

Years of Fight against Pancreatic Cancer by RGB: Lessons to be Learnt

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EDITORIAL

In a year overrun with grief, we face another challenge in the death of Supreme Court Justice Ruth Bader Ginsburg. Her life and work have been followed by many, her accomplishments abound. As experts on pancreatic cancer and admirers of justice, we watched with cautious awe as she fell into slimmer and slimmer statistical margins over time. And while we are not privy to the medical details of Justice Ginsburg's disease and its progression, we can learn from her public approach.

We often struggle with patients feeling defined by their illness, especially one with the lethality of pancreatic cancer. Their cognitive frame suddenly shifts from their grandchildren's soccer games and dreams of travel to measuring time in two-week cycles. Chemotherapy sessions, doctor's appointments, scan suddenly define their time. Doing such, though, allows cancer to invade one's very sense of self as it invades organ structure. Justice Ginsburg, though, demonstrated that cancer can be part of a person without being the whole person. In the years since her first colon cancer diagnosis in 1999, Justice Ginsburg wrote 334 Supreme court opinions, nearly half of those since her 2009 pancreatic cancer diagnosis. Indeed, in a July 2020 statement she noted that treatment was a part of her routine, but not the definition

of her time. She stated, "I will continue bi-weekly chemotherapy to keep my cancer at bay, and am able to maintain an active daily routine. Throughout, I have kept up with opinion writing and all other court work. I have often said I would remain a member of the court as long as I can do the job at full steam. I remain fully able to do that." The language used is telling. Justice, and the needs of the nation, were the focus. While our patients generally do not have similar responsibilities as Justice Ginsburg, we can work with them on shifting how they frame their time. Holidays, time with family, connecting with friends and other non-cancer related time points are more meaningful and it is our responsibility to remind patients of this, while not undermining their very real fears.

Justice Ginsburg, while not directly discussing cancer, also offered profound advice that is relatable to those with a life-altering diagnosis. In a 2009 New York Times interview she stated, "Don't be distracted by emotions like anger, envy, resentment. These just zap energy and waste time." Indeed, we often see patients struggle with anger toward self and the disease, envy of the cancer-free life they thought they would lead, and resentment of the seemingly carefree lives of those not affected by cancer. These feelings also mire our patients in the cancer-as-a-way-of-life mindset and drain their much-needed energy.

We, as their practitioners, can help steer our patients

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toward more efficient uses of energy through empathic future-oriented discussions. Anger, envy, and resentment are understandable but do not help our patients lead the fulfilled life many would like.

Justice Ginsburg also offered wisdom that can be applied to patients and practitioners alike. She stated, “I would like to be remembered as someone who used whatever talent she had to do her work to the very best of her ability.” This is a sentiment that is matched in its eloquence and profundity. Each patient who walks through our doors is necessarily considering their own legacy. As clinicians, we too want to work to the expanses of our profession.

There are certainly many lessons to be learned from watching Justice Ginsburg. Reframing one’s experience, focusing on meaning and hoping for a meaningful impact are just a sampling of how we can work for a better quality of life for our patients. There may be a larger lesson for us in our treatment planning.

We have all heard similar reports at tumor board. 76-years old female presenting with an incidental finding of a pancreatic mass measuring 1cm, history of colon cancer, frail appearance. That’s often when people start tuning out. How good could her prognosis be? But each one of the lessons noted above was brought into this world by Justice Ginsburg in the 11-years between her diagnosis and death from pancreatic cancer. We must therefore not only learn from the words of Justice Ginsburg but her experience as well. Each patient, especially in disease groups with increased lethality, needs a true multidisciplinary assessment and approach to care. Not all elderly patients are alike. And yes, not all 76-years old are Justice Ginsburg either. Some people in their 80’s can do one-legged squats, some cannot. Care, therefore, must be individualized, especially when the stakes are high. We should not offer insincere hope to those whose biopsychosocial features do not warrant. But we do not underestimate an individual, either. We must learn from Justice Ginsburg, her words and example, and elevate the standards of oncology care.

REFERENCES

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