

## Patients' Stories

I love a good book. It's not often these days that I get to enjoy a novel, cover to cover, over a week or two. Sure, I could try to speed read it in a few nights, but honestly, that defeats the purpose. Like riding a bike through the countryside, stopping to take in views and observe subtle details of your surroundings, reading a well-told story allows you to put yourself in the narrative and reflect on your own life perspectives. One thing about taking care of older patients is that like novels, they have many stories to tell—stories that we rarely have time for in our increasingly pressured pace of clinical medicine.

A few months ago, a patient of mine died. Jim was a 30-year survivor of prostate cancer, and I had cared for him during the last five or so years of his life. I had lost touch with him during his final months in hospice, but his son-in-law told me that he had passed and shared with me his obituary. As I read about his life, I reflected on just how little I really knew about him. Raised in rural West Virginia, Jim married his high school sweetheart and attended Virginia Tech University to study mechanical engineering. He joined the army out of college and continued in the Army Corps of Engineers as a civilian. Jim and his wife raised two children.

Jim was healthy until his mid-50s, when he was told he had prostate cancer. Fearing that he would not live to see his grandchildren grow up, he retired early and moved with his wife to South Carolina to be near his daughter and grandchildren. He spent time on hobbies like woodworking and amateur radio. He deepened relationships with friends and neighbors through active involvement in his local church. He prioritized his time with the people who mattered most to him at the expense of career advancement and financial comfort. He was a peaceful man who loved nature and being alive, but that did not mean he was weak.

When it came to prostate cancer, Jim was unrelenting. Despite being in his mid-80s, he went through all our advanced treatments, never complaining about the side effects or frailty the treatments induced. He was always willing to try the next course of therapy. When I finally had to tell him that additional treatments would hurt him more than the cancer, he gracefully accepted hospice care at home. He died peacefully with his family at his side.

In today's accelerated work pace, it seems that we have less time than ever with patients. However, as medical

oncologists, we are the lucky ones.

Recently, while discussing changes to health care with Dr Rob Califf, the former head of the FDA, he mentioned that oncologists spend more time per patient visit than physicians in any other specialty. I thought about the complexities of our visits and the shared decision process they require, and I agreed. But I also realized that an important part of our visit time is spent just listening to patients. For many of us, listening is probably the hardest part of the visit with a patient because of all the explaining and documentation we still have to do after listening. And yet, letting patients tell their stories may be the most therapeutic intervention we can make.

Reflecting on Jim's story, I realized just how important those last 5 years were to him and everyone around him. Sometimes, I wonder if we are really making much of a difference with the care we give in the last stages of cancer. But when I slow down and listen to the stories of our patients, our role—however late and small it might seem in the moment—is hugely impactful. In his email to me, Jim's son-in-law summed it up like this: "Your role in his story was vital. The way you listened, explained options, and treated Jim with both skill and dignity never went unnoticed. Our family saw it. We felt it. And we remain deeply grateful."

Last weekend, at our annual community education event for genitourinary cancers, we ended with a session for our community of cancer patients, which was essentially an open mic for patients to share their stories with one another without health care professionals present. I was surprised to hear how many patients stayed around to share experiences. These forums, functioning much like support groups, allowed patients to connect over their shared experiences with cancer. Patients' stories are important—to patients, to their families, and yes, to the oncologists who care for them. When we take on patients, we become part of their story. How we play our role can make all the difference in the end.

Sincerely,



Daniel J. George, MD

