

“THERE CAN BE LIFE AFTER CANCER”

A PERSONAL EXPERIENCE

Andrew K Galwey

© Andrew K Galwey,  
5, Regents Wood,  
Malone Road,  
Belfast, BT9 5RW,  
Northern Ireland.  
25<sup>th</sup> June 2009.  
Tel. 028 9066 7840

The man in the white coat stared unwaveringly into my eyes, apparently deciding how to start our conversation. For me, anticipating news that could inform me whether, or not, I could realistically expect to have a future, severe apprehension does not express the extremity of my anxiety. In the next few moments I was likely to learn what I might expect in life from now on. After his visual and silent appraisal, this doctor, who had just completed some uncomfortable health tests, apparently decided that I could and should be told the results of his examination. In a calm voice, maintaining his scrutiny of my face, he said: 'I have found a tumour.' He allowed me a few moments to think about this. Most people would probably agree that such news must be among the most devastating medical diagnoses that a human being can ever expect to receive. While the turmoil in my mind attempted to assess the full implications of this dreaded result, he continued: 'There is good news and there is bad news.' Again a pause. 'The good news is that the tumour is growing outwards, into your stomach. The bad news is that it is malignant.' He paused again to allow me to allow these additional, but far from reassuring, bits of information to enter my shocked mind.

I looked around the small hospital office in which the three of us were seated: it was both unremarkable and untidy. My attention returned to the expressive face of my medical adviser, which showed concern for my health, my future, my illness, or so I chose to think. Accepting that I had been given the dreaded diagnosis, I felt numb and sat motionless, trying to adjust to the unknown problems that I faced following the devastating shock that I had just suffered. I sensed that my wife, sitting beside me, was more shocked than I was yet capable of feeling. I thought also that I could detect in her expression, an emotion that I knew very well: she was betraying her opinion that 'my worst fears have been confirmed'.

This positive diagnosis of my illness continued to seep, but only slowly, into my consciousness. The news itself was not entirely unexpected but the realization and acceptance of the hopelessness of my situation was no less severe because the bad news had already been anticipated, though only as a theoretical possibility. My acceptance of the full implications of the fact, just confirmed, that I had a malignant tumour was delayed by the tranquilizer that had been administered about an hour ago: perhaps its presence was still retarding the workings of my brain. My world remained distinctly fuzzy around its edges.

A very short time previously, the man in the white coat, Dr. A, this bringer of bad news, had undertaken what was described on my hospital appointment letter as an 'internal examination'. Soon after the preliminary sedation, he had put a long, flexible metal tube into my mouth, down my throat and, intently peering into the eyepiece at the other end, he had 'got to work'. Despite my drowsy state, I was impressed by his look of intense concentration as he manipulated wires that were apparently extracting samples of flesh (entirely painlessly) from somewhere inside me. It was not necessary to be a psychologist to know that he was not pleased by whatever he had found, as

he confirmed while the memory of this unpleasant medical procedure faded from my consciousness and I drifted back to the present.

'I am sure that your tumour is malignant. No! It is not yet tested and my opinion has yet to be confirmed by the laboratory. But I have experience of these things. I know that this is bad news for you. I will write to Mr. B.' The interview, memorable for Dr. A's direct approach, ended as abruptly as it had started. I tried to offer thanks, but this was waved aside and my wife, ever solicitous, escorted me towards the car and home. My befuddled brain continued to start the process of facing up to living with an uncertain, possibly uncomfortable and brief, future while the effects of the anaesthetic slowly wore off. I wondered if the sedative had been given to suppress discomfort during my internal examination or to help me to accept the shock of the diagnosis.

My illness had developed unrecognized, or, to be more truthful, I had failed to take adequate notice of its preliminary symptoms. My health had started to deteriorate at the time of the year set aside for examinations in the University School where I worked. My position then was 'Head of Teaching'. 'Teaching' also includes the testing of students to find out whether they had learned anything from our lectures, tutorials, laboratory classes, reading and from all the other ways that we try to cram knowledge into the heads of 'The Rising Generation'. So, at the end of the year the Professors, Lecturers and others organize 'The Festival of Examinations', when Students are required to answer questions that test the progress of their studies and to demonstrate that their time in our 'House of Learning' had been well spent. The 'Head of Teaching' is obliged to coordinate everyone's input, involving all the School Teaching Staff and, in addition, I had to mark the scripts of all the examination questions that I myself had set. It was my busiest time of year, and during such intense activity, I found little leisure to recognize and to accept that my health was deteriorating both rapidly and catastrophically. In short, I did not have the time to be ill.

However, despite the pressures of my job, I could not avoid being aware that all was not well with my body. I had become unable to swallow food without discomfort and, while I was so busy in the University, I lived mainly on soup. I also indulged myself with a favourite summer treat, strawberries mashed with sugar and cream (a mixture that has subsequently lost its appeal: I now associate this former treat with my illness). Things were obviously getting serious when it became almost impossible for me to climb a single flight of stairs without a pause to recover strength. Up to that time, I had been able to run up flights of stairs without pausing or noticing any effort. Also, it was becoming obvious that I was losing weight rapidly and the lack of energy resulting from my massively reduced food intake made life an unpleasant burden.

By the time the work of conducting and overseeing examinations was completed and the Students had dispersed from the University to celebrate their successes, or otherwise, I found that my life had changed

considerably. I could not eat without real discomfort, even pain, and my formerly healthy body was unwilling, or unable, to respond to my bidding. I was ill, so, at last, I went to consult the doctor, who listened patiently, asked some questions and sent me to the hospital without delay.

Dr. B was an Indian gentleman, of very small stature, though with a much greater 'presence' expressed by his serious demeanour, but no white coat. He sat down opposite me, carefully placed two sheets of A4 paper on the table between us and said 'Tell me what is wrong with you'. This proved to be a much more searching, almost intimidating, question than was at first apparent. My first tentative responses were followed by the most intensive verbal cross-examination that I have ever experienced: it seemed to me that I was being treated as a crucial witness in an important legal trial. Everything, everything that I said was at once questioned by my interlocutor and every answer was recorded in tiny, neat script by a pencil, with a fine point, on the originally blank pages. Slowly information accumulated until eventually the second side of the second page was almost full. This seemed to be the end of the interrogation. To relax the tension, I said 'Well Doctor, what's the verdict?' Unsmilingly, as throughout his interrogation, he said, more to himself than to me 'I am very worried about you' with a despairing shake of the head. At that defining instant I knew, for the first time, that my health problems were real and serious: involuntarily, my body suddenly chilled. Finally, I had reached the understanding that my life was undoubtedly in danger and the probability was that my future could be both short and unpleasantly painful. I saw the concern in the Doctor's eyes as he spoke again: 'I will arrange for you to see Dr. A. He will make an internal examination. This must be very soon: one week from now.'

It was only much later that I came to appreciate fully the accuracy and timeliness of Dr. B's skilful diagnosis, which was the first step on the long road of successful treatment. This path led eventually to a remarkable cure of what I now know was an aggressive and potentially fatal illness. The second step was Dr. A's confirmation that I was suffering from cancer, though he never mentioned that particular word. It was my wife who enlightened me: she had already perceived what I preferred not to confront, until it was almost too late. The third step was the surgery by Mr. C. He admitted me to the hospital within a few days, showing, if I still was unaware of the facts, that my case was urgent and serious.

While I awaited the operation, undergoing further tests as an in-patient, Mr. C visited me informally each evening, coming into my small room in the big hospital with a cheery greeting and bearing a cup of coffee. He said that, like me, he was a member of the University teaching staff and, although we had never previously met, we were colleagues. We soon established that we both had reservations about the management of the large organization for which we worked and were not always impressed by the skills of the senior administrators, who were responsible for the important decisions on university policy (and finance). This was a bond of common interest, giving us much to

talk about, despite being in Schools separated by discipline and training. I enjoyed these shared and informal conversations with a congenial companion very much, particularly after being alone all day in a small room with a body now so weak that I was unable to leave my bed. Each friendly exchange of news and views helped to keep my mind alert. Eventually, each evening, signalling the end of our chat, my companion would look into his now empty coffee cup and say 'Well. Good Night. I must now go and do this operation.' The strange feature of our conversations, on each of those pre-operation days, was that he never once spoke to me about my illness, asked about my health, or offered opinions about the operation he would perform or afterwards. We were simply colleagues chatting, perhaps as we might share a social meal or drink, but by that time I had ceased to eat anything at all.

Another late visitor, one particular evening, was the charming, young Nurse D who had been given the unwelcome (to me) task of informing the patient (me) about the nature of the surgery that was soon going to take place. Before informed consent for the operation can be given, the patient has to be told what the surgeon (in my case, Mr. C) intends to do and how he will do it. I have an aversion to all thoughts of things sanguinary and tried to avoid the graphic description of my impending treatment by suggesting to Nurse D. that her meal break was due or to encourage her to talk about almost any other subject. However, with the patience and skill of her profession she persisted, gently coercing me to listen while she explained to me with tact (but including details I preferred not to know about) that they were going to remove my stomach. 'All of it???' incredulity from me. 'Yes. It is the only way', calm reassurance from her. She went on to tell me, later echoed by other hospital staff, that 'If I needed an operation, I would rather it was performed by Mr. C. than anyone else'. The skills and confidence shown by all the caring professionals who contributed to my treatment sustained me during the series of 'tests' that had to be completed before I was ready to face the 'biggest test of all'.....about which I remember absolutely nothing.

Following the seven-hour operation, I recovered consciousness in a darkened ward, long after completion of the surgery. As my world resurfaced through the dark mists in my mind, I became aware that a large number of tubes and wires were now emerging from various parts of my anatomy. A later count put the total at 13(!) and these were removed, one by one, during the next couple of weeks. Strangely, and happily for me, I had no perception of pain then or during the days following, even when these mysterious tubes, performing unknown functions, were withdrawn. After one day in 'Intensive Care', I was returned to the hospital ward where my part in positively contributing towards my own recovery could begin. Up to now I had been the passive patient: all the skill that started me on the long road towards a cure had been provided by Mr. C, together with his medical team while not forgetting the kindly care, so unstintingly provided by Nurse D and her colleagues.

Two further weeks in hospital passed slowly, during which I was encouraged by the positive support and companionship of my wife. Neither us had much topical or new information to share, because we could spend so much time together, so we read books and chatted at intervals about plans for our shared future, which by now was again beginning to appear to be a realistic prospect.

With encouragement from the medical staff I began to benefit from the 'food' provided, a white milk-like substance that was pumped into me night and day (through one of 'the tubes'). Then, the Great Day arrived when I was allowed to drink 'a teaspoon of water', signalling real progress. Later, there were even greater nutritional delights, such as fruit jelly and ice-cream, provided after the remaining tubes had been (painlessly) pulled from my body. Now the problem was to teach my stomachless digestion system to function again. The dietician, Mrs. E came to discuss this problem and offered to give me advice about eating. She showed some surprise when I asked her if she could, please, return at a time that my wife would be present. Appreciating, as a scientist, that the recent drastic changes to my innards were likely to make eating difficult, I felt in need of all the help that I could possibly get, to encourage my 'guts' to start working again. I learned later that, after this particular operation, many men plan an immediate return to their normal diet of 'steak and chips' and other equally digestion-challenging delicacies and prefer that their wife does not know about 'alternative diet' recommendations from the hospital. My more pessimistic view was that I would be lucky if, in the future, my diminished digestive system would ever be capable of obtaining any nourishment whatsoever out of anything I ate. Mrs. E said that, following this operation, it was unusual for the patient to gain any weight but, with care, I could get sufficient sustenance from my food to lead a fairly normal life. I was in an unenviable situation: if eating could not provide me with enough strength to maintain my bodily needs, then there would have been no point in cutting out the tumour.

The return to a normal eating routine was slow. My wife, an excellent cook, strictly followed Mrs. E's advice and went to endless trouble to provide me with the most nutritious meals she could devise. Nevertheless, the food often reappeared, involuntarily, almost as soon as it had been swallowed. After a short rest, I would try again and, in time, I was able to increase my intake gradually. This strengthened my limbs, so that walks of greater lengths became possible and the slow improvements continued for what seemed to be a long, long time. Then, after six months convalescence, I was able to return to full-time work in the University. Later, five years after the operation, I was signed-off by the hospital as cured.

This is very much my personal story and it has been told here as accurately as I can recall those devastating events, as they unfolded, though memory can be fallible at times of stress. My experiences are recorded for three main reasons, Personal, Partner and Public:

Personal. Recalling and Reviewing everything that happened during my (potentially fatal) illness, and writing it down, has (a little unexpectedly) dispersed a 'Black Cloud' that had formed in my mind. After compiling this account, I found that my illness was no longer a 'No-Go Area' in my memories, a place I preferred not to explore. Initially unanswerable questions ('Why did I get Cancer?' 'How did I get it?' 'Why Me?' and others) were suddenly less important and I preferred to focus instead on the more agreeable aspects of living: 'What will I do now with the time that has (in a very real sense) been 'Given Back' to me? I remain convinced that positive attitudes contributed substantially in promoting my recovery. I mention the very personal benefits that I obtained by 'Telling my Tale' because others may similarly distance themselves from the 'Bad Times' by confronting and describing in detail, 'What Happened'.

Partner. The unstinting support of my wife encouraged my 'Will to Live', throughout my illness, and made an indispensable contribution to my cure. However, such support is provided at a considerable cost to the donor. It is not for me to 'Tell Her Tale' except to acknowledge the massive input, its appreciated value, and to point out that the stresses to a Partner, Supporter, Companion are not always and sufficiently recognized or understood. Counselling and Appreciation may go some way to healing the less obvious wounds suffered by the 'Healthy' interested onlooker but I believe that this aspect of health care merits much, much more consideration and research.

Public. My experience of this particular illness, most significantly my survival, is an outcome that extends hope to anyone who believes that cancer is usually (or invariably) a fatal disease. Knowledge that there is the real prospect of a cure, an optimistic outcome, may encourage other patients to think positively during their darkest hours. I recognize that I was lucky: my tumour was growing 'outwards' (Dr.A's Good News). I did not understand the significance of his comment at the time, but have since learned that because tumour growth was advancing into my stomach cavity, it was not invading other vital organs. Also, I was exceptionally well treated by the medical team. My surgical intervention was of the very highest standard, Mr. C had the skills and knowledge to reorganize my digestive system and enable it, after a learning process, to resume (almost) normal duties.

My own part is less laudable. I disregarded the early signs of a fatal illness and, during this inaction, I did not know that I was gambling with my life and my death. 'Too busy to be ill is not always or necessarily a profitable approach to Health Care!' I speak from experience! For me, the problem was diagnosed in time, and I now know that early recognition, followed by appropriate treatment, increases the survival prospects of every cancer patient. In hospital, I was continually impressed by the dedicated effort, skill and kindness of everyone who contributed to my treatment. They kept me alive, treated my and advised me about the way forward: conscious of their dedicated work, to help me, I became a reformed character and now listen

attentively to medical advice. I also thank each and every one of the people, skilled and lay, who helped me to survive and live on. Consequently I provide living proof that 'There can be life after cancer'.

All this happened 17 years ago, when, at 59 years of age, I was approaching the stage when many people begin planning their retirement from work. Given my new lease of life, I decided to make best use of the time I had available. My health still remains, by any standards, the equal of any of my contemporaries: the only constraints are the necessity to eat 'little and often' and to rest after meals rather than take vigorous exercise, which can lead to some diabetic discomfort. These are minor constraints that are easily accommodated into a normal life-style.

So I continue to live a full and rewarding life. I retired from the University three years after my illness, by my own decision, and continued active academic research from home. Since then, I have written a science book, published in 1999, attended conferences and continued to publish scientific research. I have travelled from my home (in Northern Ireland) to South Africa four times, we take holidays in Italy most summers and have visited France, Poland and other places. I do not think unduly about 'my dark days' but enjoy the freedom of the life that was given back to me by everyone who was so generous in contributing to my recovery from an illness that is so often fatal. The future is still attractive: one remaining ambition is to write a novel. Yes, Most Certainly, There Can Be Life After Cancer.

AKG

oooooooooooooooooooooooooooo