



## EDITORIAL

The image produced by the articles in this issue is one of an individual or small group questioning the ethics of a large group or system.

Health care professionals have traditionally and often used grumbling as a strategy for survival. Grumbling can create a false sense of solidarity and support in groups, apparently beyond friendships and personal liking. Grumbling is regarded as acceptable and makes no demands on individuals or groups. Increasingly, however, it is being recognized that something may need to be done, and that grumbling alone is wasted energy and emotions. To tap the energy created by dissatisfaction and rising anger can be very fruitful for all concerned. Nurses have long hesitated to become politically involved; some of the authors in this issue show that they are no longer willing to accept what spin and propaganda and entirely self-regarding motives by powerful systems and governments may want to impose to keep shareholders or electorates 'happy'. Health care professionals are too often the losers in such situations, and, if they are losers, then patients and clients are even more so. It is clear that in health care the interests and language of the market are often not compatible.

Sandy Haegert examines what an ethic of self implies and concludes that nurses who do not first look after themselves and their ethical stance to themselves make patients more vulnerable still. They tend to put on patients their own shortcomings as persons. Nesrin Çobanoğlu and Lale Algier highlight the age-old problem of communication between doctors and nurses, but also make the point that hierarchy in the professions is a strong deterrent to good communication and professional agency by nurses. Ilya Kagan and colleagues describe how a new anti-smoking law in Israeli hospitals militates against a particular group of patients who are detained in hospital compulsorily. The freedom of one lobby suppresses the freedom of another. Adamson Muula and Joseph Mfutso-Bengo make the very telling point that well-meaning initiatives by global interests to reduce and eliminate diseases such as HIV/AIDS, tuberculosis and malaria are not good enough if the cultural conditions of the people affected are not taken into account. Colleagues in Turkey, Ümit Gündoğmuş and co-authors, have considered a number of malpractice cases among health care professionals and have found that midwives are the group most often charged with offences. Anthony Tuckett's literature review found that the arguments for or against telling someone the truth are both based in the principle of autonomy.

The increasingly amoeba-like and powerful organizations with big financial interests to defend present a frightening power. The ethical stance best suited to showing a different face and different values is one of a new community and solidarity based on caring relationships, as Marilyn Evans and her colleagues argue in their article (and have done for many years), which is gaining in importance and popularity among workers in health care systems that are well managed.

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