

## Commentary on Ill Feelings

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**Asian Journal of Complementary and Alternative Medicine. Volume 10 Issue 01**

Published on: 11/01/2022

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**Cite this article as:** Dawney G. *Commentary on Ill Feelings*. Asian Journal of Complementary and Alternative Medicine, Vol 10(1), 1-1:2021.

I wrote this article in response to picking up a Pancreatic Cancer in a man in his 60's. He presented with fatigue and weight loss and so I did a standard set of bloods. Most were normal apart from an Hb1ac of over 100. However, his weight loss, he told me, had been controlled. He had weighed almost 20 stone and been trying to lose weight. However, I remembered an exam question on new onset Diabetes in the over 60's with weight loss and so after some deliberation requested an abdominal CT scan.

I remember the result giving me such mixed feelings. As though there were two separate voices in my head reacting at once. My professional identity felt a sense of pride and satisfaction that I had picked up this cancer, and that my intuition and diagnostics had been on the mark. After so many hard years of training I was now actually diagnosing real illness using what I had learned. I even had some colleagues congratulate me which, I have to admit, felt good.

However, there was also another part of me that felt devastated. The last thing I want is for anyone to be ill, let alone have a terminal illness. From a human perspective I just don't want anyone to suffer. So to then be involved in the discovery of it was bordering on heart-breaking. My Aunt died of Pancreatic Cancer leaving 3 children in their teens when I was 13, so I have always had a sad connection to this particular disease.

It was as though my rational left brain and creative right brain were pulling in totally different directions. On the one hand my ego felt satisfied, on the other my humanity felt bereft. The left leapt while the right wept.

It led me to ponder on the nature of being a doctor, and the conflicting forces that are at play in the work that we do. Essentially our jobs exist because there is disease, it is the existence of suffering and pain that pays our wages. We train for many years under extreme pressure to learn and refine our craft, it can be a punishing and exacting process that takes

a high degree of single-mindedness and dedication. At the end of this training we want to be in a position to put our knowledge and experience to good use, to the benefit of those who come to us seeking help.

Yet so often when we do use this knowledge the results can be deeply sad, our discoveries turn out to be major moments in the lives of others that mark a point of no return. Our instincts and honed acumen find the cause, but then are at best able to delay the inevitable rather than offer a curative solution.

In most skills and professions, the acquisition of skill, knowledge and experience lead to increased capability and job satisfaction. Of course, that is true of our profession. However there also exist a deep paradox at the heart of being a doctor, that we are invited to live in both the objective and subjective realm at the same time.

No wonder so many doctors find the emotion of the job so draining that they turn to the safety of rationalism to survive the job. Much easier (and perhaps safer) to stay in the left side of our brain in order to data collect, interpret, diagnose and manage. Much more sensible to see the patient as simply a biophysical reality in which disease is present than to connect with the fact they have a life full of meaning just like ours. A life of stories and connections that are soon to be tragically lost once certain diseases reach their fulfilment. If we truly look deeply at our patients, we will see they simply present a possible version of ourselves that may come our own way one day. We are human, like them, after all.

The diagnosis of this man brought all this to the surface for me. As doctors our profession asks us be rational, yet our patients also ask us to be human. How we manage to hold these opposing threads in both balance and tension is what will ultimately not only define our careers but also the lives of our patients.