

Experiences of a Physician With Neck Cancer

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As a physician specializing in head and neck infections, I had extensive experience in otolaryngologic illnesses. However, when I was exposed to new, different, and challenging experiences as a patient with neck cancer, I had to deal with them as a patient and not as a physician. I was shaken to my core when I learned that I had hypopharyngeal cancer. I had to accept that I am not invincible and that life has an end. Despite the fact that the small cancer was surgically removed and I received local radiation, I was left with uncertainty about my prognosis because of the risks of cancer spread or recurrence. I slowly recovered from the radiation side effects (altered taste, mucosal inflammation, reduced saliva, and hypothyroidism) and gradually began to believe that I was cured. However, after 20 months, a local recurrence was discovered.

Hoping to get rid of the tumor with minimal sequelae, I elected to accept the option of laser surgery. Unfortunately, my surgeons were unable to completely remove the cancer by laser on three separate attempts within three weeks. After each surgery, their initial message was optimistic. However, a few days later I received the bad news that residual cancer remained.

At that point, I was emotionally and physically drained and frustrated at my unending saga. My surgeons wanted to perform a laryngectomy, but I elected to receive the procedure at a different medical center that had greater experience with this type of cancer. An additional four weeks was needed for the surgery and postoperative recovery. The tumor was completely removed, and no local or systemic spread was found.

I had not appreciated how I would feel after the surgeries. The pain, weakness, feeling medicated, inability to eat or drink by mouth, complete dependency, staying connected to an IV line, needing

humidified oxygenated air and constant suctioning to relieve sudden airway obstruction, having blood drawn almost daily, and being unable to talk were extraordinarily difficult to become used to. I realized for the first time why some patients elect to avoid heroic measures to prolong their lives when their prognosis is bad. This was a new realization for me because I have always believed in prolonging life as much as possible and practiced this principle as a physician.

Physician as Patient

As a physician, I not only wanted to be informed about my treatment, but I also needed detailed explanations and differential diagnoses. I also wanted to express my opinion and give my input. I was very aware of what was happening to me and was able to report to my caretakers useful input about my symptoms that helped them to address issues early. However, this became very difficult once I lost my voice and was forced to depend only on writing to communicate. I realized that some of my surgeons were impatient, rushing, and always in a hurry to finish rounds, especially when they had surgeries scheduled. I received the attention of the senior surgeons for only a few minutes daily. They rarely examined any part of my body except the incision and flap removal sites and listened to my lungs only when I asked them. The nurses also were inconsistent about listening to my lungs or doing a physical examination.

I prepared a written list of questions prior to rounds, but I rarely had a chance to write down a follow-up question or request further explanations. This was very frustrating because I anxiously waited to see the surgeons. I also encountered rude and abrasive physicians. Once I asked a resident to clean my obstructed tracheotomy tube. He grudgingly flushed it using tap water rather than sterile water, which was used by the nurses for this purpose. The tube he wanted to place back into my trachea was still dirty, and when I asked him to use the kit and brush the dirt out, he abrasively responded, "We call the shots here," and left my room. I felt very humiliated, hurt, helpless, and angry after being treated in this fashion.

Despite all of these misgivings, I am most grateful to all the nurses and physicians who took care of me. Most of my caregivers were very compassionate, and I felt their genuine care.

Mistakes at All Levels

Although the care I received at all hospitals was overall very good, I realized that mistakes were being made at all levels. Fortunately, I was able to abort many, but not all. The first error was when my surgeons, using laser, mistakenly removed scar tissue instead of the tumor. The error was not discovered until a week later. This could have been prevented if frozen sections of the lesion, not just of the margins, had been

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