

Like Mother, Like Son

Professor Leone Ridsdale
Unit of Neurology and General
Practice

Department of Clinical
Neuroscience
PO 41
Institute of Psychiatry
King's College London -
Denmark Hill Campus
London, SE5 8AF

Correspondence to:
Professor Leone Ridsdale
Leone.Ridsdale@iop.kcl.ac.uk

When I joined the practice Mrs M already had cancer. She was managed by an excellent specialist unit near us, and was still having chemotherapy. I found it easier to manage dying patients when someone else had made the diagnosis first. She was in her early forties, good-looking and pleasant. She used to come with her ten year old son. I saw from the envelope containing her notes that she lived in the next street to my mother and dad.

In an ordinary consultation, she was able to communicate her experience well. I remember the light streaming through the small window as she reflected on how the treatment was no longer working, and on her impending death. At the same time she spoke of how she did want to continue to see her son growing up. He usually seemed preoccupied with play, as if nothing in particular was going on. We would chat like this for ten minutes, as he quietly found things to do with the children's toys.

She gradually went downhill. The cancer hospital had an excellent outreach service, which subtly moved into palliative care until she died. Her husband was stalwart and caring, in a very English sort of way. Later on after her death, he married a friend of Mrs M, who had nursed her in her final days. He remarked to me at the time that this would be helpful in bringing up his son.

About ten years later the boy came to see me when I was doing a busy Saturday morning surgery and on call. By this time we had new premises. He told me he was registered with his university doctor, but was on vacation now. He said he had been treated for abdominal symptoms while at university, with something, probably antacids. He seemed quite upset. I examined him and reassured him as best I could. Because I was not sure what was going through his mind, I asked him to come back and see me the following week.

When I saw him again he still seemed anxious. He told me his pain worried him. He alluded to problems in the family. When I enquired further, he said,

“My mother died of abdominal cancer. I think I'm like her too.”

I replied,

“I looked after your mother. She had carcinoma of the ovary. You couldn't be like her in that way.” His whole body changed as if a heavy weight had been taken away.

Children seem so much in another world, that their feelings get ignored. I am not sure I ever really talked to him much a decade previously. When his mother was dying he was there with her in the consulting room. He did not have an appointment of his own. With a large patient list, we were often fire-fighting, with no proactive strategy. I also had no training in paediatrics, or skills in joint interviews. His father was a reticent man. He had brought him up with his second wife, and probably never talked about what his mother died from.

General practitioners speak of continuity of care as though it was a universal good, like apple pie and motherhood. Often it was not clear how or when this might be helpful. On that occasion it was.