

BRITISH MEDICAL JOURNAL

SA/STA

SATURDAY 9 APRIL 1983

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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 should be typed with double spacing between lines and must be signed personally by all their authors, who should include their degrees. Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue.

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.

Nurses have dilemmas too

SIR,—We would like to express our appreciation of the series *Doctors' Dilemmas* shown on television during January and February this year (26 February, p 715). As nurses there were many issues raised which we recognised as important, and valid points were made. There were also some discussions during these programmes which we found disturbing.

The first related to the need for nurses to be aware of the extent to which patients suffering from inoperable cancer (or other conditions with a poor prognosis) have been informed by doctors of their diagnoses and prognoses. One programme featured a case where such a patient was given censored information, and the relatives were given a fuller version, and the desirability of bringing a nurse in to support both patients and relatives was discussed. The presence of a nurse at such interviews was not seen to be necessary by the doctors. We agree that the nurse's presence is not necessary or even desirable in all circumstances. If, however, a nurse is not subsequently informed about the sort of explanation given to the patient and his relatives the nursing staff are left in a very difficult position. Many patients feel that their anxieties and fears cannot be shared with busy doctors. Indeed, unfortunately in the hierarchical National Health Service the person to whom the patient relates most easily is the most junior nurse working in the ward. If she (or he) can obtain no guidance from seniors because they are themselves in ignorance of what transpired between doctor, patient, and relatives, how is this junior nurse, often only in her late teens, equipped to cope? In practice coping takes the form of avoiding the question and subsequently, if possible, the patient, thus increasing the patient's anxiety and distress.

The second point relates to the programme concerning trials of drugs on patients with a

very poor prognosis. The medical ethics committee featured in the programme comprised representatives of doctors, the chaplaincy, and the hospital administration but no nurse. During the discussion a panel member commented on the narrowness of representation on the committee and suggested that a nurse could bring a useful perspective to bear on the committee's discussions—possibly perhaps a nurse teacher. One of the doctors on the committee expressed amazement that a nurse could be of any assistance whatsoever and as for the suggestion of a nurse teacher—why not *any* teacher. We would like to draw attention to the fact that it is the senior nurses who are required to help student nurses upset by problems such as giving drugs with distressing or unpleasant side effects to patients with a very poor prognosis. The ward sister and the nurse teacher bear the brunt of coping with such distress.

We want to point out most emphatically that nurses are concerned with ethical issues and that it is important for doctors and nurses to be seen by the patients as a team working together for their benefit. The subject of ethics has concerned the Royal College of Nursing for many years and has been included in all full time postregistration courses which the college provides. The college has also issued publications giving guidance on this subject.¹⁻³ We would draw attention to section II.4 in the discussion document on the code of professional conduct, where it is stated: "Although choice of treatments and the initiation of clinical research projects is usually solely a medical responsibility nurses have the right and the duty to express opinions about the effect of such procedures on the patients under their care."

We would also draw our medical colleagues' attention to their own handbook⁴ section 6-9-6-11, where the mutual responsibilities of doctors and nurses are outlined. Section 6-10

states: "A nurse may on occasion be more aware of the needs of a patient than a doctor, and the relationship between nurses and doctors should be based on respect for each other's area of expertise within the framework of ultimate responsibility." We accept that the doctor is the leader of the team providing medical care but would like to see appreciation for the insight nurses gain through continuous contact with patients and the often close relationships developed through the provision of intimate personal care.

Many hours are devoted to ethical issues during our preparation for the diploma in nursing education leading to registered nurse tutor status. We as a group would like to see more nurses involved in the ethical discussions that concern our patients. That this is possible was illustrated admirably during the series in the discussion relating to the care of a patient suffering from renal failure, where nurses, social workers, and dieticians were all involved with the medical staff in decision making.

ALISON R MCTAGGART
and 17 others

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¹ Royal College of Nursing. *Code of professional conduct: a discussion document*. London: Royal College of Nursing, 1976.

² Anonymous. *Ethics related to research in nursing*. London: Royal College of Nursing, 1977.

³ Anonymous. *Guidelines on confidentiality in nursing*. London: Royal College of Nursing, 1980.

⁴ Anonymous. *Handbook of medical ethics*. London: British Medical Association, 1980.

Ventilation in operating rooms

SIR,—Dr P D Meers (22 January, p 244) draws conclusions from the results of the Medical Research Council study of ultraclean air in operating rooms¹ which we think are misleading.