VOLUME 29 · NUMBER 31 · NOVEMBER 1 2011

JOURNAL OF CLINICAL ONCOLOGY

ART OF ONCOLOGY

The Black Dress

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Submitted July 8, 2011; accepted July 14, 2011; published online ahead of print at www.jco.org on August 22, 2011.

Author's disclosures of potential conflicts of interest are found at the end of this article.

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0732-183X/11/2931-4205/$20.00

DOI: 10.1200/JCO.2011.38.1715

Mrs. F was a middle-aged woman from a non-Western culture who had lived in a European city for many years and was fluent in English. Accompanied by her eldest son and daughter, she came to see me for a consultation; she was seeking adjuvant treatment for early-stage cancer. We discussed her diagnosis and good prognosis, as well as the risk of relapse and potential adverse effects of treatment. Although the specific chemotherapy regimen I recommended was available worldwide, Mrs. F wished to receive her care here in the United States, where she remained for 6 months of outpatient treatment.

At almost every visit, Mrs. F and I enjoyed lively and intense conversations about her life, her family, her cultural and religious background, and her experiences living in different countries. After she completed her adjuvant chemotherapy, she returned to the United States at regular intervals for follow-up visits, and we also kept in touch by phone.

Two years after she had completed treatment, Mrs. F brought scans to a follow-up appointment. The scans showed that she had metastatic disease that involved visceral organs. At first, Mrs. F and I were alone in my office; her daughters sat outside. When I began to gently explain the meaning of the results, she interrupted me, saying that she understood that her situation had worsened but did not wish to know the details. She stressed that in her culture, it was best not to know too much. She went on to say that she trusted me and wanted me to give all of the information to her children, who would accompany her at each visit. Her family decided that staying in the United States would give her the best chance for longer-term survival.

Unfortunately, Mrs. F's cancer did not respond to any treatment. At every indication of additional progression, I asked Mrs. F if she wished to know more about her condition, but she always refused to hear additional details. She grew weaker from the disease and the consequences of treatment and eventually was hospitalized with an infectious complication. On the hospital ward, I discussed with the medical and nursing staff Mrs. F's request not to be directly informed of her cancer status. We talked about how difficult it is to balance appreciation of and respect for our patients' different cultures with adherence to Western values of patient self-determination and participation in care. We were aware that great effort was involved in shielding Mrs. F, especially while she was an inpatient, from receiving bad news directly from hospital staff outside of our unit. Yet, we all concurred that it was appropriate as a team to comply with her wishes and continue to give information to her relatives.

When I visited Mrs. F at night after my clinic hours, I would often find her alone. She never asked me about her condition; instead, she told me stories about her life.

Suddenly, one Friday afternoon, the resident who was caring for Mrs. F called to tell me that Mrs. F's family had arranged for an outside consultation about her cancer, and they needed a pass for her to travel by ambulance to a surgeon's office the following day. I told the resident that I was in my outpatient clinic but would come up to the ward after clinic hours. The resident was surprised to learn that the family had not discussed the consultation with me personally, but I explained that in their culture they might have felt embarrassed about seeking a second opinion. Still, I said, there was no surgical option for her cancer, and even if the consultant agreed not to tell Mrs. F the whole truth, something might be said to her about her condition that would prove devastating for her. Because I had been her treating oncologist for several years, I felt that I had to prepare Mrs. F somehow for this consultation.

My clinic ended late. I had been invited to a formal event with a black-tie dress code at an embassy that evening. I decided to skip the ceremony, and at around 8 PM I went to Mrs. F's room. Unexpectedly, I found her alone, lying in bed. She appeared short of breath and seemed to be very concerned about getting permission to leave the hospital for a few hours the next morning. She asked me to sign the pass form immediately.

We looked at each other in silence for a few moments that felt like hours. I told her I would sign the form, but that I wished to provide more information about her cancer before she met the surgeon. I asked her if she wanted a relative to be present for our discussion; if so, I promised her, I would wait for one of them to arrive. She said that she preferred to be alone with me.

For the first time in all of the evenings that I had visited her in the hospital, however, she didn't offer to let me sit on her bed. The room was warm, and I unbuttoned my white coat. Underneath, I was wearing a simple black dress rather than my usual more colorful, casual clothes. Gently, without going into too much detail, I shared with her that her cancer had spread and that no surgery could cure her disease. I told her how sorry I was to have to give her information that she had asked me in the past not to convey to her directly, but I said that I thought it was important for her to understand that we were still giving her the best care possible by concentrating on treating her infection and alleviating her symptoms, even though her cancer could no longer be treated directly.

I asked her if she had any questions. "Doctor," she said, "You wear black today. I do not like you in black." Her words and her voice conveyed her fear, sorrow, and firm request to be alone.

Shortly after leaving Mrs. F's room, I was paged by her son, who apologized on behalf of his family for not having informed me about the outside consultation, which they later canceled. I reassured him that I understood their desire to help their mother in whatever way possible, and I told him that I had signed the pass. I also conveyed the content of my conversation with Mrs. F and explained that this evening, she had permitted me to speak to her directly about her condition. She died a few days later, surrounded by relatives, who expressed gratitude for her care.

From the beginning of my training as a foreign physician in the United States, I experienced cultural differences in medicine and appreciated their importance. As a result, I have tried to place cultural sensitivity at the core of my oncology practice. I try to teach medical students, fellows, and other physicians how to respect cultural differences while also striving to foster cancer patients' autonomy and participation in their own care. I have studied cultural competence and my work on this subject has been published; I should be an expert.

Mrs. F's story could have been about whether it is ethically justifiable to withhold information when a patient explicitly requests not to know or when a patient's family asks the doctor not to tell the truth to their relative, or whether abiding to such requests is instead a form of soft paternalism. Yet, I learned a larger and humbling lesson from Mrs. F: No matter how hard we try to build trusting relationships with our patients, we can accidentally cause offense and suffering, and we may not always be able to recover the same level of closeness and confidence with them.

Although we did not share the same culture of origin or religion, Mrs. F and I both associated a black dress with death and grieving. (Black is not the color of dying and mourning in all cultures; for example, among some tribes in Congo the color connected to death is blue, whereas it is purple among some Tagalog speakers in the Philippines.) Stumbling by accident on the metaphoric implications of a black dress marked the painful and abrupt end of the patient-doctor relationship that Mrs. F and I had enjoyed for many years.

Was I misguided by my own fear that Mrs. F could no longer be shielded outside the protective niche that we had built for her in our ward? Did I let myself be overwhelmed by the sudden feeling that I owed her more than half-truths or silence? Having made a pact with the patient, should I only and always have spoken to a family member?

When I entered her room late that evening, she chose to be alone with me. She knew she had metastatic cancer, and I believed that deep down, after so much struggling and so many treatments without any signs of improvement, she knew what I was going to tell her. Still, as much as I believed this, I ask myself now whether she might, on the contrary, have been looking for reassurance that she could still survive her cancer, despite all the clues that her body was giving her.

Over time, as her condition changed for the worse, I had asked Mrs. F if her information preferences had changed and if she wanted to know more about her illness. She always said no, remaining steadfast in her desire for me to speak with her children instead. Given the closeness of our patient-doctor relationship, built not only through fighting her cancer together but also through sharing our stories and thoughts, could I have found other ways to plant some seeds over those months to help her become more aware of the gravity of her condition? Or, in so doing, would I have simply destroyed her trust in me?

I'll never know the answers to these questions, nor whether my being at her side that evening could have provided her some comfort. Whether or not any given culture wears black at funerals and during the mourning of a loved one, life often meets us dressed in black. For Mrs. F, black was the color of her cancer, of her few days left after our final visit, of her suffering and that of her family, and of my own sense of loss over the death of a dear patient. Yet, I was the one wearing black.

I could not have gone home to change before meeting her at such a late hour, but I could have avoided unbuttoning my white lab coat. Metaphorically and unintentionally, my black dress spoke many additional painful words.

Life is fragile and uncertain, and so are human connections. Suddenly, something unexpected can change the terms of what seems to be the most solid, intimate, patient-doctor relationship.

Had Mrs. F lived longer, could our bond ever have been repaired? We had no chance or time to try to mend it. The gratitude of her family after her death gave me no solace. I miss not having been able to say a proper good-bye to Mrs. F.

AUTHOR'S DISCLOSURES OF POTENTIAL CONFLICTS OF INTEREST
The author(s) indicated no potential conflicts of interest.

