## Desperate Needs for Compassion from Oncologists

Semoon Chang

Director and Economist of Gulf Coast Center for Impact Studies, USA

\*Corresponding author: Semoon Chang, Director and Economist of Gulf Coast Center for Impact Studies, USA, Tel: + 2517513944; E-mail: changsemoon@yahoo.com

Received date: September 28, 2018; Accepted date: November 1, 2018; Published date: November 8, 2018

Copyright:

time on web to find out what the number really meant. I found out that, standing alone, the number did not mean much and many oncologists just ignored the number. When the number is combined with other indicators, however, the number is likely to show what is happening to cancer cells inside the body.

Explanations in the website of the Pancreatic Cancer Action Network, which I visited numerous times to search for some hopeful comments, indicated that "not every patient with pancreatic cancer will have an elevated CA 199 level. In addition, some non-cancerous conditions can cause high CA 199 levels" A telling conclusion of the website was that "a decline in CA 199 levels a er treatment for pancreatic cancer followed by a later rise may suggest tumor recurrence or progression." I did not tell my wife of this conclusion.

As a precaution, we decided to have her tested by an oncologist at the Tucker Gosnell Center for Gastrointestinal Oncology, Massachusetts General Hospital (MGH) in Boston. My wife had CT For the rest of the treatment including clinical trial later at the

Around 1 am Sunday morning, I woke up from unfamiliar sound from my wife who was sleeping on the sofa, while I was sleeping on the foor in the same family room. My wife was having a really high fever. We treated the fever with aspirin and cold towels. Soon, the fever was replaced by cold and pain around 2 am. e pain was getting worse and worse. My wife rarely, if ever, complained about pain. She wanted morphine, and I gave her one pill.

Obviously, one tablet of morphine was not enough. Now the pain became brutal, and I can tell that the pain was totally unbearable to her. She then started begging for more morphine. She would never have begged for more unless it was absolutely unbearable. Unbelievably, I did not give it to her, because I was so scared of overdosing her to death. e struggle between my wife and me lasted about an hour, and finallmat about 3:30 am, I gave her one more pill of morphine. About 30 min a er that, my wife went into sleep. She never felt another serious pain a er that until she finallmpassed away four days later. She later said that she died at that moment and came back to life

Honestly if I had a gun, I might have shot her or I should have killed her because the pain she was experiencing was not for the living I still cannot shake o the pain that my wife experienced during the early morning hours of December 4. I was really scared of overdosing her to death only four days before she passed away.

## Wishful in\_ing

I still believe that our primary clinical trial physician at Houston cancer center should have seen us during the last appointment and given us a prescription for pain control with step-by-step guide of what we should consider doing. Just maybe, the physician could have made an earlier decision on the failed clinical trial.

Perhaps, our Mobile oncologist whom we continuously updated on the treatment in Houston should have paid more attention to the progress of our treatment, and guided us on how we should prepare for the impending death. He never mentioned pain control, let alone

- 5. Noe K, Forgione DA (2014) Economic Incentives in the Hospice Care Setting: A comparison of for-proft and nonproft providers. J Pub Bud Accoun Finan Manage 26: 233-270.
- 6 Medicare Payment Advisory Commission (MedPAC). Report to the Congress Medicare Payment Policy, March 2016:319
- 7. 7. Carline JD, Curtis JR, Wenrich MD, Shannon SE, Ambrozy DM, et al. (2003) Physicians' interactions with health care teams and systems in the

care of dying patients perspectives of dying patients, family members, and health care professionals JPain Symp Manag 25: 19-28 Curtis