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QUALITY OF LIFE IN PATIENTS TREATED FOR CANCER IN CHILDHOOD

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Ninety-five children (35 girls, 60 boys) treated from 1971-86 for brain tumors (BT) - 25, solid tumors (ST) - 11, lymphomas (Ly) - 34, nephroblastoma (N) - 9 and leukemias (L) - 17 have been endocrinologically, psychologically evaluated and interviewed by an oncologist about their schooling, social life, employment, marital life, hobbies and religious activity. At the time of evaluation (1986-93) they were 12-33 years old. Seven pts with low IQ (5 with BT, 1 Ly and 1 L) were not able to complete 8-yr compulsory schooling, whereas 7/25 with BT and 12/20 with ST attended secondary school or university; 23 pts (10 married) are parents, 9 have 2 and 14 one child; 4 pts help their parents as farmers, 6 are unemployed, and 45 work in their profession after completed schooling. The majority have sports and music as their hobbies. We can conclude that these pts are basically well adjusted to normal life, although due to their treatment and follow up they were often left on their own to cope with circumstances.

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A SURVEY OF HOSPICE STAFF SMOKING BEHAVIOUR AND THEIR OPINIONS ON SMOKING AT WORK

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In response to an increased awareness of the dangers of smoking, both active and passive, there has been a growing interest in the introduction of smoking policies at work. With this in mind the Marie Curie Cancer Care has encouraged the introduction of smoking policies in all its Centres with the aim of creating healthier work conditions. The involvement of staff in the creation of the policy is believed to facilitate its introduction.

As a preliminary to the development of their policy the 199 members of staff in one Marie Curie Centre, a 38 bed hospice unit, were surveyed. Results show that 36% of staff smoked, more than a third of them wished to give up. They agreed overall that smoking should be restricted, particularly where food was served and that separate areas be provided for smoking.

The survey was valuable as an introduction for the smoking policy, encouraged staff involvement and supplied useful information for future comparisons.

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DEVELOPING CANCER EDUCATION AND PREVENTION PROGRAMMES: A NATIONAL INITIATIVE

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This paper describes the key issues in developing cancer education and prevention programmes in health promotion. Research shows that prevention messages related to cancer are hardly known and much work remains in order to raise public awareness, promote lifestyle risk assessment, management and change. It has been shown too, through pilot studies on cancer education, that many professionals have negative attitudes to cancer and poor knowledge of cancer epidemiology, aetiology and prevention. There is a clear need for identifying the role professional health care personnel should have in promoting cancer education and prevention. The experience of a comprehensive strategy for cancer education and prevention will be described, based on the development within the UK and international perspectives.

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COPING WITH CANCER STRESSORS: A SALUTOGENIC APPROACH

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The point of departure is the distinction between a pathogenic and a salutogenic orientation. Salutogenesis differs in at least five fundamental ways:

- It makes no distinction between prevention, therapy and rehabilitation. At any point in the natural history of the disease, the question asked is: What explains movement toward health?
- It encompasses the health of the whole person, and not only specific derangements of regulatory functions.
- It makes no principled distinction between psychosocial and physical or microbiological stressors or coping resources, seeing the mind-body of the organism as one system.
- Stressors of whatever kind are not seen as inevitably pathogenic; they may even be salutogenic, depending on the extent of successful coping with the challenge.
- It directs the researcher to go beyond a statistically significant support of a hypothesis and to probe the deviant case: the successful copers despite high risk factor status.

Salutogenic research, in sum, focuses on coping. It has led, first, to the development of the concept of "generalized resistance resources" and, second, to the construct of a Sense of Coherence (SOC). The SOC is a generalized orientation to the world which sees stimuli as more or less comprehensible, manageable and meaningful.

A series of studies in a variety of countries are reviewed which bear upon the hypothesis that the stronger the SOC, the more adequately will cancer patients be able to cope with the stressors of a major chronic disease. Finally, the role of nursing care in strengthening or weakening the patient's SOC is briefly considered.

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NURSES' KNOWLEDGE AND COMPLIANCE WITH SAFE HANDLING OF ANTINEOPLASTIC DRUGS

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As more information becomes available, the safe handling of cytotoxic drugs has become a concern of health care providers. To establish nurses' knowledge and compliance with safe handling of antineoplastic drugs a survey was done. The population consisted of all nurses who handle cytotoxic drugs in 10 hospitals (N = 1373). A total of 824 (60%) nurses responded. Of the respondents 41% handled cytotoxic drugs on a daily basis and 27% on a weekly basis. During administration 92% wore gloves, 22% wore a gown, 18% used a surgical mask and 2% wore goggles. When handling excreta, 66% wore gloves and 16% wore a gown. Eighty percent of the nurses were aware that excreta of patients treated with antineoplastic agents may contain a high concentration of these drugs. Only 39% were aware that latex gloves are less permeable than polyvinyl chloride gloves. These results could be explained by: 1. the fact that the hospital's guidelines were not up quite to date, 2. there may be nurses who still do not believe there is a potential for hazard, may be unaware of the research findings, think protective measures are too time-consuming and feel that these interfere with the relationship with the patients. Lack of knowledge about the ways in which one might become contaminated could be explained by the fact that during their basic training little attention was given to this subject. This study suggests that 1. the hospitals' guidelines should be upgraded, 2. the introduction of new policies should be formally presented, and 3. nurses should be regularly tested for their knowledge.

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THE ANALYSIS OF CIGARETTE'S ADVERTISING (CA)

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The authors make an analysis of de CA that we watch on T.V. and see in magazines. The CA shows beautiful people smoking, sophistication, good moments, sports, etc. It correlates cigarette with health. We must know that cigarette induces several disorders, such as pulmonary emphysema, cardiovascular disease and of course neoplasia. Athletes don't smoke. Pure air does not contain cigarette's smoke. We conclude that we should fight against tabagism not only telling to our patients to stop smoking, but using advertising that shows healthy people far away from cigarette.