

# Our First-Class Fear of the Second Leading Cause of Death

by Brenda Denzler

“Did you see combat?”

The answer to this question makes a world of difference in understanding the experiences of those who have served in the military. While the general rigors of being a soldier are shared by all who enlist, the experiences of those who see combat create a distinction between soldiers. Someone who served in the front lines in Vietnam has not had the same kind of experience as someone who served in a desk job in San Diego.

It's the same with cancer survivors. We are not all alike, because the circumstances of our cancers were not all alike. This can be a minor distinction sometimes. A fellow survivor is a fellow survivor, after all. We have all felt the fear that receiving a cancer diagnosis brings. But in other ways, the differences in our cancers can be a defining difference between us. The magnitude of the threat to our lives that we have faced, the harshness of the treatments we have had to endure, and the after-effects we have been left with can be very different.

One of my friends is going through grueling treatment for an aggressive form of cancer that could easily end his life in very short order. Reflecting on the financial and practical daily problems that this man's treatment is creating for him, a mutual friend remarked, “I didn't need a handout when I had cancer. I worked the whole time. If I could do it, he can do it.”

This guy identifies himself as a cancer survivor, but when I asked him for details about what had happened to him, it was clear that it was nothing like what our friend is going through. He had had a pre-cancer many years ago—not an aggressive, invasive, full-blown, life-threatening cancer. It had been treated with a simple surgical procedure—not massive amounts of chemo and radiation. Thus, he fails to appreciate how debilitating it can be to undergo more extensive treatment. He fails to appreciate that our friend really does need a hand-out, right now, and is probably really not able to work.

Another friend recently contacted me to

say she had just published an article about how she had beat cancer and others can, too. I didn't realize she had a past with the beast, so I asked for more details. Turns out, decades ago LaRae's doctors had chanced to find cancerous cells in a supposedly benign lump they removed from her thyroid, so they went back and removed the entire gland.

What amazes me is that LaRae doesn't attribute her decades of health since then to the fact that she had one of the most easily treated, easily cured forms of cancer there is. She seems not to even know this. Nor does she attribute her subsequent health to the fact that she had the definitive treatment for it: surgical removal of the gland. Instead, she says she was cured by the series of spiritual practices and mind-body techniques she adopted after that, and she exhorts other cancer patients—without regard to the kind or severity of their disease—to use those same techniques if they wish to be cured.

The truth of the matter is that not all cancer is created equal. There are about 200 distinct diseases that share certain features qualifying them all as “cancer.” The range of severity of these diseases goes from easily curable to almost hopeless; from truly “chronic” and not likely to take your life any time soon, to horrifyingly aggressive and likely to end your life within weeks or months. In other words, some people who are among the lucky survivors were poised to be lucky survivors from the start simply because of the circumstances of their cancer—but they don't realize that fact. Other survivors have had to work hard for their chance to live.

I have come to believe that there needs to be a concerted effort to teach Americans more about cancer. After all, it's the second leading cause of death in the U.S. Although heart disease is the #1 killer, it inspires far less dread. It's cancer that's “the big scary.” I mean, it's not the words “heart attack” that used to be whispered in polite company when I was a child. It was the word “cancer.”

Why this first-rate fear of the second leading cause of death? I think it's because of our ignorance about the disease. And our ignorance is hard to remedy because cancer isn't like things that are “easier” to understand, like heart disease or infections. When I think of my heart, I think of a big pump. Like the pump that draws up water from my well or the fuel pump in my car, the pump that is my heart can be damaged. That's easy to understand. Infections are easy to understand, too. A germ is an invader against which my body sends millions of little white blood cell “soldiers” to fight. Again, easy to understand in very simple terms.

But cancer? What is a tumor like? Where is the mental image that can make cancer easy to conceptualize and open the door for a more thorough understanding?

Nowadays, cancer has come out of our societal closet. We can say the word out loud and in public. But we still don't know how to think about it or how to talk about it—including many of us who are current or former cancer patients.


Those currently in treatment who try to learn all they can about their malady are often accused of focusing too much attention on it. “Just do what the doctors tell you,” they're advised by well-meaning others. “Don't think so much about it, or you might not get well.”

Those who have survived cancer and try to learn all they can about it are often accused of not being willing to move on. “It's over, now. Quit dwelling on the past,” they're warned. “You're going to make yourself sick again if you keep focusing on it.”

We may be able to say the word out loud, now, but we still don't want to know much about it. It's as if getting too familiar with “the big scary” might draw it into our lives in some benighted magical, mystical fashion.

So here's one of the first things I wish everyone knew: Cancer is indeed scary, but not all cancer is created equal. Therefore, (1) it's OK to be afraid, but let your fear be proportional to the risk of death you actually face; (2) your experience as a cancer patient may be vastly different than another cancer patient's—for better or for worse; and (3) be willing to give credit for good outcomes where credit is really due.

*Brenda Denzler was diagnosed with inflammatory breast cancer in 2009. She became a cancer survivor on the very day she was diagnosed.*

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