

contacted to fill out a questionnaire. Instrument: The questionnaire, based on previous research, had 4 open-ended questions. Patients were asked how long they had their catheter and whether they had already received chemotherapy through a peripheral vein. Two other questions asked if patients had encountered problems with their port and whether these had or have an effect on their quality of life. The patients had the opportunity to indicate positive as well as negative experiences with the device and its use.

**Results:** The top three benefits were (1) venous access no longer required peripheral venipuncture, (2) less inconvenience during the administration of irritating solutions, (3) easy access. On the other hand, patients disliked most the visibility of the venous port and complained about site soreness.

**Conclusions:** Nurses' perceptions of a port implantation have more implications for patients than nurses realise. Information before and after implantation can help patients cope. Knowing what to expect, can be helpful in a stressful situation such as cancer treatment. Good nursing care implies the ability to provide optimal care and maintenance of the device, to diagnose and treat port complications, but knowing the patients' point of view is an added value in the delivery of quality of care.

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### Factors associated with delay in presentation and diagnosis of lung cancer: Searching for new approaches to early detection

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**Background:** Lung cancer is the cancer most commonly diagnosed in men and the third most commonly diagnosed cancer in women in the UK (over 38,000 new patients are diagnosed annually)\*. Overall 5% of patients are alive 5 years after diagnosis\* and 80% die within the first year\*. Surgery is the only curative treatment, yet largely because of late diagnosis, only 10% of patients have surgery\*.

**Aim:** The aim of this study was to establish, using patients' and general practitioners' accounts of events, phenomena associated with delay in diagnosis. An understanding of what enables or inhibits diagnosis may aid earlier detection of the disease.

**Methods:** This paper is based on a content and thematic analysis of 22 interviews with newly diagnosed lung cancer patients and interviews with 11 of their General Practitioners. The directed interviews were focused on symptoms, changes in health status and related events along the pathway to diagnosis. The analysis was used to develop a model of the doctor and patient beliefs and behaviours that influenced the point in time of diagnosis.

The analysis revealed both patient and doctor related factors that led to delay in diagnosis. Both patient and doctor understandings of what changes were indications of disease were important in shaping the decisions that each made in the months preceding diagnosis. The model of delay developed provides a theoretical framework from which to build interventions that may enable earlier diagnosis.

**Findings:** The analysis revealed that both patients' and doctors' understandings, of what indicated disease, influenced the point of diagnosis. These understandings were important in shaping the decisions that they made in the months preceding diagnosis. The model of delay developed

from the findings provides a theoretical framework from which to build interventions that may enable earlier diagnosis.

**Conclusion:** The study provides new knowledge of the pathway of lung cancer leading up to diagnosis. The work is of importance to health-care professionals in primary care, who have a concern for early disease detection.

### References

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### Nursing care and the competent patient

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The Danish Cancer Nursing Society's Special Interest Group (SIG) for "Ethics and Medical Anticancer Treatment" has existed since 1994. An area of interest, over the years has been the ethical aspect of information and communication between Health Care Professionals and cancer patients.

This area of interest has resulted in SIG's focus on the competent patient and the vast informational resources available to them. For example, the Internet is one of the sources, where patients up-date their information on treatment and knowledge about their cancer disease.

As professional nurses, we are concerned with all aspects of the competent patient, and therefore pose the following questions: · Are nurses adequately qualified to manage this competence? · What do we know about the patient's needs and demands? · What are the patient's expectations of the clinical nurse? · What is the ethical issue in this context and what role does the nursing professional partake? · Can information and the way information is given, be generalized when dealing with a competent patient?

Two members of the SIG for Ethics and Medical Anticancer Treatment will present observations, experiences and knowledge, obtained by the group during the years. Our goal is to initiate a debate and inspire our nursing colleagues to take an interest in and reflect on this topic.

The group is presently developing nursing guidelines to help cancer nurses manage the difficulties associated with the competent patient. Anita Berg, U. Sørensen, A. H. Klausen, G. R. Johansen, B. Uhd, B. Moelholm, A. Baxter, L. D. Hansen The Special Interest Group for Ethics and Medical Anticancer Treatment.