

Nursing's Healing Touch

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I want to tell you a story of healing. It is also a story of death. Healing and death are two words not often associated with each other. This is about the connection.

Mike was 41 years old when he was diagnosed with head and neck cancer. Australian by birth, he and his wife lived in the United States with their three children—aged 5, 8, and 10 years. Mike was a polite, soft-spoken man with a quick wit and a ready smile. He was a chief financial officer working for an international finance company; his work took him around the world and he loved it.

Cancer appeared suddenly and unexpectedly, as it often does. Mike started chemotherapy and radiation and his prognosis was good. The treatment for this cancer can be difficult, but he never complained. He downplayed the side effects and always had a big smile. His sense of humor and wit endeared him to all the clinic staff, particularly to his infusion nurse, Annie.

Calming Influence

Annie was a seasoned professional. She exuded confidence and helped patients relax. Patients arrived frightened and anxious, and she calmed them with her skill and distracted them with conversation and humor.

From the start, Annie called him Michael. His mother was the only other person who called him Michael, and his relationship with her was strained. Distance was certainly a factor—his mother lived in Australia and saw Michael and his family only once a year. Her husband, Michael's father, had died, also of cancer. Dealing with her son's illness may have been just too much for her. In any event, illness does not often heal strained relationships, and it did not in this case.

Always attentive to detail, Mike needed to understand his laboratory results and chemotherapy regimen. Annie educated him and spent extra time going over them with him. Mike insisted on continuing to work and Annie went out of her way to schedule his appointments at times that would fit in with his work schedule. They joked easily with one another, but more than that, they were genuinely fond of each other. Annie had two sons—one older and one younger than Mike—and she joked that he was her middle son.

Months of treatment ended and Mike went on his way. We only expected to see him back for follow-up appointments. His next check-up changed all of that. Liver metastases were found in a routine scan. This was not supposed to happen with HPV-positive tonsillar cancer but, with Mike, it did. His wife was panicked and feared the worst. Mike stayed focused on the next step—more chemotherapy, perhaps surgery. Anything else was unacceptable. With Mike's family history, it is hard to imagine the strength it must have taken for him not to succumb to the fears. If he ever had doubts, he didn't share them. He continued to work and achieve great success while remaining focused on his treatment—six more months of chemotherapy, hopefully followed by surgery to resect the liver tumors.

And so Mike resumed chemotherapy. More uncomfortable side effects oc-

curred, including neuropathy and acne-like skin rash, but, again, Mike always arrived with his smile and wit. For example, Mike arrived at the clinic on Halloween wearing a multicolored clown wig. And when the tumors in his liver shrank, he proudly displayed the images on his laptop for other patients to see.

Mike finished his treatments at our small clinic and was referred to a major

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medical center for his surgery. Mike had consulted there early on, but always preferred to receive his treatments at our clinic. It was right before Christmas, and it was a festive time. Mike brought in his mother, who was visiting from Australia, to meet the clinic staff, and all shared chocolates. According to the scans, his tumor shrank and Mike was ready for the final step—surgery.

Hopes Dashed

Surgery took place in February and, unfortunately, all hopes were dashed. Multiple tumors were found in his liver. Resection was not possible. Mike was discharged home on pain management with no further treatment plan. We had

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