Mr Thomas Does Not Have Cancer

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I had been a dentist for 3 months when I found Mr Thomas’ cancer. Completing an exam the day we met, I noticed a pale bloom spreading out from underneath his tongue. It was white and patchy with raised and irregular borders, looking like a textbook example of oral squamous cell carcinoma; looking, in fact, like the example in the pathology textbook I consulted in the room next door after politely excusing myself.

Before Mr Thomas became a man with a leukoplakia on the ventrolateral aspect of his tongue, however, he was a warm former marine who gave a hearty laugh at my youth and wanted nothing more than to keep his three remaining teeth.

“Things didn’t go so well after I left the service,” he told me, “but I’m making up for it now. All I need are the teeth!” He had come to the community health center for dentures. I had come to the community health center to make dentures for patients like Mr Thomas. If asked, I would tell you that I decided to become a dentist the day I stood in a dental clinic and watched the extraction of a decayed front tooth. I had never thought someone might lose a front tooth; I realized in that moment that this was because I was lucky, and that the person before me was not. It didn’t seem fair, and that was enough. The propulsive urgency of that encounter carried me through dental school. But the steady and ceaseless demands of residency felt exhausting, difficult, and routine. What I could offer in the face of abundant preventable suffering disappointed me. My oft-repeated origin story felt increasingly spectral. I sometimes wondered if I had made it up.

Finding Mr Thomas’ cancer made me feel sick to my stomach. But it also made me feel important. The grueling physicality and emotional exhaustion of residency ground down the edges of every interaction until the day was as eroded and gray as a river stone. I found myself focusing on my patients in the most pain, with the most need, hoping to drown out the monotonous voice that incanted “What you do is too small to mean anything.” I returned to those moments because, for all their horror, my role had not been equivocal. They were the times when I still felt my work mattered. This desire for validation shamed me deeply. But still, finding cancer meant I had done something.

But it wasn’t cancer. It was Listerine.

This is what the specialist who had seen Mr Thomas told me on the phone. Hoping to keep his treasured three teeth as healthy as possible, Mr Thomas admitted to rinsing his mouth with the caustic stuff ten times daily.

“You can check up on it in a few weeks, when he next sees you. Those white spots will be gone,” the pathologist said breezily.

“It wasn’t an easy catch, in fact it’s rather rare—you shouldn’t feel bad for thinking it was cancer. Perhaps he’d like to come back and have pictures taken for a case study?” I felt a buzzing heat spread from my cheeks down my neck.

“Oh yes, a very interesting case!” I was mortified. I felt, of course, very happy for Mr Thomas. I also felt foolish, useless, and small.

Joyful at what to him felt like a reprieve, Mr Thomas was jubilant at each appointment to make his dentures. He came prepared with questions about dentistry he had found on the internet and ribald stories from his youth. He celebrated receiving his dentures with an unstoppable grin and insisted on taking a photo with the clinic staff. His happiness was infectious, but I still felt sheepish.

I saw Mr Thomas once more after we finished his dentures. He was in typically good spirits. He had talked to two women in his building—but perhaps, he said, winking, they were too old for him with his new smile. After an adjustment or two of his denture, he lifted himself from the chair and turned to go. He looked
back at me, becoming quieter, almost shy.

“I wanted to do something—to say thank you. I was going to bring you a potted plant. But I didn’t have the money this month … I’m going to bring you a plant next time.” I felt a new prickle of shame. Mr Thomas was apologizing for not having a gift for me, the novice who had done nothing, who couldn’t tell mouthwash from malignancy. But that was not how he saw our relationship.

Mr Thomas, like all of us, lived his life on a spectrum of health, pleasure, and suffering that I had forgotten. Our time together had moved him toward the better side of that spectrum. What mattered to him was not the magnitude of that shift, but its existence. Together, we had made something better than it had been.

Doing one’s best for another, after all, doesn’t have to be exciting to be important. In my search for meaning, I had convinced myself that only some vast unattainable impact could justify my effort, a belief simultaneously arrogant and self-effacing. And it was not my actions I was most devaluing. I saw then the chain of people, starting with that first patient, who had allowed me to be present for his tooth extraction when I had nothing to offer him, connecting Mr. Thomas and me. I knew how much each of their contributions mattered, and realized mine did too.

Confused by the emotions playing across my face, Mr Thomas gave me an expectant smile, flashing his new teeth. “A plant, how kind. Thank you. Thank you so much.” I meant it.

Mr Thomas did not have cancer. I did not rescue him; I did not save his life. But there are other things worth doing.

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