I have worked for the NHS, a large charity, the private sector and, for the past five years, for a nursing agency. Most of the nurses I interview for agency work have a great wealth of experience and have worked in a variety of settings. All our agency nurses undertake comprehensive and up-to-date training. If nurses are unsuitable for a particular job, they would not be allowed to do it.

I am fed up with the attitude of many nurses, who automatically assume that if you are an agency nurse, you do not care about patients and have poor nursing skills.

Kate Pollard, Chedgrave, Norfolk

CONCLUSIONS ABOUT CIRCUMCISION AND PROSTATE CANCER ARE DUBIOUS

The Wright study of circumcision and the risk of prostate cancer (clinical digest April 11 and letters April 18) is a boon for those wishing to promote the circumcision of infants.

But the study’s widely disseminated conclusion that circumcision before sexual debut prevents prostate cancer is dubious in the extreme.

The Wright study found no overall relationship between circumcision status and prostate cancer. The researchers divided their study group into 12 subgroups and found one group in which there was a correlation between non-circumcision and the presence of prostate cancer.

Even then, it was a small effect and only marginally significant. But even if further research substantiates its findings, it is a long way short of making the case for depriving males of their right to make an autonomous decision about circumcision until they are of sufficient maturity to do so.

John Dalton, researcher and archiver, NORM-UK, Stone, Staffordshire

NURSES NEED THE RIGHT TO STRIKE TO PROTECT PATIENTS

Four of your readers panelists were asked if the RCN should be affiliated to the Trades Union Congress (reflections April 4). One of them said the RCN needs to modernize and join the wider trade union movement, but should keep the “no strike” policy that has always served it so well.

While the RCN had never taken strike action, its rules were changed in 1995 to allow industrial action, provided it did not harm patients or clients. It would be madness to have a rule that took away the right to withdraw labour under any circumstances.

Nurses in other countries have gone on strike without putting patients at risk and been successful in their industrial action.

Perhaps the idea of allowing anything to be done to you without complaint is an aftermath of nursing’s military and religious past.

It is small wonder that many men do not see nursing as an attractive career, or move away from roles that suggest subservience. We need a strong workforce with the guts to show strength of feeling to prevent patient care being eroded further still.

Malcolm Harrison, by email

LEARNING ZONE ARTICLE HELPED ME APPRECIATE ASTHMA/RHINITIS LINK

Thank you for the excellent learning zone article (April 11) on the management of patients with asthma and allergic rhinitis. Dave Burns notes that the two conditions frequently co-exist, have similar aetiologies and genetic and environmental influences.

I had not appreciated the link between the two. I have endured many years with allergic rhinitis, but have no experience of asthma.

Nasal decongestants aggravated my problems and may have contributed to rhinitis medicamentosa, or ‘rebound rhinitis’. I also found the sedative effects of antihistamines to be troublesome, and their effectiveness lessened over time.

Intranasal corticosteroid treatment has worked for me and alleviated the irritation. I found the advice in the article on using intranasal corticosteroid sprays to be useful and informative, particularly in avoiding sniffling once the drug has been delivered.

Tim Mellows, by email

NEVER UNDERESTIMATE THE PURE PLEASURE OF CARING FOR PATIENTS

Second-year nursing student Antonia Kitching has captured all that is good about nursing in her Starting Out article (reflections April 18).

She focuses on kindness, compassion and patience. These human factors are central to our ability to deliver excellent patient care, but are so often undermined by lack of time on the wards and onerous paperwork.

As children, we were nurtured by mothers who were compassionate and had endless patience. Now as nurses, we can rediscover these elements and put them to use in our patient care.

Patients with learning disabilities are particularly vulnerable and Antonia’s article demonstrates how a thoughtful and kind attitude can work wonders.

Patients in the peri-operative area are vulnerable, too. This is where the skills of communication, compassion and reassurance can help them so much. Acting as advocates for the patient is at the core of what we do in our caring role. It gives meaning and an ethical foundation to our delivery of care.

Nursing is an amazing career. There are many ups, and some downs, but never underestimate the pure pleasure to be gained from caring for patients.

Judy Mowbray, by email

THE GLOVES SHOULD HAVE BEEN OFF BEFORE RECORDING A PROCEDURE

I was surprised to see a photograph (analysis April 4) showing a nurse with gloved hands using a ballpoint pen.

Non-sterile, disposable gloves are worn to provide a barrier from contamination by bodily fluids, including blood and secretions. The gloves should have been removed after whatever procedure she had performed, her hands washed and then any necessary recording carried out.

Anne Scott, by email