



“A LIFE IN THE DAY” OF A CLINICAL ONCOLOGIST

Dr Serena Hilman
Consultant Clinical Oncologist

Clinical Oncology is a speciality which can be chosen by physicians after gaining MRCP and to become a consultant requires entry into The Royal College of Radiologists and passing the FRCR exams. In the UK clinical oncologists deal with radiotherapy and systemic therapies, whereas medical oncology does not involve radiotherapy. Clinical Oncology as a career provides variety and the ability to help patients in many ways during their cancer pathway.

I wake at 7, and breakfast on strong coffee and toast. I am not sure I believe in the mindfulness trend but often take time to consider the potential stresses and challenges of the day ahead on the journey to hospital. The first task on arrival is administration, checking emails and diet coke. Morning clinic may include an assessment of an elderly man admitted with back pain due to skeletal metastases from prostate cancer. Palliative radiotherapy to his spine is one thing I can offer to improve his quality of life. Of course there are often frank discussions about poor prognosis, with the reward being that often patients thank us for being open with them. Clinical oncologists work closely with cancer specialist nurses who provide a holistic approach to patient management. Working with the surgeons who have diagnosed the patients particularly within cancer site- specific multidisciplinary team meetings is a significant part of the working week in order to decide the best way to manage patients diagnosed with cancer.

Within oncology clinics there will be follow-up of patients that have been cured with radiotherapy or chemoradiation, such as patients with satisfactory prostate specific antigen levels after radiotherapy to the prostate. Patients on chemotherapy and hormone therapy need assessment of response and toxicity. The research team frequently join us to discuss a clinical trial with a patient as oncology is a speciality driven by evidenced based medicine.

After clinic lunch is a rushed affair of a salad or sandwich, as many new therapies and increased use of radiotherapy have increased survival and treatment options for certain tumour types, so the days are never dull.

The afternoon of radiotherapy planning involves close working with radiographers and physics staff to ensure we are treating patients' tumours ideally on the planning and subsequent scans, without causing too much toxicity to surrounding organs. This is for both palliative and radical treatments. My day ends with prescribing chemotherapy and more emails (which as a consultant is an invariable mix of clinical and managerial issues), or reviewing a patient on the ward.

On the journey home I reflect that I am fortunate to have a career working in a hospital team setting where I don't have to stand up for hours in theatre , specialising in radiotherapy which is second only to surgery as a modality capable of curing cancer. In the palliative setting we can help improve troublesome symptoms and improve survival. As oncologists we have the potential to improve patient experience during difficult times by communicating effectively and with compassion.

I go to bed at 11pm, in order to gain adequate rest for another day ahead in a career which is certainly challenging and fulfilling.

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