

Amazonia

By Dena Brownstein

I found out that I had cancer in the San Antonio airport.

Fifty years old, married for almost two decades, mother of a pair of school-aged girls and working full time as an emergency physician, I was on my game. I'd been invited to speak at a conference and didn't really think twice about hopping on a plane after a minor procedure. Having precipitated the cascade of events leading to the biopsy, I was pretty sure that I'd been worrying for nothing.

I trusted my doctor. After completing eight years of medical training I was finally ready to procreate, only to be declared infertile. The treatments she prescribed uncoupled sex from desire, but created an intimacy between my doctor, who held out hope, and my husband and I, who needed some. I credited her with the pregnancy that I carried to term at age thirty-five. Sixteen years later, I had little reason to doubt my doctor when she laughed away my concern about a tiny nubbin that I'd found while doing due diligence, running fingers over soapy breasts in the shower. Indeed, I had trouble locating the lump as I sat in her office unclothed from the waist up, feeling sheepish about my concern.

"That's normal breast tissue. I can't believe you found that nothing, but missed this!" she said, guiding my hand to a larger mass, deeper in the soft flesh of my small breast, "But I'm sure it's just a cyst."

Still, to appease her physician-patient, she numbed the overlying tissue, inserted a long, thin needle and aspirated clear yellow fluid into a glass syringe, her suspicion confirmed. I changed out of the flimsy paper exam gown and back into my identity as a doctor. She dismissed me with reassurance and likely less condescension than I might have experienced had I not been a member of her tribe.

Two months later, I was back. I felt uneasy. I wanted this "thing" removed from my body. The doctor, still untroubled, humored me, and my apprehension led to an ultrasound, which led to a biopsy, which led to a voicemail picked up while watching other people's luggage circle on the carousel.

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I had engaged in magical thinking. Defying my physician-scientist background, on some visceral and unconsidered level I'd believed that my white coat conferred protection, a shield against crossing the divide into the medical hell reserved for the people we call patients.

Perhaps I should have been grateful. I had an intact family and the support of friends and colleagues. My job was secure. I had premium health insurance and two disability policies. My cancer was "only" Stage II. But I could not recognize myself as a cancer patient. I was a mom. I was a middle-aged athlete. I was a doctor, the one in control, running an ED, calling the shots, caring for others.

I'd worked in a pediatric emergency department for over twenty years. Fatalism becomes your default in an environment where bad things routinely befall innocents. Still, I did not accept my own diagnosis with grace or equanimity. I never succumbed to anger or went through the existential "why me?" stage of grief. My decades of doctoring had made it clear that "fairness" wasn't part of the life contract. I was just terribly afraid, and felt terribly alone. I longed to be on the other side of that chasm between doctor and patient, the doer and the done-to.

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Overnight, I became someone who shrieked like a harpy at a receptionist who, over the phone, dismissively informed me that "doctor" was in surgery, and could not answer my call until the next day.

I turned into a person who waited anxiously for the next set of pathology results, desperately trying to balance a healthy dose of denial with a conviction that I was not going to survive. I howled like a gut-shot animal when the nurse that I badgered into revealing those results flatly read me the pathologist's report. I had not one type of cancer, but three.

I was now a woman who had to make choices that felt like no choice at all: Lumpectomy? One mastectomy or two? Chemo on Fridays, so that I could help with homework during the school week, or on Mondays, so that I could be upright on the weekend? To which unknown surgical hands would I entrust my body? To whom would I sign over my life?

Time dilates with this kind of waiting; the minutes, hours, days pass in slow motion when information is elusive. I was at the mercy of clerks and schedulers. I pulled the doctor card to jump the line, using my credentials to bypass the long queue of other, equally frightened people navigating the labyrinth of cancer diagnosis and treatment. "This is Doctor B..." was sufficient introduction to access calendars scheduled out for months. I exploited the privilege of caste. This is what you do when stripped of agency, and feel yourself sinking under the weight of powerlessness.

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My breast surgeon struck the perfect balance between kindness and authority. He offered statistics, but also guidance. His wife was a breast cancer survivor and he had experienced his craft from the other side, witnessed the anguish of deciding between bad options and weighing elusive risks. He discouraged me from the radical solution, assuring me that there was no rationale for a double mastectomy despite the glib recommendations of well-meaning friends and relatives. “Who needs them?” they’d ask, oblivious to the reality that the amputation of a breast, though less of a functional loss, might be as horrifying a prospect as cutting off a leg. My breasts, small and neat with girlish pink nipples, had never been a sexual calling card. At fifty, they would never again nourish a baby. They had not been a defining part of my identity as a woman, but they made me whole. Two eyes, two ears, two breasts. Natural symmetry, defiled.

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A long month after my initial diagnosis, the surgeon scheduled an ultrasound for placement of localizing wires in preparation for my lumpectomy later that morning. The short, white haired, white-coated radiologist was coaching a resident through the procedure. Doctors in training treating “real” doctors is often a fraught experience for both, and the tall young man was obviously uncomfortable. As he ran the probe slick with gel over my still intact breast, I dissociated. Floating somewhere above the body laid out in the darkened room, horrified and speechless, I watched them insert sharp tipped trembling wires through sensitive flesh. Placed with precision, ringing the invading tissue to guide the surgeon’s scalpel, the array of delicate antennae wavered, radiating malice.

I was lost in a timeless space of pain and anxiety. When they finished, the older doctor, perhaps modeling his notion of good bedside manner, patted me on the hand. “You’ve been a good patient,” he said. Had I not been so vulnerable, pierced and violated, I might have given the doctor in training a didactic presentation on paternalism in medicine. Had I not been so vulnerable, pierced and violated, I might have swatted away the smug old doctor’s hand.

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My margins were bad. The surgeon’s attempt to cut out the tumor while salvaging my breast had failed. When I awoke from my next round of anesthesia, a bulky white dressing had replaced my right breast. I was an Amazon, but I did not feel like a warrior.

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I endured, at times believing that I would die from the treatment, if not from the disease. A mastectomy is a cakewalk compared to chemo. In the cynical lexicon of medical students, Adriamycin is coined “Red Death.” I now watched with dread anticipation as the viscous red fluid snaked its way down the IV tubing, polluting my lifeblood.

After the first round of chemo, my hair came out in clumps. My stylist’s husband, who had lived through his young wife’s own cancer journey, buzzed my head, gratis. I could not make eye contact with the bald woman in the mirror. I thanked this kind man with his waist length blonde hair, and hurried from the salon to weep. A man outside on the street addressed me as “sir.”

The day after each chemo session I returned to the cancer center for an injection to juice up my bone marrow and prevent my immune system from failing. At \$10,000 a pop, it did its costly job. I never wound up feverish in an emergency department, or required antibiotics to stave off life-threatening infection. Still, the treatment took its toll: I had to set a timer to avoid incinerating the cookies in the oven; scribbled a note before laboriously climbing the stairs, needing a prompt to recall what I’d gone to my bedroom to retrieve; and recorded turn by turn directions to guide myself back to my parked car. My intellect was the currency of my profession, but I now lived in a cognitive fog. I doubted the promise that surrendering myself to being poisoned would actually save my life.

The weight of fatigue sometimes felt unbearable. I forced myself to get up from a nest of blankets, shower, dress and sit at the dinner table with my husband and kids, even though my mouth tasted like metal and the idea of eating flesh provoked a vague nausea. I would pick up the girls at school, attempting to camouflage my baldness with a colorful scarf, fooling no one. I committed to doing one thing every day that connected me to the person who I was before I became a cancer patient.

Weeks after my mastectomy I went with family and friends to the back-country ski camp that we visited each winter. I couldn’t risk falling so I snowshoed up a drifted road, willing myself to relish the cold, admire the spectacle of sun reflecting off crystals of hoarfrost. I started taking long walks along the lakeside path where I used to jog. As my fatigue increased, I pared my five mile walks down to three, then one, but I still went outside every day.

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Friends and acquaintances would ask, “What can I do?”, eager to help. I came up empty. No one could give me what I needed, and being needy went against my grain.

My ebullient but volatile 11-year-old alternated between solicitous fluffing of pillows and demanding attention, oblivious to my exhaustion. My sensitive 15-year-old never broached the

subject of my illness, guarding her emotions as she always had. I pantomimed a version of normalcy, unsure of how long I'd be there to mother them.

My husband was a rock. A complicated man who had, over the years, coped with anxiety and grief by retreating into crossword puzzles or anger, he remained intensely present. His love and attention proved unwavering. He manifested no revulsion at my mutilated body, and made no judgement about my choice to leave work and go down the rabbit hole of cancer, to make survival my full-time job.

Unexpected people showed up, leaving meals in a cooler on the porch, filling an hour with chat about topics other than illness, overcoming my reluctance to engage the world and spiriting me off to a gallery to immerse briefly in beauty. My hair stylist arrived with Creamsicles and a handful of joints, remedies that had helped her through her own cancer ordeal. Some friends who I thought would be there, the ones I considered family, were strangely absent. Perhaps it was too scary, too close.

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The myth of the cancer patient is a hero's journey: doing battle; learning a great life lesson through suffering; triumphing transformed. For me, illness was a time warp, uninteresting yet all consuming. Cancer was a trial, not a gift, and I am no stronger a person for having survived it.

I did learn to accept acts of kindness without feeling that I was incurring a debt that I could not repay. I developed a heightened awareness of the discrepancy between the delivery of care as imagined by clinicians and the delivery of care as experienced by patients. I learned that you can wander the labyrinth without assurance that you will find a way out, face your monsters, and emerge to reclaim your uncertain life.

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