Research Medical Library THE UNIVERSITY OF TEXAS MDAnderson Cancer Center Making Cancer History"

Raymond Sawaya, MD, talks about The Human Side of medicine

Raymond Sawaya, MD served as founding chair of the Department of Neurosurgery from 1990 until 2018). In an interview conducted in 2013, he talks about his patients' experience of brain cancer and the empathy and care they need from their entire team.

Neuro Patients Face a Mind-Boggling Problem

I think clearly the problem that our patients are facing can be not only daunting, I mean, it's mind boggling.

Once you're told you have a brain tumor ... the scare factor is so high that they sometimes are paralyzed. And so it takes this interaction between the patient, the family, and the caregiver to give this regained confidence in dealing with the problem and beginning the fight. I frequently tell them, "This is a long road." Even if I'm operating, it doesn't mean you do surgery one day and you're done the next day and that's it. It's over. It's not. You have a long road ahead, and so they need to brace themselves and prepare themselves.

And to add to that the discomfort of a poor interaction or a suboptimal interaction with your caring team, that in no way will help. The contrary is very true. When you have someone that takes time to listen to your problems and that makes you feel that they really understand what's going on in your life as a patient or as a family, the power of that is immeasurable on the eventual outcome. They get added confidence. They are ready to fight. And I'm thinking of a particular patient of mine who was told he had six months to live as a young man from Oklahoma. This was in 1998. You know—when he came to me, because obviously he had no hope. They gave him six months. I explained to him that we had things we could do and that no human on Earth can tell you how long you have to live. That's not in our power. We may have statistics, but it's not in our power to do that. And we are now 2013, and he is alive, married, with kids, and healthy.

That's one of many, many examples of patient we see who seem to have not been given much hope. Of course, we're not saying that we're curing everybody. That's not possible. But not to help the patient go down that road with as much support and as much help as possible is also not right.



About This Content

This interview clip was taken from an in-depth interview conducted for the Making Cancer History Voices Oral History Project. This ongoing project currently contains almost 400 interview hours with MD Anderson institution builders.

The clip transcript has been edited from the original.

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