

An oncology nurse's warmth, humor, and compassionate care have helped even the odds in my wife's decade-long battle with incurable cancer. Needle phobia and a complex chemotherapy regimen have made for a challenging course of treatment. However, working closely with us, my wife's care team has given us back the control that can so easily ebb with remission and relapse.

AT A GLANCE

- My wife's nursing team has brought personal presence—listening skills, authenticity, awareness, and compassion—to every clinical encounter, helping transform even the most difficult care situations into life-affirming experiences.
- This very personal and personalized care approach has enabled us to maintain a sense of control in the face of uncertainty, taking away the dread and bringing greater peace of mind.
- Because of this kindhearted care, my wife has found renewed strength and an enhanced capacity to reach out to her fellow patients and ease their burdens.

KEYWORDS

cancer care; oncology nurse; compassion; cancer treatment; nurse-patient relationship

DIGITAL OBJECT

IDENTIFIER

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Pricks of Conscience

A needle-phobic patient's experience of compassionate nursing care

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My wife is wildly needle-phobic. We are not talking about the “turn your head away and think of the beach” kind of phobia. We are talking the entire vasovagal value pack: intense anxiety, lightheadedness, sweating, rapid heartbeat, and elevated blood pressure. 1, 2, 3 . . . down for the count.

To grossly understate things, this makes cancer treatment complicated, particularly with two different cancer diagnoses in two years. We have been at this now for a decade, and it is not an exaggeration to say that my wife would not be alive today were it not for the care teams who have managed all the little (and big) pricks in her life.

Her primary, rare cancer was not initially treatable through oral chemotherapy, so subcutaneous invasion, IV cannulation, and intramuscular injection were an inevitable part of her treatment plan. When it became clear that no cure was possible and that these procedures would be part of a regimen she would need to follow for the rest of her life, she almost walked away. And had it not been for a particularly gifted, deeply humane, and wickedly funny oncology nurse, Carolann, who has been treating her for many years now, I believe she would have. Carolann's skills and compassion have made all the difference, one that I will describe shortly.

To put her needle phobia into perspective, my wife is otherwise fearless and infectiously optimistic.

A few weeks after a second, grueling liver resection, she showed up in her surgical oncologist's office having used eyeliner to draw a circle around her wishbone-shaped abdominal scar. While she lifted her blouse with one hand to reveal the peace sign, she formed a “V” with the other, saying, “Once a flower child, always a flower child.” I fell off my chair just in time to catch her surgeon, who was convulsed in laughter.

When we spent a year traveling back and forth to Sweden for peptide receptor radionuclide therapy for her cancer, which then was not available in the United States, she made friends with the Transportation Security Administration agents at Logan International Airport in Boston, Massachusetts, who were required to routinely poke and prod her on our return trips home. This was humbling to watch.

Each time we passed through customs, her radiation levels set off the dirty bomb protocols. This shut down all the immigration lines. Visualize red lights flashing and armed agents approaching. We would be separated and escorted to tiny cinder block-walled rooms, each with a small metal toilet, over which hung a broadly beaming picture of Barack Obama. There we would sit for hours until “Washington” found her isotope on the approved list of medical radiologies.

Upon our release, as I invariably groused about inconvenience and indignity and tried to find our abandoned luggage, I usually found my wife trading shoe-shopping