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FINDING MEANING IN SUFFERING

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My journey as a physician began with my journey as a patient.

I was twenty-eight when I saw a family doctor, and then a dermatologist, about a strange mole on my back. I had some family history of cancer, and it turned out that this mole was my own cancer: a stage one melanoma. With excision by a plastic surgeon and ongoing follow-up with a dermatologist, I was more or less in the clear given the high cure rate in such cases. However, two years later in early 2018, I noticed a dark and growing vertical line in the nailbed of my left index finger. A painful surgery removed and reattached my fingernail, with a biopsy of the underlying tissue revealing another melanoma. This meant another surgery consisting of amputation of the entire distal phalange of that finger — something that I was not told, or did not clearly understand, would happen prior to the surgery. Various things followed: referrals to multiple specialists, a lymph node biopsy, and a PET scan. Unfortunately, I was found to have metastatic melanoma, which my oncologist at the time told me was an “incurable” disease, and which was ultimately revealed to have metastasized to my liver, to “innumerable” spots in my brain, and to various places in and below my skin.

I was offered a combination of two different immunotherapy drugs as the best treatment, and, in fact, the only viable option. This treatment came with a long list of potential side effects, but most importantly offered some hope. While I am an outlier in terms of the fairly young age that I had such a severe disease, cancer is never an easy diagnosis. Few diagnoses, perhaps aside from the psychiatric or neurologic, offer as much horror of the rebellion of our own body as cancer — something that is reinforced to a large degree by the often unrealistic portrayal of cancer and of illness in popular culture. This is on top of the horror of death itself, something from which, along with the horror of illness, our society shies away from. Not everyone can achieve the stoic detachment of a Marcus Aurelius or Seneca, and the feeling of a life cut short, of things left undone, can be a mortal blow at any age.

Shortly after receiving my first dose of immunotherapy, I started to feel ill. I had a fever and felt like I had some sort of stomach flu or gastro, not yet having the medical terminology to describe what was going on with precision. Although I was having some diarrhea and nausea, and my liver enzymes were slightly elevated, my oncologist felt confident in continuing with the second dose. Unfortunately, things got worse after that, with worsening diarrhea and nausea leaving me unable to keep even water down, ultimately leading to me losing about twenty percent of my body weight. I also began to have severe throat and mouth pain, making swallowing difficult. Yet again, I was hospitalized and diagnosed with autoimmune inflammation of my small intestine, which proved refractory to high doses of steroids but was ultimately successfully treated.

With this latest crisis resolved, my treatment journey continued. Leaving the hospital the second time, I noted that I had started to develop vitiligo, with white patches appearing on my skin, starting on my face. This changed my physical appearance significantly, and was not the only autoimmune side effect I experienced — I developed Addison’s disease, an endocrine disorder involving the adrenal glands, had two bouts of acute arthritis, and developed an eye inflammation that is ongoing. Through all this, my disease remained well controlled, and my immunotherapy was discontinued. I have been under surveillance since.

The experience of being a patient can be a humbling and even humiliating one. For me, this included having diarrhea in bed, caused by bowel prep prior to two invasive gastro-intestinal procedures. It included other things like having my liver pierced with a needle, to having my sleep interrupted, to not being able to wear my own clothes or clean my teeth. Other patients may or may not experience these things, but all share the experience of taking on the identity of a “patient.” Not dying from cancer — survival — involves many things, including rage, grief, implacable uncertainty, a certain bovine placidity towards the various physiological and psychosocial injustices to which one is subject, and even confronting one’s own mortality on such a continuous basis that it can become a habit. However, diagnosis with a potentially life-limiting disease spurs many to evaluate what is truly important to them, and survival can be sublimated into a positive choice to live — something that can be practiced in any circumstance, even in the setting of palliative care.

Choosing to live involves recognizing the good in the day-to-day. When I was hospitalized with bowel inflammation, I had the privilege of a bathroom with a full-length window with a beautiful view of the mountains of Vancouver, Canada. Although I was pretty miserable during this time, I was able to recognize the beauty inherent in such a view with new eyes, and to taste with a new mouth the scintillating addition of store-brand seasoned salt to hospital food. This is something that has been popularized as "mindfulness," and which is easily overlooked in the busyness of modern life. It is a lesson that can be difficult to learn, but serious illness or other brushes with death can provide a catalyst for its swift development.

While acute suffering can throw into relief what is good in life, it can also erase the future. As Viktor Frankl noted in "Man's Search for Meaning," eventual freedom from suffering can remove the joy, hope, and sense of present purpose in facing that suffering bravely. This may be because of new limitations on activities, uncertainty due to disease now chronic, mere systemic shock and feelings of unfairness, or the awareness of a future that is worse than expected. Accepting limitations is a process we will all go through as we age, but can be something that is easier to encounter gracefully, rather than an incapacitating, disabling, and random catastrophe.

In my case, although my diagnosis created ongoing uncertainty about my future, I decided to spend my time working towards helping others as I had myself been helped — finding meaning in my suffering. The experience of becoming a physician has been a further step in this process of learning and becoming. It is built on a foundation of my criteria, learned as a patient and honed as a medical student, for what separates a good from a great doctor (or health professional). The medical education curriculum teaches competence, which is achieved by successfully finishing medical training, and acquiring and maintaining a license to practice medicine. What separates a good from a great doctor is taught by the hidden curriculum to which I am highly sensitive as a medical learner previously a patient. It involves taking time with patients to have the important conversations; bringing one’s whole self to patient care; being human with other humans; being a person with other people. It is easy to forget this, to fall into the role of physician as technician, to protect oneself. By doing this, however, one risks missing out on the richness of patient care, and on the ability to contribute to true healing of patients and perhaps of yourself.

What the experience of a patient and of a physician can have in common is the risk of surrendering to the process and being carried along by it. In the former case, this is typified by surviving, rather than living, and in the latter by taking on the role of technician, rather than healer. There are many frustrations, large and small, that threaten to sweep us down the river of complacency or one of its tributaries. The division of our attention by the benign forces of everyday life, as well as the malign forces which can seek to monopolize and monetize it, can only exacerbate this problem. However, healthcare professionals have the great advantage of an almost unprivileged access to the lives of others. In this irreligious age, man is forced to dig deeper in his search for meaning, and many have compared us physicians to a new priesthood, crisis of expertise aside. Our very exposure to other people can make us more human, at least in that we can gain an intimate understanding of the many facets of the human condition and can decide which ones we would like to refine and reflect on for and within ourselves.

While this does not necessarily mean that all physicians will have (or care to have) the philosophical or spiritual depth that one might expect in such circumstances (after all, not every priest is a St. Augustine, not every philosopher is a Spinoza), it seems a wasted opportunity not to explore one's inner world and that of others when these are so close at hand. There is a potential archaeology of the mind immediately available — a museum of humanity in which we are both exhibit and curator. There are rich opportunities for lifelong learning and learning about life that are about much more than continuing medical education.

I meditate often on the value of suffering, both in my own life and in general with regard to the development of my personal and professional identity. While some might say that I have experienced enough suffering, there are those who I have seen, even during only the beginnings of my career as a physician, who are objectively worse off and in more dire straits than I was. This is not to mention, of course, those around the world who make do with much less, under even more dire conditions. Suffering can often refine one's experience and uncover what is really important — what remains when things of less importance have been refined away. While I would not recommend my path of illness to anyone, I recognize that it keeps me grounded, and helps to remind me of what is important in life. It has directed me to find a career that provides an essential part of my life's meaning. As a patient, physician, and person, I was then and am now reminded that every day is a good day if you know where to look. I hold on to this notion tightly and to the joy of spreading it to others as a source of meaning in my life. ■

Biographical Note

Oliver Terry is an internal medicine resident at McGill University, a cancer patient, and a former mechanical engineer, among other things.