

**The Association of
Community Cancer Centers**

FACT More than 670 medical centers, hospitals, cancer clinics, and practices across the U.S. are ACCC members. This group treats 40 percent of all new cancer patients seen in the U.S. each year. ACCC members also include more than 390 individual members and 18 state oncology society chapters.

FACT Only ACCC represents the entire interdisciplinary team caring for oncology patients, including medical, radiation, and surgical oncologists, oncology nurses, cancer program administrators, oncology social workers, pharmacists, radiation therapists, and cancer registrars.

FACT ACCC is committed to federal and state efforts to pass legislation that ensures access to off-label uses of FDA-approved drugs and clinical trials for cancer patients, appropriate reimbursement to physicians for drugs administered to Medicare patients, and other patient advocacy issues.

FACT ACCC provides information about approaches for the effective management, delivery, and financing of comprehensive cancer care through its national meetings, regional symposia, and publication of oncology patient management guidelines, standards for cancer programs, critical pathways, oncology-related drugs, and *Oncology Issues*.

FACT Membership in ACCC will help my organization/me better serve patients and will foster my professional development.

Please send membership information:

Name: _____

Title: _____

Institution: _____

Address: _____

City/State: _____

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✉ Return to ACCC, 11600 Nebel St., Suite 201, Rockville MD 20852-2557/Fax: 301-770-1949.

FROM THE EDITOR



The Darkness Around Us

by Lee E. Mortenson, D.P.A.

William Stafford, a North American poet and part American Indian, alerts us that "the darkness around us is deep." Stafford is talking about our internal darkness and how "...it is important that awake people be awake."

The last few months have shown what our internal darkness can produce. We've seen planes fly into buildings and experienced uncomfortable feelings of fear of the unknowable. Our own darkness hints at the kind of acts that we fear in others. And I, for one, don't like my imaginings.

When I first read Robert Bly's "Little Book on the Human Shadow," I couldn't comprehend how my inner demons could hurt anyone else. But, as we've seen, the demons we hide are projected on to the faces of others, causing terror and anger and hurt.

The demons of September 11 propelled the United States into a world tightly attached to the rest of our globe. No longer are we safe between our two wide rivers, isolated from the complexities of the other world. To the great credit of our nation's leaders, their responses have recognized the fact. We have begun our education of how to live on a small planet with complex interrelationships. Here, the old linear dichotomies of black and white are comfortable...but useless.

In microcosm, our more parochial struggles to assure that the cancer care system does not evaporate suffer this same problem. Sound bites that talk of overpayments for drugs are obvious and only part of the story. Our cancer patient care system is complex out of necessity, happenstance, and straw. It will not take much to blow it down.

Are our leaders dark, dimwitted, evil? No.

Are we saints? Surely not.

Yet, we should consider what may lie ahead. Without a one-for-one trade-off in drug margins for practice expense, Congress will save money, and oncologists will make less. To these truths, we should add that life is more complex than it may seem and unintended consequences are still consequences.

Many members of Congress could rightfully say they are saving money and ending a system that is ill constructed. They can say that medical oncologists will be making less and that drug companies can no longer manipulate AWP. All true.

As Stafford says "...though we could fool each other, we should consider—lest the parade of our mutual life get lost in the dark...the signals we give...should be clear."

So, here are some signals: hospitals are just beginning to see that some types of oncology may be modestly profitable after several years of negative numbers; their reimbursement for drugs could easily collapse; and they are not prepared to triple the number of patients they see in the outpatient setting. Furthermore, we don't have enough medical oncologists now and less compensation will not give us more; the ranks of oncology nurses are already diminishing; and tossing more people out of jobs will not enhance recruitment and retention.

There are lessons for us here that we can take out into the world. The obvious is not always correct or useful. Complexity hides beneath the dark surface. Too often we project the parts of ourselves that we reject onto others and judge them accordingly. We must work very hard to stay awake and awaken others. The darkness around us is deep. ■