THE SCHOOL NURSE ROLE IS TO BE AN ADVOCATE FOR THE CHILD
I was interested to read the news story (September 7) about independent school nurses being isolated and, in some cases, unable to protect children.

One nurse described her feelings of helplessness at not being able to help a 15-year-old Chinese pupil who was being abused in China. The age of consent may be 14 in China, but abuse is still abuse. Acting as advocate for the child is integral to the school nurse role.

For this nurse, and others in similar situations where they feel unsupported or isolated, clinical supervision is essential. It should be addressed as an issue directly with management and primary care trust safeguarding leads. It is a dual responsibility.

Having the skills to empower young people to protect themselves is essential and heavily influenced by professional safeguarding training and supervision.

If independent school nurses feel unsupported, lack knowledge or have little confidence in any anticipated action by the relevant agencies, it could prevent them from becoming involved in more cases where abuse is suspected. If so, this would increase the risk to young people.

Amanda Norman, school nurse team leader, Great Yarmouth

ARTICLE ON ASSISTED DYING LACKED EMPIRICAL EVIDENCE
It is good to see the distinguished nurse academic Dame Jill Macleod Clark join the debate about assisted death (reflections September 14).

However, I am disappointed that her opinion piece is just that. Dame Jill’s article is economical with hard information about autonomy, patient choice and outcomes in jurisdictions where the law has been changed in favour of assisted dying.

We need empirical studies that address a possible change in the law on assisted dying in the UK and explore the attitudes of nurses to this proposal. It would be good to see such work commissioned and carried out by academic nursing departments.

Surveys of the public and professionals fail to provide the necessary information to support a change in the law. I look forward to articles that demonstrate rigorous research in this area.

Celia Manson, by email

WE SHOULD HIGHLIGHT EXAMPLES OF GOOD PRACTICE IN CARE HOMES
Jackie Morris, dignity champion of the British Geriatrics Society, identifies a lack of systematic approaches to the management of common health problems in care homes (reflections September 7). She writes: ‘Some GPs see themselves as visitors managing crises, rather than as part of the team serving the home and the residents.’

It is encouraging to learn of the pockets of good practice supported by initiatives such as the Gold Standards Framework (GSF) and My Home Life. The GSF, for example, offers training to enable independent care homes to deliver end of life care.

Rather than the steady stream of bad news about vulnerable older people being neglected in care homes, we need examples of good practice to be highlighted.

Dr Morris recommends the introduction of a structured, proactive national system of primary care multidisciplinary teams to support care home residents. The society’s report needs to be widely publicised.

Margot Lindsay, by email

OUR LEADERS WOULD DO WELL TO EMMULATE FLORENCE NIGHTINGALE
There may be few nurses in parliament (editorial September 7), but there are many non-nurses in the Commons and the Lords fighting our cause and, more importantly, trying to reverse the damage of NHS ‘reforms’.

Management guru Sir Gerry Robinson has highlighted the lack of leadership in the NHS. This is also true of nursing, where there is a notable absence of effective leadership.

Some nurse leaders may be close to those who govern, but appear to have little influence. The chief nursing officer for England role is also likely to be downgraded with the departure of Dame Chris Beasley.

Matters such as whistleblowing, the wearing of uniforms in public and poor standards of care in hospitals and private nursing homes – as well as the widening gulf between clinical nurses, teachers and managers – are just some of the areas where our leaders have been strangely quiet.

Florence Nightingale was always the first to be consulted by the government of the day before any legislation on health care was introduced. Those who profess to lead us would do well to study how she came to be so influential – and then emulate her.

Michael Owen, Bolton