

Three Little Words No One Wants to Hear

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Romantics would agree that the three little words everyone wants to hear are, “I love you.” I heard the opposite of those words in June of 1999 when my doctor told me, “You have cancer.” A cancer diagnosis is a terrifying experience for anyone. Questions such as, “Why me?” “Why now?” “What did I do wrong?” “Could this have been prevented?” and “Is this a mistake?” commonly race through your head.

This article describes an examination of a personal experience with cancer in conjunction with cancer experiences represented in the nursing literature and those of oncology nursing colleagues with respect to these questions: How does the cancer experience differ when patients are oncology nurses, specially trained in the prevention, detection, and treatment of cancer? Does this proficient knowledge make the cancer experience more or less frightening? Will the nurses avail themselves of all the resources available—the same resources they would advise patients to take advantage of?

Although oncology nurses may be expected to be less fearful of a cancer diagnosis because they are more familiar with the disease, I, as well as others described in the literature, had a different experience (Tosh-Kennedy, 2007). Oncology nurses have the same emotions as their patients: anger, dismay, and disbelief; however, the emotion they may feel more acutely than patients is guilt. As a cancer specialist, I felt guilty because I thought I should have known earlier, sensed something was wrong before my doctor did, or sought earlier consultation. Although I am pleased to be a survivor, I have felt guilty for surviving.

wedding day, and the date you are told you have cancer. For me, that day was June 11, 1999. The spring of 1999 was stressful for me. I had taken longer than expected to bounce back from a virus that had left me fatigued. On top of this slow recovery, I thought the onset of mid-cycle bleeding was a first symptom of perimenopause.

As a nurse, I thought about the symptoms of menopause and realized that, aside from the breakthrough bleeding, I did not have accompanying symptoms such as hot flashes, mood swings, or vaginal dryness (National Library of Medicine, n.d.). I decided to see my family doctor for a consultation. I was not too worried because my recent annual checkup was fine, including my Pap smear, and I did not have any of the common risk factors for serious illness.

After my physician and I discussed my symptoms, she said I had “nothing to worry about,” and we should wait to see what developed. I asked her if she would examine me, and she informed me that I had a polyp that was causing the bleeding. “I know you are worried about it, the doctor said, “and I can tell you—this isn’t cancer.” I was relieved. The doctor recommended waiting and cautioned against a referral to a gynecologist, thinking I would undergo an unnecessary surgical procedure, such as a dilation and curettage or hysteroscopy.

After another four weeks with no change in bleeding, I decided to see a gynecologist. Although reluctant, my physician agreed to send a referral, and I was seen within one week. The gynecologist performed a hasty examination and sent a Pap smear to the laboratory. He told me that I would be booked immediately for a dilation and curettage and hysteroscopy because “there have to be some perks for healthcare workers and moving up a surgery date should be one of them.” I was happy but also felt guilty about the early surgery date.

One week after my visit, I received a phone call at work. A receptionist from my gynecologist’s office told me I had been booked to see another gynecologist for a colposcopy on June 11th. I questioned this appointment, wondering why I would be seeing someone other than my gynecologist. She patiently answered that the Pap smear revealed a cervical intraepithelial neoplasia, grade III (CIN III). Because those results always prompted a colposcopy to have a closer look at the cervix and, because my gynecologist did not perform colposcopies, I had an appointment scheduled with the other physician. “CIN III just means you have some abnormal cells,” she said, “it isn’t cancer.” Although, I knew she was trying to allay my fears, I hotly replied, “Do you realize that you called me at work, and I work at the cancer center? I know very well what CIN III means, and it may well be cancer and, at the very least, it is decidedly worrisome.”

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My Story

Some dates become etched in our memories—the first day of school, your

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