

BRITISH MEDICAL JOURNAL

SATURDAY 10 OCTOBER 1981

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We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.

Doctors and nurses

SIR,—In your leading article "Doctors and nurses" (12 September, p 683), you rightly say that doctors will be appalled at the suggestion in the Royal College of Nursing booklet *Towards Standards* that a patient needs a nurse as advocate against the doctor. I was utterly appalled, and I would like to suggest that the true state of affairs may be the reverse.

Something very serious and sad has gone wrong with what was once a great profession. "Salmon" was disastrous, but other factors may be to blame too, including a lack of true vocation and an unwillingness to do the messy, less intellectually demanding or exciting jobs. Perhaps the teaching lays undue emphasis on the academic aspects of nursing, the technological drama of intensive care, and the financial advancement and power of administration. The loss of the ward sister as the kingpin in the whole machinery of the ward, setting its tone in terms of discipline, teaching, and management of overall patient care, and supervision of nurses, is surely one big factor. Possibly, too, our materialistic, acquisitive age has lost the spirit of cheerful service of those in need.

Perhaps in the past some autocratic doctors have treated some nurses as "handmaids." But let us remember that we are all in the caring professions in order to serve ill people, and what greater privilege can there be? Hospitals are for patients, not for doctors to flout their egos or for any of us to obtain "job

satisfaction"—though the greatest job satisfaction I know comes from doing a job well, and that means a satisfied patient. We all need a spirit of service, whatever our function in the caring professions.

Surely good nursing is the basic care of the whole person, in particular the body, at a time when the person is unable to care for it adequately himself. This should and could be the most satisfying and rewarding profession for a person who cares about the welfare of his or her fellow human beings. We are virtually all going to need nursing care at some stage in our lives, particularly the final decade, but few of us will receive a heart transplant. I would infinitely rather be given a proper blanket bath by a gentle, efficient nurse than have all the machinery and monitors in the world being studied by nurses who seem only to understand machines. Yet efficiency and intelligence should not need to exclude kindness and practical commonsense—why should they not both be equal requisites of the good nurse? Why should anyone feel inferior if he or she has to do "menial" tasks? Any woman knows that no home can be run without getting one's hands dirty—nor can a ward. And do nurses really think that a doctor's work is exclusively clean?

I am fed up with nurses apparently trying to be doctors. If they want to be doctors, then let them struggle through all the necessary

A-levels and the years of studying for degrees and higher qualifications, first on a student grant and then while working for around 80 hours a week or more. And then let them realise what it is like to have the final responsibility for the patient's care, with no one else to pass the buck to in the management. Responsibility is rightly rewarded by higher pay; but it is not easily gained or lightly given, and the privilege of decision making in patient management must belong to the person who has acquired the knowledge and experience to make those decisions—and is paid to do so. No, let the nurse be grateful that she does not carry that awesome burden, rather than envying us. She should be justly proud of her own absolutely vital and irreplaceable part in the care of the patient, which cannot be done by anyone else—I know I could never have been a nurse. It is in no way an inferior profession but rather a sister one, of equal and indeed at times more importance to the patient than medical care.

Oh bring back the old-fashioned ward sister, put her on a pedestal at the heart of the ward where she is in charge and even the consultants are a little afraid of her, and respect her deeply because they know she is the queen of her domain and will fight for her patients because she really cares. And give her the pay and status which are due to her unique position in the caring team. Then perhaps we may get