

## My Most Memorable Case



### Ruth Landers

A few years ago, my family and I attended a Good Friday service, as Catholic families traditionally do before

Easter. It was heavily attended, and the church was packed, uniting for a bilingual Mass with many cultures joining together in one faith. From the corner of my eye, I recognized a little girl who entered the church and stood in the aisle with her father. Being an oncology nurse, I was very familiar with the alopecia and face mask she wore. More familiar, however, was the reminder that I had seen her in the outpatient clinic recently as a newly diagnosed child with a brain stem glioma who had wailed with fear when the nurses stuck her port. Her family surrounded her as she protested and shared her heartfelt emotions at that time.

Now, she was in a different setting and exhibited a very calm demeanor. The church was clearly very familiar to her at 6 years of age. Here, she was in her cultural and religious home, and there were no fears or tears to be shared. We made room on our pew for her to sit beside us for the service, and she quietly followed the Mass. This particular feast day was a day of fast and abstinence. Throughout the service, she held a saltine cracker tightly for reassurance and comfort against the nausea she had been recently experiencing, but not once did it touch her lips. Toward the end of the service, without prompting, she joined the procession to the foot of the cross of Jesus that was revealed to the congregation on the steps of the altar. There, she knelt reverently, withdrew her mask, and kissed the feet of Jesus. This little girl's faith and strength made an everlasting impression on me that day. The prayers of her faith include St. Teresa of Avilla's words: *Qien a Dios tiene nada le falta* (When we give ourselves to God, nothing can harm us).

It was later that I learned she had passed away. I have no doubt that this small child who suffered greatly in the last year of her life was welcomed with open loving arms by her savior whom she so adored on this earth. Every year when the Easter services are in sight, I think of this

patient and her family, and I contemplate the amazing gift of faith and love that was shared within. If it has not been from my personal encounter outside of the hospital with this patient, I would have lacked valuable insight into her very special life. As pediatric hematology/oncology nurses, we strive to understand and meet the needs of our patients and families from a holistic perspective. Without an understanding of these spiritual and cultural aspects, we not only lack the ability to serve their essential needs, but we often also struggle to come to terms with the greater meaning of their lives during their treatment and, in this case, after they are gone.



### Laura Schlenker

My story is not a "case," instead it is a recounting of my personal experience with cancer that led me to become a

pediatric oncology nurse. At the age of 15, one of my close friends, Chee, was diagnosed with osteosarcoma. We played in the high school band together, and the news came as a shock to me. I could not quite get my head around the idea that he had cancer, it was serious, and it could potentially take his life before anyone was ready. My father, a physicist who had studied bone tumors in survivors of the Chernobyl accident in 1986, was grim with the news. He did his best to mentally prepare me for the worst. Being an invincible teenager, however, I easily ignored his words and went about my life, enjoying the company of my friends and visiting Chee in the hospital when he was receiving chemotherapy. Chee didn't appear that sick to me. Although he missed some school, we had frequent contact. Life seemed relatively normal.

Two years later, I entered my senior year of high school, and life seemed great. Then, one night in January, I heard a knock on my door. I opened it to find Cecil, my boyfriend, first love, and a close friend of Chee's. His face looked grim, and I feared that something had happened to Chee. Instead, his news was completely unexpected. What Cecil had thought was a cyst on his leg was actually a tumor, and the doctor suspected it was osteosarcoma as well. He would have it biopsied the following week,

and the pathology report later confirmed our worst fears.

Senior year became a blur of hospital visits, chemotherapy, surgery, studying, laughing, crying, and memory making. Cecil, Chee, and I graduated and tackled the summer with a vengeance—we flew kites, wrote and played music, made videos, and grew closer than ever. Chee was slated to go to the University of Chicago, and Cecil and I to the University of Illinois. By the end of the summer, however, it became apparent that I would be the only one to start college that fall. Chee and Cecil were receiving more chemotherapy because they both had recurrences.

I went to college and enrolled in the school of agricultural sciences with a 4-year, full-tuition scholarship. While my peers were enjoying their newfound freedom away from home and soaking up all college had to offer, I was making frequent calls and trips home on weekends to provide support to my friends. While at home on winter break after my first semester, Chee seemed very ill. A few nights before I was scheduled to return to school, he called Cecil and me from the hospital and asked us to see him because he knew he was going to die soon. We spent that night together, the three of us, remembering the glory days of our summer together in a subdued yet joyful conversation. After we left, Chee slept and never woke up. I called the next day to discover that he had just died a minute earlier.

After Chee's funeral, I returned to school with a heavy heart. My boyfriend Cecil was still sick at home, grieving Chee's loss and fearing for his own future. I returned to Chicago for a visit 2 weeks into my second semester. It was at this time that Cecil told me if I returned to school, I would probably never see him again. My brain told me he was being dramatic and was scared from losing Chee, but my heart feared the worst. I decided to drop out of school for the remainder of the semester to be with Cecil and regroup. Six weeks later, 9 days before my 19th birthday and 2 months after Chee's death, Cecil died in the hospital. I was never able to see it coming, but I truly believe that ignorance was

*continued on page 16*

## Educational Opportunities

### SEPTEMBER 2–4, 2009

Pain Resource Nurse: The 18th Annual Training Course organized by the City of Hope, Duarte, CA. This 3-day program in pain management for nurses offers 18 CEUs. Chris Pasero, MS RN-BC FAAN, is the featured speaker. For additional information, visit <http://sccpi.coh.org> or e-mail Maggie Johnson ([mjohnson@coh.org](mailto:mjohnson@coh.org)).

### SEPTEMBER 10–12, 2009

APHON 33rd Annual Conference and Exhibit: Beyond Fantasy: Practical Applications for the Care of Pediatric Hematology/Oncology Patients. Orlando, FL. Visit [www.aphon.org](http://www.aphon.org) for additional details.

### SEPTEMBER 14–16, 2009

Children's Hospice International's (CHI) 20th World Congress: Nurturing the

Spirit. Cape Town, South Africa. Further information available at [www.chionline.org/events/world\\_congress\\_20th.php](http://www.chionline.org/events/world_congress_20th.php).

### OCTOBER 5–9, 2009

41st Congress of the International Society of Paediatric Oncology (SIOP). São Paulo, Brazil. Call for abstracts and further information available at [www.siop.nl](http://www.siop.nl).

### OCTOBER 23–25, 2009

20th Annual Meeting of the Alliance of State Pain Initiative: Bridging the Gaps in Pain Care. San Francisco, CA. Sponsored by the University of Wisconsin School of Medicine and Public Health. Further information available at [www.aspi.wisc.edu](http://www.aspi.wisc.edu) or contact 608/265-4013.

## New Awards for *APHON Counts* Authors

Two authors who submit articles to *APHON Counts* will win a new APHON award. Writing a column for our newsletter is a great way for members who have not been formally published to contribute knowledge. In addition, if you have a clinical ladder at your institution, submitting an article to *APHON Counts* is a wonderful way to demonstrate your commitment to the profession of pediatric hematology/oncology nursing. Recipients will be selected by the column editors of the newsletter, and the awards will be presented at the annual conference each fall.

The logo for APHON Counts features the word "APHON" in a large, bold, orange sans-serif font. The letter "O" is replaced by a stylized orange silhouette of a person running. Below "APHON" is the word "Counts" in a smaller, orange, cursive font.

### My Most Memorable Case *continued from page 13*

bliss at that time in my life. Had I known the things that I have learned in my career, I would not have been able to enjoy our time together in the same way.

In the months that followed, I grieved and tried to pick up the pieces after losing my two closest friends. A tearful visit to the office of admissions at my university's school of nursing a few weeks later left me with an

application in my hand and 5 days to complete it. I was accepted for the fall semester and made the decision to relinquish my scholarship in agricultural sciences to enter nursing school. Throughout my years in school, I questioned my decision, wondering if I would have the ability to enter a pediatric oncology unit without reliving my past. I knew from the first day I started my current

job, however, that I had made a good decision. Nine years later, I still work in pediatric oncology. Rather than hindering my ability to connect emotionally with families, I feel my past has helped me, and I am better able to understand the perspective of the people I serve because of the experiences I shared with my friends and their families. ○