

## New Diagnosis

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Everything felt surprisingly familiar on my first day back to my community health center family practice after a 3-month medical leave. My cozy shared office space and exam rooms 11, 12, and 13, just steps away. The tiled floor, the exam room with a window and gray blinds overlooking the car wash next door. The feel of the rolling stool. I was working with the nurse I'd worked with for 6 years. Her calm, kind competence had carried me before; I was grateful we were teaming up again.

What was different was both the relief and residual fatigue I carried from my recent experience with radiation therapy. I'd been diagnosed with stage zero breast cancer, and the oncology team had recommended radiation therapy after my surgery. Six weeks of treatment, every weekday—driving, parking, entering the space where people of all ages waited. This became a routine for me that felt unending. Escorted by the technician to the radiation room—an enormous space with bright florescent lights and a hulking machine. Only the technician could see the controls; my supine view included the ceiling and an intimidating boom that swung over my body to deliver the rays. It felt as depersonalizing as it sounds. And I hated the fatigue. *Would my energy ever return? Would I return to work?*

Back in the office, I knew I needed to resume caring for my patients. *Would I have the mental and physical energy? Could I effectively care for patients again?*

Almost like starting a new practice, visits took longer because I needed time to review the chart to remind myself where we had left off and to catch up on what I had missed. Despite the extra time needed, appointment times were the same as before. Though my muscle memory knew the physical routines, my brain needed to remember how to balance making notes in the EHR with being present with the patient.

I was running late, not unusual. I grabbed the next chart, feeling pressured to review prior to seeing my next patient. I'd cared for Diego and his chronic medical conditions for over 10 years and had grown fond of him. He rode his bike to office visits with a close friend accompanying him. Diego was in his late 60s, a slender short-statured man, quiet and undemanding, seeming to follow medical guidance. Our visits focused on his well-controlled type 2 diabetes, chronic obstructive pulmonary disease, and long-standing cigarette smoking, which he'd tried to quit several times. He smiled respectfully throughout our visits and took my suggestions, becoming neither indignant nor defensive. Barring the smoking, his conditions were well-controlled.

Outside the room, I noticed he'd been diagnosed with a tumor in his chest while I was out. *Wait—did I miss this diagnosis?* My heart raced as I flipped to the imaging reports. Fearing I'd missed a major diagnosis made me nauseous. The mass was confined to the center of his chest and didn't appear to have spread. At least some good news. The biopsy showed poorly differentiated adenocarcinoma, decidedly not good news.

I braced myself as I entered the exam room, not sure what to expect. He sat on the exam table, his clipped gray hair, a silvery capped tooth, and his smoking-accelerated facial wrinkling more than expected based on his age. His friend Maria, somewhat stouter, sat in the patient chair, just like usual. They both smiled, just like usual.

Taking a silent deep breath, I launched in.

“How are you?”

I paused, studying his face for further clues.

He remained smiling, though his energy seemed lower than usual.

“Not so good.”

Both words and tone revealed his worry.

And then, “How are you doing? I heard you were sick.”

I nodded, affirming I had been sick, thoughts drifting to my own illness.

Calming myself, I responded, “Yes, thank you for asking. I’m doing much better now!”

He solemnly handed me a sheaf of papers. At the top of the stack, I spotted his new radiation oncology appointment card filled with upcoming entries. My heart sank as my thoughts leapt to my own card—a standard business card, containing my name, the names of my treatment team, and numerous appointments, written in various handwriting. My daily companion during radiation treatment, I referred to it as my “membership card” in the radiation “club.”

I stared, emotionally numbing as my recent experience crowded in. The quiet reception area, other patients and family members growing familiar to me over the 6 weeks. The daily routine of cold treatment table and imposing machine.

A moment of silence hung over us as I shifted my attention, wordlessly, back to Diego. I knew his situation was both more complex and serious than mine. He began telling me about his next steps for treatment, noting he’d be starting radiation and chemotherapy the following week. I noted the contact information for his radiation oncology team for future reference in case he experienced challenges with treatment.

Making this note, I recalled my own treatment team, especially the radiation therapist, a brisk yet kind young man. While I know this visit isn’t about me, reviewing Diego’s paperwork kept returning me to my recent treatments. As I fought to redirect my attention to Diego, I debated telling him about my recent experience with radiation therapy at the same center.

While I hoped to help by describing what he’d likely encounter, my experience as a patient in visits when a clinician self-disclosed felt awkward. I also had learned from a colleague’s research that most physician self-disclosures are unhelpful, pulling the focus away from the patient’s concerns. I feared any disclosure ran the risk of being under- or over-reassuring. Diego deserved his own experience. Would this help or deflect attention away from him?

I decided not to tell, staying focused on Diego’s questions and concerns.

As I turned toward Diego, the room grew quiet. He looked me straight in the eye, asking, “Were you treated for cancer?”

Jolted, I turned back to him in surprise, “Yes. Did I tell you?”

Smiling, he replied, “You just did.”