



EDITORIAL

The need to adhere to laws in the specific interest of a country's security requirements has not previously been addressed in the pages of this journal. The chances are that this may happen more often in future, given the global 'war on terror'. Nüket Büken and her lawyer colleagues have been directly confronted with the issue and are disturbed. They question if and to what extent health care staff also have to be police, experts in criminal activities, and judges of conditions and situations that have so far been outside their scope of action or knowledge. Their experience is specific to their country, Turkey, and to a particular law, but they are right to raise the subject for an international readership.

Nurses are a huge professional workforce worldwide and governments rightly look to them to implement strategies with a health-promotion or illness-prevention dimension. To enforce security is, however, a different aspect. Yet nurses and all health care staff are also citizens, with families and friends who they want to protect and shield from random acts of destruction and terrorism. Surely, therefore, each one of us should individually and collectively work for the good of all. Global justice begins at home, and non-violent means of intervention are more ethically acceptable than any other means. Is there a line that nurses should not cross in the quest for world peace, and where might this lie? What indeed should nurses do positively to prevent war, conflict and destruction?

One could look at this cynically and argue that, because nurses are not a vocal group, governments 'use' nurses when it suits them – in this case with a legal requirement to report crimes that patients may have committed – and equally disregard them or override their interests at will in other situations, especially in long-term health planning and policy formation. The authors from Turkey do the profession a service by raising the subject here. Nurses as a professional group need to speak out against governments and laws that abuse their status as carers and healers. A debate on this subject in these pages would be welcome.

The remaining articles are a rich and eclectic collection of issues that most nurses recognize from experience but here will find developed sensitively and occurring in various settings.

Decisions to be made on the basis of a patient's needs or wants are a delicate matter, and emergency teams face such decisions frequently. Lars Sandman and Anders Nordmark describe having to refuse a patient an expected treatment or a stay in hospital as one aspect that prehospital emergency crews often face and need to decide on, given their resources and the possible consequences of decisions.

Denise Dudzinski and Sarah Shannon tackle the issue of patients refusing nursing care. Although medical treatment can to some extent be refused easily, it is more difficult to accede to a patient who does not want to have hygiene and elimination needs attended to. These authors consider this issue from various angles.

Lisbeth Fagerström studied the effects of different levels of workload on nurses and how they deal with them. Interpreting when staffing pressures lead nurses to judge if they are or are not 'good nurses' to their patients is one way of presenting the effects of resource management that takes into consideration personal stresses that do not normally show up in statistics.

Anne-Louise Glasberg and her team of researchers describe the development of a means of measuring conscience and troubled conscience – surely something with which every nurse is familiar.

Finally, Patricia Jaspers and her colleagues interviewed patients about their experiences of being included in trials in a radiotherapy department. Perhaps not surprisingly, good and open communication was shown to be the crux of patient satisfaction.

Openness and transparency in dealings with any person or group are vital. Unfortunately, this can also lead to patients being frightened and not accepting care – as the Turkish authors demonstrated when applying the new law – and in this case surely it is necessary to highlight that health care personnel arguably have a duty of care to patients before a duty to maintain a law. Communication is the tool for understanding and interpreting legal requirements, and for making the relevant authorities aware when laws conflict and destroy the necessary basic trust.

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