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OUR COLLEAGUE THE NURSE

On page 752 of this issue we publish a provocative article by two Saskatchewan physicians on the present state of nursing education. This may at first sight seem like intrusion in a field which does not concern us, but a good precedent has recently been established for such intrusion. At the Ninth World Health Assembly of the World Health Organization last May, the subject selected for the technical discussions was "Nurses: Their Education and Their Role in Health Programs". This was an historic occasion, for the role of the nurse was discussed not only by nurses, but also by other members of the health team, including many physicians. Over two hundred persons took part in nine different group discussions, together with plenary sessions. It is interesting to note from the reports of these discussions how some of the points raised by Drs. Zerny and Osmond were touched upon by health workers from many countries. It was suggested for example, as the authors of the present article suggest, that there was a tendency in some countries for nurses to perform technical functions formerly considered the prerogative of doctors, and that such assignments were preventing nurses from "nursing", which is their first professional responsibility.

All the groups agreed on a number of functions which were essential responsibilities of professional nurses. The first on the list was the giving of skilled nursing care to the sick and disabled in accordance with the physical, emotional and spiritual needs of the patient, whether that care was given in hospitals, homes, schools, or industries. Secondly, because of her extensive and intimate contact with patients and families, the nurse was considered to be in a strategic position to give health education. Her third responsibility was described as the accurate observation of the physical and emotional situations and conditions with a significant bearing on health problems, and communication of these observations to other members of the health team. It will be recalled that Sir Francis Walshe, in a recent address on "The Changing and the Unchanging Face of Medicine", described as one of the unchanging aspects of the medical art the basic observation of the patient. At the WHO discussions, Dr. J. Allwood-Paredes put the basic qualities of the nurse in a nutshell when he said:

> "In her relation to the patient, the nurse cannot forget, without violating the noble traditions of her profession, that the mind and the suffering body form an indissoluble whole; neither must she lose sight of the fact that there is no substitute for the qualities of sympathy, kindness, and love for the relief of a patient's anxiety and pain. Such qualities are doubly indispensable in the hospital for two reasons: first because the patient is separated from his home and family and is at the mercy of the hospital personnel; secondly, because the present trend towards narrow specialization, the exaggerated emphasis on technology, and the overwhelming demands on his services generally prevent the physician from paying sufficient attention to the patient's psychological needs."

Professor Canaperia stresses the same need for close contact with the patient when, in a paper delivered at the Assembly, he points out that direct contact with the patient is an essential part of nursing, and it is by this continuous contact and by the relationship thereby created between the patient and the nurse that the latter wins the patient's confidence and can give the psychosomatic assistance so important in nursing care. He questions whether it is possible to entrust such functions to an auxiliary nurse, for the opinion which the general public and the medical profession have of the nurse is essentially based on the quality of her professional services.

Nevertheless, the discussion groups agreed that although student nurses do and should render nursing care to patients, their service should be based on the educational needs of the students, rather than on the needs of the hospital. For this reason, most of the groups advocated that schools of nursing be administered as separate entities and, where possible, as an integral part of a university or other institution. Miss Duvillard, famous in Switzerland as Direc-

tor of the Bon Secours School of Nursing, called for a broadening of the whole program in nursing education. She suggested, as our present authors suggest, that a nucleus of biological sciences should be selected in terms of the nurse's functions, and not by borrowing a few subjects from the syllabus of medical schools. Like other speakers, she deprecated the amount of time given to didactic teaching, in particular to lectures, and advocated greater use of more active teaching methods, such as clinical instruction and ward conferences, demonstrations and nursing care studies. It was realized that broadening the curriculum would make it less specialized, but all were agreed that, like the doctor, the nurse must continue her education throughout her life and can during her years of training acquire only the basic principles of her art.

It is evident that there is a strong ferment working, not only in the field of medical education, but also in that of nursing education. It may be that in the recent years the same fault, or rather the same false orientation, has appeared in both instances. In the educational number of the *British Medical Journal* this year, a contributor mentions the case of an applicant for a residency in a hospital, who, asked about her future, said that she supposed that she would "just drift into general practice". This is a lamentable point of view, and it would be a pity if the nurse was led into the same error, namely that a "drift into nursing" is less desirable than becoming a specialist or administrator.

Editorial Comments

ABUSE OF BARBITURATES

In July, the British Society for the Study of Addiction held a symposium in London on the abuse of barbiturates. During this symposium, many hard things were said against the barbiturate family and very few speakers had a good word for them. The barbiturate problem in the United Kingdom is undoubtedly now a very serious one, since they have become the commonest drug of addiction (outside tobacco and alcohol) in that country. It was emphasized by one speaker that the barbiturates were drugs of addiction in every sense of the word, although people still did not realize that they were potentially just as habit-forming as cocaine or morphine. The hospitals of Great Britain are at present dealing with between 5,000 and 7,000 cases of acute barbiturate poisoning—often due to suicidal attempt—annually. Approximately one prescription in ten in the United Kingdom is for a barbiturate and it is thought that the proportion is much the same in North America. The annual cost in the United Kingdom of barbiturates prescribed is not far short of $5,000,000. If they are gradually ousted by the tranquillizers, the price for national peace of mind will rise even further.

One pathologist also suggested that the use of barbiturate for homicide might be much more widespread than the average practitioner thinks. He had estimated barbiturate in the blood and urine in cases of sudden death which simulated acute coronary disease and found high contents of the drug. It is clear that in many cases barbiturates are being used as a substitute for simple psychotherapy which the doctor is either unable or unwilling to give. In other cases, the barbiturate is the sledge-hammer which is being used to crack the tiny nut of insomnia. In any case, it is doubtful whether the substitution of barbiturates for laxatives as a popular mass medication in our western society represents a change for the better.

DOSAGE OF RESERPINE

We reproduce below a letter which has been recently sent out by the United States Food and Drug Administration to the various pharmaceutical manufacturers in the U.S.A., requesting a reduction in dosage on the labels of preparations containing reserpine and other *Rauwolfia serpentina* alkaloids. A copy of this letter has been sent to the Department of National Health and Welfare of Canada. It is understood that the latter department does not contemplate action similar to that of the U.S. Food and Drug Administration. It is rather the feeling in Canada that this problem of overdosage of a drug is one which belongs to the physician rather than the manufacturer. Provided that the physician is made aware that such a problem of overdosage exists, and provided he watches patients carefully while they are on large doses of rauwolfia alkaloids, or for that matter any other similar drug, there is little likelihood of serious harm occurring.

All the physicians who may have to treat patients suffering from any of the conditions for which rauwolfia alkaloids are indicated