The President's Corner. . .

The Shoe Store, Pushing the Envelope, and Quality Patient Care

On the whole there are some days when I would rather be selling shoes. Customers either buy or don't buy your product. If you can't meet their exact needs, they can go somewhere up the block and try a couple of other stores. You go home at night, and maybe worry about whether the store is doing well. The shoes rest quietly in their boxes...and you get a decent night's sleep.

Medicine, of course, is a different level of commitment. When you start working with oncology patients, you turn up the burner yet another notch. There are a variety of distinct ways that you can deal with the intensity of trying to care for patients with a life-threatening illness. One way is to clinically distance yourself from the patients and their families. Shut it out. I've seen a few oncologists who can do this all of the time with only modest side effects; but, for the most part, it doesn't work too well as an exclusive coping technique.

Another way that you can handle it is to find an addiction. These can range from the socially acceptable to the unacceptable. As best I can tell, a remarkable number of oncologists remain relatively well balanced given the pressures.

Still another way is to totally empathize with the patients and their families. While none of us can keep from doing this some portion of the time, all of the time is just as dangerous as never.

You can just resign yourself to it. Or, you can be angry a good portion of the time. Or, you can go buy the shoe store.

I suspect that a hefty portion of the oncologists in the world cope with stress by deciding to do what they were trained to do: Push the envelope. You might remember this phrase from the test pilots, the guys that see how far they can go in expanding the horizons beyond what was done last week. My guess is that this urge is just as extreme in oncologists.

For proof, I offer the rapid and widespread interest in the possibility of participating in formal clinical research protocols by practicing oncologists throughout the country. Not only haven't these oncologists given up, they demand that they be allowed to participate in finding the solutions. I was not at all surprised to find that community-based oncologists are accounting for half the patients on clinical trials; that their data are better; that their patients have longer survivals; or, that they take the time to participate and contribute without anything that approximates compensation for their involvement.

Accordingly, it is not too surprising to see that oncology is emerging as one of the specialties that can contribute to quality of care standards early in the process. Bob Enck has been involved with JCAH over the last several years in the development of standards for hospice care, and more recently in the finalization of the standards ACCC's own members have promulgated. A number of us participated in the local and national development and evaluation of patient management guidelines for a variety of cancer sites during the COP and CHOP programs; and, while something can be said for avoiding working with bureaucrats on programs like these, the idea was certainly laudatory.

In fact, when you consider the formation and growth of ACCC itself, you see the "extra degree" of commitment to the concept of quality. ACCC is a voluntary organization. It was borne out of the interest of a few individuals who wanted superior cancer care organizations at their hospitals. People joined because they were interested in finding out how to do just that. They didn't have to join. They wanted it for themselves, for their staffs, for their patients, and for their families. The continuing growth of the organization tells us that this commitment has not diminished.

A commitment to quality may be a requirement for sanity if you are in oncology. Certainly during these times when other health care professionals are struggling with all of these new concepts, it might be a small advantage. Hopefully, we will be able to help the evaluators help us. Of course, rampant overoptimism is another trait of those of us who have stuck it out.

Part of the problem with our commitment to quality is the rest of the players. While everyone talks about cost effectiveness, the only data that they've collected to date is on the cost part. Those of us in oncology are interested and supportive of data collection on the other part of the equation...the effectiveness part!

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