Puget Sound Quarterly

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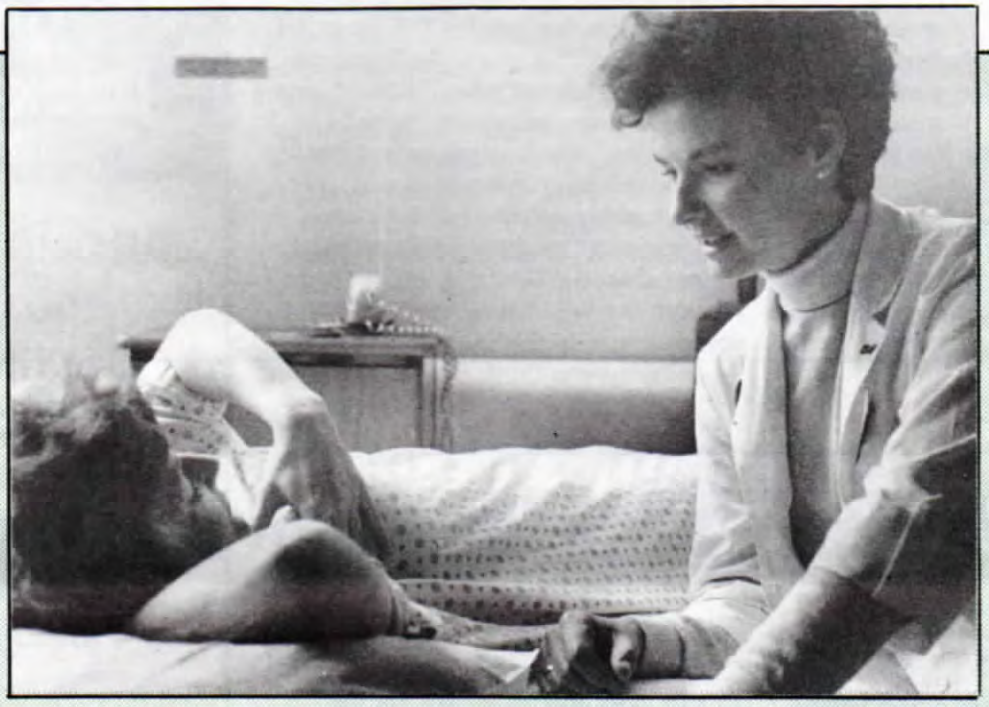
PUGET SOUND ONS

ONCOLOGY NURSING SOCIETY



Joy Miller Knopp, PSONS Profile, page 6

I TOUCHED A SOUL

Joy Griffin •March 1989
Providence Medical Center • Everett, Washington

I touched a heart, I know I did,
I held it in my hand,
I touched a soul and it was warm,
The soul of a dying man.

I think I made it easier,
And God, I pray it's true
So many things needed to be said
But the words were just too few.

So, I held his hand, I kept him safe,
I comforted his moan,
I stayed with him, I promised him
He would not die alone.

He told me of his childhood,
His family and his wife,
Just for a while, he forgot his pain,
And the losing of his life.

With one last breath, he turned to me
And gave me a weakened smile,
He whispered to me "Thank you,
For staying with me a while."

He shut his eyes and sighed his last,
His life had made me whole,
For I touched a heart, I know I did
And I even touched a soul.

From the Editor

Anna Williams

Change is one of the gold standards of our practice. Changing treatment protocols, changing technology, and changes in the provision of nursing services continually confront us. This issue of the *Quarterly* offers up a little editorial change. The challenge is to take an already excellent newsletter and make it better! Guidance from the PSONS Board has helped to focus the future direction of the *Quarterly*. The goal is to keep the tradition of informative articles written by and for the membership on topics important to us all, while at the same time promoting the *Quarterly* as a true "news" letter or networking tool of the membership. The first step to achieving that goal is the creation of an editorial board. A Business Editor will be responsible for keeping all of the committee activities and other business of PSONS up to date and visible in the *Quarterly*. This issue introduces Renee Yanke, PSONS News Editor, as our resource for "what's happening" out there in the real world around the state. We continue to utilize the valuable experience of Kathleen Block as our Consulting Editor. Our hope is that the *Quarterly* will grow and change in a positive way with the dynamic group that is PSONS. Let us know what you think.

President's Message

Brenda Nevidjon

The past two years have been filled with memorable events and achievements in our chapter's life. I thank you for giving me the opportunity to serve as President during this time.

Out of many volunteer hours by talented committee chairpersons and members have come excellent programs and increased benefits to the membership. I appreciate the support and creativity you have shared with us.

As decisions were made that impacted the membership, many of you spoke up at business meetings to offer suggestions and ideas. These were so helpful. Please keep the ideas flowing.

I have a few special thanks:

To Janet and Rosemary, for the advice and help you gave as the Board transitioned.

To Elaine, for all the extras you did in the year we worked together.

To Pam, who is also leaving the Board, for the energy and laughter you brought to our meetings.

To Barb, for being a good friend and taking on all the paperwork that is part of the Treasurer's job.

To Joy, for your insight, ideas and leadership.

My life has been enriched by serving as your President. I wish Joy all the best and offer her and the new Board my support for a successful year ahead.

Get your OCN right here in your own backyard!

PSONS to host the OCN Certification Exam

September 22, 1990

Details to be announced

A task force is underway to put together a one-day review course for the OCN to be held in August.

For more information contact Barbara Fristoe 594-1000 (page).

Are you going to Congress and need a roommate?
Call the PSONS Hotline: 462-5385

Please Help Me To Die

Jeanne Quint Benoliel, Moderator
Professor Emeritus,
UW School of Nursing

Despite inclement weather on the evening of November 9, 1989, the Stuart Auditorium at the Fred Hutchinson Cancer Research Center was standing room only for the program, WHEN A PATIENT ASKS: "PLEASE HELP ME TO DIE." Ralph Mero, President of the Hemlock Society of Washington, spoke in favor of the right of a patient (a) to refuse artificial life support when there is no hope of recovery and (b) legally to request the assistance of a physician in ending a life marked by pain and suffering. Bill Dussault, an attorney with expertise in human rights and disability law, gave particular attention to the difficulties in decision making by families and others when patients legally are incompetent by virtue of being in a persistent vegetative state. Lyn Sullivan of Hospice Northwest provided a nursing perspective on the issue. She emphasized the importance of the nurse sitting down and talking with a patient who makes such a request as a way of assessing the *reason* behind the comment. In the vigorous discussion that followed, nurses in the audience shared personal experiences illustrating that the stated wish to die comes out of a range of experiences — distressing symptoms, loneliness and estangement from others, psychological distress, or spiritual pain to name a few. The message gleaned by the moderator from the discussion is that nurses need to take time to understand the *meaning* behind a patient's request for help in reaching death as a basis for determining interventions appropriate to that patient's situation. Taking the statement HELP ME TO DIE at face value, without trying to understand what lies behind the request, does a disservice to the humanity of the person. I found the discussion exhilarating because it pointed to the significant positions that nurses hold for helping dying people to live fully until the very end.

The Right to Die with Dignity: Ethical Dilemmas/Difficult Choices

Kathleen M. Block, RN, MA
Virginia Mason Medical Center

In November, 1989, a panel discussion entitled: "When a Patient Asks: 'Please Help Me to Die'" was a part of the PSONS Quarterly Meeting. Among the participants were Lyn Sullivan, an RN with Hospice Northwest, and Ralph Mero, President of the Hemlock Society. This article will briefly summarize their respective positions and is based upon information provided by them following the discussion.

Hospice Northwest

"The Hospice Northwest philosophy is based upon a belief that the individual is entitled to prepare for death in a way that is personally satisfactory. Death is not denied, but life is affirmed until death" (Hospice Northwest brochure). As Ms. Sullivan explained, the hospice philosophy includes choice. Irregardless of the long-term prognosis, the patient and family (including significant support systems) are able to make choices concerning care — where they receive it (home or inpatient), and which treatments to receive (palliative chemotherapy and/or radiotherapy, antiobiotic therapy, pain control, and nutritional support).

Each hospice program will have their own criteria. But the hospice concept differs from other health care systems in the ways in which the spiritual, emotional and physical needs of the patient are assessed and addressed. When a patient talks of dying and expresses a desire to hasten death it may often just be a case where pain management needs are not being adequately met. A patient may also be experiencing an inner conflict related to the family/support system or financial issues. By addressing the issues of concern it is hoped that the hospice staff can enhance the quality of remaining life. The program goals of Hospice Northwest are listed in Table 1.

Hemlock Society of Washington State

The Hemlock Society is a non-profit organization which supports the right of a terminally ill adult person to death with dignity, self-respect and without pain. At the present time the Washington State chapter is involved in promoting the Initiative for Death with Dignity, which would allow physicians to provide "aid in dying" when requested by a person in a terminally ill situation. Terminally ill people are defined as persons suffering from an incurable disease for whom death is expected within six months. The society believes the dying person should have the right to determine the manner, means and timing of their own death. They should also have the right to request aid in dying (e.g., medication, support) from their personal physician. The physician will not make an attempt to influence the choice, just provide assistance in making a choice. Specific guidelines/criteria will have to be met and the physician will note a willingness to support the person's

Continued on Page 4

The Right to Die with Dignity: Ethical Dilemmas/ Difficult Choices

Continued from Page 3

plan and the fact that it was carried out in accordance with the person's wishes. The opposition's fear that the law would be abused and lead to involuntary deaths is an unfounded one, the society believes. They state that since physicians are strongly motivated to preserve life except in cases where there is no chance of survival, they would not make a decision concerning this issue haphazardly. The society also plans to make an attempt to expand the current law concerning the living will/right to die to include those in an irreversible coma or persistent vegetative state. The definitions of these, however, have not yet been clearly defined. The Hemlock Society's principles and objectives are listed in Table 2.

The euthanasia dilemma is a controversial and emotional issue. "Life" is valued in our society and the controversy cannot be easily resolved by reducing the issue to quality of life alone. Too many variables must be considered. The method one may choose in terms of "dying with dignity" is personal, but is also governed by the society, its laws and how they impact the individual as well as society as a whole.

National Nurses' Day
May 7, 1990

Table 1

Hospice Northwest Program Goals

1. To assist the person with life-threatening illness to live as fully and independently as possible in a style of his/her own choosing.
2. To alleviate distressing physical symptoms of progressive illness so that the patient can be as alert and comfortable as possible.
3. To assist the patient and/or family in understanding the patient's condition and course of illness as they so choose.
4. To provide family with knowledge and assist them to develop resources to prepare them to help the patient and each other.
5. To provide a supportive community of professional and volunteer caregivers to assist with emotional, physical and spiritual concerns.
6. To support the patient and family in decisions to remain at home, to seek hospitalization, or admission to the Hospice Northwest Unit.
7. Provide 24-hour registered nurses consultation for all Hospice Northwest patients and their families/caregivers at home.
8. To assist the patient and family/caregiver with preparation for death and provide bereavement support follow-up.
9. To provide ongoing education and consultation for health care professionals, lay volunteers, patients, families and community members in hospice care and Hospice Northwest program services.

Table 2

Hemlock Society of Washington State

General Principles

1. Hemlock seeks social reform to enable terminally ill persons to determine the manner, means and timing of their death.
2. We support the right to refuse artificial life support which only prolongs the process of dying, and when there is no chance of recovery.
3. We discourage suicide for any emotional reasons in the absence of terminal illness, and support suicide prevention organizations. The Society also endorses hospice programs which offer compassionate medical and nursing care to dying patients.

Objectives

1. To support legal changes to permit dying persons to request assistance-in-dying from a licensed physician, whose participation would also be voluntary.
2. To encourage broader use of the *Living Will* and *Durable Power of Attorney for Health Care* to communicate end-of-life decisions.
3. To raise public awareness of the choice of death with dignity through educational materials, public programs and the news media.

AIDS And Suicide

Margo Bykonen, RN, BSN
AIDS Outpatient Coordinator
Swedish Hospital Medical Center

Janet Welle, RN, MN
Psychosocial Clinical Nurse Specialist
Swedish Hospital Medical Center

Like other life threatening illnesses, the issue of suicide among people with HIV disease presents the health care professional with philosophical, legal and ethical dilemmas. Many of us have been professionally trained to view suicide ideation as a symptom of a mental disorder, and suicide itself as an act to be prevented at all costs. At the same time, we may feel that suicide is "the ultimate choice"[1] for those facing a life threatening or likely fatal illness.

AIDS is especially difficult and unlike other life threatening illnesses in several ways. The disease often occurs in young people who may have partners, friends and acquaintances infected and/or ill. An individual struggling with the disease may experience "bereavement overload." For example, we have personally encountered persons with AIDS (PWAs) who have watched ten, twenty, even forty of their friends die of AIDS. Overheard at the National Conference on AIDS was a man who said "I no longer have friends — they are all gone — I now have acquaintances."

A diagnosis of AIDS also carries with it a great deal of unpredictability, which in turn can lead to feelings of loss of control and a sense of helplessness regarding one's life, health, future and comfort.

Isolation can also accompany an AIDS diagnosis, secondary to public reaction and ostracism, or voluntary withdrawal from others as a sense of self becomes challenged by disfiguring Kaposis Sarcoma, severe weight loss, loss of body functions, paralysis, dementia, etc. It is common to hear remarks such as "I'm like a two year old," or "I don't want anyone to see me this way."

All of these factors may contribute to increased suicide risk for the persons with AIDS, although studies available on the prevalence of suicide in this population are somewhat contradictory. Studies in New York City[2] and Lackland Air Force Base[3] suggest that the incidence of suicidal behaviors in these two locations are significantly higher than the general population. However, data from researchers in San Francisco indicate that the incidence of completed suicide is not increasing.[4] What is clear from experience is that suicidal ideation is common with persons along the HIV continuum.

Macks' description of three types of AIDS clients who present with thoughts of suicide seems most congruent with our experience.[5] The first and most common type is the client/patient who talks about suicide during crisis points in the illness, and for whom suicidal ideation is an expresssion of loss of control, helplessness, and fear of the future. The second type is the actively suicidal client who has a history of depression, anxiety, suicide attempts, and/or character disorder. The third type of suicidal client described by Macks is the person who is extremely ill and thinks about suicide as a way to hasten death and thereby avoid ongoing discomfort and pain.

Interventions with the suicidal client, then, will vary depending on which type of client is seen. For the first type of AIDS client who is experiencing loss of control and helplessness, the health professional needs to evaluate present and previous coping skills and what could be done to increase the person's sense of control. For example, one could assist the client in getting information, offer choices in regard to treatment and care, involve the client in decision making and begin to address concrete concerns (e.g. financial, legal, day-to-day living concerns, and treatment issues).

Isolation is another issue which needs attention. The client should be provided with information regarding local support groups, individual counseling services and encouragement to reconnect with his/her social network. If fear of the future is a major concern, we can acknowledge the difficulty of dealing with uncertainty and encourage the client to focus on small aspects of that concern. For those who have been recently diagnosed, reassure that there is time to make decisions, i.e., that not all concerns need to be addressed today, but can be taken one step at a time.

The second type of client who is actively suicidal requires traditional interventions, such as psychiatric evaluation, or if so indicated, evaluation by a mental health professional for involuntary psychiatric hospitalization.

For the third type of client, interventions are similar to those of the first type, but focus more specifically on issues such as symptom management (e.g. comfort, pain relief, etc.), feelings of isolation, and a sense of being a burden to others. The latter concern can be addressed by attempting to facilitate communication between the client and significant others. Clients at this stage can also be assisted in finding meaning in their experience, engaging in life review, and completing any unfinished business.

Evaluation of clinical depression is important for all three types of clients. Life threatening illness and having a "reason to be depressed" should not preclude a client getting adequate treatment with antidepressants and/or psychotherapy.

In summary, the possibility of suicide is a real concern for professionals working with HIV affected individuals. It is important to refrain from underreacting or overreacting to talk of suicide,[6] to provide for the client's safety when indicated, but most importantly, to understand and respond to the need for control and choice in the lives of these individuals.

[1]Smith, Kevin, "AIDS Suicide: Ultimate Choice or Desperate Act?" *AIDS Patient Care*, August 1989

[2]Marzuk, P. et al: Increased Risk of Suicide in Persons with AIDS, JAMA 1988, 9:1333-1337.

[3]Thomason, J.L., Rundell, J.R., Boswell, R.N.: Factors associated with suicide attempts in a mandatory human immunodeficiency virus screening program. Editor Rundell, Wilford Hall USAF Medical Center, Lackland AFB, Texas, 1988.

[4]Engelman, J.E., Hessol, N.A., Lifson, A.R., et al: Suicide Patterns and AIDS in San Francisco. Paper presented at Fourth International Conference on AIDS, Stockholm, 1988.

[5]Macks, Judy and Dan Turner, Mental Health Issues of Persons with AIDS, in *What to do About AIDS*, ed. Leon McKusick, University of California: Berkeley, 1986.

[6]Goldblum, P. and J. Moulton, "HIV Disease and Suicide," in *Face to Face: A Guide to AIDS Counseling*, ed. by James Dilley, Cherri Pies, Michael Helquist, Celestial Arts: Berkeley, 1989.

[7]Saunders, J.M., Buckingham, S.L., "When the Depression Turns Deadly," *Nursing 88*, 18:59-64, 1988.

[8]Hall, J.M., Koehler, S.L., and Lewis, A., "HIV-Related Mental Health Nursing Issues," *Seminars in Oncology Nursing*, 5(4):276-283, 1989.

[9]Breitbart, William, "Suicide," in *Handbook of Psychooncology*, ed. by Jimmie C. Holland and Julia H. Rowland. New York: Oxford University Press, 1989.

Legislative Update

Ingrid Nielsen, RN, MN
Core Member,
ONS Government Relations
Committee Member,
PSONS Government Relations Committee

Several bills related to cancer were heard before the 51st legislature (second session) which convened January 8th, 1990 to March 8th, 1990. The bills focused on tobacco control issues, a statewide cancer registry, and regional health promotion centers which would include cancer prevention activities.

Tobacco Control

Several tobacco control bills were introduced during the 1990 session which would build on the successes of the 1989 legislative session: banning all smoking on school property by September 1991; and a 3 cent increase in the cigarette excise tax which placed Washington with the fifth highest cigarette tax in the nation.

In 1988, 7181 deaths were directly attributed to cigarette smoking or one in every five Washington state deaths. Studies indicate that 90% of all adults become addicted to cigarettes before the age of 21 and 60% by age 14. Legislation has focused on reducing access to minors and strengthening restrictions in the 1985 clean indoor air act.

TOBACCO CONTROL BILLS

House Bill 1836 — requires restaurant seating over sixty persons to provide a no smoking section.

Status: Dead in Senate Health and Long Term Committee

House Bill 1940 — prohibits the distribution of free cigarettes

Status: died in House Rules Committee

House Bill 1942 — workplace clean indoor act requires employers to adopt policy making "reasonable" accomodations between smokers and non-smokers

Status: died in House Environmental Affairs Committee

House Bill 1944 — would ban sales to minors (younger than 18) of cigarettes from vending machines

Status: died in House Rules Committee

House Bill 2557 — prohibiting all promotional distributions (free samples) of tobacco products.

Status: died in House Rules Committee

House Bill 2773 — "Smoker's Rights" Legislation — would have made it illegal for employers to discriminate against smokers when hiring. This bill would jeopardize company efforts to establish smoke free environments. It did not receive a hearing in the House Health Care Committee but was quickly voted out of the House Labor and Commerce Committee

Status: died in House Rules Committee

Senate Bill 5189 — puts into law the Governor's executive order prohibiting smoking in state offices

Status: dead in Senate Government Operations Committee

CANCER REGISTRY BILL

House Bill 2077 — would expand the Cancer Registry statewide (and make cancer a reportable disease); give DHHS authority to collect data from contractors

Status: as of 3/22 still awaiting Governor Booth's signature, but expected to pass into law.

HEALTH PROMOTION CENTERS

Senate Bill 6274 — would provide for regional health promotion centers around the state. Cancer prevention activities would be included in their services

Status: dead in Senate Health and Long Term Committee

ONS GOVERNMENT RELATIONS ACTIVITIES AT D.C. CONGRESS

If you are interested in learning more about the legislative process, the annual ONS Congress provides an ideal opportunity. The ONS Government Relations Committee will be sponsoring a pre-Congress session Wednesday, May 16, 1990 in Washington D.C. Participants will receive an overview of important cancer-related legislation and then make hill visits with core members of the Government Relations Committee to discuss issues with their US representatives or senators.

DO SMOKERS REALLY BURN YOU UP?

If so, we can use your help!! PSONS has joined with over 42 organizations on the Tobacco Addiction Coordinating Council (TACC). We are looking for a representative to attend TACC meetings (monthly during the legislative session, quarterly the rest of the year). Also, we have developed a phone tree of interested oncology nurses who can be called when critical votes are being made in the legislature. These nurses call other nurses to garner support for a bill and to generate phone calls to key legislators. Please contact Ingrid Nielsen (H) 523-5779 (W) 586-8627 for further informaton.

PSONS Profile

JOY MILLER KNOPP

Just about any time of the morning or afternoon you can see Joy and Micky running the byways around the Mount Baker neighborhood. . . and then of course there's her husband Doug. No she's not a two man woman, Micky is the family mutt. This first in a series of "profiles" of our membership puts the spotlight on Joy Miller Knopp, the new president of PSONS.

While just getting started in her role as president of PSONS, Joy has strong feelings about the direction we're moving. She is looking forward to developing her leadership skills and especially wants to work toward expanding educational opportunities for the membership. Joy graduated from San Diego State with honors in 1979 and went on to get her MN from the University of Washington in 1982. An Oncology Clinical Nurse Specialist at Overlake Hospital for going on six years, Joy was instrumental in developing the oncology program in concert with medical and radiation oncology, social work, and pastoral care. Direct patient care and the ability to influence nursing practice as a CNS are important components of her role. Joy feels especially challenged by working with the newly diagnosed. Cancer pain management is also a special interest area.

Joy was on the steering committee for the newly forming East King Unit of the ACS in the mid-1980s and has remained active with unit activities. A guest lecturer at Bellevue Community College, Joy enjoys teaching and gave a very informative presentation at this year's symposium on "Fever."

On the personal side, Ms. Knopp is a newlywed, having gotten married just last year. Husband Doug is a family practice doc at Group Health. They both enjoy biking, tennis and running with or without Micky. People close to Joy describe her as warm and funny and assure me that we couldn't have a better role model for PSONS. Good luck, Ms. President.

PSONS NEWSLETTER
Published quarterly by the Puget Sound Chapter of the Oncology Nursing Society with the support of the American Cancer Society.
Editors: Kathleen Block and Anna Williams

Letters, articles and announcements are requested from all PSONS members and other readers on topics of interest. Neither Puget Sound Chapter of the Oncology Nursing Society, the Oncology Nursing Society, the editorial board of the Quarterly, nor the American Cancer Society assume responsibility for the opinions expressed by authors. Acceptance of advertising does not indicate or imply endorsement by either of the above-stated parties.

Submit materials for publication to Anna Williams, PSONS Editor, P.O. Box 85058, Seattle, Washington, 98145-1058. (206) 386-2013

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

Barbara Fristoe, RN, MN, OCN
Oncology Clinical Nurse Specialist
Tacoma General Hospital

As part of a plan to decentralize nursing and put decision-making into the hands of staff nurses, several nurses on the oncology unit at Tacoma General Hospital have formed a Care Committee to examine and determine nursing practice. The committee consists of staff nurses from all shifts and the oncology clinical nurse specialist. Staff participation is encouraged by distributing minutes of each meeting to all staff. Staff are also encouraged to attend meetings and to give their input on issues before the committee to committee members.

At the start, the committee felt it was important to make some rapid changes to show staff that this was not an "all talk" committee. We began by looking at ways to improve documentation and to decrease the amount of nursing time spent on documentation. Two directions were taken. The first was a decision to move the graphic sheet, nursing flow sheet and nurses notes to the patient's bedside. Hooks were placed on the inside of the door in all patient rooms and clipboards were hung on the hooks with the records readily available. Vital signs and nursing assessments are charted at the time they are done, saving time by not having to jot them down to chart later. The second direction was to provide guidelines on charting on the nursing notes so that narrative notes do not repeat what was already documented on the flow sheet. Charting on the medication administration record and parenteral fluid record were standardized to reduce duplicate charting. Examples of accurate and complete charting as well as guidelines for documentation were placed on a bulletin board for staff education.

Currently, the committee is focusing on the oncology unit standards which were developed last year. Some of the general standards include: vascular access devices, chemotherapy, radiation therapy, pain management and patient/family teaching. We are looking at each standard and the existing policies and procedures related to the standard. The next step is to discuss our current practice and look at practice recommendations from the literature. Guidelines and nursing standards of practice will be developed for our unit. Policies and procedures will be rewritten and new ones written as needed.

We have encountered some problems in the process of developing this committee such as: nurses getting away for a meeting during work hours, especially if floating, maintaining the involvement of staff from all shifts, feeling overwhelmed by the amount of work there is for the committee, committee members trusting that their decisions will be respected by staff and nursing administration, and finally, maintaining the focus and determining the direction of the committee. We are frequently reviewing our short and long term goals.

Despite these problems, the Care Committee has had good representation, lively discussions, excellent support and encouragement from the oncology Nurse Manager and exciting opportunities to look at all aspects of our practice and to determine our own practice standards.

ATTENTION All PSONS Members

(Especially Board members & Committee Chairpersons)

The deadlines for items to be included in the 1990 Newsletter issues are as follows:

Summer, 1990 • *June 1 (post-ONS congress issue)*
Autumn, 1990 • *August 3*
1990 Special Year-End Issue • *September 28*

Please submit your calendar of meetings for 1990 as soon as possible and all committee reports throughout the year by the above dates.
Thanks!

The Last Word

Yep! That's right! This is the "National Enquirer" section of the PSONS Newsletter — for those people who really want to know! This is the section to check out what the rest of the membership is doing — and not just in the Seattle area! It is our hope that we can keep tabs on what is going on in the whole region.

We're interested in getting information from *you*, the readers, about things happening in your area:

* Who has accepted new positions
* What new therapies are being done
* Who has gotten awards/published papers
* Successful education programs in their institutions
* New and innovative strategies to keep good nurses

I'll be contacting some of you in various areas of the state, tapping you for information. Those of you not contacted directly, but with something of interest to contribute, please let me know. You can send me a "blurb" in the mail, via FAX, or give me a call.

Meanwhile... Here's a bit of news that might interest you. On April 27, Margo McCaffery will be speaking in Mt. Vernon at the Skagit Valley Inn. Her topic this spring will be **Advanced Pain Management**. She will cover most of the basic class in the morning and spend the afternoon discussing ways to implement her techniques within the institution, QA programs, etc. She will also get into special populations such as kids and the elderly, as well as discussing "novel" routes such as suppositories, SQ infusions, etc. She strongly encourages that you have a good understanding of the basic theories, or have attended her basic class since the morning session moves quickly, and the afternoon is based on that. It sounds great, and most of the brochures have gone out. If you are looking for more information, you may either call me at 1-678-7624, Mary Hughes at Skagit Valley Hospital at 1-424-4111, or Anita McCoy at United General Hospital in Sedro Wooley.

Renee Yanke
Whidbey General Hospital
P.O. Box 400
Coupeville, WA 98239
Phone: 1-678-7624 (work)
1-221-2480 (home)
FAX: 1-678-7623

The twelfth annual symposium was a hit with 175 participants. Evaluations were tabulated based on the return of 123 out of 175 possible participants. Average age of our audience was 40! We're not getting older, we're getting better. Number of years in oncology nursing was heavily weighted in the 5 to 10 years of experience catagory with hospital nursing as the primary practice setting over the group. Comments with regard to speakers were mostly favorable with a variety of pros and cons related to subject matter and presentation style. There was much material on the location of the meeting, parking, hotel accessibility, etc. for the symposium committee to review when planning begins for the 1991 Symposium.

Debbie Coombs, RN, MN, our colleague across the mountains in Spokane, relates there are some exciting things happening over there. It looks like the birth of a new ONS Chapter is in the making! An awful lot of enthusiasm is going into some preliminary meetings and we should have an update for you in the next few months.

Louise Granger, RN, MN, our colleague from St. Joseph Hospital in Bellingham reports that a former patient in the area has created a videotape on scarf tying for women with treatment related hair loss. Louise reports the video is well done with basic tying tips as well as selection of scarves and special layering effects. For more information on how to order, call Louise at 734-5400, extension 2426.

And Now — a ditty by a friend of a patient:

The Battle for Princess Dorothea

Once upon a time there was a fair maiden named Princess Dorothea. She was an innocent bystander in a most sinister plot cooked up by the dreaded Cancer Corp, an army of really mean dudes. While out on field maneuvers one day, the Cancer Corp laid down on their backs to take a little rest and began to dream, in mass, of getting their filthy little hands on the Princess Dorothea's tender bosom. Naturally, they became very excited! (visualize, Dorothy, visualize!). As this field of excitement grew and grew (you have got to get the picture, Dorothy, or the rest of the story won't work!) the noble Sir Doctor of the famous village of Oncology decided to help rescue the fair Princess Dorothea. With her permission, he activated a strong force of fighters called the Keemo-Kadets. Now this was an innovative army; they did not charge into battle on horseback; they were mounted on deers, John Deeres, that is. They revved up those motors, headed for the field, and mowed those suckers down. The Cancer Corp was reduced to the Eunich Ensemble in one quick sweep of the field, the fair Princess Dorothea was free of further danger from this now ineffective invading force, and they all lived happily ever after!

The End

Continuing Education

Monumental Steps for Oncology Nursing
Sponsored by: ONS
May 16-19, 1990
Washington, D.C.
Cost: $175 member (by 4/15/90)
$255 non-member
$100 Students and Retired Nurses
Contact Hours: Pending
Contact: 412-921-7373
Oncology Nursing Society
Dept. 1889
Pittsburgh, PA 15278-1889

Public Sector Psychosocial Nursing in Institutions
Sponsored by: UW Dept. of Psychosocial Nursing
May 16-18, 1990
Mayflower Park Hotel, Seattle, WA
Cost: $150
Contact: 206-543-1047
UW Continuing Nursing Education

Annual Congress Wrap Up
June 21, 1990
Faculty Club
University of Washington Campus
Free to PSONS members
7:00 p.m. - Buffet Dinner

The Image of Nurses
Sept. 11, 1990
Speaker: Sherry Shamansky
Vice President for Nursing
Group Health Cooperative of Puget Sound
Place to be announced

Dear ONS member,

We are excited about the extent and diversity of anti-tobacco legislation introduced in the 101st Congress. This legislation, if passed, stands ready to greatly affect the future health of our nation.

The tobacco industry lobbies heavily against such legislation. With retail sales of tobacco products exceeding $30 billion annually, there are both tremendous incentives and resources to fight tobacco control efforts. For example, the industry recently spent $6.5 million in one lobbying campaign against a statewide nonsmokers' rights referendum in California.

CONGRESS NEEDS TO HEAR ANOTHER POINT OF VIEW ... YOURS!

Please use the ONS 'Obituary Card' to inform U.S. Senators and Representatives when a patient you've cared for dies of a smoking-related malignancy. Additional cards are available through the ONS National Office, until supplies are exhausted. Further information, including identification and addresses of Congressmen and women, also is available.

Sincerely,
Kerry Harwood, MSN, RN
ONS Liaison, Coalition on Smoking OR Health

Mary McCabe, RN, BA, BS
Chair, ONS Government Relations Committee

Cynthia McCormick
ONS Director of Government Relations

Dear _____,

I wish to inform you that one of your constituents, who was a patient of mine, has died. The death was due to:

_____ lung cancer.
_____ head and neck cancer.
_____ cervical cancer.
_____ bladder, pancreas, or kidney cancer.

This person was a smoker. Smoking is the major single cause of both lung and head and neck cancers. Smoking is a contributory factor in cancers of the cervix, bladder, pancreas, and kidney.

From time to time, you may be approached by representatives of the tobacco industry requesting support for legislation that would benefit them. I hope you will keep this death in mind as you consider whether or not to support such legislation.

Sincerely,

signature _____
print name _____
street _____
city/state/zip _____

Attention Committees!

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

• APRIL •

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					

APRIL

19 - Government Affairs Committee - 7 pm, 8621 5th Ave. NE
(Call 525-3727 for additional information.

19 -Nausea and Vomiting - Roberta Strohl
Providence Medical Center
(See Continuing Education column for information)

28 - PSONS Board Meeting

• MAY •

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		

MAY

17 - Government Affairs Committee - 7pm
(see April 19 for location information)

• JUNE •

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

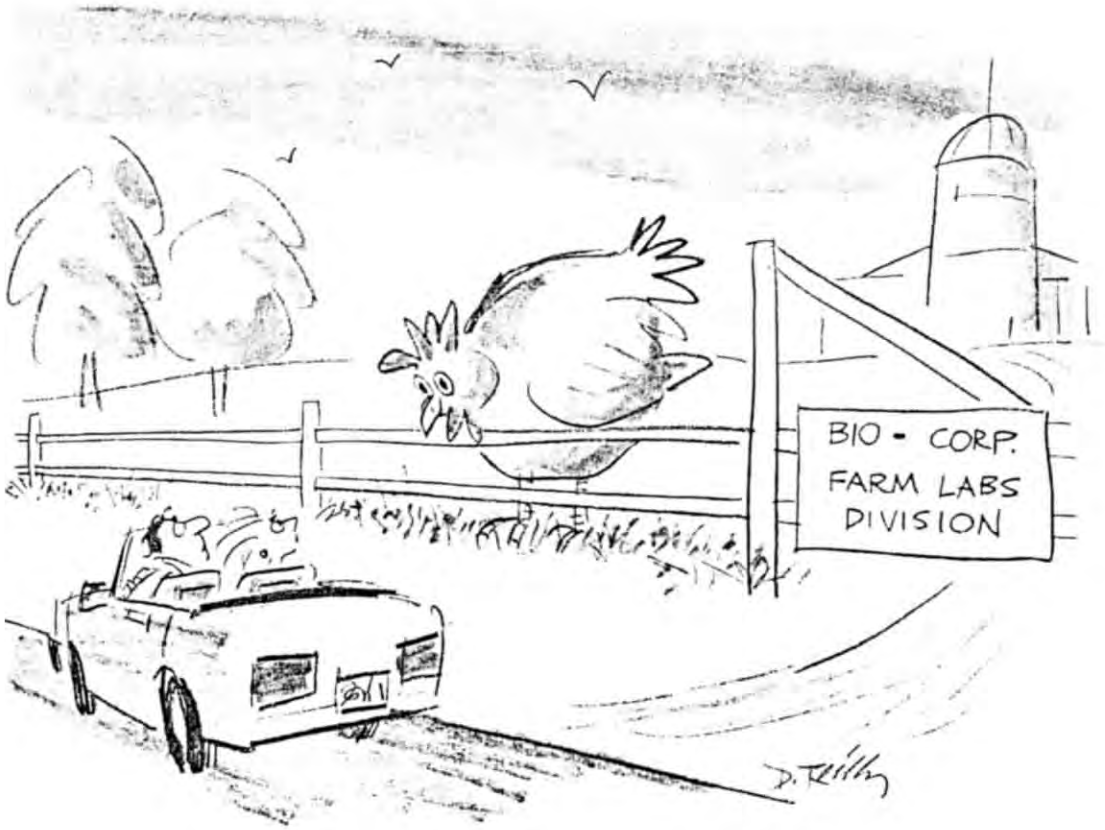
JUNE

1 - Summer Newsletter Deadline

8 -Board Retreat

21 - Government Affairs Committee - 7pm
(see April 19 for location information)

21 -Annual Congress Wrap Up
University of Washington Campus
(See Continuing Education column for information)



PSONS MEMBERSHIP

Membership Application

PUGET SOUND CHAPTER ONCOLOGY NURSING SOCIETY

P.O. Box 85058 • Seattle, Washington 98145-1058

Employment: Full Time____ Part Time____ Unemployed____

Highest Degree: Diploma____ Associate____ Bachelors____ Masters____ Doctorate____

Functional Area: Patient Care____ Administrative____ Research____ Education____

Specialty: Chemo____ Radia____ Surg____ Immuno____ Home care____ Other____

Patient Population: Adult____ Pediatrics____

Total years in Nursing____ in Oncology____

☐ NEW ☐ RENEWAL

☐ ONS Membership Number _____ Expiration Date _____

☐ I give permission to be included in PSONS membership directory.

Credentials _____

Last Name _____ First _____ Middle _____

Preferred Mailing Address:

Street _____

City _____

State _____ Zip _____

Business Address (If different)

Institution _____

Address _____

Address _____

Street _____

City _____ State ____ Zip _____

Phone (H) _____ (W) _____

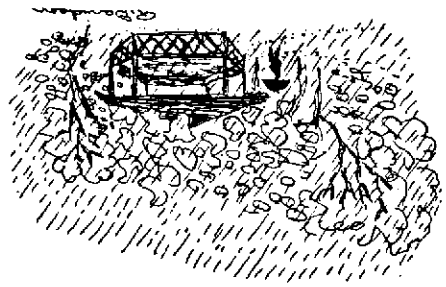
____ DUES $15.00

____ DONATION ____to PSONS Local Chapter ____to ONF

____ TOTAL SUBMITTED

MEMBERSHIP APPLICATION

Dues are $15.00 (in U.S. dollars) per year and must accompany this application. Membership runs from January 1 to December 31. Send your check or money order made payable to PS-ONS to the above address. No partial payments are accepted during the year.



American Cancer Society
Washington Division, Inc.
2120 - First Avenue North
Seattle, Wa 98109

SEATTLE WA

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