

When the oncologist becomes the patient

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It's a Saturday afternoon in February. A Saturday afternoon spent waiting for a telephone call from a pathologist, a personal friend. He will be telling me the results of the histology examination of a lateral cervical lymph node, which a surgeon has removed, and consequently, my diagnosis. Probably a lymphoma, I hope.

I have often asked myself how I would react if I were personally touched by one of the many illnesses that I treat on a daily basis. What would it be like to become the patient? Would I demonstrate a preference for the technological aspects of the problem or for those that are more human? In the hope of achieving the best results would I know how to reconcile technology and humanity, science and anthropology, which I have always believed must go together, hand in hand, in the field of medicine?

In my years of practice, I have been able to find the right dimension of time by remembering every day the verb "to care" in its real meaning of "to look after someone" to fill the doctor-patient relationship with humanity. I have tried to discover the profound dignity of each and every person who, at times, is firmly caught in a web of fear and uncertainty. Now, in this late afternoon in February, those are the sentiments that guide my hand as I transcribe words, trying to limit the moments of anxiety and free my mind.

I am only too aware that every patient is a person with his or her own feelings, fears, hopes, and uncertainties. In other words, his or her own biography. In my many years as a doctor, I have always tried to establish a human relationship with my patients by discussing the aspects that every patient exhibits and that must be understood and taken into account at the first meeting.

It's getting close to dinnertime, the time my friend said he would call me. The probable diagnosis shouldn't distress me too much. I know many people, many patients, who have been cured of lymphoma. But I also know how fragile and insecure many of them were, as I am now—being obliged to follow a path that has no guarantees. The statistics don't generate certainties. The probabilities don't encourage confidence. Time is not granted to everyone.

At dinner, I look at my children and my wife. I observe them as I try to appear lost in thought, to hide my precarious thoughts, to appear serene. Using an excuse, I return

to my study, asking myself once again what were their real thoughts at dinner? Was their cheerfulness a bit forced? How strange. I am an expert in oncologic problems, and now I allow myself to question whether they are showing their true feelings. But how could they, given that they are acutely aware of the consequences of bad news?

The words spoken on the telephone tell me it's a high-grade B cell non-Hodgkin lymphoma. I immediately think about who I'll entrust my future to. Myself of course, oncologist and hematologist, and I have the sensation that the treatment of my illness is in the hands of the right people. Consequently I feel more tranquil.

In my study, I find words that tell the story of Arthur Rimbaud and the illness that caused his death at the end of the 1800s. I wonder if the lost sentiments of the young Frenchman, suffering terrible pain in his knees, aren't similar to the ones in my soul, suspended between dreams and reality. Or instead, as a friend once confided to me during the most difficult moments of treatment: *The worst enemy is not the fear of death, it's living with fear; waking up in the middle of the night and feeling distraught by anxiety.*

Accompanied by unsettling sounds of a piano playing notes from the 1930s, I do something rather out of character. I sip an old Tennessee whisky. I realize that I was risking imprisoning myself in a climate of suspicion, distrust, and loneliness.

Rising from my desk where I've written my thoughts about these days, I'm convinced that I haven't lost the pleasure of thinking that one day, if everything goes well, I'll lean against a shady tree to delight in the most important things. Life takes you along many different paths, rediscovering the desire to love and be loved. To understand, laugh, and play a little with time. To forgive yourself and help yourself, waiting for the taste and warmth of tender August nights covered in luminous stardust.

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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