



Tribute to NURSES

The Big C

it's not just for Cancer

**It's also for Caring, and Curing,
and Carving out a special role
in the world of nursing**

By ELLEN ASHTON-HAISTE



Back in her third year of nursing school, Jennifer Wiernikowski said to her best friend: "I love nursing! It's great. I just hope I never have to look after people with cancer. That'd be too hard."

"Oh, yeah, absolutely!" her friend agreed.

Fast forward to 2010.

"From a professional point of view, the opportunities within cancer nursing to grow professionally or to learn new things are absolutely endless," Wiernikowski enthuses today. "There are lots of different treatments, from surgery to chemotherapy to radiation, and even within those big buckets there's lots of sub-specialties. You can move around within cancer and continually be learning new things and be applying new skills. So it never gets old, it never gets boring.

"Every time I've needed a change or every time I needed a challenge, oncology nursing always, always put it right in front of me. So I will probably do it until the end of my career. I'm certain I will."

There's no doubt, listening to Wiernikowski, that she's more than happy with her younger self's change of heart. She's spent her entire career nursing cancer patients and is current president of the Canadian Association of

Nurses in Oncology (CANO).

And, while she admits that it's not always easy and, certainly, there are sad moments, she maintains there's more than enough bright and satisfying moments to balance the scales.

"It has its incredibly and powerfully sad and emotional moments, there's no doubt about that," she says. "(But) I think, those are some of the situations where nurses feel they're most impactful and most helpful — helping patients and families deal with those sad times when cancer's come back or when the goals of care shift from being able to cure someone to being able to palliate them and relieve their symptoms as best we can."

And having that kind of impact, she says, is what all nurses, whatever their field, want to feel at the end of the day.

On the flip side, she points out that we're also in "the era of the delightful dilemma of survivorship in cancer." Five-year survival rates have been on a linear incline for about 15 years, giving nurses a new role: helping patients deal with the long-term side effects of treatment, with getting back into the world and re-engaging with life and relationships, with managing the fear of recurrence. "It's a whole new area of study and a whole new area where

nurses know they can have impact.

"There's the very sad piece of cancer — you can't get away from that. But there's these incredible areas, too, where it's very hopeful and really light and bright."

But the stereotype that she voiced as a nursing student can too often keep potential oncology nurses away from the specialty, something that's exacerbated by the fact that most schools of nursing lump oncology in with general nursing, so students often don't get a clinical placement in a cancer setting. Thus, most oncology nurses find their way through more circuitous routes, sometimes through personal experience.

In fact, that's what brought Wiernikowski into the fold.

Her last placement, in her fourth year, was in pediatrics and she found herself on a pediatric oncology ward. "That was it for me," she says. "I was completely, completely taken in

by the role of a nurse dealing with children with cancer — just so powerful that I was overwhelmed and thought I can't do anything other than this."

So she launched her career in pediatric oncology but at about the same time her mother was diagnosed with ovarian cancer and passed away a few years later.

"That changed me a lot," she says. "I started thinking about the experience and the fact that, as a daughter of a woman who died of cancer, I had a lot to offer families who were losing their moms. That's a very excruciating experience for anyone, not just daughters."

From that revelation, she ended up in adult oncology, a journey that took her back to school for a masters degree and an advanced nurse practitioner certificate.

Now, she's working with CANO to promote the field of oncology within schools. They've developed a toolkit that can be downloaded

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from their website (cano-acio.org/) and that local chapters can use in presentations to students about the choice of oncology nursing.

"That's very new and we've had a couple of sessions and terrific feedback about those," she says.

The association is also thinking about sitting down with curriculum planners to talk about the possibilities, about programs like the one at Dalhousie University in Halifax that allows undergraduates to stream into an oncology specialty or like McMaster University's McMaster Centre of Excellence for oncology advanced practice nurses at the Juravinski Cancer Centre.

At the same time that CANO is attempting to draw more students into the oncology

nursing area, changes in government funding for hospitals and healthcare is threatening the field.

Admitting that hospital planners are being faced with tough decisions due to the funding changes, Wiernikowski is concerned about the impact on cancer patients in particular.

"Any cuts that come for nurses, anywhere in the system, in my mind are going to impact the ability to meet patients' needs to the best of our ability," she says. "As a nurse, myself, and a cancer nurse in particular, I don't like to see those cuts happening in cancer care. I worry about that."

The point was made eloquently by Greta Cummings, professor in the faculty of nursing at the University of Alberta

and president-elect of the International Society of Nurses in Cancer Care, in a letter to the editor in the London Free Press, addressing a potential cut to cancer nurses at the London Regional Cancer Program.

"The solution is not to reduce the number of specialized oncology registered nurses at a time when the complexity of care and needs of patients in acute and ongoing cancer treatment is increasing," Cummings wrote. "Specialized oncology nurses are prepared to comprehensively assess patients, therapeutically support patients, manage cancer symptoms and treatment side effects, teach and coach patients through all stages of their cancer and treatment, facilitate and help patients find their way through the cancer diagnosis and treatment system, thereby increasing continuity and reducing disruption in care, provide leadership to advocate for patients and continually improve care received by patients."

It's a sentiment that Wiernikowski echoes wholeheartedly.

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Jennifer Wiernikowski

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Record fundraiser supports new cancer centre north of Toronto

The economic times may be challenging, particularly in healthcare. But Southlake Regional Health Centre's new cancer program and its centerpiece, the Stronach Regional Cancer Centre, are moving ahead thanks to a new record for hospital fundraising north of Toronto.

The hospital has raised \$64.8 million — \$4.8 million more than the campaign goal and four times more than its previous fundraising effort in 2005, which yielded \$16 million.

The funds will help establish the cancer program, developed as part of a first-of-its-kind partnership with Princess Margaret Hospital and hailed by experts as among the most leading-edge in the world, with some of the newest cancer treatment technologies available.

The centre — which will provide services to 1.2 million York Region and south Simcoe County residents — includes three fully-equipped radiation treatment rooms (eventually to expand to six), a 23-chair chemotherapy unit, two multidisciplinary outpatient clinics, and designated space for clinical procedure, drug and equipment trials.

The radiation facility alone is expected to

serve an initial 1,200-1,500 local patients a year who would have otherwise had to travel to Toronto for treatment, freeing up capacity for Toronto hospitals like Princess Margaret to take on more patients and further advance critical cancer research.

"Campaign contributions came from Toronto and local donors alike, which demonstrates the recognition among both Toronto and local community members of the valuable services that Southlake provides," says Neila Poscente, president and CEO of the Southlake Regional Health Centre Foundation. "In particular, these results demonstrate that our community truly understands the need for comprehensive cancer care close to home, and the reality that they could transform the lives of thousands of cancer patients and their families."

Poscente explains that the extra funds raised will be used to purchase additional equipment not initially budgeted for.

Funds were raised from tens of thousands of donor gifts — from individuals, small and large businesses, community groups and service clubs — plus events such as golf tournaments, runs and a bi-annual gala, as well as support from the regional governments.



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