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Health Promotion: Whose Responsibility Is It?

Another new year is upon us. Human nature encourages people to strive to do better. Consequently, each new year, millions of people resolve to make changes in their lives. This year I will . . . stop smoking, eat better, walk more, get a mammogram, reduce stress, be a better parent, keep the house cleaner, get more organized, be more patient, get more sleep, schedule a colonoscopy, be a better nurse . . . the list goes on.

On the surface, few would argue that these things are bad. In fact, most of these resolutions have a positive domino effect. If I get more sleep, I may be less frustrated, more tolerant, and, ultimately, a better parent. If I get more organized, the house may be cleaner and I will be calmer, have less stress, and, yes, maybe even be a better parent.

If an individual gets a colonoscopy and has a polyp, it can be treated easily and toxic cancer therapies can be avoided, resulting in a less-stressed individual and family. If a woman has regular mammograms, any positive findings are likely to be caught early and treatment will be effective, resulting in minimal toxicity and a better quality of life. These are often major reasons cited for recommending cancer screening services. However, some look further and say that healthful behaviors are important because they save money. Although we cannot put a price on human life that is spared suffering, one can measure the healthcare dollars spent and productivity lost when a tumor is detected later and expensive therapies are required.

My nursing career has centered largely on the practice of prevention and early detection. To show how long, when I was taking extensive continuing education and training courses in prevention and early detection at the University of Texas M.D. Anderson Hospital in Houston in the late 1980s, it was estimated that for every dollar spent on cancer prevention and early detection, $9 in healthcare expenses and productivity losses were saved (University of Texas M.D. Cancer Center, 1988). If this inflation is similar to the price increases seen in gasoline and food costs, the savings today is likely to be substantial.

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Financial savings are what ultimately attract many groups to educate about and make recommendations for cancer prevention—especially healthy lifestyle behaviors—and early-detection behaviors. The American Cancer Society (ACS) recently released revised recommendations for diet, exercise, and screening behaviors (Kushi et al., 2006). The organization estimated that about one-third of the 500,000 annual cancer deaths in the United States can be attributed to poor diet habits, obesity, and physical inactivity. Current ACS recommendations include 30 minutes or more of vigorous exercise at least five days per week, five or more servings of fresh fruits or vegetables daily, whole or refined grain consumption, desirable weight maintenance, and limited intake of alcoholic beverages. None of these recommendations is startling—many of them are resounded in New Year's resolutions. Many agencies have similar guidelines. The federal government keeps an extensive list of guidelines at www.guidelines.gov. Clearly, keeping people healthy makes good fiscal sense, if not from an improvement in quality-of-life point of view.

Implementing these measures, however, is much more challenging. Most practicing oncology nurses have experienced frustration and disappointment in patients and families that do not implement obviously healthy behaviors. For many oncology nurses, patients who smoke and those who continue to do so after a cancer diagnosis are especially frustrating. What about patients with skin cancer who will not apply sunscreen? What about women who, despite extensive counseling and discussion, test positive for a BRCA mutation and neglect to get mammograms or consider other prevention measures?

As healthcare providers, oncology nurses often educate patients and encourage them to adopt a healthy lifestyle. Where does this responsibility begin and end? The answer may not be clear.

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