



EDITORIAL

A recent article in the *Hastings Center Report*¹ commented on an issue that should be most pertinent for nurses to reflect on in their role as advocates and counsellors. The topic was summed up succinctly as: 'Close relationships can give us reasons to care for others, even when the care is a burden. They can also give us reasons to accept care – even when accepting care means becoming a burden.' How many nurses have not heard (or even said themselves): 'I don't want to be a burden on my family.' The possibilities of prolonging and maintaining life beyond a perceived 'usefulness' or dignified state have made the thought of being a burden much more acute. It is believed that advance directives can help to mitigate this. The author of the article argues that doing good and giving has generally been thought of as being superior to receiving and being dependent on other people's willingness to help. He questions this as a valid sentiment. In an age when most things in life, and indeed life itself, are measured by how much they cost, being cared for by and caring for a loved person has a very different value. The value is then the care itself. If the sick partner says, 'I don't want to rely on you now that I am ill', this deprives the other partner of a (perhaps completely unspoken) expectation and commitment made during years of living together. Such a request from the sick partner may be difficult to cope with and understand. This dimension of caring may have to be discussed with colleagues and students when dealing with issues of advance directives. The first two articles in this issue address this topic in particular.

Tineke Abma describes nurses questioning their practice, narrating realistically a situation where they failed to 'hear' the pain of a couple. The healthy spouse in this story could be described as caring too much, but this is a situation that many nurses will have experienced. The sick spouse has not much to say in the narrative of this article, and she seems exactly to be the person who finds it difficult to accept the help that the healthy and, in this situation, very particular partner wants to offer.

Pauline Wareham and her colleagues discuss the use of advance directives in a country that has two clear and distinct cultures. To hold these cultures together means that nurses have to understand both of them well. The idea of kaupapa Maori seems to contain the seeds of the discussion about caring for each other and accepting care.

Those who are paid to care are not in the same relationship as partners who may be committed to each other beyond any kind of monetary interest. Barbara Redman tackles the issue of preparing for chronic illness and how to make provision for self-management. As increasing numbers of people live longer and with more chronic conditions, how to manage themselves and their health is not only a personal issue but very much one of and for providers.

Paula Vuckovich and Barbara Artinian question the use of coercion for people with mental illness. They relate the stories of nurses who are very uncomfortable with the practice and argue succinctly about its use and abuse.

Although the articles in this issue all describe very different aspects of nursing care, yet in one way they are also all concerned with the professional boundaries that nurses have and set themselves. Mary Corley and her co-authors looked at the moral distress experienced by nurses and found that age and ethnicity played a role.

Helen Allan and Debbie Barber describe the emotional boundaries established by nurses working in fertility clinics.

To change the scene, Lisa Goldberg discusses what happens at the beginning of life, when perinatal nurses meet with a birthing woman for the first time. So much depends on such meetings, not just for this one episode of care but for any future stays in hospital or care facilities. Good memories make for good expectations.

What 'care' means is an increasingly complex question and demands more attention. The articles in this issue all contribute in very diverse ways to this discussion.

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Reference

- ¹ Gunderson M. Reflections on refusing medical care. *Hastings Cent Rep* 2004; **34**(5): 37–43.