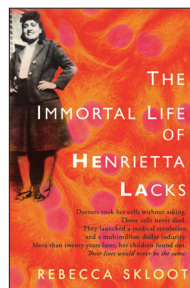


## BOOKS

**The Immortal Life of Henrietta Lacks.** Rebecca Skloot. New York, NY: Crown Publishing Group, 2010, hardcover, 384 pages, \$26.



Every oncology nurse, as well as most lay adults, should read *The Immortal Life of Henrietta Lacks*. Skloot remarkably combines the human elements of a story with clear explanations of the pertinent science and ethics. The book tells four stories: (a) the life of Henrietta Lacks, (b) the growth and development of her cancerous cells into medical miracles, (c) the ethics surrounding the business of using cells, and (d) the lives of Henrietta's descendants.

Henrietta Lacks was a poor Southern tobacco farmer who worked the same land as her slave ancestors. She was treated for cervical cancer at Johns Hopkins, one of the top hospitals in the country and the only one within 20 miles of her home that would treat African American patients during the era of Jim Crow laws when hospital wards and water fountains were segregated. From all accounts, Henrietta received standard-care radiation treatments. Although she died of cervical cancer in 1951 at age 31, her cells still live today.

Henrietta's cell line, known as HeLa, yielded the first "immortal" human cells grown in culture. The cells have played vital roles in developing the polio vaccine; uncovering secrets of cancer biology, viruses, and the effects of the atomic bomb; screening more than 30,000 chemicals and plant extracts at the National Cancer Institute, eventually yielding vincristine and paclitaxel; and leading advances in cloning, in vitro fertilization, and gene mapping. HeLa cells have been bought and sold by the billions.

What are the ethics of buying and selling cells when one is the first to successfully develop this technology? In 1951 the law was clear that performing an autopsy or removing tissue from the dead without permission was illegal, but no law or code of ethics required doctors to ask permission before taking tissue from living

patients, no matter the intended use. The ethical dilemmas are layered, and Skloot succeeds in discussing them clearly in historical and current contexts.

Finally, the text tells the story of a family with five young children left motherless and ignorant of the HeLa legacy for decades. A lack of education and information allowed problems to fester, perhaps best summarized in the family's own words. "You know what is a myth? . . . Everybody always saying Henrietta Lacks donated those cells. She didn't donate nothing. They took them and didn't ask. . . . What really would upset Henrietta is the fact that Dr. Gey never told the family anything—we didn't know nothing about those cells and he didn't care."

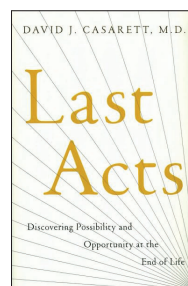
Oncology nurses will be intrigued by the story of Henrietta and her offspring. In addition, they likely will feel righteous indignation when reading passages about the lack of informed consent, and sometimes even outright deceit, practiced in the name of science. Such issues give context to the rules and regulations that safeguard the research process and clinical trials that nurses work within today. The labor and fundamentals of cellular biology will be clearer to readers after they finish this book.

*The Immortal Life of Henrietta Lacks* is a powerful, well-written, and compelling story. Pictures, artwork, and dialogue further enhance the text. The book may become required reading around the country, sparking discussions about the role of tissue donors and informed consent in biomedical research.

Patricia Ringos Beach, MSN, RN, AOCN®, ACHPN, is a clinical nurse specialist in oncology and palliative care and a nurse navigator at the Mercy Cancer Center in Toledo, OH.

**Last Acts: Discovering Possibility and Opportunity at the End of Life.** David J. Casarett. New York, NY: Simon and Schuster, 2010, hardcover, 354 pages, \$26.

*Last Acts* begins with the story of Sylvester, a dying patient who asked his physician, "I have no time left. What do I do now?" David Casarett, Sylvester's doctor, had no answer. The inquiry stayed with him, and he began to notice that virtually all of his dying patients were asking the same question. What do I do with the time I have? These last acts,



both great and small, seemed to be part of a profound human desire to make life meaningful.

*Last Acts* uses a combination of case study and recollection to describe 10 patients receiving

palliative care and their motivations behind deciding what to do with the time they had left. Casarett realized from the beginning that he did not know many answers. He does not offer "off the shelf patterns for our last days," but rather "hopes for a dialogue in which we can learn from the choices of those who have made them thoughtfully." Through use of humor, irony, and respect for the experiences of the patients, *Last Acts* asks readers to consider their familiar conclusions about patient motivations.

Jacob is a self-described "fighter" whose hope for survival led to decisions for aggressive medical care. Although the aggressive care surely caused a more isolated and painful death, Jacob's decisions may have silenced internal anxieties and his fear of regret. Danny's last acts are more of a spring break in Mexico than peaceful reflections on life's meaning. Alberto and Lacy teach about the importance of relationships and memories. Jerry and Marie consider how defiance truly is a desire to reconcile broken relationships and find forgiveness, make amends, or even take revenge before dying. Jose's story thoughtfully describes assisted suicide as a means to relieve suffering. Tom maintains his routine and continues to go to work each day; he appears to be in a textbook case of denial until his reasons are considered in terms of security and comfort. Finally, Ladislav and Christine's stories consider the themes of transformation and wisdom at the end of life.

Casarett is a palliative care physician working for the Veterans Administration. He had the good fortune to be mentored by preeminent palliative care experts Janet Abraham and Ira Byock, and he is gifted with an internal sense of humility and curiosity about the human experience of dying and the best ways the healthcare team can help. Casarett is comfortable working within an interdisciplinary team, and he frequently described referrals to and discussions with advanced practice

nurses, social workers, and spiritual support services.

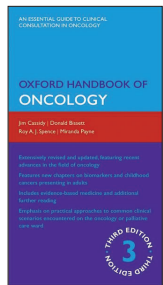
The strengths of *Last Acts* are the author's ability to tolerate ambiguity in his patients' motivations at the end of life and to accept that even the most well-read and compassionate people have gaps in understanding. Casarett ends the book with a particularly insightful conclusion: "... this then, I realized was what I could offer my patients. Not specific guidance about what to do, or what not to do. But questions about who to be with and what might be possible, that they might stumble on the right answers on their own." Although the writing is a bit uneven in sections, some parts are beautifully written and the overall message is important.

*Last Acts: Discovering Possibility and Opportunity at the End of Life* would be a valuable addition to an established palliative care collection, particularly for readers who seek a better understanding of the variety of human reaction to the end of life.

Beth White, MSN, CNS, RN, is a pediatric clinical nurse specialist and nurse tutor at Mercy College of Northwest Ohio in Toledo.

## NEW RELEASES

**Oxford Handbook of Oncology: An Essential Guide to Clinical Consultation in Oncology (3rd ed.).** Jim Cassidy, Donald Bissett, Roy A.J. Spence, and Miranda Payne (Eds.). New York, NY: Oxford University Press, 2010, softcover, 864 pages, \$65.



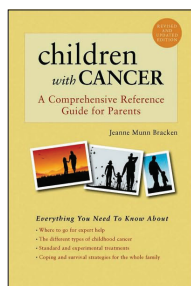
The third edition of the *Oxford Handbook of Oncology* remains a practical guide to clinical consultations in oncology. The text details new approaches to diagnosis, treatment, and the principles of palliative care. Now fully updated, extensively revised, and featuring additional images and reading,

the new edition provides coverage of the scientific basis and diagnosis of cancer, as well as updates on new drugs, biomarkers, the presentation of childhood cancers in adults, and the psychosocial aspects of oncology.

An essential guide to the management of everyday clinical situations, the new edition reflects all recent advances in the field of oncology in a user-friendly and easily accessible format. The text will be helpful to junior doctors in oncology, palliative care, and general medicine, as well as specialist nurses, general practitioners, medical students, pharmacists, and allied health professionals.

**Children With Cancer: A Comprehensive Reference Guide for Parents (rev. ed.).**

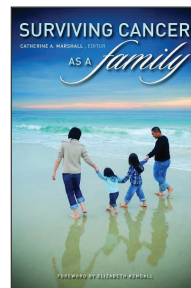
Jeanne Munn Bracken. New York, NY: Oxford University Press, 2010, softcover, 592 pages, \$27.95.



Children can and do survive cancer. Written honestly yet in a reassuring tone by a reference librarian whose child has survived cancer, *Children With Cancer* draws together a wealth of up-to-date information essential for anyone who wishes to help a child or family through this ordeal—including relatives, friends, teachers, and clergymen, as well as doctors, nurses, and other healthcare professionals.

The information ranges from sophisticated, hard-to-find medical facts to practical tips on how to handle side effects. Describing in detail the whole range of childhood cancers, Bracken explores how they affect the child, the treatments available, how to cope with the changes diagnosis will bring to the entire family, and where to go for medical and emotional help. The text also includes an appendix of common medical tests, a glossary of terms, and comprehensive lists of organizations, clinics, and cancer centers, complete with names and addresses.

**Surviving Cancer as a Family and Helping Co-Survivors Thrive.** Catherine A. Marshall (Ed.). Santa Barbara, CA: Praeger, 2010, hardcover, 189 pages, \$44.95.



Family members of individuals diagnosed with cancer are cancer survivors themselves. However, all too often, their needs, questions, and concerns are not addressed adequately by the medical and human services systems. *Surviving Cancer as a Family and Helping Co-Survivors Thrive* was written to help everyone touched by cancer understand and cope.

Answers to practical questions, such as how and where to find financial and emotional support as a caregiver, are explored through research and personal experience. Influences such as culture and socioeconomic status that impact the family system within which a patient with cancer receives care are addressed as well. Recognizing that family members sometimes need help even more than their loved ones with cancer, the book provides vignettes demonstrating situations and solutions for particular ethnic and cultural populations and for spouses or partners and children of patients with cancer. Easy to read and use, *Surviving Cancer as a Family and Helping Co-Survivors Thrive* will give readers the knowledge to cope with a cancer diagnosis of a loved one—or even themselves.

Featured descriptions of books and other media in New Releases are provided by publishers to alert readers to recent or forthcoming resources only and have not been reviewed independently for the *Oncology Nursing Forum*. Associate Editor Patricia Ringos Beach, MSN, RN, AOCN®, ACHPN, can be reached at [pubONF@ons.org](mailto:pubONF@ons.org), with copy to editor at [ONFEditor@ons.org](mailto:ONFEditor@ons.org).

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tended audiences. Contributors may keep books and other media provided for review by ONF. If interested, contact Associate Editor Patricia Ringos Beach, MSN, RN, AOCN®, ACHPN, at [pubONF@ons.org](mailto:pubONF@ons.org).