

Point of view

Responding to the patient experience

A NEW year often begins with revised plans. This is reflected in the publication of cancer policy updates, with the Department of Health (DH) recently publishing *Improving Outcomes: A Strategy for Cancer and the National Cancer Patient Experience Survey Programme 2010*.

These were followed by individual trust performance reports. In Scotland, the Scottish Cancer Taskforce's National Cancer Workplan 2011/14 is out for consultation and *Living and Dying Well: Building on Progress* was published in January.

The DH's outcomes strategy purports to empower front line staff, local communities, patients and service users to drive the improvements required, with patients at the heart of decisions.

It is often difficult to engage with, and involve, a range of people across the spectrum of cancer care. However, the publication of the National Cancer Patient Experience Survey is the first to involve all types of cancer.

However, in addition to national surveys, there is a need for cancer nurses to lead multidisciplinary research to explore the experiences of people affected by cancer. Of course, there is no merit if the results are not disseminated to those who will react to and use the findings.

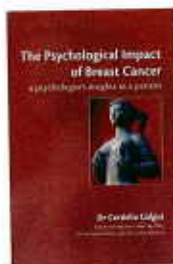
It is encouraging to see the clinical articles in this issue of *Cancer Nursing Practice* reflect the patient experience of the consequences of treatment and follow up, as well as the wider impact of cancer on the family.

People's experiences should be at the heart of service design, with cancer nurses leading the way forward with, and on behalf of, them.



Mhairi Simpson, nurse
consultant cancer care,
www.ukons.org

Book reviews



The Psychological Impact of Breast Cancer

Cordelia Galgut
Radcliffe Publishing
£22.99 | 204pp
ISBN: 9781846193033

FEW OF the many books written by women about their experiences of breast cancer are from the point of view of a health professional undergoing treatment. Cordelia Galgut, a practising psychologist, has written a detailed account of her personal reaction to her repeated diagnoses of primary breast cancer.

She sets the scene by covering the history of the disease and public attitudes towards it. She then moves on to her own diagnosis of breast cancer and the initial problem of not being taken seriously, which sends an important message to health professionals working with women presenting with breast concerns.

The range of communication, compassion and awareness of the different health professionals involved throughout her diagnosis and treatment makes the book a compelling and necessary read, although not always a pleasant one for anyone working in breast care.

It would have been easy for Galgut to list all the communication problems she encountered, but the book rises above being critical and considers why this might happen. At the end of each chapter, there is a clear explanation of what was particularly helpful and appreciated. Discussions about what was not helpful, and what would have helped, aim to improve the experience for patients, their families and health professionals in the future.

Galgut discusses the cumulative impact of treatments and the traumatic effect this can have on women, providing insight into the longer term impact of breast cancer.

A challenging book for any nurse working in breast cancer and a worthwhile addition to hospital and cancer information libraries.
Maria Leadbeater, clinical nurse specialist secondary breast cancer, Breast Cancer Care, Sheffield



What To Do When Someone Dies

Anne Wade
Which? Books
£10.99 | 224pp
ISBN: 9781844900725

ENGLISH READERS are the target audience although there are references to the other UK countries in some chapters. Because the law differs on particular procedures in Scotland and Ireland, it would have been useful if this had been emphasised from the start. A more detailed introduction to brief the reader about each chapter would also have aided reading.

The diagrams are a good idea, but the information is at times incomplete or confusing, especially for readers living outside England. The author also makes certain assumptions, such as that most hospitals have a department that co-ordinates paperwork following a death in hospital, which is, for example, not the case in most of Scotland.

Positive points include the jargon-buster boxes, information on sending a body abroad other cultures and beliefs around death, and the contacts list.

Interesting tips include that the person who takes responsibility for organising the funeral is often the person held responsible for payment, and that it may no longer be possible to donate flowers from a funeral to nursing homes and wards because of problems with infection control.

The author also advises not to publish the address of the deceased in the obituary because many houses are burgled during a funeral.

The information may not be new, but it is the most recent and easy to read for anyone seeking information about what to do following a death.

This book would be a useful addition to hospital, university and community libraries. It may also be useful for funeral directors in training and healthcare bereavement teams.
Isabel Dosser, lecturer in cancer and palliative care, Edinburgh Napier University