

## Love, Frank

By Cheryl Bailey

“Dr. Martin, there’s a basket here for you and Phyllis!” The receptionist from my oncology office heaves the delivery box onto the counter. Fruit skewers mimic a floral display with balls of cantaloupe, pineapple-chunk daisies and strawberry roses. Clinic staff can’t resist surrounding the bounty.

“Clever,” I say, crinkling the cellophane as I retrieve the envelope. I’m nonchalant, but treats from a happy patient brighten the day and grant us all a breather from the chaos of office hours. Nothing cheers up an oncologist like food, though getting thanked in an obituary runs a close second.

“Who sent the arrangement?” asks my nurse Phyllis. She manages to appear uninterested but was the first to escape our corner cubicle for a look when she heard her name. I grin when I read the salutation and hand her the note. She chuckles.

“I can’t believe it’s been ten years. Good for her.” She smiles, takes a fruit skewer and heads back to work. Ever irritable, Phyllis pokes, “Room two’s been ready for you for ten minutes. She’s in a gown, and double-parked.”

Time flies for women with ovarian cancer. The moment they hear the diagnosis, they also learn they have few days left to savor the world. It takes courage to dive into life knowing the cancer will recur, that at some point the chemo will stop working. Other gynecologic oncologists describe it as a chronic disease. I’ve never liked that analogy; ovarian cancer isn’t high blood pressure.

But the patient who’d sent the fruit basket had dodged the miserable statistics. She was celebrating a mighty marker of survival—a decade since her initial diagnosis and surgery. After the radical pelvic surgery, she’d sailed through six cycles of chemotherapy. During clinic visits she regaled me with stories of working out while bald or flirting without eyebrows.

“You know how men at the gym check you out from the corner of their eyes? It used to be to see how much I was lifting. Now I think they want to figure out why I don’t have hair. I’m ordering a t-shirt that says: TEMPORARY BALDNESS DURING CHEMO. HAIR BACK SOON, so they can relax around me.” She worked full-time, took care of other people’s plants or animals and stayed thoroughly, cheerfully engaged in the world.

“Would I be this fun on chemo?” I’d asked Phyllis after one of her follow-up visits.

She sighed, with a hint of an eye roll. “You always see yourself in the young ones. Who knows how you’d react? Now, I’d love you to call Radiology while I room the next patient.” Phyllis

nudged me along, making it clear, as always, that emotional matters were of no interest to her.

At another visit, the patient informed me, “People give me free stuff, you know. The bakery lady at Cub threw in a couple extra bagels when she saw my bald head under the cap. And there’s a guy at work who always brings me a piece of carrot cake the last week of the month. His wife makes it especially for me,” she chattered through her pelvic exam, sitting up in the stirrups to punctuate a critical part of the tale. “I don’t have the heart to tell him I hate carrot cake.”

Months passed. One day she came to my office with bloating and abdominal pressure. She had a huge cystic mass in her pelvis, a slight increase in her tumor marker, and unrelenting pain. I took her back to the operating room, expecting it to be a last-ditch effort for a massive recurrence. Instead, everything looked great once I got the mass out.

Only problem? I couldn’t spare her distal sigmoid. She woke up with a colostomy.

This is always tough news, but her coping style wasn’t having it. She engaged with her stoma nurses and dove into learning about the colostomy appliances. (“They frown on the word ‘bag’ Dr. Martin, so I humor them,” she’d told me).

Weeks later she marched into my office, declaring, “Frank and I are doing just fine!”

I was caught off guard — had I forgotten she was in a new relationship? Was Frank her cat? She saw my confusion and explained, “My stoma. I named him Frank, the forward-facing a@\*hole!” She and Frank thrived, with years of cancer-free health to follow.

Patients can be memorable for all sorts of personalities — some quirky, some terrible. This insanely wonderful woman had always been a joy in the office, chatting up the receptionist, thanking the phlebotomist by name. She was independent, feisty, and optimistic. I liked to think I share those qualities, but hers were battle-tested. I felt a little guilty as I tried to be a “cool” character in her cancer care. Phyllis, always accurate with getting back to patients, was especially quick to report tumor marker results to this woman before the ink was dry. The fact she could make Phyllis laugh over the phone? Miraculous.

At a visit a few years later, she leaned over to confide in the latest events in her life since the last check-up. “Well, I’ve had a little issue. I went out to that club on Highway 10, used to be called The Sea Cap’n. Cheap booze and country bands on Saturdays?” She raised her eyebrows, head nodding at my grin.

I’d gone there with non-doctor friends during med school to smoke and drink, unseen by my classmates. “The wings,” I sighed. “The wings were tremendous.”

She nodded. “Yep, that’s the one. Appetizers are still their thing. Anyhoo. The place changed owners, so my workmate and I went to check it out a few months ago and had a blast. Thing is, though, I just could not stop chewing on ice. Even made the waitress bring me a pitcher of it to chomp on while the band took a break.”

The patient continued, “Well, as we were walking up to the dance floor, I grabbed a drained cocktail glass from an empty table and threw it back.” She looked at me, daring me to comment.

“Wait. You drank out of a stranger’s glass?”

She cackled. “Can you even believe that? Luckily my friend grabbed my arm when I reached for the second one and said, ‘What the hell? Don’t do that—you’ll catch a disease!’ Her disgusted expression snapped me back to reality, and I knew something was wrong. I’d been kind of obsessively chewing for a few weeks. Had to have something hard in my mouth to crack and chomp on.”

“I went to my primary,” she continued, hands waving in punctuation, “she checked some labs, and said I was vitamin deficient and anemic. Ever heard of pica, Doc?” she asked. “It’s named after magpies, who evidently peck away at practically anything, food or not. That’s what I had. She ordered an upper and lower GI—gah, Frank *loved* that whole scene — but there was no bleeding. It’s always something, right?” She leaned back in her clinic chair, arms crossed to keep the cloth gown closed.

Pica is the condition in which people compulsively chew things, often dirt or clay. I recalled from residency the rare pregnant woman who would present with pica and have all sorts of labs and studies to make a treatment plan. The urge to chew usually went away after delivery.

“How are your teeth?” I asked. “Sometimes people crack them.”

Her eyes gleamed as she squinted her way into a smile. “Just had a six-month cleaning, and they seem good. I’m pretty sure my dentist thinks I’ve got a mental disorder. There’s a delicate balance between taking an iron supplement and keeping Frank happy, but the urge to chew is a lot less. Yep, Frank hates iron pills.”

She reached into her purse to check her medical calendar. “Had my mammo last week, by the way. The girls are fine.” She gazed at me over the cheaters she always kept hanging off a bright fabric lanyard.

“So it’s just the tumor marker left. Do you have good news for me or am I gonna have to bite off a piece of your desk?”

I laughed, moving my hands to guard the edge. “No, no, keep taking your iron and leave my furniture alone! Your CA125 is eight. Even lower than six months ago. That plus the normal CT scan a few months ago? You’re in the clear.”

The briefest of swallows from her clued me in. Her sass projected strength, but the possibility of recurrence was always on her mind. She stood, hopped on the exam table, and whooped, “Let’s get on with it, then, doc. Frank and I’ve got places to go today. I’ve gotta tell everyone I’m good for another six months!”

I stood, too. We were the same height. Same age. Strong personalities. Professional women. She was, I realized, *my* role model. If I ever needed chemo, I hoped my name on the day's clinic list would make someone smile.

Seeing her name did more than that for me. For one, the rare survivors reassure me I must have *some* skill, a *little* expertise, to have guided them through the minefields of ovarian cancer. As much as we oncologists might deny it, we stuff down the fear that our patients' deaths are our fault, that we're not good enough doctors to cure them. The survivors soothe our egos and keep us in the game. How ridiculous I was to feel proud that she, sparkling and alive, was my patient.

She also helped me confront my own fear of death. I identified with her, and as I watched this woman beating the odds, I was grateful to have lived those same years in health. Her very survival reminded me to appreciate my good fortune. Oncology magnifies that lesson every day.

As time passed, I grudgingly lengthened the interval between visits from six to twelve months. The risk of another recurrence was so small that the random visits were more for our comfort than any medical logic. She worked for some cranky lawyers, and I enjoyed hearing the stories about them, or about the neighbors who'd watched out for her after surgery and chemo. These characters became part of her clinic visits. Even Phyllis asked for updates if she missed a plot update, still affecting her air of not *really* caring.

That day, the clinic staff resumed their frazzled work after taking some fruit. I brought the note back to my cubby, where Phyllis sat staring at the computer screen. Her skewer untouched, she was dabbing her eyes with a tissue. I read the note again.

*"Dear Dr. Martin and Phyllis:  
Many thanks for the wonderful gift of ten years of life.  
Love, Frank."*

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**Cheryl Bailey is a gynecologic oncologist, whose love of radical pelvic surgery is only surpassed by the pull she feels to end-of-life situations with her beloved patients. Recently retired, she is working to have her debut novel published, a novel loosely based on her two years of fellowship. She lives in St. Paul with her husband, teenage son and two large and unruly dogs. This explains why she is holed up in her home office, typing out her second novel.**