

Dr Doon O'Riordan talks to Niall Hunter about how having terminal cancer has made her reassess how she lives, how it has made her think positively and helped her become a warmer person.



“Living in the day”

Six years ago consultant radiologist Dr Doon O'Riordan noticed she had put on weight. She thought this was unusual, as she was extremely fit and had just increased her exercise regime in preparation for a ski trip., She feared the worst. "I immediately thought I must have ovarian cancer, as putting on

weight around the abdomen is a classic symptom. As a radiologist you tend, like many doctors, to see the worst-case scenario as my specialty tends to see all the patients who are not doing well."

Doon decided to do an ultrasound scan on herself. "To my great horror, my fears were confirmed." She contacted a medical colleague and following ultrasound and CT scans the diagnosis was reconfirmed. The outlook for Doon was poor-stage three ovarian cancer which had spread beyond the ovaries. So began a long and challenging process in which she has come to terms in a positive and strong manner with her cancer, which despite surgical treatment and chemotherapy, has recurred twice. During this trying period she has also seen her marriage end and a new and happier relationship begin. She has also, she believes, become more in touch with her emotions and a warmer person.

“Living my life-not my death”

Doon has benefited from the support of many people in her life; from her family and friends and many non-medical colleagues, but especially from her children. She has a remarkably positive attitude to the inevitable and is living life to the full.



Doon knows that the chemotherapy treatment she is on at the moment, following her second recurrence, is not being performed with a view to cure but for 'keeping a lid on things and trying to stop the tumour growth.' Of the many and varied emotions she feels, there is the sadness that she will not see her children, now in their twenties, settle with a life partner or see any grandchildren. She has, however, helped her daughter through her final exams in applied psychology. "One of my many feelings is pride in my children and happiness that I had a chance to let them know how proud I am of them." Being in a new relationship, too has helped, and her partner too, has been extremely supportive, making a huge difference to the final stages of her life. Despite her illness, Doon has travelled as much as possible, including journeying to see her youngest sister in Canada after the birth of her first baby. She has even gone skydiving!

While for anyone, getting cancer is obviously a devastating experience, Doon believes doctors who become seriously ill can encounter their own particular problems because of who they are and how they work. "As a doctor, you are not supposed to get seriously ill. It is almost as if you are 'letting the side down.' From the very beginning we have this 'macho' attitude to illness which applies to women as well as men in medicine. We feel we have to go to work even if we feel 90% dead, otherwise it's a sign of weakness." Many doctors, she feels, find it difficult to come to terms with serious illness, either in themselves or in others. "There was one doctor acquaintance who crossed the road rather than face talking to me. I knew she had seen me approaching but she could not cross the road fast enough." Dr O'Riordan feels that although doctors are better nowadays at empathising and communicating with their patients, "when it comes to ourselves or our colleagues we often do not have the emotional vocabulary to deal with serious illness."

Another thing that struck Doon as she tried to cope with her illness was the lack of support there is for doctors who get very ill. "A consultant in a hospital, for example, will be reluctant to go to human resources or occupational health for advice and there is nobody really within the wider hospital context to where the consultant can go. In the same way a GP might be in a similar situation where they may not necessarily want to go to someone else in their practice."

As to why a seriously ill consultant may be reluctant to use any resources in hospital, Doon believes this may be due to their self-perception. "We tend to think of ourselves as somehow different. It is tough to train to be a consultant and to get a consultant post. Others often think of us, and we indeed consider ourselves sometimes, to be slightly 'different.' This tends to be reinforced throughout our training so that there are not that many people 'high up' in the hierarchy at work to whom you feel you would be able to go for advice and support." Another issue is that junior hospital doctors are very dependent on references. "The competition for jobs is so intense that doctors will be reluctant to jeopardise their chances by going absent from work through illness, no matter how ill they may be. Basically doctors do not want it to appear that they cannot 'hack it'." Doon believes stress and its consequences is a serious problem in medicine. "We cannot admit to stress because we are supposed to be above such things, when of course we are not. There is a high level of stress and often, addiction problems in the profession."

While Dr O'Riordan points out that a major advance has been the Irish College of General Practitioners' launch of a health in practice programme to provide confidential assistance to doctors with health problems, she feels there is a definite need for a specific health in practice-type programme for hospital doctors. She is also concerned that many doctors do not have their own doctor and that doctors usually do not charge each other for consultations. "I believe we should charge each other in the medical profession. I feel this places a consultation on a very professional level and avoids 'corridor consultation syndrome.' A solution is to offer a professional discount of whatever one feels appropriate, but a definite charge is very important; the doctor treating another doctor should start a

consultation with a personal catch-up, then change over after a suitable time to a very clear professional mode."

As to her own condition, Doon has learned to cope with her situation and embraces life with an admirable verve and optimism. 'One day at a time'; may be a cliché, yet Doon is indeed taking this route and cramming as much as she can into what little time she may have left, which could be a matter of weeks or months.

Doon says that there are some very useful books that can help patients in her situation. "An American surgeon, Bernie S Siegal, has written a book called 'Peace, Love and, Healing.' He had never been able to figure out why some cancer patients at a similar stage of the disease did better than others. He looked into it and concluded that it was all down to attitude, with the patients who decided to get the most out of their lives doing better. "When there was a recurrence two years after the initial diagnosis, following which I had to undergo surgery and chemotherapy again, I went to cognitive behavioural therapy specifically for life-threatened patients and cancer patients. This was run by a therapist called Sean Collins and the theme is 'tipping the scales'; in other words, how people with serious illnesses can tip the scales in their favour by changing their thought processes and by using meditation, yoga and exercise. I found this very helpful." Doon also saw a counsellor for over a year after the recurrence. "My aim in doing this was to ensure that if I looked after my psychological health it would not impact on my physical condition. Again, this proved very helpful." Before the cancer, she feels she was emotionally quite withdrawn and often suppressed her feelings.



"After the cancer came back for the first time I did a self-development course called the Hoffman process. This involves an eight day residential course. They hand you a folder, and on the back of it is a list of feelings and emotions."

This, Doon admits, was a territory she had not been in before. Apart from her relationship with her children, she believes had tended to be emotionally closed off. Now, she feels she is warmer and more relaxed. "The Hoffman process was very useful, because it helped me deal with feelings and emotions and importantly, helped prevent these negatively affecting my physical health."

Doon looks well, especially as it looked at one stage as if she would not see out 2005. "Last summer it looked like I might not make it past six months so around that time I started seeing a counsellor whose area of experience is cancer patients. I had particular issues which I felt that this counsellor might be experienced in; issues to do with 'sorting out my affairs' in my head, rather than legal affairs, and dealing with things like death. I continue to see this counsellor and these sessions are extremely useful."

Doon gave up her radiologist post in the Blackrock Clinic in 2003, but had been doing the occasional locum until June of last year. "I am really taking things a day at a time. Although the cancer has spread and there are tumours in my liver, I am feeling well and I am not fading. I know from experience, however that when the cancer eventually 'takes off' it will not take long, so I am determinedly hanging onto each little bit of life and enjoying it as much as I can."

Asked what advice she would give family members or friends of a person with cancer, Doon O' Riordan says the most important thing is to take your lead from the sick person. "If the person is open about it, and wants to discuss emotions and feelings, as I have, you should take your lead from that, but even if the person is in denial and feels some topics of discussion are 'out of bounds' you should respect this too. One woman I know who was seriously ill said she had been given the all clear, when she had not, but that was what she wanted to hear. "If you are a family member, you should encourage the ill person to have the occasional rest so that they can enjoy family events, even for just a short period. If there is something the ill person really wants to do, they should just do it."

Doon says there is research evidence which indicates that taking part in physical activity can help the cancer patient. "I was always very sporty

and active and have tried to keep active. Cancer does not like oxygen so if you can keep your oxygen intake up, and keep in as good a shape as you can it can make a difference."

Doon believes family and friends should where possible encourage the ill person to continue to live their life, not their death. 'Words of wisdom' on the lines of 'we know not the day or the hour' or 'sure we're all going to die sometime' are well-meaning but best avoided, Doon feels. "People often do not have the vocabulary to deal with another person's serious illness, but often a very simple word or gesture is all that is needed. Even if you cannot think of anything to say and have rambled on about inconsequential things when with the person, drop a line to them afterwards saying you are thinking of them at this time. This will make it easier for you to face the ill person the next time you meet them.

"Touch is also important. I once had a patient I was doing tests on whom I knew was very ill and I knew when I scanned her things did not look good. When the scan was over I touched her elbow with my hand and explained that I needed to do some more tests. She actually said : 'thank you so much for touching me.' I decided from that day on to always do this with patients. I think the seriously ill person often appreciates physical contact. It does not have to always be a big hug and kiss but whatever people are comfortable with. Asking 'is there anything I can do' if you meet a family member of an ill person is often appreciated too." Having a sense of humour around an ill person can also be important in dealing with what is a difficult situation. Doon says there has been much 'gallows' humour expressed in her family during her illness, which has been very beneficial.

She admits, however that some matters may be just too upsetting to discuss with family members, and it can in these circumstances help to talk to someone fairly neutral outside the family circle. "For example, the first time I went to cancer psychotherapy I was upset greatly by the prospect of not making it to my daughter's graduation this year. The psychotherapist's attitude was that in this case my ego was just having a 'hissy fit'. Her emphasis was that you should keep your ego out of things-live in the day. If there is a chance that you might not experience something in the future there is nothing you can do about it now."

Doon's daughter has just finished her final exams, something last year her mother didn't believe she would witness. The graduation is on the horizon, but Doon is taking things as they come and living in the day. At the time of the interview she was looking forward to her brother's impending 50th birthday party.

"It is not that I do not have hope. At this stage of my illness I have an acceptance of what is going to happen. I have burned around 5,000 photos of my children; a record of their childhoods, onto a DVD. Funnily enough, I have never felt anger, although many with cancer do feel this. 'Acceptance' is the best way to describe how I feel. In the meantime, I am living my life and not my death."

This Article appeared on www.irishhealth.com

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