1502

A PREPARATION AND REHABILITATION PROGRAM (P.R.P.) FOR PATIENTS UNDERGOING BONE MARROW TRANSPLANTATION (B.M.T.): DEVELOPMENT OF AN INTERVENTION MODULE.

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Physical and psychosocial problems associated with B.M.T. are numerous. Adjustment disorders during and after treatment need special interventions. Therefore, a preparation and rehabilitation program (P.R.P.) was developped by a multidisciplinary team (nurse, psychologist, psychiatrist, physical and occupational therapists). P.R.P. includes two phases : sessions devoted to preparation to treatment, and to support during hospitalization (phase I), and sessions devoted to post-discharge rehabilitation (phase II).This P.R.P. program was evaluated for its feasibility on a small sample of patients (N = 18). The assessment performed (semi-directive interviews, Hospital Anxiety and Depression Scale) showed that P.R.P. contributes to the support of patients before and just after B.M.T. However, more active rehabilitation interventions have to be proposed to prepare return to home and to previous socio-professional functioning. In this phase II, specific interventions shoud be more comprehensively organized for socio-familial rehabilitation during the first six months after B.M.T. and for socio-professional rehabilitation during the following six months period. The revised program including information, education, functional therapy and psychotherapy is developped and assessed for its effectiveness.

1503

PALLIATIVE CARE : A RIGHT FOR EVERYONE

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In spite of the fact that death is still a relatively taboo subject in Western Europe, the concept of Palliative Care is making headway amongst the general public and health care professionals. Over the last 25 years, Palliative Care has clearly proven itself. The time has now come for Palliative Care to be considered not only a right for all terminally ill patients but a duty for all those involved in health care. In order to successfully carry out this task, however, health care professionals need special medical and psychological training and appropriate institutional support. Palliative Care requires that certain changes in attitude be accepted by all the various actors in the health care field and not only by those who find themselves at the patient's bedside.

1504

COLLABORATION BETWEEN HOSPICE IN-PATIENT AND HOSPICE HOME-CARE PROGRAMS

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A Hospice Home-Care Program for 20-25 patients was intitiated by the Israel Cancer Association in 1989. At the time, there already existed an in-patient hospice in the Tel Aviv area. Since 1983 sponsored jointly by the Ministry of Health, The General Sick Fund and the ICA.

Admission criteria to the home care program vary slightly from those used in the in-patient unit. The patient and family are more involved in the self-care yet may not be aware of the diagnosis or immediate prognosis: the major requirement is that there must be a primary caregiver present at home all the time.

197 patients have been treated from May 1990 to February 1993 with 15% treated in both programs, alternately. 75% were treated exclusively by the home care team and died at home and 10% were admitted to the in-patient hospice during the last 48 hours of their lives.

The nursing staff giving 24 hours a day coverage, are very experienced, work in both settings. The disagreements which arose at first between the 2 settings have been resolved by a dynamic process of intensive communication and staff meetings. The community multidisciplinary teams alway participate in the first visit to the patients' home. They share the workload with the hospcie home-care team, thus expanding their knowledge in symptom control and gaining more skills.

We are aware that gradually more people wish to spend their last days at home. We are also aware that being a primary caregiver at home, of a far advanced cancer patient is a very demanding commitment. This commitment can be made more readily when the admission of the patient into the hospice is an available option.

1505

EVALUATION OF SLEEP DISORDERS FOR PATIENTS IN PALLIATIVE AND PAIN UNIT.

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Sleeping disorders are frequently seen in patients with chronic pain. Moreover sleep disturbance is the most significant component of pain-syndrome and frequently is a sign of its severity. In the advanced stage of malignant illness several factors interfere with sleeping/waking regulation and these are attributable to: 1) progress of the illness. 2) Psychological disturbance. 3) Multiple pharmacological treatments. 4) Social problems. 5) Therapeutic programme. In our routine work in Pain Unit we recognized the need for continuous monitoring of sleep disorders for polysintomatic and terminal patients. The present work reports the results of monitoring 32 in-patients in the period February/July 92 by reference to the night nurse diary together with patients' comments on their own sleep satisfaction. Preliminary evaluation suggest a high percentage of good restoring sleep, even though frequently interrupted. This can be attribute to: a) optimal environment (single rooms, parents allowed to stay in the same room). b) Choice of treament time so as to avoid night treatment were possible.

1506

THE DIFFICULTIES FACING THE FAMILY CAREGIVERS OF TERMINALLY ILL PATIENTS AT HOME.

- M. Zer, Kupat Holim, Petah Tikvah Div., Israel

18 caregivers were observed and openly interviewed by a qualitative research method, in their own gomes while caring for a terminally ill cancer relative.

The three groups of findings were: 1)the deliberations and considerations before and during the fullfilment of the caregiving role. 2)The reasons, explanations and feelings regarding the continuation or ending of home-care and 3)The difficulties faced.

The findings to be presented will deal with emotional distress, physical and economic difficulties, absence of social and/or professional support.

This research implications have provided both clinical and educational guidance to home care nurses.

1507

FACILITIES FOR ACTIVITIES OF DAILY LIVING FOR PATIENTS WITH A SHORT LIFE EXPECTANCY.

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Nurses attach much value to independancy of patients with a short life expectancy. The use of facilities for activities of daily living (ADL) may increase the functional capacity of patients with advanced disease. The necessary procedure is complex and time-consuming.

At the University Hospital of Utrecht a project was set up to provide ADL facilities for cancer patients. The objective was to increase the awareness of the nursing team and to reduce the application time to less than 7 days. The basis of this project was a close collaboration between nurse, doctor and occupational therapist. All were present during a weekly multidisciplinary meeting. The nursing team was instructed about the possibilities of occupational therapy. This increased the awareness of the nurses of the need for ADL facilities. A checklist has been developed. The application procedure was made as brief and efficient as possible.

The results of this program have indicated the importance of the contribution of nurses concerning patients with problems regarding ADL. A multidisciplinary approach is essential.