patients' perception of quality of care received in an oncology hospital. We developed a Comprehensive Assessment of Satisfaction with Care (CASC) adopting several initiatives for dealing with the social desirability bias commonly reported in that area: detailed aspects of care were considered and two types of rating scales were used. This questionnaire (61 items) evaluates hospital doctors and nurses competence, as well as aspects of the hospital organisation and structure. Consecutive cancer patients discharged from an oncology hospital were asked to complete the CASC at home and to send it back through a self-addressed envelope. Two-hundred and twenty patients were approached over a 9-month period. Only 12.3% of patients did not return the questionnaire. Internal consistency proved very good (Cronbach's alpha coefficient = 0.98). Convergent validity has been evaluated by examining the correlation between scales A and B ($r = 0.71$, $p$ value $< 0.0001$). Exploratory factor analysis was undertaken on 184 questionnaires. Results of present psychometric testing of the CASC forecast adequate properties. This should be confirmed by repeating these analyses on a larger sample size.

17 INVITED

### Culture and communication: Approach to patients in clinical research

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**Background and Objective:** to review the current practice of informed consent among physicians actively involved in clinical research for breast cancer and to explore possible influence of cultural setting and of physician's professional background upon the pattern of consent.

**Methods:** A questionnaire on the practice of informing patients and obtaining their consent for participation in a clinical trial was mailed to 218 physicians – members of the EORTC Breast Cancer Group.

**Results:** 117 physicians returned the questionnaire. The process of informing patients and obtaining consent is mostly within the guidelines of good clinical practice; still, the level is higher among physicians in Western Europe than among those from Southern and Central/Eastern Europe. Age, gender and training abroad do not influence physicians' attitude. When compared to others, physicians from Western Europe devote more time to inform a patient and obtain consent; nevertheless, patients' refusal to join a trial is more common in Western Europe (28.5%) than in other parts of the continent (19.2%).

**Conclusions:** Even among highly qualified clinical investigators, clear differences in approaching patients for participation in clinical trials are seen. Cultural background, recent history of human and patients' rights, and physicians' personal attitude may contribute to the prevailing pattern.

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**Wednesday, 30 September 1998 11:45-12:30**

PLENARY LECTURE

## How can women influence health policy

18 INVITED

### How can women affect health policy

Jenny Tonge. *Member of Parliament United Kingdom, House of Commons, London SW1 1AA, UK*

(a) Women's perception of breast cancer, images of course of disease, treatment and effect on lifestyle.
(b) Demands made on professionals by women.
(c) Influence of parliamentarians
(d) Influence of media
(e) Charities and self-help groups
(f) Government Action.