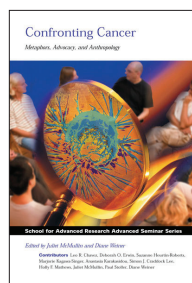


## BOOKS

**Confronting Cancer: Metaphors, Advocacy, and Anthropology.** Juliet McMullin and Diane Weiner (Eds.). Santa Fe, CA: School for Advanced Research Press, 2009, softcover, 300 pages, \$29.95.



This stimulating book challenges the oncology professional's viewpoint on the real meaning behind the provision of culturally competent health care. By examining the lived experiences of cancer

across a continuum of ethnicities, anthropologists describe the sociocultural, political, economic, and historical context in which cancer prevention, detection, and treatment may succeed or fail.

The reader is engaged beginning with the first chapter, "An Anthropology of Cancer," as the authors place cancer in a global perspective. Cancer is presented as a global issue with an intriguing metaphor. As a lack of control and degeneration of cells in the body, cancer equally represents the same unacceptable occurrence of lack of control and degeneration throughout the world. The text begins by investigating the morbidity and mortality of cancer related to the social inequalities and poverty that expose impoverished individuals to carcinogens on a personal, local, community, and national level, forcing certain populations to carry the burdens of cancer with set barriers for successful prevention, detection, and treatment.

Although cancer is the second leading cause of death in the United States, 70% of worldwide cancer deaths occur in low- and middle-income regions and countries. The goals of this book, published by the School for Advanced Research, are threefold: "(1) to examine the metaphors of cancer that teach us about our differences; (2) to delineate metaphors that naturalize inequalities; and (3) to contribute to the alleviation of suffering associated with cancer while exposing those perspectives that seek to homogenize diversity" (p. 5). Metaphors for cancer are used to demonstrate how cancer differentiates the "self from other" on the cellular as well as the social level.

A major take-away message from this stimulating anthropologic view on cancer is to prevent the mistake of equating inequality with cultural differences. The notion is demonstrated in Chapter 4, "Experiencing Diagnosis: Views from Latina Cervical Cancer Patients." In an individual case study, the author follows the gynecologic history of a young Latina woman who was diagnosed with cervical cancer, despite following recommended guidelines for screening and detection. Her journey begins with abnormal Pap smears diagnosed by her primary care physician and being treated with penicillin for diagnosis of an infectious process. Distressed, the woman expresses that her physician informed her that either she or her husband had had multiple sexual encounters that contributed to her repeated infections. Initially denied by her health maintenance organization to see a gynecologic specialist, her cervical cancer was diagnosed once she was referred appropriately. The case study points out the all too often implicit moral judgments and racial stereotypes that prevent early cancer detection and treatment (i.e., Latina women begin sexual activity at a young age, have more sexual partners, and are to blame for their illness).

Carrying out in-depth interviews with 30 Latinas diagnosed with cervical cancer, the author found that delays in treatment were caused by barriers such as women not knowing where to obtain low-cost diagnosis, lack of medical insurance, lengthy waiting times for insurance approval, and the dismissal of symptoms by medical providers. "These delays in treatment were further complicated by the women's cynicism about physicians' intentions, perceptions that they would not receive quality care, and moral and racial attributions assigned to them by medical personnel" (p. 67). In reality, racial and ethnic disparities in the incidence of cervical cancer are reduced or eliminated when socioeconomic status is taken into account (Brown, 2000). McMullin points out that cultural competence must include an understanding of how individuals experience and give meaning to the structural and social forces that impact their existence as well as the economic, political, and sociocultural perspectives that mask inequality.

The unequal burden of cancer in the United States has been recognized by oncology professionals, including nurses

(Frank-Stromborg & Olsen, 2001; Lipson, Dibble, & Minarik, 1998). The Oncology Nursing Society (2009) position statement on quality care supports "culturally competent practitioners who value diversity and are able to respectfully interact with patients and families about illness, prognosis, interventions, and outcomes in the context of differing value systems." In Chapter 10, "Self and Other in Cancer Health Disparities," Heurtin-Roberts contests the "cultural competence" movement in the United States when viewed within an anthropologic framework. "What actually constitutes cultural competence varies widely and frequently involves a number of problematic practices and perspectives, often running the risk of strengthening differences, the Self/Other dynamic, and power differentials in contemporary U.S. society" (p. 189). "Otherness" is seen as sociocultural differences, often prescribed negative attributes such as illness, disability, or stigma-generating illnesses such as cancer, whereas the "self" is defined as the societal group that is normative and holds the dominant perspective.

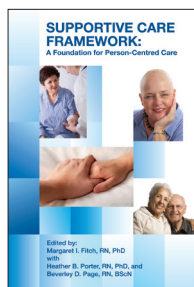
The contributing authors in *Confronting Cancer* engage the professional to examine the anthropology of cancer and the application of concepts such as cultural competence, health disparities, and the "complexity of diversity" within cultural groups. Cultural group members define what health means for its own members and recognize the healthcare needs of its membership.

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**Supportive Care Framework: A Foundation for Person-Centred Care.** Margaret I. Fitch\*, Heather B. Porter, and Beverley D. Page (Eds.). *Pembroke, Canada: Pappin Communications, 2008, softcover, 143 pages, \$39.*



The idea for this book was based on reviewer comments about an article Fitch submitted to the *Canadian Oncology Nursing Journal* describing her Supportive Care Framework (SCF). Reviewers said that examples of how the SCF could be applied in clinical practice, education, and research would be useful to readers. As a result, *Supportive Care Framework: A Foundation for Person-Centred Care* is based on Fitch's SCF and incorporates the reviewers' suggestions.

*Supportive Care Framework* is not a comprehensive text on supportive care, but the small book (143 pages) includes eight chapters focusing on SCF. In the first chapter, Fitch discusses the theoretical underpinnings of her SCF, which is based on the concepts of human needs, cognitive appraisal, coping and adaptation, cancer-specific factors (e.g., an unexpected life event, disease and treatment having more than a physical impact, wide range of needs for patients and families), emotional distress with illness diagnosis, and tailoring interventions. Fitch provides her definition and discusses the proportion of patients who will need varying levels of supportive care. Her work has been incorporated into standards for supportive care in Canada. This chapter forms a basis for clinicians, educators, and researchers to apply to patients or nursing education or to use as a framework to study patients with cancer. Educating and studying patients becomes the point of subsequent chapters, which read like journal articles.

Chapter 2 describes the adoption of the SCF as the nursing framework for the undergraduate nursing curriculum at the University of Ottawa. The SCF also was incorporated into a specific cancer course as well as other nursing courses that included cancer and other acute and chronic illnesses. In chapter 3, Rose Steele describes how the SCF has been applied in six oncology nursing research studies that included patients with lung and gynecologic cancer or patients receiving palliative radiation therapy. Chapter 4 describes use of the SCF for a master's thesis that

focused on the supportive care needs of parents of children with cancer. Chapter 5 discusses how the SCF was adopted as the model of care in a stand-alone cancer center in Australia. The author includes a useful discussion of the challenges and frustrations of undertaking the project and describes major barriers encountered.

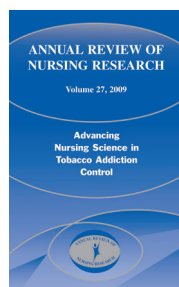
The next two chapters involve a nurse-led community supportive cancer care program and how the SCF can be a useful care framework for complex patients who have illnesses other than cancer. The text specifically summarizes the evidence for using the SCF in patients who have had a stroke. The last chapter offers a comprehensive discussion of the utility of the SCF in policy arenas. Two appendices are included: tools used by Fitch and supportive care program guidelines. In addition, standards for a supportive care program also are included.

In summary, this book would be useful for researchers, educators, and clinicians who wish to incorporate or use the SCF. The text is well referenced, including the evidence-based papers using the framework, and generously features case examples, tables, and figures. The book also would be an excellent starting point for a graduate nursing student who is planning a master's or doctoral thesis using the SCF. *Supportive Care Framework* will help students sharpen their thinking as well as provide useful examples of the SCF.

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the end of a patient's life and beyond. The text is developed to highlight nurses' vital role as part of an integrated palliative care team. Various care settings are discussed including the hospital, intensive care unit, home care, and hospice settings. Although the book does provide some information on disease and pathophysiology when appropriate, the chapters focus on the practical aspects of nursing care, including symptom assessment, patient teaching, family support, psychosocial aspects of palliation, and spiritual care. All chapters have been updated and reorganized to incorporate new research and emerging models of care. This updated volume features more than 10 new chapters, including an extensive section on international models of palliative care.

**Annual Review of Nursing Research: Advancing Nursing Science in Tobacco Addiction Control (Vol. 27).** Linda Sarna\* and Stella Aguinaga Bialous (Eds.). New York, NY: Springer Publishing Company, 2009, 240 pages, hardcover, \$80.



This volume sets the stage for understanding the evolution and importance of nursing science in the field. *Annual Review of Nursing Research* provides a brief historic overview of the tobacco epidemic and emerging science, describes changing trends in tobacco use, reviews health risks of smoking and benefits of quitting, and reviews concepts in nicotine addiction and evidence-based recommendations for tobacco dependence treatment.

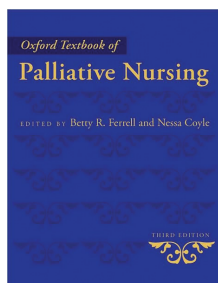
Also highlighted are nursing science efforts and leadership in addressing two barriers to mounting programs of nursing research in tobacco control: lack of nursing education and training in tobacco control and limited research funding and mentorship. Finally, the contributors to this volume address the issue of smoking in the profession as it influences nurses' health, interventions with patients, and, potentially, scholarship efforts.

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## NEW RELEASES

**Oxford Textbook of Palliative Nursing (3rd ed.).** Betty R. Ferrell\* and Nessa Coyle (Eds.). New York, NY: Oxford University Press, March 2010, hardcover, 1,424 pages, \$125.



Edited by nursing experts Ferrell and Coyle and written by a dynamic team of internationally known authorities in nursing and palliative medicine, the book contains 78 chapters which cover the gamut of the palliative nursing world. The volume's scope is broad to incorporate principles of care from the time of initial diagnosis of a terminal disease to

the end of a patient's life and beyond. The text is developed to highlight nurses' vital role as part of an integrated palliative care team. Various care settings are discussed including the hospital, intensive care unit, home care, and hospice settings. Although the book does provide some information on disease and pathophysiology when appropriate, the chapters focus on the practical aspects of nursing care, including symptom assessment, patient teaching, family support, psychosocial aspects of palliation, and spiritual care. All chapters have been updated and reorganized to incorporate new research and emerging models of care. This updated volume features more than 10 new chapters, including an extensive section on international models of palliative care.

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