Psychosocial Aspects of Cancer Care

The Role of the International Psycho-Oncology Society (IPOS)

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Background and History
The psychosocial dimensions of cancer have been the focus of research, health care and training for the last 35 years. As the number of psycho-oncology programs increase all over the world, the current curricula of institutions of higher learning have begun to include the psychosocial and psychiatric issues of cancer as mandatory topics. With this background, the International Psycho-Oncology Society (IPOS) was created in 1984 to serve as an international, multidisciplinary body and forum for dissemination of information about clinical, educational and research issues that relate to the subspecialty of psycho-oncology, including psychiatric, psychological, social, behavioural, spiritual and ethical aspects.

Aims and Goals
The aims of IPOS are to encourage psychosocial principles and a humanistic approach in cancer care, to stimulate research in this area, and to develop a training curriculum to address these concerns. IPOS encourages the formation of national organizations to further this mission. The mission of IPOS is that all cancer patients and their families throughout the world receive optimal psychosocial care at all stages of disease and survivorship. The vision of IPOS is to become the pre-eminent international resource for the dissemination of information and development of interventions that reduce cancers related to lifestyle and behaviours.

Organizational Structure
IPOS is organized to function with a board of directors which includes a president, a vice-president, a secretary, a treasurer, the past-president and the president of its world congress, plus four other directors. Invited directors, with no voting privileges, are also part of the board.

Three types of memberships exist:
• **Active membership.** Physicians, epidemiologists, psychologists, nurses, social workers and social scientists as well as other professionals at the Masters’ or Doctoral level and individuals with professional equivalence who have been actively engaged in the research or clinical aspects of psycho-oncology.
• **Associate membership.** Individuals that demonstrates an interest in psycho-oncology.
• **Member-in-training.** Individuals in training to become physicians, epidemiologists, psychologists, nurses, social workers and social scientists are eligible for this membership category provided they are considered qualified by the Membership Committee.

Projects, Initiatives and Activities
IPOS has developed a number of initiatives and projects which include:
• **Core Curriculum in Psycho-Oncology.** In cooperation with the European School of Oncology (ESO), IPOS has launched a Multilingual Core Curriculum in Psychosocial Aspects of Cancer Care which is available in six languages (French, English, German, Hungarian, Italian, Spanish) at the IPOS (www.ipos-society.org) and ESO websites (www.cancerworld.org). Five lectures are available at the moment (Communication Skills in Cancer Care; Distress Management; Depression and Depressive Disorders in Cancer Patients; Anxiety and Adjustment Disorders in Cancer Patients; Psychosocial Assessment in Cancer Patients) and six more are in progress to complete the core-curriculum.
• **IPOS Press.** IPOS founded the IPOS Press with the aim of preparing, publishing and disseminating educational material. In cooperation with the American Society of Psycho-Oncology, IPOS Press has published the Quick Reference for Oncology Clinicians: The Psychiatric and Psychological Dimensions of Cancer Symptom Management. The handbook is distributed free of charge to health care professionals from developing countries. A second pocket manual on Palliative Care is in press. Further educational materials (e.g. Advances in Psycho-Oncology Research and Practice Series, CD format educational materials) are under development.

Membership Benefits
Membership is open to individuals with a diversity of clinical and research backgrounds, including physicians, psychologists, nurses, social workers, rehabilitation specialists, and educators, among others. Membership benefits include:
• Opportunity to subscribe, for reduced members-only rates, to the journal Psycho-Oncology (12 annual issues), the Journal of Psychosocial Oncology (4 annual issues), and Palliative and Supportive Care (4 annual issues);
• Access to the members-only website, including online membership directory for up-to-date member contact information and participation in online e-mail discussion forum (list server);
• Free membership in the Psycho-Oncology Section of the World Psychiatric Association (see www.wpanet.org);
• Participation in cross-cultural research initiatives and surveys regarding clinical practice and research, and access to a multilingual psychosocial oncology curriculum;
• Reduced rates for conferences and symposia supported by IPOS and those with reciprocity with IPOS (under development).

Affiliation and Collaboration with other Societies
IPOS has more than fifty psycho-oncology and other societies throughout the world affiliated to it and enjoys partnerships with a number of scientific societies and organizations, including EONS, with the specific aim of increasing cooperation between different health care professionals in relation to psychosocial aspects of

The new President of IPOS, Luigi Grassi, a delegate, Jimmie Holland, and Aruna Tole, who received the Award of Distinction for her work in India, at the IPOS 8th World Congress, Venedig, October 2006
The role of the nurse in the care of dying people is probably the longest established role in the health professions. Why is it then, when you ask a nurse what she/he is doing, that a clear, description or definition is so difficult to articulate? Finding words to describe caring, the human response to suffering and the emotional labour that is involved in providing end of life care is difficult. The nursing literature is, however, gradually giving voice to the exceptional experience of providing nursing care to the dying and their families.

In practice, nursing is often known as the profession that holds the contributing health disciplines together, coordinating and communicating care between health professionals and supporting other health professionals, rather than for its independent interventions. This view of nursing is so strong that when nurses are observed they are seen only to be doing the work of the doctor or the pharmacist or the physiotherapist or the psychologist.

Occasionally you will see a nurse apparently just sitting and talking to a patient and when you approach, the conversation automatically stops. Jocelyn Lawler in her book "Behind the Screens" (1) comments on this phenomenon saying that one could conclude that what the nurse and patient are talking about must be trivial because so soon as something or someone more important comes along, the conversation stops. Lawler explains that in fact the content of the conversation is therapeutic and therefore private. Even the act of easy conversation or "chatting" with a patient gives a patient their personhood – they are being treated as a human being worth talking to about ordinary things. This demonstrates that the patient, as an ordinary person, matters even to busy health professionals. It is easy to assume that nurses mustn’t be very busy if they have time to just talk. But that talk is providing essential information for understanding the illness experience from the patient’s perspective and to preserve personal integrity.

Then there is hand-holding. This is something that nurses do and is an important intervention. Hand-holding is a term used to try and explain the inexplicable parts of the emotional labour of caring, particularly for the dying. There can be, in fact, a lot to this very ordinary action. Nurses have an incredible level of permission in all societies to break the usual rules of personal space between relative strangers, particularly the rules between a professional and a client. The nurse has permission to touch patients, which includes hugging and cradling patients in distress, in a way that is not often available to other health professionals. There is an intimacy in the nurse-patient relationship that is born out of the nurse making him- or herself available to be therapeutic.

Palliative care is defined by the World Health Organization (WHO) as an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other physical, psychosocial and spiritual problems. Palliative care involves the active total care of patients whose disease may not respond to curative treatment (World Health Organisation 2006).

This definition seems to sum up nursing and many palliative care nurses feel that the specialty offers the opportunity for real nursing. However, we seem to have lost the identification with nursing as palliative care and instead we see nursing as overlapping or even taking over the work of other health professions. Some people think that apart from doing the tasks that are considered too menial for other health professionals to perform, that nurses are not really needed.

At its heart, modern nursing sees the patient as a whole person with a health problem (rather than primarily as a disease requiring treatment). The patient is a person who lives in a family, is part of a community, is someone who works and is socially engaged. This view of the patient is fundamentally different than that of medicine. Nursing work can be defined succinctly as the “diagnosis and treatment of the human response to actual or potential health problems” (American Nurses Association, 1980). The human response to health problems is often notably biological, but is also psychological, social and spiritual/existential. Modern nursing is concerned with the integration of all these dimensions of the human condition and, therefore, in maintaining the integrity of the individual and family during times of illness.

These core values of nursing are never more clearly expressed than...