

Within the chemotherapy setting, the most common type of hypersensitivity reaction is the type 1 variety – which is caused by a rapidly developing interaction of an allergen with specific IgE antibodies, binding to Fc receptors for IgE on mast cells and basophils.

There is often a sensitisation period, referred to as a pre-anaphylaxis state. It is during this stage that the patient may report some of the more minor signs and symptoms connected with anaphylaxis. For example, if the drug is administered intravenously, the patient may demonstrate a flare reaction. This type of reaction usually remains localised to the vein without any systemic spread.

The recent introduction of certain cytotoxic drugs such as Docetaxel and Paclitaxel has caused a variation of true anaphylaxis which has been described as formulation-induced hypersensitivity. These hypersensitivity reactions can be reduced with the use of careful prophylactic desensitisation.

It is important that all nurses have access to regular updating and training in emergency procedures, to ensure that prompt and appropriate action is taken to prevent any further deterioration of the patient's condition, if we are to fulfil the duty of care we have to our patients.

EONS Award Lecture

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Every nurse a leader!

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As the recipient of an award for achievements in the past, presenting a paper at the 10th ECCO conference and on the verge of the new millennium a retrospective view on a number of developments in (oncology) nursing is appropriate besides a perspective on the future.

- great changes in the way nursing care is delivered (methodology)
- a dramatic change in the role/position of the nurse, especially in relation to the doctors.
- education and research as important contributors for evidence based nursing care.
- the fast development of oncology nursing as a specialty.
- the growing influence of nurses in all areas.

Not only nursing itself has changed but also the organizational structures. In the past year we have witnessed a major shift towards flexible organizational structures, devolution, decentralized decision making and structures with fewer levels of management/tiers of supervision.

This has a great impact on career pathways, opportunities and the need of a climate of learning and development.

Leadership skills have to be incorporated in nurse training from the beginning. These qualifications must be seen as a solid basis for management development. Management must be integral to the activities of all trained nurses.

Nurses have to review their beliefs and understandings of the nature of nursing leadership. They have to be aware of the range of rules and opportunities which are open to them on all levels where they can and must exert influence.

Every nurse has leadership potential and the opportunities where nurses can play a leadership role in health care are all around them.

Especially oncology-nursing, where teamwork with other professionals is common practice, offers many opportunities for nurses to develop their leadership potential.

As Florence Nightingale already showed the depth of her insight and knowledge on nursing leadership by stipulating that nurse leaders should be:

- educated leaders
- clear thinking and decisive
- collaborative and capable of managing complexity
- imaginative and have the ability to grasp technical details of a vast range of subjects
- capable of organizational design and governance
- capable of personnel management
- capable of financial management and patient classification.