but still I did not feel ill, so how could I be dying?

A telephone call to tell of the necessary x ray examination now caused my mask to crack. I went into the staff room and shook. I cried inside. Bouncing back was getting more difficult. My suffering was mine and I wanted to take it and hide. We live in a society which does not encourage an admission of weakness. We are urged to be strong and to fight our cancer. No one is expected to fight any other disease so why can't we accept it and flow with the tide?

An hour later I picked myself up, mentally dusted myself down, and went for the required x ray examination. A later appointment with the radiotherapist brought me my first good news. The x ray report was clear, the lesion in my liver did indeed look like a cyst and, provided no other secondaries could be found, a urologist would operate to remove my para-aortic glands.

The following day I had more scans, but now I prayed. Until now my position had been so grim that I felt beyond hope. The way we accept our cancer comes from who we are, our past experiences, and our perceived future. Now I perceived a future. I had to wait four long days for these results. I will never again tell a patient not to worry—the results will be out soon. These

days are endless, life goes into limbo.

Five weeks after my initial scan I was in the operating theatre. This time I had no anger; I was too frightened to feel any other emotion. Yet still my mask was in place. For one brief moment I experienced what I imagine to be the peace of death. I realised that if I was approaching death I had to do so as myself, not as a wife or mother. I remembered voices while in intensive care. I saw no faces, but one voice told me that my life had been saved.

"I will never again tell a patient not to worry—the results will be out soon."

I drifted in and out of sleep feeling safe and secure.

Six days later the surgeon sat on the edge of my bed and drew me a diagram which gave me hope, not of a couple of years of life, but of a life itself. My para-aortic glands were seemingly quite clear, the tumour had recurred on the remains of my renal vein. I have never felt so much gratitude towards another human being. This man oozed confidence and I have responded to it.

I returned to work three months after my

operation, the physical damage took time to repair. Mentally I feel fine. I know that I have had secondary cancer and that some day it may recur, but I can live with that. I have learnt so much about myself, and if I do not die from cancer then it will have been a worthwhile experience. I only pray that if I do die from my cancer then I will be able to embrace death with serenity.

My family all reacted differently. My husband now accepts that there are no guarantees and that life is transitory. My youngest daughter spent months creeping about the house, afraid to upset me lest any imbalance in the fine thread of survival could spark some kind of retribution and my cancer recur. My oldest daughter told me that on the morning of my operation she lay on her bed and could not imagine a tomorrow. But tomorrow always comes and somehow we survive.

Every patient has a story to tell and as health care professionals we must allow patients the time and opportunity to share their experiences. The feeling of helplessness when we cannot alleviate suffering must be put into context. Often a touch of the hand, a smile, or simply being there, can bring a comfort that may never be expressed or measured.—SANDRA MCGREGOR is a radiographer in Glasgow

MEDICINE AND THE MEDIA

BBC2 *A Weight on their Minds* 25 July

Feeding anxieties

Devoted to eating disorders in children and adolescents, *A Weight on their Minds* will have succeeded in raising anxieties about this fascinating problem. But it offered little in the way of realistic help or guidance. The focus was an unfortunate 9 year old girl, whose name I will not repeat here but who was clearly identified throughout the programme and whose friends will now know that she does not eat, that she feels desperately miserable, and that her parents find the idea of child psychiatric treatment so ghastly that they are quite unable even to say the word "psychiatrist." We were also exposed to the editor of a magazine for teenagers, who said that she would love to show girls of normal shapes and sizes in her fashion spreads, but unfortunately the clothing manufacturers keep sending her these very small outfits, so she has no choice but to fill her magazine with pictures of superwaifs.

The casual viewer is likely to have gleaned the following from the programme: the prognosis for eating disorders is terrible; society is at fault and ought to change; a representative sample of schoolchildren think that thin people are healthier and more attractive than fat people; all the treatment for eating disorders is in the private sector or entails school based individual psychotherapy

Unlike fashion magazines the *BMJ* has no problem showing girls of normal shape and size

and theatrical events; and, lastly, some things called genetics and personality play a part. But unfortunately all of this is either incorrect, half baked, or old hat.

So what are the really interesting or really useful issues, for children and their parents faced with this problem, which might have been highlighted? Firstly, the prognosis is rather good, especially for teenagers still living with their parents and those who have

not begun to binge and vomit. In fact, it may even be self limiting in some cases. Secondly, there are effective outpatient treatments, widely available in the NHS, which entail a combination of focused family and individual therapy. Neither family therapy alone nor long term individual psychotherapy alone is the treatment of choice for this age group. Thirdly, the genetic studies are interesting but remain for the moment rather speculative. Fourthly, whatever the cause of anorexia nervosa, the pathophysiology of starvation should not be underestimated. People who take in too few calories for whatever reason become cranky, irritable, and paranoid, and this is ghastly both for them and for those who care for and about them. Finally, trying to change society, whatever that means, would seem to be something of a lost cause—certainly the average 14 year old cannot wait that long.

The explosion of media interest in the postulated epidemic of child mental health problems ought in theory to help troubled children and their families. After all, there is no such thing as bad publicity. But to achieve good publicity for mental health issues one needs to do one's intellectual homework, and not talk only to the private and charitable sectors. One might also like to think twice or even thrice about invading the privacy of a troubled child, even with her and her parents' consent. After all, this is a girl who does not know how much to eat, and whose parents cannot face the obvious. Were they able to give the BBC informed consent? I think not.—MARK BERELOWITZ, consultant child psychiatrist, Royal Free Hospital, London