



Doug, Palliative

I'm Doug Gosling. I'm 58 years old. I was diagnosed with prostate cancer about nine and a half years ago, my cancer has subsequently come back and metastasized and I am now under palliative care.

Ending treatment

It was actually on my birthday and the doctor told me I had 12 to 18 months to live at that point in time. So very quickly at that point in time I felt I had a decision to make. And I made the decision that I was not going to do any more treatment whatsoever. I didn't care what new drugs might be coming down the pipe, or clinical trials. I felt that if I had that small amount of time, that I wanted to concentrate strictly on quality of life and enjoy the time that I had. Making the decision to discontinue treatments is very difficult on many levels. It's a complex question, because it's not just you that you have to think about.

I always worried that, you know, maybe, maybe Dianne felt that I wasn't fighting hard enough or that somebody else might have thought I was quitting or something like that. And, not that that should bother me, but it does bear I think to some extent on the decision. I think peer pressure, family pressure, can affect people like that. It didn't with me. My family, and Dianne especially, have been very supportive in this decision and I have been very pleased with their reaction to it. I've been allowed to make that decision and live my life the way I wanted to, and we've really made really made the most of it. And in terms of fighting, I fight this cancer every day. I don't for the life of me think that I've ever given up. I fight side-effects, you know, I fight the pain, I fight this whole idea of not doing treatment. It's with me kind of every day. I try not to second-guess it, but it's there.

Acceptance

When you make a decision like this, to discontinue treatment, and then take the next step to, you know, sign a DNR and go on that path; it can be...for me, it's been a great relief because for me it's all about acceptance. I know a lot of people have difficulty with the idea of dying. I have difficulty with the idea of dying. I don't want to die. I don't like the fact that I'm dying. But I know I'm dying. So all I can really do is work with what I have. So once you can accept the fact that that's what's happening to you, then you can move on and you can make these decisions that are right for you. So for me, it really, you know, in a way lifted a great weight off my shoulders. I don't have to worry about this anymore. I'm not looking over my shoulder anymore. But I can see how other people would. I really do. And I think that if somebody told me that I had a five percent

chance, I think I would find that very hard to deal with because you'd always be wondering, should I do this, should I not do this. And the doctors are saying, 'No, this is it. You're just going to get tired and tired and tired, and the last couple of weeks you're going to be really sick, and you're going to die.' And I have to live with that. And die with that, I guess.

Decisions

It's critically important to talk about these things amongst your family members, those that are close to you — particularly your spouse. These decisions aren't just about you; they're about everybody around you. We all have to live with the decisions that I have to make and we all have to be comfortable and happy with them. I can't imagine me making a decision that went completely against the grain of the way my family felt. And the only way to really avoid that is to talk about it. It's so critically important to talk about what's happening to you. I think it's important to talk about death generally. It's a reality. I'm going to die, there's no getting around it. There's no five percent and 10 percent chance out there. And unfortunately I don't believe in miracles, so it's going to happen. And we need to talk about it, and I've been very lucky in, because my family has always been very open about it. Dianne and I have in particular have, I think, one of the most open relationships I've ever witnessed myself in terms of being able to talk about this ever since I was first diagnosed you know nine and a half years ago. And to be able to talk about it openly and to make decisions but considering all the different facets has been absolutely incredible. And when you come to you know, the decisions you have to make, making the decision to stop treatment is just really the first... and in some cases it's not even a decision because there may be no options. But from then on there's a whole series of decisions that have to be made. And some of them are kind of obvious. Sometimes you have to think about, you know, simple things like, am I going to be cremated, or where am I going to be buried. Those are some of the things that come to mind, but there's all sort of things like wills you have to worry about, and powers of attorney, and what about finances, and there's all those practical things you have to talk about, and you can't avoid them, they have to be talked about.

Hope

Hope is such a very important thing for everybody to have. I mean it's one of those life-sustaining things. We all want to live. And when you're faced with an illness, clearly the first hope that you have is that you are going to live. But that hope changes over time. When I was first diagnosed, I thought well I'm going to have chemotherapy, I'm going to have surgery, I'm going to have all sorts of radiation, and I might die. These are all these...I didn't know what was going to happen to me so I could only hope. And then as I learned more and more about the disease I started to know what to hope for. I hope for a low PSA, I hope for this finding, and that finding, and you start chasing those hopes if you will. And then as time goes on, in my case, the cancer metastasized, hope changed. I lost the hope that I was cured. It disappeared as soon as it came back. And then that's when you start thinking more I think about the direct impact on you as it gets closer and the timeframes shrink. Then you start worrying about things like pain, how sick am I going to be? Am I going to be completely bedridden? Is my back going to break and I'm going to be not able to move the last two years of my life, something like

this. And that kind of hope — that this isn't going to happen to me, becomes very, very important. And then for me, I reached a point where — almost at the same time — where I could sit down and I could just say, 'This is what I hope for: I hope for no pain, and I hope to be not too ill when I die. I'd like to just kind of plateau and then you know in the last couple of weeks or something just that's when I'll break down or whatever.' But there's other things I hope for. For me, that's hoping for what I would call a good death. But I also then hope, I have hope for my family. I hope that the impact isn't — it's hard to say, but I hope the impact isn't that great on my family, although I know it will be, but I can hope that they're able to cope. And in particular, Dianne, that she's able to cope with what's going to happen because it's not going to be easier for her. So a lot of my hope has shifted to her, that I have hope for her to be able to get past it as best she can and to build a new life and to be able to move on without having me around and... and I think about that a lot.