

Mesothelioma. I remember reading about it as a medical student. I can even remember highlighting the important points in my pathology textbook with my fluorescent orange marker pen. I never imagined that I would ever be given this diagnosis.

My symptoms began very subtly in spring of 2008. I went out running twice a week with friends and was reasonably fit for a 45 year old. I also skied, swam and did Pilates at a weekly class. Our running route on Mondays and Wednesdays was always the same and I started to find that I struggled a bit when there was a slight incline in the road, but that I would rally again when the road flattened out.

I was working 6 sessions a week as a GP in East Kilbride, near Glasgow, and I had also noticed that I became slightly breathless if I had to climb stairs on house calls. I remember occasions when I had to stand for a few minutes, outside a patient's house, before ringing the bell, to catch my breath. I was also the only person in the Pilates class who appeared breathless after a session. I decided I must be unfit so I stepped up my activity by swimming another 30 lengths on a Saturday morning.

We had a family skiing holiday to France with friends at Easter and one day while at the top of the glacier I felt very dyspnoeic when we had to walk between chair lifts. I felt really distressed, as though I could not co-ordinate my respiratory rate or rhythm, but it settled after I had skied back down the mountain.

I continued to run but remained slower than before. I was often tired and was sometimes aware of a jaggy type sensation in my right, lower anterior chest. I never felt ill at any time. We went to France skiing again at New Year 2009 and several times I woke up during the night feeling acutely dyspnoeic, as though I was suffocating, but it would settle during the day. On my return I felt a bit lethargic and became slower and slower at running. One of my running partners who was a fellow GP encouraged me to make an appointment with my own doctor. I had checked my own Peak Flow Rate and had found it to be 250-260 which I knew was about half of what I would have got previously.

Armed with this information my GP diagnosed Late Onset Asthma and gave me a salbutamol inhaler. Despite no chest tightness or wheeze I used the inhaler faithfully. With no improvement in my symptoms after a few weeks I asked one of my hospital colleagues if she would see me.

Even I could see my chest X ray [CXR] was abnormal, showing extensive opacification in the R hemithorax. PFTs demonstrated a mild restrictive defect with normal diffusing capacity and normal oxygen saturation. A CT scan followed which showed a significant loculated R pleural effusion with compression of the underlying lung. In addition areas of the pleura near the R base looked nodular. CT guided pleural biopsy confirmed the diagnosis as mesothelioma of epithelioid type.

I had always wanted to be a doctor ever since I was a little girl. I wasn't from a medical background but from the age of 5 this was my ambition, from which I never wavered. I graduated in medicine from University of Glasgow in 1985 and had arranged my pre-registration house officer posts in Glasgow. My surgical attachment at Stobhill Hospital was completed in January 1986 and I was to begin my medical post at Glasgow Royal Infirmary [GRI] thereafter. I had been so proud to be appointed as a medical resident in the Royal because it was a prestigious teaching hospital and I had loved being a student in the medical wards. On the 1st February 1986 my fellow house officers and myself began our new roles. For the first month I was to work in the respiratory medicine unit which was based at Belvidere Hospital about 2 miles from the main GRI campus.

Arriving in Belvidere Hospital that morning I was met by a domestic assistant who showed me to the on call accommodation which was within a separate detached Victorian building. This was to be my home for the next month. She apologised in advance for the state of the building which was undergoing extensive reparation work. I can still vividly remember her telling me to excuse the state of the place but that they were removing asbestos from the building. I remember thinking that I would

have thought that was harmful but dispelled this notion because people were being housed within the building, so obviously there could be no danger.

It was like a building site. There were thick sheets of plastic hanging from the ceilings which you had to push through to enter the stairwell. Ceiling tiles were absent and stacked against the walls and there were electrical wires and cables protruding from everywhere. It was very dusty and I remember my footprints leaving their imprint on the flooring as I was accompanied to my room on the first floor. I was only there for a month but it was enough.

I probably only stayed there about 13 nights, when I was on call, preferring to stay at my parent's house in Glasgow, but when I was there I pushed through the dusty plastic sheeting wearing my white coat which I then hung on the door of my room overnight.

Following my diagnosis it was decided that I would be a suitable candidate for tri-modality therapy. My husband was working as a consultant thoracic anaesthetist in the Golden Jubilee Hospital so it was a difficult time processing all this information and dealing with the uncertainty. In an instant I felt all my hopes and aspirations shattered. I had 2 daughters aged 15 and 16 and a son of 11. To be given a cancer diagnosis is traumatic and devastating but to know that it is an occupational cancer gives a further dimension to your emotions. I felt a certain injustice that working in the respiratory unit had exposed me to the carcinogen which would present me with a lung cancer diagnosis 23 years later.

Everything moved swiftly. I was given B12 and folic acid and my neo-adjuvant chemotherapy started 2 weeks later with Cisplatin and Pemetrexed to be administered in 3 weekly cycles. I found the chemotherapy gruelling and was very sick with the Cisplatin despite a number of antiemetics. On a couple of occasions my husband administered IM stemetil from my doctor's bag. Ultimately I found Domperidone suppositories to be helpful. By the 4th chemotherapy session I was troubled with a lot of anticipatory vomiting and was given Lorazepam to take in the oncology unit because I was retching continuously even before the chemotherapy had begun. By this stage I was also troubled with tinnitus and I have been left with some reduced hearing acuity.

My chemotherapy finished at the beginning of June and I was admitted to The Golden Jubilee Hospital on 7th July for my surgery on the 8th. It was still uncertain whether I would have to undergo a pleurectomy or an extra pleural pneumonectomy [EPP]. I had been told that I would probably require more chemotherapy following surgery if only a pleurectomy was performed and since the adverse effects of the Cisplatin were still fresh in my mind, it made an EPP not seem so daunting.

The next few days are a bit of a blur. I received 30mg of Temazepam as a premedication so was a bit woozy that morning when Michael, my husband, came to the hospital prior to me going to theatre. I remember little of the thoracic epidural being inserted or anything subsequent. My next memory is of waking up in HDU attached to several machines and with a nasogastric tube in situ, which I begged to have removed. An extra pleural pneumonectomy had been performed because the lung parenchyma was being invaded by the tumour. I remained in HDU for 6 days before being moved back to the ward.

I had a single room in the ward and a lovely outlook to the River Clyde. I started to become addicted to daytime television.

Within the next few days it became apparent that I had a chylothorax. There was initially the prospect of going back to theatre but it was decided to try conservative methods. I was started on Total Parenteral Nutrition {TPN} and allowed a regime of 30mls of water orally per hour. I was also commenced on subcutaneous Octreotide. I was receiving IV antibiotics as my white cell count was very high and my inflammatory markers elevated. My electrolytes and Albumin were deranged. I had a subclavian line inserted. After 8 days the milky fluid through the chest drain had diminished and I was allowed to eat breakfast cereal with milk and we waited

to see if all settled. It had been a bit of a miserable weekend with a blood transfusion of 2 units and insertion of a Hickman line. My veins were difficult to access and blood had been taken from my brachial artery. It was during insertion of the line that I first saw my chest X-ray and the absence of my R lung. It was really shocking. Thankfully the chylothorax settled and I was allowed home 2 days later, after being in hospital for 22 days. I had missed my sons 12th birthday on 18th July.

There was some respite for a couple of months to allow post-surgical healing and for me to gain strength. Radiotherapy was due to start in October so some preliminary appointments were arranged in advance. Hemi thoracic radiotherapy was administered daily Monday to Friday for 5 weeks. Sometimes it took a while to receive the treatment because I had to be meticulously positioned in the scanner. Towards the end of the 5 week course, I became very sick and suffered raging indigestion and developed inflamed skin over the radiotherapy field. My tri-modality treatment was complete by the beginning of December.

I have tried to look back and think about how I felt at the time of diagnosis, was I angry or bitter? I don't think I was either of these. The overriding emotion I felt was one of sadness that in some way my life would seem unfulfilled and incomplete.

For a while I had a really jaundiced view of being a doctor. If I hadn't been a doctor this wouldn't have happened. If I hadn't been a doctor in Belvidere Hospital this wouldn't have happened. However, I think you can narrow it down further and basically it is a classic case of being in the wrong place at the wrong time.

I have moved on considerably since then, helped by the fact that I am well.

Every day I miss having two lungs and can sometimes feel quite compromised by my respiratory reserve. I do not have the same stamina as before but I would rather be here, in some reduced capacity, than not at all. I try not to allow the condition to haunt me or paralyse me with fear as it did in the beginning.

I have retired from general practice. I knew from early on that I would find it too difficult both physically and emotionally. I didn't want to have allowances made for me, and my partners having to take some of my workload.

I now work part time as a communication skills tutor with 3rd year medical students at Glasgow University through the Department of General Practice and Primary Care. I also work with 1st and 2nd year medical students as a facilitator for the Problem Based Learning part of their coursework.

Since April I have worked on a voluntary basis with Clydeside Action on Asbestos. I am involved in various projects looking at the needs of clients with non-terminal asbestos related diseases. I have been active in looking at areas of their health where there are anxieties and attempting to address these issues through self-help management techniques and general health education. From a GP perspective I have realised that there are probably some areas where information could be of benefit, particularly regarding the medico legal aspects of ARDs and when to refer to the Procurator Fiscal.

From a personal point of view I am also keen to raise awareness of mesothelioma in woman, contracted through their own occupation rather than through secondary exposure.

I am indebted to the people who have looked after me from the beginning and who continue to do so now.