Looking for Hope and Forgiveness

Nurses: The Most Trusted Profession . . .

Katherine M. Zahasky, RN, CNP

Facing and owning up to my mistakes was something I learned as a child. In our house, if you told the truth and admitted what you had done wrong, there was no punishment. If you decided to run, hide, or lie, punishment was swift and non-negotiable, with no hope of early release or pardon for subsequent good behavior.

I am an oncology nurse practitioner with more than 16 years of experience prescribing chemotherapy drugs—dangerous, powerful, potentially life-threatening drugs. Recently, I made a medication error and prescribed too much chemotherapy for my patient. My plan was to administer 50% less than normal dose, as the patient had pleural effusions and I was concerned the drug would sequester too long in her system, resulting in severe neutropenia. When I wrote the orders, I was doing too many things at one time and did not do the dose reduction. Now I wait and pray her immune system will recover from the current absolute neutrophil count of 100.

When I discovered my medication error, I could hardly believe it was real. I checked and double checked—it was real. As my hands got colder and my heart rate reached mid-tachycardic range with premature ventricular contractions, I continued to search for any possibility that it didn’t happen . . . but it did. When I told the patient, she looked at me with kindness and said, “Hopefully the full dose with make the cancer shrink faster.”

I wanted to say, “These are dangerous drugs, you could die; aren’t you going to yell at me?”

But she trusted me. Today, I am not sure why, but she still does. I explained neutropenia precautions, started her on an antibiotic, quarantined her to her house, canceled all her other appointments, and sent her home with a face mask. I apologized, and she just said that she understood and asked when her next appointment would be.

In the beginning: When I graduated in 1974 and began my practice, I clearly understood nursing theory; I was a novice. I was always amazed that I was caring for critically ill patients. They followed my directions (usually) and plan of care for the day. What did I know? Didn’t they figure out I was a rookie? Did they understand that I was learning as I went along?

In the next 17 years, I cared for hundreds of patients who were ventilator-dependent following surgery or trauma. They trusted me to keep their airways open and support their breathing until they were able to recover this function. They trusted me and the skills I brought to their bedside.

I returned to school for my master’s degree and certification as a nurse practitioner, and I have been an advanced practice nurse in the outpatient setting for the past 16 years with all the responsibility and prescriptive authority that accompanies the role. In the science of oncology treatment, cutting-edge research and treatment are the hallmarks of our practice; however, I am still convinced it is the art of nursing that keeps bringing patients back through the doors of our clinic.

The privileged place of nursing: So why is it patients trust us so completely and have such confidence in our care, even when they don’t know us and haven’t checked our credentials or references? I don’t know the answer, but I think it is because we are nurses and, since 1633, when the Daughters of Charity of St. Vincent de Paul Servants of the Sick Poor began caring for the poor in their homes, nurses have been honored to be one of the most trusted members of society. We have been allowed into the most intimate moments of human life—attending the birth of a child, sharing in the sorrow of lingering illness, celebrating the unimaginable joy of recovery, and holding the hand of the patient breathing the last breaths of a life well lived.

Back to my story: My patient returned and her absolute neutrophil count is recovering. She is feeling fine. I will wait another week and restart the chemotherapy at the 50% dose reduction. I learned I will make another error like this again. I hate to even put this thought down in words, but I know it is true.

But I have three important (albeit painful) lessons from this patient experience.

• I cannot multitask when ordering chemotherapy. My patients need my full attention when ordering medications that are so dangerous. The potential for serious consequences is too great to risk another error like this one.

• I will make another error like this again. I hate to even put this thought down in words, but I know it is true. Despite all my best efforts, I am still human with many and assorted flaws. I will make this mistake, and others, again.

• If my patients can forgive me, I should be able to forgive myself. And I will, one day soon.

Katherine M. Zahasky, RN, CNP, is a certified nurse practitioner in Medical Oncology at the Mayo Clinic in Rochester, MN. The author takes full responsibility for the content of this article. The author did not receive any compensation for this work. No financial relationships relevant to the content of this article have been disclosed by the author or editorial staff. Zahasky can be reached at zahasky.katherine@mayo.edu, with copy to editor at CJONEditor@ons.org.

Digital Object Identifier: 10.1188/12.CJON.93-94