



The photos to the left are from the ...



If I have learned anything over the years, it is that there is no single right approach and no simple answer to dealing with the human side of cancer.

Every person brings unique characteristics to dealing with illness: a particular personality, a way of coping, a set of beliefs and values, a way of looking at the world. The goal is to take these qualities into consideration and make sure that they work in favor of the person at each point along the cancer journey.

Quotes from The Human Side of Cancer

The Massachusetts General Hospital Cancer Center is one of the leading cancer treatment and research facilities in New England. The Cancer Center is a founding member of Dana-Farber/Partners CancerCare — a collaboration in adult oncology among Massachusetts General Hospital, Dana-Farber Cancer Institute, and Brigham and Women's Hospital. It is a member of the Dana-Farber/Harvard Cancer Center, which has been designated by the National Cancer Institute as a Comprehensive Cancer Center.

The Cancer Center provides a full breadth of clinical and support services to patients and their family members through a variety of multidisciplinary clinical programs focused on specific types of cancer. These services are provided within one of the most highly respected hospitals in the world.

Founded in 1811, Massachusetts General Hospital is the oldest general hospital in New England and one of the oldest in the nation. Renowned internationally for its clinical care, the 900-bed hospital offers diagnostic and therapeutic services in virtually every specialty and subspecialty of medicine and surgery.

Massachusetts General Hospital conducts the largest hospital-based research program in the United States, and is the birthplace of many innovations that have improved the lives of patients throughout the world. It also is the oldest and largest teaching affiliate of the prestigious Harvard Medical School, where nearly all of the hospital's active staff physicians hold faculty appointments.



SUPPORT

A resource by patients and families for patients and families

LETTER FROM THE EDITORS

People touched by cancer would like to think that once treatment is over life will go back to "normal." People who have experienced cancer know that life can be changed forever. In this issue, four people share their stories about how living with cancer changes the meaning and purpose of their lives: a young woman with breast cancer, a man who underwent a bone marrow transplant, a long term survivor of lung cancer, and a family member whose wife died several years ago. Their stories are reinforced by a book review on the *The Human Side of Cancer* and an article on ways to support someone newly diagnosed or in treatment for cancer.

Please help us make SUPPORT useful to you. Let us know if there is a subject that you would like to see covered in an upcoming issue. We welcome your feedback. Please feel free to contact us by calling **1-866-724-6737** or by stopping by one of the Cancer Resource Rooms.



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"If I have learned anything over the years, it is that there is no single right approach and no simple answer to dealing with the human side of cancer."

Quote from "The Human Side of Cancer"

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Questions about *Support* can be directed to Sally Hooper at shooper@partners.org

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Jennifer Reeves

“It’s hard being a young adult with cancer. It was a time of my life when I should have been making decisions about my career, getting married and having children. Instead I was worrying about fertility issues, having chemo and losing my hair.”

A PATIENT’S STORY: JENNIFER REEVES

Jennifer Reeves always felt she would be diagnosed with breast cancer. Her mother, paternal grandmother and aunt had all battled the disease. What she didn’t expect was to begin her battle as a young adult.

“I was in Las Vegas at a friend’s wedding playing the slots. For some reason I touched my underarm and there it was – a lump. I even remember the exact time I felt it; it was 8:50 PM. As soon as I got home I went to my primary care doctor. He said he was sure it was nothing but sent me for some tests just in case. The next thing I knew I was sitting in my johnny at the Avon Comprehensive Breast Center being told that I had to have more tests. The resident kept talking directly to the nurse in the exam room and was using all of these medical terms I didn’t understand. It was a Friday afternoon and no one was available to perform my biopsy so I had to go back the next week. I was just about to start a new job that Monday and instead had to go to the hospital. I was never able to start working and ended up having no health insurance. I was so scared. At first I was hysterical but calmed down after a bit and started to do research.”

At only 28 years old Jennifer was diagnosed with breast cancer and faced with a decision not many young adults have to face – whether to have a lumpectomy or a mastectomy. “I wanted to be as aggressive as possible because of my family history and my age, so I chose to have the mastectomy. My surgeon was Barbara Smith and she was great. She understood why I wanted to be so aggressive. I had the surgery and it was very upsetting at first. The day the visiting nurse came over and I saw my scars I cried”.

“It’s hard being a young adult with cancer. It was a time of my life when I should have been making decisions about my career, getting married and having children. Instead I was worrying about fertility issues, having chemo and losing my hair. I was really afraid I would never see age 30 and that my relationship with my boyfriend would change. I went to a breast cancer support group but it didn’t help much because everyone in the group was much older. I

“Overall my cancer experience has been positive and my quality of life is much better. I gained a perspective on life that I would have never experienced had I not had cancer.”

really had no one my age I could talk to. I read Lance Armstrong’s book and it really helped me. It was the first time I felt someone really understood what it was like to be my age with cancer. I absolutely love him. I would do anything to meet him!”

Jennifer then started to attend the young adult support group at MGH. “This group helped a lot. Just being with other young adults who understood made me feel a lot better. You are at a very different place in your life when you are in your 20’s and being around others the same age makes a huge difference.” She also found out about a group called Chemo Angels. “Chemo was the hardest for me. At first I looked really sick and lost all of my hair. People would stare at me and I hated it. It’s funny how differently people react to you when you look sick. Then a Chemo Angel adopted me. They are a volunteer group that sends you little gifts and cards to encourage you while you are having chemo. My angel was 30 and we really connected. We’ve become friends and get together a few times a year.”

Shortly after her surgery Jennifer attended her 10-year high school reunion. “I actually stuffed socks in my bra so I would look normal. I wasn’t going to miss my reunion.” At the reunion she was surprised at the number of her friends that were already aware of her cancer. “I thought I would spend the night telling everybody I had cancer, instead most of them already knew. Some of my friends were very open and asked questions, others were very uncomfortable and didn’t know what to say. I would much rather have people ask me questions directly than avoid the issue.” Despite the anxiety Jennifer experienced before attending the reunion, once she arrived she was glad she had gone. “I had a blast. It was my last hurrah before chemo. The reunion was a Friday and I started treatment on Monday.”

During treatment, Jennifer heard about a conference in Washington sponsored by the National Breast Cancer Coalition. “I really wanted to attend but couldn’t afford to go, so I went to my social worker for help. She found funds for me to attend. I wanted to make a difference. Most people look at breast cancer as an older woman’s disease and it’s not. There are a lot of young adults that are diagnosed. The conference was great. I learned so much and was able to meet a lot of other survivors. I went alone and was the youngest there but it was okay. All of the others acted like these cute mother hens. I think I scared some of them; I reminded them of their daughters and that you can get breast cancer at an early age. I am also a member of the Young Survival Coalition. They are a group of women in their 20’s and 30’s that are breast cancer survivors working to make a difference. I connected with them immediately.”

Someday Jennifer hopes to become a nurse. “My chemo nurse, Bonnie, was the best; she became like family. I was still trying to figure out what I wanted to do with my life when I was diagnosed. I want to become a nurse so I can help others the way Bonnie helped me. This whole experience has really changed my life. It made me face my own mortality and helped me decide my future.

The most overwhelming gift is learning how amazing people are. I now know which of my friends are true friends. Overall my cancer experience has been positive and my quality of life is much better. I gained a perspective on life that I would have never experienced had I not had cancer. This is something you can’t explain, a bond that only cancer survivors share. My life wasn’t supposed to be like this, but I am glad it is. I appreciate so much more. And by the way, I just turned 30!” ■

SAYING THE RIGHT THING

“HOW ARE YOU?” HOW MANY TIMES A DAY DO WE ASK THIS?

For a cancer patient, especially a newly diagnosed patient, these words can take on a new and profound meaning. That’s what we learned recently in a survey completed by cancer patients and survivors at the Fall Network for Patients and Families Conference. We asked “What are some of the kindest things anyone said to you during your cancer journey?” We also asked, “What are some of the most difficult or most uncomfortable things you heard?”

The responses to our questions varied and interestingly what was helpful to one person was sometimes difficult for someone else. To better understand the responses we received we consulted Mike McElhinny, Oncology Chaplain at MGH.

“Patients’ feelings change throughout the course of their journey,” explained Chaplain Mike. “We need to respect the feelings of the patient at that moment in time over our own.” That is sometimes difficult to do especially when our own worry and concern is strong.

It is all about listening to the patient. “Follow the feelings of the patient. Find out how they are feeling,” recommended Chaplain Mike. One of the difficult things to do is to hold back the well wishes that the patient might be unable to hear at that moment in time. “People try to say something supportive, but sometimes they are responding out of their own fears,” explained Chaplain Mike. “You will be fine,” for example, can cause a cancer patient to feel more dismissed than supported. Patients who responded to our survey reported that it is difficult to hear “I know how you feel.” “I’m sorry.” “Call me if you need anything.” “You look so good no one would know you have cancer.”

Chaplain Mike suggested that a patient may be able to listen to us because we listened to them. Listening to each other is a great kindness. We each have our own personal histories, not only with illness, but also with work, relationships, and life. Hearing each other’s stories is a gift and helps us understand what someone may need.

Most people need some help with everyday activities during treatment or recovery. Cancer patients have reported that some of the kindest things people said to them included “I’ve made dinner for you.” Similar comments included “A friend actually being there for me and giving me a ride or offering to pick up my prescription.” Sometimes people aren’t ready for help with routine tasks. It’s difficult for some people to accept help, especially in the beginning. Don’t be hurt if your help is refused; this may be how they cope. Let them know that you’ll be checking back with them. They may also find comfort in keeping up their usual work or home schedule.

Every patient needs to feel cared for and comforted. Words and actions that convey, “I am here for you. I will be with you as we do this.” is powerful medicine. One does not have to be a physician to become a healing force in the life of a friend or family member living with cancer. Patients responding to our survey found the following comments comforting.

“You look handsome with no hair.”

“You have shown us all how to face cancer with strength, humor and courage.”

“I still see your smile in your eyes”
(the patient has facial paralysis)

Our words and deeds have the power to comfort and sustain. ■

A NOTE TO FAMILY MEMBERS...

If you are a caregiver or other close family member, it’s okay to talk about your feelings with your loved one who has cancer. Keeping communication going, no matter how difficult, can help you both cope better. If communication is just too hard, there are members of the treatment team who can help. Don’t hesitate to contact them and talk about your concerns. Remember also that you deserve help during this difficult time. Think about letting others help so you can have more time to do things that you and your loved one enjoy.

HOW TO BE THERE FOR SOMEONE

- Listen, listen, listen. This sounds simple but may be hard to do. Just listening to a person say out loud how they are feeling can be the most help.
- Try not to automatically offer reassuring words when someone expresses worry or fear.
- If you want to encourage someone, remind them of their special qualities, like their sense of humor, or of other challenges they have successfully dealt with.
- It’s best not to offer advice. Advice often shuts down communication and suggests there is only one solution. Discussing choices that might be available helps the person talk through their decision.
- Try not to compare the person’s experience to others you have known with cancer. Remember each person’s body reacts differently to cancer and treatment. And cancer care is always changing, so what was done even a few years ago may not make sense now.
- Especially at work or in the community, respect a person’s choice about how much they want to share. If someone confides in you, ask him or her how much he or she wants others to know. Keep private conversations private.
- At work, a smile, having lunch together, or just keeping things “normal” may be the best way to help a co-worker in treatment. Remember, people do get tired of being asked, “How are you.”
- Before you tell someone “you will be fine,” think about if you are saying this to calm your own worries. The phrase “you will be fine” can cause a cancer patient to feel more dismissed than supported.
- Comment on how brave or strong someone is only when that seems really appropriate. Otherwise it can make it hard for them to tell you when they don’t feel that way.

HOW TO HELP WITH ROUTINE TASKS

Try not to ask a general question like, “How can I help.” It’s better to offer to help with a specific task. For example, offer to:

- Pick up grocery items for them when you go to the store.
- Walk the dog.
- Take the children to their after school activities.
- Go with them to an appointment.
- Create a list of tasks and organize others who want to help
- Offer to keep others informed if the patient is overwhelmed by phone calls.
- Offer to stay with the children so a couple can have time alone.

A CONVERSATION WITH RICH BANDEMR

Rich Bandemr had a bone marrow transplant early in 2003 after he was diagnosed with leukemia. He stopped by recently to talk about how he is doing.

Q How did you become aware that you had leukemia?

A One day I started shaking. I picked up a mop at work and started losing my breath, so I told my boss that I had to leave. I got in my truck and drove to a hospital near my home, but I couldn't go in. I got in and out of my truck five times before I finally went into the emergency room, but only after I started to lose my balance. When I finally went into the emergency room, they admitted me, told me I had leukemia. They didn't think it was even treatable, but they transferred me to MGH to see if something else could be done.

Q First you had chemotherapy at MGH, and then you had a bone marrow transplant. What was your experience like?

A I was pretty much out of it for a month—couldn't even talk on the phone very well. I got better after the chemotherapy, but then they brought me back for an autologous bone marrow transplant. It was a long process.

Q How have things been for you since leaving the hospital last year?

A The last year and a half has been good, but I'm still very tired. I don't go seven days a week any more, and I haven't been able to go back to work.



Rich Bandemr

Q What do you find yourself thinking about?

A I worry about what's down the line and what else I may have to go through. I had cerebral palsy as a kid, and I was never supposed to walk, but I beat it. Now I worry if I'll be able to get over this one. Is my sight going to hold out? How long will I be able to keep my license? I'd like to be able to stop thinking about my health all the time and do the things I like to do. I'm in to hotrods and antique cars. I'd like to get back to building hotrods, but I just don't have the energy right now. When I feel up to it, I'm working on putting modern drive trains in a 1931 Ford and a 1931 Ford truck. Once I'm done, I'll have fun driving them. Now that my kids have grown up, I want to live my kind of life, but I don't know how long I'll be able to do it. I have to arrange my activities a little more carefully, like plan where I drive and make sure there are bathrooms available because I have to think more about my physical needs.

"Now I've got a clean bill of health, but I don't really know if I'll ever be really over it. But you just have to keep going and take one day at a time."

Q What keeps you going?

A Knowing that I have to do it. Sometimes it is hard to get up in the morning, but if you don't, you may not be able to get up the next day. There are times when I don't want to keep my appointments, but if I don't, I know I'd just be hurting myself. Doctors and hospitals—you really don't want to go, and you think you're okay until you just can't say that any more. I've found that my faith is important to me. Even if you don't go to church, you still have to have faith. Also, I try to keep involved with people, and I come back to the hospital to visit other people who are sick. Seeing other people in treatment makes me appreciate my own life more.

Q What's it like for you to talk about your experiences?

A It took me about a half a year to be able to talk about my leukemia. I never feared death until about a month after I started treatment, and then I couldn't talk without breaking down. That was a bad experience—not being able to talk to people about it even though they were more than willing to listen. Now I've got a clean bill of health, but I don't really know if I'll ever be really over it. But you just have to keep going and take one day at a time.

Q How is life different for you now?

A I eat very differently now, partly by choice, but partly because food doesn't taste the same. Now I watch my diet—I don't eat red meat any more. I do eat a lot of greens and fish and chicken. The hardest thing was not being able to enjoy the foods I used to like. It took me about a year to get my taste back. I couldn't eat anything with the chemo, because it didn't taste right. It was tough, because I'd eat or drink, and I'd just feel sick. Gatoraid helped, and I lived on that and toast for a while. I went down to 130 pounds from 250. I'm up to 167 now, but it's been a long process.

Another thing I've noticed is that I still have "cold" days, and I can't stay out in the sun very long. It can be really warm out, but I still feel cold. And sometimes I'm so tired, I feel frustrated because I can't do all the things I want to do and get them done, so I just have to stop and start again the next day.

Q Do you ever feel angry?

A I do, but what can you do? Nature takes its course. You go with the flow and do the best you can. Basically you just have to learn to live day by day—wake up, smell the roses, and keep on truckin'—or in my case, keep on "roddin'"—either one. The main thing is to keep in touch with people—family, grandchildren, friends, treat people like you want to be treated, and care about somebody else. Being with the people I care about is what's most important. And, I've just got to get that car done next year and be with my hotrod families. ■

THE BEST ADVICE I EVER RECEIVED



Story by Win Hodges (pictured)

In May, 1993 while I was out rollerblading I hit a crack at the bottom of a hill and landed in the emergency room at Mass General Hospital. There I learned I had broken my jaw and six ribs and the X-ray showed a shadow on my right lung. The following Friday, my 53rd birthday, I was told I had lung cancer.

Almost immediately, I decided I was going to fight this cancer with everything I had. During that first week, I was given a copy of Bernie Siegel's *Love, Medicine and Miracles*. In that book I learned about Dr. Siegel's organization, ECaP, Extraordinary Cancer Patients. I certainly wanted to be an extraordinary cancer patient, so when I was recovering from surgery I applied for an appointment with one of ECaP's therapists.

My wife and I drove down to ECaP's New Haven office where I met with Ellice Matza. After inquiring about my diagnosis and how it came about, she asked me the most important question of the session: What was my goal? I had thought about that before coming and replied, "I want to do everything I can to prevent recurrence of cancer." My logic was simple. There was no choice about my present diagnosis—I was doing everything I could to beat that. I wanted to learn as much as I could about what could cause cancer and take the steps necessary to prevent a recurrence. She tactfully suggested I might want to rethink my goal. "You can do everything right to prevent recurrence and still get cancer. If you do get cancer, then you have lost—all of your effort will have been in vain. If, on the other hand, you focus on the quality of your life then, whether you live a short time or a long time, you win." And there it was—as simple as that—the best advice I ever received! It was a seed that could be planted and nurtured and change one's life.

QUALITY OF LIFE—it is a phrase we use so much, yet it doesn't become meaningful until you start thinking about what quality of life means to you. Before my diagnosis, I was a "human doing." I was always furiously busy, multi-tasking and looking ahead to the next thing. I didn't have time to think about Quality of Life, about being a "human being" instead of a "human doing." Most of us don't have time for that until something like cancer brings us up short. How ironic that cancer makes you think about Quality of Life! One way to define it is living your life as though you are going to die tomorrow—or to put it another way—all you have is today. If all you have is today, then do whatever it is that feeds your soul and experience it fully, do it mindfully. If you die tomorrow, at least you had a good day today. And if you don't die, then you have the gift of another day to experience fully.

TO UNDERSTAND MINDFULNESS or experiencing something fully, try the following exercise. Pick a favorite food. Take a bite and swallow it as you normally would. Now take another bite and chew it or move it around 20 times with all your attention focused on the taste in your mouth before you swallow it. See how different the two experiences are.

I walk almost every day with my daughter's dog in the same park following the same path along the river. Sometimes I get into mental dialogues with myself about some issue that is on my mind and suddenly realize I haven't seen anything. Much as in meditation, I stop and bring my focus back to my surroundings. Then I can see and appreciate the shape and texture of the clouds, the way the sun dances on the water like sparkling diamonds or the sound of the drizzle on the leaves. I savor the softness that fog gives everything, the song of the magpie at the top of the tree, the wonderful color of clover in bloom, the silent clean beauty of newly fallen snow. The path is the same, but when I pay attention, the experience is different every day—filled with things that make me glad to be alive to experience them and aware of how lucky I am.

LIVING FOR TODAY fully and mindfully, is the key to Quality of Life. You enhance the pleasure of the good things that happen in your life. And when bad things happen and you experience them fully, you can put them behind you rather than letting them become "baggage" that you carry around with you. You really can't lose when you live mindfully. ■

THE HUMAN SIDE OF CANCER

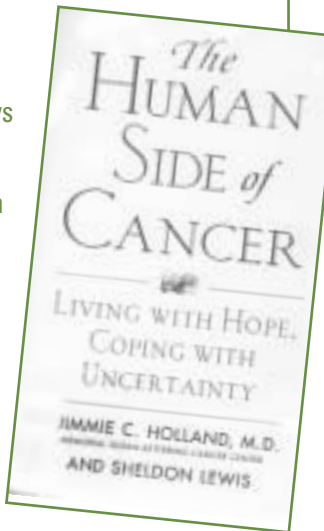
If books are one of your preferred ways to learn and access information then *The Human Side of Cancer: Living with Hope, Coping with Uncertainty* by Jimmie C. Holland, MD and Sheldon Lewis belongs on your bookshelf.

Dr. Jimmie Holland (her husband is Jim Holland, an oncologist) began the first full-time psychiatric service in a cancer research hospital at Memorial Sloan-Kettering Cancer Center in New York City in 1977. She was Chief of Psychiatry at Memorial Sloan-Kettering for many years and still practices there.

Dr. Holland dispels the myths about cancer and shares in a warm and positive way her understanding gained through years of experience. She sums up what the book does very effectively in a few sentences:

There are two aspects to the human side of cancer: what cancer does psychologically to people and their families, and how emotions and behaviors may influence the risk of getting cancer and its outcome. In this book we explore both questions, providing practical yet scientifically supported information about the range of issues involved in coping with cancer. We try to help you find your own best way of coping. We also put into perspective what is known, and what is not known, about the role of the mind and emotions both in getting cancer and in surviving.

Two of the features that make this book particularly valuable are its organization and its comprehensive coverage of every aspect of the cancer experience. The chapters and sections are descriptive and clearly marked, so that you can easily find the subject you are interested in and read about it. This makes it a useful reference for family members and cancer patients at any stage of their journey. ■



A CAREGIVER'S STORY: JIM MANGO

Jim and Carol, his wife of nearly 34 years, lived on Long Island, NY. Together they raised two sons and two daughters. "After working for over 31 years, I had recently retired and we were looking forward to traveling and having some relaxing fun times together," Jim explained. Unfortunately within months of Jim's retiring, Carol was diagnosed with leiomyosarcoma (muscle cancer). Jim continued, "Carol underwent several surgeries and chemotherapy treatments in New York without success. We learned that MGH in Boston offered the only possible life-saving technique of intra-operative radiation surgery."

"It is important for a caregiver to take a break from the intensity of the situation."

Having no children or job back home, Jim was able to concentrate on his wife's care. Sometimes he slept on a cot in her hospital room; other times he stayed in a nearby hotel. He appreciated the walk to and from the hospital and also kept a bike borrowed from his son-in-law in his hotel room, which he would frequently ride along the Charles River. Fortunately, they had a daughter living in the Boston area. "I was able to relax by visiting with family, often sharing meals with my daughter and her family and engaging in physical exercise." Other ways that Jim relieved stress involved eating out in nearby restaurants and lengthy walks around Boston.

"It was very difficult for my wife and I to talk about her illness and impending death. There were several times we would be sitting in the lounge and then find ourselves crying." He said it helped when he would take her to the chapel in a wheelchair, or to the gift shop, or salon to have her hair done. However he also said that at times he would get so concerned about her, it would reach a point of helplessness.

In the hospital room, videos helped take their mind off things; home videos were especially enjoyable. Frequent visits and cards from relatives and friends also helped. Debbie Essig, Co-Director of the Cancer Resource Room remembers that Jim spent many hours in the Room learning as much as he could about Carol's illness and its treatment. Jim took on the role, as many caregivers often do, of researching any new possible treatments that might help Carol.

Carol was never able to return home; she passed away two months after being admitted to MGH. Jim said he knew his wife was dying and he would have dreams about it. In retrospect, he questioned whether trying to shelter his young adult children from the gravity of her illness was appropriate. He said that perhaps that was the wrong thing to do. Jim kept a daily log of everything that occurred in the hospital and stated that at the time, the detailed journaling seemed to help him.

It has been eight years since Carol's death. Jim has since married Maria, a widow with two daughters. With their combined families, six children and now seven grandchildren, many happy and joyous family events have been shared. These wonderful experiences have helped relieve much of the tremendous pain the Mango family has endured.

Jim has continued to acknowledge the important role that MGH staff played in supporting him and his family by becoming a Network for Patients & Families volunteer. Even though Jim lives at a distance, he can be available by phone and email to share his experience with other caregivers with whom he might be matched. Jim and Maria even came from New York to participate in a Network activity, putting together "Take Good Care" backpacks for children whose parents have cancer.

For families who have lost someone from cancer, life does go on but so do the relationships and attachments to the hospital and its staff who provided care. Jim has found a way to give back and honor the past while moving forward. ■

WHY I DO THIS WORK

**"Mac" McCallum Moore,
Cox Building Valet**

I do this work because I love the patients I deal with—they are like family. I like to be there to receive them and care for them. Several years ago when my boss asked me if I wanted this job, I was hesitant—I didn't know if I could do it. Now I don't ever want to leave—I don't want to work anywhere else. I want to always be here with a smile, ready to do anything for them. The patients look forward to seeing me. When I am not here, they say where is Mac? They look out for me because I care about them. People need someone to care. We all need to extend ourselves beyond the limits

I know I was put on this earth for a reason. I love my job so much that I don't like to take time off. I miss the patients when I do. ■



**Nicole LaBatte, RN
Staff Nurse, Ellison 14 and Bigelow 12 Infusion Center**

I was inspired to work in oncology after doing a summer nursing internship in the MGH Cancer Center. One of the things I especially noticed during that summer was the strong connection that develops between nurses and patients in both the inpatient and outpatient settings. As a nurse, I quickly came to experience similar relationships as I cared for patients during diagnosis, treatment, and difficult complications. With each interaction I learn more about a patient's routines, lifestyle, personality, and family. This information allows me to provide more holistic care that encompasses physical, spiritual and emotional needs.

Recently a patient and family member visited my floor to thank the nurses and staff who had cared for him. I had developed a strong bond with this person, and it was very special for me to see them doing so well.

I enjoy my job because of the amazing people I interact with every day. ■

