



EDITORIAL

In the UK's National Health Service a major concern at present is 'patient choice'. Patients should have the choice of where they have their operations and when. One reason why many people prefer private health care is because they can choose the time for treatments and appointments rather than having to rely on a procedure that calls them in when it is convenient for the system. Society gives people choice in almost every sphere, so it is incongruent that, in the system that perhaps affects people most urgently and deeply, this is not possible. The implications of choice are, however, far-reaching. If patients can choose where they want their operations, can they also choose which operation they have? Are they prepared with enough information to make the choice that is most fitting for them? If new evidence comes to light during an investigation or an operation, it may be impossible to involve particular patients in new choices.

These issues make media headlines. The personal and more intimate, and just as important, choices that patients make every day about their care do not receive the same attention. Indeed, the question may not be what sort of choices they make about their care, but if they are given choices at all. Maureen Eby addresses this issue in her Editorial Comment. There can be few nurses who have not thought and acted as she once did. Has the time come to take 'patient choice' to mean what it says? The logical next question is, how is such care documented?

Oili Kärkkäinen and her co-authors ask the stunningly simple question: how do care documents show that good care has been given? At a recent meeting with senior nurses in a London hospital, I threw in, quite casually, a remark to this effect, and a few rather puzzled faces looked at me. This is clearly a very important issue that has perhaps not received enough attention until now. How do the patients know that they have received the best care? How do nurses know that they have given the care that patients wanted and needed? How can each check on the other? Is there a limit to 'choice' and, if so, what is it?

Venke Sørli and her colleagues found that the nurses they interviewed do indeed try to give the best care, but in doing so they take on much responsibility and at great cost to themselves.

Ethel Ramfelt and Kim Lützn examine the role patients with colorectal cancer have and take in decisions concerning their care. One aspect of cancer has always been the psychological stance taken to it by sufferers. It therefore seems important to highlight this also as an ethical decision.

Helen Malcolm is concerned with privacy in hospitals. An aspect she highlights is that, when there is no privacy, patients may not feel able to tell their stories openly or to ask more questions. Their care may therefore not be the best, or not even good enough.

Stephen Hanson makes another plea for teaching nurses and medical students together. When professional carers know each others' language, patients may more likely receive better care.

Sarah Winch looks at one aspect of care: sexual health. She uses this as an example of how care could also be improved elsewhere, in the construction of self, morality and identity, which are all vital necessities for choice and health.

Adamson Muula considers a similar topic from a cultural perspective. He suggests that calling HIV and AIDS by synonyms may actually cause harm, but that does not and should not stop the use of such expressions if this is also directly in the interest of certain people.

Choice in health care may well become a political ideal, but it has long been one in economics. Choices have to be made at every level, willingly or unwillingly. When patients are excluded from participation in decisions regarding their own health, they are also excluded from taking responsibility for their health and well-being. This is not only a moral devaluing of the person, but also an economic disaster. People take responsibility for most other important aspects of their lives (family, work, home), and people's health reflects a country's economic health, but significantly also its understanding of justice.

Verena Tschudin