It's important to recognise our attitudes and beliefs

I would like to respond to Fiona Stephens and Jo Rycroft-Malone (letters August 15) who commented on my article 'Senior nurses' control expectations and the development of pressure ulcers' (artSciencce July 25).

I completely agree that readers need more information about the context of the findings of my research in terms of things such as sister's practice, ward type, guideline and risk assessment use. These are available elsewhere, as mentioned in the references.

The main point is that nursing personality cannot be ignored or subsumed under a cloak of guidelines, or by recourse to risk assessment, as if people work in a mechanistic sort of way with predictable outcomes. Stephens' and Rycroft-Malone's concern about targeting certain members of the team (ie sisters) probably arises from the fact that space did not allow me to report data as it applied to the rest of the staff, which included care workers.

As with all research, more questions are raised than answered. However, I do hope that readers will recognise how important it is to acknowledge that our attitudes and beliefs as nurses may not help patients and that this may be because colleagues work to the agenda of the more powerful types in their department.

Miles Maylor
By email

Bursary decisions will send good students elsewhere

I have read with interest the recent letters about the axing of the bursary for non-UK students. I too will be starting my nurse training in the UK in September. I went for my interview in February of this year and, although the bursary was mentioned during the interview, there was no talk of it ceasing for non-UK students from November.

It seems this decision was rushed and not thought out properly. Such a drastic change might not have a knock-on effect this year, but I guarantee next year will tell a lot.

If this decision goes ahead, the only way nursing courses are going to be filled is if colleges can offer students free accommodation.

I have also heard that the government is to target high unemployment areas in the UK in an effort to recruit students.

What good is this going to do if there isn't any interest? Is the government going to offer places to anyone just as long as they're from the UK? This is a sure way of throwing nursing into further chaos.

Unless you really want to be a nurse, you won't stick at it. The government should think again and give a bursary to people who have a real interest in such a demanding career, not someone who is just lucky enough to be living in the UK.

Marie O'Connor
County Cork

Waiting list problem is bigger than NHS admits

Perhaps 50 years of under-funding, poor management and unrealistic expectations have led to us sending NHS patients to Germany for treatment.

Little did I know that years later, after having had five sons and after being diagnosed with breast cancer and having a mastectomy (to which her first response was to do a parachute jump to raise money and awareness), Fo would go on to do her nurse training.

I learnt from Fo that we had to live our lives fully and not wait to visit that place we always wanted to, to be positive about life and to see beauty all around.

I have a box full of the letters Fo wrote to me over the years, as I am sure many others do. She was always a prolific and amusing correspondent.

Locals would see her driving round in her purple car with flowers on it, or riding her flower-covered bike and more recently on her electric buggy, which also had the statutory flowers.

Fo died on August 30. We will all miss her, her letters, her phone calls, her pink lipstick smile, and at her request we will all wear our brightest clothes to her farewell party.

Sharon Leach is Fo Ettinger's sister.
There is an article by Fo on page 22

We're rowing for charity and we'd like your support

The Lincoln to Boston Marathon is an event I have always wanted to take part in since I joined Bradford Rowing Club in 1973 as its first female rower.

My rowing partner, Kath Riley, and I have entered the race as veterans (Kath is 33, I'm 44) and hope to complete the 31 miles in six hours or less.

Kath is collecting sponsorship for Rochdale Hospice and I am collecting for the Sue Ryder Home at Oxenhope, near Keighley.

The race takes place on September 16 and if anybody feels like easing our pain a little by sponsoring us, please contact me on 01274 603482.

I have no doubt that we shall complete the marathon, and, as a certain Steve Redgrave said, 'if you ever see me in a boat again, shoot me'.

Carol Singleton
Bradford

Carol Singleton and Kath Riley will row in the Lincoln to Boston Marathon

An expert on the merits and failings of various healthcare systems says ours compares unfavourably with France, Germany and the Netherlands.

Part of the problem may be the secrecy surrounding waiting lists for patients with potentially killer conditions, as well as fed-up nurses leaving the NHS.

I read of a patient who, having been told that prostate cancer was a major killer of elderly men, was then surprised at having to wait for more than six months for a biopsy after showing symptoms.

We will never get to grips with NHS waiting times until the system is open and honest about what is going on.

Doctors and specialists know the score. So do the waiting patients. Blow the whistle and let's have an NHS we can all be proud of.

Max Nottingham
Lincoln

September 12\Vol15\No52\2001 nursing standard 31