Learning From Gus

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Disclosures of potential conflicts of interest may be found at the end of this article.

Key Words. End of life • Palliative care • Medical ethics • Anaplastic thyroid cancer

We couldn't go to the park without seeing Gus. One of the many perks of living in New York City is the proximity of Central Park and its charming zoo. My son, a rambunctious toddler, loves the zoo, particularly its resident polar bear, Gus. I honestly cannot explain my son's infatuation with Gus. Perhaps it was Gus' affinity for playing with oversized toys in the water, his sheer size, or just the capricious whim of an impressionable boy. In many ways, our family trips to visit Gus were cathartic. As a head and neck surgical oncology fellow, there is no better way to escape the stress of treating advanced head and neck cancer than by chasing a boy around a zoo.

Recently, I was managing the care of another robust New Yorker, in this case, Mr. M, a middle-aged family man with anaplastic thyroid cancer. The patient was well aware of his grim prognosis and that his life expectancy was likely measurable in months, at best. We bonded instantly. A hard-working family man and a pillar of his community, Mr. M was the kind of patient who, despite his condition, would look you in the eye, answer personal questions directly and honestly, and express his gratitude without pretensions, even when he knew that we had little to offer. Our team, along with Mr. M and his family, were dealing with the myriad complications associated with his inevitable disease progression as we tried to maximize the quality, if not quantity, of his remaining days. The anticipatory grief was painfully evident in the faces of his family, even more so after his demise weeks thereafter.

Around the same time, I was saddened to learn of Gus' death and even more saddened to realize that I was going to need to share an important life lesson with my child, who is too young to contemplate its meaning. But I soon realized that Gus' story hit

closer to home. Apparently, Gus developed dysphagia. During a sedated examination, a large and inoperable thyroid mass was found, and Gus was euthanized.

The parallels were striking, even if my patient did not weigh 1,000 pounds or eat seals (to the best of my knowledge). Of course, the outcomes and medical decision making were

radically different, as they should be. Medical ethical principles apply quite differently to human beings and Arctic mammals. But the coalescence of these life events made me think about how we deal with loss in our roles as doctors, patients, and parents. The look on my son's face as he searched for Gus within his now-empty enclosure was quizzical, not mournful. He readily assumed that Gus was just hiding. But watching my son, I was mourning the loss of a patient I cared for, because of the unfairness of his death as well as my inability to prevent it.

So how did I deal with these internal struggles while simultaneously fulfilling my parental responsibilities and avoiding my boy's inevitable meltdown when Gus was nowhere to be seen on a subsequent visit? By going to the Bronx Zoo, where the resident

Gus' enclosure at the Central Park Zoo.

polar bear (whose name I do not know) is alive and well. As we approached the exhibit, I directed my son toward the enclosure just as he ran in the opposite direction, yelling, "Daddy, let's go see the brown bear!" I suppose in medicine, as in parenthood, we move on, taking our memories of people, and bears, along for the ride.

DISCLOSURES

The author indicated no financial relationships.

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