The Beauty of Diversity

by Ronald H. Lands, M.D.

It has been almost 60 years since Oak Ridge suddenly appeared on the map. Before World War II it was not even a town, just another rural area in East Tennessee, sparsely populated by folks whose ancestors had scratched a living out of the Appalachian dirt since the mid-1700s. All this changed in 1942, when President Roosevelt decided that the hills and valleys of eastern Tennessee provided the secrecy needed by the Manhattan Project. By 1944, Oak Ridge was a city of 90,000, forcing poorly educated, impoverished mountain families to live side-by-side with Ivy League-educated scientists and military personnel from all over the United States.

After the war, many of the people transplanted here stayed and helped develop the community, and many of the rural inhabitants continued to work in the nuclear facilities rather than return to farming. Now both groups have reached Medicare age. Their children have had children, and even grandchildren, of their own.

Our population has plateaued at around 30,000. There are still 900 Ph.D.s who live here, working at the nearby Oak Ridge Nuclear Facility or teaching at one of the local universities. But there are also many people (especially among the elderly) who did not finish grammar school.

Although a great number of folks live comfortably between these two cultural extremes, the contrast in our clinic is often striking. One day over a year ago, a retired scientist who probably worked on the development of the atom bomb, was waiting to see me about his newly diagnosed lung cancer. In the same room an elderly farmer was also waiting to see me. He, however, was a former infantryman who had served in harm's way in the Pacific theatre during WW II. They did not know each other, and as far as I know never met.

I was intrigued by both the differences and the similarities between them. For example, on learning of his new diagnosis, the retired scientist reviewed the literature and formed his own opinions about the disease and possible treatment before he ever saw me. He was comfortable with this since he had examined data and drawn conclusions from it all his life. The farmer walked his fence, ostensibly checking for breaks in the wire while he was actually mulling things over in his mind. This is the way he had solved problems for decades.

Both men brought the precipitate of their thoughts to the clinic and asked their questions as they had visualized them through their own unique lens. The retired physicist brought a briefcase of much-studied Medline data. He had the margins covered with notes he had taken after talking to colleagues at universities and medical centers all over the United States. He asked me for data, and tested me to see if what I said was consistent with what he had already concluded.

The veteran farmer, less educated but equally wise, had considered his questions just as thoroughly. His concerns were framed in the context of a family member who had taken "cobalt" and "chemical therapy" in the mid-1980s, and had had a difficult time with it. Then he asked me how I would treat my dad (also a veteran) if he had the same cancer and if I had to be his doctor.

After we talked, I copied the physicist's reprints. After I scanned them, I stapled them in his chart. We rarely referred to them for they had little to do with his situation, but it was important to him that I had at least looked at them. I offered to loan him an oncology text, but he declined.

I told the farmer that there were many types of cancer, many forms of treatment, and that we have new drugs and supportive medicines that are dramatically better than what was available to his friend or family member. He declined the literature I offered him and said he preferred just to take me at my word. I suspect he could not read, but never asked.

Both men, in very different ways, were examining, assessing, and drawing conclusions about me and our institution. They were reviewing a little objective and a lot of subjective information, and deciding whether or not to cast their lot with Methodist Regional Cancer Center. As different as they were, both of them stayed.

I used to feel like an interpreter whose role was to translate oncology jargon into English, then translate the English into the dialect appropriate to the person I was treating. Now I realize that my answer to a patient's question is not always as important as my willingness to answer everything they ask, no matter how trivial it may seem. People, rich and poor, educated and illiterate, expect to be treated appropriately; and all of them deserve to be treated with respect.

I love my job.

Ronald H. Lands, M.D., is a medical oncologist who works at Methodist Medical Center in Oak Ridge, Tenn.