

After scrubbing out of the last surgery, I checked in with my senior resident to see which patients I should start following. She dismissed me for the day, instructing me to peruse the list of new admits in the morning and choose someone who seemed interesting. Groggily reading charts under the harsh fluorescent lights of the workroom the next morning, I was intrigued by the 73-year-old man who had arrived just after sign-out the previous night. He had come in with concern for colon cancer; his chart mentioned that he had not seen a doctor in over 30 years. The CT report indicated that the obstruction was highly likely due to a malignancy. He had been whisked off to surgery to create an ostomy the night before, leaving the mass in place until a more extensive workup yielded more definitive information.

After reading his H&P and operation note before going up to his room, I felt a sinking feeling in my stomach. *This man has cancer. It probably could have been prevented with routine healthcare maintenance. What a way for someone's life to be upended overnight.* His new cancer diagnosis was weighing on me as I trekked across the hospital to do my pre-rounding, armed with jotted notes about his stable vitals and a mild hyponatremia, wanting to make sure I didn't miss any of the essential post-surgical questions: pain? ambulation? voiding? food intake? oxygen requirement?

I found a nice, somewhat anxious man who had answers to all my questions, the answers filling my checkboxes: *at the surgical sites, not yet, ostomy functioning, not hungry, on the nasal canula but not feeling like he needed it.* He wanted to know how the surgery had gone. I reassured him that the operation note indicated no complications and that he looked stable. He calmly told me about his surprise at having an obstructed bowel, his recent retirement, and his hobby of making stained glass windows; I was surprised by how well he was processing his cancer diagnosis. He was anxious about the hospitalization, but he didn't mention cancer. I didn't want to bring it up without my team present in case he had any major questions I couldn't answer.

After our first case of the day, the team saw him at the beginning of rounds. Our attending asked how he was doing before telling the man he had colon cancer and that the subsequent MRI showed likely liver metastasis. The shock and fear were immediately visible on this man's face. Despite extensive documentation about cancer in the notes, no one had told him he had cancer. The attending blazed on: "you can either have surgery to remove part of your colon or die." The patient wanted to know about chemotherapy. The response was swift: if he instead chose to decline more surgery and opt only to receive chemotherapy, the prognosis was bad. If he underwent more surgery, starting chemo would be off the table until six weeks after the mass had been removed.

The patient was blindsided and looked overwhelmed. He asked to call his daughter, an OR nurse in a different state. The attending, in technical terms, quickly explained to the daughter the surgery her father would need to have in the next few days or risk waiting months before another surgery was possible since he had just had the ostomy. After the daughter's questions had been answered, there was a moment of quiet. With a look of fear in his eyes, the patient quaveringly said, "I need to think." As we were leaving the room, we heard the daughter ask the patient how he was doing, and he responded, "I'm frightened," through the beginning of tears as his voice cracked.

I was floored by this set of circumstances and exchanges. The patient was obviously very sick and needed surgery very soon if he wanted to have a chance of surviving. Nevertheless, the patient likely felt like a set of lab results, a CT, and a post-surgical specimen to our attending. Not once was the patient asked what he understood about his condition. Not once was any sort of shared decision-making invoked. Not once was a shred of compassion offered. You could see a man's world crashing down around him, facing the terror of a new diagnosis and the uncertainty of his future. But that was all subsumed by the technical aspects of the timing of his next scheduled surgery.

When I talked with the patient the next day while pre-rounding, he was subdued and appeared resigned to have the suggested surgery as soon as possible. He told me it felt like there was no other choice. He lacked the fight of when I had first met him. He was steadfast in his decision.

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It is post-op day #2. He has had 10cm of his colon resected, his ostomy bag removed, and the suspicious mass on his liver taken out. There were no complications with his surgery. The liver finding turned out to be a benign hemangioma. He is recovering and in slightly higher spirits, buoyed by TPN and a better prognosis. He is excited to tell me he is looking forward to the prospect of a normal bowel movement.

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# STERN

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