

# THE THREE F'S OF CANCER TREATMENT:



## HOW TO MAKE THEM WORK FOR YOU

**WALTER T. LEE, MD, MHS**

## *THE 3F'S OF CANCER TREATMENT*

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## Chapter One: The 3F's and Cancer

I am a head and neck surgeon with clinical and research interests that focus on fighting cancer. This has included having grant-funded research projects ranging from immunotherapy to device development. During my years in medical practice and as co-director of the Head and Neck Program in the Duke Cancer Institute at Duke University Medical Center, I've worked with hundreds of cancer patients.

After these experiences, here are two things I have come to believe.

**First, of all the maladies that can push our bodies out of their normal state of health, cancer is terribly different.**

Cancer. The word itself strikes terror.

We don't refer to diabetes as the "d-word" or stroke as the "s-word," even though each of these can be a killer. However, we've all heard the name cancer replaced with "the c-word." When I met with one woman to deliver her diagnosis, she would not allow me to even speak the word cancer (though that was, indeed, her diagnosis), as if even hearing the word aloud meant her doom was sealed.

But there is reason for the fear.

For one thing, cancer is a pervasive enemy. When I speak to groups, I sometimes ask how many of them have had someone in their lives – themselves, a family member, a friend, a co-worker – who has dealt with cancer. I have yet to find people in

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these groups who say they've never known anyone at all. Cancer seems to be everywhere.

And cancer is a powerful enemy.

As far back as 1971, Richard Nixon signed the National Cancer Act – a public declaration of a war on cancer. And he also declared we'd find a cure by the year 2000.

It didn't happen.

Then, in 2003, the director of the National Cancer Institute promised we'd eliminate the suffering and pain of cancer by 2015. And since this didn't happen either, the U.S. President in his 2016 State of the Union address committed to a "moon shot" to ... you guessed it...cure cancer once and for all.

There is no doubt that progress has been made. There are new drugs now available and we are seeing a decline in mortality rates of some cancers. Some people are living longer because of these advances.

However, we are uncovering the complexity that underlies the mechanisms behind the cancers, so progress has generated more questions and issues than before...

This is a nefarious and elusive malady, and the more we understand, the more we realize how little we know.

Cancer's power to invoke fear is only half the story; its prevalence is the other half. It is the second leading cause of death, after heart disease, in adults – and the leading cause of death in children. It can be found at any time and at any age. It

can present with a variety of symptoms or without any symptoms at all.

Cancer is powerful and prevalent – but it is also deeply personal. Regularly I sit across from patients dealing with the diagnosis they have most dreaded in their lives. I see the emotions on their faces – fear, anxiety, anger, and disbelief.

**Second, I believe that because of its unique nature, the battle with cancer has to be waged on more than the physical front.**

Cancer is the result of genetic mutations inside the body. Understanding this concept can perhaps give a different way of thinking about what we are fighting and how to best go about it.

Here's what I mean.

The cells in your body are constantly growing, dividing and dying. In other words, we aren't born with a static collection of cells that last all through life; cells are continually being renewed. (This concept is obvious, of course. You know that when you donate blood, you aren't left forever down a pint or two. A renewed supply is being formed all the time as your cells reproduce.)

But when these cells in our bodies divide, sometimes they mutate, or change characteristics. This is due to errors made in the cell genetic replication cycle. Some of these mutations are caused by genetic predispositions; in other words, heredity. Other cancers – like those of the skin or lungs, for example, can happen because of repeated exposure to the sun or tobacco smoke respectively. These factors can generate mutations.

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Some other cancers are related to viruses that can cause cells to mutate when they divide.

Fortunately, our bodies are prepared for this. It is a function of our immune systems to keep us healthy by looking for these mutations and destroying them. Some mutations are lethal and thus the cells die and new ones replace them. So, though the body may experience literally millions of mutant cells in your lifetime, most are usually eliminated by a strong immune system so disease doesn't result.

But if the immune system isn't able to contain the mutant cells, they go on to grow uncontrolled. A lump, or a mass may appear. Or the cells that belong in one part of your body begin to invade places they are not supposed to be – the condition you've heard referred to as metastasis.

Here's the powerful truth I'd like you to understand from this mini-tutorial. What we call cancer could be described as the body attacking itself. Cancer is something that arises from us rather than to us! In other words, some of the cells that have been a part of us go rogue and begin behaving in ways that interrupt – and often destroy – healthy functioning of other body cells.

Cancer isn't something that befalls us from the outside like an attack from a bacteria or virus.

Because this is true, cancer treatments can have particularly difficult side effects. Since the cancer cells share many aspects with the other cells in the body, it is nearly impossible to "target" them with treatments without also damaging – or at least impacting – other cells. That's why there are side effects to treatments. Take for example that patients on some types of



chemotherapy often experience hair loss. These chemotherapy drugs are designed to kill the fastest-growing cells in the body, and since hair makes up a fast-growing part of us, the hair-growth cells are destroyed, too, and hair growth stops. The same is true with gastrointestinal issues as a side effect of chemotherapy. Because the cells that make up the lining of the gut replicate often, drugs targeting fast-growing cancer cells impact these too, and digestive issues result.

My point is this: if cancer happens not to us but from us, when we fight it we are , in a way, fighting with ourselves.

If this is true, then we need to be wise in the fight, focusing energy on the particular battles that will help us most, and refusing to fight those where winning has little impact.

Because the part of the fight I've chosen is medical, you'll look to physicians and other health care providers like me to point you to the very best we know about medical interventions: surgery, chemotherapy and other drugs, radiation and a host of other options. Our focus is stopping these out-of-control mutated cells in their tracks and giving all we've got to move you toward the health you were designed to enjoy. And our colleagues in nutrition and other kinds of physical therapy will join the fight, too, working to equip your immune system with what it needs to resist and destroy the killer cells.

But after years of working with cancer patients, I've observed there are other very powerful interventions, too.

I've seen that what I've come to refer to as the 3F's – faith, family and friends – can often be as powerful as medical interventions in strengthening patients during their battles with cancer. Indeed, I've seen that the thoughtful application of

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these three resources can make the difference between the power of cancer overcoming a person and that person overcoming the power of cancer.

In this book, we are going to explore the influence of the 3F's together, and learn ways to make them work for us in the fight against cancer.

### **Does faith have to be religious?**

Most of my patients are comfortable when I introduce the idea of partnership with family and friends as a resource. But when I speak of faith, some give a blank look or express surprise, and tell me they're not religious.

However, when I speak of faith, I don't mean just a set of religious dogmas you may have subscribed to somewhere along the way. I'm talking about what you actually believe – about how the world works, about pain and suffering, about your control over your own plans, about your expectations of others, and yes, even about your own mortality.

These beliefs I've emphasized are pretty heavy stuff. Theologians, philosophers, and religious leaders have devoted lifetimes to studying and teaching the nuances of these ideas.

Me? I'm a head and neck surgeon. While the spiritual teachers were digging into the eternal questions of life, I was learning the intricate anatomy and function of structures in the head and neck, learning the latest in treatment paradigms and honing my surgical skills. So, when issues touching belief come up with patients, perhaps I should be pointing them to the hospital chaplain, or changing the subject as I am not "trained" in these issues.

These approaches – redirection or avoidance – were part of our medical training. We were taught to take spiritual histories, and during residency instructed about how and when to refer to the chaplain service, and how to include family members in medical decision-making. But we weren't trained in how we might personally stand alongside patients in the belief work that might become one of the most critical components of their treatments. We weren't taught how to best support the belief work that would be important in their healing.

I accepted this approach and acted accordingly, but as the years and patient interactions increased, my years of training as a researcher kicked in, and I began to observe a pattern. Not all beliefs were created equal. There seemed to be specific belief struggles that surfaced more frequently than others, and how patients resolved these particular struggles seemed to make a difference, not always in whether they recovered from cancer, but very often in how strong and how peace-filled they were during the fight, irrespective of whether or not they recovered from cancer. I observed that those with clearer commitments in certain belief areas showed more strength and resolve, courage and peace.

Then, family and friends who surrounded the patient with care reinforced these beliefs and helped faith grow.

Thus, a conversation about the 3F's became a part of my treatment protocol.

### **How these ideas may help you**

Ahead you'll find a sort of guide, if you will, on how to think about aspects of faith, family and friends you might apply in the midst of this struggle with cancer, and then some tactical

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suggestions I've drawn from patients and others on how these ideas can generate hope. I've also shared – with their permission – the stories of four of my friends who have faced cancer. They talk about finding their way through to faith and belief for themselves, in the company of friends and family. I was so impacted by how they lived out the 3F's that I knew I needed to learn more from them, not only as a cancer doctor, but also as a fellow human being. I believe you will be deeply impacted by them too.

### **A personal note**

My own belief system comes from a deeply held commitment to the Christian faith, and thus the Bible is the guide for my own spiritual journey. If you share this faith, or are looking for a way to think in broader terms about such large life questions, I've included in the appendix some excerpts from Scripture that address each belief, along with thought questions some have found helpful as they consider these ideas for themselves.

Just as you don't need to have my friends and family, you don't need to have my worldview to find the ideas ahead helpful as you battle with cancer or battle alongside a loved one with cancer. Your answers may be different from mine, but I trust that considering the 3F's will increase your strength as we join together in seeking the best health for yourself and those you love.

## **Chapter Two: Faith and the debilitating question of “why”**

There is a fine line between boldness and foolhardiness, between courage and rashness.

I’m likely walking that line right now as I choose to jump into a discussion of faith by taking on perhaps one of the biggest questions of life: Why do bad things, like cancer, happen?

I’ve already made it clear my training is medical, not theological. But for those of us whose work focuses on patients fighting terrible maladies like cancer, our hearts would be made of concrete if we didn’t think about this question of suffering. Without some ongoing exploration and addressing of this question, I personally don’t understand how people who do what I do continue to get up and go to work every day.

Also, I listen to my patients consistently invest considerable energy in the struggle for meaning, energy they could be investing in what I call the ‘right fight’ – going after the cancer. If ever there was a life moment that required full focus on the right issues, a confrontation with cancer is one of those.

So, let me take us into the conversation.

### **Why this cancer?**

Patients struggle with “why.” Did I eat the wrong foods? Did this come from my mother? Was I exposed to chemicals somewhere along the way? Physical whys. Sometimes we can make good guesses about the physical reasons: a job dealing with

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unshielded radiation. A lifetime of smoking. A strong familial history of breast cancer. But not every long-term smoker gets lung cancer. These physical indicators of the possible origins of the cancer may help for some, but not all.

Often there's a deeper why, as in "why me?" Why is this happening to me? What did I do to deserve this?

### **Going back to the beginning**

I've told you my worldview comes from Christian teaching. And because Christians believe our God is at the center a redeemer and savior, there must be something we need redeeming or saving from. I believe the answer to why we need saving is laid out for us in the first book of the Bible, in the story of earth's first family, Adam and Eve. (If the original telling of this story isn't familiar to you, you'll find it in the Appendix.)

In overview, here's what happened, and what it has to do with cancer. God created humankind, and graciously placed them in a wonderful, bounteous garden with all they needed for life, health and wholeness at the ready. As it relates to our discussion of cancer, cells would divide perfectly, without mutation or error, and health would continue to exist in beauty and perfection.

God's only expectation was that these first humans relate to him in love and joy, and also honor only one restriction, that they not eat the fruit of a particular tree, the tree of the knowledge of good and evil. With the help of the evil tempter who was set on destroying the beauty and perfection of God's creation, our first family chose not to honor their Maker's one restriction and ate the fruit.

As a result, the Scriptures tell us, the consequence attached to their disobedience resulted in the emergence of suffering into this perfect world God had designed for them. Part of that suffering would mean their bodies, designed for radiant, flawless health, would now experience disease, decay, and ultimately death. The outcome of their wanton willfulness meant a perfect environment would fall to decay as well, and destruction came into the world.

And because these two were the parents of all who were to come, the consequences of their wrongful choice means we are born into a world where pain and calamity are ever-present.

Of course this isn't all about "blaming the parents." If a video of the lives of each of us were shown, we'd soon see that all of us have followed in the footsteps of that first family, and chosen to do things we knew were wrong. All of us have fallen short of what God has commanded us to do. So, all of humankind shares the fate of Adam and Eve by heredity, and also by the result of our own actions. In other words, we all are destined to be subject to the effects of a fallen world, which includes pain and suffering as a result of our sin.

### **What does all this have to do with cancer?**

It leads here: we were born into a world fraught with suffering, some of which we brought on ourselves, much of which we didn't. And even if you don't subscribe to the Christian view of how evil and suffering came to the world, a look at what you believe about the presence of suffering is deeply in order. If you believe suffering is a result of a random events from a meaningless universe for which you are just "unlucky", or if you believe that suffering is a punishment for something that you've

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done , you'll be left to thrash about in either fear and/or anger – neither of which are going to help you in your fight with disease.

Personal peace is the strongest platform from which to battle. And as writer Amy Carmichael said a century ago, “In acceptance lieth peace.”

I'm talking about accepting the existence of suffering – even cancer suffering – in the world as something that's about more than just you. If suffering is present in the world because of a larger, cosmic struggle between good and evil, it's not just about you, or me.

It is this part of acceptance I'm advocating, letting go of a railing insistence on a personal answer to “why me” and instead accepting that I am part of the human family, and therefore a co-inheritor of the outcomes of evil in the world. With this acceptance, I believe it is possible to let go of the wrong fight and focus with more clarity on the right fight that can lead to peace no matter what happens.

### **A caveat on acceptance**

Now, let's be clear. The acceptance I'm encouraging is not lying down and letting cancer have its way. If this were my stance, I'd be in a different profession! Fighting for my patients' complete cure is my daily focus and passion and goal.

In this commitment, I believe I'm reflecting the other half of the Christian story about suffering, that of God as Redeemer, as Savior.

The Scriptures reveal the origin of suffering, but focus much more on showing us a God who doesn't leave us to suffer alone



and just living out the consequences of choosing to reject Him. Instead, the Christian story is one of God coming after us, to save us from our sins, and restore us to have eternal life.

In the account of Adam and Eve I referenced earlier, after their wrongful choice, their instinct was to hide from God, fearing their destruction. Instead God came to them, came after them. He helped them tell the truth about their choice, and He told them truth about the outcomes – the suffering – ahead because of their choice.

But there the real Christian story only begins. This loving Creator then became not Punisher or Rejecter, but Redeemer. He stepped in to care for them, directing them into life. But most importantly, He gave them the promise of a Deliverer who would free humankind from the consequences of wrongdoing, and restore right and freedom and justice and health to the world and its people. This Deliverer, Christians believe, is Jesus. (You'll find in the Appendix a passage from the Scripture found in the book of Romans that explains better than I could how God's deliverance has always been His plan.)

So yes, I accept the reality of suffering in the world; indeed, I expect it because of the presence and power of evil. But I also give all I have and am to fighting suffering, not out of anger or blaming, but as an agent of God's desire to deliver the humanity He loves from all evil.

This is, to me, the freedom that comes from acceptance.

### **Beyond the destruction of suffering...**

In this time Christians believe is "between" – between humanity's original loss of rightness, and before the finality of

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God's deliverance from all evil in the world – God has committed Himself to not simply endure evil, but to apply the resources of heaven to overcoming evil with good. Indeed, He promises to turn the very evils meant to destroy us into good – to regenerate them for our good and the good of others as we respond to Him in trust. I once heard someone say suffering offers a unique opportunity for God-awareness. If this is true, then suffering opens the possibility of the best gifts in life coming through it.

Christians believe this is the story we celebrate at Easter. Because of His great love for us, God came to earth in Jesus to live among us, showing us God's ways and heart. But humanity responded with rejection, just as our first parents did, and put Him to death on a cross.

Ah, but here's the deliverance part of the story! Jesus was sent to die in our place, as He lived the perfect life. Thus, instead of all of us having the curse of death due to our sin, Jesus took our sin to die for us, and in exchange, He gave his perfect status and imparted it to us that believe in Him. The price of sin is now paid! As a result, Jesus was resurrected, or came back to life, after three days, and indeed, lives now with His Father, working on our behalf to move forward our final deliverance when He sets all things right in earth and heaven. The very suffering and evil that defeated God became the source of His – and our – greatest victory. This is why Easter is often referred to as Resurrection Sunday.

The same can be true for our suffering, as we open ourselves to His care, even in the face of cancer. I believe looking at cancer and disease as a result of something larger than us as individuals can provide a source of peace and strength. But coming to a clearer personal view of suffering is a journey. To

move this conversation out of theory and into practicality, we will share the experience of Roger, a 50-ish technology professional, and how cancer and other episodes of unexpected suffering pushed him to look for answers.

### **Roger's story**

When Roger experienced pain in his tongue, he thought little about it. People bite their tongues all the time, he told himself. But when the pain hung on a couple of weeks, he mentioned the issue to his dentist. "We usually give issues like this a month or so," he was told, "and if it doesn't heal by then, we want you to come back so we can take a look."

At the end of four weeks, it seemed clear this wasn't going away on its own. Pain continued, and though over-the-counter pain relievers helped a little, the sore on Roger's tongue refused to heal. As instructed, he checked back with his dentist's office, this time seeing a dentist new to him. The dentist shrugged off his concerns, so Roger assumed he must be overreacting, and decided to tough it out until healing came.

### **Familiar with suffering**

To tough it out during challenging times had become a learned skill for Roger and his family. His challenges began early. Several years previously he experienced autoimmune unilateral hearing loss. A man who dreamed of writing music, and pursued the dream by getting a music degree lost the ability to hear and distinguish tones. Now when he played, notes at one end of the keyboard sounded like they were in a different key than those at the other end. His confidence waned and he stopped performing – and writing music. His inability to hear impacted relationships too.

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But even with this loss, Roger picked himself up and went on, learning to rely to a large extent on lip-reading, and working to regain social function. Maybe this challenge would be a life test, and he worked hard to overcome it. He came back well, and built a successful work life in the world of information technology. But his most significant joys would be his wife Pat, and their son Josh.

This fairly predictable, successful life began to shift just before Roger's fiftieth birthday. In a corporate reorganization, he lost the job he'd held successfully for many years at the same time his only son was well into college. A short-term contractor position looked like a way to tide things over, but before three months had passed, the newly hired team was eliminated. The months ahead centered on the darkening misery of job-hunting with repeated humiliations couched in "we've decided to go another direction" language. Friends pulled away from him, not knowing what to say or do. To break the downward spiral, he accepted a short-term position in a city several hours away, and began a ten-hour weekly commute between work and home. While moving to a different apartment in his work city, he was held up at gunpoint, and about the same time, his father died unexpectedly.

When the short-term work ended, he moved back home, and through an assist from his wife's boss, began working part-time at the hospital that employed her. He'd just begun to settle in to this new setting...when the sore appeared on his tongue, and wouldn't go away.

### **Cancer diagnosis**

His pain increased to the point of allowing only a couple of hours of uninterrupted sleep a night. Food intake changed to

juicing because other foods were too hard to swallow and his speech was affected. Contact with his dentist generated immediate concern on the professional's part, and he had Roger come in immediately. In the next four hours, Roger was examined by two dentists, an ear, nose and throat specialist, and finally a specialist focused on cancers of the ear, nose and throat. The cancer specialist said, "I don't like what I'm seeing..."

While Roger's dentist worked on locating a specialist who would see him as a patient immediately, the cancer physician told Roger, "The most important thing you have to do today is get this taken care of. If not, there's a chance you will be dead in a year..." Though he never mentioned the word cancer, his dire warning made it clear to Roger something very, very serious was going on.

A physician an hour away heard the story and offered to meet with Roger during his lunch hour, so Roger headed at once to Indianapolis. The doctor followed his exam with an immediate biopsy, assisted, he explained to Roger, by "an associate who works with cancers of the mouth."

*Cancer.* Could it be?

After the biopsy the nurse sent him home with a strong pain prescription – and Roger felt grateful. But the next morning when he tried to get ready for work, he found he simply didn't have the strength. His wife explained what was happening to Roger's supervisor, and they agreed he'd be taken off his work schedule until the situation was clearer. They both realized the limitations weren't going to stop with a hiatus from work. "I could soon see that with the pain medication I was going to

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require, my reaction times and mental abilities wouldn't allow me to safely drive, so I handed over my car keys to my wife."

With these realizations, Roger hit a wall emotionally, slumping on the bed, weeping. "I don't know what I'm going to do," he said to his wife. "I can't keep going." She put a hand on his shoulder, and they wept together. And then she spoke words of faith to him, that God would be their help, as He had always been.

Results of the biopsy showed squamous cell carcinoma of the tongue, and surgery was recommended, but getting onto the surgeon's schedule would require another month of enduring tremendous pain and weakness.

The next month was a blur of pain. Roger's son was married in the midst of this nightmare, but Roger was in no condition to be an active part of the celebration. During a day of decorating for the reception, he slipped off to a side hall to sleep on the floor. And the next day, after enduring only an hour of the reception, he asked relatives to take him home. Determination wasn't enough; his body simply couldn't endure.

The days before surgery were a maze of CT scans, blood tests, MRI's – all new and frightening, now that the diagnosis had been laid out. Anxiety plagued Roger, and was only increased when he asked questions from various medical professionals during the tests about the meaning and relevance of the procedures. "Ask your doctor..." most responded, and what felt like evasiveness only led to greater fear. "I was stumbling through each day barely able to put one foot in front of the other to keep going," Roger recalled.

Though Roger's wife and son both expected he'd come through the surgery well, Roger's constant pain and weakened condition suggested to him that death might be imminent. So, before the day of surgery, he wrote letters to his wife, son and daughter-in-law, putting down the words he expected he would never be able to say to them.

Because Roger expected day of the surgery to be his last, when he awoke in recovery, he was the most surprised person in the room! The surgeon had performed a surgery that involved removing half his tongue along with 34 lymph nodes in the neck. Because of the surgeon's confidence, as well as the final pathological details, that he'd gotten the cancer, no radiation or chemo were recommended, and a week after the procedure, Roger went home. Three weeks after surgery he found strength enough to go back to work for a few hours each day.

The work proved to be therapeutic in ways no one expected. Because of the surgery on his tongue, Roger's speech was impacted, and considerable rebuilding of his ability to clearly communicate was required. But because his work involved answering questions at an IT help desk, Roger was required to talk most of the day. "It turned out to be the perfect therapy," he would observe, "because as a professional I couldn't afford to be lazy about my speech patterns like I might have been if I had just been 'practicing' at home."

### **Questions about why**

In what looked like an enormous battle with pain, Roger admits that there was another struggle that related to why this happened.

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"The first level of 'why' questions were about the origin of the cancer," he would reflect. Was this cancer caused by the high doses of Prednisone taken during treatment for his autoimmune hearing loss? Had he been exposed to some carcinogen he knew nothing about? Did some behavior on his part contribute?

To all these, answers weren't clear. The stated side effects of the drugs he'd taken didn't include cancer or tumors but new research sometimes finds side effects from drugs that weren't known originally. Carcinogens or contributing behaviors? He didn't smoke or chew tobacco, but who can know what exposures might be part of life?

Clear-cut answers to the physical causes didn't come.

But the most lasting questions turned in the direction of 'why me?'

"Actually," he said, "I maybe thought more about 'why *not* me?' For instance, after my surgery, no chemo or radiation was required. I've seen the grueling effects of these treatments on others, yet I escaped them. I didn't get off without chemo because I'm better or more deserving; it was simply God's grace. And I don't know why it came to me, and doesn't to everyone."

This capacity to focus on God's goodness and love was carefully developed through the years of struggle. The hearing loss forced a choice to either live in anger or relax and trust in God's promise to do good, and expect He would provide all that was needed to adjust and thrive with this disability. And following his experience of being robbed at gunpoint, what should have been a fear-filled, sleepless night became an experience of



God's peace settling on him, allowing him to rest with calm. And as he faced cancer surgery, and what he expected to be his death, the thought came to him that instead of praying for an escape from suffering and death, he could, like Jesus, pray that God would be glorified through whatever was ahead.

"There were times of denial, frustration and anger during these years," Roger made clear. "Growing in the faith that sustained – and sustains – us has been going on for years. And there have been times when I wondered if God was there at all. The surgical wound healed first, then the muscle growth and recovery took months to a year or more. But the emotional recovery has been with God's help, and frankly, continues to this day."

Coming to a personal faith about why bad things happen isn't an event; it is a process. This process will have its ups and downs, but ultimately, it is a powerful one worth pursuing.

### **Aligning expectations**

Our world is a fallen world; and thus, bad stuff happens. It will happen to the worst of us, and the best of us.

Agreeing to this larger "why" can help you breathe – this struggle with cancer isn't all about you, and living a "perfect" life is no guarantee your life will be free of difficulty. Perhaps this seems self-evident, but some of us have yet to agree to this unwelcome truth. The sooner we do, the more energy we free up to fight the right fight against cancer and other life challenges.

## Chapter Three: Faith and dealing with losses

One of the most difficult parts of the work I do happens when I have to share with patients that their diagnosis is cancer. This is no clinical transmission of information, or “bottom line” conversation about the outcomes of testing. To my patients, this is a deeply personal, and often life-altering, dialogue.

I’ve seen many responses, ranging from what appears to be passive acknowledgement to anguished weeping. And these responses make sense to me. In the face of potential loss, and sometimes deeply significant loss, there should be plenty of room for each of us to react in the way that feels most true.

### Useful descriptors

Over time, I’ve found it useful to think about Elizabeth Kubler-Ross’s classic work, *On Death and Dying*. In this 1969 publication, she described her conversations with people in the midst of terminal illnesses. From these conversations, she created “categories” of responses she observed. These weren’t “stages of grief”, as they have come to be labeled, so much as patterns – perhaps a grab bag of symptoms - that showed themselves.

I believe her descriptions have taken hold so deeply in popular culture because in her categories, she took deep struggles many of us have experienced in the face of loss and helped us feel less alone as we struggled. She didn’t intend – or provide – a neat five-stop roadmap or check list through dealing with loss. But we did recognize in her descriptions what we have felt, and

others around us have shown, to help make a dark place in life make more sense.

I'm introducing her work for this reason: the emotional impact of cancer can be as traumatic as the physical impact. Now, in saying this I'm not underplaying the physical trauma cancer can generate. But for some, cancer means encountering an irrevocable loss of control of how they expected their lives to proceed. I have heard patients say, "This wasn't in my plan!" or "I never thought this could happen to me." And in these few words, they may be saying volumes. Much of our lives as adults are scoped out and controllable and goal-focused and well-managed. Then from what seems like left field, an enormous disruption of those plans smacks us and leaves us reeling.

### **And we react.**

Kubler-Ross observed various reactions. There was first often shock and denial that anything bad had happened, or would happen. Anger, blaming and depression and bargaining showed their ugly heads. And at some point for many, acceptance gave relief.

For some of my patients, acceptance of what is and what could be seems to come fairly quickly. But more often, in the process of their treatments, it's the other responses – denial, anger, bargaining, that dictate behaviors. And these feelings don't come in a neatly prescribed order. Sometimes acceptance appears early, through bouts of anger and depression may still present themselves as treatment progresses.

I've heard many of these:

"I can't believe this is happening."

"This diagnosis could be wrong."

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"How can you say this is so bad when I feel perfectly fine?"

"This is not fair! I've eaten healthy and exercised my whole life."

"If I get cured, I'll never smoke again."

"I don't feel like I can go on. We'd just as well give up now."

### **Giving dignity to the responses**

In general, I'd say most patients hate surfacing and experiencing these responses. What's uplifting about anger, or depression? And in what way does bargaining or blaming feel heroic?

But I believe these responses show courage, because they honor our humanity, and demonstrate our willingness to walk through all the parts of life, laudable and not-so-praiseworthy. I believe this most deeply because many of these responses to loss were demonstrated by Jesus as he faced the possibility of his impending death.

Even if you are not a student of the Bible, you likely are familiar with the story, that of Jesus struggling in the garden the night before he was betrayed and taken to his death on the cross. You'll find the full text from Matthew 26:36-46 English Standard Version (ESV) in the Appendix.

Aware that the end was near, Jesus went out to an olive grove just outside of Jerusalem for what some have since called His "dark night of the soul." The Scriptures describe Him as sorrowful and troubled. This in itself is astounding, since in Christian thought we are describing the perfect, all-powerful Son of God. A superhero image of Christ would require He respond to the possibility of suffering with strength, resilience

and confidence. Boldness, even. Instead, the Savior was sorrowful and troubled.

With this holy example in the face of pain and loss, it is easy to honor my patients who express distress, even ugly distress. Revulsion at the possibility of deep loss is part of our DNA. And clearly it is part of the nature of God because Jesus experienced and demonstrated these emotions without shame or hiding.

It's important, too, to hear what sounds very much like bargaining when He implores His Father to choose another path, if other options exist. "My Father, if it be possible, let this cup pass from me..."

And I think it's fair to assume anger was showing itself when he went to the three friends who had accompanied him, and found them asleep, instead of quietly, supportively standing with Him in His darkest hour. Indeed, twice He woke them up, saying, "Could you not watch with me one hour?" These are not words of gentle compassion; they clearly carry rebuke.

But he also shows acceptance of God's plan. "Not as I will, but as you will..."

Condemning this journey through the feelings of loss and grief is to deny the divine nature in us, one demonstrated by God Himself as He looked ahead to terrible suffering.

So we honor grief. But we can also take direction from the ways He lived through this grief.

First, He showed *humility*, on His knees, praying. At this moment, He is relinquishing control to His Father.

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Second, He demonstrated consummate *honesty* to His Father and to His friends.

Third, He expressed Himself openly with a clear, staked-out trust in *His Father's sovereignty*. He believed in His Father's love and goodness, that the Father knew best and would do the best for Him, and indeed, for all humanity. God welcomes honest struggle and neediness, and delights when these are paired with an underlying sense that feel, like it or not, His plan is good and He will do good to us, in us, and for us.

### **Nancy's Story**

But what might a process of on-and-off struggle look and sound like? Nancy opens her journey with the emotions inherent in cancer diagnosis and treatment.

When Nancy, a pathologist, described her life before cancer, the sense was one of discipline, hard work, order, control, self-reliance. How else would it all get done?

"Life was hectic, full, busy between work and kids and church and being married...and dogs. Plus, my elderly parents live with our family. I worked three days a week, then days off were organized by a full checklist of everything I had to do I couldn't do on work days. Taking the dogs to appointments, getting the boys where they needed to be, helping my parents – with some order, it all fit."

Because her health and stamina were good, there was no reason to suspect medical issues. Until the day in the shower she noticed soreness in her left breast. The tissue felt a bit denser than that of the other breast, and it felt a little sore. The soreness was comforting; she knew from her training as a

physician that breast cancer usually doesn't produce soreness. Likely nothing, but she decided to get an ultrasound. Probably a benign fibroadenoma, they told her, but it wouldn't hurt to get a biopsy.

After the procedure, the person who had done the ultrasound said, "You know, I'm not really so sure it's a fibroadenoma." That was Nancy's first inkling that something more might be happening. During the biopsy Nancy could hear concern in the radiologist's voice. When she met her husband in the waiting room and told him there might be something worse, he looked shocked. She had, after all, been clear in her reassurance that it was nothing to worry about.

The next day, the call came. When Nancy saw the clinic's ID, she took the phone upstairs to the walk-in closet to hear the report. Invasive carcinoma. "My heart was pounding," Nancy recalled. "I was trying to talk to the radiologist, but it felt like an out-of-body experience." Nancy called the pathologist who read her report, who happened to be a colleague she knew. The woman said, "It's always very difficult to make a diagnosis on someone you know..." and Nancy began to understand even more clearly that this was indeed a very dangerous "something." Because Nancy was a pathologist, she asked to see the diagnostic slide and it was sent to her office the next day. "How those cells looked is forever seared into my memory," she said. When she showed it to a colleague she worked with regularly, the woman began to weep. This time instead of coolly discussing testing outcomes, both knew they were talking about a stage III aggressive lesion.

The day of her diagnosis she felt numb and went to bed early. Waking up early, she could feel the pain in her heart. "The reality of the diagnosis hit me," she said, "and I felt like I was

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looking death in the face.” Thoughts poured over her of things she’d done wrong, of people she had failed, of her spiritual failings.

But then other thoughts came, a recollection of God’s forgiveness and grace. These remembrances swept over her, bringing peace. “I’m not sure I ever felt God’s love for me before that time, though I wanted to. But that moment His love was very real. And I began to see this time as an opportunity to experience and speak of His greatness in a time of difficulty.”

“However, I also remember those first few days as a state of shock. I recall walking around and having everyday conversations, while all the time feeling that this whole experience was surreal. I felt out-of-body talking to the lady at the cash register about hair color. It seemed like the world was still going on, but my world had totally stopped.”

Three weeks later, Nancy started chemo, and continued every three weeks for seven treatment cycles. She knew enough about side effects of such toxic medications in her body to be rightfully scared, and largely afraid of the unknown. Between treatments, her energy was drained, so she’d send the kids off to school, then go to bed, spent with fatigue and mental foggyiness.

“I thought I’d read, listen to CD’s, memorize Scripture – I did none of this because the weariness wouldn’t allow it,” she said. “For a doer like me it pushed me to understand that I’m accepted by God, not for what I could produce, but simply because of His love for me.”

The experience was tough on her family. Her parents coped by reverting to parenting her; her husband became the kids’



shuttle and caretaker. Nancy tried to reserve energy for the couple of hours after the boys got home from school so she could help with homework, just as she always had. "I think it bothered them to see me on the couch all the time; on some level I think they comprehended something serious was going on."

"I worried about shaving my hair. Would that change cause the boys anxiety? Would they shy away from me physically? The woman who helped me with a wig suggested they come in with me and we do the shaving of my head together. As it turned out, they thought it was a little cool; each of them got to actually use the razor. And they decided I didn't look too bad."

Chemotherapy was followed by a double mastectomy, then daily radiation. "Radiation? Disturbing," she said. "You lie under this machine that beeps and cooks you; all you can do is lie there and be still. I think every day it ran through my mind to wonder if I was getting over zapped or under zapped."

Then there was the question of keeping up with life. "When I was told I'd have radiation every day for five weeks, I was astounded. What kind of treatment is every day? How am I supposed to do anything else if I have radiation every day? How am I supposed to work?"

Nancy was able to schedule the treatment early each day, go to work an hour late, then stay an hour later to fill out the day.

### **Renegotiating the question of control in life**

Nancy left the experience with cancer and treatment different than she began it. A neatly-laid out life would no longer be a

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“given.” And the capacity to manage and organize and perform her way to acceptance would no longer be as necessary.

But these outcomes didn't happen in a day. And they didn't come in a neat, linear, sequential order...first deny, then face shock...you get the idea. The process of facing potential loss is just that, a process. And if we accept and honor it, and give ourselves the same room God does to struggle on our way to finding peace, we'll be fighting the right fight against cancer.

## Chapter Four: Faith and the darkest of times

Medical science emphasizes treatment for the physical body, but our training exposes us to much larger assumptions than simply the idea that what we can see, hear, touch, taste and feel is all there is to humankind. In our training, we're taught to embrace a biopsychosocial model approach to treatment. Bio? That's the physical. But psychosocial refers to the emotional and the social supports that include one's faith. Indeed, many of our professional commitments in our code of ethics commit us to caring for physical, emotional and spiritual needs.

For instance, listen to this definition from the World Health Organization (WHO). They assert, "Palliative care is an approach that improves the quality of life of patients and their families facing problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and *treatment of pain and other problems, physical, psychosocial and spiritual.*"

WHO is not a religious organization, but a United Nations entity that works on international health issues. But even here, the clear recognition that we are more than just physical beings is evident.

### **Faith-based thinking agrees.**

Those with an acceptance of the spiritual as a part of life not only accept the fact that we are more than physical bodies, but believe that the spiritual is more important than the physical, because our spiritual selves can live forever!

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A wonderful portion of Scripture (I Corinthians 15:42-58) you may have heard at funerals gives in powerful language the impact of a belief in resurrection for our spiritual selves after our physical bodies have died.

It says this: “...Flesh and blood *cannot inherit the kingdom of God, nor does the perishable inherit the imperishable. For this perishable body must put on the imperishable, and this mortal body must put on immortality. When the perishable puts on the imperishable, and the mortal puts on immortality, then shall come to pass the saying that is written: ‘Death is swallowed up in victory.’*” (I Corinthians 15:50,53-54 ESV)

Or, in the words of American theologian and writer Frederick Buechner, “Resurrection means that the worst thing is never the last thing.”

Did you get that? *The worst thing is never the last thing...because of the hope of resurrection!*

If we were no more than physical beings, our deaths would be unalterable tragedy. But if we are also spiritual beings with the option of living again after our deaths, then death can become a passage to a different – and Christians believe gloriously better – life.

### **Aren't we fighting cancer? Why all this talk about death?**

Some psychologists encourage their patients to look at what they fear, and ask themselves, “If this were to actually happen, what would I do?” By looking the worst in the face, freedom from fear can grow.

This is why I'm suggesting you consider your thoughts on the end of your life. Do you expect it won't come for decades, or maybe not at all? (A fantasy, I know, but you'd be surprised at how many I speak with who have never considered – until the word 'cancer' is introduced to them – that death might come at some point.)

But others have told me that looking the possibility of death in the face, and determining what they believe about this moment has not sent them spiraling into depression or paralysis. Rather, it set them free to really live.

But this freedom is much more likely if you believe that, as a spiritual being, it's possible that the worst thing (perhaps a terminal illness) won't...can't...be the last thing. That life will go on.

### **Tim's Story**

Tim was in his mid-50's, a senior project manager for a contractor specializing in architectural glass and metals – and yet to reach the peak of his career. And he was a deeply committed Christian whose service to God and life with God was the driver of his life. Indeed, his spiritual sensitivity was such that he began to sense he was missing out, that God had more for him if he was open.

So he prayed that God would provide ways for him to grow spiritually. And not long after, he went with a team from his church to China on a mission. Two days after returning from the trip, he was driving down Highway 147 through Raleigh, and realized he didn't feel good. He was able to pull over...and when he awoke from what he later learned was a seizure he realized the people around him were EMT's. His next memory was of

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coming out of surgery and learning that he had a malignant brain tumor. Radiation and chemotherapy followed.

But the path forward was not smooth. His doctor discovered that the medication he'd been prescribed for chemo was doing dramatic harm to his liver. His doctor was surprised, and discovered there were only seven or eight cases in the world where this had happened. He was sent to a liver specialist who delivered bad news. "Thing is," he told Tim, "If within seven or eight weeks your liver doesn't improve, it probably won't. You'd need a liver transplant to survive liver failure, but because of your cancer, you can't be a candidate for transplant." The doctor's directness provided an uncontestable confrontation with life and death for Tim and his wife.

But Tim's oncologist switched to another drug, which seemed to diminish the liver damage, and hope returned.

But in another nine months, two more tumors were discovered. Bi-weekly chemo seemed to shrink them, but unfortunately tumors more tumors were developed, and a year later, he died.

So, in the midst of a book about fighting cancer, why do I tell a story that seems to speak of defeat?

It's because even though his life ended earlier than Tim would have foreseen, or planned, he himself and those who knew him didn't see defeat. From the view from the end, they could see how this experience refocused his life in the ways he had most wanted, and freed him to live in the ways he most valued.

Here's what I mean.

Family was always important to Tim; those who knew him heard this often. But *time with family* was another story. Pressures to make his work successful and please customers took precedence over relationships with family and friends.

But the physical limitations that came with cancer treatment introduced changes. Now his wife became his caregiver, so his need for her was clear. Just as clear was her heart to love and serve him with joy. The primacy of their love for each other became their focus. Even during chemo sessions, they agreed to think of these as their “dates” – instead of fearing or worrying or complaining, they’d use the time to focus on each other, and the joy they shared in their life and love.

In ways, Tim would say the possibility of death set him free to really live. During treatment experiences, he’d look for ways to share messages of faith with the doctors and nurses who treated him.

And during a Christmas dinner with his extended family, he talked with them about what Christmas now meant to him – and how the baby who came to a manger had made a difference for him in this life-and-death struggle. Before this episode, Tim had talked with family members about faith, but now he was coming from a different platform, one in which he was learning to be sustained by faith in the face of death.

One who knew him through these experiences said, “Tim was so strong with a handshake like iron! So the change was dramatic and sad as you saw his body slowly waste away. But what a contrast to his spirit and faith and his love for his family and friends. As his body got weaker it was as if his spirit got stronger. He knew death was coming and he sought to use

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every moment to live a life that reflected this Glory of God in him.”

“He seemed to know the freedom that a being a ‘dead man walking’ afforded him, and used it to speak boldly about life and death and true meaning. He was even thankful God did not take him away suddenly but blessed him with experiencing all this.”

“Tim wasn’t held captive by death. On the contrary, he used his death to point people to everlasting life.”

### **Faith and death**

Sometimes it seems the only real faith is that which takes hold when we face the darkest of times. But I have seen the transformative power of faith to defeat the grip of fear and despair, and turn it to peace and even hope.

In the fight with cancer, the Right Fight is one of faith – facing the worst thing with courage, because we do believe that the worst is never, never the last thing.



## Chapter Five: Family and Friends – Helping them help

People with cancer have started a journey, but it's easy to forget that others close to them have a journey, too. Just like the patient, this is a journey others didn't seek, didn't choose, and didn't want. And just as the patient has to deal with loss issues, family and friends do as well.

Those stages of grief – denial, anger, bargaining, depression and acceptance? I find these same stages demonstrated by those who are part of the cancer sufferer's life.

"This can't be happening."

"Why is this happening to us when we've done so much right?"

"I am way too busy to be adding this to my life. How will I ever handle it?"

"I'd do anything to trade places with my daughter so she won't go through this."

"This is overwhelming. I feel paralyzed."

And just as the patient needs to feel the feelings, recognize them for what they are, and work through issues generated by loss, the patient's community needs to do this work as well.

### **Not all responses are helpful**

Though we'll talk more later about wonderful, helpful responses from others, patients tell me it would have been useful to know not everyone they have counted on will respond well.

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Like the folks who show up at first with cards and casseroles, but as the treatments drag on, quietly slip away. This behavior may cause hurt, but sometimes friends get lost in their own uncertainty about how best to help. Or for some, the patient confronting what many consider a dreaded disease awakens their own fears of something like this happening to them. Better to avoid the situation than face the fears.

Some, in attempts to sympathize, don't want the hard work of walking where the patient is walking. Roger found during dark days that if, in response to friends' questions, he'd talk about the pain and the "what-if's" his mood seemed to spiral down. Every time he heard himself say these things, he found himself feeling more hopeless. So, he decided that for his own well being, he would respond to questions about "how he was doing" by declaring the goodness of God instead of the terribleness of the trial.

Though this approach helped him, it stopped many in their tracks and conversations would end because people wouldn't know what to say next. But close friends pursued, and found out more about why Roger was choosing this response. When they learned about how rehearsing the negative only created despair, they became more careful about continually bringing problems and challenges to the center of conversations unless Roger chose to.

A major illness can also impact roles in solid relationships enough that adjustments take work. When one partner has always been strong and dependable, and illness creates weakness and need, changes are called for on both parts. Some of the changes have nothing to do with selfishness but still call for strength to adjust. Roger recalled that even years after his hearing loss, he'd miss key sounds in things his wife was saying

to him, and repeatedly have to ask, “What?” Repetition was frustrating for both of them, but in choosing to exercise patience and forgiveness, both kept contention at bay.

Cancer impacts an individual, but also a family. It takes a toll physically, financially, and emotionally. The same can be true for friends and co-workers, who have become accustomed to the patient in one role, and now find he or she behaves differently.

### **A model of help**

For me as a people-helper, one of the most powerful examples Jesus offered came in His interactions with a family in trouble, a family He loved deeply. This family consisted of three siblings: Martha, Mary and their brother Lazarus. Their story is found in John, chapter 11, and centers on a striking miracle when Jesus raised his friend Lazarus from the dead.

Though Lazarus’s return to life is of course the most remarkable part of this event, I see in it two wonderful lessons – examples, if you will – of relating to people in great pain.

Lazarus, we are told as the story begins, is dying. Since they knew Jesus, proven healer of disease and their close friend, would want to help, Martha and Mary sent word asking Him to come at once.

Jesus and His disciples were two days or more away from these friends’ home in Bethany. But when word came of the dire situation, Jesus didn’t set out at once. Instead he stayed two days longer in the place, explaining to His disciples, *“This illness does not lead to death. It is for the glory of God, so that the Son*

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*of God may be glorified through it.” (John 11:4 ESV) No more detail, just a decision.*

Was he reluctant to go because Bethany was near Jerusalem and, by this time in His mission, religious leaders there were plotting against Him? The disciples warned him of the danger and threats there; in order to help He might be going to His death!

But this warning didn't influence Jesus' choice, and in time He set out for Bethany. Thomas, one of His disciples, said to the others, “Let us also go, that we may die with Him.”

*The first lesson: Caring about others may cost us something. It may require sacrifice and even risk.*

When they approached Bethany, Lazarus's older sister ran to meet Him. Lazarus had died, now in the tomb four days, and Martha was heartbroken. *“Martha said to Jesus, ‘Lord, if you had been here, my brother would not have died. But even now I know that whatever you ask from God, God will give you.’” (John 11:21-22 ESV)*

I see Martha as a thinker and doer. When she hears Jesus is near, she runs from the house to meet Him. And even though she may feel anger for her brother's death, she moves quickly to direct Jesus to a solution – to raise him from the dead. He had done this before; she knew it was possible. I can feel her energy: “Let's get on with solving this problem!”

But in a direct, but kind dialogue with her, Jesus points her to a less transactional and deeper and more faith-based way of thinking about the God who restores life. And their conversation leads her to declare, “Lord; I believe that you are

the Christ, the Son of God, who is coming into the world.” (John 11:27 ESV)

Martha sought Him as the thinker and doer she was, and He met her with a way of thinking that brought her healing.

But sister Mary was very different. When she came to Jesus, she collapsed at His feet weeping. No thinking, no arguing, no reasoning. Just tears of grief.

To Mary Jesus offered no rational dialogue; instead He felt with her. *“When Jesus saw her weeping, and the Jews who had come with her also weeping, he was deeply moved in his spirit and greatly troubled. . (John 11:33 ESV)* Then, Jesus wept.

*The second lesson: people respond differently to sorrow according to their make-up, so others who care need to adjust to meet them.*

### **Responding to differences**

I often see these two kinds of responses to challenge in my practice. It has to do with emotional or cognitive responses. I have learned that cognitive questions should be met with cognitive based answers. If it is information that is sought, then information should be given as best as possible. If emotional questions are asked, then an emotionally-based answer should be provided. Consider the following example.

When I give the news about cancer to a couple, it might be the husband who responds from his head, pushing for information about what needs to happen to get this fixed! To this response, I give information and a plan.

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It may be the wife who responds with tears and says, “What are we going to do?” If this happens, I don’t hand her tissues and say, “We have a plan outlined. First we make an appointment....”

Instead I might put my hand on her arm and say, “I want you to know that we are in this together.”

### **The need for sensitivity**

Interestingly, as treatment progresses, I often see a reversal in these reactions. Sometimes it is after the big surgery that I find the man quiet now, perhaps scared, depressed, even angry. Given to feelings. Meanwhile his wife may have shifted to a place of cognitive strength, peppering me with questions about what’s next.

So I need to shift as well, and look for ways to move into more emotional support for the one in need, and more cognitive information for the one who now has a drive to manage the process.

Decisions about great caring aren’t made by the preferences or comfort of the care-extender, but by the needs of the care-receivers. Lisa’s experience with the impact of her cancer on her family and others illustrates well how this works in reality.

### **Lisa’s Story**

When a 40-year-old busy speech pathologist and mom felt abdominal pain, she expected a little stomach virus, probably passed from the kids. At least that was Lisa’s self-diagnosis. So she toughed it out for a week, then two, hoping it would go away.

She did consider seeing a doctor as the pain increased, but imagining the conversation, she decided against it. “They’ll probably tell me we’ll experiment first for something in my diet – like lactose intolerance – before they test,” she told herself, “so I can do that on my own.” She cut out some of the food she knew might cause GI disturbance, but nothing improved.

Except there were changes. She noticed differences in bowel functioning; then during a weekend soccer tournament away from home, she found herself nearly doubled over in pain most of the time. The pain got worse after she ate, but it happened at other times too. Monday morning she awoke at 2 a.m. in such pain she knew she had to do something, and headed to a nearby emergency room.

The ER doc guessed appendicitis, or maybe a bleeding ulcer though nothing irregular showed up on either an x-ray or a CT scan. Though these tests were inconclusive, something shifted for Lisa. In preparation for the testing she was given morphine, and when it took hold, she began to relax into feeling pain-free for the first time in a month. “I started to cry,” she recalled, “because I didn’t accept how much pain I had been experiencing until I knew what it was like to be pain-free. Something was definitely wrong here.”

At her insistence, she was scheduled that day to see a GI doctor who scheduled a colonoscopy for Wednesday. As Lisa awoke after the procedure, even in her dazed state she could see her doctor’s look of concern – and his nurse had tears in her eyes.

“I have bad news,” the doctor said gently. “You have colon cancer.”

“But I have three babies,” Lisa responded.

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Then the medical side of her took over and she asked, "What kind is it, and what stage?"

"We don't know," the doctor replied, "but it's imperative you get to a surgeon this week." A friend had driven her to the colonoscopy ("It's probably a bleeding ulcer...no need for you to take off work for this," she had told her husband.) But with this new diagnosis, her husband was called and drove home to meet her.

With the news, Lisa and her husband Robert held each other and wept. And then they told their three girls, Ryan, who was 9, Ava, age 7, and baby Charlotte, just 2. Both older girls looked mortified, and their middle child Ava began to cry uncontrollably. As she held her, Lisa said reassuringly, "Baby, this is going to be okay. God will take care of us, and the doctors are going to help, too."

Ryan, her oldest, took a breath, and stood up. "Mommy," she said, "God's got this!" This child's declaration of faith so moved Robert he had to step out of the room to get control of his emotions. And an hour later, Ryan came to her mom's bedroom. "God is going to use this to help other people," she told Lisa. "He's going to use what you are going through to help others. He's got this. And I'm okay."

These innocent words of faith became an anchor for Lisa and Robert in the days and months ahead.

On Thursday Lisa met with an oncologist to review her CT scans. "The liver looks good; liver enzymes look good..." Lisa moved quickly into "why" mode. "How did the other doctors miss this on the CT scan?" she asked. "The intestines are hard to see on a CT," he replied, "and I know exactly what to look for." She left



with a clear picture of a lemon-sized mass in her colon, which had caused the obstruction and pain. Surgery should follow quickly.

But a second concern surfaced. Because Lisa was only 40 and had no significant family history and no risk factors, her doctor suggested she might have something called Lynch Syndrome, sometimes indicated by colon cancer at an early age. And if this was her diagnosis, she could likely also expect perhaps ovarian or other gynecological cancer, so a complete hysterectomy would be warranted, probably after chemotherapy. And because Lynch Syndrome is hereditary, her three daughters could be at risk for similar issues, maybe even requiring preventative hysterectomies for them when they were in their twenties.

All of this was getting more intense and threatening. Lisa decided on genetic testing to determine if Lynch Syndrome was present, but in time, waiting the 21 days for results before she had the colon tumor removed proved to be too much. "I don't like not knowing all I'm dealing with," she told her surgeon. "Is the cancer also in the lymph nodes?" The pressure of the wait had become overwhelming, so the surgery was scheduled. (She would later learn Lynch Syndrome wasn't involved, but that possibility during this time of so much uncertainty added to the strain.)

In the recovery room, Lisa had a reaction to the anesthesia. As she came to, things on the wall and around her seemed to be bouncing. "We are getting a neurologist in here for a cranial nerve exam," she heard someone say. "Are you doing a cranial nerve exam on me?" Lisa said. The doctor shook his head. "She knows a cranial nerve exam..." A medical professional may be

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nearly incapacitated, but the drive to seek information seems to never shut down.

But these struggles were minimal in comparison to another. Before the surgery, daughter Ava was held captive to fear. "Promise me, Mommy," she insisted, "promise me you won't die." Lisa held her and reassured her it was all going to be okay.

"No, Mommy," Ava insisted. "I want a promise you won't die!"

Lisa knew she could make no such promise. The surgery was a major one, but probability was high she'd do well. But she also knew that outcomes can't always be guaranteed.

"It ripped my heart out," she would say later, "to see that little face begging for a promise you can not make."

"How about this?" she said finally. "How about as soon as I'm out of surgery I call you? You'll hear my voice and know I'm okay." Still tearful, Ava agreed.

So even in the midst of the reaction to anesthesia, the call was made, and a little girl heard the voice she was waiting for.

"Robert recalls that surgery as one of the very worst parts of this experience for him," Lisa said. "We each had our vulnerabilities and they showed themselves at different times, which also meant we were strong for each other at different times."

The surgeon did find issues in the lymph nodes, and removed 58 of them. "It is the largest number I've ever taken out," he told Lisa. "I usually take out twelve to twenty-four." Eight of the

nodes proved to be positive, so six months of chemotherapy, administered every three weeks, was ordered.

### **Family and friends rally**

“One of the wisdoms I got came from someone who said, ‘You won’t be prepared for how other people will react.’” And she was right. Reactions – both unhelpful and helpful – surprised me.”

“Like the person who heard my diagnosis, and said, ‘I’ve heard Hospice services are really wonderful.’ Hospice? The people who care for the dying in their last days? When I told others my diagnosis, I could both see and feel their fear, and sometimes despair. This became so apparent that I finally asked my oncologist, ‘Is there something about all this you aren’t telling me? When I see how dramatically people are reacting to this news, I have to wonder if there’s something they know that I don’t.’ He reassured me I knew everything, and that others’ terror was their issue, not mine.

“But oh, my. The unbelievable care and support that began to pour on us completely overwhelmed me – and our family,” she went on.

Mother’s Day came the Sunday after her diagnosis, and her extended family, mother, stepfather, sister and family, all gathered on the lawn outside Lisa’s house, dressed in “Team Lisa” tee shirts her sister had created, and performed a cheer they made up for her. And her sister presented her with underwear that said “Hello” on the front, and “Goodbye” on the back – under which her sister had written CANCER. Lisa wore that “goodbye cancer” underwear to every treatment.

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As soon as chemo began, friends organized a meal delivery three days a week from July to January, when treatments would be completed. Other friends recruited people to deliver gift baskets the day before each treatment episode. The gifts were tender, creative, amazing. A blanket with family photos on it. A gift certificate for a movie and dinner out. Offers of childcare. A book with encouraging Scripture verses. Games and art projects for the kids to enjoy while Mommy rested. And people stopping by to shuttle kids to soccer practice, or take them out for ice cream.

“Who does this?” Lisa thought to herself. “I don’t even know some of these people well. And who gives time and energy to others like this in the midst of such busy lives?” These experiences were as transformative as was the cancer.

### **For bad and good, cancer is a shared experience**

Cancer has a ripple effect, much like the waves that ripple out from a stone thrown in the water. It happens in one person’s body, but many others are touched too. Cancer sufferers need to expect both helpful and unhelpful responses as others deal with their own experience of this illness.

## Chapter Six: Hope and meaning in suffering

We started our conversation about cancer by admitting it is a menacing fear monger. In the midst of cancer-invoked suffering, both physical and emotional, patients are often looking for meaning that will generate hope to combat fears.

With my colleagues, we do all that's in our power to alleviate the fear of suffering and death by providing treatments that cure the cancer. That's our job, our passion and our joy.

But when that cure doesn't happen, or when the process of the cure involves much suffering and takes longer than anyone could have predicted, patients struggle to find the strength to keep going, to keep believing.

From the perspective of faith, I have seen three particular beliefs make a difference in the strength patients are able to access through difficult cancer journeys. We've talked about some of them before, but because they seem to play such a powerful role during times of suffering, I'd like to remind you of the three beliefs that can point to hope while the suffering is going on.

These three are described in a passage of Scripture found in Romans 8:18-39.

**The first belief: cancer – along with all suffering – is a consequence of living life in a broken creation, waiting for full redemption by the One who created it.**

*“For the creation was subjected to futility, not willingly, but because of him who subjected it, in hope that the*

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*creation itself will be set free from its bondage to corruption and obtain the freedom of the glory of the children of God. For we know that the whole creation has been groaning together in the pains of childbirth until now.” (Romans 8:20-22 ESV)*

With the help of this belief, we don't get stuck in blaming ourselves or companies who make food additives or even God. And though we rightfully look for physical explanations – seeking and standing for truth is never futile – we don't give energy to pursuits that drain our energy from the cancer battle. Instead, we assign blame where we discover it; we confront it and make changes as wisdom directs, and then we move on to find grace and strength in our lives as they are.

### **The second belief: Our God is sovereign.**

Sovereignty means God rules over all; God is supreme, absolute, unlimited, unrestricted, boundless, ultimate authority, ultimate power. He has power to do as He chooses. And for humankind, because of His great love for us, He chooses only good.

*“ And we know that for those who love God all things work together for good, for those who are called according to his purpose.” (Romans 8:28 ESV)*

For me, affirming this belief takes away great pressure, and has often turned pain and struggle into peace. I belong to One who can do anything He chooses, and One who has committed Himself to do good for me. So what comes to my life must have the capacity to be redeemed, to be used for good.

Now, in experience, sometimes things “working together for good” involves a process that takes time, sometimes even years

or decades. Often for me the good isn't always immediately evident, especially when what comes to me wounds me or someone I love, or seems unfair, or causes suffering. But I have found that trusting that there is – and will be – good, and not destruction, in these experiences as I continue to believe often moves me beyond fear and anger and wrestling to energy-giving peace.

**The third belief: God meets us in our weakness.**

*“No, in all these things we are more than conquerors through Him who loved us. For I am sure that neither death nor life, nor angels nor rulers, nor things present nor things to come, nor powers, nor height nor depth, nor anything else in all creation, will be able to separate us from the love of God in Christ Jesus our Lord.” (Romans 8:37-39 ESV)*

We aren't left alone to limp our way forward in life. God's love and grace and mercy and help are promised to us in response to our day-to-day needs. Sometimes His help comes in the form of people who give care and encouragement. Other times it is in circumstantial shifts or provisions we didn't expect. Sometimes it is a fresh perspective on our situation that changes how we see things for the good.

In receiving these gifts, we acknowledge that we are loved outrageously in our times of suffering, and this One who loves us is finding a way through.

**Four witnesses**

Are these ideas just useless abstractions? Things that sound good, but lack relevance in the midst of life-and-death

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struggles? I believe they have great practicality, but far more powerful voices than mine are those who have themselves fought the cancer battle.

Listen to how the four cancer-sufferers you've met already in the pages of this book responded when I asked them about what beliefs seemed to sustain and strengthen them.

Lisa, the 40-year-old mom who struggled with colon cancer said this:

*"Our God is sovereign and powerful and He is with you. He loves you so much. I don't know how people are able to walk through a trial like this without knowing Christ and without knowing that He actually knows the hairs on your head and He will never leave you or forsake you. He wants to be healing balm. He wants to be first. The best thing is He loves you and He is right there and His hand is out. Your hand is not out first. His hand is already out, all you have to do is take it."*

And Nancy, a pathologist and mother of two young boys, who reflected on her experience with breast cancer.

*"Truly God accepts us not because we can do anything, but because of His mercy and because of His Son because truly we cannot do enough to be accepted by Him. I think we talk about the Lord giving us peace and joy, and I think He just really does. Sometimes people say, 'oh, I can never handle that,' but I think that God gives us as His children the grace to go through whatever we are at the moment."*

Remember Roger, the computer network professional in his mid-fifties who was treated for tongue cancer? He said this:



*"I think some of what helped me to come through was understanding that God is there. God exists. God is involved in my life at a level that I don't even comprehend yet. He is our creator. He is our sustainer. He is our provider. When you're going through the middle of the worst trials in your life, sometimes it's easy to forget that. If you were to ask 'Roger, were there times of denial, anger and frustration during any of these experiences?' The answer would definitely be yes. It took time to work through stages along the way and this was frustrating, frustrating both for me and for people around me. Patience was not my chief gift in life. I have had to learn to be more patient while waiting for situations to improve and for myself to change. There have been times when the wait included getting past denial or anger. There have been times when the wait was painful because of the silence of no answer and no meaning. I struggled with 'God, are you there?' But even when I cannot see, hear or sense His presence God is faithful and He is there. Look back to see the footprints in the sand and realize often what you see are His because He was carrying you."*

Tim, who experienced a brain cancer that in time took his life, wrote these thoughts in his journal:

*"I would be remiss to not contemplate why God has blessed me with cancer! Like a beautiful diamond cut by the Master Jeweler himself I see the many facets (reasons) God has done this marvelous thing! Through this experience He has shown me that life is short - that every moment needs to be lived for His glory. I believe my cancer is from and is designed by God for my benefit and the benefit of others. I have learned I need to slow down and enjoy Him more, slow down and enjoy my wife more, slow down and enjoy my family more, and slow down and enjoy my friends more. I do not want to waste the blessing in this!"*

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Descriptors like blessing, peace, joy, grace aren't expected in response to questions about lessons from cancer. But these people offer us living examples that spiritual growth is possible – and perhaps one of the great gifts – of a cancer experience.

### **Three choices that increase strength**

What we believe can – and should – be congruent with how we behave. I've seen three behaviors, or perhaps three behavioral choices, that seem to move patients more quickly away from fear and struggle and toward peace. And again, each of these ideas has foundation in the Scriptures.

### **The choice to right the wrongs you can**

*"Therefore, confess your sins to one another and pray for one another, that you may be healed."* (James 5:16a ESV)

This behavioral instruction is directed toward those who are suffering, who need healing. And I don't believe it has anything to do with the idea that our suffering is punishment for wrongdoing. Instead I see this challenge as pointing to the incentive suffering provides to right wrongs.

In the midst of his treatment, one father said to me, "You know, I've never made things right with my daughter. And since I don't know how this will all end, I want to make things right."

There's a reason why the Twelve Steps of Alcoholics Anonymous includes attempting to make amends to all the persons one has harmed. Loving, forgiving, seeking forgiveness are all cleansers of emotional and relational – even spiritual – garbage. Releasing these by righting whatever wrongs we can opens us to peace.

## **Release the right to control**

*“Trust in the LORD with all your heart, and do not lean on your own understanding. In all your ways acknowledge him, and he will make straight your paths.” (Proverbs 3:5,6)*

We walk through life under the illusion that we are completely in control. And when we aren't, we move heaven and earth to regain control. It is, after all, our right!

There are few experiences as powerful as cancer to challenge this assumption. Suddenly life that seemed manageable falls apart, and we are at the mercy of life events we didn't and wouldn't choose.

Trusting another to plan and direct our lives isn't intuitive, but this choice is a huge step toward living in reality, and relaxing into peace.

## **Embrace clarity about what lasts**

*“The world is passing away along with its desires, but whoever does the will of God abides forever.” (1 John 2:17 ESV)*

If I saw my work as a physician as only about finding cures so patients would not die, then I've chosen the wrong profession because in time, all of us eventually die. I hope I am able to cure you of your cancer, but eventually you will die of something else. All I have done is delay the inevitable. The question is not “if” but “when.”

Though this view sounds morose, it is, indeed, reality. And those who choose to live in light of what matters in the long run have a better shot at peace. Love lasts, relationships last, caring for

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others lasts. What would the value be in living a long life and yet have none of these things. Once you free yourself to look long-range about what parts of life have eternal value, simplicity descends and direction is clearer.

I've seen these three choices – to set things right, to release control, and to embrace what lasts – become powerful sources for hope and meaning, even in the face of great suffering.

Hope and meaning are possible in the darkest life moments, even when release from suffering isn't. And they can offer strength to face the suffering with grace and peace.

## Chapter Seven: Extending care to those who suffer

Up to this point, I've spoken to those of you in suffering. But many of us are on the other side; we long to give help and encouragement to those in pain or facing difficult struggles like treatments for cancer.

May I begin with how I approach the 3F's with patients?

### My approach

First, a moment of context. My mandate as a cancer physician is to treat the disease with physical interventions. When I sit with patients who have received the diagnosis they dreaded most, time is limited. They must leave with "next steps" information in order to plan and comply. So I have to be brief. Plus, in this moment, they may perceive me as someone with power in their time of vulnerability ("If I don't agree with him, will he decide not to help me as much as he might?") So it is also important that I respect our different roles at this moment.

So here's what I generally do.

With patients, I address the physical and emotional issues that are our priority. Then, near the end of our time, I say something like this:

"I've told you a lot of things and you're probably not going to remember most of it. But if you can remember one thing, I ask that it be this: I've seen that people who do well through cancer

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treatment are the people who have the 3F's. Do you have any idea what the 3F's are?"

About ten to fifteen percent answer correctly – faith, family, friends. Many, perhaps most, of the other eighty-five to ninety percent say nothing.

This response is not because they aren't bright! It's most often because they are still reeling over the news they've just heard.

Because this is true, I wait for their response, and if it's not forthcoming I nudge them along a little. This isn't a game on my part; I need them to move out of their state of shock and to listen, to engage. Otherwise, the 3F's won't register.

If they have a family member with them, and most do, I say, "Look. You've got one of the "F's" with you right now."

Ah...family! Yes. "And I imagine friends you can count on are part of your life, too." Most often they nod.

"The third 'F' is faith," I conclude. "Does faith play a role in your life?"

Some answer, "Sure. Faith is really important to me." So I ask them to tell me about that.

Some may say they believe in God but aren't part of any religious organization. To this I might respond, "I'd encourage you to think more about that choice. I'll see you every month or two, so the encouragement I can give is time-limited. But in a loving faith community, many find the kind of daily support that will make what's ahead easier."

Still others are clear they have no faith. Indeed, there are some that do not have family around, or even people they would call friends. These are the people I worry about because they are isolated.

I'm eager to look for places to strengthen them. If, for example, they say there's no family or friends, I suggest a visit with our social worker to explore how personal support could grow. Plus, I add a note to their charts, "Has 2F's" or the like, so when I see them again, I can follow up.

Sometimes I close with a re-statement about how treating cancer isn't just about their body; it's about their whole being. I want to see them do well through the whole experience while we work together during treatment, and I've found the 3 F's can make a difference. I might even add a little joke about how they'd better remember, because I'll be asking about the 3F's before I do their surgery, and if they can't recall them, well...

We all smile, but I'm guessing the point is getting clearer that I care about their wellness, and want to give them every opportunity, not just to get past cancer, but to live well through the process. And sometimes that may mean considering what it means to have a good death.

As an aside, you're aware from this reading that my Christian faith is central to my life. But this moment with patients is no time to sermonize! My role is to listen, to seek for understanding, and meet them where they are. Then, I believe it's also my role to equip them in every way I can for the challenges ahead; exposing them to the idea of the 3F's is my way of doing that. If, when I mention faith, they ask questions about mine, I offer what's been important to me, but only in response to their questions. Again, it's about treating them

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respectfully, and giving them the best help I can without overstepping. I pray for all my patients, but sometimes a relationship develops in which I can pray *with* my patients. When this happens, I have had nearly all the patients tell me how meaningful that was to them. Many of them say that they wish other doctors would do that with them too.

### **How you can help**

#### **First, offer practical help.**

Roger talked about times around his surgery when his lawn needed mowing. He had no strength to walk around the block, let alone manage a mower. So his brother-in-law simply showed up to mow without being asked. (Patients have told me it was more helpful for friends to ask *when* they could mow, or bring dinner or provide transportation, rather than asking *if* they could.)

And help doesn't need to be large-scale. Lisa recalled, "One friend would send texts, first with a message that said, 'I love you and I'm praying for you right now.' Then in a week, the text would simply say, 'Right NOW!' And again later, 'Right NOW' texts would arrive. This friend stopped what she was doing, without me even asking, to think of me and then reach out. People have no idea how much these touches of love mean."

#### **Listen for understanding**

Having friends in pain is tough, and all of us desperately want to deliver them. I know well the temptation to put my own needs to feel for them or to tell them how they should or shouldn't feel or do before I ask about what matters to them. An incident



from Lisa's experience serves as a good reminder of how both unwise and unkind this can be.

Lisa was in the middle of treatments, and she was managing them well emotionally when a friend asked if they could meet for coffee. Lisa said, "I spent nearly all our time together handing her tissues and trying to comfort her – she was so distraught. Tears, near-despair." Lisa was forced into the role of comforter.

To those I see, I might say something like this: "I've heard you were diagnosed with cancer. I'm so sorry to hear that. How are you doing after the news?" Then I wait for their response...and work hard to listen to what they say. Understanding and respect are as powerful as any tactical gift.

Avoid statements that mean well, but can be discouraging. These statements can sometimes start with "At least ..." . For example, "At least it hasn't spread to your lungs..."

### **When in doubt, reach out**

Nancy observed, "When I was in the hospital, I was sedated enough from medication that I would sometimes doze off while people were visiting me. But I experienced comfort and encouragement from their just being there, even when they wound up talking to each other. It seemed like every expression, or any move to reach out expresses comfort, even if it's really simple. It isn't so much that people said the right thing; it was much more comforting that they cared enough to try at all. The only hurtful part for me was when someone I felt I knew well took no effort at all."

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Roger described a time when during treatment his dentist friend called and invited him to take a drive to inspect some property he owned. During the trip their conversation wasn't illness-focused; they just talked life and family and shared interests. "But that time was a great distraction from the pain and waiting," Roger recalled. "It spoke volumes to me about how much it matters to reach out to the hurting and how simple things can make a big difference."

### **Let your care reflect Jesus' care**

Your presence may come and go, but God's care is always available. So when you can, use moments in your loving service to remind sufferers of His love for them. But you don't need to deliver a full-fledged homily. Just a simple statement like, "I enjoy being here for you because God does that for me, and it makes such a difference." Or, "I want to be here for you as a reminder that you are not alone – I believe God is with you always and cares about you."

I think often about this description of God's Spirit as He prays to the Father on behalf of the weak: *"... the Spirit helps us in our weakness. For we do not know what to pray for as we ought, but the Spirit himself intercedes for us with groanings too deep for words."* (Romans 8:26 ESV)

Groanings too deep for words – sometimes our sorrow for someone we love feels like that, simply too deep for words. So words aren't always necessary.

Remember Jesus said, *"A new commandment I give to you, that you love one another: just as I have loved you, you also are to love one another."* (John 13:34,35 ESV) He didn't tell us to preach at one another, but rather to come alongside in loving

service and care in ways that make a difference to those in pain. Your willingness to reach out will be the most meaningful message of all.

**A return to the 3F's**

Faith, family, and friends.

If you are in the midst of suffering, it is my prayer that you consider and develop the 3F's as God-given resources to help you through.

And if you love someone who suffers, may you help encourage faith, and be that family member or friend who eases the load with your care.

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## APPENDIX

### Scriptures Referenced in Chapter Two

#### Genesis 2:15-17 (ESV)

<sup>15</sup> The LORD God took the man and put him in the garden of Eden to work it and keep it. <sup>16</sup> And the LORD God commanded the man, saying, “You may surely eat of every tree of the garden, <sup>17</sup> but of the tree of the knowledge of good and evil you shall not eat, for in the day that you eat of it you shall surely die.”

#### Genesis 3:16-23 (ESV)

<sup>16</sup> To the woman he said, “I will surely multiply your pain in childbearing; in pain you shall bring forth children. Your desire shall be for your husband, and he shall rule over you.” <sup>17</sup> And to Adam he said, “Because you have listened to the voice of your wife and have eaten of the tree of which I commanded you, ‘You shall not eat of it,’ cursed is the ground because of you; in pain you shall eat of it all the days of your life; <sup>18</sup> thorns and thistles it shall bring forth for you; and you shall eat the plants of the field. <sup>19</sup> By the sweat of your face you shall eat bread, till you return to the ground, for out of it you were taken for you are dust, and to dust you shall return.” <sup>20</sup> The man called his wife's name Eve, because she was the mother of all living. <sup>21</sup> And the LORD God made for Adam and for his wife garments of skins and clothed them. <sup>22</sup> Then the LORD God said, “Behold, the man has become like one of us in knowing good and evil. Now, lest

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he reach out his hand and take also of the tree of life and eat, and live forever—" <sup>23</sup> therefore the LORD God sent him out from the garden of Eden to work the ground from which he was taken.

### **Romans 8:19-25 (ESV)**

<sup>19</sup> For the creation waits with eager longing for the revealing of the sons of God. <sup>20</sup> For the creation was subjected to futility, not willingly, but because of him who subjected it, in hope <sup>21</sup> that the creation itself will be set free from its bondage to corruption and obtain the freedom of the glory of the children of God. <sup>22</sup> For we know that the whole creation has been groaning together in the pains of childbirth until now. <sup>23</sup> And not only the creation, but we ourselves, who have the first fruits of the Spirit, groan inwardly as we wait eagerly for adoption as sons, the redemption of our bodies. <sup>24</sup> For in this hope we were saved. Now hope that is seen is not hope. For who hopes for what he sees? <sup>25</sup> But if we hope for what we do not see, we wait for it with patience.

## **Scriptures Referenced in Chapter Three**

### **Matthew 26:36-50 (ESV)**

<sup>36</sup> Then Jesus went with them to a place called Gethsemane, and he said to his disciples, "Sit here, while I go over there and pray." <sup>37</sup> And taking with him Peter and the two sons of Zebedee, he began to be sorrowful and troubled. <sup>38</sup> Then he said to them, "My soul is very sorrowful, even to death; remain here, and watch with me." <sup>39</sup> And going a little farther he fell on his face and prayed, saying, "My Father, if it be possible, let this cup

pass from me; nevertheless, not as I will, but as you will.”<sup>40</sup> And he came to the disciples and found them sleeping. And he said to Peter, “So, could you not watch with me one hour?”<sup>41</sup> Watch and pray that you may not enter into temptation. The spirit indeed is willing, but the flesh is weak.”

<sup>42</sup> Again, for the second time, he went away and prayed, “My Father, if this cannot pass unless I drink it, your will be done.”<sup>43</sup> And again he came and found them sleeping, for their eyes were heavy.<sup>44</sup> So, leaving them again, he went away and prayed for the third time, saying the same words again.<sup>45</sup> Then he came to the disciples and said to them, “Sleep and take your rest later on. See, the hour is at hand, and the Son of Man is betrayed into the hands of sinners.”<sup>46</sup> Rise, let us be going; see, my betrayer is at hand.”

<sup>47</sup> While he was still speaking, Judas came, one of the twelve, and with him a great crowd with swords and clubs, from the chief priests and the elders of the people.<sup>48</sup> Now the betrayer had given them a sign, saying, “The one I will kiss is the man; seize him.”<sup>49</sup> And he came up to Jesus at once and said, “Greetings, Rabbi!” And he kissed him.<sup>50</sup> Jesus said to him, “Friend, do what you came to do.” Then they came up and laid hands on Jesus and seized him.

## Scriptures Referenced in Chapter Four

### 1 Corinthians 15:42-58 (ESV)

<sup>42</sup> So is it with the resurrection of the dead. What is sown is perishable; what is raised is imperishable.<sup>43</sup> It is sown in dishonor; it is raised in glory. It is sown in weakness; it is raised

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in power.<sup>44</sup> It is sown a natural body; it is raised a spiritual body. If there is a natural body, there is also a spiritual body.<sup>45</sup> Thus it is written, "The first man Adam became a living being"; the last Adam became a life-giving spirit.<sup>46</sup> But it is not the spiritual that is first but the natural, and then the spiritual.<sup>47</sup> The first man was from the earth, a man of dust; the second man is from heaven.<sup>48</sup> As was the man of dust, so also are those who are of the dust, and as is the man of heaven, so also are those who are of heaven.<sup>49</sup> Just as we have borne the image of the man of dust, we shall also bear the image of the man of heaven.

<sup>50</sup> I tell you this, brothers: flesh and blood cannot inherit the kingdom of God, nor does the perishable inherit the imperishable.<sup>51</sup> Behold! I tell you a mystery. We shall not all sleep, but we shall all be changed,<sup>52</sup> in a moment, in the twinkling of an eye, at the last trumpet. For the trumpet will sound, and the dead will be raised imperishable, and we shall be changed.<sup>53</sup> For this perishable body must put on the imperishable, and this mortal body must put on immortality.<sup>54</sup> When the perishable puts on the imperishable, and the mortal puts on immortality, then shall come to pass the saying that is written:

"Death is swallowed up in victory."<sup>55</sup> O death, where is your victory? O death, where is your sting?"

<sup>56</sup> The sting of death is sin, and the power of sin is the law.<sup>57</sup> But thanks be to God, who gives us the victory through our Lord Jesus Christ.<sup>58</sup> Therefore, my beloved brothers, be steadfast, immovable, always abounding in the work of the Lord, knowing that in the Lord your labor is not in vain.



## Scriptures Referenced in Chapter Five

### John 11:1-44 (ESV)

**11** Now a certain man was ill, Lazarus of Bethany, the village of Mary and her sister Martha.<sup>2</sup> It was Mary who anointed the Lord with ointment and wiped his feet with her hair, whose brother Lazarus was ill.<sup>3</sup> So the sisters sent to him, saying, "Lord, he whom you love is ill."<sup>4</sup> But when Jesus heard it he said, "This illness does not lead to death. It is for the glory of God, so that the Son of God may be glorified through it."

<sup>5</sup> Now Jesus loved Martha and her sister and Lazarus.<sup>6</sup> So, when he heard that Lazarus was ill, he stayed two days longer in the place where he was.<sup>7</sup> Then after this he said to the disciples, "Let us go to Judea again."<sup>8</sup> The disciples said to him, "Rabbi, the Jews were just now seeking to stone you, and are you going there again?"<sup>9</sup> Jesus answered, "Are there not twelve hours in the day? If anyone walks in the day, he does not stumble, because he sees the light of this world."<sup>10</sup> But if anyone walks in the night, he stumbles, because the light is not in him."<sup>11</sup> After saying these things, he said to them, "Our friend Lazarus has fallen asleep, but I go to awaken him."<sup>12</sup> The disciples said to him, "Lord, if he has fallen asleep, he will recover."<sup>13</sup> Now Jesus had spoken of his death, but they thought that he meant taking rest in sleep.<sup>14</sup> Then Jesus told them plainly, "Lazarus has died,<sup>15</sup> and for your sake I am glad that I was not there, so that you may believe. But let us go to him."<sup>16</sup> So Thomas, called the Twin, said to his fellow disciples, "Let us also go, that we may die with him."

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<sup>17</sup> Now when Jesus came, he found that Lazarus had already been in the tomb four days. <sup>18</sup> Bethany was near Jerusalem, about two miles off, <sup>19</sup> and many of the Jews had come to Martha and Mary to console them concerning their brother. <sup>20</sup> So when Martha heard that Jesus was coming, she went and met him, but Mary remained seated in the house. <sup>21</sup> Martha said to Jesus, "Lord, if you had been here, my brother would not have died. <sup>22</sup> But even now I know that whatever you ask from God, God will give you." <sup>23</sup> Jesus said to her, "Your brother will rise again." <sup>24</sup> Martha said to him, "I know that he will rise again in the resurrection on the last day." <sup>25</sup> Jesus said to her, "I am the resurrection and the life. Whoever believes in me, though he die, yet shall he live, <sup>26</sup> and everyone who lives and believes in me shall never die. Do you believe this?" <sup>27</sup> She said to him, "Yes, Lord; I believe that you are the Christ, the Son of God, who is coming into the world."

<sup>28</sup> When she had said this, she went and called her sister Mary, saying in private, "The Teacher is here and is calling for you." <sup>29</sup> And when she heard it, she rose quickly and went to him. <sup>30</sup> Now Jesus had not yet come into the village, but was still in the place where Martha had met him. <sup>31</sup> When the Jews who were with her in the house, consoling her, saw Mary rise quickly and go out, they followed her, supposing that she was going to the tomb to weep there. <sup>32</sup> Now when Mary came to where Jesus was and saw him, she fell at his feet, saying to him, "Lord, if you had been here, my brother would not have died." <sup>33</sup> When Jesus saw her weeping, and the Jews who had come with her also weeping, he was deeply moved in his spirit and greatly troubled. <sup>34</sup> And he said, "Where have you laid him?" They said to him, "Lord, come and see." <sup>35</sup> Jesus wept. <sup>36</sup> So the Jews said,

"See how he loved him!"<sup>37</sup> But some of them said, "Could not he who opened the eyes of the blind man also have kept this man from dying?"

<sup>38</sup> Then Jesus, deeply moved again, came to the tomb. It was a cave, and a stone lay against it.<sup>39</sup> Jesus said, "Take away the stone." Martha, the sister of the dead man, said to him, "Lord, by this time there will be an odor, for he has been dead four days."<sup>40</sup> Jesus said to her, "Did I not tell you that if you believed you would see the glory of God?"<sup>41</sup> So they took away the stone. And Jesus lifted up his eyes and said, "Father, I thank you that you have heard me."<sup>42</sup> I knew that you always hear me, but I said this on account of the people standing around, that they may believe that you sent me."<sup>43</sup> When he had said these things, he cried out with a loud voice, "Lazarus, come out."<sup>44</sup> The man who had died came out, his hands and feet bound with linen strips, and his face wrapped with a cloth. Jesus said to them, "Unbind him, and let him go."

### Scriptures Referenced in Chapter Six

#### Romans 8:18-39 (ESV)

<sup>18</sup> For I consider that the sufferings of this present time are not worth comparing with the glory that is to be revealed to us.<sup>19</sup> For the creation waits with eager longing for the revealing of the sons of God.<sup>20</sup> For the creation was subjected to futility, not willingly, but because of him who subjected it, in hope<sup>21</sup> that the creation itself will be set free from its bondage to corruption and obtain the freedom of the glory of the children of God.<sup>22</sup> For we know that the whole creation has been groaning together in the pains of childbirth until

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now.<sup>23</sup> And not only the creation, but we ourselves, who have the first fruits of the Spirit, groan inwardly as we wait eagerly for adoption as sons, the redemption of our bodies.<sup>24</sup> For in this hope we were saved. Now hope that is seen is not hope. For who hopes for what he sees?<sup>25</sup> But if we hope for what we do not see, we wait for it with patience.

<sup>26</sup> Likewise the Spirit helps us in our weakness. For we do not know what to pray for as we ought, but the Spirit himself intercedes for us with groanings too deep for words.<sup>27</sup> And he who searches hearts knows what is the mind of the Spirit, because the Spirit intercedes for the saints according to the will of God.<sup>28</sup> And we know that for those who love God all things work together for good for those who are called according to his purpose.<sup>29</sup> For those whom he foreknew he also predestined to be conformed to the image of his Son, in order that he might be the firstborn among many brothers.<sup>30</sup> And those whom he predestined he also called, and those whom he called he also justified, and those whom he justified he also glorified.

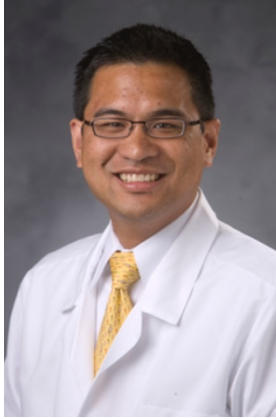
<sup>31</sup> What then shall we say to these things? If God is for us, who can be against us?<sup>32</sup> He who did not spare his own Son but gave him up for us all, how will he not also with him graciously give us all things?<sup>33</sup> Who shall bring any charge against God's elect? It is God who justifies.<sup>34</sup> Who is to condemn? Christ Jesus is the one who died—more than that, who was raised—who is at the right hand of God, who indeed is interceding for us.<sup>35</sup> Who shall separate us from the love of Christ? Shall tribulation, or distress, or persecution, or famine, or nakedness, or danger, or sword?<sup>36</sup> As it is written, “For your sake we are

being killed all the day long; we are regarded as sheep to be slaughtered.”

<sup>37</sup> No, in all these things we are more than conquerors through him who loved us.<sup>38</sup> For I am sure that neither death nor life, nor angels nor rulers, nor things present nor things to come, nor powers,<sup>39</sup> nor height nor depth, nor anything else in all creation, will be able to separate us from the love of God in Christ Jesus our Lord.

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**About the Author**



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***Are you or a loved one facing cancer?***

***Have you or someone dear to you faced cancer in the past?***

***Have you watched a cancer diagnosis affect your family, group of friends, or coworkers?***

*If you answered “yes” to any of these questions, then you are like most people. And like most people, it can be a struggle to understand why, or know what to say, or think of things to do that help rather than hurt.*

*This book aims to help anyone who has felt or seen the impact of cancer—either on themselves or others they care for. It speaks about the power of the **3F’s: Faith, Family, and Friends**. Through a combination of medical expertise, personal testimonies, and Scriptural Truths, it provides insights and applications in how we overcome the impact of cancer.*



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