

It's estimated there are more than 200 types of cancer • Pros in Canadian men • Breast cancer continues to be the most can be prevented or detected early through screening and cancer will be diagnosed in Canada in 2012. More than 75,000 between the ages of 0 and 49 will account for approximately

CONQU CANCER

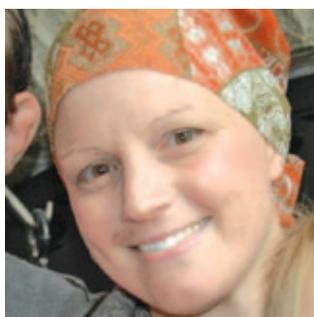
Nurses have a unique role to play in the lives of patients diagnosed with cancer. In this issue of *Registered Nurse Journal*, we look at the experiences and views of four nurses from different vantage points. Whether facing a personal diagnosis, advocating environmental policies, or working directly with patients in pediatric oncology or palliative care, these RNs are doing amazing things to help those dealing with this pervasive chronic disease. **BY MELISSA DI COSTANZO**

all cancer deaths in 2012 • Almost 70 per cent of new cancer No. 1 cancer killer of men and women in Canada. Every year, cancer combined. More than 20,000 Canadians died of lung diseases identified by the UN as causing premature death. premature deaths caused by cancer by 25 per cent by 2025

tate cancer remains the most commonly diagnosed cancer commonly diagnosed cancer among women • Half of cancers health promotion • It's estimated 186,400 new cases of Canadians are expected to die from the disease • Canadians 12 per cent of all new cancer diagnoses, and five per cent of

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Cheryl Dove



Karen Drybrough



Morgan Lincoln



Grace Bradish

cases are found in Canadians 50 to 79 • Lung cancer is the lung cancer kills more people than breast, prostate and colon cancer in 2011 • Cancer is one of four non-communicable The international organization has set a goal to reduce • April 3 marks Annual Oncology Nursing Day across Canada.



Cheryl Dove, with husband Mike and daughters Julia (left) and Jenna, is taking every day one step at a time after her cancer diagnosis in the spring of 2012.

Diagnosis sends NP reeling

The spring of 2012 should have been a happy time for nurse practitioner Cheryl Dove. She was about to give birth to her second child, Julia, and was looking forward to maternity leave and spending more time at home with her two-year-old daughter Jenna.

Just days before Julia was born, 32-year-old Dove discovered a lump in her breast. Less than a month later, she was diagnosed with breast cancer. Nothing – not even almost a decade of nursing experience – could have prepared her for the news. Currently on leave from the North Muskoka Nurse Practitioner-Led Clinic, Dove admits: “I felt like my world was turned upside down. It was an overwhelmingly emotional experience.”

In the days following her diagnosis, Dove discussed treatment options with her husband, Mike, who is also an NP at the same clinic. They talked about how Dove was feeling, and what the next steps should be, just as though they were talking about a patient, she says. “I was in autopilot shock mode,” Dove admits, adding the news only began to really sink in when she was sitting in her oncologist’s office, staring at a medical bracelet with her name on it.

“Even now, sometimes, I feel like this can’t be me. But it is.”

After a battery of tests, eight rounds of chemotherapy (which wrapped up in October), and a double mastectomy, Dove says she takes every day one step at a time: “one foot in front of the other.” Losing her ability to breastfeed – something she could not do during chemotherapy – was especially difficult. “I still find it very upsetting,” she says. “I don’t know if I’ll ever completely get over it. It’s a grieving process.”

Dove has made many mental notes over the past seven months that she thinks will positively influence her practice – including telling patients to bring someone else along to appointments. They can be “very overwhelming” for a patient facing a cancer diagnosis and months of treatment. Dove’s husband accompanied her, and that made all the difference in the world: “As an NP, I thought ‘I’ll understand what the doctors are saying,’” she says. “But I wasn’t really taking it in. Bringing someone with you is very beneficial.”

Dove also plans to provide future patients with a primer about the health-care system, which has been described as maze-like by providers and clients alike. She had guidance from her husband and colleagues, but says an explanation of who does what is vital in order to calm the anxieties of patients who are already nervous and concerned about their health.

There is a lot of information available to patients following a diagnosis, Dove says. For instance, there’s financial assistance from cancer foundations, and volunteer services such as transportation. She can now confidently tell her patients this kind of help exists if they need it. It’s also helpful for health-care colleagues, who may be looking to provide extra support for their clients, to understand what’s available. Anything nurses can do to ease a cancer patient’s experience is precious, she says.

While it’s “different to be on the other side,” Dove says nurses have helped every step of the way. “It’s nice to know that health-care professionals really do have a positive impact on patient care. It really does make the situation more tolerable,” she says of having compassionate, understanding and helpful nurses and physicians.

One of the most powerful lessons Dove says she’s had since embarking on this difficult time in her life is the compassion of others. “(People’s) kindness has been so plentiful...from making meals for our family, to sending us well-wishes and words of encouragement, to the generosity of mothers providing breast milk for our baby...the support has been overwhelming,” she says. “It’s amazing how much strength you can draw from that.”

Children learn about cancer from classroom nurse

This spring, 14-year-old Joseph* learned he was living with osteogenic sarcoma, the same cancer Terry Fox was diagnosed with 35 years ago. Karen Drybrough, an RN at Toronto’s Hospital for Sick Children, was asked to speak to Joseph’s classmates. She is one of 10 Pediatric Oncology Group of Ontario (POGO) Interlink nurses who help young cancer patients feel more comfortable when resuming class after a diagnosis. Joseph wanted to hear the questions his fellow ninth graders were asking, and wanted to reassure them he was doing well. He stood next to Drybrough throughout the presentation, and though he seemed nervous, Drybrough says his courage impressed and inspired her.

Often, children are not present during her school visits because they’re undergoing treatment. “I was touched by how brave Joseph was, and how warmly his peers responded to him,” the Toronto RN recalls. “I don’t want to sugarcoat, because this is a difficult and stressful time for children and their families. But I see amazing personalities and spirits prevail.”

On average, Drybrough visits 80 schools each year in the Greater Toronto Area. She’ll answer students’ questions, and talk to them about cancer and its effects. When is my friend coming back to school? Why did he get sick? When are we going to get it? Does it hurt? These are just some of the difficult questions Drybrough faces on a regular basis.

She visits schools either at the beginning or the end of a child’s cancer treatment. She also visits if the prognosis changes, or if the child dies. Most teachers and principals have limited experience talking to students about the disease, she explains. “People hear the word ‘cancer,’ and it sets off a lot of alarm bells,” she says. “We need

* A pseudonym has been used to protect privacy.



Karen Drybrough visits up to 80 classrooms each year to answer students' questions about cancer.

After her mother's diagnosis, Lincoln began her nursing degree at the University of Toronto. She had an interest in environmental health and noticed cancer prevention programs focused on maintaining a healthy, smoke-free lifestyle. Early screening was also offered as a pre-emptive tool.

While these messages are important, they "generally eclipse environmental factors, such as air pollution, or toxins in consumer products," says the Toronto native and president-elect of RNAO's Ontario Nurses for the Environment Interest Group (ONEIG). According to the Canadian Cancer Society, harmful – or potentially harmful – substances include: non-stick cookware, arsenic in drinking water, pesticides and radon. Environmental

risks include: radiofrequency fields and medical radiation.

Lincoln believes stringent regulations around carcinogens need to be created and enforced at the federal, provincial and municipal levels. Nurses, with their holistic view of health, are in a strong position to advocate for cancer prevention politically, she says. In fact, ongoing political activity by RNs will keep these environmental risks top-of-mind for policy makers, she adds.

Morgan Lincoln believes nurses are in a strong position to lobby politicians for better cancer prevention.



to...help quell misinformation. Many pediatric cancers are curable now." In fact, Drybrough says 75 per cent of children diagnosed with the disease survive.

School visits are only part of this pediatric oncology nurse's role. She also links families to community supports, such as POGO. And she is involved in palliative care co-ordination and advocates for the development of community supports, such as parent support groups. Drybrough's able to see how patients and their families live outside hospital walls, allowing her to better understand how the disease impacts health, wellbeing, relationships and jobs.

She recognizes the toll that working with this population can take, and accesses creative outlets to find balance in her life. In her spare time, Drybrough volunteers with a Toronto theatre company. She draws on her experience as an actor and producer to help her better relate to the children she meets during her classroom visits.

"It's joyful, rejuvenating, and there is no doubt in my mind it has helped sustain me in pediatric oncology," she says.

Drybrough also admits that bringing her theatre experience into the classroom helps her stay animated when speaking to children. "When you're presenting, you can, perhaps, fall back to a less natural, more scripted way of speaking," she explains. "My theatre experience has taught me to keep it natural and to be myself. (This helps when connecting with the kids.)"

After 35 years of working with children, Drybrough says it "gets into your blood and into your bones." She has encountered profoundly difficult experiences throughout her career. The passing of a youngster is never easy, she says. But the resiliency of the human spirit has kept her in the role. "When you see a child finish treatment and get back to school and get back to their home life, it's very gratifying."

Prevention strategy must include environmental policy

Morgan Lincoln knows the devastating effects cancer can have on a family. Her aunt passed away from leukemia at the age of five. Her grandfather died of a brain tumour when she was 10. And in 2009, Lincoln's mother learned she had breast cancer.

The majority of work ONEIG is currently focused on aims to do just that. Three ONEIG resolutions – all linked to cancer prevention – were passed at RNAO’s 2012 annual general meeting. The group has urged RNAO to support policy that will: reduce vehicle idling, including drive-through emissions; ban the mining, processing, use and export of all forms of asbestos; and reduce the risk of exposure to carbon monoxide and nitrogen dioxide due to emissions from ice re-surfacers in arenas.

ONEIG is pushing for these changes so Canadians can breathe easier, but its work is not limited to these resolutions. In the fall, the group organized a Greening Health Care event, where sustainability initiatives in place at Toronto’s University Health Network were discussed. RNAO and the Canadian Nurses Association have also passed ONEIG resolutions related to the amount of lead children are exposed to.

Lincoln says few people realize how closely their health and the environment are linked, which is what drives her involvement with ONEIG. “They’re inextricable,” she says, suggesting peoples’ lack of understanding may relate to the lapse in time between exposure and the onset of disease. Breathing air polluted by diesel exhaust, which has been labeled a carcinogen by the International Agency for Research on Cancer, is exposure, but some people may not be diagnosed with cancer until years later, she explains. “We can touch a stove and see a blister or burn right away. This is like constantly touching a hot stove, or being in a toxic soup, but not seeing the effects until way down the line.”

Lincoln’s motivation stems from her family’s history with cancer, but her clinical experience has also shaped her focus. In the fall of 2011, she was completing a placement in oncology at Toronto’s Princess Margaret Hospital. One day, she learned two people on the unit had been diagnosed with mesothelioma – a rare cancer primarily caused by asbestos exposure. She was surprised to hear that two patients were living with the same uncommon cancer. The experience reinforced her passion for holding political leaders accountable. When it comes to cancer prevention, this is “a warning for what’s potentially to come if we don’t get serious (about protecting our environment).”

Precious time at end-of-life is premise of new book

Grace Bradish has provided care for hundreds of patients over her 35-year nursing career. Few have had the impact on her that Rob Fazakerley and his wife, Jen, have. “I tell my patients on a daily basis: my job is to help you find joy in living today, because I can’t tell you what’s coming tomorrow,” she says. “Jen and Rob really lived that (philosophy).”

Bradish was the home-visiting nurse practitioner at London’s South West Community Care Access Centre assigned to Rob’s care when he was diagnosed with terminal pancreatic cancer in August 2009. He was only 46. She’s also the co-author of a new book called *Just Stay*, a novel about Rob and Jen’s last months together.

After his diagnosis, Bradish met numerous times with Rob, his wife, and spiritual care specialist Helen Butlin-Battler to discuss Rob’s care. When the London NP was not available to meet in person, or if Jen had an urgent question, she exchanged emails with the couple. Often criticized as an impersonal way to communicate, Bradish says emailing is a fast, effective method

that can be used to supplement in-person client care. Jen asked Bradish for clinical advice – many times via email – right up until Rob’s passing in September 2010. “She would email me with a question: ‘Is this normal?’ ‘What should I do?’” recalls Bradish. “I could respond almost instantly...and she could choose when to open (the message).”

Bradish even learned of Rob’s death via email because she was out of town at the time. The message, she admits, was tough to comprehend. “I warn families about this: that regardless of how much they’re anticipating...that final breath, that absence of pulse carries an element of shock and surprise that one can never anticipate,” she says. “(When Rob died) I felt that.”

A few months later, Bradish gathered together 300+ emails she had exchanged with the couple and Butlin-Battler. She sent them to Jen, and talked to her about the wealth of her experience. It could be beneficial to other patients, families



RN Grace Bradish (left) co-authored *Just Stay*, a book about one man’s end-of-life experience, with Jen Fazakerley (centre) and Helen Butlin-Battler.

and health providers, she said. Discussions ensued, and the idea for *Just Stay* was born.

For two years after Rob’s death, Bradish, Butlin-Battler and Jen collaborated on the book. Sometimes, they found themselves writing in pairs due to conflicting schedules. All three were first-time authors, and the writing experience, Bradish says, was very powerful. “There were sections of the book where, if we didn’t cry together when we were writing, I know we certainly had tears when we parted and went our own ways.”

The book, which, in part, is a reflection of Bradish’s approach as a palliative care nurse, was released in September. Since then, people have been telling her they can’t put it down. She hopes *Just Stay* gives readers “confidence that, despite a (loved one’s) departure...there will remain a significant presence with those whom they loved.” For health-care providers, her wish is that the book “releases them from the awkwardness that we all experience in having these very difficult conversations with people. We are so afraid to use the “d” word, and

yet, death is what makes life so terribly precious.” **RN**

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For more stories about nurses’ inspiring work in oncology, visit www.RNAO.ca/rnj