

THE CALCULUS OF POSSIBLE

CASE STUDY

Rachel Nguyen had come to oncology precisely because it was difficult. As a second-year medical student, she had watched an oncologist sit with a patient for forty minutes after a difficult scan, not to deliver a verdict but to think through options out loud together. That image had stayed with her. She had spent the next twelve years training for exactly that kind of work.

Now, fifteen years into practice, she was regarded as one of the best diagnosticians in the department. Her patient outcomes were strong. Her notes were precise. Younger physicians sought her out. What they noticed less, because it had happened gradually, was that something in her approach had quietly contracted.

The change had not come from a single bad outcome. It had come from the accumulation of them: the patients who had responded beautifully to aggressive treatment and relapsed anyway; the trials that had looked so promising in the literature and delivered so little in their outcomes; the families who had chosen the harder road on her encouragement and ended up, she felt, with nothing to show for it but more suffering. She had not made a decision to stop hoping. She had simply, over time, stopped finding evidence that it was warranted.

The patient was a 54-year-old woman named Carol, referred for a recurrence of breast cancer following a treatment course that had initially looked promising. The recurrence was real, but the picture was not straightforward. There were two reasonable treatment pathways, one of them a newer protocol that had shown meaningful response rates in a handful of recent trials. The data was early but not negligible.

Priya, a second-year resident rotating through oncology, had reviewed the case the night before and came in with questions. She had printed out two of the trial abstracts and left them on the workroom table.

"I was reading about the second-line protocol," Priya said, as they prepared to go in. "The response rates in the Phase II data seem —"

"Phase II," Rachel said, in a tone that closed the subject. "We've seen those numbers before."

They went in. Rachel presented Carol's options clearly and accurately. She was not unkind. But she moved through the newer protocol in two sentences, framing it as unproven and

burdensome, and spent considerably more time on the standard pathway. Carol, who was frightened and deferential, nodded along. When they left the room, Priya was quiet for a moment.

"Did she get enough to actually choose?" Priya asked.

Rachel looked at her. "She got the truth."

"She got your reading of the truth," Priya said, carefully.

Rachel said nothing. Later, reviewing Carol's chart, she found herself staring at Priya's printed abstracts, still on the table where she had left them.