Caring, Sharing, and a Friendship Made for Life

Joanne Rochester, BA, RN

A patient named “Bill” was assigned to my team in the summer of 2012 for an autologous stem cell transplantation for lymphoma. Bill had previous chemotherapy and had attained clinical status eligibility for a transplantation. Although Bill was rather quiet, he had a lot of questions about me, my family, and my travels. In turn, he shared about his work as a veterinarian, his clinic, and his two dogs that went everywhere with him. He also shared his love of the outdoors and traveling, highlighted by a trip on the Amazon River with his father and daughter. I told him that one of my hobbies is making dill pickles. He countered with stories about his bees and honey, and we agreed to share our homemade goods.

Summer 2013

Bill returned almost one year later and told me he had relapsed. His physician recommended an innovative new procedure for patients with blood cancers and testing the safety of immune T cells reprogrammed to recognize and destroy a patient’s disease. Bill returned to my team for eight weeks as the first patient to receive this protocol. This procedure may offer a future of amelioration of the cancer cells, leaving healthy cells untouched and a remission for Bill. Unfortunately, Bill’s disease returned and the next step was an unrelated transplantation.

One day, in the infusion room, I ran into Bill’s father, Doug. He said, “Joanne, Bill is very crabby today and if you stop to see him it will help.” I went directly to his bedside and took his hand. I had been successful in my many years of nursing to keep an emotional distance for professional practice; however, in this case, it was clear we shared a very special bond.

Bill was suffering with severe diarrhea and was admitted to the hospital roughly 60 days post-transplantation. I got to know his family members during this time—a close-knit group.

Doug arrived one afternoon at the clinic asking for me. “Bill sent me to see you to give you a hug for him.” I told Doug to tell his son that, when he was out of the hospital, we would all have lunch together. After he was discharged, Bill and Doug would be the special members.

Time went on, and severe abdominal pain sent Bill to surgery for a 6-inch colon resection. Many family members were gathered while Bill was in surgery, and it was a grim time wondering if Bill would make it. He did and, the next day, I visited him in the intensive care unit. When I held his hand at the bedside, I thought about the gentle touch he must have had with animals in his veterinary clinic. Eventually he was discharged and said he felt “like a million bucks.”

Summer 2014

I left town with my husband for a trip to my home state of New Mexico when Bill’s father texted me that Bill was admitted (again) for a gastrointestinal bleed. “Bill is despondent,” he wrote. Bill received 47 units of blood and 37 bags of platelets during a two-week period. When I visited, he was lying on his side, teary-eyed. He said, “Joanne, I don’t think I can do this anymore.” I left and struggled all evening about what to do or think. I finally decided it was time to pray. The bleeding stopped in 48 hours.

I had been successful in my many years of nursing to keep an emotional distance for professional practice; however, in this case, it was clear we shared a very special bond.

J oanne Rochester, BA, RN, is an autologous transplantation specialist at Seattle Cancer Care Alliance in Washington. The author takes full responsibility for the content of the 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. Rochester can be reached at jrochest@seattlecca.org, with copy to editor at CJONEditor@ons.org.

Key words: immunotherapy; bone marrow transplantation; caring

Digital Object Identifier: 10.1188/15.CJON.631-632