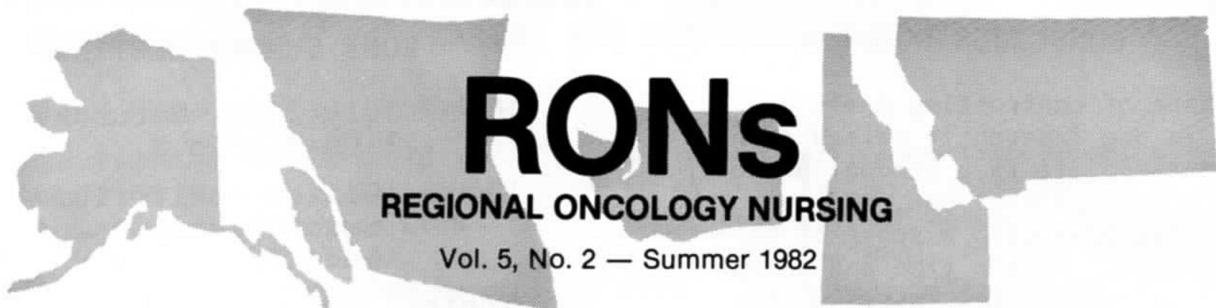

WE WON!!!

PROGRESS AT THE 1982 ONS CONGRESS

Although the theme of the 1982 ONS Congress was "Gateway to Learning" it seemed to me that the theme of the 1981 meetings "Power through Unity" permeated this year's meetings.

Sen. Daniel Inouye (HI) addressed the 1400 Congress participants in the keynote. As the first non-nurse and man to open this Congress, his perspective differed somewhat from past presentations. Yet his thoughts were extremely relevant to the profession of nursing.

He opened with an explanation of his efforts to bring the ERA before the U.S. Congress in 1972, and his continuing support for women's rights, even though the passage of the ERA seems more and more unlikely.

Inouye recognized the contributions of nurses as professions and has advocated for professional status and third party reimbursement for nurses in proposed health care legislation. The Senator was puzzled by the fact that we nurses are so large in total number, yet so divided, which has resulted in our having made such an insignificant impact on the political system.

The closing issue addressed by Inouye was the impact of nuclear war on the health of every person in the world. With increasing sophistication of nuclear weapons, even the risk of accidental detonation is unacceptable. Inouye identified the need for nurses to participate in activities that would decrease the risk of nuclear disaster.

For many of us in RONs, the high point of the Congress was the annual business meeting. The issue of human and women's rights has been close to our hearts (and minds), and has surfaced in different forms at the last four congresses. Many RONs members demonstrated their support of the ERA by boycotting this year's meetings. Others of us wanted to make one last attempt to present a resolution to ONS before the June ERA deadline. Therefore, a small contingent from Seattle left for St. Louis armed with our resolution, supporting data, and a large supply of ERA buttons and flyers.

The climate of the meeting was very different this year, as evidenced by the keynote, other sessions and the tone of the business meeting. People seemed to be taking a larger view of health care issues. A rational discussion of pros and cons replaced the emotional displays of past business meetings. Perhaps we have all grown and learned during this process.

The RONs resolution supporting ONS's selection of Congress sites only in ERA ratified states passed overwhelmingly!

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EDITORIAL: CONSCIOUS LIVING/ CONSCIOUS WORKING

The issue of confronting one's own mortality is one frequently raised among oncology nurses. It is a gradual process, sometimes a very painful one, and one which is often done with a sense of personal isolation. Little time and energy is devoted to existential issues within most job settings on a formal basis, yet mortality issues can often occupy a major portion of a work day, and can drain much of one's personal energy stores. I am frequently impressed at how well nurses develop an informal support system, to deal with their feelings and to seek more information.

This continuing process of personally dealing with death, led me to attend a five day, residential workshop in March, conducted by Stephen Levine and his wife, Ondrea. Levine has worked with terminal patients in confronting existential ideas and feelings for several years, and has collaborated with Ram Dass, and Elizabeth Kubler-Ross. The workshop, "Who Dies?", drew a group of 160 people, largely non-health care professionals, with a wide range of life experiences. Levine proposes a basic tenent: we cannot expect to confront death and experience it fully, if we do not confront our daily life with a similar awareness. Therefore, it is most important to cultivate an ever-increasing 'mindfulness', or an awareness of what we are doing and why. If one develops mindfulness--becomes truly aware of one's feelings as they arise, and of one's behaviors and their meanings--it is possible to face death openly, and without fear. Levine's presentation is based strongly on his life experiences with Buddhism, Christianity, and Eastern philosophy. He utilizes meditation as a primary tool to develop mindfulness and promote relaxation.

I accomplished my personal goals for attending the workshop: I traveled a little farther down the continuum of facing my own death, I got a relaxing and renewing break, and I learned some techniques that will be helpful in clinical situations. The ongoing application and personalization of the ideas from the workshop are up to me. I did come away with one additional thought, however. That is:

(cont. on p. 6)

RONs SUMMER MEETING

When: July 24th, Saturday
1:00-3:00 p.m.

Where: Glazer Auditorium
Swedish Hospital
Seattle

Topic: New Cancer Therapy Modalities:

1. John Blasko MD on Hyperthermia
2. Peggy Pitzel RN on Neutron Beams
3. Ann Reiner RN on Monoclonol Antibodies

PLAN NOW TO ATTEND

PRESIDENT'S REPORT

RONs called together clinical nurse specialists and oncology nurse clinicians twice this spring in an attempt to increase the visibility of RONs in the Seattle area, and to improve our services to our present and future membership.

As stated in our by-laws, the purposes of RONs include:

1. To disseminate to nurses involved in the care of cancer patients and their families knowledge and information related to cancer nursing.
2. To encourage outreach and mutual support activities among nurses caring for cancer patients and their families.
3. To encourage nurses to seek further training or specialization in the care of cancer patients.

Two concerns were voiced by the clinicians attending the first meeting this spring: the need for standardized Hickman protocols among the area's hospitals and community health agencies; and the need for better discharge planning, communication and coordination among discharge planners, floor nurses and community nurses.

An ad hoc committee was formed at the second meeting (June 15) to address the Hickman protocol question. Joan Bjeletich (Swedish Hosp.) advised us that she had been asked to sit on a national committee, through NCI, regarding this issue. There are over 150 different protocols nationwide. Jan Schwarz

(cont. on p. 7)

Case Presentation: CARING FOR THE WHOLE FAMILY

Situation: Peggy is 32 years old. She presented to her doctor in Oct. 1981 with bone pain, and was diagnosed with breast cancer with bone metastases. She is married to Tom, age 34, and they have two sons, 2 and 4 years old. Peggy received chemo and radiation therapy, but her cancer progressed. She was referred for home nursing care in February 1982.

Peggy was assigned to Pat, an oncology clinical specialist in a community nursing agency. When Pat first evaluated Peggy, she was in moderate pain from spinal mets., but still ambulating. Pat defined the initial problems as primarily psychosocial: 1) coping with decreasing independence; 2) coping with changing roles as wife and mother; and 3) Peggy's desire to leave her children with a part of her: she wanted to teach them to love.

Because of these problems and her family situation, Peggy opted to be as alert as possible and to experience some degree of pain, rather than to control her pain entirely and risk some degree of sedation. Her initial pain medication was methadone 10 mg. bid. Although her pain and weakness progressed rapidly, she frequently talked about her expected cure.

Peggy had an unusual support system from her church. She was one of 15 young women that had formed a parenting group which met weekly. When Peggy became ill, the group postponed the parenting issues and focused on helping Peggy. Each weekday one of the women would prepare Peggy's meals, do the housework and take care of her children. Pat met with this group, explaining Peggy's disease and status, providing the group with positive reinforcement for their work and discussing existential issues. The women all identified strongly with Peggy, and their own children had begun asking lots of questions. They were all confronting their own mortality.

In the next two months Peggy's pain and weakness became much worse. As the pain became more severe, even with increased methadone, Peggy decided she wanted to be pain-free, even if she became sedated. She became bedbound within 24 hours of this decision, and was started on morphine p.o. She rapidly increased her dosage from 20 mg. q 4 hr. to 60 mg. q 2 hr. In a short period of time, Peggy demonstrated behavior changes, agitation and occasional periods of combativeness. This seemed likely to her CNS involvement and electrolyte imbalances. Tom, and the rest of Peggy's family became much more involved in her care.

Pat identified the problems changing to: 1) Peggy's physical support as she became less alert and responsive; and 2) support of her network of family and friends. The goal was to keep Peggy at home as long as it was a positive experience for her sons. Pat agreed to keep Peggy as comfortable as possible. She also talked with Tom about the likelihood of regression and/or aggression in the boys. As Peggy became more confused and agitated, the boys became more reluctant to be with her and avoided her room. After discussion among the family and Pat, it was decided to hospitalize Peggy.

Peggy was started on a morphine drip in the hospital of 100 mg per hr., with large doses of phenobarbitol hourly. She became much more calm. Tom and the boys visited her. Peggy opened her eyes during the visit and died shortly afterward.

Before Peggy's death, Tom talked with the boys, explaining her hospitalization and impending death, as they cleaned up her bedroom. After they talked, Tom had the 4 year old explain the situation to the 2 year old. It was a special way to ensure they understood their mother's situation.

Pat makes bereavement visits with Tom about once a month. As predicted, the boys demonstrated some regressive and aggressive behaviors. Tom sought professional counseling and is confident the behavior changes will resolve with time. Pat also met with the women's group. They talked extensively about previous losses and grief experiences, and many demonstrated increased attention to their children, holding them and touching them.

Barbara Burns McGrath RN, MN
Judy Moore RN

ED NOTE: Do you have a case to share? Write it up and send it to us...

USE OF NARCOTICS IN PAIN MANAGEMENT

Kathy Foley, MD, pain researcher and clinician at Memorial Sloan-Kettering in New York was in Seattle June 24 speaking on the use of narcotics in the management of pain in the cancer patient.

She notes that in her clinical studies, one third of the in-patients at Memorial have significant pain. This includes both adults and children. In those patients whose pain is not controlled, the major issues are inappropriate dosage and inappropriate route of administration.

Although 60% of terminal patients reported pain, not all of them wanted to be pain-free, due to the trade-offs of sedation and other mood and state alternations. The majority of patients with pain, both in-house and out-patient, had pain related to their tumors. A smaller number, 19-25%, had pain related to their therapies. Another 3-10% had pain unrelated to either their tumors or their therapy.

In general, patients with a chronic medical illness such as cancer who have pain will respond quite similarly to the patient with acute pain. That is, narcotics are an effective treatment of choice. This differentiates the cancer patient from the patient with pain due to chronic functional pathologies such a migraines or low back pain.

Dr. Foley cited several research studies showing that heroin and morphine had equi-analgesic effects, as well as similar emotional effects. Heroin did not show any advantages over morphine. Neither has cocaine when added to morphine or heroin proven to be the advantage it was once thought to be.

She warned against abruptly adding a partial agonist-antagonist type drug such as Talwin to a morphine related drug. Talwin does bind to opiate receptor sites and therefore it will compete with morphine, precipitating an acute withdrawal state.

Methadone, she has found, is metabolized with wide variability in different people. Up to 5-fold differences have been found in some studies. Therefore careful individual titration is required. Usually by the sixth q 4-hr. dose a steady state is achieved.

Dr. Foley cited the advantages of adding the prostaglandin inhibitors such as aspirin to narcotics in the management of bone pain.

She believes strongly that psychological dependence is not an issue with these patients. Cancer patients do not seem to abuse their narcotics even when they are given unlimited quantities and are in control of their own dosing schedules. Neither do they kill themselves with their drugs.

On the matter of placebos, Dr. Foley urged that they never be used. A positive response from placebos merely shows that the patient is a placebo-reponder; it does not show anything about the nature of the patient's pain. If placebos are a possible part of treatment, the patient must know in advance and agree to their use.

Although Naloxone is one of the more common ways to reverse narcotic overdose, it is not always administered properly. It should be diluted in 10 cc and administered slowly. Some patients have vividly described the discomfort associated with abrupt reversal of the narcoticized state. At times it may be more appropriate simply to wake the patient up by constant talking and touching.

To prevent withdrawal symptoms, give back 25% of the patient's previous narcotic dose. Continue to cut the dose to 25% on each successive day.

Kit Bakke

RONS NEWSLETTER

published quarterly by
Regional Oncology Nurses

Editors: Kit Bakke; Judy Moore

Items for inclusion in the newsletter are requested from all areas in the Northwest region.

Submit material for publication to Editor, RONs, c/o Outreach Program, Fred Hutchinson Cancer Research Center, 1124 Columbia Street, Seattle, WA 98104.

B.C. INTERFERON STUDY

Sharon Burke, Spencer Wade and Linda Gibson presented a discussion of the Interferon clinical trials being done through the Cancer Control Agency of British Columbia at the RONs spring meeting April 17.

The presentation included a general explanation of Interferon, a description of the BC study and a discussion of some of the nursing considerations involved in giving experimental therapies.

Interferon is probably a family of glycoproteins, not one single molecule. Several types have been identified including alpha or leukocyte interferon, beta or fibroblastic type and gamma or immune interferon. Research is now underway to determine which type might be most effective for which type of tumor.

There appear to be two mechanisms of action for interferon: it has a direct cytotoxic effect and it appears to act as a general immune system stimulator. The BC study is making a comparison between a high dose (continual infusion over 10 days) and a lower dose (daily pulses) schedule. They are looking at toxicities, range of activity, and tumor response. Patients with cancer of the breast, ovary and non-Hogkin's lymphomas have been entered, with a total of 20 subjects so far. The patients have been generally well clinically, with life expectancies exceeding 3 mo., and are removed from the study if disease progression is found.

Side effects of Interferon reported by these subjects include an initial increase in temperature, muscle pain, lethargy and anorexia.

Giving Experimental Drugs

Linda Gibson vividly described her own misgivings about administering experimental drugs. She spoke of the responsibility involved, saying that with these drugs you simply cannot rely on the "excuse" of "I was only following orders." She felt the nurse was particularly responsible for ascertaining the patient's informed consent. Not only should the patient understand the experimental nature of the therapy, he or she should specifically understand how to get off the study.

Finally she felt some thought needs to be given to the relationship the nurse will have with the patient who has failed the experimental treatment. Does the nurse's job description prevent her from following patients who are off-protocol? Does she lose interest in them? What does this mean for the patient?

Kit Bakke

SPRING RONs MEETING

RONs held its spring meeting April 17 in Vancouver, BC. Canadian RONs members spread their usual lavish lunch buffet. Discussion during the meeting focused on finding new funding sources for RONs as the Fred Hutchinson Cancer Research Center's Cancer Nursing Outreach grant comes to an end.

Additional organizational sponsorship is being investigated in the Seattle area. Although our currect bank account holds $2592.89, this would not begin to cover quarterly newsletters and the January Annual Meeting.

The Nurse-to-Nurse Network is also threatened by loss of financial backing. Alternatives are being considered; suggestions would be welcomed.

Proceedings from the last Annual Symposium on ethics and cancer nursing are available to RONs members. Send requests to Karen Landenburger at Fred Hutchinson Cancer Research Center, 1124 Columbia St.,Seattle WA 98104.

The Newsletter would appreciate receiving more items for its "Upcoming Events" column. Continuing education offerings, special interest meetings and other educational or professional sessions are appropriate for printing. Send items to Kit Bakke RN, Children's Orthopedic Hospital and Medical Center, PO Box C-5371, 4800 Sand Point Way NE, Seattle WA 98105.

DON'T FORGET THE SUMMER MEETING

JULY 24, SATURDAY

CONSCIOUS LIVING. . .

(con't from p.2)

how little time we permit ourselves to explore these topics, both formally and informally. It is important to have the time available away from work; flexible working hours and job-sharing are ways in which we can cope with personal losses when a particular patient dies, or take the time to explore how we are feeling that particular day. Formally, also, we can support one another in seeking out new sources of information and support. It is important to keep up with current clinical information, but it is beneficial to me to go outside of the health care system to learn new skills, explore new ideas, and re-evaluate myself. I also think it is beneficial to have mechanisms by which I can share this knowledge and these resources with my peers.

Stephen Levine is helpful to me in confronting death on a daily basis, both for myself and my patients. He may not be for you. What is helpful, is for all of us to keep looking, and sharing.

Judy Moore, RN

For more information:
Stephen Levine, Who Dies? An Investigation of Conscious Living and Conscious Dying, Garden City, NY: Anchor Books, 1982.

Workshop:
Dying Into Life, with Ram Dass, Stephen and Ondrea Levine, and Dale Borglum
Date: Sept. 18-24 Cost: $180
(Near Pt. Townsend)
Write: Hanuman Foundation
P.O. Box 5564
Sante Fe, NM 87502

SINO-AMERICAN ONCOLOGY NURSING STUDY TOUR

September 30 to October 13, 1982 has been set for the first Sino-American Oncology Nursing Study Tour. The ANA has accredited this trip to China with 35 continuing education credits. It will include meetings in Beijing (Peking), Soochow, Shangai and Manila. Visits are planned to major medical centers, nursing school and clinics. Cost is about $2000.

Five primary themes will be addressed:
1. Health care systems and cultures of China and the Philippines.
2. Care of the Child/Family with Cancer.
3. Draining wound management.
4. Implications of urinary diversions in the adult patient.
5. Pain and transition: nursing interventions.

For more information on the trip, contact Professional Seminar Consultants, Inc., Educational Office, 7107 Prospect Place, Albuquerque, New Mexico 87110 or call 505-881-4229.

JOIN THE REGIONAL ONCOLOGY NURSES!

Just fill out this information and we will send you a membership application:

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Represent yourself in RONs. Help RONs represent you. Join us now.

Send to: Regional Oncology Nurses
% Fred Hutchinson Cancer Research Center
1124 Columbia
Seattle WA 98104

PRESIDENT'S REPORT...

(cont. from p. 2)

(Virginia Mason) suggested we look at the population we are serving, noting that we have a variety of settings and indications in which the Hickman is routinely used.

Peggy Hutchison (FHCRC) will convene and chair this group and will report back to RONs the recommentations of the committee. The group will only address the use of Hickmans in oncology patients. It was recognized that many community hospitals are developing oncology programs and their needs and concerns are of great importance to us all.

The discussion for the next meeting will be discharge planning. It will be held at 7:30 am over breakfast at Gretchen's by Virginia Mason. Interested oncology RNs are invited to attend.

Jan Schwarz suggested we utilize material from the ACS Professional Education Committee as we work on discharge planning. She has been chair of this group and will be sharing its information with RONs.

Committee Business

Ryan Iwamoto (Virginia Mason) is Board liaison and convener of the Program Committee. Members include Jenny Shubert (Community Home Health Care), Mona Elston (Tumor Institute) and Carol Mickley (Overlake Hosp.). Judy Fihn in heading the Membership Committee. Karen Landenburger (CNOP) and Ann Oakley (Swedish Hosp.) have agreed to work on the Bylaws Committee.

Annual Meeting Plans

Our Annual Meeting will be held at Swedish Hospital on January 20 and 21, 1983. The Planning Committee is just now forming. Much work needs to be done: everything from topic and speaker choices to refreshments and parking. Please call Ryan Iwamoto to volunteer: 624-1144, ext. 743. Help make this the best Annual Meeting ever.

Judy Kornell
President

NURSES FORM NETWORK
FOR PAIN RESEARCH

A new newsletter, the PRN Forum has been published with the aim of creating a network of pain research nurses. Nurses involved in the care, treatment and research of pain may obtain copies of the newsletter without charge. Write to editor, George Heidrich, RN, MA, University of Wisconsin, Center for Health Sciences, Department of Anesthesiology B6/387, 600 Highland Avenur, Madison, Wisconsin, 53792.

NEW PEDS TRANSITION PROGRAM

The University of Washington's graduate nursing transition services program is adding a new pediatric component. The transition services program is cooperating with the parent child nursing program to offer a course of study on the child with cancer.

The program is designed to prepare professional nurses to become clinically competent specialists in providing oncology transtion services to adults and children with progressive illness and their families. The concept of transition services encompasses two types of transition: the passage of the patient and family through different stages of illness, and the passage of the patient through different health care settings as the illness changes.

For further information on this program, its requirements and admission procedures, write to Graduate Program Advisor, School of Nursing, SC-72, University of Washington, Seattle WA 98195.

CHANGE OF ADDRESS

PLEASE LET US KNOW IF YOU HAVE MOVED.

Send your old and new address to:

RONs Newsletter
Nursing Outreach Program
Fred Hutchinson Cancer Research Center
1124 Columbia Street
Seattle, WA 98104

Thank you very much.

WE WON...
(cont. from p. 1)

The resolution on ONS's planning of its congresses independent of other organizations (such as ASCO) also passed with board support.

ONS also took a stand against the escalation of the nuclear arms race, again indicating ONS's willingness to look at the impact of social and political issues that affect human health and well-being.

Other resolutions that were accepted by the membership included support of efforts to decrease smoking; support for independent nursing research; backing for the National Cancer Act and the recommendation of the appointment of a nurse to the National Cancer Advisory Board. In addition, recognition of the work of Eugenia Waechter was formally made.

Eleven new chapters were recognized this year. Future Congress sites are San Diego 1983, Toronto 1984 and Houston 1985.

Each participant left the St. Louis Congress with a personal view of the events. As a participant at the last three meetings, I have noted the increasing breadth and depth of the presentations in providing new insights to oncology nurses. The meetings serve the new oncology nurse as well as the experience clinician and the educator and researcher.

For me, the Congress was educational and affirming. The growth of the organization and the changes in the scope of issues covered demonstrates an important realization. It is no longer possible for us to use blinders in our nursing practice. We are affected by larger external factors of which we must be aware. We, as a collective, can and do impact that larger system.

Liz White, RN, MN

ABSTRACTS REQUESTED

"Creative Approaches to Death and Dying" is the theme of the 5th Annual Forum for Death Education and Counseling, being held September 24-26, 1982 in San Diego. Abstracts of papers, research reports, media presentations and proposals for panel discussion topics are requested. Send single-spaced typed abstracts to Judith M. Stillion, PhD, Western Carolina University, School of Education and Psychology, Cullowhee, North Carolina 28723.

MD ANDERSON ANNOUNCES
NEW ONCOLOGY RN PROGRAM

MD Anderson's department of nursing and continuing education announces an Oncology Nurse Clinician Program. It is a 12 month course, starting in September and again in March. Work/study options are available. Contact Roberta Luedke, Program Director for more information. Her address is MD Anderson Hospital, 6723 Bertner, Houston Texas 77030. Or call 713-792-7130.

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