



United We Stand, along the Road Less Traveled

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PRESIDENT'S CORNER

UNITED WE STAND, ALONG THE ROAD LESS TRAVELED



"Opportunities for Partnership" was the title of the ACS Workshop held in Houston in January, prior to the ACCC board meeting. At the invitation of the ACS, the board participated in the workshop, along with representatives of the Association of American Cancer Institutes, ACS senior medical volunteer leadership, and ACS staff. The purpose of the workshop was to review the mission of ACS (as it is defined in their soon-to-be-finalized Strategic Planning Process), to analyze their historic endeavors, and to seek new initiatives. The input of cancer centers (comprehensive, academic, clinical, and community) was solicited regarding mechanisms by which our mutual goals—altering the development, course, and effects of malignant disease—might be accomplished. Altruism was tempered not only by the events in the Middle East, which occurred simultaneously with our arrival in Texas, but by acknowledgement of the challenges facing cancer patients and their providers. That is, how to stretch an ever-shrinking health care dollar in the face of expensive new technologies that are potentially beneficial in cancer prevention, early detection, treatment, rehabilitation, and continuing care.

Some positive postures evolved between the ACS and the ACCC as a result of the workshop. Common public issues were identified and we began a dialogue and embarked on an understanding of each others' goals and philosophies. Most importantly, we had an opportunity to discuss how those goals and philosophies dovetail. We will, as an organization, pursue these goals over the next several months, and we will

maintain a narrow focus on a common purpose—not for the benefit of the ACS or the ACCC, but for the benefit of current and future cancer patients in this country.

A common thread runs through the ACS Workshop and this issue of the journal: partnership. The articles in this issue of the journal address opportunities for partnerships between direct care providers, collaboration in administering the systems that allow provision of care while maintaining a margin to support the mission, and impediments to the acquisition/implementation of promising technologies.

Over the past decade, competition has occupied the cancer care community. Initially, competition was in the area of Town/Gown issues related to clinical trials which, in retrospect, was an access issue (see the "President's Corner," Summer 1990 edition of *Oncology Issues*). Next our focus on competition was relative to the projected over-supply of providers (how we underestimated our cardiovascular counterparts!). Then we turned our competitive energies to the pursuit of the third-party payors' health care dollar in the face of exploding and expensive technologies in imaging, bone marrow transplantation, and biologicals. This competitive stature has characterized relationships between physicians and hospitals and many other providers. It has influenced the evolution of the ACCC and its interactions with others. It has also benefited the patient in many ways, and not been of much help in others.

This reflection, especially in view of the unpleasantness in the Gulf, brings to mind a couple of clichés: "What goes around, comes around," and "United we stand, divided we fall." Together, I believe we can perhaps return to the same altruism that initially motivated our embarking along the road less traveled.

Jennifer L. Guy, B.S., R.N.
President