Correspondence and Short Communications

Comments on published articles, short communications of a preliminary nature, case reports, technical notes and the like are accepted under this heading. The articles should be short and concise and contain a minimum of figures, tables and references.

SAFEGUARD THE IDENTITY OF CANCER NURSES

There is a growing awareness of the need to acknowledge a partly new role and identity for the nurse. But the way ahead is obstructed by a myth: The doctor knows everything, the nurse knows only a part of what the doctor does.

This, of course, is not true. Physicians and nurses have different field of knowledge. Those overlap, but only partly. Nurses have their own field of knowledge and the best possibilities of developing it. It is essential for this to be generally accepted and the consequences taken, because otherwise the development of an important field of knowledge will be hampered.

It is not good enough for us physicians to be encouraging but passive. We should actively endeavour to speed this development. Acknowledgement of the new role of the nurse (though it is not really new) is an important component of the ongoing development of medical care. It is unnecessary for this development to be accompanied by fabricated disagreements. The most effective means of defusing any aggressions is by making active efforts ourselves to accelerate the process.

Nurses often have the best knowledge of the physical and emotional needs of patients and their relatives. Nurses have developed information and training programmes for patients and relatives. Nurses in specialised units ought to be given more opportunity of acting as teachers to nurses (and why not doctors?) in primary care, long-time care and home care. Nurses have played a leading part in the development of measures to reduce the adverse effects of heavy treatment programmes, not least for cancer patients. They ought frequently to play a key role in the transmission of technology and methods from research to clinical practice and in the comprehensive evaluation of new methods. Nurses, therefore, should be allowed to contribute more actively in the planning of controlled clinical trials. This will entail partly new requirements and, accordingly, it will demand additional knowledge. Nurses, therefore, must be given better opportunities of themselves developing their expanding field of knowledge.

These conditions ought to be acknowledged and the consequences taken. Nurses should often be given a more independent role and possibilities to undergo research training. Bearing in mind the great importance of caring issues in the treatment of cancer, it is perhaps natural that this sector has often spearheaded the development process.

The European Community has recently accepted an ambitious cancer nursing programme which comprises basic specialist training for oncology nurses (already existing in Sweden) and the opportunity of further training. The most important factor in the long term will be the Common Core defined for structured higher education of cancer nurses within the EC. Among other things the participants will undergo targeted research training. The European School of Oncology has been organising national and international Cancer Nursing courses. Plans exist for a European School of Cancer Nursing. The Netherlands are attempting to have the school set up within their borders. The EC-funded EORTC (European Organization for Research and Treatment of Cancer) has a Group of (Research) Nurses which comments on multicentre trials before these are considered for approval and support. A separate Cancer Nursing section was recently set up within the National Institutes of Health—National Cancer Institute in the USA. Generous funds were set aside for research and development projects in cancer nursing, scholarships for nurses, funds for travel, for training courses, etc..

A growing number of national and international scientific nursing congresses are being organised. Some national cancer research funds have shown great generosity in awarding scholarships to enable nurses to take part in these congresses and to go for training in other countries. The Swedish Cancer Society recently allocated 1 million SEK anually for the subsequent training of nurses.

Recently I had an opportunity to participate in the 5th International Conference on Cancer Nursing in London. As with most big congresses, the quality of the proceedings was somewhat uneven, but I was impressed by the content of several lectures, and by the enthusiasm and vigour of current developments. It was during a similar congress, in Madrid in 1987, that I listened to one of the most moving and instructive lectures I have recently heard—an analysis and interpretation of consecutive drawings by teenagers suffering from incurable cancer. In the drawings they convey their awareness of the prognosis, give vent to their anxiety, make demands, with a great sense of loss bid farewell and, finally, accept the injustice to which they have fallen victim.

In several hospitals, Radiumhemmet among them, nurses have their own patients visits and consulting hours for dealing with practical aspects of care. Continuity of care is much better here than in doctors' receptions. We have nurse consultants for primary care, home care, and long-term care. Nurses are often the best to staff a phone-in service for the general public, to develop and evaluate supportive programmes for the relatives.

Nurses, doctors, administrators and others involved in medical care share a common responsibility for the ongoing development, and in this context we all have our parts to play. The nurses' self-esteem and, accordingly, their identity is frequently at variance with the role which nurses are already playing. A change of attitude, therefore, is both natural and necessary, not least among nurses themselves. It is perhaps understandable, but quite unnecessary, for the 'emancipation' process to be accompanied by statements which may seem aggressive towards other staff categories, e.g. physicians. But physicians, for their part, have the opportunity here of playing an important role, not only as passive onlookers and definitely not as know-alls.

This can all have many consequences. Not just better adjusted, more differentiated training and pay commensurate with responsibility, but also better working conditions, and relief from administrative and other duties which do not require the qualifications of a nurse.

When these questions are being debated, one feels bound to draw attention to several forgotten and neglected categories in the medical sector—assistant nurses, nursing auxiliaries and occupational therapists, for example. One important personnel category—medical secretaries—is in the process of disappearing in many countries, without anybody doing or even saying anything about it. Our hospitals and health centres will not be able to function adequately without qualified medical secretaries. Are nurses and doctors expected to take over these duties too?

There can hardly be any other large and important sector of our society with so many important and neglected categories. Why is this? Who is responsible?

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