

C A S E R E P O R T

My best choice after a round trip from illness

Chiara Tommasi¹, Benedetta Pellegrino², Federico Quaini³, Antonino Musolino²

¹Medical Student, University Medical School of Parma, Italy; ²Medical Oncology Unit, University Hospital of Parma, Italy;

³School of Oncology, Department of Clinical and Experimental Medicine, University of Parma, Italy

Summary. This article reports the experience of a 24-years-old Medical Student who was diagnosed a “Hodgkin Lymphoma” during her last year at the University Medical School of Parma (Italy) and her difficult choice to try to become an Oncologist (www.actabiomedica.it)

Key words: cancer, patient, lymphoma

It's not rare for doctors to fall ill: studying illnesses and knowing how to nurse patients doesn't exonerate one. Anyway, you usually become a doctor first, then you work with patients, and finally you fall ill and become a patient yourself. I have inverted the stages: I was a patient before becoming a doctor.

I am a 24-year-old woman in my final year at the University Medical School of Parma, Italy. Until a few months ago, my only care, like any student, was to complete my exams in the shortest possible time. My main worry was to choose a medical specialty, and there weren't many that appealed to me.

Ironically, while I was studying Hematology and Oncology, I noticed a 3-cm, indolent lump in my left axilla. My first reaction was pure panic. After a deep breath, I tried to put aside my panic and to think in a rational manner. There were a lot of benign conditions that could explain the occurrence of a single lymphadenopathy in a young woman. However, nothing could remove the fear that it could be something more than a simple reactive node and a medical student's hypochondria.

Finally, I made an appointment with my doctor the following day. After a general visit, the doctor reassured me and told me that my lump looked like a simple reactive lymph node. I wasn't convinced yet, so he prescribed some tests for me: “just to be sure”.

Waiting for results, I tried not to think of the underarm lump but it was impossible. One month after my initial medical visit, a lymph node biopsy was performed resulting in the diagnosis of “Classical Hodgkin Lymphoma”.

Reading these few words in my histopathology record turned my life from the calm living of an aspiring doctor to the frantic existence of a patient who has to reconcile chemotherapy troubles and constant clinical monitoring with her everyday commitments.

Until now, my clinical story has been “uncommon”. The only time I cried was when I read my diagnostic record. But the next morning I behaved like I hadn't received the worst news that a 24-year-old girl could receive. I was ready to organize everything in order to try to minimize the negative impact. I watched everything with an almost macabre curiosity. I was interested in PET and TC mechanisms and the mode of action of drugs. I wasn't really worried about side effects: it seemed like I wasn't the patient.

My family, my friends and my boyfriend have suffered a lot during this situation. Everyone was worried for me. I was always observed. For them, I wasn't able to move anything or go out without someone. It was like I regressed into infancy. They thought I faked being well. I felt uncomfortable in this situation: I was under a small bell jar. The attention was excessive and

made me nervous: it was as if they highlighted the fact that I was ill but I didn't acknowledge and agree to this because I didn't feel ill. I lost my hair and used a wig, I took a lot of drugs to avoid nausea and vomiting, I was often tired but despite this, I was fine and, in my mind, I wasn't a cancer patient.

Honestly, I'm very good at creating psychic shields; I have always behaved like this with difficult people and difficult situations. I think I was doing it also with cancer. I have projected the illness outside myself: I studied my clinical case, not like the affected person, but like you would read a well-constructed case study in a medical textbook.

I think this has initially been an advantage. I found an escape from every problem without effort. Giving up summer holidays? Good, the seaside is too chaotic. Was I always tired? Good, I've an excuse to rest. The illness wasn't inside me.

I'm sure that my life as a patient has been positively influenced by also being a doctor in training. Medical Oncology always attracted me even before I started my medical studies. I don't know what precisely attracted me but, in all these years, when asked the question "what specialty do you like?" my answer has always been: "I'd like to become an oncologist".

When I discovered I had lymphoma, I wasn't so certain about that answer anymore. I was worried that medical oncology would not be the right choice. Would I be able to create the necessary detachment between doctor and patient to avoid compromising my clinical judgment? In fact, it is not lost to me that, in my case, empathy may turn into an emotional entanglement with the patient. Could my experience affect the physician-patient relationship?

Now, after all I have been through and despite my worries, I think that I can face that risk, and my self-confidence rests on my experience with illness. Paradoxically, I have benefited from my cancer: I have gained not only physical signs (like scars) but also the awareness that I'm a strong woman and that my

choices and ambitions are right and dictated from an internal strength I didn't know I had.

Cancer was, out of the blue, something I had never been able to imagine and has certainly changed my attitude to things. Due to its presence, I now understand that I was making mistakes in my approach: now I know that you cannot foresee and plan everything and you cannot get angry if things are not as you thought they were. I had to adapt to try to get the best out of everything.

I think that my course of study and character have helped me. Projecting the disease outside myself made me consider that I could be in the 20% of Hodgkin lymphomas that have a bad prognosis. I was sure to be in the 80% that are cured. Even if I did so to protect myself, I must confess that there is something inside that I can use in my future medical career.

I am not the only medical student who has ever become ill but others with whom I have discussed it could never work in the same setting as they were patients. Not me, I want to continue my career in this setting.

Based on these considerations, I strongly feel that Medical Oncology is the best choice for me. I am ready to take the risk: if cancer doesn't stop me, nothing will. I know that my choice will not only affect the rest of my career but, what is more, will have an impact on my life as a woman and cancer survivor. Being a doctor in training has positively influenced my patient life, the reverse may be, hopefully, also true!

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Correspondence:

Antonino Musolino MD, PhD,

Medical Oncology Unit, University Hospital of Parma

Via Gramsci 14, 43100 Parma, Italy

Tel. +390521702316

Fax +390521995448

E-mail: antoninomusolino@hotmail.com