We welcome all readers’ letters but reserve the right to edit them, and withhold names and addresses or both. Please keep to a maximum of 250 words. Write to The Editor (Letters), Nursing Standard, Nursing Standard House, 17-19 Peterborough Road, Harrow, Middlesex HA1 2AX. Please include your address and a daytime telephone number. You can also email us at: nursing.standard@rcn.org.uk

Don't forget Florence didn't have a degree

In reply to Claire Rayner, the response can almost be found in your letters page (June 16). C. Hayden wrote: ‘We need to remember what nursing is about – caring for the whole person in health and illness. We must not detach the academic from the practical.’ Has our profession forgotten how to care with the same devotion and compassion as our founder?

I am an SRN/RSCN and a practitioner in reflexology. When I say to my clients that I'm also a nurse it's a bonus. I'm extending my nurse roots – a holistic, non-invasive caring therapy. Remember Florence didn’t need a degree to care.

Diane Wylie
London

We have left the frilly hats behind... haven't we?

I fail to see how one nurse can claim to have a more informed opinion than the hundreds of thousands of people who have practised alternative therapies over thousands of years.

I agree that the definition of therapeutic touch cited is hard for the lay person to understand, but that does not justify a broad sweeping negative generalisation of all alternative therapies. Many patients have admitted to me that they have used alternative therapies ‘on the quiet’ as they are scared of exactly the attitude that Ms Rayner voices.

Many of the alternative therapies have relaxation as a core component and much research from clinical and health psychology now indicates a direct link between stress and many forms of physical illness.

Even if the therapies do not provide a miraculous and permanent cure, they still help the patient by alleviating symptoms and therefore increasing quality of life.

So why give alternative therapies an unfair battering when often they can be just as, if not more, effective than orthodox medicine, they carry significantly fewer side effects and are much cheaper.

I applaud those nurses who are investigating and practising alternative therapies as it is this forward thinking and open-mindedness that has got us out of starched aprons and frilly hats.

Debbie Cooper
London

Claire Rayner’s article attacking complementary therapies (Perspectives June 16) has prompted a flood of letters. Here is a selection

Claire Rayner’s article attacking complementary therapies (Perspectives June 16) has prompted a flood of letters. Here is a selection

Complementary therapies help in treatment of people with cancer

It is unfortunate that in order to make a point with which we might agree – that nurses may have lost touch with their ‘roots’ – Claire Rayner finds it necessary to dismiss complementary and alternative therapies.

Far from being a minority interest, complementary therapies are used by more than a third of GP practices and approximately 25 per cent of people in the UK. There are now 10,000 nurses in the RCN special interest group in complementary therapies. Ensuring access to these therapies is also recommended as good practice for cancer services in the Calman-Hine report. Is this collective hysteria or is it a rational response to a felt need?

For nearly 20 years, the Bristol Cancer Help Centre (BCHC) has helped people with cancer through a therapy programme based on a holistic approach.

The programme includes dietary advice, counselling, spiritual healing and ‘bodywork’ therapies such as massage. Recent focus group studies have shown this helps people to cope better with their treatments and to be more hopeful.

Far from not being evidence-based, these perceptions are borne out by research into complementary therapies, although it is important to be aware of difficulties in carrying out research in this area both in methodological terms and in terms of obtaining funding.

It is important not to lump all complementary therapies together. There are clear benefits to be obtained from the use of massage, acupuncture, meditation and spiritual healing. Other ‘remedies’ may be more suspect, and part of the work of the centre is to help people to differentiate between them.

It is distressing to patients, and unhelpful, to mock and dismiss these approaches out of hand. Such an attitude does not necessarily prevent people from using complementary therapies, but it does undermine the relationship they have with their orthodox practitioners and reduce even further the help that such a therapeutic relationship can bring.

Pat Turton, Director of Education
Helen Cooke, Therapy Team Manager
Bristol Cancer Help Centre

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