

## Behind the Pink

She was the last appointment of the afternoon. I wondered why she wasn't to be brought into the examination room, and, instead, I waited for her in a small but brightly lit office room. Unsure for the purpose of the visit, I flipped through the pages of her chart.

I had begun my third year of medical school a few weeks earlier. The transition from classroom to hospital felt like I had been pushed onto a bike after only reading the instruction manual. In theory I understood pathology; in reality, I had to learn to balance clinical presentation with the physical, mental and emotional needs of my patients.

I noted my patient had a previous medical history of breast cancer, so why was she at the breast center today? She entered the doorway, and I stood up to greet her. Tall and well-built, she wore jeans with a matching half-sleeve denim shirt. Short speckled grey hair peeked out from a baseball hat. I gestured to the chair beside me; the doctor would arrive momentarily. As our conversation progressed, any initial nervousness soon dissipated. She spoke in moderation, informing me she lived independently but remained active in her church. She asked my position in the hierarchy of medical training, and like many of my patients, wished me well in my endeavor.

When the breast surgeon returned she confirmed the cancer had "come back" but, this time, in the opposite breast. The most definitive treatment for full recovery was a bilateral mastectomy, or removal of both breasts, followed most likely by radiation.

If I had just been placed on a bicycle with training wheels, the best surgeons, I quickly realized, cruised calmly on sports bikes down rocky terrains. They had learned one of the hardest lessons in medicine: how to balance treatment options with quality of life for their patients. The breast surgeon, with whom I worked that afternoon, possessed both the knowledge of when to move forward with treatment, and the courage to present all options but advise comfort measures instead. Thankfully, in the case of my patient, it was appropriate to suggest the former.

I expected expressions of denial or an outburst of tears from my patient. I had already witnessed several young women arrive at the center fraught with anxiety and sleepless nights because of abnormal mammogram results. Surely such a diagnosis would shake my patient to the core.

In retrospect, I should have known better. My patient's response mirrored her demeanor; she remained cool, confident, and calm, accepting the advice of her breast surgeon with aplomb. My patient was in her early seventies, and I wondered if such resilience shrouded underlying denial, or worse, fear of mortality. Had death of family members and friends given her the strength to accept, quietly, a double mastectomy in return for longevity? Or had my patient always been practical before emotional, proactive before reactive?

---

Several weeks later, my patient and I met again, but this time, under the sharp lights of an operating room. A caustic smell stung my nostrils as the surgeon, on the opposite side of the table, cauterized her incision to reach breast fat. I provided constant counter traction to facilitate separation of the breast from the underlying muscle. Even with gloves, the tissue felt soft under my hands, resistant at first to my tugging, then slowly giving way, conceding defeat.

In a few moments, my patient's breast, the symbol of her femininity, intimacy and motherhood lay on a tray. In its place remained the smooth fibers of the pectoralis muscle, hidden by overlying skin flaps. Sutures and dressing would soon cover both breast sites, and my patient would be discharged the following day.

I never met my patient again, but I think of her at times. I imagine her praying on a church pew or enjoying supper surrounded by family members. We may have pierced her skin with sutures, but I am sure her spirit remains as intact as the day I first met her.

I think of my patient most in October, during Breast Cancer Awareness month. October heralds a flurry of the famous pink ribbons; their omnipresence stretches from a coworker's sweatshirt to the tubs of yogurt at the grocery store. I cannot help but think, though, if what had started as a campaign to direct attention to the second leading cause of mortality among women in the U.S, has now turned into a viable market for corporate America. At times, dismay overshadows pessimism with each advertisement.

Camaraderie and strength are the pillars of the breast cancer awareness campaign, and after witnessing a glimpse of the behind-the-scenes work for which the campaign was born, I am convinced these pillars must be experienced in person; in marches, workshops, or doctors offices. Splashes of pink may open doors for activism and donations in the field, but human narrative delivers a deeper understanding of the purpose of such campaigns.