



# Louder Than Words

Ashley Rogers, RN, BSN, CHPN

Some nurses will say they didn't choose oncology . . . oncology chose them. When people ask what I do, their reaction to my response is usually the same: "I don't see how you can do that. It must be so depressing." However, if you were to ask my colleagues, the majority would agree that the rewards outweigh the heartaches.

Mr. G was a patient with tongue cancer, and his reputation for being a cantankerous individual preceded him.

**I was trying to think of a polite way to tell him that I didn't expect that he could talk. A wry smile spread across his face. "Sometimes it's easier if they think I can't," he said, and gave me a knowing wink.**

Needless to say, I was faced with a certain amount of trepidation when the radiation department called me one day to ask if I would educate the patient and his daughter on the use of his feeding tube. At the conclusion of our 30-minute session, Mr. G's daughter thanked me, but Mr. G was noticeably stoic. I wasn't surprised. Patients with head and neck cancers often are rendered speechless because of the pain from the disease, treatment, or just from the anatomical location of the tumor itself.

Determined to make sure things were going smoothly, I met Mr. G in the treatment room again the next day. He was

alone this time and his spouse was at the front desk scheduling his follow-up appointments. I asked him if he was able to successfully administer his feedings the night before, to which he replied, "Yes. Thank you for making it less scary." The shock must have registered on my face as I fumbled with, "I didn't know . . ." as I was trying to think of a polite way to tell him that I didn't expect that he could talk. A wry smile spread across his face. "Sometimes it's easier if they think I can't," he said, and gave me a knowing wink as his spouse rounded the corner.

In the coming months, I came to treasure that raspy voice as he offered me a Southern gentleman's, "Hello Darlin'" every time he came to the office. In time, he shared his voice with others, and his ornery reputation quickly dissipated. The staff saw him through to remission, thrilled at his success although selfishly disappointed that we wouldn't get to see him as frequently. He walked out the door that day promising

he would come back early to visit before his next appointment.

He showed up as promised, but not as expected. Mr. G was hunched over in a wheelchair, his face swollen, his skin ashen. The physician asked me to be present as she gave the news of his recent scan. It showed relapse to his tongue as well as new disease in his mandible. Truly unable to speak this time, Mr. G sat quietly as his family discussed options, ultimately making the decision to forego treatment because of the rapid decline in his performance status. I placed a comforting hand on his shoulder as the physician made the referral to home hospice, knowing this was the last time we would see each other. He reached up, taking my hand in his, and pressed it gently to his cracked lips. In that moment, his simple action said more than words could. It was a "thank you, I'll be okay, goodbye Darlin'."

I think we all start each day with the mission to make an impact in our patients' lives, but fortunate are those of us whose lives are changed in the process too.

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