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What are the indicators of quality cancer care?J.M. Luthert. *Kingston & Richmond Multifund,*

There are a minimum of two perspectives to acknowledge and assess in the delivery of cancer care. There is that of the health care professional providing care and treatment; and that of the patient and their carer(s) who are the recipients. These groups are, of course, highly likely to share similar views of what the indicators of 'quality' cancer care are: but the views may diverge as other, often external influences, become significant. Where there is this divergence, taking the time to identify and then review these indicators becomes critical.

Both the health care professional and the patient want to relieve symptoms of either treatment or progressive disease – this must be a shared indicator of quality care; relieving pain, relieving debilitating nausea and vomiting; relieving depression and anxiety. The patient and their carers place the relationships they have with health care professionals high on their list of indicators of quality care – they need to trust, they need to see familiar faces. They also value information and education – they need to know – and the quality of that information giving is crucial.

Place these very basic indicators of quality cancer care against increasingly financially driven health care systems and at best the issues are the same, but the motives may be different; or at worst they will begin to diverge.

Assessing the quality of cancer care cannot be seen as a luxury. It must be seen as an integral part of everyday clinical practice. Both perspectives need to be addressed. The professional perspective is best addressed by 'mapping out' pathways of cancer care – delineating professional practice, and recording and reviewing variances. This process must involve all of the health care professionals providing care to the cancer patient. The patient/carer perspective of cancer care must also be addressed, and this can be done simply, quickly and reliably through seeking and then analysing the patient's and carer's own views.

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New treatment modalities and their consequences for nursing staffW. Schanz. *Clinical Nurse Specialist, Med. Universitätsklinik, Freiburg, Germany*

In the last years, the input in diagnosis and therapy for human, ill with cancer, is more and more increased. Adequately various are the requirements to the

cancer patients and the nurses. To fulfil these requirements, it is necessary to take issue with cancer in following fields: prevention; diagnosis, therapy; and rehabilitation or progression.

Equally the nurses, this themes must have a effect in the discussion about the knowledge in nursing, psychosocial and medical aspects among the cancer patients themselves. From this complexity in the daily life of cancer patients, there will be three situations:

1. *Mukosisis for a long time*: Which possibilities exist for the patients to understand so much informations/instructions/orders about mukosisis-prevention and secondly to learn carrying through? (independently by solutions)

2. *Time in isolation*: Which copings help themselves in the increasing time in isolation? How can families and friends tolerate and accept the fatigue and changed outfit?

3. *Supportive therapy*: Have the patients a high degree in believing in the numerous infusions and medications, in the medical technique? How register the patients the daily results about the laboratory values and staging.

If the desire in a longer life so stronger than the anger to miss a form of therapy, although it isn't established, the patients need courage to tell about their illness, confidence in high explanation and appreciation, that dying is a time of living.

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Problems related to high-dose-chemotherapie for cancer patient nursingR. Nieth. *Department of Hematologie/Onkologie, Philipps-University of Marburg, Germany*

For various reasons high-dose-chemotherapy gains in importance in cancer care. Intensive chemotherapy improves prognosis of selected cancer patients. Besides "Peripheral Blood Stem Cell Transplantation" (PBSCT) is less cost intensive then bone marrow transplantation because an operating theatre and general anaesthetics are not necessary. Therefore many nurses have to confront themselves with rules and sideeffects of those therapeutic regimens. Mostly nurses educational programs do not meet those requirements of cancer care. Terms like "stem cell selection" and "purging" should be part of training courses

Only a few nursing schools offer special educational programs for cancer nursing. Interested nurses have to get further education of one's own accord. The knowledge of new strategies in cancer treatment improve the quality of cancer nursing care.