



EDITORIAL

Some nursing teachers claim that ever-expanding curricula and the increasing demand on student nurses to 'know more' has encouraged many students to memorize only what is necessary to pass exams. How to adopt an ethically questioning approach might seem to be of less importance than knowing what procedures to follow. 'Give me the answers, but don't show me how to ask the questions' seems to be the motto in some student settings. This can cause real dilemmas for any teachers of nurses, not least those who teach ethics. Students, qualified professionals and teachers find themselves in problematic care situations that are not easy to solve or even to voice because there is little confidence in a questioning attitude, no guidelines available, no paradigm cases to follow, maybe not even a useful framework in which to ask questions. Authors therefore have to start with themselves and work hard to find the adequate words and concepts to describe and evaluate the dilemmas in which they find themselves.

Åshild Slettebø and Eli Haugen Bunch look at how nurses respond to patients whose autonomy is compromised. Are negotiation, explanation or the use of verbal or physical force the best ways to deal with such problems? The choice may not be easy or successful. Two physicians from Turkey, Hanzade Doğan and Mebrure Değer, are being called on by the neighbours where they live to give them and their elderly relatives advice and support on a voluntary basis. All nurses know the situation when at a party one 'admits' to being a nurse and immediately hears someone's detailed health problems. It is not unknown for people to follow for years and decades any advice casually given. Should a country's health system, however, rely on such informal care?

The outcome of making mistakes may be that the person concerned has to say 'sorry', but Nancy Crigger believes that this is therapeutic not only for patients and those negatively affected but also for those who have made mistakes. Admitting a mistake is a learning experience and the mental anguish that often accompanies a wrong action may be overcome with honesty and humility. Humility is also the subject of Kay de Vries' article, in which she considers the impact of a personal experience with a patient.

The word 'dignity' tends to be used routinely without considering its meaning or expression. Ann Gallagher has studied dignity from many different angles and presents her findings with relation to practice and teaching. Like ethics, which in the past was a vague concept in nursing generally, dignity needs now to be studied in some depth to make health care (again) an experience that fosters humanity and prevents (even more) dehumanization.

Kelly Arraf and her colleagues from Calgary have used their country's code of ethics to explore aspects of research with patients in palliative care. Research is a necessary tool for all health professionals, and this comes with the obligation to respect and protect the participants who volunteer themselves.

The globalization of more of our lives has disadvantages in health care that may not be evident immediately. Nüket Büken and Erhan Büken consider that in Turkey the outcome of globalization may be seen in the loss of patients' rights when health care systems have to be adjusted to suit national or international strategies and parameters.

Humility is not a fashionable word or one that is used readily in nursing these days. It is therefore brave of these authors to consider the concept in depth. The articles in this issue concern various topics that stretch the boundaries of nursing horizontally and vertically. All professional work should do this, but ethics should essentially be an engaged exploration of thought and action, meaning and intention.

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