



Found in translation: a medical student's reflection on the emotional realities of translational cancer research

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The packed snow yielded its familiar crunch with every step I took. Behind me, the winter daylight faded as darkness crept through the cloudless sky. With each step forward, the brick walls of the cancer centre loomed larger ahead. This was my destination for the evening. Despite my fatigue after a day of classes and clinical sessions, I believed these hours—and many more like them—were justified, for they were spent in pursuit of worthwhile scientific goals and were ultimately in service to patients.

Now inside, I climbed steadily up the stairs, past waiting rooms and clinics now dimly lit and deserted. I soon emerged from the stairwell and headed for the lab, boots squeaking as I contemplated the busy evening ahead. Swinging open the heavy lab door, a warm, inviting smell rushed forward to greet me. There, sitting atop the office fridge, was a full plate of homemade cookies, all in familiar Christmas shapes, with glittering sparkles and a snowy dusting of sugar.

Mary must have dropped them off earlier today. I pictured her at home baking batches for friends and family. Yet she had remembered to tuck some away for the “lab rats.” This and Mary’s other offerings were a godsend for late evenings when dinner stretched further away with each passing hour in the lab.

I first met Mary at a fundraising event. After her cancer diagnosis, she and her husband Jim became very involved with an organization in our city that supports ovarian cancer research conducted locally. That evening, scientists and students were on hand to answer questions about the work. Mary, a retired neurology nurse, was always a keen listener. When she did speak, her voice was soft and gentle. I remember wondering whether the subtlety of her demeanor was natural or whether the toll of her diagnosis had subdued a once-vibrant personality.

In the subsequent months we spoke occasionally. She would visit the lab when at the cancer centre receiving treatments. Our conversations, though brief, were a meaningful reminder of the person affected by this disease, a fact sometimes overlooked when working with

de-identified tissue samples. What was most exhilarating was the importance she placed on our research and how much it mattered to her. Mary’s endorsement justified the tedious hours spent in the lab. It was a kind of validation, a reassurance that my efforts actually did matter.

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Last December, things were different. No cookies were delivered to the lab as Christmas drew near.

Classes had finished, and I had returned home for the holidays when I received the e-mail from my supervisor: Mary had passed away earlier that morning. The sadness came first; this emotion I understood and expected. What surprised me was the sense of guilt that followed. Why guilt? Surely I had not expected our work to deliver her an eleventh-hour cure. Of course not, and neither had she.

The vague uneasiness I was feeling shifted in and out of focus as I tried to understand. Eventually it occurred to me how one-sided my relationship with Mary had been. Since her diagnosis, she had summoned the strength to brave surgery and chemotherapy as well as the mental fortitude to accept and live with the possibility of recurrence. Finally, when the disease returned, she had to come to terms with her own mortality—a very tangible and imminent reality. Since meeting her, I had derived powerful motivation and validation from her story, and yet in return I had offered her nothing more than intangible possibilities of future therapies she would never live to see. Worse still, I feared that she had been reduced to a motivating anecdote that kept me coming back to the lab. Did I let this brave woman’s journey become a mere backdrop, setting the stage for my own ambitions?

I had not anticipated such strong feelings, but I realized that circumstances like these would recur over the course of my medical training. During clinical clerkship, there might be instances in which I gain knowledge as a result of a patient’s suffering or even their death, and yet that patient will likely gain nothing from me in return. But rather than decrying my own selfishness, I now believe that absorbing everything from these experiences is the best way to honour my patients. I decided that it was alright for Mary’s memory to motivate my efforts and ambitions, as long as I ensured that those efforts would serve future

This personal reflection involves a patient who is now deceased. At the request of the patient’s husband, and in keeping with the patient’s wishes and values, real names have been used.

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patients like her rather than my own self-validation. It was the right way to respect Mary's memory.

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Later that day, I sent a note to Mary's husband offering my sympathy for his loss. I soon received a reply, of which one sentence has really stuck with me: "Mary could not control the disease, but the research lab gave her a focus for fighting it and helped her to deal with the reality of

mortality." Perhaps Mary had found some value in our conversations after all, though it could not have matched the lasting impact she had on me.

CONFLICT OF INTEREST DISCLOSURES

I have read and understood *Current Oncology's* policy on disclosing conflicts of interest, and I declare that I have none.

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