As oncology nurses, we all need to just get it out sometimes, even if that is done by reading through someone else’s voice. The following blog entries are taken from http://oncrn.blogspot.com and were written by an oncology nurse who would like to remain anonymous so that her patients remain anonymous. The author has completed all of the required disclosures for publication and has no financial relationships to report.

My life gets intermittently rocked by the wonders and horrors of being an oncology nurse. I just need to talk it all through sometimes. These stories are mosaics, each of the tiles being patients or events or images or emotions or conversations or memories that have woven themselves together in my mind.

—The author

February 19, 2007

Diving

It was one of those days that makes you get in your car at the end of it and say wow . . . or whoo . . . or I can’t believe I get paid for this . . . or did I pee today? The kind of day where you find yourself at the intersection of tragedy, hope, celebration, and grieving, once an hour, for eight hours a day when it seemed like you might go under a few times, but you never did, and you somehow came out on top.

Today started as an index card shoved in my pocket with 25 tasks to complete, each with a little check box beside it, each that needed to be done at a specific time, each that needed to be done well—really well. It feels like an art some days, like a science on others—zipping from patient, to patient, to lab, to computer, to pharmacy, to patient, to computer, to patient, to pharmacy, to patient, and not have it feel like a complete fog for everyone involved.

Because each time you open a patient’s door and enter, the zipping needs to stop. You need to give them calm, even if you don’t have it. They can’t know about the check boxes. They can’t feel like the vibrating pager on your hip is going to cut them short in their effort to talk about their pain. You need to be present—there— theirs for the time you are in the room. It’s an unspoken agreement—they know you’re busy, they know they aren’t your only one, but you’re their only nurse today and you need to find a way to carve out an oasis of calm in the torrent of your day. They’re counting on you for that.

Some days you just can’t muster the art or the science to make it happen. But some days it works and you feel in the zone—and god it feels good. I liken it to the diving reflex. The diving reflex is a protective mechanism in some drowning cases where the body shunts blood away from organs more tolerant of low oxygen toward the heart and brain, increasing the chance of survival if a rescue can occur. I was drowning today. Drowning in check boxes. But something kicked in—maybe my diving reflex.

Whatever it was, it allowed me to slow down and avoid my usual flail fest, it allowed me to keep my brain and my heart engaged. It allowed me to connect with people. It’s a good thing, too, because if I get to the end of a day of running and sweating and trying to make things work and all I have to show for it are a full bladder and some checked boxes, I’m gonna feel gyped. I need conversation, human touch, laughter, and a side order of warm fuzzies to make me want to come back and do it again tomorrow.

June 14, 2007

Thanks

I love that feeling—being the bearer of good news. Telling the alpha male bodybuilder with leukemia that we can barely detect his disease, that his numbers are the lowest they’ve been in four years, that what we did appears to be working. It’s worth a thousand bad days at work to see him well up, rise out of his chair, and give me a big alpha-male bodybuilder hug. My feet left the ground. He hugged me so tightly that, even through a pectoralis the size of my head, I could still hear his heart racing, pounding with incredulous joy.

“Thank you, thank you,” he kept repeating while balancing eyelids full of tears, willing them not to actually fall. He gave the doctor one of those testosterone-mediated aggressive handshake/back slap combos, but I know he really wanted to kiss him. Silly men.

When things go badly, I always hear myself saying, “I’m sorry,” and patients race to say, “It’s not your fault,” which of course I know. But when things go well, the same patients say thank you in such a way and with such an intensity—as if I had gone in there myself and tidied up their bone marrow with my own hands. They hold us responsible for the victories in a way that they don’t hold us responsible for the failures. At least that’s what it feels like.

And even though I know I’m not responsible, I say, “You’re welcome.” The intense gratitude makes me feel like a superhero for a minute, that is until I go to leave and, through a brief series of ungraceful events, catch my stethoscope on the door handle and almost hang myself, pretty much negating the whole superhero thing. I love this feeling. I need to bottle it, get a spritzer for the bottle, and apply liberally.
January 24, 2008

Witness

Dear doctor,

For what it’s worth, I saw it all. I saw the dread in your eyes, and your chest deflate when those labs popped up on the screen. I saw you squeeze your fists together and gently rest your head on them. Then I saw you psych yourself up with a sip of your coffee and a deep breath. I saw you wince at the hope and light in the room when we walked in. I saw you greet them and eek out a heartedness in the room when we walked in. I saw you pull your wife’s hand, I saw you pull once more on your collar with one fingertip, like someone had just cranked your tie tighter. I saw your foot, the one that usually circles calmly while you talk, swinging sharply back and forth. I watched you dig for the right words. When they didn’t come, I saw you slide your chair closer, put your hand on his knee—and then hers. We all heard you say, “We’re not through fighting this.” I saw them exhale for the first time, probably more from your hands than your words. I saw them sift through fear and devastation and gratitude for your care—leaving them with a morsel of hope to nourish them through this next phase. I watched you leave and return to your desk. When I put my hand on your shoulder, I felt it sink and saw your chin fall to your chest for just a second. Then, like a prize fighter, I saw you roll your shoulders back, pull once more on your collar, pick up the phone, and dictate your note. One down, 12 to go. It’s going to be a long day.

For what it’s worth, it’s so important what you do. And you do it well. Thanks. And peace.

Contact: Associate Editor Mallori Hooker, RN, MSN, NP-C, AOCNP®, can be reached at mallorihooker@yahoo.com, with copy to editor at CJONEditor@ons.org.

---

Singapore Diary: A Nurse’s Journey

Tonya Linthacum, FNP

The following is an account of a journey to Singapore from August 17–21, 2008, for the International Society for Nurses in Cancer Care conference.

Day 1: My husband and I are beginning our 25-hour, three connecting transcontinental flights with much anticipation and excitement.

Day 3: We arrived in Singapore to a sweltering 90°F at midnight. The airport was very clean—gum chewing is illegal in Singapore and a drug trafficking conviction receives an automatic death penalty.

Day 4: The view from the hotel is that of a very large metropolitan city. It is somewhat overwhelming to look out at skyscrapers as far as I can see. My husband and I spent the day walking in the city and trying some of the local foods.

Day 5: I registered with the conference today and attended the opening ceremonies at night. I am looking forward to talking with nurses from around the world.

Day 6: I talked with nurses from South Africa, Zimbabwe, and India last night. The community outreach for breast cancer in Zimbabwe is much like what we do in the United States—going to churches, community fairs, and hosting clinics, but they are doing nothing for cervical cancer. I shared my program, and the nurses seemed very impressed and want to keep in touch to learn more. Being in attendance with nurses from all over the world is impressive and, although we each have our own platforms and struggles in health care, the core issues with cancer prevention, treatment, survivorship, palliative care, and patient navigators are universal.

Day 7: The German nurses talk a lot about the disparities for the handicapped and the stories shared by patients of feeling as though they are a number and not talked to, but rather to the caregiver who is with them. It is very sad to hear the stories of patients in wheelchairs just trying to get to their doctor appointment and all the hurdles unique to them and the discrimination—a problem not uncommon in the United States.

Day 8: Today was my day to speak at the conference on my institution’s cancer screening program. I am very comfortable in this role because I know we have a great program that others are always interested to hear about. I shared my speaking venue with colleagues from Canada, Australia, and China.

My talk went very well, and an Indian woman described me as very vibrant and went on and on about how important early detection and prevention is in cancer care. Most of the speakers were from large university teaching institutions, which makes my representation all the more of an honor.

Day 9: I toured the Singapore General Hospital and the National Cancer Institute today. I was excited to see health care from a new perspective. The hospital is very modern; education is important and highly encouraged. The government pays for continuing education and Singapore has all levels of nursing education, except the PhD program. However, the government will pay a two-year salary as well as the education cost to send someone overseas to obtain this degree.

Four levels of patient care exist in Singapore: A, B1, B2, and C. Patient rooms in the A ward are private, have a bathroom, television, telephone, and look just like patient rooms in the United States. Patients on this level have private insurance and require no government assistance to pay the bill. The B1 wards are six patients per room with no television, telephone, air conditioning, or private bathrooms. B2 wards have 8–10 patients in one room with none of the amenities of A. The C ward has 16 patients in a one-room area, again without the amenities of A ward. These levels of care are determined by how much of the patient bill is paid by the government, with the C ward being paid almost entirely by the government. I feel fortunate to have the healthcare system we have in the United States. It was our last day in Singapore. After being in the air almost 30–some odd hours, we finally touched down at our originating airport. It is nice to visit different cultures, but very good to come home.

The author takes full responsibility for the content of this article. The author did not receive honoraria for this work. No financial relationships relevant to the content of this article have been disclosed by the author or editorial staff.

Tonya Linthacum, FNP, is the director of Health and Wellness Services at Audrain Medical Center in Mexico, MO. Linthacum can be reached at talinthacum@audraineralmedicalcenter.com, with copy to editor at CJONEditor@ons.org.

Contact: Associate Editor Mallori Hooker, RN, MSN, NP-C, AOCNP®, can be reached at mallorihooker@yahoo.com, with copy to editor at CJONEditor@ons.org.