Each of us needs to realize the enormity of the debt we owe to the past, so that we can be proud of who we are in the present and can work for a better life for our children who are yet to come ~ Maya Angelou

History is not dead. It is not even past – William Faulkner.

Evidence of cancer was found among the ancient Greek and Egyptian civilizations. Hippocrates was the first to use the word “karbinos” (meaning crab) to describe the characteristics of the disease. Hippocrates theorized cancer causation as an excess of black bile (melanchole) which was unchallenged for 2000 years.

The first cancer ward was opened in England in 1792. In 1884, when Simms Hospital opened in New York City, it was the only hospital dedicated for the cancer care. (Simms Hospital later became Memorial Sloan-Kettering Cancer Center).

In 1936, cancer was the ninth leading cause of death in children in the US. Infectious disease was a formidable killer of children until the advent of antibiotic therapy, which dramatically improved survival of children from infections. Cancer then rose to be the second most common cause of death in children. Consequently, the first pediatric cancer ward was opened in Memorial Sloan-Kettering Cancer Center in 1939. The establishment of the Children’s Cancer Group and the Pediatric Oncology Group through the National Cancer Institute in 1955 led to rapid developments in the treatment of childhood cancers. St. Jude Children’s Research Hospital (www.Stjude.org), the first facility devoted exclusively to pediatric malignancies, opened in 1962. A history of the development of the hospital and its progress through the years is contained in Dr. Joseph Simone’s article – A History of St. Jude Children’s Research Hospital.

The first recognition of oncology as a subspecialty came in 1947 with the development of an academic course in Oncology Nursing at Teachers College, Columbia University. At this time, caring for a child with cancer was usually of short duration and focused on helping the child and the family to face inevitable death.

In the 1970’s, the advent of combination therapies brought about specialized care for patients with differing needs and increased survival of children with cancer. Both outcomes changed the role of the nurse to one that requires a broad-based body of knowledge about pediatric cancers,
Historical Overview of Pediatric Oncology and Pediatric Oncology Nursing

their treatments and sequelae. As a result, the Association of Pediatric Oncology Nurses (APON) was established in 1974. Today APON serves as a network for colleagues to share knowledge and experiences.

Today the practice of pediatric oncology nursing is defined by strong commitment to family-centered care, team collaboration, and provision of a normal lifestyle for the child. The care provided by pediatric oncology nurses is planned in cooperation with the patient and the family. Nursing support starts at diagnosis and extends through survivorship, always taking into consideration the developmental, psychosocial, and cultural issues that could influence the care of the child and the family.

Human health is affected by many interconnected historical and environmental influences. The same is true with the evolution of pediatric oncology nursing – many of its developments were influenced by historical, societal, environmental, and economic need.

Though pediatric cancers account for a small proportion of all cancers, their sociologic impact is much greater. Compared to adult cancers, the disruption of the family life and functioning is usually felt more in pediatric neoplasia and it often evokes greater sympathy for its victims. In addition, pediatric cancers threaten the widely accepted concept that children should outlive their parents and that children should have gratifying, productive lives.

In the US, mortality rates for major childhood cancers have declined since 1973, and there has been a steady increase in the five year relative survival rate. Globally, these achievements will not have a major impact, since 90 percent of all the world’s children live in developing countries, where only a few have access to state-of-the-art treatment. Thus, the developing countries will have a great proportion of the world’s burden of childhood cancers.

Helpful Weblinks:

Association of Pediatric Oncology Nurses
http://www.apon.org

PennLive.com
Best Local Jobs/Careerwise advise

A living legend in pediatric oncology nursing: Jean Fergusson. Interview by Kathy Ruccione.
Fergusson J.

Selected www.Cure4Kids.org Seminars:

Seminar #161 Pediatric Oncology Nursing Training: Historical Development
Georgette Chammas, RN, EdD
http://www.cure4kids.org/seminar/161

Seminar #603 Pediatric Oncology Nursing Training: Historical Development (in Spanish)
Historical Overview of Pediatric Oncology and Pediatric Oncology Nursing

Entrenamiento de Enfermería Pediátrica Oncológica: Desarrollo Histórico
Narrated by: Nora Donahue, RN, BSN
http://www.cure4kids.org/seminar/603
Appendix

Hippocrates

Hippocrates, the Father of Modern Medicine, is credited with patient-centered care (holistic approach). He indicated that disease was not inflicted by the gods, but rather a condition related to the laws of nature and that the surroundings from which the patient came should be understood if one was to provide the patient holistic care. In describing his patients and analyzing their needs, Hippocrates included details of the patient environment and results of a complete examination.

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http://www.cwrl.utexas.edu/~bump/oxford/UnivMuseum/Hippocrates.JPG

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