

PALLIATIVE RADIOTHERAPY AND NURSING

Ayala Simon , RN, MSN- staff nurse in Radiation unit and Oncology clinic, Sharett institute of Oncology, Hadassah Medical Center, Jerusalem. ayalasi@hadassah.org.il

Ruth Schwartz, RN, BSCN- staff nurse in Radiation unit and Oncology clinic, Sharett institute of Oncology, Hadassah Medical Center, Jerusalem

Sarit Kadouri, RN,MPA- Nurse Coordinator of Radiotherapy care, Radiation unit Sharett institute of Oncology, Hadassah Medical Center, Jerusalem

There are two main goals in radiotherapy referring to oncology patients:

1. To cure the patient as single treatment modality or combined with chemotherapy or biological agents.
2. To help the patient receive a better quality of life and relief the burden of symptoms when there is no cure.

This Article discusses the aspects of palliative radiotherapy and helps us understand how palliative radiotherapy has a different set of rules. As in palliative treatment the idea is to treat symptoms and enable the patient to be comfortable with minimal suffering.

In palliative radiotherapy, the patient will receive external radiation or internal radiation (brachytherapy) to relieve symptoms of pain, bleeding, dysphagia, obstruction and other symptoms caused by malignancy.

The main goal is to receive rapid results in a short timespan. The doses of radiation will be high, the number of treatments low.

The nurse working in radiotherapy has to focus on the patient with the objective of doing what is best for the patient and his family.

The role of the nurse is evaluation, management and education of patients referred for palliative radiotherapy.



SPIRITUAL CARE IN ISRAEL – 10 YEARS OF A QUIET REVOLUTION

Valerie Stessin, M.A, Board Certified Chaplain (United States), Spiritual Care Provider Certified (Israel), Chaplain, Teacher at the Schwartz Center for Health and Spirituality, former co-director of Kashouvot.

This article presents the field of Spiritual Care or Chaplaincy in Israel and sets forth a vision for its future development. This field, while well developed in the United States, is still fairly new here. In order to understand this new field, we first need definitions of spirituality and spiritual care. We also need an understanding of who the Israeli spiritual care providers who work in this field are, and how they are trained professionally. Spiritual care providers play a series of roles as part of the multi-professional care team and work in various frameworks. The services that spiritual care providers offer to patients, family members and staff are broad and may be helpful in a variety of ways. The importance of spiritual care to patients is illustrated by its application in a Bone Marrow Transplant department and in a Palliative Care service based on our personal experience and research. Models of Spiritual Care developed in the United States have application in Israel and may inspire the growing Israeli field. The first 10 years of the field of Spiritual Care in Israel have seen many developments, although many challenges remain. Our vision for the implementation of Spiritual Care in the healthcare system in Israel has great potential.

THE PROCESS OF INTEGRATING PALLIATIVE CARE SERVICE IN A GENERAL HOSPITAL

Kzia Cohen, RN, MSc, Palliative Care Coordinator, Oncology Nurse Specialist, Emek Medical Center

Ehud Paz M.D, Director of Palliative Care Service, Specialist in Intensive Care Medicine, Emek Medical Center

Palliative medicine is a medical specialty which deals with increasing the quality of life of patients who deal with incurable disease with an attempt to give help and support with their physical, emotional and social concerns, along all stages of disease and especially towards the end of life. Palliative care services were first introduced in Europe and the US thirty years ago, and expanded in the last decade. In conjunction with what occurred worldwide, there is a rise with the social and legal awareness to this issue in the last ten years. However, the magnitude of this service does not manage to give an answer to all the people who need it, which only increases. Developing palliative care services in the form of a team that gives counselling, is a complex and demanding issue that means a conceptual change in the treatment for incurable diseases. This means a change of the focus from life quantity to the quality of life. This may not always comprehend with the treatment plan developed by the department of the specialist who leads the plan of care. Because of this, the palliative care team needs to work with much respect with the other health care professionals and work with initiating an organizing and grounded care plan which focuses on palliative care in wide circles. This base includes departmental and institutional guidelines, definition of roles, decision-making, increasing knowledge, having a multi professional team and knowing all the treatments available. Enhancing communication and marketing skills, including changing conceptual and social models are important. This article describes the opening and initiation of a palliative care services in an institution at the east-north of the country. Some stone marks will be described and new preliminary data from the work of this service, including recommendations after two years of experience in this service will be included.

JOURNAL OF THE ISRAELI ONCOLOGY NURSING SOCIETY

DECEMBER 2015 VOL. 27 NO. 3

EDITOR-IN-CHIEF: **ILANA KADMON, RN, PHD**

DEPUTY EDITOR: **RONIT R. GOLD, RN, MPA**

EDITORIAL MEMBERS: **LIVIA KISLEV, RN, MA; IRIT SCHVARTZ-ATIAS, RN, MA; MARINA FURER, RN, MA, ONC.**

MANUSCRIPT EDITOR: **RONIT R. GOLD**

PRODUCTION: **GALIT AZOULAY. GRAPHIC DESIGN**

TABLE OF CONTENTS

1. Brain Metastases – The Role of Radiosurgery in Attaining Local Control - Review 6
2. Spiritual Care in Israel – 10 years of a quiet revolution..... 14
3. The Process of Integrating Palliative Care Service in a General Hospital 26
4. Palliative Radiotherapy and Nursing 38

BRAIN METASTASES – THE ROLE OF RADIOSURGERY IN ATTAINING LOCAL CONTROL - REVIEW

Or Cohen-Inbar MD, PhD,
Department of Neurological Surgery, Rambam Health Care Center, Haifa Israel.
Molecular Immunology Laboratory, Technion Israel Institute of Technology.
Faculty of Medicine, Technion Israel Institute of Technology.
Department of Neurological Surgery and Gamma-Knife Radiosurgical Center, University of Virginia Health Care Center, USA.

Rima Benenson RN, MA, Department of Neurological Surgery, Rambam Health Care Center, Haifa Israel.

Abstract

Introduction: Brain metastases are a common cause of morbidity and mortality. Surgical resection (SR), Radiosurgery (SRS) and Whole brain radiotherapy (WBRT) are the main treatment modalities aimed at attaining local control. SR allows for tissue diagnosis and for a swifter symptomatic relief, yet surgical morbidity in these frail patients, continues to taint its advantages.

SRS and SR: SRS is an attractive treatment option for patients harboring a limited intracranial metastatic burden due to its single session, high dose, highly conformal nature. SRS has minimal side effects or time delay to starting systemic therapy as well. With regards to local control, reports from the last decade have shown good and comparable rates of SRS and SR, with lower morbidity in SRS and a swifter relief in SRS.

WBRT: A large body of evidence suggests WBRT should be used as an adjunct tool. As primary treatment, WBRT is inferior to SRS or SR in attaining local control. WBRT is reserved for lesions unsuitable for SRS or SR due to size, number or location constraints. Still, omitting WBRT as an adjuvant /adjuvant tool after SR or SRS has led to worse local and distant intracranial control, with no influence on functional or overall survival.

The Nurse's Role: As an integral part of the radiosurgical team, the nurse's role is characterized by greater autonomy with emphasis on the patient's quality of life, as well as guidance for the patient and family.

Summary: Treatment should be multidisciplinary. SRS is comparable to SR, in attaining local control.

