[copyright page] DOCTORS GET CANCER TOO

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[H]Introduction

Why write a diary and, perhaps even more relevant, why seek to publish something which contains your innermost, deepest thoughts, especially at the darkest moments of your life, when you probably are not your best self?

Out of the blue at the age of thirty-nine I was diagnosed with bowel cancer and, try as I might have done to carry on like nothing had happened, at the time it was nothing short of disastrous, momentous and life-changing. Or so I thought. I was correct in some ways – a cancer diagnosis and treatment are traumatic and sometimes seemingly impossibly difficult – but importantly it does not have to be the beginning of the end. Unfortunately, I have to rely on cliché and hyperbole, as most of us diagnosed with cancer invariably do. That said, if you can't use extremes when faced with a cancer diagnosis, when can you?

I wrote this diary as a kind of catharsis, a sort of emotional vomit on the page, as a way of trying to process and structure the many, often conflicting emotions that cancer brings. These feelings are huge and complex. For me, writing them down, or writing down the order of what was happening to me, was an attempt to contain a situation which was entirely out of my control. To the writer part of me this diary seems really chaotic – so many thoughts, no structure and so much volume! I suppose it reflects the turmoil of my thoughts at that time, so please excuse me when I segue into the next topic with seemingly no connection whatsoever.

To answer the second part of the question, why seek to publish the diary, it took a long time after my diagnosis, many, many days of writing, for the thought to even enter my consciousness. This diary was private, for me and for me alone; no one else read it and even now my husband has not. But as time passed I began to realize that much of what I was writing was about me, being simultaneously a doctor and a patient and the insight that being in both worlds brings. The cancer community, medical or not, is phenomenal, full of support, help and advice. And yet one of the hardest parts about having cancer and treatment is the feeling of isolation that it brings, and I began to realize that by documenting my thoughts (and subsequently publishing them), I could potentially help others feel connected and supported to another person who in some way does not simply sympathize with their experience, but empathizes and truly understands it, having lived it myself. I would be honoured to be that person for you – if reading this makes you feel less alone, or just that someone gets it.

One in two of us will have cancer at some point in our lives, perhaps the most feared diagnosis of all. In the public consciousness, a cancer diagnosis means a death sentence – it means the end, or at least the beginning of the end. But that could not be further from the truth, for many of us, for most of us,

cancer is something we are cured of or which we recover from. Even if your cancer cannot be cured, more and more of us are living with cancer for longer than ever, with new treatments and therapies being found.

Many of the cancer diaries out there, wonderful as they are, are published after death. Even as you read them you know what the outcome will be, rather like in *Romeo and Juliet*! They have huge value, however heartbreaking they and the afterwords written by a loved one may be. But this book is not a cancer diary about death, or preparing for death – this is a cancer diary about living, about survival, because that is what most of us who are diagnosed with cancer will do: we survive. Medicine can do wonderful things, but perhaps what cannot be provided by medicine – be it support or understanding, whether you have cancer or not, or are helping someone with cancer – we can give to each other. I hope that this helps you along the way.

[date heading]Wednesday 8 May 2019

Yesterday I was diagnosed with colon cancer.

It is shit.

Literally, I have the shit cancer.

And I saw it myself on the screen.

There are times when being a doctor and a patient is pretty great – when you see your baby's heartbeat on the pregnancy scan, and when you know what you need, what to ask for and who to see. Then there are times when it is pretty crap – when your kids are seriously ill and all you think of are the worst-case scenarios you have witnessed. And times like yesterday, when you look at a screen showing your insides and see something so clearly abnormal that you say: "What is that?"

I should probably backtrack a bit; no one just ends up on a couch hugging their knees with a tube up their bum without a bit of backstory. Though some people may well enjoy that sort of thing.

Since the birth of my youngest, my daughter, four years ago, I've been having some intermittent pain in my pelvis. I've had multiple pelvic surgeries, including three Caesarean sections, and the removal of my appendix and an ectopic pregnancy. I presumed that the pain was linked to some scar tissue and didn't think much of it. I am like that, and I think many of us are – if we can explain something, or if it isn't bothering us, we put it out of our minds and keep going.

But in the past three or four months the pain has got worse, so eventually I saw a doctor who I used to work with when I was a junior doctor. He also delivered my first baby. Although you would have thought that having him examine me would be weird, it really isn't – doctors don't think about that sort of thing, they just get on with the examination. The ultrasound seemed normal, but I was referred to a colorectal surgeon – one who I refer patients to regularly – to check out my bowel, just to be sure there was nothing there before considering surgery. The surgeon thought everything was fine, but advised me to have an MRI (magnetic resonance imaging scan), as it was better for seeing scar tissue or other problems.

The MRI showed up a very slight abnormality, a small bit of spasm in the lower colon. This could have been anything and nothing, and while most radiologists wouldn't have commented on it, this one advised the surgeon to perform a colonoscopy, even though the surgeon was confident the results would come back normal.

A word of caution to anyone who may have to have a colonoscopy: bowel prep is revolting. Before the procedure, the patient must drink a laxative to help completely clear the bowel of waste. My drink was like peach-flavoured seawater and made me feel unbearably sick all day. Not much happened for five hours, which was somewhat surprising, and even after the second dose when I did start hosing Armageddon from my behind I was still surprised as I thought there would be much more.

There I was, waiting for the colonoscopy. I became irritated because bowel prep isn't the most fun and I knew the results were going to be normal – and therefore a waste of time – and I would have to have exploratory surgery anyway. The surgeon breezed in, said he thought it would be fine, as I suspected, but there was a 1 per cent chance at my age of having a polyp so big it couldn't be removed via the scope.

[BOX OUT]

Bowel cancers grow from polyps, which are initially benign before turning cancerous. A benign polyp can be removed during colonoscopy, and even a small cancerous polyp could be removed that way without the need for surgery. With all cancers, the earlier you are diagnosed, the easier they are to treat and the more likely you are to have a better prognosis. So, the earlier the better.

[END BOX OUT]

The outfit provided for the colonoscopy was simply sublime. You could wear it to the Met Gala and quite frankly no one would raise an eyebrow. Dark blue "modesty shorts", though nothing modest there as they have a great gaping hole in the back for arse access. Then the routine went as follows: cannula in, bit of sedation, lie on your left side, tube up the bum and off we go. Only I don't think the sedation really did much as I remember every single moment of what came next. Within seconds we saw something.

Me: "What is that?"

Surgeon: "Erm, that is unusual. There seems to be a growth." Pause. "I think you are going to need an operation."

As he tried to move the scope past the lesion it hurt, but I told him I would manage and to keep going.

"No," he said, "it is hurting you, and I don't need to hurt you."

That is when I realized that I was going for surgery. He was going to hurt me plenty then, so he didn't need to hurt me now.

I knew and he knew I knew it was cancer. And the softer and kinder the nurses in the room became, the more certain I was. The surgeon was caring and reassuring and kept up the gentle constant patter. All the while he was talking, he took lots of biopsies, small samples of tissue to be examined by pathologists using a microscope, that will tell us exactly what we are dealing with.

To complete the ordeal, the surgeon gave me my first tattoo, at the age of thirty-nine and a half, albeit an internal tattoo on my bowel, so he would know exactly where to make the incision during surgery. The tattooing stung a bit but then I think getting any tattoo does. All I could think was that my mum would not be impressed as she doesn't like tattoos!

Once the scope had been completed, I was wheeled back to a cubicle and the doctor said he'd be with me shortly, asking if I had anyone with me. I had sent my husband, Ben, to work, as we didn't think anything would show up, but my mum had driven to the hospital to bring me home again. He asked if I wanted her.

Doctors and nurses are taught how to deliver bad news, and it starts by going to a quiet separate room, and encouraging the patient to have a loved one with them. It was these actions as well as their words, which I know so very well from the other side, that made it worse, so much worse, because I knew, I knew I was in trouble, I knew it was cancer. Perhaps many of us do – all those episodes of *ER* or *Casualty* pay off!

My mum took one look at me and asked what it was. I told her that I had colorectal cancer. I am not sure it is supposed to happen like that.

The surgeon arrived: "Philippa, as you know, we saw a growth, an unusual growth."

And then I did what we expect patients to do. You see, doctors don't say that they have bad news and follow it with the C word. Instead they say something like "You know we did the test because we were looking for something, and we found something", to which the patient asks the doctor if they found cancer. This way the patient comes to their own realization that it is cancer.

Without even really thinking about it, I duly replied, "It is cancer, right, so let's use the word."

"Yes, it is cancer," the surgeon replied, "but you will be fine."

I don't really remember too much of what came next and writing it down here feels blurry. He showed me where the scars would be, told me I would be in hospital for seven–ten days. He told me where the cancer was in relation to the rectum and that there was around a 10 per cent chance that I would need a stoma, a temporary ileostomy, a bag from your tummy which connects to your bowel and collects your poo instead of it going out of your bottom. He reassured me that 10 per cent is small.

“I had a one per cent chance of finding a polyp at my age and that was smaller,” I replied.
“Well, yes,” he replied.

I was then sent for a CT (computed tomography) chest, a scan to look for spread, and a CT pneumocolon, which is a virtual colonoscopy, and something you do for people who aren’t able to have a colonoscopy or in this situation when you can’t get past something.
The radiographer asked me how I was. I replied that I had just been told I have colorectal cancer and couldn’t stop a tear creeping out. She was lovely but literally ran away to get the trappings of grief, a glass of water, some tissues – she needed to keep busy, to do something. More tubes in the bum for the CT pneumocolon: this time my bowel was puffed up with air and then an injection of a medical dye (called contrast) which helps doctors interpret the scans. I had been warned about the side effects, and indeed had discussed them with patients, though not everyone gets them. Within seconds, I noticed a metallic taste in my mouth and then the sensation of heat in my genitals as if you have wet yourself, though you have not.
Tummy bloated with air, half naked in the changing room, mum waiting in the waiting room, I rang my best friend, a child psychotherapist, and asked her what to tell my children. I told her I needed her to be professional, to just tell me and not react. Within me I felt my personal, professional wall have a few more bricks added to it.
All doctors have to have a wall. It protects us, our souls, our hearts. Sometimes people say it makes us hard, but it doesn’t; we can still be empathetic and sympathetic while the wall is up. Occasionally patients make chinks in the wall – though it happens less the more experienced you become – and when they do, you recognize them, are human for a bit and then have to move on.
Doctors are thrown into a world of grief and rage, death and unfairness at a relatively young age. I was twenty-four and exposed to dead people and grieving families on a daily basis. I have seen kids and babies die, I have seen people hurt each other in the worst ways possible, and I have seen loneliness and pain. If I let all of that in I would drown.
So my wall went up. I think it is still up, it protects me right now, it means that I don’t have to think about anything, about the ramifications of being told I have cancer, that I don’t let it in, I just keep going, be that telling my husband, telling my children, doing bath time with them, or reading or bedtime. My wall means that I can keep functioning right now.

The children are four, seven and eleven.

Their responses:

The four-year-old: who will take me to school? Totally age-appropriate response.

The seven-year-old: came straight over to give me a massive hug and then recoiled almost instantly. "You can't catch cancer, can you?" he said as he backed rapidly away! Followed by "What if X doesn't work, what if Y doesn't work? What if you… ?" (Here he drew his hand across his neck as if cutting his head off.)

The eleven-year-old: wanted to talk about a character in the book he was reading who has gastric cancer and will die.

And then they went to bed. We watched TV and I waited for the surgeon to phone with the results of the scan. Time dragged on, 10 p.m.… 10.30 p.m.… Emotionally exhausted, I went to bed. He rang at 10.38 p.m. The scan showed no spread, and I took a breath – I think the first proper breath I had taken since 3 p.m. – and determinedly went to sleep.

Sleep is one of the first things you lose in times of psychological stress, and sure as damn it I was up from 5 a.m. and couldn't switch off my thoughts.

There is nothing to do today. I need to tell some people and make plans. Thankfully I was not due at surgery today; I had set it aside for writing copy for the magazines and websites I write for.

Nothing will change until I see the surgeon in two days and then have the op. And yet I can't concentrate. I told the kids' school, so the teachers would be prepared if they have questions, and I told the parents of their closest friends in case they told them, all by message as I can't deal with their reactions – even reading them by text is exhausting. I told myself I could just carry on as normal for the next week until the surgery, but I haven't been able to write a word of copy. Instead I write this.