

Editorial

I Have Always Wanted to be a Nurse

Lillie D Shockney*

Johns Hopkins School of Nursing, USA

We each take care of thousands of patients over our life time in our role as a nurse. Some we will vividly remember but most we will likely not. There are simply too many faces, injections, nursing documentation notes, dressing changes, and IVs to recall them all. Those that do stick out, for whatever reason that may be, are ones we carry with us. I have recently buried my father. Very recently. Less than a month ago. He definitely is one patient who I will recall of course forever.

My dad wanted me to become a lawyer. I had always wanted to be a nurse. Though I have received many nursing awards during my career including the Johnson & Johnson Most Amazing Nurse Award two years ago, my father acknowledged it but I believe still was disappointed that I hadn't fulfilled his dream of me becoming a lawyer. My father experienced a variety of ailments over the years. Each one required my intervention in some way. Getting him into the right hands at the right facility was key—what we know to be clinical triage. My biggest challenge came a few years back when his prostate cancer that had remained quiet for a decade, “woke up.” My dad had metastatic prostate cancer. I am an oncology nurse. For a few moments I had wished I had become a lawyer so that I would not know as much as I did about what would lie ahead of him, well lie ahead for all of us.

After several years of hormonal therapy, followed by chemotherapy for several more years, and radiation and nerve blocks for pain management, and getting used to a walker, and being more in bed than out of bed it was time to reassess the situation and make decisions if this patient wanted to prepare to take another pathway... one that focused more on quality of life and the orchestration of a good death. Helping him to maintain his dignity as well as hold fast to at least things that gave him joy still. Did you just read how I referred to him as “the patient?” He did become my patient. And my mother “his wife.” Why? So that when I was in situations that were destined to result in me being the one shedding tears I could still function as his oncology nurse and patient advocate. As his daughter, I could not do those things.

So over the last year or so of his life when he went to the oncologist and I would ask questions on behalf of him or my mom I would say to the doctor, “This patient has a question about pain management. He doesn't want to die in pain. That is a high priority for him. He also wants to die in his sleep and in his own bed and not be gasping for air or having death rattles that will frighten his family. His wife is having difficulty imaging her life without him. They dated at age 14, married at age 18 and

*Corresponding author

Lillie D Shockney, Johns Hopkins School of Nursing, 600 N. Wolfe Street, Carnegie 683, Baltimore, MD 21287, USA, Tel: 410-614-2853; Fax: 443-873-5014; Email: hockli@jhmi.edu

Submitted: 15 February 2014

Accepted: 17 February 2014

Published: 19 February 2014

Copyright

© 2014 Shockney

OPEN ACCESS

have been married now for nearly 68 years.” I knew if I tried to say it as a daughter would, like this—“My dad doesn't want to be in pain. What can you do to ensure that for my father? He worries about this a lot. He isn't sleeping either. My mother is very worried too. Please help us!”... that my discussions with the oncologist and feeble attempt to serve as his advocate and mom's advocate too would have ended in a catastrophic way. A daughter speechless and uncontrollably crying.

What is even odder is that I didn't even know that I was transitioning back and forth from being the daughter one minute to being the oncology nurse the next. My mother observed it and commented to me later about it. She could see that this was how I would get us all through this painful and emotional process.

So my mission for my dad was to help ensure he would experience a good death. And he did. Everything he wanted, happened. Despite having a dysfunctional family to some degree, the right people came together at the right time and helped me ensure that a good death happened. Pain free. Dying in his sleep in his own bed with my mother lying beside him holding him. Affairs in order. Knew his purpose in life and took pride in it. Left a legacy. No debt for my mother to worry about. And knew that people would speak fondly about him after his death. All being critical elements of orchestrating an end of life that fulfills the patient's hopes and expectations. He even wrote his own obituary, which was also important to him. He wanted to word it his way and not leaving anything to chance.

I can still see myself sitting at his bedside, talking with him first as an oncology nurse by assessing the patient to ensure he had no pain, checking that his foley was properly draining and the tubing not kinked, telling him he will be remembered in the community as the patriarch of farmers, and giving him ice chips to moisten his lips. Ten seconds later I was talking to him as his daughter, reminding him of what a wonderful dad he has been, and singing softly a religious song to him that I felt sure he would enjoy. I then stood up and told my brother that it was important for the patient to have time alone with his wife, and we stepped out of the room. I instructed my mother to lie down beside him for a while and told her that time was growing close. He would be gone in a few hours and to tell him anything she wants him to know. He will lose his hearing last. She did.

I reflect on his patient and I of course always will. He is one of the patients that I will carry with me for the rest of my nursing career. Well, for the rest of my life. We as a family experienced profound moments with him in his final days, such as when he told us that he was being given permission to ride his John Deere combine to heaven but needed to walk ahead to make sure the gates were wide enough because he didn't want to break anything. (Perhaps he was worried that would make a bad impression if heaven's gates were damaged by his farm equipment.) It was an amazing moment to share. At this same time I was instructing my mom to no longer awaken him to give him his cholesterol medicines as these weren't needed anymore. (She had been told this before but said she didn't understand why he didn't need them.) This gave me insight as to where this patient's wife was from a "letting go" perspective. When he asked her to turn the key on the combine and start up the engine as he was ready to now ride into heaven's gates she told him that she didn't know anything about John Deere equipment. He was asking permission

to go and she was declining. In the nth hour prior death she did give him the approval to go ahead of her, for now.

So I felt that sharing this very candid story with you would be an appropriate way to launch the first inaugural issue of this wonderful new nursing journal. We are nurses to thousands of patients. Whether it is a family member or a stranger, we want to do our best on their behalf. I am even happier now that I chose nursing as my profession which in turn gave me the privilege to be in the lives of so many patients and their families when they are most vulnerable and need our compassionate nursing care. I also feel confident that dad is looking down from the heavens and is saying, "I'm glad you didn't become a lawyer."

Whether you are new to the profession of nursing or seasoned in this line of work, I am confident that the articles brought to you by this journal will be insightful, educational, and empowering for you as a nurse. Enjoy.

Cite this article

Shockney LD (2014) I Have Always Wanted to be a Nurse. *Ann Nurs Pract* 1(1): 1001.