The other woman - A day in the life of a breast radiologist

She patiently waits for me, somewhat less fidgety than most others who want their scans to be done as soon as they arrive. Sitting inconspicuously, she seems lost in her own world as she awaits her turn. I am greeted by a short quick glance accompanied with a nervous little forced smile in response to my attempts to make an eye contact. I receive mostly monosyllables as answers for a few customary pre scan questions. My attempts to strike up a conversation are futile. The vulnerable act of disrobing and lying down bare chest for a scan happens without much fanfare. As I begin the scan, I can feel her eyes mapping my every move. I can sense the fact that she is trying to read and interpret my actions. But she lies there, expressionless for now. As I continue with the scan, I can feel a steady rise in her heart rate under my probe. At times, it is so prominent that it appears to drown the eerie silence of the examination room. Finally, I move the probe over the lump, the motive for her visit today. While I investigate the culprit with various imaging devices, I hear her steady clear voice for the first time. She says “Doctor, my responsibilities aren’t over”. I have heard this sentence a little too often to find it strange or inappropriate for that moment. Very seldom in our practice as radiologists are we made to feel like God Himself. This, I believe, is one such moment where the “other woman” looks at me as though I were God having the power to decide, whether or not to call that ‘lump’ of hers ‘CANCER.’

As I continue with my job, I tell her it looks “slightly suspicious” and we would probably need a biopsy. Almost immediately, I can feel her heart rate settle. She is now staring into emptiness battling emotions and feelings big time, the evidence of her failed attempts seen as silent tears trickling down her cheeks.

A few are pragmatic and start asking the questions that I expect. Questions like “Doctor, are you sure its cancer?” “What stage do you think is the disease?” “Has it spread?”… While these patients amaze me by their stoicism, it’s the simpler ones that leave me with a lump in my throat. They have no questions, instead they tell me their feelings. They tell me things that I should somehow be aware of, stuff related to their unmarried kids, kids struggling professionally and maybe even about little ones still at school. This “other woman” sometimes tells me, she is not only a mother and homemaker, but also a professional who has to work in order to maintain the financial standing of the family. These stories and feelings have no age restrictions. Grandmothers too seem unprepared, wanting to love and spend more time with their grandchildren.

To me, the “other woman” seems unprepared to face the diagnosis at whatever age I see her. It is indeed a sad paradox that women who think they are indispensable for their kids and family give such poor attention to themselves. Stories of women postponing a breast examination because their kids are having an exam or getting married or even pregnant is common. It is not unusual to see women with fungating cancers that have broken through the skin, come for treatment. And surprisingly many of these patients are fairly well educated with sound financial backgrounds. Many a times, the reason for such delay is due to their faith in alternative therapies. Here, the patient is finally handed back to us in a stage and state where the scope of treatment is limited and prognosis is dismal.

Of course, there are happy stories too. Women who were proactive and had incidental tiny cancers picked up on a screening mammogram or those who presented to us very early when faced with a breast related issue. These women ultimately go on to get cured. Oh! The joy, satisfaction and hope it gives us as radiologists to be able to make an impact in the lives of these “other women”. These moments and experiences are truly humbling for us.

Breast cancer is currently the commonest cancer among women in India. Not having a family history gives most women a sense of pseudo protection. The fact that has to be brought to light here is that a good 80% or so of breast cancer occurs in women with no such family history.

Any lady could be the “other woman”. As of now, there is no way we can prevent breast cancer or predict who would get the disease. The only way to defeat the beast and ensure a complete cure is by making sure we catch it early-early enough to nip it in the bud itself.

Be aware… Stay safe… Screen for breast cancer.

Financial support and sponsorship
Nil.
Conflicts of interest
There are no conflicts of interest.

Teena Sleeba
Department of Radiodiagnosis, Rajagiri Hospital,
Aluva, Kochi, Kerala, India.
E-mail: teenasleeba@gmail.com

Cite this article as: Sleeba T. The other woman - A day in the life of a breast radiologist. Indian J Radiol Imaging 2019;29:339-40.
Received: 03-Oct-2019 Revision: 06-Oct-2019
Accepted: 08-Oct-2019 Published: 30-Oct-2019
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