MEDICAL PRACTICE

Personal Paper

Living in the present: a confrontation with cancer

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British Medical Journal, 1979, **1**, 861-862

Looking in the mirror, I could see that the side of my tongue was lumpy and irregular. For some time I had been bothered by a slight soreness on that side, especially when eating apples. Trying hard to disregard and "normalise" the symptom, I had in any case little time to pursue it, having just had my third baby in the midst of an uncompleted research project. I then went for a routine dental appointment, and showed the mysterious area to my dentist; I said gaily, and somewhat unthinkingly, "It's not cancer, is it ?" He arranged for a biopsy to be done. The consultant who told me the result used the strange, euphemistic language that I have since recognised as the dominant mode of communication with patients with cancer. "Most of the area we biopsied was all right," he said, "but a little bit in the middle was invasive."

Threat to happiness

I was 33, had never smoked or consumed undue amounts of alcohol, was not a curry addict, and had never encountered syphilis in an oral (or any other) manner. It seemed unfair, to put it mildly. That night I lay awake until the baby's 6 am feed, frozen (literally, despite a warm spring night and two hot-water bottles) by the knowledge that I had cancer. I knew little about the disease, but assumed that it was always systemic and terminal. I had watched my father die painfully of bronchial carcinoma some four years earlier, and I was now under the same consultant at the same hospital as he had been. What seemed particularly outrageous was the contradiction between malignant disease and the benignancy of birth; this third baby had been especially welcome, and was (is) an exceptionally beautiful, calm, and responsive child. My illness threatened this postnatal euphoria and the happiness of our entire family. It was a concrete threat to the baby, since I was breast-feeding and was told to wean her immediately. But most shattering of all was the realisation of my own mortality—like the dying man in Tolstoy's *The Death of Ivan Illich*,[1] most of us "know" that life is temporary, but few of us apply this perception to ourselves unless we have to.

My treatment consisted of an iridium wire implant, preceded by a nasty dental extraction (five heavily filled teeth and one impacted wisdom tooth). Against considerable opposition, but encouraged by a sympathetic lady registrar, I refused to wean the baby, which is why I had the dental extraction as an outpatient, and I felt a quite disproportionate sense of achievement at negotiating hospital admission for the iridium implant on the morning of the operation (so I could give the baby a couple of extra feeds) instead of on the more usual day before. My four radioactive days were spent in relative isolation; friends could visit for 10 minutes each, and some nobly did, one bearing a half bottle of champagne which I sipped through a straw. My older children (then 9 and 10) were allowed to rush in and hold my hand and rush out again, and the baby was held up for me to see through the glass wall of the cubicle. This I found especially distressing. I got through the four days mostly by defining the expression of breast milk as my main occupation; I threw the milk down the basin, but the object was to keep up the supply. The trials of obtaining a breast pump on a cancer ward would have been funny in any other context, and I'm sure I was seen as a "difficult" patient.

Attitudes to malignant disease

That was getting on for two years ago. After six weeks of not being able to eat, talk, or sleep (these doctors never tell you enough about side effects) I recovered sufficiently to move house, finish my research project, and write two books. The baby went back to the breast after four slightly difficult days on SMA

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administered by a devoted father, and stayed there (on and off) till she was 14 months old. Every three months I go back to the hospital for a check-up, during which I stick out my tongue and have to remember not to wear polo-necked jerseys so that the doctor can feel my neck. I have graduated down from consultants and registrars, and am now seen by whoever happens to be around, which I count as progress.

I cannot say that I ever forget that I have had cancer. But it is amazing what people learn to live with. It has been an eye-opener in many ways. Firstly, I am impressed by the need for research in communication between medical staff and patients with cancer. I was never offered any information about my illness, and although my questions were certainly answered, I know (by checking with my medical colleagues) that some of them were answered dishonestly. Most doctors seem to be unable to confront their own feelings about cancer.

Secondly, anyone with cancer has to come face to face with society's attitudes to malignant disease and these are extremely fatalistic. I'm sure that some of my friends expected me to drop dead almost immediately—or at least to *look* different—and when I didn't they didn't know where to look. Susan Sontag has written about all this in her excellent book *Illness as Metaphor*,[2] which I advise anyone concerned with the treatment of patients with cancer to read. Children, as always, go to the heart of the matter. I remember explaining to my 10-year-old son what it was that I had on my tongue, using suitably childlike expressions. "You mean you've got cancer," he said. The biggest bane of my life as a patient with cancer is the lady in the pink overall (a voluntary helper, I imagine) who weighs people in the out-patients clinic. "Oh good," she says, "you've put on weight"—when I am still desperately trying to lose my post-baby bulge.

Learning to live in the present

While I definitely could have done without the experience of having cancer, there is no doubt that it has permanently altered my attitudes to the conduct of my own life. I have learnt to live in the present, which seems by far the best way to live. I have ceased to be impressed by the ephemera of academic life, and am interested only in doing the work I want to do as well as I can. I reckon that if people have unfulfilled ambitions they ought to fulfil them, so this year I am going to write a novel, not start another research project. All those tortuous wranglings with conscience about work versus motherhood suddenly seem very clear to me. Children are precious and lovely and, although they do not "need" their mothers as our cultural ideology of motherhood suggests, I, as a mother, certainly need them.

Oddest of all is the fact that only this confrontation with death has enabled me to realise how happy I am. That, I'm sure, must be a poignant reflection on the kind of society in which we live.

References

[1] Tolstoy, L N, *Complete Works*, vol XVIII. London, Dent, 1904.
[2] Sontag, S, *Illness as Metaphor*. New York, Farrar, Strauss and Giroux, 1977.

(*Accepted 30 January 1979*)

Today's Treatment

Drug-induced diseases

Drug-induced neurological disease

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British Medical Journal, 1979, **1**, 862-865

Most clinicians acquire a wide practical knowledge of drug-induced disease. Drug trials and drug legislation cannot anticipate every circumstantial interaction or protoplasmic defect, and pharmaceutical research must continue to develop drugs, which of their nature cannot be subjected to large trials, to combat rare diseases. Patients and the public should respect the inevitability of side effects from powerful modern drugs, and doctors must improve their expertise in applied therapeutics and yet be prepared, where the possibility of adverse reactions arises, to seek the help of colleagues, hospital pharmacists, the Committee on Safety of Medicines, and medical representatives of the drug company concerned. The following discussion on drug-induced neurological disease is not intended to be comprehensive but rather to draw attention to some of the more important conditions.

Both old and young vary in their tolerance of drugs, and research is needed into the development of screening tests checking the patient's individual susceptibility to an iatrogenic challenge. For a few children the earliest challenge presented may arise from drugs that cross from the maternal to fetal circulation. Thus diazepam (Valium, Atensine) may cause respiratory depression in the newborn, lithium cause hypotonia, and antiemetics containing pyridoxine (for instance, Ancoloxin, Benadon, and Debendox) produce neonatal convulsions that require treatment with high doses of pyridoxine. Convulsions can also occur in breast-fed babies whose mothers are taking indomethacin (Indocid, Imbrilon). For most children the earliest risk of iatrogenic disease is that from vaccination, unmasking any constitutional weakness and given at a time of considerable susceptibility to intercurrent infection. The perils of pertussis vaccination are open to conflicting interpretations, however, and the relation to encephalopathy is far from proved.[2]

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