



Blog of the Month

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My reflections on the palliative care of cancer and its symptoms

When I was little I dreamt of curing cancer, like every little kid probably does when they lose a loved one. Every simple thing was a possible cure. Something, someone, might have missed. Truth seemed to have been lying in the small things, or on the skilled eye or just luck, or all of these together. Life was sacred for me, so was for the doctors, thus we had something in common.

But things are never the way we see them as when we are small, are they? Growing up and experiencing life, I found out that providing comfort and relief was many times, equally good and rewarding as providing a cure.

Having spent much time with patients at the end of their lives (past nursing experience), I realised death is part of life and that when we have done everything to preserve life and failed, we are looking at the quality of death. Or is it a little before? What about quality of life? (Lesson number ...? I lost the count at some point...) There is a limit to our abilities. And the limit starts where quality of life is lost, is severely impaired or where each patient chooses it to start.

Having all these in my pocket, I spent a few days at a hospice, as part of my Cancer Care Block of the Medicine curriculum. The case has always been, this false security, that I have seen a lot in this chapter of life, and that it would be difficult for something to surprise me. But it has always been a mistaken assumption as well, as every time a life story opens another perspective in the approach of this apparently endless philosophy... Jan was a 40 year old lady who had suffered a breast adenocarcinoma 15 years ago. She had had a mastectomy of her right breast alongside other treatments, but things did not go as well as planned.

Her cancer recurred on the other breast about 5 years later and she had wide local excision, and chemotherapy. Unfortunately, a few years later it was found out that the cancer had already given metastases, probably were micrometastases at the time, which made them not obvious to the scans-and somehow they survived chemo. So, Jan at her 40th birthday, found out that the cancer had given metastases to her liver, bowel, lymph nodes and eventually the omentum. She was given a prognosis of three years. I saw her celebrating her 48th birthday whilst at the hospice.



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The consequences of her surviving breast cancer for this long, were huge for the quality of her life. She went through multiple bowel obstructions, surgeries and treatments. She only managed to work part time for a few years, due to the fatigue and high burden of the tumour she was constantly out of energy. She experienced chronic pain and recurrent infections, especially post chemo, being immunocompromised.

Despite all this Jan had made a decision. She would continue to live, to the best of her ability. She supported her family, comforted them for when she would be gone, she continued smiling every single day and having fun. The pictures of her holidays, parties and volunteering, her daughter and she herself said it all. She had always a good word for the nurses and the doctors and did not complain; she presented the problem and was willing to try most of the solutions suggested. She had learnt to live through the pain and wanted to be aware of every single moment in her life. In her final days she spent her time with her family and friends at the hospice and the night before she sadly passed, she had a big party. Jan was giving courage to her daughter, friends and even the staff, all the way through. She was teaching us life.

So what? What has changed for me after this experience? You see, I believe, we gain motivation, amongst others, by admiration. I admired Jan's philosophy and attitude to life. So, that gave me even more motivation for a positive outlook towards barriers of life, such as long term or incurable illnesses. This experience added many handfults to my patience and empathy reserves. It made me even more comfortable around death and improved my attitude as a healthcare professional.

At this point I also need to add that alongside Jan's experiences I witnessed the palliative care consultants and doctors, being a co-worker in managing her physical, mental, spiritual and emotional needs. I was reminded that respect to the patient's wishes is one of the first priorities, but all these while preserving honesty about the course of the disease and the likely outcome of any treatments. And when none of these were in discussion anymore, just saying a good word and being empathetic really made a difference to the patient.

When I was little I dreamt of curing cancer. Now, that I grew up I hope that cancer will probably be cured one day, but if not, all doctors will know how to offer a holistic treatment to terminal diseases. Now, that I grew up I hope that doctors will never stop listening to and learning from their patients.

Please note that all names have been changed to protect the confidentiality of the patient and their family.