

**CLASS OF 1960 MEDICAL SUPPORT GROUP**  
**GUIDELINES FOR PARTICIPATION**

*First of all, if you, as a member of the Class of 1960, want to join the support group, send an e-mail message to the list moderator (currently Dick Healy: [dhealy60@comcast.net](mailto:dhealy60@comcast.net)) or the alternate (currently Bill Hanne: [mbmeh@earthlink.net](mailto:mbmeh@earthlink.net)). One or the other will get you on the list and help you get started. The lists are closed for the simple purpose of confidentiality. Participation requires adopting the guidelines (below). Although the support group was initially aimed only at Prostate Cancer (PC), we expanded coverage to include other maladies suggested by classmates. Therefore, there will be two lists, one for prostate cancer and the second for the other medical problems (currently colon cancer, kidney disorders, macular degeneration, melanomas, Parkinson's Disease) flagged for attention. You will find the names of classmates, who choose to do so, on the lists who are afflicted with a specific disorder or who have special information about the disorder or treatment for it. They are available for direct contact.*

**A. FOR ALL LIST MEMBERS:**

1. Our group's objectives are to:
  - a. Provide moral support to those classmates who have been afflicted with PC or other illnesses.
  - b. Enable those previously afflicted to assist and support each other during and beyond initial treatments.
  - c. Enable newly afflicted members to seek advice and assistance from those previously afflicted, keeping in mind that individual circumstances and priorities for treatment vary, so one's choices may not be best for another.
  - d. Assist members in finding information about prevention, treatment options and post treatment lifestyle modification options.
  - e. Assist members in finding information about various issues relating to benign prostatic hyperplasia/hyper-trophy (BPH) and other pre-cancerous prostate problems.
2. Keep in mind that individuals have differing motives for participating in the PC support group. Be understanding and supportive of each other's differences. Treat all parties with respect, apply rational thought to one's input, and take responsibility for what one posts on the system.
3. The real success of this group will be best achieved by establishing and maintaining an environment in which we all feel comfortable speaking openly and

discussing sensitive issues that are personal in nature. Lend your personal support to that goal by:

- a. Treating all discussions confidentially and not discussing content of a personal nature outside the group without the express permission of the individual concerned.
  - b. Being sensitive to the feelings of others when approaching individuals to request personal information and in framing your message responses to the group and to individuals.
4. Vital to overcoming all medical threats is the timely sharing of relevant information with the group. Whenever and wherever you encounter such, make the effort to get it on out to us. When in doubt, err on the side of getting it on out there.

## **B. FOR THE LIST MODERATOR:**

1. Maintain list currency through submissions to WP-ORG and provide list members with updated changes to the list at least monthly.
2. Promote open, free discussion among list members while insuring the maintenance of appropriate levels of confidentiality and sensitivity to others.
3. Insure that the class at large maintains awareness of the services provided by and to the list membership by periodically providing information to the class on list objectives and status, and encouraging classmates newly diagnosed with PC to join the list.
4. Make early contact with any newly diagnosed classmate, invite him to join the list if he has not already done so, and explain how he might be supported by the list membership. Should he choose to join or is already on the list, sort out with him the level of exposure with which he is most comfortable –
  - a. moderator does not tell anyone on the list about the diagnosis, but provides him with a list of members and their treatments so that he may contact whomever he wishes to seek guidance on selecting treatment options,or
  - b. moderator notifies only the members so they can contact him to offer help, or
  - c. moderator informs the entire list so the classmate can receive fairly broad support. Where he wants to be contacted by members or the list members at large, moderator will make that clear to the appropriate group and provide his phone number and email address. Moderator will encourage list members to initiate contact with him by phone or email depending upon their level of compassion and/or desire to help.

Moderator will check back with him within a week to see if he is comfortable with how we handled it and find out what else we can do. Should he choose to not join the list, moderator will, with his permission, notify the members of the situation and ask them to contact him. Similarly, moderator will follow up in a week.

5. Insure an alternate moderator is designated, known to the list as such, and kept informed of all appropriate ongoing list activities.
6. Maintain a confidential database of information received from list members.
7. Maintain a confidential database of submitted anonymous histories published to the list, assigning each an ID number. Direct individuals wishing to consult with the authors to them based on the latter's personal preferences.
8. Maintain a Treatment Selection List of members showing the dates of their initial diagnosis and the treatments selected by them. Provide a copy of the list to newly diagnosed members and informing them to handle the treatment information in a confidential manner and use it only for contacting selected members for support and treatment advice.
9. Coordinate with the list member designated to maintain the medical web page on use and content of the page.
10. Interface with outside entities such as other class list moderators and representatives of study organizations to coordinate activities of interest to the list members.