Q&A: Battling cancer, a medical resident opts for COVID-19 vaccine

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Brendan Murphy
News Writer

For months, AMA member Christiana Shoushtari, MD, MPH, a third-year internal medicine resident at Advocate Lutheran General Hospital in Park Ridge, Illinois, was fighting on the front lines, attempting to beat back a once-in-a-lifetime pandemic. Over the summer, she confronted another daunting opponent—breast cancer.

Five months into a breast cancer battle that has caused her to pause her training, Dr. Shoushtari has completed much of her treatment. She shared her journey on social media, with an aim to inspire others and inform about the stark realities of being seriously ill during a pandemic.

Dr. Shoushtari, a member of the AMA’s Resident & Fellow Section and member of the Association’s House of Delegates, Delegate, just having received her second dose of a Pfizer’s COVID-19 vaccine, recently offered her perspective on a chaotic time for health care and what she’s learned as a cancer patient. She spoke with the AMA in early January.

AMA: When did you get your cancer diagnosis?

Dr. Shoushtari: It was this past August. I had been married six weeks—because of the pandemic we had to cancel our wedding ceremony, but we still became legally married—and was just starting my third year of residency. I then incidentally felt a lump. I was stretching out my arm, and felt a “snag” in my breast, which led to me feeling the lump. Two weeks later, I had it examined and it was found to be cancer.

AMA: You recently took the second of two doses of a COVID-19 vaccine. As a cancer patient, did you have any hesitations?
Third-year medical resident Christiana Shoushtari, MD—an AMA member—receives a COVID-19 vaccination dose, a smile visible through her mask.

**Dr. Shoushtari:** When the vaccine came out, I had completed 4 rounds of chemotherapy and was recovering from my lumpectomy. At Advocate, they’ve done an amazing job of providing vaccines to front-line workers and, as a resident, I qualify as one. It’s especially important for residents to receive them as we are in constant contact with COVID patients on the general medical floors, the ICUs, and the ED.

To tell you the truth, at first, I was hesitant to get the COVID vaccine. And I am one who understands and believes in the importance of vaccinations. I even received the flu vaccine during chemotherapy. But I was nervous to try a new vaccine in an immunocompromised state, as I had just received chemotherapy and had cancer. I didn’t know how I would really feel once the vaccine was made available. But, after consulting with my oncology team, I realized it was safe to receive the COVID vaccine during my cancer treatment. Also, because I was in an immunocompromised state, there was a chance I may not launch an effective response to a vaccine, but to me it was still definitely worth trying. So, my decision to receive the COVID vaccine also was to prevent severe illness, should I ever be exposed to the virus. Any kind of sickness would delay my care, so I wanted to do what was the safest and best way to protect myself.

**AMA:** How did you feel after taking the vaccine?

**Dr. Shoushtari:** I’m three days removed from receiving my second vaccine shot and I feel great. I only had a sore shoulder and maybe some mild fatigue that first night. The shot felt like a tetanus shot and then my shoulder hurt for a few days, like somebody punched me there. Since then, I’ve been blasting it out on social media that I received the vaccine, with cancer, and feel great. I feel that it’s important to inform others, especially those who have cancer and may be nervous about it, like I was.

**AMA:** Where are you in your cancer treatment?

**Dr. Shoushtari:** I’m still undergoing treatment. I just had radiation today, actually.

**AMA:** You’ve been very open about your condition on social media. What is motivating you to share your battle with breast cancer with a wide audience?

**Dr. Shoushtari:** First, I was pretty private about it for the first couple of months, as I needed time to process it all. Only close friends, family and acquaintances knew. Then I became very public about this. I believe in education and advocating for many different causes. Medicine is a second career for me, as I went back to school in my 30s. Before medical school, I obtained my MPH and worked in the health policy world in the U.S. Congress and then at DHHS. This cancer experience is bringing...
together a bunch of different worlds for me: medicine, policy, advocacy.

I truly believe in educating others through sharing experiences. My time on the Hill taught me that anecdotal evidence can be very powerful. As someone who gets very passionate about issues, it’s easy to feel passionate and care when I can personally speak to it. As a resident, and even as a medical student, seeing others going through diseases—I’ve always wanted to educate and support others.

I also feel more support and less alone in this journey by sharing it with others. Receiving my diagnosis and going to almost all of my treatments and appointments alone due to the pandemic is really isolating and lonely. It’s very hard on a personal level. I can’t have visitors. I can’t have people come to things with me. So publicly sharing my experiences was also a way to build a personal support network.

It has also led to positive unintended consequences. People have been contacting me on the side, privately, and coming to me for advice or asking, “How did you get through it?” or “How can I support my loved one?” It feels rewarding to utilize an experience and help others through their hardships. Sharing my journey publicly has helped get me through this myself and has connected me to others undergoing similar journeys—so it’s not all altruistic!

AMA: What have you learned from being a patient that you may not have realized when you were treating patients?

Dr. Shoushtari: Every moment that you interact with the health care system is so integral to your overall experience. I was amazed by the customer service-like experience I received at every stage, from the door greeter to the clinical providers.

For example, at one point, I was undergoing almost daily blood draws and interacting with the phlebotomists very frequently. They always said “good morning!” and were so chipper. Their positive attitudes and warm demeanors were infectious. And that mattered. I was getting poked, bruised, and prodded so many times that it heightened my sensitivity to pain and discomfort. It’s hard to fully appreciate what a warm welcome and sensitivity to pain feels like when you are on the treating side.

And, I also learned to be more empathetic to my patients’ pain and discomfort. On the treating end, we don’t know the patient’s whole story nor what their journey has taken them through. In the hundreds of touch points I’ve had with the health care system over the past few months, I can only recollect one negative experience, and it had to do with my pain and discomfort not being valued. It made an already awful day, even more awful. I can still remember that exact day and feeling so angry and devalued. I never want to make a patient feel that way with me.
AMA: How did your physician colleagues react to your diagnosis?

Dr. Shoushtari: I feel very lucky. My program leaders were among the first to know because I was on clinical rotations when I felt the lump and received the diagnosis. I tried to continue with my training, but it was incredibly hard to focus. Their immediate response was full of genuine care and support. Right away they told me: Do what you need to do and we will figure this out with you. Having that support from the first moment I received my diagnosis took so much weight off my shoulders. I was initially very worried about how it would impact my training and taking this burden away from me allowed me to use my energy to combat my cancer.

I also emailed my co-residents to let them know, as I wanted them to hear it from me directly and I knew taking medical leave would burden others. I received encouraging responses back and it meant a lot to me. Even my AMA RFS family, whom I do not see as often, have reached out with so much love and support. I feel really fortunate. When I’ve shared this story publicly, I’ve had residents from other programs message me expressing their frustration and worries about their training. It sounds like not every resident receives that sort of support or embrace. My program and my fellow residents recognize there are other things in life that also matter beyond our training. They value work-life balance. Every resident, in fact, every worker should feel this type of support and not worry about losing their jobs or reputation due to illness.

AMA: Has your diagnosis impacted how you view your future in medicine?

Dr. Shoushtari: I’ve started recognizing the importance of spending time with patients and feeling like I can do something to make a positive change in their lives. I wasn’t planning to do a fellowship but I am reevaluating and rethinking my next steps.

In more of a personal sense, when you go through this training, you commit so much of your time—at times, 80 hours a week of work. You run the risk of losing balance in your life. I took FMLA so that I can focus only on fighting this cancer. But I needed more time than the 3 months given to also process this life-changing experience. I’m very lucky my program has been so supportive in letting me do what I need to do to heal, in all aspects. I’ve had some time to pause and reflect about work-life balance: What does that mean to me? What should it mean? And these thoughts are impacting my next steps. I’m excited to see where it will take me, I just don’t know where or how just yet.

AMA: What do the next few months hold for you?

Dr. Shoushtari: All of this reflection has me thinking about how can I improve myself, the practice of medicine and other things that matter the most to me. And I’m also turning 40 this year. So I made a “40 by 40” list—40 things I want to do by the time I turn 40. In that, I have some health goals, such as improving my nutrition and incorporating more activity into my life. We don’t get enough education
regarding nutrition in our training, so I’ve been reading a lot about that. My favorite item on my list is “To do what scares you the most,” which for me, is singing in front of people. So, I signed up to take vocal lessons!

I also want to take my passion for advocacy and education to the next level. I’ve been journaling a lot about my experience as a patient—some of which I’ve shared on social media—and brainstorming on ways to use my voice and ideas to help others, especially women.

I need to eventually work out a plan of how to re-enter training as it’s been almost six months since I’ve cared for patients. I’m currently discussing with my program about how to transition back in.

I’ve only been thinking about myself, especially my health, for many months now, and rightfully so. Right now, I’m trying to recalibrate my life a bit and start transitioning back to being a newlywed wife, daughter, sister, friend and resident. I have an incredible husband, incredible parents, and friends and family. I truly was supported with a lot of love. I can’t imagine what this would have been like without them. Now it’s time that I start giving back to them as well.