

Dear Doctor

KAREN FEJER

En septembre 1997, mon conjoint, Tom Fejer, ophthalmologiste, a développé les symptômes de dysphagie. Une échographie a révélé la présence d'une tumeur cancéreuse maligne au cerveau, Cauchemar et confusion ont suivi pendant les mois de traitements des médecins qui en oublièrent le patient.

My husband Tom and I race our bikes along the trail. Tom can ride faster than me. He's bigger and stronger. But that day, for some reason, I'm winning. I wait for him at the intersection of the trail and the dirt road that leads back to our cottage. In response to the puzzled look on my face he says, "I was just going my own pace." That seems odd, not like him. I don't comment. We ride down the hill together and along the lakefront back to the cottage.

We eat our lunch on the deck overlooking the water. On this languid, late summer day, the lake is still and smooth and soothing. Soon I'm blissfully asleep on a lounge chair. When I wake up, it's time to get packed and head back to the city. Tom loads our bags into the trunk of the car. He complains as he always does that I'm taking too much stuff back and why

don't I just leave it at the cottage for next weekend. Then I explain again how the milk won't be fresh if I leave it all week and the cheese will dry out and the lettuce will wilt. It's our regular dialogue.

Tom and I married young, just after he graduated from medical school and I graduated from library school. Tom then trained as an ophthalmologist. We raised our family of two sons. Finally now, the kids are in their twenties and out of the house, and there's just the two of us. A new phase in our lives is beginning. The stress of raising our kids, building a career has eased. There are lots of things we want to do in the upcoming years.

One night that week as we get ready for bed Tom misspeaks a word. He confuses the words "he" and "she." Tom's first language is Hungarian. There are no words for "he" and "she" in Hungarian. Tom came to Canada as a young child. He's fluently bilingual. He's never made a mistake like that before.

Another worrisome thing has happened, Tom tells me. That day, he operated on a patient and removed their cataract. The next step was implantation of the lens. He asked

the nurse to bring a specific type of lens. It was the wrong one. The nurse recognized his mistake. A terrible error was avoided.

As Tom tells me this story, I notice he's making other errors in his speech, mixing up his words. I'm very alarmed. Something is wrong, I'm sure of it. Is it a sign of early Alzheimer's Disease or possibly a mini stroke? We better see Otto, I say. Otto is a friend of Tom's who's a neurologist.

Saturday morning. We're at Otto and Marilyn's house, in the den, the four of us. I want Otto to hear how Tom is speaking, the mistakes he's making. Otto listens for a while. "Tom's 60 now," he says, "he's getting older. In a month, he can have a CAT scan."

"He's going to have a CAT scan on Monday," I say. There's no point in putting this off.

Monday morning. We're at the x-ray department of the hospital. Maybe someone won't show up for their CAT scan appointment and Tom can take their place. We wait. No one skips their appointment. Tom is booked for a CAT scan tomorrow.

Next day. Tom doesn't want me to

come with him for the CAT scan. I'm hurt but I understand he wants to be alone. In the morning he goes to the hospital for his appointment. I wait at home, full of dread and anxiety. He arrives home with the news. The CAT scan has revealed a lesion in his brain.

A few days later we're at the neurosurgeon's office. He looks at the CAT scan films, examining them minutely.

room. As I stand over his bed he wakes. A solitary tear has formed in the corner of each of his eyes." "We weren't lucky," he says.

He's supposed to stay in the hospital overnight to make sure there are no complications from the biopsy. Tom doesn't want to stay. He signs himself out of the hospital.

Tom is upbeat, he's euphoric. Other

where Tom is lying on an examining table. "How are you sweetie?" I ask. Tom tells me he has just had a near death experience. The doctor gave him his prognosis. Afterwards he felt as though he was in a tunnel moving toward a bright, piercing light. He was disconnected from his body, he was dying. It was only when I spoke to him that he came back to life. The

Dear Dr. X, My husband has a newly diagnosed Glioblastoma. He has an appointment to see you next week. Currently, he's in denial about his tumour. When you see him, I would appreciate if you could answer his questions. However, please don't volunteer anything negative unless he asks you specifically. He isn't ready to accept the reality of his illness.

My mind's in a blur. I don't hear what he's saying. The brain biopsy is booked for next week.

Each day is interminable. I'm foggy, unfocused. Can't get anything done. Finally it's the day of the biopsy. I drive Tom to the hospital. In the day surgery department, they attach a wire frame to his head. Then they take him to the operating room for the procedure.

My mother is with me in the waiting room. I can't sit in a chair. I pace the hall back and forth. An hour and a half passes. What's taking so long? I scan the corridor looking for the doctor. The woman at the desk doesn't know anything. More pacing, more waiting. Finally, I see the doctor walking towards me. His face is impassive. My heart is thumping out of my chest.

Tom has a Glioblastoma Multiforme brain tumour, the doctor tells me. It's in the speech centre. It's inoperable and highly aggressive. His life expectancy is six to eighteen months. Please God, let me wake up from this horrific nightmare.

Tom is out of recovery and back in a hospital room. He looks like he's sleeping when I come into the

times he's very angry. That comes from the brain tumour. Tom is a different person now, his personality has changed. He's in denial. He tells Otto it's a good thing he got this so he could retire. Tom was never planning to retire. He loved his work as an ophthalmologist.

Tom's speech is getting worse. He knows what he wants to say but something different comes out. I try to guess. It's frustrating for both of us.

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The morning appointment. We're in an examining room, waiting for the neuro-oncologist. When he arrives, he asks me to leave. He wants to talk to Tom alone. I'm reluctant to go, but he insists. They're in the examining room together for a long time before the doctor exits. I reenter the room

doctor returns to the examining room. "Tom needs immediate chemotherapy," he says.

The afternoon appointment.

We're waiting to see the radiation oncologist. He asks me to come into his office. We sit down in front of a large screen. This is a picture of Tom's tumour he explains. Radiation will stop it from growing temporarily. Don't bother with chemotherapy, he tells me. It doesn't work.

On one day we have two appointments with two oncologists and get two completely different opinions. What are we supposed to do?

I make plans to take Tom to London, Ontario, for another opinion. The oncologist there has been highly recommended by people I met in a brain tumour support group I joined. This doctor is associated with a respected university teaching hospital. Over the telephone, I tell him Tom has a glioblastoma. He says he can help him. I'm surprised, no one else has been encouraging. We drive to London for the appointment. The doctor's first question to Tom is, how did you get this brain tumour? It seems he cares about his patients as people. He's not detached as Tom's

other doctors are. After giving Tom a neurological examination he says that he knows the type of treatment Tom needs. Next month, he's going to a brain tumour conference in the U.S. When he comes back, he'll have a treatment to offer Tom. Please call him in a month.

A month later, I call. He has only a vague recollection of our conversation. "I'm not sure what you know about this tumour," he says, "but there's not much that can be done." I don't understand. I clearly remember

our discussion and his hopeful words. He asked me to bring Tom to London to see him with the understanding that he could help him. He received us in a humane and compassionate way. And now this complete disavowal. I'm totally disheartened.

And then it comes to me. Tom has a very rare tumour, one that is not well understood. By examining Tom, this doctor is able to further his medical knowledge. Is he doing a study and needing more participants, I wonder? He knows there's no possi-

ble treatment he can offer Tom. He has enticed us to London with a false promise. I feel cheated and angry. And this is just the beginning of our desperate journey.

Karen Fejer is a personal historian. Previously, she was a freelance contributor to CBC Radio. She has written for Women's Quarterly, Ontario Medical Journal, Canadian Jewish News, and other publications.



Diane Driedger, "Self-Portrait with Skeleton (After Frida Kahlo's Self-Portrait with Parrot)," 2011, watercolour, 12 in. x 16 in.

DIANE DRIEDGER

Cyborg

PICC line apparatus
removed
from my heart
can't leave it behind
it's part of me
like Seven of Nine
in Star Trek Voyager

I ask the nurse
can I have it?
you never know when it will come
in handy when making art

at home I look at the tubing
is this like artmaking with
nail clippings
or my hair?

Diane Driedger's poetry appears earlier in this volume.