

Willing to Work with Nurses

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Doctors in white robes are indeed the leaders of the medical team, responsible for the decision-making and execution of important treatments for cure. Nurses in white clothes (of course, many are excellent male nurses) are also indispensable members of the medical team and have a key impact on the quality of care. Overall, medical staff who care for the patients the most and longest are the nurses. In the history of Western medicine, Cure and Care are originated from the Latin word Curare. And around the end of the eighteenth century, during the French Revolution, the doctors' treatment (Cure) became the hospital dominance until now. However, I believe that more and more people feel that we should pay more attention to the care represented by nurses, and let medicine return to Curare, which integrates Cure and Care.

Taking the nurses in the Department of Radiation Oncology as an example. Cancer patients and their families are faced with menacing tumors and the impacts in physical, mental, spiritual, family and social aspects. The fact that they provide care to cancer patients and their families are like my indispensable right hand. For example, patients and families can react strongly to the news about cancer, recurrence, or termination of treatment. Nurses assist them with tissues to wipe their tears, close the doors for an intimate grief, and to sooth patients or family members if necessary; some even hold hands and cry together. These are timely comfort that doctors cannot provide. The caring eyes and cordial greetings of the nurses always bring great support and comfort to patients and families.

Nurses in the radiation oncology department often have



to deal with patients who have symptoms and are impatient. They need to maintain order, adjust waiting patients' unexpected circumstances, and resolve cutting in-line issues, which all require good EQ (emotional quotient) and interpersonal skills. Before the pandemic, oncology volunteers took turns on duty in the radiation oncology department. They greeted patients with warmth; cooperated with social workers, psychologists, and nurses to organize art therapies, festivals, and outdoor activities for patients and their families. These are so-called non-work related health activities, but as long as they are beneficial to the patients, nurses treat them as work related activities.

When conducting clinical ethics case study meeting, nurses who spend the most time with patients and their families often provide the contexts and details which help formulate strategies to patients and families, and opportunities for better treatment direction. Some specialty nurses as well as case managers in various units provided direct assistance and greatly shared the pressure of caring for patients. I would like to express my gratitude to ACP case manager, RN Tang Ya-Ting, who handled all outpatient and inpatient assessments and education with more than 1,000 consultations of ACP(Advanced Care Planning). She not only provides advocacy on medical Advance Directives, but also accompanying patients and families through the process of initiation to signing of such important decisions, which is an important driver of our hospital's promotion of the Patient Right to Autonomy Act (in Taiwan).

If the process of caring a patient is a journey and one can only choose a specific person, no doubt most physicians will choose a nurse. The path is full of surprises and challenges, setbacks and opportunities, I wish to continue marching with our nurses.