

Radiation treatment rooms 2B, “ARK,” and 3B, “LIBERTY,” at the Kaiser-Permanente Medical Center in Hollywood, CA, had become all too familiar sights to me while recently receiving treatment for localized recurrent cancer of the prostate. I had undergone radical excision four years earlier, but the prostate specific antigen (PSA) blood test had risen from an initial zero postoperatively to 0.8 IU. A transrectal biopsy of the prostatic bed had shown the same cancer cells (Gleason 3) as in the original tumor. So, my oncologists, Brace Hintz, MD, and Jon Kaswick, MD, and I decided that a course of radiation with 6,400 rads over 32 visits was indicated.

Déjà vu

This was not the first time I had found myself in the radiation therapy patient’s position. In 1971, I had been diagnosed with nodular sclerosing Hodgkin’s disease—the form with a better prognosis. Treatment was a bit different then. I underwent a course of 4,000 rads with the archaic Cobalt 60 machine to the thoracic area with the Mantle technique devised by Stanley Kaplan, MD, of Stanford (CA) University. I also was given a four-month course of chemotherapy invented by Vincent DeVito, MD, called MOPP. The combined modalities succeeded in making the mediastinal masses disappear and never return.

It is a unique opportunity for someone in the medical profession to be put in the place of the patient—to experience a series of malignancies and to view the treatment process from the other side.

When a surgeon becomes a patient



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Awareness building

Often as I sat in the waiting room to undergo my recent course of radiation therapy, I would strike up a conversation with someone, and we would share our feelings. Rather than reveal that I was a physician, I preferred to be another hopeful patient undergoing radiotherapy.

It wasn't difficult to guess which patients had the most serious conditions. A woman with a kerchief covering her bald head was obviously afflicted with a brain tumor. Anyone wearing a gown was getting torso treatment, while fully dressed men such as myself were getting prostate radiation. For those of us in the latter group, the schedule was so efficient and the process so routine, we merely entered the treatment area and dropped our pants and shorts for the five-minute procedure.

Lying on my back atop the mechanized table, I had time to notice a lot about my surroundings. The room was well-ventilated and air-conditioned, the lighting subdued, and the walls decorated with colorful pastoral scenes. The ceiling was covered in simulated pine panels, and a closed-circuit video camera was recording the process. The focus of my attention was on the huge Varian Megavoltage Linear Accelerator that had a large U-shaped gantry, and the patient on the mobile platform was raised into the open end of the U.

After being positioned on the table with beams centered on previously placed India ink tattoos on both hips and the suprapubic area, a bungee cord was placed around my feet so I wouldn't move them. The Varian arm then rotated to the overhead position; a musical buzzer intoned simultaneously with a flashing red light during the 10-second exposure. The arm then rotated to the posterior position, and the second exposure was delivered. Then it rotated to the left lateral port, and finally, the right lateral port for 10 seconds each. During the brief and painless treatment, it was easy for the mind to wander and to speculate about how the beam of high-energy radiation was affecting those nasty cancer cells inside my body.

Dr. Hintz tells me it will take about six months after the radiation has ceased to determine whether it succeeded in ablating the recurrent focus of cancer. With a strong faith in a benevolent God, I trust that I once again will be cured.

Respect and humility

So, twice in my lifetime as a surgeon I have experienced what cancer treatment is like for our patients. The uncertainty, the waiting, the fear, and the pain all became much more acute and real as I lived through each phase. I believe that surviving each ordeal has made me more sensitive to the people who turn to me for their care. It is my firm belief that until one goes through this sort of ordeal, it is impossible to understand what it is like to be in a patient's shoes. Hopefully, this understanding makes someone a better physician.

To those individuals who looked after me in my time of need, I owe my deepest gratitude and respect for their diligence, kindness, and expertise. Indeed, as I reflect on my experiences as a patient, I have attained a new respect and appreciation for all the professionals who contribute to patient care. As the "captain of the ship," a surgeon often takes a great deal for granted, but the successful voyage is dependent on all the members of the crew doing their best. Without the expertise of my colleagues in medical oncology and radiotherapy, I wouldn't be here to write this story.

I was fortunate to have the strength and serenity to leave the management of my care to these experts. The adage that says, "The lawyer who handles his own case has a fool for a client," comes to mind. The surgeon who thinks he can determine the best course of treatment for himself has a fool for a patient. The lesson of humility has again been learned. Ω

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