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## THE DOCTOR AS PATIENT **GAIL LAWYER**

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Doctors are experts in guiding patients through the healthcare maze. But what happens when the tables are turned and the doctor becomes the patient, faced with his or her own personal battle against cancer?

While doctors are quick to acknowledge that they have been fortunate to be able to consult with colleagues who either are, or can recommend, top doctors in the field, they admit that ultimately they take the same approaches that they would recommend to their patients.

"People think that if you're a doctor, you can handle this kind of diagnosis better," said Dr. Dara Richardson-Heron, an internist who completed her medical training and residency at New York University Langone Medical Center and is currently CEO of the Greater New York Affiliate of Susan G. Komen for the Cure. In 1997, at the age of 34, Dr. Richardson-Heron discovered she had breast cancer, just one month after getting married. "When you learn you have cancer," she continued, "all your medical training leaves you for a few minutes and you think about your own mortality. When I was training at NYU in the mid- to-late 80s, I saw many women with breast cancer, and they almost always died."

Immediately after her diagnosis, Dr. Richardson-Heron began to look for more information online and at medical libraries, and requested studies from the National Cancer Institute. "As I started researching about breast cancer in younger women, I became more afraid because I discovered that in women younger than 40, and particularly in African Americans, breast cancer was really aggressive," she said. "It was very frightening."

### **Trusted Colleagues**

Ultimately, Dr. Richardson-Heron discovered that her best resource was her professors in medical school. They provided her with advice and she felt secure entrusting them with her care. "When you are diagnosed with cancer, you need a physician that has excellent judgment, as well as concern and care for you," she said. "When you are a doctor who is diagnosed with cancer, you may know too much, and your medical judgment could become clouded."

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This clouded judgment was apparent, she said, when she told her oncologist that she would prefer not to take a specific chemotherapy drug because she knew it would cause hair loss. "My doctor let me have it, because I was choosing vanity over what was best for me," said Dr. Richardson-Heron, who underwent a mastectomy, chemotherapy and radiation, and now is an 11-year breast cancer survivor.

"It's so important to get the best physician you can possibly find at the outset of your diagnosis, because it allays your fears," she added. She recommends reaching out to comprehensive cancer centers for recommendations, researching doctors' credentials online, consulting physician referral services and exploring recommendations from trusted friends, family or support groups.

### **Expert Advice**

For Dr. Ronald M. Davis, a preventive medicine specialist at the Henry Ford Health System in Detroit and immediate past president of the American Medical Association, finding an expert in pancreatic cancer was his primary mission after being diagnosed in February 2008.

"Pancreatic cancer is one of the worst cancers you can have from the standpoint of mortality statistics, even if you catch it at an early stage. When I was diagnosed, it had already spread to my liver, making me ineligible for surgery," Dr. Davis said. "One of the things I wanted to do, given the challenging odds, was to consult an oncologist who is an expert in dealing with this type of cancer."

Davis knew there was a lot of research underway about treatments for pancreatic cancer, but felt that, even with his medical knowledge, there was too much information for him to track down and sort through as a patient. "I felt like I needed someone who was already following that research and who could give me guidance on what it meant for me, and what tried and true treatment options were available for people in my situation," he said.

Dr. Davis talked to many of his medical colleagues, including his step-brother, a rheumatologist at Evanston Hospital in Illinois who put him in touch with a surgeon there who has treated many pancreatic cancer patients. That surgeon recommended Dr. Robert Wolff, a leading pancreatic cancer specialist who is based at the M. D. Anderson Cancer Center in Houston.

Within a few weeks of his diagnosis, Dr. Davis flew to Houston to consult with Dr. Wolff. Though some patients have relocated temporarily to receive treatments at M. D. Anderson, Dr. Davis said he was not prepared to live in Houston or fly back and forth from Michigan for frequent appointments. "We came up with an approach where Dr. Wolff would make recommendations about what kind of chemo I should use, but my oncologist at Henry Ford Hospital would administer the drugs and provide the day-to-day and week-to-week care that I need," Dr. Davis said. "My local oncologist is outstanding, but he would be the first to admit that it's great to have on my medical team a physician

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who deals exclusively with pancreatic cancer, working in one of the leading cancer centers in the world."

Initially Dr. Davis took two types of chemotherapy drugs, but scans showed that tumors in his liver were getting larger. He is now on his second chemotherapy regimen, which consists of four different drugs and has resulted in regression of his liver tumors and stabilized the disease.

Dr. Davis believes that every patient should be as educated as possible about both their disease and how to treat it, as well as the hospitals and caregivers they're considering for treatment. "Second and third opinions are worth pursuing," he noted. "Physicians who are confident in their abilities should not be offended when patients seek another opinion."

### **Friends, Family and Fortunate Coincidence**

For some doctors, it's not the medical research they do or the colleagues they consult that ultimately lead to their treatment decision. Rather, it is information shared between family and friends, or fortuitous circumstances, that guide them.

Consider Dr. Scott Silver, a retired orthopedic surgeon from New York who was living in Naples, Fla., when was diagnosed with prostate cancer in March 2006. "When I found out I had prostate cancer, I called former colleagues – urologists and radiation oncologists – in Utica," Dr. Silver said. "Also my son was doing a fellowship in cardiology at Beth Israel in Boston, and he recommended a urologist there I could speak with."

While gathering information on possible treatments from the medical professionals, Dr. Silver asked his local hospital for the name of other prostate cancer patients. "I asked them how they made their choice of treatment, and what complications and side effects they had as a result," he said. The side effects were a major concern for Dr. Silver, because he had learned from speaking with doctors and doing research that treatments for prostate cancer could cause permanent problems, such as impotence, incontinence and bowel disorders. "I wanted the least risk of complications and side effects," he added.

Dr. Silver said that despite reading medical literature, consulting with various physicians and speaking with patients, deciding on what type of treatment would be best for him was quite confusing. "There was so much information to digest," he said. "And I didn't realize there were so many choices."

Just before his first appointment with his oncologist, one of Dr. Silver's friends attended a prostate cancer seminar at the local hospital in Naples, and brought him a brochure about a new treatment called CyberKnife radiosurgery, which uses high doses of precisely targeted radiation to eradicate tumors and results in minimal side effects and recovery time.

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Dr. Silver did more research on the CyberKnife treatment and believed that it could effectively treat his prostate cancer while eliminating the risks that were common with surgery or traditional radiation. "As a surgeon, I know surgery has certain risks, and things can go wrong in the operating room," Dr. Silver said. "Avoiding surgery was one of my ultimate goals.

"When I explained my concerns, surgery and radiation, and asked my doctor what treatment he would choose for himself, he said it would definitely be the CyberKnife," Dr. Silver said. "This is how I knew I was making the best decision for my cancer."

Shortly after his radiosurgery treatment, Dr. Silver was able to resume his active lifestyle, which was one of his primary goals when deciding which treatment would be best. In fact, just two days post-treatment, he was out playing a round of golf with his friends.

More importantly, subsequent testing has shown that his Prostate Specific Antigen (PSA) level is now down to normal levels, a sign that his cancer is gone. "I feel very fortunate to have found a treatment that would allow me to avoid all the complications that can be devastating to men," said Dr. Silver. "When seeking treatment, I encourage patients to be prepared to spend a lot of time researching and learn about all the options available to them."

### **The Expert Approach**

Unlike doctors who have been diagnosed with cancer, the average patient may not have the personal relationships with top doctors to get casual advice or the medical expertise to comprehend the latest research. But there are many steps you can take to ensure you're getting the best treatment for your cancer.

*Research credible web sites.* The American Cancer Society and National Cancer Institute offer a wealth of information on all types of cancer. Additionally, there are other web resources tailored to specific types of cancer – such as [www.komen.org](http://www.komen.org) for breast cancer, [www.pancan.org](http://www.pancan.org) for pancreatic cancer and [www.prostatecancerfoundation.org](http://www.prostatecancerfoundation.org) for prostate cancer – that provide more detailed information, links to support groups and discussion of the latest treatments and research. Web sites of major medical centers also can be a good resource, though they may promote a type of treatment that is offered there rather than providing an independent analysis of all the options available to you.

*Network.* By talking about your diagnosis with friends and family, you may discover others that have been treated for the same condition. You also can find other patients who have dealt with the same type of cancer in targeted support groups. These individuals not only can offer the emotional support you may need, but also can recommend doctors or share their experiences and outcomes with specific treatments.

*Learn as much as you can -- and don't be afraid to ask questions.* Through Internet research and speaking with friends, family, other patients and doctors, you can learn a

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lot about your condition and the treatment options available to you. Even though a cancer diagnosis can be overwhelming, do not be afraid to ask questions – even the ones you may feel are too trivial or "stupid." It's vital that you understand what is happening – and you are able to communicate effectively with your health care providers – to remain empowered throughout your battle with cancer.

*Ask what treatment the doctor would choose if he or she were in the same situation.* While this may seem obvious, many patients often don't think to inquire about what course of action the doctor would choose for himself or herself if faced with the same diagnosis. This answer can provide expert insight on the treatment, its potential impact on lifestyle and ultimately its ability to effectively treat the cancer.

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