Lucky to Be an Oncologist

Let it be written that oncologists are living in a golden age in the first part of the 21st century. We have been given the great privilege of caring for patients at a time in history with an extraordinary confluence of social, medical, and scientific factors centered on cancer. A century ago, infectious disease was the specialty du jour. New technologies led to life-changing discoveries: the causes of exotic illnesses like yellow fever; the introduction of antibiotics (or as it was called early on, “chemotherapy”); widespread vaccination programs. These incredible medical accomplishments were tracked and charted with public awareness of an unprecedented degree, in newspapers, movies, and literature. Sinclair Lewis won a Pulitzer Prize for his novel *Arrowsmith*, about microbiology research, and a generation of future physicians went to medical school after reading the *Microbe Hunters*.

Now oncology is having its moment. Cancer is everywhere. Hardly a week goes by without a news story heralding a new breakthrough in cancer treatment. Ads for cancer centers fill the airwaves and magazines. Cancer-themed books populate the best seller lists, and *The Emperor of All Maladies* won the Pulitzer Prize. At this time of year, nearly every weekend includes a charity event like a walk- or bike-a-thon in support of one cancer cause or another. A generation ago, cancer was still a taboo subject. Today, there is community and civic engagement with cancer to an unprecedented degree.

The surging interest in cancer reflects many demographic, medical, and cultural changes. An aging population, an epidemic of smoking, and progress against many other human ailments has pushed cancer toward the top of the list of causes of mortality in our country. For too many individuals and families, saying “cancer is everywhere” is a reminder of the thousands who are diagnosed with cancer each year. The federal “War on Cancer” brought billions of dollars to cancer research and heightened the nation’s awareness of the disease. Medical innovations provided less toxic, better tolerated cancer treatments that transformed the experience of cancer patients. The delivery of cancer care became highly sophisticated and included specialists in medicine, nursing, pharmacology, genetics, and social work, and cancer care is practiced in elaborate, highly refined physical spaces in dedicated cancer clinics. Ultimately, it is the amazing progress in scientific and clinical discovery that has put cancer in the forefront of our medicalized society.

This is not to say that all is well in cancer-world. Those of us who see patients everyday know all too well the limits of our clinical progress. The loss of federal funding endangers the research engine that has fueled progress in oncology. Changes in health care reimbursement threaten the golden goose that has built cancer treatment centers. Drug costs in oncology are becoming absurd, undermining the credibility of the pharmaceutical and biotech innovators who manufacture them. Real debates exist about the role of many cancer screening procedures, and the extent of cancer treatments, and the autonomy of clinicians in caring for their patients.

But make no mistake: the collective enterprise of cancer care is thriving, and it is a privilege to work in its midst. I was reminded of this last week when a patient gave me a book, *The End of Your Life Book Club*, by Will Schwalbe. This memoir charts the relationship between a mother being treated for pancreatic cancer and her son. Along the way, it captures many scenes from the day-to-day experiences of cancer patients and the doctor-patient relationship. The chemotherapy infusion center; the apprehensive wait for restaging scan results; the “new normal” of life as a cancer patient; the ways oncologists communicate with patients, and the way cancer patients share experiences with one another. The oncologist in the book is always on time in clinic; I took that as a gentle prod to amend my own always-running-behind ways.
The End of Your Life Book Club referenced another volume, Anne Lamott’s Help, Thanks, Wow: The Three Essential Prayers. Lamott’s inspirational volume identifies 3 prayers at the core of human need: help me, thank you, and wow, and describes the spiritual comfort that these prayers can bring.

In our own small way, oncologists are engaged in the work of those prayers. Our patients come to us needing help; they are grateful for the care we offer them; and once in a while—more often these days—we get to share in a “wow” moment when something marvelous happens. This is the blessing of being in oncology. We can provide the ancient and noble service of medicine, bring to our patients the latest in biomedical advances, share in a health care system that has put cancer care at the top of its priorities, and participate in a society and media culture heavily interested in cancer. From the microcosm of treating one patient in the clinic to the macrocosm of The New York Times coverage of cancer care, it is a lucky time to be an oncologist, and I am grateful for that every day.