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Debate

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This house believes that extending the role of the cancer nurse enhances patient care

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This house believes that extending the role of the cancer nurse towards a clinical nurse specialist function enhances patient care. The purpose of the clinical specialist role is to improve the quality of nursing care provided to patients. The increasing complexity of patient care requires more sophisticated nursing roles and functions which clinical nurse specialists are able to perform due to their advanced knowledge and skills. Clinical nurse specialists are educated to perform the following subroles to be:

- An expert practitioner and role model in direct patient care;
- A consultant for both patients and staff;
- An educator addressing staff development, continuing education, education of students and patient education;
- Involved in research ranging from the actual conduct of research to its application in the clinical setting;
- An innovative leader/manager involved in quality assurance activities: to set objectives, organize, motivate and communicate these objectives, measure performance and develop the potential of nurses.

Clinical nurse specialists add a dimension of nursing care that would otherwise not be available to patients and their families. Furthermore, they are valuable resources to the rest of the staff who enrich nursing practice and improve patient care.

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This house believes that extending the role of the cancer nurse compromises patient care: This author supports this argument

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The essence of cancer nursing is the ability to add life to years for individuals with cancer as opposed to adding years to life. This does not translate into an undermining of the importance of survival nor does it detract from the impact nurses can and do have on treatment outcomes. Yet given the technicalisation of cancer nursing in the recent past cancer nurses must question their motives for extending their role. Are nurses, in their bid to extend their upward mobility becoming doctor-like in their approach to patients, thereby providing a fragmented physical orientation to their care? Specialisation within cancer nursing is inevitable given the complexity of the specialty and in many ways brings benefits for patients. However the manner in which role development has occurred has led to an emphasis on scientific and technical development. Science deals with the impersonal and studies the individual with objective detachment (Lanara 1996). Conversely science also confers knowledge which is vital to the development of nursing. The problem is however that in striving for recognition, the utilisation of science in cancer nursing has led to the dehumanising of care delivery in what is a technically oriented society. As a consequence the very ideals of enhanced patient care are lost in a bureaucratic, cost driven healthcare system and nurses are doing little to redress the balance. In accepting this status there is no doubt that care to patients will be compromised and nursing itself is in danger of becoming extinct.