Common Threads in Cancer Treatment

Oncology Choice
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When I was a little girl, I always wanted to be a nurse. My parents recall me wrapping my cats up in bandages and asking for a doctor’s kit for Christmas. Being a nurse was in my blood. It is who I am.

I remember going to the hospital as a teenager to visit my uncle who was 42 years old and very ill with colon cancer. I saw some wonderful nurses doing some wonderful things to care for him and make him comfortable. Experiencing this solidified for me that oncology nursing was my intended calling. I have been an oncology nurse for 22 years and thank God every day for this honor. He has graced me with the ability to take care of patients in all stages of cancer care. I have received so much more from them than I could possibly have given.

I currently am the clinical director of an outpatient oncology unit and a 26-bed inpatient oncology unit. To see how the nurses I work with give of themselves to our patients is overwhelming. I hear them talk and share stories, concerns, and joys about being privileged to care for these patients. I feel so uplifted by being a part of the lives of these nurses and patients.

Today’s new treatments for cancer (e.g., immunotherapies, monoclonal antibodies) have added a whole new layer of care to patients with cancer: critical care nursing. It is hard to quantify in numbers and data measurement how oncology care has changed since 2005. The treatments are causing many more reactions and require monitoring that is equivalent to a critical care ratio of one or two patients per one nurse.

Oncologic emergencies such as deep vein thrombosis, tumor lysis syndrome, and anaphylactic reactions have exploded, despite the best premedications. The great news is that we are seeing successes where there was little hope before. Being an oncology nurse means giving everything you have and then more and, some days, it is still just not enough. It means clocking out at the end of the day and being so physically and mentally exhausted that you just cannot fathom doing it another day. Then, as you lay in bed at night, so tired that you can’t shut down from everything you did, you wonder if you reported everything so that the nurse taking over has all the information he or she needs to care for the patients. It is then that you remember the look of gratitude a patient had when you talked to him about his pain, or the way a mother with breast cancer receiving chemotherapy held the hands of her son and daughter who were visiting, and that lets you know your day was a success—and you have hope that the next day will be just as rewarding.

It truly is an inspiration to watch patients and their loved ones as they battle cancer and the side effects of treatments. These patients endure so much physically, mentally, emotionally, and spiritually. I feel honored to share these experiences with each one of them. At the end of the day, when driving home, the sunset seems to be so much more beautiful, the raindrops are like glistening diamonds, and the flowers and trees more brightly colored. Time is so much more precious.

I have witnessed several family members and friends pass away from cancer. My dad was throat cancer, the second lung cancer (two totally different cancers). I have experienced both sides and understand the fear, pain, and devastating feelings associated with a cancer diagnosis. I saw the worry and hurt of my mom, sister, and other loved ones as my dad was very ill. Even when he was very ill and so very tired and felt like he could not go anymore, the nurses, doctors, therapists, friends, and my family wouldn’t let him give up. I can honestly say we are all stronger individuals and stronger as a family for having gone through these trying times. All of these experiences have made my journey more meaningful.

In addition to my dad’s personal cancer experience, the other journeys that I have endured with patients have given me so