

Dear Mary

by Mary Annas

Dear Mary is a monthly feature prepared by Mary Annas and is designed on a question and answer format, in which readers can ask about any nursing care issue that concerns them. Answers will be supplied by Mary Annas or a consulting nurse, physician, lawyer, or ethicist where appropriate. Readers are invited not only to ask questions, but to comment on the answers that appear in this feature. Ms. Annas is a senior nursing student at Newton-Wellesley Hospital School of Nursing, a Tufts U. Teaching Hospital in Newton, Mass. She is also a Respiratory Therapist, and has taught at the Dimock Community Health Center in Roxbury, Massachusetts. This feature will initially be primarily devoted to the problems and concerns of student nurses, although questions and comments by other health care workers are welcome.

Dear Mary,

I am a senior in a large university program. Recently I had an embarrassing and painful experience that I would like you to comment on.

I was assigned to a patient who was receiving thyroid medication and also had a history of peptic ulcers. The particular medication that I was to administer was contraindicated for patients with ulcers. I spoke to my instructor about this, and she told me to discuss it with the physician. It happened that he was in the nursing station at the time, so I approached him. I was quite tactful, but was immediately interrupted by his defensive response. He said that student nurses "had no business reading the PDR" and that I was questioning his authority without any right to do this. His tirade was witnessed by three instructors and several nurses and students.

I was very humiliated and really at a loss as to how to handle the situation.

Sandy
Minneapolis, MN

Dear Sandy,

You have hit upon an age old problem concerning nurses and physicians. With the current interest in nurse assertiveness, many physicians are becoming aware of a "fail-safe" resource that previously they had taken for granted — nurses. For years physicians have silently been grateful for the nurse who caught their mistake before it was too late. Now many nurses are deciding that they want more recog-

nition for this service than the doctors' gratitude. These nurses demand respect for nursing as an independent profession — part of the medical team but not the handmaiden or coverup person for the doctor.

I know many nurses will disagree with me, but I believe that those of us who are dealing with physicians who are having difficulty with this transition should "go easy" on them and give them a positive, tactful experience with the new nurse. Your letter indicates that you understand this and were open to suggestions when talking with this physician.

I think the fact that you were surrounded by an audience made the situation more difficult for both you and the doctor. Had I been your instructor, I would have intervened and asked the physician if he would talk with you in private — a conference room or staff lounge, for instance. If this wasn't possible, I think making a later private appointment with him to discuss the issue would be essential.

I have strong feelings about what students should be involved in and subjected to, and I think better planning on how to approach physicians is worth much more attention than it has received.

Dear Mary,

I am a second-year nursing student at a junior college and am concerned about the lack of good role models for students. I have seen nurses do things that could be considered cruel to patients and don't quite know how to respond.

Beth
Stoney Brook, NY

Dear Beth,

I can sympathize with you. I have been fortunate that my clinical instructors have been excellent role models for me, but I know that this is not always the case. Furthermore, instructors can't be everywhere and can't control the behavior of the floor nurses.

Your first responsibility is to yourself, and if you believe that a patient has been unfairly treated you should directly intervene by speaking to the nurse involved and telling your instructor what you have done and why.

If the problem is less serious, I have found that post-clinical conference discussions are helpful for examining feelings about staff and patients, and offer a way of freely expressing yourself in a positive supportive atmosphere.

Dear Mary,

I am a 21-year-old recent graduate and have a problem which I hope is not unique. I become quite embarrassed when treating young men who are close

to my own age. I can sense their discomfort too, and this just perpetuates a circle of awkwardness. Can you suggest some techniques which could be useful to me in becoming more relaxed in these situations?

Marior
Los Angeles, CA

Dear Marior,

Your problem is certainly not unique — it is one which I have heard students discussing many times. Even though I am older than you, I have also experienced these feelings.

There are a couple of things that a nurse can do to help the patient feel relaxed and alleviate some of her own anxiety as well. First of all, a thorough explanation of nursing procedure should include questions about the patient's feelings. Drawing a patient out so that he can discuss his fears and concerns is an essential part of the nursing assessment. Second, once the discussion with the patient is completed, concentrating on the particular nursing task in a very technical way can help the patient to feel confidence in your skill and can be a very useful mechanism for you to handle your own anxiety.

Health Law Notes *Continued*

tionalized individual with an IQ of 10, was "cognitive and sapient" and that any decision not to give him chemotherapy for cancer (arguably an "elective" treatment for a non-emergency condition) could only be made by determining what decision he himself would make if he could make the decision. On the basis of either of these decisions, treatment should have been ordered.

Third, neither court weighed the relatively minor risks of surgery against the certainty of prolonged debilitation and death.

When a parental decision about medical treatment is challenged courts have an obligation to transcend considerations of emotions and what judicial colleagues do or do not do in their own private lives. Courts must make principled decisions on clearly articulated standards. This is an arbitrary decision on a vague standard. It devalues human life in the name of family autonomy. It particularly attacks the mentally retarded — treating them little better than household pets. It hopefully will be labeled for what it is, and denounced by other courts confronted with similar decisions.

**In re Phillip B.*, 156 Cal. Rptr. 48 (Ct. App. 1st Dist. Div. 4, 1979)