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?

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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