



Coping with...

Brain Metastases

A Guide for Patients and Caregivers

Please visit the UHN Patient Education website for more health information: www.uhn.ca/patient/health_info.

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Introduction

This booklet is made available to you as a service to patients, families, and visitors of Princess Margaret Hospital. It may not be a complete or up to date statement of medical knowledge in this area. Although we attempted to ensure the accuracy and currency of the information in this booklet, you should consult your doctor or nurse if you have any questions regarding its content.

Brain metastases occur when cancer cells spread to the brain from primary tumours in other organs (e.g., lung, breast, skin, and colon).

The purpose of this booklet is to provide you and your family with information about brain metastases and topics related to brain metastases. The information is presented in 2 different ways. Each topic has a story that describes one patient's specific experience. This is intended to give you an idea of what you might expect or how you might deal with different emotions and situations. Each topic also has point-form facts that highlight key information so that you can refer back to them easily. The content of the booklet was selected based on interviews with patients with brain metastases and their caregivers. The format of the booklet was selected based on a formal evaluation of its contents by patients and caregivers.

Remember that every person will experience different things, and not every person will experience everything discussed in this booklet! Some of the topics discussed might be difficult to read about. You don't have to read everything in this booklet. Read at your own pace and choose only what you are comfortable reading.

**For more information, please contact: patienteducationPMH@uhn.on.ca*

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Amelia Conquers Radiation

Amelia woke up with butterflies in her stomach. Two years ago when she had the cancerous lump in her breast taken out, she had hoped that the disease was gone. Last week's diagnosis of brain metastases had hit her like a ton of bricks. Why was this happening to her again? As she got dressed, she wondered what radiation therapy would really be like. Her doctor said she wouldn't feel anything, but what if she did? And would her brain be radioactive afterwards?

In the hospital waiting room, Amelia felt her husband's hand squeeze hers. She was glad he was here. Wayne could go into the room with her and help her get settled, but he would have to leave when they turned on the radiation. He would then be able to watch her on a television screen at the Therapist's desk next door. There would also be an intercom in the room, in case she needed to talk to Wayne or the Radiation Therapists.



◆ Radiation therapy uses x-rays, gamma rays, or electrons to treat cancer. For brain metastases, radiation therapy is given externally by machines and is called external beam radiation.

Therapy

Inside the treatment room, the Radiation Therapists positioned her on the bed. They placed some tape from the edges of the treatment bed across her forehead to remind her to keep her head still during the treatment. She hoped this would be over soon. As the CD she had brought started to play, Celine Dion's familiar voice helped to ease her nerves.

When the Radiation Therapists turned off the overhead lights and headed out of the room with Wayne, Amelia knew the time had come. She slowly breathed in and out as the machine made clicking noises around her. After about 5 minutes, the lights came back on. She hadn't felt a thing! "This wasn't bad at all," she thought with relief. No longer afraid, Amelia knew that 4 more days of this shouldn't be too difficult. Now, if only it could shrink some of those tumours...

radiation facts

- ◆ Radiation treatment is like having an x-ray taken. It is painless and will not make you radioactive.
- ◆ Cancer cells are abnormal and usually divide faster than normal body cells. Because radiation damages cells easier when they are actively dividing, radiation destroys more cancer cells than normal cells, resulting in the tumour(s) shrinking and the normal cells partially recovering.
- ◆ The tumour(s) continue to shrink for about a month after the radiation therapy is completed.

Betty's Story

"After you begin radiation treatment, you might experience some nausea, vomiting, headaches, tiredness, blurred vision...."

Betty could hardly remember the list of side effects her Radiation Oncologist had mentioned before she started her treatment. At the time, she hadn't thought much about them. She had been too worried about her diagnosis and the radiation itself. Plus, everything had happened so fast then.

Once Betty had gotten 3 of the 5 doses of radiation, she had felt more tired than usual. Instead of knitting for a straight hour at a time, her eyes would feel heavy after about 20 minutes. She found herself nodding off in front of the television 5-6 times a day, and she just didn't have the energy to cook or help out around the house like she did before.

Now that it had been a week since she finished her last dose of radiation, Betty was a little surprised to see some clumps of her hair falling out in the shower. Even though she had known it might happen, it was still scary when it actually did. Her hair had gotten patchy in a few places, but it wasn't too noticeable yet. At least this hair loss is only supposed to last for a few months! If it gets worse, though, she might buy a wig. Red hair might be a nice change!

- ◆ Some people have few or no side effects, while others may have more bothersome symptoms. Some general side effects include headache, nausea, vomiting, and fatigue.
- ◆ Hair loss is possible, but does not usually take place until after treatment. It usually grows back in a few months.
- ◆ Skin around the ears and scalp may become dry, red or tender. Gentle hair washing with mild shampoo or soap is permitted.
- ◆ Many people feel tired during their radiation therapy. Try to get enough rest, eat a healthy diet, and rely on friends and family for support. Normal energy should return about six weeks after finishing therapy.



*The **Look Good Feel Better Program** helps women with cancer manage the appearance-related side effects of treatment. Wig specialists provide tips on wigs & hair alternatives. For more information, call 1(800) 914-5665.*

**r a d i a t i o n s i d e
e f f e c t s**

Donna's Decadron Dilemma

After finding out that she had brain metastases, Donna was given dexamethasone (Decadron) and told she would be on the drug for several months. She understood that it would lower the swelling around the tumours, which is probably why her headaches had gotten much better since she started taking it. In fact, all of her symptoms had improved so far. If she was feeling so much better, why couldn't she stay on this drug forever?

Upon more discussion with her doctor, Donna was fully informed about the side effects of long term Decadron use. The list was long and included: difficulty sleeping, increased blood sugar, stomach irritation and ulcers, depression, mouth thrush, and fluid retention just to name a few. It might also cause some weight gain; though Donna didn't mind that, since she'd lost so much weight recently. Taking less Decadron would make the side effects less likely. That's why it would be a good idea to reduce the dose to a minimum.

The week after she finished her radiation therapy, Donna's doctor began tapering her Decadron. Donna was given a schedule where she had to cut her dose in half every few days. The first day she reduced her dose, she had some bad headaches. As instructed by her doctor, she increased her dose back to what it was before to relieve the headaches.

A few weeks later, she tried tapering the dose again. She didn't have any bad headaches this time, but she did notice that she wasn't as hungry. This was a shame since she had always loved eating her dumplings and noodles.

After a week, Donna's dose was down to 2 tablets a day. One morning after she had taken her 2 tablets, she noticed she was going to run out of pills over the weekend. Since it was Friday and her doctor had warned her not to suddenly stop taking Decadron, she called her doctor right away to renew her prescription.

| Month: <i>January</i> | | Year: _____ | | | | |
|-----------------------|--------|-------------|-----------|----------|--------|----------|
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| | | | | | | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 4 tablets a day → | | | | | | |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 2 tablets a day → | | | | | | |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 1 tablet a day → | | | | | | |

facts about decadron

- ◆ Brain metastases can produce **swelling and inflammation** in the brain, which can cause headaches and drowsiness.
- ◆ Corticosteroid drugs such as **Decadron** can reduce the swelling around the tumour(s) and improve symptoms.
- ◆ Decadron suppresses normal hormone production by the body's adrenal glands, so serious side effects can occur if a patient stops taking it suddenly.
- ◆ After radiation therapy, Decadron is gradually reduced to a minimum dose or discontinued.

- ◆ Potential side effects include:

Common (50-70%):

Sleeplessness, increased blood sugar, weakness in the thigh or shoulder muscles, increased appetite.

Less Common (20-50%):

Heartburn, irritability, anxiety, depression.

Rare (1-20%):

Ankle swelling, weight gain, mouth thrush.

post treatment tips

◆ Once you finish your treatment, your Radiation Oncologist will discuss the follow-up plan and the Decadron tapering schedule with you (see page 4 for more information about Decadron tapering).

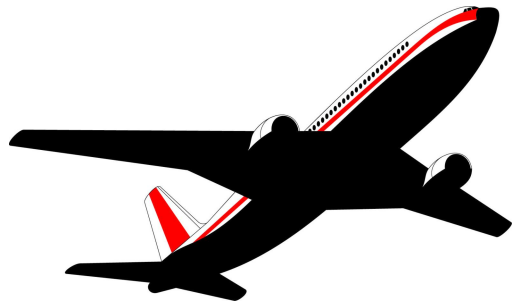
◆ Continue to see your family doctor for ongoing medical care.

◆ Consult your family doctor if you have any recurrent symptoms or changes in your health.

◆ If you feel well, try to do what you used to do normally, whether it's reading a book, planting some flowers, or going for a nice walk in the park. Do whatever makes you feel good.

◆ Travelling is allowed, as long as your doctor thinks you can, and you feel up to it.

Anton had finished his radiation therapy about a month ago, and he was feeling pretty good. He'd had a few slight headaches recently, but nothing compared to the painful ones he'd had before treatment. He also hadn't had any more periods of confusion either, and his balance had almost returned to normal.



As Anton stepped off the plane in Charlottetown and looked around, he felt excited. He hadn't spent his holidays on the island in years, and he didn't realize just how much he had missed the quaint houses, the festive lights, and the smell of the ocean. When he was growing up, he had always thought P.E.I was too small. As much as he now loved living in Toronto, he suddenly felt like he was going home.

Anton was glad that Mary, his girlfriend, had convinced him to take this trip. Though he had felt better after radiation therapy, he knew that he was not cured, and that he could experience new or worse symptoms at any time. But since he hadn't had many side effects, he had no excuse for not going...except that he didn't want his family to fuss over his illness.

When he walked through the front door of his old house, he smelled his mom's famous apple pie, just like old times.

"Anton! Mary!" cried his sister Genevieve, whom he hadn't seen since she moved to Paris 12 years ago.

Looking around, he saw his niece Renee, his cousin Phillippe playing with his baby daughter, Abigail, and his uncle Maurice asleep by the television. "Wow, it has been a long time since I've seen everyone," Anton thought and smiled. He definitely had a lot of catching up to do.

Nigesa Returns to Work

Nigesa was back at work for the first time in over a month, and she was excited. She loved her job as a graphic designer. She had always been fascinated by colours, shapes, and patterns. To her, every new layout she created was a piece of art.

Nigesa's friends and family had cautioned her about working again so soon after finishing her radiation treatments. Her reasoning was that she hadn't had any symptoms, her doctors had said the lesions in her brain were fairly small, and the only side effect from her treatment was some mild fatigue. Plus, she really missed her work, and she felt ready to get back to as normal a life as she could!

So far, her day was off to a good start. Her colleagues had thrown a party to welcome her back, and the chocolate cake had been delicious. Then, Sari had caught her up on all of the office gossip. Now, she was ready to start her new project. It didn't look like it would require too much work, which was good because she wanted to start slowly. She was only going to work two days this week, anyway.

This morning, it had been a nice change to get out of the house. When she had been diagnosed with cancer, she had moved back home so she wouldn't be living alone. As much as she enjoyed the home cooked meals and her parents' company, she missed having her own space. And since she wasn't allowed to drive anymore, she had been feeling restless from staying in most days.

Tonight, Nigesa would be having dinner with her two best friends before going to see the latest Tom Cruise movie. She couldn't wait! Other than

post treatment tips

- ◆ Though you might feel well enough to drive, patients with brain metastases are not permitted to do so by law.
- ◆ Don't avoid people simply because you don't know what to tell them or because you are afraid of how they will react. You can be sociable without having to talk about your health, unless you want to.
- ◆ You may want to reflect on spiritual matters at this time, even if you are not religious or if you have lapsed in your religious practices. Or consider other spiritual explorations like meditation or yoga.
- ◆ Some people consider exploring complementary therapies to ease tension and reduce pain. Ask a health care provider for suggestions if you are interested in this.

(c o n t i n u e d)

getting tired more often than she used to, she was feeling pretty good these days.

Things are going well, but Nigesa knows she will have to keep her follow up appointment with her doctor in a few weeks time to monitor her progress. At this visit, they will also discuss when it might be necessary to consider other treatments, depending on how she is feeling. Even though Nigesa knows she will likely experience symptoms some day, she is reassured knowing that her doctors are on her side and will do everything possible to help her. Until then, she will continue to live each day to the fullest and try to enjoy life as much as possible.

Mario's Personal Journey

When he was first diagnosed with lung cancer, Mario was sure he could fight it. He was a successful businessman who had never been beaten by anything, and he wasn't going to let cancer be the first. After treatment, the cancer seemed under control.

Then, Mario began having strange symptoms. First, he forgot simple things, like where he had left his keys. Then, he stopped working

potential symptoms

- ◆ Brain metastases can affect the mind, and cause problems with memory, speech, and concentration.
- ◆ Patients may face intellectual challenges with feelings of confusion.
- ◆ Brain metastases can also affect emotions and moods. Sometimes, it can even change the way a person acts.

CCACs & home care

- ◆ The Community Care Access Centre's (CCAC) Home Care Program provides a variety of health and social services in your own home. Services include medical and nursing care, personal care (help with eating, bathing, grooming, etc.), housekeeping (light cleaning, laundry, meal preparation), caregiver support and respite, and companionship.
- ◆ Some organizations supply home assistive devices for sale or rent, or offer financial support for the cost of the equipment. Consider getting these devices to make your home safer: hand rails in the shower/bathtub, shower chair, hospital bed, and portable toilet.

because he started seeing double and couldn't drive. He would also sometimes lose feeling in his right arm.

Mario was diagnosed with brain metastases. After radiation treatment, his symptoms got better, and he was able to discontinue Decadron after about three weeks. He began doing some carpentry again and even managed to finish the crib he'd been building for his first grandchild. In the evenings, he would stroll around the neighbourhood with his wife, which was something he hadn't done for awhile since his diagnosis.

Now after three months, Mario's symptoms were getting worse. His right arm felt weaker and his right leg was also weakening. Soon, he would need a wheelchair to get around. He was frustrated that he needed help getting in and out of the bathtub, and he was annoyed that his wife took care of all the bills now. He didn't like feeling so dependent...

As more time passed, Mario knew he wasn't going to get better. Some days, he seemed to have gaps in his memory. When he tried to dress himself, he would sometimes put his clothes on backwards. Last week, he had even tried to phone his friend with the remote control! He hadn't known whether he should laugh or cry.

Finally, Mario knew he couldn't handle this alone anymore. Through his doctor, Mario was referred to a Community Care Access Centre for home care services. After an assessment was made, he was assigned a visiting nurse, a home support worker, and some money for assistive devices such as a wheelchair and a transfer bench for bathing. The support really made a difference.

Once he learned to accept the help of others in his life, Mario realized it wasn't so bad. Now that he wasn't feeling frustrated and angry all the time, he knew he was easier to be around and he was more able to enjoy the company of his friends and family.

Tom faces his future...

Tom had been diagnosed with brain metastases 2 months ago, and Karen could see that her husband wasn't getting better. Though she knew Tom was dying, Karen couldn't bear to discuss it, because she didn't want him to lose hope. She now realized they needed to talk.

As they sat by the fireplace that evening sipping their nightly tea, Karen stared into the fire and knew she couldn't keep quiet any longer.

"Tom?" "Karen?" They both said at the same time.

"Tom, you go first."

"Karen, I've been thinking about this a lot, and I know that you really believe I'm going to make it...but I think it's time we faced reality. I probably don't have much time left, so we need to be honest, and we need to think about the future, especially your future."

Karen's heart was bursting as she buried her head in Tom's chest and let the tears she had been holding back for so long, flow freely. All this time, she had thought that she needed to be the strong hopeful one. It was good to know that Tom also understood the truth.

That night, Karen and Tom finally opened up to each other. Tom shared his fears about dying, and Karen shared her fears about losing him and being alone. They began to discuss important issues such as finances and funeral arrangements. More than anything, Tom wished to die peacefully at home and not in a hospital.

Though this was just the first of many discussions to come, Karen and Tom were relieved to have been able to talk through a major hurdle in their fight against cancer. Now, they could face the future together.

ways to cope:

- ◆ Find family members and friends who want to commit to helping, and involve them in providing practical and emotional support.
- ◆ Be creative in developing new ways of living and adjusting.
- ◆ Learning to discuss feelings and problems with family and friends may be helpful.
- ◆ In addition to your health care team, the **Psychosocial Oncology Department** at PMH (see below for contact information) has health professionals who can provide individual and family counselling.
- ◆ Talking with others in a similar situation can also be supportive and educational. The **Patient and Family Library** on the main floor of PMH has information on support services in the hospital and the community.
- ◆ Think about your loved ones and their future by setting up advance directives for your health care and finances, making a will, and making decisions about final arrangements.
- ◆ Don't be afraid to cry.

Psychosocial Oncology & Palliative Care:

(416) 946-4525 ◆ Email pop@pmh.toronto.on.ca

Sujata's Palliative Care Experience

"Palliative care is an approach which improves the quality of life of patients and their families facing life-threatening illness, through the prevention, assessment and treatment of pain and other physical, psychosocial and spiritual problems."

World Health Organization, 2005

Sujata had spent the last two weeks in Princess Margaret Hospital's Palliative Care Unit after having a bad seizure. Her daughter, Neha, said that she had become delirious while she was in the hospital – she had thought the nurses were spying on her, and she had refused to take her medications.

Thankfully Sujata was now back at home, where she felt more comfortable. She liked being in her own bed, and she liked having all her things around her. Through her window, she could even watch the flowers blooming in her front yard.

At first, Sujata did not like the idea of palliative care because she thought it meant she wasn't going to make it. But once it was explained that palliative care was really to help improve her comfort and quality of life, she agreed to have home palliative care. Sujata soon discovered how useful this was, especially since she could see how tired Neha was getting from looking after her.

With home palliative care, Sujata had a nurse who came in regularly to help manage her symptoms and medication side effects. Linda was a

wonderful nurse who also helped her and Neha understand what was happening and what to expect. Linda was also a link to Sujata's palliative care physician, Dr. Rao. Linda would ask the doctor to see Sujata for such things as making sure her pain was well controlled and managing any new symptoms.

Through homecare, Sujata also had a personal support worker who helped make her meals and assisted her with things like showering, toileting, and feeding. Sujata definitely felt well cared for with so many people on her team.

palliative care

◆ Palliative care specialists focus on:

- Managing specific symptoms such as pain and nausea.
- Providing physical, psychosocial, emotional, and spiritual support.
- Achieving the best possible quality of life for you and your family.

◆ Physicians trained in the control of pain and other symptoms can provide palliative medical care in your home.

◆ CCACs can provide Nursing services, Equipment, and Personal Care Support services.



◆ A **Palliative Care Unit** in the hospital is specialized to focus on patients with advanced disease. A 'back-up' plan for admission to a Palliative Care Unit can be made in case you need hospital care to manage distressing symptoms.

Myron's Final Struggle

68 year old Myron was diagnosed with brain metastases 6 months ago. He had been functioning very well at home until a week ago, when he began to experience a lot of nausea, vomiting, headaches, and some confusion. Myron's home palliative care physician, Dr. Chan, was worried that this sudden onset of symptoms could mean a recurrence of his brain metastases, so he referred Myron to the Palliative Care Unit at PMH. An MRI was done and showed several new brain tumours. Myron began a trial of Decadron, which had helped to reduce his symptoms in the past. After feeling a little better, Myron returned home with his family.

At home, the Decadron continued to reduce some of the nausea and pain, but not the confusion. Myron's condition continued to get worse and he became paranoid and suspicious. Seeing Myron like this was upsetting for his family, but they understood that this behaviour wasn't really Myron – it was due to the cancer.

Since Myron was not improving, and he was too confused to make his own decisions, his family had to decide what was best for him. After many long discussions, they decided that Myron was too sick to have

any more radiation treatment. They also felt that it would be better for Myron to be cared for in a hospital because he was now bedridden, agitated, and very confused.

While waiting for a palliative care bed, Dr. Chan helped control Myron's symptoms with anti-nausea and anti-confusion drugs, as well as with appropriate pain medication. This helped, but since Myron needed constant care, it was still difficult for him to be at home.

Once admitted to PMH's Palliative Care Unit, management of Myron's symptoms was continued. He began to feel comfortable again, once his pain was controlled. He was no longer confused and could recognize his family. Myron's family had many discussions with the healthcare team during this time to help them understand the process of dying and what to expect of Myron's condition at the end. They were also given much emotional support to help them with the grieving process.

Myron began to sleep more each day. During the times he was awake, he was able to spend many meaningful moments with his family. After a few weeks, Myron was hardly responding to people and slept most of the day. One night, he slipped into a coma and passed peacefully away.

end of life care

◆ End of life care can be supported at home or in a hospital. The choice is up to the individual and their family. This choice is sometimes affected by the patient's clinical condition and can be changed at any time.

◆ Towards the last stages of the illness, patients can become confused, agitated, or delirious. This can be adequately managed with support by your palliative care team.

◆ See <http://www.caringtotheend.ca/> for more information

◆ In patients with advanced disease, where the cancer can no longer be controlled, doctors will discuss the issue of DNR (Do Not Resuscitate). This means that if the patient stops breathing or the heart stops beating, a "code" will not be called. Medical maneuvers attempting to restore & sustain life won't be done, and the patient is allowed to pass away in peace and with dignity.

◆ DNR...

- Does not mean giving up. It simply avoids futile gestures.

- Does not mean the end is near when the issue is brought up.

- Does not have to be permanent. It can always be revisited.

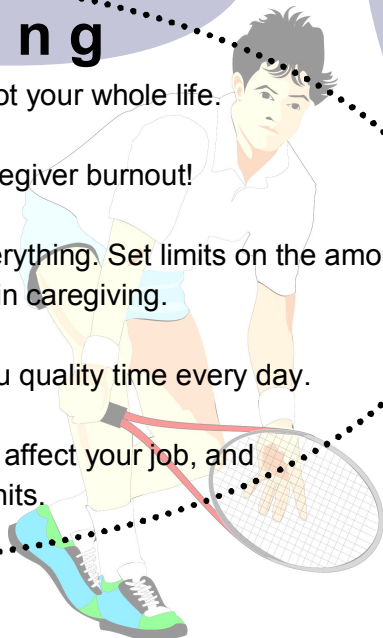
Roberto Finds Balance

Roberto had taken care of his mother, Carmelita, ever since his father passed away. When Carmelita had been diagnosed with brain metastases a month ago, Roberto had felt scared. He couldn't imagine life without his mother. She had been there for him through the best and worst times of his life. Now that his daughters were growing up Carmelita had become an important presence in their lives too. It would be difficult for all of them when she was gone.

This past week had been very hard for Roberto. He had begun to feel the strain of constantly caring for someone. He was feeling so physically and emotionally drained that he didn't know how much longer he could go on.

healthy caring

- ◆ Make caregiving a part of your life, not your whole life.
- ◆ Take time off regularly to prevent caregiver burnout!
- ◆ Accept that you can't possibly do everything. Set limits on the amount of time, energy, and money you invest in caregiving.
- ◆ Try to give others who depend on you quality time every day.
- ◆ Try to anticipate how caregiving may affect your job, and make accommodations before a crisis hits.



What he really needed was a break. Somehow, Roberto felt guilty even thinking about this. He knew he should be spending every possible minute with his mother. Then he remembered some advice a friend had given him after going through a similar situation, *"You won't be helping anyone if you don't stop to eat, sleep, and relax. It's okay to get out of the house and do something you love doing."* The more Roberto thought about it, the more it made sense. If he broke down from exhaustion, there would be no one left to take care of his mother!

That evening, Roberto went to play squash with a friend. He hadn't realized how much he had missed the game until he felt the familiar adrenaline rush as he ran to meet the ball. By the end of the match, he was breathing hard and the sweat was pouring down his face. But it felt good! In fact, it felt really good to be able to release his stress with a good whack of the ball. He decided he would have to make this part of his weekly routine, whether it was squash, tennis, or whatever. After all, 'Roberto' time was important too.

caregiver tips

- ◆ Social workers, counselors, or spiritual advisors can help your family deal with emotional and spiritual concerns.
- ◆ Effective communication is important in helping families cope. Be open about your loved one's illness and about your own feelings.
- ◆ If there are children in the family, they need extra comfort and reassurance. If possible, let them know what is happening, encourage their questions, and be honest with them.
- ◆ Try not to fix family members into specific roles. You might discover hidden abilities and strengths.

What it's like... to be a patient...

Dear Journal,

It's easy to feel depressed when you've been given a death sentence like brain metastases. In the beginning, all I wanted to do was sleep and not face the world. But then I realized that I don't have that much time left, so I have to make the most out of the little time that I do have.

Today, I felt well enough to go to Jimmy's soccer game. I was so proud of him! He even scored a goal just like I'd taught him to. We went out for ice cream afterwards to celebrate. It feels so good to spend time with Jen and the kids, doing normal every day things. They mean so much to me!

Even though we were having a lot of fun tonight, I felt sad watching Jen with the kids. I'm scared when I think about dying, but not just scared for myself. I know Jen's going to have a lot to deal with when I'm gone.

Honestly, I am so thankful for Jen! I just hope she realizes how much I love her. What I want most right now is not to be a burden to her. I hope that however bad it gets, she can be honest with me. I need to know how she feels, and I need to know how I can be there for her too. Even though I'm the one that's sick, I know that she's suffering just as much as I am.

Andrew

to be a caregiver...

Dear Journal,

We spent the whole day at the hospital again. I was there to support dad, and to make sure he understood what was happening. I know he doesn't get all these medical terms, which is why he leaves everything up to us to decide. It probably doesn't help that he doesn't speak English very well. At least when I'm there to translate into Polish, I know I can put everything into words and phrases that aren't very medical, and that I know he'll understand.

Today the doctor said that dad is doing pretty well right now. At least he doesn't seem to be in any pain. It's so hard to just watch him struggle and know that there's not much else I can do, except stay hopeful. I almost started to cry while we were talking to the doctor, but I held it in because I don't want dad to think I'm giving up on him. I sure cried on my own last night once dad had gone to bed. I needed to let out some of my feelings, you know? I did feel a little better anyway.

Tomorrow, I'm having coffee with Suzy. She really helps to calm me down. I know some people don't like to talk about their problems outside of the home, but Suzy's been my best friend forever. She really knows how to listen and just be there for me. I know I wouldn't have been able to even get this far if it hadn't been for her.

Anyway, I should get some sleep. Here's hoping dad has another good day tomorrow...

Magda