Nurses don’t ask the doctor

In response to Martin Gaba’s article ‘Don’t Go Changing!’ (Opinion June 11), I am surprised that he designed to write for a mere nursing journal. I read it with open-mouthed amazement. His obviously misguided impression is that the nurse’s role is the traditional, subservient handmaiden staring up with awe at the god who presents as a doctor.

This is the 1990s – nurses all over the world are developing their practice without having to ask the doctor. They are innovative, intelligent, flexible and sensible. Perhaps Dr Gaba is in need of a handmaiden – someone to hold his hand and guide him in the next millennium – because he may be temporarily blinded by the light when his blinkers are removed.

I think that he is a little disconcerted by the idea that nurses and doctors may have to act as a team and provide a shared partnership approach in the best interests of the patient. This obviously does not happen where he works.

Come out of the dark ages, and join in the modern world!

Victoria Hays
Greater Manchester

Nurses do need financial training

Woody Caan’s response (Letters 25 June) to my article (Opinion 11 June) failed to grasp the central concerns raised during the debate at last year’s Congress and the work of the RCN Council’s health and social policy committee.

It would appear he works in an environment where nurses are properly prepared and supported for this new role of carrying out financial assessments. The RCN members who initiated the debate and spoke at RCN Congress referred to colleagues who felt unprepared and unsupported.

The lack of preparation, training, guidance and support were common to most contributors, as were the fears expressed about the negative impact on the therapeutic relationship between nurses and their patients.

The RCN health and social policy working group produced guidance requested by the 1996 Congress which is available to members of the RCN placed in the position of carrying out financial assessments as part of their role. Woody Caan obviously doesn’t need this guidance, but he surely wouldn’t deny it to other RCN members who do.

Edwin Kelly
Vice chair, RCN health and social policy committee

Money is no substitute for safety at work

I am pleased Linda Hollings has never witnessed, or been the subject of, violence at work (Opinion June 18). But can the experience of one individual be taken as representative of the nursing workforce nationwide? I think not!

Recent research and survey findings repeatedly show we are all living in an increasingly aggressive and violent society. What makes Ms Hollings think that nurses are immune to this change?

I think most nurses do accept the odd scratch, pinch or bite from confused or distressed individuals, or the occasional earful from an irate patient or relative, as an unfortunate part of the job. But it is not pessimism that has transformed the odd scratch into a physical injury needing attention from colleagues in the A&E department. Nor would those physical and mental injuries be any easier to bear if we had decent salaries and better staffed wards.

No amount of money is worth being scared to go to work.

Ms Hollings has belittled the experiences of many of her fellow nurses by commenting on a subject she admits she has no personal experience of.

Debbie Cooper
London

Not all students are unhappy

In response to the many letters about Project 2000, I feel I must point out that not all students are disillusioned. I am a third year student at Christ Church College, Canterbury, and have to say that I am enjoying my education.

I can sympathise with Kate McCandish (Letters June 18), who states that at her
EDUROON E

on 'Professional Issues'. The

irate is a two hour long exam

Sheerness, Kent

branches. Only then do we

weeks experience in all

entering the child branch. At

receive just one placement in

educational establishment they

have to decide which branch to

enter. It would seem there are

a very few colleges in the

country that allow the student

to sample the branches before

choose.

I know many students feel

the course is too academic and

placements are few or of a

poor quality. It should be

remembered, however, that

the course is constantly

evaluated and changed.

Students are responsible for

how courses work. Most tutors

and clinical supervisors are

happy to contribute more to

willing students.

I am not suggesting that

Project 2000 is without

problems, but instead of

rubbishing it we could think of

ways to make it better for

ourselves, tutors and clinical

supervisors. I'm sure we would

all have a better time.

Maria Chippin

Sheerness, Kent

Nursing issues exam

is pointless ritual

I am 28 years old and in a

state of concern I haven't felt

since I took my driving test in

1987. What is making me

irate is a two hour long exam

on 'Professional Issues'. The

lessons have been very

informativewithclassmates

bringing up arguments that I

had never considered. I really

enjoyed a lively, flowing debate.

But it worries me that I am

expected to replicate this on a

blank sheet of paper.

Would it not be a little

more more academic and student-

friendly to have a formative

group discussion with a

summative report on the

issues covered? When will

universities update and make

assessment more civilised

and, dare I say it, caring?

Craig Slater

Alsager, Cheshire

Abortion and the
duty of care

The RCN family planning

forum steering committee

would like to respond to

Barbara Cowley's letter

(Letters June 18). The aim of

this year's conference is to

focus on how nurses can

provide more effective sexual

health care by replacing

myths and misconceptions

with evidence-based

information and care. This is

clearly stated in the

promotional literature.

More effective sexual

health care may go some way

to reducing the number of

abortions. However, it is

important to recognise that

abortion will always be a

necessary element of sexual

health care and that women

having an abortion are owed

the same duty of care as with

any medical treatment. In

recognition of this, the RCN

has produced guidelines for

nurses in relation to

termination of pregnancy.

Our speaker on abortion is

an experienced pregnancy

counsellor and psychotherapist,

who will address the range of

complex issues raised by

abortion, including the many

myths and misconceptions.

Shelley Mehigan

RCN family planning forum

We are planning a reunion of

PTS January 1953 of the Royal

Infirmary of Edinburgh, to be

held in Edinburgh on Saturday

October 4, 1997. For further

information, please contact:

Marguerite Simpson

6 Warriston Terrace, Edinburgh

EH3 5LZ. Tel 0131 552 8819

Edith McDougall (nee Gibson)

Tel 0131 447 5436

Margaret Jones (nee White)

Tel 0131 336 4972

I am an enrolled nurse

working in the community and

doing my conversion course.

This course requires me to do

something on management. I

have chosen to look into

introducing work on an on-call

basis at night. I would

appreciate any information on

this subject, especially if in

your area you have this

system already up and

running. I would be grateful if

you could let me know how it

is working and how the rota

systems are worked out.

Tiffany Foster EN

Ramsbury Surgery, High Street,

Ramsbury, Marlborough, Wiltshire

Tel 01672 861692

Fax 01672 861101

I am an HCA working on a

stroke rehabilitation ward at

Orpington Hospital. During

the day we like to arrange

different activities for our

patients. We have games,

quizzes, jigsaws, TV and

videos. I would like to hear

from anyone who has any

ideas for other activities that

would be suitable for stroke

patients so that we can

introduce more variety.

Terry Nathan HCA

Boddington Ward, Orpington

Hospital, Sevenoaks Road,

Orpington, Kent BR6 9JU

OBITUARY

Celia Deacon, a former vice

president of the RCN

Council, died on 19 June.

Celia started nursing in

1968 as a mature student. In

1973 she became one of the

first RCN stewards. Celia

took her role as an RCN

steward very seriously and

devoted hours of her own

time to helping other nurses

in trouble. Her home phone

number was once used by

night staff complaining that

there was no food for them in

the hospital - Celia dealt with

it immediately.

Celia was very proud of

her role as an RCN

steward very seriously and

devoted hours of her own

time to helping other nurses

in trouble. Her home phone

number was once used by

night staff complaining that

there was no food for them in

the hospital - Celia dealt with

it immediately.

Celia was very proud of

the setting of a créche in Worthing,

which became a model for

other RCN stewards.

Celia attended Congress

every year and had no

problem addressing a large

audience. On one occasion

she spoke about her breast

cancer and mastectomy in a

matter-of-fact way, making a

lasting impression on those

who heard her. Celia believed

in being honest and direct.

Until January, Celia was a

vice president of the RCN

Council. In 1995 she was

awarded an MBE and was

justly proud of her award

from the Queen.

Celia was a wife, mother

and grandmother, and a

friend to hundreds of RCN

members. She will be missed

by all and we will always

remember her.

De Landon

SW Thames Regional Office

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