

Love and Medicine

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"Surgery went well. He has cancer, and it's bad."

Those were the words my wife heard after my emergency laparotomy concluded.

It started like the flu with its typical constitutional symptoms, but a negative rapid test soon ruled out both influenza and COVID-19. Within a week, I returned to my primary care physician when I developed severe abdominal pain—something far worse than the mild abdominal pain I initially presumed to be body aches from a viral infection. He ordered an urgent computed tomographic (CT) scan, and soon I was on my way to the hospital for emergency surgery.

In all this chaos, I called my mom. It is not the words I remember but the sound of her quivering voice, racked with emotion, when I told her I had a mid-gut volvulus with intestinal obstruction and needed emergency surgery. Having just finished our gastrointestinal block, the medical student in me was mentally reviewing the anatomy as if I were going to scrub into the operation. My brain thought of this as a standardized patient encounter, wondering which counseling points I might be docked for if I left them out. "Should I mention the potential for bowel perforation?" I wondered. As I struggled to grasp that I was not on the surgical team but rather the focus of it, I could not turn off my medical "switch."

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As my wife was being greeted with the news no spouse ever wants to hear, I awoke from the longer-than-expected surgery to hear that they found a large tumor on my appendix and cancer cells throughout my peritoneal cavity. The tumor, later identified as a mucinous adenocarcinoma, wasn't seen on the CT amid an obstructed-appearing bowel and a substantial amount of ascites. "Mmmmyyyy apppenndixx hasss a tummmmorrr?" I drunkenly asked the postanesthesia care unit staff as the anesthetics wore off. Those *B*'s that just missed being an *A* suddenly weren't torturing me anymore as thoughts of surgical complications, chemotherapy-induced immunosuppression, and an uncertain future took their place.

The next few days brought a stream of visitors; family, friends, medical school classmates, and faculty all

were accompanied by a whirlwind of thoughts, fears, emotions, and tears. As my wife shepherded this bedside procession, there sat my father, a normally stoic otolaryngologist. He was visibly shaken as he leaned forward in his chair, elbows on his knees, hands folded in front of his face. As if in prayer, he said, "I'd trade places with you in a heartbeat if I could."

My father could more clearly imagine just how difficult and dark the road ahead might be. His empathy overcame his medical knowledge and training and touched me deep in my core, and I knew this moment would shape me for the rest of my life. A year later, remembering that one simple sentence from him takes me back to the hospital room and again reduces me to tears.

The pathology report returned, and specialist referrals were sent, followed by long car rides to a far-away cancer center, an additional 18-hour operation, and many weeks of hospitalization. By God's grace, my cancer treatment was completed successfully and now, with no evidence of disease, consists of surveillance and praying that the tumor does not recur.

Knowing I had gone through something life-changing, I set about putting into words how this experience as a medical student would shape me as a future physician. But my journal's pages remained frustratingly empty, save for a few canned responses about em-

pathy that remained mostly unfinished. In the dark of night, I wrestled with unformed thoughts, desperate to produce something expressible and transcendent. Yet they remained formless.

As my desperation grew, I remembered the things that brought clarity in this storm of uncertainty. My wife's unwavering presence, the quiver in my mom's voice, and my dad's bedside words all reminded me of how loved I felt in that moment. My family's love was an indescribable blessing, but I knew my cancer diagnosis mandated that it coexist with profound distress; their love for me had brought them into the same storm. While their visible apprehension might be perceived as a failure to keep composure, it was from witnessing their emotional vulnerability that I found strength to keep my own composure. Their love for me, which weighed so heavily upon them during that time, became the very thing that stilled my soul. When unfettered anguish and unwavering support clash under the banner of love, there emerges a resilience, not just for strength in pain and sickness but also to face my uncertain future in medicine. For love, much like practicing medicine, can be both a terrible burden and a tremendous gift.

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