

1361

ORAL

The suffering experiences of cancer patients with incurable illness

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Purpose: To find out what kind of suffering experiences patients with incurable cancer have during the time of their illness.

Methods: Theme-interviews with 32 patients, 13 relatives, 13 doctors and 13 nurses. From patients the data was collected also by the questionnaire.

Results: Physical, psychical and social dimensions were identified in cancer patient's suffering experience. The physical factors were caused by the illness or by the care. The psychical factors were caused by the physical changes in the body or by the threat of the death. The social factors were caused by the physical changes in the body or by the fear of the infections.

Conclusion: The suffering experience of the cancer patient is comprehensive in nature. It is also very individual and dynamic experience.

1362

ORAL

Telephone triage with a questionnaire, used by the department of palliative care unit (PCU) on-call out of hours

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Purpose: Continuity of care for palliative care patients at home who are dependent on technology for symptom management.

Methods: A manual developed for this purpose in 1996, is used by the nursing staff of the PCU to analyse and structure calls for help from patients who are dependent on technology at home. Besides the manual a daily-updated patient information sheet is used. With this specially developed set an inventory is taken of the problem and split up into three main areas, namely, medical, technical and logistic. With the aid of decision trees the problem is quickly analysed and structured. The decision trees lead the nursing staff to the exact intervention to be taken. The questionnaire used for this study contained two components namely, satisfaction of the nursing staff of the PCU and the feeling of safety of the patient and family.

Result: The phone manual proved, after a year, in which the three main groups were optimised, to suffice. Besides this, the group technical problems, proved to be difficult to capture in a decision tree.

Conclusion: The nursing staff can quickly and in a structured way take stock of the problem. The effective patient-directed approach gives the patient and the family feeling of safety in acute situations.

1363

ORAL

Pseudo opioid resistant cancer pain due to inadequate self- and family care

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Purpose: The purpose of this paper is to describe and analyse factors that result in pseudo opioid resistant pain. This is defined as a persistent pain experience communicated by the patient or family after prescription and initiation of opioid therapy based on empirically validated criteria. Pseudo opioid resistant pain can be caused by inadequate self- or family care in relation to opioid therapy. Problems can arise in relation to pain experience communication, treatment choice acceptance and correct opioid administration. These problems may result from misconceptions or knowledge deficit, lack of motivation and lack of performance capabilities.

Method: The paper systematically analyses the three categories of etiological factors. Included in the paper is a case report.

Results: The paper results in a comprehensive explanatory model. This can be used for research purposes as well as for problem detection in clinical practice.

1364

ORAL

Withholding or withdrawing (artificial) nutrition and/or hydration from patients terminally ill with malignancy: Under what circumstances (if any) is it morally justified?

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Purpose: This paper argues the moral responsibility of providing health care that the health care profession owes the patient, when withholding or withdrawing artificial nutrition and/or hydration from an adult patient

terminally ill with malignancy, and the dilemmas that confront the health care professionals in the face of such decisions.

Brief Description: In recent years there has been much diverse and useful discussion (although inconclusive) on withholding and withdrawing nutrition and hydration in the terminally ill patient. This has resulted in differing professional opinions that have raised the question, "Under what circumstances, if any, is it morally justified?"

I confront the moral justification of withholding and withdrawing nutrition and/or hydration from the terminally ill patient as, for the sake of the patient, the family and/or carers. The importance and impact resource allocation have on decision making and in the case of incompetent patient, their past autonomous wishes (where known).

Conclusion: The question facing health care professionals is no longer "How can we sustain life?" but "Should we sustain life?" The treatment may be futile with no patient benefit, or the burden of the treatment may be disproportionate to the benefit.

1365

POSTER

Nursing dialogues: Pancreas cancer, gemcitabine and clinical benefit response

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Advances have been made in the diagnosis and treatment of many cancers however, no such advances have been realized with pancreatic cancer. Additionally the diagnosis of pancreatic cancer brings with it a dismal disease course with poor clinical and psychosocial outcomes. This presentation will highlight a "train-the-trainer" model for educating nurses about pancreatic cancer treatment with a new anti-cancer agent, gemcitabine (Gemzar[®]), and a new method of measuring effectiveness, Clinical Benefit Response (CBR). CBR is a composite assessment of functional impairment, pain and weight gain. Gemcitabine was chosen for the model as it has been shown to improve symptom relief, as defined by CBR, in up to 27% of patients. This result was gained from 2 separate studies involving 189 patients with pancreas cancer. The educational model focuses on: symptom management – particularly nutritional needs, pain management and psychosocial sequelae, the low toxicity profile of gemcitabine and an innovative quality of life measurement.

1366

POSTER

The participation of relatives in the cancer patients care

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Purpose: The purpose of this study is to describe the experience of patient's with cancer and their relatives regarding the relatives participation in the patient's care in order to develop the collaboration between relatives and health care professionals.

Methods: The study was carried out as a qualitative and descriptive study with a hermeneutical approach. The theoretical frame is theory of suffering, caritative care and natural care from a caring science perspective. In the empirical study five patients and five relatives were interviewed. The views of patients and relatives were compared. The hermeneutical interpretation was used to analyze the interviews.

Results: Both patients and relatives felt that it was important for the patient to have a relative participating in the care. They both felt more at ease, more secure and more safe if the relative could participate. They all agreed on that it was important to receive medical and nursing information from the health care professionals but they were receiving only little, especially medical information. According to both patients and relatives nurses gave them the emotional support they needed but the doctors did not.

Conclusion: The most central task of relatives in the care of patients, according to both patients and relatives, is supporting patients' emotionally. Performing concrete care activities for the patient and participating in decision making is less important. Information, support, guidance and encouragement from health care professionals is a prerequisite for the relatives participation in the care. Most important is the patients agreement and the relatives desire to participate.