

Follow-up

A. Beswick MSc BSc

Time is important now. Time was, for a long time, only abstractly relevant—usually in the quiet moments following a holiday, or birthday, or funeral. Now time is a weight of quantified obsession, to be dutifully carried in every waking moment of her life. Six months since there was tightness, which turned out to be suspicious, which turned out to be carcinoma. Four months since the last day of chemotherapy. Three months since, for the first time in a decade, she found her husband drinking in the garage. Two months since her youngest son left town after caring for her at home following the breast-conserving lumpectomy. Three weeks since she began radiation therapy. And one week left to go. The appointments now are simple, short, and frequent. First accompanied by her husband, and twice her sister, but today—for reasons that suddenly and inexplicably escape her—she is wholly alone.

The resident doctor she is seeing is young and soft-spoken, the latter of which she appreciates. There is a delicate tap on the back of the door, and he enters the room.

“How are you feeling this week, Irene?” He slides onto a stool across from her. There is a shiny blue poster on the wall behind him that reads “Know the Signs,” which strikes her as an ironic choice of decor for a radiation oncology consultation room. On the other wall, there is a faded picture of a lake.

“I am not feeling well.”

He, of course, doesn’t look surprised. She is entering her 19th day of radiation therapy. Nobody feels well on their 19th day of radiation therapy. He crosses his legs, and she notices a streak of colour from his ankle—patterned socks in glossy shoes that reflect the light of the room. He is fit and young, and wearing clothes that remind her of that. She glances down at her own feet dangling precariously off the side of the examining table, ankles pale and exposed.

“I ... I am really not feeling well. Something feels different.”

“Different how? Painful?”

“Yes.... Sometimes. Mostly at night. It wakes me up.”

“Okay,” he says, leaning forward in his seat. The socks disappear. “Can I see?”

She shrugs off the gown hanging loosely around her shoulders. Faint white scars trace along her erythematic skin before dipping sharply under her left arm. The young physician calmly places the back of his hand against the tissue. Slowly, deliberately, he moves his hand across her breast ... neck ... arm ... sternum.

There is a silence between them. Neither uncomfortable nor comforting. This is an inspection. He’s feeling for heat. He’s feeling to see if her skin is about to erupt into blisters, or if, after 19 days, it’s beginning to fall away. At least that’s what she thinks he is worried about.

“You’re right, it looks a little worse this week. Are you using the cream?”

“What cream?”

“Okay. I am going to prescribe you some more hydrocortisone cream. I want you to use it when it becomes too uncomfortable okay? If it’s not working tell me next week, and we can get you something—”

“It feels tight,” she interrupts. “It feels like a bump. Like it felt before. I am ... I feel like ...” She trails off, fiddling deliberately with the drawstring of the gown. He waits to meet her gaze.

“Like before you were diagnosed?”

“Yes. It’s just like that.”

He nods reassuringly and looks down at the chart resting on his lap. “We’re really close to finishing this treatment, Irene. The end is always the most uncomfortable. And remember that your body is still recovering from the surgery. You still need time to heal.”

Healing. Recovering. Words purposefully used to distract from the unglamorous daily reality of being an oncology patient: a personal therapy synonymous with hulking existential angst and tortuous tedium. No one day, or appointment, or scan ever being so intolerable in and of itself. And yet now, paradoxically, the discomfort resides in the prospect of finally ending treatment. For this radiation, designed to stamp out any smoldering cellular embers too small to see and yet too enormous to ever forget, is the last front against this cancer. And so today, more than any physical discomfort caused by burn on her chest, it is the tug of the thread of certainty pulled from the corners of her life that have made Irene begin to fray.

“... the fibrous rearrangement will likely cause referred pain.” He has been talking, and she hasn’t heard a word.

“And my leg.” She points to her thigh. “I broke it years ago. It’s started aching again. What’s could that be?”

“That’s unusual. It’s probably nothing. But it could be the medication. I’ll make sure to bring that up.”

“Do you think it could be back?”

“What could be back?”

“The cancer.”

“It’s unlikely.”

“But possible.”

He leans back, pausing to measure his response. “It’s really not likely. Irene, you’re on a lot of medication. It is completely normal to feel discomfort at this stage. I know it’s a lot. But it will get better once the therapy is over. Only a couple more days now.”

“When can I see Doctor Kunne?”

“I’ll make sure he comes in to see you before you leave for the day. We’ll do a review of your medications, too.”

She has tears in her eyes now, unburied despite fierce resistance. This moment another single crack—like the thin line of scar traced on damaged tissue—between who she was and who this disease made her to be.

AUTHOR AFFILIATIONS

*Schulich School of Medicine and Dentistry, Western University, London, ON.