dence, due to decrease in necessary dressing change in 100%. The wound treatment gives well-being due to comfortable and flexible dressing material in 83%, and wound treatment gives increased quality of life, due to control of exudation problems (100%), and control of odour problems (67%). The wound treatment increases feelings of womanliness and attractiveness. This lead to decreased social isolation.

Conclusion: The wound treatment results in smaller cancer wounds, it gives well-being, and increased quality of life, due to continuity, evidence based wound knowledge, modern wound products, and psychosocial support. The woman demand that nurses and doctors takes the responsibility for wound treatment. A greater insight is achieved into management and care of patients with cancer wounds.

1168 ORAL

The phenomenon of fatigue in young people

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Background: Cancer-related fatigue (CRF) is achieving recognition as a common and disturbing symptom for adults with cancer (Richardson, 1995, Stone et al., 1998). CRF has only recently been recognised and reported in children and teenagers (Hockenberry-Eaton and Hinds 2000, Langeveld et al 2000, Davies et al 2002). This paper will present a descriptive study that explores the impact of cancer and its treatment on young people. It draws on a multi-centred collaborative project involving nurses who care for adults, and who have considerable expertise in researching CRF, and nurses who care for children and young people.

Materials and methods: The study uses semi-structured interviews, diaries and focus groups to collect narrative data in order to discover the essence of the phenomena of fatigue in young people from their perspective. The sample includes those who are receiving treatment for cancer (n=8), those who are in early remission (n=8) and late remission (n=18), and a group who have not had cancer (n=20). Only the on treatment group will be reported in this paper. Data has been analysed using the phenomenological methods outlined by Moustakas (1994).

Results: Fatigue was present in varying degrees depending on the stage and intensity of treatments. Fatigue was experienced as absolute and complete exhaustion. It was unpredictable and varied in intensity and duration. Normal activity was prevented, which left teenagers weak, inactive and unmotivated. A number of strategies were used to relieve fatigue.

Conclusions: Fatigue was just one element of the teenagers overall experience, the experience of illness and treatment having altered their perspective on life itself.

1169 ORAL

Needs of family members of patients receiving palliative care services in Iceland.

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The philosophy of palliative care emphasizes that the patients' family is the unit of care. The integration of families in palliative care has been the standard of care since the movement of organized palliative care began in Iceland in 1986. However, little has been documented about the needs of families of palliative care patients and how they are met by health care professionals.

The aim of this study was to evaluate care needs of families of patients receiving palliative sercives (PCS) on four different sites: palliative care inpatient unit, oncology unit, palliative home care and on general medical/surgical units with consultations from a palliative care consultation team. Family members of 111 patients admitted to these units between December 1999 and May 2001 were invited to participate and agreed to do so, 67 (60%) completed and returned the survey.

The Family Inventory Needs (FIN) questionnaire was given to family members on day 5 from admission to the PCS. The FIN consists of 20 statements about the importance of care needs and whether each need was currenly met, partially met or not met. Most of the family members who participated were the patients'spouse (59%), women (73%), younger than 56 years of age (59%), and worked outside of the home (62%). All 20 needs were perceived as being important or very important by 64-100% of participants. The most important needs were related to the patients' themselves but the less important ones were related to the family members'personal needs. Needs about infomation about symptoms were most seldom met (38-46%), whereas the need to feel that the professionals care about the patients was most often met (86%). On the average, most family members had their needs met by the palliative home care team (73%), and family needs were least met on general inpatient units (44%).

It is evident from these findings that family members of patients receiving palliative care services have multiple needs that they perceive as being important. It is also evident that much work needs to be done to meet those needs, particularily those who concern infomation sharing about the patients condition and that improvements are needed in general units where palliative care is not the area of specialization.

1170 ORAL

Patient education – a new strategy for prevention of infections due to permanent central venous catheters among patients with hematological malignancies: a randomized clinical trial

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Objective: A well-functioning tunneled central venous catheter is a crucial factor for patients with hematological malignancies receiving high-dose intravenous chemotherapy and associated problems during treatment. Despite many advantages, infections associated with CVC's are a major cause of sepsis and excess length of stay in the hospital. The importance of stringent procedures during insertion and care are heavily recommended. Our aim was to investigate the impact of patient-education, where the patients themselves were taught to execute clinical catheter procedures.

Design: A prospective randomly designed clinical intervention study.

Methods: From May 2000 until September 2002 patients with hematological malignancies receiving high-dose chemotherapy and had a tunneled dobbeltlumen Hickman catheter inserted was consecutively randomized to one of two study-groups. The intervention group was individually trained by the clinical nurse-specialist to support an independent catheter care between admissions. The control group followed the clinics standard CVC-procedures carried out by professionals in and outside the hematological ward.

Results: 82 consecutive patients were finally included (respectively 42 and 40 patients). On several statistic tests, we found a significant reduction of catheter-related infections (CRI) due to the intervention group. The mean rates of CRI were decreased by almost three fold. The total incidence of CRI was more than halved for the intervention group (2,55/1000 catheter days) compared with the control group (5,91/1000 catheter days).

Conclusion: Rigorous patient-education as a primary clinical intervention can reduce catheter-related infections. The intervention has uncovered an unknown potential source and breaks with traditional thinking in health prevention policy.

1171 ORAL

Patients suffering from lung cancer. Experiences during radiotherapy.

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Distress experienced by lung cancer patients during RT is covered in quantiative studies concerning prevalence and correlation. Patients' verbal accounts of experiences and distress are not described sufficiently, enhanced knowledge is crucial to give individual nursing care during treatment. The aim of the study was to describe patients' experiences suffering from lung cancer during radiotherapy. An inductive, qualitative study was done on 15 patients at a Radiotherapy department in the southern part of Sweden. Interviews were done during the second week of treatment at one occasion, the transcribed data was analysed with content analysis and interpreted. The findings show that fatigue was a major symptom, expressed in terms of low energy levels and low condition, leading to social isolation. Managing daily life problems during radiotherapy was solved by routinising everyday life and by inner and/or outer resources. Emotional distress such as fear was expressed of the unknown, the future and sudden encounters. Patients go through a shift of accepting or not accepting the fact of letting cancer diagnosis rule their daily life. Informing about and assessing fatigue as well as implementing interventions and nurse-patient interaction, support, information, encourage and focus on patients' own