

Is There a Doctor in the Family?

Good instincts usually tell you what to do long before your head has figured it out.

~Michael Burke

Recently, my mother-in-law, Sylvia, was diagnosed with ovarian cancer. She chose, for reasons of her own, to keep this news to herself for three months. By the time she let her children in on her little secret, she had also made another decision. She didn't want any treatment.

I know 85 years is a long time on this earth, and my mother-in-law was "feeling fine" (her reported reason for keeping mum). And if treatment was going to cause her to suffer and not buy her significantly more time, then I'd be all for this plan to just run the clock out on her life.

But she was operating in a vacuum; we all were. We needed information. That's where I came in. I'm the doctor in the family. Being a pediatrician, ovarian cancer is not one of my specialties. But I do know how to search the scientific literature to answer certain questions: What is her prognosis? What is the recommended treatment? What are the side effects?

I came up with good news. With chemotherapy alone, her life expectancy could increase by as much as 36 months. And though her blood counts might decrease, putting her at risk for infection, other side effects she dreaded like nausea and hair loss were less likely. I called her, armed with this new information. She agreed to see the oncologist. I was elated.

But was I cherry-picking my data? I was supposed to be objective; I'm a doctor. But I'm also a daughter-in-law who desperately wanted her mother-in-law to live. Was I simply putting a rosy spin on grim statistics, hoping to nudge her gently toward treatment just so I could have her for another few years? Was I being selfish?

I kept searching. An Australian study found that chemotherapy was well-tolerated by fit elderly patients. An Italian study concluded that older women with ovarian cancer were not being offered appropriate chemotherapy by physicians who falsely believed they wouldn't tolerate the drugs' side effects. These reports sounded promising.

My sister-in-law, Marilyn, and I took Sylvia to her appointment. The doctor summarized their interactions thus far.

"Last time we met, Sylvia, you didn't want any treatment. You were feeling pretty well, and you didn't want to lose your hair. What changed?"

Sylvia arched her eyebrows in my direction. I smiled sheepishly. He answered our questions. How much time did she have without treatment? (Maybe six months.) What about with it? (A year, maybe more.) What about side effects? (Low blood counts. Infection.) Nausea and hair loss? (Not so much.)

Sylvia took it all in, seemingly unconvinced. Silence filled the room. I told her about the Italian study with the elderly women not being offered treatment. We waited.

"Well?" her doctor asked. "It's up to you, Sylvia."

"I'll take it," she announced. Marilyn and I looked at each other, stunned but delighted.

The doctor led us all down the hall and showed us the room where Sylvia would have her treatments. Full-length glass windows looked out on a small, tree-lined

courtyard. Half a dozen fairly healthy-looking patients sat hooked up to their IVs. They watched TV or worked on laptops. The doctor boasted about the presence of WiFi. We snickered among ourselves.

“I’ll bring a book,” Sylvia said.

We chose a date with the receptionist and penciled it into our calendars. Then we left. We walked out into the chilly autumn air. Clouds were gathering. It felt like snow.

In the car headed home, we shared our surprise and pleasure with Sylvia.

“What changed your mind?” I asked.

“It was that article you told me about, the one where the women were being denied treatment just because they were old.” My feminist mother-in-law would be damned if she was going to let someone write her off just because she was 85!

We dropped Sylvia off at the Jewish funeral home in town. Another one of Sylvia’s friends had died. She waved off our offers to go in with her.

“I’ll find a ride home,” she insisted, wrapping her scarf around her neck and heading inside.

Marilyn and I ate lunch at a Vietnamese restaurant downtown. We reveled in Sylvia’s acceptance of the chemo and marveled at her spunky reason for acquiescing. We clinked our thick white cups of green tea together in a toast to Sylvia.

“Thanks for coming, Cal,” Marilyn said. “She wouldn’t have agreed without you.”

But driving home alone, my doubts began to creep in. Had I only seen what I wanted to see in the studies I’d looked at? I knew that if Sylvia did well and had a few more good years with us -- a few more vacations at the beach, another couple of Passover dinners -- I might be credited with the bonus time. But if she suffered... if I was wrong... if her hair fell out... if she got an infection... if this didn’t buy her much time at all... I’d be held responsible for that, too. By her. By my husband. Or maybe just by myself.

It’s been six months now, and so far so good. No hair loss. No nausea. No infections. Her CA-125 levels are falling nicely. We know we have to lose Sylvia eventually. But we have her with us for now. I don’t take any particular credit for her longevity. I’m just glad to have her here, each day a gift.

~Carolyn Roy-Bornstein