that I think clients deserve.

The fact that rapists are allowed back into the profession only endorses my decision to stay out of it, at huge cost to myself. While I agree that rehabilitation should be possible for everyone, it should not and need not be as a nurse. What about the rehabilitation of victims and their families? How can that be possible when this kind of message is given?

Rape is a degrading, painful and evil crime, almost always by the strong against the weak. That a nurse should commit such a crime defies everything we stand for as a profession.

Rose Taylor
Hampshire

Neuroleptic drugs guidance timely

The report on the use of neuroleptic drugs (Reports April 10) was most helpful. Even after 40 years' experience with these widely dispensed drugs, few services attain the clinical effectiveness which these treatments could achieve in theory.

What makes this report especially timely is the current NHS consultation exercise on a draft version of 'The Patient's Charter and Mental Health Services' which proposes that patients be told about side-effects of drugs and available alternative treatments.

Reaching collective decisions with colleagues is crucial. When patients with psychotic illnesses are aggressive, it is frequently nurses who are the victims and problems with medication constitute one of the few areas of care where individual nursing skills might reduce the risks of violence.

In primary and community care settings, it will often be down to an individual nurse to help each patient understand the pros and cons of antipsychotic medications, to enable users to adhere to drug regimes and to integrate psychosocial rehabilitation with these treatment regimes.

Woody Caan
Lifespan Healthcare
Cambridge

Foot care helps elderly people

Gnarled, sometimes clawed, stained coarsely-brillte toe nails on the end of often hideously deformed knobbly toes, with flaking yellow flesh. Does this sound horribly familiar to you?

The majority of elderly patients I have met on wards and in the community are in great need of foot care. The chiropody department appears to be an over stretched resource. My requests for treatment for patients have rarely been met.

Elderly people suffering from diabetes and vascular problems are at risk of developing ulcers and infections, particularly if nails in-grow, or injuries are incurred whilst cutting nails with inappropriate tools. Uncomfortable, painful feet could contribute to falls and loss of independence.

In giving support with hygiene needs, it is part of the nurse's role to assist with nail cutting. Nail cutting can be beneficial to an elderly patient and instil a feeling of being cared for, which is very therapeutic.

I would gladly continue to assist with hand, and toe nail hygiene if I was advised of the correct tools and provided with guidelines. Possibly some chiropody input during nurse education would be useful.

Foot care may be basic nursing, but it can really make a difference to patients.

Nicola Harding
Haxby
Yorkshire