

Surviving breast cancer

An emergency physician faces the fight of her life

Maria Hugi, MD

Nothing had really prepared me for the day in August 1989 when I awoke from anesthesia, looked up and saw my surgeon and my husband, both choking back tears as they told me that the frozen section of my breast mass was cancerous. The year so far had been a good one for me. I was 36 years old, in the prime of my life and the mother of two sons, one aged 2 years, the other 4 months. My career as an emergency department physician was going great guns and I had just returned from showing off at the 10-year reunion of my medical school class.

My charmed life changed abruptly and irrevocably that day. I knew that I was in for the fight of my life. I was diagnosed as having stage III poorly differentiated infiltrating ductal carcinoma of the breast, a pathologic description I had thought was reserved for histology texts. But there it was, in a dispassionate report attached to my name. Because of the size of the tumour, which had hidden itself well during my pregnancy and lactation, my cancer rank and serial number was T3, N1, M0. The N1 turned out to be the reactive axillary node that had haunted me during my third trimester.

My treatment included mastectomy, oophorectomy, chemotherapy, radiation and tamoxifen therapy. I felt like Job during chemotherapy. I had several episodes of cellulitis, abscessed teeth, mouth ulcers, anal fissures and conjunctivitis, not to mention a bout of pneumonia that rendered me septic with an absolute neutrophil count of 200. My stormy course with chemotherapy was partly my fault. I kept hounding my oncologist for more chemotherapy regardless of my white cell count and kept berating her because my hair wasn't falling out fast enough.

During my treatment, my husband, also an emergency physician, was desperately combing the medical literature for the latest in breast cancer therapy and research. As a result, I had my bone marrow harvested for future use and for a research study concerned with predicting recurrence. The bone marrow harvest was excruciatingly painful; to this day I can elicit a dull pain over the harvest sites in my pelvis.

My family life suffered during my therapy. It was difficult for me to be an effective mother to my children. My husband and I were so preoccupied with my illness that we failed to pick up the prematurely fused lambdoid suture in our infant son's head. He had neurosurgery at 6 months of age when we finally noticed that his head was misshapen.

My infant son became my Wednesday's child — full of woe. I often wonder if he became this way because I wasn't there for him during my illness or because I subconsciously blamed him for the cancer. My 2 year old, on the other hand, was ruthlessly intolerant of my illness. He would often jump on my back and yell "Giddyup!" as I hunched over the commode, retching.

My husband showed his true colours during my therapy and defied the dismal statistics on men who leave wives with breast cancer. My mastectomy scar, ugly as it was, did not repulse him. Although our marriage was far from ideal, a renewed respect emerged between us, and we no longer took each other for granted. I must admit that before my illness I was beginning to give up on our marriage. We were two headstrong, driven professionals, trying to get along. Moreover, my husband, who is somewhat older than I am, had difficulty adjusting to my second pregnancy. And it was to be that pregnancy that almost killed me.



Experience

Expérience

Dr. Hugi is an emergency physician at Mount St. Joseph Hospital and St. Paul's Hospital, Vancouver.

Can Med Assoc J 1997;156(3): 397-9.



Hard on him, too, was the fact that an induced menopause coupled with my constant fear of dying drained away my interest in sex. I remember feeling aghast when, during my chemotherapy days, an elderly gentleman in a big white Lincoln pulled up beside me, gazed at me through rheumy eyes and proceeded to tell me how good I looked. I was thunderstruck that anyone should see value in me as a woman and immediately suggested to my admirer that he get his cataracts checked!

I should have included psychotherapy in my list of treatments. Just after I was diagnosed a friend and colleague gave me the name of his psychiatrist. I was quite taken aback and angry at the suggestion that I might need psychiatric care. Three months into my medical treatment I sobbingly called for an appointment. I have never looked back. I found great comfort in my sessions with the elderly and wise Freudian physician, and I knew that I was getting better when he started snoring loudly during one of my tales of woe. I still go to him for the occasional tune-up.

At the behest of my husband and my psychiatrist, I joined a breast cancer support group that my husband found through the local newspaper. It was there that I met other women with breast cancer and finally received my Cancer Society prosthesis. In hospital, my physicians did not request a visit from a Cancer Society volunteer for me, probably out of respect for my privacy.

At first I was leery of the support group and did not want to admit that I was a physician. I felt that I knew much more about my disease and consequently feared it more than the other group members. I thought that I would inhibit them, especially when it came to the inevitable doctor-bashing sessions. But the group accepted me wholeheartedly, and I found two soulmates there, angels in their 30s with small children to raise.

After treatment, my fight with breast cancer was far from over. I had to face the aftermath. I developed severe lymphedema in my mastectomy arm. With compression sleeves (which are hideous) and my own compression pump I can keep the arm stabilized at twice the size of the other arm. The disturbing thing is that in the past 2 years I have had 4 virulent episodes of streptococcal cellulitis. As is typical of what doctors do to themselves, rather than going to hospital I treated myself with intravenous antibiotics in my bathroom at home.

In my desperation to relieve the lymphedema, I ended up smuggling in a drug called benzopyrone from Australia, touted as being effective against lymphedema. Just recently, I was alarmed to find out through the grapevine

that it was pulled off the market in Australia for causing severe hepatotoxic effects and death. Needless to say, my respect for the US Food and Drug Administration and our own Health Protection Branch has gone up considerably.

The ravages of menopause were also getting the better of me. I felt like a dried-up prune with no lust for life. I would chafe and bleed in the vaginal area after skiing or vigorous walking. Having sex was horrid and out

of the question. My bone density was falling by 3% every 2 years. After 6 years of menopause, I couldn't stand it any more and started taking estrogen and progesterone, which I now consider to be the elixir of life for women. In-

dicting menopausal women with a history of breast cancer to a life without hormonal support is a cruel cure.

Probably because of the estrogen surging through my veins, I recently had reconstructive surgery with a saline implant. As part of my preoperative workup I insisted on having my mastectomy site scanned with ultrasound. A filling defect was found between the pleura and the axillary wall. When it was needed to show inspissated lymph, a 15% pneumothorax developed. I can now sympathize with patients who have a pneumothorax!

It took about 2 years for me to stagger back onto my feet. In view of my poor prognosis, my husband felt that we should move back to Canada to be closer to family. We were living in New Orleans at the time of my illness. I grudgingly agreed to return to Vancouver. It was a difficult move for me; I felt that I was going back to Canada to die.

When my insurance company began to posture about my continued eligibility for disability benefits, I had to find work. I was able to piece together some part-time emergency work with several hospitals in Vancouver. When applying for work I was very circumspect about my history of breast cancer; I feared that it would prejudice my chances. And I spread my work among several hospitals, thinking that if the cancer recurred my few shifts in each place would be easier for the groups to cover.

After I had worked a few shifts it became painfully obvious to me, my colleagues and unforgiving nursing staffs that I had become extremely rusty as an emergency physician. I still have nightmares about the mistakes that I made. Fortunately, my colleagues assigned me to areas where I could cause little damage and urged me to take some continuing medical education.

Although I do not believe in fate, I imagine its cruel finger pointing at me when an aboriginal woman presents to the emergency department short of breath and reeking of rotting flesh. My worst fears are confirmed when I re-

I kept hounding my oncologist for more chemotherapy because my hair wasn't falling out fast enough.



move her clothing and see her rotting cancerous breast. I see that finger pointing my way again when a middle aged woman with an old mastectomy scar arrives in shock and dies with metastases to her pericardium.

After settling into Vancouver, I started to look for a breast cancer support group in my neighborhood. When I couldn't find one, I cofounded a support group with another survivor and the help of the Canadian Cancer Society. We meet once a month, 30 to 50 women strong, and call ourselves Treasure Chests.

Through Treasure Chests I have met many courageous women, who, unlike me, started fighting back and became breast cancer activists shortly after their diagnosis. I, on the other hand, was wringing my hands and playing the recurrence odds game, and didn't have the courage to venture out of the closet with my disease until I had survived 5 years.

I am now quite vocal about breast cancer issues and have joined every organization I can find that supports the fight against breast cancer. I am often called upon to do public speaking. I am not a natural at it and torture myself with protracted postmortems: why didn't I say this, how could I have said that. Recently, a friend who works in broadcasting set me straight. She told me that I could say anything and get away with it because no one would dare to criticize me for fear that I might drop dead.

I am also on the local media's hit-list for breast cancer issues. My exposure to the media has given me a new respect for politicians who lament that their remarks are misquoted or taken out of context. Still, the bottom line for me is to get the breast cancer message out in any way, shape or form.

On behalf of the Canadian Breast Cancer Network I am the survivor representative on Health Canada's steering committee to develop clinical practice guidelines for the treatment of breast cancer. As frustrating as it is to get a group of experts to agree on anything, I feel strongly that this work will improve breast cancer care in Canada. My aim is to ensure that the lay version of the guidelines reaches each woman with breast cancer in Canada so that she can then hold the medical system accountable.

I have only abhorrence for a disease that wreaks such havoc with a woman's life. I do not subscribe to the "gift of cancer" theory, and I refuse to acknowledge that there is anything good about breast cancer. Yet I have to admit that good has come out of my experience; I have had the privilege of making wonderful friendships with women who have breast cancer. Unfortunately, too many of these women are dying.?

Correspondence to: Dr. Maria Hugi, Emergency Department, Mount St. Joseph Hospital, 3080 Prince Edward St., Vancouver BC V5T 3N4; fax 604 264-8769

How do you find the information
you need to make the best
health care choices?

Consult The Cochrane Library

Now updated quarterly, this electronic library is designed to give you the evidence you need for informed health care decision-making. The Cochrane Library now contains 4 databases:



- The Cochrane Database of Systematic Reviews
- The York Database of Abstracts of Reviews of Effectiveness
- The Cochrane Controlled Trials Register
- The Cochrane Review Methodology Database



\$214/CMA members, \$270/Non-members.

All orders must be prepaid. Please add 7% GST and \$3 shipping/handling. Network prices also available. Choose from two formats: CD-ROM for Windows or 3½-inch disk for Windows

Contact CMA Membership Services
800 663-7336, ext. 2307 (toll-free)
613 731-8610, ext. 2307 (Ottawa and area)
hewsom@cma.ca (e-mail)

ASSOCIATION
MÉDICALE
CANADIENNE



CANADIAN
MEDICAL
ASSOCIATION