

Praise For
The Cancer Olympics

Pinnacle Book Achievement Award 2016 (Inspiration)

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Book Excellence Award Finalist 2016 (Inspiration)

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Feathered Quill Silver Medal 2016 (Inspiration)

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National Indie Excellence Award Finalist 2016 (Cancer)

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International Book Award Finalist 2015 (Health-Cancer)

.....

Readers' Favorite Award Finalist 2015 (Grief/Hardship)

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USA Best Book Award Finalist 2015 (Health-Cancer)

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Listed in "The 55 Best Self-Published Books of 2015"

—*Kirkus IndieReader*

.....

Listed in the "Six Books to Keep Your New Year's Resolutions

On-track"—*The Huffington Post*

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Book of the Month selection by
The Association of Independent Authors.

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"A page-turner...genuinely inspiring and uplifting...a David vs Goliath story...part drama, part mystery, part comedy, part suspense, and part research. A brilliant read and an exceptional well-written story."

— *The Chronicle Herald*, Halifax, NS

"Hard to put down because nearly every chapter ends with a cliff-hanger. The Cancer Olympics wins the gold medal for being a gutsy, no-holds-barred account of a woman's fight against three formidable enemies: late-stage colorectal cancer, the medical establishment, and archaic government policies."

— *Kirkus IndieReader*

"Through her flawless prose and deft narration, readers will find her memoir exceptional and well-written. As harsh as her struggle was, this is not a depressing memoir, but one that gives hope and advocates a patient's rights and well-being. This is a must-read for everyone."

— *Readers' Favorite*

"In a heart-wrenching memoir, Robin McGee recounts her personal trials and triumphs since receiving a late-stage colorectal cancer diagnosis. McGee not only battles cancer in her book, but wrestles with government policies as well—and when things seem particularly bleak, the author finds a rich network of support online. Tracing the course of McGee's journey, some of her resolve will doubtlessly rub off on you—either to appreciate your own health or inspire compassion for others' suffering."

— Joseph Sutton, *The Huffington Post*

"If this were a fictional story, the 'plot' might be seen as over the top. But it is a true story, and that's what makes it more powerful, emotional, and inspirational. Heart-warming."

— Steven Fujita, author of *Toe Up to 10K*

The Cancer Olympics

ROBIN MCGEE



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1. *Biography & Autobiography, Medical*

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To my parents, Robert and Janette McGee,
for their example of courage, sense, and humour.

1

This is a true story based on actual events. Although some individuals have been given obvious pseudonyms, real names have been used with permission.

I AM HOLDING A PHOTOGRAPH OF MY TUMOUR. IT WAS TAKEN over a week ago, the day of the colonoscopy. It is swollen and distended, pink skin stretched over the bulging malignancy. Almost entirely circumferential, only a tiny amount of normal tissue holds out against the freakish masses that surround it. It is bleeding vigorously, growing so fast that it is bursting its own blood vessels.

I am aswim with shock and grief. And another feeling—anger.

I stare down at it and it stares back like a baleful eye.

I think, *how did I get here?*

.....

My story begins simply enough. I was raised in Ontario, the sixth of seven children. We lived in Ottawa, where my father was a senior civil servant, and my mother stayed home to look after such a large brood. An imaginative, daydreaming creature that was always reading, I grew up happily. Through having to earn my own way through university, I developed habits of hard work and self-reliance that tempered my creative and curious nature.

My ancestry was Scots and Irish, giving me an odd mixture of miserliness and sentimental passion. This character led to choosing a career that would pay well enough, while still allowing me to do something both noble and moral. Child psychology seemed a good fit. My undergraduate degree was a combined honours in English

and psychology, because I could not get away from my love of books despite the need for a common-sense career.

I did well in university and earned sufficient scholarships to pay my way through. Slugging through a seemingly interminable PhD in clinical child psychology, I met my husband on a blind date. We bonded while quizzing each other about Beatles song lyrics, and I knew that I had met my match.

Andrew was a native of Nova Scotia. Work had taken him from his home province, and he pined for it. He woke up each morning thinking about how far away he was from the ocean. When I finally graduated, we moved to the beautiful Annapolis Valley (known in Nova Scotia as simply “The Valley”)—a verdant, pastoral place. I was pregnant when we arrived, and our cherished son Austin was born that same year.

I went to work as the only child psychologist at the regional hospital. Eleven years and many initiatives later, child psychology had grown in the district. When an opportunity came up to join the regional school board, I jumped at the chance despite a significant pay cut. My new job required me to provide consultation to over 40 schools regarding children and youth. Between my work in health and education, I knew many of the doctors, nurses, lawyers, police, teachers, and principals in the professional system, in addition to neighbours and friends throughout the length and breadth of the Valley.

My cancer story began on 26 June 2008. I remember that date, a Thursday, especially clearly as I was working with the hospital’s autism diagnostic team that day. The following Sunday night, I was to fly to Scotland on vacation with my mother and two of my sisters. We were planning to celebrate my mother’s 80th birthday in the land of her parents’ origin. We would also be celebrating her being free of colon cancer after a decade.

Earlier that week I had felt the stirrings of a urinary tract infection. Being prone to those, I certainly did not want to head off to Scotland with such a problem. My family doctor would not prescribe antibiotics for a UTI without all the relevant urine testing done through her office. I remembered that she once told me that if

I was really in need, I could take the Ciprofloxacin that she had once prescribed in case of bowel trouble for a previous trip to Mexico. Hoping to head off the infection before it took root, I took the Cipro for two days while simultaneously going through the urine testing she required. At last convinced, she prescribed an antibiotic I had never had before—Noroxin. I switched to it promptly.

On 26 June 2008, I saw blood in my stool for the first time. Understandably disturbed, I called the doctor’s office but could only book an appointment for 14 July, the day after I returned from Scotland. *This is not good*, I thought, queasy. *Maybe this is bad. Really bad.*

I shook those thoughts from my head. *Nonsense*. I was a fit, active non-smoker in my 40s. Careful eating and vigorous exercise were my daily habits. Happy in my work and family life, I had no mental health struggles. *You are healthy*, I reassured myself. *This is nothing*.

But the bleeding continued throughout my Scotland trip. It continued after the antibiotic was finished. I quelled my anxieties by reflecting that I was to see my doctor as soon as I got back home.

The day after I returned, I hurried to my doctor’s office, but my own family doctor was away. Instead, I met with someone doing a locum at that practice. I shall call this person Doctor Number One.

Doctor Number One was warm and reassuring. She told me that the bleeding was probably due to the side effects of the Ciprofloxacin—that the bowel-specific antibiotic had likely disturbed the flora of my intestine, and the bleeding was a result of that disturbance. She recorded in the Electronic Medical Record (EMR) that the digital rectal exam was normal. She did not order any blood work, but instead ordered a stool sample test to check for parasites and *Clostridium difficile*. The latter is often described as a “superbug”—a bacterial infection signalled by diarrhea and flu-like symptoms. Although I never had either of these indicators, a fact that she documented in her EMR notes (“No diarrhea”), the *C. difficile* test was ordered anyway. She did not refer for endoscopy, despite documenting in the EMR that the blood was mixed in the stool. I told her about my immediate family history of colorectal

cancer twice during our appointment, but she did not document it. She did not book a return appointment.

Dr. Number One had recently moved from another province, and she was not aware of testing standards for *C. difficile*. Laboratory standards as early as 1996 required that any sample submitted be liquid stool, not formed stool. So when I took my sample in that same day, the lab rejected it as unfit and cancelled the test. I never heard about this cancellation. Thinking that “no news was good news,” my feelings of concern diminished. After all, Dr. One’s hypothesis of an antibiotic reaction made sense to me. The bleeding stopped, as Dr. Number One guessed that it would, after a few more weeks. That cessation seemed to be the reassurance I needed.

But months later, in October, the bleeding suddenly resumed. This time, it seemed worse. Also, the bleeding was accompanied by an odd symptom—I was passing bloody sheets of skin. These sheets of skin were small, about the size of a dollar coin. They started off as translucent and pink, but within a few weeks, they had become like red, floating rags. Disturbed once more, I went to see my regular family doctor, whom I shall call Doctor Number Two. Doctor Number Two had been my family physician for 15 years, ever since my arrival in Nova Scotia. She was also a colleague I knew through my professional work; on occasion, we had patients in common that required conferencing.

Dr. Number Two seemed annoyed with me as I described my symptoms and Dr. One’s ideas. She complained that I had not submitted a stool sample for the *C. difficile* test because the lab report said “no specimen was received in plain container.” I protested that I had indeed submitted a formed stool sample, but Dr. Two said she would need to order it again. I told her about the bloody skin, which she documented in her EMR notes (“blood in stool, and passing ‘bloody tissue’”). I reminded her that I had an immediate family history of colon cancer, which she also documented. She did a digital exam, which was normal, and she ordered some bloodwork. I understood her to say that she would consider a referral to a specialist once the *C. difficile* test came back. She also announced that her practice would be closing in about six weeks.

As I got up to leave, Doctor Number Two stood also. Realizing that I may never see her again, I asked what her plans were. She replied that she might take up a locum in Halifax. We looked at each other awkwardly for a moment. Ought I to hug her? Ought I to thank her for her years of doctoring?

Strangely, an inexplicable sensation of coldness came over me. I hung back awkwardly, wished her well tersely, and left, perplexed over my sudden attack of shyness and aloofness. I do not know if the shiver I experienced that day was a premonition of what was to come. If my life was the *Titanic*, Dr. Two was about to become my own personal iceberg.

After I left her office that October day, Doctor Number Two wrote a consultation request letter to a local general surgeon. Her letter said: “Thank you for seeing this most pleasant 47-year-old woman, who has had episodic bright red bleeding per rectum since June of 2008.” Dr. Two had recorded many indices of very serious bowel pathology in her EMR notes, but she left all that material out of her referral letter. She said nothing about the bloody mucosal tissue, my immediate family history of colorectal cancer, my previous bowel history, or even her own exam results. Despite the risk of future miscommunication, her letter did not mention that her practice was closing. The bloodwork came back showing a positive result for C. Reactive Protein, an index of inflammation and a potential cancer marker. She did not forward that result to the specialist either.

I will never know why she withheld such critical information from that referral letter. Whatever the reason, her lightweight letter was another step in a series of cumulative failures that were to bring about my doom.

Who could I approach to be our new family doctor? My husband and son had requested a male this time. I considered a man I shall call Doctor Number Three. He had been in the same practice office as Doctor Number Two: this could mean that he would share in the EMR system she had used. File and information transfer would be facilitated, I reasoned. I knew Doctor Number Three from years of collegiality with shared patients. One day in November, I called

him about a mutual patient and added in my request to become his patient. A week later, his secretary called saying he was willing to take me on. I would, she said, need to accept that I would wait on average three weeks before getting an appointment. After all, Doctor Number Two had just quit, along with two other physicians in that collective practice. Thousands of citizens were now without a family physician. I was lucky to get one at all.

Dr. Number Two's practice closed officially on December 5th. On December 9th, Dr. Number Two's receptionist called me to say that the lab had rejected the second stool sample for *C. difficile*, as the sample was not watery.

"Where does that leave me?" I asked, bewildered.

The secretary's response was final and exasperated: "You are on your own with that," she said.

What could I do now? I would have to find a way to resubmit the *C. difficile* test on my own. There is a district health authority laboratory in the building where I work, so I went there that December day to ask for advice. The assistant introduced me to the laboratory's consulting physician, and I explained my situation to her. She told me that both of my previous samples would have been cancelled because only liquid stool is acceptable for *C. difficile* testing. She also said that both Doctors One and Two had been misguided in ordering the *C. difficile* test for me, as it was only appropriate for those with a history of diarrhea and flu-like symptoms. The main concern, she said, was to determine if my bleeding came from higher up in the digestive system. She told me the fecal occult blood test (FOBT) was the appropriate test; she gave me a requisition for one along with careful instructions meant to maximize its specificity. That same day, I called my new family doctor and was given an appointment in early January 2009. I followed through on the FOBT in order to have the results ready in time. These results were, of course, positive.

I regarded Doctor Number Three as a sincere and friendly man. It felt somewhat odd to me to see him as a physician when we had related so often in the past as colleagues. Nevertheless, I told him all about my symptoms. I told him that I was passing bloody

epithelial tissue. I was relieved that he nodded in agreement when I told him that the lab doctor had said the *C. difficile* issue was a red herring. I told him about my immediate family history of colorectal cancer. He did not examine me. After listening, he said unequivocally that what I needed was a colonoscopy—that a scope was the definitive test for my issues, and that a scope required a specialist. Dr. Three emphatically promised that he would seek and arrange such a scope for me: he would call the specialist, a woman I shall call Dr. Number Four, and find out how long it would take to get me in. Expect to wait a long time, he warned.

He explained that there was nothing else he could do for me apart from ordering bloodwork to rule out celiac disease. Reassuringly, he told me that my symptom was likely nothing significant. "Sometimes," he said, "intestinal walls get thin in places—it is like you are having the bowel equivalent of a nose bleed." I left Dr. Three's office profoundly relieved because I had finally found a physician who would get help for me.

More fool me.

When Doctor Number Three saw from the electronic records that Doctor Number Two had already made a specialist referral, he decided to take no action. He never noticed the inadequacies of Doctor Two's referral letter. Even though the first two doctors had described my symptoms as lasting months, and despite the degree of detail I had given him, he summarized my symptoms in his EMR note as "three episodes of bright red bleeding lasting days." When my bloodwork came back a few days later ruling out celiac disease, he took no action. He did not forward my positive FOBT results to the specialist. Doctor Three's receptionist made an entry in his electronic records saying that a follow-up call to determine the wait for endoscopy to the specialist had been completed. But it had not been completed, and never was. So in the end, Doctor Number Three did nothing at all.

In the rural area where we all practiced, professional circles are small. For years, I had seen Doctor Two and Three socially as well as professionally; I had been on a first-name basis with them both. In addition to all the times we talked as colleagues, we attended

the same parties and social events. Dr. Three and I had children in the same local theatre productions. When I had won a professional practice award in 2005, the two of them sent me flowers. I thought we had a congenial relationship: it simply never occurred to me that they would give me short shrift. Trusting them, I went along with my daily life.

The months went by. I waited for the specialist office to contact me, not alarmed at the delay as I had been warned there would be a wait. But the symptoms continued.

The first Friday in July, I was troubled by how much worse the bleeding seemed. It seemed to me heavier—a tablespoon instead of a teaspoon—and more unusual. I called Dr. Three's office. When the receptionist answered the phone, I identified myself and told her that I had seen Dr. Number Three for rectal bleeding in January, and that he had referred me to general surgeon Doctor Number Four. I told her that my symptoms were worsening, and that I had heard nothing from Dr. Four's office. Could she check to see if the referral had been sent? She checked her computer and assured me that the referral had been sent and received.

"Are you still having the bleeding?" she asked.

"Yes," I replied, "much more."

She made a supportive tsking sound and told me my best bet was to call the specialist's office and gave me the phone number. That was the end of our call. Although this receptionist was supposed to judge the clinical relevance of incoming calls and record significant ones in their electronic system, she did not make an entry for my call. Even though we had discussed my worsening situation twice during our conversation, she did not tell Dr. Three about it.

Upon hanging up from Doctor Three's office, I immediately called Doctor Four's office. When the receptionist answered the phone, I identified myself and told her that I had seen Dr. Three for rectal bleeding in January, and that he had referred me to Dr. Four. I said that my symptoms were worsening, and since I had not heard anything, I wanted to check that my referral had been received. She checked her computer and told me that yes, the referral had been received, but the wait for a scope in our region was 18

months. When I expressed my surprise and concern at such a wait, she replied that Dr. Four was very busy, and that she had access to the endoscopy equipment only every two weeks. I asked whether I might be better off to seek a consult in Halifax. She replied that the wait in the Halifax region and elsewhere in the province was "even worse." She confirmed that if I left Dr. Four's queue, I would have to wait another 18 months in someone else's queue. Discouraged, I said, "It seems I have no choice but to wait." She replied authoritatively that yes, I would have to wait because the problem was due to lack of resources. She told me that I could call her back in six months, and an appointment might be considered then. Defeated by this information, I ended the call.

After I hung up, I considered my options. What could I do? Should I go to the Emergency Room? I had always believed that ERs should be reserved for true emergencies. My symptoms were troubling, but not disabling; besides, three doctors had given me such benign explanations for them. Also, I knew that colonoscopies take a full day's bowel preparation in advance—this did not seem like something an ER would undertake.

Should I call back Dr. Number Three and ask that a scope be done out of province? Such a demand seemed drastic and overreactive, given the assurances three doctors had given me. I knew from my own work how difficult it is to get out-of-province care. Dr. Three had been emphatic with me that there was nothing else he could do for me: that a scope was the only procedure that should be done, and that a specialist had to do it. I had already seen him to expedite the referral. Surely he would have communicated to the surgeon the full history. If he had been unable to persuade her, then my wait must be the result of a valid triage decision. Besides, the three doctors I had seen seemed to think my symptoms were the result of an insult done to my intestines from an antibiotic—nothing serious. So I waited.

I trusted them. I did not know not to.

Unbeknownst to me, Dr. Four had long ago abdicated her responsibility to triage her own surgical cases to her receptionist, a secretary with no medical training. I had a previous file at Dr.

Four's office, having seen her for an anal fissure 12 years previous. My immediate family history of cancer was clearly described in that file. But Dr. Four's secretary did not pull existing charts on patients when making her triage decisions. When my referral came in, she put it at the very bottom of the pile. Because Dr. Four had developed the belief that all her colleagues had wait times as long as her own, she instructed her secretary to tell patients who called that the 18-month wait was a provincial norm.

By Christmas 2009, my symptoms had escalated to pain. I had my first episode of severe constipation. I called Dr. Four's office again to report my intensifying symptoms and insisted on an appointment. This time, the secretary granted me a consult time with Dr. Four in February 2010.

It was with a feeling of relief and consummation that I walked into the office of Dr. Number Four. Dr. Four joked affably with me about Blackberry phones being "crackberries" as she called me in from the waiting room.

She pulled out my thin file. "You are here for the same thing I saw you for 12 years ago, right?" she said.

I felt a prickle of alarm. "No, that was just an anal fissure," I said. "This is something much worse."

She shrugged and looked at the consult note in front of her. "But this just says you are bleeding from the bottom end," she said.

That's all it says? I wondered, mystified. What about all the detail I had given Doctors One, Two, and Three? As she turned the page on her desk, I could see that she had a very brief paragraph in front of her, no more than a few sentences. I began to feel uneasy. She was not taking me seriously; indeed, she seemed determined to take a light view of my case.

"So," she said, "what makes you feel that this is something more?"

As I related my history, she would interrupt with presumptive questions. "You only have pain when you poop, right?"

I tried to clarify. "No, Dr. Four. I have pain all the time. It is a continuous, throbbing ache." She wrote "no pain" into her notes.

I told her all my symptoms: the by-now copious bleeding, the constipation and undue frequency, the bloody discharge mixed with mucus. She was unimpressed. Dr. Four interrupted my history frequently with questions to which she seemed to have already determined the answer.

"You only bleed once every few months, right?"

"No, Doctor Four, I bleed every day."

"But every few months, it is worse, right?"

"There are days when the bleeding is worse, yes."

"You have not had any bleeding in a few weeks, right?"

"No, Doctor Four. I had very heavy bleeding with a lot of stool frequency just this past weekend."

She had me on the examination table for the digital exam. There was dark red blood on her examining glove. "There is a hemorrhoid there," she said laconically. "Nothing to write home about."

When I was back in the chair in front of her desk, she tapped the bloodwork results lying on her desk. "Your January bloodwork was fine, and you have no abdominal symptoms," she said briskly, "so I think that this is a mild case of inflammatory bowel disease, probably just a proctitis, a mild inflammation of the rectum."

"I understood that I was referred for a colonoscopy," I said. I was uncertain if I should feel relieved or uneasy by her apparent certainty.

She considered. When she finally said, "I suppose we should do one anyway to be sure of what we are looking at," I sighed with relief.

As I was crossing the threshold of her door, I was struck by the realization that I did not have bloodwork in January 2010—she had based her consult on bloodwork from *January 2009—more than a year before!* I turned to knock on her door, which had closed behind me. The secretary saw this and called me over. I told her, worried, that Doctor Number Four had mistakenly used old bloodwork when forming her opinion.

The secretary called up the bloodwork results up on her own computer. "Yes," she said, "that was from January of 2009, but it does not matter. She has scheduled you for a scope about three

months from now. Today I will give you a requisition for bloodwork for you to do about six weeks before the scope. That is routine.”

“But you will tell her, right?” I asked anxiously.

“I will let her know. Now here are the forms you need to complete.”

That same day, Doctor Four wrote a consult letter to Dr. Three. It was filled with inaccuracies and omissions. She noted but was not concerned by my family history. “Family history was positive for colorectal neoplasia in her mother when she was 69,” she wrote, “but there are no other family members with colorectal neoplasia.” Her consultation letter expressed her doubt that I could have cancer: “I would have expected it would have progressed to being more symptomatic, if it was a neoplastic lesion.” Dark red blood is another alarm symptom for cancer, but Doctor Four wrote, “a digital rectal examination was normal although there was a small amount of maroon coloured blood on the examining glove.” She went on to express how mild my symptoms were, basing her impression on my “January bloodwork.” Her letter stated: “Robin had a CBC done in *January of this year* which showed a hemoglobin of 125...her ESR was only 4. C Reactive Protein was negative.” She never noticed that the bloodwork she was referring to was from over a year *previous*—the results ordered by Doctor Number Three, thirteen months earlier.

I reassured myself that in three months I would finally have the long-awaited scope. *So I have inflammatory bowel disease*, I thought. *That makes sense*. The internet confirmed that rectal bleeding and a feeling of rectal fullness are symptoms of IBD. When I had consulted the internet previously, it had said that rectal bleeding accompanied by anemia and weight loss is indicative of cancer. *Good thing I do not have those symptoms*.

Open to learning things about my presumed condition, I went to a learning day for Crohn’s disease and ulcerative colitis. I watched the videos and heard the speakers. The questions from the audience about ostomies, internal pouches, and steroids were piteous. The audience was reassured that the new immunosuppressant drugs came with only a four percent increase in the risk for colorectal

cancer. *These poor people*, I thought. *I am lucky that my case is not so severe*. I was the sickest and most endangered person in that audience, and I did not know it.

On 6 May 2010, I went in for the colonoscopy—22 months after I had first reported my symptoms to family doctors, and 18 months since Dr. Two had referred me for specialist investigation.

I lay down on the table, flanked by two nurses. Doctor Number Four held up the scope end. “You are just the same as when I saw you in February, right?” she asked, although it was more of a pronouncement than a question.

“No, Doctor Four,” I said. “I am much worse.” The pain and dysfunction had escalated so much in recent months that it had become noticeable to my friends and family.

The colonoscopy really hurt. The nurses had to hold me down.

“There is a growth there,” said Doctor Four when it was over. “I will set up a time for you in the next week or two.”

Through my sedated fog, I heard the word “growth.”

That night and the following days, I experienced extensive bleeding and constipation. *A growth*. I knew what that must mean.

That week after the scope was among the worst I had ever experienced. I moved through my workplace like a hunted animal, avoiding the eyes of friends and co-workers. I knew something, but I could not tell it.

My friend Barbara, a breast cancer survivor, read the note of anxiety in my emails to her. “It is not cancer,” she reassured me over the phone, “until they say it is.”

But it was.

Eight days after the colonoscopy, Doctor Four took me and my husband Andrew into her office. “You have colorectal cancer,” she said, slapping a photograph from the scope down in front of us. It showed a nearly circumferential malignancy, bulging and bleeding.

“You will need radiation, chemotherapy, and surgery,” said Doctor Four. “You will need a permanent colostomy. The treatments will put you into premature menopause. I will be your surgeon, but the rest of the treatment you have to get through the Cancer Care Centre in Halifax. I will order a CT scan and an MRI to tell us what

stage it is. I am guessing, looking at this photograph that you will be in a very advanced stage. Because it is Friday today, the referral will get looked at sometime next week.”

When we asked why I had not been triaged for a colonoscopy appropriately, Dr. Four rolled her eyes. “The wait is long because there are no resources here,” she said.

“What about Halifax?” Andrew asked.

“The wait in Halifax is *even longer*,” she said emphatically.

“But why was Robin not a priority even here?” he persisted.

She shrugged. “Because she was under 50 years old,” she said simply. “And besides, for every one like her, there are hundreds who just have hemorrhoids.”

“This must be very tough news for you to have to deliver,” I said, wondering what it would like for her.

“And I have three other people to give this news to this morning,” she said impatiently, indicating the door.

.....

I look down at the photograph again, trying to swallow down the despair and anxiety, but fighting a backwash of revulsion and rage.

I am staggered and sickened to learn that Dr. Four and her receptionist had misinformed me about the 18-month wait for a scope in the province. It was not, and had *never* been, commonplace *anywhere* in Nova Scotia for symptomatic patients to wait that long for endoscopy. Within days of my diagnosis, I meet colleagues, some in their 20s, who had been scoped within weeks of their symptom onset by other Valley doctors. *Dr. Four* maintained such a lengthy wait time as a norm within her practice, but no other specialists did. I am stunned to learn that in 2004 the Canadian Association of Gastroenterologists had specified a recommended wait time for endoscopy for rectal bleeding of only eight weeks. *Eight weeks*.

Like a hazy photograph sharpening into focus, my perception of what had gone wrong develops into realization. My eyes are opened, and the enormity of the flaws in my medical care is heartbreakingly revealed. Each doctor had been superficial, each one careless. Each

one expected some other doctor to take responsibility for my care—so in the end, none of them did. Each one had failed to communicate effectively with me and with each other. Not one of the four physicians ever even mentioned cancer to me as a possible explanation for my symptoms. If even one of the doctors had described cancer as the possible differential diagnosis, I would have been even more aggressive in my search for appropriate assessment—I would have known to fight harder at the delays and roadblocks I encountered. Now, I can never get that time back again. All unaware, I had been in a “perfect storm” of medical mismanagement.

There is no point in shock or regret. *Not even God can change the past.*

I am going to need everything I have in me to endure the radiation, chemotherapies, and surgeries I will require in order not to leave my only child motherless.

