Stop treating HCAs like health hazards

With nursing expanding ever upwards and outwards, it should not be surprising that competent and committed auxiliaries will fill the vacuum left behind.

Nurses are complaining about some doctors’ attitudes towards nurse practitioners, while at the same time denigrating those support workers who commit both time and money towards becoming more competent at their jobs.

HCAs too are dedicated to a service which could no longer survive without them. How about some encouragement in your pages instead of continuously treating us as a health hazard?

Angela Beer
Redruth, Cornwall

Given an inferiority complex by superiors

I would like to comment on your article ‘Sell out of the century’ (Viewpoint October 25), regarding the role of healthcare assistants.

I am, to my shame, one of these lowly members of staff, and I am sick of the bickering we untrained staff take from trained staff with hideously inflated superiority complexes.

The author of the article is very lucky. He has the academic qualifications to be accepted for training. I would dearly love to train but do not have the necessary qualifications and therefore have to settle for being a HCA. However, it is a title in which I can feel no pride, considering the string of demoralising articles published which infer that we are all incompetent, untrained and potentially dangerous, despite the fact that the majority of us work hard, study hard, and update our knowledge and skills.

I agree with the author’s statement that the old enrolled nurse qualification should be re-in-stated. Perhaps then HCAs lacking the academia for the roll of RGN, could receive a higher standard of training than I feel the NVQ system gives, and gain some status for the job they do, and give those superior members of staff some peace of mind that we do have the faintest idea of what we’re doing.

Disgruntled HCA
Torquay, Devon

Infertility and Roman Catholicism

We read with much interest the article ‘Treating infertility in Roman Catholics’ (Clinical October 25).

While the Roman Catholic church considers that by its very nature married love is essential to marriage. This does not necessarily imply that one is in a failed marriage if one is infertile.

Ms Fryday recognises that people may be able to try various fertility treatments. However, she cites certain difficulties are inherent because of the method of obtaining sperm, which in the case of the AIH treatment is by masturbation, and that is contrary to the church’s teaching.

The RC catechism describes masturbation as the deliberate stimulation of the genital organs in order to derive sexual pleasure. It further states that the use of the sexual faculty, for whatever reason, outside of marriage is essentially contrary to its purpose.

This is not the same as a husband supplying sperm for his wife so she can conceive, although the catechism describes AIH as ‘less reprehensible, yet remaining morally unacceptable’. Our interpretations differ.

Coupled with this, people are also advised that in assessing whether ‘masturbation’ is an immoral act, one must take into account conditions of anxiety or other psychological or social factors that lessen, or even extenuate moral culpability. So decisions relating to AIH may not be as clear cut as previously suggested.

When dealing with childlessness in marriage, it is the couple who are the most important part of the picture.

Please nurses, work in plain English

I was pleased to see that the Plain English Campaign is to launch an award to encourage