Cancer nurses care for patients and families during their most vulnerable moments. Whether at the time of diagnosis, amid the challenges of cancer-directed interventions, or in the palliative, end-of-life, or survivorship contexts, nurses provide relationship-based services that are guided by both a solid evidence base and an ethical obligation to social justice. While many cancer nurse scientists receive rigorous training in both biopsychosocial care delivery and research methods, additional discussion is needed to emphasize how social justice must be integrated into the design and implementation of research programs that will, ultimately, influence the future quality of clinical care.

COVID-19 has raised the visibility of health inequities for minoritized identities (eg, Black, Indigenous, Latinx, and people of color; sexual- and gender-diverse populations) and other at-risk groups (eg, incarcerated populations, persons experiencing homelessness). An overdue and critical global discussion about health equity and structural discrimination is rapidly evolving in clinical, academic, and societal spaces. Research organizations, such as the US National Cancer Institute, are calling for a recalibration of oncology clinical trials to increase accessibility for minoritized and underserved populations.1 The ultimate goal of the National Cancer Institute mirrors that of precision oncology: to enhance the availability, effectiveness, and diversity of these clinical investigations.1 How will nurse scientists in the oncology arena equip themselves and their colleagues with the social justice acumen needed to dismantle systemic barriers that continue to marginalize countless historically disadvantaged groups who are affected by cancer?

For decades, social justice has been identified as foundational to critically conscious and caring nursing practice.2 How we reach a sustained experience of change and action requires a deliberate shift from a focus on achieving “equality” and “equity,” with an ultimate aim to achieve “justice.” Burnett and colleagues3 use the term structural justice to critically conceptualize and unpack a radical shift toward justice in structures, systems, and in policies. If high-quality cancer care is to be universally accessible in alignment with the stance of our major organizations,4 attention to social justice must be prioritized throughout the theory-science-practice trajectory. As nurse scientists, leaning into social justice in its totality must involve meeting the needs of minoritized populations confronting cancer where they are and extending the boundaries of scholarship to intentionally redress the enormous disparities they face.

This social justice mandate is particularly relevant for nurses who are confronting the chronic symptomatic and psychosocial fluctuations inherent across the cancer care continuum. The future of high-quality oncology nursing care will be determined not only by cancer-related clinical outcomes but also by how we engage, address, and reflect the human experience in both our nurse-patient relationships and scientific endeavors. For instance, Truant5 suggests a 2-pronged approach that (1) focuses directly on the cancer care of persons and communities and (2) addresses the root causes of cancer care inequities through committed work in leadership, policy, education, and research spheres of influence.

Such multipronged efforts require looking beyond the individual patient, nurse, or citizen as the sole source of the solution and explicitly introducing the contextual landscape into oncology research questions. Cancer nursing scholarship and science have the scope and skill to improve the most pressing issues of our time, such as racism, poverty, inequity, and disparity. It is up to the nursing profession, which holds an ethical contract with society, to lead the social justice charge and be scientific activists. In fact, it is the moral imperative of nurses to become social activists in the scientific sphere of oncology because of their immense exposure to patient suffering and the complexities of the human condition.

When Dame Cicely Saunders,6 the founder of the modern hospice movement, discussed the “total burden of cancer pain,” she was referring to the overall suffering experienced at the intersection of physical, psychological, spiritual, and social factors. If we, as cancer nurses, are to alleviate holistic suffering as a component of our ethical obligations, we must do so with justice. Relieving “total cancer pain” requires both a social justice lens and a commitment to scientific activism. If not us, then who? If not now, when?

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References


