QUESTION

In cancer care, what is loss and what is victory?

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RESOURCES
- CancerNetwork Offers discussion on self-care for oncology nurses when dealing with compassion fatigue
- Oncology Nursing Society Provides links to content related to clinical support and guidance
  www.ons.org/explore-entrance
- U.S. Department of Health and Human Services Springboard Beyond Cancer empowers cancer survivors to play a key role in their health management

The challenges faced in my first year as a new oncology nurse included learning the beauty of small victories and understanding loss. Family and friends often mention how sad and hard this profession is. It is hard to explain how much I love this job to those who view it as somewhat depressing. The victories are the small moments: shortness of breath improving because the tumor shrank, attending a granddaughter’s graduation, seeing a new baby born, or celebrating another birthday. Those moments keep us coming to work every day and help our patients make it another month.

However, the loss is harder. Our personal accomplishments as nurses are linked to cure rates and survivorship. Spending more time with patients may lead to higher distress levels for nurses when death occurs because we become so attached.

In my first few months as an oncology nurse, I had a high feeling of personal accomplishment when a favorite patient defeated the “Big C.” We all have our favorites, and this fighter was one of mine. She was a nurse educator being treated for breast cancer, and, despite the learning curve, she trusted me wholeheartedly. And if she didn’t, she never showed it. She made me feel confident, and that helped me grow. Every week, she would present in flip-flops and a smile. We would talk about the struggles of life, outdoor adventures, and the best crockpot recipes as I sat and administered “big red.” We had many of these conversations as I sat and pushed doxorubicin for 15 minutes. In a world that is full of distractions, it was refreshing to sit and focus on a conversation without any interruptions. It took many months for me to realize that I was doing more than just administering chemotherapy; I was building a relationship.

We would often reflect on how chemotherapy took her hair, made her nails brittle, and made her fatigued at times, but it never took away the positive energy emitted from her kind personality. The hair was replaced by a blonde wig that was pulled into pigtails each week, completed with a ball cap and the flip-flops. She decided that, because she and I started her first chemotherapy treatment together, we should complete her last one as a team too. We did just that.

A year later, she became symptomatic and was back in the clinic, this time with black curly hair. The cancer had come back with vengeance, and she was gone within a few weeks. My personal accomplishments had never felt so low. I felt like we had failed her.

Walking down the hall one Friday morning, I was met by this same patient’s husband. He felt that he needed to thank me for attending her memorial service, which, of course, had sand and flip-flops displayed. Seeing him without her brought back feelings of failure and sadness. His warm embrace convinced me otherwise. He proceeded to express how much I meant to his wife and to him. Feelings of failure were swept away, and I learned to continue giving myself to patients even when my personal accomplishment feels low. The reassurance by the husband experiencing the loss of his wife gave me the strength to keep working in this field.

There are several symbols patients use to represent their cancer journey: ribbons, colors, flowers, and crustaceans. An interesting comparison comes from the Latin root of cancer, which is cancri, meaning crab. Just like crabs, cancer cells have a tough shell that can be difficult to break and hard to reveal the inner core. When the shell is unbreakable, we adapt and attack at other angles, trying so desperately to cure. Not only do crabs take on a cellular comparison, but they also resemble a common view of cancer: mean, angry, and unrelenting. It is a shame we cannot just throw cancer in a pot and boil it! Our society believes that one must beat cancer in order to win. As oncology nurses, we know this is not necessarily the truth, and we continue to fight for a cure while also understanding that stable disease is a victory, as well. Through losses and victories, this is the hardest job I will ever love.

KEYWORDS
self-care; compassion fatigue; survivorship; end-of-life care; palliative care

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