



# My Mother's Daughter

Sarah A. Banks

When I first began creating worksheets to organize my mother's chemotherapy treatment, people would ask me how I found time to focus on all the details of her care. The question surprised me because the answer was simple—how could I not? I am my mother's daughter. An RN for about four decades, my mom set an example of what it meant to put others first. Whether she was treating patients in a hospital or teaching them about chronic conditions in a classroom, she didn't give up. I watched firsthand as a child how she transformed from mom to an RN at a moment's notice. She took classes with me for childhood asthma, gave cardiopulmonary resuscitation to my little sister, Carmelle, after a seizure, and she would stop by the side of the road if there had been an accident. Still, I was too young to develop a true appreciation for what she did day in and day out. To me, she was simply "mom." She knew what to do and when to do it. Whether I needed a bandage or a hand to squeeze before a flu shot, she's the one I trusted. My mom had an exceptional ability to make things better, and that is exactly what she did. When she became a caregiver to my grandparents and several beloved family members later in life, I finally began to see how much she gave of herself to others. So, in 2006, when she told my sister and I that she had been diagnosed with pancreatic cancer, we instinctively followed in her footsteps. My sister and I became caregivers for the most important person in our lives, our mom. She would come first, and all the lessons she'd taught us about integrity, dedication, and unconditional love would come to fruition.

My mom, Jane Dorr-Banks, was given six months to live—but she fought pancreatic cancer for a remarkable two and a half years. She was diagnosed at the young age of 56, and we fought the disease as a



Above, from left, Sarah A. Banks with her mother, Jane Dorr-Banks, and her younger sister, Carmelle in 2000; and, at right, Jane receives gifts during Nurses Day in this undated photo.



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team and refused to treat her like a statistic. My sister and I moved home full-time so my mom wouldn't be alone, and, to this day, we have no regrets. The three of us approached my mom's treatment as individualized care. We didn't want an exorbitant amount of information from the Internet; it was confusing and the information that was available applied to the general population—we wanted to think outside the box. From day one, her body's reaction to the nine-hour surgery and subsequent chemotherapy was a rollercoaster ride. But there was a pattern to many of the symptoms she presented

if you looked close enough. I began to journal her side effects, everything from medications she took to the food she ate. It quickly became clear that each survivor's experience is unique. Like so many family caregivers, my sister and I didn't have any training, we just wanted to save her. The learning curve was steep and time was of the essence. We were only in our mid-20s, and I had never been so responsible for the well-being of another person before. I had been witnessing my mom overcoming crises my entire life, and she had made it look effortless. But it wasn't effortless at all. I began to see a glimpse of what it

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