



**Clinical Trials:  
The Road Ahead**  
What's in the pipeline?  
**State System**  
A model of patient care  
**A Model Patient Management System**  
The need for more research on  
cancer in the elderly  
Preparation for NCI  
Radiation Oncology Coding

## The Nurse as Advocate

Margaret A. Riley

To cite this article: Margaret A. Riley (2000) The Nurse as Advocate, *Oncology Issues*, 15:1, 4-4,  
DOI: [10.1080/10463356.2000.11905095](https://doi.org/10.1080/10463356.2000.11905095)

To link to this article: <https://doi.org/10.1080/10463356.2000.11905095>



Published online: 17 Oct 2017.



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



Article views: 14



View related articles [↗](#)



## The Nurse As Advocate

In 1998 a contingency from the Association of Community Cancer Centers met with Rep. Bill Thomas (R-Calif.) to discuss impending Stark II legislation. The group included ACCC's executive director, a medical oncologist, and a nurse lobbyist from the Oncology Nursing Society (ONS). Congressman Thomas acknowledged everyone, and noted that if a nurse was present, "this must be serious business." The congressman's statement clearly indicates the role nurses have in patient care—that of advocate in the purest sense. As nurses, we are the undeniable "hub" of communication between the patient and the entire health care team and beyond. As such, our responsibilities are great and so too are the rewards if we accept those responsibilities with the same tenacity we apply to learning the science and art of the nursing profession.

As defined in *Webster's New World College Dictionary*, "to advocate" is to summon, to call, to plead a cause for another, and to speak or write in support of something. Nurses advocate on many fronts, including but not limited to, educating patients; communicating patient issues to physicians to affect the best clinical decisions; facilitating family discussions; and monitoring care outcomes, systems, and devices for accuracy, efficacy, and safety.

Another arena for advocacy is within the political and legislative process. While this process may intimidate many nurses, when we apply our tenacity and passion for the issues, our advocacy in this arena leads to opportunities. At its core, the legislative process is about forming relationships with those who represent the people, who, in turn, are rewarded through election and reelection. There is power in developing relationships with our legislative representatives because they need information we can provide, and we need their support. The tools we use are the same as in developing nursing practice: relationship-based care, communication, assessment, intervention, and outcomes measurement.

Although it can be a win-win situation for everyone, getting started in the political and legislative advocacy process is not an easy task. One way to start has been

When the nurses speak, "this must be serious business."

—Rep. Bill Thomas

to accept the invitation offered at every ACCC annual national meeting in Washington, D.C., to meet with legislators on Capitol Hill about the issues facing cancer care and the constituencies at home.

ACCC staff have provided briefing papers and arranged appointments with legislators in advance of the meetings. Remembering that almost every legislator, assistant, or other staff member on the Hill has been touched by cancer creates the bridge for discussion. When we make the discussions personal and people-oriented, those on the Hill are more likely to be receptive and pay attention to the issues.

Another opportunity to participate in political and legislative advocacy has been developed through the President's Grant in the form of a Policy Institute to be held in Washington, D.C., in February 2000. The President's Grant is offered to each ACCC president to use as he or she best chooses. My choice has been to assist nurses in learning about political and legislative advocacy. A total of 40 nurses are expected to attend this year. Of this number, 20 will be ACCC members, and 20 from the ONS membership. Invitations to ACCC nurse members will be on a first-come, first-serve basis, with the intent to gather those truly interested in the topic. If successful, the Policy Institute may become an important initiation course for cancer care advocacy. Since most of the nurse members of ACCC are administrators within their cancer care programs, my hope is that the Policy Institute will empower those attending to be locally and nationally involved in setting the course of cancer care in this country.

We need everyone's voice. As Congressman Thomas said, when the nurses speak, it is a serious matter. Let's capitalize on that strength and use every avenue possible to protect cancer care access, research, and quality.

Margaret A. Riley