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Cure and palliative care in elderly people with cancer

B.A. Esbensen^{1,2}, O. Roer¹, K. Østerlind¹, I.R. Hallberg^{2,3}. ¹Lund University, Department of nursing, Holbaek, Denmark; ²Oncology Clinic, Herlev Hospital, University of Copenhagen, Denmark; ³The Vårdal Institute, The Swedish Institute for Health Sciences, Lund, Sweden

Background: In the future an increasing number of persons in the US and western countries will live longer and will develop cancer. Therefore, professionals in the health care system forthcoming are becoming more involved in the work for elderly people with cancer. However, little is known about this specific group of cancer patients, and there is a need to develop specific interventions towards good life and to prevent decreasing quality of life (QOL) and functional limitations. Better treatments to elderly people with cancer in both a curing and a palliative setting generate a more complex situation for patients without regard to the purpose of the treatment being to cure or to give palliative care.

Purpose: In the perspective of multidisciplinary science, regarding both those who are cured and those who need palliative care this presentation will focus on the specific need for support in QOL of elderly people with cancer have.

Material and Method: 101 (a 65+) newly diagnosed cancer patients were followed three times during a period from time of diagnosis and ending three months from that date. People with lung, breast, colon, and ovarian cancer participated in the study. They were interviewed using a questionnaire focusing on QOL, age, social network, and support from the health care system, activities in daily living, and hope.

Results and conclusion: 64% of the sample was not cured from their cancer disease, and were in a particular need for palliative care, 16% died within the first three months. The presentation will demonstrate a number of areas of need for elderly people with cancer in order to deal with the disease that particularly changes over time whenever they need curative or palliative care. Some of the areas are contact with general practitioner (GP), contact with close family members as children and grandchildren, and presence of hope.

Workshops

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Children and cancer: a workshop

F. Gibson¹, S. Morgan². ¹Great Ormond Street Hospital, Centre for Nursing and Allied Health Professions R, London, United Kingdom; ²St James' Hospital, Paediatric and Adolescent Oncology Unit, Leeds

Children's cancer nursing has seen much progress over the past 20 years as childhood cancer is no longer seen as a terminal illness. Overall, 60-65% of children with a malignancy are expected to reach adulthood [1]. This progress has resulted from scientific investigation, the discovery of new drugs, and aggressive treatment regimens, which have been mirrored by developments in supportive care. A multi-professional approach to care has made a significant contribution to survival rates, in which nurses have had a central role. Treatment advances and the growing numbers of long-term survivors have dramatically changed the knowledge base required to enable nurses to adapt and expand their affective and technical skills to meet the needs of children and their families [2].

The aim of this workshop is to introduce participants to children and young people with cancer through case studies and stories in order to:

- Highlight the difference between cancers in children and adults;
- Describe the organisation of care and approaches to treatment;
- Explore the key principles of caring for children and young people: involvement in decisions, honesty and talking to children, information giving, use of play and involving the family;
- Have a shared understanding about the meaning of cancer for families and the notion of getting on with life.

References

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Critical care in oncology nursing - an ethical dilemma ?

D. Lecocq. Institut J. Bordet, Surgical Intensive Care, Brussels, Belgium

1. Introduction: role of ethics: We have to remember the two dimensions of nursing: science and art.

As nurse, one of our missions is to make decisions based on our knowledge about clinical problems and expected outcomes, using systematic approaches to problem solving like nursing diagnoses, considering our professional and personal values system.

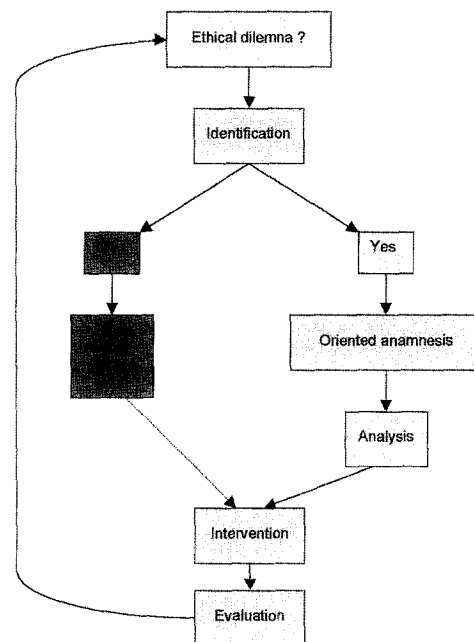
So the ethical process remain a research to make ethical a clinical decision.

2. Main goals of critical care:

- Curing or palliating organ dysfunctions
- Monitoring to prevent complications
- Managing pain

3. Practical guidelines:

Based on the propositions of different authors, I would suggest to use the following tool (fig.1).



3.1. Identification of the "problem"

Is our "problem" really an ethical dilemma ?

Or can we find an answer in another level (constitution, law, deontologic codes ...)?

3.2. Oriented anamnesis

3.3. Analysis of the situation

– Identification and enlightenment of the current ethical concepts

– Composition of the list of arguments for each hypothesis of intervention

3.4. Intervention:

Choosing an action, choosing the solution:

- With the most positive consequence
- With the greatest number of beneficiaries
- Based on the most important moral principles

3.5. Evaluation:

Is the decision equitable for the short term and for the long

What are the decisive arguments in favour of this solution?

Am I proud of this decision ?

Would I be happy if this decision was published ?

4. Ethical dilemmas: There is a lot of potential problems in global oncology nursing.

They can be related to:

- Admission /
- Risks for the nurses: isotopic treatment, body
- Emergencies
- Foregoing / withholding / withdrawal of life-sustaining
- Informed consent
- Allocation of resources
- No code policies /
- Pain management / symptom management

...

Old debate: the categorisation vital care vs basic care.

There is currently no more distinction between "ordinary" and "extraordinary" measures. The central question is now: what's the therapeutic plan for the patient ? It's important to note that nurses and physicians could have a different approach according to their respective professional values. Resolution algorithms should be considered to solve those.

5. Conclusion: "Cancer" and "critical care" remain words associated with dingy preconceptions although the remarkable progresses of the medicine during the second half of the XXth century. This state of mind could explain why critical care in oncology is still considered by some people as an ethical dilemma. According to me, the ethical dilemmas encountered by nurses in critical care oncology appear to be the same that those encountered by other critical care nurses. But the frequency of these ethical dilemmas could be higher. It would be interesting to confirm that impression.

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Writing for publication: how to become a successful author

A. Molassiotis. *University of Manchester, & European Journal of Oncology Nursing, Manchester, United Kingdom*

Nurses and other health care professionals who are involved in carrying out research (either as part of a larger project, own initiative or as part of a postgraduate degree) often do not publish or disseminate their work. 'Fears' around the publication process, a belief that only few experienced researchers can publish in a peer-reviewed journal, past negative experiences dealing with a journal, and the extra time needed to prepare an article for publication are some of the reasons for not publishing. In this way, however, a lot of good work is left unused. This workshop, led by the Editor of the *European Journal of Oncology Nursing*, aims to demystify the process of publication, describe the steps involved in the publishing process, discuss some of the key issues that potential authors should pay more attention, and provide some 'tips' for becoming a successful author. In this way, it is hoped that more novice researchers will be encouraged to publish their valuable work in the future and that their attempt will be more successful.