strated to affect the autonomy of the practitioner and restrict freedom to take responsibility. Political influence over healthcare provision and policy emanates from the medical, not nursing, profession. Failures of 'Interprofessional Communication' stem from differences in training and education. Elitism and dominance of doctors who are frequently from a higher social class is implicated.

While gender perceptions and management and power imbalances continue to adversely influence nursing, and doctors and nurses continue to communicate at different levels then nursing research, innovations and specialist knowledge will remain unrecognised.

1467 ORAL

### A collaboration between hospital treatment and community health care systems for cancer patients

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**Purpose:** The paper represents a contribution to ensure that the different levels of the public health care system act coordinated, as a continuous value chain based on the patients needs.

**Methods:** During 1994 all cancer patients in two mid Norway communities, that had been in contact with the selected departments at The Regional Hospital in Trondheim, were involved in the project. A communication form was designed, naming both the primary nurse/doctor at the hospital and the general practitioner/homecare nurse in the community. At the day of departure from the hospital this form was telefaxed to the doctors office in the community. Within a week the homecare nurse would telephone the patient, offering a home visit. The homecare nurses had interviews with 19 patients in total. Focus groups were used as evaluation method.

**Results:** It has been confirmed that both patients and professionals experienced the health care system to be poorly coordinated. Without exception, the communication form and the homecare nurse service were regarded as a positive experience by all participants.

**Conclusion:** This experience emphasized that the cooperation has to be at a personal level and controlled by the patient. Today, much care and rehabilitation work is based upon individual agreements.

1468 ORAL

### Consent to medical treatment. What are the implications for nurses?

J. Owen. *YCRC Department of Clinical Oncology, Weston Park Hospital, Whitham Road, Sheffield, S10 2SJ, UK*

The common law has long recognised the principle that every person has a right to have his bodily integrity protected against invasion by others [1].

A patient's consent to medical treatment presents both an ethical and legal dilemma. How far can we take the doctrine of implied consent? What constitutes informed consent in law? How aware are we of the ethical issues surrounding informed consent?

Should we always obtain a patients consent to treatment, and how far can we respect the patients right to refuse treatment, especially if that treatment is potentially life saving?

Nursing staff are now becoming pivotal to the consent process, especially in the clinical research environment, and as nursing staff take on more specialised tasks previously undertaken by the doctor, how should we ensure that our patients are fully aware of the implications of consent? What exactly is the nurses role in clinical research and consent, and how protected are we as health care professionals?

Consent issues are bound up in ethics, moral rights and law. The rights of the patient are integral to our care, do we abuse and ignore those rights in our need to be seen to be doing what is best for them (as we see it)?

[1] Mason, J.K. & McCall Smith, R A. (1994) *Law and Medical Ethics*. Butterworths, London.

1469 ORAL

### Lung cancer needs assessment

Meiner Krishnasamy. *Cancer Research, CCPCS, MPDU, England*

Despite advances in lung cancer biology and in survival statistics for other types of cancer, mortality rates for patients with lung malignancies remain high, with a five year survival rate of less than 10% for males and females at all ages (OPCS 1989). Given the limitations of current therapeutic options the necessity for skilled symptom control and psychosocial care is great. Need has traditionally been defined by health economists and public health physicians as "an ability to benefit" from a given health care intervention. The responsibility for defining "benefit" however has remained within the domain of health care professionals. Little is known of patients' and families' perceptions of their need in relation to a diagnosis of lung cancer. Similarly, the views of professionals working outside lung cancer clinical trial studies, have remained largely unarticulated.

The mail questionnaire survey, accessing the views of patients, relatives and professionals from 36 randomly selected hospitals throughout the UK, aims to provide information to better enable health care purchasers and providers to contract for and demand, services responsive to the needs of patients with lung cancer and their families. Findings drawn from patient and nurse questionnaires will be presented and implications for the development of future services and new nursing roles will be discussed.

1470 ORAL

### Accessing cancer care: The co-ordinating role and workload of cancer support nurses

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Cancer resources in North Lancashire and South Lakeland include chemotherapy units in Lancaster and Kendal, a psychosocial support organisation -Cancer Care, and a palliative care unit for a population of 250,000. Patients access these resources through cancer support nurses (CSNs) appointed in the ratio of 1: 50,000. The service role and working practices of the 3 CSNs in North Lancashire will be presented.

The cumulative case load at September 1996 was 604 of which 253 were patients with breast cancer. The number of new patients referred (397), the number treated with chemotherapy (98), and the number who died (267) were recorded over a 12 month period as an indication of work load.

The two most demanding issues were psychological morbidity and social isolation and the prevalence of each is given by the numbers referred to CancerCare (95) and Day Care (61) respectively. Comprehensive cancer care involves a range of services and CSNs with a co-ordination function ensure the best use of resources.

1471 POSTER

### The application of ethical principles to the implementation of nursing research findings

S.E. Browne. *Y.C.R.C. Dept. of Clinical Oncology, Weston Park Hospital, Whitham Road, Sheffield, S10 2SJ, UK*

Morality and ethics lie at the heart of nursing. Every nursing action involves consideration of ethical principles. The implementation of nursing research findings requires application of the four accepted tenets of ethics: autonomy; justice; beneficence and non-maleficence; veracity.

Implementation of nursing innovation will affect patients, relatives and staff of many disciplines, therefore impinging on the 'autonomy' of many. Whilst maintaining their own rights innovators must also fulfill a duty to others. During the process of innovation conflict will arise and must be resolved for successful innovation. Mediation requires the application of the principle of 'justice and fairness'.

Consideration of the tenet of 'beneficence and non-maleficence' is complex. A change intended to result in benefit may cause harm to the working environment, staff morale and to patient care during the process of innovation. 'Veracity', an area well addressed in oncology patient care, underpins all other ethical principles. Staff of all disciplines have the right to truthfulness regarding the implications of an innovation for themselves, colleagues and patients. The implementation of nursing research findings creates ethical dilemmas which require the application of the four tenets of medical ethics to maintain patient care, good staff relationships and everyday moral standards.

1472 POSTER

### Breast cancer: The nurse's role in genetic counselling

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Genetic counselling is the process by which patients or relatives at risk of a disorder that may be hereditary, are advised of consequences of the disorder, the probability of developing and transmitting it and the ways in which this may be prevented or ameliorated. (P.S. Harper, "Practical Genetic Counselling"). At least three major aspects are essential in genetic counselling: 1. the diagnostic aspect; 2. the actual estimation of the risk; 3. the supportive role of the nurse, in order to ensure that patients and their relatives will actually benefit from advice and preventive measures available. The Istituto Nazionale Tumori of Milan promoted a survey to evaluate the chances of developing an hereditary cancer. The survey began on 13.11.95 and ended on 30.1.96 for a total of 130 working days. 486 questionnaire were handed to women admitted for breast cancer. 456 (93.8%) were considered valid. No tumor or benign tumors were found in 80 patients. Of the remaining 376 cases of malignant epithelial tumors 18.3% had a familial risk. When a family with an hereditary predisposition to breast cancer is identified, it is important to draw an accurate pedegree and inform women of the risks and of the available choices. As people differ considerably in the amount of information they need, some cope with the illness by seeking information, others prefer to avoid it. It is suggested that when specialized nurses are involved in the collection of family history, women appear to be more at ease and less defensive. The role of specialized nurses includes facilitating women to make informed decision regarding treatments and helping them to cope with the uncertainty of the situation.

1473 POSTER

### Alternative medicine: The viewpoint of cancer patients and their nurses

L. Salmenperä, T. Suominen. *Department of Nursing, University of Turku, Finland*

Alternative medicine is a highly complex and culturally sensitive issue on which there has been only little research. The same applies to research concerned with the use of alternative medicine among cancer patients. We also lack information on ethical decision-making by nurses working in cancer units.

The purpose of this project is to study the meanings attached by nurses and patients to the use of alternative medication.

In the component concerned with nurses, the purpose is to describe what the nurses know about and what they think about alternative medicine. Furthermore, the purpose is to find out how nurses working in cancer units ethically and professionally encounter patients using alternative medication and therapies. The nurses' ($n = 92$) attitudes are studied using a self-developed questionnaire. Ethical conflict situations and the impact of attitudes on choices made are analysed on the basis of an interview material ($n = 40$).

As for the patients, the focal concern will be with the question of why patients use alternative therapies and what kind of effects they feel these therapies have had. The patient data on the use of alternative medication and on patient attitudes are collected using a questionnaire ($n = 500$) and in interviews ($n = 40$).

The information obtained from this project will provide a useful basis for improving the skills and abilities of nurses on oncology wards especially in ethical decision-making and thus for developing the quality of care of cancer patients.

1474 POSTER

### Actions to improve the quality of data and data-handling in cancer clinical trials (CCT)

Poul Knoblauch, Annie Rasmussen. *Clinical Research Unit (CRU), Finsencenter, University Hospital of Copenhagen, Denmark*

Dept. of Oncology at Finsencenter performs fase I, II and III trials according to 35 protocols. The Research nurses (RN's) are involved in most of these. The RN's are responsible for implementation and completion of the investigations according to GCP. To improve the quality of the data CRU has, during the last 2 years, performed a multidiciplinary improvement programme.

The result of this programme was implementation of 4 new activities. 1) Educational programmes for nurses and physicians. 2) RN's function as clinical advisers in the wards and as supervisors of approx. 100 colleagues. 3) Implementation of computerized projects for datahandling and documentation. 4) Nursing protocol committees as a standard procedure before activating a new protocol. The main purposes are to improve the professional standard of clinical research, to ensure that the multidiciplinary staff has the "tools" to perform CCT of a high quality according to GCP, and to ensure that the staff is capable to manage the assignments of the CCT.

The evaluation is primarily based on the criterias, standards and indicators which were made for the project. The method used was questionnaries, mainly about CCT. The same questionnaries were used twice, before introducing the new activities and approximately 1 1/2; years later. At the same time evaluation of the data quality was performed.

1475 POSTER

### Blood and bone marrow transplantation in the ambulatory setting

H. Porter. *Clinical Nurse Specialist High Dose Chemotherapy, Patient Services, The Royal Marsden NHS Trust, Downs Road, SUTTON, Surrey, England*

Blood and marrow transplantation is a rapidly advancing speciality. This treatment modality is usually associated with a lengthy hospital admission including a period of neutropenia and thrombocytopenia. The increase in patient numbers puts pressure on resources and this is accompanied by advances in supportive care such as antibiotic therapy and growth factors. These two issues have led to the development of High Dose Chemotherapy and transplantation being offered either partly or wholly in the ambulatory setting. This paper will discuss a process approach to developing an ambulatory service for this patient population and will present the experience of ten patients receiving part of their transplant with the ambulatory setting within our institution.

1476 POSTER

### Trans-national collaboration – Cancer care and the voluntary sector

Gill Oliver. *Clatterbridge Centre for Oncology, Bebington, Wirral, Merseyside, UK*

A national volunteering scheme, of which the German Red Cross is one of the principal agents, has been established for over 30 years in Germany. Funding to run a pilot scheme with the United Kingdom has been agreed.

The scheme enables pre-university students embarking on a medical career to give service, usually in a social setting for one year. There is a reciprocal arrangement for UK students. Clatterbridge Centre for Oncology has provided placements for two German Students out of the 18 UK participants in the pilot scheme. The majority of students come from the new German states.

The presentation will review the organisation and planning required to establish this project. It will document some of the difficulties experienced and will describe the benefits to the students and to the host cancer centre, its patients and staff. Outcome evaluation will demonstrate the flexibility of the scheme and its transferability to other countries

The financial implications will be considered and the opportunities to use this pilot as the basis for future exchanges, collaboration and shared working.

1477 POSTER

### Development of a solid foundation on which to build the future of cancer care on a remote Scottish island with limited resources, both financial and human

Grace Bleakley, M. Gentleman, C. Weir, C. MacNee, F. Kerr, L. Long, C. Jenks. *War Memorial Hospital, Lamlash, Isle of Arran, Scotland*

**Purpose:** On winning £5000 in a National Competition senior nurses on the Isle developed a project to increase knowledge and skills to enhance patient care. The island off the West of Scotland has a population of 4,500 served by a 22 bedded hospital and 3 GP practices. Community and hospital healthcare professionals work closely together, giving almost seamless continuity of care to cancer patients. Geography presents difficulties for staff wishing to keep their skills and expertise up to date.

**Methods:** Innovative strategies were employed in facilitating staff on Arran to enhance their clinical skills and knowledge base in cancer care. Whilst a nursing-led initiative, the team engaged support of their colleagues and involved island based support groups. Given the limited resources, cascade learning was employed. This involved a number of approaches to learning, including: allowing staff off the island to visit centres of excellence in cancer care, following which they reported back to colleagues, ensuring the dissemination of knowledge to all health care professionals. Experts were invited to the island and took part in a lecture programme, the contents being determined by educational needs assessment of staff on the island. Ensuring ongoing educational development, a library has been set up including a computer-linked information system.