

The Vertical Hour

by Richard B. Reiling, MD, FACS

In thinking about “survivorship,” I was reminded of a recent Broadway play by David Hare, *The Vertical Hour*.¹ The play is based on the Iraq War, but the reference in the title is quite pertinent to cancer patients. In fact, one of the play’s lead roles is a physician who refers to the “vertical hour.” In combat vernacular, the “vertical hour” is the time immediately following a battle or disaster—a time when the most good can be done.



The concept of the “vertical hour” relates perfectly to our care of cancer patients. That very precious time—just following the diagnosis of cancer or even after the various courses of treatment—presents a “vertical hour” in which the patient is both the most vulnerable and the most open to support and care. As the physician in David Hare’s play says, “If the patient doesn’t die of the disease, he dies of suspense!”

We have the great privilege of caring for our patients with cancer, and yet we often overlook the true meaning of the “suspense” which occurs when a serious issue arises and the affected individual does not yet have all of the knowledge available to handle the situation. Yes, there are times when no one can truly assuage the patient’s anxiety. And, yes, no one can predict the future with 100 percent certainty. But this does not obviate the need for providing information about *what is known* and *what could be expected* along with information about available resources to help handle these anticipatory events and the accompanying “suspense.”

In an article titled, “The Vertical Hour,” my long-time colleague, Dr. Bernard Jaffe, professor of surgery

at Tulane University, writes “incomplete resections (that is, surgical tumor removals that do not completely remove all of the cancer) and inadequate emotional support are equally severe omissions.”² It is a wonderful privilege to care for the ill; but at the same time, we must seriously commit to providing all the aspects of care that we possibly can.

As my previous columns have noted, we are moving into a new era in cancer care. No longer can we provide only isolated fragments of treatment in the continuum of health and disease. We must now provide care that helps the patient navigate this survivorship path for the rest of his or her life.

An important aspect of providing this full continuum of care is employing a multidisciplinary approach to cancer care. For years, after my patients have completed surgical care, I have heard them ask whether they should see an “oncologist.” With a degree of indignation, I often replied that I *was* an oncologist and what they were referring to was a “medical oncologist.” And, yet, there was probably good reason for this perception that only a medical oncologist would be really concerned about the rest of the patient’s life. Well, that day is over. Surgeons, medical oncologists, and radiation oncologists must come together, along with all the cancer program’s support personnel, to provide our patients with lifelong support and care. And the best time to start is in “*The Vertical Hour*!”

References

- Hare, D. *The Vertical Hour – A Play*. New York: Faber and Faber, Inc., 2006.
- Jaffe, BM. The vertical hour. *Surgical Rounds*, June 2007, 258-259.

Coming in Your 2007 Oncology Issues

- ◆ An Update on the State Cancer Plans
- ◆ Model Breast Care Programs
- ◆ Implementing TomoTherapy in a Community Setting
- ◆ Medication Reconciliation in the Oncology Pharmacy
- ◆ P4P: Private Payer Trends
- ◆ Virtual Thoracic Surgery
- ◆ New Approaches to Integrative Medicine
- ◆ A Model Ambulatory Intensity System for Oncology Nursing Ratios
- ◆ Clinical Trial Accrual at Community Cancer Centers

ILLUSTRATION/GETTY IMAGES

