

Survivor Stories: Kayleigh and Cassidy The Necessity of Second Opinions and Having a Plan B

He gave us a one pager and said, "Look , " as soon as we got that diagnosis, he said, "This is the best treatment available that you guys can get in your hands in Canada today." So of course, I brought it to the newly assigned oncologist, who is an expert in blood cancer. We were lucky at the Tom Baker Centre that there was somebody that actively researches lymphoma. She said, "I don't think they'll have anything to offer you guys. We're already doing everything we possibly can here for you." Since I had been hearing that for the past three weeks from every doctor we talked to, obviously I thought, I am sure they're doing everything they can to help us, but it's not enough. They're doing everything they can in their power with the tools they have and the tools that they have are spread thin.

Their time is spread thin. It's not going to hurt to get more than one opinion and more than one option at least lined up. So if what they're going to give her doesn't work, we don't have to mess around and try to figure out what to do next. We've got a plan B, ready to go. That was my main motivation for spending the money on a private service to come up with more treatment options for Kayleigh. Our introduction was traumatic as you can tell. It's probably a big reason why we got this drive to go above and beyond the standard care because we didn't know what time we had to work with.

We didn't know a lot of things in the picture and we had a lot less trust than we used to in the care system, in the standard care. Which is not your typical introduction to cancer treatment because most people come in with a background of "Every time I've had to go to the doctor, they seem pretty confident. They know what to do. You know, here's what we do going forward. That doesn't work. No biggie, we'll have another round of approach." And their doctors are very confident that Canadians shouldn't have to pay anything out of pocket, if they don't need to. So they want to make sure that their patients are getting access to healthcare, without additional fees. Which is great, but they never tell you what those limitations are. Nobody even knows that until it's too late or they're in a situation where they've learned, " Oh, I had other options. Man, I wish I had actually explored them." But when you have that gradual introduction and you're trusting the path laid out for you over a longer treatment plan for cancer, it's not until that treatment fails that you're typically looking at alternatives. I think that's why our case is a little bit unique. We didn't think we had the luxury of that option, based on how severe her introduction was and how long the diagnosis took.