Stop the merry-go-round

A day of stillness in the week would do us all good

We all need rites to reinforce what it is to be human and one of these rites is the regular sanctuary of solitude, silence and stillness. Contemporary life makes little space for this – driven by the imperative to be economically productive and the scariness that stillness can bring.

When we are not being busy we may be confronted by spiritual agoraphobia – a fear of the open space of ourselves. Nurses are particularly vulnerable to the violence of 'busyness' (Snow and Willard 1991) and to getting caught up in temporary life makes little space for this – driven by activity provides us with fertile soil to plant the seeds of our own workaholism – keeping busy dealing with the outer stuff so that we don't have to confront the inner stuff, the sources of our interior weariness and uncertainty.

And make no mistake about it, we all suffer to some degree from this inner/outer struggle and there's only two kinds of people we can identify as a result – those who are honest and aware of this and those in denial. The Keep Sunday Special campaign, in the face of an enormous cultural shift away from worship at the altar of the church to the altar of consumption in Tesco, has a point. Regardless of the underpinning religious beliefs or otherwise of the campaign, there is a thread of concern that seduces us away from stillness. Libertarian, capitalist values of freedom of choice are beguiling – assuming that those who wish to take a Sabbath rest can do so and those who don't can shop. Such freedoms may in fact be enslaving without the social and personal backdrop of rituals and conventions that encourage rest.

Many are now questioning the consequences of creating a society where one day rolls onward into the next with no distinctive pattern for rest and recuperation. Muller (1999), for example, reminds us of the significance of rebuilding the idea of the Sabbath in our lives to have space and time committed to rest, renewal, reflection, relationship and recuperation.

The restoration of a sabbatical, in the broadest sense of the word, might do much to aid our passage through the fraught world of nursing work. Integration into our normal daily lives is the key. In the world of the spiritual supermarket, there are thousands of options to choose from. There is strength in the argument for restoring Sabbath time into our daily working lives and for regular days, perhaps each week, to spend less time doing and more time being.

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REFERENCES
Snow C, Willard P (1991) I'm Dying to Take Care of You. Redmond; PCB.

Last week a student nurse asked about the legal and ethical implications of withholding a patient's diagnosis at the relatives' request. Helen Caulfield, RCN solicitor, offered a legal response. This week, Norma Fryer, UKCC professional officer looks at the same query from an ethical point of view.

The situation poses serious concerns about the nurse's professional accountability. Clause 1 and 2 of the Code of Professional Conduct seek to ensure that an individual's interest and wellbeing are served and that no act or omission within the sphere of responsibility is detrimental to those interests.

The situation demands sensitivity and understanding of this patient and her family, for example establishing what the patient already knows about her condition and why the family fears disclosure. While it might not be possible to establish what the patient's wishes are, there should be some opportunity for open discussion.

The UKCC Guidelines for Professional Practice emphasise the importance of truthfulness. In addition, the emphasis on the legal right a patient has to information about their condition is supported by the legal right a patient or client has to autonomy. The guidelines state that 'respect for patients' and clients' autonomy means that you should respect the choices they make concerning their own lives'. But the guidelines remind practitioners that this needs to be balanced with an acknowledgement that there may be rare occasions when a person's condition and the likely effect of information given at a specific time might lead a practitioner to be selective, although never untruthful, about the information given.

The important focus on this issue is that while the decision not to disclose the information might have arisen from a previous knowledge of the patient's wishes, it is now something that should be reviewed by all those involved.