

and vomiting related to chemotherapy in chemotherapy-naïve breast cancer patients.

Methods: 71 subjects were randomised either to receive antiemetics plus PMRT (n=38) or serve as the control group (n=31) receiving only antiemetics. The intervention included the use of PMRT 1 hour before chemotherapy administration and daily thereafter for another 5 sessions. The PMRT was delivered by a trained nurse therapist. Data about the frequency, duration and intensity of nausea and vomiting was recorded daily (every evening) for 7 days using the Morrow Assessment of Nausea & Emesis scale.

Results: The use of PMRT considerably decreased the frequency and duration of both nausea and vomiting, but not the intensity. Most reduction was observed between days 1 to 4 post-chemotherapy. For example, the duration of nausea in the experimental group was 59.5 minutes the 1st day, 136.6 min the 2nd day and subsiding at day 7 (0.74 min), whereas in the control group it was 82.1 min the 1st day, 276.5 min the 2nd day, and subsiding at day 7 (2.3 min) ($P < 0.05$).

Conclusion: PMRT is a useful adjuvant therapy to antiemetics for chemotherapy-induced nausea and vomiting, and its use should be incorporated in the treatment plan of patients receiving chemotherapy.

Interactive Symposium

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Evaluation of complementary care in breast cancer- a scientific challenge

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In Sweden, with a population of about 8.8 million people and an incidence of about 5 700 women with breast cancer a year, complementary medicine is often desired by the patients but also rejected by traditional medicine because of lack of evidence. The first major study in Scandinavia on evaluating anthroposophic care in breast cancer has been going on in the County of Stockholm since 1995. The project group has been multidisciplinary with expertise from oncology, anthroposophic medicine, psychology and nursing. A matching procedure has been developed, where each breast cancer patient who has been admitted to the anthroposophic clinic has been matched with a "twin" with the same disease. The matching criteria have been based on stage of the disease, age, pre-admittance treatment and prognosis. 60 + 60 patients with a mean age of 49 years have been included in the study and followed for one year with a test-battery, where quality of life measurements have been central. Five-year follow-ups are ongoing. The results show that the survivors among the anthroposophic group, scoring lower quality of life from the beginning, are steadily improving their quality of life up to one year after admission to the study. This pattern is not being found in the matching group, where QoL is unchanged or deteriorating. Data are also available based on qualitative interviews.

The challenge of the study has been the matching part and the development and use of the different assessment instruments. Randomisation has not been possible because of the present health care system and that the fundings from the Swedish Cancer Society and other sources did not cover the stay of the patients in the anthroposophic clinic. In spite of our careful matching procedures, the women who had chosen complementary care, had a different professional profile where about 23% were in cultural professions. Also we cannot exclude their own motivation and expectations for this type of care as an important factor. In the future it would be of importance to find fundings which make it possible to use randomisation for a more strict comparison between different care procedures.

1460

Studies on breast cancer patients in complementary care

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In focusing on patient's own experiences of complementary care, the aim of this study was to find out what meaning breast cancer patients conferred to a stay in an anthroposophic clinic.

The data is part of a larger, matched multi-method study on the life situation among breast cancer patients from different care perspective in Sweden. From original 60 women with breast cancer in different stages, who had chosen complementary care in an anthroposophic clinic, 48 women participated in the follow up study. Two semi-structured interviews were performed with each woman at three and six months, starting from their stay at the anthroposophic clinic. Interviews were analysed using a qualitative content analysis. Preliminary findings shows that a majority of the patients (42 of 48) were satisfied and gave appreciating opinions of the

care at the follow-up. During the six months period, numbers of the women had experienced creative changes in their life's and perspectives on life. The experience of positive development did not decrease from three to six months rather it was slightly strengthened. Their creative and artistic interests were also increased and many women had made lasting changes in their diet by including more vegetables. A few women were ambivalent about the parts of the substance of the anthroposophic care. In conclusion most patients had experienced the complementary anthroposophic care as beneficial and inspiring for their own further development, even evaluated after three and six months.

1461

Complementary nursing in Germany with the emphasis on oncological patients - an investigation

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Germany, as other German speaking countries, has a tradition in complementary care. Complementary methods are part of every day life, and have a broad spectrum. A literature review pointed out, that many techniques, normal to German people and to German nurses do not show up in the English literature. Many of the techniques used are focussing on pain management, breathing, relaxation and wound care. There is a huge amount of courses offered, there are many projects with complementary nursing interventions in hospitals, community nursing and psychiatric care units, there are videotapes showing techniques and interviews with patients and there are many publications that describe experiences with complementary care interventions. Both nurses and patients describe positive effects on wellbeing and health, in connection to certain complementary techniques or programs.

In Germany there is hardly any research done in this field of nursing interventions. Therefore the "Institut fuer Pflegewissenschaft" (Institute of Science in Nursing) of the private University Witten/Herdecke has started a research program, focussing on complementary nursing interventions in Germany, in order to investigate the state of the art, the position complementary nursing interventions have in the field of nursing care, nursing decision making in complementary techniques or interventions, and the effects and effectiveness of some complementary interventions. In the paper the results of a literature review will be presented, with emphasis on what is known to complementary interventions in the care of oncological patients. Furthermore the results of a small study in decision making plus the first indications from a descriptive study on the position complementary interventions have in Germany.

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Complementary care in oncology nursing in Britain - What next?

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This paper reviews briefly the use of complementary therapies in the oncology setting through its introduction in the late 1970's and charting the progress in Britain to the present time. The present situation in the NHS is considered. Patients welcome the provision of complementary thera-

pies but the service is fragmented throughout the country despite being influenced and supported at the highest levels. Several recent influential reports all acknowledge and support to some extent, the use of complementary therapy in healthcare in general and in cancer care in particular. The present situation, in Britain, regarding the use of these therapies in oncology is explored and proposals offered as to how the future role of complementary therapies in oncology nursing might look. What we really

need is considerably increased liaison between nursing bodies, therapists, universities, designated cancer centres and the NHS to establish research into complementary therapies. This could provide a way of satisfying both proponents and critics of complementary therapies and allow them to be utilised more extensively. The paper explores ways in which this may be achieved.

Workshops

Workshop: English

1463

Care of the dying patient

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I would like to suggest that if we accept the title of this workshop "Care of the dying patient" without question, there is a risk of our attitude being negative. From my experience, when health care professionals refer to those with a life threatening illness as "the dying" this affects the quality of care. It limits our vision and does not stimulate the search for solutions to problems in day to day care. Our aim here is to try and understand the complexity of the problems facing a terminally ill patient and his family with the advantage of an interdisciplinary team, working together with the patient, to set realistic goals for

of their patients. Death results because of unsuccessful therapies of the ending of life. The professional answer to death consists in a number of necessities and different situations. For this reason, only the most adequate and responsible answers assure proper care for the patients and their families.

Background: The development of palliative care has brought a number of therapies suited for the needs of terminal patients. Nevertheless, the scope of therapies in the different sanitary areas is still not sufficient. Special personal, social and institutional efforts are necessary to assure quality care.

Aim and Method of Workshop: The workshop shall deal with three important basic situations, usually developed step by step. The methodology will consist in personal analysis and training in each area.

First area: The initiation of a palliative treatment is determined by the necessity to cope with strong physical and emotional symptoms that are of a multiple kind and due to many factors. Detection, valuation and evaluation by the nursing staff are needed at this moment to assure proper planning and initiation of therapeutic measures.

Second situation: Symptom control of the patients asks for a correct management of therapeutic measures as well as likely emotional reactions by the patients and their families members. Often, we have to face ethical dilemmas in this moment.

Third situation: The initiation of agony and closeness of death imposes a concentration on essentials. At the same time, many details have to be cared about following the objective of creating an atmosphere of confidence and serenity, most important in this moment. The purpose of this workshop is to help in developing practical skills for nurses for advanced and terminal situation.

Workshop: Spanish

1464

Care of the dying patient

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Introduction: Nursing professionals always had and have to face death