

Rome. Professor Philip Salem 64 years old. Below, the copy of the first page of the article published last week on Gente, where our Gennaro De Stefano told his own story as a cancer patient.

“The patient must be loved. This is the first medicine.”

Dr. Salem is the luminary of Lebanese origin and leader in the international scientific community for his emphasis on the relationship between doctor and patient. Here, he explains why it is important to believe unequivocally in the possibility of being cured.

by Gennaro De Stefano

One day, during a lunch break, my colleague, Angelica Amodei, told me about Philip Salem, describing him as a guru of oncology world-wide. I called my doctor and asked, “Do you know him?” He replied, “You bet I do!” Angelica heard of him from friends who were under his care and were cured of their cancer. I was told, “A person like you who has ▶



IN ROME TO RECEIVE AN AWARD

He never says “There is nothing more to do.”

For months I was waiting for this moment. I wanted my colleague and friend Gennaro De Stefano to meet Professor Philip A. Salem, a 64-year-old, a Lebanese by birth, an American by choice and a recognized global luminary. Gennaro has been fighting cancer for years, and I hoped something more could be done. I pleaded with my friend Flavia to help me contact Dr. Salem. I imagined that it would be difficult, as he is an extremely busy man but he immediately proved

his extraordinary humanity and readiness to accommodate. He welcomed us at the Hotel Excelsior in Rome, accompanied by his faithful employee Eleni Papageorge, who speaks five languages perfectly. Many important international figures have turned to **Dr. Salem for help (although he does not like to talk about it), including American presidents and ministers and, it seems, also a pope**, confirming the old saying “help yourself so heaven will help you.” Apparently, the saying is also true for the high ranks of the Vatican. He is, however, a simple man and capable of loving each one of his patients. The Italians that have been cured, thanks to his treatment, and have found the will to fight, to live, to hope, are the ones that confirm this to us. The Lebanese professor (who

is the Director of the Cancer Research Program at St. Luke’s Episcopal Hospital in Houston, Texas, and a Clinical Professor of Medicine), arrived in Rome for an award by the Foedus Foundation which is devoted to the honoring of the Italian cultural heritage. The award was given to him in recognition of his extraordinary commitment to the field of medicine and scientific research. The professor comes to Italy frequently and on this occasion was here for ten days. Each night he visited and dined with his patients because an important part of his therapy is his everlasting relationship with them. The first medication he prescribes is his promise that for him “the statement, ‘there is nothing more to do’, does not exist.”

Angelica Amodei

this disease must meet Dr. Salem." I met him at the *Hotel Westin Excelsior* in Rome, a small gentleman with a pleasant face and goatee. People I had spoken with said that he either cures you of cancer or allows you to live as long as possible. Whoever reads this should know that when one gets cancer (I have been fighting it for more than six years) the first thing that comes to mind is to turn to Padre Pio, to the Madonna dell'Arco and to San Gennaro. Then, reason prevails and you turn to your doctor for such miracles.

"We don't treat the disease, but the person," begins Professor Salem, confirming a concept that the readers of *Gente* know well, having read about it last week from Professor Paolo Marchetti, an Oncologist at the Istituto dermatologico dell'Immacolata, in Rome, and my personal physician. He continues, "No one is considered a number at our center and our biggest satisfaction is when patients keep on coming to visit us even after having stopped treatment." **Dr. Salem's motto is: "Never lose hope." He explains, "A doctor should never say, 'There is nothing else to do.' I've seen people getting out of unimaginable situations, one step away from death."**

The first question I asked him is a must: "what is the difference between two doctors if chemotherapy protocols are the same all over the world?" His answer somewhat surprised and embittered me: "No, that is not true" he replied sharply, leading me to believe that the United States is a step ahead of us, even from a pharmacological

point of view. My turmoil grows as I realize that I should do further research to see if there is a drug that is stronger and more effective than the one they are giving me. Dr. Salem surprises me again by continuing, "Patients are not treated the same way everywhere. Some patients don't make it because they are not treated properly."

He went on to introduce some basic issues that cancer doctors must consider: "First of all, teamwork. The best treatment cannot be obtained with one specialist only. If I am someone today, I owe it to my staff. When I examine a patient, I check his exams and slides. Also, I am surrounded by the radiologist, surgeon, and pathologist. Together, we design treatment strategy. Essentially, it is the communication, the exchange of ideas between doctors that makes the difference. It's not the same as being sent first to a radiologist by one doctor and then being sent to a surgeon by another. The various doctors need to work together as a team." As a scientist, Dr. Salem revealed to me "that at least 50 percent of cancer diagnoses in the world are incorrect and as a consequence so is the treatment prescribed, which in turn leads to a high number of deaths. Many errors remain unreported; however, people believe that it is the disease that has prevailed over treatment."

Unfortunately, or perhaps fortunately, my diagnosis was correct from the beginning. However, I realized all too well the sensitivity of the ques-

tion. How can a patient who knows nothing about medicine understand if a diagnosis is right or wrong? "One must never accept the first verdict but repeat all exams and request the opinion of other specialists and pathologists. It doesn't mean that you are offending your doctor. Three matching diagnoses assure a better guarantee and give the patient more assurance that he is being treated the way he really needs to be", Dr. Salem explains.

Yes, but I know oncology departments in Italy where patients are treated without any respect, I thought. Some of them sit in a chair with a needle in their arm while others are still waiting at 5 p.m. to be examined when they have been patiently waiting since 7 a.m. Inhumane.

"Nobody ever talks about the importance of the doctor-patient relationship", says Dr. Salem. "This may seem obvious but, as he who goes through it knows, this is a revolutionary idea. A cancer patient is not a number or a client; he is not a health consumer. You have to know the patient very well. He has to be loved and treated with dignity and knowledge. These are not just words; they are the truth. Those who seek our help feel like they are family."

I felt lucky, (as everybody treated in the same institute) that I had such a close relationship with my doctor that I could even call him at one in the morning, if needed. Dr. Salem continues, "A patient who does not feel respected has the duty of saying so and

"A doctor has the duty to know the new drugs so that he may improve his patients' treatments."

AN ITALIAN STORY

If doctor and patient believe in it

In the article Professor Salem reminded us of the story of a girl cured of leukemia although doctors had given up hope and had stopped treatment. In Italy, the first girl was cured of leukemia in 1969 and is still alive, thanks to her doctor's care, but especially to her own extraordinary intuition. Lorena was only 11 years old and did not know why she was so sick when **she stole**

her chart to discover that she had leukemia. At that point, she confronted her parents and the doctor, Professor Giuseppe Masera, with these words: "I am a person first before being a patient. Collaborate with me as well as among yourselves. In return, I will be cured; I promise you." From then on, even in Italy, a bond was born between doctor and patient in the area of

The book that tells the story of Lorena.

children's leukemia. Now Lorena is 48 years old and has two children. She is doing perfectly well. (r.m.)



of demanding attention, and if he does not get it, it is best he go elsewhere. The gravest insult is to be treated like a number. Believe me, in oncology, knowledge without love gives disastrous results, as does love without knowledge. The two have to go together."

Yes, I reflected, but I am in the seventh cycle of chemotherapy and the thirtieth of radiotherapy. Once the patient is in this hell, what can he hope for? Dr. Salem's words came as an answer, "Research. A doctor, especially in oncology, has to continuously keep updated. A specialist, even if famous, is worth nothing if for more than one year he is not updated. Just think that every two or three weeks there are new discoveries in cancer treatment. For instance, for colon cancer, (in the past, one of the most devastating and deadly forms of cancer) four new drugs were released in a period of a few months. A doctor must know of them; he has the duty to treat his patient with the latest and best treatment."

"What you mean to say is that that which does not exist today could exist in one month?" "Precisely," Dr.

Salem answered. "Never lose hope. The road to being cured is long, often full of obstacles. But, a doctor should prolong the life of his patient for as long as possible, because research progresses and from month-to-month there could be new cures for cancer. I have never said the statement, 'There is nothing else to do' and this doesn't mean hiding the truth."

Dr. Salem's words have shaken me. In a way I felt like I had taken advantage of him, having had a free consultation with a scientist of international reputation. While he spoke, he drew perfect graphs of stages between diagnosis and remission. Ironically, hearing him say "never give up" further frustrated me. I felt like saying "That is enough; I am going to stop treatment." But in front of these drawings, pieces of life that Dr. Salem traced like some small stops on a long, but not necessarily painful journey, my strength came back. "A child was dying of leukemia", he said. "Her doctor, (a student of mine), had pulled her tubes out. She told me about it and I answered her, 'You know I do not agree.' She started therapy again. To-

day, this child is 17 years old and her mother has opened a center in Mexico for the treatment of impoverished children with cancer. I could tell you many stories like that."

So, I ask myself, if there are people who truly think they have been cured of cancer, then, why do they put an icon under their pillow (and everyone runs to get that special saint image), why not believe in someone who has treated cancer for more than 38 years? Then I asked him, just as if I were in a consultation, "How important is support therapy?" "A patient must not feel sick," Dr Salem responded, "he must lead a normal life as much as possible. Chemotherapy has many side effects that we fight from the beginning: nausea, fatigue, infections, and above all, depression. Psychological counseling and support are fundamental and should be done every day. The will to make it helps you get cured."

The problem is that cancer is frightening because it puts you in front of the possibility of your own death, but as Dr. Salem explains, "I tell my patients that every one of us is going to die one day. Some patients die from a car accident, not from cancer. You need to lead your life in the best possible way, prolong it as much as possible, and assure yourself of a dignified existence, without ever giving up hope! A person should die only once not one thousand times before he actually dies".