



## EDITORIAL

It is quite common that when I tell people I am the editor of a journal on nursing ethics, they reply: 'You mean, medical ethics?' This usually follows with: 'Euthanasia, abortion, and all that?' It is not necessarily easy to explain the difference between nursing and medical ethics or why nursing ethics needs its own journal. However, the present issue is a good example of the diversity of topics that concern nurses particularly and lead them to both consider and interpret them from an ethical point of view.

It can also be difficult to help students to understand that aspects of their professional life and work are also ethical issues, not only managerial or practical issues. That nursing work is first and foremost ethical work has to be understood in terms of the relationship that exists between nurses and patients/clients in particular, but also between nurses and all coworkers in the interests of patients – and nurses' own interests too. Working in situations that are not conducive to doing good work could be considered unethical. When any group of people work for the good of others, the first need is that the group works well together. Although physicians are often more concerned with 'information' (of many different kinds), nurses are especially concerned with the effect of such information on patients, by carrying out the treatments prescribed, helping patients and clients to understand, abide by, or come to terms with information given to them about their health status. Nurses' role therefore stretches over wide areas of competencies that differ from those of physicians. The diversity of the areas and competencies involved are well illustrated by the articles in this issue.

Gaye Kyle describes a tool for teaching and learning ethics that is as innovative as it is simple, having been used each year at the Surrey Summer School 'Teaching ethics to healthcare students'. Perhaps the best outcome of this way of teaching is that it gives students the confidence to trust their own reasoning and instincts in ethically difficult situations.

Nancy Crigger points to the wider picture of nursing and, as a first in these pages, addresses the theme of the impact of globalization. She believes that a global ethics will eventually guide all people in their response to the often neglected human rights, and the poverty and deprivation that have followed in the drive for globalization.

A group of nurses in Macau, China, led by Andrew Luk, were concerned with medication errors made by nurses. It must be every nurse's nightmare of one day making a serious mistake that has drastic consequences. The authors found that, on the whole, the participants in their study were well treated by senior staff, but ascribe this mainly to the Chinese tradition of maintaining harmony.

How best to document schoolchildren's health is described by Eva Clausson and her colleagues. Putting too much sensitive data into these records could be detrimental to children; not putting in enough could be equally unsatisfactory for shaping social policies.

Fiona Meddings and Melanie Haith-Cooper critique traditional ethical principles in the light of midwifery services for Pakistani women in the UK, who may not be able to communicate in the same language as the people who care for them. They do not believe that principles can be culturally neutral.

The ethics of suffering is considered by Maj-Britt Råholm, who concentrates on stories told by patients and how these are responded to by nurses so that patients are 'heard' and accepted as unique persons.

That values and customs are changing world-wide is evident in the article by a Korean group of researchers led by Soo Jung Chang. They studied older people's wishes for taking part in decision making concerning their own health and illness issues and found that the participants wanted increasingly to decide for themselves, contrary to established traditional values.

Bethan Everett describes the case of an older person in a care home whose sexual activities caused anxiety to his family and staff. A framework is described for examining the issues concerned.

How three women in their nineties described the meaning of their lives was studied by Lise-Lotte Dwyer and two colleagues. The more the women had to rely on others to care for themselves, the less meaning there was in their lives.

No meaning was given to so-called slow codes because they seem to be only a way of covering up missed opportunities of communication. Jacinta Kelly wanted to understand why they are used and found her informants called for better practice rather than putting patients through a futile ordeal.

This eclectic range of topics and interests is testimony to the diverse nature of nursing and the practice of nurses. That these topics constitute some of what 'nursing ethics' is can only impress those of us working in the field, and perhaps help the general public to realize that nursing is a profession with a vital remit in understanding and interpreting the needs and problems of a complex world.

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