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FROM THE DESK OF EILEEN T. O'GRADY, PhD, RN, NP

The Strength of the Wolf Is in the Pack: Newsmaker Interview on the Consolidation of Two NP Associations

Dave Hebert

Dr. Eileen T. O'Grady sits down with Dave Hebert, JD, the CEO of ACNP to discuss the blending of ACNP and AANP.

Loretta C. Ford said she never thought the two national nurse practitioner (NP) organizations would ever merge in her lifetime, and many other NPs were sure it would not happen in theirs. A number of people across the country were both surprised and delighted when the July 3 press release announced that the American College of Nurse Practitioners (ACNP) and the American Academy of Nurse Practitioners (AANP) were planning to join forces and create a new, stronger single organization.

I had the opportunity to sit down with David Hebert in his offices in July. When the merger concludes, he will serve as the CEO of the newly constituted organization, which says a lot about him—his integrity, his leadership, and his humility. He describes his job as deeply meaningful and is honored to be promoting the NP profession. Over the next 4 months, the leaders of the new organization will need to make hundreds of large and small decisions, and the country's NPs will be watching them closely. While the many decisions that need to be made will be difficult, it is expected that the leadership team will keep the clear outcome in mind: to create a more powerful, single NP association. The following comments are excerpts from the interview with David Hebert.

Can you describe the impetus for the merger? What were the events that shifted the leadership of both groups to go in this direction?

It was strong leadership from both the AANP and the ACNP. Both groups of leaders listened to the membership push when asked, "why don't you merge into one organization?" Members complained that there was much confusion; they did not know which group to join when both groups have so much to offer. Ultimately, the leadership of both groups discussed the present, looked to the future, and felt it was the right time to leverage our strengths.

Please see ***From the Desk of Eileen T. O'Grady,*** *page 3*

LET'S TALK MONEY

By ***KC Arnold,*** *ANP, BC-ADM*

The Electronic Health Record—Here to Stay

KC Arnold

Whether you as a nurse practitioner (NP) love or hate the electronic health record (EHR), it is here to stay. Since I had an EHR in place when I first opened the doors of The Diabetes Center, P.L.L.C., my practice in Ocean Springs, MS, I am very familiar with the rewards and challenges involved.

Practical Advantages of the EHR

Any NP who has ever scoured page after page of a patient's written medical record can recognize the advantages of having all of the information available in a readable form in a searchable format. With an EHR,

Please see ***Let's Talk Money,*** *page 6*

Inside this Issue:

Graduate Nurse Education Demonstration Project

There is a growing recognition of the value of advanced-practice registered nurses (APRNs) in the US healthcare system. The number of primary-care providers (PCPs) is shrinking as the need for these clinicians continues to expand. Increasing the pool of APRNs (ie, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, and certified nurse-midwives) is an essential component of a healthcare system that can meet the primary-care needs of the American people.

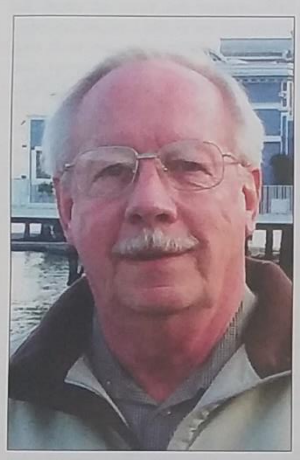
Historically, hospitals and other healthcare providers have been limited in the number of APRN students they could accept for clinical training due to cost. The Graduate Nurse Education (GNE) demonstration project was mandated by Section 5509 of the 2010 Affordable Care Act. The primary goal of the GNE demonstration project is to provide APRNs with more access to the qualified clinical training necessary to provide primary care, preventive care, transitional care, chronic-care management, and other services appropriate for Medicare beneficiaries. The GNE demonstration project will be operated by the Center for Medicare and Medicaid Services (CMS) Innovation Center, which was created by the Affordable Care Act to test innovative payment and service delivery models to reduce expenditures while preserving or enhancing the quality of care.

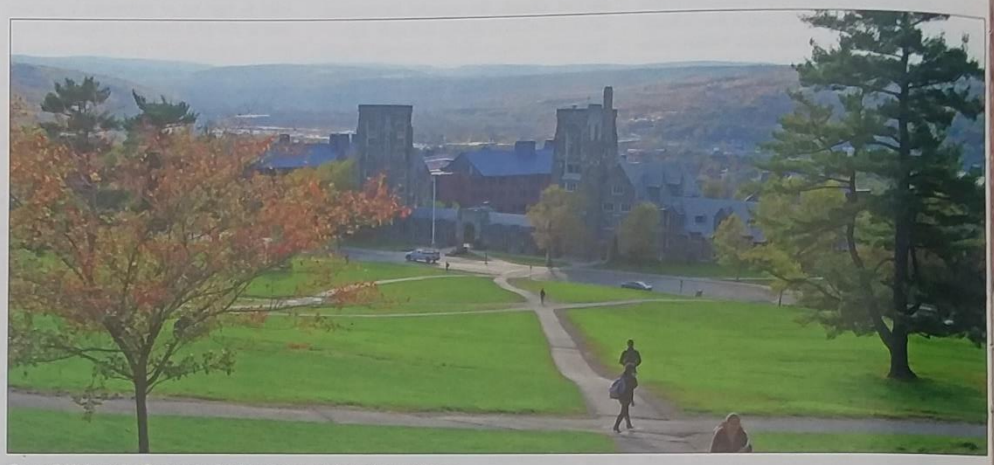
Please see ***Graduate Nurse Education Demonstration Project,*** *page 4*

ON THE ROAD

It's All About Taking a Risk:

Part 1 of 2





By Ed Gruber, PhD, RN, ARNP

Cornell University Campus: looking toward downtown Ithaca

Often the path we choose in life is at least partly determined by those who have made a favorable impression on us because of their sense of purpose or their dedication to a cause—to value something enough to be willing to take a risk. It could be a teacher, a close friend, or a family member. Similarly, the impact usually comes from actions of the role model rather than his/her words. On this leg of the trip, we were on our way to visit Elizabeth G. Salon, a nurse practitioner (NP) who we heard about several years ago on our very first On the Road adventure. Elizabeth was part of an effort to establish a free clinic in Ithaca, New York. Because of scheduling issues for both of us, we were unable to connect until this past fall. When we finally met, I discovered that Elizabeth actually had three stories of risk to tell. One was a tale of a parent for her country, the second was a group of citizens for their community, and the third was an NP for her seriously ill patient. The first two tales are told in this article; the third will appear in the next issue of *NP World News*.

The Trip to Ithaca

We were on our way to the Finger Lakes region of New York State. This trip took us down the west side of Lake Cayuga, the longest of the 11 Finger Lakes. We enjoyed 40 miles of lakeshore scenery, wineries, and resorts that are the focus of this scenic part of upstate New York. We stopped briefly to admire Taughannock Falls, a 215-foot waterfall less than a mile off the highway. It is also the tallest of the many water features found in the gorges and canyons near the lake. At the southern end of Lake Cayuga is the town of Ithaca, home to Cornell University. Ithaca itself is called "the city of gorges." Many years ago, glaciers carved out the gorges and canyons in the area. When the glaciers receded, they left in their wake the many scenic lakes, rivers, and waterfalls that dot the landscape in and around Ithaca. As we pulled into town, we realized we had some free time before our appointment with Elizabeth, so we decided to take a drive through the Cornell campus.

Some of the most impressive real estate in the United States, both in terms of architectural design and natural surroundings, can be found on college and university campuses. Some of my favorites are the University of North Carolina at Chapel Hill, The University of Washington in Seattle, and Dartmouth University in New Hampshire. For me, however it is hard to beat Cornell University. Much of the campus is built on a hill in the eastern part of town. The buildings reflect both older and more contemporary designs. Near the top of the hill and clearly visible from downtown is a very contemporary building—the Herbert F. Johnson Museum of Art. From the center of town, it looks like an oblong box with a hole in the center. As we got closer, we could see how this impressive design really works with the surrounding green space as well as with other buildings. About a block away is another striking structure of metal and glass that appears to be suspended over the roadway beneath. We discovered that this was Milstein Hall, home of the school of architecture. What surprised us, however, was how well these buildings blended with the older structures that occupy the rest of the campus. As we drove back down the hill toward Elizabeth's office, we decided that students here must be kept in excellent shape walking from building to building on this beautiful, but hilly campus.

Elizabeth G. Salon

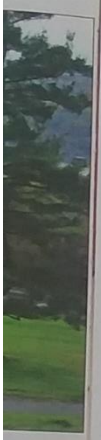
We made our way into town and soon located Elizabeth's office which, along with the offices of several other health practitioners, was housed in an older home near the center of town. She greeted us at the door and gave us a brief tour of the first floor and the office and treatment space she rents for her practice. Elizabeth took us into her small office and informed us that we would have about 30 minutes to chat before one of her patient's was due to arrive for a vitamin C infusion. More about this in our next issue…

A Mother's Courage

Elizabeth began by telling us that much of who she is and what she values in life was influenced by her mother. "I have tried a lot of scary things in my life, and I think my ability to summon that courage comes from my mother's example," she told us.

Gerda Rudinger Knegtmans was raised and attended school in the Netherlands. As a young teenager, she made the acquaintance of a young German teen named Winkler during a family vacation in the Alps. Although Gerda had no particular interest in him, his infatuation with her was apparently a bit stronger. He wrote her several times and even sent her a cookbook. She never responded and soon met the man she would eventually marry. As time passed, Gerda forgot about the young man. Soon afterward, World War II intervened.

On May 14, 1940, the German Luftwaffe carpet-bombed the center of Rotterdam, killing more than 1000 people. Elizabeth's mother Gerda told her of the aftermath of that horrific day. There were rows of bodies covered with tarps in the streets. She saw a young boy, perhaps 7 or 8 years old, who shuffled through the streets. He would come to the covered bodies and lift the corner of each tarp, looking for his parents. After staring blankly for a few seconds, he would drop the tarp and shuffle slowly to the next pile and repeat his inspection. This experience made a lasting impression on Gerda and fueled a rage that compelled her to act. She made up her mind to join the Dutch Resistance, and over the next



several years, she helped smuggle people and information in and out of the Netherlands through London and Paris. During this time, she was again contacted by Herr Winkler, who was now a member of the Schutzstaffel, or SS, an elite quasi-military unit of the Nazi party that served as Hitler's personal guard and as a special security force in Germany and occupied countries. He invited her to social events in the hope that they would be reacquainted. Although she despised him since the bombing of her homeland, she decided to use his attraction to her to get information for the Resistance. Elizabeth said her mother would attend parties and social functions at Herr Winkler's invitation in the company of a male Resistance worker where she would take pictures of people and events to be smuggled to London. Eventually a member of their Resistance group was arrested and, under torture, gave up several other Resistance members, including Gerda, who was eventually arrested and jailed as a political prisoner. For more than 9 months, she and her fellow prisoners were abused and starved nearly to the point of death. Elizabeth said her mother survived in part by hiding a jar of peanut butter that she rationed at 1 tsp per day.

To try and obtain more confessions, their captors began to execute every other person in the group. Although Gerda was scheduled to be shot several times, they always passed over her, perhaps because of Herr Winkler. She never knew for certain. Then, one day a group of soldiers marched her out to a beach and told her to start walking. When she asked if they were going shoot her, they told her that they were letting her go. She walked for miles and eventually found her way home. At the end of the war, she was reunited with her Viennese sweetheart, Ernest Rudinger, with whom she had lost contact during the war. When he finished his stint with the 10th Mountain Division, he hitchhiked from Italy to the Netherlands to find out if she had survived the war. What followed was a fantastic and joyful reunion. They were married and soon afterward immigrated to the United States in search of a better life. They had two children—John and Elizabeth.

"I almost never saw my mother cry," Elizabeth told us. "She was a strong woman who believed in standing up for others." Elizabeth recalled that when she was in high school, she told her mother that she was going to attend a protest against the Vietnam War. Her mother accompanied her, saying "It is important to support the people you care about." It was easy to see how her mother's courage, her willingness to help others, and her determination to succeed influenced Elizabeth's choices as she became a young woman and chose her career. Elizabeth obtained a BA degree from Temple University and her Master of Science and FNP training from Pace University.

A Community's Courage

I have always found it interesting how some individuals, when faced with community problems such as lack of affordable health care, choose to look to the local, state, or federal government for solutions. Others rely on each other and their own creativity for a remedy. Such is the case of several community leaders in Ithaca who came together in 1997 to form the Ithaca Health Alliance (IHA). The effort was spearheaded by community organizer Paul Glover, who formed the alliance of health professionals, businesses, and residents to create an entity that would address the problem of access to health care. The approach was based on some principles from the Canadian healthcare system as well as the collective approach to healthcare financing taken by the Amish. The basic idea was simple: people would purchase IHA memberships for approx $100. The alliance members would decide how this money would be spent by choosing those procedures and services that would qualify for funding assistance. Resources were not enough to cover the full cost of care, but the money would help. As the fund grew, IHA members could apply for up to $4000 annually for assistance paying for dental procedures and emergency medical procedures (eg, stitches, x-rays, and casting for broken bones), among other services. Additional funds were set aside for health education projects and an eventual free clinic.

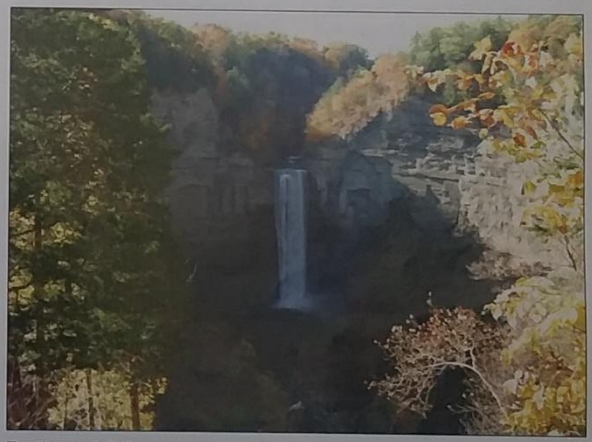
Elizabeth found it exciting to see community members come together to give input into all aspects of the IHA and its proposed programs. Many people would eagerly spend long hours in meetings deciding on categories of medical services to be covered by the health fund. Elizabeth was an early and enthusiastic member and volunteer. Paul Glover noticed this and asked her if she would run for the board position. "As I recall our conversation, I distinctly told him no," she said. Elizabeth was raising a daughter, had a busy position at the health department, and really had no time. "You can imagine my surprise when I found that my name somehow made it onto the ballot," she continued, "and I was summarily elected to a board position!" Summoning her usual courage and commitment, Elizabeth accepted and was soon heavily involved in the administration of the IHA. She remained on the board for the next 8 years and was board president for a time, as well as serving as a member of the steering committee and volunteer provider for the Ithaca Free Clinic for 2 years.

Over the next several years, the membership grew to nearly 1000. Most of the members came from the ranks of the working poor in the Ithaca area, but increasing numbers came from other parts of the state, with a few traveling from other states. Eventually the success of the IHA drew the attention of the New York State Insurance Department (NYSID), which promptly launched an investigation that determined that the Ithaca Health Fund was not a community organization but an insurance company. "These were very dark days for us," Elizabeth said. "I was the board president at the time." It took a tremendous amount of time and resources to negotiate the two changes to the bylaws that allowed the IHA to continue to function. First, the language was changed from "member benefits" to "charitable grants." Second, alliance membership was limited to New York residents. The organization had to allow NYSID lawyers into their meetings and provide an annual list of any complaints received about its services. Although the IHA continued to provide grants, its membership shrank to about 700 people.

The Ithaca Free Clinic finally became a reality in 2006 and continues to give care to Ithaca's uninsured residents. It has received recognition for being one of the few medically integrated clinics in the country. Patients may choose to receive conventional medical care from doctors and NPs, or they may choose complimentary health practitioners such as chiropractors, acupuncturists, and herbalists, among others.

In 2007, Elizabeth left the IHA and the free clinic after 8 years of service. She is rightfully proud of her service but has some mixed feelings regarding the direction the IHA has taken in recent years. In 2011, the current board was finally successful in getting IRS recognition as a charitable entity when they were granted 501(c)(3) status. This recognition, however, came at a high price. In exchange, the IHA had to dissolve its membership. The members themselves reluctantly voted for the extreme measure rather than put the clinic and the education programs at risk. Elizabeth believes the cost of IRS recognition was too high. "I don't think it was necessary," she said. She emphasized that the members' financial investment and policy input were what made IHA a true grassroots organization. The clinic still functions, and the health fund will likely continue to give small grants to people in need. However, funds must now be raised through donations rather than membership. There seems to be less incentive to be an active part of the alliance. For the 700 members, the role of active stake-

Please see ***It's All About Taking a Risk: Part 1 of 2,*** *page 23*



Taughannock Falls

Olive Tjaden Hall on the Cornell University campus

MEETINGS & EVENTS

September 20-22, 2012: **Alaska Nurse Practitioner Association.** 29th Annual Conference. Anchorage, AK. www.alaskanp.org

September 20-23: **Louisiana Association of Nurse Practitioners.** Primary Care Conference. New Orleans, LA. www.lanp.org

October 3-7, 2012: **American College of Nurse Practitioners (ACNP).** 2012 Clinical Conference. Toronto, Canada. www.acnpweb.org

October 7-14, 2012: **3rd Annual Critical Care & Emergency Nursing Update Cruise.** From Rome to Sicily, Turkey, and Greece. Paragon Education. www.ParagonRN.com

October 10-13, 2012: **Nurse Practitioners in Women's Health (NPWH).** 14th Annual *Premier* Women's Healthcare Conference. Orlando, FL. www.npwh.org

October 17-21, 2012: **The Nurse Practitioner Association New York State.** 28th Annual Conference. Saratoga Springs, NY. www.thenpa.org

October 25-26, 2012: **North Dakota Nurse Practitioner Association.** 4th Annual Pharmacology Conference. Fargo, ND. www.ndnpa.org

October 29-31, 2012: **Iowa Nurse Practitioner Society.** 2012 Fall Conference. Des Moines, IA. www.iowanpsociety.org

November 1-3, 2012: **Ohio Association of Advanced Practice Nurses.** 22nd Annual Statewide Education Conference. Dublin, OH (near Columbus). www.oaapn.org

March 7-9, 2013: **National Association of Clinical Nurse Specialists.** Annual Conference. San Antonio, TX. www.nacns.org

March 15-17, 2013: **Michigan Council of Nurse Practitioners.** Annual Conference. Lansing, MI. www.micnp.org

March 21-22, 2013: **Vermont Nurse Practitioner Association.** 23rd Annual Conference. Stowe, VT. www.vtnpa.enpnetwork.com

March 21-24, 2013: **California Association for Nurse Practitioners.** 36th Annual Educational Conference. Monterey, CA. www.canpweb.org

April 11-14, 2013: **National Organization of Nurse Practitioner Faculties (NONPF).** Annual NONPF Conference. Pittsburgh, PA. www.nonpf.com

April 17-20, 2013: **National Association of Pediatric Nurse Practitioners (NAPNAP).** 34th Annual Conference on Pediatric Health Care. Orlando, FL. www.napnap.org

April 17-20, 2013: **Kentucky Coalition of Nurse Practitioners and Nurse Midwives.** 25th Regional Conference. Lexington, KY. www.kcnp.org

It's All About Taking a Risk: Part 1 of 2

Continued from page 9

holder in a community undertaking has changed to that of recipients of services.

The IHA experience raises the question of the chilling effect that governmental regulation designed to protect society can have on innovation and creativity. What started out as an exciting community-led experiment in problem-solving seems to have resulted in another well-meaning institutionalization of health care. The grassroots input, confusing and messy as it is, gives these initiatives heart and produces a kind of commitment that is not the same as electing a board or hiring a director. Perhaps the Ithaca experience is a normal extension and maturing of innovative ideas. However, there is no denying the effect that state insurance and IRS regulation had on this community-led initiative.

In the next issue of *NP World News*, you will have the opportunity to learn more about Elizabeth's decision to embrace integrative medicine—the combination of traditional-plus-complementary medical practice.

NPWN Nurse Practitioner World News™

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The Many Hats of NP Daniel Lucky

Daniel Lucky, DNP, FNP/GNP-C, EMT-P, just wanted to find a way to help those people who are most vulnerable due to their limited access to primary health care. In order to accomplish this ambitious goal, he wears a number of different hats.

In 1990, Lucky founded Abrams College in Modesto, California, where he continues to serve as president. This institution provides vocational training to people who desire a specific vocational career, many of which play an important role in health care, eg, certified medical assistant, pharmacy technician, emergency medical technician (EMT), phlebotomy and EKG technician, and emergency room technician.

Lucky also serves as a major in the California State Military Reserves (CSMR). As the ranking nursing officer for CSMR Northern Command Nursing Corps, he is charged with preparing soldiers and airmen in the California National Guard to respond to statewide disasters. Additionally, Lucky provides emergency care services for combat training support for local Army and Air Guard units during their field-training exercises.

A very important aspect of Lucky's career is providing the type of hands-on care that is the basis of the nursing profession. After 14 years of emergency nursing, he returned to school to become a nurse practitioner (NP) and earned a doctorate in nursing practice from Duke University. Although based in California, Lucky currently serves as instructor with Indiana State University (ISU), teaching distance education courses in research methods and nursing leadership.

Daniel Lucky

One of this busy NP's greatest strengths is his ability to think outside the box. In 2007, Lucky worked with Ceres Police Chief and civil rights activist Art de Werk and under the mentorship of nursing legend and pathfinder Loretta C. Ford, EdD, PNP, FAAN, FAANP, to establish the first police-nurse program in the United States. "One of the greatest concepts I learned directly from Dr. Loretta Ford is that if we, as nurses, do not stand up and direct the future of nursing, those outside of nursing will do it for us," Lucky stated. He currently serves as the director of the Public Health Nurse Practitioner Program for the Ceres Police Department. The program is designed to implement primary, secondary, and tertiary prevention nursing strategies to address health concerns for agency staff and for at-risk populations. "Access to health care for those most vulnerable is a fundamental public safety concern for the community as a whole," explained de Werk. Since its inception, the program has positively impacted the health of more than 10,000 people.

As part of the capstone project at Duke University, Lucky et al published the outcome of blood pressure screenings at health

Please see ***The Many Hats of NP Daniel Lucky,*** *page 12*

LET'S TALK MONEY

By ***Erich Widemark,*** *PhD, RN, FNP-BC*

Nurse Practitioner Salary Survey—Arizona 2012

Erich Widemark

It is helpful for nurse practitioners (NPs) to know what constitutes a typical salary for their position. This information can aid them in contract negotiations for wages and benefits. However, it can be challenging to establish the "market value" for an NP due to the changing healthcare market, the instability of employment in the United States, financial influences in different geographical areas, and other factors. The healthcare market continues to evolve, and external factors impact the availability of NPs in many different specialties and subspecialties. The movement away from pri-

Please see ***Let's Talk Money,*** *page 4*

Inside this Issue:

Sarah B. Freeman Receives Scholar/Teacher Award

Sarah B. Freeman, PhD, RN, CS, FNP, professor at the Nell Hodgson Woodruff School of Nursing and Betty Tigner Turner Clinical Professor of Nursing received Emory University's 2012 University Scholar/Teacher award. She was selected by Emory faculty on behalf of the United Methodist Church Board of Higher Education and Ministry.

After finishing high school, Freeman was torn between becoming a nurse or a teacher. She found a way to do both. She worked as a labor-and-delivery nurse for many years and has been a family nurse

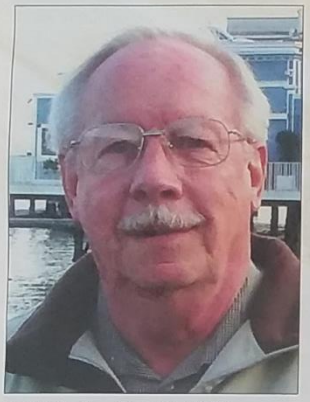
Please see ***Sarah B. Freeman Receives Scholar/Teacher Award,*** *page 20*

Emory University President James A. Wagner presents the University Scholar/Teacher award to Sarah B. Freeman

ON THE ROAD

It's All About Taking a Risk:

Part 2 of 2



Gorge-spanning bridge in downtown Ithaca

By Ed Gruber, *PhD, RN, ARNP*

In the last issue, I described part of my visit with Elizabeth Salon, a nurse practitioner (NP) who practices in Ithaca, New York. In that column, she recalled her mother's heroic feats and horrific experiences in World War II, which influenced the way she subsequently chose to live her life and provided important life lessons for her daughter. Elizabeth also talked about her years working with the Ithaca Health Alliance and Ithaca Free Clinic. Her next step was a practice that combines traditional medicine with some complementary healthcare approaches.

A Nurse Practitioner's Courage

At lunch, I asked Elizabeth how she got into integrative medicine. "I have always had an interest in nutritional therapies since my days in nursing school," she said. "I remember reading Linus Pauling's research back in the 70s when I had a homeless patient in the hospital with severe burns. I studied the importance of nutrition and healing." After doing her research, she spoke with her patient's physician about what she had learned and advocated for an increase in calories and protein to help promote healing. The physician was very gracious and agreed to change the patient's diet. "My patient suddenly was receiving twice the food he had gotten previously. I think he would have done anything for me," she declared.

"Some years later I had the opportunity to attend a workshop on integrative medicine at Harvard and heard a number of researchers present papers on various complementary therapies," Elizabeth said. "One of the presentations was on craniosacral therapy (CST)." Elizabeth obtained a copy of a book called *Your Inner Physician and You* by Dr. John E. Upledger and was immediately attracted to the principles of CST. Briefly, CST is gentle hands-on therapy designed to release tensions deep in the body for the purpose of relieving pain and dysfunction. (A more detailed description of this complementary therapy can be found on Dr. Upledger's website [www.upledger.com]).

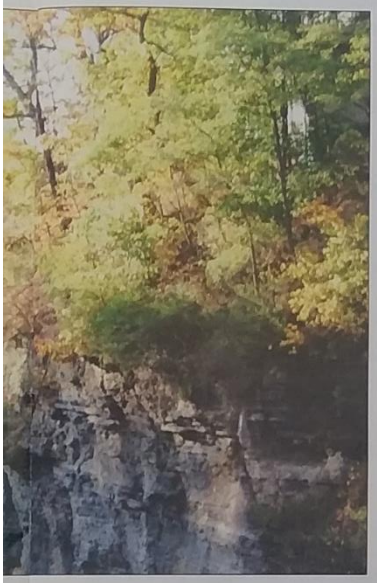
Elizabeth told us that earlier in life she injured her back trying a difficult Yoga position. "I tried some herbs along with traditional hot and cold applications as well as nonsteroidal antiinflammatory drugs with no improvement," she explained. "I sought out a physical therapist who practiced CST, and my back significantly improved within a few days." Not long afterward, she was working in employee health at an institution that provided care for children with special needs. She heard they were bringing in instructors in CST to hold a 4-day workshop for their therapists. Elizabeth was able to convince the organizers to allow her to join the class. She has attended several workshops since then and improved her technique over the years, adding Reiki energy to the therapy. I asked her how she would defend the practice of CST to those people who questioned its value. "CST is entirely noninvasive," she explained, "and is not meant to replace any aspect of traditional medicine. I only offer it to people who are open to trying it."

Elizabeth G. Salon

A Special Patient

Elizabeth told me the story of how she met Stephanie, her patient who would receive a vitamin C infusion that afternoon. Stephanie has never been comfortable in the presence of medical doctors and had not seen a physician since the birth of her last child—at least 20 years earlier. When she felt ill, she would either consult alternative practitioners or try natural remedies recommended by herbalists. She had successfully managed her health this way until one day she discovered two lumps in her breast. Stephanie tried her usual approaches, and one lump disappeared. The other softened and shifted. She felt satisfied with the changes even though she had a sister who had died of breast cancer. Several years later, the breast became heavy and painful. Stephanie eventually consulted a Chinese physician/acupuncturist who worked at the same Integrative Medicine Center where Elizabeth worked. She strongly recommended that Stephanie see a medical practitioner. Stephanie remembered seeing Elizabeth's name on the building placard and eventually made an appointment. At that first meeting, Stephanie was reluctant to even allow herself to be examined. "When I saw the wound," Elizabeth said, "it was evident she had an inflammatory breast cancer. It was large and draining, and the skin around it was dark red and hard. When I examined her abdomen, she had several hard masses, and her liver was enlarged."

She told Stephanie that she was going



to arrange for her to see a specialist immediately. Stephanie reluctantly agreed but asked Elizabeth to make the call from another room because she did not want to hear the conversation, such was her level of fear. Elizabeth arranged for an oncologist to see her the next day. After Stephanie had left the office, Elizabeth suddenly remembered that her patient had no one to accompany her to the visit—she might have to go through this alone. Elizabeth immediately contacted the Cancer Resource Center of Finger Lakes and asked if an advocate could meet Stephanie at her oncology appointment. Stephanie told her that the volunteer arrived less than a minute prior to her appointment and that she was extremely grateful for her presence.

"Stephanie started treatment soon afterward," Elizabeth said. "However, within a month, she was back in my office asking for CST. She also brought a bunch of papers containing information she had gotten off the Internet about vitamin C infusions. I told her she should ask her oncologist about the treatment since he is the one guiding her care now. Stephanie reported that she had asked her oncologist but that he had not said anything in reply. Over the next few weeks, Elizabeth listened to several additional pleas for the vitamin C infusions. Each time, she referred Stephanie back to her oncologist. Elizabeth could see that Stephanie was rapidly losing weight and getting weaker. "It suddenly dawned on me that this is my patient's dying wish," Elizabeth said. "She has stage IV breast cancer. The therapy will not likely do her any additional harm. I had to find a way to do this for her." The next day Elizabeth was on the phone calling colleagues she knew and asking if they could help her. She was eventually directed to a doctor in Albany who was treating selected patients with intravenous ascorbic acid. "He got me in touch with his nurse practitioner who directed me to researchers at the University of Kansas," Elizabeth explained. "After several phone calls, I faxed them my credentials, and they sent me the protocols they were using for cancer therapy. I located a pharmacy in California that provided the infusions, and we started the treatment 4 months ago."

The Vitamin C Debate

The therapeutic benefits of vitamin C have been debated for at least 40 years. Linus Pauling touted vitamin C to treat the common cold, as well as schizophrenia. In the 1970s, a Scottish surgeon named Ewan Cameron contacted Pauling to enlist his support in promoting the vitamin's cancer-fighting ability. They published a series of retrospective cases that seemed to show that patients treated with ascorbate had a prolonged and better quality of life. However, a series of randomized trials at the Mayo clinic in the early 1980s found vitamin C to have no utility in fighting cancer.[1] These negative findings seemingly ended interest in ascorbate as an anticancer drug. However, when researchers at the National Institutes of Health took a second look at Pauling's and the Mayo Clinic's research, they found that although the studies employed the same doses, Pauling and Cameron used a combination of oral and intravenous routes, while the Mayo clinic studies used only oral ascorbic acid.

In addition, recent studies of the pharmacokinetics of ascorbate found that the body's limiting functions—largely absorption and tissue accumulation—hold measurable plasma levels to well under 250 µmol/L with maximally tolerated oral doses. However, when ascorbate is given intravenously, plasma levels are only limited by renal reabsorption and are 70 to 100 times greater than those achieved with oral dosing. In addition, it appears that intravenous ascorbate acts as a prodrug for hydrogen peroxide, which is toxic to several types of cancer cells while apparently not damaging normal cells.[2]

Currently, several clinical trials, such as those at the University of Kansas, are evaluating the efficacy of intravenous ascorbic acid in treating several types of cancer. A number of trials are due to be reported in the next couple of years.

Elizabeth G. Salon in front of her office

Stephanie Scheck and Elizabeth G. Salon

Treating A Patient Rather Than A Disease

It was now nearly time for Stephanie's treatment. Elizabeth asked me if I would like to interview her patient while she set up the infusion. I spent the next 15 minutes listening to this calm, soft-spoken woman describe her difficult journey over the past 3 years. Several times Stephanie told me how kind Elizabeth has been to her and how helpful she has been in trying to sort out how to cope with this illness. "I don't know how I would have made it without her," Stephanie said.

I asked Elizabeth is she ever worried about people thinking she is practicing on the fringe of medicine. "I research everything I do and never put my patients at risk. I offer them what I think will help them deal with their illness," she said. "I have a great relationship with my collaborating physician. He has been so supportive even though he is not as into integrative medicine as I am. I don't want to cause him concern."

As we finished our visit and I said goodbye to Elizabeth and Stephanie, it was clear they had both given me a lot to think about. I am not sure what I expected to see on this visit, but what I found was a strong and dedicated NP who is deeply enmeshed in her community and the care of her patients. I am not sure whether Stephanie's vitamin C infusions will be useful in fighting her cancer…neither is Elizabeth. Clinical trials will eventually sort out any potential usefulness of this approach. What I did find was a grateful patient who has a better quality of life…not necessarily because of the alternative therapy, but because her NP had the courage to listen and respond to her needs and wishes.

References

1. Levine M, Espey MG, Chen Q. Losing and finding a way at C: New promise for pharmacologic ascorbate in cancer treatment. *Free Radic Biol Med.* 2009;47(1):27-29.
2. Levine M, Padayatty SJ, Espey MG. Vitamin C: A concentration-function approach yields pharmacology and therapeutic discoveries. *Adv Nutr.* 2011;2:78-88.