Proffered papers

1415 ORAL

ALTERNATIVE TREATMENT INITIATED BY PARENTS, FOR CHILDREN WITH CANCER

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The study consists of data from questionnaire and interview of 57 parents of children with cancer (24 were parents of children who died) 36% of 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, minerals, religious varieties, homeopathic medicine and healing.

The parents had little faith in alt. treatment but found themselves under considerable pressure from friends, colleagues etc. They express a need to do something themselves. The treatment was always given as a supplement to hospital treatment.

Health personnel must meet the needs for information in this field, and present it early, in order to keep an open dialogue with the parents in times of crisis.

1416 ORAL

ADOLESCENTS WITH CANCER: THEIR PERCEPTIONS OF THEIR HEALTH CARE NEEDS

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Cancer in adolescence is generally considered to be a chronic illness carrying the threat of long term psychological and physical morbidity for the individual and psychological and social morbidity for their entire family.

The researcher describes the results of an exploratory research project which used a Q sort technique and a semi-structured interview to identify the health care needs of the adolescent with cancer. The results showed that social and psychological concerns are a low priority to the adolescent cancer patient.

Physical concerns such as pain, painful needles and sickness, along with the desire for more control, are far more important to this group.

The results of this exploratory study carry an important message to all health care professionals looking after the adolescent cancer patient.

1417 ORAL

HEREDITARY BREAST CANCER

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In the western world breast cancer is the most common malignancy affecting women. In the United Kingdom one in twelve women will develop the disease (Hodgson & Maher. A practical guide to human cancer genetics 1993; 1st ed., pp 58). A woman whose mother or sister had bilateral disease has a lifetime risk of 25%, whereas if her mother or sister had unilateral disease, her risk is about 15% compared to the general population risk of 7%. Hereditary breast cancer occurs when a woman has two or more first degree relatives (mothers, sisters or daughters) with the disease and it is inherited in a manner consistent with Mendelian transmission of autosomal dominant inheritance. Two breast cancer genes have recently been isolated. Women with a family history of breast cancer will be screened in the future to see if they are carrying a defective gene. If this is the case they have an 85–90% chance of developing the cancer. Hereditary breast cancer accounts for approximately 5% to 10% of all breast malignancies (Claus *et al. American Journal of Human Genetics* 1991; **48**, 232–242). In the Department of Medical Oncology in St. James's Hospital 253 premenopausal women have been entered into a study and 35 (13%) of these have a strong family history of breast cancer and may therefore have an hereditary predisposition to the disease. This paper will give an overview of the genetics of hereditary breast cancer and will explore the implication of this disease for cancer nursing practice.

1418 ORAL

LARYNGECTOMY—PSYCHOSOCIAL PROBLEM

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Laryngectomy has a profound impact on the patient's life quality. He must cope with his serious illness, his new physical appearance and of course with the reactions of his social environment to his disabilities. The aim of the study was to evaluate the psychosocial status of laryngectomees. 51 patients were randomly taken into study. They were of different ages and from various parts of Slovenia. The laryngectomees were treated at our department during the period from 1991 to 1993.

Basic methods used were: casual-experimental (analysis of data from the register of illness), interview with the patients and their spouses at their homes.

The analysis of all data showed that in most patients their social situation changed after the operation. The attitude of their families didn't change much, on the other hand they felt socially isolated in their environment.

1419 ORAL

TEACHING AND SUPPORTING CANCER PATIENTS AND THEIR RELATIVES TO COPE. A PROGRAMME CALLED: "TO LIVE WITH CANCER"

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Our programme is structured in evening courses. Each course takes place one evening per week between 7–9 pm and lasts for 8 weeks. We will run 3–4 courses per year. Each course is offered to 10 patients and 10 of their nearest relations. Every evening will be conducted by at least two multidisciplinary professionals.

The first course will begin March 1995.

The programme has been planned and is conducted by a group of nurses (8) and the psychologist from our department. We have been inspired to carry it out by a project dealing with quality assurance and development, by our former experiences with patient education and by the programme evented by Gertrud Grahn, Lund, Sweden.

I will focus on the process of planning the programme and describe the subjects of the sessions and how they are dealt with.

1420 POSTER

A PEDIATRIC EXPERIENCE

M. Hirtz

I propose to present a video realized in the pediatric oncology unit in Geneva (by a team of the regional television). Sylvain's daily life at the hospital is presented. He is a nine and a half year old boy with the medical diagnosis of leukemia. In this video one can see aspects of Sylvain and his family life, often in the context of the hospital, when they live the very long experience imposed by the illness of Sylvain and its treatment. Since the announcement of the diagnosis to the very long weeks of hospitalization, his family (parents, grandparents) are very close to Sylvain even if the geographical constraints are important. The place where the family lives is located far away from the hospital (about 150 kilometers, two hours by train). Through the presentation of this film (in which I am one of the nurses who takes care of Sylvain) and the paper I wrote in the context of my post-graduate training in oncology I intend to show the importance of the family and the link with the outside world for a child when he is hospitalized and the nursing interventions to support them.