



EDITORIAL

On the day this Editorial is being written, the non-government organization Oxfam has published a report¹ indicating that the UK's ability to act as an international force for good has been undermined by foreign policy errors. Although this report cites some specific examples, it also gives some clear indications of what should be done to 'exemplify the "role in the world" that people in the UK now want – i.e. by making a positive difference, not simply by avoiding misadventures like Iraq.' The report paints a picture of a UK government that is timid in the face of pressure from 'friends' and more concerned with its own economy rather than taking seriously its responsibility to protect civilians around the world. What is levelled at the UK government in this report may apply to many other governments around the world. The report praises the UK for some successes, notably in intervening effectively in Sierra Leone, in its push to negotiate an arms trade treaty, and in being at the forefront of debt cancellations, particularly in African countries. Similarly, most other governments will have balance sheets of successes and failures.

The connection between a country's foreign policy and health care may not be immediately obvious, other than perhaps in the global migration of the workforce, notably nurses. However, in a shrinking world, everyone is increasingly dependent on everyone else. This journal, in conjunction with the International Centre for Nursing Ethics at the University of Surrey, UK, has long fostered the connection between nursing and human rights. Many national nursing associations are increasingly calling for nurses to take their political role more seriously by supporting policies and initiatives that uphold positive means of dealing with conflict of any kind. All conflicts start small, and locally. That is where health care staff in particular can be very effective, and also need to be. Can we any longer conceive of 'good nursing' in the absence of responsible, ethical and truthful action? Nursing responsibility stretches far beyond the confines of a sick room; all health care staff have a responsibility to 'protect civilians' wherever they are. This is why a report by an aid agency such as Oxfam is not only addressed to a government, but to the public at large.

The articles in this issue are not directly concerned with political matters, but many of them consider how to make wise and helpful decisions in difficult situations, therefore they do concern the responsibility we have to protect people who are vulnerable.

Some of the articles fall into thematic sections, the first being child care. Franco Carnevale calls on ancient Greek characters to explain the often intricate twists and turns of tragic situations in child care, while Heikki Ellilä and colleagues were looking for the ideology subscribed to in child psychiatric treatment. They found a different understanding of the term ideology, but accepted that a person-centred approach was most commonly and appropriately used among carers.

The section on psychiatry describes first a study by Lauri Kuosmanen and co-authors, who analysed narratives of patients who had been deprived of their liberty.

Ingrid Hellström and her colleagues looked at the 'other side' of dementia, and describe what patients with dementia think, feel and experience about being interviewed. Such work is surely necessary if patients are to be accorded their due rights, and not be spoken for by other people who may make too many assumptions. Anne-Grethe Talseth and Fredricka Gilje interviewed psychiatrists to investigate what their responses are to deaths of patients by suicide.

The last theme addressed is decision making at the end of life. Gülşah Kumaş and co-authors were concerned with the opinions of nurses in intensive care units in Turkey, where euthanasia seems to be a perpetual topic of conversation. Satomi Kinoshita describes how nurses in intensive care units in Japan often feel helpless when they cannot fulfil what they know are patients' wishes for a peaceful death, rather than a 'technically correct' one. Sara Carmel and colleagues were concerned with the perennial topic of the differences between nurses and physicians concerning how and when life-sustaining treatments should be initiated.

Anne Heikkinen and her co-authors were interested to know if privacy was an issue in occupational health practice and found that it cannot be adhered to strictly, but that co-operation between the various parties is more useful.

Moving into concerns with employers, Elisabeth Häggström and Annica Khilgren wanted to know about the experiences of caregivers and relatives in the public nursing homes where their relations live. They found, somewhat to their surprise, that the interviewees blamed politicians for praising the work of carers while at the same time restricting funding for public care.

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Reference

- ¹ Oxfam GB. *A fair foreign policy. Can the UK do more to protect civilians around the world?* Briefing paper, April 2007. Retrieved 11 April, 2007, from: <http://www.oxfam.org.uk/index.htm>