

## LETTERS TO THE EDITOR

### Reader Recognizes the Importance of Nursing Research

I read with interest your March 2006 editorial titled "Professional Aging" (Vol. 33, p. 191). As a member of Generation X and a current nursing student in the University of California, San Francisco (UCSF), Master's Entry Program in Nursing, I want to commend you on your efforts to draw my generation to professional literature. In my experience, referencing current nursing research is required in certain classroom assignments, but little effort is given to encouraging the continued use of research in our approaching work as staff nurses.

Graduate study certainly will focus on research. Indeed, one of my future professors has informed me that the goal of master's-level training is to enable us to be savvy in finding and applying research. Using research, however, should not be only in the domain of a master's-prepared nurse. It should, as you write, be a natural part of every nurse's professional development.

Nurse residencies, which are in their infancy as an extension to the typical new-graduate training program, are one way to address the problem. UCSF's yearlong residency for new-graduate nurses, which begins with my class, will incorporate long-term, structured mentorship by experienced

nurses. Such programs have the potential to successfully bridge the gap between nursing schools' emphasis on a required knowledge base and the desire that the new generation of nurses use the continual expansion of nursing knowledge offered in journals.

John Merriman  
Master's Entry Program  
in Nursing Student  
University of California, San Francisco  
San Francisco, CA

### Reader Acknowledges That Nurse Leaders Have a Critical Role in Oncology Nursing

The March 2006 Leadership and Professional Development column titled "Lessons From Our Leaders: Advancing Oncology Nursing Through the Power of the Group" (Vol. 33, pp. 205–207) presents the foundation of the Oncology Nursing Society (ONS), its multifaceted roles, and its accomplishments in the local, state, national, and international levels. I highly commend the authors for emphasizing the critical roles of ONS leaders and their significant efforts to cultivate thriving partnerships with its members as well with other professional organizations to reach their common

goal of advancing the field of oncology nursing.

The article also provides information about mentoring programs available through ONS that can be beneficial, particularly to novices such as me. As a current student groomed to become an effective oncology nurse leader in the future, I am inspired by how these exceptional nurse leaders collaboratively joined forces with their peers to make an influential impact in increasing the visibility of oncology nursing and recognizing the unparalleled contributions of oncology nurses in improving cancer care and research.

To assume the responsibility of a nurse leader is, without a doubt, very challenging. However, success in this position can be realized if nurse leaders foster and maintain solidarity with their colleagues in facing the challenges associated with this role. Let's turn to the phenomenal nurses surrounding us for the inspiration we need.

Kimi Lou Baluyut, BA  
Master's Entry Program  
in Nursing Student  
University of California, San Francisco  
San Francisco, CA

### Reader Comments on Recent Editorial

It is with surprise and dismay that I read your recent editorial "One Giant Step Back," in the May 2006 *Oncology Nursing Forum* (Vol. 33, p. 511). You describe your thoughts on the National Council of State Boards of Nursing (NCSBN) vision paper titled "Future Regulation of Advanced Practice Nursing," in which the board recommends clinical nurse specialists (CNSs) no longer be classified as advanced practice nurses (APNs).

You describe the NCSBN vision paper as polarizing and note that "internal struggles sap our strength and divert us." Although I agree with you that CNSs are indeed, and

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Written letters are encouraged and will be published at the discretion of the editor on a space-available basis. Letters should be e-mailed to Editor Rose Mary Carroll-Johnson, MN, RN, at ONFEditor@ons.org and should not be submitted via *Oncology Nursing Forum's* Manuscript Central online submission site. Letters must be signed; however, on request, names can be withheld on publication. Letters are subject to editing to enhance clarity and accommodate space requirements.

Letters that question, criticize, or respond to a previously published article will be sent to the author of that article for a reply. This type of professional exchange is encouraged. Letters that question, criticize, or respond to an Oncology Nursing Society (ONS) policy, product, or activity should be directed to the *ONS News* and automatically will be sent to the ONS Board of Directors or the appropriate ONS project team leader for a reply.

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should remain, classified as APNs, I find your statement that the CNS is the “one truly **nursing** role in the cadre of APNs” as divisive as the NCSBN position.

As a nurse practitioner (NP) for 22 years, the past 17 in the oncology field, no matter what tasks I perform, I am first and foremost a nurse. I try to identify and meet all of the needs of my patients, be it a “medical” or “nursing” diagnosis, although I have never quite understood what constitutes a nursing diagnosis. I am proud to represent the nursing role, and I make sure my patients are aware I am a nurse.

When a patient presents with fatigue, I evaluate physical, psychosocial, and emotional factors contributing to the complaint. My legal ability to order and interpret tests or prescribe appropriate medication does not interfere with my ability to recommend appropriate diet, fluids, and exercise; teach patients and families about energy conservation techniques; or offer educational resources and emotional support. Is this not nursing? I do not drop my nursing skills when I pick up my prescription pad.

I am an adjunct clinical instructor in the School of Graduate Nursing at a state university. I precept RN, NP, physical therapy, and pharmacy students. I work with medical residents, hopefully passing on a few nursing skills to the next generation of physicians. I have presented educational programs for community groups, local and national nursing meetings, and medical grand rounds. I participate in clinical research for treatment (medical?) and symptom management (nursing?) protocols. I am a resource for our clinic staff, and I advocate for my patients and colleagues.

Overall, I believe that my role allows me the best of both worlds. I have independence in diagnosis and patient management, combined with all of the nursing skills I have gained through my career. I feel I embody, in your words, “the real essence of the practice of nursing in the purest sense—as clinician, educator, and consultant.” I am proud to be

what I believe is a good nurse and all that the title stands for.

I appreciate your concerns regarding the NCSBN recommendation that CNSs no longer be termed APNs; however, I disagree with your description of an NP functioning in the medical model and the CNS as the only pure nurse in an advanced role. This is the type of “us against them” attitude that is shortsighted and divides nurses. You are doing what you accuse the NCSBN of, polarizing rather than binding together. Yes, CNSs and NPs should be called APNs; we are all APNs. We are part of a team of healthcare providers, working to provide excellent patient care.

*Kathleen Mogensen, MSN, ANP-C  
Nurse Practitioner  
Roswell Park Cancer Institute  
Dent Neurologic Institute  
Buffalo, NY*

### Reader Comments on Complementary and Alternative Medicine Articles

It recently has been brought to our attention that three articles published on your organization's Web site contain untrue and misleading claims regarding our company's products. The articles in question are “Herbs or Natural Products That Decrease Cancer Growth: Part One of a Four-Part Series” (Vol. 31, pp. E75–E90), “Herbs or Natural Products That Increase Cancer Growth or Recurrence: Part Two of a Four-Part Series” (Vol. 31, pp. E99–E115), and “Herbs or Natural Products That Protect Against Cancer Growth: Part Three of a Four-Part Series” (Vol. 31, pp. E127–E146).

If you search the articles, you will find that the following qualifying statement is made in each article against our product Total Balance: “Safety of this product is a concern. The product contains animal material, possibly diseased animals that may harbor bovine spongiform encephalopathy (BSE or mad cow disease).” These statements are categorically wrong and misleading.

First, our company name is Xtend-Life Natural Products (Intl) Ltd. This has been the case since February 2003. Second, the safety of all Xtend-Life products is of paramount concern to our company. None of our products (currently 16) or our ingredients (currently in excess of 200) has ever been involved in any safety concern, regulatory notification, or recall (whether voluntary or compulsory) in any of the more than 40 countries to which we sell. In fact, on more than one occasion, we have voluntarily reformulated products to comply with anticipated regulatory changes.

Contrary to your statement, our product Total Balance does not, never has, and never will contain any bovine-sourced material. Although chondroitin sulfate is used in one product, this material is, and always has been, sourced from marine animals specifically because of BSE concerns. In fact, our Total Balance product no longer contains any chondroitin from any source.

We suspect that your original information has come from the Natural Medicines Comprehensive Database, which since has amended its statement regarding chondroitin sources.

We would appreciate if the incorrect statements regarding our Total Balance product could be withdrawn, preferably replaced with more accurate information, and a qualifier be inserted.

*Trevor Lyttle, BTEch(Biotech), PhD  
Quality Assurance Manager  
Xtend-Life Natural Products (Intl) Ltd.  
Christchurch, New Zealand*

### The Author Responds

Thank you for the opportunity to respond to the letter from Trevor Lyttle, BTEch(Biotech), PhD, quality assurance manager for Xtend-Life Natural Products (Intl) Ltd. The information presented in the articles he mentions was correctly based on responsible resources available to me during the time that the manuscripts were going through the process of publication. I acknowledge that the warning then in place has now been removed by my source.

Please understand that considerable time lag occurs during the writing, editing, and actual publication of these articles. This happens when publishing in any refereed journal. Now that the information of concern has been changed by my source, I agree that changes should be made by the ONS editor and publisher on the Web site to reflect the most current versions of these articles.

*Muriel J. Montbriand, PhD, RN  
Adjunct Professor, College of Nursing  
Research Associate, Applied Research/  
Psychiatry, College of Medicine  
University of Saskatchewan  
Saskatoon, Canada*

### Correction

In “Herbs or Natural Products That Decrease Cancer Growth: Part One of a Four-Part Series” (Vol. 31, pp. E75–E90), “Herbs or Natural Products That Increase Cancer Growth or Recurrence: Part Two of a Four-Part Series” (Vol. 31, pp. E99–E115), and “Herbs or Natural Products That Protect Against Cancer Growth: Part Three of a Four-Part Series” (Vol. 31, pp. E127–E146) by Muriel J. Montbriand, PhD, RN, the safety of Xtend-Life Total Balance was noted as a concern. However, since the articles' 2004 publication, this and certain other products have been

found to be safe and do not contain bovine material. The online versions of the articles have been changed in accordance with the updated information and are available at the following URLs.

- Part One: [www.ons.org/publications/journals/ONF/Volume31/Issue4/pdf/75.pdf](http://www.ons.org/publications/journals/ONF/Volume31/Issue4/pdf/75.pdf)
- Part Two: [www.ons.org/publications/journals/ONF/Volume31/Issue5/pdf/3105898.pdf](http://www.ons.org/publications/journals/ONF/Volume31/Issue5/pdf/3105898.pdf)
- Part Three: [www.ons.org/publications/journals/ONF/Volume31/Issue6/pdf/127.pdf](http://www.ons.org/publications/journals/ONF/Volume31/Issue6/pdf/127.pdf)