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Taking Stock

Have you attended a high school reunion? You go to see old friends and to see how much people have (or haven't) changed. It's often a time of reflection and of taking stock on how far you have come since high school. So it was with the Oncology Nursing Society's (ONS's) 35th anniversary celebrations at Congress in San Diego, CA, in May.

I was one of the 488 charter members of ONS when it was founded in 1975; there are now more than 36,000 of us. When we began, 48% of our members had a diploma and 6% had a master's degree; now, 40% are bachelor's prepared and 17% have a master's degree. In the 1970s, only 2% worked in the outpatient area whereas more than 50% now work there. Interestingly, only 15% of our early members were staff nurses, but 54% are today. Five male nurses were members in 1975 compared with more than 1,300 (4% of our membership) today, and although we do not have statistics about ethnicity from our early days, 21% of our membership today are from diverse backgrounds. There are still a few early members like me around, but more than half of the members have been in oncology for less than 10 years. We had 1,384 nurses successfully take the OCN® examination in 1986, the first year it was offered; now, 29,513 are certified oncology nurses. The ONS Foundation awarded its first nursing research grant in 1984 and since that time has bestowed more than 2,400 awards, grants, and scholarships totaling more than $22 million!

We have participated in and witnessed many major changes in oncology over our 35-year history (Mayer, 2000). ONS began just a few years after President Nixon declared the War on Cancer, which established the National Cancer Program and began a new era of focused funding for cancer research. At that time, 50% of people diagnosed with cancer could expect to be alive five years later; 68% could expect the same in 2002. Death rates were 199 in 100,000 in 1975 and peaked in 1991 at 215; since then, they have declined to 181 in 100,000 in 2006. Although that may not seem dramatic, we know how each life saved affects so many people. You may find it surprising that we didn't track prevalence rates in 1975, but now, 11.7 million are cancer survivors, representing 4% of the U.S. population. What progress have you noticed since you became an oncology nurse?

Courtesy of Brian Strickland

In 1975, when the Oncology Nursing Society was founded, we could not have imagined the progress that would be made in our specialty over 35 years.

Improvements in survival rates have been incremental and been made possible through earlier detection for some cancers and better treatments for others. Colonoscopies can prevent colon cancer from developing, and human papillomavirus vaccines should have a similar impact on cervical cancer. During the last 35 years, the U.S. Food and Drug Administration has approved more than 100 new drugs for use in cancer treatments. Surgery has become less invasive and radiation therapy more focused. In addition, we have seen progress in supportive care for pain management, venous access, and control of nausea and vomiting; much of that progress is because of the efforts of oncology nurses. When I started as a chemotherapy nurse, compazine was essentially our only antiemetic and patients would vomit at the sight of me. Now at least four more very effective antiemetics are available that are much better at preventing anticipatory vomiting. And more than 800 medications and vaccines currently are at some stage of testing in oncology (Pharmaceutical Research and Manufacturers of America, 2009). What practice changes have you noticed in delivering cancer care?

As oncology nurses, we work where our patients are located. This means that cancer care has shifted from predominantly inpatient to outpatient care and from dedicated inpatient oncology units to general medical-surgical units. We also have expanded our practice settings into new areas such as the pharmaceutical industry (now 3% of our membership) where our clinical expertise helps to influence drug and device development. In addition, we have seen a paradigm shift from patients not always being told their diagnosis to ones who have become active partners, along with their families, assuming more of their own care at home. I wonder where and how we will be providing care in the future. Will it be in the home or perhaps virtually through telehealth applications?

In 1975, we did not even think about survivorship as we currently understand it. Cancer was an acute crisis that rarely became a chronic health issue. Hospice was a fairly new concept, and we were working to get Medicare reimbursement for it. Now we are trying to integrate palliative care earlier in the cancer continuum to effectively manage symptoms and not wait until someone is dying—again following where the patients are going. When we began, we did not have any evidence to guide our practice, but now we have many evidence-based

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resources—again the result of research that has been conducted. What areas still need improvement? How will we shape what needs to be done? How can we make sure nurses have access to the best evidence at the point of care wherever and whenever it is delivered?

As the philosopher Soren Kierkegaard said, "Life must be understood backwards; but . . . it must be lived forward." Our 35th "high school reunion" has given us an opportunity to reflect backwards. In 1975, we could not have imagined much of the progress that has been made to date. Now that we have taken stock, we can cast our gaze to the future to imagine what we might see at our next reunion. I'm sure that we will continue to hold true to ONS's mission of improving cancer care.

The author takes full responsibility for the content of the article. No financial relationships relevant to the content of this article have been disclosed by the author or editorial staff.

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