



Dr. James C. Pace is board certified as an Adult Nurse Practitioner. He holds several degrees including an MDiv from Vanderbilt University and a Ph.D. in Nursing from the University of Alabama at Birmingham. Throughout much of his career, Dr. Pace has been immersed in caring for AIDS patients and in improving end-of-life care as a clinician, a chaplain, and as an educator. In addition to his role as Adult Nurse Practitioner, Dr. Pace is an Episcopal priest. He has held several academic positions and now serves as the Dean and Professor of Nursing at Valdosta State University College of Nursing and Health Sciences in Valdosta, Georgia. Dr. Pace has received the honors of Fellow of the New York Academy of Medicine, Fellow of the American Academy of Nursing, and Fellow of the American Association of Nurse Practitioners.

#### Interview Abstract

Dr. Pace has devoted his career to palliative/end-of-life care and spirituality/religion and health. He is board certified as an Adult Nurse Practitioner and dually educated with a Ph.D. in Nursing and with an MDiv degree. He is recognized as a Fellow of the New York Academy of Medicine, Fellow of the American Academy of Nursing, and Fellow of the American Association of Nursing Practitioners.

In the interview he discussed how he witnessed the many challenges of his patients who were gay, living in the south, and having HIV/AIDS. He describes the challenges of caring for patients with AIDS and the barriers to access to vital medications. He also shared a moving story of an AIDS patient who chose Patient Assisted Dying.

He recounts the evolution of the palliative care movement and the development of palliative care as a separate specialty. He also details many of the changes in the healthcare system in the past years that have improved care for patients.

Dr. Pace recognizes the contribution that Nurse Practitioners bring to patient care and health care delivery. The interview concludes with his predictions of how Nurse Practitioners will change health care for the future and with his appreciation of the nursing profession.

Keywords: Nurse Practitioners, AIDS, HIV, palliative care, end-of-life care

## Biographical Sketch

James, C. Pace, Ph.D, MDiv, APRN, BC, FAANP, FAAN earned a Bachelor of Arts in philosophy from The University of the South in Sewanee, TN and a Bachelor of Science in Nursing from Florida State University. He pursued further education at Vanderbilt University where he received a Master of Science in Nursing and MDiv degrees. He then completed a Ph.D. in nursing from the University of Alabama at Birmingham. Additionally, Dr. Pace completed a Post-Master's Certificate and became board certified as an adult nurse practitioner in 1995. He is also a board certified Faith Community Nurse.

Dr. Pace's research and scholarly pursuits are in the areas of palliative and end-of-life care as well as the relationship of spirituality/religion and health. In addition to being a nurse, Dr. Pace is an Episcopal priest and served as assistant priest at St. Mary the Virgin Episcopal Church, Times Square for nine years.

Previously Dr. Pace was the Senior Associate Dean for Academic Programs at New York University Rory Meyers College of Nursing holding the rank of clinical professor. Currently he serves as the Dean and Professor of Nursing at Valdosta State University College of Nursing and Health Sciences in Valdosta, Georgia.

Dr. Pace is distinguished as a Fellow of the New York Academy of Medicine, a Fellow of the American Academy of Nursing, and a Fellow of the American Association of Nurse Practitioners.

James C Pace

Interview

AANP Oral History Project

## Interview

### **When you did become an NP? What was the motivation?**

I became a NP in 1995. I was immersed in end-of-life care at the time--I was the program director for the palliative care specialty track within the ANP curriculum at Vanderbilt University. I also worked part time in a large community and residential hospice program in Nashville, TN. It was a time when many people were dying of AIDS. For my NP preceptorship, I was assigned to Vanderbilt's Infectious Disease Department where a large- scale clinical research trial was taking place with a new type of drug for the treatment of HIV/AIDS (the earliest Protease Inhibitor). With the significant reduction in viral loads that were being seen with this drug, I saw very quickly that NPs would be a large component of the evolving health care needs of persons with HIV/AIDS. I wanted to be a part of this movement very much – I felt a personal connection with the people for whom I cared.

### **What experiences did you bring into the role?**

I was a nurse at the bedside for several years for an oncology/hematology service at an academic medical center setting. We received the first of the AIDS patients once they appeared on Nashville's radar screens. I had a lot of experience with end of life issues, difficult conversations, advanced care planning, managing significant symptoms, and preparing families for hospice care services, if they requested.

### **Did you experience any challenges? How were they resolved?**

I witnessed the challenges of my patients in regard to being gay in the south, having HIV/AIDS, strained family relationships, and limited resources to afford the best of care options. As a charge nurse on a floor that admitted persons with an AIDS diagnosis, I can still remember nurses refusing their assignments to care for those with AIDS, the constant request to know the etiology (those who contracted HIV through tainted blood or through needles [and who were not gay] were termed the “innocent” victims [to include children]).

### **Are there any experiences that you would like to talk about?**

There are so very many! I was also the hospice chaplain in the hospice where I worked and as such, was assigned the patients who were dying of AIDS. I officiated at many funerals. Some funeral homes still refused to transport the bodies of persons with AIDS to their funeral homes. It was also the “two funeral syndrome” time .... One funeral would be with the biologic family and the cause of death was usually “cancer”. The other was with the gay community where the diagnosis was always AIDS. As a NP, I moved to Atlanta GA and taught at Emory University School of Nursing 50% and served as an NP at a community health center that was dedicated to HIV/AIDS care. I prescribed the HIV “cocktails” that eventually went from two to three drugs as standard therapy. Side effects from some 12-18 pills per day were atrocious then. Managing

nausea, diarrhea, weight loss, and skin problems were challenging. My patients had to be placed on drug assistance programs which took large time frames for patient approvals. Sometimes there were gaps in medication regimens and drug resistance was a constant threat.

**What was most challenging in your career/ most important?**

Most challenging: Drug resistance or lack of medications and rapidly falling T-Cell counts, PCP, KS, neurologic complications, shingles, cytomegalovirus retinitis, blindness, STIs, loneliness, isolation.

A patient who had terrible KS from AIDS had endured so much pain over many months elected to hoard enough opioids to end his life. He was in close contact with an organization at the time that was known as the Hemlock Society. Patient Assisted Dying was not discussed openly at the time. No one knew that he was doing this behind the scenes. When he was ready to take the dosage, he asked if I would be with him, hold his hand, make sure that he did ok, help him back to his bed (he wanted to take the meds in an outside gazebo that was simply beautiful to behold) and then make sure that he looked comfortable in his bed for when his long-time partner returned from work at the end of the day. He was wheel-chair bound and his lower extremities were weeping, edematous, and odorous. It was a lot of work to transport him outside and back. I struggled with what he was intending to do. I ended up supporting his wishes (though not physically present with him when he ingested the meds) and he died peacefully “in his sleep” before his partner returned home. I struggled with those decisions for quite some time. I now fully support PAD legislation. It was one of the most important times of being a nurse for me: the patient trusted me enough to share his most intimate of wishes at the close of his life. He was 27 years old.

**Is there anything you would want to change?**

Any nurse would love to change any number of things in our complicated health care systems. One of the changes that did evolve from this time frame was the introduction of the palliative care movement and how that evolved around and from the hospice model of care. It became a new specialty in and of itself. I was a part of its development and I loved (and still love) every part of it.

Access to medications is so vital for life itself; many people have no possibilities or access to those drugs. Their lives are the shorter for it.

The LGBTQ population has taken many hits over the years. In my most recent NP position in New York City, I had the honor to work with the transgendered community. Poverty, homelessness, depression, lack of access to the full spectrum of care were obstacles to their holistic care and quality of life.

**What do you see as pivotal moments in the past years?**

Protease inhibitors leading to patient-friendly one drug/day regimens. PREP. PEP. LGBTQ+

advocacy and improved access to care for many. The Affordable Care Act. Preventive Care. Oral Health Care as an evolving specialty. The Palliative Care movement. Advanced Care Directive reimbursement. Tax breaks for NPs who serve as preceptors for graduate nursing students. The DNP degree alongside the PhD degree in Nursing Science.

**What advice would you give to new nurse practitioners?**

Never stop caring. Never stop learning. Never stop advocating for those who need our strength, guidance, compassion, and empathy.

**What do you see as the role of Nurse Practitioners in the next 25 years?**

Totally autonomous care privileges without burdensome restrictions. NPs will manage preventive, primary care, and behavioral health modalities. There will be improved relationships with interdisciplinary team members with the aging out of those who feel threatened. Further understanding of the improvements to health care that DNP prepared providers will offer. More nurses will be shaping policies, health care delivery mechanisms, and serving on boards that drive decision making.

**My last thought: What an honor and a privilege to be a nurse!**