international and professional guidelines have been developed which describe the procedures for ensuring the patients right to an Informed Consent.

Since the introduction of Good Clinical Practice, the conduct of clinical research has changed drastically in Europe and is now under regulatory control. An Informed Consent means that the subject of an experiment is competent, has given his consent freely, is fully informed and has understood the information. Although the conditions are clear, there is much discussion about the Informed Consent concept and procedure. The following questions need to be addressed:

— Do all patients want to be informed and is Informed Consent harmful to some patients?

— How freely is consent given when the choice is between therapy or no therapy especially in the case of terminal disease?

— Who and how many people should inform the patient? and

— Is there a "best way" of informing the patient?

Remarkably, very little attention has been paid to the potential contribution of nurses to the Informed Consent process. There remain many questions with not so many answers. In the round table session we will address and discuss these issues because the Informed Consent procedure requires a continuous critical contemplation.

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## ETHICAL DILEMMAS IN THE PROVISION OF EXPERIMENTAL TREATMENT: PATIENTS, DOCTORS AND NURSES

*N. Tabak*

*Tel Aviv University, Nursing Division, Faculty of Medicine Ramat Aviv, Israel*

The difficulties involved in obtaining Informed Consent raise a conflict between the Ethical requirements and the professional ones. Doctors and nurses tendency to provide information, consult the patients and involve them in the decision making process is often met with the inability of the patients to accept and process such information due to anxiety and feelings of psychological stress or coercion.

The main conclusions of a recent research conducted among 66 patients, 23 of them suffering from cancer were that (1) in spite of the patients will to be autonomic and free there are medical constraints (2) the information they had received was relatively scarce and (3) most of the patients did not remember having signed the form.

Nurses are confused about the process of achieving the Informed Consent. Cooperation between nurses and doctors can be achieved on the basis of a common philosophy which determines a policy of providing information by the doctor, clarification by the nurse, who will get the feedback from the patient, and then obtaining the signature. The "Informed Consent" then will be a decision making tool and not only a protective defensive tool for the doctor.

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## ETHICAL ISSUE: PATIENT CHOICE

*Agnès Delogne*

*Institut Jean-Godinot, Reims, France*

To make a choice you need, at least, two possibilities, but it can be much more. To make a choice you need information and time to make up your mind.

— Choice: is it a right of the patient? Who is informing, and what has the patient to be told? Is there any written information? What did the patient understand?.

— As nurses do we have a role to play in this choice, and if so what can we do? What kind of information do nurses receive?

. . . it can be also as patient to come . . .

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## ETHICAL DILEMMAS IN CANCER CARE PATIENT CHOICE

*V. Speechley*

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In the past decade or so patients have asserted their right to be involved in decision-making concerning their treatment and care. This has presented challenges to health care professionals, requiring attitude changes and acceptance of the responsibility to inform and involve patients so that they can make a real choice.

This presentation will consider some of the issues generated by patients' choices, including the genuineness of a choice, refusal of treatment and patients who do not wish to be involved in decision-making. Participants will be encouraged to discuss dilemmas related to their own practice.