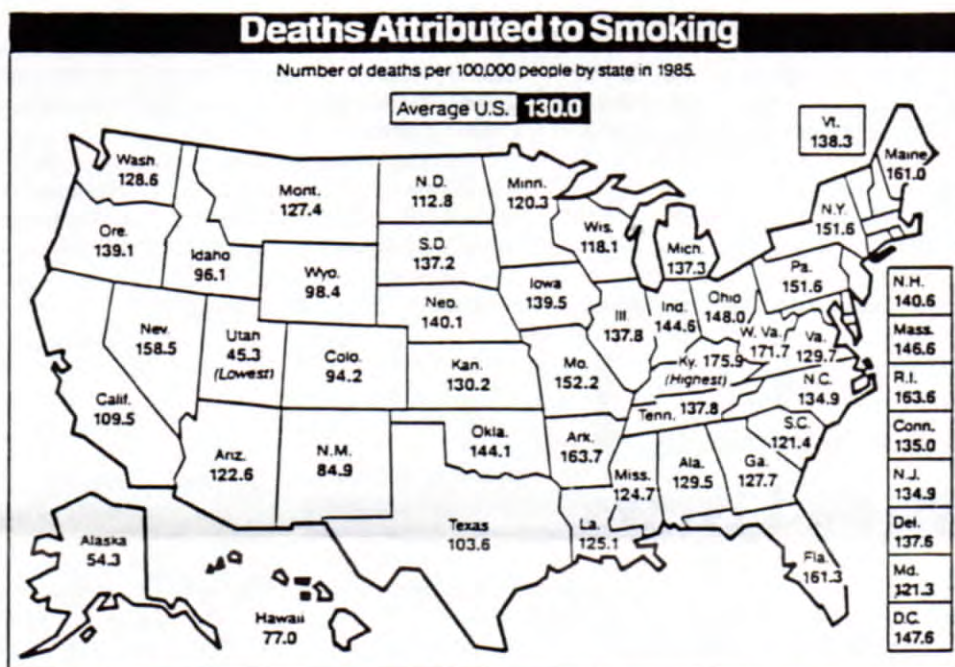


Puget Sound Quarterly

Vol. 12, No. 4
Autumn, 1989



ONCOLOGY NURSING SOCIETY



Source: Center for Disease Control

*Thank you
for not
Smoking*



From the Editor

Sarah L. O'Hara, B.S.N., R.N., O.C.N.

This quarter's newsletter is presented with the hope that all of us can gain a better grasp of the activities occurring in the anti-tobacco arena. With an improved understanding, each of us will be better equipped to help contribute to this very pressing issue. It all starts "right here."

With so many anti-tobacco activities, where to "start" can sometimes be confusing. I would like to emphasize a very important and basic start, one in which each of us, as nurses, can have a tremendous influence: client assistance and education in "kicking the habit" of tobacco abuse.

Several nonprofit organizations, such as the American Cancer Society, the American Heart Association and the American Lung Association, offer complimentary client programs and/or informational literature.

The American Cancer Society has a smoking cessation program called "Smart Move" which is available at no cost. The specially trained volunteer speakers are available throughout Washington

state. "Smart Move" is a one hour long class designed to motivate smokers to make a decision to quit smoking. "Fresh Start" is another ACS program aimed at smokers who have decided to quit smoking. This program involves four one-hour sessions over a two-week period which provides group support and strategies to help smokers become non-smokers for life.

Besides the above programs, the ACS also offers reading resources on tobacco use cessation. One example is the "Guide to Stopping Smoking" (booklet #2515), a self-help booklet with which corresponding visual aids are available as well. Other useful brochures are "50 Most Asked Questions About Smoking and Health," (#2023), "If You Smoke, Take this Risk Test," (#2656), and "Facts on Lung Cancer," (#2628). A simple phone call to the local ACS office is all it takes to have these materials mailed directly to your home or place of employment.

Helping even one client consider and (hopefully) come to the decision to halt tobacco abuse is a worthwhile activity each of us has the potential to achieve. Together and individually, we, as oncology nurses, can contribute significantly to stopping tobacco abuse!

President's Message

"Good News/Bad News"

Brenda Nevidjon

Those of us who have belonged to ONS for several years have watched it grow from a moderate sized group of nurses to a large, savvy specialty organization, which is a major business. For those of you who have been with PSONS since its early days, a similar scenario has occurred at the local level. We are a group of oncology nurses, but we are also a business.

At the July Board retreat, Joy, Pam, Barb, and I were confronted by a good news/bad news budget. When we totalled the budgets submitted by the committees, we were impressed with the plans for the next year. But ... we were dismayed to find that projected expenses surpassed projected revenues by approximately \$7000! So we set out to accomplish what we are all so familiar with in our worklives ... balancing the budget. After we had deliberated for quite a while, we still had a \$4000 difference.

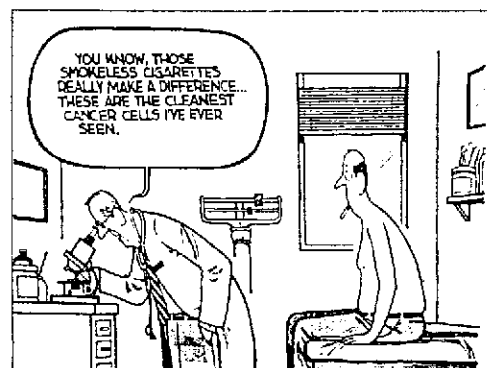
We discussed the wisdom, or lack of it, in using the reserves in the money market account. This account had been established by a past board as insurance for future years should we not have the capital to meet the member benefits. Last year, we had agreed

that \$10,000 would be the minimum kept in this account. (The projected budget for the newsletter is close to that amount.) We considered a dues increase and decided that we will raise dues to \$20 this year. This decision was not made easily, but we believe that the chapter offers members \$20 worth of benefits.

The committee chairs joined us later in the day. We reviewed our dilemma with them and received good feedback. They were more in favor of the dues increase than opposed; more supportive that we maintain our reserves and not set precedent of using them to balance a budget. Betty Gallucci volunteered to ask her accountant if he would donate some of his time to help us with our budget planning.

I've had one phone conversation with Bob Morrow. He's given us some assignments to prepare for a September meeting with him. His opinion is that our dues and other fund-raising activities should pay for the membership benefits. The money we have in reserve should be used for "seed money" for new projects which will become self-sustaining or for something which benefits all members. He recommends that we develop policy and procedures for the management of our money.

As I write this, the 1989-90 budget is not finalized. The good news is that the committee structure is strong and the committee members creative in their plans for the future. The bad news is that we don't have the money to fund every idea. The Board and I welcome your ideas and suggestions. You can call the hotline or call me at home, 527-9131. We'll be finalizing the budget by mid-October. Our goal is to set budgetary policy to guide future budget reviews which maximize the opportunities and benefits for the members.



Steve Kelley
San Diego Union
Copy News Service

The Role of the Physician in Smoking Cessation

Gordon R. Klatt, M.D.
President-Elect, Pierce County
Medical Society
Chairman, Tobacco-Free Washington
Committee, Washington Division,
American Cancer Society

The Surgeon General of the United States, in his 1982 report, *Health Consequences of Smoking*, suggested that "brief and simple advice to quit smoking delivered by a physician has substantial potential for producing cessation in a cost-effective manner." A recent Harris poll found that most smokers consider the physician's advice the most effective way to get smokers to quit, even though relatively few ex-smokers report receiving such advice from their doctors. This, coupled with the fact that 75% to 80% of adults in the United States see a physician at least once, is powerful argument for educating physicians in skills that will influence their patients to stop tobacco use.

Despite the major potential impact of smoking intervention by physicians, a recent study of smokers indicated that less than 50% had been advised to stop smoking by their doctors. On the other hand, more than 90% of primary care physicians said that they do advise their smoking patients to stop. We don't have a reason for the apparent discrepancy between patient and physician perceptions; however, it is quite clear that physicians and other health professionals must begin or continue efforts aimed at smoking control.

Most health professionals agree that they should serve as non-smoking role models. This is an exception also held by the non-medical public. Since the 1964 Surgeon General's report, smoking prevalence among physicians, dentists and pharmacists has declined markedly. The current rate of smoking among physicians in the United States is 6-7%. Unfortunately, this is not true of nurses. Currently 23-24% of nurses (RN's and LPN's) continue to smoke, thereby acting as negative role models.

With the above evidence in mind, the American Cancer Society, the National Cancer Institute and the U.S. Department of Health and Human Services have instituted programs aimed at educating health professionals who will subsequently educate patients to stop smoking. The program is aimed at physicians, nurses, dentists,

pharmacists, respiratory therapists and physician's office personnel. This is an exciting untapped area that is aimed at reducing the number of Americans that smoke from its current level of approximately 50 million.

The Pierce County Medical Society recently announced that all non-government hospitals will go smoke-free in Pierce County by November 16, 1989, the date of the American Cancer Society's Great American Smokeout. This is important because the smoke-free hospital includes staff, visitors and patients. In the next two years, the society will spearhead an educational program for the county's physicians aimed at getting their patients to stop smoking. Along with education on convincing their patients to stop, there will be education on nicotine addiction, medications used in smoking cessation and community programs for smoking cessation and ongoing support.

The state of Washington has shown leadership in smoking control at many levels and hopefully this will be another area in which the rest of the nation will look to us for leadership. I challenge other communities and counties in the state of Washington to follow Pierce County's lead in focusing on the health professional's role in smoking cessation.

Welcome to our NEW MEMBERS:

Sharon Baker - Seattle (Swedish TI)
Madge Brasch - Spokane
Julie Cross - Seattle
Tamara Erhart - Tacoma (Hospice of Tacoma)
David Gerardot - Olympia (Black Hills Community Hospital)
Sybel Johnson - Redmond
Kay Lanier - Tacoma (Tacoma General Hospital)
Verona Montgomery - Snohomish (Kusler's Pharmacy)
Gloria Osorio - Seattle (VMC)
Ruth Russell - Seattle (Univeristy Hospital)
Susan Starr - Seattle (SHMC)

ATTENTION
All PSONS Members
(Especially Board members &
Committee Chairpersons)

The deadlines for items to be included in the 1989 Newsletter issues are as follows:

Year End Issue • September 27
Winter, 1990 • November 29

Please submit your calendar of meetings for 1989 as soon as possible and all committee reports throughout the year by the above dates.

Thanks!

ANNUAL PSONS SYMPOSIUM

"Horizons in Northwest
Oncology Nursing"
February 23-24, 1990
Bellevue Commons;
Bellevue, WA
(with a reception to be held
Friday, Feb. 23
at the
Bellevue Hyatt Hotel)

**More information to
follow in November!**

Our thanks to Joanne
Russell for her
donation to ONE!

The Oncology Nurses' Role in Preventing Tobacco Abuse Among Kids

Pam Ketzner, RN., D.C.N.
St. Joseph Hospital
Tacoma, WA

Earlier this year I was asked by the Pierce County unit of the ACS to speak to a group of Junior High School students about smoking and tobacco use. I agreed to share my knowledge with these students and also planned to learn whether or not the education of our public was working.

My day at this school stimulated me to set a new goal for myself; one which I hope others will adopt as well. Preventing our children from using any tobacco product is very important to them and us. The American Cancer Society statistics conclude that 3000-4000 children every day light up a cigarette, with the age of 15 being the average age at which they start. Many kids start tobacco abuse due to role models such as athletes, actors, models and parents whom they idealize and wish to emulate.

After talking with nearly 130 students, I identified three main areas of concern. The first, 13-15 year old kids did not care about turning 40 and dying from lung cancer. This is the age of immortality! The second concern was the lack of communication the kids had with their parents. They stated they were unable to talk to their parents who smoke about stopping because it was "their home." Can we as nurses and ACS volunteers help educate children how to talk with their parents? The third area was interesting. The students wanted to see more photos of black lungs or oral lesions. They expressed the idea that the pictures may stop kids from smoking or chewing, although national research studies indicate that pictures do not change the attitude about tobacco addiction.

Many of us are trying to tell people about the dangers of tobacco use. I feel many of the important messages are reaching kids especially. One indication of this at the health fair was peer pressure. Students would point to the one or two students who smoked or chewed, making them the focal point, to ask if they would share why they smoked or chewed. The most frequent reply was: "because my

parents, brother or sister smoke," highlighting the concern about the lack of communication among family members. Without lecturing about lung cancer, emphysema or oral cancer, I encouraged these students to try to stop. I was not conducting a research study at this encounter, I was attempting to find out how these students knew that smoking or chewing was unhealthy for them. The answers included: "because it causes cancer," "because it makes you smell." They expressed the thought that chewing was "gross" but did admit that just as many girls tried to chew as well as boys. At one point my focus turned to the lack of knowledge about side-stream smoke and its dangers. These students were well aware of the personal injury from smoking but failed to recognize the problems associated with smoke in our environment. This is a critical area of continuing public education in which we as nurses can become more involved, especially for the sake of our children.

There are educational projects developed to continue to try to reach our goal. The SMOKE FREE CLASS OF 2000 developed by the American Cancer Society, American Heart Association and American Lung Association, started last year. Kindergarten children who will graduate in the year 2000, swore to be smoke free when they are 18, with the help of continuing public education. What a wonderful project, one that brings to me positive images of less people in ICU from heart attacks and less young, 40 year old men and women dying of lung cancer.

Let us all work toward the goal of smoke free, tobacco free society, to make our environment safe and clean for our children and for us. Writing letters to our representatives to support any Tobacco Free legislation and writing letters to magazines to stop using cigarette ads are a few examples of how we can make more positive changes in our society. Tobacco is out. Living is in!



Tobacco Legislation Gains Momentum

By Ingrid Nielsen R.N., M.N.

University of Washington Cancer Center
Seattle, WA

Cigarette smoking kills. As an oncology nurse, you have heard it all before. Cigarette smoking leads to 390,000 premature deaths each year in the United States (more than the annual number of premature deaths from AIDS, cocaine, heroin, alcohol, fire, automobile accidents, homicide and suicide combined).

The National Coalition on Smoking or Health, whose members include the American Cancer Society, the American Heart Association and the American Lung Association, expresses concern in its position statement that while the American public may be aware that smoking is dangerous, they do not truly appreciate the extent of disease, disability, death and human suffering caused by tobacco use; or that current tobacco industry advertising and marketing practices encourage the use of tobacco products among young people. Major goals of the Coalition are to act on these concerns by enacting policies which discourage tobacco use, further educate the public about smoking hazards and limit the demand for and marketing of cigarettes.

The public is becoming less and less tolerant of cigarette smoking. An estimated 51 million adult Americans smoke, nearly 30% of the adult public. 70% of adult Americans do *not* smoke. Earlier strategies to curb smoking focused on the individual smoker, while current efforts have focused on changing social norms by creating policies which make smoking behavior unacceptable. This is where the Coalition on Smoking or Health and numerous other anti-tobacco organizations play a role. Their task is made even more challenging by the extremely powerful tobacco lobby who until 1983 (when the cigarette excise tax was doubled to 16 cents per pack) had never lost a battle in Congress. With the release of the 1982 Surgeon General's report and subsequent studies on the potential risks of "secondhand smoking," the anti-smoking movement is now gaining momentum.

Current Tobacco Legislation

There are currently 22 bills which have been introduced since the beginning of the 101st US Congress related to smoking on aircrafts, passive smoking, taxation, fire, safety standards, advertising and public education.

Smoking Legislation: What You Can Do To Help

Here is a draft letter compiled by the ONS Director of Government Relations. You can help by taking a moment to write your legislators on issues related to smoking. Please feel free to use the contents of this draft letter or information provided in the tobacco legislation update. It is best to focus on one issue (i.e. excise taxes) per letter. To find out the most current information on the status of the various tobacco bills, call LEGIS (202) 225-1772.

Dear Member of Congress (your representative's name):

Recent budget negotiations have imposed on Congress the responsibility of raising at least \$5 billion in new revenues for FY 1990. We urge you to support a 25-cent increase in the federal cigarette excise tax as a means of raising these new revenues. Such an increase will raise in excess of \$4 billion.

This proposal is supported by a broad range of public health and public interest organizations. In addition, the most recent Gallup poll found that 76 percent of all Americans favor or strongly favor increasing taxes on tobacco products, with 83 percent of opinion leaders favoring or strongly favoring an increase in the tax on tobacco products.

Our support for a cigarette excise tax increase is based on studies which have consistently found that an increase in this tax will discourage consumption of tobacco products. One study, published by University of Michigan economist Kenneth Warner, concluded that a 16-cent increase in the federal cigarette excise tax would encourage nearly 3.5 million Americans, mostly children and teenagers, to quit or not start smoking. Such findings suggest that a cigarette excise tax increase is among the most important health promotion/disease prevention initiatives that Congress can pursue.

We think it is worth remembering that the federal cigarette excise tax has been increased only once in the past 38 years. The current tax has not kept pace with the rate of inflation. As the General Accounting Office recently reported, the cigarette excise tax would have to be increased by three and one-half times to adjust for inflation in cigarette prices since 1965.

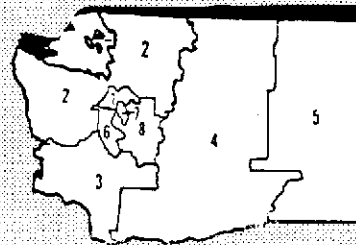
We strongly urge you to support an increase in the federal excise tax.
Sincerely,

Write to Senators:

Brock Adams (Democrat)
Slade Gorton (Republican)

OR your Representative:

District 1 - John Miller (R)
District 2 - Al Swift (D)
District 3 - Jolene Unsoeld (D)
District 4 - Sid Morrison (R)
District 5 - Thomas Foley (D)
District 6 - Norm Dicks (D)
District 7 - Jim McDermott (D)
District 8 - Rod Chandler (R)



Continued on Page 6

Tobacco Legislation

Continued from Page 5

Out of 145 bills introduced in the last Congress and identified as "anti-smoking" by the Tobacco Institute, the trade organization for major U.S. cigarette makers, only one passed, which banned smoking on airline flights of two hours or less. The current smoking ban on commercial airline flights went into effect April, 1988 and will sunset in April of 1990 unless legislation is enacted to make the ban permanent. House Bills 160, 561, 598 and 817 seek to make permanent the prohibition against smoking to all scheduled domestic commercial flights.

Increasing the excise tax on cigarettes is considered one of the most effective means of reducing the purchase of cigarettes particularly among the young who will stop purchasing cigarettes or never start if the price gets high enough. House Bills 230, 718, 1452 and 1808 all seek to increase the excise tax as high as 32 cents per pack. The increase is expected to bring in over \$4 billion in revenue to the federal government. Legislators introducing these bills have proposed that the increased revenue generated be deposited in the Federal Hospital Insurance Trust Fund, or be designed to fund educational programs to discourage cigarette smoking and tobacco use particularly by youth, or be used to reduce the supplemental Medicare premium imposed under the Medicare Catastrophic Coverage Act of 1988. In a recent ruling, the House Ways and Means Committee dropped a proposal to impose a major tax increase on snuff and chewing tobacco after

administration officials said it would violate President Bush's campaign pledge of "no new taxes."

Several bills have been introduced restricting the advertisement of tobacco products. Over \$6 million is spent each day to advertise and promote tobacco products. H.R. 1493 would restrict advertising and promotion of tobacco products while House Resolution 34 would encourage the media to run Anti-Smoking ads as a public service. H.R. 412 would disallow the deduction for advertising or other promotion expenses with respect to sales of tobacco products unless the taxpayer pays for a certain amount of advertising on the health effects of smoking. Another House Bill would restrict tobacco advertising as a "tombstone" or text only format prohibiting among other things, human figures, brand name logos and symbols and pictures other than of a product's package. Tobacco ads also would be banned entirely from locations where sports are performed. While Americans are increasingly curtailing their tobacco consumption, U.S. tobacco companies with the help of the U.S. Trade Commission are expanding their markets overseas. H.R. 1249 would prohibit the U.S. from forcing the opening of foreign markets with threats of trade sanctions if these countries are not willing to accept American cigarettes and cigarette advertising. This bill would require that all exported tobacco products carry either the Surgeon General's warning or comparable warnings established by the importing country.

Although cigarettes are subject to adver-

tising restrictions, tobacco products are exempt from all health and safety regulations imposed on other hazardous products. H.R. 1494 and S. 769 would amend the Federal Food, Drug and Cosmetic Act to regulate the manufacture, sale, promotion and distribution of tobacco and other products containing tar, nicotine, additives, carbon monoxide and other potentially harmful constituents. The original 1964 Surgeon General's report on the health hazards of smoking resulted in a warning label placed on cigarette packs which was supported by the tobacco industry as a way to prevent further regulation of their product.

Cigarettes are the country's leading cause of fatal fires and have prompted lawmakers to propose legislation to set a fire resistance standard for cigarettes. H.R. 293 and S. 17 would direct the HHS to both study and promulgate fire safety standards for cigarettes. H.R. 673 and S. 732 would implement the Interagency Committee and Technical Study Group task force recommendations on fire safety.

Increased attention has been directed to the problem of "second hand" smoke, particularly after the release of reports on the health hazards posed by tobacco smoke in airplane cabin air. H.R. 818 would restrict smoking to designated areas in Government buildings. S. 655 would require public conveyances to certify that the public is not involuntarily exposed to passive smoke when exposed to such conveyances.

Although the powerful tobacco lobby which has many friends on the "Hill" continues to be successful in killing tobacco legislation at the federal level, anti-smoking advocates are making gains at the local level where city and county councils are passing ordinances which set restrictions on smoking. All 50 state legislatures are targeted by the tobacco lobby where the lobby works to preempt local action through statewide legislation or weaken existing bills. For example, in Washington state (1989 legislative session), pressure from the tobacco lobby resulted in a 3 cent increase in the excise tax on cigarettes instead of the 5 cents proposed. A synopsis of Washington state legislation related to tobacco issues was discussed in the summer PSONS quarterly along with information about the local organization TACC (Tobacco Addiction Coordinating Council) of which PSONS is a supporter.

IF ANYONE IS INTERESTED IN GETTING INVOLVED IN THESE ISSUES, PLEASE CONTACT THE GOVERNMENTAL AFFAIRS COMMITTEE.

Business Week 5/89

The unburning Bush. Although the fight against illiteracy remains her No. 1 project, Barbara Bush is waging a campaign against smoking, a habit she finds unattractive and unhealthy. Mrs. Bush, a reformed smoker, has let it be known that she wants no staffer, at any level, puffing away in the Executive Mansion or in the presidential sections aboard "Air Force One." On more than one occasion, she has complained to offending staffers and friends that they ought to quit the habit, forcing some of her Secret Service agents and White House staffers to puff in private. So determined is the First Lady to make the White House a smoke-free zone that George Bush's name has been removed from the matchbooks traditionally distributed to guests as souvenirs.

Continuing Education

Peace, Love & Healing: a Workshop by Bernie Siegel with Bobbie Siegel

Sponsored by: North Puget Sound Oncology Educational Planners

October 21, 1989

Skagit Valley Inn; Mt. Vernon, WA

\$50.00

CEU: 4.5 contact hours

Contact: 206-856-7134

Education Department United General Hospital

P.O. Box 410

Sedro-Woolley, WA 98284

(There will also be a 2-hour talk, open to the public, on Sat. Oct. 21 7-9PM at Skagit Valley College Pavillion; Mt. Vernon, WA. Cost: \$7.00/ticket. Call above telephone # for additional information).

Advances in Care of the Patient with Leukemia (4th Regional Nursing Symposium)

Sponsored by: Leukemia Society of America

September 22, 1989

Stouffer Concourse Hotel; Los Angeles, CA

\$50.00 (\$55.00 after 9/8/89)

CEU: 6.08 contact hrs.

Contact: 212-573-8484

M. Louise Toglea

Leukemia Society of America, Inc.

733 Third Avenue

Manhattan, New York 10017

Nurse Practitioner Special Interest Group Conference

Sponsored by: Oregon Nurses Association (ONA)

September 14-17, 1989

The Red Lion Lloyd Center; Portland, OR

\$200.00 (\$80.00/day) CEU: 16.25 contact hrs.

Contact: 503-281-8069 (Julie Gies or

503-293-0011 (Bert Kronmiller/Susan King/ONA)

9700 SW Capitol Hwy.

Portland, OR 97219

Oncology Nursing Conference X: A Bridge to 2001

Sponsored by: Univ. of TX M.D. Anderson Cancer Center

February 6-9, 1990

UT M.D. Anderson Cancer Center; Houston, TX

\$275.00 (before 1/17/90) \$100/day

CEU: pending

Contact: 713-792-2222

Oncology Nursing Conference

Conference Services - HMB 131

UT M.D. Anderson Cancer Center

1515 Holcombe Boulevard

Houston, TX 77030

Conscious Living/Conscious Dying: A Weekend Workshop with Stephen Levine

October 21-22, 1989

Seattle, WA

\$85.00 (open to public)

Contact: Wendy Swan

P.O. Box 3353

Federal Way, WA 98063

Advances in Pain Control

Keynote Speaker: Margo McCaffrey, RN, MS, FAAN

Sponsored by: American Cancer Society

October 27, 1989

Overlake Hospital Medical Center

\$55.00

CEU: pending

Contact: 206-462-5246

Sandy Crowell, RN, MN

Overlake Hospital Medical Center

Education Department

1035 116th Ave. NE

Bellevue, WA 98004

AIDS: A Conference for Health Care Professionals

Sponsored by: American Red Cross/Seattle-King County Chapter

Sept. 19 (#WPAC 4637); Nov. 2 (#WPAC 4892); Dec. 12 (#WPAC 4893)

Red Cross Headquarters; Seattle, WA

\$45.00

CEU: 8.2 contact hrs.

Contact: 206-323-2345

American Red Cross

1900 25th Ave. S.

Seattle, WA 98144-4708

Career Exploration for Nurses: Finding the Joy in Working

Sponsored by: O'Neill Associates

(Series) Sept. 7, 14, 21 & 28, 1989 (Thurs. eves. 6-8:30PM)

\$99.00

CEU: 10.8 contact hrs.

Contact: 206-542-8197

Loretta O'Neill (O'Neill Associates)

P.O. Box 33655

Seattle, WA 98133

The Immune System & AIDS: Minding the Body & Embodying the Mind

Sponsored by: Cortext

Sept. 23 - Tacoma Sheraton

Sept. 29 - Vancouver Red Lion Inn

Oct. 4 - Everett Holiday Inn

Oct. 7 - Seattle Westin Hotel

Oct. 11 - Bellevue Greenwood Hotel

Oct. 21 - Spokane Sheraton

\$42.00 (by mail) \$49 (at door) \$35 group rate (3 or more)

CEU: 7 contact hrs.

Contact: 415-856-9834

Cortext

Box 6867

Stanford, CA 94309

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Special Interest Groups: Rosemary Ford, Member

PSONS NEWSLETTER

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Editor: Kathleen Block

Letters, articles and announcements are requested
from all PSONS members and other readers on
topics of interest. Neither Puget Sound Chapter of
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responsibility for the opinions expressed by au-
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Submit materials for publication to Kathleen Block,
PSONS Editor, P.O. Box 85058, Seattle, Washing-
ton, 98145-1058. (206) 223-6819

PUGET SOUND CHAPTER HOTLINE!

PSONS has a telephone answering machine. For
questions, concerns and comments regarding
Chapter activities, please call:

(206) 462-5385
24 Hours

Leave your message, name, telephone number
and best times to reach you, on the tape recording.

Clinical Practice Review

The Suicidal Cancer Patient

By Anne Marie Maguire, RN, MN, OCN
Clinical Specialist
Visiting Nurses Services, Seattle

Most nurses in all health care settings
have at some time been confronted with a
suicidal cancer patient. They may even have
sympathized with their patient's desire to
end their life because of poor symptom man-
agement, loss of control or unacceptable
quality of life. For many of us, however, this
is a patient choice that we can not support. It
is contrary to our traditional role of helper
and is illegal.

Webster defines suicide as "the act or an
instance of taking one's own life voluntarily
and intentionally..." The Hemlock Society
advocates for laws that would allow a com-
petent, terminally ill adult to choose the time
and way in which they die. This form of
death is called rational suicide. But how often
are these decisions made by patients who are
tired, depressed, hopeless? Can these patients
make rational choices to end their lives?

The role of the cancer nurse is to assess all
patients for the risk of suicide and to imple-
ment a treatment plan that both fosters hope
and improves quality of life. Saunders and
Valente have developed a brief Suicide As-
sessment Guide that can assist the nurse in
determining risk (Figure 1). Depression can
often be treated with anti-depressants that

may have the added benefit of enhancing
pain control. If a nurse believes that the pa-
tient is at high risk for suicide (i.e. history of
previous attempts; precise, scheduled plan
with a lethal method such as a gun), she/he
needs to obtain a no-suicide contract from
the patient. In the contract, a patient commits
to telling the nurse before they do intentional
or accidental self-harm.

There are also several resources available
to patients and their nurses. In addition to
psychiatrists, psychiatric CNSs and medical
social workers, the Mental Health Profession-
als (MHPs) are required by law to evaluate
all referred patients (statewide) and are able
to involuntarily commit those who are a clear
and imminent danger to themselves or oth-
ers. Depressed, geriatric patients in King
County can be assessed and treated in their
home by the Geriatric Evaluation Team (GET)
from Community Home Health Care. Cost is
based on a sliding scale fee.

Statistics vary on the number of patients
who have considered or carried out a suicide
plan. Nurses are in a unique position to listen
and assess a patient's risk as well as intervene
in ways that reduce the risk of suicide and
these statistics.

Reference

Saunders, J.M. & Valente, S.M. (1988).
Cancer and Suicide, *Oncology Nursing Fo-
rum*, 15(5), 575-581.

Brief Suicide Assessment Guide

Client Data:

Name _____

Address _____

Age ____ Sex ____ Religion _____ Marital Status _____

Substance Abuse

High Risk Factors Among Cancer Patients:

(unmarried, young or 60+; high emotional distress, family strife; paranoid; three months to five years
after diagnosis of Ca; critical or terminal illness)

Site of Ca: _____

Situational data (stress, symptoms, crisis, withdrawal)

Signs of DEPRESSION:

Suicide PLAN (plan, method, means, lethality, time)

Suicide History (past threats, ATTEMPTS, lethality)

Family/Support Network Response (approval, support, EXHAUSTED)

Rational Suicide (1. clear mental processes; 2. no depression; 3. patient understands outcome of suicide;
4. society would understand motives; 5. all options to improve life were explored)

Resources:

Significant Others _____ Coping Devices _____

Lethality Rating: Risk of suicide is High/Moderate/Low

Date _____ Signature _____ Review lethality by (date) _____

Note: High-Risk Factors are capitalized.

Source: Authors

Figure 1. The brief Suicide Assessment Guide assists in estimating individual suicide risk. From
Cancer & Suicide, Saunders & Valente, *Oncology Nursing Forum*, 15(5), 575-581.

Minutes

PSONS BOARD AND MEMBER MEETING

Post Congress Meeting
June 16, 1989

Brenda Nevidjon
Joy Miller
Barbara Fristoe
Pam Ketzner

Discussion: Symposium Budget Proposal
Proposed fee changes discussed
Board decision

No Committee charge
Fee changes not as much as budgeted
? Hotel Room Charges
Food costs same as last year

If symposium fee change considered:
\$105.00 members
\$130.00 nonmembers

To hold off on this budget until all budgets are submitted.

Other questions for the board to discuss:
Raise dues to \$20.00/year
Usage of WSMA secretarial services
Brenda to speak with Judy Kornell & Janice Kent

Post ONS Congress Meeting 6/16/1989 PSONS Members who attended ONS

Judy Kornell - Research Committee

Concerned about Abstracts denied those with Advanced degrees, compiled abstracts published but not all presented. May consider journal with expert review.

Pain Management - concerned about nurses not converting opiates correctly

4 Awards were given

Issues - certification retesting

? need for test, ? continuing education ideas not accepted

Clinical Practice needs ADN and BSN nurses to submit articles, also to include Pediatric ONS

RCTs are a hot topic

Liability fees were also discussed

Irene Karlsen - Oncology research through ONS

Brenda Nevidjon - concerned about Abstracts and more experts.

Betty Gallucci - Posters are better idea than abstracts due to the one on one communications.

Ann Marie Maguire - \$200.00 recipient from Education Committee

Visiting Nurse - Home Care Issues

1. Ommaya reservoir - home nurses

delivery of chemotherapy Penn. Board reviewed, accepted this with training and certification.

2. Different agencies using computers
Albany N.Y. Computer System
Gathers info about clients from Home Health, Hospice, IV, Equipment Loaners

Meet at physicians office, improving info to all disciplines and physician.

3. Hospice Day Care - Judi Johnson
Home with supervision
12 pts., 2-3 days a week, \$42.00/day
Assess, Personal care, therapy, volunteers
symptom management
home movies of pts. records for family assessible to doctors
Medicare B
Transportation system
Elder abuse noted

Instructional Sessions

Nurses merging professional life with personal; sharing, assertive
Ignitor Phrase - WIN - *what's important now*

AIDS 101! experimental, IV drug abusers, cocaine abusers at greater risk than heroin due to using and sharing needles more.

Betty Gallucci - General Announcement

Study being done concerning Chemo Agents vs. Reproductive Health. For more info call Betty.

Brenda Nevidjon - Congress 4500 attendees

Special Interest Groups - concerned about fee along with chapter membership fee.

Fall learning - Chicago 1990, Educational, focus to SIGS, may decrease congress size.

Impression - well run, strong speciality organization

Recognized large groups of leaders - new this year

Ryan Iwamoto - joining Forum Board
Betty Gallucci nominated for Educator with chapters endorsing this nomination!!

Brenda to have ONS News Editorship - October issue!

Bev Vincent - Staff Retention

To give recognition

news, use as perceptors

Departments waling in shoes program

Need West Coast Clinical Practice

Gloria Felde - Ethics, chaired SIG

\$200.00 award from Education
exciting group
Survivorship/Rehab

Janet Applebaum - Enjoyed working with Foundation, looking forward to going to sessions next year relevant to career

PSONS sold most raffle tickets

\$300.00 education grant from PSONS to use at our discretion

many compliments to our Newsletter
ONS take care of ourselves!

grants, scholarships, decreased federal support

Anna Williams - Special Projects Funding
Funded from ONS dues

\$150.00-\$250.00

3 speakers, Chapter project, reviewed by chapter committee

Ideas

1. Personal patient chart for themselves
2. Public Education project
3. Education video tapes

4. California connections, 7 chapters hold symposium

Can we do this next year with other chapters?

Educational Meeting at next PSONS meeting.

September 12, 1989

Extravasation - debate forum, Joannee

Iritanni, Bev Vincent, Judy Peterson

Valley Medical Center

Clinical Practice Column in Newsletter
tips - prize after each newsletter, then a large prize at the end of the year.

Betty Gallucci - Apply for award

\$1000.00 Education for transistions from:

ADN - BSN

BSN - MN

Clinical - Administrative

Brenda Nevidjon - Board meeting in July for Budget review

Judy Peterson - ACS Educational experience this summer

Objectives, clinical and classroom - negotiable

Judy Kornell - Symposium committee needs ideas, please call!

Meeting was adjourned.

Many thanks to University Faculty Club for catering the dinner and providing a wonderful view!

Attention Committees!

Your meeting schedule can appear in every issue!! Please submit your calendar of events prior to each deadline (see calendar) so that we may keep our membership informed ! Thanks !

SEPTEMBER

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

September

- 12 - PSONS Meeting
- 21 - Government Affairs Committee,
7 a.m. Elliott Bay Book Cafe
- 27 - Newsletter Deadline - Year End Issue

OCTOBER

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

October

- 19 - Government Affairs Committee
7 a.m. Elliott Bay Book Cafe
- 30 - PSONS Board Meeting

NOVEMBER

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

November

- 9 - PSONS Meeting
- 16 - Government Affairs Committee
7 a.m. Elliott Bay Book Cafe
- 29 - Winter 1990 Newsletter Deadline

Attention: Health Professionals

Dealing with Nicotine Addiction

Over the last decade, smoking cessation has become a very important part of health care. A growing number of health practitioners, including doctors, dentists and allied health personnel want to know how to help the patient that smokes.

This 90 minute seminar has been specifically designed to provide health practitioners with the basic information they may need to help the smoker (especially the addicted smoker) quit.

General Course Outline

- **How to help with smoking intervention**

Helping the smoker with the decision to quit

- Addressing problems in quitting • Characteristics of successful quitters • Methods and their effectiveness
- Clinical steps for office intervention

- **Common traits of addictive behaviors**

Comparing nicotine to other addictive drugs • Definitions and similarities of physical dependency and tolerance

- Nicotine Withdrawal Syndrome

- **Smoking habit patterns**

Cigarette smoking as a physical addiction, psychological addiction and behavioral habit • Effects of nicotine

- Relapse patterns of smokers • Why people smoke • What a smoker gains from smoking • Conditioning that leads to the habit then addiction • "Smoking cues" that condition the smoker to continue the habit

- **Smoking cessation techniques**

What a health practitioner can do to help smokers • The cost/benefit model of smoking • How to know when someone is really ready to quit • The stages in cessation: preparation, quitting and maintenance/relapse

- **Nicotine replacement therapy**

Nicotine replacement as a tool • Identifying when nicotine replacement is needed • Latest research demonstrating effectiveness

- **Assessment and referral**

Recommendations health practitioners can make to help the smoker quit • Referral for smoking cessation

- Follow-through

- **How to properly use nicotine medicine (Nicorette)**

Proper methods of using Nicorette • Directions and advice on the proper dose • When to use Nicorette

- How long it should be used • Side effects and contraindications of use

This seminar is now available to physicians, dentists, and other health practitioners on a prescheduled basis. For more information on availability, please contact Ken Manske at the OHSU Department of Public Health & Preventive Medicine, (503) 279-8257.

SEMINAR LEADER

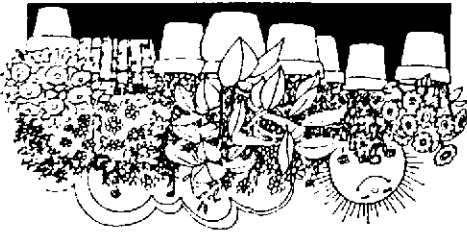
Kenneth A. Manske

As Director of Recruitment for the Oregon Health Sciences University Lung Health Study in the Department of Medicine from 1986 to 1988 and as Senior Research Associate in the Smoking Cessation Education Study since October 1988, Mr. Manske has gained much practical information on smoking cessation and how clinics can deal with those who smoke. He is also a consultant to the National Institutes of Health and the National Cancer Institute on areas of health care marketing and has given numerous seminars on the field of health care marketing, advertising and practice management. Mr. Manske is a graduate of Oregon State University with a degree in biology and coursework towards a Masters in Business Administration with emphasis on Marketing and Advertising. After four years as Marketing Director of the Lloyd Corporation in Portland, he formed his own marketing consulting firm specializing in marketing for dentists, physicians, optometrists and hospitals which he maintained until joining the faculty at OHSU.

Please Note:

**Funding for the project will end in
December 1989.**

**If you are interested in having this
program at your institution, please
contact Mr. Manske at the telephone
number indicated above.**



PERSONS
QUARTERLY



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Seattle, Wa 98109

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