1508

ALTERNATIVE TREATMENT INITIATED BY PARENTS FOR CHILDREN WITH CANCER:

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The study consists of findings from questionnaire and interviews of 57 parents of children with cancer (24 were parents of children who had died).
36% of the parents with children undergoing treatment, and 63% of parents of the children that died, reported having used various forms of alternative treatment. The most common methods used were herbs-and mineral-diets, religious varieties, homeopathic medicine and healing.
The parents had little faith in alt. treat, but find themselves under considerable pressure from friends etc. They also have a need to do something themselves. They always continue with hospital treatment, alt. meth. are therefore supplementary.
Health personell must meet the needs for information in this field in order to keep an open dialog with the parents in times of crisis.

1509

THE FIRST TWO YEARS OF PALLIATIVE HOME CARE PROGRAMME - JERUSALEM.

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A joint project of the General Sich Fund and the Israel Cancer Association, in Oncology Home Care.
Since November 1991, 83 patients have been or are being cared for in this program which is available to all patients. The nursing and medical care in the home 24 hours a day is at no cost to the patient. This program's goal is to reduce hospitalisations, by doing so, conserving economical resources. Referrals are received from all sources, for those patients:

1. Suffering from side effects of curative or palliatieve adjuvant care, so far 15 patients were/are cared for.
2. 29 terminally ill, who want to die at home.
3. 25 terminally ill patients, who want to stay home with support until ready for an alternative solution.
4. 25 suffering from an acute illness indirectly connected bo cancer - usually complications of the adjuvant treatment.

According to the level of dependency, the patient is cared for by one of the two programs available and may move from one to other accordingly. The staff is continually on call and make regular mandatory house calls. The objectives are to from solid relationships between staff and patient and family, developing trust and establishing communications lines. The staff is familiar with the patient and family needs preventing unnecessary hospitalisations, giving the family/patient control over their situation, hereby, improving coping strategies. Interventions include symptom control and emotional supportive palliative care, abdominal aspirations, infusions, dressings, E.C.G., injections, physical and occupational therapy, social workers and other specialist consultants are available.
The results in percentages : 52% deaths. Of the 52% - 58% in hospitals, of the 52% - 42% at home.
The average number of days in Hospitals Home Care Program 59.9 days. A noticeable enhancement of the community nurses knowledge was noticed, especially the improvement of communication skills.

1510

HOME CARE TECHNOLOGY FOR PATIENTS WITH CANCER OR INFECTIOUS DISEASE

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Home care technology is still not common practice for patients in The Netherlands. A project is ongoing in Utrecht since January 1992 with the aim to investigate the possibility of early discharge, to improve quality of life and to reduce costs. To reach these goals, different hospital technics have been introduced in the home care situation such as: a central venous and intrathecal catheter, i.v. administration of blood products and antibiotics, anti viral agents and pain medication administered with a portable pump device. Nurses are playing an important role in clinical, transitional and home care. The project nurses are responsible for support to nurses in the hospital and for the continuity of patient care during transition of the patient from the hospital to the home care setting. They also support district nurses in handling the technics involved. The project-nurses have the following tasks: training the use of those technics, consultation in case of problems, research and innovation of home care technology. The following questions will be answered by the project:
Is early discharge of patients with medical technology a possible option? Is transitional health care improving quality of life of patients with cancer or infectious diseases and what is the cost-effectiveness? What are the consequences of transitional health care for the physician, the pharmacist, district nurses, other professional health care workers and the relatives of the patients. Results based on data from the first group of patients will be presented. First results show that the technics are effective and safe in hospital as well as at home.

1511

PALLIATIVE CARE THROUGH EDUCATION

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To improve patient facilities on their own is not enough. We need to educate those who deliver care as well. The above institution has developed an eighteen day Palliative Care Course run three times a year for qualified nurses. Students are recruited from a wide range of backgrounds ranging from care of the elderly wards, general medical and surgical wards, the community and nursing homes to oncology and HIV units. Core themes include developing communication skills, gaining greater self-awareness, spirituality, multi-culturalism, sexuality and the multi-disciplinary approach. It is an introductory course and does not prepare nurses for a specialist role. Rather it will assist in preparing nurses to address the needs and problems of patients with advanced disease within their own area of practice and thus become a resource and role model for colleagues.

1512

PALLIATIVE SURGERY, A CONCERN FOR NURSES

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The use of palliative surgery has increased in the last few years. On the surgical department of our hospital, increasing number of patients are undergoing this type of surgery. This rapidly growing treatment option, which can include extensive surgical procedures has confronted nurses and the nursing department with many complex organizational and ethical issues in the care of these patients.

This presentation will focus on how extensive and complex the care can be before and after palliative surgery. Nursing implications are: Ethical issues in decision-making before surgery, dilemmas in rehabilitation and nursing care after surgery, and personal feelings when dealing with these patients. The last years have been a period of growth for our department. They have given us expertise and helped us to recognise our limitations. We will share our experiences, highlight the problems we encountered and the solutions we have found including regular multidisciplinary medical and psychosocial meetings and intervision for the staff. Hopefully this will give support to fellow colleagues caring for this patient population and further help in the development of this speciality.

1513

FEELINGS, A VALUED NURSING TOOL ?

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The oncology nurse administers nursing care to the oncology patient and delivers this care in highly complex situations that develop within this specialty. To fill this role as nurses, several tools are needed such as knowledge, expertise, and feeling for the practice. Especially the feeling part of our profession is under, valued as an instrument. If we do not take this feeling serious ourselves then how do we expect that others will take us seriously?

We are convinced that nurses should use their feelings to be able to provide complete nursing care. Not only when delivering direct nursing care but also in indirect nursing care situations such as patient advocacy in multidisciplinary meetings. There they must be able to convert their subjective feelings into objective arguments. No matter how professional we work, feelings is one of the basic components of our profession.

In this presentation we will focus on the definition of feelings, their origin, their relationship to the nursing profession and finally a few guidelines how you can convert them into hard facts. Here our feeling gets the recognition it deserves.