一、生育對大多數婦女而言是一種自我延續的重要歷程，因而罹癌婦女常因疾病及治療喪失懷孕生育的能力，延誤治療。近年來隨著醫療與藥物科技的進步，許多癌症的存活率也隨之提高，再加上生殖科技的進展，因而有關癌症婦女(乳癌、婦癌或大腸癌等)在癌症藥物或放射線治療前，接受生育保存術 (fertility preservation)一如冷凍卵子或冷凍胚胎術式之比例也逐年增高。但隨著癌症生育保存術(oncofertility)的實施，有人提出倫理議題上的論辯：支持一方認為(1)生育力是一種與生俱來的自由權利，不需加以爭取。因此癌症醫藥治療應盡量保留病患生殖能力。(2)雖然生育力不是一種絕對權力，可為其他權利所超越，所以生育自由權除考量病人權利，亦需與其他因素進行權衡，如所生育子女的福利。但研究指出生育能力的保留，能帶給癌症病患面對治療的希望，對治療及心理有益。反之，不支持一方認為(1)生育力保留不符癌症婦女最佳的利益(婦女面對疾病或治療的威脅，存活才是其最佳治療效益)、(2)生育力保留在有限醫療保健與研究資源上會形成排擠效應、(3)生育力保留會強化傳統社會的教條，應受到質疑。

針對上述評論，請依倫理原則(自主、行善、不傷害及公平正義原則)，提出你的論述。(20分)

二、關懷是護理專業的特質，因此關懷行為應用在護理專業試一種治療性的人際關係。良好的護理照顧是強調要關切病患的身、心、靈及社會需求，並加以滿足之。請運用關懷照護理念，分別論述罹患卵巢癌婦女的治療及其所需的護理照護。

(1) 卵巢癌婦女目前常使用之化療藥物有哪些? 其副作用分別為何? (5分)

(2) 請分別說明卵巢癌婦女接受化學治療期間，所面對之身、心、靈及社會需求? (10分)

(3) 護理人員應如何針對其各項需求，提供適度的協助及照護? (15分)

三、請閱讀下列一篇英文研究報告摘要

(Reference: Venkatesh, K. K., Riley, L., Castro, V. M., Perlis, R. H., & Kaimal, A. J. 2016. Association of Antenatal Depression Symptoms and Antidepressant Treatment With Preterm Birth. *Obstetrics and Gynecology* 127(5), 926-933.

1. 依下列標題順序，用中文敘述每一段標題及內容意涵。

(1) Title & Objective（5 分）

(2) Methods（10 分）

(3) Results (15 分)

(4) Conclusions (10 分)

2.請用中文提出你對此研究結果的看法或意見。(10 分)

見背面

TITLE: Association of antenatal depression symptoms and antidepressant treatment with preterm birth

OBJECTIVE: To evaluate the association of antenatal depression symptoms with preterm birth and small for gestational age (SGA).

METHODS: This was an observational cohort study conducted among women who completed Edinburgh Postnatal Depression Scale screening and delivered at 20 weeks of gestation or greater. The primary outcomes were preterm birth and an SGA neonate at birth (less than 10th percentile for gestational age); the primary predictor was an Edinburgh Postnatal Depression Scale antepartum score of 10 or greater, indicating symptoms of depression. Logistic regression models were used with and without consideration of antidepressant exposure during pregnancy.

RESULTS: Among 7,267 women, 831 (11%) screened positive for depression. In multivariable analyses adjusting for maternal age, race, income, body mass index, tobacco use, lifetime diagnosis of major depression and anxiety, diabetes, hypertension, and preeclampsia, women who screened positive for depression experienced an increased risk of preterm birth (less than 37 weeks of gestation) (adjusted odds ratio [OR] 1.27, 95% confidence interval [CI] 1.04–1.55) and very preterm birth (less than 32 weeks of gestation) (adjusted OR 1.82, 95% CI 1.09–3.02) as well as of having an SGA neonate (adjusted OR 1.28, 95% CI 1.04–1.58). In secondary analyses, among women who were treated with an antidepressant during pregnancy (19% of those who screened positive and 5% of those who screened negative), depressive symptoms were not associated with a significantly increased risk of preterm and very preterm birth or an SGA neonate.

CONCLUSIONS: In a large cohort of women screened for depression antepartum, those with depressive symptoms had an increased likelihood of preterm and very preterm delivery as well having an SGA neonate. Such risk was not apparent among women who were treated with an antidepressant medication.

試題隨卷繳回