[By Kenneth B. Schwartz]

Until last fall, I had spent a considerable part of my career as a health-care lawyer, first in state government and then in the private sector. I came to know a lot about health-care policy and management, government regulations and contracts. But I knew little about the delivery of care. All that changed on November 7, 1994, when, at age 40 I was diagnosed with advanced lung cancer. In the months that followed, I was subjected to chemotherapy, radiation, surgery, and news of all kinds, most of it bad. It has been a harrowing experience for me and for my family. And yet, the ordeal has been punctuated by moments of exquisite compassion. I have been the recipient of an extraordinary array of human and humane responses to my plight. These acts of kindness – the simple human touch from my caregivers – have made the unbearable bearable.
During September and October of 1994, I made several visits to the outpatient clinic of a Boston teaching hospital for treatment of a persistent cough, low-grade fever, malaise, and weakness. The nurse practitioner diagnosed me as having atypical pneumonia and prescribed an antibiotic. Despite continued abnormal blood counts, she assured me that I had a post-viral infection and didn’t need an appointment with my physician until mid-November, if then. By mid-October, I felt so bad that I decided I could not wait until November 11 to be seen. Disappointed with the inaccessibility of my physician, I decided to seek care elsewhere, with the hope that a new doctor might be more responsive.

My brother, a physician who had trained at Massachusetts General Hospital, arranged for an immediate appointment with Dr. Jose Vega, an experienced internist affiliated with MGH. Dr. Vega spent an hour with me and ordered tests, including a chest X-ray. He called within hours to say he was concerned by the results, which showed a “mass” in my right lung, and he ordered a computerized tomography scan for more detail. I remember leaving my office for home, saying quickly to my secretary, Sharyn Wallace, “I think I may have a serious medical problem.” Indeed, the CT scan confirmed abnormal developments in my right lung and chest nodes.

The next day, Dr. Vega, assuring me that he would continue to be available to me whenever I needed him, referred me to Dr. Thomas Lynch, a 34-year-old MGH oncologist specializing in lung cancer. Dr. Lynch, who seems driven by the ferocity of the disease he sees every day, told me that I had lung cancer, lymphoma, or some rare lung infection, although it was most likely lung cancer.

My family and I were terrified. For the next several months, my blood pressure, which used to be a normal 124 over 78, went to 150 over 100, and my heart rate, which used to be a low 48, ran around 100.

Within 72 hours of seeing Dr. Lynch, I was scheduled for a bronchoscopy and mediastinoscopy, exploratory surgical procedures to confirm whether I indeed had lung cancer. Until this point, I had thought that I was at low risk for cancer: I was relatively young, I did not smoke (although I had smoked a cigarette a day in college and in law school and for several years after that), I worked out every day, and I avoided fatty foods.
The best medicine

IN MY NEW ROLE AS PATIENT, I have learned that medicine is not merely about performing tests or surgeries, or administering drugs. These functions, important as they are, just the beginning. For as skilled and knowledgeable as my caregivers are, what matters most is that they have empathized with me in a way that gives me hope and makes me feel like a human being, not just an illness. Again and again, I have been touched by the smallest kind gestures — a squeeze of my hand, a gentle touch, a reassuring word. In some ways, these quiet acts of humanity have felt more healing than the high-dose radiation and chemotherapy that hold the hope of a cure.

I deeply appreciate the care I have had as a patient. But I can’t help wonder why I have had such a heartening experience. Is it attributable to the exceptional quality of care and care giving delivered at Massachusetts General Hospital? Is it due to the particular caregivers that I happened to meet? Or have I benefited in some way from my family’s medical connections, since my father and brother were trained in Boston academic institutions and have ties to senior MGH physicians? Perhaps my experience has not been the result of happenstance or special relationships but of a healthcare environment that still places the patient ahead of the bottom line.

If so, for how long will such a compassionate approach endure? Medicaid and Medicare cuts, both present and future, will have devastating effects on hospital care. Managed care is already making its mark in Massachusetts, and it will only accelerate implementation of its cardinal principles: efficiency, conservation of time and resources, and budget cuts. And now, for-profits and larger national hospital chains are trying to penetrate Massachusetts for the first time. In such a cost-conscious world, with its inevitable reductions in staff and morale, can any hospital continue to nurture those precious moments of engagement between patient and caregiver that provide hope to the patient and vital support to the healing process?

Time is a prerequisite for real engagement between caregiver and patient. Even the most compassionate caregivers cannot use their healing gifts if they don’t have the time to do so. A friend who worked at the National Cancer Institute, in Maryland, quoted his mentor as saying that when physicians give bad news to a patient, they must give that person more of their time — to explain, to answer questions, and to provide comfort.

Time alone is not enough, however. Caregivers need to be trained and encouraged to engage with their patients. My understanding is that medical-school training now emphasizes to a greater degree the importance of the physician-patient relationship, a bond that ultimately reaffirms the humanity of both. As an eminent Harvard Medical School professor, himself a cancer patient, once taught: “The secret of the care of the patient is caring for the patient.”

— KENNETH B. SCHWARTZ

The scans of my body, head, liver, bones and back were clear. I was relieved. The doctors soon began an intensive regimen of chemotherapy and radiation, with the goal of destroying the cancer and preparing for surgery to remove my lung. Before being admitted for my first five-day course of chemotherapy, I had a radiation-simulation session. During such sessions, therapists meticulously map their targets by marking your skin where the radiation should be directed. I was asked to lie on a table in a large, cold chamber. The radiation therapist, Julie Sullivan, offered me a blanket and, mentioning that the staff had a tape deck, asked if I had any requests. I recalled my college days and asked for James Taylor. Listening to “Sweet Baby James” and “Fire and Rain,” I thought back to a time when the most serious problem I faced was being jilted by a girlfriend, and tears ran down my cheeks. As therapists came and went, Julie Sullivan held my hand and asked me if I was OK. I thanked her for her gentleness.

After having a Port-a-Cath implanted in my chest — a device that allows chemotherapy to be administered without constant needle sticks in the arm — I was admitted to MGH in mid-November. During that and other hospitalizations, either my mother or sister would stay overnight, often sleeping in cramped chairs. When I awoke at night in an anxious sweat or nauseated, I would see one of them and feel reassured.

While doctors managed my medical care, my day-to-day quality of life and comfort were in the hands of two or three nurses. These nurses showed competence and pride in their work, but they also took a personal interest in me. It gave me an enormous boost, and while I do not believe that hope and comfort alone can overcome cancer, it certainly made a huge difference to me during my time in the hospital. During the period between my two
chemotherapies, when I also received high-dose radiation twice a day, I came to know a most exceptional caregiver, the outpatient oncology nurse Mimi Bartholomay. An eight-year veteran who had experienced cancer in her own family, she was smart, upbeat, and compassionate. I had to receive fluids intravenously every day at the clinic, and while there we talked regularly about life, cancer, marriage, and children. She too was willing to cross that professional Rubicon—to reach out and talk about my fear of dying or, even worse, my fear of not living out my life, of not biking through the hills of Concord and Weston on summer weekends with my brother, of not seeing my child grow up, of not holding my wife in my arms. And she took the risk of talking about her own father’s recent bout with cancer. I cannot emphasize enough how meaningful it was to me when caregivers revealed something about themselves that made a personal connection to my plight. It made me feel much less lonely. The rule books, I’m sure, frown on such intimate engagement between caregiver and patient. But maybe it’s time to rewrite them.

AFTER MY SECOND ROUND of chemotherapy, I was ready for the final stage of what we hoped would be a cure: surgery. Before this could happen, Dr. Lynch repeated his radiologic scans, to be sure that the cancer had not spread. He assured me that the chance of any such metastasis was remote—less than 5 percent—although it would be a disaster if it occurred.

The scans were endless, scary, and lonely. While members of my family stayed with me in the waiting rooms, they could not accompany me to the scanning rooms; the experience again was harrowing. But I felt my greatest fear while awaiting the results. After a week of tests, I had one last scan of my bones. I was concerned when the technologist asked to do a special scan of my back that had not been done before.

The next day, I called Dr. Lynch’s office and asked his assistant, Mary Ellen Russell, when I could come in to find out the results. She said, “How about this afternoon?” and then added, “You might want to bring someone.” My heart skipped. When my wife and I entered Dr. Lynch’s office and saw his face, our hearts ended the session by asking Dr. Lynch, “How do you do this work?” And he answered, in genuine pain, “By praying that I don’t have days like today.”

I BEGAN TO HAVE TROUBLE sleeping, and when I awoke, I was filled with dread and despair. I thought frequently of the observation of Richard Block, the founder of H&R Block, who medical books, papers, and many pictures of his family. He was upbeat, telling us of protocols under way that showed promise in fighting metastatic tumors. Like several others, he told me a personal story that cut to the bone: A close family member, he said, had been diagnosed with advanced cancer, which the attending oncologist had said was “very, very bad.” The family member had said to him: “Kurt, you have helped so many people in your life, can you now help me?” He personally treated the family member in that person’s home with chemotherapy, and, 21 years later, that person is thriving.

Dr. Isselbacher offered to serve as an advocate for me, to work with my father and Dr. Lynch to find the most promising protocols. I told him at the meeting that while I had no illusions, I was deeply moved by his refusal to give up and by his abiding hope; I was especially affected because such hopelessness was not coming from a faith healer but a distinguished researcher. He had strengthened our resolve to fight.

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During this period, with help from my father, who has had a long and distinguished career in academic medicine, I began to explore potential cutting-edge protocols that could supplement or follow Taxol.

My father arranged a meeting for my wife and me with Dr. Kurt J. Isselbacher, a distinguished researcher and director of the MGH Cancer Center. He is a small man with a large presence and piercing blue eyes, and he was surrounded by
Kenneth B. Schwartz died of lung cancer in September 1995. Shortly before his death he founded the Kenneth B. Schwartz Center at Massachusetts General Hospital which is dedicated to strengthening the relationship between patients and caregivers. If you would like more information about the Schwartz Center, please call 617-724-4746 or visit www.theschwartzcenter.org

In recent months, I have had several setbacks: a bone scan that showed four to five additional tumors, and a CT scan that showed significant progression of the cancer in both lungs. The only good news was that it had not spread to my head or liver. I am pained, but not surprised, at the relentlessness of the disease, and I am straining to retain hope that one of the experimental treatments may succeed where chemotherapy has failed.

Around the time of the CT scan, when I was feeling particularly dejected, I had a appointment with Mimi Bartholomay for an injection. She was running late, and as she approached me in the clinic waiting room, she looked harried. But as she got closer, she could see how unhappy I was, and she put her arm around me and directed me to a private room. I began to cry, and she intuitively responded: “You know, scan days are the worst. But whatev

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For the first time, I recently mentioned to Dr. Lynch the idea of a hospice service and wondered how I might reduce future pain as the cancer progresses. Dr. Lynch answered that we were still a long way from that discussion, that we still had many avenues to explore, and that he remained as committed as ever to doing whatever he could to extend my life in a quality way.

The results, we are not going to give up on you. We’re going to fight with you and for you all the way.” I hugged her and thanked her for having done so.

If I have learned anything, it is that we never know when, how, or whom a serious illness will strike. If and when it does, each one of us wants not simply the best possible care for our body but for our whole being.

I am bound upon Lear’s wheel of fire, but the love and devotion of my family and friends, and the deep caring and engagement of my caregivers, have been a tonic for my soul and have helped to take some of the sting from my scalding tears.

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