



EDITORIAL

Euthanasia is a subject on which nearly every nurse has an opinion. Often this opinion is very strongly held. The controversy is perhaps heightened in this issue by Ann Begley's article, in which she takes one well-known case in the UK and considers the actions by a physician and a nurse in the light of virtue ethics. In August 1991, the physician in question, Dr Nigel Cox, had injected a lethal dose of potassium chloride into Mrs Lillian Boyes. He had promised her that he would not let her suffer. The nurse in charge of the ward, Roisin Hart, reported the action to the relevant authority. Which one of the two professionals showed more courage? Begley's argument is controversial, but it contributes significantly to the debate about euthanasia. Two commentaries, by Derek Sellman, and Janie Butts and Karen Rich, follow the text, with the aim of stimulating discussion among readers.

Many articles have considered the topic of euthanasia in these pages, some as studies of opinions among health care staff, and one or two on aspects of practice in Belgium and the Netherlands, where euthanasia is regularly carried out. The arguments for and against euthanasia are well rehearsed. Begley's article therefore sheds new light on the subject. It takes courage to carry out many acts in nursing; is accepting to take part in euthanasia more courageous than reporting it having taken place clandestinely? All health carers are bound by codes of ethics and the personal commitment to act from compassion. Euthanasia is perhaps a 'hot topic' at this time, but what other topics will sooner or later replace it? Will they be less controversial? Will they need less courage? Certainly the field of genetics has potentially as many benefits and harms as euthanasia now has. Why do we not hear these topics addressed from the standpoint of virtue ethics, particularly from the perspective of courage? There is an invitation here to all readers to take part in a discussion in these pages, on euthanasia in particular, and also on any other controversial subjects in health care.

The other articles cover a wide range of themes and concerns.

Reza Negarandeh and his colleagues have been deeply concerned with patients' rights. This is against a background of a long history of Persia as the cradle of medicine and respect for individual needs. These researchers point out that, unless and until the term 'advocacy' is clarified, nurses will not understand clearly what is involved in being a patient's advocate. Robert Hanks is also concerned with how nurses understand patient advocacy. His research was carried out with three experienced medical-surgical nurses and revealed quite different aspects of advocacy from the Iranian study.

Elisabeth Häggström and her colleagues investigated what causes stress to nurses in Tanzania. Not surprisingly, a lack of even basic resources and means to carry out care can lead to ethical dilemmas of huge magnitude and consequences. The inability to combat these problems is a problem in itself.

Anna Axelin and Sanna Salanterä looked at the ethics of pain research in infants, and how journals address the stipulation to declare the ethical process applied in the research.

Margareta Eliasson and her co-authors studied midwives' practice and how this affected their patients, especially during labour and delivery. Not caring for the mother was experienced as particularly degrading and causing anxiety.

Pnina Mor and Kathleen Oberle describe the religious needs of Orthodox Jewish women concerning gene testing. One aspect of modern health care is here applied to one particular group of clients, thus highlighting how seemingly neutral medical information can be potentially harmful if religious or cultural needs are neglected.

Sari Teeri and colleagues studied how patients in long-term institutional care maintain their integrity. This is a notoriously difficult part of health care, where especially patients' forgetfulness is a large factor in their loss of dignity and respect. Adequate resources also play an important role in maintaining personal integrity. This theme is also addressed by Eva Merethe Solum and co-authors, who studied situations in which nurses did not respect their patients as persons or their autonomy, leading to unethical behaviour. They used discourse to help the care staff to understand these situations and avoid behaving unethically.

Helen Allan and colleagues write about the devaluation of nursing found in two studies, as part of an international themed issue of journals from June onwards on the topic 'Towards a scaling-up of training and education for health workers', organized by the World Health Organization and the journal *Human Resources for Health*. The World Health Report 2006, *Working together for health*, recognized the centrality of the health workforce for the effective operation of country health systems and outlined proposals to address a global shortage of 4.3 million health workers. The World Health Assembly 2006 was successful in gaining commitment from governments to address this matter. By having a themed issue with many other journals, *Nursing Ethics* aims to contribute to the global search for realistic and adequate health care resources.

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