

known to be at high risk of developing cancer. Prevention and surveillance measures, although with their actual limitations, are indispensable in this specific population.

Information process between medical and nursing team and each member of those families generates numerous ethical and psychological questions. As a matter of fact, this information can be taken as a gain or a burden inside a family and several reactions can be observed, from denial to exaggerated demands for screening procedures, and will be illustrated by examples from our genetic counselling consultation.

Motivations and expectations towards genetic testing should be discussed with each individual and his or her choice has to be respected, although it could impede the identification of a cancer-predisposing gene inside a family, such as in the case of an affected member refusing gene testing.

Impact on the family system is probably connected with pre-existing ways of dealing with everyday's events. Identification of psychological patterns that modulate the ability of coping with the knowledge of an heritable risk within the family will help medical and nursing teams' provide an adequate support to all the family members presenting a familial cancer syndromes.

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### General dilemmas in risk assessment

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In the last decade enormous progress has been made in identifying families with possible hereditary cancer syndromes. Hereditary Breast/Ovarian Cancer and Hereditary Non Polyposis Colorectal Cancer are two of the family cancer syndromes most frequently seen today.

One can ask whether knowledge of this is always a positive development for the consultees and their family members. Questions come to mind such as: Can we offer them total prevention? What price do they have to pay? Is preventive surgery actually a good option? What are the personal and social effects? And last, but not least, how will society respond to these issues in the future. Will it still be possible to get a job, insurance or mortgage?

In this presentation the most prominent dilemmas will be discussed. I will also present the results of a so called "No Show Study" in The Netherlands Cancer Institute, a study of 48 women who declined genetic counseling. There is always the question: do people really want to know more about their increased cancer risk?

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### Opportunities and burdens for nurse-midwives working in primary health care: Empirical study of the role of the nurse-midwife in population-based cervical cancer screening in urban Sweden

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**Background:** In Swedish public health care, nurse-midwives have traditionally had a strong and autonomous role. They are main providers of both antenatal care and contraceptive counselling and, also take Pap smears in the population-based cervical cancer-screening program directed to all women aged 23-60. Screening may be a sensitive situation, involving both the risk of a potentially life-threatening sickness and an intimate physical examination that touches upon ideas and assumptions concerning the body, sexuality and norms and values about womanhood. Purpose: Within a larger project investigating cervical cancer screening from the perspective of different actors (lay and professional) various sub-studies have been conducted. The study presented here aimed to explore how nurse-midwives viewed issues such as benefits and risks with the screening, the reliability of the test itself, risk factors for cancer, sources of knowledge/information relevant for cancer screening as well as the manner in which the nurse-midwife described her role in the screening program. Methods: Qualitative semi-structured interviews were conducted with 21 nurse-midwives working with screening in demographically different areas in Greater Stockholm. Results: Results indicate discrepancies between ideals guiding the nurse-midwives and the practice of the screening program. Positive aspects relate to an ideology in which psychosocial care dominates, whereas perceived burdens include factors that prohibit the provision of good psychosocial care, such as lack of time, organisational features, and lack of familiarity with cancer and cancer prevention.

**Conclusion:** The latent potential of having nurse-midwives work with screening will be discussed, including implications for nursing care and nursing knowledge as means for improving the care provided in the screening program.

## Workshop: English

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### Novel therapies

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During the last 10 years, research and knowledge in the field of Pharmacology, Immunology and Genetics have contributed to the development of a number of novel approaches that have both cytotoxic or cytostatic working mechanisms. These approaches include (new) cytotoxic agents, signal transduction inhibitors, angiogenesis inhibitors, monoclonal antibody therapy, vaccine and gene therapy. The introduction of these new agents in the clinic have implications for nursing patients in the practice setting and at home.

During this interactive workshop examples of several types of therapy will be given. The agents will be classified according to origin. The principles of their working mechanism will be explained as well as their toxicity and expected results. The practical applications of these agents and specific nursing implications will be addressed. Nurses will be invited to share their experience.

As many of these agents are promising but still early in their development it is not only necessary to ensure the safe administration of these agents but also to be aware of the consequences of the different working mechanisms, unexpected side effects and the nursing care that will be needed to control these side effects. In addition, long term treatment will make it necessary to address issues of compliance, quality of life and coping mechanisms.