

## Suburban Life

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# Politics of Breast Cancer

## 'Betrayed' says cancer victim

By Lorraine McClish  
staff writer

**T**WO AREA WOMEN, both with breast cancer, relived the most painful part of that experience when they told their stories in court.

"I was betrayed," said Farmington Hills resident Jean Moraskey. "That doctor was my OB-GYN for 20 years and he delivered the last two of my four children. When he told me the lump I discovered in my breast was a muscle, I trusted him."

"I thought the world of that doctor, and kept on thinking that all the while he was telling me there was nothing to worry about," said Livonia resident Jean Carriere, who suffered an unbelievable series of medical negligence that resulted in a three-year delay of treatment.

Both women reported their suspicions to their doctors and both said they were ignored. Both sued for malpractice and won. Both say the money they got was incidental to what they suffered because a proper evaluation of the matter was not made at the onset.

"There is no amount of money that is going to replace mama," Moraskey said.

"Money is not the issue here and never was," Carriere said. "The message I have for every woman in the world is: Get a second opinion. Or a third if you think that is necessary."

"Now I'm being told that the cancer has spread to my blood. This would never have gotten this far if I hadn't waited so long to get a second opinion."

IT WAS TWO years after Moraskey was told the lump in her breast was a hard muscle that her husband said she could proceed with plans to have plastic surgery as a Christmas gift.

While she was in the plastic surgeon's office listening to another patient talk about a breast implant she was reminded of the lump in her breast, and mentioned that to him.



JERRY ZOLYNSKY/staff photographer  
Jean Moraskey of Farmington Hills testified that her physician told her the lump in her breast was a muscle.

"He ordered me to get a mammogram immediately, but the mammogram didn't show a thing even though the tumor had doubled in size — and we eventually learned it had spread to the lymph nodes," Moraskey said.

After that she underwent a biopsy which gave very bad news. Then she had a lump removed, but that was ineffective because the cancer had already advanced to the chest wall. After that came the mastectomy.

"Every one of my grandparents and great grandparents died of old age. I am one of six daughters and we are all very healthy. I've always been athletic and always been healthy. I could not believe I had cancer. I could not believe I was losing a part of my body. I guess most of all I could not believe that the doctor I trusted for so long gave me a pat on the back and said 'You're okay' and sent me on my way."

"This all happened in a very short time and for a lot of that time I was in total shock."

Moraskey has been cancer free for



2 1/2 years now, and because she has always been healthy, she shunned both chemo and the radiation treatment.

ments in favor of relying on her own immune system.

**CARRIERE'S PROBLEM** began with a routine mammogram that showed suspicious cells, but her doctor ordered no follow-up tests. Nine months later she reported a lump to him, a second mammogram was ordered, but she was told there was nothing to worry about.

Neither did the radiologist order any follow-up tests, despite reporting that he found an "area of suspicion" that strongly suggested a malignant tumor.

Another two months went by. A sample of her breast cells were taken and she was told she had a benign cyst. At the same time her doctor put her back on estrogen pills, which she believes contributed to the spread of the cancer.

"Something told me I shouldn't be taking those pills and now I'm taking an anti-estrogen pill — so there was some connection," she said.

Then one of her nipples retracted. Her doctor told her to see a surgeon if she wanted to, but there was really nothing to worry about.

It wasn't until six months after that when she was in an emergency room being treated for an asthma attack that a doctor noticed her nipple, and she was ultimately diagnosed as having malignant cancer.

Since then the cancer spread to her hip and she had a hip replacement.

"I REFUSE TO worry about cancer now," Moraskey said. "I love life. There are not enough hours in each precious day."

"I am telling my story again publicly to tell women to be more aggressive in dealing with their doctors. I want them all to know what their rights are and use them."

"My lifestyle sure has changed," Carriere said. "No more skiing. No housekeeping at all with the hip. I just don't do too much any more. But I'm not listening to any doctor telling me how many days or months or years I have to live. I just won't listen to that."

## Research dollars politically driven says physician

By Carolyn DeMarco  
staff writer

**L**OOK AROUND you in your church or temple service this weekend. Say of the 400 persons there, roughly half are women — maybe 200. Statistics provided by cancer researchers reveal that 20 of those women, whose names you probably know — 10 percent of the group — have or someday will have breast cancer. And five of them will die of it.

On a grander scale, an estimated 150,000 new cases of breast cancer will be diagnosed this year in the United States and 43,700 victims, almost exclusively women, will die because of it.

Contrast those statistics with that of a newer, much more publicized medical dilemma, AIDS. The National Center for Health Statistics estimates 13,739 persons die of AIDS each year, half the number of breast cancer casualties. Despite the num-

bers, the annual U.S. government research funding provided AIDS researchers with \$1.1 billion last year. And \$77 million went specifically for breast cancer. (All cancers totaled had 497,220 deaths and \$1.4 billion in government research dollars.)

**LACK OF** political clout causes the inequity, said Dr. Thomas Doyle, oncologist at Henry Ford Medical Center — West Bloomfield. "The distribution of dollars is driven politically. There is need for research in AIDS. Right now AIDS has the public's eye. It's contagious. Cancer is not contagious. Maybe there's a fear factor there. I have family members who are nurses that are scared to death to get AIDS. AIDS is a terrible disease, but cancer also needs attention."

Getting that attention is difficult, Doyle said. "I'm (as a physician) unable to gather political clout. This is a public issue. There is little the medical community can do. It's driven by the public."



Dr. Thomas Doyle, oncologist at Henry Ford Medical Center in West Bloomfield, looks at X-ray with nurse Cheryl Fairbrother.

"There are insufficient dollars going into cancer research and we are impeded by reduction in spending, but that's my opinion, not fact. Where are the dollars going to come

from. What other areas should be sacrificed? Defense? Indigent medical care? Education? These are all choices that have to be made by the public. The public should choose how

the money is spent. "It's a problem of lobbying. Do we spend for Desert Storm or education or breast cancer? It's beyond the scope of the medical profession."

**DOYLE SAID** while twice the women (1 in 10) were diagnosed with breast cancer in 1990 as opposed to 1960 (1 in 20), more women are surviving. The growing incidence is partially explainable, Doyle said.

"Women are living longer in general. It's being detected more frequently. Years ago they died of other things before they knew they had cancer. There is more screening and individuals are more aware (of the signs and need of detection of the disease)."

Doyle said the good news for women is, "The majority is curable if detected at any early stage" and the mammogram is a cost-effective tool that does just that.

Unfortunately, Doyle said, poor women are not getting mammograms. "These are the same people

who aren't taking blood pressure drugs because they don't have insurance coverage or delaying surgery. Other things come first. At the time you do what you have to do."

**THE BEST** defense is still the self-examination, he said, "and the breast self-exam costs nothing." A self-exams, a mammogram and a physical exam should be used collectively, he said.

"None of this new. This is years old." What is new, Doyle explained, is research on the drug tamoxifen, now widely used in hormone treatment, as a future breast cancer prevention tool. Studies have been taking place in Great Britain for a decade and have begun in the U.S. Doyle said.

"I don't mean it should be used to prevent at this time but that it should be studied as an effective treatment."

The solution seems to lie in research dollars.

## Breast cancer patients now telling it to the judge

By Shirlee Rose Iden  
staff writer

**ATTORNEY** JILL EIKENBERRY, who plays attorney Anne Kelsey on LA Law, spoke for herself and other breast cancer patients recently when she asked Congress to allocate more money for research on the disease.

In a report on "The Politics of Breast Cancer" a team of Newsweek Magazine writers declared that voices of anger are being raised all over America. "After decades of private pain and quiet resignation, breast cancer patients are taking their struggles out of the operating room, into the courtroom and into the streets."

Their anger is aimed at the system, the medical establishment, doctors and the insurance industry. They are speaking out, talking back and even suing physicians for breast cancer malpractice.

**ABOUT** 150,000 American women will be diagnosed with breast cancer this year. Upwards of 40,000 will die of the disease. The newest statis-

tics warn that one in nine women will be found to have cancer in the breast some time in their life. Just 30 years ago the figure was one in 20. Some call this epidemic, and it just gets worse.

Another telling statistic that incenses women is that the U.S. government will spend in the neighborhood of 10 times as much money this year on AIDS research (\$1.1 billion) as it will on breast cancer research despite the numbers which confirm that breast cancer has taken about six times as many lives in the past decade.

Kenneth and Elliot Stern, brothers who practice in a Southfield law firm, agree that there is a serious discrepancy in funding for research in male and female diseases. Specializing in medical malpractice, the firm handled more than 40 breast cancer malpractice cases last year.

"**THE INCIDENCE** of these cases is very definitely increasing," said Kenneth Stern. "There are some very hot areas for women including breast cancer, Ob-Gyn and, increasingly, heart. There are instances of physician neglect. There should be compensation."

A Southfield-Lathrup High School graduate who grew up in Southfield, Kenneth Stern received a BA degree from Wayne State University and a law degree from Detroit College of Law. He became interested in personal injury (tort) law while clerking in an area law firm and now specializes in medical malpractice.

"Physicians recognize specialists, but not lawyers usually," said Elliot Stern who is both physician and attorney. Also an S-L graduate, he went on to Wayne State University, medical school at Michigan State and law school at the University of Michigan.

Breast cancer cases just came along with medical malpractice suits for the Sterns' firm.

"There are a few patterns in these cases," said Elliot Stern. "Most commonly a lump is discovered, a mammogram done and nothing is found. He alleges that 20 percent of mammograms are wrong or misread."



Attorney Elliot Stern has both medical and law degrees. With his brother, Kenneth Stern, he specializes in medical malpractice. Both attorneys, who practice in Southfield, believe that women injured through neglect must be compensated.