

Caring for Patients with Cancer

Thoughts from two experienced oncology social workers

by Joan Hermann, LSW, and Luanne Chynoweth, LSW

As social workers who choose oncology as a career, we are often called upon to explain—sometimes even defend—that choice to others. We explain that we are not noble because we choose to work with people with cancer, nor are we chronically depressed or trying to work out our own feelings about mortality. We claim no more special insight into the nature of life and death than our colleagues in long-term illness management. What we *do* have is a philosophy concerning the nature of life and death, and our role in the relief of physical and emotional suffering. We also have confidence in our professional skills and our ability to make a difference in people's lives.

Hope Floats

Most professional caregivers spend the majority of their time with the neediest of patients. Oftentimes these patients are also the most sick. How does this work affect our professional lives, our personal values, and the meaning we attach to our existence?

Many years ago, a new oncology social worker spoke to me of the “terrible secret” she kept inside. She said, “I know what’s going to happen to my patients, and they don’t.” My response: “So what? What can you or they do in the meantime?” As oncology social workers, our responsibility is to commit ourselves to join our patients on their journey—whichever way it’s going to turn out—so that life can continue to have whatever meaning they assign to it. What we receive in return is what makes caring for people with cancer and their families so captivating.

Early on, professional caregivers come to understand how essential hope is to a patient’s ability to live life to the fullest—despite a potentially life threatening disease. And, at some point, most oncology social workers will encounter people with no hope. We work extra hard to help these

patients find some meaning in their experience with cancer. Even patients with no hope of survival welcome an opportunity to review their lives and share what they have been with us. At that point, we are not merely “listening,” we are allowing an individual to attach meaning to a life that is drawing to a close. Thus, these patients define themselves and find peace in our acknowledgment that their life was significant and valuable.

Caregiver Risks

The crisis of a cancer diagnosis often results in people allowing a greater degree of emotional intimacy than they would otherwise. It is just not possible to share the kind of exquisite pain experienced by people with cancer without focusing on *how* this will impact the professional caregiver.

The literature is full of material about “burnout,” “compassion fatigue,” and other current buzzwords. Some of the phenomena which contribute to professional caregiver stress include:

- The randomness of cancer and its pervasive unfairness
- Poor or insufficient staffing models
- Huge patient caseloads
- Bureaucratic hassles
- A lack of permission to reflect on the impact of one’s practice with one’s peers
- Historical tensions between professional disciplines
- Malfunctioning “teams”
- An overemphasis on technology
- Constraints related to managed care
- Unaddressed personal “baggage.”

Oncology social workers use tools such as clinical supervision, case reviews, and professional conferences to expand our range of psychosocial interventions and help us feel competent with the cancer population. We also have a professional mandate to pay attention to our

“emotional health” and examine our “baggage” issues. Oncology social workers accept the fact that we will “risk” ourselves emotionally as part of the way we help people with their cancer diagnosis.

Setting Boundaries

Most professional caregivers instinctively understand “detached engagement.” We experience this condition when a patient touches our heart and we respond with genuine feeling and concern. While our response makes the patient feel understood and comforted, we do not allow our feelings to cause us personal pain. Instead, we remain emotionally engaged but able to guide the patient through the minefield of feelings and experiences that characterize a life-altering disease. Detached engagement is critical for our patients. We do not want to telegraph emotional distress to our cancer patients, who then feel a need to “care for” their professional caregiver.

Obviously, personal developmental issues can impact us and our patients. For example, some social workers who are young mothers find it impossible to work in pediatric oncology; others do not. The process of “detached engagement” changes over time, expanding and contracting as we professional caregivers live our lives.

Our ability to sustain ourselves in the world of people with cancer is in large part due to the knowledge that we *do* make a difference to our patients—either in their ultimate survival, the length of the time they have left to live, the manageability of their symptoms, or their ability for self discovery and/or mastery along their journey. 📖

Joan Hermann, LSW, and Luanne Chynoweth, LSW, are oncology social workers at Fox Chase Cancer Center in Philadelphia, Pa.