and nurses with patients who have dementia. He says this practice encourages them to live in a false reality.

People with dementia are losing their minds and already live in a false reality. At the same time, their emotions are intact – and may be more acute than before onset of the illness. Compassionate care should involve attempting to alleviate their distress of losing their ability to understand what is going on around them.

If this means telling ‘white lies’ or using distraction, this has to be kinder than trying to get someone with dementia to understand something they are no longer capable of understanding.

Brigid Stubbs, by email

**BASICS OF NUMERACY SHOULD BE AN INTEGRAL PART OF NURSE TRAINING**

I welcome the fact that nurses’ ability in maths is under increasing scrutiny (News September 4).

The basics of mathematics, arithmetic and numeracy are taught at primary and secondary schools. But the level of such teaching varies from school to school and year by year.

It cannot be assumed that all those with a maths GCSE have a good understanding of numeracy.

It is important that the basics of numeracy, including drug calculation skills, are taught as an integral part of nurse training. There also need to be opportunities for registered nurses to undertake regular refresher courses during their career.

A number of excellent books are available for nurses to improve their basic understanding of maths and numeracy. There are also some useful apps on the market that are either free to download or cost very little.

Helen Grundy, by email

**ZERO-HOURS CONTRACTS OFFER NO GUARANTEES OF ANYTHING AT ALL**

‘A zero-hours NHS economy is nothing to be proud of,’ says RCN steward Mike Travis (Reflections September 4).

Employees on zero-hour contracts are expected to be on-call for the offer of paid work, but we are paid only for the hours we actually work. In my case, it leads to low-paid work, with a precarious income.

I am a university lecturer on a zero-hours contract that offers no guarantee of work or pay and restricts my employment elsewhere.

A zero-hours further education economy is nothing to be proud of.

Name and address withheld

**HERE’S TO THE GROWING SUCCESS OF GREEN-FINGERED THERAPY**

Thank you for spotlighting the scheme in London looking into the therapeutic effects of gardening for people with learning disabilities, dementia and brain injuries (News August 28).

It is great to see nurses such as Nicki Bones of SweetTree Home Care Services encouraging green-fingered therapy and helping her clients to grow and eat healthy food.

I wish the scheme every success and look forward to reading more about it. Perhaps Nicki could write a continuing professional development article on the project for Nursing Standard.

Helen Evans, by email

**THE LACK OF GENITAL MUTILATION PROSECUTIONS IS A DISGRACE**

It is estimated that around 66,000 women living in England and Wales are likely to have undergone female genital mutilation (FGM) and that more than 24,000 girls in England and Wales are at high risk or may have already undergone type 3 FGM (Art & Science September 4).

Sometimes referred to as infibulation, type 3 FGM involves the excision of almost all of the external genitalia and stitching up of the vulva to leave only a tiny opening.

The practice of FGM was made illegal in the UK via the Prohibition of Female Circumcision Act 1985.

The Female Genital Mutilation Act 2003 made it an offence for UK citizens or permanent UK residents to aid FGM abroad, even in countries where the practice is legal.