Letters

Definitions needed for child sexuality

Mike George is right! Child sex abuse does seem to 'turn up in the headlines with depressing regularity' (Features April 17). But so does a familiar and unquestioned ideology linked to the discredited notion that children have no sexuality of their own.

Human sexuality is an area in which precise language is vitally important if we are to be objective. I can testify to the reality of a budding human sexuality in the child. But what is a 'child'? The word is used indiscriminately; does it include the 'adolescent'?

Other vocabulary is used with very little attempt at definition. Mike George writes of 'the problem', 'adult survivors', 'non-abusing adults', all devoid of definition.

The 'problem' requires such definition above all. To avoid defining it means that many kinds of adolescent exploratory activity may well be sucked into an all-inclusive ideological viewpoint which views any expression of childhood sexuality as needing to be 'recognised as a specific problem'.

I wonder how significant it is that, as Mike George admits, the NCH Action for Children survey included very few males in its sample of 'adult survivors'. Perhaps I might add my own view.

In my adolescent years, I experimented sexually with people both of my own age group, and some adults. All, however, were persons of my own choosing. Coercion was not an issue.

Yet, had my sexual precociousness been uncovered in the 1960s, the 'authorities' would have pounced.

In the mêlée of the concerned which would no doubt have ensued, I wonder if I would have had the courage to refuse to comply with the party line that I had been 'abused'? From one of my adult teachers, I learned many useful lessons; not least the one that there are people in our society who simply cannot countenance the notion of sex as ever being simply fun: devoid of profound and deep meaning. In such an instance, who would have been the real abusers? The adults who gave me pleasure and who received it from me? Or the 'kind' authorities who would have utterly changed the course my life has taken?

Mark Dyer
Kent

Set protocols avoid accidents occurring

I am writing to express my concern regarding the news item 'Communication error results in abortion' (News April 17), which reported an incident where a pregnant patient was given a rubella vaccination in error.

Do practice nurses have no set protocols for carrying out vaccinations?

Certainly in our occupational health department we have protocols for every vaccination we give to ensure that this type of error does not happen. These include screening questions for contra-indications.

With rubella, for instance, we question every patient about the possibility of pregnancy and they are all asked to sign a form stating the date of their last menstrual period and that they have understood our advice about not becoming pregnant in the month following vaccination.

I do appreciate the difficulties of communication in a busy organisation but set procedures must be followed in order to protect the patient and the professional.

C H Hyde
Occupational Health Adviser
West Yorkshire

Don't knock the traditional nurse

As I read the first paragraph of your editorial (April 10), I was heartened. Here, at last, was a sensible, research-based comment on the subject of Project 2000 nurses' practical skills.

But what started as a well-
balanced and fair-minded passage quickly deteriorated into the kind of anti-traditional training rhetoric we have been hearing on and off since 1990.

I am well aware I had gaps in my knowledge but what I did have was a sound knowledge of the basics of nursing practice.

You also say: 'If Project 2000 is working well then it should be making life uncomfortable for qualified nurses. It was intended to produce a thinking nurse.' This is both disturbing and insulting. Disturbing because of the expectation that any system of professional education should result in the existing members of that profession feeling uncomfortable. Insulting because of its implication that traditionally trained nurses do not think.

I always try to create the kind of environment which offers job satisfaction and security both to Project 2000 nurses and students. But I am continually hindered by editorials like this in which traditionally trained nurses are portrayed as malcontents, unthinking and lacking in tolerance.

These failings are not exclusive to traditionally trained nurses; they are found in a great number of other healthcare professionals.

We are in this profession to care for people. Let's extend our colleagues as well as our clients, and avoid picking on each other's weaknesses.

DC Drabble
Sheffield

Unions agree to a fair deal

I was interested to read the news item (April 10) about pay settlements which referred to negotiations at Heatherwood and Wexham Park Hospitals Trust.

As a result, unions are now recommending to their members that they accept an average of 5.25 per cent for staff on trust contracts which are linked to performance related pay, and 3.25 per cent for those staff on the Whitley scale.

This is believed to be a very reasonable offer which our staff will receive in their June pay packets subject to final agreement. Internal reaction from all staff, including nurses and midwives, indicates they are pleased with this arrangement.

Heather Cawthorn
Wexham Park Hospital
Slough, Berkshire

Putting the record straight

With regard to the news item 'Trusts' pay offers fall short of 6.5 per cent' (News April 10), Frimley Park Hospital has now paid all staff the full 3 per cent and we know of no plans to 'de-recognise' trade unions.

Janet King
Director of Personnel
Support Services and Information Technology, Frimley Park Hospital

Let's continue to be vigilant for nursing

It is with sadness that I learnt today of the death of Charlotte Bentley.

I had the privilege to work with Miss Bentley at the Royal College of Nursing. She was a strong and fair minded woman who was dedicated to improving the lot of enrolled nurses.

I am pleased that she lived long enough to see greater availability of educational and professional opportunities for enrolled nurses but her vigilance needs to be continued for we face a new threat to those experienced enrolled nurses for whom academic and high tech nursing are not options.

Chris Eberhardie
New Malden
Surrey

I am a district nurse looking at the feasibility of 24-hour cover in the community setting. Myself and my colleagues would be very interested to hear from anyone who has undertaken such a study, or who has put 24-hour cover into practice.

I. Winter
22 The Headlands
Northampton
NN3 2PA

I am interested in setting up a nursing record system in an orthopaedic outpatient setting, especially a system which uses a nursing model approach. I should be pleased to hear from anyone who has successfully used such a system.

Susan Jordan
Staff nurse
Orthopaedic Clinic
Macclesfield District General Hospital
Victoria Road
Macclesfield
Cheshire

I am a staff nurse in an outpatients' department. I am currently studying the ENB 998. I would like to hear from anyone - within a month - who operates or who has any studies or information about 'mentorship' in the outpatients' department.

Julia Corfield
Outpatients Department
Stafford District General Hospital
Weston Road
Stafford ST16 3SA
Tel 01785 257731

The Disway Trust (Holidays with Physically Disabled People) requires the services of four female helpers on their holiday to Stratford upon Avon - from the July 7 to 14. They also require the services of an RGN and two male helpers, for their holiday to Florida in November 2 to 17.

As we are a charitable trust all helpers are requested to contribute half towards the cost of the holiday. In addition to this, you will require spending money.

Nursing training is not essential.

For further information telephone Roy on 0181 543 3431.

I would be grateful if anyone can tell me where I can purchase a RCN badge. I was sent one in 1993, when I qualified as an RNMH, but have since lost it. I will be grateful for any information.

Anne Currin
St. Gabriel's
52 Victoria Place
Carlisle,
CA1 1HP
Tel 01228 22229

I am a Project 2000 nursing student and I am preparing a project on brain stem death and organ donation.

I would appreciate information, especially from nurses involved in this area of care, and anyone who has been involved on a personal level.

Suzanne Lee
97 St Georges Avenue
Yeovil
Somerset BA21 4QZ

I am gathering resources for a Cardiac Rehabilitation Programme and am interested to hear if anyone has knowledge of a video available on 'Sexual guidance for the Ischaemic Patient' or post Myocardial Infarction, and how I would obtain copies.

Kate Hackett
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