
ESSAYS/PERSONAL REFLECTIONS

A physician as a cancer of the neck patient: Overcoming depression after laryngectomy

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Depression is one of the most difficult issues that a patient who has been diagnosed with cancer has to face. I am a physician who had been diagnosed with throat cancer several years ago, and am writing this essay to share my personal experiences as a cancer survivor and a clinician. I am doing so hoping that my perspectives will assist other individuals who have undergone similar experiences cope better with their situation and, it is to be hoped, gain insight into their lives. It is also addressed to health-care professionals who care for patients with this condition in the hope that by gaining insight into the patients' world, they will be able to better assist them in their plight.

Coping with and overcoming depression is very important not only for the well-being of the patient, but also because it may actually facilitate the patient's recovery and may even increase the patient's chances for longer survival, and perhaps even ultimate cure. There is growing evidence in many scientific studies that there is a connection between mind and body. Even though much of these connections are not yet understood, it is well known by experienced practitioners that individuals who are motivated to get better and exhibit a positive attitude recover faster from serious illnesses, live longer, and sometimes survive immense odds.

There are so many reasons to become depressed after learning about cancer and living with it. It is a devastating illness to the patients and their families, and medicine has not yet found a cure for most types of cancer. By the time cancer has been discovered it is too late for prevention, and if the cancer is discovered at an advanced stage, the risk of dissemination is increased and hope of an ultimate cure is significantly decreased.

Many emotions go through the patient's mind after learning the bad news. "Why me?" and "Can it be true?" After first being stunned by the news, the patient experiences feelings of denial, which are followed by anger, and finally ultimate acceptance of the new reality. It is believed that depression is a form of anger. Perhaps anger at the new devastating reality.

Patients in this situation have to face ultimate mortality, sometimes for the first time in their lives, and have to deal with all the immediate and long-term consequences to them and their loved ones. Paradoxically feeling depressed after learning about the diagnosis allows the patient to accept the new reality. By not caring any more it is easier to live with the uncertain future. An "I do not care any more what happens" feeling makes it easier for a while. However, this coping mechanism carries a heavy price because it can actually interfere with getting appropriate medical and surgical care, and can actually lead to rapid decline in the patient's quality of life.

Becoming a laryngectomee after losing the vocal cords adds additional stress and difficulties. The inability or difficulty in speaking creates a sense of isolation. Difficulties in verbalizing built-in emotions can create anger and frustration that may lead to depression. Recognizing these challenges by the significant others and caregivers can alleviate much of the stress. This is why individual and group counseling and therapy for both patient and significant other are very important. The patient's significant other and caregivers often experience emotional strain that also need to be addressed.

One hopes that these patients can find strength within themselves to fight the depression. In my case, after I returned home from the extensive surgery that I had to remove my cancer, which included also the excision of my vocal cords, I was overwhelmed by the daily tasks I had to perform and

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the new realities I had to accept. I was mourning the many losses I had experienced, which included my voice and my well-being, as well as the need to accept many permanent deficits such as not having a normal voice any more and having to speak using a weak and rusty voice generated by a prosthesis that connects my trachea and esophagus. I felt that I had to make an early choice between succumbing to the creeping depression and letting it consume me or become proactive and fight back and return to life. I chose the latter because deep inside I had a very strong desire to get better and overcome my handicaps. I also realized that my struggle is not over and will be with me for a long time and that I will need to conquer the downhill slope again and again.

The driving force on many occasions to become proactive and resist depression is my wish to set an example for my children that one should not give in the face of adversity. I knew that they might—probably would—also have to face difficulties in the future and did not want to leave them the legacy that their father gave up and did not do his best to get back to his feet. This was and still is a driving force that I resort to whenever I feel down.

Support from family members and friends is very important. Feeling that ones' continuous presence in the world and actual involvement in their lives is meaningful to them is very helpful in reigniting the will to go on. Involvement in and contribution to others' lives can be invigorating. As a parent or grandparent one can draw strength and the will to go on by seeing and enjoying the interaction and the impact one has on one's children and grandchildren.

What I found to be helpful was to become reinvolved in activities I had liked before, and to find a continuous purpose for my life. I started to return to the hospital to participate and teach in medical rounds and listen to medical lectures. What was most encouraging and rewarding was that my contributions impacted and improved individual patient care. I felt that I was making a difference again. This made me want to return to the hospital and

teach even more. In the process of helping others, I was also helping myself.

I was also able to gradually return to many of my other routines. I started with simple challenges such as reading medical literature again, accepting invitations to review articles submitted to medical journals, learning how to take a shower without aspirating water, and even simply walking more. I gradually became able to ride a bicycle and even climb to the top of a mountain with my family. Even though I realized that the quality of my voice is not the same as before, one of my greatest comebacks was to be able to teach and lecture again with the help of a microphone. Each of these small steps made me feel better and stronger. I was discovering the world again, quite like an infant learning to walk.

Soon after my return home, I started to attend the monthly meetings of the local Laryngectomee Club, as well as their monthly speech therapy sessions. I cherished the support and advice I received from the other club members and especially from the club president, who was extremely dedicated and deeply caring and helpful toward the members. I kept coming to the club even when my needs were no longer intense, and became its secretary the following year.

Seeking the help of a mental health professional can be very helpful. I was fortunate to be assisted throughout my illness and recovery process by an excellent, compassionate, and skillful social worker. We discussed various issues relating to my recovery process, as well as my anxieties and frustrations. Having a caring and competent physician and speech and language pathologist that can provide continuous follow-up is essential as well. Their involvement can help deal with any emerging medical and speech problems, which is important for maintaining a sense of well-being.

I found ways by which I could use the setback in my life in a positive way. I realized that I have much to contribute to others. By my lecturing and writing about my experiences and sharing them with other laryngectomees and healthcare providers, others can learn and benefit from my experience.