

The Best Medicine

When was the last time you laughed? I mean not just a chuckle, but a real belly laugh, where you're truly out of control of your body and the tears come down and you cannot stop smiling? I have to admit it had been a while since I laughed until recently, when we had an interaction in our clinic workroom that had us all rolling on the floor. To tell you the truth, I don't really remember what was so funny that day as much as what effect it had. For the remainder of that day, we enjoyed a liveliness to our interactions and an engagement with one another that hadn't been there before. Somehow, the work flowed better, even though we had some tough news to share with patients and some hard choices to make. Maybe it was a coincidence, but it seemed as if everything somehow fell into place. I left the office that day with a special sense of accomplishment, knowing that we had done good work.

We in oncology are not known for being humorous, but as my colleagues and staff will attest, I do my best to keep our work environment light. During this last year and a half, that has been more challenging than ever. I have written before about increased stress, the lack of physical closeness, and even the lack of human touch as characteristics of the present time, but I believe that laughter has also been in short supply. My personal brand of humor is more situational than standup or narrative, so I really need conversational context. Such context is difficult when meetings are being run over Zoom. Humor also is hard when you can't read people's facial expressions.

Humor is a risky business in the best of circumstances. "Dad jokes" notwithstanding, my attempts at being funny are at best a fifty-fifty proposition. But when you cannot read people's faces and you are dealing with a heavy subject, such as cancer, the risks are magnified. Certain types of humor are off limits, such as the humor of exclusion or mockery (unless it is self-directed). Still, the benefits can outweigh the risks; so long as the relationship between you and those the humor is directed toward is well established, there is some leeway for attempts that fall flat. Props can help. One year for a holiday gift, the

research team gave me a pair of socks with the saying, "I'm kind of a big deal." My nurse practitioner set up a "swear jar" to poke fun at her method of blowing off steam.

Humor with patients also can be a tremendous tool for showing our humanity and love for the people who depend on us so deeply for their care. I am usually careful not to introduce humor into my relationship with patients until we have established trust and acquired some personal knowledge. Like all people, some patients are more receptive to humor than others, but that is usually evident in the interactions. With the patients and caregivers whom I know well and who are receptive, humor has grown the trust between us and allowed me to address some anxiety-producing topics that might otherwise have seemed too negative to bring up. It is all part of the richness and privilege of caring for patients through their cancer journey and, in some cases, their end of life. Patients can get into it as well. One time when I asked a patient about symptoms of diarrhea, he responded by saying, "You know, doc, I've learned to never trust a fart!"

I'll end by sharing a quote from Jim Valvano (nicknamed "Jimmy V"), the gregarious former basketball coach from North Carolina State University whose fight against cancer inspired the formation of the V Foundation for Cancer Research. I am frequently reminded of a speech he made in 1993 during the last stages of his struggle, when he attended the ESPY Awards and gave his final public address. During this emotional speech, he spoke about his cancer battle and described a good day like this: "If you laugh, you think, and you cry, that's a full day. That's a heck of a day." The day in clinic that I described, that was a heck of a day. We all need more of those.

Sincerely,



Daniel J. George, MD

