Foley catheters and the "paralyzing nightmare fantasies" of MRI machines.

Finally, he is motivated to gain the respect of his clinicians.

And isn't this how most of us manage our existential anxieties? Like this physician, we focus on the manageable "major anxiety" right in front of us, on a challenge that is difficult but within our power to surmount.

It is only after the acute experience is past, only after the positive results start to come in and the multiple consecutive challenges surmounted that our physician starts to feel and experience all the attendant feelings that had lain dormant throughout the experience--the feelings that might have threatened to overwhelm and that needed to remain "underground" during the process. He becomes "emotional, rational, irritable, labile..." He avoids confronting these feelings by "elevating [his] treating clinicians to semi-divine status." However, because he is "fully aware of his distortion," he is able to embark on the journey of working through this experience in a more robust way, learning from it, and utilizing its lessons in a way that will go on to transform his relationship to himself, to his loved ones, and to a "universal organizing principle." It is through this process that he manages not only to survive a challenging time, but also to grow and thrive.

He offers us a lesson from which we all can benefit.

