IMPROVED DEMENTIA OUTCOMES STEM FROM EDUCATED CARE

Further to the news story, ‘Emergency admissions ward gives dedicated dementia care’ (May 25), it is heartening that a hospital is recognising the need to provide patients who have dementia with specialist attention.

I await with anticipation the results of research being undertaken by staff at Nottingham University Hospital NHS Trust to see if those who are looked after by staff trained in patient-centred care have better outcomes.

Perhaps this research will show once and for all that patients with dementia will have a better experience if they are cared for by staff who understand their needs.

The Nottingham unit has more staff than a standard ward and three activity co-ordinators to help patients. It may be that a shortage of funds will prevent this model from being established elsewhere, but it is another step towards staff being given specialist training in caring for patients with dementia.

Sue Hill, by email

PARENTS’ USE OF ALTERNATIVE THERAPIES CAN BE DETRIMENTAL

Your clinical article ‘Traditional and complementary approaches to child health’ (May 25) highlights some of the challenges faced by primary care nurses, particularly children’s nurses in A&E and acute inpatient areas.

One pertinent point from the article is the importance of understanding the range of traditional and complementary treatments used by parents from different cultures and communities.

It should be routine during the assessment process for families to be asked about their use of alternative therapies. It is important to prevent health deterioration from treatments where there is no robust proof of benefit.

It would be beneficial for children’s health if there was more research into parents’ use of alternative treatments and improved education on these for all healthcare practitioners who work with children.

Liz Gormley-Fleming, by email

SICKNESS LEAVE LINKED TO SHRINKING NURSE NUMBERS

If England’s chief nursing officer wants to cut nurses’ sick leave percentage to 3 per cent, she should press the government to increase the number of clinical nurses working at the interface with patients.

The reason many nurses are off sick is that they are exhausted from working in excess of their contracted hours, with ever-increasing caseloads and an ever-shrinking number of qualified nurses on wards.

One simple way of supporting clinical nurses, and therefore reducing sick leave, would be for all nurse managers to work a day a week directly with patients. Those without clinical qualifications can act as nursing assistants or other ancillary roles. It would give managers a real understanding of working under clinical pressure, day in, day out.

David Harding-Price, RCN North Lincolnshire branch secretary

BOOK HELPS TO DEMYSTIFY THE SUBJECT OF LEADERSHIP

Leadership as a topic can feel like a murky quagmire. There are so many viewpoints and a plethora of buzzwords. It was good, therefore, to read the advice of Nursing and Midwifery Council chief executive and registrar Dickon Weir-Hughes (analysis and reviews May 25) on the subject. In his new book on leadership, he says: ‘Be a first rate version of yourself, not a second rate version of someone else.’

With so much scrutiny on the NHS, and the emphasis to deliver and measure the quality of care with less, good leadership and the ability to engender more good leaders will be pivotal.

Sara Garland, by email

COMPUTERISED PATIENT FILES HAVE ADDED TO PAPERWORK

The Care Quality Commission has reported that a member of staff at Worcestershire Acute Hospitals NHS Trust had to prescribe water on medical charts to ensure patients got enough to drink (news June 1).

I would argue that the ridiculous amount of paperwork we have to deal with is part of the reason for such poor nursing care.

Despite the introduction of computers, paperwork has increased beyond belief, and this has been at the expense of patient care.

Bring back the Kardex. We need a simple, short synopsis for each patient of the orders the nurses and doctors have written.

Jenny McIntyre, by email

DEBATE ON ASSISTED SUICIDE NEEDS UP-TO-DATE INFORMATION

Stephen Wright’s (reflections May 11) bases his ‘slippery slope’ argument about assisted suicide and euthanasia on Dutch figures from the early 1990s. He mistakenly says that the law to regulate euthanasia and assisted suicide preceded these figures.

The Termination of Life on Request and Assisted Suicide (Review Procedures) Act took effect on April 1 2002, making his figures an unhelpful basis for analysis since the situation is now different.

If he had looked at figures after 2002, he would see that regulation of practice seems to protect vulnerable people from being forced to die against their will; there is no longer a need to be secretive about assisting people to die and legalisation improves scrutiny of bad practice.

This lack of an evidence-based approach to a crucial ethical and practical issue does not serve an important debate well.

There is currently no good evidence of the ‘slippery slope’ argument and Professor Wright is being less than rigorous to suggest it – I challenge him to produce convincing evidence.

Gay Lee, by email