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TALKING ABOUT CANCER

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BACUP is a charity which provides a national cancer information service throughout Great Britain, by telephone and letter. The service is staffed by specialist oncology nurses. Cancer patients, their families and friends comprise 70% of service users. The remaining 30% are health professionals, students and the general public

In this paper we aim to show how such a service can facilitate more open communication about cancer. The latest of our range of more than forty publications "Talking About Cancer" covers three main areas where cancer patients may experience communication difficulties - hospital, home and at work.

Our 1992 pilot survey into user satisfaction shows that the majority of users felt more emotionally supported, informed and in control following contact with our service. Talking about cancer can aid the process of rehabilitation which begins with a diagnosis of cancer.

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STAGES IN EARLY COPING WITH CANCER

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The purpose of the study was to describe in detail the different stages of coping and adjustment through which a cancer patient passes in the first phase of being exposed to the diagnosis and treatments of cancer. The rationale was that this period may be very difficult for the patient and is possibly crucial for later adjustment. Twenty-five head and neck cancer patients of both genders and in different disease stages were interviewed individually twice: once immediately after getting the diagnosis and again at the end of treatments, and were administered questionnaires of adjustment (revised PAIS by Derogatis), emotional state and coping styles. The patients reported about different emotional stages of shock, despair, withdrawal, fatigue and efforts at adjustment. The results showed that patients with more effective coping styles were better adjusted at the end of treatments. The conclusions are that it is recommended to provide the patients in the first phase focused help in order to improve adjustment in later stages.

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A STUDY OF REHABILITATION IN A SPECIALIST ONCOLOGY CENTRE

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The aim of this study was to explore the concept of rehabilitation in a specialist oncology centre. Data was collected by participant observation of activity in the centre and semi-structured interviews with 15 members of the multidisciplinary rehabilitation team and 20 patients in the rehabilitation ward. The grounded theory approach was taken to data collection and analysis.
On admission, the patients view of rehabilitation was short term, structured and directed to the sucessful treatment of their most pressing problems, they saw themselves as passive. On discharge they had developed a longer term outlook, were planning for the future and appreciated their active role and independence. Staff saw their role as one of facilitation and their aim to optimise the patients abilities within the limits imposed by cancer. Observations illustrate the process of change in patients attitudes and abilities are achieved through therapy, psychological support and social interaction. The data supports a theory of facilitatie self rehabilitation which adds quality to live.

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WEEKENDCOURSES FOR COUPLES; BREASTCANCERTREATED WOMEN AND THEIR MEN

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The courses was adressed to couples where the woman had been treated for breastcancer and was arranged in two steps with one year in between. Minimum one year after cancerdiagnos before enter the course.

The first part was arranged as residential weekendcourses in two different parts of Sweden. The two courses were equal and four couples attend each of them.
Program for the first part was:
1. Education, phsiological and psychological.
2. Grouptalks, couples to couples and seperate gendergroups.

The second part of the course took place one year later. All couples from both courses were invited.
This time they wrer divided into special workgroups away from their own partner and made the cooking. Most of the time in tris second part gave the participants opportunities to discuss in gendergroups.

Experiences from these courses were that men got opportunities to talk to men in the same situation. They have never done that before. They found the contact in their own marriage havr deepend and they took care of the time and each other more carefully, for example they went away for long holidays.

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QUALITY OF LIFE AND PSYCHOSOCIAL REHABILITATION IN PATIENTS WHO RECEIVE BONE MARROW TRANSPLANTATION.

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The purpose of this study is to measure quality of life (QOL) and assess rehabilitation needs in a group of Norwegian cancer patients who receive allogeneic or autologous bone marrow transplantation (BMT). Measures will be performed before, during and after the BMT procedure. The rehabilitation period is defined as 12 months post-BMT. The QOL reported will be compared to QOL in two comparison groups:

A: a group of cancer patients matched on age, sex and marital status who receive conventional therapy.
B: a historic sample from the general population

The main objective of the study is to develop a valid screening instrument in order to identify patients who are likely to need psychosocial support in relation to the BMT procedure. Therapy in the form of a standardized intervention program will be offered to these patients.

QOL will be measured by the EORTC QLQ-C30 which is a 30-item cancer specific quality of life core questionnaire. It encompasses 5 functioning scales, 3 symptom scales, 6 single item symptom measures and a global QOL scale. An additional module to this questionnaire is specifically designed to assess common problems in BMT-patients. In order to assess rehabilitation needs, CARES, Cancer Rehabilitation Evaluation System will be used. The short version of CARES containing 59 items, gives patients the opportunity to state whether or not they would like help with any of the problems. Domains covered are: physical, psychosocial, medical interaction, marital and sexual. Symptoms of anxiety and depression are found to be prevalent among cancer patients, and the Hospital Anxiety and Depression Scale (HAD) will be used to measure this. HAD consists of 14 items, 7 regarding depression, 7 regarding anxiety. Somatic symptoms are excluded, and sum scores of the subscales may identify patients as probable cases of affective disorder.

All instruments are based on selfreport. A structured interview will be performed, and treatment sideeffects and physical symptoms will be registered by nurses and doctors.

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Changing nursing attitudes and approaches towards caring for the patient with cancer.

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Currently working as an Oncology nurse on a busy Haematology/Medical ward at a large general hospital, I intend with the aid of cartoon slides, to make a presentation highlighting the detrimental effects negative attitudes from nurses will have on their patients ability to cope with a diagnosis of cancer and its subsequent treatment.

In the form of a nursing guidelines poster, I have tried to offer some support to general nurses in particular, who with no Oncology experience, often find themselves as sole facilitator of a cancer patients care.

In addition, it is intended that by drawing on my own previous experience as a cancer patient 7 years ago and more recently as an Oncology nurse, the presentation will offer the audience some help in dealing with their own attitudes and approaches towards caring for the patient with cancer.