taking your life in your hands

How three women squared off against their illnesses—and their fears

When a man knows he is to be hanged in a fortnight, it concentrates his mind wonderfully." —Samuel Johnson, 1709–1784

When a woman faces her own mortality sooner than she'd expected, her wonderfully concentrated mind may then conclude that her old behaviors—going along with others or yielding to authority—no longer work for her survival.

A male-dominated medical establishment has ensured that men receive better care than women do. One reason may be that research traditionally has been focused on male subjects; for example, there's the long-term research on heart disease that ignored female subjects altogether. So it's no small thing when a woman finds the courage, maturity and willingness to buck the boy's club and stand up for herself and her health.

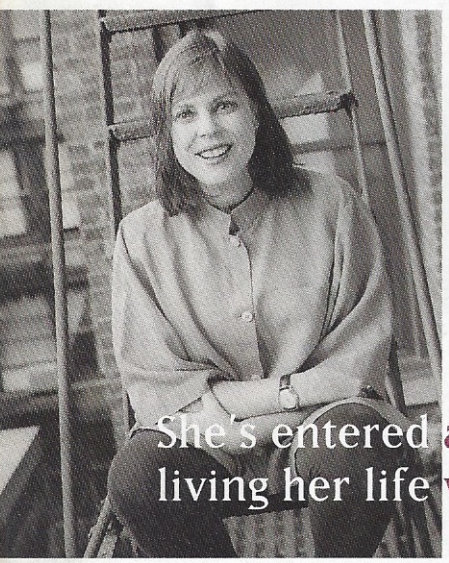
By Nicole Gregory

Illness changed the lives of the three women you'll meet here. They learned to locate the right medical information, demand good care and make important decisions about their treatment. And something beyond all that: They gained revelatory appreciation for life and an almost simultaneous desire to help other women. These women can teach all of us some precious life lessons.

Her own best ally

"I couldn't get anyone to take me seriously," says Kathy Rich, a 39-year-old magazine editor in New York City. At 33, three weeks after her marriage broke up, Rich found a lump in her left breast. "You're too young to have breast cancer," her internist told her. She waited a few months and called again, but the doctor insisted it was nothing to worry about. He never suggested a mammogram. "Look," she remembers his saying, "I'll feel your breasts any time you want me to . . . ."

Finally she went to a surgeon who reluctantly aspirated the lump. It was cancer. Rich required a lumpectomy, the removal of several lymph nodes, then aggressive chemotherapy treatment, after which she was told the cancer was gone for good. "I gave you great care," said the surgeon, when Rich asked if it would return. Thus she entered the scary world of cancer—and of patronizing and cavalier doctors.



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One night, three years after completion of chemotherapy, she had a dream that the cancer was coming back; six months later, her oncologist confirmed that, indeed, the cancer had returned—to her bones and spine.

"I was emotionally numb for a couple of months after that," says Rich. "Then one evening I was watching the Bill Moyers television special *Healing and the Mind*, and somewhere it said that happy people do better. I just decided to be happy." She adopted the philosophies of living one day at a time and changing what she could. "If you let it," Rich says, "this disease can be a teacher."

First, she learned all she could about the metastasized cancer. She found an oncologist who encouraged questions and suggested she think of her cancer as a chronic illness.

At one point Rich had to be hospitalized for two months. She asked friends to stay with her, and they did—round the clock. "My friends came through," she says, "with an incredible outpouring of love and support."

Support from doctors, family, friends or organized groups isn't just helpful, it can be life-sustaining. In a study published in 1989, David Spiegel, M.D., professor of psychiatry and behavioral sciences at Stanford University School of Medicine, found that women with metastasized breast cancer who participated in a weekly support group lived, on average, 18 months longer than those who did not.

Rich was given new medication that halted the growth of the cancer. Surprising everyone, she got better. Today she's in remission and leads a normal life—she works, swims, travels and goes out on dates. She tries alternative therapies, takes some Chinese herbs and meditates with audiotapes that help her relax and visualize a strong immune system.

There is an attractive alertness about her. "Buddhists believe that you only start to live when you face your own death," says Rich. "I feel like I've started to come alive." She's entered a brave new world, living her life with an enviable intensity.

Women like Rich give the rest of us a kind of contact courage. Too many of us are afraid to examine our breasts—or even go for a mammogram—for fear of finding a lump. But what we fear most—becoming a victim—doesn't have to happen. There is plenty that we can do to bolster our health.

"Cancer is not an automatic death sentence," says Rich. "A lot of things influence its progress, like being a fighter." Many doctors agree.

"It is my subjective impression that women with fighting attitudes do better," says Stephen A. Feig, M.D., director of Breast Imaging at Thomas Jefferson University Hospital in Philadelphia. "They seek treatment faster and respond to recommendations quicker. They ask more questions and are better informed."

Besides, today's mammograms are safer and more accurate. "We could reduce breast cancer deaths by 30 percent—and that's a conservative estimate—if women over 40 were screened every year," says Feig.

As her health has risen to top priority, Kathy's focus has sharpened. "I had a miserable marriage, a miserable job, bad relationships with my parents," she remembers. "Now I'm doing work I love, I get along with my mother and father. If I think of something I'd like to do, I don't say, 'Oh that would be nice.' I do it."

Making her own decisions

"I've shrunk two inches in height!" exclaims Beverly Wills, a stunning 65-year-old who lives in a Los Angeles suburb. A former actress, singer and dancer who now works as a dialogue coach for *Murphy Brown*, she has always been active. "In grade school we had calisthenics and gym every day," Wills explains. "At L.A. High, I took track, archery, basketball. I rode the surf out at the beach. In New York, I took dance classes, and when I was in musicals I moved around a lot." So it came as a surprise when, at 56, a bone scan revealed that her bones were as porous as those of an 80-year-old woman.

Regular checkups had shown that her blood levels of calcium had been seesawing for a couple of years. Further tests turned up adenoma, or abnormal growth of one of her parathyroids (a little gland behind the thyroid), which had caused calcium loss and, eventually, osteoporosis, or "brittle bones." When she looked in the mirror and realized she'd lost the first inch in height, Wills agreed with her doctor's recommendation to have the parathyroid removed. "I used to be 5 feet 6 inches, and now I'm about 5 feet 4 inches," she says ruefully. "Imagine being the same weight but a few inches shorter. You get an accumulation of rolls."

The most noticeable effects of osteoporosis in older women are bone fractures and stooped posture. But contrary to popular belief, the condition is not a natural part of aging but a result of very specific factors.

Current medical thinking is that a woman's bones reach "peak mass" between the ages of 15 and 30, and density in most declines slightly every year thereafter. However, if a woman stays active, doesn't smoke and gets adequate calcium in her diet, this decline may not take place until estrogen levels drop rapidly at menopause. Without minimum levels of the hormone, a woman's body doesn't use calcium efficiently enough to keep bones dense. Not everyone agrees, however, that calcium or estrogen supplementation are the panacea. In fact, new research indicates that weight training may prevent bone loss even after menopause for women who do not take estrogen.

Somewhat of a maverick in his field, endocrinologist Bruce Ettinger, M.D., of the Kaiser Permanente Medical Care Program in San Francisco, is outspoken against the hype surrounding osteoporosis, which he attributes in part to drug companies eager to market estrogen and calcium supplements to women—whether they need it or not. "To take estrogen is a complex decision," says Ettinger. "If you start taking it at menopause, you would need to take it for at least 20 years before it would make a difference in combating osteoporosis."

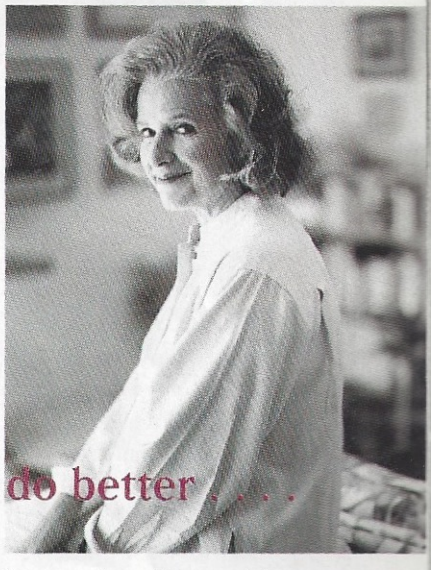
Nevertheless, a recent study conducted by Jane A. Cauley, Ph.D., at the University of Pittsburgh found that long-term use of estrogen by postmenopausal women reduced risk of certain fractures by 50 percent.

"My doctor would like me to take estrogen," acknowledges Wills, but she resists because of reports that it increases the risk of breast cancer. "He claims my chances of dying of cancer are far less than they will be from heart disease. But I'm not afraid of heart problems," she says firmly. "I don't have a family history of that." On the other hand, her mother and father, as well as three aunts and two uncles, have had cancer.

Wills is not alone in her quiet refusal. Since it's possible that estrogen increases a woman's risk of uterine and breast cancer, some just say no.

Many women have learned to be suspicious. They're old enough to remember the medical establishment's endorsements of the synthetic hormone DES to inhibit miscarriage and early, potent versions of the birth control pill; now they know that the former causes birth defects and the latter increases risk of breast cancer. If they've bolstered their bone health throughout life with adequate exercise and calcium, they now question the need for supplemental estrogen to fight osteoporosis—and whether preventing it is worth increasing other risks associated with menopause.

In fact, many women are beginning to reevaluate the experience of menopause itself. For years doctors called it a deficiency disease, associated with loss of sexual desire and depression. They were wrong about that, too. Viewing menopause as a disease invites the use of expensive medications to "treat" it. On a more subtle level, this approach fosters a negative self-image that undermines the power older women may otherwise experience at a time when they are gaining a new kind of freedom. In fact, approximately 15 percent of women pass through menopause with no symptoms at all.



Wills defies every stereotype of the "older" woman, and she's hardly inhibited by her osteoporosis. She works, travels and has put together her own good-health prescription: two-mile walks with her husband, ballroom dancing, vitamin C, frequent visits to the chiropractor, calcium supplements and good overall nutrition.

Women with fighting attitudes do better . . .

Wills has made her choice not to take estrogen, despite evidence of its benefits. Thus far, her self-prescribed regimen is serving her well.

PHOTOGRAPHY RIGHT, SANDRA JOHNSON

Living the good life

Nancy Brown, 45, now knows that she was just plain lucky. When she complained of chest pains, her doctor put her through a number of tests and then gave her nitroglycerin pills. "He said, 'Just to be on the safe side, take these. It could be your heart.' He'd heard of a woman with a heart problem who was not diagnosed properly," says Brown. "I'll always hold that doctor in high regard for being aware. I'll never forget him. He'd been touched by that experience and wasn't going to dismiss me."

As it turned out, Brown's pain was angina and several angiograms showed that she had three blocked arteries. She agreed to angioplasty, a procedure in which the artery is cleaned out by the inflation of a small balloon inserted in the artery. "I was conscious, in a kind of twilight state," says Brown, when unexpectedly one artery collapsed. The surgeon called her husband and daughter into the operating room. "The doctor said 'Nancy, we can't keep it open. We have to operate.' I flipped out. I was only 43! I didn't want my chest cut open." Brown required triple-bypass surgery.

The best way to protect the heart is to live with passion and joy.

Brown is a cheerful, energetic woman with a naturally positive outlook. Still, she was scared. "I got so close to death that now I'm grateful for every day I have." Many haven't been as lucky. For years the only thing women were taught about heart disease was how to make sure their husbands didn't get it. As a problem for women, it went unrecognized.

"There is a big misconception in this country," says Howard Hodis, M.D., director of the Atherosclerosis Research Unit at the USC School of Medicine, "that cancer is the big killer of women. But 51 percent to 52 percent of women will die of cardiovascular disease, and only 25 percent will die of all cancers combined."

Still, Brown knew of no other women who'd had bypass surgery. Recuperating, she was self-conscious about the big red scar that ran right up the middle of her chest. Many muscles and nerves in her chest had been severed. "My breasts sagged," Brown says. "Also, one side of one breast was numb. I had nobody to contact. I wished there'd been a woman to talk to." Although her doctor reassured her that the numbness was to be expected, Brown devised her own weight-training program to "get my normal body back." She also joined a group called Mended Hearts, heart-surgery survivors who talk with others in the early stages of recovery.

"It's so important to let others know that there are women like them out there," says Brown. Because she was young and premenopausal, her case was atypical. Her doctors believe the cause was partly genetic—her father and all her aunts had had heart attacks—but also related to Brown's diabetes, which began when she was 19.

For postmenopausal women, who are most likely to have heart trouble, estrogen replacement therapy is often recommended. It's prescribed to help keep the "bad" cholesterol down and the "good" up while strengthening the lining of the arteries. But estrogen is not the only answer. Lowering fat and raising the fiber in one's diet, exercising, giving up smoking and reducing stress can decrease the risk of some heart disease. Enjoying life and being happy may strengthen one's overall health, too.

"I've come to believe," writes holistic physician Christiane Northrop, M.D., in her book *Women's Bodies, Women's Wisdom* (Bantam Books, 1994), "that the best way to protect the heart is to live with passion and joy."

Nancy Brown is doing all of the above. "I always had a busy life, but I didn't exercise regularly. Then my husband and I discovered country western dancing," she says. "We go out three times a week, and because my daughter is grown, we can stay out late."

To keep our hearts healthy, we need to slow the pace of our busy lives or reduce our workloads to make time for ourselves. This, however, goes directly against our socialized role of nurturing everyone else before we nurture ourselves. The fact that women take care of so many others—children, husbands, parents, even coworkers—without making demands in return also means they often don't have support after heart surgery, possibly contributing to their higher postoperative mortality rate.

Brown now conserves her energy, saving it for what's important. "I've learned how to say no—to activities, events, things around the house. You can't ruin yourself. When I say no, I'm sorry if I disappoint somebody, but my life is important to me."

At a 1993 conference on Women and Heart Disease sponsored by the American Heart Association, Sue Penckofer, Ph.D., R.N., associate professor at the Department of Medical-Surgical Nursing at Loyola University in Illinois, addressed this very issue. "Maybe a good rule of thumb is to advise all of our female bypass patients to do the following: As you're recovering, just relax, put your feet up, have people bring you things . . . you know, pretend you're a man."

Nicole Gregory is a senior editor at *Living Fit*.

PHOTOGRAPHY LEFT, TED RICE