

# Only if you view it through a different lens

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Once, I was invited to give a lecture to undergraduate medical students during their cancer biology course. After I had finished discussing the mechanisms by which cancer can repair genomic damage and maintain immortality, I was approached by a young medical student, perhaps in his 5th or 6th year. He looked intrigued and started a conversation about how he enjoyed this kind of basic cancer science and had potential future plans to pursue it further. I was happy that he was inspired by my talk, and I went on to see if he was considering a career in clinical oncology. “No, it is too draining,” he replied.

Although I consider myself very expressive, and sometimes even argumentative, I was silenced by his answer. Instead, a thousand thoughts came to me of how a career in oncology can be rewarding and satisfying, but nothing came out of my mouth. Somehow, I knew that it would be impractical (perhaps impossible) for me to change such a deep-rooted belief in the span of just a few minutes. Ultimately, I smiled and replied, “Not if you view it through a different lens.”

Before I left, I wanted to open the door to his curiosity, to challenge his belief that oncology is too difficult. “You have a calming face that fits oncology.” Such is a compliment that I often hear from my patients.

There is a perceptual divide between how others might view clinical oncology and how I do—an idea that reoccurred to me repeatedly in the following days. Perhaps the divide exists because undergraduate students and postgraduate residents often mistakenly perceived oncology to be a complex and unappealing subject—a field that is always exhausting and hopeless. Some perceive its emotional depth as exhaustion and interpret its prosperity as complexity and its challenges as risky dares.

But for me, those perceptions are far from the truth. It is human experience projected a thousand times in the woman who, hearing that she was responding to treatment,

unleashed her tears and took me into her arms while praising God almighty, or in another patient who could not stop laughing for several seconds after learning that she was cancer-free. Those are just two examples of many memorable situations.

Oncologists stand face to face, almost on a daily basis, with raw human emotions and sometimes unmasked reactions. Oncology is more than interesting basic science; it is a magnifying glass on life and human feelings, with all their complexity and sophistication.

I realize that our students and residents must be taught to look at oncology not as a despairing challenge, but as a field that embodies humanism, biology, and hope, and that also exposes you to emotions—both joy and sadness. Perhaps we can even help them find some beauty in the darkest situations through human connection and learn that, even then, such connection can be appreciated.

That is not to say that you can never feel defeated by the clinical practice of oncology, never mourn patients, or even never be angry with cancer. But in such feeling, I have found personal curiosity and enthusiasm to find more, to search more, and in the process, to make for me a better self and, hopefully, a better clinician. Indeed, all the negative emotions that can result from being and helping in human suffering can be acknowledged and integrated, together with new faces and new hopes embedded in the patients to be met in the next day’s clinic. Ultimately, we carry each patient’s story with us as a gift: an opportunity for us as clinicians to continue to grow and mature.

#### CONFLICT OF INTEREST DISCLOSURES

I have read and understood *Current Oncology*’s policy on disclosing conflicts of interest, and I declare that I have none.

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