Still Flossing

When your cancer is incurable, how do you respond to folks constantly asking, “How are you?” Richard Wassersug, PhD, who has lived with prostate cancer for over 25 years, crafted an apt answer—and a call to action.

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There are a multitude of folks diagnosed and treated for incurable diseases who write about how the experience sensitized them to their inevitable death yet increased their appreciation for life.

This isn’t one of those essays. It is more specific.

I was diagnosed with prostate cancer some 25 years ago, and within three years, I failed a couple of potentially curative treatments. Since then, I’ve been on drugs that, although not curative, have held my cancer at bay.

When I was diagnosed, I was a research scientist in my early 50s studying lots of things, but none had anything to do with health. Over the years, though, my research has increasingly shifted toward the psychological impact of cancer and its treatments. I am fascinated by how folks adapt to living when they not only know that they won’t live forever but are also well informed about how they are most likely to die.

Richard Wassersug, PhD, lead author of “Androgen Deprivation Therapy: An Essential Guide for Prostate Cancer Patients and Their Loved Ones”Courtesy of Richard Wassersug

I’ve learned that the simple words we use in everyday conversation can reveal to others as well as ourselves the limitations that we see on our lives—and how we subsequently elect to live.

The first thing I wrote about this was an essay published back in 2000. The essay was built upon the challenge I was having, after finding out that my cancer was incurable, in responding to the common salutation “How are you?” Just saying, “Fine, thank you” was uninformative and, frankly, dishonest. Alternatively, to say, “Well, I’m a bit down right now, having found out that my cancer’s not curable” wasn’t going to improve the day for the person asking nor, for that matter, make my own day any more manageable.

So I came up with the following cornball answer:

“Well…I’m still flossing,” said with a big toothy smile.

That wording conveyed the message that I was taking care of myself and not expecting to die immediately, nor even in the near future. It also implied a commitment to life without being oblivious to my inescapable death. It didn’t deny the inevitable, but my response was quirky enough to deflect the conversation away from diagnostic details.

I thought there was enough insight there for an essay, so I drafted it up, titled it “Still Flossing” and submitted it to a national newspaper, which bought it but retitled it “Flossing for the Future.”

That essay affected my life in two surprising ways. It influenced my own health, and it was the beginning of my research into the deeper meaning of the seemingly superficial language commonly used in the world of cancer.

The first surprise is about how my own words affected me. The other is a more academic exploration of what others say when dealing with progressive and incurable diseases. For that research, I examine both the explicit and implicit messages in the common words we use when trying to stay conversational and in control while knowing that a fully informative discourse about our health could devolve into a dirge.

I liked my own one-liner enough that it has been my standard answer to the “How are you?” question for over 20 years. From the get-go, though, I realized that I’d be a hypocrite if I didn’t floss yet proclaimed to others that I was “still flossing.”

So I flossed.

Only recently did I realize that I have had remarkably good oral health and have needed very little dental work over these 20-plus years. Surely, flossing helped, and proclaiming that I was flossing trapped me into flossing.

In retrospect, the editor who retitled my essay 23 years ago nailed it by publishing that I flossed “for the future.” And my saying the statement out loud almost daily moved it from a quip to a mantra to a creed that gave me a healthy future.

I now see that “flossing for the future” was emblematic of what has been a general commitment to my health. I knew, for example, that men who are diagnosed with prostate cancer more often die

of cardiovascular disease than prostate cancer. I also knew that physical exercise reduces that risk. So over these same two decades, I have been more committed to getting exercise than I had at any earlier time in my life.

Flossing, of course, reduces the risk of gum disease. Coincidentally, gum disease has been linked to a greater risk of heart disease.

Thus, announcing that I'm still flossing—which began as a way to deal with a difficult question at a difficult time—became a directive to myself. It was a prescient prophecy from an editor who had a better vision of my future than I had when I submitted my essay to his newspaper.

There is, though, an irony in all that. As noted above, most men diagnosed with prostate cancer don't die of it. Rather, they are more likely to die of other causes, with cardiovascular disease at the top of the list. If I hold to my commitment to maintain good oral and cardiovascular health, I am likely to live longer. The longer I live, though, the more likely my prostate cancer, which is currently controlled but not cured, will reemerge—with increasing odds that I will indeed die of that disease.

Right now, there are no signs that this is likely to occur in the near future. In the meantime, the commitment to life that started with a corny one-liner at the turn of the century has helped me remain healthy ever since.

I now encourage others dealing with progressive diseases to say, "Well, I'm still flossing'" when responding to the simple question "How are you?" or, for that matter, other challenging questions about their health.

Try it out and see if I'm right. I suspect not only that you'll get a smile back from others but also that it may kick-start a commitment for you, as it did for me, to a healthy life.

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