

Some Things Must Not Change

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While preparing to write this editorial, the first one for this volume of the journal, I reviewed previous editorials I had written and, as anticipated, found that I had written about change four times in the past three years. I am still going to talk about change, but not about changes to the journal—although we have made some, starting with this issue. I wonder if you can spot them.

The past three months have been a season of tremendous change,

and many of us have been surprised by the political events that have taken place. January heralds a change in administration for the United States, and the future seems uncertain. I

sense that change is going to be the new normal, and we have to be able to cope with it—and with each other—for a long time. What I want to talk about is those things that do not change and how we, as nurses and scientists, must remain true to our roots.

What does not change—and I know will never change—is our responsibility to provide care for our patients wherever we work. With all the uncertainty that accompanies change, some of our patients are going to be anxious; they may be worried about their ability to receive or pay for their treatment. They may be worried about issues that are not obvious

to us but are part of the context of their lives and, therefore, will influence their care in intangible ways. We have to be extra vigilant about their adherence to oral treatments and supportive medications; they may be underdosing or omitting doses to save money or out of fear that they are not going to be able to afford their medications in the future. The financial toxicities that accompany a cancer diagnosis are well known, but the meaning of this and the consequences in the lives of our patients go beyond our intellectual understanding of the cost of treatments. The benefits of the Patient Protection and Affordable Care Act, such as insurance coverage despite a preexisting illness and coverage for young adults under their parents' insurance, have a direct impact on individuals and families with cancer; at the time of writing, hope exists that these will remain, but that, too, is uncertain.

Recently, a nurse told me that the nursing department at her institution told all staff that they were not allowed to wear the symbolic safety pin on their clothing while at work. The safety pin is an initiative borrowed from the United Kingdom after Brexit that symbolizes that the wearer is in solidarity with visible and invisible minorities and those who feel marginalized. I am still trying to sort out my feelings about this, but perhaps, as nurses, we do not need to wear something that symbolizes our acceptance of all people; what we need to be is active in our advocacy and support of all of our patients.

Some nurse scientists have told me that they are concerned about



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the ongoing support for health research, particularly oncology research. What is going to happen to the National Cancer Moonshot Initiative, to which the Oncology Nursing Society and many members are contributing? Are we going to see changes to the funding sources that we depend on to support the research that pushes the science forward? We cannot change our focus on moving the science of oncology nursing forward. Nursing research plays an important role in generating knowledge about patient-reported outcomes, and we need to keep the focus on improving the lives of our patients. We need to keep talking about what we, as nurses, bring to the table and the bed- and chairside. To continue to do what we do without

talking about what that is, how we do it, and the differences that we make in all our endeavors, is to negate the difference we have made and will continue to make.

Nurses are patient advocates, and we have to be able to respond to our patients' concerns while putting our own political views on hold. The values of respect and fidelity that underlie what we do as nurses will hopefully allow us to maintain our positive relationships with colleagues and patients, despite our different and, at times, polarizing views. I have been personally shocked by friends and relatives whose political opinions are 180 degrees different from mine, and I know that many of you have experienced something similar with family, friends, and

colleagues. How do we bridge that divide and remain in each other's lives? How do we ensure that our respect and feelings for our family, friends, and colleagues does not change despite our political differences? The tenor of the election has exposed all of us to a baseness that has been shocking and unprecedented. We are at risk that this will continue and that name-calling and damaging statements will become the norm. This reduces all of us to the lowest common denominator, and we have to find a way to rise above that low bar. This may not always be easy, but the physical and emotional safety and integrity of our patients comes first. That is something on which we all should be able to agree and is a good place to start.