Our jargon can offend patients

A patient waiting to be seen in A&E approaches the nurse and asks how long it is going to be before he will see the doctor? The nurse explains that the waiting time is two hours and he could have to wait another hour before being seen. She also reinforced the principles of triage. As the nurse moved away, she detected the patient was not wholly satisfied with the situation. Feeling particularly benevolent that day, she returned to the patient and offered further support and care.

Two days later, the nurse was called into the departmental manager’s office to answer a charge of racist remarks and rudeness directed towards a patient. The nurse, naturally horrified at the allegation, sought further explanation of the charge.

The patient’s complaint letter read: ‘I was waiting for an hour when I asked a nurse how much longer I would have to wait… She told me I would have to wait another hour. When I asked why this was so, she said I had been sorted by colour and that is how patients are seen in A&E…’

The patient did not understand our colour coding system.

Andy Thurgood

e-mail

Counselling works with people, not on them

As a qualified, experienced counsellor and nurse I would agree with Kay Smith (News Analysis October 1) that counselling is not appropriate for all people in all situations.

But saying that nurses would be better to develop compassion rather than empathy implies that counsellors acting with empathy are not compassionate people. Ms Smith also implies that compassion is a doing act rather than a concept, which I would also dispute. I had hoped that nursing would have grown away from a totally ‘doing to others’ culture to one which recognises, in some instances, that people need to be acknowledged and empowered to deal with crises – not ‘done to’ and treated as powerless victims. Counselling works with people and not on them, and if the evidence from my colleagues around me is accepted it does so with compassion.

Carol Blake
Banbury

Network offers you the chance to contact other nurses free of charge. If you want help with any professional issue, please send details to Nursing standard

We would like to hear from nurses who have experienced problems with the discharge of elderly people from hospital. Areas of concern include funding, social service provision and continuing care.

Sarah Freeston, Sec Liaison and Discharge Planning Nurses Association, c/o New Salomons Centre, St Thomas Street, Guy’s Hospital, London SE1 9RT

The A&E department in Bolton is exploring the possibility of a nurse-led, fast track service, for patients with a fractured neck or femur and would like to hear from anyone who has set up a similar service.

J Cummings, Sister, A&E dept. Royal Bolton Hospital, Minerva Road, Farnworth, Bolton BL4 0RJ

The Surrey Heartlands NHS Trust is piloting a triage community mental health system. Our aim is to respond effectively to urgent referrals and improve the response time for routine referrals. We would like advice from those involved in similar schemes.

Jean Pawley, Banstead Community Mental Health Team, Strathmore House, The Drive, Brighton Road, Banstead, Surrey SM7 1DR. Tel: 01737 214880

We are a self-managed team of practice nurses, district nurses and health visitors. We would like to hear from similar teams and district nurses who share records with GPs.

Elspeth McGeorge, Team Coordinator, Whitefriars Surgery, Whitefriars Street, Perth PH1 1PP