NURSES SHOULD BEWARE OF PUTTING
WORDS IN THEIR PATIENTS’ MOUTHS

While reviewing care plans for patients in care homes recently, I noticed that they were written in the first person singular.

Staff say this is to help make the plans more person-centred, thereby boosting the home's ratings from the local social services department on certain aspects of care. Care homes that are rated highly receive more funding.

Patients should be encouraged to tell care home staff what they would like, but what about those who cannot? For example, I came across this comment in a patient’s care plan: ‘I am unable to talk.’ Not only is this patient unable to talk, she is unable to make any signs or communicate in any way.

I am convinced that writing ‘I am unable to talk’ in this patient's care plan is an example of poor care. By putting words into the mouths of our patients, their care becomes the opposite of patient-centred.

Malcolm Harrison, by email

I DISAPPROVE OF THE POLICY
CHANGE ON ASSISTED SUICIDE

As an RCN fellow, I share many readers’ disappointment about the RCN policy change on assisted suicide. Neutrality signals weak leadership and mixed messages to nurses and patients.

According to Bridget Ryan (letters August 5), there is overwhelming public support for changing the law to allow medically assisted suicide. Surveys of public opinion are too crude a tool to address the complexity of this issue, which will profoundly affect the nurse-patient relationship.

Unwisely, the RCN disbanded its ethics committee a few years ago. This had a track record of leadership in the face of populist trends. With the advent of the HIV/AIDS crisis, the RCN was a powerful voice of sanity and practical advice that shifted public perception and government policy.

The proposal that specially trained nurses should be tasked with assisting suicide (news August 5) sent a shudder through my heart. The thin end of the wedge just got thicker.

Stephen Wright, by email

SUICIDE RULING IS WELCOMED,
BUT PRESENTS PROBLEMS TOO

The Huntington’s Disease Association knows only too well that assisted suicide is a complicated issue and fraught with ethical, spiritual and moral dilemmas (news and letters July 29).

Given that Huntington’s disease is an inherited neurological condition with no cure, people with the disease have to consider many factors when planning their future. What are their options, for example, for refusing treatment or asking for it to be withdrawn in the later stages?

Assisted suicide is one option that some people might consider after seeing their parents or siblings succumb to its problems. The subject of assisted suicide may be discussed with families and carers, and many people will welcome being able to plan this while still having capacity to do so.

This, however, brings its own problems. What would happen, for example, if a person changes his or her mind as the condition progresses, but can no longer communicate this?

There is no easy answer, but we shall be watching with interest as the law is clarified.

Bill Crowder, deputy head of care services, Huntington’s Disease Association, Neurosupport Centre, Liverpool