



## An Interview with ACCC President Diane Van Ostenberg

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## ACCC President Diane Van Ostenberg

**Q** *Is it with enthusiasm that you begin your year as president?*

**A** In the dark and quiet hours of the night, I will admit to feeling like an Olympic champion who has won the coin toss and elected to "receive" ...in the javelin competition.

Of course, I am excited about the opportunity to represent the Association, particularly in times that are challenging and so dynamic. I am looking forward to working with the Board of Trustees and staff as we fulfill our organization's mission of promoting quality care for oncology patients, honoring the rights of patients as individuals, and addressing the needs of our membership.

**Q** *In your inaugural dialogue with members of the House of Delegates, you made a commitment to the Association members. Could you state it again for the membership?*

**A** As president of ACCC I am committed to be ethical, intentional, inspiring, and challenging.

**Q** *How do these principles relate to the goals the Association will be focusing on this year?*



**A** The concept of management ethics can be exquisitely subtle; however, it is important that health care administrators understand that values can influence decisions without distorting logic.

In his book *The 7 Habits of Highly Effective People*, Stephen Covey talks about the character ethic, which is based on the fundamental idea that there are principles that govern human effectiveness. He cites as examples integrity and honesty, fairness, service, and

excellence. He also references three sequentially arranged words, *ethos*, *pathos*, and *logos*. "*Ethos* is your personal credibility, the faith people have in your integrity and competency. *Pathos* is the empathetic side, the feeling. It means you are in alignment with the emotional thrust of another person's communication. *Logos* is the logic." These principles represent for me the foundation of trust that is essential to leadership.

I also believe these tenets are going to be critical as we move into the complex arena of managed care and begin to deal with issues such as the justice of restricted allocation, conflict of interest, the survival of basic and translational research and the application of research, and reimbursement for state-of-the-art cancer therapy.

I purposefully used the word intentional because the Strategic Planning Committee, with input from our members and Board, has identified a very focused—but not constricting—agenda for the next year. Committee members have identified the Association's top priorities: 1) patient advocacy, 2) patient care guidelines, 3) access to clinical trials, 4) membership, and 5) investigation and dissemination of information on models for cost-effective oncology packaging that promote quality cancer care,



competitive pricing, and appropriate outcomes.

Specifically we will:

1) seek a President's Educational Grant to support a Patient Advocates' Workshop with the intent of developing a detailed plan for mobilizing patient advocates in the country;

2) develop management guidelines for common tumor types, including breast, colorectal, and prostate cancers;

3) continue our commitment to advocate for the support of patient care costs of clinical trials through our legislative efforts;

4) review the criteria for membership and identify potential new partners, including some newer specialties to the oncology community and new configurations of cancer care providers; and

5) continue to provide our members with information on models of oncology that promote quality with appropriate outcomes at competitive prices.

I hope that I will be able to inspire our members to look for opportunities in the changing health care environment and to look for creative new ways to enhance the care we give to our patients. I will be proposing to the Board of Trustees a concept for the development of ethical guidelines for our governing board and bioethical standards for cancer programs. The Board is also interested in pursuing the development of a "foundation." The intent is to identify alternate funding sources to support special activities of the Association and our members.

Finally, I hope to challenge our members to be open to the excitement and challenges of our new health care environment. We will continue to serve as a forum for leaders in oncology to share their expertise with us at our biannual meetings. The 1995 Program Committee will be looking at opportunities for physicians, administrators, nurses, pharmacists, and social workers to learn how to survive the 1990s. Over the next couple of months, we will be reviewing the member evaluations from the March Annual National Meeting and making recommendations for educational opportunities in the next year. And we will be pursuing collaborative efforts with the Oncology Nursing

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Society on the development of advanced practice standards for oncology nurses and increasing our involvement in patient advocacy activities.

**Q** *This is an ambitious agenda. What are the Association's plans for working with other professional cancer organizations?*

**A** ACCC will continue building on the close liaisons with the National Cancer Institute, the Oncology Nursing Society, the American Cancer Society, the American Society of Clinical Oncology, the American Society of Hematology, the American Society of Therapeutic Radiology and Oncology, and the American Foundation for AIDS Research.

Additionally, as I mentioned previously, we have identified patient advocacy as one of our top priorities this year and will be looking at ways to collaborate on strategies with the National Coalition For Cancer Survivorship and other national advocacy groups that share similar missions and goals.

**Q** *How has your experience prepared you to take over the leadership of the Association?*

**A** I have been the administrator of the Grand Rapids Clinical Oncology Program in Grand Rapids, Mich., since 1981. In this role, I have been responsible for coordinating a multi-institutional and interdisciplinary cancer control consortium of eight hospitals and have experienced first-hand the challenges of managing diversity.

When not administering the Clinical Oncology Program, I have been attending graduate school and will be completing my studies in public administration at Western Michigan University next year. In my leisure time I enjoy the game of golf, which in an oblique way has helped prepare me for the challenges of this role. Sometimes I think I have hit a beautiful shot only to discover that the ball has hit a tree and landed in the rough. I have learned how to avoid the trees and gained valuable experience getting out of the rough.

Since 1983 I have been a member of the Southwest Oncology Group, M.D. Anderson Cancer Center, the National Surgical Adjuvant Breast and Bowel Project, and the Children's Cancer Group and have been active in my local chapter of the American Cancer Society.

As an active member of the Association since the early 1980s, I have chaired the Bylaws Committee, Communications Committee, and the Strategic Planning Committee. In addition, I have served on the Board of Trustees, and, for the last two years, on the Executive Committee. More important than my role on these committees, however, are the relationships I have developed with members of the Association, the Board of Trustees, and Association staff over the last several years. I hope to build on these relationships over the next year and look forward to working with the excellent team Lee Mortenson and Carol Kirkland have put together.

I am committed to the Association's philosophy of serving the needs of the interdisciplinary oncology community and will work toward building on diversity, developing consensus, and providing ethical leadership.

Aristotle made the following observation, "We are what we repeatedly do. Excellence, then, is not an act, but a habit." ■