
ESSAYS/PERSONAL REFLECTIONS

Accompanying patients who face the ultimate fear: A fellowship in psycho-oncology

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A friend of mine once told me that in life, even if we feel we have chosen our passion, it might have been our passion that chose us. I like to believe that psychiatry chose me. The day of my graduation from medical school, my father, a professor of internal medicine, reminded me that the most helpful thing in his practice had been to think of the patient as being the “center of gravity.” He recommended that I push away my personal needs and concentrate my energies toward the goal of providing the best care for my patients. That way, he said, I would have the best chance of doing the right thing.

While I have carried my father’s words with me through my years of practice, his message came to my mind more often when I started working at Memorial Sloan Kettering. The hospital strongly emphasized the importance of good-quality care and the power of communication when treating patients, something that can be crucial in cancer settings. Human beings seem to have a fair understanding of the inevitability and irreversibility of death, yet they somehow manage to push the fear of dying into the unconscious mind, not thinking much about it on a daily basis. However, when a person faces cancer, death anxiety becomes palpable and real. A cancer diagnosis can often awaken deep feelings of helplessness, along with the fear of losing autonomy, losing control over one’s body, losing the ability to live with dignity, becoming dependent on others for bathing and cleaning, being bedridden, or suffering intolerable pain. In the realm of psychosomatic medicine, we try to help patients cope with their anxieties by relieving their symptoms with somatic and psychological therapies directed toward finding new meaning

from their experience of suffering. Some strategies are medication management and reviewing their lives and legacy with the goal of helping them gain a sense of transcendence and belonging to something bigger than themselves. By providing new meaning, purpose, and a mission to their experiences, we can also indirectly alleviate their physical symptoms and the distress of their family members and loved ones. The word is likely the oldest therapeutic tool and has remained constant since the beginning of our existence.

Creativity is essential in order to comprehend the uniqueness of every person. For example, in a patient with a history of obsessive-compulsive disorder who has been admitted to the hospital to have major surgery, providing assistance in getting an individual hospital room and bathroom can mean the world to them. Supplying earplugs to a patient who cannot sleep at night due to the noise of the hospital routine may help them rest appropriately and regain their strength. Educating about the benefits of a healthy diet and exercise, along with making a plan of action to increase healthy lifestyle choices can be very helpful during recovery. Doing relaxation, visual imagery, and breathing exercises together will encourage patients to keep practicing on their own. Providing tools and strategies to the treatment team—so that they can better communicate and understand the particular circumstances of a patient—will improve quality of care. Many patients appreciate when we recommend literature, including films or novels, that may allow cathartic relief of their anxieties. Coordinating care with our colleagues in music, massage, and pet therapy and providing chaplain visits for discussion of spiritual problems can be essential to their overall physical, mental, and spiritual well-being. Sometimes it is very therapeutic to just remind our patients that they are alive, that life is beautiful, and that they can still be a good parent or partner even if they are bedridden. We may provide comfort to

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our patients by helping them understand that they are not different from us, as it is the fate of all humans to deal with mortality.

Before I started treating patients with cancer, I remember reading a commentary written by a nationally known expert, who said that in palliative care we learn more from our patients than they learn from us. He was right. While patients value our company, they are the ones who teach us how to best deal with the ultimate fear. We must accompany them on their journey even if there are no more somatic therapies that we can offer, and show appreciation for their generosity in giving us their time and wisdom. If they become delirious and cannot communicate in a proper manner, it is our responsibility to show them the same respect and continue to address them personally. This will encourage their families to do the same and reinforce the idea that it is okay to touch them and talk with them. And if they leave us, we must honor their memory by caring for their loved ones as they cope with this loss. Just telling their families what we have learned from them and the positive qualities they had can be one of the most valuable things we can offer, which they will carry with them for the rest of their days.

The French physician Émile Achard (1860–1944) once said that the art of medicine was to cure whenever possible, to relieve often, and to comfort always. Nevertheless, no matter how much we have done for our patients or how hard we have tried to help them, care providers often have to deal with a sense of guilt. We often feel we could have done better. However, if only we were able to follow Achard's advice, we would have a better chance of knowing that we did the right thing.

People often tell me that working in a cancer hospital must be depressing. It turns out to be the other way around. Accompanying patients who face the ultimate fear has helped me realize what the truly important things in life are. It has helped me to improve the quality of relationships with my family, my friends, and my coworkers, and to enhance my overall well-being. Now I focus more on valuing the moment, what I have, and worry less about the future. I love my life more and allow more time for reflection and appreciation of the beauties of our world.

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