The aftermath of loss

Why had we all chosen specialties that walk hand in hand with the spectre of death — at once fighting and accepting its inevitability?

We've all been there — at some function or other, perhaps a glass of wine in one hand and a canapé balanced precariously in the other. Making polite conversation with someone you don't know. Your partner is on the other side of the room, reminiscing with old school friends, or work colleagues, or the family of the groom.

"So, what do you do?" comes the inevitable question. It is an innocent enough query, yet you have learned to avoid it. Concentrating on the weather, or the hilarity of the speeches. Circumnavigating the dangers of politics and religion.

"Erm, I'm a doctor."

"Really? That's great. What kind of a doctor?"

"I'm an oncologist. A cancer specialist."

"Oh," and there is a pause.

At this point the conversation veers in one of several directions. There is the second opinion by two degrees of separation, where the cancer journey of their relative is recounted, with an expectation of some critique of the appropriateness of the care. Perhaps a diatribe about the evils of sugar or dairy or antiperspirant. Or there is the mole check without notice, as a forearm, deltoid, shoulder blade or flank is offered for review. But more commonly the revelation that one is a cancer doctor precipitates an awkward silence and the predictable questions.

"Why did you choose to do that? Don't you find it depressing?"

Clearly, different personality types are drawn to different specialties. We all know that surgeons are wired differently from physicians, let alone psychiatrists or those who become medical scientists. But choice of path in medicine is so often determined by the vagaries of the rotations allocated during junior training, of opportunities or formative experiences. And then there is the influence of mentorship.

For me it was the latter, of being taken aside and told to consider working in a specialty that as a resident I had hated. It was draining and stressful. I was always there after hours trying to keep on top of the job. What had made the professor think medical oncology would be a good fit?

"You made a huge difference to the family of Mrs Jones. They wanted me to thank you," he had said.

Mrs Jones was dying of metastatic breast cancer, one cranial nerve palsy at a time. It was agonising to watch as this once independent woman became bed-bound and unable to swallow, with one eye patched to manage her diplopia. Her husband and daughter were numb with anticipatory grief. I had sat with both of them at different times, talking through what was happening. Reassuring them that their quiet, tearless sorrow did not reflect meagreness in their love. That everyone grieves differently. That I understood.

Yes, I understood. For a few months earlier, two of my dearest friends had been killed by a drunk driver. They were fellow junior doctors, and one had been a friend since the first year of high school. They had been married for just three weeks. It was a reality I was still trying to process.

On one level I could acknowledge that my friends had crossed over to the unknown that awaits us all, while on another I quarantined death as something that happens to other people. Had it really happened? For a long time I would wake at 3 am with images of headlights approaching, metal twisting, glass shattering. I would drive the long way to work, unable to travel the motorway on which they'd died. And yet, passing the cemetery one wintry evening, I had looked up towards the blackness of the hillside where their graves lay and worried about them being out in the rain.

I had turned my house upside down looking for postcards and photographs. A coffee mug they had given me emblazoned with "ER — where everything is stat" became sacred. Washed by hand. Sequestered away like it was the best china. And as time went by, I would occasionally come across their unmistakable handwriting in the medical records of patients seen in months past. I would pore over the pages, finding strange comfort in the texture of the aging paper and the immediacy of a few lines of blue script, as if written only yesterday.

It has been said that exposure to a traumatic bereavement can be a turning point in life — a watershed.[1] To be honest, I don't recall any epiphany. Only anger, nihilism and sorrow. Yet as the torpor of acute grief did lift, so many pivotal decisions were deliberated with a clarity about what really matters in life. And so I chose cancer medicine, or maybe it chose me. Several other close friends from our group pursued professional lives dominated by critical or palliative care. Why had we all chosen specialties that walk hand in hand with the spectre of death — at once fighting and accepting its inevitability? It is a question I can only answer for myself.

Twenty years on, the coffee mug is long faded, its varnish eroded to grittiness after too many transits through the dishwasher. Those of us left behind are older and greyer, married with children. There is talk of a get-together for the couple's family and friends. Conversations will pick up where they left off last time we met. There will be laughter. The kids will run around wildly, oblivious to the significance of the event, or where their middle names came from. Or why they have certain mannerisms, or a cheeky turn of phrase first passed between friends in an

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asphalt-covered playground so many years ago — an intangible legacy[2] of lovers denied the chance to have children of their own. And no one will ask me why I chose cancer medicine, for they understand that it brings me back to what is important in life. It provides a daily dose of perspective and purpose. Above all it reminds me to live.[3] ■

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References are available online at www.mja.com.au.

1 Davis CG. The tormented and the transformed: understanding responses to loss and trauma. In: Neimeyer RA, editor. Meaning, reconstruction and the experience of loss. 1st ed. Washington, DC: American Psychological Association, 2001; pp 137-155.

2 Dunmore H. Helen Dunmore: facing mortality and what we leave behind. *The Guardian* 2017; 4 Mar. https://www.theguardian.com/books/2017/mar/04/helen-dunmore-facing-mortality-birdcage-walk (accessed Oct 2017).

3 Calhoun LG, Tedeschi RG. Posttraumatic growth: the positive lessons of loss. In: Neimeyer RA, editor. Meaning reconstruction and the experience of loss. 1st ed. Washington, DC: American Psychological Association, 2001; pp 157-172. ■