

means of access to other health professionals. This effectively enhances the research ethos of an institution and individually, and collectively, gives patients confidence in their participation in this essential process.

Around 60% of patients with cancer will undergo radiotherapy treatment at some stage of their disease (Dow and Hilderley 1992). Therefore, it is essential that members of the multi-disciplinary team are educated and informed about radiotherapy treatments, studies being undertaken and the consequences for the patients. The research nurse is ideally placed to facilitate this.

Radiotherapy nursing has developed significantly in recent years, however there is still enormous scope for an increase in research, and awareness of the role of the nurse in radiotherapy.

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### Outpatient parenteral antibiotic therapy (OPAT) in patients with acute leukaemia (AL) and aggressive non-Hodgkin's lymphoma (NHL)

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**Background:** Most patients with AL and aggressive NHL are treated with intensive combination chemotherapy. The large majority of these patients develop neutropenic fever requiring parenteral antibiotic therapy. An alternative to in-hospital care during the last days of antibiotic treatment would for many patients be to administer the antibiotic infusions themselves in an outpatient setting.

The objectives of this pilot study were to estimate safety and complication rate during the OPAT period in patients with AL and aggressive NHL. In addition, patient acceptance and costs during OPAT were identified.

**Methods:** Patients were educated and trained to practice antibiotic self-administration via their central venous access. Elastomeric infusion pumps (Intermate 200<sup>®</sup> Baxter Medical AB), filled with solution were delivered by the hospital pharmacy. Study specific questionnaires were used to evaluate patient acceptance. Candidate patients, initially hospitalised during the infectious episode, were discharged for OPAT when afebrile. During 1998, 9 patients were asked to participate of whom 8 accepted. Six out of these 8 patients [AL (n = 3) and aggressive NHL (n = 3), median age 46 yrs, range: 30–66] participated in the education program and subsequent OPAT. Remaining 2 patients did not complete the educational part due to progressive disease (n = 1) and psychological reasons (n = 1).

**Results:** The median education time was 3.1 hours (range: 0.75–4.5). The patients could stay at home 3 days (median, range: 1–12) with ongoing antibiotic treatment instead of being hospitalised. No complications occurred during OPAT. All patients reported that OPAT was of great value and would favour OPAT again during subsequent infectious episodes. The home treatment for these patients was 40% cheaper compared with the calculated costs for traditional in-patient care.

**Conclusion:** The results from this pilot patient series suggest that OPAT is safe and cost effective. In addition, patients would favour OPAT again during subsequent infectious episodes.

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### Cancer diagnosis: The nurses role in breaking the bad news

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Drawing conclusion from a small study provided an interesting insight view in the nursing culture of those two different European countries under investigation.

A self-administered questionnaire functioned as a rapid and efficient method of gathering data. The questionnaire served to acquire information from nurses about the information giving process in cancer care. Demographic data of the subjects, that was included in the questionnaires was used as a supportive instrument to explain or interpret nurses' attitudes as well as possible.

This study revealed that nurses in UK and nurses in Austria have different opinions about the information giving process in cancer nursing. It becomes evident that cultural differences do exist to a large degree between those groups.

When comparisons were drawn between the opinions of UK nurses and nurses in Austria results indicated that UK nurses practice at an advanced level in oncology nursing. Nurses focus on patients' individual needs. Such a care provided is patient centred and holistic in its approach. Additionally UK

nurses seem to be privileged in taking on responsibility in communication and discussion of cancer, its treatment and future implications.

Whereas nurses in Austria involved in cancer nursing do not have the same responsibility that UK nurses expect. Nurses in Austria are portrayed into a traditional role of nursing. Communication of cancer diagnosis is defined as an exclusively doctor's task. Nurses from this country expressed the need of communication skills being aware of the importance of a holistic approach in oncology nursing. However results of demographic data indicated an absolute lack of post-registration continuing education of nurses in Austria.

The author therefore concludes in future recommendations based on the comparative study and focuses the following topics

- nurses' training in communication and counselling in order to patients' coping mechanism
- continuing education for all nurses
- Integration of Health Promotion/Health Education in the curriculum of basic nursing education as well as in continuing post-registration education
- Developing guidelines for "breaking bad news"
- Creating standards for cancer nursing practice throughout Europe

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### A specialist nurse service for patients with lung cancer: A review of the first year

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**Purpose:** To describe the specialist nursing service developed for patients with lung cancer including the range of patients and types of interventions given by the nurse.

**Background:** In 1998 a specialist nursing post was established at St George's Hospital, London, to help meet the needs of with lung cancer patients and their families. The area covered by the hospital is a mixed inner-city, multi-cultural setting with areas of high deprivation. St George's is a teaching hospital providing a comprehensive range of cancer treatments.

**Patients:** The service operates an open referral system. 164 referrals to the service have been made, mainly NSCLC. Patients are predominantly male, elderly and with a poor prognosis.

**Intervention:** Information provision on the illness and its treatment and emotional support are the main types of intervention. Symptom support (particularly breathlessness), simple financial advice and assistance with social needs are also addressed.

**Liaison:** The post was not established as part of the existing palliative care team, but close links have proven essential. The nurse facilitates referrals to other professionals such as community nurses and social services.

**Education:** The nurse specialist has actively contributes to education programmes for nurses and other informal teaching.

**Development:** A patient-focused information book has been produced by the nurse for patients at St George's Hospital. A nurse-led clinic is being set up, primarily to address the needs of breathless patients. The possibilities of a patient/carer support group is being explored.

**Conclusion:** The role of the nurse specialist is important in meeting the needs of this group of patients who are frequently disadvantaged. The role also raises the profile of patients with lung cancer.

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### A study of contraceptive advice given to chemotherapy patients

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As a trained family planning nurse and research sister working with patients receiving chemotherapy, I was concerned to find out if such patients received adequate information about contraception. Such advice should be regarded as a necessity to both patients and their partners, because of the mutagenic and teratogenic effects of these agents and also because of the psychological trauma that can result from an unplanned pregnancy or termination.

A questionnaire was sent to 50 doctors and specialist nurses involved with patients receiving chemotherapy in their reproductive years. 70% of the questionnaires were returned. Less than 50% of the respondents felt that their patients were receiving adequate contraceptive advice prior to chemotherapy. Only 3% of the respondents had any family planning training. 40% of respondents were not routinely advising their patients to use any form of contraception. Thus, the onus is frequently on the patient