

## Both Sides Now

Many of us working in the specialty of oncology experience confounded shock and disbelief when we or one of our family members are diagnosed with cancer. In some way, we subconsciously feel that if we dedicate ourselves to helping those fighting the disease, then maybe we gain immunity. As many of us have learned, this is not the case. I first experienced the shock and disbelief of a cancer diagnosis two months before graduating as a clinical nurse specialist in oncology. I was diagnosed with melanoma at a time when I was trying to finish my thesis and embark on a new advanced practice role. At that time, my vulnerability was focused on the impact of my diagnosis on my profession. How could I take care of patients with cancer and be a patient with cancer myself? I was young and confident that I would beat the disease, but I was afraid about when I could start a family without risking disease recurrence. The spiritual bargaining that takes place when we are diagnosed with cancer is certainly dependent on the developmental stage in which we find ourselves when diagnosed.

My husband was diagnosed with melanoma 10 years ago—approximately 15 years after I was. He was in his early 40s, so his fears were different than mine when I was diagnosed. He worried about living long enough to see his only child, a fourth-grader at the time, graduate from high school. Feeling powerless, he embarked on a stereotypical male midlife crisis. The Porsche was fun for me, too, but I had different fears than my husband. As an oncology nurse, I was acutely aware that his lymph node involvement meant a more precarious stage of disease to watch and worry. When we left the hospital after his surgery—it was Daffodil Day—a nurse handed me a bunch of blooming daffodils, instead of the other way around. Once again, I was feeling the shock of transitioning from my professional world into the world of the patient (Bush, 1999). Four years after my husband's diagnosis, my younger sister was diagnosed with premenopausal breast cancer. I traveled

the journey beside her through mastectomy, chemotherapy, and reconstruction. During these personal crises, I gained greater insight into the cancer journey that my patients and families confronted. I became more dedicated to my profession, convinced that I could apply my own life lessons to become a more therapeutic oncology nurse.

Most recently, during a family reunion, I was admitted to the hospital for what was

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I have truly walked the path  
of my patients. I am more dedicated  
to my chosen profession and feel  
more knowledgeable and confident  
to be an advocate and caregiver  
for my patients.

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believed to be a routine appendectomy. Instead, an unexpected 5 cm tumor of unknown origin was found clinging to my appendix. I knew all too well that a tumor of that size, of unknown origin, meant dysplastic, dedifferentiated, and, frankly, scary cells. Shock and disbelief took the form of numb awareness and despair. To my benefit, my oncology colleagues started doing everything they could to get me the best medical attention as quickly as possible. As numerous pathologists were trying to decipher my slides, I began a five-day ordeal of physical examinations, scans, and biopsies. Every hour of every day became an emotional roller coaster. What lit up on the lower right quadrant on my scan? Was it the recent surgery or the right ovary? What lit up in my right breast? A mammogram nine months earlier had been negative. I felt dizzy and almost fainted when the oncologist told me that a breast malignancy had been found and needed to be confirmed by biopsy. But that still did not explain the appendiceal tumor. Four surgeries—a right colectomy, abdominal hysterectomy and oophorectomy,

two lumpectomies, and sentinel lymph node biopsy—later, I was diagnosed with stage II ovarian cancer and stage I breast cancer. The physical and emotional challenges had just begun. As Nail (2001) eloquently expressed, I began “coping as fast as I could.”

Here I was again, on both sides—a professional oncology nurse and a patient with cancer. How could this be happening to me? Ironically, 11 months prior, I had started a nurse practitioner position in a private practice working predominantly with patients with breast and ovarian cancer. Now I was facing similar emotions, similar fears, and the same treatment(s) as the many women I had cared for. I had been holding their hands with empathy and encouragement, but now I was questioning myself. Could I be as courageous as my patients? Could I travel a similar journey with their dignity and strength? In my work, I was equipped to provide advice and comfort for my patients, but suddenly, I felt ill equipped to advise or comfort myself.

At times, the anxiety was overwhelming and immobilizing. It was early-stage disease, but I had two separate malignancies and my third lifetime diagnosis. Internal fears and questions were endless. My sister and I both tested negative for the *BRCA* gene mutations, but what about those genes yet undiscovered? Was it my lifestyle? Was it my stress level? Intellectually I knew that feelings of guilt and worry were of no value, but on an emotional level, those feelings were real and painful.

It did not take me long to realize that I was feeling powerless; in that fragmented state, I had difficulty falling back on my education or oncology experience. At times, my experience seemed emotionally much harder *because* I was an oncology nurse. I knew too much about the disease I was confronting and the treatments that lay ahead, and I feared

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*Nancy Jo Bush, RN, MN, MA, AOCN®, is a nurse practitioner at Premiere Oncology in Santa Monica, CA.*

Digital Object Identifier: 10.1188/08.ONF.155-156