

Only 24 Hours In a Day

by Cary A. Presant, MD

A man can do only what he can do. But if he does that each day he can sleep at night and do it again the next day.

—Albert Schweitzer
Humanitarian, theologian,
missionary, organist, and
medical doctor

I regret that a day has only 24 hours. As the clock ticks away, I understand only too well how much time is required to meet my duties and responsibilities to family, friends, patients, and colleagues.

Most often, my first priority is meeting the needs of my family and friends. After this task is accomplished, I turn my attention to the needs of my patients. I counsel and provide them with comprehensive cancer care—two of my most rewarding and satisfying activities. Each day, the integration of standard and new technology offers the possibility of hope for each of my patients with cancer.

Next, I turn my attention to advancing the field of oncology by participating in research and clinical trials. Again, such research offers hope for my patients and a vision of increased cure rates. Both outcomes are equally important to me as a physician.

Then come my advocacy responsibilities. Representing my patients and my profession, I advocate for legislation and regulations that will ensure patient access to care. Today, these advocacy efforts focus on funding new treatments and obtaining adequate payments for hospitals

and physician practices so that we can continue to act as pillars of hope for our patients.

The oncology community is dealing with new challenges at every corner. As 2003 drew to a close, Medicare legislation and regulations entered a critical phase and today each of us must accept the challenge of treating our patients and advancing our profession.

Policy changes at the state and national levels can improve the care of our patients or they can have a negative effect on our patients.



I believe that each of us should also accept a personal obligation to spend 30 minutes every few weeks or so looking at new scientific advances and research. We should ask ourselves the question: Would our patients benefit from implementing this new technology or treatment at our institution?

Every few weeks or so, we should also spend 30 minutes advocating on behalf of our patients for access to care and adequate payments. Policy changes at the state and national levels can improve the care of our patients *or* they can have a negative effect on our patients.

The very future of cancer care in this nation is being threatened. As clinicians, our duty and our responsibility must be no less than to meet these challenges head-on. The coming months and the legislative and regulatory changes they bring will determine the future for our profession, our patients, and our communities. ☐

Coming in Your 2004 Oncology Issues

- ◆ Integrating New Technology Into the Community Cancer Center
- ◆ Nurses as Nurses vs. Nurses as Pharmacists
- ◆ A New Model of Chemotherapy Delivery
- ◆ ACCC's 30th Anniversary
- ◆ The Oncology Pharmacy in a Practice-based Setting
- ◆ Multidisciplinary Cancer Clinics and Teams

