



Survivorship Care: A Doctor Turned Cancer Survivor Shares Advice

Wendy S. Harpham

Lymphoma Survivor and Former Clinician

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Wendy Harpham:

I was 36 years old. I was a mother of three children under 6. I had a very busy solo practice of internal medicine. I was diagnosed with indolent lymphoma. Had to close my practice for ten months while undergoing intensive chemotherapy. A few months into my first remission, I recurred. I closed my practice, underwent many mantle radiation therapy, worked in another doctor's office, and a few months later had another recurrence. Was in and out of treatment for 15 years before we achieved this current wonderful 10-year-plus remission. Because I was forced to retire from clinical medicine, I turned to writing and speaking as a way to continue to care for patients.

My three-step approach to getting good care and living as fully as possible is obtaining sound knowledge, finding and nourishing realistic hope that helps you act in ways that help your outcome, and in ways that help you wait when there's nothing you can do to improve the outcome, and taking action. A lot of people know what to do and believe that doing it will help, and yet they don't do it. So the third step is critical—acting on your knowledge and hope in ways that improve your life.

As the number of survivors grows, there are literally not going to be enough oncologists to care for all these long-term survivors. Much of that care is going to shift to primary care physicians. As an internist, I think that's a wonderful thing, because general internists, primary care physicians look at the whole patient. And instead of just always focusing on the cancer and the cancer survivorship and after-effects and risk of recurrence, risk of second malignancies, the primary care physician can integrate that cancer history into the holistic care that looks also at the heart and the lungs and the kidneys and the skin and energy and age-related problems. So, to me, that's a good thing.

The problem is that there's a lag in information. A lot of primary care physicians are not prepared because of their training, because of their continuing medical education. They're not yet prepared to take over that care, and that's where the patient can really help the clinician do it. If they're looking together at a care plan, the clinicians know enough medicine to be able to incorporate recommendations, guidelines, and to communicate with the patient about how best to take care of this patient to prevent problems, to pick up problems early.

One of the key issues with being a cancer survivor is that the normal criteria for diagnosing problems, for doing testing, for intervening with treatments is changed. So a cancer survivor with a certain symptom may need X-rays sooner than someone who's never had cancer before. Or treatment, dosage, type of treatment may need to be adjusted because of the history of cancer.

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