The Best Bad News

“I’m sorry to have to tell you this,” said the man on the phone, “but they found cancer.”

“That’s the best news I’ve heard in a year,” I replied.

In a year that started with a historic pandemic full of tragedy and surreality, this moment was surreally cathartic. I began 2020 unsure what to make of coronavirus news, skeptical it would change much. Soon, we heard devastating stories from Italian hospitals. My world first changed mid-March 2020, my first emergency department (ED) shift flush with symptomatic patients, new protocols for “testing,” and workarounds to deal with the lack of testing. We were in the first COVID-19 wave, reusing off-brand personal protective equipment, never quite overwhelmed but only because we tripled intensive care unit capacity and converted the entire hospital to a COVID-19 hospital. Like many, I didn’t want this but was proud to confront the historic challenge.

My biggest fear was bringing COVID-19 home to my family. My life has felt charmed. I grew up in an affluent suburb, and compartmentalizing work came easy; medical school and residency were tough but fulfilling challenges. As the days went by, I found myself with a wonderful wife and daughter and a career I enjoyed that wasn’t a concern; I already spend part of my time with a medical journal, but I was not ready to do nonclinical work full time.

I reached out through my professional network and was connected with a neurologist with expertise in difficult-to-diagnose disorders who graciously advised my workup. Being a physician-patient can be tough—balancing when to tell out outside standard channels, how much I can or should dictate my care or pass along recommendations, deciding when to tell those caring for me that I am a physician. Too early risks coming off as entitled, but waiting too long feels like a trap.

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tissue; he suggested maybe this is some variant of myasthenia
gravis; he will resent it all if possible.

By now it’s March 2021, and I declined steeply in the winter. Stairs
were a challenge; we sold our second-floor walk-up and moved into
my wife’s other sister’s old condo, in the elevator building they lived
in when we met, where we watched “American Idol” in medical
school. I scheduled my thymectomy between shifts, as I had snuck
in empirical intravenous immunoglobulin and intravenous steroid
regimens. I could still work; the mask covered up much of my dys-
arthria and my new cane answered some questions.

The thymus pathology showed nonspecific granulomas, which
didn’t point directly to sarcoid and the neurologists didn’t think
neurosarcoid explained my symptoms. Again, I used my profes-
sional network to find a sarcoid specialist, and he asked the patholo-
gist he works with to see if my granulomas look “more” like sarcoid
or not. She found microscopic seminoma.

It was a whirlwind. A kelch-like protein 11 antibody test, a re-
tently described paraneoplastic syndrome mostly associated with
seminoma, came back with positive results. After spiraling for 9
months, I had a diagnosis and we could figure out a plan.

At this point, I had only told close family, friends, and cowork-
ers. Now that we had some answers, I expanded the circle. I lead a
somewhat public life; I am active in the medical social media com-

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