I had been talking recently with two of my best oncology nurse friends about two different but ultimately related topics. One called me to express her frustration about some television advertisements that for a time were airing frequently during prime time—ads for a drug that stimulates white blood cell production in patients receiving chemotherapy. The ads feature “patients” or their family members recalling the fear of a cancer diagnosis and the inevitable courses of chemotherapy that are prescribed. This part of the script is followed by expressions of astonishment that chemotherapy could cause neutropenia and life-threatening infections. “I didn’t know!” the ads say. “No one told us!” Do you know one oncology nurse, my friend asked me, who does not tell patients about to begin chemotherapy that their white blood cell counts will drop and what that means? My friend was infuriated and insulted at the advertiser’s implication that this information was some sort of secret that patients were never told until it was too late.

I listened more carefully the next few times I heard the ads and began to share her concerns. These ads were claiming specifically that patients and families were not being provided with information about the neutropenic effects of chemotherapy and the ramifications of those effects. The ads did a serious disservice to healthcare professionals and patients alike. To be fair, the most recent versions of these ads seem to have concentrated on the neutropenia and avoided the implications that patients are not being prepared properly, but I cannot tell if this change is real or only circumstantial.

This brings me to the conversations that I have had with my second friend about the complete lack of sensitivity of a non-nurse acquaintance when my friend really needed some understanding and support from this person. We came to the conclusion that an ability to listen and offer real support is a blessing, ingrained in most nurses, that most of us take for granted. We spend our professional lives helping people and trying to be therapeutic, and sometimes we lose track of the fact that an overwhelming majority of the people we come in contact with do not know how to really listen and be supportive in return. This is our little secret, a secret earned through education and practice. Oftentimes, we do not or cannot get back as good as we give when it comes to emotional support. This is an uncomfortable fact of life, and it is why we are grateful when we find someone who really connects with us on a feeling level.

These two divergent examples seem to have a single theme: No matter how automatic or commonplace our job as oncology nurses becomes, we must not lose sight of the fact that we have been blessed with special opportunities and insights. Whether it is the ability to process connections among biologic facts or the skill to understand and empathize with what our fellow human beings are experiencing at any point in time, nurses have a special secret ingredient. What we do is extraordinary, and we must take special care to ensure that the job is done with detail and attention. We need to be sure that we make all the reasonable “connections” when we teach patients and families. Our goal should be that no one can say “I wasn’t prepared” or “I didn’t know.” We must exercise our listening and support “muscles” so that every patient and family member comes to realize that we are valued and trusted confidants. These aspects of the care we provide are as intrinsic to good professional nursing as any procedural skill or assessment. They may be subtle attributes but sorely missed when the professional nurse is absent from the healthcare environment. Indeed, they are sorely missed when they are absent from our day-to-day lives. We must recognize these attributes in ourselves and in our colleagues and purposefully let the outside world in on the secret. In these times of shortage and struggle, we can use the ammunition.