

MDONS' CONGRESS 2026 NEWSLETTER

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Editor

Greetings to all. Congress 2026 was held in beautiful (and hot) San Antonio, Texas. I would like to start the newsletter with my contribution of summarizing a lecture on compassion for nurses-restoring the heartbeat of care.

Presented by Charlotte Johnson, MSW, MSHS and Rachel Kelley, MA, BA.

As we know, nurses care for others and forget to care for ourselves. We need to value ourselves without grinding to the ground. Have your why ready; Why do you practice nursing? Example answers may be “I make a difference,” “I positively impact lives.” Rediscover you and reconnect to yourself. Find out what energizes you; going for a walk, going to lunch, feeling appreciated. What drains you may be the inequality of workload.

What is wellness? Physical wellness is sleep, exercise, nutrition and having time for self. Spiritual wellness includes prayer and meditation. Emotional wellness is finding support through colleagues to help process emotions. Occupational wellness is seen with management and colleague alignment which builds a happier environment. Social wellness is doing something with yourself, such as a spa day to allow for Redo, Refocus, Rejuvenate and Reset. In closing, study the 5 pillars of Wellness: Self-awareness, Mindfulness, Self-care, Purpose and Positive relationships.



MDONS bonding in San Antonio



Opening Keynote Address from North Carol State Senator and Nurse Practitioner Gale Adcock

Ethical Dilemmas in Treating Patients Unable to Participate in Shared Decision-Making Conference Synopsis

Summarized by Patricia Barrowcliff 2026 MDONS
Congress Scholarship Recipient

A presentation at the 2026 Oncology Nursing Society Conference in San Antonio, Texas, titled Ethical Dilemmas in Treating People Unable to Participate in Shared Decision Making, examined the challenges of providing cancer care to patients with impaired decision-making capacity. The presentation explored the ethical question of whether treatment should proceed when a patient cannot provide informed consent and investigated factors that prevent some patients from receiving recommended cancer treatments. This topic is increasingly important as healthcare providers strive to balance patient autonomy with concerns about cognitive impairment. Understanding and addressing barriers to treatment is essential to ensuring equitable, patient-centered care.

The researchers defined shared decision-making (SDM) as a process that involves understanding the risks and benefits of all treatment options while incorporating the patient's values and preferences (Légaré et al., 2018). Effective SDM requires collaboration among patients, caregivers, nurses, and physicians. Factors such as proper communication, encouragement, and treatment recommendations can significantly influence patient outcomes. Common barriers to SDM include poor communication, limited understanding of treatment options, and uncertainty regarding potential side effects.

A major focus of the presentation was the role of cognition in decision-making. Researchers highlighted the “3 Ds”—dementia, delirium, and depression—as common causes of impaired cognition that can interfere with SDM. They emphasized the importance of distinguishing between these conditions and identifying reversible causes, particularly delirium. Dementia varies widely in presentation and severity, while depression can mimic cognitive impairment and should not be mistaken for incapacity. The presenters also noted that many cognitive assessment tools currently used in clinical practice are outdated, creating challenges for accurate evaluation.

The presentation stressed that patients who demonstrate adequate cognitive capacity at the time of consent may provide their own informed consent. Nurses were identified as frontline advocates responsible for assessing cognition before, during, and after treatment and ensuring that patients remain involved in decisions whenever possible. Researchers noted that cognitively impaired individuals are often overlooked in conversations about their care, even when present. By recognizing reversible cognitive changes and facilitating communication among patients, families, and providers, nurses play a critical role in preserving patient autonomy.

The presenters also described nine essential elements of SDM, emphasizing the nurse's responsibility to assess a patient's understanding of treatment information. They identified cognition, cancer, and aging as areas requiring additional research. Patients with both dementia and cancer are more likely to receive noncurative treatment and experience higher

mortality rates than those with cancer alone. These findings underscore the complex ethical challenges created by the intersection of aging, cancer, and cognitive decline, where quality of life often becomes a primary consideration.

Overall, researchers concluded that ethical dilemmas involving cognitively impaired cancer patients will become increasingly common as the population ages. They emphasized the need for evidence-based treatment guidelines that incorporate both patient and caregiver perspectives. Oncology nurses must continue to advocate for shared decision-making and support the autonomy and dignity of this vulnerable population.

Reference

Légaré F, Stacey D, Pouliot S, Gauvin FP, Desroches S Kryworuchko, J, et al. Interprofessionalism and shared decision-making in primary care: a stepwise approach towards a new model. Journal of Interprofessional Care 2011;25(1):18-25.

Kristen Haase, PhD, University of British Columbia, Vancouver, Canada

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MDONS TAKES OVER CONGRESS!



**2026 Congress theme
MOMENTUM: Care in Motion**

ONS Congress 2026 in San Antonio

Summarized by Stacy Simons, MDONS 2026 Congress Scholarship Recipient

ONS did it again! Another fabulous week celebrating oncology nurses and helping oncology nurses expand their knowledge and expertise. This was my third time attending Congress and it was just as rewarding and enriching as in the past. Thank you to the Metro Detroit ONS Board for the scholarship that allowed me to attend.

For those that couldn't attend, here is a quick summary of my favorite session, titled *Speaking to the Soul: Integrating Spirituality and Shared Decision Making in Cancer Care*. Sarah Byrne-Martelli, a board certified chaplain with the palliative medicine team at Dana-Farber Cancer Institute, spoke to us about the importance of addressing spiritual health, the nature of spiritual distress and "hoping for a miracle" in diverse clinical contexts, as well as, shared decision-making principles to navigate conversations where spiritual hope and medical challenges may overlap.

Incorporating spiritual care into oncology care is important because religious/spiritual beliefs impact decision-making amongst patients, families, and medical team members. Unattended spiritual distress is associated with poorer overall health.

She provided some easy to ask questions that all oncology nurses can use to assess a patient's spiritual health:

- Many people turn to spirituality or religions when facing illness. Is this true for you?
- What's the hardest part of this for you?

- What's keeping you going through all of this?
- Where do you find strength?
- Does your religion/spirituality provide you all the strength and comfort you need right now?

Many patients will tell their oncology team that they are "hoping for a miracle". Why do patients/family use miracle language? Chaplain Sarah explained that sometimes people have sincerely held beliefs that they will experience miraculous healing while others may say this as a strategy to "stay positive". Sometimes patients may say this in effort to connect, express their faith, or process their existential distress. However sometimes it can be an indication of power imbalance and valid concern about trust with the medical community.



There are 4 types of hope:

1. Innocuous: there is no expectation of supernatural intervention (i.e. "Maybe I'll qualify for the clinical trial"). Nurses can respond by acknowledging hope and assess the patient's level of acceptance and prognostic awareness.
2. Shaken: there is acceptance, recognition, and emotional expression (i.e. "There's

nothing left to do now. All I have left is God.” Nurses can respond by naming the feeling that the patient is experiencing, being present, and listening with empathy.

3. Strategic: there is minimal commitment to religious/spiritual worldview, unwilling to discuss, and adversarial behavior (i.e. “We won’t need hospice. We have the Lord.”) Nurses can acknowledge the patient/family’s feelings, explore mistrust, and the team can commit to only offering medically appropriate interventions.
4. Integrated: there is commitment to religious/spiritual worldview, connection to community/clergy, and resilience (i.e. “With God, all things are possible”). Nurses can help patient connect with clergy, acknowledge shared hope, and practice cultural humility and curiosity.

A few other pearls that I found valuable:

- Begin with curiosity and seek clarity. Remain non-judgmental and ask open
- ended questions. “Can you share more with me about what you’re hoping for?” “What does a miracle look like for you?”
- We should always hope alongside them by using “and” not “but” (i.e. “I know these goals are important to you, **and** I also worry that time may be short.”
- We don’t have to resolve hope for a miracle, but exploring what that hope means for a patient can inform care.

Even in my role as a palliative oncology NP, I still struggle with how to respond to patients/family when they say they are hoping for a miracle. I often feel torn because my inner brain wants to say, “That’s not realistic!” yet my soul wants to believe in full healing miracles. This session was very helpful in that it provides a conversation guide that oncology nurses (and all oncology clinicians) can use to assess spiritual health and navigate hoping for miracles.

Let's cross the riverwalk to get to the other side



What do MDONS and ONS have in common? Edutainment 😊



We sure had fun while learning the most up to date information in caring for ourselves and patients. Join us next year for Congress 2027 **April 14 - 18 2027** Washington, DC.

Looking for more fun, adventure and learning opportunities? Join MDONS for Wellness Weekend and Fall Mini. See the MDONS website for information and registration.

October 2nd-4th, 2026 - Wellness Weekend Grand Rapids, MI

November 7th, 2026 - Fall Mini Conference Sheraton, Novi

If you have an article of interest, case presentation or comment, please email the editor at weisssd@karmanos.org

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