UK nurses lag behind in information stakes

I was delighted to see your article on the Belgian Nursing Minimum Data Set (analysis June 25).

In all countries, including the UK, nursing is increasingly defined, funded, managed and controlled by the information about it that is held in computerised information systems. In Belgium, as in many countries, nurses are specifying its content and how it is expressed.

The way they do it in eight different European countries and the United States is the subject of our conference in Swansea in September, which you mentioned. Unfortunately the UK is way, way behind. Belgium is using this data to demonstrate how the intensity of nursing has increased, how skill mix affects the kind of care patients get, and the extent to which nursing practice conforms to best practice. British nurses have barely thought about electronic patient records or the link between information and quality of care. They just do not see this as relevant to their practice and seem happy to leave it in the control of non-nurse managers and computer technicians. We still have not learnt the lesson that if we do not take an interest ourselves there are plenty of people ready to do it for us.

That is why we are holding this conference – if you want to come to hear more about Belgium and other countries, please contact me at j.clark@swansea.ac.uk

June Clark
Swansea

Document your actions if you challenge a doctor

While I acknowledge that it is not easy to challenge a consultant (letters June 4), surely it is every nurse’s duty to stand up for what is in the patient’s best interest. In fact our code of conduct demands that we do.

I work in a plastic surgery department where many skin cancers and lesions are removed every day. Fortunately our consultants insist that facial sutures should not stay in for more than seven days – we always apply tape strips to support the wound for about a further five days. However I have had to go against doctors’ instructions on occasions – once I refused to apply a ribbon gauze dressing to a cavity wound, knowing some of the research on this subject. I applied a calcium alginate ribbon, and documented why I had taken this course of action.

I do not know whether or not the staff nurse who wrote to Nursing Standard had documented her actions and the reason for them, but if she had, she may not have run into problems. If the director of nursing ‘had no clear views on the length of time sutures should be left in a forehead’, he should have been given the relevant information.

Diana Orr
By email

Patients should be able to choose when they die

I have just read Philip Scullion on euthanasia (letters June 25). He discusses helping patients to ‘die well’ and how euthanasia is against nursing ethics.

Nursing also involves being a patient advocate. This surely includes standing up for patients’ rights to dignified deaths when they choose.

People have fought for years so that everyone has a right to make their own choices about their lives. The question is why don’t people have the right to decide when to end their lives? It has nothing to do with anyone except the individual concerned. Surely it is more dignified to die when you choose, rather than being forced by a medical model to live when the quality of living no longer exists.

Scott Justice
Edinburgh

Why are Europeans exempt from language tests?

I agree with language tests for nurses (news June 25), but to exclude Europeans from testing is not right. I have met people from Asian countries who write and speak much better English than many English people. The test should simply assess skills in writing reports and verbal communication. It should not be a linguistic test for a degree qualification.

Jega Pillai
London

Degree students just want a degree – simple as that

As a degree student I feel that many people do not understand the reasons behind opting for the degree (letters June 11). We all learn the same basic nursing skills and are expected to meet similar requirements to gain our registration. The level of academic work achieved is irrelevant to the quality of nursing care delivered.

The debate about which students are best is ridiculous. The only advantages of a degree qualification are that you may be better equipped to progress academically through your career and you do not have to worry about gaining your degree post-registration. Degree students do not make better nurses – we just want our registration and a degree classification. So, what’s the problem?

Wendy Arnold
Merseyside