

DOING WELL *at* BEING SICK

Living with Chronic and Acute Illness

Wendy Wallace



DISCOVERY HOUSE

P U B L I S H E R S *

©2010 by Wendy Wallace
Discovery House Publishers is affiliated with RBC Ministries,
Grand Rapids, Michigan.

Discovery House books are distributed to the trade exclusively by
Barbour Publishing, Inc., Uhrichsville, Ohio.

Requests for permission to quote from this book should be directed
to: Permissions Department, Discovery House Publishers, P.O. Box
3566, Grand Rapids, MI 49501.

Unless otherwise indicated, Scriptures taken from the Holy Bible,
New International Version®, NIV®. Copyright © 1973, 1978, 1984
by Biblica, Inc.™ Used by permission of Zondervan. All rights
reserved worldwide. www.zondervan.com

Interior design by Sherri L. Hoffman

Library of Congress Cataloging-in-Publication Data

Wallace, Wendy Drew

Doing well at being sick : living with chronic and acute
illness / Wendy Wallace.

p. cm.

Includes bibliographical references and index.

ISBN 978-1-57293-387-3 (alk. paper)

1. Sick—Psychology. 2. Chronic diseases—Religious
aspects. I. Title.

R726.5.W353 2010

616'.044—dc22

2010020608

Printed in the United States of America

10 11 12 13 14 / 10 9 8 7 6 5 4 3 2 1

Contents



<i>Acknowledgments</i>	9
<i>Preface</i>	11
<i>Chapter One: Admitting You Are Sick: What Happens Next?</i>	13
<i>Chapter Two: Developing An Attitude of Gratitude</i>	33
<i>Chapter Three: Our Being Sick Affects Our Families</i>	45
<i>Chapter Four: Our Being Sick Affects Our Friends</i>	73
<i>Chapter Five: Relying on God</i>	89
<i>Chapter Six: Working with Your Doctors</i>	107
<i>Chapter Seven: Dealing with Hospitals</i>	131
<i>Chapter Eight: Living with Pain</i>	153
<i>Chapter Nine: Changing Life Attitudes</i>	177
<i>Chapter Ten: Strength for Today and Bright Hope for Tomorrow</i>	205
<i>Appendix A: Resources to Use in Doing Well</i>	217
<i>Appendix B: Becoming Real to Your Medical Team</i>	231

Chapter One



Admitting You Are Sick: What Happens Next?

You will learn:

- to ask questions until you have answers that will help you face challenges
- to apply God's grace to your medical care
- to accept God's sovereignty over your health
- to embrace new tasks for your new self
- to believe that you can do well at living with sickness

*Through many dangers, toils and snares
I have already come;
'Tis grace hath brought me safe thus far,
And grace will lead me home.*

~JOHN NEWTON



The green lines varied little as they ran across the television screen, but they fascinated me. This was my heart beating, something I had taken for granted until a few hours earlier.

I ignored the chest pains when they started the day before. I had spent the week in a small town outside of St. Louis running a training group for executives of a large corporation. I thought I was having a bad reaction to a new allergy medicine and asked my training partner, Ralph, to take over our group while I took some antacids. The antacids didn't work, and the pain got worse. Just after midnight Ralph put me in the rental car and took me to the emergency room of the local hospital.

I have always had a high pain tolerance. Once, when I was a little girl, my mother stuck a thermometer in my mouth to keep me quiet while she nursed my sister's flu and discovered that my fever was four degrees higher than my sister's. The ER doctor asked me a standard set of questions, and by the time he finished I felt like the proverbial elephant was sitting on my chest. I tried to remain calm to help the doctor in diagnosing my pain, but when he asked me to rate it from 1 to 10, I said 10, the worst I had ever experienced, including childbirth.

The doctor didn't believe me. He told me that I had indigestion and should go home and get a good night's sleep. I started to cry, feeling hopeless to explain to this man what the situation really was inside my body. Ralph took the doctor aside. "I know this woman very well. If she says she is in pain, she's in pain," he told the doctor. "You *will* admit her." Ralph's calm insistence coupled with his 6'6" presence saved my life.

The doctor reluctantly agreed that he had much to lose if he was wrong and little to lose if Ralph was wrong. The only bed available at the time was in the intensive care unit. The moment the nurses hooked me up to the monitors, the ICU staff jumped into action; I was having a major heart attack.

By the time my enzyme levels came back from the laboratory several hours later, thirty percent of my heart had essentially died.

Early that morning I called my family in Michigan. My fifteen-year-old son, Mark, answered the phone, and I asked for my husband, Rick. Mark said Dad had left for work early that morning, so I had Mark wake our daughter, Carey. It was Carey's eighteenth birthday, and I was supposed to be flying home in a few hours to celebrate. Instead we were having a conversation I never dreamed we would have.

Carey sounded sleepy and a little grumpy. "Are you still going to be home in time for my birthday dinner tonight?"

"Actually, that is why I am calling. I am in the hospital having a heart attack, but I am okay. I love you all." We cried and talked for a few minutes until I said, "I think I'd better call Dad now." When I reached him at the office, Rick excitedly started to tell me about a great development at his work, but I interrupted to tell him about the heart attack. He called the kids, told Carey to pack some things for him, and caught the first plane to St. Louis, alternately praying and crying the entire way. When he arrived at my bedside, I burst into tears, told him I loved him, and made him promise me to take good care of the kids if I didn't live. He, of course, promised, but I wasn't satisfied. "Really listen to them. Don't sort the mail while they are talking to you." Funny the things that seem important when you are facing death with someone who loves you.

The small hospital called their internal medicine specialist, who had trouble stopping the heart attack. The typical treatments only slowed the damage, and portions of my heart continued to die from lack of blood flow. Ralph spoke with Rick by phone as Rick was traveling to reach us, and the two of them discussed airlifting me to St. Louis for better care. Only one cardiologist practiced in the town, a doctor who was leaving for a month's vacation in India the next day, and we

requested he be brought in. Rick arrived, and he and Ralph prayed for my healing.

The minute the cardiologist entered my room, he began to bark orders for changing my treatment. He will probably never win prizes for positive bedside manner, but we are very grateful that he stopped the progress of the heart attack before he left town. God answered our prayers through his expertise.

After alerting friends and family, Carey and Mark flew to St. Louis and arrived at the hospital later that same day. We spent the next week watching the green lines on my heart monitor screen together. I was delighted when I moved from the ICU to a regular room. Having Rick and the kids by my side was the best medicine I could have, and I finally got well enough to fly home. None of us ever wants to visit the St. Louis area again.

Home Again

We all started to relax when we got on the plane back to Michigan, but our relief lasted less than twenty-four hours. The next day I had a second heart attack. Rick broke the land-speed record rushing me to the University of Michigan Hospital, where the doctors tested me extensively and recommended a cardiac catheterization. I remember feeling strange watching the inside of my heart on a computer monitor.

The catheterization should have been a relatively routine test, but as one of my doctors said since then, “I’ve learned that if something can go wrong with your treatment, it probably will.” I was allergic to the dye that they used to illuminate the arteries. Only minutes into the procedure, I developed enormous hives, and my entire body ballooned.

My eyes swelled shut, and I began to suffocate as my trachea closed. My arteries must be especially photogenic, because as I struggled for breath and the attending nurse reported my increasing symptoms, the doctor kept saying, “Just a few more

pictures.” Finally, at the insistence of the nurse, he gave the order to administer epinephrine to stop my allergic reaction. Then the staff discovered that they had no epinephrine in the procedure room. I thought to myself, “This is a really stupid way to die after all I’ve been through,” and then panicked as the nurse ran to the next procedure room for the medicine. I was still gasping later when they wheeled my stretcher into the hall to wait for transport to my room. I squeaked out, “I can’t breathe,” but the staff member dismissed me with, “You’re going to be fine,” and left me there alone.

By the time I got back to my room, I looked like the Pillsbury Doughboy; I was so swollen that I could not move at all and could barely speak. My rheumatologist, Joseph McCune, came in, greeted me briefly, and left quickly. As he walked down the hall, I could hear him shouting, “What have you done to my patient?” I was delighted to be in his care since I could not speak for myself.

I recovered from the heart attacks and dye reaction in the hospital for three weeks and did very little for the rest of the summer. Dr. McCune and the outstanding cardiologist he had recommended for me, Dr. Rubenfire, determined together that my heart attacks were caused by vasculitis, a rare complication of lupus, a disease Dr. McCune had recently discovered I had. They decided to try a six-month course of a special chemotherapy regimen to put the lupus into remission.

From July through December, I went into the hospital for three days a month: one day of preparatory medicines, one day of infusion, and one day of recovery medicines and fluids. The nurses dressed in hazardous materials outfits to carry the poisons they were hooking up to my IV, and we joked about my glowing in the dark after treatments.

Rick and the kids spent most of the days with me, alternating visits. When we got tired of puzzles, we invented a game watching the cars at a stop sign outside my window. As the cars

approached, we bet on which of them would stop completely, which would pause slightly, and which would just drive on through. My family and friends prayed for us. We did not completely foil the lupus, but I did not have any new heart symptoms for a year. At the time I did not realize that my adventures in the world of medicine had just begun.

Admitting I Was Sick

I can understand now why the St. Louis emergency room doctor hesitated to admit me. I had none of the ordinary risk factors for heart attack. I exercised and was not overweight, had never smoked, did not drink, was only forty-seven years old, and had low cholesterol levels. I lived on a diet of health food and had taken vitamins for decades. In fact, my daughter later quipped that the heart attacks must have been caused by a diet of broccoli and brown rice. But we had recently discovered that I had lupus, a disease that can attack the heart no matter how clean your living has been.

Until my forty-fifth year, I boasted that a bottle of Tylenol usually expired before I finished it. I did not have headaches, didn't allow myself to sleep in, and never missed work. I was raised in a family environment that had stoic tendencies, and we simply didn't give in to little things like illness. If we complained of aches and pains, my parents might say "Big deal!" or "Get over it." As a result, as an adult I often overlooked or ignored signs that my health was failing. Finally, however, my body would not let me ignore them.

When I was eighteen I began to have fainting spells, fevers, extreme exhaustion, and joint pain. I seemed to have a terrible, long-lasting case of the flu. My family doctor discovered that my white blood cell count was dangerously low and ordered me to bed. So I spent the winter of my senior year in high school resting, getting up only for meals, doctor's appointments, and blood tests that showed slow but steady progress. I felt lonely

and sad to miss these last days of high school with my friends. My doctor finally succumbed to my begging him to allow me to begin college in the fall, but I became very ill in the first two months and had to drop out in October. I was so weak that I could barely walk through the administration building to complete the forms the university insisted I fill out in person.

Throughout my adult years I had similar flu-like periods. Doctors puzzled over the symptoms and never managed to name the disease. Rest, again, was the only suggested treatment. Eventually I would recover and return to my normal routine.

At age forty-six I could no longer ignore my body's symptoms. I remember waking up in the morning so tired that I cried to think of going to work. Every part of my body ached. Strange rashes appeared on my face. Spots appeared and disappeared in my mouth. I wondered if I had a tumor or brain disease because, when I was exhausted, I would do things like drop the car keys into the trash can while, with my other hand, I put the trash onto the kitchen counter. Finally, the swelling and pain in my joints became so bad that I could no longer write on the board or my students' papers in the college classes I was teaching. I took a leave of absence for a semester to rest and try to find out what was wrong with me.

I visited physical medicine and rehabilitation doctors, internal medicine specialists, dermatologists, and endocrinologists. They treated my symptoms but never really found the cause. One doctor with a particular lack of insight looked over my chart and said, "Mrs. Wallace, are you depressed? If I had all the problems you have, I'd be depressed." I had spent twenty years as a counselor and knew that my symptoms were not in my head. Her dismissal of my medical condition was ludicrous, and she later told me she was astonished when she heard I had lupus. Ironically, at the same time that I was struggling to help doctors understand what was happening to my

body, I shared very little with family and friends about the intense pain that I was experiencing.

During my leave of absence, through a chance occurrence that some might label providence and some God, my neighbor Nancy noticed I was limping and asked me about it. I shared some of my story with Nancy, who had lupus, and she suggested that I might have lupus also. I had heard of this disease but knew nothing about it. Nancy recommended her doctor, Dr. Joseph McCune, who was expert in lupus and known for his diagnostic skills.

In September 1991 Rick and I met Dr. McCune and were finally on our way to learning why my health had fluctuated so wildly over the years. Nancy's hunch had been correct, and I did, indeed, have lupus.

Lupus, an autoimmune disease, causes the body's defense system to become hyperactive, attacking its own organs and tissues like it would attack a virus or bacteria. Typical symptoms include arthritis, exhaustion, kidney failure, skin rashes, inflammation of the lungs or heart, blood clots, and neurologic disorders, but those of us who live with it have learned that lupus can do whatever it decides to do whenever it decides to do it. We learn to live with daily pain and exhaustion and to cope with what seem to be an endless succession of major and minor medical complications. More than one million Americans live with lupus, and the five-year survival rate has soared from fifty percent in 1955 to about ninety percent today due to new treatments. There is no cure for lupus, and those of us who have it will ultimately die of it or from the medicines we take to control our symptoms.

Strange as it seems, I felt relieved at discovering this. I now know this is a common response. Many of the chronically ill have wandered around the medical world being poked and prodded and not helped for so long that they feel good having their disease defined, even if the diagnosis frightens them.

Now I could read about my enemy and learn the best ways to fight it. Now I could stop looking for the answer to *what* and start learning *how*. As the battle began, I could plan my campaign. I have had many ups and downs in my battle for health during the years that followed my diagnosis, and I have learned much about how to win the skirmishes that I would like to share with you.

I did not live happily ever after with no headaches. In fact, my physical health has continued to deteriorate in many ways. Dr. McCune prescribed medicines to control my symptoms, and by spring of 1992, shortly before my first heart attack, I was walking up stairs at a normal pace, rather than with two feet on each step and dragging myself with my arms on the railing. I could get up in the morning without crying. I felt very encouraged. Unfortunately, however, the stress of the lupus added to the stress of the full-time work I was doing at the time had combined to cause the heart attack in St. Louis.

The Saga Continues

After my first two heart attacks and the chemotherapy, I recovered but still did not feel well. In January 1993 we discovered that my gall bladder was severely diseased, and my surgeon removed it in February. This surgery seemed like an answer to prayer because it was relatively easy to handle compared to heart attacks, dye reactions, and chemotherapy.

Yet I continued to have persistent chest pain. Further testing showed a small spot on my lung. Dr. McCune explained that lupus patients often have lung infections and ordered a needle biopsy of the spot. He was leaving town the next day to present a paper at a national conference and, in his typical thoughtful way, had arranged for a pathologist to review the biopsy immediately so that he could arrange my treatment before he left.

Admitting You Are Sick: What Happens Next?

We were all amazed by the result: with tears in his eyes, Dr. McCune came to the post-op room and told us that I had large-cell lung cancer. We had begun to understand the enemy we faced in lupus, but we were completely unprepared to fight a battle against cancer at the same time. Within minutes we all had tears in our eyes. For days afterwards I would begin to cry spontaneously, angry that this invader was growing in my body. Wasn't having lupus and heart disease enough for one family to handle?

I still don't know how he did it, but before he left that day, Dr. McCune arranged for further testing as well as for me to meet with a pulmonologist, who read the tests, told us that my tumor seemed to be contained, and suggested that I had a good chance of recovery. Within days I met with the thoracic surgeon who would later remove my left lung. Because of my two recent heart attacks and gall bladder surgery, the doctors agreed that I still needed a few weeks to heal before this next major operation. This wait provided a challenge for me: to know that I had cancer and do nothing to stop it for some weeks forced me to rely on my belief that God's timing is always perfect, no matter what it may seem at the moment.

On the last day of March 1993, the surgeon removed the large lobe of my left lung, and I began the long and painful process of rehabilitation. The therapist came into my room the day after surgery with a device I was supposed to blow into to build up my remaining lung. She said, "This will hurt unbelievably, and you will not want to do it. But if you don't, you will never regain your ability to breathe well." Somehow her honesty helped me to do what I needed to do, often with tears running down my face, and recover as fully as I could. When not exercising I would lie as still as possible and pray for the days to pass quickly, knowing that it was only a matter of time before my body healed.

As hard as this was for me, I truly believe it was more difficult for my family, having to see me in pain with every movement and unable to do anything to stop it. The positive prognosis lifted our spirits: the surgeon removed all of the tumor and surrounding tissue and found no cancer in any of my lymph nodes! I remain free of lung cancer seventeen years later, thank God. Every year I bake a cake for the surgeon, Dr. Orringer, and his staff to celebrate my lung-cancer-free anniversary.

As my lung healed, my doctors expected that all of the pain in my chest would disappear, but it didn't. So they scheduled a colonoscopy. In June 1993 a wonderful gastroenterologist, Kimberly Brown, found a large tumor in my colon. Dr. Brown told me that more surgery would be required. Again, the operation was postponed until I had sufficiently healed from the surgery on my lung.

In August 1993, Dr. Eckhauser successfully removed the tumor and eighteen inches of my colon. The day of my discharge, Rick had to be out of town for a conference, so the kids came to pick me up. After waiting together all morning for my paperwork to be processed, Carey gathered my belongings and Mark went to retrieve the car. As Carey wheeled me out into the hallway, I began to have chest pains. I wanted to go home anyway, but Carey refused to budge. I reluctantly returned to the desk clerk and told her I was having chest pains. Without looking up from her paperwork, she replied, "All of the doctors are at lunch right now."

Carey was furious. I almost started laughing at the absurdity of the situation. Who has a heart attack in a wheelchair on the way *out* of the hospital? I wouldn't have believed it myself except that it was happening to me. But by this time the chest pains were severe and too familiar. I calmly asked the desk clerk to page a doctor immediately.

The doctors who had taken care of me for ten days had officially discharged me moments before. So a cardiology

resident who had never met me responded to the page. The resident was a poor listener, pompous, and overbearing. He seemed more upset about this interruption to his day than he was about my symptoms. "I am confident," he said, "that you are not having a heart attack."

By this time, I not only had chest pain but the classic electrical impulses down both arms that I had experienced before. I was absolutely confident that I was having a heart attack. I had been perfectly calm, assuming that the doctor would treat me appropriately and stop this heart attack. When he dismissed my symptoms instead, I became insistent. "I am not going to lie here in front of my children and die needlessly," I said. "You will begin IV nitroglycerin on me immediately, or I may create a real problem." To keep me quiet, the resident hooked me up to a nitroglycerin IV and ordered the heart enzyme tests. When the tests came back several hours later, they showed a significant heart attack in progress.

Once again Rick rushed to the hospital and informed Dr. Eckhauser's team about my heart attack and the resident's response. Dr. Eckhauser's team, who knew me well, arranged for me to be placed back in their care in the surgical ICU. They stopped the progress of the heart attack, and I slowly recovered.

The next day, when my cardiologist visited me in the ICU, I told him about my experience with the resident, and he was incredulous. "What did he think was happening?" he asked. He forced the cardiology resident to come to my room and apologize for his behavior. But his audacious apology consisted of telling me, "I would have bet my medical license that you were not having a heart attack."

"If you had done that," I responded, "you wouldn't be practicing medicine today." Dr. Rubenfire also wrote me a prescription to carry with me at all times: "Mrs. Wallace is subject to MI caused by vasospastic spasm. She responds well to IV nitroglycerin and should be started on this as soon as possible." Showing

this prescription to emergency room doctors has helped to save my life during four subsequent heart attacks.

The overwhelming majority of physicians who have treated me have been both caring and competent. Occasionally, however, I have found doctors whose egos have outstripped their common sense. I could understand the emergency room doctor not catching my heart problem, since the only risk factor I had was lupus, but only arrogance explains a doctor who will not listen to a patient who has already lived through two heart attacks and knows what they feel like. When we encounter this arrogance or lack of understanding, we must stand up to it and insist on the treatment we need. In chapter six I will discuss ways to develop relationships with physicians so that you can work together at doing well.

What I Learned

At first I was angry at the cardiac resident's carelessness and other mistakes people have made in my care over the years. But I have learned to let these situations go and use them for good. The first step in this process was to recognize God's grace toward my own errors and extend it to others. David, a man after God's own heart, also was a man who needed forgiveness. He reminds us of this great truth in Psalm 103:

*He will not always accuse,
nor will he harbor his anger forever;
he does not treat us as our sins deserve
or repay us according to our iniquities.*

*For . . . as far as the east is from the west,
so far has he removed our transgressions from us
(vv. 9–10, 12).*

Most medical personnel work extremely hard to keep us as healthy as possible. But they all make mistakes along the way,

and we need to forgive them. When I think of myself daily as a sinner in need of grace, I have impetus to forgive others, no matter what the sin. Thank God I have never caused another person's death or disability, but I know that I might have. Realizing this humbles me and saves me from the constant, draining pain of anger and seeking for vengeance. When I give up the anger, I gain energy to do what God wants me to be doing with the additional days He has given me.

Second, God has blessed me with the knowledge that nothing that happens to me is beyond His control. I can trust that if it would be better for me in the long run not to experience something, God's power can accomplish this. I am in His hand and am loved by Him, no matter what. The circumstances in which I find myself afford me opportunities to trust in Him, to learn about Him, and to grow to be more in character like Him. With the psalmist, I can honestly say, "It was good for me to be afflicted so that I might learn your decrees" (119:71), and "I know, O Lord, that your laws are righteous, and in faithfulness you have afflicted me. May your unfailing love be my comfort, according to your promise to your servant" (Psalm 119:75-76).

Third, I have learned that God has a new task for me. Part of my job now is to help people who live with chronic illness and their loved ones to learn from their experiences. Although my illness prevents me from working outside of my home, I find that God continues to give me assignments. After a lifetime of good health, a neighbor needs counsel when doctors discover cancer. A friend asks me to speak with someone who is still struggling to find a diagnosis for a set of symptoms. A pastor refers a couple having difficulty relating to the elephant in the living room that is sickness. A medical student wants to know how to become a really good doctor. God has uniquely fitted me, by academic and professional background as well as through some of my most difficult life experiences, to help

these people. I praise Him for providing this work for me and help for them.

Accepting Your Situation

Why is it so difficult for us to accept that we have an illness that is affecting our lives? For me the first barrier was my irrational self-confidence. I had always felt independent, especially before I put my faith in God. My first line of defense was to ignore what was going on: if I didn't talk about it, maybe it wouldn't exist.

Two heart attacks in eight days smashed this myth, and I moved to a second stage in which I accepted the fact that my body had a problem, but I believed I could eliminate that problem with diet, exercise, and medicine. If I could fix what I was now forced to admit was going on in my body, then I could begin again to ignore it and continue to achieve my various agendas. I approached this just as I would approach a problem at work or home: rational behavior coupled with my tenacity would take care of this annoyance.

In all of life's difficult situations, God often allows us to stew in these stages until we are ready to accept the fact that He has been in control all of the time. My lupus did not surprise God. All along He has been much more interested in my spiritual growth than in my physical healing. I have had a great deal to learn, and He took the time to teach me because of His deep love for me. What happened next shows the process of teaching and learning about gratitude, relying on God, living with pain, changing life attitudes, and finding strength and hope in the midst of difficulties.

What Does It All Mean?

My body no longer works as well as it did seventeen years ago. In the two-year period I have just described, I was diagnosed

Admitting You Are Sick: What Happens Next?

with lupus, heart disease, gall bladder disease, lung cancer, and colon cancer. Since that time, I have had or still have:

- bladder cancer
- sclerotic mesenteritis
- trigeminal neuralgia
- peripheral neuropathy
- debilitating arthritis
- chronic spinal disc problems
- numerous tendon and muscle tears
- loss of balance due to inner ear damage
- double vision
- Sjogren's syndrome
- gastroparesis
- GERD
- esophageal spasm and erosions
- endometritis
- bursitis in hips, knees, and shoulders
- Plantar fasciitis
- Morton's neuromas
- de Quervain's syndrome
- tendinitis
- repeated skin cancers requiring surgeries
- asthma
- a host of other maladies

The last time an intern finished taking my history, I told him that I was really just a test patient who was there to see if he was gullible enough to believe my story. When I lay it out sickness by sickness, I am overwhelmed myself. But I continue to live through new unexpected diagnoses and have learned to do well at being chronically ill while coping with acute illness when it arises.

Rick likes to point out that God wants us to love Him with all our heart, soul, mind, and body. These illnesses have

affected only my body; my heart, soul, and mind are still readily available for loving God. Since loving Him and His other children remains our major task here on earth, I am still in good shape. I rejoice in being able to carry out this assignment. Even at times when I am not able to walk or care for myself physically, I can pray for others in confidence that my heavenly Father listens and hears.

In addition to this blessing, I am able to participate remarkably fully in the world most of the time. I can walk by myself, sometimes with a cane. Most days I still cook, play the piano, and use a computer. I watched my children graduate from high school, college, and graduate school. I occasionally have the energy to attend concerts to watch them play music. Our small Bible study group meets weekly at our house, and I usually make it to church. I love to bake and send treats to friends, family, and Rick's students. I talk to friends and family daily. People love me, and I love them.

I spend a lot of time hanging out at hospitals and doctors' offices and often see people who struggle with much more difficult physical problems than mine. I do not have diabetes or liver disease or kidney failure or congestive heart failure. My lungs function remarkably well, considering my struggles with lung cancer. I have so much to be thankful for!

I am a person who has illnesses, but illnesses do not define me. God defined me before I was born. My life is full of fun, and yours can be as well, whether you are a person facing illness or the loving caregiver of a person facing illness. I hope to use my experiences to teach you about navigating the health-care system, managing family and friendship relationships, living a "healthy" life, and growing your relationship with God through the adversity of illness. My prayer is that *my* story will help you make *your* story more joyful.

In Summary

1. Often we know that something is wrong before the professionals can name it. Keep asking questions until they can, and learn to insist on the care you need.
2. Keep alert, but do not let new challenges sink you.
3. Use your bad experiences with medical situations to grow in knowledge of your body's needs and in reliance on God's plan.
4. Learn to thank God for what you don't have as well as for what you do have.
5. Believe that you can do well at living with sickness.