
ESSAYS/PERSONAL REFLECTIONS

“I’m glad I have cancer”

PAUL ROUSSEAU, M.D.

Department of General Internal Medicine and Geriatrics, Medical University of South Carolina, Charleston, South Carolina

David was a kind and gentle man diagnosed with an anaplastic astrocytoma, a recalcitrant and tenacious tumor that he fought for almost three years. But at sixty-two years of age and after surgery and multiple bouts of chemotherapy, he was tired — tired of being sick, and sick of being tired.

I met David in the Neuro-Oncology Clinic where I was consulted by his attending physician. David had elected to forgo any further chemotherapy, and with his wife now diagnosed with breast cancer and confronting her own struggle, he was ready to go home, live his life, and wait for what was to come.

“Hi David, I’m Dr. Rousseau with palliative care. Your doctor asked me to come and speak with you—is it okay to talk now?”

With hesitant words that fought hard to find their way past the clutter of tumor, David greeted me, smiled, and nodded for me to sit down. His wife and sister-in-law looked on. I asked him to tell me what was going on.

“I’m going . . . to . . . stop . . . my medica . . . tion.” The words labored as his wife hung her head.

I acknowledged his courageous decision, and then discussed hospice and the tremendous benefits the program could offer both him and his wife as well as their family. I also assured him that if things fell apart at home, or his suffering became unbearable, we could admit him to the hospital and make him comfortable. Although I was certain the hospice and his wife could provide the care David needed, the university medical center, and in particular, the neuro-oncologist, had become David’s “security blanket.”

“Thank . . . you . . . that makes . . . me . . . feel better.”

Address correspondence and reprint requests to: Paul Rousseau, 81 On The Harbor Drive, Mount Pleasant, SC 29464. E-mail: palliativedoctor@aol.com

My heart went out to him as he struggled to find the words, the frustration exaggerating the furrows on his forehead. He pointed to his wife and paused: “I . . . want . . . her . . . to . . . get . . . treated.” Tears filled her eyes as the man she loved had decided to stop chemotherapy and opt for comfort care — but in so doing, he had opted to die on his own terms, and in his own time. His wife outwardly cried — I so admired both of them, their bravery, their love, their dedication to each other. I told David I would arrange for hospice, that both me and the neuro-oncologist would be with him the whole way, and then we shook hands and I wished him well.

I never saw David after that day, because of the distance he lived from the university medical center, but I spoke with his wife and various hospice personnel numerous times about his condition, the medications he was taking, and suggestions for therapeutic treatments. As expected, David declined, at times slowly, at times quickly. At one point, his wife’s exhaustion forced him into respite care for a few days while she regenerated her caregiver batteries, a decision that weighed heavily on her heart—she wanted him home, that’s where he wanted to be, and placing him in an inpatient environment, even temporarily, bothered her soul. And while David continued to weaken, his wife traveled two hours each way to receive chemotherapy for her own cancer. I visited her at the cancer center during her chemotherapy sessions, and provided support as best I could — her strength was amazing, her bravery astounding, her determination incredible. But although the hair loss, the nausea, the vomiting, the fatigue, and a tingling neuropathy from chemotherapy all took a toll, she never complained, never asked for sympathy — even though her husband waited at home, his life dwindling in the fading winter months.

Then, I received the telephone call I so dreaded — David had died. But he died at home, surrounded by family, surrounded by the love that we all so very much want and need. It was, as his wife described,

a beautiful death. But a mere five days after his death, she was scheduled for her final chemotherapy, so I arranged to meet her at the cancer center. As I walked into the infusion room where hairless heads and hopeful hearts long for normalcy, she was with two companions whom I had met during her first chemotherapy session — they were here for the last session, a celebration of sorts dimmed by David's death. As I sat down, David's wife replayed his final months, his death, and his funeral. She was happy and proud that David died the way he wanted to, and that family and friends came to celebrate his wonderful life. As a gift, she brought me a signed copy of a book he had written, a gift I shall treasure. Then she looked at me, and with tears in her eyes, said "I'm glad I have cancer, I really am. I was able to stay home with Dave and cherish those final days and weeks — we laid in the bed where we slept for so many years, where we made love, and where we spent such beautiful

days. Because of my cancer, I didn't have to work, and I was there for Dave."

I thought of those five words: "I'm glad I have cancer." Never before had anyone told me they were glad they had cancer, and never before had I encountered such selfless love and devoted sacrifice. I was shaken and humbled.

After a bit of conversation and a promise for a celebratory dinner once her radiation therapy was complete, I said goodbye, gave a hug, and left. I walked down the cancer center's manicured hall to the elevator, and when the doors were closed and I was alone, I cried and silently said goodbye to David. After all, this was the place we first met, and at least in spirit, it was the place to say goodbye.

ACKNOWLEDGMENT

I am indebted to David's wife for allowing publication of their heartfelt story.