

The Editor Who Loves to Write

Ever since I was a young child, I have loved to write. Stories in grade school, creative essays in high school, mournful adolescent poetry, papers at university, more recently books (10 of them in total), and of course, editorials. Like many, I used to write in longhand, often in a notebook or on paper that was specially chosen for the project. Now the click and clack of the keyboard is the soundtrack of my process.

I do most of my writing in the early hours of the morning, alone at my desk, the world just waking up outside the windows of my office. It is quiet then; no telephones or overhead pages to jar me out of my reverie. I have two hours to myself before anyone else arrives and what I can produce in those two hours I am not able to do in all the hours in the rest of the day. I am writing this editorial on such a quiet morning, but this time I am in my office at the university and it will be many hours until my colleagues and the students interrupt the quiet.

Not everyone likes to write. My husband doesn't, and there are times when I think he is irritated by the joy I take in this pursuit. For him, like many others, writing is a tedious chore that he HAS to do to report on his research. For me it is a joy, a flight of ideas that flow from my brain to my fingers, and soon I am done. Writing is how I figure things out, an exercise in matching thoughts to words, as the cursor moves from left to right, progressively moving down the screen. And then it is done.

Recently I have begun writing a blog for the American Society of Clinical Oncology (ASCO). This is not my first foray into blog writing; about five years ago, *ONS Connect* invited me to write a blog about survivorship and I jumped in with both feet and hands. It was a great experience and a useful companion exercise

to a book I was writing (*After You Ring the Bell: Ten Challenges for the Cancer Survivor*; Hygeia Media, 2009). The blog for ASCO is different in that it is a reflection on patient care. I am happy that they are interested in a nurse's experience and I am really enjoying the experience of thinking about my patients with my head and hands as I write. So often in the day, we are too busy to reflect in practice or even on practice and this is an antidote to the busyness of my days.

I have written two blog entries so far (you can read them at <http://bit.ly/1yHI29e>), and the response by some who have read them has been interesting.

The first one I wrote was a reflection on my work with men who are newly diagnosed with prostate cancer. I have a frank discussion with them about the sexual changes they will face after treatment and how, as a woman, this has been a gift and real learning experience for me. This struck a seemingly painful chord with one reader who, in a string of comments, told me that men will never talk to me about this and will only trust a male urologist. The anecdotal evidence from my practice is that men DO talk to me and my gender is not a barrier.

The second post I wrote was about a woman with breast cancer who told me that her pharmacist had refused to fill a prescription she had been given by her oncologist for local estrogen. Her story shocked me, as did the response I received on Twitter (@DrAnneKatz) from a pharmacist who was deeply offended that I was criticizing pharmacists as a

whole. After some back and forth (in 140 characters or less), he calmed down and accepted that I was talking about ONE pharmacist and not all. I did not expect that response but learned from our



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“discussion.” Other responses on the ASCO website have been insightful and serve to inform and educate the audience and the writer.

The staff at ASCO has been very supportive and I am happy to engage in lively discussions with readers. This is one of the interesting things about blogging; if you are lucky enough to draw readers, their reaction to what you have written is immediate. Their comments may be encouraging, or they may sting. But I know I am being read, and that is one of the reasons that I write.

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Key words: blog; prostate; estrogen; cancer

ONF, 41(6), 573.

doi: 10.1188/14.ONF.573