



EDITORIAL

It is customary to write editorials for academic journals in a rather neutral style, and this journal has been no exception. However, an example in the first article in this issue made me rethink. No doubt it is timely to do so because it is increasingly understood these days that ethics is best learned by dialogue and in being personally challenged.

Chris Provis and Sue Stack describe two very simple situations in which nurses have found themselves having to question their motives and priorities. In one case a nurse wonders whether she should spend 10 minutes of her time helping an elderly patient to start her knitting. Ten minutes is vital time for a nurse and some may think that helping with knitting is not part of the nursing role. It is the very notion of 'caring' that is at issue here. Not only is it an act of human kindness, it is an act of nursing care to support the patient in this way. (Of course, even in merely calculating terms one may say that the 10 minutes would be well spent because it will keep the patient preoccupied for much of the day; but that is not my point.)

Many pages in this journal have been given up to rather abstract theories on caring, the nature of personhood, and the like. These can fail completely, however, in capturing the concrete reality of nursing and actual ethical practice in motion. I could imagine myself in this elderly person's situation (I do not like knitting, but it may have been any similar activity), staring at the world for hours on end, unable to reach something that may be of interest, perhaps seated in front of a television all day or surrounded by ceaseless and anodyne music, and wondering why I am still alive. What about the values of caring? How do we teach them if nurses cannot challenge the kind of institutionalized psychological abuse that confronts them in so many modern workplaces? I am grateful that these two authors have highlighted such a basic moment in caring, and hope to have more such poignant reminders in the pages of this journal.

In the same vein, Sarah-Jane Dodd and her colleagues address how, and with what type of education, nurses are enabled to become ethically active and assertive in a concrete sense. Ingrid Hanssen looks at the increasingly problematic area of autonomy and consent. It is good to question the kind of philosophical 'imperialism' still inherent in much of ethics and bioethics. Mary-Rose Mueller gives examples of how care providers can influence clinical trials by recommending patients to be included in or excluded from specific trials. Brenda Cameron describes how the most basic question in any health care professional's dictionary – 'How are you?' – is colouring the way we act. Agneta Cronqvist and her co-authors define more clearly the distinction between caring 'about' and caring 'for', and Susan Bailey describes some aspects of futility and decision making.

All these articles question professionals' motives and priorities. Most often, it is not that the motives are wrong or unclear, but that there are assumptions surrounding them that are never articulated. The articles in this issue make clear that, when we take other people for granted, we tend to diminish them and also ourselves as professionals.

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