Standards for the Field of Psycho-Oncology

Formulated and developed by the Israel Psycho-Oncology Society, and approved by the Israel National Oncology Council and Israel Ministry of health in 2003.

Definitions

- **Psycho-oncology** – a professional discipline that focuses on the psychosocial and behavioral aspects of cancer disease, as part of a comprehensive approach to care for patients and their families. The concept of psycho-oncology is based on a philosophy of care that sees the patient within the larger context of family, community and culture. Psycho-social-oncological care of the patient is an integral part of the comprehensive care strategy from time of diagnosis and through the entire course of the disease, covering the periods of medical treatment, disease remission, survivorship in the shadow of cancer, recurrence and the terminal stages of the disease. Supportive and psycho-oncological care is adjusted to suit each stage along the therapeutic continuum of the illness.

Principles

- View the patient within a familial/community/cultural context.
- Recognize the right of each individual to make his/her own decisions after having received all of the necessary medical information.
- Multidisciplinary approach to patient-family care.
- Professional involvement along the entire care continuum, and ongoing contact between the various healthcare agencies involved in patient cure and care.
- Equal access to care without compromising the quality of care.
- Be aware and recognize the numerous cultural differences that exist within Israeli society.
- Monitor and tailor the psycho-social-oncological interventions to the dynamic and ever-changing reality of the illness process and the social, technological and biotechnological developments in the field of oncology.
The ideal standards

A. Structural standards

B. Professional qualifications/competency

C. Standards for psycho-social-oncological services to patients and their families

D. Integration of the multidisciplinary team

E. Standards pertaining to the multifaceted activities and responsibilities of the Israel Psycho-Oncology Society

A. Structural standards

1. Oncology institutes, units and clinics involved in the cure and care of cancer patients are obliged to provide psycho-social-oncological services as an integral part of the comprehensive care of patients and their families.

2. Oncology institutes include psycho-oncology units within their healthcare services. Oncology clinics/units provide psycho-oncological services within the clinic/unit framework or in cooperation with the oncology institutes with which they are affiliated.

3. Psycho-oncology units employ professionals in the fields of social work, psychology and psychiatry. In the area of pediatric oncology, art therapists recognized by the Ministry of Health may be included in the patient care team.

4. The psycho-oncology unit is headed by a recognized academic professional from one of the fields of social work, psychology or psychiatry. The unit head is responsible for the ongoing evaluation of intervention efficacy and overall unit efficiency.

5. The psycho-oncology unit is administratively subordinate to the head of the oncology institute, with professional supervision by the unit director and the directors of the various professional teams.

6. The director of the psycho-oncology unit is a member of the senior academic staff of the institute/department/clinic and participates in drafting plans for the institute's advancement and development and for services provided to patients and their families.

7. The psycho-oncology unit provides a variety of clinical services, training, and supervision, and has a research component. The unit head ensures the existence of in-service training programs for professionals at their respective levels.
8. Psycho-oncological services are offered over the entire course of the disease, in accordance with the continuum-of-care principle. The psycho-oncological service-provision system takes into account the various junctures at which psychological distress may be particularly severe (e.g., diagnosis, recurrence, terminal illness), and develop communication processes that ensure cooperation between the various units involved in patient care.

9. Psycho-oncological intervention (when, how, to whom, how long, termination) is included in the patient file.

10. The psycho-oncology unit works in cooperation with organizations within the community that provide services to patients and their families (e.g., schools, health funds, social services).

B. Professional qualifications/competency

1. Adheres to the professional code of ethics.

2. Meets the requirements for professional recognition as defined in the national standards for each discipline.

3. Academic background required for the psycho-social-oncological professional: M.A. for social workers, M.A. with focus on medical psychology for psychologists, and residency under the direction of a psychiatric specialist with training in psycho-oncology for psychiatric specialists.

4. A professional will be considered a psycho-oncologist only after three years of experience with cancer patients and their families, and completing a basic in-service training program in psycho-oncology.

5. A professional with less than three years’ experience should receive at least eight hours of guidance per month.

6. Every professional should be evaluated at least once a year regarding advancement, and individual work plans should be devised for the following year.

7. The unit director will be responsible for scheduling regular clinical evaluations, journal clubs and other study groups.

8. The psycho-oncology unit incorporates both research and field work into its ongoing activities, and should strive to engage in cooperative activity at the national and international levels.
C. Standards for psycho-social-oncological services to patients and their families

1. Referral for psycho-oncological services is made upon the request of the patient and family, or by the medical team and community services.
2. The psycho-oncological team is responsible for identifying patients at high risk for psychosocial distress.
3. Intervention plans is based on knowledge and understanding of the relevant medical profile (stage, genetics, course of the disease, nature of the therapy), patient needs and the familial/social and cultural context.
4. The caregiving team strives to develop tailored intervention skills capable of providing patients and their families with tools to cope with emotional distress and process information, and skills for making decisions throughout the course of the disease.
5. The psycho-oncological unit provides patients and their families with information regarding all community resources of potential use to help in coping with the disease and its treatment.
6. Psycho-oncological interventions are based on up-to-date knowledge and outcome research. It is recommended that emphasis be placed on short-term interventions focused on coping with the disease, as well as on couples, family and group interventions.

D. Integration of the multidisciplinary team

1. The psycho-oncology team is an integral part of discussions and meetings of the institute/department/clinic staff.
2. The psycho-oncological team contributes to the knowledge base of other relevant professions with regard to the psycho-oncological aspects of cancer.
3. The psycho-oncological team is responsible for managing joint interventions in cooperation with the institute’s physicians, nurses and other professionals.
4. The psycho-oncological team is part of the palliative care unit and contributes to the arsenal of therapeutic skills and knowledge available to other professions involved in treating the terminal cancer patients and their caregivers.
5. The psycho-oncological team works to advance treatment and care for the terminal patients and their families.
6. The psycho-oncology unit serves as a framework in which every professional and every relevant profession can function effectively in an integrative manner. Interdisciplinary overlap should not obscure the unique contribution of each discipline.

7. The psycho-oncology unit develops consistent procedures for interaction with other hospital departments, units and institutes that care for cancer patients, as part of a comprehensive approach (e.g., departments of genetics, neurosurgery, surgery and geriatrics, breast clinics).

E. Standards pertaining to the multifaceted activities and responsibilities of the Israel Psycho-Oncology Society

1. The Society will hold two conferences annually.

2. The Society will strive to offer courses and in-service training activities in cooperation with the Israel Cancer Association. The courses will provide information and updates regarding medical-treatment issues, as well as updates on psycho-oncology interventions, research, etc.

3. The Society will seek representation in policymaking forums such as the National Oncology Council, Israel Cancer Association and Israel Medical Association.

4. Psycho-oncology will be recognized as a specialty discipline among the healthcare professions.