

# Running in my scrubs

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**Keywords:** Cancer, disclosure, empathy, residency

I have a bad habit of running in the emergency department (ED). The last time I ran, I was worried I was going to miss the arrival of a patient in respiratory distress. I was paged ahead of time, but I got caught up finishing a laceration repair that took much longer than I had expected. Therefore, I ran and burst through the swinging doors of the resuscitation room, almost knocking out my attending who was standing behind them.

I missed the paramedics' handover; however, the patient was stable, and the nurses were just about to insert an intravenous (IV). My attending raised his eyebrows as he waited for me to catch my breath. He asked me why I was running. I told him I was afraid of being late. He told me that I should run in the ED only if something bad was happening, because if I ran, people would follow behind me.

Ever since I started residency, I have been running, rushing to make up for lost time. Two years ago, I made it to my medical school graduation between cycles of chemotherapy. As my fellow graduates began their new jobs as residents, I stayed behind to continue treatment. After the fourth cycle, my cancer relapsed, and I was not sure if I would ever be able to start residency.

Instead of working at the hospital, I was on my bed at home—weak, febrile, and overwhelmed by the cytokine storm of hemophagocytic syndrome that had returned. Residency felt as far away as the standing lamp beside my bed, its light switch hanging just out of reach. Each attempt to turn off the light left me in pain, short of breath, and profoundly tachycardic.

When I was first diagnosed with a rare form of non-Hodgkin's lymphoma, my brother asked me if I had

any unfulfilled dreams. He joked that perhaps I wanted to leave everything behind and spend my remaining days on a beach in the Bahamas. All I could think about was how much I wanted to start residency. To not just graduate from medical school but to work as a doctor. To put on my scrubs and work a shift in the ED, even if just for a day.

The literature reports a five-year survival rate of 46% for my diagnosis. As a physician, I understand that this number is not prognostic of how much time I have left to live, but I also know that it is not great as far as survival rates go. As a patient, I am scared. Even though I feel healthy in remission, I worry that the cancer will come back anytime. I am afraid that I do not have enough time left and that something bad could happen anytime, so I keep running.

As I am approaching the end of my second year in residency, I do not think about being a cancer survivor as often as I used to. I have come to realize that I always sign-up for patients who present with cancer-related complaints, and I spend a lot more time with them. I also try to ensure that their nausea and pain is treated as soon as possible.

Recently, I saw a patient who presented with symptoms of bowel obstruction. She had finished all her prescribed cycles of chemotherapy and had a computed tomography (CT) scan to assess for disease resolution. She was waiting to see her oncologist for the report. Her repeat scan showed that metastatic disease was likely the cause of her obstruction, and I was tasked with breaking this bad news to her in the middle of the night.

I dreaded having to tell her because I felt guilty. None of the resources I received as a patient taught me how to be a cancer survivor and physician at the same time. I was

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CJEM 2019;21(5):683–684

DOI 10.1017/cem.2019.371

lucky to beat the odds, yet I knew she had only months left to live. Why did I survive and not her? I was not just a physician but also a cancer survivor who had to tell a fellow cancer patient that she was going to die.

I will never forget her response that night. Perhaps she sensed the guilt and sadness I held within me, or perhaps she thought I looked young. She reached out and held my hands and told me that she was sorry that I had to carry the burden of breaking this difficult news to her. She said she was worried about the emotional toll it takes on us physicians. Fighting back tears, I told her that I was living with cancer in early remission and that even though our journeys are different, I was there to help her.

That was the first time I had ever disclosed my cancer to a patient. It felt like I no longer had a secret to hide. I was relieved, but I do not know if it was the right thing to do. On one hand, I fear that I shifted the focus in our

encounter from her condition to my diagnosis; on the other hand, it was a moment we shared in our powerlessness in this fight against cancer, and it helped us connect. I was a more human physician that evening, acknowledging my emotions and practising more empathy for my patient.

I used to think that all I needed to do to move on was to forget about my cancer and focus on becoming the best physician I could be. By reflecting on how being a cancer survivor has shaped my practice as a physician, I have started to worry less and slow down. As emergency physicians, we wear our scrubs proudly at work. The crisp blue uniforms protect us from bringing bloodstains and bacteria home and also identify us as members of the health care team. However, perhaps underneath those scrubs, we are not that different from our patients at all. The human experiences that we have in common should be something we openly embrace.