

More son, less doctor

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A tense and heavy air filled the room as my mother and I sat across from her oncologist, who went over the surgical treatment options. Finally, I broke the silence. “So, mum, which one do you want to do?”

We were presented with two options, one was a mastectomy, the other a lumpectomy. Given the depth of her tumor, it was a close call between the two. The decision took a few days, with my mom oscillating between the options, being pulled towards the more aggressive mastectomy by my sister and I. Ultimately, she decided on the lumpectomy. The reality of my cognitive dissonance and clash of identities set in a few days later. I tried to bring my mom closer to a decision I thought was medically superior. In those moments of reflection, I realized that I needed to be ‘more son, less doctor.’

On each step of my mother’s cancer journey, I had to counter the temptation to over-intellectualize each process of shared decision-making. My mother is the strongest person I know — overcoming financial uncertainty, single-motherhood, and cultural barriers to establish a safe and nurturing environment for my siblings and I. I felt the need to leverage my medical knowledge to pursue the best treatment option for her, which I somehow felt would validate the sacrifices she made for her family; however, shifting my mindset to that of her son instead of a doctor allowed me to be present and honor the shared decision-making process during the remainder of her cancer journey.

Although patients are distinct from family members, and my role as a resident is markedly different

than my role as a supportive son, this framework has re-shaped my approach toward patient care. The idea of being ‘more son, less doctor’ has seeped into everyday clinical actions to heighten my sense of empathy. Ordering staging tests used to be a rote routine of clicks, which disappeared into the EMR void. Now, I vividly recall the weeks it takes to get a phone call from the imaging center, the coordination to take time off work and arrange transport so that someone could be with my mom. I now understand the anxiety-ridden days and sleepless nights leading up to the appointment to discuss results. My practice has changed; for example, I often ask whether patients prefer to have imaging locally if appropriate, and whether someone will accompany them.

The personal adage of ‘more son, less doctor’ does not imply that doctors are apathetic to the personal aspects of a patient’s illness journey. It simply reminds me to slow down and be a more mindful witness to a patient’s story. To meet them where they are, not where I think they should be. To remember that in a consult encompassing a history, physical exam, investigations, and management plan is a story that is stretched out over many months for patients, and that we are seeing a truncated version of events in our clinic.

Seeing the OR doors close as my mother walked through them, nervously holding the hand of the nurse who accompanied her, made me realize how much surgery is a black box for our patients. That patients and their families place an incredible amount of trust in us to try and heal their loved ones as we would our own family members. That to have cognitive dissonance is to recognize that I am still a son, not just a doctor, when I walk down someone else’s mother, father, brother, or sister to the OR table, and in that recognition is a profound strength.