

HEALTH CARE EVOLVES WITH INFORMATION AGE

Cancer. Six letters that evoke fear in almost everyone. We call it the c-word, among other things, but nothing makes it easier to confront.

I was recently diagnosed with cancer. That c-word never entered my family's health vocabulary. We were known for strokes and heart attacks, but never for cancer. My husband and I were in Vienna celebrating an anniversary when I received a text message from my gynecologist, whom I had seen two weeks before and had some routine testing and biopsies done. The message read, "Hello, this is Dr. Johnson. It is really urgent that I speak with you." I called and had the c-diagnosis within 30 minutes.

I knew little about the extent or spread of my cancer, or the aggressiveness. Neither did my gynecologist, except to note that it was a moderately aggressive form of the disease based on the scan of cell slides he reviewed. What happened subsequently, however, made me reflect on the speed of change in health care.

Despite a relatively devastating diagnosis, I could easily research the type of cancer I had, what the prognosis might be, and what my treatment options were. How easy it is today to find the information we need, limited only by how quickly we type queries into an Internet search. Even ten years ago, this information might not have been as readily accessible.

Research in hand, I met with the surgeon, who shared photos from the Internet about where my cancer was located and what treatment options were. He assured me that information about cancer treatment was updated daily on the Internet from the National Institutes of Health and other sources so that the most up-to-date treatment options were immediately and widely

available. Again, I had to reflect on the speed of change regarding how information is relayed.

Today, most of us work with our physicians and other clinicians armed with research that can help us better understand our prognosis and have a more informed dialogue.

We have come a long way from even two decades ago when we may have more or less blindly accepted diagnoses without having the ability to access (quickly) the necessary information to question what we were being told.

Based on research — both from the Internet and scholarly sources, as well as from speaking with the many clinicians with whom I work — I was able to make an informed decision for an aggressive (some say radical) procedure that I am confident was the right decision. Again, not having had this information might not have led to the same outcome I experienced.

My physician and I used a shared decision-making process that also boosted my confidence. Shared decision-making marks yet another change in health care, and is a process in which the physician or clinician provides you with the treatment options and asks you to make the decision based on your lifestyle and quality of life. Fortunately, my surgeon and I were on the same page.

As I readied for surgery, I faced yet another change in health care. I met my surgeon's

partner, the DaVinci robot whose sleek silver arms would precisely know where to make incisions in my body based on my surgeon's direction.

Today, robotic surgery is more routine, yielding better outcomes and shorter recovery time. Even ten years ago, my recovery would have been expected to be six weeks; today it is two to three.

Post-op, my surgeon let me know the biopsies taken during surgery were all negative. Needless to say, that was a relief. I thanked him for being a rock star in my health and healing. He modestly noted it was a team effort with all the clinicians involved in my case, strong family support, and an early diagnosis. Even ten years ago, how many physicians would have spoken of a team effort? Very few. Yet another change. The physician was always considered the captain of the ship whose words and opinions were sacrosanct and who took little input from the rest of the team.

While we have so many changes in health care, including quick access to information, some things remain constant: support, faith, good clinical care and an early diagnosis. Some things, in other words, do not change.

For more information about shared decision-making, please see the Dartmouth Hitchcock Center for Shared Decision Making: med.dartmouth-hitchcock.org/csdm_toolkits.html

DR. MAIRE O. SIMINGTON, Society vice president at large, is the director of care management services for Banner Health, Phoenix, Arizona. She has a bachelor's in English from Hofstra University, a master's in English from Arizona State University (her Phi Kappa Phi chapter), an MBA from the University of Phoenix, and a doctorate in English/rhetoric from Arizona State. She is a peer reviewer for the *Journal of American Culture* and the *Journal of Healthcare Management*. Email her at msimington1@cox.net.