

The Strategy of Fighting Cancer

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There is so much to do when you're faced with a diagnosis of cancer (or other life threatening disease) that it is easy to get overwhelmed. This article will help you organize your thoughts and develop a personal strategy to deal with your disease. It is presented as if you were in my office for a second opinion, knowing the diagnosis and some of the treatment options, but wanting guidance in choosing the ones that are right for you.

Studies have shown that the majority of people use both conventional and complementary treatments. Deciding amongst a confusing array of options requires evaluating the effectiveness, side effects and purpose of each treatment. I can't make the decision for you. I can, however, help **you** make the best decision you can.

Because each person will have unique needs and abilities, this discussion is somewhat general. To make it more personal, write down your answers to the questions. I hope the article will stimulate you to ask your own questions. Don't worry if you don't have all the answers. Nobody does. If you ask the questions enough times, and can quiet yourself long enough, you will hear the answers. (See also, "Asking the Right Questions" in the Publications section of our web site.)

GOALS OF TREATMENT

What is the goal of treatment?

- A Cure: eliminate all disease (and die of something else)?
- B Healing: becoming whole, personal transformation (with or without cure)?
- C Quality of Life: highest quality of life, fewest symptoms from treatment or disease?
- D Length of life: live as long as possible even if quality of life is compromised?
- E Maintain Hope: avoiding despair, anxiety, depression?
- F Maintain Self: being true to your own values and style?

The correct answer to the question is YES.

Most people want all of these, to be cured, transformed, and have a high quality of life throughout the process (hopefully with a guarantee of success at the start of the treatment). That is easier said than done. Cancer is a complex disease and generally requires treatments that involve some risk and discomfort. No treatment is guaranteed. The outcome is always uncertain.

Often compromises are necessary. How much are you willing to "pay" for a cure? Are you willing to lose your hair to chemotherapy? Are you willing to change your lifestyle and diet, losing many of the pleasures you enjoy now? Are you willing to dip into savings accounts to pay for a special treatment, available only from a certain doctor or medical center? What can you afford in the way of time, energy, or resources?

Look carefully at the list again and rank these goals from most important to least important. Pretty difficult, eh? What if you could not be cured? What would be most important then? The issues that I have seen most often influence treatment choices

(beyond extending life) are maintaining hope and retaining a sense of self. Cure may not be accessible. Transformation cannot be guaranteed. Both treatments and the disease process may compromise the quality of life. The bottom line is that you must be clear what your goals are and work toward them.

How large do you want to live?

The real question is not “How long will you live?” but “How large will you live?” Life is not linear but three-dimensional. Life is measured by the height of the quality of life and the depth of meaning as well as by the length of days. In considering treatments, their effects on the quality and meaning of life must be considered, as well as their ability to extend life.

It is harder to measure the quality of life than how many days you live. The overall quality of life is really the sum of the qualities of many areas of your life, adjusted for the importance of each area. The areas that contribute to the quality of life include physical sensations and function, emotional states, relationships, social functioning, economic and physical security, spiritual wellbeing, etc. In each area there may be positive or negative experiences. You may at one moment have pain from a headache and then pleasure from a hot bath. You may have some relationships that are nourishing and some that are destructive. The overall satisfaction with the quality of life in any area is the balance between good and bad, times the importance of that area. If physical function and independence is more important to you than body image, then a broken leg would impact the quality of life more than a mastectomy.

Meaning and purpose also affect the size of your life. If you feel that what you do gives purpose to your life, then even physical hardships become bearable. When confronting adversity, knowing that what you’re doing is meaningful does not necessarily make things easier, but it may make them worthwhile. Finding or developing purpose in life requires putting things in a larger perspective, either spiritually, socially or philosophically.

I would propose that the **goal of treatment is to make your life as large as possible**. Certainly it is worthwhile to do those things that extend the duration of life. It is likewise important to increase the quality and meaning of your life. If you have unpleasant symptoms from treatment (nausea, weakness, etc.) treat them or add positive sensations like laughter or massage. If you are depressed or anxious, seek out other people and ask for a friendly ear. If pain or other symptoms interfere with the quality of your life, get medical treatment. If your life feels meaningless, talk to others, such as clergy or counselors, who can help you see beyond your current dilemmas.

The following questions will help you focus attention on the areas of your life that could make your life larger. Use your answers to help you decide what you can do for yourself and what other treatments to fit into your overall plan.

- What do I feel?** (What physical or emotional symptoms do I have?)
- What do I want?** (What desires or goals do I have?)
- What do I need?** (What identity, transpersonal, social needs do I have?)
- What gives my life purpose?**

TREATMENTS OR TREATMENT PLANS

Many patients have come to me with shopping bags full of pills and powders, requesting help in deciding which ones to take. The various medicines and supplements had been prescribed by different doctors, each with a rationale, but often without considering the whole picture. Similarly, patients have been concerned they are not getting enough treatment because a friend was taking something and it had not been prescribed for them.

It is important to distinguish between tactics (specific treatments) and strategy (the overall picture or goal to be achieved). Just because something **can** be done does not mean that it **should** be done. It is not necessary to have three drugs doing the job that one can do. Sometimes a theoretical benefit does not translate into a practical advantage.

Having examined what your goals of treatment are you are in a better position to choose not only **what** you do but also **when** you do it. The essence of strategy is to fight smarter, not just harder.

You may decide that you want to have surgery and chemotherapy to help with cure, herbs and supplements to help your host defenses, antioxidants to prevent cancer, to change your diet, do imagery and meditation for stress reduction, and take time off from work to “follow your bliss.” This is too much to do at once. Your energy and focus becomes dispersed. You may eventually do them all, but do one or two at a time so you don’t lose sight of your real goal, which is to have the largest possible life. Don’t become a professional cancer patient, whose every moment is spent fighting cancer, with nothing left over to enjoy the life you have right now!

Do you play to win or do you play not to lose?

People vary in their willingness to risk. Some people are naturally more conservative than others. You may be comfortable in refusing a treatment that doesn’t have a benefit commensurate with the risk. Conversely, you may be so committed to your goals that you will take even the 1 to 2 % chance of success it offers.

When one’s life is at stake, most people are willing to take more chances; the “win” is bigger and justifies taking higher risks. Yet the loss of life may not be the worst loss. Many people can think of something that is truly “**a fate worse than death.**” Complete the sentence, “I would rather die than...” Say it out loud. By listening to the tone of honesty in your own voice (or having someone else judge it) you may discover where you draw your line. Thus you can make more genuine decisions about what is worth trying and what is not.

King Lear and the Butterfly

There are two images that reflect different but equally important styles of fighting cancer. Each is necessary at some point in the illness; neither is sufficient by itself.

The first image comes from Shakespeare’s King Lear (Act III, Sc. 2) in which King Lear, gray bearded and clutching his tattered cloak around him, stands upon the heath, defying the storm about him, shouting, “Blow, winds, and crack your cheeks! rage! blow!”

Sometimes it is necessary to fight fiercely, holding on to life desperately, struggling against the forces that would take it away from you. Such a battle requires courage, determination, and power--in short, you must become a warrior.

The other image is that of life as a butterfly, resting in the palm of your hand. If you try to grasp it, you will crush it. To entice it to remain there, you must make the nectar of your life so intoxicatingly sweet that the butterfly is irresistibly drawn to stay.

This style is no less heroic. It is even harder because there are fewer role models and many of us have not yet developed the skills. This style requires patience rather than courage, wisdom rather than determination, and strength rather than power.

To make life sweeter you must add pleasure rather than discipline, seek love rather than accomplishments, recognize and meet your own needs rather than sacrifice and meet the needs of others. By making the quality of your life better, you have more to live for. When your life grows richer, it becomes larger as well as longer.

To survive cancer you must learn how to be both a warrior and a gardener. You must know when to defend yourself with every weapon at your command. You must also know when to pause in the battle and cultivate your life so that it flowers and bears fruit.

The secret is in finding the right balance and right timing.

How do people make decisions about treatment?

A Statistics: Analyzing the data, making logical choices based on facts?

B Testimonials, anecdotes: Relying on other people's experience?

C Gut feeling: Intuition, this "feels right," natural knowing?

D Need to please others: Following the advice of others to maintain relationships?

E Getting "sold" by doctors, friends: Following advice because others are persuasive?

Again, the answer is YES.

All of these methods are used and are potentially useful. Using statistical data requires knowing how valid the data are, and how they apply to you. When studies of specific treatments are done, even with good controls, there is always a range of results, not one single answer. The "median" survival is not a life expectancy, like a parking meter that gives you a certain time to live (and you have to leave when the flag goes up or you'll get a ticket!).

Other people's experience can give you insight into what happened to them, but may or may not apply to you. You are relying on their conclusions. For people you trust, this can be valuable. Similarly, intuition is a powerful resource, as long as it is based on wisdom, not fear. "Gut feelings" include both transient feelings and dependable information. It takes experience to separate them, knowing when to give credence to internal guides and when to ignore them.

When people feel vulnerable, under pressure from circumstances or from other, often-powerful people, the decision process can be weakened. Depression and the inability to imagine a positive outcome (see also HOPE in Publications section of our web site) can result in decisions that would not be made if the person were not depressed. Feeling pressured, even by loving people, confuses their goals with yours. Hence, your best interest may not be the only one served. You may have to translate others' suggestions to do something as really messages of concern and love. Separating the

emotional content (or perhaps their own needs) from the information they offer can help you take only what you need.

How do you separate fear from danger?

Too often decisions about treatment are based upon fear rather than a clear assessment of danger. This can lead to impulsive rather than thoughtful choices. Fear occurs when we perceive danger or are confronted by the threat of loss. Although there may be danger in the present (i.e., there is a fire in the room now), fear is always in the future or past, anticipating or remembering something unpleasant (i.e., expecting a fire outside when you leave the room). Both danger and fear may be present at the same time, but fear is not the same as danger and often requires a different response.

If you are in danger, you may need to take action to avoid the source of harm. If you are in fear, however, you may need to confront the fear rather than avoid it. Besides indicating a threat or loss, fear can be a signal of an unmet need. The nature of that need, too, must be recognized before you can respond appropriately.

Although there are countless specific fears, they can be grouped in three categories: threats to or needs for Identity (who I am), Love (relationships), or Safety (physical and psychological integrity). Some fears may fit into more than one category. Similarly, there are three components to any fear: the cognitive, emotional, and physical. For example, you may simultaneously have thoughts about having surgery, feel the emotions accompanying these thoughts, and experience your body's responses including a rapid heart rate, increased sweating, etc.

Although sometimes difficult, it is very useful to look at fear in an objective fashion, becoming an observer rather than a participant. This way you can learn to distinguish the thoughts from the feelings, and separate them further from your body's responses. By dividing the fear into its component parts, it becomes weaker and you become stronger. You learn to discriminate between the danger and the fear of danger. You gain enough emotional distance to make calmer and perhaps better decisions.

Sometimes the only satisfactory reply to fear is not an answer but a response that goes directly to a solution. The mnemonic, "HALF," which stands for Hope, Action, Love, and Faith, is a reminder of the ways you can respond effectively to fear. These broad categories suggest ways to organize your response depending on the nature of the fear and your specific circumstances. (For a detailed discussion see "Overcoming Fear" in the Publications section of our web site.)

ACTIONS vs OPTIONS

Any overall strategy includes both what you do and when you do it. A good strategy is like playing chess, you think several moves ahead. You position yourself favorably so you can respond to new developments. A conflict may occur when you are forced to act and choose either plan A or plan B. There is never assurance that plan A will work, so how can you give up the possibility of something else that might be better?

Just as there is a balance between fighting hard and making your life more pleasant, there is a balance between action and planning. Opportunities are lost if you don't act in time. You may have to act in the face of uncertainty, even taking risks that are uncomfortable. How can you know if you have to act now?

Sometimes the circumstances compel action. If you are short of breath because of fluid in your lungs, something must be done promptly to give you "breathing room." If

doctors tell you to have surgery tomorrow because of they are going on vacation and not because of a crisis, you have more time to consider the issues. Most decisions are a balance between facts and intuition. After gathering information there is a subconscious process that must “ripen” while it integrates the imponderables. Often there is a “click” inside when the wheels stop turning and your inner voice eventually says yes or no.

What prevents the “click” of a decision is generally fear of being wrong or unwillingness to risk leaving what is known for the unknown. Not making a decision is really the same as making one. In one case, you are active, in the other, you are passive. However you answered the question about “playing to win or playing not to lose,” there is more control over events if you take an active position.

You can judge the quality of your decision by imagining yourself a year from now and asking, “Did I make the best choice I could at the time?” If the treatment worked, you’d probably be pleased with your decision. What if the treatment didn’t work? Would you be critical of the way you made the decision? What would you have done differently? If you responded, “I didn’t fully consider my options,” it is time now to think about them.

Before you judge yourself harshly, remember the decisions you make depend upon who you are at the time you make them. Hence, the person who will have to respond to the next crisis or decision point doesn’t exist yet. She or he will be different from who they are now as a result of the experiences they have had in the interval.

What you can do now, however, is to consider what you might encounter in the future and what you might need then. This requires considering all possible outcomes, good and bad. There is a common sense wisdom that says hope for the best but prepare for the worst. If you position yourself so that you are prepared for either outcome you cannot lose. Some of the longest lived patients I know made arrangements for their funeral at the time they were diagnosed so they could get that out of the way and live fully (which they have continue to do!).

It is frightening to consider one’s own death. There is often the thought, “If I consider dying, won’t that make it more likely?” I don’t believe acknowledging the thoughts that come up spontaneously make the imagined event come true. Trying to ignore such thoughts takes too much energy. It’s as if there’s a monster in the closet and you are stuck holding the door shut. You’re not free to let it go. You don’t have to dwell on unpleasant thoughts, just recognize that they will arise anyway. If they require a response, whether an “I’ll deal with you later” or “I’ll take care of that now,” do it. Then you can leave the closet door and get on with living.

Positioning yourself strategically also means evaluating the results of treatment. If you are considering doing either chemotherapy or some complementary treatment, decide how you will judge the outcome and how long before you can decide whether it is working. For example, if chemotherapy is given to treat leukemia or cancer, the response is measured with either blood tests or X-rays. You can expect to see whether the treatment is working in 2 to 3 cycles (about 2 to 3 months).

Some complementary treatments have less defined measurements of response and require longer to judge their effectiveness. It is as important to evaluate them critically as it is treatments with potentially more severe side effects since, if they’re not achieving the results you want, you may wish to try something else.

For each treatment, consider how it fits into the larger picture. What is its purpose? Is it needed now or can it wait until you have done something else? If you do that one, does it interfere with something else? Does the treatment provide hope or really improve your chances of living longer/being cured? Since hope is also a rightful goal of treatment, is the cost of the hope provided (in money, time, effort) worth it? If your resources are limited, could you find the same inspiration for hope at a lesser cost?

USING YOUR SUPPORT SYSTEM

Survival is a collective effort. Just as an army is more powerful than a single soldier, so patients who use their support system have a better chance to conquer cancer. There are as many kinds of support as there are needs. Some people naturally turn to others for help. Others have to learn to do this. Some kinds of support are easier to find or receive than others. Sometimes you may need support and it won't be there. Other times you'll be overwhelmed by offers you can't use.

To make best use of whatever support system is available, **decide what you need** and then specifically **ask for it**. Almost everyone confronting cancer will need 1) information, 2) trained medical help, 3) emotional support, 4) financial resources, 5) someone with whom you can discuss options and choices. Additional specific needs will require other kinds of help.

At the same time you are considering treatments or doctors to see, make a list of possible sources of support. These should include physicians, other practitioners, clergy, counselors, friends, people you know who have had a similar illness, and anybody else who comes to mind when you ask the question, "Who can help me?"

Just as the president of a company relies on others to help him or her, you should think in terms of delegating certain tasks to the people around you. One person can research the Internet for information, another can find out which local doctors and clinics offer the desired services, etc. However, before these people can do their jobs, they must be told what to do. The following list of tasks can help you organize your support. You may wish to delegate some of these to other people or do them yourself. Share your goals and decision making style with them so they can act as an extension of your thought process. Remember, you can't do all of them yourself at the same time: get help!

(The following brief list is just a starting point. Expand it as you think of new questions and sources of help.)

- 1) Information gathering:
Nature of disease, range of treatments, effectiveness and side effects
Check Internet, library, hospital library, informed friends, cancer society and various organizations.
- 2) Trained medical help:
Physicians, hospitals, other practitioners (chiropractors, herbalists, healers, acupuncture, etc.) Ask friends, esp. nurses who often have "inside information), check medical associations, local Universities and medical schools.
- 3) Emotional support:

List of family, friends, co-workers, fellow members of groups (e.g., church, school, etc.), counselors, clergy, etc. You may be surprised both by people who are unexpectedly supportive and by those who are not.

4) Financial resources:

Check insurance coverage but don't be limited by it. Budget for medical services you want but insurance does not pay for. Consider other sources of money including family, loans and fund raising. Be willing to fight for what you want, too.

GOING FORWARD

W.H. Murray, the leader of the Scottish Mt. Everest expedition, noted, "Until one is committed, there is hesitancy, the chance to draw back, always ineffectiveness.

Concerning all acts of initiative there is one elementary truth--the ignorance of which kills countless ideas and splendid plans--**the moment one definitely commits oneself, then providence moves too.**"

The German writer Goethe noted that "Whatever you can do or dream, you can begin. Boldness has genius, power, and magic in it."

Whatever you have decided, go forward with it. Perhaps you will add your story to those of countless others who have been successful, too.