

“Did we have beets with dinner last night?”



When the Doctor Becomes the Patient

BY THOMAS RANIERI

That was the question Mathew H.M. Lee, M.D., posed to his wife, Mary Lou, a former nurse, one night in the winter of 1998, after noticing that the inside of the toilet bowl had turned scarlet.

“You weren’t here for dinner last night, Matt,” she responded, wearing a puzzled look on her face. “You were in Chicago — remember?”

“Maybe I had beets in Chicago,” he retorted. His wife just stared at him.

“Hmmm,” he murmured as her words sank in. “Must be hemorrhoids.”

Within several days, a colonoscopy revealed that a large lesion loomed nearby his anal sphincter. “I cried,” Dr. Lee recalls. “I thought to myself, ‘Why me? Why now?’ ”

Indeed, earlier that year he had been appointed Chairman of NYU’s Department of Rehabilitation Medicine, the largest training program of its kind in the world. The year before, he had been awarded the Howard A. Rusk Endowed Professorship — all the more meaningful to him because it was the late Dr. Rusk, the father of comprehensive rehabilitation medicine, who had hired Dr. Lee, mentored him, and eventually appointed him the last, and youngest, full professor during his tenure. And a decade before that, Dr. Lee had been named Medical Director of the Rusk Institute, the world’s first academic facility devoted entirely to rehabilitation medicine.

As Dr. Lee prepared for surgery, the

past was eclipsed by the present and overshadowed by the future. To this man in the grip of fear, the world had suddenly shrunk to the size of a lesion. But it wasn’t just fear of the unknown that held Dr. Lee in its grasp. It was also fear of the known. “When you know too much,” he explains, “you focus on that one percentile you may not even fall into.”

Research shows that, to the physician — whose deep knowledge of science and medicine renders the stark, brutal realities of life and death undeniable — the need for denial is apparently that much greater. For the physician, a little knowledge is not a dangerous thing; it is a terrifying thing.

“To deny is to disavow unpleasant realities,” notes Benjamin J. Sadock, M.D., the Menas S. Gregory Professor of Psychiatry at NYU. “Beets will not produce anxiety; blood will. Denial is a healthy defense mechanism — up to a point.” Dr. Sadock was not involved in Dr. Lee’s care, but he is well acquainted with the unique, complex set of issues and challenges faced by physicians who become seriously ill. Having served as Co-Director of Student Mental Health at NYU Medical Center for 25 years, he has observed countless medical students and house staff grapple with “the doctor’s dilemma.” “The last people to mention the word ‘death’ are doctors,” explains Dr. Sadock, “because to them death is the enemy. This is why physicians often avoid visiting their hospitalized colleagues: to avoid facing their own anxieties about death and dying.”

This was not the first time Dr. Lee, now 75, had faced his own mortality. Growing up on the island of Oahu, where his father toiled in pineapple fields, he was hospitalized with pneumonia for nine months at the age of two. His mother later described to him how he was “bathed in love and care” by one family member or another every minute. “Some day you can give back,” she told him. He chose to do so by becoming a doctor, attending Johns Hopkins University on a scholarship and later earning his M.D. from the University of Maryland. While in the U.S. Public Health Service, Dr. Lee met Dr. Rusk. They later traveled to China, where they opened the first rehabilitation center in Peking. In 1962 Dr. Lee came to NYU for his residency in Physical Medicine and Rehabilitation.

Yet this time around, says Dr. Lee, the threat was different: “Cancer has a stigma. It lingers. It’s painful. It can kill.” Wanting the comfort of knowing that he would be in good hands, quite literally, Dr. Lee had his surgery performed by Kenneth Eng, M.D. (’67), the S. Arthur Localio Professor of Surgery, who had previously operated on Dr. Lee’s brother-in-law. More important, Dr. Eng had trained under the late S. Arthur Localio, M.D., who had pioneered a technique for preserving the function of the sphincter by removing the tail bone.

One month after Dr. Lee’s surgery came the next round of treatment: chemotherapy and radiation. “First they chop you up. Then they poison you.

Then they burn you. The problem with survival rates,” he says, “is that they don’t convey quality of life. I was out for three months, but it took three years before I felt well again. In retrospect, I should have had a colonoscopy years earlier.”

“I read some articles suggesting that Asians are very sensitive to chemotherapy and require less of it,” Dr. Lee recalls. “The chemo was causing painful lesions in my mouth, so we lowered the dose. Then I started to worry: ‘Did we lower it too much?’ They gave me medication for depression, but no one figured

expert on the subject and has written a comprehensive guide to pain management. “I took medications by the bucket,” he recalls, “even tincture of opium. Nothing helped. Pain within the autonomic nervous system is not the kind you can easily block. I even acupuncture myself, pulling the needles out before the residents made their rounds. When I finally went home, the only way I could sleep was to throw a blanket over the banister and lean against it. At social events, I worked out a code with my wife so that whenever I put a medicinal lollipop in my

Kettering Cancer Center. “Doctors fear illness much more than other people do. Having a cadaver as your initial patient and object of study instills the notion that illness and death happen to others. This defense works until illness strikes the doctor or his colleagues.”

“The unconscious pact with the Creator that physicians make — we will take care of the sick, and You will guarantee us good health — makes it hard for them to realize that they, too, are mortal,” writes Howard M. Spiro, M.D., Director of the Program for Humanities in Medicine at Yale University School of Medicine and editor of the book *When Doctors Get Sick*. “Just as the white coat symbolizes power and entry into our mysteries, the hospital gown, open at the back, stands for humility and exile. Although they turn hypochondriacal in medical school, most physicians learn to see themselves as invulnerable.” As Dr. Lee puts it, “The beauty of being a physician-patient is that you can understand what you see, but that doesn’t mean you can deal with what you see.”

The challenges of being a physician-patient extend to the physician-caregiver as well. In his article “When the Patient Is a Physician,” published in *The New England Journal of Medicine*, Peter M. Marzuk, M.D., Associate Professor of Psychiatry at Weill Cornell Medical College, describes a “common but unconscious collusion” that requires both parties to be vigilant. Some physician-caregivers err on the side of providing too little information for fear of insulting their colleague, he explains, while some physician-patients ask too few questions for fear of seeming ignorant. “It’s a delicate dance,” says Dr. Marzuk, “and it can create a serious information gap. What you can do is tell your physician that you want to be treated like a patient.”

In 2003 that dance would bring a new round of partners. An abnormality in Dr. Lee’s blood work eventually led to the diagnosis of lung cancer, related



MATHEW H.M. LEE, M.D., AT A RECENT COMMENCEMENT CEREMONY

out that it would prevent me from urinating. Now I was *really* depressed.”

“Even for a physician like me,” says Dr. Lee, “the whole process — the information, the test results, the choices — can be overwhelming. Coordination of care is critical. The left hand should know what the right hand is doing. I consider myself very fortunate to be in the best of hands: Dr. Tony Grieco, my internist, Dr. Howard Hochster, my oncologist, and of course my surgeon, Dr. Kenny Eng.”

Dr. Lee characterizes his overall pain as “beyond description,” which says a lot, considering that he’s a leading

mouth, she knew it was time for us to exit politely. The only relief I found was in the shower. The hot water was very soothing. It hid my tears. I told my minister that if someone invited me to shoot myself, I just might.”

Being a pain specialist who couldn’t relieve his own suffering made the agony even worse, says Dr. Lee. But when any doctor becomes a patient, or “wounded healer,” the journey is full of such ironies. “One of the hardest things for a doctor to be is a patient,” notes Norman Straker, M.D., a psychiatrist who is one of the pioneers of psycho-oncology and a consultant to Memorial Sloane-

to the primary tumor removed from his rectum. Fearing metastasis to the brain, Dr. Lee's team of physicians recommended surgery followed by prophylactic chemotherapy. He agreed to surgery, in which two lobes of his right lung were removed, but declined chemo because one of its potential side effects — a permanent loss of feeling in the hands — would render him unable to practice acupuncture.

"Every doctor I knew said, 'Treat, treat, treat,'" Dr. Lee recalls. "But they weren't in my shoes. My daughter said, 'Daddy, why are you doing this to us? Don't you love us?' I called a childhood friend at M.D. Anderson Cancer Center. 'Charlie,' I said, 'I've got a problem. But I don't want any more treatment. Tell me if I'm crazy or not. He said, 'No, Matt. But don't Monday morning quarterback your decision.'"

After recuperating from his second surgery, Dr. Lee took his family to the Arctic, where they spent two weeks on a Russian research vessel. "Everybody came looking for me, wondering why I didn't show up for treatment," he recalls. "I decided enough is enough. I said to myself: 'You've been very fortunate. You've accomplished enough in your lifetime so that you can lie down and rest. Whenever I start feeling sorry for myself, I just look at all these kids in wheelchairs, and I think, 'Come on, knock it off.'"

"In some ways," says Dr. Lee, "the fear is worse than the illness. We'd all like to die in our sleep, free of disease. But that's not life. The most important thing is to avoid the half-empty-glass syndrome. Rusk keeps me going. I love this place. We've trained more than 20 chairmen of rehab departments in the U.S. and six others abroad. I accept high tech. But you must also value high touch. That's our strength. I'd like to live long enough to be the one who passes on the baton to the next generation."

Dr. Lee says he finds comfort in his family, patients, colleagues, and faith. After his first surgery, Dr. Eng had

remarked to him that he had never been greeted outside the OR by 12 family members at once. As for his patients, Dr. Lee insists that "they're treating me as much as I'm treating them." One of them, James Goodman, says that when Dr. Lee was out of commission, he wouldn't let anybody else perform acupuncture on him to ease his arthritis pain. "I just suffered until he came back," says Goodman. Just before Dr. Lee's lung surgery, his fellow chairman and next door neighbor, Thomas J.J. Blanck, M.D., Ph.D., Chairman of Anesthesiology, offered some reassuring words: "I'm watching, Matt."

Sometimes, it is Dr. Lee himself who is the provider of comfort. "I received a note from one of my colleagues at NYU who had just been diagnosed with lung cancer," he recalls. "He was writing to me for practical advice. But something told me that he was also writing to me because he felt that I shared his perspective. He signed the note: 'A Physician in Need.' Aren't we all?"

To cope with the vulnerability they feel from being perpetually surrounded by illness and disease, physicians, say experts, often adopt a sense of invincibility. "They may be driven by an unconscious need to feel omnipotent," writes Stuart A. Schneck, M.D., in his article "Doctoring Doctors and Their Families," published in the *Journal of the American Medical Association*. "Many physicians rarely take sick leave and often work when they feel significantly unwell. These characteristics have been termed 'the disease of being a doctor.'"

Dr. Lee explains that while he would never describe his illness as "a gift," the way some people stricken with cancer do, it has enlightened him in many ways. For one thing, he says, he's learned that mind, body, and spirit are interrelated. "A couple of days before my lung operation," he recalls, "I got a message from my mother at 2 a.m. I felt a force coming into me. There's a Chinese custom: after a loved one dies, you leave a light on at night so

that they can visit. I felt my mother coming home. I don't know how to classify it. Physicians are conditioned to believe only what can be measured and proven. But there are forces we just don't understand."

In July 2006 another routine blood test showed that Dr. Lee's sugar level was slightly elevated. A scan revealed a tumor at the tail of the pancreas. Dr. Lee was heartened to learn that his was one of the earliest diagnoses of pancreatic cancer ever made at NYU, and that the tumor was not linked to the primary cancer in his colon eight years earlier. But he was heartsick to hear the newest recommendation: surgery followed by six months of chemotherapy. "You listen to the diagnosis," says Dr. Lee. "You ask about the prognosis. You live for every word."

More than half of Dr. Lee's pancreas and his entire spleen were removed, putting him at risk for diabetes and infection, but he declined chemotherapy. After his recovery, Dr. Lee visited his native Hawaii, the trip no doubt kindling thoughts of his first brush with death so long ago.

During a follow-up scan of Dr. Lee's pancreas last November, a new spot appeared — this one on his liver, this time related to the primary cancer. By January 2007, in the span of just two months, the lesion had grown fourfold. The right lobe of his liver was removed by Dr. Eng, but that night Dr. Lee hemorrhaged, requiring lifesaving surgery.

Weeks later, Dr. Lee was back in his office, the same one long occupied by Dr. Rusk. "Right now I feel great," he says. "But the cloud is always there. One night before my pancreatic surgery I woke up at 3:30 a.m. with the same feeling I had before my lung surgery three years ago: a surge of energy entering my body. 'Ma?' I said, 'Is that you?' I just started to cry. My wife held my hand. 'I'm gonna be all right,' I told her. And I was. And I am."