Health Promotion: Whose Responsibility Is It?

Another new year is upon us. Human nature encourages people to strive to do better. Consequently, each new year, millions of people resolve to make changes in their lives. This year I will . . . stop smoking, eat better, walk more, get a mammogram, reduce stress, be a better parent, keep the house cleaner, get more organized, be more patient, get more sleep, schedule a colonoscopy, be a better nurse . . . the list goes on.

On the surface, few would argue that these things are bad. In fact, most of these resolutions have a positive domino effect. If I get more sleep, I may be less frustrated, more tolerant, and, ultimately, a better parent. If I get more organized, the house may be cleaner and I will be calmer, have less stress, and, yes, maybe even be a better parent.

If an individual gets a colonoscopy and has a polyp, it can be treated easily and toxic cancer therapies can be avoided, resulting in a less-stressed individual and family. If a woman has regular mammograms, any positive findings are likely to be caught early and treatment will be effective, resulting in minimal toxicity and a better quality of life. These are often major reasons cited for recommending cancer screening services. However, some look further and say that healthful behaviors are important because they save money. Although we cannot put a price on human life that is spared suffering, one can measure the healthcare dollars spent and productivity lost when a tumor is detected later and expensive therapies are required.

My nursing career has centered largely on the practice of prevention and early detection. To show how long, when I was a student nurse . . . the list goes on.

Implementing these measures, however, is much more challenging. Most practicing oncology nurses have experienced frustration and disappointment in patients and families that do not implement obviously healthy behaviors. For many oncology nurses, patients who smoke and those who continue to do so after a cancer diagnosis are especially frustrating. What about patients with skin cancer who will not apply sunscreen? What about women who, despite extensive counseling and discussion, test positive for a BRCA mutation and neglect to get mammograms or consider other prevention measures?

As healthcare providers, oncology nurses often educate patients and encourage them to adopt a healthy lifestyle. Where does this responsibility begin and end? The answer may not be clear.