## LETTERS TO THE EDITOR

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## When Oncology Nurses Become Oncology Patients

Thank you for the editorial, "Wounded Healers," in the August 2008 issue. The editorial (Mayer, 2008) and the article "Three Little Words No One Wants to Hear" (Doell, 2008) identify an issue that is an important consideration for the Oncology Nursing Society (ONS) oncology nurses who are living with a cancer diagnosis. I have heard from a couple of members asking what ONS might do to support members who are diagnosed with cancer.

More of our members are reaching the age when cancer is diagnosed and will

face the question Doell (2008) asks— Does the cancer experience differ when patients are oncology nurses? And, as Mayer (2008) asked, how can the experiences of oncology nurses with cancer lead to changes in our practice settings? There are many other questions that members with cancer diagnoses are uniquely able to identify and answer, including the one I have for members— What can ONS, your organization, do to support oncology nurses with cancer?

Some of you who have a history of cancer have been open about your diagnoses. In fact, an ONS focus group titled Nurse Survivors is coordinated by Barbara Raudonis, PhD, APRN, BC. A suggestion has

## Correction

In the October 2008 issue of the *Clinical Journal of Oncology Nursing*, the article titled, "Oncology Nurses' Awareness of Cognitive Impairment Secondary to Chemotherapy" (volume 12, issue 5, pp. 725-729), by Jamie S. Myers, RN, MN, AOCN<sup>®</sup>, and Cynthia Teel, PhD, RN, incorrectly

stated that "Ahles and Saykin (2001) estimated that 17%–35% of patients with or without cancer will experience CI that does not resolve." The correct sentence is "Ahles and Saykin (2001) estimated that 17%–35% of patients with cancer will experience CI that does not resolve." been made to have a gathering place and time at our national meetings where only members who have had cancer can meet. I would like to hear from more of you about what you suggest the ONS Board consider. A starting point is for the focus group to grow into a special interest group, but what other ideas do you have?

Please drop me an e-mail at nevid001@mc.duke.edu with your suggestions so that the Board can consider what ONS can and should provide. I look forward to hearing from you.

> Brenda Nevidjon, RN, MSN, FAAN President Oncology Nursing Society

## References

- Doell, H.J. (2008). Three little words no one wants to hear. *Clinical Journal of Oncol*ogy Nursing, 12(4), 551-554.
- Mayer, D.K. (2008). Wound healers [Editorial]. *Clinical Journal of Oncology Nursing*, 12(4), 547.