Common Threads in Cancer Treatment

Oncology Choice

Cindy Herrington, RN, MSN

When I was a little girl, I always wanted to be a nurse. My parents recall me wrapping my cats up in bandages and asking for a doctor’s kit for Christmas. Being a nurse was in my blood. It is who I am.

I remember going to the hospital as a teenager to visit my uncle who was 42 years old and very ill with colon cancer. I saw some wonderful nurses doing some wonderful things to care for him and make him comfortable. Experiencing this solidified for me that oncology nursing was my intended calling. I have been an oncology nurse for 22 years and thank God every day for this honor. He has graced me with the ability to take care of patients in all stages of cancer care. I have received so much more from them than I could possibly have given.

I currently am the clinical director of an outpatient oncology unit and a 26-bed inpatient oncology unit. To see how the nurses I work with give of themselves to our patients is overwhelming. I hear them talk and share stories, concerns, and joys about being privileged to care for these patients. I feel so uplifted by being a part of the lives of these nurses and patients.

Today’s new treatments for cancer (e.g., immunotherapies, monoclonal antibodies) have added a whole new layer of care to patients with cancer: critical care nursing. It is hard to quantify in numbers and data measurement how oncology care has changed since 2005. The treatments are causing many more reactions and require monitoring that is equivalent to a critical care ratio of one or two patients per one nurse.

Oncologic emergencies such as deep vein thrombosis, tumor lysis syndrome, and anaphylactic reactions have exploded, despite the best premedications. The great news is that we are seeing successes where there was little hope before. Being an oncology nurse means giving everything you have and then more and, some days, it still is just not enough. It means clocking out at the end of the day and being so physically and mentally exhausted that you just cannot fathom doing it another day. Then, as you lay in bed at night, so tired that you can’t shut down from everything you did, you wonder if you reported everything so that the nurse taking over has all the information he or she needs to care for the patients. It is then that you remember the look of gratitude a patient had when you talked to him about his pain, or the way a mother with breast cancer receiving chemotherapy held the hands of her son and daughter who were visiting, and that lets you know your day was a success—and you have hope that the next day will be just as rewarding.

It truly is an inspiration to watch patients and their loved ones as they battle cancer and the side effects of treatments. These patients endure so much physically, mentally, emotionally, and spiritually. I feel honored to share these experiences with each one of them. At the end of the day, when driving home, the sunset seems to be so much more beautiful, the raindrops are like glistening diamonds, and the flowers and trees more brightly colored. Time is so much more precious.

I have witnessed several family members and friends pass away from cancer. My dad is a two-time cancer survivor. The first diagnosis was throat cancer, the second lung cancer (two totally different cancers). I have experienced both sides and understand the fear, pain, and devastating feelings associated with a cancer diagnosis. I saw the worry and hurt of my mom, sister, and other loved ones as my dad was very ill. Even when he was very ill and so very tired and felt like he could not go anymore, the nurses, doctors, therapists, friends, and my family wouldn’t let him give up. I can honestly say we are all stronger individuals and stronger as a family for having gone through these trying times. All of these experiences have made my journey more meaningful.

In addition to my dad’s personal cancer experience, the other journeys that I have endured with patients have given me so

"Hands fascinate me. They come in many shapes and sizes. Their structures are intricate, delicate, and spiritual. With a small movement of a hand, we can give, take, strike, or soothe. I have chosen to portray hands offering special plants that give us medicines to fight disease."

Healing Hands by Nancy Karst. Image courtesy of Healing Quilts in Medicine.

The Healing Quilts in Medicine program (featured in the October 2008 Heart of Oncology Nursing) continues to give cancer survivors a creative outlet for their cancer experience. The quilt pictured above and many others are on display at www.healingquiltsinmedicine.org/quilt_gallery.htm.
many blessings and helped me to appreciate life and the hope for something better still to come. I am now myself close to the age my uncle was when he passed away from colon cancer. I wish all the treatment options available today would have been available to him then. However, one thing has remained constant since then: the enduring, caring, and compassionate nurses who make oncology their calling. I know I would not choose any other field.

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The Final Score

Janelle Wagner, RN, BSN, OCN®

From the moment I married her favorite son until the week before her death, a palpable discontent existed between us. The issue had always been one of choice—her choice to smoke around her family and friends to stop smoking. I, like my mother-in-law, have maintained that, because she lived three states away, my duty was simply to accept that she smoked. “My duty” changed when she was dying from lung cancer. With a softened heart, I tried to reconcile the anger between us by understanding the unrepentant grip of cigarettes.

Gloria had started smoking in the early 1950s when women were trying to extend their independence in the post-war era. By the time the true implications of tobacco use were fully understood, Gloria was enslaved to those contemptuous white sticks. The urgent requests by her family and friends to stop smoking resulted in a more seemingly resolute determination to continue.

The tests revealed widespread small cell lung cancer. My angry inner child wanted to scream, “You did this to yourself,” but my 20 years of experience in oncology nursing thankfully took control. Although the distance between us made it difficult to assist with daily issues, the difficulties that had once been so pronounced between us now dissolved as I did my best to offer support and comfort. For the final few days of her life, I stayed by her bedside and discovered the truth about her addiction.

From all of the pleading, cajoling, and threats made by family members, I finally understood why my mother-in-law had resisted all requests to quit smoking. She simply couldn’t do it. To the family, her resistance felt like that of a spoiled child—the “I will do what I want to do” syndrome. But in her last days, she confessed to me that she hated “those damn cigarettes” and cursed her own lack of self-discipline to stop.

That’s when I understood. That’s when I let go of the anger.

She passed away just two months after her initial diagnosis, but the few short days between us helped me understand the unyielding, present-day, take-over-your-life addiction that cigarettes command. A love/hate relationship exists between the smoker and the cigarette enslaver. They need each other. I never saw it before, but the relationship was now clear.

My awakening to the realities of cigarette addiction provided me with an empathetic heart when treating patients with lung cancer. It has been eight years since my mother-in-law’s death, and still I remember her pleading eyes asking for forgiveness for a death that came too soon caused by an evil that surrendered too late.

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The Fallacy of Oncology

Angela York, FNP-C

Oncology is a part of the medical world that I avoided my entire career. I, like many healthcare providers, felt that oncology was one of depression, despair, and death. Growing up in a home filled with depression, despair, anger, hurt, perversion, and confinement, I felt that oncology was just not the place for me. I had minimal contact with family members with cancer. My mother, aunt, and great-grandfather all had cancer, but I only stayed on the periphery of their care.

I had pushed myself to get away from my childhood home by excelling academically. Having wanted to be a nurse since kindergarten, I found myself entering the world of health care, initially as a nurse aide but eventually advancing to being a family nurse practitioner. I continued to avoid oncology, finding emergency and internal medicine more to my liking.

My journey, though, is somewhat different than most oncology providers. Feeling drained, overwhelmed and, sorry to say, a tad burned out working in internal medicine, I began exploring other options in the healthcare industry. An agency discovered my resume and presented a once-in-a-lifetime job opportunity. It sounded exciting: A top-notch teaching facility, with a lot of room for growth, advancement, and research. Then they told me it would be in the oncology arena.

Initially I was disheartened. Knowing my internal fear of the world of oncology, I was not sure it would be a good fit. I decided to interview and found an exceptional group of people, kind and caring. But concern grows like a weed. Did they realize I had never worked in oncology? Did they realize I did not know the first thing about oncology? I asked myself what I was doing. However, I was pleased when they offered me the position as a nurse practitioner in the inpatient setting. Now, one year later, I believe that accepting was the best decision I ever made, professionally and personally.

Oncology is not just about death and dying, it is about the journey. I have discovered a renewed vigor for my job and for life itself. The human spirit, particularly when faced with unbeatable challenges, is beautiful. The statement “illness brings out the worst in people” is a fallacy. I see the face of courage daily and appreciate each person’s journey. The human spirit is magnificent to behold. It has been an honor to be allowed into patients’ lives and see the love from family members and their friends. I have been rewarded with being able to share their journey, and I have been a part of their lives. I look back at my life and my nursing career and realize that, for all of these years, the reputation of oncology was a fallacy. I am honored to share my story and continue to work toward correcting the misconceptions plaguing the rest of the medical field.

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Digital Object Identifier: 10.1188/09.CJON.9-10