– complexities of decision-making in cancer patients
– ethical difficulties: what is right, what is wrong?

This presentation will consider the findings in the context of current cancer care provision across the world and put forward suggestions and considerations for practice.

8013 ORAL

Disclosing/Informing the diagnosis of cancer to Turkish People and their close relatives: An Opinion Survey

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The aim of the survey was to find out the opinion of the Turkish people about cancer and in case their close relatives were affected by the disease, what their attitude and reaction would be like for disclosing the diagnosis of cancer.

This survey study was conducted at nine hospitals (7 university, military and state hospitals) 7 different cities with the help of 27 colloborators. Data were collected via using questionnaire which includes demographics (age, gender, proffesion, education level, whether they have or had had a cancer-patient relative(s) if yes, whether they had disclosed the illness to them or not and WHEN during the period of the illness; whether the affected relative was still alive) and questions on their personal opinion about cancer:

1. If they would request that their patient be informed of their disease after the diagnosis.
2. Whether or not they would stand to be informed if they had the disease.
3. If their answer to the previous question is yes, WHEN would they prefer to be told.
4. If they don't want to disclose the bad news of the cancer to their relative but condition warrants them to do so what would their reaction be like.
5. Why they would feel unwilling to disclose the bad news to their relatives.

A total of 6566 people from different residential centers all over Turkey took part in the survey. The average age of the participants were 33 (18–100) with men and women percentage of 53.5 and 46.7 respectively. The result showed that 57.7% of the participants don't want their relatives to be informed of the cancer diagnosis. The survey also showed that 54.8% of the participants' relatives had frequent occurrence of cancer. Those whose relatives were diagnosed of cancer was ($N = 3597$) 69.9%; those who told their relatives of their cancer disease after the diagnosis were ($N = 2516$); 71.5% said they disclosed the bad news to their close ones immediately after they had been diagnosed; 16.9% said it after months and 9% said it at a time the patients were close to their death. Of them 62.8% responded said their relatives had died from cancer. It was also seen that when the participants in the survey were asked about cancer and its treatment approach, the optimistic ones and the pessimistic ones who don't believe medical medication ratio, was seen to be 76.5% and 16.3% respectively; only 2.9% of the participants in the survey were totally hopefull and at the same time hopeless. According to logistic regression analysis, it is interesting to note that the youth, the aged, the female sex group, the less educated, those who don't want to say they had relatives who had cancer, or those who proclaimed it late and those whose relatives had died of cancer and don't believe in cancer medication; all said at first they wouldn't want their relatives suffering from cancer to be told at all.

8014 ORAL

Truth telling to cancer patients

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Breaking bad news to patients is a common occurrence in the hematology-oncology department. Yet, many healthcare providers tend to avoid these intimidated situations.

Purpose: To explore attitudes of physicians and nurses from the hematology-oncology departments and the general wards and cancer patients toward truth telling. To determine who should inform cancer patients of their diagnosis, optional treatments, side effects and prognosis. To examine differences between healthcare providers concerning truth telling.

Sample: 69 healthcare providers (23% physicians and 77% nurses) from hemato-oncology units and general departments and 35 cancer patients completed questionnaires dealing with attitudes and wishes regarding information given.

Results: 97% of the healthcare providers answered that if they had cancer they wished to receive more information regarding the diagnosis, prognosis and treatment comparing to cancer patients. Younger patients were more likely to share information regarding their illness with their relatives. The hematology-oncology staff had significant higher intention ($p < 0.05$) to share information with relatives than the general department staff. A nurse was found to be the most suitable caregiver to provide information regarding treatment side-effects ($p < 0.05$). Cancer patients would like to know less about their prognosis than healthcare providers. 80% of caregivers agreed to accept the patient's attitude not to be informed about their prognosis and 61% agreed that the healthcare provider can hide information if it can lead to desperation, depression or suicide attempt.

Conclusion: Training and education regarding this issue should be an ongoing process for healthcare providers which must adjust their attitudes and tailor intervention according to patients needs. This training should include clinical discussions, case studies and simulation exercises in order to improve the staff skills.

8015 ORAL

Stepwise implementation of an evidence-based specialist breast care nurse model in a Belgian breast cancer clinic: Impact on patient's satisfaction, a prospective study

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Background: To prospectively evaluate patient's satisfaction with primary operable breast cancer (POBC) prior to and following a stepwise implementation of an evidence-based SBN-model in a Belgian breast cancer clinic treating about 400 new patients with operable breast cancer (POBC) a year.

Methods. Patient's satisfaction was measured using a (validated) questionnaire (measuring 20 items) developed by the Belgian Dutch Clinical Pathway Network (BDCPN). Three groups of 60 consecutive POBC patients filled in the questionnaire: a first group prior to implementation, a second group after introducing a clinical path (from 1/1/2003 onwards) with scheduled consultations with a breast cancer specialist in the post-operative and follow-up phases of treatment, a third group after introducing a breast cancer nurse (from 1/2005 onwards) following patients systematically only postoperatively in the same setting and a fourth group having (from 1/2006) additional consultations of the breast nurse in the diagnostic and preoperative phase

Results. Introducing of a clinical pathway significantly improved patients satisfaction (group 1 versus group 2) regarding uniformity of information given on the disease and treatment ($p < 0.05$), reduced the waiting times during the stay in the hospital ($p < 0.01$), and beneficially influenced the information given upon discharge from hospital ($p < 0.01$). The amount of dissatisfaction higher then 10% among patients was reduced from 11/20 to 9/20 of the questioned items. Further introduction of the breast nurse in respectively the postoperative phase (group 3) en pre- and postoperative phase (group 4) further optimized the way patients appreciated the information given to them about the disease, investigations and treatment ($p < 0.05$), the appreciation of the kindness of the treating personnel ($p < 0.05$). The level of dissatisfaction was further reduced having only 7/20 items in group 3 and only 1/20 items in group 4 ($p < 0.05$ versus group 1, 2 and 3) scoring higher then 10%.

Conclusion. Patient's satisfaction gradually improved following introduction of evidence based clinical pathway and breast cancer nurse model in our breast clinic. Particularly the role of breast nurse seems to be of major importance to guide patients through the pre- and postoperative phase of their treatment

8016 ORAL

A nurse led out-patient oral chemotherapy service for the delivery of capecitabine tp patients with colorectal cancer in North East Scotland: an audit of the first 3 years

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Background: A nurse led out-patient chemotherapy service for capecitabine monotherapy for adjuvant or palliative treatment for colorectal cancer (CRC) was started by the Anchor Unit, Aberdeen, in September 2003. The Unit serves a large geopgraphical area of North East Scotland including the remote Orkney & Shetland Islands. The aim was to improve the service for patients, particularly those living in remote areas and to reduce pressure on the hospital service, and intravenous chemotherapy service in particular.

Materials and Methods: An audit of the prospective database from September 2003 to November 2006. Data used included: patients diagnosis; performance status (PS); concurrent conditions; previous