



“... for the secret of the care of the patient is in caring for the patient.”

— FWP

Michael J. Lehner, BS

# Chicken-Fried Steak Changed My Outlook on Medicine

**M**ichael, I have some bad news. Your Mom doesn't have the flu. She just started her first round of chemotherapy,” my father told me as I took a bite of chicken-fried steak.

The bolus stuck in my throat while I tried to make sense of the news. My father continued to explain that my mother had recently been diagnosed with stage IIIA lung cancer. She was scheduled to receive a lobectomy in a few months, and radiation therapy was to follow. I had a million questions. Why was this happening? How had this illness come so seemingly out of the blue? A pit formed at the bottom of my stomach. I looked down at my food and felt nauseated.

Despite my shock, time moved forward, and an opportunity arose. The palliative care department at a nearby cancer center was offering a summer preceptorship for a first-year medical student like me. Reading the description of the program sent my mind racing. I feared that I would be too emotional to offer much support to critically ill patients, yet I could not rid myself of the feeling that working with them might be therapeutic. Perhaps I could better face my own demons. I could not shake the feeling, so I applied.

Ironically, I was not able to start the preceptorship on time, because my mother wasn't doing well. After enduring 25 radiation sessions, she was barely eating, she wasn't taking her pain medication, and she couldn't leave the house. My attending physician allowed me to postpone my start for 2 weeks so that I could care for her. Every one of those days was mixed with conflict, sadness, and worry. However, just as my mother's symptoms had worsened with each radiation treatment, they steadily improved after she completed therapy. I was rewarded with the opportunity of seeing her come back to life.

After I began my preceptorship, comparing my mother's situation with that of my patients was all too easy. Sometimes, discussions about our patients' cases induced anxiety and caused my heart to flutter, particularly when a patient had metastatic lung disease. Other times, I felt enraged, wondering why these patients had been dealt such a bad hand. I envied the patients who had reached the age of 80 because many had lived long, full lives before becoming ill. Some patients never had a fighting chance, having been diagnosed too late for any treatment.

The patients were not the only ones who left a lasting impression on me. I met children half my age whose parents had only days to live. Other families were far less stable than mine, and they struggled to support their loved ones. I could barely process my own experience, much less attempt to fathom how it felt for someone whose situation was worse.

With each passing encounter, however, the lens through which I viewed cancer care shifted. Had I been asked previously, I am not sure how I would have responded to the suggestion of a phase I clinical trial for myself or a family member. After all, I was raised in America's fight-it-to-the-end cancer culture. Now, I am certain I would decline participating in a clinical trial, and it would be difficult to recommend it to anyone in my family. I want to be clear that I am not disappointed with patients and families who try to fight cancer against all odds. I certainly cannot imagine what it would be like if I were the one with the diagnosis, and I would not dare take away their chance to keep trying. Nor can I fault the researchers or the medical community who are striving to find cures and to alleviate suffering.

**From:** The University of Texas McGovern Medical School, Houston, Texas 77030

**Address for reprints:**  
Michael J. Lehner,  
2255 Braeswood Park Dr.,  
Apt. 143, Houston, TX 77030

**E-mail:** Michael.J.Lehner@uth.tmc.edu

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This journey taught me that palliative care is a rewarding but nontraditional field. Satisfaction from the work is derived in much the same manner as that for any other physician; however, the goals of treatment are different. The aim of palliative care is not to prevent death, but to help patients make the most of the life they have left.

My experience has taught me that bad news can be turned into good news by shifting my attitude. Everyone dies, so why should we fear death? Why not use death as a motivation to live a full life? This is now my goal, and I want to share my viewpoint with everyone, especially those whom I love. Unfortunately, this philosophy isn't a medication or therapy that one can prescribe. Our views spring from our individual perception of the world, not from what someone tells us. My job is

to live according to a positive mindset, to gently nudge family and patients toward an understanding of life and death, and to say the right words when the time is right. But I understand that some actions and thoughts cannot be forced on others. After all, if someone told me to eat chicken-fried steak because it's the ultimate comfort food, I would probably become nauseated, remembering that cold winter night when my own outlook on life changed forever.

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*Submissions for Peabody's Corner should 1) focus on the interpersonal aspects of a specific patient–doctor experience; 2) be written in storybook fashion; 3) contain no references; and 4) not exceed 5 double-spaced typescript pages.*