Dealing with the Shock of a Serious Diagnosis
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Introduction

Andrew Schorr:
Hello, and welcome to Patient Power, and you're going to hear that I am, I've been fighting a cold for a week, so I feel good, but I know my voice has that deep, you know, kind of mafiosi-ba-da-bing sound, and so it's not Tony Soprano, it is Andrew Schorr, and thank you so much for being with us today. It's been an interesting week. Earlier in the week we launched our new custom Patient Power program with M.D. Anderson Cancer Center in Houston, and that was a big success, and I hope you got to hear it, and I'll be doing programs with them every two weeks, and they'll be on the www.healthradio.net as well, so those are connecting you with really some of the most world famous cancer experts, and you can ask questions.

But this program is not just about cancer. It's about anything that may be a serious health concern, and we always invite your calls. I want to comment on one thing in the news. You may know or not that I went to the University of North Carolina at Chapel Hill, and of course yesterday there was a big news conference there with some folks who went to college with me. There's John Edwards; of course who's running for president and been a vice-presidential candidate, this senator from North Carolina; and Elizabeth Edwards who was a student at the University of North Carolina at Chapel Hill, where I went, and as you may have read, her breast cancer has shown up again. So does John go on with the campaign? Elizabeth really wants him to, and I support that fully.

Also if you've been following the comments of the doctors, you know; breast cancer, even advanced breast cancer; people can live with nowadays in many cases and live for many years and go on with their life, and certainly John and Elizabeth have a lot to say to people as they go about the campaign. Shouldn't they do that? If you have any comment, I'd love to hear from you. I've met a lot of people with advanced breast cancer, and they're around for a long time when many people thought they wouldn't be, and they've given back and had very productive lives, and now the medicines continue to get more targeted and allow people, hopefully in many cases even with more advanced breast cancer, to make that cancer chronic.
Well now I'd like you to meet someone, and that is Jessie Gruman. Dr. Jessie Gruman is a Ph.D., and she's had cancer intervene in her own life three times; one at a very early age when she was a college student I believe with Hodgkin's disease and then again with cervical cancer and then with colon cancer. This is "Colon Cancer Awareness Month." Tomorrow I'm going to do a whole program about it, and here she got screening and then found out at the initial screening that she had colon cancer. So she knows what it's like to get the bad news of a cancer diagnosis, and she's written a book called "Aftershock, What to do When the Doctor Gives You or Someone You Love a Devastating Diagnosis."

Jessie Gruman, welcome to Patient Power. Thank you so much for joining us today.

Dr. Gruman:
I'm delighted to be here, Andrew.

Andrew Schorr:
Jessie, so, you know, you've interviewed a lot of people about the diagnosis. I've gotten it myself and thought my world was turned upside down, and interestingly I was already in the health communications field helping people with various diagnoses get informed, connect with information that could help them navigate their treatment and go on with their life, and then somebody tapped me on the shoulder and said, 'Guess what? You're a patient with a life-threatening diagnosis too.' The world works in mysterious ways, and so that's why I'm so passionate about this.

You became a social psychologist, and you've written this book, and you were involved with the National Institutes of Health, and you've been in the private sector and the public sector. Do you think that your diagnosis is what fueled you in this work, or you were bound to do this anyway?

Dr. Gruman:
Well, you know, I'll tell you, I think that my career choice really was affected by my first diagnosis and my response to it. I just want to say before I start that I am so delighted that you are in this field and doing this work and wanted to just draw the parallel that I have as someone who works in the health field getting that diagnosis. You know all of that experience and all that expertise doesn't protect you from the shock, so I really, and I so appreciate your willingness to invest in sharing your story and other people's stories with one another because we have a lot to learn from each other I think.

So let me just tell you this very brief story about how I got interested in this whole area of health and see if it resonates with you at all.

Andrew Schorr:
Sure.
Dr. Gruman:
When I got my first diagnosis, I was 20, and I was very, very ill and spent a long time in the hospital, and when they finally let me out on my own to continue my chemotherapy and radiation and so on, I found that it was very difficult to do what I was supposed to do. I was supposed to take pills at certain times of the day, and I couldn't seem to get organized around doing that, and I was supposed to eat in a certain way, and I just didn't, I couldn't do that all the time. They would tell me, 'Well, your immune system is in bad shape; you should stay home.' And I would go dancing.

Now part of this is being a 20-year-old I'm sure, but in looking back on it I thought, you know, all of this medical technology, all of this wisdom and knowledge, and experience of the medical care system was pouring into saving my life, and I couldn't kind of manage to take full advantage of it, and that got me really interested in thinking about the part that we play as people who are the bearers of these diseases and participants to a greater or lesser extent in our health care, and that's the part that I've been interested in for a long time. It's a part that I think is ignored often by physicians and by hospitals and by medical care systems that we are our own primary care provider, and we have a tremendous role to play in our own health, not only in terms of kind of doing things to keep us healthy but also in terms of doing what we're supposed to do to comply with what medical knowledge has told us is going to help us get better.

Andrew Schorr:
Right. We have to own it. You have to own it at some point yourself and say, 'I believe in this.'

Dr. Gruman:
That's right. That's right, and for some people, you know, I actually think that medical care per se, especially in a time when so many people are interested in alternative medicine and alternative approaches to healing, I think that, you know, and really that's a big choice that people make and it's a legitimate choice to say, you know, I'm going to work on treating my disease whether its cancer or multiple sclerosis or a cold by using things outside of the medical care system, but it's a choice, and it's a choice that I think people should make on the basis of good information.

Facing the First Few Days After a Serious Diagnosis

Andrew Schorr:
Right, right. I want to make a comment by the way. Just yesterday Patient Power did do a program about multiple sclerosis with a woman who is both a therapist and an MS patient, and I want to thank Melanie Cole, the host who follows me on HealthRadio, for filling in when my voice was totally gone and my kids were going crazy, etc., but that was a program about exploring that in multiple sclerosis, and whatever the diagnosis
is, there are these big issues, and that's what you've written about, right Jessie, in your book, "Aftershock, What to do When the Doctor Gives You or Someone You Love a Devastating Diagnosis."

**Dr. Gruman:**
Right. You know the part of the arc of an illness that this book talks about is the first few days and maybe weeks after you get a serious medical diagnosis. Once you have confirmed your diagnosis and figured out your treatment plan, then you have a map that's similar to other people's, but until you get to that point, life can be very chaotic and messy and confusing because you're not only trying to accommodate this new presence in your life of a new disease, but your plans are often incredibly disrupted. You don't know what your future holds. You're going to have to learn all about your body parts that you didn't even know you had before, meet new physicians, new clinic receptionists...

**Andrew Schorr:**
Or a disease you've never heard of.

**Dr. Gruman:**
...a disease you've never heard of.

**Andrew Schorr:**
I know my diagnosis was chronic lymphocytic leukemia; never heard of it, didn't know anybody, had no clue.

We're going to take a break as we continue just getting into our discussion with Dr. Jessie Gruman who is a social psychologist, but you know what, she's been sort of baptized three times with the diagnosis of cancer and has a passion for helping us all understand as we navigate this post-diagnosis world and has written about it. More of Patient Power when we continue.

I'm going to take you behind the scenes of talk radio today, okay? So, or even music radio. You know, there's a woman, I don't know if you've ever heard of her, her name is Delilah, and she's on like 800 radio stations, and she does this music. She lives outside Seattle here. She's got like six kids, and I think she's in a farmhouse. She has a studio in her house, and so every once in a while the dog barks and all that, but then she's broadcast to the world.

Well, I'm doing that now from a place called Mercer Island, Washington, so I've Candy the black lab sitting at my feet, Zoë the black cat who Candy hates running around. So if you ever hear a cat meowing that's Zoë, and then there's Georgia the other cat that we got from the rescue service to go together with Zoë because we thought Zoë was lonely, and they hate each other. So it's kind of a funny world, but what it allows me to
do day after day is get the kids to school and then do Patient Power with you and also do some other really neat things.

Tomorrow with the Leukemia and Lymphoma Society, I have to say I'm on their board, we're doing a town meeting for people with the leukemia that I have, chronic lymphocytic leukemia, and we'll do that here in Seattle, and there are people who come from all over the country, so it's really neat.

This is what I'm about, and what's neat about this show now on HealthRadio is I'm meeting these tremendous people who have very similar goals. Either they were diagnosed with something and have lived with it or they're telling the story of others, or in the case of Jessie Gruman and her book, "Aftershock, What to do When the Doctor Gives You or Someone You Love the Devastating Diagnosis" she's a three-time cancer survivor and has interviewed many other people, and then she's got a Ph.D. in social psychology, and she's worked with the National Cancer Institute, and she's kind of put it all together as part of her life's work.

Andrew Schorr:
Jessie, I wanted to ask you. You heard me comment earlier about Elizabeth Edwards and her encouragement of her husband to go on with the presidential campaign even though CNN and others were reporting that he surely wouldn't and of course she goes on the campaign trail too, and she's got a bunch of kids, but she's fighting more advanced breast cancer. Do you have about that?

Dr. Gruman:
I think any one of us who has faced a recurrence knows how incredibly difficult it is to hear that news, and one of the reasons it's so difficult is because you know what it takes to fight back, the kind of energy that it takes, what the treatment feels like, and it's a blow. I think the other thing that those of who have been diagnosed with cancer, pretty much all of us know, I'm not going often to say everybody knows the same thing, but in this case I do. I think all of us know that during certain parts of our lives we just put one foot in front of the other, and I think Elizabeth Edwards' willingness to say, 'There are lots of things going on the world. I know what this is going to be like because I've done it before, but I want to put one foot in front of the other while this campaign is going on.'

It's a decision that each of us would make differently. It's a decision that is uniquely ours both to think about and to make, but you know, great. It's her decision, and she's acting on it. It's very personal, and in some ways it's very private, but we all know that in the midst of illness many of us have carried on our lives, have continued to care for our kids or our parents, and mown the lawn and gone to work, one foot in front of the other.
Common Reactions to the Diagnosis of Cancer

Andrew Schorr:
Jessie, what are some of the common themes? I mean you've interviewed a lot of people, and of course you've had a life of people talking to you about your own cancer or whatever. What are the common themes that you've seen for people? I know for me the day that I was diagnosed and shared it with my wife, the diagnosis, I was 46, so I was much older than you were originally, but you got kind of punched in the mouth several times, I thought my dreams had been ripped away and that it was sayonara, I'd be dead tomorrow, and I was going to start acting dead right away because we couldn't have been lower.

Of course it didn't work out that way, but did you hear that all the time, or do people just react very differently?

Dr. Gruman:
People, one of the things that I heard from all of the, and I interviewed over 200 people, and one of the things that I can say about all of those interviews is that people responded in very, very different ways throughout, but there were some common themes, and one of them was, particularly during the first 48 hours, that you can't imagine that you're ever going to feel any different from how you feel now; that your dreams are shattered, that your life is over, that you have nothing to hope for, there is no future for you. For some people it lasts a half an hour. For some people it lasts for 48 hours. For some people it extends on into days, but that feeling, I can't imagine knowing what I know now, that I can ever feel any different. That something that people reported feeling and then reported that once they got a little more information and saw what steps they needed to take next, that that feeling abated, that they didn't feel that way forever.

There is also research that says that people are remarkably resilient even if they feel hopeless. As they get more information, they start to see their way forward. So that was one of the themes.

Another of the themes that I think is probably familiar to you as well, Andrew, is the notion that you feel like I have to take care of this immediately.

Andrew Schorr:
Right.

Dr. Gruman:
There's a sense of urgency. I just heard about this. I went from being a well person to a sick person in the space of moments, and now I can do something immediately that will take me back to that healthy land.
Andrew Schorr: Right.

Dr. Gruman: And there's this feeling like I must get this thing taken out of me if you have a tumor or a cancer. I must start taking my interferon right away, and this is at a point when your diagnosis may not have been confirmed, or if you cancer it might not have been staged.

Andrew Schorr: Right.

Dr. Gruman: It's at a point when, you know, one of the wonderful things about modern medicine is that it's rare that there's only one way to approach the treatment of a condition.

Andrew Schorr: It can increasingly be personalized. I was just going to make a comment. I have these little soapboxes I get on as far as Patient Power goes. I get to interview world-famous medical experts all the time, and so when I speak with them I'm drawing on maybe their 30 years' experience and their life's devotion to a certain, pretty narrow illness often, and then often I get to talk to more than one, and what I find is; first, things are changing all the time, and I know you comment about that in your book; second of all, it's certainly in the case of cancer, but in many other illnesses, that was developing over a long period of time, and yes there might be some breast surgeon or somebody else who said, 'I have an opening next Wednesday, and I can take care of that for you.' And I always say very cynically, you know, is it his kid's wedding or something he wants to pay for right away at my expense? Is that the right choice for me even if it's the right choice for him? So you can slow this process down. If it's not trauma surgery or maybe inflammatory breast cancer, then you really need to think about this because as you said at the beginning, these are your choices that you need to own. It's your body. You need to think about it and get information. So I think what you're saying is, is that you have this urge to get it handled, but that may be a long journey, but it should be an informed one.

Dr. Gruman: That's right. That's right, I talked to one young woman whose oncologist told her one thing, her radiologist told her another, whose surgeon told her another, and each of her parents who were doctors told her another, and she needed to make a decision. It was tough for her.
Andrew Schorr:
Right. We're going to take a break as we continue our visit with my kindred spirit here, Dr. Jessie Gruman. We'll be back with discussing the aftershock of a diagnosis and how you move forward when we continue on Patient Power right after this.

So if you listen to me enough, you know I'm a big sports fan, so that fuels me, you know, a cancer survivor, sports, let's talk about what's important in life, and so maybe this isn't fair, but Elizabeth and John Edwards, UNC graduates, a big event, cancer diagnosis sucks, right? Cancer recurrence is terrible, but a good diversion tonight is the North Carolina USC basketball game in the March Madness NCAA tournament, and I'm going to be watching, so go Tar Heels.

I already went up to Starbucks today, and there was a guy with a USC sticker, and I actually went up to him; I live in kind of a small town, and I said, 'You went to USC?' He said, 'Yeah.' And I said, 'My condolences. They're going to lose tonight.' And this guy just thought I was crazy because out west you don't get in people's face like you do back east or even in the Carolinas, but I do, and I was happy to needle him. So, he said he's mostly a USC football fan instead of basketball, but good, because they're going to lose today. All right. I had to say that because we can talk about cancer. You can dwell on your diagnosis; multiple sclerosis, rheumatoid arthritis. You name it, you're going to have to live with it, but let's celebrate some things too, and one of them is enjoyment of life, and if you're a sports fan there you go.

We're visiting with Jessie Gruman who has been diagnosed with cancer three times, and I mentioned during the break, I said, Jessie do you have any kids? Because my kids dominate my life when I'm not watching a basketball game, and yesterday they were just crazy refusing to go to school, and I'm getting all sorts of advice about that. Jessie said, no, are you kidding me? I had cervical cancer.

The Center for Advancement of Health

Andrew Schorr:
So Jessie, cancer changed your life, but you've gone on and besides writing the book, "Aftershock, What to do When the Doctor Gives You or Someone You Love the Devastating Diagnosis" you also have your wonderful organization, The Center for Advancement of Health. What's that about and how does that fit in with all this?

Dr. Gruman:
The Center for Advancement of Health is an organization that was actually founded by, or the idea of it was started by two foundations; the John D. and Catherine T. MacArthur Foundation and another foundation, the Nathan Cummings Foundation, and their idea was that there needed to be a place in Washington where health was recognized as something more than just disease that it was how people respond to their health, how they work to improve their health, how they interact with the...
healthcare system, and so we've had 13 years to try to figure out how to encourage people to do that. So we work with congress on legislation. We do a lot of work with the media. We're working right now on trying to help public libraries, for example, to become a source of information for seniors who need to make all sorts of decisions about their health and healthcare. So we have a lot of activities going on, but one of the things that it allows me to do is to continually think about the entire spectrum of people who are living very healthy lives to people who live in circumstances that don’t allow them to live healthy lives to people who actually have chronic illnesses, chronic mental illnesses, chronic physical illnesses, or serious illnesses.

So I spend my days kind of talking to people trying to figure out what they need, what they want, what will work for them in terms of living for as well as they can for as long as they can.

**Andrew Schorr:**
I have a website, www.patientpower.info, and I did an interview that's on there now with Dr. Brent James who’s with Intermountain Healthcare in Salt Lake, and he thinks a lot. He's a Harvard professor and all that. I don’t know if you’ve ever met him.

**Dr. Gruman:**
Yes, I’ve been on committees with Brent, yes.

**Andrew Schorr:**
I love it. And so we're talking about how to fix America's healthcare system and how the emphasis for all of us needs to be on prevention. Of course these diagnoses intervene and then you might have wanted to prevent it, but you’ve got it or it wasn't preventable maybe, although the program with M.D. Anderson this past week was on how many cancers can be prevented on things you can do, yet you were diagnosed with colon cancer at the initial screening, and you probably said, "What?" You know, here you were going in for a screening, so there is a lot of anger that could come with that, and you said, 'Well, could I have headed this off? Here I am coming in for a screening.' So there are all these issues, and people's situations vary, but you must spend a lot of time trying to see if government and various agencies can work together so that we can have a better system.

It seems to me we have a long way to go, don't we?

**Dr. Gruman:**
We do have a long way to go. I think we've made progress over time, and the government has in some areas made a lot of progress and in other areas not. Similarly states have a lot to do with how various services are available to us, and let's not forget that both the state and the federal government and local government have a lot
to say about whether its safe to walk outside, whether there's zoning so that there are
grocery stores where you can buy good fruits and vegetables in every neighborhood,
not just in wealthy neighborhoods.

Andrew Schorr:
True.

Dr. Gruman:
These are all issues that concern those of us who are concerned not only with the
delivery of medical care, which is one part of health, but for most people it's a small
part of health. For most people health is not having to think about your body.

Andrew Schorr:
Right.

Dr. Gruman:
It's feeling great. It's not thinking about it.

Andrew Schorr:
Right, right, but we all have, you know, I preach all the time that we've got to be
smarter healthcare consumers, take more responsibility for our own health, and also
be smarter patients should we be dubbed "patient." Do you agree with that? I mean,
it's not like you have to know everything, but it seems like you have to play an active
role today.

Dr. Gruman:
I agree completely that the expectations of us as patients have changed tremendously
over the past, particularly over the past decade. Most of us grew up and got close to
this point in our lives with the assumption that doctors were the authority, and they
were going to care for us, and we were the passive recipients of care, hence patients,
right? We were just going to receive care. Now all of a sudden there's a change in the
rhetoric that says that now we have to be active consumers of care. We have to be
able to evaluate which doctor is best to treat us, which treatment is best for us, which
hospital is best for us, should I go to the doctor now or not?

For many people these are complicated decisions, and it's difficult for them to make
them. I think that while we have very good evidence and you and I and your listeners
all know that we have a very important role to play in our health. Many of us need help
actually being good consumers, knowing what's the right time to go to the doctor,
when is a symptom important to see a physician for or a nurse practitioner, and when
can we take care of it ourselves?
Andrew Schorr:
Well, you and I are devoted to that, and I know I talk about that every day, and we're going to keep working on it, but I think we're making progress. We're going to talk more with Jessie Gruman when we continue on Patient Power and talk a little more about what people say to you when you're diagnosed with something serious and how you can work productively with them in a way that helps you. We'll be right back with more of Patient Power.

We're coming to the end of the week. It's been a really good week. I'm going to speak at the Pacific Northwest Women's Show. It's a big deal here, twice this weekend, so I'm looking forward to that. Hopefully the voice will hold out.

So we've been visiting with Dr. Jessie Gruman, a social psychologist who became that after she'd be diagnosed with Hodgkin's disease early, I think at college age, 20 years old as she was saying, and later cervical cancer, and later colon cancer, and she's really a leader in helping move public policy forward in Washington D.C. with her Center for the Advancement of Health.

What to Say to Someone Who's Been Diagnosed with a Serious Illness

Andrew Schorr:
So Jessie, I want to get down to the nitty-gritty. Somebody's diagnosed with something serious, and they obviously have people who know them and hear, 'Oh, she was diagnosed,' and whispers, you know at church or the coffee shop or work or whatever. People don't know what to say. They often say the wrong thing. What can we as people who get that diagnosis, how can we guide that so it's positive for us because the last thing we need is negative energy around us or talking behind our back. How can we make it a positive?

Dr. Gruman:
Well let me start by kind of addressing the second issue first, and that is if you're someone who hears of someone else's bad news, I think there are three pretty simple things that you need to know. One is to acknowledge that you've heard. Say, "I hear you've had some bad news." And the second thing to say is, "I hope the next few weeks go okay for you." And if you are a close enough friend to offer and deliver help, then say, "Please let me know if I can"' and be specific about offer, "bring you dinner, can run some errands for you next week." It's very important to those of us who've had a diagnosis not to be left with the feeling that either the person is ignoring this very bad thing that's happened to us or that this person's self-consciousness about that is more important than that they express there support of us.

So that's for the other people, but for those of use who are the recipients of the people's always well-meaning but sometimes awkward comments, it's so interesting. You know, I talk to all of those people, and everybody mentioned that this is an issue
that people come up to you and they say things like, 'I'm sure everything is going to be just fine.' And my response to that is like, 'What do you know big-shot? My doctor can't even say that. How can you?'

Andrew Schorr:
Right, absolutely.

Dr. Gruman:
Or they'll say something like, 'You are so brave.' I talked to this young mom whose response to that was, 'You know what? You don't know what I do when you leave and I'm alone sitting in my room. It isn't a brave thing to do to put dinner on the table for my family or put the laundry in the washing machine.' Being sick wasn’t a choice and neither is this. You just do it.

Andrew Schorr:
You just do it.

Dr. Gruman:
You just do it. I think, you know, it's interesting. In the book I have a number of very common responses that people have received, and for every one of these responses that people were annoyed with, I found someone who said, 'Oh that made me feel so good.' So I think that in some ways people who feel awkward about saying things are right in feeling so because you don't know how this is going to be received, so that's why I would recommend the generic, "I've heard that you have some bad news. I sure hope things are going to be okay for you."

Andrew Schorr:
Good point.

Dr. Gruman:
But for those of us who receive the bad news, I think that to the extent that you can remembering that these people mean the best.

Andrew Schorr:
They mean well.

Dr. Gruman:
And they want the best for you, and they're trying to be helpful. Sometimes you can do that, and sometimes you can't.

Andrew Schorr:
You can guide them, or sometimes you can delegate a friend or family member to just help people get to where you want them to be; how they can help you, etc.; and there's lots of information about that.
Dr. Gruman:
That's true.

Andrew Schorr:
I want to just call everybody's attention to the website that Jessie Gruman has, as there are updates and appendices from the book and kind of, you know, it's a moving target today. Books change over time, and authors like Jessie have a lot more to say. So it's on the Internet, www.aftershockbook.com, right Jessie?

Dr. Gruman:
That's right. You know the appendices of this book are a wealth of good information, good ways to connect to other reliable pieces of information, but this is such a dynamic field. Now all of a sudden lots of people are putting up good websites, good radio programs, good sources of information, good ways of evaluating physicians, and I want to make sure that the book remains relevant. So the appendices will soon be listed there, but in the meantime there are already updates to the appendices that are on the website at www.aftershockbook.com.

Andrew Schorr:
By the way again, the book is called "Aftershock, What to do When the Doctor Gives You or Someone You Love a Devastating Diagnosis," and the author is Jessie Gruman, and just in the couple of seconds before the break and then we'll get final comments from Jessie, I will never forget my friend Eli Zimmerman reading to me and telling me his life story while I was getting chemotherapy and kind of whacked out in the hospital, and I can recite to this day years later Eli's story of his visit to Nepal when he was a college kid, and him just sitting next to me was a great gift.

More with Patient Power and Dr. Jessie Gruman right after this.

Well this has just been thrilling for me. As we've been doing these HealthRadio programs I've been meeting the coolest people or reconnecting with people I haven't spoken with in years, so I've had an hour to stare at the picture of Dr. Jessie Gruman who is as neat as her picture. She's just a cool lady, and her book, "Aftershock, What to do When the Doctor Gives You or Someone You Love the Devastating Diagnosis."

And go to her website, www.aftershockbook.com. So we'll have her back. Jessie, will you come back sometime?

Dr. Gruman:
Absolutely. It will be my pleasure.
Andrew Schorr:
So, what would you like to leave people with? We have a lot of people who are listening to this live or the replay, somebody got bad news, you're book can help them through it. Any final comment you'd like to make now?

Dr. Gruman:
I guess the last thing I would like to say is to recognize how very, very difficult it is to hear bad news and to go through those very difficult and messy weeks of figuring out what this means, rearranging your life and your work and figuring out how to respond and get treated for this. The purpose of the book that I've written, and I believe the purpose that we all need to keep in mind during this time, is that our aim is to build on the certainties that we now possess that can carry us through this unknowable future with all the grace that we can muster, all the support that we can find, and all the dignity that we deserve.

Andrew Schorr:
Wow. That gives me chills, and I think living that way every day, have the diagnosis or not, family member, friend, whatever; dignity, grace; wow. That means a lot to me. Thank you so much for being with us Jessie Gruman. I am going to meet you in person soon, and we'll get to talk.

Dr. Gruman:
I hope so. It was a pleasure. Thank you.

Andrew Schorr:
Thank you so much. I wish everybody a great weekend. I have to say, Go Tar Heels, and yes, Elizabeth Edwards and John, I know you'll be shouting for the Tar Heels too. Hopefully I don't lose my voice.

Always remember folks that knowledge can be the best medicine of all, and take a look at www.aftershockbook.com. I bet it will be a great help to you. Have a great weekend, and we'll see you next week.

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