

## Blair Makwana

### Patient Advisor



**I was diagnosed with osteosarcoma in my left fibula late 2012. Chemotherapy began 1 week after diagnosis (November 2012) and continued until January 2013. Surgery was completed in February 2013. I began chemotherapy again in March of 2013 completing my treatments in May that same year.**

After my recovery from surgery I was ready to start chemotherapy again (this time I actually felt prepared for what was going to happen), however the pathology report came back and based on the results of the cancer “kill rate”, and my tolerance of the two previous therapies it was determined that I needed to go on a new treatment plan. There were 2 new chemotherapies on the table, I was comfortable with this new plan and reported to the daycare unit on schedule. However when the first injection began the nurse was entering the time, 3.5 hours, and so I asked the question – “how long will it take to administer the both drugs?” the short answer “if all goes well, 8 hours”.

A significantly longer day than I had previously experienced (one of my previous chemotherapies was delivered by a “push” in 5 minutes). **For 8 hours a day, 3 days in a row, every 3 weeks I would be in that daycare unit. Even now I am exhausted thinking about it. The days were made to feel so much longer by the constant traffic coming in and out of the daycare unit.** People would come for hydration, transfusions, assistance with injections, and less lengthy chemotherapies. It would be great if the new daycare unit was **designed with length of stay in mind.** Kind of a “short term” and “long term” parking system.

What is most important for me in the new cancer centre is that it **doesn’t have the clinical feel** of a hospital, essentially this cancer centre will be so much more than a hospital. I like thinking about it as **community building with clinical components.**

If the building had a **continuous flow I think that would be very helpful in the area of “way finding”.** I am thinking of a local mall which is essentially a loop; **you can start at any entrance and work your way around. Hallways that didn’t simply end with a staircase would be wonderful.**

One thing that would be nice is if there was **some sort of walking area, gathering area, and/or visiting area in the daycare unit.** As I mentioned **there is the potential for some long days in the daycare unit.** When I asked the nurses if I could go for a walk with my IV the answer was “no” because I needed to be monitored. This of course makes sense, **however being sick is hard enough but being forced to be sick in a small hospital bed didn’t help.** Perhaps the **perimeter of the unit could be a walking path,** that way the nurses could still monitor each patient and it would **allow all patients the opportunity of a “window” view.** The current set up has patient beds and chairs along the windowed wall.