



Adam Philip Stern, MD '10

Battling Cancer, a Psychiatrist Gets Personal with His Patients

BY JONATHAN SALTZMAN

Adam Philip Stern, MD '10, knows the drill. A psychiatrist is supposed to listen, to empathize, to focus on his patients' problems. Revealing his personal life isn't part of the arrangement. After his son was born, Dr. Stern even hesitated to put a picture of him on his desk.

Then the psychiatrist at Beth Israel Deaconess Medical Center was diagnosed with an incurable form of kidney cancer. He was only 33. Stern might not live to see his son grow up. He struggled to maintain his focus and empathize with patients' less urgent concerns.

"I listened intently, but I felt nothing," Stern wrote of his session with a grieving patient, in an extraordinarily candid article in the *New England Journal of Medicine*, titled "Doctoring While Sick—Is Living with Cancer Making Me a Better or Worse Doctor?" Patients lose jobs or have marital stress, Stern went on, "but my mental reaction to each one is some variation of the same thought: But you still have your health."

Therapists have long debated how much to share of their personal lives with patients. Sigmund Freud, who developed psychoanalysis over a century ago, said the analyst should remain an anonymous blank slate upon which patients could project their unconscious fears and desires.

But in the nearly two years since he got the devastating diagnosis, Stern has written prolifically and movingly about his ordeal. His boundary-pushing themes have included his fear of dying before

his two-year-old is old enough to remember him, his decision to see a psychotherapist, and his deepening understanding of his patients' ruminations. If patients see his articles and ask about his health, he discusses it with them and explores their reactions.

Stern, an assistant professor of psychiatry at Harvard University, said he finds writing therapeutic and hopes that readers, including perhaps his own patients, will too.

"While psychiatrists and therapists know that they should leave their stuff at the door, most often patients want to know more about their treaters," Stern, now 35, said in an interview. "They want to know more about what their personal lives are like and actually what makes them tick. And so this is actually a window for people to get to know me a little bit."

Since he was diagnosed in January 2018 with stage 3 kidney cancer—a diagnosis revised to stage 4 a year later after doctors found the cancer had spread to his right lung—he has shared his innermost thoughts in a dozen media outlets, including the *New York Times*, the *Boston Globe*, *STAT*, *The Forward*, WBUR's website, and several medical publications. He's also working on a memoir.

Some mental health experts say it can be risky for a psychiatrist to share such musings so publicly.

Theodore Fallon Jr., MD, a psychoanalyst and physician who teaches at the Drexel University College of Medicine, said some patients might read Stern's writings and conclude "You're so self-

absorbed with your pain that you can't pay attention to me." Other patients might try to comfort Stern, Fallon said, undermining the very foundation of the therapeutic relationship.

But, Fallon said, a skilled psychiatrist can balance those drawbacks against the benefits of self-disclosure, which in his view include demonstrating that the practitioner is a human being with problems not unlike those of patients. Fallon himself dabbles in fiction and poetry that draw on his experiences, teaches creative writing to medical students, and says people yearn to see that "we're not alone in the world."

Stern, a soft-spoken native of Roslyn, N.Y., comes from a family of physicians—his father and brother are cardiologists—but has always liked to write.

A graduate of Brown University, he wrote for *The Healing Muse*, a literary journal published by the Center for Bioethics & Humanities at SUNY Upstate Medical University in Syracuse while attending medical school there. He became a psychiatrist, he said, partly because no medical specialty relies more on what patients tell their doctors.

But as he got busier in his practice, he cut back on writing to focus on his psychiatric work. Stern oversees the psychiatric program at Beth Israel's Berenson-Allen Center for Noninvasive Brain Stimulation. The center uses magnetic fields to stimulate nerve cells in the brain to relieve symptoms of drug-resistant depression. He also has a private practice at the hospital treating patients in traditional 45-minute sessions.

Stern discovered that he had cancer only 13 months after his son was born. He had lost 25 pounds but largely attributed it to increased activity, including running after his toddler. But after experiencing night sweats and seeing blood in his urine, he visited his primary care doctor.

The doctor ordered blood tests and an imaging test of his urinary tract. Anyone who has ever worried while awaiting the results of medical tests will identify with Stern's mounting panic as he struggled to get his results—an ordeal he vividly recounted in articles on the websites of the Kidney Cancer Research Alliance and the American Society of Clinical Oncology.

He described repeatedly hitting the refresh icon on the patient portal when trying to get his blood test results. Then, when he began seeing inflammatory markers that were “elevated off the freaking charts,” as he wrote, he began searching Google to figure out what they meant—something doctors invariably tell patients not to do.

The following day, he obtained a computerized image of the urinary tract scan but struggled to get his primary care physician on the phone to interpret it.

“My right kidney looked completely normal to me, while the object that used to be my left kidney was a repulsive, hideous, exploding mass of entropy-seeking sickness and death,” he wrote. “I texted my brother a screenshot. ‘I’m officially freaking.’”

Finally, Stern's doctor called. Stern had a 10-centimeter tumor on his left kidney. Within a week, he had surgery to remove the kidney. Pathology results determined that he had an aggressive form of kidney cancer that usually afflicts people 50 and older.

An imaging scan also revealed spots on his lungs but doctors thought those might be nothing. He began an experimental immunotherapy regimen. This past January, a year after his cancer diagnosis, he had a second operation to remove part of his right lung. The spots turned out to be cancer that had spread from his kidney.

Soon after Stern's original diagnosis, he began writing prolifically. He said he

wanted to make sense of his illness, but also hoped to destigmatize discussions of cancer.

In his first piece, he wrote that he read online that he had only slightly better than a 50 percent chance of living five more years.

Those odds, he wrote, were similar to the chances that one of his patients with chronic depression will find relief from the magnetic stimulation that his center provides.

“Like roughly half of my patients, I may find out the hard way that I’m on the wrong side of this 50-50 split,” he wrote.

In another piece, he conceded that he had struggled to understand some patients' irrational obsessions until he found himself avoiding ordinary objects—plastic foam coffee cups is one, he said—because he couldn't rule out that it might have triggered his cancer.

Stern's article in *The New England Journal of Medicine* last September was particularly revealing. He had never had difficulty empathizing with patients who had lost loved ones, he wrote, but he struggled to connect with a patient weeping over a recent death: “I could offer condolences, but my words weren't grounded in emotion.”

Troubled by his own reaction, Stern asked the grieving patient in a follow-up

session whether he felt comfortable with him writing about the episode. The man signed a release giving permission, although the article contained no identifying details.

Despite his illness, Stern continues to work, although he has cut back on the number of patients he sees in his private practice. He looked healthy during a recent interview and is lobbying with other kidney cancer patients to increase funding for research into new potential treatments.

In 1912, Freud wrote that the analyst “should be opaque to his patients and, like a mirror, should show them nothing but what is shown to him.” But as psychoanalysis has declined in popularity, and cognitive behavioral therapy and medication have become far more popular, more therapists have publicly shared details of their lives.

Among the best-known is Kay Redfield Jamison, a clinical psychologist who has written books about her struggle with bipolar disorder.

Before he began writing articles, Stern said, he consulted colleagues and mentors at Beth Israel, including Pamela Peck, a psychologist and clinical director of psychiatry.

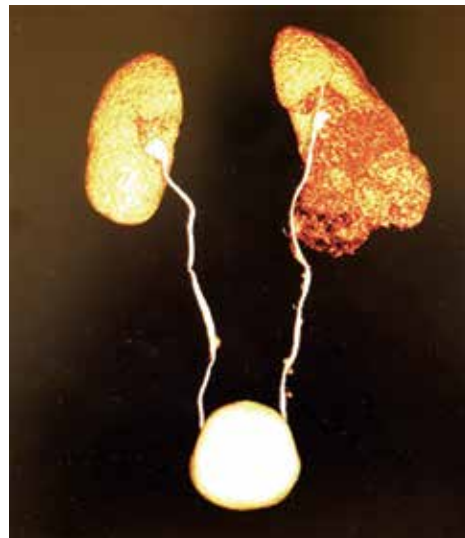
The guiding principle, Peck said, was to make sure that Stern considered his patients' potential reactions to whatever he wrote and made their welfare his top priority.

“I would imagine that most patients would feel reassured that the doctor taking care of them has real and authentic feelings,” she said. “Anyone who reads it is moved by the humanity of it.”

Stern says he's grateful that the hospital has supported his writing and that he has gotten good feedback from readers, including patients.

“For me, writing about challenging, emotionally difficult situations has always been therapeutic,” he said. “I'm not someone that speaks very easily about what's going on in my inner world, but I can write about it.” ■

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A CT image of Stern's diseased kidney