



Where We Were and Where We Are Going

Helene Brown

Without you, the oncology nurse, cancer care cannot reach the level of excellence that we all strive for. I want to take this opportunity to remind you of where we started from and ask you to participate in the future—to take part in the programs and opportunities that the Oncology Nursing Society (ONS) offers.

Many of you may not have been born in the 1950s, but it was a post-World War II era of soldiers coming home from war, entering universities, starting businesses, marrying, and having children at a rate that gave us the baby boomer generation. The emerging field of cancer control, known at the time simply as public education, also came to fruition in the 1950s. The American Cancer Society had the market cornered with their Public Education Program of the American Cancer Society. The program was a creative place to learn about the new interaction occurring between cancer care and public health—it was truly a game changer. Can you imagine not asking patients to participate in their own health and well-being?

The world of specialized medicine also was in its formative infancy. Nurses were bedside nurses, period. The word oncology was unknown to many outside of medical literature. And, to the general public, if cancer was in the family, it was not mentioned—it was thought of as a first cousin to leprosy. Can you imagine how difficult it was to care for patients with cancer in those days?

Virginia Barkley, RN, was the American Cancer Society's national director of nursing in the 1960s. Her role was still developing at that time, but she was responsible for a small amount of research devoted to the bedside care of patients with cancer. Barkley developed programs for nurses based on research and experience, and the nurses, in turn, passed the knowledge

to family members—such as information on how to manage fungating wounds that were the norm for many patients after being discharged from the hospital.

Pain management during this era was a futuristic thought, at best. Morphine was

fashion except in long intervals. It is not difficult to see how cancer was associated with thoughts and images of a slow, pain-ridden path to certain death.

A patient with cancer in the 1960s dealt with the medical system through the nurse rather than the physician. In time, a high level of closeness, intimacy, trust, and warmth developed between patients and nurses. Patients began to share their inner feelings, their thoughts about life and death, their qualms about what their illness meant to their families, and their financial worries. They sought sensitivity, touch, and understanding from the nursing staff. Some may remember those days and bring that with them to their own cancer experience.

Against this background, the American Cancer Society joined with the American Nurses Association in placing “stage center” the first National Cancer Nursing Research Conference in 1973. Immediately after the close of the conference, a



Photo courtesy of the National Cancer Institute.

This photo from the early 1980s shows a technician preparing a patient for radiation therapy.

small group of self-proclaimed oncology nurses met to discuss the need for a nursing specialty. To expand on that, they decided that, to decisively bring patient care into the 20th century, a professional society must be formed to support oncology nurses. That small group of nurses formed ONS, with official incorporation occurring in 1975.

As Margaret Mead said, “Never doubt that a small group of thoughtful, committed

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citizens can change the world; indeed, it's the only thing that ever has" (BrainyQuote, 2001–2012). ONS's founders and many early members did just that. As with the beginning of many organizations, ONS's first home was on the dining room tables of founding leaders such as Lisa Begg, DRPH, RN, Connie Henke Yarbro, RN, MS, FAAN, Daryl Maas Mathers, BS, MA, and retired chief executive officer Pearl B. Moore, RN, MN, FAAN.

ONS has grown tremendously since its official start in 1975. The society has become worldwide in scope, with more than 35,000 members, and is headquartered in an ultra-modern building of its own in Pittsburgh, PA. ONS's offerings to oncology nurses include annual confer-

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ences, which build on the expertise of members; publications such as the *Clinical Journal of Oncology Nursing* and the *Oncology Nursing Forum*, which are two of the most well-respected nursing journals in the world; accreditation from the Oncology Nursing Certification Corporation; research grants and schol-

arship awards from the ONS Foundation; and an amazing amount of educational classes and workshops available both in-person and online. These all are possible because dedicated oncology nurses and ONS staff members were committed to improving cancer care.

ONS also has grown to become an effective lobbying force in Washington, DC. ONS was an important contributor to the design of the Affordable Health Care Act signed into law by President Obama, with an emphasis on improving patients' access to, cost of, and quality of care. ONS continues to be an active supporter of any legislation that improves the control of cancer.

We have come a long way since the 1950s but, as the saying goes, if you have the ability, you have the responsibility. Oncology nurses have unfailingly demonstrated that they have the ability to move mountains to deliver the best care for their patients. Having identified the need for a supportive association to assist oncology nurses, the leadership that created ONS in 1973 truly was visionary. The nurses who have volunteered countless hours since 1973 have made the profession what it is today.



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Today, online education such as the Oncology Nursing Society's Radiation eConference offers learning opportunities for oncology nurses who face increasing demands on their time both in and out of the clinical setting.

Now that many of the baby boomer generation nurses who helped create ONS are beginning to retire, the next generation of oncology nurses need to step forward and take the reins. Who will volunteer to develop the products and services needed to improve cancer care? Answer the call when you are asked to help so that every patient with cancer can not only live longer, but live with an improved quality of life.

Reference

BrainyQuote. (2001–2012). Margaret Mead quotes. Retrieved from http://www.brainyquote.com/quotes/authors/m/margaret_mead.html