

[On The Other Side Of Mesothelioma: A Doctor's Story Of His Own Diagnosis](#)

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As healthcare professionals, doctors have a particular point of view when it comes to their patients. They have their routines for delivering bad news and treatment. Yet, there comes a time that doctors must become patients. As doctors, they have the unique position of caregiver and cared-for. When they are treated by colleagues they have a primacy of perspective that gives them an advantageous viewpoint through which to analyze healthcare professionals. They can see how the manner with which patients are dealt may not be effective or even humane.

In a sobering account of one doctor's diagnosis of mesothelioma, "[A patient's journey](#)" (*BMJ*, subscription required), Dr. Kieran Sweeney seeks to expose the dire shortcomings of healthcare professionals' interactions with their patients. Through conversation, facial expressions, and mannerisms a doctor has a profound effect on how a patient copes with being diagnosed with a terminal disease. Dr. Sweeney hopes to make a change in the way that doctors currently conduct themselves when addressing the needs of sick patients.

Dr. Sweeney's story opens in the hospital. He was there for testing and no one seemed to want to let him know exactly what was going on. What follows is shocking:

While I was having the check film, my wife asked the specialist (cancer) nurse why everyone was so downcast. At that point, everyone around knew I had a mesothelioma, except me. I learnt about it by reading the discharge summary over a glass of sauvignon blanc with lunch at home: malignant mesothelioma. 'Patient is aware of the diagnosis,' said the discharge summary.

From there on out, Dr. Sweeney had entered "the kingdom of the sick," as he called it. He quickly became entirely disconcerted by the healthcare professionals treating him and through his story offers some suggestions:

...one's journey to this bleak place can be rendered more bearable if everyone who shares a professional role at the various staging posts bears the bleakness of the terminus in mind. Some simple ground rules could improve the nature of the professional patient interaction, if not actually displace its underlying, transactional mindset.

Please can all healthcare professionals stop asking patients to "Do this for me?" I'm not doing it for them, I'm doing it for me. The key point here is about locus of control. If I am asked, or more often instructed, to do something "for me"—meaning the health professional—then the locus of control for the transaction lies with that person. But the focus of the transaction should be me, the patient. Structured in that way, the "for me" defines the interaction as transactional—I am cared for—but not relational: one is left with the feeling that the professional does not care about me but does something to me.

Please can we avoid crass attempts at humour? There is nothing funny about clutching a plastic bag with all your clothes in, except your pants, socks, and shoes—just stop and think what that must be like—while trying to secure a hospital gown around you, and following, like some faithful gun dog, a radiology attendant who without introduction commands you, with a broad grin to acknowledge his witty lack of grammar, to "follow !!"

His point is not to completely categorize all healthcare professionals as out-of-touch, insensitive stoics. He intends to show that what doctors mean to convey and what they actually convey can

end up being quite different. Not only this, but many times members of the same healthcare team have very different, sometimes contradictory, approaches to the personal aspect of treating the patient. He urges that this issue must be addressed.

Being a patient diagnosed with [mesothelioma](#) is especially difficult. There just aren't the same resources available. With awareness groups such as [Asbestos Disease Awareness Organization](#), this is hopefully something that will continue to change. Yet as it stands, mesothelioma patients truly need their doctors to treat them, not as just another patient, but personally, as individuals.

Dr. Sweeney closes stating:

In the care I have received, the transactions have been timely and technically impeccable. But the relational aspects of care lacked strong leadership and at key moments were characterised by a hesitation to be brave. What I have always feared in illness was anonymity, being packaged, losing control, not being able to say "this is who I am." In the end, one is left alone, here, in the kingdom of the sick.

His story is a call to action. Perhaps the suggestions he's provided will be taken to heart by many clinicians whose intentions are assuredly *not* to be cold and impersonal. The healthcare community needs stories like these, and not just from doctors, in order to evaluate and train themselves in the highly delicate art of patient relations.

With a subscription to *BMJ* you can read [Dr. Kieran Sweeney's full story about his diagnosis of mesothelioma, "A patient's journey"](#).

Attorney [Tom Lamb](#) represents people in personal injury and wrongful death cases involving mesothelioma or other asbestos cancers. The above article was posted originally on his blog, **Asbestos HUB** – with active links and readers' comments.
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