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A glimmer of hope after breast cancer

I want to thank Mary K. Hughes for her article "Sex after breast cancer: Helping your patient cope" (October). I was one of the lucky ones: I underwent a mastectomy and lymph node biopsy for stage I invasive breast cancer. I didn't need chemotherapy and was started on the antineoplastic drug anastrozole (Arimidex)—an aromatase inhibitor that can cause sexual dysfunction. Unfortunately, that's what has happened in my case. When I consulted my oncologist about the problem, he merely tested my estrogen levels and pronounced me "normal." Ms. Hughes's article gives me hope that I might soon be able to go off the drug and regain my sexual desire. Her article is the first glimmer of hope I've had since my surgery.

*Cheryl Keser Peterson, MSN, CCRN, RN
Stockton, CA*



DNP degree: Do we really need it?

Todd Peterson's article "Impact of the Doctor of Nursing Practice degree on nursing certification" (October) was strongly slanted in favor of the DNP. It would have been better had it presented a more balanced perspective. I have two issues with the DNP degree: (1) From what I can tell, there's little difference in skill level or scope of practice between the DNP role and the nurse practitioner role. (2) As Mr. Peterson stated, the DNP is a practice degree, not an educational degree. As a National League for Nursing accreditation site visitor, I've seen several programs in the last 2 years in which the dean of the nursing program had a DNP as a terminal degree. Although their employers accepted it as a terminal degree, it isn't equivalent to a PhD or EdD. I fear nursing education will suffer in the long term if higher education is led by people who know little about curriculum or evaluation. It seems as if the nursing profession is doing what we've done in the past—adding a practice or title level that will further confuse the public, physicians, and other nurses.

*Joseph T. Catalano, PhD, RN
Chair and Professor of Nursing
East Central University
Ada, OK*

Going strong on the night shift

"Surviving the night shift" (October) finally gave some validation and extra help to us night shift folks. When I started my nursing career, I thought the night shift

would be the end of me. Yet it has worked out well. In fact, I seem to be thriving. As a night owl, I like the independence and autonomy of working away from the "suits and skirts." More importantly, I like my coworkers, have a regular sleep schedule, have managed to lose weight, lead a happy personal life, and am highly involved in my unit and hospital—facts that ought to shatter some of the myths about the night shift.

*Rachel Clements, RN-BC
Boise, ID*

Multiple chemical sensitivity: A personal story

I have multiple chemical sensitivity (MCS) and appreciate your October article on this topic ("Understanding MCS"). A registered respiratory therapist, I worked at the same hospital for 32 years. However, I've been off work since November 2005, when I became hypersensitive to racemic epinephrine, an aerosolized drug used to treat croup and other upper airway problems. I would lose my voice when I administered it. Although I started to wear a mask during administration, this strategy failed after a short time. I was reassigned to other areas, but then the hospital put Purell in every room; when I smelled the Purell, I lost my voice. Now anything chemically based sets me off: I lose my voice, develop a sore throat, and start coughing and get headaches. Please consider following up on this topic in future issues.

*Marsha S. Knowlton, CRT, RRT
Sunbury, OH*

From the editor: In our October issue, we ran a letter from Hank Vasil, a former U.S. soldier wounded in Vietnam in 1969. After reading our November 2006 article about Mary Jo Rice-Mahoney, Hank was convinced she was the Army nurse who'd cared for him in Vietnam. We're happy to report that Hank's letter produced the result he'd been seeking: Mary Jo heard about Hank's letter, tracked him down, and called him. Although she doesn't specifically remember Hank due to the sheer volume of wounded soldiers, he believes she's the nurse who showed him exceptional kindness and caring, and is grateful he got the chance to thank her personally. Visit www.AmericanNurseToday.com for the complete story.



Sgt. Hank Vasil

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