

At a loss

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He had thyroid cancer, we were told, and he would have to have the whole gland taken out. I remember how my father needed to restrict his salt, and craved it so much that he was tempted to start licking his skin when he sweated. I remember him spending several days isolated in the basement so that we would not be exposed to any leftover radiation from the iodine in his neck. And, afterward, I remember how he had trouble dosing his new hormone supplements, so that he was by turns lethargic, restless, tired, sweaty, agitated. It was so difficult to go back to his “normal self.” But for more than a decade, there has been no issue. His voice is hoarse, and he cannot do a loon call as he could when I was a child, canoeing with him on that vast morning lake. But otherwise he has taken his illness in stride, and the habits of drug dosing have become second nature to him, as ingrained to his being as the subtle scar across his neck.

Early in medical school, we were not exposed to many patients, and so we scrambled to understand the patient experience from family, readings, or video records. I remember how Mrs. Ort spoke to me through a grainy video, a recording made 7 years earlier. She spoke to a class in London about her laryngectomy, about how she had lived without a voice box for years. She breathes through a hole in her neck. When she speaks, she covers the hole with a ping pong ball, to force air through a manufactured larynx. That ball had become a necessary part of her daily living, a clever adaptation to a new loss. The cancer that took her voice was not the first she had encountered. She revealed that she had lost a child to leukemia ... then she quickly moved on, unwilling to linger on that still-fragile memory. She discussed in more detail how, a decade later, her husband was taken by a cancer in his gut. She says, “Me and my children watched slowly as this wonderful man faded away. We were very sad, but what could we do? That was my husband, gone. But life goes on.”

What do we do when we lose a part of ourselves, a part of our family? Paul Valéry speaks of such hardships taken in stride, a sense of acceptance and resilience in the face of life’s adversities: “The wind is rising. We must try to live.”

What is to be done when we are faced with a loss? What else can be done? We live with the scars of our past, those which, by necessity, have made us who we are.

Mrs. Ort was a grandmotherly woman who dressed well and spoke confidently, albeit in a gruff and raspy voice.

Amazingly, her pleasant German accent remained despite her missing larynx. While listening to her, I am reminded vividly of my own grandmother, my *oma*, who has been facing losses of her own. I see my grandmother only once or twice a year, and those changes seem sudden to my eyes, but for her, they are a gradual adjustment. After replacing first one hip, and then the other, she walks at a snail’s pace and takes a walker wherever she goes. Like my father’s pills, like Mrs. Ort’s ping pong ball, the walker will be with my *oma* for the rest of her life.

But there is more. A recent mastectomy has left another scar, and a fear of something further growing within. She feared going on chemotherapy—and for good reason. Now, later in medical school, I have seen such cancer patients myself and heard their stories. I know that those treatments are not easy on the aging body, a body with reserves growing fewer by the year. Despite advances in symptom management, I still see patients on chemotherapy too nauseated to eat, too weak to stand, stripped of some of the few joys their disease has left them. In such cases, I think of Churchill, and a victory bought so dear as to be indistinguishable from defeat.

My grandmother needn’t have worried; doctors are careful about giving chemotherapy to 90-year-old patients, and no other treatments were pursued. And so my *oma* lives with what she has, for now. Her eyes are failing, and she can no longer paint. But she still reads; she is always recommending new books. She no longer bicycles, but she looks forward to next summer when she can swim again in the vast Ottawa river. She is disappointed to see her functions slipping away, one by one, but she does not despair. As with Mrs. Ort, her resilience and optimism shine through. We have to take joy from the things that we have and adjust to a new life, unlike the one we had before. How long until her cancer catches up with her? How many more summers of swimming does she have? After she cannot swim, or read, or walk, what is to be done? What else can be done? The wind is rising. We must try to live.

CONFLICT OF INTEREST DISCLOSURES

I have read and understood *Current Oncology*’s policy on disclosing conflicts of interest, and I declare that I have none.

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