

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 di 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 pedigree 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

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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 Knoblach, 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 multidisciplinary 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 multidisciplinary 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 questionnaires,

mainly about CCT. The same questionnaires 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

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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.

Outcome: The project has now established a network of contacts across Scotland providing an added resource for the island. The outcome of the project has been an increase in knowledge in cancer care for the community as a whole, and most importantly enhanced care for patients with cancer, and their families on Arran.

1478

POSTER

The Nursing Advisor's role at the Norwegian Cancer Society's patient support center, Trondheim, Norway

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The main goal for the Nursing Advisor employed by the Norwegian Cancer Society is to improve the quality of care and support to all cancer patients (both children and adults) and their families, wherever they may live in Norway.

One of the main strategies used by the Nursing advisor is teaching and advising other health professionals involved in the care of cancer patients and their families.

Another strategy is to provide direct patient care via group counselling or individual consultations – but consistent with the general philosophy of the nursing advisor.

This is done to serve as a role model for other health professionals who can then counsel independently.

Our poster presentation will describe the main function of the nursing advisor which is to connect institutional and primary health services – using the methods described above.

We will also have an informative brochure explaining the nursing advisor's role.

1479

POSTER

The Clinical Research Unit – A nurse-led unit for cancer patients receiving chemotherapy in phase I clinical trials

C. Cameron. *Beatson Oncology Centre, Glasgow, Scotland*

In a busy oncology ward it is difficult to closely monitor phase I patients and to give them the amount and quality of care and support that they need. The Clinical Research Unit is a new unit which was established to centralize nursing and medical care of patients participating in phase I clinical trials with the aim of improving patient care and data collection. The general structure and functioning of the unit, organisational aspects, statistics, responsibilities of nurses and the benefits and potential disadvantages of the unit will be discussed. Nurses in the unit are involved in a variety of studies including new approaches such as intratumour virus injection in patients with head and neck cancers and also nursing research projects such as a study investigating patients recall and understanding of information given to them prior to consenting to a phase I trial. These will be described. It can be concluded to date that the CRU is an efficient and supportive environment to treat phase I patients, although further evaluation of the unit is necessary.

1480

POSTER

Changing working practices from full time to job share an overview of two oncology Research Nurses's experience

J. Woodhull, K. Mitchell, I. Goodman. *Imperial Cancer Research Fund, Medical Oncology Unit, Churchill Hospital, Oxford, England*

Currently in the U.K. the number of qualified nurses leaving the profession is increasing whilst recruitment is on the decline. Job sharing is considered to be a valuable method of preventing the loss of highly skilled professional nurses, enabling them to continue their career whilst undertaking further education or having a family. It also promotes the National Health Service and individual units as being flexible and forward thinking.

The aim was to ensure the job share was a success whilst maintaining continuity of care for patients, individuality for both job share partners and stability for the team. This poster will describe the experience of two Research Nurses setting up a job share in an oncology research unit highlighting the factors which were involved in the development and evaluation processes. Key factors include an analysis of each partners strengths, weaknesses, opportunities and threats (SWOT), compatibility of personalities, mutual trust, effective communication, philosophy of patient care and flexibility.

1481

POSTER

Bridging the gap, integrating theory and practice for nurses new to oncology

P. Collins. *Support/Training Nurse, Christie Hospital NHS Trust, Manchester, UK*

Purpose: The Calman Report (1995) recognises cancer care as a specialised field and recommends training for professionals involved in the care of cancer patients. This paper evaluates the effectiveness of a clinical education programme for nurses new to this specialty at the Christie Hospital.

Brief Description: Nurses participating in this programme had no oncological qualifications and limited or no previous oncological nursing experience. The Programme required participants to:

- attend a series of seminars with the objective of developing a theoretical knowledge base in oncological nursing.

- work alongside myself (Support/Training Nurse) in their own clinical environment for support, guidance and on-site practical input.

After six months all participants were asked to complete a questionnaire to assess the effectiveness of the theoretical and clinical content.

Conclusion: As a result of the nature and treatments involved in this specialty, many nurses experienced difficulties, but felt without this structured programme they would otherwise have learned through trial and error with limited support.

1482

POSTER

A Radiation-technologist as quality control officer: An evolution in quality?

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Department of Radiotherapy, University Hospital of Gent, Belgium

Introduction: The challenge for a radiation technologist becoming a quality control (QC) officer is to ensure continuing improvement and introduce a cultural change. This paper presents the improvements we made after 2 years of quality assurance (QA).

Procedures: At the start in 1995, an inventory was made of the existing situation and a QA programme was set up for process control and cultural changes. Data of transfer errors stored in an Exell 5.0 database, during 1995 and 1996, were compared and analysed.

Results: Those data will be shown and discussed. Throughout this data, also the cultural changes will be discussed.

Conclusion: The setting up of a QA system in our department is far from completed. It is extremely important that all members of the department become aware of this process and are stimulated to participate. It's our hope that QC evaluates from a strictly control function, to a management tool.

1483

PUBLICATION

Euthanasia extension of life vs quality of life

Hedva Elhanani. *Hematology Day Care, Hadassah Hospital, Ein Kerem Jerusalem, Israel*

Purpose: Medical and technological advances today, allow for the extension of human life. In many cases, however, this technology cannot improve the quality of one's life and suffers considerably both physically and emotionally. Which is the correct choice? Extension of life Vs Quality of life. This is one of the questions contemplated in this work.

Methods: Who has the authority to decide if one's life should be extended or ended, the patient? the doctor? The patient's family? This dilemma is also addressed in this paper. Is man allowed to shorten another's life? Many philosophical problems arise with regard to this question. Also, where lies the line between mercy and murder.

Results: This work discusses various court cases that demonstrate the attitude of the Israeli public to this subject, and the Euthanasia policies of Israeli hospitals and hospices. This work also considers the religious halachic approach to the issue of holiness of life Vs the prevention of unnecessary suffering.

Conclusions: One must use extreme caution when regarding the issue of Euthanasia and must ask questions that cannot easily be answered. One is obligated, however, to raise these questions in order to improve the awareness and quality of life in the future.