



An Inaugural Path

Margaret A. Riley

To cite this article: Margaret A. Riley (1999) An Inaugural Path, *Oncology Issues*, 14:3, 6-6, DOI: [10.1080/10463356.1999.11904823](https://doi.org/10.1080/10463356.1999.11904823)

To link to this article: <https://doi.org/10.1080/10463356.1999.11904823>



Published online: 17 Oct 2017.



Submit your article to this journal [↗](#)



Article views: 2



View related articles [↗](#)



An Inaugural Path

Throughout this year's celebration of ACCC's 25th birthday, and especially during ACCC's recent 25th Annual Meeting, I have been humbled by the great effort, commitment, and passion that have been present since the inception of this organization to ensure quality cancer care for patients and their families. Cancer care professionals have come together year after year to learn, understand, and act on behalf of patients and community needs, clinical and research integrity, and legislative and economic fairness. In the course of doing so, they have shared in the personal and professional growth of one another.

During this past year as president-elect, many asked if I were the first woman and the first nurse to serve in the position as president of ACCC. While I have been quick to acknowledge my esteemed predecessors, Jenny Guy and Diane Van Ostenberg, as former presidents, I was both intrigued and honored by the question. I was intrigued because I have felt such a part of ACCC over the years that to think in terms of gender and professional role seems to eclipse the leadership effort and multidisciplinary focus that drive the organization. However, I had to stop and reflect on our history as an organization. ACCC was established by physicians concerned about access to research and clinical practice in the community setting. Therefore, the leadership reflected the agenda of the organization. As community cancer programs and CCOPs came into being, the multidisciplinary team required to provide care and to manage the services of the programs grew. And so did ACCC.

My involvement with ACCC began in 1987. As a nurse and administrator of a cancer program, I needed to understand community cancer care, and ACCC was an organization that needed nursing and administrative leadership to be a more vocal presence on the team. In 1987 the number of nurses who attended ACCC meetings was small. Five of us gathered as an informal nursing special interest group to discuss issues of oncology, oncology nursing, and ways to broaden nursing's contribution to the goals of the Association. Today, nurses and oncology nursing issues are fully integrated into every aspect of the organization's work. Many of my

nursing colleagues assisted in accomplishing this integration, and my physician colleagues championed the effort every step of the way.

It is important to review our past because we learn from it. As an organization, we have had to find our path because it has not been clear and precise. What has been clear and precise is our purpose for existence—that of ensuring access to quality cancer care for patients and their families and to remove all barriers to that care. We achieve our purpose by coming together as colleagues in relationship to one another, as a team, to find the best answers. Our decisions are better as a team than any one answer alone. The same is true of patient care. Patients need each one of us for the very skills, services, and support we are each specialized to provide. It is a circle we form around the patient and family, not a tower of hierarchical decision making.

True, there have not been as many women and nurse administrator presidents of ACCC as my physician colleagues. The important issue, however, is having committed members willing to serve—members who embrace the goals and promises we have made to patients with cancer and the communities in which they live and to each other as the oncology care team. I am honored to serve as president and humbled to be among those chosen to lead this organization. As a woman, a nurse, and an administrator, I will bring my own set of strengths and experiences to the role of president, just as each president has done in the past.

Every ACCC president has been assisted by an active and committed membership and board to meet the goals of our mission. Please join me in our efforts this year to be a strong voice for the patient and for excellence in cancer care.

A handwritten signature in cursive script that reads "Margaret A. Riley".

Margaret A. Riley