Who Will Care for Tomorrow's Cancer

Patients? by Luana R. Lamkin, RN, MPH

I t is with great pride and joy that I take on the role of President of the Association of Community Cancer Centers. For my term, I've chosen to focus on the oncology workforce. Estimates are that the number of

cancer patients will increase dramatically over the coming years: the population is growing, the baby boomers are reaching ages when cancer is most prevalent, our screening and detection methods are improving, and those with this chronic disease are living longer. By the year 2020, projections are that there will be 18.2 million cancer patients compared to 11.8 million in 2005.¹

Signs of the impending oncology workforce shortages have been evident for some time. As early as 2001, 65 percent of physicians and 80 percent of oncology nurses perceived inadequate oncology nurse staffing.² In that same year, 88 percent of RNs and 86 percent of physicians said too few nurses were specializing in oncology.

In 2007 the American Society of Clinical Oncology published a workforce study predicting a shortage of 3,800 medical oncologists nationwide due to a 48 percent increase in demand for medical oncology services.³ More recently, data from a study by Warren and colleagues suggest "an acute shortage of medical oncologists by 2020" and predict a 55 percent increase in demand and a shortfall of 4,200 oncologists.

In October 2008 the Institute of Medicine (IOM) held a two-day workshop on the "coming crisis in the oncology workforce."⁴ This group noted that the nation's 10,422 board-certified medical oncologists, hematologists/oncologists, and gynecologic oncologists are expected to increase only 14 percent by 2020– to a total of 12,547. A 55 percent increase in patients coupled with only a 14 percent increase in physicians clearly signals a looming crisis.

This country's nursing shortage is also well documented: projections are



a shortfall of as much as 285,000 by 2020.³ And it's not unreasonable to imagine that other members of the oncology care team will face similar shortages.

In my next column, I will explore strategies we as an organization should pursue to tackle these challenges, including educating ourselves about the issues, exploring staffing models and practices to

mitigate a crisis, and articulating the recommendations we will make to policymakers.

I look forward to my year as ACCC President, and I value the opportunity to work with you on an issue near and dear to us all—the future of the oncology workforce. And it will take all of us, working together, to answer the critical question: Who will care for tomorrow's cancer patients?

References

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