Occupational Hazards

Creative non-fiction by Nancy Moreland

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How did a former art history major like me end up as a medical writer, dissecting, distilling, and dispensing doctors' words into something the average human could understand? I avoided science and math classes. Never met a needle I didn't hate. Possess an overactive gag reflex. Grew up believing that aspirin, sleep, and patience cured just about anything.

And yet, for 17 years, medical writing has been my bread and butter, or should I say blood and guts? In the unpredictable world of gig work, it was a recession-proof safety net I fell into quite by accident. I had freelanced for several years when a fellow writer asked me to

join her editorial team covering Centers for Disease Control seminars. We extracted key points from the high-level discussions and shaped them into reports. I understood very little of the multisyllabic jargon but performed well enough to be invited back. By the time those projects ended nine years later, I had street cred with hospital marketing managers.

In the years since, thanks to the human condition we all want to avoid — death — my assignments have been as steady as patients filing through the ER on a Saturday night. I'm grateful for the work, even if topics like cancer, COVID, and colonoscopies are bitter pills to swallow with your morning tea.

Once I found medical writing, I never looked back. As I delve deeper into the vulnerability of the human body, however, the work wears as thin as a hospital gown. How do I put a positive spin on a procedure that implants radioactive "seeds" into a man's prostate? At least I won't get prostate cancer, although the more I learn, the more I believe I have whatever malady I'm writing about. To meet deadlines, I push those thoughts aside and get busy penning phrases like "targets the tumor with pinpoint precision" and "minimizes damage to surrounding healthy tissue." I tiptoe between reality and reassurance; striking a hopeful tone, while reminding men that radiation therapy might render them impotent, incontinent, or both.

Describing complex procedures simply and truthfully without horrifying readers isn't easy. You can't just say, "This minimally invasive heart surgery avoids slicing through your sternum!" Finessing the gory details is tricky, but at least I never had to write advertising copy for the Super Colon.

The Super Colon was a colossal replica of a human colon plopped down in the middle of a shopping mall. People could actually walk through it — as if anyone would want to. It was like a bouncy house without the bounce and with the ominous undertones of a maze. Apparently, an overzealous marketing executive thought this was a nifty way to teach folks about the human drainpipe and what happens when it's clogged by too many Big Macs. I don't care how proactive you are about your health, no one wants to be seen emerging from a colon in the middle of a mall.

What the marketers didn't think through was the entertainment potential for adolescent boys. Yes, you read that right. School groups were forced to tour the Super Colon; God help

their teachers. I imagine teenage boys daring each other to take the colon walk of shame. One reckless soul steps forward and emerges from the business end of the intestine just as his crush walks by. His friends screech like howler monkeys on amphetamines, and the hapless teen is traumatized for the rest of seventh grade.

I avoided the humiliation of marketing the Super Colon, but lately I'm wondering just how far I'll go to earn a living. Why am I promoting hyperbaric surgery, a procedure that removes about 80 percent of the stomach? How do I put a fresh face on cancer treatments developed in the 1940s? Methods have improved, but as Susan Sontag wrote in her 1978 book *Illness as Metaphor*, chemotherapy is "chemical warfare" on the body, no matter how comfortable the infusion chair.

I compartmentalize when writing about death and disease. That's what I tell myself, but I'm not immune. The topics fester in my soul like a tumor. The more I know, the more germophobic I become, and the more I fight the urge to warn friends and family about the latest virus they've never heard of. Even if their lifestyle demands an overhaul, I refrain. They are adults. They want my company, not the opinion of the AMA, the Surgeon General, or Chicken Little. I don't want to be the Debbie Downer at every social outing, so I remain silent while my brain carries out an inner dialogue:

Someone orders raw oysters.

"You're ordering that?! Good God – the vibriosis potential alone!"

Someone orders *another* glass of wine.

"Even ONE drink is associated with an increased risk of breast cancer!"

Someone lights up a joint.

"Aren't you concerned about the link between marijuana use and Alzheimer's?"

Someone dumps a package of lettuce into a salad bowl.

"I know it *says* pre-rinsed, but an epidemiologist once told me you should always wash lettuce before eating."

I am guilty of that last remark. If people want to risk their own lives, that's one thing, but I was about to eat that salad. My friend laughed and mimicked my "epidemiologist" warning. But she did wash the lettuce! Chock one up for Debbie Downer.

See how smart and fun I've become after 17 years of researching and writing about medical topics? Don't you want to invite me on your next road trip so I can lecture you on the dangers of driving long distances? Blood clots! Wouldn't your pool party benefit from my extensive knowledge of melanomas? Sunburns are linked to several forms of skin cancer!

Even scarier, friends and family now ask me for advice. I want to tell them, "I'm not a doctor, but I play one on TV." Instead, I dive into research mode and share as much reliable data as I can before sending them back to their doctor.

I long for the days when I didn't understand the fragility of the human body. It's a miracle we survive our dirt-eating dime-up-the-nose childhoods, driving-30-miles-over-the-speed-limit-accepting-drinks-from-strangers 20s, and stupid mid-life crisis behaviors I'll save for another essay.

Seventeen years is a long time to write about death and disease, especially when three of those years focused on COVID. I've been washing my hands like a raccoon ever since; holding my breath in public restrooms (a single toilet flush can propel germs five feet!); and masking up on planes even when they sit on the tarmac for three hours.

If I dislike this work, why did I keep coming back with the tenacity of a UTI? Every time I considered a voluntary discharge, the side effects of leaving – inconsistent, low-paying projects, anemic finances, and the ensuing insomnia – convinced me to stay.

Ironically, it was my own doctor who made me call time of death on my medical writing career. I told him about my forgetfulness, brain glitches, and diminishing ability to multitask. Was it Alzheimer's? Dementia? He didn't think so. For one thing, I wasn't wearing my clothes inside out. I wasn't wandering aimlessly on the turnpike. My family wasn't expressing concern. More importantly, I was aware of my forgetfulness. My neurotransmitters were simply overloaded.

Neurotransmitters, he explained, are the brain's chemical messengers. They relay electrical signals between neuron (nerve) cells, or from neurons to muscles or glands. These worker bees regulate almost everything we need to function – from memory to mood, alertness to attention, motivation to motor control. Long periods (like 17 years) of sustained mental focus (like medical writing) deplete certain neurotransmitters. Our brains produce new ones, but when the demand outpaces the brain's ability to keep up, memory, focus, and concentration falter.

"Heck, by Thursday afternoon, my brain is so tired, I'm forgetting words and names," he said.

I looked at my fit, 40-something physician, and knew I had to change careers. My psyche had known this for years; now, my short-circuiting brain demanded it. I had a medical reason to leave medical writing. My bank account might not approve, but as I walked out from under the doctor's fluorescent lights and into the sunshine, I could almost hear my neurotransmitters cheering.

Nancy Moreland's body of work spans more than two decades and diverse disciplines, including journalism, travel writing, and creative nonfiction. Her writing has appeared in the Chicago Tribune, Los Angeles Times, House Beautiful, and other publications, and she has gained recognition for her essays, travel writing, and environmental reporting. She is currently working on a series of essays exploring identity, belonging, and the ways in which past and present intersect. When not writing, she gardens and works on her 1928 bungalow, "Our Lady of Perpetual Renovation".