Mohamad Al-Rahawan, M.D.

Why did you choose to become a pediatric oncologist?

0:00

I was still a medical student when I asked myself the question, what do I want to be? And I remember, during my early rotations, I was doing pediatric oncology rotation, and I realized that if I help a kid survive, not only get better survive and multiply the number of years that they're going to survive, that's an impact, and I really wanted to have an impact. So it was no brainer for me. I wanted to be a pediatric oncologist that early.

What are some challenges you face as a physician in this field?

0:42

One of the hardest things about pediatric oncology is the fact that we have to deal with a life altering illness. So from diagnosis through treatment into the future, there are challenges that are not small and they need to be dealt with. So walking with the family that journey is not easy. That's one of the hardest things, but pretty much everything else is appealing about the subject, because most of the kids make it through therapy. Most of the kids live on to tell their story. Most of the kids are completely cured with minimal outcomes, minimal side effects that they had to survive with for long term.

What are some challenges that patients face?

1:36

I can only imagine what it is to be a parent and be told that your child has cancer. I think asking the question about how this is going to transpire, how is this going to affect my child life, my life, my other kids, that's hard. That's really something that people need to work through. Families in addition to facing that uncertainty, they also have to basically, sometimes quit a job to be able to keep up with the treatment. Sometimes they have to reprioritize. You know, they may have had a project on their mind that they're going to build a house or move to another area, that everything goes on hold until they clarify that. Another challenge is more unique to West Texas. Some people don't live close to the center, so they have to drive hours to get here. Add that to the strain that they already have to face, it makes it a little harder. So there are many challenges that the families face, and we are here to help them through. The system is built to make that less of an issue, but it is still a real issue.

How do you work with other physicians and hospitals to provide the best care for your patients?

2:55

You know, in our specialty, we practice in a system that is multidisciplinary. We have, you know, it takes a village to do what we do. I mean, claiming credit for curing a patient is beyond what I should do. From diagnosis through their future, they have to encounter the physicians, the nurses, the child life specialists, the social workers. They have to be admitted to the hospital and come to the clinic. They have to work with other doctors. So sometimes they work with surgeons or endocrinologists or brain doctors, you know, and neurologists. So they have to see

all those and for their sake, for the success of their treatment, we have that system built where I work with those providers to provide the best possible care. In fact, we have a weekly meeting where we plan the next week, we talk about all the patients that we're going to see next week, and we plan their visit, be it in hospital or out outpatient. And in those meetings, we have people from all perspectives of care. You know, we have the social workers, the nurses, the child life specialists, the doctors, all of them sit around the table. And we also have a meeting that's called tumor board, where we have multiple specialists from different specialties, the radiation oncologist, the surgeon, the pathologist, the radiologist, sit around the table and discuss difficult cases, and without that, I would disservice the patient. So we have a system built to collaborate across the system to make their care seamless and comprehensive.

What do pediatric patients face during cancer treatment?

4:47

You know, to kids, when they face cancer therapy, they face a lot, to some degree, they don't know any better, so they make it look easy. You know, they come. Even though they're bald, it's not a hindrance to them. They're just there and they're playing and they're having fun, so they don't realize the magnitude of the challenge. And sometimes being clueless as a child is actually a blessing, because it's a big challenge and with them being the kid they are, they oftentimes make it look easy. So they face side effects, but they come through them. They tyou know, are not happy with the hospital stay, for instance. But you know, they find something to get them, keep them busy, and they move on. And you know, as they get older to become teenagers, those challenges become more they perceive them differently, and they become potentially more of a challenge. Imagine a teenager who's just turned 13 or 14. They're trying to assert themselves and become more independent, and all sudden, they're hit with a diagnosis of cancer where they have to step back and say, I need help. They don't want to admit it, but they need help, and it's hard for the family for them to admit that, so it becomes more of a challenge, really, for them. But they still are resilient, and they carry on and they get cured despite the cancer. We have a cure rate in some cancers that exceeds 95% but on average, we have over 80, 85% cure rate in pediatric cancer. So if you are to make an investment, for instance, and someone tells you have 80% chance of having success with this, you know, investment, would you go for it? Probably you would, because it's a pretty good chance. So that's why I encourage the families, when they hear the term childhood cancer, not to consider it the end of the story. It's a chapter, for sure, but it's not the end of the story.

Is there anything else that you would like to add?

7:01

I'd like to add that it takes a village to do this. You know, from research to clinic to hospitals to support system, it takes a village to do that. And it takes money and investment in the cause. You know, in West Texas, we serve a huge area with sparse population. You know, some estimates say we can serve up to 3 million people in our centers. So 3 million people is a pretty sizable town. Now, granted, it's not a town, but it is 3 million people and investments are needed in this area, in research, in access, in clinic, infrastructure investment is needed, and we need that now.