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 150 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

We're falling behind before we've even begun

I read with interest 'Nurse training reality does not fit the NHS Plan vision' (Letters September 20). The experience highlighted was frighteningly similar to my own. Our intake was more than 100 and the group after us more than 200. Lectures given to such large groups can be unbearable. We cram into lecture theatres and many disrupt the lesson with constant nattering.

As for clinical placements, we too had very limited maternity experience due to the size of the group. Many students were 12 months into their training before setting foot on a ward.

To top it all, towards the end of training, we lose our supernumery status and become rostered. This means more unsocial hours, weekends and nights for the same bursary. And it can lead to greater hardship if people are forced to put on hold the weekend jobs that supplement their bursary.

After a full week's work, students have the pressure of clinical and modular outcomes to write up and academic assignments to complete. Oh, I almost forgot, and family and social life. That just goes on hold for three years.

It is not our fault that groups are so large, yet our training is compromised by a lack of quality learning experiences. One thing today's student nurses learn are survival skills.

We wish to offer quality care to our clients, but please give us quality training and proper financial support to do this.

Name and address supplied

Organ donation comments seemed to miss the point

I agree with Sue McGill (Letters September 6) that recent newspaper reports regarding brain stem dead patients feeling pain were inflammatory and may have been detrimental to the organ donation service.

However, her call for these patients to be anaesthetised for organ donation is misguided. The premise on which the guidelines for establishing brain stem death are based is that the patient is no longer conscious (and so cannot feel pain).

If one believes there is a potential for consciousness then one must argue not for the administration of anaesthesia, but rather for cancellation of the operation of organ retrieval. Any other argument makes no ethical sense.

Kath Harris
Manchester

Film makers perpetuate mental illness stereotypes

For many years, various agencies involved with mental health have tried to remove the stigma associated with mental illness.

The major problem is the public perception of schizophrenia in particular. This perception has been influenced further by the film Me, Myself and Irene, in which the main character is a schizophrenic with two personalities.

The film treats schizophrenia as a joke and makes fun of those who have the illness. The public appears to accept the illness as a subject that can be treated in a dismissive manner. I am sure if a major film made fun of people from ethnic minority groups or those with disabilities then the censors would not allow it.

The Sun recently carried the headline 'Corrie Tracey's Hell in Mental Ward' (September 16) on an article describing actress...