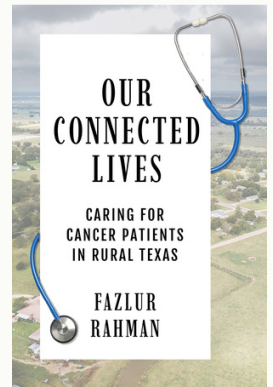




OUR CONNECTED LIVES

by Dr. Fazlur Rahman



Q&A with the author

Question: Why did you write **OUR CONNECTED LIVES**?

Answer: To share my lifetime of experience with bedside medicine, cancer medicine in particular, and what I have learnt from my patients and on my own throughout my career.

Q: What is your background/personal history and what lead you to become a Dr.?

A: I grew up in a village in what is now Bangladesh and when I was seven, my mother died suddenly in childbirth. Before she died, she etched in my tender mind about someday becoming a doctor and saving lives. Then I almost died of kala-azar, a parasitic infection. All this led me to the path of medicine.

Q: Being an oncologist seems like it is one of the more challenging medical professions. What is Oncology and why did you choose that field as your focus?

A: Oncology is a branch of medicine that specializes in the diagnosis and treatment of cancer. Yes, it is challenging but also rewarding. In medical school, I cared for a nine-year old boy with bone cancer with intractable pain, and he died of that incurable cancer. I felt helpless in lessening his suffering. That experience stayed in my mind. Then in 1970, a seminal study showed that chemotherapy could cure some victims of an almost near-fatal lymphoma, and that gave me the impetus to study medical oncology.

Q: What audience did you have in mind when you wrote **OUR CONNECTED LIVES**?

A) I hope the book will be read widely by cancer patients and their loved ones, and general readers as well as those in the medical profession.

Q: During your 35 years of practice, you earned a reputation for having a positive, nurturing bedside manner. What are the keys to having a good bedside manner?

A: It starts by encouraging empathy in medical students and trainees. Listening to patients with care and being interested not only in their disease but also in them and their lives.

Q: Although you studied medicine in big cities (New York, Houston), you ultimately choose to practice in a very rural part of West Texas (San Angelo). What are the challenges of working in a rural area and why did you choose that route for your career?

A: I went where I felt I was most needed and perhaps could make a difference. Some challenges were: isolation; lack of oncology colleagues to exchange ideas and thoughts about patients; no medical library to go to for information; lack of access for patients, and the like. But since the arrival of the internet and other modern communication methods, and the arrival of other oncologists, some of the problems have been resolved.

Continued...

OUR CONNECTED LIVES: Caring for Cancer Patients in Rural Texas by Fazlur Rahman, will be published by Texas Tech University Press on October 29, 2024 (9781682832233 | 256 pages | \$26.95 paperback)

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Q&A with Fazlur Rhaman, Part 2

Q: Why are you an advocate for teaching medical humanities?

A: Sensitivity to others' anguish can't be taught through science alone. Though science is the basis of medicine, it can't grasp our life's trials, foibles, and incongruities. Literature and arts help us to gain insight into all this, and in turn help us to give better care for the suffering.

Q: How does the high cost of healthcare in the United States, which is generally considered problematic, affect cancer treatment?

A: The many problems include: the exorbitant costs of many drugs; artificially high costs in the drive for unduly higher profits at the expense of the patients; excessively high health insurance premiums, and the overuse of high-tech tests; ownership monopolies of hospitals, clinics, pharmacies, health insurance companies, and the medical supply chain, regardless of it being a for-profit or nonprofit entity.

Q: Over your 35-year career, you must have seen a lot of changes in the medical/health care world. What were some of the biggest changes for both the good and for the bad?

A: The good: progressive improvement in diagnosis and treatment, and prognosis, attention to quality of life, a growing awareness regarding end-of-life care, and much better pain control. The bad: increasing costs of care including drug costs; paradoxically, increasingly impersonal care and patient dissatisfaction; computer programs geared to higher reimbursement and higher profits rather than for patients' benefit. Some things are done to meet the minimum legal requirements, not for the patients' sake; an increasingly tangled health care bureaucracy that is hard for patients and doctors to navigate; lack of access to a large segment of the population.

Q: How did the role of insurance change during your time in practice, and how did those changes affect the way you worked?

A: Insurance became more bureaucratic and time-consuming, time that I could have given to my patients. In addition, insurance gate keepers that were originally used to cut costs became the instrument of many denials of care for higher profits, denials that were unjustified. Frustration can build up; I did my best to avoid it but still, unhappily, I had to comply with the system for my patients' sake and mine.

Q: What were some of the most significant breakthroughs in cancer treatment during your time as an Oncologist and how did they change the way you went about your work?

A: The introduction of CAT, MRI and PET scans, and the discovery and availability of targeted therapy and immunotherapy, among others. I had to adjust and learn to use them properly just as the other doctors did. Some new ways had steeper learning curves than others.

Q: Beyond the obvious eradication of cancer altogether, what treatments or developments in the fight against cancer would you most like to see next?

A: Even the most life-saving cancer drugs are toxic, it's just a matter of degrees from one drug to another, and many of the drugs are impossibly priced and there's no end in sight to this. My earnest hope is that most drugs will someday be like tamoxifen: beneficial, inexpensive and available worldwide to the poor or rich, less toxic, and easy to take. Better public understanding to address prevention: diet, exercise, smoking, drug addiction and excessive alcohol. Better access to care for the disadvantaged.

Q: What do you hope people will take away from reading **OUR CONNECTED LIVES**?

A: I hope they will see the inner workings of daily cancer care, especially chemotherapy; the inspiring lives of my patients, who conducted their everyday lives like others despite cancer and its effects; what I learned from my patients and on my own regarding benefiting others. I hope they will have a better understanding of cancer biology and the reasonings behind cancer treatments and tests, and the necessity for empathy and compassion for the suffering, both from the medical professionals as well from the healthy people.

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