



How My Father's Cancer Made Me a Better Doctor

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Cancer? That only happens to other people. How could it affect anyone in my family?! I am a resident physician who helps to keep my family on the path to a healthy lifestyle. We are active, exercise three to four times a week, eat plenty of fruits and vegetables, drink lots of water daily, don't smoke or drink alcohol (except maybe a few drinks on special occasions). We were invincible, aside from a family history of hypothyroidism. But that's ok, that's manageable. Life was good, or so I thought. Then I found myself, 1 week before I started residency, accompanying my father (the founder and bedrock of this active and healthy lifestyle in our family) to a doctor's appointment in which I heard the doctor tell my dad what I never thought would ever happen in our family, "You have cancer."

Enter residency life. Like everyone in my program, I was stretched thin with 80-hour workweeks while trying to find time for studying, research, gym workouts, friends, and family. I felt stressed, pulled in many directions. Adding to my problems, I was a 5-hour drive away from my father and family. I felt separated from everyone I loved at a time when all I wanted to do was spend every waking minute next to my father. Depression set in, or was it sleep deprivation?

The next year and a half revolved around my father's treatments for

pancreatic cancer. The fight against the incurable was on. As a physician in training, my father's illness offered me a lot of teaching moments, in particular about patient rapport and end-of-life care. I was not only the son of a patient but also the doctor to many patients. Wearing different hats as a family medicine resident is not new, but now I experienced the ultimate challenge; maintaining focus with other people's lives in my hands in the face of my own personal adversity. Even while I was grieving my father, I had to learn to be the consoler instead of the one being consoled. While listening to my family's disbelief, I needed to compassionately listen to patients and family telling me with disbelief "Just yesterday, he was as strong as an ox and now look at him." Often all I wanted was to sit and join these patients and families I was treating and have some other doctor come talk to us, a doctor who always knew what to say and do, who was going to tell us it was going to be alright.

It was difficult to be in these situations, but at the same time I learned so much about compassion from my personal experiences with my dad. Because of what I saw on the other side of the doctor-patient-family relationship, I started to treat my patients how I would want to be treated. In medicine, there is a lot of talk about the biopsychosocial perspective. This teaching point never

came into more everyday use than during this period of my residency as I worked and waited for the impossible to happen: remission. My father, family, and I needed the balance implied in this model, and I came to understand that my patients needed it just as much. In our case, our family's belief in God at first felt like it may have unbalanced our biopsychosocial persona because we held onto hope—maybe a little too tightly at times—that our father would be saved. But at the same time, it was our faith that eventually helped us when we knew it was time to let our father go and be at peace. Now, when I encounter families that hold onto hope even when their loved one's imminent death is very apparent, I remember my family's hope and am humbled. As their physician, I've learned to honor and respect their hope while easing them toward accepting the likely eventuality.

Many times during my training I found myself incredulous as I watched fellow physicians impatiently tell patients and family members that it was time for hospice. One physician baldly said to a patient's daughter that her mother "must go into hospice because she doesn't have much time left." No other explanation was offered, no easing into the conversation. It made

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me think, “Has this physician ever had to deal with a loved one who is dying? Is this how they would talk to their own family?”

My father was not more than 5 minutes into a conversation with the oncologist about his pancreatic treatment failure when a hospice team arrived to start talking about hospice options. As a physician, I knew that my father’s prognosis was not good. Yet I still asked the oncologist “So, what’s the next step? Do we try a different treatment?” My soul would not allow me to accept that my father’s options were over. The truth was that we had come to the end of the line, yet the oncologist never helped us understand this, never grieved with us. As a family we were left to infer this by the presence of the hospice team.

As a physician, my belief in medicine and my desire to ward off death pushes me to search for and uncover answers to patients’ medical problems even if they seem impossible to find. I do this for my patients, and the need to keep death at bay feels magnified when it comes to my family. In that moment with my father,

my family, and the oncologist, I realized that while the prognosis may have seemed obvious, I did not want to accept it. I learned that patients and families need guidance as their souls push forward looking for answers. A simple, straightforward, but compassionate conversation from the oncologist would have been sufficient. He could have honestly yet caringly helped us understand that all avenues had been explored, that the cancer had progressed and that now it was about making my father as comfortable as possible. Watching my family and myself struggle alone with what the presence of the hospice team meant, I learned how important that conversation is. As a physician, I need to give my patients that support, as bleak and despairing as they may feel, rather than just handing them off to the hospice team.

My father is no longer with us, but his spirit drives me to always treat my patients as a whole. In my medical education, I learned to distance myself from patients to avoid burn-out. As a result of my father’s illness and death, I’ve come to understand

that in fact, we need connection, otherwise we lose and the patient loses. I have learned to treat the person, not the number. I am a more compassionate, empathetic, and selfless doctor, teacher, and professional after having walked through the fires of cancer. During those trying times, quitting residency seemed like an easy solution to all my stresses, heartaches and self-doubts, but I knew nothing would make my father prouder than becoming the physician I’ve worked so hard to become. I have made peace with cancer. It happened to my family, but it did not crush my soul.

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