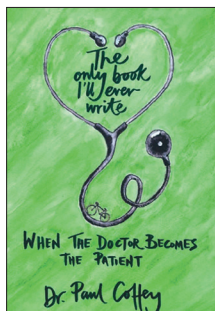


The Only Book I'll Ever Write: When The Doctor Becomes The Patient **Paul Coffey**

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CONFRONTING CANCER: A DOCTOR'S STORY

Paul Coffey, a GP who died in April 2021 at the age of 68, wrote this remarkable book while being treated for cancer. Unsurprisingly it is being widely promoted as something that should be read by cancer patients, medical students, trainees, and qualified doctors, as well as other professions involved in cancer care.

Written with an elegant simplicity and considerable wisdom, suffused by a wry, self-effacing humour, and above all with a painful honesty, it is a real page-turner – I read it in two sittings – and an emotional rollercoaster (or bungee jump as Coffey would have had it).

Out of nowhere, a fit GP – a marathon runner, cyclist, and golfer – approaching retirement, is diagnosed with inoperable gastric cancer, presumed to be adenocarcinoma. The tumour is so advanced that is impossible at first to determine whether it was arising in the stomach or pancreas. However, further investigation revealed that rather than facing a survival time measured in months, an altogether more optimistic prognosis seemed possible – the lesion turned out to be a grade 2 (intermediate) neuroendocrine tumour (NET). Reprieve from the gastric cancer death sentence was one of the first major episodes in a story that is packed with events and emotions.

NETs are more amenable to a range of therapies, but, needless to say, nothing is that simple. Coffey charts the medical, human, oncological, and psychological

dramas that take place over the next 3 years with great charm, insight, intelligence, and honesty. The fact that he lived much longer than originally feared was related, in large part, to having a brilliant surgeon and access to state-of-the-art oncology treatments in Oxford and London.

Coffey weaves several additional themes into this book, which I agree has a great deal to offer to anyone involved in cancer care. There are astute reflections on the way that general practice has changed over the last 40 or so years, in the context of a changing NHS. There are some very affecting vignettes of interactions with patients, many of them related to continuity of care, and a strong message about learning from your patients. There are interesting reflections on the pros and cons of private medical insurance, as well as some fairly graphic descriptions of the business of being a patient undergoing chemotherapy, surgery, and multiple investigations.

HOPE

Most of all, however, the book is about relationships – Coffey's own strong marital and family relationships, the crucial relationships that he made with the surgical and oncology specialists looking after him, as well as all the interactions, each one heavily freighted with meaning for anyone worrying about cancer, with nurses, healthcare assistants, receptionists, and managers.

He describes a number of consultations in great detail, emphasising how the tiniest nuance in the first few words uttered by the specialist, the slightly off-key turn of phrase, the emotional temperature of the consultation, all have immense effects on an anxious patient with cancer.

He absolutely correctly identifies the importance of giving hope, of someone putting a metaphorical (or physical) arm around the patient, as being at the very centre of these interactions.

Towards the end of the book Coffey reflects on the benefits and drawbacks

of being a doctor as well as a patient, concluding that, at least in his case, it might have been better if he had known less and expected less certainty.

There are two excellent appendices to this book. One, written by Coffey's wife Jane, entitled 'Effective Patient-ing', contains a wealth of advice and tips on how to get the most out of contact with the health service. The other is a guide to NETs, which are becoming recognised as more prevalent than previously thought, and emphasises the importance of accurate histological diagnosis to differentiate them from other cancers, because of the major implications for treatment and prognosis.

NETs can arise in almost any organ, and while they may cause non-specific or no symptoms at all, abnormal secretion of hormones may cause a range of symptoms reflecting the functions of the organ in which the tumour has developed.

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Proceeds from the sale of this book will go to Neuroendocrine Cancer UK.

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