

President Message

A story, serendipity, and the power to act



Kenneth R. White, PhD, AGACNP, ACHPN, FACHE, FAAN

In my first column for *Nursing Outlook* as President, I wrote about the power that a story can have on us, both emotionally and intellectually. I chose this topic because reflection is the first theme of the Academy's 50th Anniversary arch. Now, as 2022 comes to a close, I want to share a few reflections from fellows of the American Academy of Nursing who have chosen to honor me with their story.

Your story, my story, and the middle ground

As we have all experienced in this age of mistrust, a word or phrase can generate assumptions not intended by their writer. People can interpret words on a computer screen in a multitude of ways. A real conversation can provide clarity, resolve questions, and produce a shared understanding. I am very grateful to the fellows who sought out conversations and shared their stories with me, as we came to a stronger resolution of how to move the organization together.

Meeting the story

When I was inducted into the Academy in 2012, I was inspired by hearing about another fellow in my cohort who was working in the palliative care space with people who were incarcerated. The impact of her work was powerful; her story has stayed with me for years. Fast forward to the Council for the Advancement of Nursing Science's 2022 State of the Science Congress on Nursing Research, when I had dinner with the National Advisory Council. As I shared this story, the woman sitting next to me, Dr. Susan Loeb, leaned over and said, "that was me." I was moved to the verge of tears. Our Fellowship is

more interconnected than we fully understand; life presents us with the most perfect serendipitous moments. Let us cherish them.

Sharing our pain can be empowering

Differences in generational or cultural norms can influence how we respond to and seek to recover from painful experiences. We all suffer from pain and loss; those experiences have an enduring impact. Decisions about whether and with whom to share our pain are deeply personal; sharing pain demonstrates trust. As listeners, we must be attentive, present, and understanding. What we say – verbally or nonverbally – can send a powerful message of hope and reassurance or cause more suffering. As a palliative care nurse, I recognize the power of humanity and the value of our shared experience.

Earlier this year, a fellow asked me if she could share her story. She had written it down and explained that she had been inspired by my first column as President. She agreed to share her story with all of you. I have included her words verbatim. The message in her story is that we can build safe spaces, create communities of trust, and help individuals heal. To do so, we must be willing to listen and listen well. We can serve as champions of hope. We must believe that seeking to understand someone's story can yield change.

Looking Back to Move Forward

Written by Polly Mazanec, PhD, ACNP, AOCN, FPCN, FAAN:

As the year draws to an end, I am reminded of our President [Ken White's January/February 2022 Nursing Outlook](#) message, "What's in a Story? Looking Back to Move Forward." His words have prompted me to share my story with you in the hope that you will share it with others and together we can call upon nursing's powerful voice to address the opioid crisis that cuts across all geographic regions and populations in the U.S.

July 19, 2019 – my family and I learned that our 34-year-old son had been found in his parked car. We had been searching for him for two days,

pleading with voicemails and texts to hear from him, fearing the worst, but hoping this time would be like all the others. We would find him, help him get back into rehab for opioid use disorder (OUD), and ride the rollercoaster once again. This time was different – it was a parent’s worst nightmare – he was dead. An autopsy revealed he had died from an overdose of fentanyl-laced OxyContin.

My professional life has been devoted to improving cancer pain management for patients and advancing palliative care. For years, I have educated patients, families, nurses, and other health care professionals on the importance of managing cancer-related pain to improve quality of life. My family knew of my passion for this work and supported me in my national and international efforts. How could my own son die from the very medications I had been advocating to treat those suffering with cancer-related pain?

Unfortunately, our family is not alone in this pain. **Over 200 persons die each day from an opioid overdose.** In 2020, the number of opioid deaths was up 37% from the prior year. In 2021, this number increased by 15%. Of the 107,622 drug overdose deaths in 2021, 80,816 were from opioids, the majority of which contained illicitly manufactured fentanyl ([Centers for Disease Control and Prevention, 2022a](#)).

Health disparities in these overdose rates continue to worsen among some racial and ethnic minority groups, particularly Black, American Indian, and Alaskan Native populations. Social determinants of health, such as income inequality, limited access to evidence-based OUD treatment, stigma and mistrust of the health care system have contributed to the increase in overdose deaths in these minority groups ([CDC, 2022b](#)).

Moving Forward

OUD is a “**treatable chronic disorder** with episodes of remission and recurrence characterized by loss of control of opioid use, compulsive use, and continued use despite harms” ([Taylor & Samet, 2022](#)). We have medications, such as methadone and buprenorphine, that are known to reduce overdose deaths and are now considered first-line treatment. Yet despite **unequivocal evidence** to support the use of medications for OUD (MOUD), **only about 28% of Americans receive treatment** ([Mauro et al., 2022](#)). We must move forward with policy and legislative changes that **increase access to MOUD treatment for all, increase funding for nursing research, and target early stage interventions.**

Changing the Culture of Care

Addiction stigma is a major barrier for many considering pursuing or remaining in treatment for OUD. Many in the U.S. still have the attitude that those who use drugs are “bad people.” Nurses have a responsibility to educate patients, families and the public about substance and opioid use disorder as a **chronic medical disorder, not a character disorder.** We must help others see OUD as a chronic condition which like other chronic conditions such as diabetes, requires life-long management. Integrating screening, assessment and management of OUD as a routine part of primary health care will help minimize stigma and reduce the number of heartbreaking deaths.

I thank and commend Polly for sharing her story with us. I hope that as we all enter into the New Year, 2023, we will commit to trust, listen, and share with one other, and recognize what we can achieve together when we come to a place of shared understanding.

REFERENCES

- White, K. R. (2022). *What’s in a story? Looking back to move forward.* Nursing Outlook. [https://www.nursingoutlook.org/article/S0029-6554\(21\)00271-2/fulltext](https://www.nursingoutlook.org/article/S0029-6554(21)00271-2/fulltext).
- Centers for Disease Control and Prevention. (2022a, May 11). “U.S. Overdose Deaths In 2021 Increased Half as Much as in 2020 – But Are Still Up 15%.” Retrieved August 16, 2022, from: https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/202205.htm
- Centers for Disease Control and Prevention. (2022b, July 22). *Morbidity & Mortality Report. Vital Signs.* Retrieved August 16, 2022 from: https://www.cdc.gov/mmwr/volumes/71/wr/mm7129e2.htm?s_cid=mm7129e2_w
- Taylor, J., & Samet, J. (2022). Opioid use disorder. *Annals of Internal Medicine*, 175(1). ITC1-ITC16 <https://www.acp-journals.org/doi/abs/10.7326/AITC202201180>.
- Mauro, P., Gutland, S., & Annunziato, E. (2022). Use of medication for opioid use disorder among US adolescents and adults with need for opioid treatment, 2019. *Journal of the American Medical Association Network Open*, 5(3) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8943638/>.

Kenneth R. White, PhD, AGACNP,
ACHPN, FACHE, FAAN
President, American Academy of Nursing