Discussion Forum (Mon, 24 Sep, 11:30−12:30)
Wound management – do we do a good job?

8005 INVITED

Wound management – do we do a good job?

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Background: Any clinician who has cared for a patient with a fungating malignant wound will know that this is a challenging aspect of the care we give to patients with advanced cancer. The key areas addressed in this session will include some background on the aetiology of malignant wounds, the physical and psychosocial impact of an uncontrolled fungating tumour. Malignant wounds can be regarded as 'hard to heal' and 'never to heal' wounds. They fall within the remit of cancer palliative care, with an emphasis on local wound management and symptom control, when curative treatments are not effective. This is an under researched area of clinical care and the literature that guides malignant wound care is drawn from disciplines such as oncology, chronic wound care and palliative care. Content of the seminar: The speakers will draw on their clinical and research experience to explore aspects of treatment, symptom management and local wound management related to a case study of a patient with an advanced fungating malignant wound. The session will be structured around the following core principles of good skin care and palliative wound care, in a framework of supportive care to patients and families:

- Treatment of the underlying tumour, including palliative treatment options
- Symptom management, including odour, pain, irritation and stinging, and bleeding
- Local wound management, including exudate and peri-wound skin care

The prevailing theory in main stream wound care, moist wound healing theory, will be critically appraised in terms of its application and relevance to palliative wound care. Components of wound bed preparation, a conceptual framework for the management of chronic wounds, will also be critically appraised.
Assessment, documentation and evaluation of palliative wound care will be addressed. An assessment tool, based on the TELER® system of treatment evaluation, will be introduced. TELER is a system of clinical note-making with indicators that measure the components of palliative wound care: dressing performance, optimal wound management and symptom control. The indicators define patient-centered goals of care in relation to a malignant wound and measure the outcomes numerically.
Conclusions: The seminar will illustrate a number of key factors related to the care of patients with malignant wounds. Without successful treatment of the underlying tumour the mainstays of management comprise symptom control and local wound management. Both are crucial to the physical and psychological care of the patients and families. The case study will illustrate limitations in the design of dressings for malignant wounds, which need to be addressed in collaboration with the manufacturers. Overall the seminar will demonstrate that wound management is an interdisciplinary responsibility.

Joint EONS/Spanish Oncology Nursing Society symposium (Mon, 24 Sep, 13:45−15:45)
Developing the advancing cancer nursing practices

8006 INVITED

Specialist nursing in Europe – issues and concerns

W. De Graaf. *ESNO, European federation of Critical Care Nursing associations, Blaricum, The Netherlands*

The European Specialist Nurses Organisations (ESNO) is a collective group of specialist nursing organisations within Europe. ESNO aims is to facilitate and provide an effective framework for communication, co-operation and co-ordination between both specialist nursing organisations and specialist nurses interest groups within Europe. ESNO consists of 12 European federations with a variety of nurse specialties representing more than 100,000 members from all countries within the greater European Union. ESNO represents the mutual interests and strengthen collaborative working and partnership amongst specialist nursing organizations. A primary goal of ESNO is to strengthen the recognition of specialist nurses and demonstrate their unique contribution in providing quality patient care. Nursing education various from one country to another. So how is ESNO going to bring these differences together, harmonize them and prove that a recognised education level for nurse specialists will improve the quality of care; for example the additional value of a nurse specialist regarding patient safety, the specific role of a nurse specialist in the prevention of illness or their position in the care chain for those who need long term care.
The presentation will contain an overview of activities, achieved objectives and ESNO's strategy to achieve a recognised position of the nurse specialist in the EU political landscape. So please feel invited for discussion and take the opportunity to let us know what you think ESNO should do the next years and share your ideas about how we can achieve our aims. The organisations which are a member of ESNO are representing the nurse anesthesist; operating room nurses; critical care nurses; oncology nurses; occupational health nurses; dialysis and transplant nurses; nurses in diabetis; psychiatric nurses; neurosurgical nurses; nurse directors; nurse educators and the Association for Common European Nursing Diagnoses, Interventions and Outcomes.

8007 INVITED

Challenges and current situation in cancer nursing

T. Ferro. *Spain*

Abstract not received.

8008 INVITED

Educational changes on cancer nursing

A. Zabalegui. *Universidad Internacional de Cataluña, Nursing School, Barcelona, Spain*

The delivery of cancer care services is changing dramatically. The increasingly complex oncology care is related to population longevity, shortening of hospital stays, scientific advances, new technologies, patient' participation in decision making and mobility. Cancer nursing education must keep pace with these changes which require specific profesionnal competencies for addressing healthcare needs of actual or potencial cancer patients and their families.
Besides, nursing education in Europe is also changing rapidly in accordance with the framework of the Bologna Declaration signed by the European Union Ministers of Education and within the trend towards globalization. The purpose of this presentation is to provide an overview of cancer nursing education. A brief review of the development of the European Higher Education Area will be presented together with its recent reforms and a view of future developments. Educational issues in oncology nursing will be presented such as licensure and certification. Finally, educational recommendations will be presented.
These changes promote cancer nursing education based on accredited official master and doctoral programs that will enhanced cancer nursing academic recognition and professionalism and continuing education in a wide variety of oncology topics.

8009 INVITED

The role of the specialist nurse in the team

P. Lagergren. *Karolinska Institutet Karolinska University Hospital, Unit of Esophageal and Gastric Research (ESOGAR) Department of Molecular Medicine and Surgery, Stockholm, Sweden*

Background: The care pathway of patients with esophageal and other upper gastrointestinal cancers is particularly important due to the need for multidisciplinary approach, complex diagnostic procedures, extensive treatment, increasing volume of patients at fewer centres, and the poor prognosis.
Methods: To facilitate the continuity of the care pathway for patients with upper gastrointestinal cancers, a specialist nurse was employed at the Department of Surgery at Karolinska University Hospital, Sweden. This nurse coordinated all relevant diagnostic examinations and therapeutic options, multidisciplinary team meetings, programmes for follow-up, and rehabilitation. She was the primary contact person for the patients and gave and organised supportive care in a timely way throughout the entire pathway. In a retrospective study we evaluated the patients' opinion of the support and supportive care given by a specialist nurse throughout the care pathway. A study-specific questionnaire addressed the support before, during, and after the treatment given by the specialist nurse, other professionals in the team, and family. A second study-specific questionnaire assessed the supportive care. Finally, all documented contacts between the specialist nurse and patients with esophageal or gastric cancer were reviewed.
Results: Virtually all 73 responders to the first questionnaire considered the specialist nurse support "most important" or "important" (87−94% of

patients in different care phases). After treatment, this support became subjectively more important than that of the other groups of team professionals, i.e. the surgeons, the nurses at the outpatient clinic and the nurses in the surgical ward. Out of 49 patients who responded to the second questionnaire, 71−94% "completely agreed" that the supportive care given by the specialist nurse was satisfactory, and 90–100% deemed it "most important" or "important" to them. Whereas 10% had difficulty in understanding information given by the physicians, none had such problems regarding information given by the nurse. Contacts between the specialist nurse and 75 patients with esophageal or gastric cancer were most frequent during follow-up, and nutritional problems predominated.
Conclusion: Specialist nurses can be recommended as leader of the care pathway of patients with esophageal and other upper gastrointestinal cancers.

Workshop (Mon, 24 Sep, 13:45−15:45)
Telling the truth or not – information giving problems in cancer care

8010 INVITED

Nurses' truth-telling with cancer patients

L. Hallila. *The Nursing Research Institute, Hämeenlinna, Finland*

Modern health care systems and advanced legislation in Europe have challenged nurses to exercise moral judgment in decision-making. One ethical issue is information-giving to cancer patients, how much, when and where it should happen. The most problematic information sharing situations are related to (a) breaking bad news, (b) informing patients of possible risks and complications caused by nursing or medical treatments, (c) informing patients about health care professionals' malpractice. These situations may lead to the dilemma whether to tell the truth.
Truth-telling, truthfulness and honesty are related concepts. Truth-telling and honesty are important and basic cornerstones of morality. Communication between nurses and cancer patients is the crucial element in nursing care and patients may need the feeling of mutual trust that then actualizes in communication. Truth-telling and honesty may be the most difficult principles to try to live with because human beings are essentially vulnerable within relationships, and in order to protect this vulnerability may have built up defenses to avoid exposing themselves to others.
According to the nurses' truth-telling literature there are several mechanisms which nurses may use when not telling the truth to their patients:
- postponing information-giving
- telling the partial truth
- giving evasive answers
- misleading
- silencing or concealing
- telling a lie
- deceiving the patient

The nurses may have expanded their awareness of ethical issues and realised that not being able to tell the truth to the patient is a problem. There may be different groups of nurses working in cancer care (1) some nurses may have always told the truth; (2) some nurses fail to see not telling the truth as an ethical problem; (3) nurses are afraid of confessing to having been dishonest to the patient. According to very resent studies the nurses experienced negative feelings of self-worth due to the problem they found themselves in, and they described how patients were undervalued in these situations when they were not told the truth.
Learning outcomes:
1. Nurses would see information-giving linking ethical theories, principles and legal aspects
2. Nurses are aware of information-giving's impact to patients' well-being
3. Nurses would recognize their roles as autonomous health care professionals when moral decision-making occur in information-giving situations
4. Nurses would gain assertiveness and be more empowered to raise the information-giving issues to general multi-disciplinary discussion in their organizations.

Meet the Manager (Mon, 24 Sep, 13:45−15:45)
Commercialism in the health sector: pros and cons of bringing private finance into cancer services

8011 INVITED

Commercialism in the health sector: pros and cons of bringing private finance into cancer services

S. O'Connor. *Buckinghamshire Chilterns University College, Faculty of Health Studies, Buckinghamshire, United Kingdom*

The introduction of private finance into healthcare has been hailed by many as the panacea to growing constraints upon public finances and the escalating cost of providing medical, social and nursing care to an increasingly ageing population. It also chimes with the consumerist 'zeitgeist' of the modern age, in which patients are no longer considered to be passive recipients of healthcare, but discerning consumers of healthcare 'products' whose expectations and preferences have increased in line with developments in medical technology and improvements in living standards across Europe as a whole. Private finance now provides the capital investment for many healthcare projects and in some cases, the operational management of entire healthcare systems, whilst commercial interest has long driven the development of new cancer therapies and the development of innovations such as private screening, treatment, rehabilitation and supportive care facilities. However; it has been argued that the short-term benefits of these schemes are offset by long-term demands upon the public purse, an increase in the total cost of such provision, and accusations that those embarking upon such initiatives are mortgaging future health care expenditure for immediate political and fiscal gain. Recent concerns about the quality, cost and affordability of capital programmes and services thus provided have caused some to revise their output specifications and review the payment mechanisms by which investors are rewarded for the 'risks' incurred in underwriting the costs of major public projects or developing new products and services. As a result, many healthcare professionals remain unconvinced about the benefits of such schemes, and this 'Meet the Manager' session will therefore consider the advantages and disadvantages of private investment, commercial interest and the profit motive in the development of cancer services. Expert speakers will provide a variety of international perspectives on the topic, and attendees will be asked to judge for themselves if commercial interests and private investment are helping or hindering the provision of cancer care in their own areas.

Proffered papers (Mon, 24 Sep, 16.00−17.30)
Ethical dilemmas, decision-making and advanced nursing roles

8012 ORAL

Cancer patients and critical care: technology to diagnose dying or an appropriate place for support?

N. Pattison. *Royal Marsden Hospital – NHS Trust, Critical Care, London, United Kingdom*

Background: As a result of disease, co-morbidities or iatrogenic causes, a proportion of cancer patients will become critically ill and subsequently require critical care support. Ideally decisions are made about levels of aggressiveness of care before admission; however this is often impossible in reality for a range of reasons. A significant proportion of those cancer patients will die in critical care units (CCU). This presentation focuses on provision of end-of-life care in CCU, exploring specifically: how cancer patients are cared for at the end of life in the high technology environment of CCU.
Method: This research study takes the novel approach of exploring all perspectives including those of cancer patients, cancer patients' families, nurses, intensivists, consultants in palliative care, medicine and surgery. Experiences of receiving, witnessing, deciding to move to and providing end-of-life care are presented.
Using a qualitative phenomenological approach the research elicited in-depth descriptions of processes of decision-making for critically ill cancer patients, as well as phenomena around caring for such patients.
Results: 39 people were interviewed and the overarching themes included:
– perspectives on caring
– physical and psychological support
– the possibility of a good death in CCU
– prognostication in critical illness