‘Long hours’ a factor in ward sister’s suicide

A CHILDREN’S nurse killed herself by driving into the path of an oncoming train because she could not cope with the stress of her job, her husband claims.

Mark Smith, husband of oncology ward sister Susan Smith, told the inquest into his wife’s death that she complained of working long hours at Birmingham Children’s Hospital, where she had worked for 20 years.

Crown Coroner Victor Round read out a statement from Mr Smith, who did not attend the inquest at Stourport, Worcestershire.

Mr Smith said his wife was stressed with her job and was looking at reducing her working week to four days.

Mr Smith also claimed Birmingham Children’s Hospital NHS Trust had never offered his wife counselling.

In his statement, Mr Smith added that when he asked his wife about the long hours, she told him that her patients had to come first. ‘There is no one else. What about the children?’ she had said.

The inquest heard that Ms Smith drove to a level crossing near Droitwich, Worcestershire, and waited on the track on April 7. Her car was hit by a Royal Mail train travelling at 95 miles per hour.

A post-mortem examination revealed Ms Smith died of multiple injuries. Mr Round recorded a verdict of suicide last week but did not pass comment on Ms Smith’s work in his summing up.

A hospital spokesperson described Ms Smith as a ‘dedicated, committed nurse’.

She added: ‘The oncology department is a team of extremely supportive staff. Birmingham Children’s Hospital NHS Trust has an employee support service which all staff are actively encouraged to access. Our thoughts continue to be with the family.’

Press reports have suggested that Gillian Morgan is seeking damages of £100,000

Shipman’s practice nurse seeks damages for stress

By Colin Parish

THE PRACTICE nurse who worked for Harold Shipman for ten years is to sue the former GP and his employers for damages.

Gillian Morgan has served Mr Shipman and Tameside and Glossop Primary Care Trust (PCT) with writs at Leeds County Court. She claims she has suffered stress since learning that Mr Shipman was killing patients.

Ms Morgan worked for Mr Shipman in Greater Manchester from 1988 until 1998, initially as his practice nurse and later as a nurse practitioner. The public inquiry into how Mr Shipman went undetected for so long has already heard how Ms Morgan was directly affected by one case in particular.

In January 1994 Ms Morgan was asked by Mr Shipman to help him attempt resuscitation on a patient in his consulting room. But inquiry chair Dame Janet Smith said the patient Joan Harding was moribund owing to a lethal dose of diamorphine administered by Mr Shipman.

Dame Janet said Ms Morgan’s attempts at resuscitation were genuine, but described what went on as a ‘charade’.

In her first report, issued last year, Dame Janet said: ‘When Ms Harding was unconscious, he asked a receptionist to summon an ambulance, called for nurse Morgan and went through a charade of resuscitation. Inevitably the “resuscitation” failed and, after an appropriate interval, he called it off and cancelled the ambulance.’

Mr Shipman was convicted of killing 15 patients by giving them lethal doses of diamorphine and is serving 15 life sentences at Wakefield prison. Dame Janet has concluded that he killed at least 215 people.

Ms Morgan, who is being supported by the RCN, was unavailable, while the Home Office declined to comment. A spokesperson for the PCT said: ‘The matter is subject to litigation, therefore the trust is unable to comment.’

Press reports have suggested Ms Morgan is seeking damages of £100,000.

Theatre nurses insist on band 6

THEATRE NURSES will consider taking industrial action if they are not placed in band six of the new pay and grading system, their national body has said.

They are the last major group of nurses still waiting to learn where they will be placed in the new pay bands, which are already being piloted in 12 early implementer NHS trusts and will apply across the UK from October 2004.

National Association of Theatre Nurses professional officer John Beesley said his members expect to be placed in band six, alongside experienced staff nurses.

But he has heard that some early implementers have tried putting theatre nurses on band four, designed to be the home of the most senior support staff, such as healthcare assistants with NVQs.

A national job profile is expected to be signed off by employers and union representatives when they meet next month.

Mr Beesley said that with the reduction in junior doctors’ hours, the vast majority of theatre nurses now act as first assistants to surgeons. Theatre nurses would be angry if the profile did not reflect their advanced skills, he said.

‘We are aiming for band six. Theatre nurses have said to me that if they are not going to be valued they would resign or work to rule. They could bring the hospital to a standstill.’

Agreement on a national profile for theatre nurses was delayed while the profile for operating department practitioners was re-written.