

EDITOR'S NOTE

Through this column, we hope that practitioners in general medical settings will gain a more complete knowledge of the many patients who are likely to benefit from brief psychotherapeutic interventions. A close working relationship between primary care and psychiatry can serve to enhance patient outcome.

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Keeping Cancer in Perspective

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Specialization in medicine is about a doctor in training choosing an area upon which he or she will concentrate. It involves additional education specific to that area and, if that education is continued as the doctor ages and time passes, it may produce an "expert." It is apparent that, as one becomes more and more narrowly specialized, however, one's knowledge and awareness decreases regarding areas peripheral to that central concern.

One way to combat this tendency is to recognize these ancillary areas in the care of the patient and to make provision for their treatment. Today's well-trained oncologist is often well aware of his or her patient's need to accept and adjust to cancer. Some doctors, still ahead of their time, have brought practitioners skilled in aiding adaptation into the treatment environment to talk with their cancer patients.

As one such practitioner, I have encountered many different life circumstances that form the context for a patient with cancer. One common situation arises when the index patient has lived a healthy life to date and must suddenly confront decisions regarding surgery, radiation, and chemotherapy. Life changes abruptly as it revolves around appointments with various doctors and the symptoms of disease along with the side effects of treatment. Plans may be put aside. Usual patterns are disrupted. Mortality may be confronted. Anxiety often surfaces. Depression may occur. There are multiple triggers for anger.

CASE PRESENTATION

An oncologist colleague referred to me a 60-year-old female accountant, married for 35 years, with 2 grown children. Ms. A's premorbid (prior to the diagnosis of cancer) health was excellent. She had never been hospitalized (except for childbirth). She did not smoke or drink alcohol. She was neither hypertensive nor diabetic. She exercised regularly and maintained a healthy weight. Her cholesterol was within the normal range, and she had no heart disease. She was postmenopausal and without gynecological problems.

Ms. A's marriage had been happy. Her children had maintained good contact with their parents. Her work was rewarding. She loved music, dance, and cooking. She and her husband fished, boated, and traveled together. She loved to entertain friends.

Then, at age 58 years, a routine colonoscopy led to a diagnosis of colon cancer. Surgical resection and chemotherapy followed. There were follow-up computed tomographic scans. One year later, a scan revealed several areas of liver metastasis. More chemotherapy was prescribed. Ms. A became clinically depressed, and a selective serotonin reuptake inhibitor drug was prescribed and was helpful. Three months after the spread of cancer was detected, Ms. A appeared in my office.

"I had a perfect life," she said to me, "grown kids, loved my husband, loved my job, and I was always in control. It's not easy now to be a

