More consultation for ethical guidelines

I am writing to reflect the views of the academic staff at Homerton School of Health Studies on the UKCC’s draft document, ‘Ethical guidelines for professional practice’ (1996).

We welcomed the UKCC’s decision to debate issues with practitioners. However, this was not evident from this document. There appears to be a lack of wide professional consultation. Locally we found that senior trust nurses, principals and other nurses were not aware that the document was to be reviewed.

Our representatives felt the day (Analysis February 7) to be very stimulating, but felt further debate was required. Therefore a workshop was arranged to do this locally. Some of our concerns are:

- The document title is inappropriate and perhaps should be ‘Professional guidelines for practice’
- Ethical/legal/professional terms and concepts are used interchangeably and with little cohesion and clarity
- The tone of the document appears punitive, paternalistic and patronising
- The document should be cross-referenced in order to ensure different aspects are considered together
- The document needs to be academically referenced
- The language needs to be ‘professional’
- The section on research is superficial and confusing
- The document gives out mixed messages, particularly in relation to concepts like truth telling, consent, and complementary therapies
- The current healthcare environment is not reflected. There appears to be a lack of interpretation for those in mental health, midwifery, children’s nursing, learning disabilities
- While the guidelines are there to protect the client, its content should, in turn, advise and support the nurse
- Complex issues are explored at a superficial level.

We hope that the UKCC will take these suggestions on board and defer the date of publication to allow (Draft 2) to be read and commented on by the profession.

M P Davidson
Worcestershire

Nursing is guilty of abandoning its staff when it comes to outdated qualifications

Nurses’ pay has fallen far behind that of teachers, police and the armed forces, with whom comparisons are usually made. Nursing will never succeed in being treated as a profession, or paid accordingly.

I qualified as an SRN/midwife in the late 70s, only to be told over a decade later that these qualifications, in the eyes of the nursing academia, are worthless (‘no CATs you see’). I was then informed that the way to update these qualifications would be to study for a diploma or better still a degree in nursing. These courses would be taken in my own time and at my cost!

I cannot help but wonder why a method wasn’t sought to update existing nurses like myself and bring us in line with newly qualified staff? To register in the future I have to be able to prove, if required, that I have undertaken five days of suitable studying. Does this happen in other professions? Do teachers or police fund their own training, in their own time, then pay a registration fee also?

My advice to any young school leaver is to obtain a diploma or a degree, but not in nursing. Ensure the qualification is with a profession that is going to value its members and not abandon them when an updated method of training is implemented.

M P Davidson
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Answer to good research practice

While commending Miles and Burke on their otherwise interesting and informative article, ‘Nurses views of the decision not to resuscitate a patient’, (Art & Science February 21), nonetheless I have to comment on their misunderstanding of the ethics of research. The authors’ assertion that, ‘As patients were not involved, ethical committee authorisation was not required’ is incorrect. As expressed by the Royal College of Physician’s guidelines 1990: ‘All medical research involving human subjects should undergo ethical review before it commences, in accordance with the principle that investigators should not be the sole judges of whether their research raises significant ethical issues’.

Within the health service these guidelines apply to patients, staff and students regardless of the nature of the research. Good nursing research practice demands independent ethical review.

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Don’t scapegoat home owners

I have worked as a senior nurse in the private sector for a number of years, and as such I am responsible for the delivery of care, meeting the needs of the individual, setting standards and providing a high quality service.

I feel that owners cannot be blamed for poor quality of care as it is the nursing staff who assess, plan, implement and evaluate care.

Many owners do not have a nursing background and rely on their matron/manager to provide a comfortable and secure environment. The