A confidential national reporting system could help to provide a case for better training and information.
Yana Richens, by email

OUR VOICES ARE NOT THE ONLY ONES MISSING FROM THE HOUSE OF LORDS
Bridget Ryan (letters March 7) is uneasy about Nursing Standard’s Peer Pressure campaign to boost the number of nurses in the House of Lords.
She writes: ‘Who is to say that nurses elevated to the Lords will be the best people to be effective in protecting health services, promoting the good name of the profession and speaking up for nurses?’
Hers is not a lone voice. I too have been dismayed by the rush of names being put forward. However, it is not just that nurses are under-represented.
Few outside the elite are. Decisions are taken on the NHS, legal aid, disability and unemployment benefits by people who have no experience of these services or little understanding of the issues.
The only good reason for getting into the Lords would be to participate in a vote to abolish it.
Stephen Wright, by email

SURGEON’S OVERSEAS VOLUNTARY WORK IS AN INSPIRATION TO US ALL
Your usually excellent TV listings failed to mention The English Surgeon, a documentary originally screened in 2008 and repeated as part of the Storyville series this month on BBC 2.
This moving programme followed leading brain surgeon Henry Marsh on one of his regular trips to Kiev. Ten years ago he befriended a neurosurgeon based in Ukraine. Ever since, Mr Marsh has travelled there twice a year to operate on patients for free.
It is heartening that healthcare professionals such as Mr Marsh offer their help overseas. Perhaps more nurses could also volunteer. I would like to see the NHS supporting charities such as Mercy Ships and Sightsavers by way of exchange visits and releasing staff to share their skills and knowledge.
Mike Owen, Bolton

THREAT TO.REMPLOY BLIGHTS THE LIVES OF PEOPLE WITH DISABILITIES
Remploy, which provides work for people with disabilities, is to close 36 of its 54 factories, putting more than 1,700 jobs at risk. Minister for disabled people Maria Miller says the factories should be closed by the end of the year because they are not financially viable.
Those of us who work with people with disabilities know how difficult it is for them to find paid work. Remploy, established 66 years ago as part of the creation of the welfare state, plays a crucial role in offering employment and training to people with disabilities.
The government says the money saved by closing Remploy can be used more effectively to help people with disabilities. But why not listen to the people who work at Remploy?
They say this is a service that makes a huge difference to their lives and where their contribution to society is recognised and of value.
Please petition the government to stop the closure of Remploy factories at http://tinyurl.com/43aku6. If enough people sign this e-petition, it will lead to a debate in the House of Commons.
Stephen Cowden, Leamington Spa

DEEP INSULIN THERAPY WAS USED TO TREAT MY TEENAGE ANXIETIES
Cathy Moulton, a clinical adviser for Diabetes UK, says more people with type 2 diabetes are now using insulin, and there has been an increase in the number of people with type 1 diabetes being treated in primary and secondary care (reflections March 7).
My experience of insulin was different. In 1955, aged 19, I was in Powick Hospital, previously Worcester County Pauper and Lunatic Asylum.
I was put on deep insulin therapy to ease my anxiety about nuclear war. I had 48 injections of insulin to put me in a deep coma ‘to rest the mind’. I needed to drink glucose when I came round.
Insulin shock therapy later fell out of favour and was replaced by neuroleptic drugs.
George Cowley, Worcester

OBITUARY
Caroline Soar
1952-2012
Nurse who helped set up the RCN ethics forum

Caroline Soar was a long-time RCN supporter and activist.
She undertook RMN training at St Augustine’s in Canterbury and then completed the community psychiatric nursing (CPN) qualification.
She worked as a CPN, a nurse teacher and undertook a postgraduate diploma in the philosophy of health care at Swansea University.
Caroline held a number of managerial posts in West Sussex, most recently as manager of the Sussex chronic fatigue syndrome and myalgic encephalomyelitis service.
In the late 1980s she played a pivotal role in the establishment of the RCN ethics forum and she had particular expertise in the ethics of organ donation and advanced directives.
She played a key role on the executive committee of the forum in its infancy, and worked tirelessly to plan ethics workshops and conferences. Through her work with the forum, local nursing ethics groups were established across the UK. In addition, she was a significant contributor to ethical debate and discussion at many RCN congresses.
Caroline was especially loved and cherished as a friend and respected colleague. She lit up the room with her smile and had the most wonderful sense of humour. She carried this with her throughout her illness.
A close friend, Gerrie Whitney, says: ‘Her mission was to support and enable people to find their inner strength and develop their potential.’
A sensitive, nurturing, fun-loving person, Caroline was, and will continue to be, highly respected as a nurse, teacher, manager and human being.
Caroline died of cancer in St Wilfrid’s Hospice in Chichester.

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