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POSTER

### Does the choice of anti-emetic alter the chemotherapy naive patient's psychological and physical well-being?

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**Purpose:** Some patients receiving i.v. Metoclopramide 30 mg. with their first ever chemotherapy reported feelings of restlessness/anxiety/agitation almost immediately but disappeared within 6 hours. These feelings did not recur if the anti-emetic was changed. Was the causative factor the drug or their own anxieties before their first treatment?

**Method:** A questionnaire was developed to identify patients' own perceptions of anxiety/restlessness/agitation pre-treatment and at 2 hours post-treatment. A semi-structured interview schedule was followed 24 hours after treatment by telephone. Only adult chemo-naïve patients receiving moderately emetogenic agents were invited to enter. A convenience sample of 32 patients entered who received either Metoclopramide 30 mg. (n = 10) or Ondansetron 8 mg. (n = 22) i.v. prior to their i.v. chemotherapy.

**Results:** Two patients receiving Metoclopramide felt substantially worse after treatment. Only one patient receiving Ondansetron felt mildly worse after treatment – none felt substantially worse, most felt much better. Statistic tests failed to show any significant difference between the pre- and post-treatment scores from the questionnaire.

**Conclusion:** The small sample number probably accounts for the lack of statistical significance but does highlight a clinical problem. Appropriate questioning of Metoclopramide recipients may reduce unnecessary and unpleasant feelings for a small number of patients.

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POSTER

### Gel formula dressing in the care of acute skin damage by radiation in head and neck cancer patients

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**Purpose:** To evaluate the efficacy of gel formula dressing in the wound care of acute skin damage by radiation in Head and Neck cancer patients.

**Material and Methods:** From February 1995 to September 1996, 90 head and neck cancer patients received radiotherapy with RTOG score 3 acute skin reaction at middle neck region were enrolled into the study and divided into three groups. The first group was applied by DuoDERM (Bristol-Meyers) – a gel formula dressing to the skin wound, the second group by 0.5% soluble hydrocortisone with neomycin ointment and the third group by 0.9% normal saline as control. The DuoDERM group was close dressing and the last two groups were kept wound opened. The end points set for evaluation of skin healing process were a). healing time, b). bacterial growth, and c). pain relief.

**Results:** No local infection were recognized in these patients. The healing time were 30–35 days in normal saline group, 21–28 days in steroid ointment group and 7–14 days in wet dressing group. Ninety-five percentage of patients in gel formula dressing group satisfied with the pain relief, in contrast to only 15% in normal saline and hydrocortisone ointment groups.

**Conclusion:** Gel formula dressing did relieve the discomfort sensation and shorten the healing time of wet desquamation causing by local irradiation in Head and Neck cancer patients.

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PUBLICATION

### Out experience in planning and training of professional staff for health care

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**Introduction:** The organization of nursing service at the Institute of Oncology and Radiology is based on professional and scientific standards that must satisfy all requirements and be followed and respected by all workers that take part in the working process as a whole.

Concerning that education programs in our middle and high schools for nurses does not involve subjects specific for care and education in oncology, we realise need to plan and train nurses for health care in oncology.

**Methods:** Plan for employment of nurses-beginners according to realised need.

Standard procedures at employment of nurses.

Education according to the Program for nurses in oncology – basic course in duration of six months.

**Analysis of Results:** During 1996 the Institute employed 30 new nurses. Education according to the Program for nurses in oncology was planned for 30 beginners. Four nurses have not finished the course because of certain, justified reasons. After the Program of six months, 21 nurses passed the tests, 14 with good, 7 with outstanding and 5 with unsatisfactory success.

**Conclusion:** After the completed education Program, nurses gained necessary knowledge for work in services of oncology health care. One year of our experience justified this way of planning and training the staff as completely adequate.

## Palliative care I

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ORAL

### 'To stay what is fleeting and to enlighten what is incomprehensible': Palliative care patients' perceptions of different approaches to making art

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**Purpose:** In palliative day care the use of diversional art techniques and art therapy is recognised. At the same time fine art is an historic human language. A two year study was undertaken to evaluate the responses of two groups of patients, when invited to participate in making sculpture with a professional artist.

**Method:** The two groups of patients (consisting of a maximum of 10 people at any time) were initially invited to participate in making robust and readily recognisable sculpture. Then progressively more temporary, abstract and refined sculpture was made. Patients' responses were collected using semi-structured informal interviews.

**Results:** From the qualitative data generated it was apparent that the initial artworks were valued for reasons including the permanence of the sculpture and a sense of achievement. When the sculpture became more abstract the patients still expressed enjoyment. Their reasons included a sense of achievement, the processes used, growing understanding and a sense of challenge.

**Conclusions:** Palliative care patients valued the experience of making both recognisable and more refined, abstract art. Therefore the question can be asked, did the perceived value of the activity for the patients lie in the making of pseudo reality in a durable material such as stone or clay; or was it in the capacity for art to transcend reality?

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ORAL

### Toward a theory of loss in women with breast cancer

M. Barton Burke. *College of Nursing, University of Rhode Island, Kingston, RI, USA*

Loss and grief are concepts that health care professionals deal with regularly. To date explication of the concept of loss in the literature has not been seen due to the continual linkage with the parallel concept of grief. Current understanding of loss is tied to grief. People diagnosed with cancer experience loss, losses, or the threat of loss as a result of diagnosis, treatment, or impending death. Breast cancer is one cancer in which loss can be observed both implicitly and explicitly. Since breast cancer affects females of all adult age groups and its incidence is on the rise, an understanding of the feelings and responses of these women is preliminary to compassionate caregiving by the professional.

Four women with breast cancer were intensely interviewed over a four month period of time to uncover their perceptions of loss. The hybrid model of concept development was utilized as the method for merging theoretical findings with empirical evidence. As with most preliminary work, findings centered around the process of discovery and were qualitative in nature. A definition of loss was developed; additional findings from this study include characteristics of loss, common themes related to loss, and a trajectory of loss which offers an alternative to current thinking about loss and the connection to grief. There appears to be an enduring quality to loss which can be described years after the loss event. This presentation highlights preliminary findings which suggest a theory of loss for women with breast cancer.