

Patient Encounters

The search for meaning and purpose in a Uro-Oncology practice

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I met “Darryl” about 5 years ago in the spring of 2019. He had been having gross hematuria, and a CT scan had been ordered, however, he had yet to talk with anyone about the results of the CT scan.

He was called from the waiting area and I watched him stand up and walk casually into the examining room without hurry or hesitation, gesturing to a boy, about 14, as he went. The boy struck me – at 14, I expected he would return to his screen, oblivious to the world around. Not this kid – he was playing with another couple's toddler, both of them giggling. Nice kid. Grounded. Mature, despite his age.

I explained to Darryl that the blood in his pee necessitated a few investigations, and one of them was his CT scan, about which he asked me if anything had been found. I realized in a moment that I was about to tell him something terrible, and that he was completely unprepared, and that he did not have his wife with him, rather his teenage son, 14, who was patiently and obliviously waiting for him outside.

I did what I have learned to do. I looked Darryl straight in the eye. I told him I had some bad news about what the CT scan had found. I waited a beat for him to gather himself, and then he said “ok”. I told him that a tumour had been found on the kidney, that it was quite large, and that he would need surgery to have it removed. His shoulders sank. He said “ok”. I told him there was more ... that there were also some spots in the lungs, and they were probably the spread of the cancer. Too soon to know for sure, but probably. That he would likely need more treatment at some point down the line. He asked me if the stuff in the lungs could be removed. Not safely, I told him. He asked if he was curable. I started to tell him that he probably had a few years, maybe more than that, but I only got a word or two out.

“My son.” He said, “He's not ... he's not ready. I need more time.” He looked me in the eye, pleading, ever so slightly. A series of emotions flashed through his eyes, each of which somehow stunningly obvious to any untrained onlooker. Disbelief, fear, grief, anger, and finally: resolve. A willingness to suffer any therapy, no

matter how cruel, or any procedure, whether dignity-robbing or not. For more time. For his family.

Most patients get through one or two of those emotions in a first visit like this. Or none at all. Darryl did them all in about 5 seconds. His focus on his family's need for their father's presence, for however long as could be had, was the beacon he would carry to the end.

“When can we do surgery, doc?”

“Three weeks. You'll meet with the anesthetist first. They'll make sure we're good to go. Then we'll get the kidney out. It's a big surgery given the nature of your tumour, but you're young and I think it's reasonable to assume you'll recover well, and then we probably move on to treatment over at the cancer centre.”

“Is this curable?”

“With luck in the surgery, and a good response to treatment, you could get years, not months. But not a cure. I'm sorry.”

“My boy. I need to see him graduate. He needs to help my wife with the youngsters. He's not ready.”

“We're gonna do everything we can to keep you well for a long while. Let's get through the surgery and see where we land.”

He held back a tear and asked for a few minutes with me to gather himself before facing his boy in the waiting room. I handed him a box of Kleenex. We talked logistics, a bit. Then some small talk. The Leafs. The situation settled. To a point. I put my hand on his arm, and I looked him in the eye.

“If you want to talk about this more, call my office and we'll set it up. I do a lot of these kidney cases. I will take good care of you.” I shook his hand firmly. “I'll see you in a couple weeks, Darryl. We'll get the damned thing out.”

Darryl sailed through the surgery. No problem. Home faster than expected. Back to work weeks before I had told him it was safe (construction, no less), but he did great. Energetic, spry, fit. No trouble at all.

The spots in his lungs didn't grow, at first. Small, but fairly convincing for metastatic disease, they just hung there, stubborn and menacing, on subsequent imaging. A year passed. All the while, Darryl told me a little about his family. Two kids younger than the teenage son, much younger. Rural Newfoundland. He was showing his oldest, the son I had seen that day in the waiting room, how to look after the house when he was gone, how to help his widow-to-be get through what would be a Hell of a task – shouldering grief, loss, loneliness and the daily grind, with three kids in tow. On a single mom's salary.

Then the spots grew. Typical Darryl, just a momentary tear, processing the implications -- domestic, financial, emotional, in a matter of seconds. All there in his eyes. Plain as day. Then determination:

“How many of these treatments are there?”

Darryl moved on to the cancer centre. They did their usual over there: stellar. He went through first, second- and third-line treatments. A few years passed. Darryl worked his job the whole way. Never complained. Just kept going. From time to time he would stop in to my clinic, give me an update, let me know what was the latest on his last and most important project: Getting the family ready for his departure. He started losing weight Spring 2023 but kept on.

The boy graduated high school that June. Darryl was there, on his feet no less, to cheer him on. But his weight was down again and the news the following month at the cancer centre wasn't good. They were out of options, and the cancer was now in liver and lymph nodes, not just the lungs. Later in the summer, it was Darryl's son who convinced him that he could take a break, and die in peace, surrounded by his family. Convinced his father that they were ready to face it. I had to close the door to my office to read the last couple lines of my colleague's note about the family. I could hear it myself: The part where the boy tells the father it's ok to let it go. I got this, Dad. I'll do my part to help Mom through.

I cannot bring myself to open Darryl's chart at this point. I know that last note from palliative care is coming, but I always want to think of Darryl alive, fighting, stoically. Nobly.

Nietzsche once wrote:

“He who has a why to live for can bear almost any how”.

Darryl embodies this for me. He has lived his life in a way I hope I can emulate. When I am frustrated, worried, angry, despairing – you name it – I try to remember that my focus should be on what is best for my family. Do whatever it takes to make them ready for the time when I cannot be there (or should not be there) to protect, to provide, to nurture. This is all a father can do.

I am approaching the age Darryl was when we had our first fateful conversation. I've got an oldest boy myself. There, but for the grace of God, go I. Until such a time, I will focus on my family. Get them ready for when I might not be there. Or if I am luckier, for when I don't need to be there.

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