

## Professional Censorship

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Some time ago, I was invited to present a lecture on cancer and sexuality to survivors sponsored by a faith-based institution. This is not the first time I have given such a lecture, and I always enjoy interacting with survivors and their partners. Just a couple of months before, I gave a similar talk to an audience of breast cancer survivors at a beautiful conference center in the countryside, owned and operated by a faith-based organization. I talked openly with

the women in the audience about vibrators and lubricants, about alternatives to intercourse, and about open communication with one's sexual partner and one's oncology care providers.

The women laughed, some cried, and no one seemed offended by the images on the slides.

I submitted my PowerPoint® presentation for this next conference to the organization ahead of time so that it could be loaded onto the computer that would be used on the day of the conference. Unbeknownst to me, my presentation slides were reviewed by someone at the sponsoring institution and were deemed “too graphic.” I was asked to remove three slides; one showed images of vibrators (these were not sexually suggestive in any way), and the others were of a penile pump, intraurethral pellets,

and intracavernosal injections (all medical illustrations).

To say that I was shocked is an understatement. What does this censorship mean to the survivors who attended my talk? That some things about sexuality are OK to talk about (like the problems people face), but others are not (like potential solutions to those problems). Does preventing those attending, who presumably are experiencing or have experienced sexual challenges after cancer treatment, from seeing images of the devices that may help them serve any cause at all? I understand that, in the context of a committed, loving relationship, sexual connection is a sanctioned and even blessed activity according to most religious faiths.

I thought about this for the rest of the day; in truth, I stewed and fumed about it. I have never been told what to say or what not to say in any talk I have ever given. Attendees at past Oncology Nursing Society Congresses know this well. As nurses, we have to talk about things that are not discussed around the dinner table in some homes. Some of these conversations may be considered shocking, but, if we don't have them, the patient or survivor is left uninformed and without help. The fact that sexuality is considered to be some sort of taboo in the 21st century is not acceptable, particularly not in the context of holistic health care that we strive to provide. Being prevented from talking about this smacks of censorship and offends me deeply.

I know all about censorship; I grew up in South Africa during the apartheid years when censorship was rampant. Movies were censored (images and words), books were banned, and political activists were silenced. This did not halt our hunger for knowledge or information, and we found ways to see those images, hear those words, and listen to those who were silenced. At that time, South Africa was not a democracy, but, in North America, we pride ourselves on our democracies and celebrate freedom of speech—except in this instance, when it comes to sexuality.

After stewing and fuming all day, I took action. I considered going ahead with the censored presentation with blank slides where the images had been removed and verbally explaining what should have been there. I thought about defying the censorship and using

the original PowerPoint on the day of the lecture. But I did not want to get the person who had invited me into trouble, so I contacted someone in administration to voice my outrage later that same day. And I waited. All of the following day, I received no response; I took this as a good sign. Finally, at the end of day, I got a message that the issue had been dealt with, apologies were offered, and my original slide deck had been reloaded, complete with the “offensive” images. This does not feel like a victory or vindication to me; I remain saddened that someone thought it was appropriate to impinge on my professional integrity and the information needs of survivors. I do not know for sure who it was that found the images to be problematic. Part of me hopes that it was not a nurse or physician, but rather someone more concerned with some sort of optics rather than the needs of patients.

In the end, I gave my talk—images included. I was immensely relieved that I did not need to compromise my integrity or do something potentially subversive that would have caused a problem for the person who invited me. I have personal and professional agency and am not afraid to speak my mind or stand up for what I believe is right or just. I am comfortable with difficult conversations and therapeutic silence, but the silence that follows censorship is one that I will not participate in. This applies to my work as editor too; I am not afraid to hear dissenting voices to articles we have published and will publish letters to the editor that challenge and, at times, disagree. I welcome healthy and respectful debate within the Editorial Board that guides the work of the journal. From challenges and disagreement, growth and progress are possible; from silence, there is only shame.